

Adolescent



Let's
Talk

Hare buwe
[SeSotho]

Revised Edition: January 2017

PHASE 1

Curriculum





Caregiver Curriculum

Second Edition: January 2017

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The curriculum is largely based on evidence-informed resources with a successful history of use in the United States and South Africa, including:

- The Teens and Adults Learning to Communicate (TALC) programme, originally developed by the Center for HIV Identification, Prevention and Treatment (CHIPTS) at the University of California Los Angeles ([http://chipts.ucla.edu/projects/Let's Talk-la](http://chipts.ucla.edu/projects/Let's_Talk-la)) and led and evaluated by Dr. Mary Jane Rotheram-Borus.
- *The Kgolo-Mmogo Project*, an intervention for the enhancement of children's resilience designed for HIV-positive caregivers of young children and developed by the University of Pretoria and Yale University with support from United States National Institutes of Health.
- *Sinovuyo Caring Families Programme for Parents and Teens*, implemented by Clowns without Borders South Africa in partnership with the National Association of Childcare Workers and the Universities of Oxford and Cape Town with funding from UNICEF and the World Health Organization.
- *Strengthening Support Group Facilitation* programme designed for caregivers of orphans and vulnerable children and implemented by The Networking HIV, AIDS Community of South Africa.
- *Vhutshilo 2 and Vhutshilo 2.2*, a programme designed specifically for adolescent OVC in South Africa, originally developed by the Centre for the Support of Peer Education (CSPE), a branch of the South African non-profit organization Health and Education Training and Technical Assistance Services (HETTAS) and updated under the ASPIRES project by FHI 360 and HETTAS.
- *Focus on Youth with Informed Parents and Children Together (FOY with ImPACT)*, a community-based programme—identified by the United States Centers for Disease Control and Prevention's Prevention Research Synthesis programme as a Best-Evidence Effective Behavioural Intervention—that equips youth with the skills and knowledge

they need to protect themselves from HIV and other sexually transmitted infections. The original programme was designed and evaluated by Dr. Bonita Stanton and a team of researchers at the University of Maryland, Baltimore.

- *Advocates for Youth* resources designed to promote research-based best practices in the field of adolescent sexual health and publicly available via their website (<http://www.advocatesforyouth.org/>).

The manual also relies heavily on the principles of cognitive behavioural therapy and basic principles and techniques were drawn from the 7 Steps to Cognitive Behaviour Therapy Self-Help website, (<http://www.get.gg/selfhelp.htm>); a useful resource also for users of this guide to glean further understanding of this evidence-based approach.

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GUIDELINE TO THE MANUAL



Gives you an overview of the session.



Highlights the time you should spend on each activity.



Tells you what to do.



Tells you what to say.



Tells you when to invite a group discussion.



Tells you when to use a flipchart.

SESSION AND ACTIVITY SEQUENCE

This manual contains essential information and materials for implementing the Let's Talk curriculum. Sessions are designed to be implemented fully and in the order provided. The exercises in each session have also been carefully sequenced. **Facilitators should never skip or move around sessions or exercises**, which could compromise the effectiveness of the programme as well as participants' experience. Exercises conducted early in a session ready participants for later activities, both emotionally and logistically. Preliminary exercises are carefully structured to help adolescents and caregivers "ease into" difficult topics, and to reacquaint them with the group dynamic and expectations for participation. Later exercises reinforce specific skills and information introduced earlier in the session, preparing participants to apply newly acquired knowledge and ideas outside of the group with confidence. Moreover, parallel adolescent and caregiver sessions intentionally reflect complementary themes. Changing or omitting exercises disrupts this balance, and carries the potential to limit progress for everyone in the group. Facilitators will find that with experience, the importance of each exercise becomes apparent, and implementing sessions as written feels both natural and effective.

Phase 1:

Family & Emotional Strengthening

PHASE 1: OVERVIEW

The program's first phase covers Family and Emotional Strengthening. It includes eight sessions for caregivers and seven for adolescents, two of them jointly attended.

Session 1 for adolescents sets the foundation for the group's meeting and examines participants' strengths and goals.

Adolescents collaborate to establish norms for the group, including group rules and an opening ritual. Participants also become familiar with the program's objectives and begin to contribute to the creation of a supportive environment for sharing information and asking questions. Participants identify their strengths and play a game where they must promote their best qualities. Adolescents are also guided to understand best practices for goal setting and to begin the process of establishing personal goals and monitoring progress toward them. Finally, they are introduced to the idea of problem solving as a structured process, and practice this process using realistic scenarios.

Session 1 for caregivers introduces the program and covers topics related to raising an adolescent.

Participants agree on a group name and rules, and discuss the importance of respectful communication during sessions. Caregivers also learn about adolescent development and acquire information and skills for effectively parenting adolescents. The story of Lindiwe and Nthabiseng, a caregiver and adolescent who are adjusting to loss and learning how to live together, is used to introduce a discussion about the challenges participants face in their own lives. Another scenario involving a caregiver with only enough money to send one of her two children to school is used to frame conversations about problem solving. Participants practice following specific problem-solving steps in order to gain aptitude for applying this technique in their own lives. A short questionnaire is used to help participants recognise their own caregiving practices and their effects.





Session 2 for adolescents focuses on effective communication.

Adolescents learn skills for active listening and assertive communication. They discuss how assertiveness differs from passivity and aggression, and why assertive communication is effective communication. Facilitated role-plays about asking a friend to repay an overdue loan, and an adolescent whose caregiver wants her to be more responsible at home, help guide participants to practice using other realistic communication scenarios. Finally, adolescents are given tips for active listening, including checking for understanding, not interrupting with questions, not judging, and offering suggestions for how to fix the situation

Session 2 for caregivers teaches them about communication.

Caregivers examine how to communicate effectively about emotions in order to enhance the home environment and family relationships. The session aims to improve caregivers' listening skills alongside their communication skills, helping them to use active listening, convey a problem without hostility, and express their own feelings constructively.

Participants play a game that underscores the importance of active, careful listening for effective communication. Role-playing about Sihle, an adolescent who wants to quit her job, and Doris, whose necklace was stolen at school, provide opportunities for participants to recognize and practice listening and response skills. Other hypothetical scenarios invite caregivers to consider how effective expression can help strengthen the relationship and adolescents' resilience even when the caregiver is sad, angry, or disappointed.

Session 3 for adolescents focuses on emotional awareness.

Adolescents learn and discuss ways to become more aware of their own emotions. The "Feeling thermometer" is introduced as a tool for affective expression as well as reiterating linkages between feelings, thoughts and behaviours. Adolescents discuss positive and negative experiences in their own lives, and begin to examine how these events may have affected them emotionally and behaviourally. Following a relaxation exercise, the group uses the cultural value of Ubuntu as a basis for understanding the supports that are already in place in their lives, and to begin to develop a vision of future support.

Session 3 for caregivers teaches participants to cope with sadness.

Caregivers talk about negative experiences from their own lives and how these experiences made them feel. The story of Patricia, a caregiver whose child suffers an accidental injury, is used in a discussion about positive and unhealthy coping strategies for sadness and other difficult feelings. Participants learn to recognise the links between thoughts, emotions and behaviour – and discuss how to identify and change irrational thinking. They practice challenging negative thoughts using example situations and their own personal experiences. A practical technique for coping with negative emotions (“STOPP”) is explained. The session ends with an activity that involves identifying pleasant activities that can help limit feelings of sadness and provide a counterpoint to difficulty in participants’ daily lives.

Session 4 for adolescents teaches them to cope with sadness.

Participants discuss how sadness may be experienced and conveyed, and practice connecting feelings of sadness to resulting thought patterns and behaviour. They consider a scenario in which an adolescent, Kabelo, has failed a maths test and tries to respond with constructive rather than unhelpful thoughts and actions. Adolescents also discuss a more serious scenario involving rape, and continue to identify opportunities to substitute helpful emotions, thoughts and behaviours for negative ones. The facilitator leads participants to use a systematic approach to recognise and change negative thinking, and to identify enjoyable activities that can help mitigate sadness.

Session 4 for caregivers addresses ways to cope with anger.

Participants discuss various aspects of anger and its consequences as illustrated by a traditional story and using examples from their own lives. They continue to connect events with emotions, thoughts and behaviours; and learn about the differences between aggressive, passive, and assertive responses to situations that provoke angry feelings. Group discussion and exercises focus on the benefits of assertive communication, and participants use role-play to build skills in this area providing them with behavioural techniques that can help them to resolve conflict in a healthy way with resulting positive effects on their feelings and thoughts. Continued discussion and practice with the STOPP technique also provides anger management skill building.





Session 5 for adolescents covers skills for coping with anger.

It builds on the previous session about coping with sadness by reinforcing effective techniques such as emotional awareness and identifying sources of emotional support. Participants hear a story about a lion trapped in a cage and use it to consider how anger can have pervasive effects. Adolescents discuss how anger can follow stress and often leads to predictable negative thoughts and behaviours. They consider both harmful responses to feelings of anger, as well as healthier alternatives. A story about Tumi, an adolescent whose caregiver will not allow her to attend a friend's party, is used to demonstrate these ideas. In group discussion about the story, participants also have the opportunity to integrate previously-acquired skills such as active listening and changing negative thoughts. In pairs/small groups, adolescents practice role-playing scenarios about responding to anger.

Session 5 for caregivers addresses ways to help adolescents cope with difficult emotions.

Caregivers consider how the story of a lion trapped in a cage recalls the emotional and physical effects of isolation. In group discussion, they address ways to help adolescents through grief and other emotional responses to loss and chronic illness in the home. Participants examine the different emotions they see expressed by the adolescents in their care and how these might manifest in thoughts and actions. Specific ideas are offered for effectively responding to negative emotions among adolescents, such as talking openly and keeping change to a minimum. Caregivers take part in role-plays about an adolescent who is sad following the loss of her mother. Others serve as observers and provide suggestions for improving the interaction depicted. A second series of role-plays helps caregivers identify constructive responses to an adolescent who is angry.

Session 6 helps caregivers learn adolescent behaviour management strategies.

These include establishing and enforcing appropriate rules, boundaries, and consequences as well as praising the positive choices adolescents make. Participants first identify different adolescent problem behaviours, and learn to positively re-orient the way they express behavioural expectations to adolescents. Next, caregivers discuss principles for effective rule-setting, such as that rules should be specific and realistic, and that adolescents themselves should be involved in decisions about household rules, which can promote adherence. Caregivers then take part in role-plays about finding opportunities to praise positive adolescent behaviour, which can encourage it. Finally, caregivers discuss how setting appropriate consequences for negative behaviour can support adolescents' healthy development and the caregiver/adolescent relationship.

Session 7 brings caregivers and adolescents together and covers family problem solving.

Caregivers and adolescents are brought together for the first joint session of the program. Joint sessions offer opportunities for real-life problem solving while building participants' transferable skills in communication, negotiation, and listening. Participants collaborate to establish rules for joint sessions, some of which will be familiar to participants from their separate group meetings (such as that everyone must have a chance to speak) and some of which will be new (such as that adolescents must be free to speak honestly during sessions without fear of reprisal at home). Caregiver and adolescent pairs introduce each other to the larger group, providing a chance for family as well as group bonding. An exercise involving paper tower construction lets caregivers and adolescents put problem solving into practice and solve a fun challenge together; the problem solving theme continues as participants discuss possible responses to real family problems. Participants conclude the session with a discussion of the strengths that each family member contributes to their household, ending the session on a positive note.

Session 8 brings caregivers and adolescents together again to learn about positive family relationships.

It opens with a game designed to illustrate how different responses to conflict can have vastly different effects. Next, group members consider a series of hypothetical situations (e.g. "a fourteen year-old wants to dye her hair blonde," "a fourteen year-old doesn't want to go to church") and whether or not the decision in each case should lie more with the adolescent, more with the caregiver, or they should be equally responsible. The session moves on to a review of problem-solving strategies and a role-playing exercise designed to increase caregivers' understanding of the adolescent's perspective, and vice versa, in a familiar scenario where the caregiver would like the adolescent to assume more responsibility at home. Participants continue to practice applying conflict resolution skills as a group and in caregiver-adolescent pairs using a series of other scenarios. Finally, caregivers and adolescents share what they need from one another, as a means of opening communication channels and encouraging mutual understanding.



SESSION 1

My strengths & goals



TIME

120 minutes

RATIONALE

This session sets the foundation for the program: it introduces participants to the intervention, one another, and the facilitator. Activities contribute to group cohesion by building consensus on a set of rules for the sessions. This session also guides participants to identify strengths within themselves and others, and to set achievable goals that they can work towards over the course of the program. Finally, this session introduces an important strategy for coping with common challenges: problem solving. Exercises are designed to engage participants and encourage attendance at future sessions.

GOALS

- To build trust in the group and define group rules
- To introduce the goal setting workbook as a tool to set achievable long- and short-term goals
- To identify and to use their own and other people's strengths
- To guide adolescents in using the Problem Solving Steps to solve problems

SESSION OVERVIEW

Introduction of group members (10 minutes)

Introduction to the workshop (5 minutes)

Exercise 1: Group rules and identity (20 minutes)

Exercise 2: Positive qualities (20 minutes)

Exercise 3: I can DO IT (25 minutes)

Exercise 4: Problem solving steps (20 minutes)

Reflection and sharing (10 minutes)

Goal setting and practice at home (10 minutes)

Closing the session

MATERIALS NEEDED

- Name tags for participants
- Flipchart or black/white board and marking pens
- Star stickers (3 per participant)
- Lottery prize

WORKBOOK HAND-OUTS REVIEWED

- Program overview & session outline
- I can DO IT guidelines for setting goals
- Goal setting workbook
- Problem Solving Steps

SPECIAL PREPARATION

- This session sets the tone for the entire program. It is important to create a space that feels welcoming and safe. Take the time to prepare the program space before participants arrive.
- Welcome each participant as they arrive and thank them for attending.
- Ensure name tags are available for all participants. Be alert to participants with limited literacy or writing skills and assist respectfully as needed.



INTRODUCTION OF GROUP MEMBERS



(10 minutes)

Rationale

The purpose is to introduce group members to one another in order to enhance group cohesion and to set a positive climate for the group.



Instructions

1. Welcome participants and introduce yourself and the co-facilitator. Refer to '**Introduction**' text provided as needed.
2. Explain how each person should introduce themselves and give personal information: name, age, who is part of their family and something they are proud of.
3. Model the introduction to show participants how to share about themselves. Refer to '**Example personal introduction**' text as needed.
4. Let the group members introduce themselves to the group.
5. Listen and praise them for taking part.
6. Review the '**Take home point**.'



Introduction

Re a le amohela sebokeng sena sa mosebetsi. Lebitso la ka ke..... mme ke tla ba moetelipele wa lona. Enwa ke moetelipele wa mosebetsimmoho wa sehlopha. Ke thabela ho le bona kaofela.

Ha re qaleng kopano ka ho itsebisa hore re tsebane haholwanyane. Ke tla lakatsa hore o bue ho hong ka wena hore ba bang ba o tsebe haholwanyane, jwalo ka ho boua lebitso la hao, dilemo. Ke bomang bao e leng karolo ya ba leloko la hao le seo o leng motlotlo ka sona.

Example personal introduction

Ka mohlala, nka re, "Lebitso la ka ke, ke dilemotse 14. Ke dula le mme wa ka le boasi ba ka ba babedi. Ke motlotlo hobane ke sebetsa hantle dithutong tsa ka sekolong."



Take home point

Ho bohlokwa hore re nke nako ho abelana haholwanyane mabapi le rona. Hona jwale re baeti, empa haufinyana re tla tsebana hantle haholo.

INTRODUCTION TO THE WORKSHOP

(5 minutes)



Rationale

The purpose is to introduce the themes of the workshop and to give participants an overview of what they can expect.

Instructions

1. Explain the workshop purpose. Refer to '**Workshop purpose**' text provided as needed.
2. Ask participants to open their participant workbook and refer to the Program overview & session outline hand-out. Review and read through the hand-out with participants. Refer to '**Overview**' text provided as needed.
3. Explain the schedule for the sessions (e.g., every Wednesday at 17:00).
4. Conduct the '**Group discussion**' to answer any questions and solicit comments from participants.
5. Review the '**Take home point.**'



Workshop purpose

Maikemisetso a mosebetsi ke ho thusa ho ithuta bokgoni ba ho tobana le mathata bophelong ba hao ba kamehla, hore o ahe dikamano tse lokileng leloko la hao mme bophelo ba hao bo be kaone. Karolong ka nngwe re tla sebetsana le sehlooho se ikgethileng. Karolo e ahella hodima e fetileng, mme re o kgothalletsa ho tla dikarolong kaofela





Overview

Karolo ya pele ya seboka sena e etseditswe ho thusa ho utlwisa le ho kgona ho tobana le maikutlo le di thata tsa hao hantle mme o itokiseletse bokamoso. Re tla qala letsatsi la kajeno ka ho lekola makgetha a hao a lokileng, le ho rala dipheo tsa seo o ka lakatsang ho atleha ho tsona nakong e tlang. Dikarolong tse tla latela re tla bua haholo hodima mawa a ikgethileng ao re ka a sebedisang ho tobana le maikutlo a kang tlhonamo le halefo.

Bahlokamedi ba hao ba se ba buisane ka dihlooho tsena mme ba se ba ithutile ka bokgoni bona. Dikarolong tse ding tse tla latela bahlokamedi ba tla kopana le lona dipuisanong. Re tla ithuta bokgoni ba ho buisana, ka moo re ka rarolang diqaka le dikgohlano re leloko le ka moo re ka thibelang boitshwaro bo ka re kenyang kotsing. Dikarolo di tla phethelwa ka ho etsa maano a nako e tlang ke bahlokamedi le bana. Sepheo ke ho fana ka tsebiso le bokgoni bo hlokehang ho etsa diqeto tse hlwekileng, ho ntse ho rutwa bahlokamedi ho tataisa le ho tshehetsa dikgetho tsena.

O tla newa mosebetsinyana oo o tla ikwetlisa ka onako hae karolong e nngwe le e nngwe – sepheo sa ntho eo o lokelang ho leka ho e fumana pele ho karolo e latelang. Dipheo tsena ke monyetla wa ho ikwetlisetsa bokgoni bo bong boo re buisanang ka bona ba bophelo ba hao ba sebele. Hape re tla ba le kgulo ya lotto pheletsong ya karolo ka nngwe e le moputso o monyane wa boithabiso mabapi le ho tla ha hao mona le ho nka karolo.



Group discussion

- Na ho na le dipotso kapa kgwao mabapi le dihlooho tse entsweng sehlopheng?
- Na ho na le ya nahanang hore see teng sa bohlokwa se siilweng?



Ho bohlokwa hore bohle re be le sebe mahlahlaha dikarolong hobane re tla ithuta ka ho bua le ho etsa dintho tse ding. Baetelipele ba tla sebetsa mmoho le wena ho hlwela ditharollo tsa mathata a hao le ho ikwetlisetsa ditsela tse ntjha tsa ho etsa dintho.



Take home point

Sehlopha sena se etseditswe ho thusa bankakarolo ho tobana le diphephetso maphelong a bona. Dihlooho di tla kenyetlisa kgokahano, tharollo ya mathata, le ho rala dipheo. Ho ba le sebe sehlopheng ho tla thusa bankakarolo ho ithuta le ho hodisa bokgoni bo botjha.

EXERCISE 1: GROUP RULES AND IDENTITY¹

(20 minutes)



Rationale

The purpose of the exercise is to establish a common set of agreements on expected behaviour of all participants so that there can be mutual trust, respect, and commitment in the group.

Instructions (Part 1)

1. Conduct the **'Group discussion 1'** to introduce the exercise and encourage ideas for group rules. Write ideas on the flipchart. Refer to the **'Facilitator guidance'** for guidelines on setting rules and a sample set of rules. Encourage the guidelines of positive rules, clarity and consensus. If a rule that you think should be included from this list is not mentioned, bring it up for consideration.
2. Encourage discussion of the rules. Ask for comments and explanations. Try for consensus. Make modifications as needed. For example, say: "Let's review your ideas and select the ones you agree with."
3. Conduct the **'Group discussion 2'** to emphasize rules of respect and confidentiality and to determine consequences for breaking any of the rules.
4. Attach a list of group rules to the wall to be visible throughout the sessions.



Group discussion 1

Re lokela ho etsa qeto ya hore re tshwarane jwang sehlopheng hore sehlopha e be sebaka se bolokehileng mabapi le bohle, moo o ka abelanang ka boiphihlelo ba hao le ho ithuta ho ba bang. Ho etsa jwalo, re tla beha melao mabapi le tshebedisano. O ka lakatsa ho tshwarwa jwang sehlopheng?

Ke tla ngola ditshisinyo tsa hao fliptjhateng.



¹ Adapted from Miller, S. (1995) Teens and Adults Learning to Communicate (TALC: LA), Phase 1, Session 1. Los Angeles: Center for HIV Identification, Prevention and Treatment Services.

Facilitator guidance

Guidelines and suggested group rules

Group rules should be written in a positive way

- Emphasize what they should do, rather than what they should not do. Assist the group to write the rules in that way. For example, if a participant offers “Do not talk about what goes on in the session outside of the session” the facilitator should help the participant rephrase the statement so it is about the behaviour they want to see (i.e., “Keep confidentiality in the group.”)

Ensure clarity and consensus for suggested rules

- For each rule mentioned, ask the participant to explain the rule. This helps make sure that everyone understands and there is group consensus regarding the rule. For example, if someone mentioned “Respect” ask what that means to him/her. What sort of behaviour shows respect?

Sample Group Rules

- Everyone should get a chance to speak so that we can hear each other.
- Accept and respect each other's opinions by listening to each other.
- Take part in the group, it is your group. Make the most of it.
- Keep confidentiality – what you say is yours. What you hear is theirs and should not be shared with anyone outside the group. What is said in the group, stays in the group.
- Share your emotions and opinions in such a way that you do not hurt yourself or another group member. Only share what you feel comfortable with.
- Feel free to ask any questions – there are no stupid questions.
- Listen to what others have to say.
- Keep the health status of other group members confidential.
- Members should come to the group sober and alert. Participants who come to the sessions high on drugs or alcohol will be sent home.
- Try to be on time and attend every session.
- Notify the facilitators 1 day prior to the session if anyone is not able to attend.
- Turn your cell phones off so that everyone can give attention during sessions.
- Practice what we do in the sessions at home.
- Have fun – make the most of the group sessions.

Group discussion 2

Ke batla ho hatella hodima melao ya tlhompho le botshepehi. O lokela ho dumela hore o keke wa bua ditaba tseo ho buisanweng ka tsona sehlopheng ho batho ba ka ntle ho sehlopha. Sena se ka utlwise bankakarolo bohloko mme le wena o keke wa rata ha se etswa ho wena.

- Na ho na le ya ka buang ho hong mabapi le hore hobaneng tlhompho le botshepehedibo le bohlokwa?

Ho oketsa hodima tlhompho le botshepehi, re dumellane ka melao e mengata ye bohlokwa mme re lokela ho sheba hore re tla sebetsa jwang ha e sa latelwe.

- Ho ka etswang ha motho a tlola melao?



Instructions (Part 2)

1. Introduce determining a group name; refer to '**Group name**' text provided as needed.
2. Ask for responses and ideas. When you have a few ideas, allow discussion and if there is not a clear preferred name, put it to a vote.
3. Introduce determining a group chant; refer to '**Group chant**' text provided as needed.
4. Allow for discussion and decision on group chant. Once you decide on a chant, have the group perform it.
5. Review the '**Take home point.**'



Group name

Dihlopha di entswe ke batho ba ikemetseng. JWalo ka ha le rona re le batho ba fapaneng, re ka rala sehlopha seo re tla tsejwa ka sona. Sehlopha se sebetsa hantle ha feela motho e mong le e mong a ikutlwa a ikemetse mme e le karolo ya sehlopha. Nahana ka dihlopha tsa dipapadi – ha re nke tse mmalwa tse kang Kaizer Chiefs, Orlando Pirates, kapa Sundowns. JWalo ka sehlopha ha re etseng qeto ya lebitso la sehlopha. Lebitso e be la ntho eo bohle re tlang ho ikamahanya le yona re e sebedise ho hlalosa sehlopha.





Group chant

Ntho e nngwe eo le lokelang ho etsa qeto ka yona ke lepetjo la sehlopha. Re tla le fa nako ha kopano e qala hore le etse lepetjo la lona, e le moetlo wa ho bula karolo. Mohlala wa lepetjo e ka ba:

Rona re.... Re kamme re ithophisetsa ho.....(tlatsang dikgeo)



Take home point

Melao ya sehlopha ke motheo wa bohlokwa mabapi le ka moo re tla tshwarana kateng dikopanong mme le ho etsa bonnete ba hore sehlopha ke sebaka se bolokehileng moo bohle ba ka abelanang, ba ithuta le ho ithabisa. Ho tsebahala ha sehlopha se seng le se seng ho aha menahano ya sehlopha.

EXERCISE 2: POSITIVE QUALITIES

(20 minutes)



Rationale

The aim of this exercise is for adolescents to identify and recognise strengths in themselves and others. This will help improve group members' confidence and their appreciation of others.

Instructions (Part 1)

1. Introduce the exercise and prompt a list of positive qualities participants possess; refer to **'Introduction: Positive qualities'** text provided as needed. Encourage responses and reflect on what they are saying.
2. Make notes on the flipchart of positive qualities mentioned by participants. Refer to the **'Facilitator guidance'** for positive qualities and probing questions to aid the discussion as needed.
3. Give each participant a sheet of paper and ask them to write down one positive quality.



Introduction: Positive qualities

Ke batla ho qala puisano mabapi le seo o leng matla ho sona ka ho botsa hore o nahane ka makgetha a hao a lokileng ao o nang le ona – dintho tseo o leng motle haholo ho tsona. Tsena di ka kenyelletsa botho ba hao, ditalente tsa hao, dintho tseo o di etsang ho thusa ba bang.

Ke tla ngola tlhahiso tsa hao fliptjhateng.

Lena ke letoto le letle. Jwale, ke batla hore o kgethe makgetha a le mang mabapi le wena mme o a ngole sekgetjhaneng sa pampiri.



Facilitator guidance

Examples of positive qualities and probing questions

Examples

- I am clever
- I am loving
- I am good at sports
- I can sing
- I can cook well
- I am honest
- I am a good friend
- I never gossip

Probing questions to identify positive qualities

- What are you good at?
- What type of friend are you?
- What do you think your best friend says about you?
- What positive things does your caregiver say about you?



Instructions (Part 2)

1. Read the '**Scenario: The positive qualities party.**' After reading the scenario, clarify any questions the group might have about the task.
2. Divide the group in half. Half are doormen and the other half are party-goers.
3. Doormen are given star stickers. Party-goers are instructed to promote their quality to get into the party.
4. Doormen place a star on the positive quality piece of paper after they are convinced of its value. It takes three stars, from three different doormen to get into the party.
5. After 5 minutes, have them split roles and perform the activity again so everyone has a chance to be both a party-goer and doorman.
6. Reconvene the group after 10 minutes. Conduct the '**Group discussion,**' asking them to state the positive quality they promoted and their reactions to the activity. Look for responses like "It was not easy to promote myself," and remind them it is okay to be proud of their positive qualities. Encourage them to consider all the ways their positive quality will be beneficial to them, as they had to convince someone else of its benefits.

Scenario: The positive qualities party

Re batla ho ya phathing ya makgetha a lokileng. Empa ho na le balebedi monyako. Tsela e le nngwe feela ke ya hore o ipontshe ho balebedi ba bararo hore o na le makgetha a lokileng – e leng ntho eo bohle le nang le yona mme le e ngotse sekgetjhaneng sa pampiri. O lokela ho phahamisa makgetha a hao hore ba tle ba o dumelle ho kena ka hare. O ka a phahamisa ka mokgwa ofe kapa ofe o ratang ka ona. Mohlomong ho tla lokela hore o hlalose hore hobaneng makgetha ao a le molemo, kapa o fane ka mehlala ya hore motho a ka etsang ka makgetha ana. Ha balebedi ba monyako ba kgodisehile, o tla fumana naledi – eo ba tla e manamisa pampitshaneng ya hao. O lokela ho ba le dinaledi tse tharo hore o kene phathing, mme naledi e nngwe le e nngwe e fumanehe ho balebedi ba monyako ba fapaneng. Hopola hore makgetha a hao a ka hare ho wena, mme a keke a o lahlehela ha o leka ho a phahamisa.



Group discussion

Jwale re phamisitse makgetha a rona a lokileng. Jwale motho ka mong o tla ba le monyetla wa ho balla hodimo makgetha ao a a phahamisitseng hore a kene phathing.

- Ke mang ya ka abelanang ka makgetha a hae pele? Mme re tla potoloha sedikadikweng hore e mong le e mong a etse jwalo.
- Ho bile jwang ho phahamisa makgetha a hao?
- Hape o bile le monyetla wa ho ithuta mabapi le makgetha a batho ba bang. Ho bile jwang ho utlwa mabapi le makgetha a batho ba bang a lokileng?



Instructions (Part 3)

1. Introduce the '**Paired discussion**,' refer to text provided as needed, and then divide the participants into pairs for them to discuss how they will use their positive quality in the future.
2. Allow a few minutes for the paired discussion, then reconvene the whole group. Conduct the '**Group discussion**,' inviting a few participants to share how they would use their positive quality in the future.
3. Review the '**Take home point**.'





Paired discussion

Jwalo ka ha o bona, makgetha a lokileng a molemo. Tsela eo re a sebedisang ka yona e bohlokwa. Ho ya ka hore na motho le ditlhoko le melemo ya hae ke dife. Nahana ka ditsela tse ding tseo o ka sebedisang makgetha a mang ao o nang le ona a lokileng nakong e tlang. Na a ka o thusa ho fumana mosebetsi, kapa ho etsa hantle haholo mefuteng e itseng ya mesebetsi? Na a ka hohela metswalle, kapa a ntlafatsa maikutlo a hao mabapi le wena?

Ke batla le iketse dihlopha tsa ba babedi. Buisana le molekane wa hao o mmolelle ka moo o tla sebedisa makgetha a hao a lokileng nakong e tlang. O ka tsepama hodima makgetha a le mang a lokileng ao o a phahamisitseng le makgetha a mang ao o nang le ona. Nahana kamoo makgetha a fapaneng a lokileng a ka sebediswang dintho tse fapaneng.



Group discussion

- *Ke mang ya ka ratang ho abelana ka kamoo a tla sebedisa makgetha a hae a lokileng nakong e tlang? Na ho na le baithaopi?*



Take home point

Ho bohlokwa ho rona hore re hopole ho ba le makgetha a lokileng ka dinako tsohle, a mang ke a ikgethang ho rona. Re lokela ho dula re hopola hore batho ba bang le bona ba na le makgetha a ikgethang, a shebe mme o a amohele – jwalo ka ha o ka lakatsa hore ba bang baetse seo ho wena.

Ha o qeta ho sheba matla ao o nang le ona le ka moo o ka a sebedisang kateng, jwale re tla buisana ka bohlokwa ba ho rala dipheo le ka moo re di fihlellang kateng.

EXERCISE 3: I CAN DO IT²

(25 minutes)



Rationale

The purpose of this exercise is to introduce the group members to the practice of setting goals and to explain how goals will be an integral part of the workshop and something they can apply in their own lives. The characteristics of a good goal are explored and discussed. Setting realistic, specific goals offers participants something to work towards and a sense of mastery and optimism as they progress towards achievement.

Instructions

1. Introduce the exercise and conduct the **'Group discussion.'** Encourage responses and reflect on what they are saying. Refer to **'Facilitator guidance'** as needed for the importance of goals to aid the discussion.
2. Explain that goal setting will be a key component of the program, and that they will set a personal long-term goal, and short-term goals to complete between each session. Refer to the **'Goal-setting'** text as needed.
3. Introduce the DO IT method of goal setting; refer to the **'I can DO IT'** text as needed. Review the 'I can DO IT guidelines for setting goals' hand-out and refer them to the goal setting section of their workbook. Explain to them that each letter in the word "Do it" stands for something.



Group discussion

Phahamisa letsoho ebang o kile wa ba le seo o neng o se batla mme wa se fumana.

Ke a leboha ha o abelane ka sena. Hore o kgone ho fumana dintho tse, o ile wa lokela ho rala sepheo seo o neng o batla ho se fihlella mme wa sebeletsa ho etsa jwalo.

- *Hobaneng o nahana hore ho bohlokwa ho ba le dipheo?*



² Adapted from ETR Associates (2008). I can DO IT!. Focus on Youth with Informed Parents and Children Together (ImPACT) Curriculum, Session 7. Santa Cruz: ETR Associates.

Facilitator guidance

Guidelines on the importance of goals

Goals are important and possible to achieve

- It is important for everyone to have goals.
- If you don't have goals then it is harder to strive for or accomplish anything.
- The best way to figure out your goals is to look at your life and see what you want:
 - » **Example:** If your goal is to go to university, then you should set a goal that will help you to do well at school.
- Each of you is capable of accomplishing great things if you believe in yourselves and your own strengths and capabilities, and if you set and work towards achieving your goals.



Goal-setting

Jwalo ka karolo ya lenaneo lena, re tla rala dipheo tsa nako e telele le tsa nako e kgutshwane. Ho rala dipheo tsa motho tsa nako e telele ho tshwana le ho nahana sebaka se hole mme o tsamaya o leba ho sona. Leetong la hao la ho ya bakeng seo, mohlomong o ka fetola tsela ya hao o itshetlehile ka diphetoho tse etsahalang bophelong kapa seo o ithutang sona tseleng. Dipheo tse kgutshwane ha ngata ke dikgato tse nyane tseo o di nkang ho ya fihlella ho dipheo tsa nako e telele, kapa e be dipheo tse ntjha tseo o batlang ho di fihlella ka nako e nyane. Re tla qala ka ho rala dipheo tsa beke ena, tsa nako e telele le e kgutshwane.

- **Dipheo tsa nako e telele:** *Kajeno o tla rala sepheo sa nako e telele sa ntho eo o e batlang dilemong tse 5. Qala ka ho nahana ka dikgato (dipheo tsa nako e kgutshwane) ho se fihlella mme re tla boela re se lekola hape ha mmamorao lenaneong lena.*
- **Sepheo sa nako e kgutshwane:** *Ho oketsa sepheong sa nako e kgutshwane se hlokehang hore o fihlelle sepheo sa hao sa nako e telele, o tla ba le monyetla wa ho rala sepheo sa nako e kgutshwane pheletsong ya karolo ena, seo o ka qetellang ho se etsa pakeng tsa dikarolo.*

I can DO IT

Mmotlolo o ka re thusang ho rala le ho sebeletsa dipheong ke mmotlolo wa NKA ETSA SENA. Re fane ka khophi ya ona bukeng ya hao ya tshebetso. Ha re Lekole bukana ya NKA ETSA SENA.

- Fumana thahasello tsa hao le dikgetho
- Fumana o hlophise kitso
- Hlwaya dipheo tsa hao mme o sebedise leano
- Phethahatsa mme o lekole

Na o utlwisisa ka moo o ka ralang dipheo le ho di fihlella o sebedisa 'NKA ETSA SENA'?



Instructions (Part 2)

1. Introduce the activity; refer to '**Wants activity**' text provided as needed.
2. Give adolescents a pen and paper to complete the activity. Ensure you have a watch or timer and set it to measure 2 minutes. After 2 minutes have passed, instruct the adolescents to put their pens down.
3. Give them one minute to determine and star their two most important "wants" from their list.
4. Conduct '**Group discussion 1,**' inviting adolescents to share one of the main "wants" they starred and note these on the flipchart. Then explain that further consideration of the first two steps (DO) may be required by them personally, before finalizing their long-term goal.
5. Conduct '**Group discussion 2,**' and select and/or refine current "wants" to ensure they are specific and realistic, and then to think of the steps/short-term goals necessary to achieve these as long-term goals. Use 1 to 2 of the example "wants" participants suggest and encourage them to outline the steps/short-term goals it would take to achieve the "want" as a long-term goal. Refer to the examples in the '**Facilitator guidance**' as needed.
6. Introduce the Long-term goal planning sheet hand-out and request that they complete it before the program concludes and explain they will be invited to present it at a later session. Refer to '**Long-term goal planning**' text as needed.
7. Review the '**Take home point.**'





Wants activity

Sa pele, ha re etse mosebetsi ho bontsha karolo ya 'ETSA' ya ho fihlella dipheo – ho hlwaya dintho tseo re di batlang mme re rale tse tlang pele. Motho ka mong ho lona a ngole "BA TLA HO" hodimo pampiring. O na le metsotso e mebedi ho ngola dintho kaofela tseo o labalabelang ho di fumana dilemong tse hlano tse tlang.

Jwale, kgetha "tsebo batla ho di etsa" tse pedi tseo e leng tsa bohlokwa ha holo ho wena mme o behe naledi pela tsona. O na le motsotso o le mong honka qeto.

Jwale ke batla hore re sebetse mmoho ho thusa ho aha dipheo ho tse ding tsa tsebo batla ho di etsang" tsa hao.



Group discussion 1

- Ke mang ya batlang ho abelana ka "ditabatabelo" tsa hae – seo a batlang ho se fihlella dilemong tse 5 tse tlang.

Ke tla ngola 'ditabatabelo' tsa hao fliptjhateng.

'Ditabatabelo' tsena di ka nkwa e le mokgwaritso wa hao wa dipheo. O ka batla ho nahana ka botebo mabapi le tsona, o sebedisa mokgwa ETSA SENA. Mohlomong, etsa bo nnete ba hore di nyalana le thahasello le dikgetho tsa hao (D); mme o qale ho bokella kitso mabapi le seo o ratang ho se etsa hoo thusa ho etsa dintho tse tlang pele (O) – tsena ke dintho tseo o lokelang ho nahana ka tsona mabapi le hoo thusa 'ho hlwaya dipheo tsa hao le ho sebedisa leano (I).



Group discussion 2

Ha re nahane ka dipheo tse ding tsa hao mme re bone hore re ka thusa ho etsa bo nnete ba hore di ikgethile ebile ke tsa nnete.

- Mohlomong ke dife ho tsena tse letotong tse kekeng tsa ikgetha kapa ya e ba tsa nnete?
- Re ka di ntlafatsa jwang hore e be tse ikgethileng mme e be tsa nnete?

Jwale ka hobane re nyenyefaditse letoto la rona ra etsa dipheo tse ikgethileng le tseo e leng tsa nnete, ha re kgethe tse mmalwa re bone hore ke dife tsa nako e kgutshwane tseo re ka di ralang ho fihlella tsa nako e telele "ditabatabelo".

- Ke sepheo sefe seo re tsepamang ho sona pele? Ha re kgethe se bobebe re ikwetlise.
- Ke dikgato kapa dipheo dife tsa nako e kgutshwane tseo re ka di hlokang ho fihlella sepheo sena sa nako e telele?

Facilitator guidance

Adolescent goals

Encourage adolescents to focus on things that will improve their lives and make them a better person.

Examples of Specific and Realistic goals

- Goals should be Specific, simple, clear and not overly complicated. You should be clear about what you want to happen:
 - » Not a Specific Goal: I want to get good marks.
 - » Specific Goal: I want to graduate with an 85% average in all of my subjects.
- Goals should be Realistic, so you won't get frustrated:
 - » Unrealistic: I want to score 50 goals this soccer season.
 - » Realistic: I want to score 3 out of 5 goals that I attempt this soccer season.

Example long-term goals with short-term goals/steps to achieve them

Long term goal: To go to university

- Short-term goals to achieve long-term goal: spend an extra twenty minutes studying or doing homework every day; learn about different careers by interviewing at least one person working in a field that interests you this month; research universities costs and degrees to identify a few target universities; research and apply for bursaries/loans.

Long term goal: To learn how to drive a car

- Short-term goal/steps to achieve long-term goal: Study for the Learners test; take the Learners test; find a family/friends car that you can use to practice driving or source money to take driving lessons; take the driving exam.



Long-term goal planning

Re batla hore o qetelle sepheo sa hao sa dilemo tse hlano – seo o ka atlehang ho sona ka dilemo tse hlano, e leng e nngwe ya tsena “ditabatabelo” tse tla fetolwa sepheo. Mme o nahane ka leano la tshebetso – sepheo sa nako e kgutshwane seo e tla se nka ho se fihlella. Re o file Leqephe la Leano la Nako eTelele bukeng ya hao ya tshebetso ho thusa ho qala ho nahana ka dikgato tse tla etella ho fihlella sepheo sa hao. Ha re lokole sena ka potlako.

Re batla hore o qale ka ho nahana dikgato tseo o tla di nka ho fihlella sepheo sa hao sa nako e telele mme o qetelle letoto leo pele ho pheletso ya lenaneo lena. O tla kotjwa ho abelana ka dikgato tsa sepheo sa nako e telele le dikgato tsa nako e kgutshwane nakong ya karolo ya ho qetela. O dumelletswa hore o ka fetola sepheo sena kapa wa oketsa sepheo se seng neng kapa neng nakong ya karolo ena



Take home point

Ho rala sepheo sa nako e telele ho bohlokwa hore o tle o kgone ho sebeletsa ho fihlella dintho tseo o di batlang bophelong ba hao. Hang ha o tseba seo o se sebeletsang, o tla nka qeto ya dikgato tse ikgethileng tseo o tla di hloka ho fihlella moo. Mme ka ho latela dikgato tsena o tla qala ho bona kattleho ho ya sepheong sa hao.

Ka nako e nngwe re kopana le ditshitiso tseleng ya kattleho ya dipheo tsa rona. Mokgwa o mong oo re ka fetang ditshiteng tsena, ke ho ithuta ka moo re ka rarollang diqaka hantle. Re tla ithuta ho etsa sena hlakisong e latelang.

EXERCISE 4: PROBLEM SOLVING STEPS

(20 minutes)



Rationale

Problem solving strategies are useful to cope with any problem that can be solved by taking action. This exercise uses a structured approach to help participants learn and follow the problem solving process.

Instructions (Part 1)

1. Introduce the exercise and story, refer to '**Introduction: Problem solving**' text provided as needed.
2. Read the '**Story: The fire.**'
3. After reading the story, ask the first question in the '**Group discussion**' to encourage participants to come up with a solution to the problem in the story. Encourage responses and reflect on what they are saying. Make notes on the flipchart of possible solutions.
4. Ask the second question in the '**Group discussion**' to help them to choose an option and explain their choice.
5. Introduce the '**Problem Solving Steps**' and review the hand-out: Problem Solving Steps.



Introduction: Problem solving

Re tla ithuta bokgoni bo bongata lenaneong lena, ho kenyelletswa le karolong ya kajeno moo re tla tsepama hodima tharollo ya qaka.

Ho re thusa ho nahana ka tharollo ya qaka, ke batla ho abelana le lona ka pale e kgutshwane.





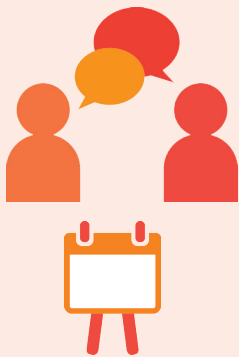
Story: The fire (Mollo)³

Bana ba bane ba ile ba yo bapala hlathe e haufi le mahabo bona. Sebaka sa bona se ba se ratang haholo moo ba bapallang e ne e le haufi le letamo la metsi le difate le mohlwa. Bane ba bapala papadi tse ngata. Hamorao ho ile ha qala ho bata. "Hare etseng mollo re tle re futhumale," bana ba ile ba nka qeto. Ba ile ba bokelletsa makgasi a ommeng, mohlwa le dithutswana, mme ngwana e mong o ne a na le lebokose la mmetjhese. Kapelenyana bane ba na le mollo. Ba futhumatsa matsoho a bona mollong. Ba tswelapele ho bapalla haufinyane. Ka tshohanyetso moya o matla o ile wa hlaha mme mohlwa o ommeng o potileng mollo wa tshwara mollo wa qalella ho tjha. Bana ba ne ba maketse ba tshohile.

E mong a re: "Hare baleheng."

E mong a re: "Tjhe, mollo o kotsi. O ka tjhesa hlathe ena kaofela."

Wa boraro a re: "Ha re emeng hanyane re nahane hore na re tlo etsang."



Group discussion

- Bana ba tsietsing. Ba lokela ho tima mollo. Ba ka etsang? O na le ditshisinyo dife?

Ke tla ngola ditlhahiso tsa hao fliiptjhateng.

- Sheba ditlhahiso tse fliiptjhateng. O nahana hore ba ka nka kgetho efe? Hobaneng o ka reba qale ka kgetho ena?



Problem Solving Steps

Ho rarolla qaka ena o sebedisitse dikgato tsa tharollo ya qaka. Ha re lekole bukana ya Dikgato tsa Tharollo ya Diqaka e hlalolang dikgato tsena mmoho:

- **Hlalosa** hore bothata ke eng
- **Utlwisisa** bothatha
- **Rala** sepheo
- **Fumana dikgetho**
- **Etsa qeto** mabapi le leano la tshebetso
- **Leka** o bone na le ya sebetsa

³ Adapted from Eloff, I., & Forsythe, B. (2014) Kgolo Mmogo Project Intervention programme for the enhancement of children's resilience, Session 7. South Africa: University of Pretoria.

Instructions (Part 2)

1. Present the '**Scenario on Thabo's field trip.**'
2. Conduct the first four '**Group discussion**' questions to assist the group to follow the Problem Solving Steps to agree on an acceptable strategy. Encourage responses and write the responses for his goal and options on the flipchart.
3. Ask the final '**Group discussion**' question to assist the group to decide on what action he should try.
4. Refer to '**Facilitator guidance**' as needed to aid the discussion.
5. Praise participants and encourage them to apply the Problem Solving Steps in their own life.
6. Review the '**Take home point.**'



Scenario: Thabo's field trip (Leeto la Thabo la naheng)

Ho sebedisa bokgoni, ha re sebedise dipono tse latelang

Thabo o batla ho nka leeto le hlophisitsweng ke sekolo. Le bitsa R100. O wa tseba hore lelapa lahabo ha lena tjhelete e lekaneng hore a ka ya leetong, empa kannete o batla ho ya. Thabo a ka rarolla bothata ba hae jwang?



Group discussion

Ha re sebedise lewa la tharollo ya mathata ho nka qeto ya hore Thabo a ka rarolla bothata ya hae jwang.

- Bothata ke bofe? (Fumana qaka)
- Bothata bo ama batho ba leng ho yona jwang? (Utlwisisa qaka)
- Sepheo ke sefe? O batla hore dintho di be jwang? (Rala sepheo)
- Dikgetho ke dife? A ka etsang? (Fumana dikgetho)

Ke tla ngola ditshisinyo tsa hao fliptjhateng.

- Ha re shebe dikgetho ka bonngwe. O nahana hore ke efe e ka bang kaone haholo ho rarolla qaka ya hae? Hobaneng? (Etsa qeto mabapi le leano la tshebetso)



Facilitator guidance

Suggested responses for Thabo's problem

1. What is the problem?

Thabo wants to go on a field trip organised by his school but his family does not have enough money to send him on the trip.

2. How does the problem affect the people involved?

Thabo will not be able to go on the field trip if he does not pay the R100.

3. What is the goal?

The goal is for Thabo to go on the field trip, and therefore have enough money to pay for it.

4. What are the options/possible actions? What can he do?

Thabo can ask another family member for money. He can do small jobs in the community such as washing cars or selling sweets. He can sell his old toys and clothes he doesn't want anymore. He can do chores around the house to earn money. He can ask for sponsorship at the shop.

5. Decide on a plan of action

Allow the group to decide which option is best and to justify their reason.



Take home point

Mehato ya Tharollo ya Diqaka di fana ka thuso ya mawa a ho tobana le diphephetso. Ho ikwetlisetsa dikgato tse na ho ka o thusa ho ba kaone ha o di sebedisa.

REFLECTION AND SHARING

(10 minutes)

Re fihlile qetellong ya kopano ya kajeno mabapi le **malla ao o nang le ona le dipheo**. Ena ke nako ya hao ya ho arolelana maikutlo mabapi le kopano le sehlopha.

Ke lakatsa hore motho ka mong a arolelane ka ntho e le nngwe ya bohlokwa eo a ithutileng yona kajeno le hore na o ka e sebedisa jwang bophelong ba hao ba letsatsi ka leng.



GOAL SETTING AND PRACTICE AT HOME

(10 minutes)

Re batla dikarolo tse na di be molemo le hore lona bohle le une molemo ho tsona beke le beke, le nakong e telele. Le ka fihlella ntho tse kgolo maphelong a lona, lehe ele letsatsi ka leng kapa beke ka nngwe ha o etsa morero mme o o sebelletsa. Ka hoo, karolong ena, le karolong ya beke tse ding le tse ding tse pedi, le tla ba le monyetla wa ho beha maikemisetso a nako e kgutshwane a amanang le se o ithutileng sona karolong – ntho eo o ka e etsang pakeng tsa hona jwale le nako eo re kopanang hape ka yona. Maikemisetso a kgethehileng e tla ba ntho eo o ka e fihlellang pele ho karolo ya rona e latelang, mme e amanang le dintho tse re buileng ka tsona karolong ya kajeno.

O ka ikwetlisetsa bo bong ba bokgoni boo o ithutileng bona kajeno jwang ha o fihla lapeng? Ho etsa sena ke motheo mabapi le sepheo sa nako e kgutshwane seo o tla se rala. Hopola, sepheo se lokela ho ba ntho eo o atlehileng ho yona pele re kopana hape re le sehlopha. **Re buile mabapi le tharollo ya bothata o sebedisa Dikgato tsa Tharollo ya Diqaka. Ke tla rata ho o kgothalletsa ho rala sepheo ho fumana bothata bo e ikgethileng bophelong ba hao bo batlang tharollo o sebedisa Dikgato tsa Tharollo ya bothata ho e rarolla. O tla rala eng e le sepheo seo o tla se etsa ho rarolla qaka bekeng ena?** Kaofela re tla fana ka tlaleho mabapi le bothata bo kgethilweng le mehato eo o nkileng qeto ya ho e sebedisa sesheneng e latelang.

Hopola hore o flamehile ho qala ho nahana ka sepheo se telele le sepheo se khutswane ho atleha mafellong a kopano.





CLOSING THE SESSION

Re tla kwala kopano ka ho etsa kgulo ya lotto. Kenya pampitshana ya lebitso la hao ka lebekereng lena. Jwale re tla hula lebitso mme motho eo o tla hapa mpho ena ya lotto.

Re a leboha ha o bile teng kopanong ena. Nka thabela ho bua le mang kapa mang ka bo mong ka boiphihlelo ba hao ka kopano ena le hore na re ka ntlafatsa eng bakeng sa kgetlo le tlang. Ke lebelletse karolo e latelang moo re tla sebetsana le **kgokahano e nepahetseng**.

Ke tla o bona kgetlo le tlang _____ (nako le sebaka) ka la _____ (letsatsi le mohlq).

SESSION 2

Effective communication

TIME

120 minutes

RATIONALE

The purpose of this session is for youth to learn two specific skills, namely assertiveness and active listening. These skills will help them to communicate more effectively with their caregivers and their peers. Effective communication creates a positive atmosphere at home, as it limits conflict, and helps adolescents to meet their own needs. The direct expression of feelings as an “I” message can promote effective joint problem solving. Assertive communication is also an important tool to help adolescents protect themselves in relationships outside the home.

GOALS

- To provide adolescents with skills to improve their communication
- To assist adolescents to communicate assertively
- To enable adolescents to express their feelings through “I” statements instead of “you” statements
- To assist adolescents to learn to listen effectively to others

SESSION OVERVIEW

Opening ritual

Feedback from previous session (15 minutes)

Exercise 1: Assertive communication (25 minutes)

Exercise 2: Practice assertive responses (30 minutes)

Exercise 3: Broken telephone (5 minutes)

Exercise 4: How can I really listen? (30 minutes)

Reflection and sharing (10 minutes)

Goal setting and practice at home (5 minutes)

Closing the session





MATERIALS NEEDED

- Name tags for participants
- Flipchart or a black/white board and marking pens
- Two copies of the role-play script for volunteers (Appendix)
- Lottery prize

WORKBOOK HAND-OUTS REVIEWED

- Communication styles
- Assertive communication
- Guidelines for active listening



SPECIAL PREPARATION

- Practice '**Role-play: The loan**' from Exercise 1 between the facilitator and co-facilitator so you are prepared to deliver it easily.
- Make two copies of the role-play script for volunteers found in the appendix for Exercise 2.
- Write out the two scenarios in Exercise 2, that the group will conduct in smaller groups, on a piece of flipchart paper for their ease of reference during the activity.
- Practice '**Role-plays 1 & 2: She loves me**' from Exercise 4 between the facilitator and co-facilitator so you are prepared to deliver it easily.

OPENING RITUAL

FEEDBACK FROM PREVIOUS SESSION

(15 minutes)



Instructions

1. Ask someone to summarize the home assignment. Refer to the '**Home practice assignment summary**' text if clarification is needed.
2. Encourage feedback from participants on their completion of the home practice. Ask them about their emotions, thoughts and behaviours related to the home practice.
3. Spend some time on areas where there were challenges and use group problem solving to get ideas on how the situation can be dealt with. Use one of the challenges as a role-play. The co-facilitators can model it.
4. Praise participants for their efforts to problem solve.



Home practice assignment summary

Mosebetsi wa hao e ne e le ho fumana bothata ba hao obo kgethileng bophelong ba hao e hlokanang tharollo mme o sebedise Dikgato tsa Tharollo ya Diqaka ho e rarolla.



EXERCISE 1: ASSERTIVE COMMUNICATION⁴



(25 minutes)

Rationale

The purpose of this exercise is to improve the adolescent's knowledge of the different types of communication styles and how to communicate assertively. Guidelines are provided and then modelled. Assertion is a healthy communication technique that empowers individuals to get their needs met and avoid being taken advantage of, while still respecting the needs of others.



Instructions

1. Introduce the exercise and conduct the '**Group discussion 1.**' Encourage responses from the group members and get feedback for each question before moving on to the next one. Refer to '**Facilitator guidance**' on the different communication styles.
2. After the group has discussed, refer to the Communication styles hand-out and review any points in the hand-out that were missed.
3. Conduct the '**Group discussion 2.**' Introduce the Assertive communication hand-out and review it. Elicit responses on the importance of assertiveness and examples for each guideline, referring to '**Facilitator guidance**' on assertiveness as needed. Make sure to emphasize the importance of "I" statements in the examples they provide.
4. Introduce the role-play example. Refer to '**Role-play: The loan**' text provided as needed. Act out the role-play with co-facilitator.
5. Conduct the '**Group discussion 3.**' Guide the conversation to stay focused on assertiveness and use of the guidelines. Refer to '**Facilitator guidance**' as needed for examples of it used in the role-play.
6. Review the '**Take home point.**'

⁴ Adapted from Miller, S. (1995) Teens and Adults Learning to Communicate (TALC: LA), Phase 1, Session 3. Los Angeles: Center for HIV Identification, Prevention and Treatment Services.

Group discussion 1

Kajeno re tla buisana ka kgokahano. Hangata ho na le mekgwa e merarao ya ho hokahana. Tsena di kenyelletsa kgokahano ka mosito, ka ho hloka boitshepo le kaboitshepo. Ha re qale ka ho sheba diphapang pakeng tsa mekgwa ena e merararo e fapaneng ya kgokahano.

- O nahana hore karabelo ya ho hloka boitshepo e jwang
- O nahana hore karabelo ya mosito e jwang?
- O nahana hore karabelo ya boitshepo e jwang?

Ha re hlahlobeng dintlha tse mmalwa mabapi le mekgwa ya kgokahano bukaneng ya Mekgwa ya kgokahanao bukeng ya hao ya tshebetso.



Facilitator guidance

Passive, aggressive & assertive communication

- A **passive response** doesn't communicate the person's needs. This allows others to walk straight over the person's needs. This person may think their needs are less important than other people's needs. A passive response might be: "“O batla hore ke etseng”". The person says nothing about the thing that is bothering him/her, or just accepts what others say and does not take care of his/her emotions or needs. **This person is often suppressing their anger, which can be unhealthy.**
- An **aggressive response** focuses mainly on the person's own needs. This response does not show care for other people's needs and does not take into account what it may do to another person. An aggressive response may be something like: "“Mohlolo towe. O keke wa mpolela hore ke etseng”". The person may attack people, act explosively or forcefully, use a loud voice, and does not act respectfully towards the other person. **This person is expressing their anger but in an unhealthy way.**
- An **assertive response** is a balance between what the person needs and what others need. The goal of an assertive response is to assure that both people are satisfied. Assertiveness makes life easier for the person talking, and for the people around them. An assertive response expresses our opinions in a clear and respectful way. We take care of our own needs and the emotions of the other person. An assertive response might be: "“Ha ke dumellane le seo o se buang. Nka mpa ka e etsa ka tsela e nngwe”". **This person is expressing their anger in a healthy way.**



Group discussion 2

- O nahana hore ke hobaneng ho leng bohlokwa ho itshepa?

Ha re lekole ditataiso tse ding tsa boitshepo le ho ikemela bukaneng ya Kgokahano ka boitshepo bukeng ya hao ya tshebetso.

- Ke mehlala efe e meng ya dipolelo tsa kgokahano ya boitshepo mabapi le tataiso e nngwe le e nngwe ya tsena?

Facilitator guidance

Assertive communication

Why is it important to be assertive?

- Say "No" when you want to, in a way that is respectful.
- Express your positive emotions towards someone.
- Express your opinion even if it differs from the opinions of others.

Assertiveness is actually a way of life. An assertive person is saying to the world: "Here I am, just as important as everybody else and my opinion counts. This is me, this is how I feel and I have a right to express it, and to have my needs met."

Examples of applying the assertive communication guidelines

1. Say clearly what you want and need

"Ha ke batle ho ikutlwa e ka ke tlamehile ho etsa ntho eo ke sa batleng ho e etsa."

2. Say how you feel in a situation and why you feel that way

"Ke utlwa ke kgathatsehile hobane ke batla..." " ke ...hobane."

3. Say how you will feel if you get what you are asking for

"Ke ne nka itumela ha re ka ra bua ka sena hobane e se ele nako jwale ke na le kgwao."

4. Say what you want the other person to do, be specific

"Ke batla hore o tlohele ho nkgatella hobane seo se ntluta maikutlo..."

5. Make it clear that you understand the other person's point of view

"Ke a tseba hore o batla ke qete nako le wena, empa..."

Examples of using the additional tips:

- **Start with a positive remark**

“Ke leboha thuso eo o mphileng yona, empa ka maswabi nkeke ka nka nako e telele le wena, ke lokela ho tsamaya hona jwale.”

- **Say “I” instead of “you.”**

“Ha ke rate sena,” ho e na le “tlhahiso ya hao ke ya botlatla,” kapa “keutlwa ke teneha ,” ho e na le “o a nkgalefisa.” Kamoo ke bonang dintho kateng ...”

- **Be aware of your body posture**

Don't cross your arms, roll your eyes or look at them angrily.

Role-play: The loan (Sekoloto)

Mohlala ona ke o tla o fa mohopolo wa ka moo o ka bang le boitshepo. Re tla etsa pono ya tshwantshiso. Ke kopa o mamele ka hloko mme o nahane ka hore na e be re latetse ditataiso mabapi le kgokahano ya boitshepo. Kgetha seo o se ratileng le mehlala ya boitshepo.



Background: Portia le Winnie ke metswalle ya hlooho ya kgomo. Winnie o kadimme tjelele ho Portia. Portia o hloka tjelele eo a e kadimmeng Winnie ho reka dibuka tsa kholetjheng. Portia o tlameha ho kopa Winnie hore a lefe sekoloto.

PORTIA: Ke hloka ho bua le wena.

WINNIE: Tswelapele. (Winnie o furalla Portia)

PORTIA: Ke ya kholetjheng bekeng e tlang.

WINNIE: J wale?

PORTIA: Ke hloile ha o etsa tjena.

WINNIE: Tshwarelo.

PORTIA: Ke hloka tjelele bakeng sa dibuka tsa ka.

WINNIE: Ke ne ke nahana hore dibuka tsa hao di kenyelleditswe ho di-fee tsa hao tsa sekolo.

PORTIA: Tse ding, empa eseng kaofela. Wa tseba keng, nka se kgone ho tswelapele ho bua le mokokotlo wa hao. (Portia o potoloha Winne ho fihlela a mo shebile ka mahlong).



WINNIE: Ke lakatsa ho ya kholetjheng.

PORTIA: Mohlomong selemong se tlang.

WINNIE: Ha ke notshepisa.

PORTIA: Re ka bua ka yona, empa ke mona ho tla lata tjhelete eo ke o kadimileng yona ka kgwedi ya Phato.

WINNIE: E ne e le bokae?

PORTIA: E ne e le R500.

WINNIE: Ha ke na yona.

PORTIA: E kae tjhelete eo ke o kadimileng yona? Ha ke a thabela maemo ana.

WINNIE: Ke e sebedisitse. Wena o nahanang?

PORTIA: Mohlomong o bolokile e nngwe hore ompatale.

WINNIE: Ha hona monyetla. Ke mang e mong ya tlo lefella ho loha moriri wa ka beke tse ding le tse ding tse pedi?

PORTIA: Ke a tseba hore moriri wa hao o bohlokwa ho wena, empa o rera ho mpatala jwang?

WINNIE: Ha ke so nahane ka seo.

PORTIA: Bona mona, kholetjhe e bohlokwa ho nna. Ha ka ikemisetsa ho se atlehe dithutong hobane ha ke na dibuka tse sa fellang. Ha ke na taba na o e fumana jwang, feela ke batla tjhelete ya ka. Ke tlameha ho ba le tjhelete eo. Ke tla thaba haholo ha o ka mpha tjhelete ya ka.

WINNIE: Mohlomong ke tla kopa ausi wa ka a nkadime.

PORTIA: Ke hantle. Ke hloka tjhelete ya ka bekeng e tlang.



Group discussion 3

- O nahanang mabapi le moqoqo ona le tsela eo Portia a buang ka Yona?
- Ke efe mehlala ya puisano ya boitshepo ponong ena?

Facilitator guidance

Suggested discussion points on assertiveness scenario

Possible answers facilitators should try to elicit from participants:

- Portia made it clear what she wanted and explained why she needs the money: She wanted her money back that she loaned to Winnie “to buy her college books.”
- Portia said how she felt about the current situation: She is “not happy.”
- Portia said how she would feel if she gets what she was asking for: “Feel relieved.”
- Portia said what she wants Winnie to do: “Pay back her money in a week’s time.”
- Portia made it clear she understood Winnie’s point of view: “I know your hair is important to you.”
- Body language: Portia faced Winnie.
- I statements: Portia used “I” statements to express herself.

Take home point

Kgokahano ya boitshepo ke kgokahano e hlwekileng. E o thusa ho phetha ditlhoko tsa hao o ntse o hlompha ditlhoko tsa ba bang. Ho sebedisa dipolelo tsa “Ke” ho a thusa kgokahanong ya boitshepo.



EXERCISE 2: PRACTICE ASSERTIVE RESPONSES



(30 minutes)

Rationale

The purpose of this exercise is to practice and improve assertiveness skills.



Instructions (Part 1)

1. Introduce the role-play scenario, referring to '**Introduction: Role-play**' text as needed. Request and select two volunteers. One will play a caregiver and the other will play an adolescent. Be sensitive to illiteracy issues as the role-play requires reading a brief script.
2. Allow role-players to review the '**Role-play: Friends matter.**' Check to make sure they understand their tasks. Instruct the rest of the participants to act as observers and look for key points for improving assertiveness skills.
3. Have the role-players act out the scenario. Make note of where the role-players are showing assertiveness so you can bring these points up in the discussion.
4. Conduct the '**Group discussion**' to obtain feedback. Conduct separately the four question sets: 'Questions for the observers', 'Questions for the adolescent', 'Questions for the caregiver', and 'Questions for the full group.' Guide them to consider the points in the Assertive communication hand-out. Refer to '**Facilitator guidance**' as needed.



Introduction: Role-play

Jwale ke batla baithaopi ba tla tshwantshisa ponong e ntjha. Ke batla motho ya tla tshwantshisa mohlakomedi le ya tla tshwantshisa ngwana. Retla sebedisa sengolwa e le karolo ya tshwantshiso ena. Batshwantshisi ba tla lekola mme ba tshwantshise pono. Bohle re tla ba babohedi mme re shebe dintlha tsa sehlooho mabapi le ho ntlafatsa bokgoni ba boitshepo.

Na nka fumana baithaopi ba babedi ba tla tshwantshisa?

Role-play: Friends matter (Ditaba tsa metswalle)



MOHLOKOMEDI: O be sale o na le metswalle ya hao mme ha o etse letho lapeng. O nahana hore ke mang ya tlamehang ho hlatswa dijana? Ke mang ya tlamehang ho hlwekisa ntlo a hlokomele le dikgoho? Ke a sebetsa mme ke fihla lapeng bosiu. Ha nkeke ka sebetsa o tla hloka dijo . Bonyane ke seo o ka se etsang! Ha o nthabise hohang!

NGWANA: O leeme ebile ha o nthate! Ke ngwana mme bana ba rata ho tjhakelana. Hobaneng o le se na mosa hakaale?

MOHLOKOMEDI: Ha ke leeme ebile ke a o rata, empa ke kgathetse ke ho eletsa mesebetsi ya hao ha oilo bapala bolo kapa o o etsa seo o se etsang le metswalle ya hao.

NGWANA: Tshwarelo mme, ha nka ka nahana ka mesebetsi ya ka. Ha ke qala ho bapala bolo le metswalle ya ka, ke lebala hore ke na le mesebetsi ya lapeng. Ke rata metswalle ya ka mme ke rata ho nka nako le bona. Empa hona jwale ke elellwa mosebetsi oo o tlamehang ho o etsa ha nna ke sa etse mesebetsi ya ka.

MOHLOKOMEDI: Ke a thaba ha o bona hore ho boima ho nna. Jwale o tla etsa jwang ka sena?

NGWANA: Ke a batla ho etsa mesebetsi ya ka, empa hape ke batla le ho bona metswalle ya ka. Ke tla lahlehelwa ke metswalle ebang ha ke nke nako le bona. Ke lakatsa ho etsa tlhahiso e ka re sebeletsang ka bobedi. Ho ka ba jwang ha nka ka fepa dikgoho hoseng, ke hlatswe mekato ya ntlo kamora matsatsi a mabedi mmeke hlatswe dijana mantsiboya? E be ke bapala bolo le metswalle ya ka ka mafelo a beke le ka matsatsi a mang thapama hara beke? O bona jwang ka mohopolo ona?

MOHLOKOMEDI: Tjhe leo le utlwahala e le leano le letle, empa na o tla ba le nako ya ho etsa mosebetsi wa sekolo lapeng?

NGWANA: Ke a leboha mme ka ho dumellana le mohopolo ona. Ke tshepisa ho etsa mesebetsi ya ka le mosebetsi wa sekolo waka a hae.



Group discussion

Dipotso tsa babohedi

- Ngwana o ne a batlang?
- Mohlokamedi o ne a batlang?

Dipotso tsa Bana

- Ke kopa o re bolelle hore o ikutlwile jwang, ntho e le nngwe eo o e ratileng mabapi le tsela eo o sebeditseng taba ena ka yona?
- Ke ntho efe e le nngwe eo o neng o ka e etsa ka mokgwa o fapaneng?

Dipotso tsa mohlokamedi

- Ke ntho efe e le nngwe eo o e ratileng mabapi le tsela eo ngwana a lekileng dipuisano mabapi le mesebetsi ya hae?
- Kentho efe e le nngwe o ka beng o e entse ka mokgwa ofapaneng ha o ne o le ngwana?

Dipotso tsa sehlopha kaofela

- Ke mehlala efe e metle ya ditataiso tsa boitshepo tseo o di boneng ponong ena?

Facilitator guidance

Good examples of using assertive guidelines

Try to elicit the following:

- "I" statements
- Say what they wanted and why
- Tell the other person specifically what is wanted from them
- Say how he/she will feel if he/she gets it
- Recognise and communicate what the other person wants
- Physically face the person you are speaking with

Instructions (Part 2)

1. Divide the group into small groups of three: two who each play the adolescent roles, and an observer to offer feedback. Ask each group to choose one of the two scenarios provided in 'Small group role-play' (written out on a flipchart piece of paper) and give them a couple of minutes to act out their scenarios.
2. Conduct the 'Group discussion.' Encourage feedback on good responses. Relate their examples to the assertiveness guidelines. Provide feedback on what participants may still have difficult doing or understanding.
3. Review the 'Caution in being assertive' text provided with the group.
4. Review the 'Take home point.'



Small group role-play

Kgetha e nngwe ya dipono tse latelang:

1. *Tshepo o batla ho etsa mosebetsi wa sekolo lapeng, empa boausiae ba shebelletse lenaneo leo ba le ratang thelevisheneng. Thelevishene e etsa lerata hoo Tshepo a sa kgoneng ho tsitsisa maikutlo mosebetsing wa hae. Etsang tshwantshiso ya puisano pakeng tsa Tshepo le boausiae, moo Tshepo a bontshang boitshepo.*
2. *Ausi wa Thembi o hlola a kadima diaparo ho yena. Nakong ena ausiae o batla ho kadima sekhethe seo Thembi a se ratang haholo. Thembi o tenehile ha a batle ho mo kadima sekhethe seo. Tshwantshisang maemo moo Thembi a bontshang boitshepo.*



Group discussion

- *Ke efe e meng ya mehlala e metle ya karabelo ya boitshepo eo le bileng le yona tshwantshisong ya lona?*
- *Na ho sa na le seo le sa ntseng le na le potso ka sona mabapi le boitshepo?*





Caution in being assertive

Kelohloko ha o ikemela:

Pele, hobane feela o hlahisitse halefo ya hao ka tsela e phodileng e otlohileng ha ho bolele hore batho ba bang ba tla o fa se o se batlang. Ho hlahisa halefo ya hao ho tla sebetsa kaone hore na le ho ikwalla kahare, feela o ke ke wa atleha ka dinako tsohle.

Ya bobedi, leha o ikemela, batho ba kanna ba arabela ka qwaketsano. O itukisetse karabelo ya mofuta ona.

Ya boraro, ho hlahisa halefo ya hao ho batho ba bang – hore na o e etsa jwang – ho ka ba kotsi. O ka hlekefetswa ka mmele kapa ka dipuo. Lemoha maemo a kotsi. Haeba o tseba hore motho o tlo arabela ka qwaketsano, o kampa wa qoba boemo boo.

Haeba hajwale o tlasa boemo ba qwaketsano kapa ho hlekefetswa ke motho ya itseng, o ka nka foromo ho nna e nang le dintlha tsa boiteanyo tsa ditshebeletso le mekgatlo e amehang moo o ka batlang thuso, qetellong ya seshene.



Take home point

Ho ikwetlisa ho ka o thusa ho hokahana ka boitshepo haholwanyane. Bolela maikutlo a hao ka ho hlaka, amohela le dithoko tsa motho e mong.

Bokgoni bo bong bo molemo ke ho mamela seo batho ba se buang ha ba hokahana hore o tsebe ka moo ba ikutlwang kateng. Pele o arabela ka boitshepo o lokela ho mamela hantle seo motho a se buang. Sena re sebitswa 'ho mamela ka hloko' mme hona jwale re tla ikwetlisetsa seo.

EXERCISE 3: BROKEN TELEPHONE⁵

(5 minutes)



Rationale

The purpose of this exercise is to engage participants in an activity that requires careful listening in order to highlight the importance of active listening skills. Active listening is a key component of effective communication.

Instructions

1. Ask participants to stand in a semi-circle. Stand on one end of the semi-circle and introduce the exercise, refer to '**Introduction: Broken telephone**' text provided as needed.
2. Whisper the message provided in the '**The message**' text into the first person's ear standing next to you in the semi-circle. Whisper so that the next person in the circle is not able to hear what you are saying.
3. Allow each participant to repeat the message to the person standing next to them, whispering so that nobody else can hear it.
4. Ask the last person in the semi-circle to say the message out loud to the group.
5. Read the '**The message**' that was given to the first participant and compare it to the message said out loud by the last participant in the semi-circle.
6. Conduct the '**Group discussion**' questions. For the second question, about what may have happened to the message, look for responses about how the message was distorted along the way, and how communication can break down and information can be misinterpreted.
7. Review the '**Take home point.**'



Introduction: Broken telephone

Ha re bapale papadi, e bitswang mohala o robhileng ho hlahloba bokgoni ba rona ba kgokahano.

Ke kopa hore kaofela le etse halofo ya sedik adikwe. Ke tla sebela motho ya emeng pela ka ho hong. Motho eo o lokela ho sebela motho ya emeng pela hae molaetsa o le jwalo, a ntse a hlokometse hore ha ho motho ya utlwang seo a se buang. Motho e mong le e mong o tla etsa sena ho fihlela ho motho wa ho qetela halofong ya sedikadikwe. Motho wa ho qetela o tla bolella sehlopha molaetsa oo a o utlwileng.



⁵ Adapted from Eloff, I., & Forsythe, B. (2014) Kgolo Mmogo Project Intervention programme for the enhancement of children's resilience. South Africa: University of Pretoria.



The message

Mme Grace o ilo reka dikrosari ko Shoprite a be a hopola hore o loketse ho rekela Thandi hempe ya sekolo le dikausi.



Group discussion

- O hlokometse eng mabapi le melaetsa ena e me bedi?
- O nahana hore ho etsahetseng ka molaetsa ha ho ntse ho abelanwa ka ona ho tloha mothong e mong ho ya ho ya latelang?
- O nahana hore maikemisetso sahlakiso ena ke sefe?



Take home point

Ho ka ba bobebe ho se utlwisise seo batho ba se buang. Re lokela ho mamedisa batho ho seo ba se buang. Le rona re lokela ho hokahana ka ho hlaka.

Kajeno re tla tsepama hodima bohlokwa ba ho mamela, le ho qoba hore batho ba bang ba se ke ba re utlwisisa.

EXERCISE 4: HOW CAN I REALLY LISTEN?

(30 minutes)



Rationale

The purpose of this exercise is to increase the adolescents' understanding of active listening and to improve their ability to reflect (stating back what they heard). Reflection is another key component of effective communication.

Instructions (Part 1)

1. Introduce active listening and the role-plays; refer to '**Introduction: Active listening**' text as needed.
2. Act-out '**Role-plays 1 & 2: She loves me**' with co-facilitator.
3. Conduct '**Group discussion 1.**' Refer to '**Facilitator guidance**' on the scenario as needed.
4. Introduce guidelines for active listening. Refer to text provided within the '**Guidelines for active listening**' as needed. Refer participants to the Guidelines for active listening hand-out and review it with the group.
5. Conduct '**Group discussion 2.**' After their brainstorming, provide any outstanding suggestions from the '**Facilitator guidance.**'



Introduction: Active listening

Seo re se bitsang 'ho mamela ka hloko' se thusa batho ho utlwisana, se ba thusa ho bontsha lerato e mong ho e mong, mme se ba thusa ho bohana.

Bokgoni ba sehlooho bo tsamaelanang le ho mamela ka hloko ke:

- Ho bona maemo ka leihlo la motho e mong, le
- Kgokahano e bontshang hore o utlwisisa seo a o bolellang sona, mme o thuse ho bontsha seo o nahanang hore o se utlwile.

Re tla etsa tshwantshiso ya mehlala e mebedi ya dipono "O a nthata" Mosebetsi wa hao ke ho nahana hore ke mang ya bontshang bokgoni bo botle ba ho mamela ka hloko le hore ke mang ya sa etseng jwalo.





Role-play 1: She loves me (O wa nthata)

PATRICIA: Ke a o thabela feela ha ke o rate.

THABO: Hobaneng?

PATRICIA: Ha o nkgahlise hakalo.

THABO: Nna ke a o rata, jwale hobaneng wena o sa nthate?

PATRICIA: Ha e sebetse jwalo.

THABO: Mamela! O tlameha ho nthata. Ke a tseba o ntlhoile empa o leka ho ba le mosa ho nna.

PATRICIA: Ke natefelwa ke.....

THABO: E re ke qete. Ke a tseba. O rata motho e mong. Ntjwetse na mohlankana wa hao e motjha ke mang. Ke a tshepisa nke ke ka mo utlwisa bohloko. Ntjwetse lebitso la hae feela.

PATRICIA: Ke ntse ke leka ho o jwetsa ho hong.



Role-play 2: She loves me (O wa nthata)

PATRICIA: Ke a o thabela feela ha ke o rate.

THABO: Ho lokile hore ke be motswalle wa hao e se mohlankana wa hao.

PATRICIA: Ke rata ntho tse ngata ka wena jwalo ka motswalle. O wa qabola. Nka bua le wena ka eng kapa eng. O nkgothaditse ha ke ne ke nyahame. Ha o mperehe le ho etsa eka o mpatlela thobalano.

THABO: O rata taba ya hore ke tshwara jwalo ka motswalle wa ka eseng mosadi e mong eo ke lelang ho robala le ena.

PATRICIA: Ee. Kgale re le metswalle. Mme seo se a thusa.

THABO: Ho hantle haholo ho tseba motho ka nako e telele. O wa phuthuloha ha o na le yena.

PATRICIA: Ke tshepa hore ha o utlwe bohloko hore ha ke rate jwalo ka ntho tsa kgarebe-mohlankana. Kannete ke nahana hore ho bohlokwa hore feta ho ba le motswalle ya ka reng wena hona le ho ba le mohlankana.

THABO: Ke a utlwisa hore o batla ho ba motswalle wa ka eseng kgarebe ya ka. Empa ho ne hona le dinako tse ke neng ke lakatsa eka o ka ba kgarebe ya ka. Empa ke se ke rata Tumi haholo jwale, mme ho lokile.

Group discussion 1

- *Ke pono efe e bontshang bokgoni ba ho mamela bo kaone mme hobaneng o nahana jwalo?*
- *Patricia o sebedisitse ho mamela ka hloko jwang, o ile a etsang?*



Facilitator guidance

Suggested discussion points on “She loves me” role-play

Try to elicit the following:

- Listening carefully
- Checking for understanding
- Keeping the other person talking
- Not interrupting with questions or other statements
- Not judging
- Reflecting back what they heard the other person say



Guidelines for active listening

Ho mamela ka hloko ho bontsha ho sheba maemo ka ho o ipeha maamong a motho emong. Mamedisisa hantle le ka botlalo hore o utlwisise seo motho e mong a se nahanang kapa a se utlwang, mme o etse bonnete ba hore kutlwisiso ya hao e nepahetse. Sena se bitswa ho thuisa; ho bua seo o se utlwileng se buwa ke motho e mong. Ho thuisa ho bontsha hore o utlwile seo motho e mong a se buileng.

Ho mamela ka hloko ho o thusa ho ntlafatsa dikamano le motho e mong mme ho o lokisetsa ho bua mabapi le ka seo o se hlokang ho tswa ho motho e mong ha ho fihla nako ya hao ya ho bua. Sa bobedi, ho mamela ka hloko ho thusa motho e mong ho hlakisa seo a se batlang kapa ka moo a ikutlwang kateng.

Ke rata hore re shebe ditataiso tsa ho mamela ka hloko. Ha re lekole bukana ya rona ya Ditataiso tsaho mamela ka hloko e dibukeng tsa lona tsa tshebetso.



Group discussion 2

- Hobaneng o nahana hore ho thuisa seo motho e mong a se buileng ke ntho e lokileng?

Facilitator guidance

Suggested discussion points on reflection

Look out for responses such as the following and add these reasons if they don't come up in the discussion.

Why should you reflect back what someone has said?

- It keeps the person talking about a problem
- It gives them the feeling that someone understands their problem
- It allows an opportunity to clarify, to ensure your understanding of the problem

Remember that the other person is expressing his/her point of view, and active listening helps the person clarify what he or she is feeling and thinking and ensures your understanding.

Instructions (Part 2)

1. Conduct '**Group discussion 1.**' After their brainstorming, provide any outstanding suggestions from the '**Facilitator guidance.**'
2. Divide the groups into pairs and introduce the role-play. Instruct each pair to do '**Scenario 1**' and '**Scenario 2**' twice so that each person gets a chance to play both roles in each scenario. Refer to '**Paired role-play**' text provided as needed.
3. Conduct '**Group discussion 2.**' Remind them of key points within the Guidelines for active listening and Assertive communication hand-outs as needed.
4. Review the '**Take home point.**'



Group discussion 1

Re buisane kaseo o lokelang ho se etsa ho bontsha hore o mametse ka hloko, empa seo o sa lokelang ho se etsa se bohlokwa jwalo ka seo o lokelang ho se etsa.

- *O nahana hore ho botsa dipotso tse ngata ho etsang mothong ya lehang ho hlalosa mehopolo ya hae le maikutlo a hae?*
- *O ka mpa wa etsang ho fapana le seo?*
- *Na ho na le ya ka abelanang ka seo a nahanang hore se ka etsahala ha o qala ho ahlola motho ya ntseng a bua?*
- *O ka mpa wa etsang ho fapana le seo?*



Facilitator guidance

What not to do to when listening actively

What happens if you ask a lot of questions?

- Questions tend to break the speaker's chain of thought. You are taking the control away from the other person. If the other person hasn't told you the answer to the question yet, then the chances are good that the person wasn't ready to tell you.

What you should do instead:

- Wait for the person to finish talking before you give your views on the topic, or ask for clarification.
- When you become the speaker, you can ask questions or say what is on your mind. Let the other person figure out what it means and make their own interpretations.

What happens if the other person thinks you are judging them?

- That person is probably going to stop talking.
- If that person has taken the risk to tell you something personal and important, judging him/her will tell them not to take the risk of sharing with you again.

What you should do instead:

- Accept the other person without judgement. If you start judging the other person, they may be reluctant to continue sharing their feelings.
- Let the other person solve his/her problem unless they ask for your help.

Paired role-play

Jwale ha re ikwetliseng ho mamela ka hloko. Motho ka mong o tla tshwantshisa dipono tse pedi. O tla etsa tshwantshiso ka nngwe habedi hore motho e mong le yena a fumane monyetla.

Dipono tse pedi tse tla tshwantshiswa ke tse latelang:



Scenario 1

Bolella mohlokomedi wa hao hore bana beno ba banyane ba tla ka phaposing ya hao kgafetsa ha o leka ho ithuta mme ha o rate seo. Iketsetse seo o batlang ho se bua.

Scenario 2

O batla hore motswalle wa hao a tlohele ho kopisa dikarabo tsa mosebetsi wa hao wa sekolo wa lapeng mme a iketsetse wa hae. Iketsetse seo o batlang ho se bua.

Group discussion 2

- O itseng kapa o entseng ho bontsha ho mamela ka hloko puisanong ena?
- O nahana hore o ka be o entse kapa o buile ka mokgwa o fapaneng jwang hore o be momamedi ya kaone?
- O sebedisitse boitshepo jwang puisanong ena?



Take home point

Ho mamela ka hloko ke bokgoni bo bohlokwa ba kgokahano. O ka mamela ka hloko ka ho utlwisisa seo motho e mong a se buang mme o boele o phete hape. Mme ka ho jwalo o ka ba le boitshepo mme wa mamela ka hloko.



REFLECTION AND SHARING



(10 minutes)



Re fihlile qetellong ya kopano ya kajeno e mabapi le **kgokahano ka boitshepole ho mamela ka hloko**. Ena ke nako ya hao ya ho arolelana maikutlo mabapi le kopano le sehlopha.

Ke lakatsa hore motho ka mong a arolelana ka ntho e le nngwe ya bohlokwa eo a ithutileng yona kajeno le hore na o ka e sebedisa jwang bophelong ba hao ba letsatsi ka leng.

GOAL SETTING AND PRACTICE AT HOME



(5 minutes)



O ka ikwetlisetsa bo bong ba bokgoni boo o ithutileng bona kajeno jwang ha o fihla lapeng? Ho etsa sena ke motheo mabapi le sepheo sa nako e kgutshwane seo o tla se rala. Hopola, sepheo e lokela ho ba ntho eo o atlehileng ho yona pele re kopana hape re le sehlopha. **Re buile ka kgokahano ya boitshepo o sebedisa melaetsa ya "Ke", le ho mamela ka hloko. Ke rata ho le kgothalletsa ho rala sepheo ho ikwetlisetsa bo bong ba bokgoni bona lapeng. Mohlomong ho na le motho e mong lapeng eo o batlang ho bua le yena, ho mmolella ka moo o ikutlwang le ka moo o nahanang kateng. Sepheo sa hao eka ba ho bua phatlalatsa. Ebang ho na le motho eo o sa mo utlwiseng, o ka mo mamela ka hloko mme o hlahlobe hore o fela o mo utlwile hantle. O tla rala sepheo sefe seo o tla se etsa, ho ikwetlisetsa bokgoni ba kgokahano bekeng ena?** Kaofela re tla fana ka tlaleho mabapi le bothata bo kgethilweng le mehato eo o nkileng qeto ya ho e sebedisa sesheneng e latelang.

CLOSING THE SESSION



Re tla kwala seshene ka ho etsa kgulo ya lotto. Kenya pampitshana ya lebitso la hao ka lebekereng lena. Jwale re tla hula lebitso mme motho eo o tla hapa mpho ena ya lotto.

Re a leboha ha o bile teng kopano ena. Nka thabela ho bua le mang kapa mang ka bo mong ka boiphihlelo ba hao ka kopanoena le hore na re ka ntlafatsa eng bakeng sa kgetlo le tlang. Ke lebelletse karolo e latelang moo re tla **sebetsana le ho tobana le halefo**.

Ke tla o bona kgetlo le tlang _____ (nako le sebaka) ka la _____ (letsatsi le mohla).

SESSION 2 APPENDIX

Role-play script for volunteers



Role-play: Friends matter (Ditaba tsa metswalle)

MOHLOKOMEDI: O be sale o na le metswalle ya hao mme ha o etse letho lapeng. O nahana hore ke mang ya tlamehang ho hlatswa dijana? Ke mang ya tlamehang ho hlwekisa ntlo a hlokomela le dikgoho? Ke a sebetsa mme ke fihla lapeng bosiu. Ha nkeke ka sebetsa o tla hloka dijo . Bonyane ke seo o ka se etsang! Ha o nthabise hohang!

NGWANA: O leeme ebile ha o nthate! Ke ngwana mme bana ba rata ho tjhakelana. Hobaneng o le se na mosa hakaale?

MOHLOKOMEDI: Ha ke leeme ebile ke a o rata, empa ke kgathetse ke ho eletsa mesebetsi ya hao ha oilo bapala bolo kapa o o etsa seo o se etsang le metswalle ya hao.

NGWANA: Tshwarelo mme, ha nka ka nahana ka mesebetsi ya ka. Ha ke qala ho bapala bolo le metswalle ya ka, ke lebala hore ke na le mesebetsi ya lapeng. Ke rata metswalle ya ka mme ke rata ho nka nako le bona. Empa hona jwale ke elellwa mosebetsi oo o tlamehang ho o etsa ha nna ke sa etse mesebetsi ya ka.

MOHLOKOMEDI: Ke a thaba ha o bona hore ho boima ho nna. Jwale o tla etsa jwang ka sena?

NGWANA: Ke a batla ho etsa mesebetsi ya ka, empa hape ke batla le ho bona metswalle ya ka. Ke tla lahlehelwa ke metswalle ebang ha ke nke nako le bona. Ke lakatsa ho etsa tlhahiso e ka re sebeletsang ka bobedi. Ho ka ba jwang ha nka ka fepa dikgoho hoseng, ke hlatswe mekato ya ntlo kamora matsatsi a mabedi mmeke hlatswe dijana mantsiboya? E be ke bapala bolo le metswalle ya ka ka mafelo a beke le ka matsatsi a mang thapama hara beke? O bona jwang ka mohopolo ona?

MOHLOKOMEDI: Tjhe leo le utwahala e le leano le letle, empa na o tla ba le nako ya ho etsa mosebetsi wa sekolo lapeng?

NGWANA: Ke a leboha mme ka ho dumellana le mohopolo ona. Ke tshepisa ho etsa mesebetsi ya ka le mosebetsi wa sekolo w aka hae.

SESSION 3

Emotional awareness



TIME

120 minutes

RATIONALE

In this session, the cognitive behavioural therapy (CBT) model is used to understand the value of emotional awareness. The links between thoughts, emotions, behaviour, and bodily sensations are explained and applied to their life experiences. Facilitators gain information about participants' history and current level of functioning, and participants build trust and group cohesion as they support one another. The session ends by introducing coping strategies of relaxation and social support.

GOALS

- To become aware of emotional experiences
- To understand how bodily sensations, emotions, thoughts and behaviour are linked
- To build trust and support between participants
- To teach participants a relaxation technique
- To assist participants to identify their social support resources

SESSION OVERVIEW

Opening ritual

Feedback from previous session (15 minutes)

Exercise 1: Identifying emotions (10 minutes)

Exercise 2: Emotional awareness (20 minutes)

Exercise 3: Life experiences (40 minutes)

Exercise 4: Relaxation (5 minutes)

Exercise 5: Ubuntu makes us stronger (15 minutes)

Reflection and sharing (10 minutes)

Goal setting and practice at home (5 minutes)

Closing the session

MATERIALS NEEDED

- Name tags for participants
- Flipchart or a black/white board and marking pens
- 'Emotion' cards (Appendix)
- Pencils, enough for each participant
- CBT sign: Event, Bodily Sensations, Emotions, Thoughts, Behaviour
- Lottery prize

WORKBOOK HAND-OUTS REVIEWED

- Feeling thermometer
- Road map – Example
- Ubuntu: Circles of strength worksheet

SPECIAL PREPARATION

- Review the Guidelines on assertive communication hand-out from last session to inform feedback discussion.
- Print and cut out emotion cards found in the appendix. Ensure there are enough so that each participant has one emotion card. There are eight cards, so if you have more than eight participants you will need to print and cut extra cards.
- Prepare several copies of a CBT sign on flipchart paper. There should be one column each for Event, Bodily Sensations, Emotions, Thoughts and Behaviours. Leave room to write examples into each column during the session.



OPENING RITUAL

FEEDBACK FROM PREVIOUS SESSION



Instructions

1. Ask someone to summarize the home assignment. Refer to the '**Home practice assignment summary**' text if clarification is needed.
2. Encourage feedback from participants on their completion of the home practice. Ask them about their emotions, thoughts and behaviours related to the home practice.
3. Spend some time on areas where there were challenges and use group problem solving to get ideas on how the situation can be dealt with. Use one of the challenges as a role-play. The co-facilitators can model it.
4. Praise participants for their efforts to problem solve.



Home practice assignment summary

Mosebetsi wa hao e ne e le ho rala sepheo le ho ikwetlisetsa bokgoni ba kgokahano ya boitshupo o sebedisa melaetsa ya "Ke" le ho mamela motho e mong ka hae.

EXERCISE 1: IDENTIFYING EMOTIONS⁶

(10 minutes)



Rationale

The purpose of this exercise is to increase participants' awareness of their own emotions and help them learn to identify others' emotions by observing body language.

Instructions

1. Hand out one emotion card to each participant. Ask them to keep their card private. There may be more than one card with the same emotion, depending on the number of participants in the group.
2. Introduce the exercise, asking them to act out the emotion on their card without talking, using only body language. Refer to '**Introduction: Emotions game**' text as needed.
3. Let the participants demonstrate the feelings one by one, while the other participants guess what emotion it is.
4. After everyone has had a chance to demonstrate their emotion, conduct the '**Group discussion**' questions. For the second question, asking about different kinds of emotions, participants may mention emotions from the cards as well as other emotions such as confused, proud, etc.
5. Review the '**Take home point.**'



Introduction: Emotions game

Ha re bapale papadi ho bona na o ka hlwaya maikutlo a motho ka ho ba sheba fela. Motho e mong le e mong o tla fumana karata e nang le maikutlo a ngotsweng ho yona. O tlameha ho tshwantshisa maikutlo ana o sa sebedise mantswa. O ka sebedisa ditlhahiso tsa sefahleho fela le mmele ho bontsha na o ikutlwa jwang. Ba bang ba tlameha ho noha hore na maikutlo ao oa bontshang ke afe. Le tlameha ho sheba ditlhahiso tsa motshwantshisi tsa sefahleho le boitshwaro ka hloko ho nohana motshwantshisi o ikutlwa jwang.



⁶ Adapted from Future Families (2013) Future Families Psychosocial Support Group: Facilitator Manual, Session 3. South Africa: Future Families..



Group discussion

- O kgonne ho bona jwang na motho o ikutlwa jwang?
- Ke mefuta efe e fapaneng ya maikutlo eo re bang le yona ?
- Ke maikutlo afe a hlwaehang habonolo?
- Ke maikutlo afe a hlwaehang ka thata?
- Ke maikutlo afe a leng thata ho a bontsha?
- Hobaneng hole thata ho a bontsha?



Take home point

Boitemoho ba maikutlo bo qala ka ho kgona ho hlwaya maikutlo a fapaneng. Ha se kamehla ho kgonehang ho lemoha maikutlo ho ba bang, kapa ho bontsha maikutlo a rona ho ba bang.

EXERCISE 2: EMOTIONAL AWARENESS⁷

(20 minutes)



Rationale

This exercise helps participants become aware of how bodily sensations are connected to emotions, and to use tools to understand and express emotional states.

Instructions

1. Read the following story, emphasising different words that describe emotions. Invite participants to relax and pay attention to their feelings and thoughts as they listen.
2. Conduct the '**Group discussion 1**' and identify emotions. Write the emotions on the flipchart.
3. Conduct the '**Group discussion 2**' and introduce the link between bodily sensations and emotions.



Story: Colours of the cattle (Mebala ya dikgomo)

Mohlankana e mong, ha a ntse a disa dikgomo tsa ntate wa hae, o ile a hlokomela hore hona le namane e sa tlwaelehang hara mohlape. Qalong o ne a ferekane. O ile a nahana hore mohlomong o entse phoso mme namane eo esale e le teng, empa ha a e shebisisa, o ile a bona hore hase e nngwe ya dinamane tsa ntate wa hae. Namane ena ene e le namane e ntle ho fetisisa eo mohlankana enwa a kileng a e bona. E ne sa tshwane le dinamane tse dinwea. E ne e na le mebala e tshwanang le ya dikgomo tse ding kaofela Ho fapana le namane tse ding, namane ena ene e na le mebala ya dikgomo tsohle ho yona, mme mohlankana o ne a makatswa ke botle bona ba yona. Ha a ntse a e shebile, namane ene e eme e mo shebile e na le moya wa kgotso. Ene e sa mo tshabe mme ene e ka dikgomo tse ding di e hlompha haholo.

Mohlankana o ne a thabiswa ke monyetla wa ho isa namane ena habo ho leloko labo. Ha nako e tla ya hore mohlankana a ise dikgomo sakeng la ntate wa hae, namane ena e ntjha e ne e sa batle ho tsamaya. Mohlankana o ile a leka ho e sutitsa, empa namane e ile ya mo sheba feela mme ya etsa hore a ikutlwe a swabile. Ka hoo, hore a etse hore e tsamaye, mohlankana o ile a bina pina e kgethehileng. Ha mohlankana a ntse a bina, namane e ile ya phahamisa hlooho mme ha pina e feela, e ile ya ya dikgomong tse ding ya tsamaya ka tsela eo mohlankana a neng a e batla. Sena se ile sa thabisa mohlankana, hobane o ne a tseba hore ntate wa hae o tla thaba haholo hore o fumane namane e ntle e nang le mebala yohle ya dikgomo.



⁷ Adapted from Doubt, J., Lachman, J.M., Cluver, L., Ward, C., and Tsoanyane, S. (November 2015). Sinovuyo Caring Families Programme for Parents and Teens: Facilitator Handbook. South Africa: UNICEF and World Health Organization; and Miller, S. (1995) Teens and Adults Learning to Communicate (TALC: LA), Phase 1, Session 4. Los Angeles: Center for HIV Identification, Prevention and Treatment Services.



Ntate wa mohlankana enwa o ne a nyakalletse ha a bona namane. "Namane ena e na le ho hong ho kgethehileng haholo ka yona," a bolella mora hae. "Ha e ntse e le nyane, re tla e boloka mona sakeng. Hamorao, re tla e bulela e lo fula."

Yaba hona leloko le boloka namane ena e kgethehileng hae ba e fepa mohlwa o nkgang hamonate. Letsatsi le letsatsi namane e ne e ba ntle le ho feta mme leloko le e rata le ho feta. Boteng ba namane bo ne bo etsa motho e mong le e mong a ikutlwe a kgotsitse hape a na le kgotso. Dikgomo tse ding ene eka di kgumamela namane ena. Ha namane e se ele kgolwanyane, ntate o ile a nka qeto ya hore mora hae a e nke e lo fula le kgomo tse ding. Ho etsa sena, mora o ne a tlameha ho qala ka ho binela namane, hobane e ne e sa tsamaye ntle leha e binetswe pele. Hang ha pina e fela, namane e ne e tsamaya e thotse le dikgomo tse ding.

Ke ha mohlape o ntse o fula ha motho ya sa tsejweng a ileng a tla a bua le mohlankana. "Ke bona namane eno," a supa namane e ntjha. "Ke ya ka."

Mohlankana o ne a tshwenyehile. O ne a sa tsebe na a ka reng. Ha motho eo a mmotsa na o fumane namane eo kae, o ile a re fela e tlile mohlaping wa hae. Motho enwa a re seo ke bopaki ba hore ehlile namane eo ke ya hae. Motho enwa o ile a kena hara dikgomo a qala ho hula namane ka molala, a leka ho e tlosa dikgomong tse ding. Mohlankana o ne a ngongorehile ha a shebile jwalo a thotse, a tseba hore namane e ka se tlohe le ka mohla. Ha a bona hore ha ho letho le etsahalang, motho eo o ile a kgena. O ile a bitsa metswalle e meng.

Ho bona hore namame ena ebe esa sute, moeti o bile a tlannellana ka ho halefa. A bitsa metswalle ya hae.

Hammoho ba leka ho hula namane. Dikgomo tse ding di ile tsa tshoswa ke tsela eo banna bana ba tshwereng namane e ntjha ka teng mme tsa bobola ka letswalo. Motho enwa o ile a nka thupa sehlahleng mme a otlala namane e ntjha, a leka ho etsa hore e tsamaye. Metswalle ya hae le yona ya otlala namane. Kamora nako, ha e se e otlilwe hampe, namane e ile ya lla yaba e wela fatshe. Banna ba ile ba leka ho phahamisa namane, empa e ne e shwele.

Mohlankana o ile a mathela hae ho ntate wa hae. Mahlo a hae a tletse dikeledi mme pelo ya hae yona e le bohloko ka seo a se boneng. Ntate wa hae o ne a kwatetse motho enwa a sa tsejweng haholo. Bobedi ba ile ba mathela moo mohlape o leng teng. Dikgomo tse ding di ne di le teng, empa namane e shweleng yona e le siko. Ho neng ho bonahala fela, sebakeng seo e weleng, e ne e le dipalesa tse ngata tse hlaha tsa mebala yohle ya dikgomo.

Group discussion 1

- Mohlankana o ne a ikutlwa jwang ha a lemoha namane?
- O ne a ikutlwa jwang ha a tlisa namane hae?
- O ne a ikutlwa jwang ha motho ya sa tsejweng a otlala namane?
- O ne a ikutlwa jwang ha ba fumana dipalesa?

Ke tla ngola ditlhaliso tsa lona ho fliptjhate.



Group discussion 2

Hona le mofuta e mengata e fapaneng ya maikutlo. Hona le maikutlo a mmalwa a motheo a jwalo ka thabo, hlonamo, ho halefa le tshabo. Ebe ho ba le a mang a jwalo ka nyakallo, ho lekeha, ho ba le kgotso, ho ferekana le motlotlo.

Ha o ikutlwa o sa phuthuloha, le mmele wa hao o wa arabela. O ka ba le boikutlo bo bobele ka mpeng ya hao kapa wa qala ho ikutlwa o fufulelwa kapa o thothomela. Ha re nahane hore na ke hokae hape mmeleng wa hao moo o utlwang maikutlo a mang.

- O ikutlwa jwang ka mmeleng ha o thabile?
- O ikutlwa jwang ka mmeleng ha o tshohile?
- O ikutlwa jwang ka mmeleng ha o halefile?
- O ikutlwa jwang ka mmeleng ha o hloname?

Maikutlo a tshwana le melaetsa e o bolellang na ho etsahalang, le hore na o arabela boemo jwang. Ho mamela mmele wa hao ho ka o thusa ho utlwisisa se o se utlwang le hore na hobaneng.





Instructions (Part 2)

1. Introduce the Feeling thermometer. Ask first about how we might measure emotions generally, and allow 1 minute for responses, then reference and explain the Feeling thermometer hand-out in their workbook. Refer to the '**Introduction of the Feeling thermometer**' text as needed.
2. Conduct '**Group discussion 1**,' to encourage participants to share and discuss past feelings related to the Feeling thermometer.
3. Conduct '**Group discussion 2**' where you return to the story of the calf to apply what they have learned using the Feeling thermometer.
4. Emphasize the importance of emotional awareness, refer to '**Importance of emotional awareness**' text provided.
5. Review the '**Take home point**.'



Introduction to the feeling thermometer

Hona ke ho bitswang 'Themometha ya maikutlo.' Ka tsela e tshwanang le ho meta motjheso, o ka meta maikutlo a hao. Ha o lemoha maikutlo a hao haholo, ho ba bonolo ho kgema le ona esita le ho leka ho a fetola hore o ikutlwe o le kaone. Themometha ke sesebediswa se o thusang ho etsa sena. Ntlha e hodimo e tloha ho 75 ho ya ho 100 ha ntlha e tlase e tloha ho 0 ho ya ho 25.

Ha motho a sa phuthuloha haholo boemong bo itseng (a tshwenyehile, a halifile, a hloname, a le dihlong), ba ka tlaleha boikutlo ba ho se phuthulohe ba 90.

Ha motho a phuthulohile haholo (a phomotse, a iketlile, a le kgotso, a thabile) eba palo ya bona ho Themometha ya maikutlo e tla ba pakeng tsa 0 ho ya ho 25.



Group discussion 1

- Na o ka mpha mohlala wa nako eo o neng o sa phuthuloha ka tsela e kgolokgolo, moo maikutlo a hao a neng a ka ba haufi le bokahodimo ba themometha (90)?
- Na o ka mpha mohlala wa boiphihlelo bo entseng o ikutlwe o phuthulohile hape o thabile, moo maikutlo a hao a neng a ka ba haufi le botlase ba themometha (0-25)?

Group discussion 2

Ha re bua ka palo ya namane hape.

- O ka kala maikutlo a mohlankana jwang ha a bona namane lekgetlo la pele?
- O ka kala maikutlo a hae jwang ha namane e hlokahala?



Importance of emotional awareness

Hona le mabaka a mabedi a sehlooho a re lokelang ho lemoha maikutlo a rona ka ona hape re kgona ho a hlahisa:

1. Pele ha re lemoha maikutlo a rona, re ka qala ho nka mehato hore re ikutlwe re le kaone. Re ka nka qeto ya hore re batla ho etsang ka boemong bo bakang maikutlo ao. Mohlala, haeba o sa tsebe hore na poleiti e setofong e ya tjhesa kapa e ya bata, o kanna wa tjha. Empa haeba o tseba hore e ya tjhesa, o ka e qoba. Ka tsela e tshwanang, ho lemoha maikutlo a seng matle jwalo ka ho hlonama kapa ho halefa ho ka o thusa ho qala ho nahana ka hore o ka etsa dintho tsa mofuta ofe hore o ikutlwe o le kaone.
2. Ya bobedi, haeba o sa kgone ho hlahisa maikutlo a hao, a ka hola mme a ba a o kudisa mmeleng. Ho tswana le ha dijo di tshwasehile qoqothong ya hao: o hloka ho di ntsha kapa o tla qhwelwa. Ho bua ka maikutlo a hao ha ho o thusa fela hore a hole kahare ho wena, empa ho bile ho thusa batho ba o potileng hore ba utlwisise hore ba tle ba fane ka thuso le tshehetso.



Take home point

Ho lemoha maikutlo a rona ho re dumella ho nka mehato ho ntlafatsa tsela eo re ikutlwang ka yona hape ho thusa hore re dule re phetse hantle. Themometha ya maikutlo ke sesebediswa se re ka se sebedisang ho nahana ka botebo ba maikutlo a rona.



EXERCISE 3: LIFE EXPERIENCES⁸



(40 minutes)

Rationale

Participants will use positive and negative events from their own lives to reinforce the idea that bodily sensations, emotions, thoughts and behaviour are connected. The life experiences that participants share can be used as examples during subsequent sessions.

Facilitator guidance

Discussing emotions

Your goal is to assist participants to think about their lives and become aware of different emotions they experience. Participants may report feeling happiness, sadness, anger, fear, guilt or embarrassment, among other emotions.

All these reactions are absolutely normal and for most people they will pass with time. Whatever the emotions, people have to learn to express and cope with them. Troubling emotions that are never expressed or dealt with can ultimately have negative effects on a person's health.

Discussing emotions and their life experiences may feel unfamiliar or uncomfortable for participants, so take care to be sensitive and encouraging during the discussion.

⁸ Adapted from Eloff, I., & Forsythe, B. (2014) Kgolo Mmogo Project Intervention programme for the enhancement of children's resilience, Session 5. South Africa: University of Pretoria.

Instructions

1. Show the group the 'Example - Road map' and explain it to them. Refer to '**Introduction: Road map**' text provided as needed.
2. Ask participants to think of their own road map for their lives, and to think about one high and one low in their life and how they felt during those times.
3. Allow participants to think about their lives privately for about 3 minutes.
4. Conduct '**Group discussion 1.**' Post the blank CBT sign on the wall where everyone can see it and explain that you will complete it while the participants share their experiences. Then ask volunteers to share their one high and low experience.
 - *Participants should only share what they feel comfortable with, if at all. Some may want to share high but not low points.*
 - *The atmosphere in the group must be supportive. Listen with empathy and make it comfortable for participants to share.*
 - *Take note of the time. Do not allow one person to speak the entire time. Encourage multiple participants to share their experiences.*
5. While the participants share, identify bodily sensations, emotions, thoughts, and behaviours related to their experiences. Write these on the CBT sign.
 - *As needed, refer to the probe questions provided to complete the CBT sign and the examples in the '**Facilitator guidance.**'*
 - *Praise participants for sharing their experiences.*
6. After participants have shared their experiences, conduct '**Group discussion 2.**' For all but the last question, encourage responses and reflect on what they are saying. They are to think privately for the last question; give them a minute to do so.
7. Review the '**Take home point.**'

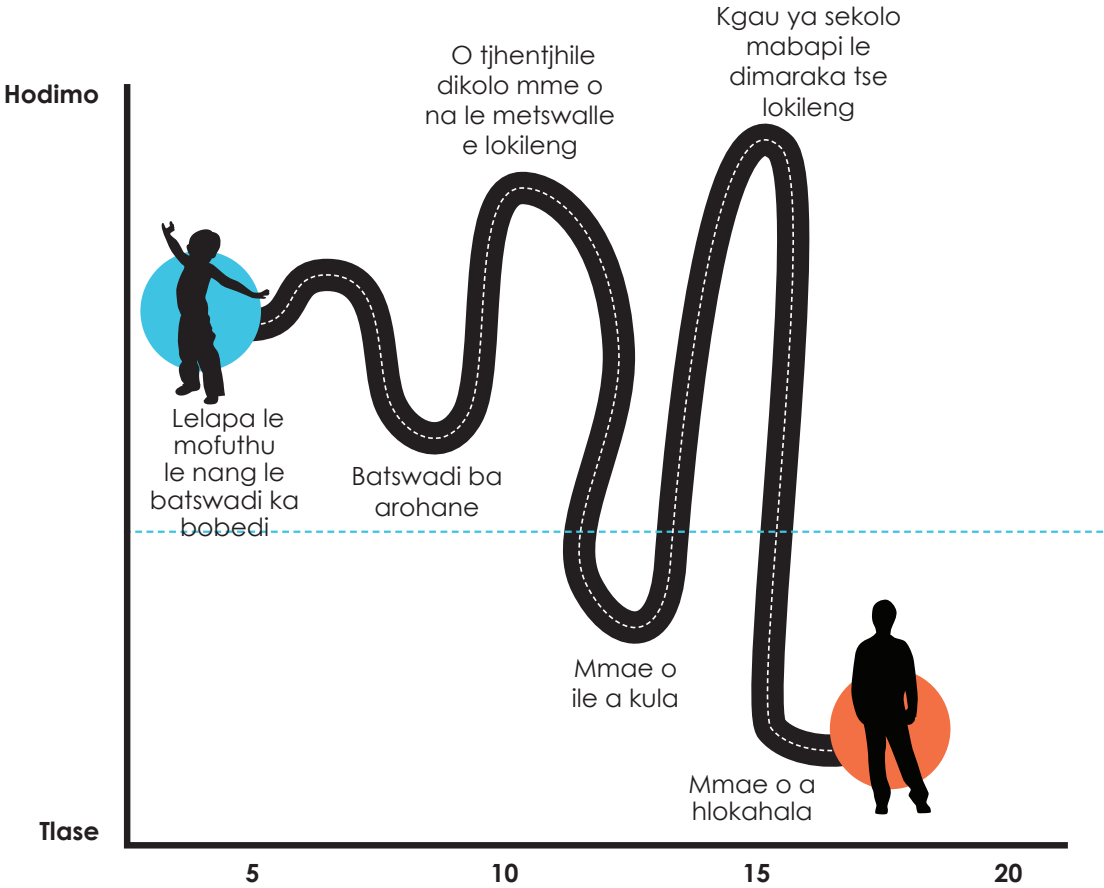




Introduction: Road map

Bophelo bo tshwana le tsela e yang hodimo le tlase, jwalo ka dinako tse monate le tse bohloko maphelong a rona. Diketsahalo tse ding ke tse monate hobane di re natfetse, di ne di le hantle, kapa di re thabisitse. Diketsahalo tse ding di mpe hobane di ne di le boima, di se hantle kapa di entse hore re hloname.

Mohlaleng ona wa mmepe wa bophelo ba ngwana o ka lemoha hore bophelo bo bile le dintlha tse hodimo le dintlha tse tlase. Ngwana o bile le bophelo bo thabisang ho holeng ha hae ha a ne a phela le batswadi ba hae ba babedi, Empa sena sa latelwa ke nako ya mathata ha batswadi ba hae ba arohana. E nngwe ya dintlha tse hodimo e bile ho ya sekolong se setjha le ho theha metswalle e metjha ha a fihla moo, ha latela ntlha e fatshe ha mmae a kula haholo. Hape ngwana a boela a ba le ntlha e hodimo ha a fumana kgau ya dimaraka tse hodimo sekolong, empa sena sa latelwa ke ntlha e tlase bophelong ba hae, ha mme wa hae a ne a hlokahala.



Jwale ke batla hore o nahane ka mmepe wa bophelo ba hao. Ke batla o nahane ka nako e le nngwe e monate le nako e le nngwe e bohloko leetong la hao ho fihla mona, le hore o ne o ikutlwa jwang ka dinako tseo. O tla ba le monyetla wa ho arolelana le sehlopha sena, haeba o batla.

Group discussion 1

Ho re thusa ho utlwisa hore na diketsahalo tsa bophelo ba rona di re ama jwang, ke tla sebedisa *letshwao la CBT* le kenyeletsang ketsahalo eo, boikutlo ba mmele, maikutlo, menahano le boitshwaro. Ha re ntse re arolelana diketsahalo, ke batla hore re tlatse dikarolo tse na tse amanang le ketsahalo. Ke tla ngola dikarolo tse na *letshwaong la CBT* ha re ntse re di lekola.

- Ke mang ya batlang ho arolelana ka ntlha e monate kapa e bohloko le sehlopha?
- Qholotsa haeba ho hlokahala:
 - ne o ikutlwa jwang?
 - Mmele wa hao o ne o ikutlwa jwang?
 - Na o wa hopola na o ne o nahanne eng?
 - Boemo boo bo amme boitshwaro ba hao jwang?



Facilitator guidance

Examples of a completed CBT sign

Event	Bodily sensation	Emotions	Thoughts	Behaviours
Parents separated	Stomach pain, shaky	Nervous, scared	My family is destroyed. They are fighting because of me	Hid in bed and cried
School award for good marks	Energetic, butterflies in stomach	Excited, relieved	I did it! I am so proud of myself!	Jumped up and down
Mother passed away	Pain in my chest, tiredness, no appetite	Sad, sorrow	How will I go on? I am so alone now	Cried, stopped eating



Group discussion 2

Ke a leboha ha le arolelane diketsahalo tse tebileng tsa maphelo a lona le rona. Maikutlo ana ke a tlhaho hape a loketse mme bakeng sa boholo ba batho a tla feta le nako. Ho a arolelana ka nako tse ding ho thata, empa kgafetsa ho thusa hore o ikutlwe kaone.

- Hone ho le jwang ho arolelana ditaba tsa hao tse tebileng hakaalo le sehlopha?
- O ithutile eng ho tswa ho boiphihlelo ba ditho tse ding tsa sehlopha?
- O hlokometse eng ka kamano e pakeng tsa ketsahalo, maikutlo, menahano le boitshwaro?



Take home point

Diketsahalo maphelong a rona di qholotsa maikutlo a susumetsang menahano le boitshwaro ba rona. Ho ithuta ho hlwaya le ho amanya dikarolo tse na tsa boiphihlelo ba rona ho ka re thusa ho etsa diphetoho tse ntle maphelong a rona hore na re ikutlwa jwang hape re itshwere jwang.

EXERCISE 4: RELAXATION⁹

(5 minutes)



Rationale

The purpose of the exercise is to help participants learn to relax as a strategy to cope with negative emotions. It may be used to reduce tension and anxiety when difficult emotions arise during the session, or anytime.

Instructions

1. Introduce this exercise using the '**Introduction: Relaxation**' text as needed.
2. Lead the group in the relaxation exercise, '**Stillness.**' Use a calm and relaxed voice. Do not rush the exercise.
3. Conduct the '**Group discussion,**' asking them how they feel and reminding them they can do this at home.
4. Review the '**Take home point.**'



Introduction: Relaxation

Re shebane le maikutlo a mangata kajeno. Ke batla ho le ruta mokgwa wa ho phuthuloha o ka nnang wa le thusa ho tshwara maikutlo a lona hantle ho feta. Dula o phuthulohile setulong sa hao, kwala mahlo a hao, mme o latele lentswe la ka.



⁹ Miller, S. (1995) Teens and Adults Learning to Communicate (TALC: LA), Phase 3, Session 4, Exercise 5. Los Angeles: Center for HIV Identification, Prevention and Treatment Services.



Stillness

(Do not read the word 'PAUSE,' you instead pause at this point).

Itumelle ho dula ka mokgwa o kgatholohileng.

Itumelle ho hema ka bolokolohi.

Kwala mahlo a hao.

Hema ka botebo mme o hemele ka ntle. PAUSE

Mamella ha moya o futhumetseng o e tswa.PAUSE

Mamella ha moya o futhumetseng o thapolla mmele wa hao. PAUSE

Fina feisi o e tiise.PAUSE

Bula feisi ya hao o lokolohe. PAUSE

Atametsa mahetla a hao ditsebenj mme o a tlohele moo. PAUSE

Tlohella mahetla a hao ho theoha o mamelle ha mmele o thapoloha. PAUSE

Hulela moya ka hare haholo. PAUSE

Mme o lokolohe. PAUSE

Ipolelle hore, "Ke hema ka kgutso." PAUSE

Ipolelle hore, "kelello ya ka o kgutsitse." PAUSE

Ipolelle hore, "kelelloya ka o kgotsofetse," PAUSE

Ipolelle hore, kelello ya ka e tsitsitse." PAUSE

Hema fela ka bolokolohi. PAUSE

Hema ka bolokolohi. LONG PAUSE

Jwale o ka bula mahlo.



Group discussion

- O ikutlwa jwang kamoraho ha mosebetsi ona?



Take home point

Mekgwa ya ho phomola e ka thusa ha o utlwa o tshohile kapa o hloka ho kgema le maikutlo a mang a boima. Ka boikwetliso, o ka fumana hore mekgwa ena e ya nolofala hape e sebetsa hantle ho feta.

EXERCISE 5: UBUNTU MAKES US STRONGER¹⁰

(15 minutes)



Rationale

This exercise emphasises the importance of a support network. Support networks help people recover from difficulty, and provide opportunities to help others, increasing resilience and wellbeing.

Instructions

1. Introduce the final exercise; refer to '**Introduction: Ubuntu**' text provided as needed.
2. Ask participants to refer to the 'Ubuntu: Circles of strength worksheet' hand-out.
3. Conduct the '**Group discussion questions 1**' to assist participants to identify the people who have a positive influence in their lives. Refer to the '**Facilitator guidance**' for examples as needed.
4. Provide them with pencils and ensure participants have the hand-out in front of them. Read each block out loud and ask them to write the names of the people who make them stronger in the spaces provided.
5. After 5 minutes, conduct the '**Group discussion questions 2**' about how the participants can, in turn, make the people around them stronger, and how they help others. Refer to the '**Facilitator guidance**' for examples as needed.
6. Review the '**Take home point.**'



¹⁰ Adapted from Eloff, I., & Forsythe, B. (2014) Kgolo Mmogo Project Intervention programme for the enhancement of children's resilience, Session 4. South Africa: University of Pretoria; and National Association of Child Care Workers (NACCW), Liyema I Khaya curriculum, Session 4. Durban: NACCW.



Introduction: Ubuntu

Kajeno re tla bua ka Botho . Archbishop Desmond Tutu o hlalositse Botho ka tsela ena:

“Ma Afrika a na le ntho e bitswang Botho; hona ke molemo wa ho ba motho, ke karolo ya mpho eo Afrika e tla e fa lefatshe. Bo kgothalletsa ho amohela, ho kgathalla ba bang, le ho ba le boitelo mabapi le ho etsetsa ba bang botle. Re kgollwa hore motho ke motho ka batho ba bang, hore batho ba ka tshwarahana, ba momahantswe mmoho. Hore ha ke o tlontlolla, le nna ke a itlontlolla. Botho ba sebele bo hanana le bobele , ka hoo bo batla ho sebeletsa toka haholo bathong ba fumanehang tikolohong ya hao.”

Ka hoo, Botho bo bolela hore o ba le matla ha o na le batho ba bang ho feta ha o le mong. Ha re shebe Didikadikwe tsa Matla a Botho leqepheng la tshebetso le bukeng ya tshebetso . O tla ipona hore o mahareng. Sena se etswa ke hobane o ka matlafatsa motho e mong. Empa le batho bohle ba o potapotileng sedikadikweng ba tla o matlafatsa.



Group discussion 1

Na o ka nahana ka batho kapa sehlopha sa batho ba o potapotileng ba o matlafatsang? Sheba bolokong ka bong, mme o nahane ka hore ke mang eo o ka mo kenyelletsang bolokong bona. Nahana ka batho ba ikgethileng.

- *Ke mang wa leloko eo o ka mo kenyelletsang bolokong?*
- *Bolokong ya metswalle?*
- *Bolokong ya sekolo?*
- *Bolokong bo etseditsweng tse ding?*

Facilitator guidance

Suggested examples of Ubuntu/support network

- Family: Mother, father, brother(s), sister(s), grandparents, uncles, aunts.
- Friends: Specific friends, friends at school, friends at home, friends in the neighbourhood, friends in other schools, friends in other provinces, friends in the program.
- School: Classmates, teachers, cleaners, after school teachers, counsellor/social worker, sport teams, clubs.
- Other: Choir, priest/pastor, local officials, members of a church group, community activity, or youth centre.

Group discussion 2

Jwale, nahana ka hore o tla matlafatsa batho bana ba bang jwang.

- *O tla thusa ba bang jwang?*
- *Na ba bang ba lona ba ka fana ka mehlala?*



Facilitator guidance

Suggested examples of ways they can make people stronger

- Family: I help my caregiver around the house so she has time to relax and spend time with us. I help my brother with his homework so he will do better at school.
- Friends: I listen to my friends when they have problems and help them to solve them.
- School: I practice a lot so I can help my sports team do better at competitions. I help my teacher to pass out assignments so she can pay attention to other student needs.



Importance of Ubuntu

Oka bona hore setshwantshong senare matlafatsa batho bare potapotileng le batho ba o potapotileng ba a o matlafatsa. Ha ho kgathallehe le ho ba rona kapa batho ba re potapotileng re matla ho le hokae, re sa ntse re hloka bokgoni ba hore re hokahane le ho amana le batho ba re potapotileng.

Hape re lokela ho itshireletsa kgahlanong le batho le maemo a re potapotileng e leng dintho tse ka re kenyang kotsing. Dibekeng tse tla latela re tla sheba bokgoni ba ho re thusa re dule re phetse hantle, maphelo a thabo, le ho hlwela le ho qoba tshusumetso e sa lokang.



Take home point

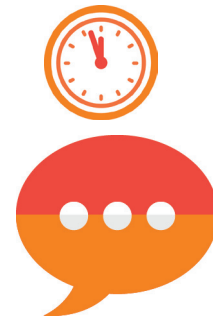
Motho ka mong o hloka tshehetso bathong ba bang hore a phele a thabile a phetse hantle. Ho nahana ka mehlodi e fapaneng ya tshehetso bophelong ba hao ho o thusa ho tseba moo o lokelang ho ya teng ha o e hloka. Hape le wena o ka thusa batho ba bang.

REFLECTION AND SHARING

(10 minutes)

Re fihlile pheletsong ya kopano ya kajeno e mabapi **le temoho ya maikutlo le ka moo e leng kgato ya bohlokwa ya mawa a hlwekileng**. Ena ke nako ya hao ya ho arolelana maikutlo mabapi le kopano le sehlopha.

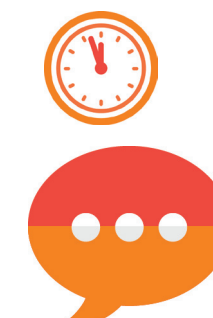
Ke lakatsa hore motho ka mong a arolelane ka ntho e le nngwe ya bohlokwa eo a ithutileng yona kajeno le hore na o ka e sebedisa jwang bophelong ba hao ba letsatsi ka leng.



GOAL SETTING AND PRACTICE AT HOME

(5 minutes)

O ka ikwetlisetsa bo bong ba bokgoni boo o ithutileng bona kajeno jwang ha o fihla lapeng? Ho etsa sena ke motheo mabapi le sepheo sa nako e kgutshwane seo o tla se rala. Hopola, sepheo se lokela ho ba ntho eo o atlehileng ho yona pele re kopana hape re le sehlopha. **Re buile ka Botho le ka moo re matlafatsang ba bang kateng. Ke rata ho le kgothalletsa ho rala sepheo sa ho etsa ntho e tla matlafatsa motho e mong. O tla rala sepheo sefe seo o tla etsa, ho thusa motho e mong bekeng ena? Bohle re tla fumana monyetla wa ho tlaleha mabapi le katleho le diphephetso tsa rona kopanong e latelang.**



Facilitator guidance

Example goals

If the group cannot think of ways to help others, you can offer the following examples:

- Encourage my friends to stay in school.
- Share my lunch (meals) or pocket money with friends who don't have lunch money.
- Help the elderly lady next door with her bags.
- Help clean up my neighbourhood.
- Give my caregiver at least three compliments.



CLOSING THE SESSION

Re tla kwala seshene ka ho etsa kgulo ya lotto. Kenya pampitshana ya lebitso la hao ka lebekereng lena. Jwale re tla hula lebitso mme motho eo o tla hapa mpho ena ya lotto.

Re a leboha ha o bile teng kopanong ena. Nka thabela ho bua le mang kapa mang ka bo mong ka boiphihlelo ba hao ka kopano ena le hore na re ka ntlafatsa eng bakeng sa kgetlo le tlang. Ke lebelletse kopano e latelang moo re tla sebetsana le **mawa a ho tobana le maikutlo a sa lokang a kang tlhonamo**.

Ke tla o bona kgetlo le tlang _____ (nako le sebaka) ka la _____ (letsatsi le mohla).

SESSION 3 APPENDIX

Emotion cards

HALEFILE

THABILE

HLONAME

FEREKANE

THABA

TSHABA

MAKETSE

TSHOHILE

SESSION 4

Coping with sadness



TIME

120 minutes

RATIONALE

Adolescents often experience difficult emotions, especially during stressful times. This session aims to teach them how to cope with negative emotions such as sadness, through identifying and changing negative thought patterns.

GOALS

- To help participants recognise their negative emotions, particularly sadness
- To help participants identify their thoughts related to sadness
- To develop participants' ability to change their negative thoughts in order to cope with sadness
- To help participants identify pleasant activities to incorporate into their lives

SESSION OVERVIEW

Opening ritual

Feedback from previous session (15 minutes)

Exercise 1: Identify negative thought patterns related to sadness (30 minutes)

Exercise 2: Change negative thought patterns (30 minutes)

Exercise 3: STOPP for personal negative thoughts (20 minutes)

Exercise 4: Pleasant activities (10 minutes)

Reflection and sharing (10 minutes)

Goal setting and practice at home (5 minutes)

Closing the session

MATERIALS NEEDED

- Name tags for participants
- Flipchart or black/white board and marking pens
- CBT sign: Event, Thoughts, Emotions, Behaviour
- Change Negative Thinking sign: Event, Thoughts, Emotions, Changed Thinking
- 'Change negative thinking' scenarios (Appendix)
- Lottery prize

WORKBOOK HAND-OUTS REVIEWED

- Feeling thermometer (Session 3)
- Unhelpful thinking patterns
- STOPP worksheet

SPECIAL PREPARATION

- Print 'Change negative thinking' scenarios found in the session appendix. Ensure there is one set of scenarios per small group (3-4 people).
- Prepare several copies of a CBT sign on flipchart paper. There should be one column each for Event, Thoughts, Emotions, and Behaviours. Leave room to write examples into each column during the session. Note that the Bodily Sensations column used in the Emotional Awareness session is no longer applied, unless your group feels it is necessary.
- Prepare several copies of a Negative thinking sign on flipchart paper. There should be one column each for Event, Thoughts, Emotions, and Changed Thinking. Leave room to write examples into each column during the session. Note that the Bodily Sensations column used in the Emotional Awareness session is no longer applied, unless your group feels it is necessary.
- Review list of situations that participants identified as making them sad in the previous session.
- Given the intensity of the session, an Energizer may be valuable; review Energizer options so you are prepared to conduct this as needed.



OPENING RITUAL

FEEDBACK FROM PREVIOUS SESSION



(15 minutes)



Instructions

1. Ask someone to summarize the home assignment. Refer to the '**Home practice assignment summary**' text if clarification is needed.
2. Encourage feedback from participants on their completion of the home practice. Ask them about their emotions, thoughts and behaviours related to the home practice.
3. Spend some time on areas where there were challenges and use group problem solving to get ideas on how the situation can be dealt with. Use one of the challenges as a role-play. The co-facilitators can model it.
4. Praise participants for their efforts to problem solve.



Home practice assignment summary

Mosebetsi wa hao e ne e le ho rala sepheo sa ho etsa ntho e le nngwe e tla matlafatsa motho e mong.

EXERCISE 1: IDENTIFY NEGATIVE THOUGHT PATTERNS RELATED TO SADNESS¹¹

(30 minutes)



Rationale

This exercise teaches participants to identify negative thought patterns associated with sadness, including irrational thinking. This heightened cognitive-behavioural awareness can help caregivers shift their thinking, leading to improved emotional wellbeing.

Instructions (Part 1)

1. Introduce the activity, refer to **'Introduction: Sadness'** text provided as needed.
2. Conduct the first question in the **'Group discussion,'** asking the group to identify situations that contribute to sadness. Remind the group of situations mentioned in the last session as needed. Listen to their responses and write them on the flipchart.
3. Refer to the Feeling thermometer in their workbook (session 3). Ask the second question in the **'Group discussion,'** to ask them to share their level of sadness with the personal situation they identified using the thermometer.
4. Comment on their thermometer readings. Thank them for sharing.



Introduction: Sadness

Tlhonamo ke maikutlo a tlhaho ha o ba le tahlehelo kapa ho phoqa. Motho e mong le e mong o kile a utlwa tlhonamo bophelong ba hae ka nako e ngwe. Kajeno re batla ho bua ka ho kgema le tlhonamo hore re phele maphelo a phetseng hantle. Ha re qale ka ho bua ka maemo a etsang re ikutlwe tjena.



¹¹ Adapted from Miller, S. (1995) Teens and Adults Learning to Communicate (TALC: LA), Phase 1, Session 4. Los Angeles: Center for HIV Identification, Prevention and Treatment Services.



Group discussion

Nakong a fetileng puisanong ya rona ka dintlha tse tlase maphelong a rona, re hlwaile maemo a mmalwa a etsang hore re hloname.

- Ke batla motho e mong le e mong a nahane ka bonyane boemo bo le bong bo etsang o hloname. Ke o mema ho arolelana sena le sehlopha, haeba o batla.

Ke tla ngola maemo ana ho flipjtjhate ha re ntse re a lekola.

- Sebedisa Themometha ya maikutlo ho bontsha boemo ba tlhonamo eo o bang le yona ka lebaka la boemo bo o bo supileng. Hopola, 75-100 e bolela ho se phuthulohe ka tsela e kgolo ha 0-25 e bolela ho phuthuloha.



Instructions (Part 2)

1. Introduce and read '**Scenario 1: Failed maths test.**'
2. Present the blank CBT sign. Conduct the '**Group discussion 1**' helping them to complete the CBT sign related to the scenario. Refer to the example in '**Facilitator guidance**' as needed.
3. Explain '**Unhelpful and irrational thoughts,**' refer to text provided as needed. Then refer participants to the Unhelpful thinking patterns hand-out and review it with the group, inviting them to indicate which patterns are common for them.
4. Introduce the '**Small group activity,**' splitting them into two groups and asking each to consider two situations that were listed in the first part of the exercise that made them feel sad, and identify thoughts associated with these feelings of sadness.
5. Give them 7 minutes to complete this and then reconvene the group.
6. Conduct the '**Group discussion 2**' eliciting examples from their small group activity; refer to '**Facilitator guidance**' to aid the discussion.
7. Explain the '**Internal bully**' concept, refer to text provided as needed.
8. Review the '**Take home point.**'

Scenario 1: Failed maths test

Kabelo o ikutlwa a hloname hobane o feitse tlhahlobo ya hae ya mmetse le hoja a ne a badile ka thata tsatsing le etellang tlhahlobo.

O nahana hore ke setlatla. O ikutlwa a felletswe ke tshepo ya hore ha sa tla boela a kgona.

Ha a sa batla le ho etsa mosebetsi wa sekolo wa lapeng hobane seo ha se na ho mo thusa



Group discussion 1

Hare tlatsa letshwao la CBT bakeng sa boemo ba Kabelo.

- Kabelo o ikutlwa jwang?
- Kabelo o nahana eng?
- Kabelo a ka itshwara jwang?



Facilitator guidance

Example CBT sign for Kabelo's scenario

Event	Thoughts	Emotions	Behaviour
Kabelo o feitsi tlhahlobo ya hae ya mmetse.	Ke setlatla, ke lekile ka matla empa ha ke na ho atleha.	O hloname, o feletswe ke tshepo	Ha a na boitshepo, ha ho se mo kgothallelang ho ithuta.

Group discussion 1 continued

- Na ena ke tsela ya nnete kapa e hlwekileng ya ho tobama le maemo?
- Empile e ba bo madimabe hore e be o feitse tlhahlobo, empa hape ha a ka a leka ka matla ka ho bala haholo tsatsing le fetileng. Kabelo ha a lokela ho tela kapa a ipone e le setlatla.





Unhelpful and irrational thoughts

Re a bona hore menahano ya rona e ama tsela eo re ikutlwang ka yona le boitshwaro ba rona. Kgafetsa re na le ditsela tse senyang tsa ho nahana tse tsamaelanang le maikutlo a seng matle. Ka mohlala:

- Ka dinako tse ding tse etsa thaba ka thabana ebe re ikutlwa eka: "Hona ke pheletso ya lefatshe."
- Ka dinako tse ding re nahana ka mokgwa hore ke sohle kapa hase letho: "Ha ke ikutlwe hantle hoseng hona, nke ke ka hlola ke ikutlwa hantle hape."
- Ka dinako tse ding re nahana dintho tse seng ntle le bopaki ba letho: "ke tla sotleha hobane ke hlolehile ho taba ya thuto."

Ho nahana ka mehlala e meng, ha re lekoleng pamphitshana ya Ditlwaelo tse sa thuseng tsa ho nahana e ka bukeng tsa lona tsa mosebetsi. Ke tla e bala haholo, mme ha ntse ke etsa jwalo, ke le mema hore le bontshe haeba le lemoha sena e le ntho e nngwe eo le e etsang.



Small group activity

Ke batla ho le arola ka dihlopha tse pedi. Sehlopheng ka seng ke batla le supa maemo a mabedi ho fliptjhate a etsang hore le hloname. Ebe, ke batla hore le etse lenane la mehopollo e seng metle e tsamaelanang le maikutlo ana. Le tla ba le metsotso e 7 ho phetha mosebetsi ona ebe re tla kopana hape re le sehlopha.



Group discussion 2

- Ke mehopollo efe e seng metle e tsamaelanang le maikutlo a ho hlonama?
- Re itjwetsa dintho tse jwang tse etsang hore re hloname?
- Mehlala e meng ya mehopollo e sa thuseng hape e senang nnete eo batho ba ka bang le yona ke efe?

Facilitator guidance

Examples of unhelpful and irrational thinking

According to Cognitive Behavioural Theory, the experience of an event contributes to a person's emotions and behaviour (the consequences) largely because they are interlinked with what the person believes about the event.

There are many kinds of irrational thoughts that can contribute to our negative emotions; examples of different thoughts are provided below.

Mental filter

- Nothing ever turns out the way I want it to.

Judgements

- Nobody cares about me.

Mind-reading

- Everyone in my class thinks I am stupid.

Prediction

- Nobody will ever love me.

Mountains and molehills

- If I fail one test, I am going to fail the year.

Compare and despair

- My friends are more popular than me.

Catastrophising:

- Nothing good can come from this; my situation is hopeless and is getting worse.

Critical self

- I am weak because I cannot cope with it.

Absolute (black and white)

- The past always repeats itself. If it was true then, it must be true now.

Shoulds and musts

- I must be liked by all people.



Internal bully¹²

Hopola kopano e fetileng e mabapi le boitemoho ba maikutlo, le hore na ho bohlokwa hakae ho lemoha maikutlo ao a ho hlonama. Mohato o latelang ke ho lemoha menahano eo re bang le yona ha re ba le maikutlo ano.

O fane ka mehlala e mengata ya dintho tseo re ipolellang tsona tse etsang hore re hloname. Re ka nahana ka mehopollo ena jwalo ka mohlorisi ya batla ho o utlwisana bohloko. Na o wa tseba na mohlorisi ke eng?

Mehopollo ya hao e seng metle ke mohlorisi wa hao wa kahare. Hona le tsela tse tharo tseo o ka arabelang mohlorisi wa hao wa kahare ka tsona:

1. O ka kgolwa dintho tse mpe tseo mohlorisi a di buwang ka wena ebe o ikutlwa hampe ka bowena. Mohlorisi o hlile o tla kgutla a tlo o qala hape hobane o wa mo arabela.
2. O ka nahana ka seo mohlorisi a se buileng ebe o nka qeto ya hore na ke nnete kapa tjhe. Haeba o nka qeto ya hore seo mohlorisi a se buileng hase nnete, e ke ke ya o utlwisana bohloko mme o ke ke wa ikutlwa o hloname ka seo a se buileng. A kanna a leka ho o qala hape, empa o tla tlohela haufinyane.
3. O ka iphapanyetse melaetsa e seng metle eo mohlorisi a o fang yona ebe o tswelapele ka seo o neng o se etsa. Mohlorisi a ke ke a o qala hape hobane ha a rate ha o iphapanyetse ena.

O thabela kgetho efe ho tsee?



Take home point

Tlhonamo ke karabelo e tlwaelehileng ho bothata, empa e ka qholotsa menahano e seng metle, e senang nnete, kapa e sa phelang hantle. Ka ho ithuta ho lemoha ho nahana ho seng hotle ho tsamayang le tlhonamo, re ka qala ho etsa diphetoho tse re thusang ho ikutlwa kaone.

¹² Adapted from Vivyan, C. (2015) An Introductory Self-Help Course in Cognitive Behaviour Therapy, p. 30. GET Self Help.

EXERCISE 2: CHANGE NEGATIVE THOUGHT PATTERNS¹³

(30 minutes)



Rationale

The purpose of the exercise is to develop practical skills for changing negative thoughts. This can help participants achieve emotional wellness by changing the way that they think about problems or difficult situations.

Instructions (Part 1)

1. Introduce the exercise and refer back to the completed CBT sign for **'Scenario 1: Failed maths test'** in the prior exercise. Update the sign with a new row that shows a changed (more positive) thought and how this changes his emotions and explain this to participants. Refer to **'Introduction: Kabelo's scenario'** text provided as needed.
2. Read the **'Background for the facilitator'** to ensure you are sensitive to the reactions that a discussion of rape could provoke.
3. Read **'Scenario 2: Tebogo is raped.'**
4. Conduct the first two questions in the **'Group discussion,'** to obtain input on Tebogo's emotions and thoughts, introducing the Negative thinking sign. Use participant feedback to write this situation on the Negative thinking sign by completing 'events,' 'thoughts' and 'emotions'. Leave the 'changed thinking' column blank at first.
5. Refer to the last two questions in the **'Group discussion'** to invite the group to suggest alternative thoughts to complete the 'changed thinking' column of the Negative thinking sign and then also record the resulting new emotions. Refer to the example provided in the **'Facilitator guidance'** to aid the discussion as needed.



¹³ Adapted from Miller, S. (1995) Teens and Adults Learning to Communicate (TALC: LA), Phase 1, Session 4. Los Angeles: Center for HIV Identification, Prevention and Treatment Services.



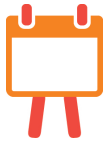
Introduction: Kabelo's scenario

Jwale re tla sebetsana le ho ithuta tsela ya ho fetola menahano e seng metle. Re ka fetola ho nahana ha rona hore re ikutlwe re le kaone. Hopola mohlala wa Kabelo. Ha re tsepameng hodima menahano le maikutlo a hae.

ORIGINAL: NEGATIVE THINKING			
Event	Thoughts	Emotions	Behaviour
Kabelo o feitsi tlhahlobo ya hae ya mmetse.	Ke setlatla, ke lekile ka matla empa ha ke na ho atleha.	O hloname, o feletswe ke tshepo	Ha a na boitshepo, ha ho se mo kgothalletsang ho ithuta.

- Hape a ka nahanang ka ketsahalo ena jwang?

Ha re nahana ka bukana ya mehopolo e sa thuseng, Kabelo o inyatsa haholo. O hlalosa maemo ka tsela e sa lokang mme ha a ka a bona e le lebaka la ho hloka ho itokoseletsa tlhahlobo. Nahana ka hore Kabelo a ka fetola mehopolo ya hae a ipolelle hore "Ha ke a sebetsa hantle haholo. Ha nka ka etsa mosebetsi wa ka wa sekolo wa lapeng kgafetsa ke tla sebetsa kaone", a ke ke a ipona botlatla mme a ka kgothala ho ithuta.



Ke tla ngola sena letshwaong la CBT.

Tlhalohanyo ya boitshwaro ba maikutlo a mohopolo e tla shebahala ka mokgwa o fapaneng tjena:

UPDATED: ALTERNATIVE THINKING			
Event	Thoughts	Emotions	Behaviour
Kabelo o feitsi tlhahlobo ya hae ya mmetse.	Ha nka ba ka sebetsa hantle haholo. Ha nka ka etsa mosebetsi wa ka wa sekolo wa lapeng kgafetsa ke tla sebetsa kaone.	O swabile empa okgothetse.	Ke tla ithuta ka nako ya metsotso e 30 letsatsi ka leng.

Ka ho fetola mokgwa oo re nahanang ka wona mabapi le maemo re ka fetola mokgwa oo re ikutlwang ka wona.

Background for the facilitator

Handling a situation of rape

While it is useful to consider more serious events in considering how to change negative thinking, it is possible that the next scenario will be especially difficult for some participants who may have a history of sexual abuse or exploitation or who may know someone with such experiences. Be prepared to recognize any participants who seem very uncomfortable or who react negatively to this exercise and give time at the end of the group for a one-on-one discussion and to provide counselling and other referral sources as appropriate.

Scenario 2: Tebogo is raped

Ha re shebeng mohlala o mong wa boemo bo bobele ho feta.

Tebogo o betilwe mme o sithabetse haholo. O batla ho ipolaya.

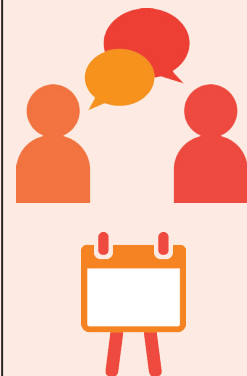


Group discussion

Re buile haholo ka menahano e seng metle mme jwale re tla shebana le sena ka botebo bo fetang ka ho tlatša letshwao la ho Nahana ho Seng Hotle le amanang le boemo ba Tebogo.

- O ikutlwa jwang?
- A kanna a ba le menahano efe e seng metle e tlatsetsang maikutlo aa?
- Leha ho le thata, ha Tebogo a ka lemoha hore mehopolole ena e seng metle hase yona fela tsela ya ho nahana ka se mo hlahetseng, a kanna a qala ho ikutlwa a le kaone. Ke mehopolole efe e utlwahalang ya nnete eo a ka bang le yona?
- Menahano ee e metjha e tla mo etsa a ikutlwe jwang?

Ke tla ngola maikutlo ana letshwaong la CBT.



Facilitator guidance

Example: Change negative thinking example for Tebogo's scenario

Event	Thoughts	Emotions	Changed thinking
O betuwe	Ha ke sa le ngwanana e motle. Ha ho na motho ya sa tla nthata. Ke senyehile.	O hloname, o sithabetse O hloname empa o na le tshepo	E ne e se phoso ya ka. Ke hlahetswe ke ntho e mpe haholo. Empa ke ntse ke le nna. Ha ho bolele hore ke motho e mobe.



Instructions (Part 2)

1. Introduce the '**Change negative thinking**' activity, refer to text provided as needed.
2. Divide the group into smaller groups of 3 to 4 persons. Give the scenarios to the small groups and encourage them to develop their own responses before providing feedback.
3. Allow participants 10 minutes for the activity.
4. Reconvene the group and refer to '**Group discussion**' to invite them to share their responses and resulting change in emotions. Refer to '**Facilitator guidance**' as needed to suggest alternative thoughts.
5. Praise them for positive ideas.
6. Review the '**Take home point.**'

Change negative thinking

Maemo ana a bontsha hore ka ho fetola tsela eo re nahanang ka boemo re ka fetola tsela eo re ikutlwang ka bona.

Ho ikwetlisa sena ke tla o fa maemo a mmalwa a nang le diketsahalo tse fapaneng. Boholo ba tsona ke mathata a manyane. Ho ithuta ho lemoha le ho fetola ho nahana ho seng hotle ha boemo bo se thata haholo ho ka thusa ho etsa eka ke ntho e tlwaelehileng, hore hobe bonolo ho e etsa le ka mathata a maholo.

Ha hona dikarabo tse nepahetseng le tse fosahetseng; taba ke ho buisana ka ditsela tsa ho fetola ho nahana ho seng hotle. Ke ntho eo o tlamehang ho ikwetlisa yona. Kgafetsa re tlwaetse tsela e itseng ya ho nahana, hoo ho ka bang thata ho fetola tsela ena ya ho nahana.

Maemo ana a tla le diketsahalo le menahano. Ka kopo phethela mola wa 'maikutlo' ho bontsha hore na mohopolo wa hona jwale o etsa o ikutlwe jwang. Ebe o nahana ka hore na ke mabaka afe hape a mang a ka hlalosing ketsahalo, le tsela tse ding tsa ho nahana ka yona, ebe o phethela mola wa ho "fetola ho nahana ho seng hotle" ka mohopolo o mong. Ikaroleng ka dihlopha tsa boraro kapa bone ho sekaseka maemo. O tla ba le metsotso e leshome ho buisana.



Group discussion

- Ha re shebeng boemo ka bo mong, mme bonyane sehlopha se seng le se seng se arolelane ditlhahiso tsa bona ho maikutlo ho tloha ho mohopolo wa pele o seng motle le mohopolo o fetotsweng. Ke mang ya batlang ho arolelana ka ditlhahiso tsa hae bakeng sa boemo ba pele?
- Motho a ka ikutlwa jwang ka mohopolo oo o motjha?



Facilitator guidance

Completed scenarios with possible “emotions” and “changed negative thinking” responses

Event	Thoughts	Emotions	Changed thinking
Morwetsana/ mohlanka wa hao o hlalane le wena.	Ha ke sa hlola ke natefelwa ke bophelo lekgale.	Hloname	Ke utlwa ke hloname hona jwale empa ho tla ba kaone hape. Ke tla kopana le motho e mong.
Selefounu ya hao e utswitswe.	Ntho tsohle tse mpe di etsahala ho nna.	Ho kwata le ho halefa	Ho etsahetse dintho tse mmalwa tse seng ntle empa hase ntho tsohle tse mpe.
Motswalle wa hao o re o ya sekolong se seng.	Ke ne ke tshwanetse ebe ke bile mosa ho feta ho ena.	Boikwahlayo le tshwabo	Ke a mo rata mme ke entse se ke kgonang bakeng sa hae. Ha ke nahane hore o tsamaya ka lebaka la ka.
O kadimile buka ya motswalle wa hao ho fumana mosebetsi wa lapeng, empa motswalle wa hao o kene mathateng hobane o ne a sena buka ya hae sekolong.	Ke phoso ya ka. Ke motho e mobe.	Molato le tlhonamo	Ke beile motswalle wa ka boemong bo thata, empa e ne e se morero wa ka ho mo kenya mathateng. Ke tla kopa tshwarelo.
O omantse ausi wa hao wa ba wa re o leshano.	Ke motho e mobe. A ke ke a hlola a ntshwarela.	Tshwabo	Ke entse phoso. Ke tla kopa tshwarelo ke be ke mo etsetse ntho e ntle.



Take home point

Maikutlo a seng matle le mehopollo e seng metle di tsamaelana mmoho. Ho fetola mehopollo e seng metle ho ka fetola maikutlo, ho ka etsang o ikutlwe kaone.

EXERCISE 3: STOPP FOR PERSONAL NEGATIVE THOUGHTS¹⁴

(20 minutes)



Rationale

The purpose of the exercise is to introduce the STOPP technique as one way to assist participants to change negative thoughts. Participants also practice changing negative thoughts associated with personal situations of sadness identified in Exercise 1, in order to strengthen their skills for changing their own emotional wellbeing.

Instructions

1. Introduce the exercise and review the STOPP worksheet with participants, refer to '**Introduction: STOPP worksheet**' text provided as needed.
2. Introduce the '**Paired STOPP activity**,' refer to text provided as needed. Ask them to pick a partner and to each focus on an issue that causes them sadness, and to work together using the STOPP worksheet to change their negative thoughts about this situation. Refer back to the flipchart as needed to remind them of situations that made participants sad.
3. Give participants 5 minutes to discuss in pairs. Go around the room and assist participants as needed.
4. Reconvene the group and conduct the '**Group discussion**.' Encourage the group to help participants who have difficulty changing their own negative thoughts.
5. Praise them for their efforts.
6. Review the '**Take home point**.'



Introduction: STOPP worksheet

Ha se re buisane ka ho fetola mehopollo e seng matle, ke batla ho tsebisa leqephe la mosebetsi la STOPP, ha re le lekoleng mmoho.

Ha o ikutlwa o hloname kapa o utlwa maikutlo a mang a seng matle, o ka latela mokgwa wa STOPP jwalo ka tsela e nngwe ya ho sebetsana le maikutlo ana:

Emisa: Seke wa arabela ka potlako!

Hema: Nka motsotswana ho nahana ka yona le ho theola moya.



¹⁴ Adapted from Vivyan, C. (2009) STOPP. Get Self Help



Tadima: Manolla boemo le karabelo ya hao ho bona. Mohlala, ipotse: Ke eng e nkwasang? Ke utlwa eng? Ke qadile neng ho ikutlwa tje? Ke nahana eng? Na mehopollo ya ka ha e thuse kapa ha e na nnete?

Ikgule mme o shebisise ka tsela e nngwe: Lekanya hore na o ka fetola boemo kapa hore na o ikutlwa jwang kapa o nahana eng ka bona. Mohlala, ipotse: Na ke tlameha ho ikutlwa hampe tje? Na monahano oo ke nnete? Nka nahana jwang hape ka boemo boo? Motho e mong a ka bo bona jwang? Na nka rarolla bothata ba boemo bo?

Ikwelise ho sebetsang: Nka qeto ka tsela e nang le nnete ya ho arabela, kahare kapa ka ketso. Etsa se loketseng wena, ba bang le boemo boo.



Paired STOPP activity

Jwale ke batla hore o kgethe boemo bo le bong ho ao o a hlalositse pejana hlakisong ya 1, a etsang hore o ikutlwe o hloname. Ke batla hore le sebetse ka bobedi mme e mong le e mong a fetole mehopollo ya hae e sa lokang e etellang maikutlong a sa lokang. Sebedisa lepheqe la mosebetsi ya STOPP ho etsa sena. Thusanang ho etsa jwalo. Sebedisa mokgwa wa EMA ho etsa sena. Thusanang ha ho hlokeha.



Group discussion

- Ke mang ya batlang ho arolelana ka mehopollo wa hae mobe le hore o o fetotse jwang?
- Ke mang ya batlang ho arolelana ka mehopollo e bileng thata ho e fetola?
- Ke mang ya batlang ho hlahisa mehopollo o mong bakeng sa mehopollo ee thata e seng metle?



Take home point

Ha o ba le maikutlo a seng matle a jwalo ka ho hlonama, leka ho hlwaya mehopollo e seng metle e tsamayana le yona. Haeba o ka fetola menahano ena e seng metle wa e etsa mehopollo e hantle e thusang, o tla qala ho ikutlwa o le kaone. Ho kgona ho etsa sena ka kotleho ho hloka boikwetliso, empa ho tla nolofala ha nako e ntse e ya.

EXERCISE 4: PLEASANT ACTIVITIES¹⁵

(10 minutes)



Rationale

The purpose of the activity is to help participants identify positive experiences that can be integrated into their lives to increase happiness and feelings of well-being.

Instructions

1. Conduct the '**Group discussion**,' introducing and encouraging participants to think of things that make them happy. Encourage responses and write these on the flipchart. Refer to the '**Facilitator guidance**' to aid in the discussion and suggest activities as needed.
2. Review the '**Guidelines for implementing pleasant activities**.'
3. Review the '**Take home point**.'



Group discussion

Ha re nahaneng ka kakaretso ka ditsela tseo o ka natefelwang ke bophelo ba hao ho feta.

- *O kgona ho nahana ka meralo efe? Mehlala e ka ba ho phomola lapeng, kapa ho mamela seyalemoya. Ke mang ya nang le ditlhahiso tse ding?*
- *Ke eng e o thabisang; o rata ho etsa dintho tsa mofuta ofe?*

Ke tla ngola ditlhahiso tsa lona ho flipthate.



¹⁵ Adapted from Miller, S. (1995) Teens and Adults Learning to Communicate (TALC: LA), Phase 1, Session 4, exercise 6. Los Angeles: Center for HIV Identification, Prevention and Treatment Services; and Future Families (2013) Future Families Psychosocial Support Group: Facilitator Manual, Session 5. South Africa: Future Families.

Facilitator guidance

Suggestions for pleasant activities

- Distract yourself (watch TV, do a job you have put off).
- Talk to someone (call or visit a friend).
- Play sport or exercise (soccer, running).
- Get strength from your beliefs (go to church, pray).
- Talk yourself out of it (change negative thoughts).
- Build your self-esteem (make a list of your good qualities; write a nice letter to yourself).
- Write a letter to yourself emphasizing the need for a more optimistic and active engagement with life.
- Express your emotions through drawing.
- Do beading, knitting, singing, etc.



Guidelines for implementing pleasant activities

Kaofela le fane ka tlhahiso tse ntle. Ho bohlokwa ho hopola le ho etsa dintho tse ka o thabisang hape di o kgutsisa. Ha re hopoleng ditataiso tse mmalwa ha re etsa mesebetsi e monate:

- *Qala ka mehato e menyane*
- *Etsa ntho e le nngwe ka nako*
- *Ha o hloke ho etsa mesebetsi ntle le phoso – e etsetse monate fela*
- *Phuthuloha, o kanna wa fetola merero ya hao ka nako efe kapa efe*
- *Etsa dintho tse ho kgahlang le tse o di ratang*



Take home point

Ho etsa ntho eo re e ratang ho ka re thusa ho ikutlwa kaone ha dintho di le boima. Hlwaya dintho tse o ratang ho di etsa ebe o sheba lenaneng ha o hloka sehlasimolli.

REFLECTION AND SHARING

(10 minutes)

Re qetellong ya kopano ya kajeno ya hore na ho hlonama **ho etsa re ikutlwe jwang, re nahane jwang hape re itshware jwang. Hape re buile ka ho fetola menahano ya rona e seng metle ho iketsa re ikutlwe re le kaone. Ho bohlokwa hore o tswelopele ho ikwetlisa bokgoni bona le hore o qale ho bo sebedisa ha o sebetsana le menahano ya hao e seng metle.** Ena ke nako ya hao ya ho arolelana maikutlo mabapi le kopano le sehlopha.

Ke lakatsa hore motho ka mong a arolelane ka ntho e le nngwe ya bohlokwa eo a ithutileng yona kajeno le hore na o ka e sebedisa jwang bophelong ba hao ba letsatsi ka leng.



GOAL SETTING AND PRACTICE AT HOME

(5 minutes)

O ka ikwetlisetsa bo bong ba bokgoni boo o ithutileng bona kajeno jwang ha o fihla lapeng? Ho etsa sena ke motheo mabapi le sepheo sa nako e kgutshwane seo o tla se rala. Hopola, sepheo se lokela ho ba ntho eo o atlehileng ho yona pele re kopana hape re le sehlopha. **Re buile mabapi le ho fetola mehopollo e sa lokang. Ke rata hore o rale sepheo se ka fetolang mehopollo ya hao kapa ya batho ba bang e sa lokang, kapa ya lona ka bobedi. Hlwaya mohlala o le mong o sa lokang oo o nang le ona mme o o fetole e be ntho e lokileng. O tla rala sepheo sefe seo o tla se etsa ho fetola mehopollo e sa lokang bekeng ena?**

Kaofela re tla fana monyetla ka tlaleho mabapi le bothata bo kgethilweng le mehato eo o nkileng qeto ya ho e sebedisa kopanong e latelang.





CLOSING THE SESSION

Re tla kwala kopano ka ho etsa kgulo ya lotto. Kenya pampitshana ya lebitso la hao ka lebekereng lena. Jwale re tla hula lebitso mme motho eo o tla hapa mpho ena ya lotto.

Re a leboha ha o bile teng kopano ena. Nka thabela ho bua le mang kapa mang ka bo mong ka boiphihlelo ba hao ka kopanoena le hore na re ka ntlafatsa eng bakeng sa kgetlo le tlang. Ke lebelletse karolo e latelang moo re tla sebetsana le ho **tobana le halefo**.

Ke tla o bona kgetlo le tlang _____ (nako le sebaka) ka la _____ (letsatsi le mohla).

SESSION 4 APPENDIX

Change negative thinking scenarios

Event	Thoughts	Emotions	Changed thinking
Morwetsana/ mohlanka wa hao o hlalane le wena.	Ha ke sa hlola ke natefelwa ke bophelo lekgale.		
Selefounu ya hao e utswitswe.	Ntho tsohle tse mpe di etsahala ho nna.		
Motswalle wa hao o re o ya sekolong se seng.	Ke ne ke tshwanetse ebe ke bile mosa ho feta ho ena.		
O kadimile buka ya motswalle wa hao ho fumana mosebetsi wa lapeng, empa motswalle wa hao o kene mathateng hobane o ne a sena buka ya hae sekolong.	Ke phoso ya ka. Ke motho e mobe.		
O omantse ausi wa hao wa ba wa re o leshano.	Ke motho e mobe. A ke ke a hlola a ntshwarela.		

SESSION 5

Coping with anger



TIME

120 minutes

RATIONALE

Anger is a human emotion that everyone experiences. Adolescents who undergo major stressors, including parental illness, death, or a sudden change in living conditions, may also experience feelings of anger about their situation. Many people do not have the skills or ability to cope constructively with anger or other negative emotions. The anger thus gets suppressed, or expressed in indirect or unhealthy ways. This contributes to feelings of hopelessness and can have a negative effect on individuals' health and relationships. This session helps participants learn to identify and manage anger in an appropriate manner. The session also provides an opportunity to reinforce other skills taught through the program to cope with negative emotions, including assertive communication, problem solving, changing negative thoughts, seeking social support and engaging in pleasant activities.

GOALS

- To help adolescents learn to identify anger and express it acceptably
- To guide adolescents in understanding how anger is related to their thoughts and behaviour
- To increase adolescents' ability to manage anger effectively
- To practice ways of coping with anger

SESSION OVERVIEW

Opening ritual

Feedback from previous session (15 minutes)

Exercise 1: The lion in the cage (20 minutes)

Exercise 2: Raising awareness of anger and personal coping styles (20 minutes)

Exercise 3: STOPP for anger management (20 minutes)

Exercise 4: Practicing how to cope with anger (30 minutes)

Reflection and sharing (10 minutes)

Goal setting and practice at home (5 minutes)

Closing the session

MATERIALS NEEDED

- Name tags for participants
- Flipchart or a black/white board and marking pens
- CBT sign: Event, Emotions, Thoughts, Behaviour
- Lottery prize

WORKBOOK HAND-OUTS REVIEWED

- STOPP worksheet (Session 4)

SPECIAL PREPARATION

- Prepare bank copies of the CBT sign for use in Exercise 2. There should be one column each for Event, Emotions, Thoughts and Behaviours.
- As assertive communication may raise issues and concerns pertaining to domestic violence or other abusive situations, ensure a hand-out on relevant local service providers is available for distribution should this need arise.
- Prepare one copy of a CBT sign on flipchart paper with the 'Going to a party' scenario. There should be one column each for Event, Emotions, Thoughts and Behaviours. Fill in each column using the completed CBT sign in Exercise 3.
- Write out the scenario in Exercise 4 on a piece of flipchart paper for ease of references for participants during their role-play.



OPENING RITUAL

FEEDBACK FROM PREVIOUS SESSION



(15 minutes)



Instructions

1. Ask someone to summarize the home assignment. Refer to the '**Home practice assignment summary**' text if clarification is needed.
2. Encourage feedback from participants on their completion of the home practice. Ask them about their emotions, thoughts and behaviours related to the home practice.
3. Spend some time on areas where there were challenges and use group problem solving to get ideas on how the situation can be dealt with. Use one of the challenges as a role-play. The co-facilitators can model it.
4. Praise participants for their efforts to problem solve.



Home practice assignment summary

Mosebetsi wa hao ene e le go seta dipheo le ho:

1. *Rera mme o etse bonyane ntho e le nngwe e ntle, e eo natefelang hara beke.*
2. *Ikwetlise ho fetola menahano ya hao e seng metle lapeng. Ha o hlokomela maikutlo a seng matle, hlokomela hore ke menahano efe e seng metle e tsamaelanang le yona. Fetolela menahano ena ka ho nahana ka dithaloso tse ding. Lemoha na o ikutlwa jwang ha o etsa sena.*

EXERCISE 1: THE LION IN THE CAGE

(20 minutes)



Rationale

The purpose of this exercise is to help adolescents realize that sadness, loss, or being treated unfairly are often the underlying causes of anger. Awareness of one's own and other people's emotions can enhance understanding and good communication.

Instructions

1. Introduce the topic of the session and the exercise, refer to 'Introduction: Anger' text provided.
2. Read the 'Story: The lion in the cage.'
3. Facilitate discussion of the story using the questions under 'Group discussion 1.' Refer to 'Facilitator guidance' on possible responses to the story to ensure key points are discussed.
4. Move from the discussion of the lion to participants' own lives using the questions under 'Group discussion 2.' Praise them for sharing their experiences.
5. Review the 'Take home point.'



Introduction: Anger

Kopanong e fetileng, re buile ka ho hlonama le hore na e ka ama ditsela tseo re nahanang ka tsona le ho itshwara jwang le hore na re ka etsa dintho di be kaone jwang ka ho fetola menahano ya rona. Kajeno re tlo bua ka mofuta o mong wa maikutlo – halefo. Ho boima ho tobana le maikutlo a halefo, mabapi le wena le batho ba o potapotileng. Re tla sheba hore re ka etsang ho tobana le maikutlo a halefo.

Ha re qale ka ho bala pale ena e buang ka tau eka hokong.





Story: The lion in the cage (Tau e ka hokong)¹⁶

Ho ne ho na le tau e neng e phela ka hokong polokelong ya diphoofole. Tau ena e ne e dula e kwatile. E ne e rora, e ngwapa hape e leka ho hlasela, ka hoo batho ba ne ba phela ba le hole le tau ena. Basebeletsi ba polokelong ya diphoofole ba ne ba batla ho ba metswalle ya tau ena, empa nako le nako ha ba atamela, leha ba ne ba mo fa dijo, tau e ne e rora e ba kgarumela. Haufinyane hone ho sena motho ya atamelang tau ho hang hobane ba ne ba tshaba bohale ba hae. Sebakeng sa moo, ba ne ba lahlela dijo ho yena ebe ba kwala monyako ka potlako. Bane ba sa kgone ho beha diphoofole tse ding le yona hobane ba ne ba tshaba hore tau e ka lematsa diphoofole tse ding.

Tau e ne e halefile hobane e ne e batla ho ba sekgweng hape batla ho ba le ditau tse ding. E ne e hopotse lelapa la yona le metswalle ya yona eo e neng e sasanka le yona naheng. E ne e sa batle ho ba hokong ena e nyane, e bodutu hape e sa batle ho ba mong. Tau e ne e hloname haholo hape ele mong. Dintho tsena di ne di etsa tau e utlwe eka hona le lesoba le leholo la lefifi sefubeng sa hae. E ne e sa tsebe ho bonthsa hore na e hloname hakae mme e ne e utlwa eka ha ho motho ya mo utlwisang, ka hoo a ba leleka kaofela.

Ka letsatsi le leng hoa fihla mosebeletsi e motjha serapeng sa diphoofole. O ile a shebella ha tau e rora e ngwapa ditshipi tsa hoko e leka ho mo hlasela. Mosebeletsi enwa e motjha haa kaba a baleha, empa o ile a bua le tau ka lentse le bonolo. O ile a tla letsatsi le letsatsi a ema pela hoko a bua le tau. Ha nako e ntse e feta tau e ile ya theola moya ya fokotsa le ho kgena. Ka letsatsi le leng mosebeletsi e motjha o ile a ntsha tau ka hokong ya yona e nyane mme a e beha sebakeng se bulehileng sa meru sa polokelong ya diphoofole le dikatse tse ding tse kgolo. E ne e lokolohile hore e tsamaya le dikatse tse ding, e kgase tlase ha dihlaha hape e paqame letsatsing. Basebeletsi ba bang ba polokelong ya diphoofole ba ne ba makaditswe ke diphetoho tsa boitshwaro ba tau. Tau e ne e thabetse ho ba sebakeng se setjha le dikatse tse ding tse kgolo le mosebeletsi ya neng a e etela le ho bua le ena letsatsi le letsatsi. Haufinyane tau e ile ya fumana hore lesoba le pelong ya hae le a fola. Nako le nako ha e ne e bona mosebeletsi e ne e tsetsela jwalo ka katse.



Group discussion 1

- Ke eng e entseng tau e ikutlwe e hloname?
- Ho tlele jwang hore tau e bontse maikuto a yona mathomong a pale ena?
- Dikarabelo tsa batho ba bang ho tau e ne e le dife qalong?
- Mosebeletsi e motjha wa polokelong ya diphoofole o ile a etsang ho thusa tau?
- Hobaneng o nahana hore sena se sebeditse?

¹⁶ Davis, N., Custer, K., & Marcey, M. (1996). Once Upon a Time: Therapeutic Stories that Teach & Heal.

Facilitator guidance

Possible responses to the lion story

Look for responses such as:

- The lion was removed from her family in the wild and placed in a cage.
- She was very sad and lonely and showed that through anger.
- She felt that she had a hole in her chest.
- She became aggressive and chased everyone away.
- People were scared of the lion and stayed far away from her, which made the problem worse.
- The new zoo official was kind. She was not scared of the lion and understood how the lion felt, and how it affected her behaviour. She spent time with the lion and talked to her. She moved her to be with other animals. The support helped the lion to feel better and to cope with her emotions.

Group discussion 2

- *Na o ka nahana ka nako eo wena kapa motho eo o mo tsebang le kileng la ikutlwa jwalo ka tau e paleng? Re bolelle ka sena.*
- *Motho ya nang le maiphihlelo a tjena o ikutlwa jwang? Motho enwa a ka etsa jwang?*



Take home point

Tsela eo motho a bontshang maikutlo a hae e na le seabe le kamoo batho ba bang ba amanang le yena. E ka ba le ditla morago tse lokang maphelong le kamano. Hangata batho ba tshaba motho ya halefileng. Motho ka mong o lokela ho tobana le maikutlo a hae ka tsela e mo loketseng, le mabapi le dikamano le batho ba bang.



EXERCISE 2: RAISING AWARENESS OF ANGER AND PERSONAL COPING STYLES



(20 minutes)

Rationale

The purpose of this exercise is to raise awareness of angry feelings, as well as the thoughts, and behaviours related to anger. They are also guided to consider their own coping style and healthy and unhealthy coping behaviours. This can help adolescents to understand their reactions when they are angry.



Instructions

1. Introduce the activity, refer to '**Introduction: Personal anger**' text provided as needed.
2. Present the blank CBT sign. Conduct the '**Group discussion 1**' helping them to complete the CBT sign related to two or three situations they provide and understand that anger is normal. Refer to '**Facilitator guidance**' as needed.
3. Conduct the '**Group discussion 2.**' Write the types of coping strategies they suggest on the flipchart then work to classify them as healthy or unhealthy strategies. Follow this with the questions on the implications to them and their relationships of unhealthy strategies. Refer to '**Facilitator guidance**' as needed.
4. Review the '**Take home point.**'



Introduction: Personal anger

Motho e mong le e mong o kile a tseba halefo le qwaketso neng neng. Ana ke maikutlo a tlhaho, empa batho ba bangata ha ba tsebe ho hlahisa halefo ya bona kapa maikutlo a mang a seng matle ka tsela tse phetseng hantle mme tse amohelehang bathong. Kopano ena e tla ho thusa ho hlwaya halefo le ho e hlahisa ka tsela e amohelehang. Jwale oka mamela ebile otloisisa maikutlo a ba bangwe hape.

Group discussion 1

Ke kopa mongwe le mongwe ha o batla a arololelane ka boemo bo etsang o ikutlwe ohalefile. Ha re tlatseng letshwao la CBT bakeng sa maemo ana.

- Ke ketsahalo efe e etsahetseng e bakileng hore o halefe?
- O bile le mehopolo efe ha o ne o halefile? Nahana ka mehopolo e seng metle e o bileng le yona ka ketsahalo ena, wena le/kapa batho ba amehileng.
- O bile le boitshwaro bofe ha o ne o halefile? O ile wa itshwara jwang ha o ne o halefile mme o na le mehopolo e seng metle? O entse jwang?

Hantlente halefo ke tshireletso ya maikutlo. Ha o ka sheba maemo a bakang hore batho ba halefe, kgafetsa ke maemo a behang kgatello ho motho, a phephetsang motho, a tlontlolang motho, a utlwisang motho bohloko kapa a iphapanyetsang ditokelo tsa motho. **Ho tlwaelehile hore o halefe ha o tshwarwa tjena.**



Facilitator guidance

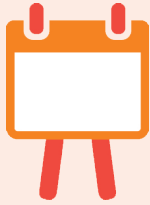
Suggested responses for reactions to anger

Events: Different kinds of events can evoke anger, such as if somebody calls you a liar, if you feel threatened, if your behaviour is restricted, if someone hurts your feelings or if someone you care about is hurt or unavailable.

Emotions: Anger, frustrated, irritated, impatient, resentful, enraged, peed off, fury, insulted.

Thoughts: Anger is often related to blaming others, thinking that others want to hurt you, others do not like you, and do not take your needs into account. The person may assume the worst, think the problem is enormous, think they are disrespected and treated unfairly, and will not accept such treatment. For example: I've been let down; I've been disrespected, treated unfairly, used; It's not fair; I won't stand for it.

Behaviour: Aggression, fighting, confronting, wanting to hurt the other person, arguing and shouting, withdrawing from others or sulking, sarcastic, patronize or put down others. Physical signs of anger: Clenched fists, elevated voice, screaming, feeling out of control, seeing 'red', or swearing.



Group discussion 2

Jwale ha re bue ka hore na o tlwaetse ho kgema le halefo jwang.

- *Kgafetsa o etsa jwang ha o halefile? O kgema jwang le halefo?*
- *Ke dife ho tsee tse leng ditsela tse phetseng hantle tsa ho kgema?*
- *Ke dife ho tsee tse leng ditsela tse seng hantle tsa ho kgema?*
- *Tse ding tsa ditsela tsee tse seng hantle tsa ho kgema di ka re ama jwang?*
- *Ditsela tse ding tse sa hlwekang di ka tobana jwang le dikamano tsa rona le batho ba bang?*

Ke tla ngola mekgwa ena ya ho kgema ho fliptjhate.

Facilitator guidance

Healthy & unhealthy ways of coping with anger

Healthy ways of coping include talking about feelings in a rational way, expressing the feelings indirectly through physical activities or calming activities, or being assertive to change the situation.

Unhealthy ways of coping include ignoring the feeling, carrying on with other activities or acting on the anger by hurting others or self physically or verbally.

Unhealthy ways of coping can negatively affect our wellbeing:

- If anger is bottled up and never expressed, it can lead to health problems or an explosion of emotions in the end.
- Harmful coping strategies such as using alcohol to forget about the problem or other potentially dangerous behaviours can place us at risk.

Unhealthy ways of coping can negatively impact relationships:

- The way a person expresses the anger influences their relationships with people.
- Expressing anger directly by shouting, hitting, throwing things around, being destructive or withdrawing from interaction or ignoring the other person can cause long-term damage to relationships.

Take home point

Halefo le maikutlo a tlhaho ao motho e mong le e mong a a utlwang ka nako tse ding. Lemoha maikutlo a hao, le hore na menahano ya hao e susumetsa maikutlo le boitshwaro ba hao jwang. Re lokela ho ithuta ho hlahisa le ho laola halefo ka tsela tse loketseng tse phetseng hantle, hore re seke ra senya bophelo ba rona bo botle hammoho le dikamano tsa rona le ba bang.



EXERCISE 3: STOPP FOR ANGER MANAGEMENT¹⁷



(20 minutes)

Rationale

This exercise focuses on alternative reactions that can be used to cope with anger in a constructive way. Different ways to manage and cope with anger will be explored, including STOPP and practicing previously taught strategies such as assertiveness, problem solving, changing thoughts, and behaviour such as support seeking and pleasant activities.



Instructions

1. Introduce and read '**Scenario: Going to a party.**'
2. Ask them to refer to the STOPP worksheet in their workbooks (session 4). Tell participants that the STOPP steps will also be considered as an anger management strategy and that it will be applied to Tumi's situation. Present the first three steps (Stop, Take a Breath, and Observe) including the completed CBT sign for the Observe step. Refer to '**STOPP steps**' text provided as needed.
3. Conduct the '**Group Discussion.**' Encourage participants to recall all of the strategies they have learned when considering Tumi's options and write responses on the flipchart. Refer to '**Facilitator guidance**' as needed. Probe them to remember before providing any responses.
4. Summarize the various coping strategies and explain how some will work at different times, depending on the situation and whether you can fix it or just need to cope with it. Refer to '**Coping strategy review**' text provided.
5. Review the '**Take home point.**'



Scenario: Going to a party (Ho ya phathing)

Ho re thusa ho nahana ka dintho tsohle tseo re ithutileng tsona mabapi le ho tobana le halefo le maikutlo a mang a sa lokang, ke tla le fa pono.

Mohlakomedi wa Tumi ha a mo dumelle ho ya phathing ya motswalle wa hae. Tumi o batla ho ya phathing ka pelo ya hae yohle hobane metswalle ya hae kaofela e a ya, le hoa a tseba hore ho ka nna hoa ba teng le batho ba sebedisang dithethefatsi hona moo. O halefile o batla ho kgarumela mohlakomedi wa hae, empa o tseba hore seo e ka ba ho hloka tlhompho. O ikwallaka phaposing ya hae a kentse semamela mmimo ditsebeng mme ha a batle ho kopana le ba lelapa.

¹⁷ Adapted from Vivyan, C. (2009) STOPP. Get Self Help.

STOPP steps

Karolong e pejana ho ena re sebedisitse bukanaya mosebetsi ya STOPP ho ithusa ho tobana le tlhohanamo le phetoho ya mohopolo o sa lokang. STOPP e ka re thusa hape ho tobana le halefo.

Ha re lekole leqephe la mosebetsi ya STOPP hape mme re e sebedise boemong ba Tumi.. Dikgato tsa hae tsa pele ke 'Ema o heme'. Ka mantswa a mang, o lokela ho kgutsa. Hangata batho ba bang bare "bala makgetlo a leshome" hore o tle o kgone ho nahana ka boemo ka ho hlakileng. Ha o ka araba ka nako ya qwaketsano o ka itshola kamora nako.

Se latelang o lokela ho shebella boemo, a leke ho utlwisisa hore o halefisitswe ke eng le hore o ne a nahanang. Ha kgutshwane ha re shebeng letshwao la CBT le ke le lokiseditseng boemo bona.



Event	Emotions	Thoughts	Behaviours
Mohlokomedi wa Tumi ha a batle hore a ye phathing ya motswalle wa hae.	O halefile, o tenehile	O nahana hore mohlokomedi wa hae ha a mo tshepe ebile ha a batle hore a ithabise. O nahana hore ha keke a ya phathing, ha ho motho ya tla mo rata mme ha a sa tla ba le metswalle.	O ikwalla ka phaposing ya hae a kentse semamela mmimo ditsebeng mme a sa batle ho kopana le ba lelapa.

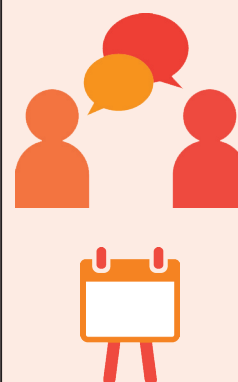
Group discussion

Jwale, ha re mo thuse ho 'Boela morao a shebe Dintho ka Tsela e nngwe'.

Dikgetho tsa haeke dife?

Ke bokgoni bofe boo o ithutileng bona bo ka mo thusang?

Ke tla ngola dikarabelo tsa hao tjhateng.



Facilitator guidance

Tumi's options

She can communicate assertively

- She can talk to her caregiver in an assertive way to convey her feelings, to understand her caregiver's feelings, and to negotiate with her caregiver to go to the party under certain conditions.
- She can say to the caregiver: "I am so disappointed that I cannot go to party (her feelings). I would really like to go because all my friends will be there (what she wants). I understand that you have some concerns about the party (understanding), but I have no intention of getting involved in drugs (my commitment)."

She can use problem solving skills

- She can use some of the problem solving skills to determine options with her caregiver. These could include her caregiver coming with her to the friend's house at the start of the party to speak to the friend's parents and see where the party will be, agreeing to come home early from the party at a set time, and committing to not consume any alcohol or drugs.

She can change her thinking to cope with her anger, seeing alternative ways to interpret it

- She thinks her caregiver is being unfair and that she doesn't care about Tumi having fun. She can change her thinking, for instance: *My caregiver cares about me, there must be a reason my caregiver doesn't want me to go. Maybe it is risky to go to a party where there will be drugs. Perhaps I can discuss it with her and she will allow me to go to another party. Maybe my friends and I can do to another place and have fun on our own instead of going to the party.*

She can seek support

- Tumi can talk to someone else about the situation, to express her feelings and get ideas on how to handle it, and to share her emotions with someone who understands her feelings.

She can do a pleasant activity

- She can distract her mind from the situation by exercising, like dancing or walking, walking away to calm down, or listening to music, relaxing her body or breathing slowly to change her feelings of frustration.

Coping strategy review

Kaofela le ithutile ditsela tse ngata tsa ho kgema le halefo le maikutlo a mang a seng matle. Kgafetsa tsela ya ho kgema eo re e kgethang e tla ya ka hore na re ka fetola boemo.

1. Maemong a a re ka lehang ho fetola boemo ka ho etsa ho hong, dikgetho ke ho sebedisa bokgoni ba tharollo ya mathata, ho ikemela le ho bua maikutlo a hao, kapa ho sekaseka tharollo ya bothata. Ha ho na netefatso ya hore motho o tla hla a etse ntho eo o mo kopang hore a e etse, empa bonyane o hlahisitse maikutlo a hao mme o lekile ho rarolla bothata. Seo se ka o thusa ho ikutlwa o le taolong, le ho kgema kaone ka maikutlo a hao a seng matle.
2. Maemong ao re sa kgoneng ho fetola boemo ka e nngwe ya diketso tsa rona, re ka laola maikutlo a rona ka ho nahana ka tsela e fapaneng, ho batla tshehetso le ho etsa mesebetsi e thabisang hore re ikutlwe ka tsela e fapaneng.



Take home point

Kaofela le ithutile bokgoni bo fapaneng ba ho kgema ho laola halefo le maikutlo le maemo a seng matle, le tla di etsa hantle ho feta ha le ikwetlisa mme tshebediso ya mekgwa ena e tla etsa le ikutlwe le le kaone.



EXERCISE 4: PRACTICING HOW TO COPE WITH ANGER¹⁸



(30 minutes)

Rationale

The purpose of this exercise is to practice the skills learnt in the previous exercise for reacting to situations where anger is involved, in a positive way. Role-play is chosen as the method of practice.



Instructions (Part 1)

1. Introduce the exercise and recruit three volunteers to participate in the role-play, one to play an adolescent and two to play the adolescent's friends. Explain the volunteers' roles as adolescent and his friends for the role-play. Refer to '**Role-play instructions**' as needed. Instruct the rest of the participants to observe the role-play and pay special attention to the facial expressions, eye contact, posture, voice, words used, and assertiveness.
2. Allow the volunteers to role-play the scenario for 5 minutes.
3. Conduct the '**Group discussion**' to obtain feedback. Conduct separately the three question sets: 'Question for the adolescent', 'Questions for the adolescent's friends', and 'Questions for the Group.' Refer to the '**Facilitator guidance**' to aid the discussion as needed.

¹⁸ Adapted from Future Families (2013) Future Families Psychosocial Support Group: Facilitator Manual, Session 4. South Africa: Future Families.

Role-play instructions

Jwale ha re etseng tshwantshiso, e tla o dumella hore o bontshe seo o ithutileng sona mabapi le ho tobana le halefo.

Na nka fumana baithaopi ba bararo tshwantshisong ya pele?

Moithaopiwa 1 o tla tshwantshisangwana ya fumaneng kotlo ho mohlokamedi wa hae hobane a sa etsa mesebetsi ya lelapa e neng e lebelletswe ho yena. O kwatetse mohlokamedi wa hae haholo ka ho mo fa kotlo. O botsa metswalle ya hae hore a ka etsang hore a ikutlwe a le kaone.

Moithaopi wa 2 le wa 3 e tla ba metswalle ya ngwana, ba tlang ho mo thusa hore a tobane le maikutlo a halefo.

Etsang tshwantshiso ena le sebedisa bokgoni boo le ithutileng bona, o kenyelletsa le ho mamela ka hloko, melaetsa ya "Ke", boitshepo, ho fetola mehopolo e sa lokang, ho fetola boitshwaro le ho rarolla bothata Ba bang kaofela le tla dula le be babohedi.

Molebedi ka mong o na le mosebetsi o ikgethileng: sheba ponahalo ya sefahleho, tshebediso ya mahlo, tshebediso ya mmele, mantswe a sebediswang, le boitshepo.



Scenario: Grounded (Kotlo)

Pono e mabapi le ngwana ya filweng kotlo ke mohlokamedi wa hae hobane a sa etsa mesebetsi ya leloko eo ho lebelletsweng hore a e etse.

- *Ngwana ya neng a filwe kotlo o kwatetse mohlokamedi wa hae haholo mabapi le kotlo ena. O botsa metswalle ya hae hore a ka etsang hore a ikutlwe a le kaone.*

Metswalle ya hae e mmedi e lokela ho mo thusa ho tobana le maikutlo a halefo.





Group discussion

Potso ya motjha:

- Hona jwale ikutlwa jwang?

Dipotso tsa metswalle ya motjha:

- Ke ntho efe e le nngwe o e entseng eo o e ratileng?
- Ke ntho efe e le nngwe eo o ka e etsang ka tsela e fapaneng

Dipotso tsa sehlopha:

- Ke ntho efe e le nngwe eo metswalle e entseng o e ratileng?
- Ke ntho efe e le nngwe o ka sisinyang hore ba e etse ka mokgwa o fapaneng?

Ke a leboha mabapi le tshwantshiso. Le mo thusitse hore a ikutlwe a le kaone mme le mmontshitse hore le ithutile ka moo le ka tobanang le halefo kateng.

Facilitator guidance

Suggested responses for the role-play

- You are looking for the adolescent to voice his/her anger, and for the friends to show active listening and understanding of the expressed feelings.
- You expect the friends to introduce a strategy to cope with the situation or the emotion.

They can suggest:

- talking to the caregiver to negotiate the situation,
- changing the thoughts that contribute to the anger,
- doing alternative activities while grounded, so that it does not feel so negative.

Instructions (Part 2)

1. Divide the participants into groups of 3, where one participant will play the caregiver, one will play the adolescent and the third will observe and give feedback to the pair. Present the scenario and explain that they should conduct the scenario three times so that each person plays each role. Emphasise that participants should practice the various skills they have learned in response to the scenario. Refer to **'Introduction: Role-play'** text provided as needed.
2. Check on each group's progress and assist where there are any difficulties.
3. After 10 minutes, reconvene the group and conduct the **'Group discussion.'** Note the challenges the participants experienced, if any. If there are specific challenges, have the participants role-play in front of the group so that they can problem solve.
4. Review the **'Take home point.'**



Introduction: Role-play

Jwale re tla etsa tshwantshiso moo re tla tobana le halefo ka dihlopha tsa ba bararo. E mong e tla ba ngwana, e mong o tla tshwantshisa mohlokamedi mme wa boraro e tla ba mmohedi ya ka fanang ka phepele.

Ke tla le balla pono.



Scenario: Angry with your caregiver (Halefo mabapi le mohlokamedi)

Ngwana o kwatetse mohlokamedi wa hae. Wena etsa qeto ya mabaka a halefo ya ngwana. O ka kgetha maemo a nnete a bophelong ba hao a kileng a etsa hore o kwatele mohlokamedi wa hao.

Motho ka mong a etse tshwantshiso kgetlo le le leng hore e mong le e mong a fumane monyetla wa ho nka karolo maemong ana a mararo. Hopola, ha o tshwantshisa pono, sebedisa bokgoni kaofela boo o ithutileng bona, okenyelletsa le ho mamela ka hloko, melaetsa ya "Ke", boitshepo, ho fetola mehopollo e sa lokang, ho fetola boitshwaro le ho rarolla qaka.



Group discussion

- Ke ntho efe e le nngwe eo o e entseng o e ratileng?
- Ke ntho efe e le nngwe eo o ka e etsang ka mokgwa o fapaneng?

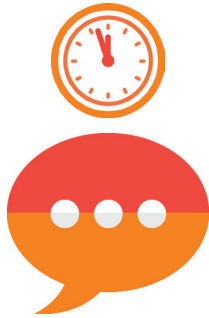


Take home point

Ho na le tsela tse ngata tsa ho tobana le kglefo. Ho bua ka maikutlo a hao le ho ikwetlisetsa bokgoni bo hlwekileng ho tla o thusa ho hodisa bokgoni ba hao ho laola halefo ka tsela e lokileng le e ahang.



REFLECTION AND SHARING

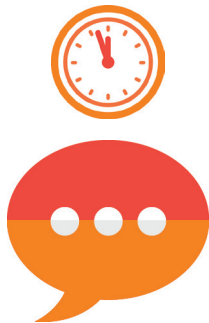


(10 minutes)

Re fihlile pheletsong ya kopano ya kajeno e mabapi le ho **tobana le halefo**. Ena ke nako ya hao ya ho arolelana maikutlo mabapi le kopano le sehlopha.

Ke lakatsa hore motho ka mong a arolelane ka ntho e le nngwe ya bohlokwa eo a ithutileng yona kajeno le hore na o ka e sebedisa jwang bophelong ba hao ba letsatsi ka leng.

GOAL SETTING AND PRACTICE AT HOME



(5 minutes)

O ka ikwetlisetsa bo bong ba bokgoni boo o ithutileng bona kajeno jwang ha o fihla lapeng? Ho etsa sena ke motheo mabapi le sepheo sa nako e kgutshwane seo o tla se rala.

Hopola, sepheo e lokela ho ba ntho eo o atlehileng ho yona pele re kopana hape re le sehlopha. **Mohlomong o tla iphumana o le maemong a moo o tla ikutiwa o halefile bekeng ena. Sepheo e ka ba ho sebedisa bokgoni boo o ithutileng bona kajeno mme wakgona ho arabela ka tsela e fapaneng maemong ana.** O dumellana le eng?

CLOSING THE SESSION



Re tla kwala kopano ka ho etsa kgulo ya lotto. Kenya pampitshana ya lebitso la hao ka lebekereng lena. Jwale re tla hula lebitso mme motho eo o tla hapa mpho ena ya lotto.

Re a leboha ha o bile teng kopanong ena. Nka thabela ho bua le mang kapa mang ka bo mong ka boiphihlelo ba hao ka kopano ena le hore na re ka ntlafatsa eng bakeng sa kgetlo le tlang. Ke lebelletse kopano e latelang moo re tla **sebetsana le ba malapa ba sebedisana mmoho, e leng karolo e tla kopanelwa le mohlokamedi wa hao. Ho bohlokwa haholo hore bahlokamedi ba lona ba be teng karolong ena ka ha dikarolo tse kopanetsweng di sebetsa hantle ha ka bobedi le le teng.**

Ke tla o bona kgetlo le tlang _____ (nako le sebaka) ka la _____ (letsatsi le mohla).

SESSION 6

NO ADOLESCENT SESSION

SESSION 7

Families working together (Joint session)



TIME

120 minutes

RATIONALE

In preceding sessions, adolescents and caregivers have learned skills to strengthen their relationship; the joint sessions that follow offer an opportunity to apply these skills together. The aim of this particular session is for caregivers and adolescents to identify problems that they experience in the household and to apply and practice the Problem Solving Steps collaboratively to improve their family life. They also seek to identify family strengths in recognition of the important role of each family member and how they can most effectively work together as a family unit.

GOALS

- To establish ground rules for how to interact with one another in the joint sessions
- To create a safe space for caregivers and adolescents to share information and strengthen their relationship
- To guide caregivers and adolescents in applying the Problem Solving Steps to a family concern
- To identify contributions and strengths of family members

SESSION OVERVIEW

Opening ritual: Adolescent ritual

Feedback from previous session [separate groups] (15 minutes)

Welcome, family introductions and ground rules (15 minutes)

Exercise 1: Paper towers (10 minutes)

Exercise 2: Family problem solving (30 minutes)

Exercise 3: What are my family strengths? (25 minutes)

Reflection and sharing (15 minutes)

Practice at home (10 minutes)

Closing the session

MATERIALS NEEDED

- Name tags for participants
- Flipchart or a black/white board and marking pens
- A4 papers for 'Paper towers' exercise
- Pencils, enough for each participant
- 1 sheet of small coloured stickers (stars, circles, etc.) per caregiver-adolescent pair
- Lottery prize

WORKBOOK HAND-OUTS REVIEWED

- Problem Solving Steps worksheet (both participant workbooks)
- My family tree (Adolescent workbook)
- Caregiver and adolescent home project (both participant workbooks)

SPECIAL PREPARATION

- Facilitating joint sessions is especially challenging: You are facilitating a larger group, many members do not know each other, and there are powerful relationship dynamics between adolescents and caregivers in general, as well as those specific to the individual family units. With this in mind, it is important that you and your co-facilitators prepare for how you will deal with conflict in the group. We recommend that you start by reviewing the Facilitation Considerations section of the Implementation Guide which provides tips for dealing with difficult group dynamics, including joint sessions. We also recommend that you and your co-facilitators discuss how you will identify and handle the following situations: (1) adolescents do not feel comfortable speaking in front of caregivers, (2) caregivers feel disrespected or challenged when the adolescents speak openly and (3) one family member feels that Facilitators or the Group is taking sides with the other family member. Finally, remember that Energizers and Relaxation exercises may be useful tools for when tension arises in the group.
- Welcome participants by name as they enter the room and thank them for attending.
- Give each person a name tag to write their names on any way they want – the caregiver and adolescent groups will be meeting each other for the first time.
- Paste a copy of rules from the adolescent and caregiver groups on the wall as a reference.



OPENING RITUAL

Invite adolescents to lead the opening ritual. Let them know that the next session will open with the caregiver opening ritual.

FEEDBACK FROM PREVIOUS SESSION [IN SEPARATE GROUPS]



(15 minutes)



Instructions

1. Split adolescents and caregivers into separate groups. Adolescents will provide feedback only among adolescents and caregivers among caregivers. The Facilitator should lead one group and the Co-facilitator should lead the other group.
2. In each group, ask someone to summarize the home assignment. Refer to the '**Home practice assignment summary**' text if clarification is needed.
3. Encourage feedback from participants on their completion of the home practice. Ask them about their emotions, thoughts and behaviours related to the home practice.
4. Spend some time on areas where there were challenges and use group problem solving to get ideas on how the situation can be dealt with. Use one of the challenges as a role-play. The co-facilitators can model it.
5. Praise participants for their efforts to problem solve.



Home practice assignment summary

[Bahlokomedi] Mosebetsi wa lona e ne e le ho:

- Nahana ka melao e mebedi ya leloko e ka etsang phapano puisanong ya hao le ngwana (bana) ba hao lelokong. Buisana ka sena le leloko le dumellane ka melao mme le bolele hore ditlamorao e tla ba dife ebang melao e a tlolewa. Leka sena mabapi le beke ena.
- Rorisa ngwana wa hao mabapi le boitshwaro bo bottle. Hlokomela hore na ho na le phetoho boitshwarong ba hae.

[Batjha] Mosebetsi wa lona e ne e le ho rala sepheo le ho sebedisa bokgoni boo o ithutileng bona karolong e fetileng le ho arabela ka mokgwa o fapaneng maamong a etsang hore o ikutlwe o halefile.

WELCOME, FAMILY INTRODUCTIONS AND GROUND RULES¹⁹

(15 minutes)



Rationale

The purpose of the exercise is to introduce the adolescent and caregiver groups to each other, while establishing a common set of agreements on expected behaviour of all participants so that there can be mutual trust, respect, and commitment in the group.

Instructions (Part 1)

1. Welcome participants and ask them to introduce themselves, their family member and something special about themselves; refer to **'Introduction'** text provided as needed.
2. Model the introduction to show participants how to share about themselves. Refer to **'Example Introduction'** text as needed.
3. Let the group members introduce themselves to the group.
4. Listen and praise them for taking part.



Introduction

Re a o amohela kopanong ena e kopanetsweng. Ke thabela ho le bona le le mona mmoho. Re tla qala karolo ena ka maitsebiso a leloko re latele ka piusano e kgutswane ya melao ya sehlopha.

Ha re qale kopano ka ho itsebisa hore re tsebane haholwanyane. Ke rata hore e mong le e monga bolele lebitso la hae, hore/bana kapa mohlokomedi ke mang le kamano ya lona e mong ho e mong, le ntho e ikgethileng mabapi le wena eo re tla o hopola ka yona.



Example introduction

Ka mohlala, mohlomong o ka re, "Lebitso la ka ke Gugu. Ke tlile mona le mora wa ka Lucky. Seo ke ikgethileng ka sona ke ho ba seapehi se hlwahlwa! Mme "Lebitso la ka ke Lucky. Ke tlile mona le mme wa ka. Seo ke ikgethileng ka sona ke hore ke fumana dimaraka tse ntle haholo thutong ya mmetse."



¹⁹ Adapted from Miller, S. (1995) Teens and Adults Learning to Communicate (TALC: LA), Phase 3, Session 1. Los Angeles: Center for HIV Identification, Prevention and Treatment Services.



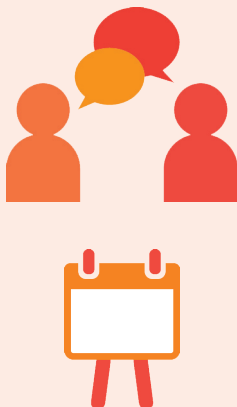
Instructions (Part 2)

1. Paste the rules up from the adolescent and caregiver groups on the wall. Highlight similarities and differences across the two groups and indicate that all of these rules will be respected in the joint sessions. Encourage ideas for any new rules to be added specific to the joint sessions; refer to '**Group rules**' text provided as needed.
2. Conduct the '**Group discussion**' to emphasise rules that are important in the joint sessions. Encourage discussion of the rules, especially from adolescents. Ask for comments and explanations. Try for consensus. Emphasize that everyone should be able to contribute. Write ideas on the flipchart.
3. Refer to the '**Facilitator guidance**' for guidelines on setting rules and a sample set of rules for joint sessions. Encourage the guidelines of positive rules, clarity and consensus. If a rule that you think should be included from this list is not mentioned, bring it up for consideration.
4. Attach a list of group rules to the wall to be visible throughout the sessions.
5. Review the '**Take home point.**'



Group rules

Dihlopheng tsa rona tse arohaneng, re dumellane ka melao ya ka moo re batlang ho tshwarana kateng sehlopheng. Hape re lebelletse hore melao ena kaofela e latelwe dikarolong tse na tse kopanetsweng. Jwale re tla bua ka melao eo e ka bang e ekeditswe dikarolong tse na tse kopantsweng moo bahlakomedi le bana ba leng karolong e le nngwe, hore sehlopha e be sebaka se bolokehileng moo bohle re ka abelanang ka maiphihlelo a rona le ho ithuta ho ba bang.



Group discussion

- Na ho na le melao e ikgethileng eo o batlang ho e eketsa dihlopheng tse kopanetsweng?
- Ke sefe se ka etsang hore o ikutlwe o bolokehile dikarolong tse kopanetsweng?
- Ke sefe se ka thusang bana hore ba hokahane ka bolokolohi ka pele ho bahlakomedi?
- Ke sefe se ka thusang bahlakomedi hore ba hokahane ka bolokolohi ka pele ha bana?

Ke tla ngola ditlhahiso tsa lona fliptjhateng.

Facilitator guidance

Guidelines and suggested group rules for joint sessions

Group rules should be written in a positive way

- Emphasize what they should do, rather than what they should not do. Assist the group to write the rules in that way. For example, if a participant offers “Do not talk about what goes on in the session outside of the session” the facilitator should help the participant rephrase the statement so that it is about the behaviour they want to see (i.e., “Keep confidentiality in the group.”)

Ensure clarity and consensus for suggested rules

- For each rule mentioned, ask the participant to explain the rule. This helps make sure that everyone understands and there is group consensus regarding the rule. For example, if someone mentioned “Respect” ask what that means to him/her. What sort of behaviour shows respect?

Sample Group Rules for Joint Sessions (Focus is on communication)

- Everyone should get a chance to speak so that we can hear each other.
- Accept and respect each other's opinions by listening to each other. This means that caregivers listen when adolescents speak, and adolescents listen when caregivers speak.
- Share your emotions and opinions in such a way that you do not hurt yourself or another group member. Only share what you feel comfortable with.
- Adolescents will not be punished at home for what they say in the group – as long as what they say does not break other rules (i.e. respect and confidentiality.)

Take home point

Melao ena ke karolo ya bohlokwa ya motheo wa ka moo re tla tshwarana kateng sehlopheng le ho etsa bonnete ba hore ke sebaka se bolokehileng mabapi le bahlokamedi le bana ka ho tshwana le ho abelana le ho ithabisa.



EXERCISE 1: PAPER TOWERS²¹



(10 Minutes)

Rationale

The aim of the exercise is to help caregivers and adolescents experience basic problem solving in a fun and non-threatening way.



Instructions

1. Introduce the exercise, asking participants to form small groups of four, consisting of two caregiver/adolescent pairs (or groups, if a caregiver has multiple adolescents in the group). Refer to '**Introduction: Paper towers**' text as needed.
2. Pass out 10 pieces of A4 paper to each group.
3. Instruct groups to build a tower out of the sheets of paper. They may tear, cut, fold, roll, and stack the paper in any way they like. They may not use any other materials, just the paper. The goal is to build the highest tower.
4. Allow 5 minutes to build towers. Give a 1-minute warning, then they must stop building.
5. When all towers are completed, the group members identify the highest tower.
6. Praise the winners and everyone for their efforts.
7. Conduct the '**Group discussion**' questions, making sure that each small group has an opportunity to contribute to the discussion. Thank participants for their responses.
8. Review the '**Take home point**'.



Introduction: Paper towers

Jwale re tla bapala papadi e potlakileng hammoho. Ke kopa le eme ka bobedi ho ya ka malapa a lona, mme le etse sehlopha le para ya lelapa le haufi le lona. Ha ke se ke file e momg le e mong pampiri, ke tla le fa taelo mme le ka qala.

²⁰ Adapted from Eloff, I., & Forsythe, B. (2014) Kgolo Mmogo Project Intervention programme for the enhancement of children's resilience, Session 7. South Africa: University of Pretoria.

Group discussion

- O ikutlwile jwang mabapi lehlakiso? Na e ne e qabola, e le boima, e le bobebe kapa e tena? Se seng hape, mme hobaneng?

For those with the tallest tower:

- Le qetile ka ho qala papadi jwang? Lewa la lona e bile lefe? Le sebeditse jwang le le sehlopha? Na motho ka mong o bile le mosebetsi o ikgethileng. Qeto mabapi le mesebetsi ena e entswe jwang?

For those who did not succeed in building a tower:

- Le entse mosebetsi ona jwang? Na le bile le lewa le ikgethileng? Le sebeditse jwang le le sehlopha? Ke sefe se ka beng se le thusitse ho sebetsa kaone? Babang bona ba sebeditse mosebetsi ona jwang?



Take home point

Ho rarolla mathata ho hloka kgokahano e lokileng, tshebedisano, le lewa le sebetsang.



EXERCISE 2: FAMILY PROBLEM SOLVING



(30 minutes)

Rationale

The aim of this exercise is to encourage caregivers and their adolescents to work together to apply the Problem Solving Steps in a real life situation, and to recognize the value of solving problems collaboratively.



Instructions

1. Divide the group into caregiver/adolescent pairs (or family groups as needed).
2. Ask the pairs/groups to think about a problem they have experienced in their home and encourage them to apply the Problem Solving Steps to identify a solution to the problem; refer to the '**Introduction: Problem solving together**' text as needed. Ensure participants refer to the Problem Solving Steps worksheet hand-out in their workbooks.
3. Walk around the room and help participants who are stuck. If needed, refer to '**Facilitator guidance: Selecting problems to focus on**' and '**Facilitator guidance: Challenges applying the Problem Solving Steps**' to assist them to identify appropriate focal problems and overcome common obstacles in the problem solving process.
4. After 10-15 minutes, bring everyone back together and have each pair share their problem and solutions. Let the group offer positive, constructive feedback on the options that pairs identified and the choices they made.
5. Conduct the '**Group discussion**' questions. Encourage responses and try to steer the conversation towards positive responses.
6. Review the '**Take home point.**'



Introduction: Problem solving together

Jwalo ka ha re se re ikwetlisitse ho sebetsa mmoho, ha re ikaroleng ka dihlopha tsa bahlokomedi le bana mme re bone hore na motho a ka rarolla mathata tsa bophelo jwang. Nahana ka qaka eo o kileng wa ba le boiphihlelo ba yona lelokong la hao. Ha o se o hlwaile bothata ba nnete, Lekang ho rarolla bothata bona ka bobedi (kapa ka sehlopha). E ka ba bothata bofe kapa bofe lelokong la hao kapa ho lelapa eo lona le le sehlopha le nahanang ho e hloka ho hlokomelwa. Hopola ho sebedisa bokgoni ba ho mamela ka hloko le melaetsa ya "Ke" ha le buisana. Nahanang ka ditsela tse ngata ka moo le ka kgonang ho rarolla bothata bo le bo hlwaileng.

Le na le metsotso e 15 ho hlwaya bothata le ho e rarolla le le dipara. Sebedisang Leqephe la tshebetso la Dikgato tsa Tharollo ya mathata le bukeng ya hao ya tshebetso ho qetella kgato ka nngwe.

Facilitator guidance

Selecting problems to focus on

- This activity may create difficult feelings i.e. anger, fear or sadness in the group, especially when addressing major problems. Try to guide the discussion to focus on common, solvable problems so participants can understand how the Problem Solving Steps are supposed to work.
- For example, problems such as household issues, school problems, and peer relationship issues can be addressed in this exercise because they are manageable to discuss during the session.
- The problem should be formulated in a specific and concrete way so that it is clear and manageable. If the problem is vaguely formulated (the problem is my boyfriend), the facilitator will have to ask for clarification before problem solving is possible (the problem is that my boyfriend wants me to pay for everything when we go out).
- Problems that can evoke intense emotions, such as drug use and negative peer influence, may not be good points for discussion because the focus will be on the emotions and not on solving the problem.

Facilitator guidance

Challenges applying the Problem Solving Steps

Some challenges in problem-solving where participants get stuck in different phases of the process:

- **Step 1 - Define the problem:** Some people cannot define the problem clearly enough to make it solvable. Some people are scared to even start. They believe the problem cannot be solved – so they do not even make the effort. Ask participants:
 - Is the problem clear and specific?
 - How are things different from the way you want them to be?
- **Step 2 - Understand the problem.** Ask participants:
 - How does the problem affect you?
 - How does it affect other people around you?
 - What do you think the causes of the problem are?
 - What have you done about it so far?
- **Step 3 - Set a goal:** The goal must be clear to get to a solution. Some people have trouble setting a clear goal – they know they want things to change, but they are not sure how. Ask participants:
 - What do you want to reach and/or change?
 - Is it specific enough that you can tell when you have achieved it?
 - Are you committed to work on it?
- **Step 4 - Determine options:** Some people have trouble thinking of options. It may help to ask other people for ideas. The best solution might be a combination of options. Ask participants to:
 - List as many actions as you can think of to achieve your goal – even if they seem silly or strange.
- **Step 5 - Decide on a plan of action:** *Consider all of the options. Sometimes people are overly critical and may not recognize even good options as potentially useful. Others have trouble deciding on an option out of fear that it may not work or that they may miss out on other options.* Ask participants:
 - Which action is mostly likely to achieve your goal?
 - Which action has the least amount of negative consequences?
- **Step 6 - Try it and see if it works:** Some people may fear trying out an option, in case it's not successful. Trying out a solution might seem like a waste of time, if you don't believe it can work. Ask participants:
 - Did you try the action that you chose? What was the result?
 - If it did not work, what can you do differently when you start again?

Group discussion

- *Ho bilejwang ho rarolla bothata ba nnete le le mmoho?*
- *O ithutile eng?*
- *O ka fa mohlakomedi/ngwana phepele efe e lokileng mabapi le bokgoni ba hae ba ho rarollamathata?*



Take home point

Ho buisana ka mathata le ho leka ho di rarolla mmoho ha ngata ho etella ditharolong tse kaone ho e na le ho leka ho di rarolla o le mong.



EXERCISE 3: WHAT ARE MY FAMILY STRENGTHS?²²



(25 minutes)

Rationale

The purpose of this exercise is to increase family cohesiveness through identifying the family's strengths. Each person in the family has his/her own strengths, and plays a specific and important role in the family. In addition to individual strengths, there is connectedness in families.



Instructions

1. Divide the group into caregiver/adolescent pairs (or groups as needed) and introduce the exercise; refer to the '**Introduction: Family strengths**' text as needed.
2. Refer participants to the hand-out: My family tree in the Adolescent workbook and hand out the small coloured stickers.
3. Check for progress. When everyone has completed the task, conduct the '**Group discussion**' question, encouraging feedback specifically from the adolescents in the family groups about what they have learned about their family. Thank participants for their responses.
4. Review the '**Take home point.**'



Introduction: Family strengths

Ke tla boela ke rata hore kaofela ha lona le sebetse ka dihlopha tsa malapa hlakisong ena e mabapi le ho hlwaya matla a ba leloko. Ke kopa le sebetse mmoho ho aha mothapo wa leloko ka ho beha mabitsa a ditho tsa lelapa mothapong ona wa leloko ka ho araba dipotso mabapi le ba lelapa la hao. Le tla etsa qeto ya hore ke bomang bao le batlang ho ba kenya mothapo ona. Jwale arabang dipotso tse latelang mabapi le ba lelapa la hao, mme o kenye semanamisi se nang le makgetha a motho ka mong pela lebitso la hae. Bahlokomedi le bana ba ka ngola batho ba fapaneng mabapi le potso ka nngwe ha ba batla – ha le a lokela ho dumellana ka motho a le mong.

1. Ke mang ya kgothaletsang lelapa ho ba mmoho?
2. Ke mang ya theolang moya ya ba bang ha ditho tsa lelapa di kwatelane?
3. O ya ho mang bakeng sa tshehetso lelapeng leno ?
4. Ke mang ya o kwatisang ho fetisisa ka lapeng hape ke hobaneng?
5. Ke mang ya tshehisang lelapa?
6. Ke mang ya sireletsang lelapa kotsing?
7. Ke mang ya hopolang matsatsi a matswalo a lelapa le diketsahalo tse ding tse kgethehileng?

²¹ Adapted from Miller, S. (1995) Teens and Adults Learning to Communicate (TALC: LA), Phase 2, Session 8. Los Angeles: Center for HIV Identification, Prevention and Treatment Services; and Eloff, I., & Forsythe, B. (2014) Kgolo Mmogo Project Intervention programme for the enhancement of children's resilience, p.48. South Africa: University of Pretoria.

Group discussion

Ask Adolescents:

- O ithutileng ka ba leloko la hao?

Ask all group members:

- Dintho tse ntle ka ba leloko la hao ke dife?



Take home point

Setho ka seng sa lelapa se na le mosebetsi o kgethehileng. Ho utlwisa le ho boha diabo tsena tse ngata ho ka thusa ba lapa la ho ho sebetsa hantle.



REFLECTION AND SHARING



(15 minutes)



Re fihlile pheletsong ya kopano ya kajeno e mabapi le ho **sebetsa hammoho re le ba leloko**. Ena ke nako ya hao ya ho arolelana maikutlo mabapi le seshene le sehlopha.

Ke lakatsa hore motho ka mong a arolelane ka ntho e le nngwe ya bohlokwa eo a ithutileng yona kajeno le hore na o ka e sebedisa jwang bophelong ba hao ba letsatsi ka leng.

PRACTICE AT HOME



(10 minutes)



[Boikwetliso ba lelokong ba Bahlokamedi le Batjha]: Mabapi le boikwetliso ba lelokong, ke batla hore le tsepame hodima **boitshwaro bo lokileng lelokong**. Ke kopa le hlwaye boitshwaro bo lokileng ba e mong le e mong lapeng mme le rorise boitshwaro boo. Mohlala, Haeba mohlokamedi wa hao o pheha dijo tse monate mo rorise; haeba ngwana o hlwekisa phaposi ya hae mo rorise. Ha o hlokomela boitshwaro bo lokileng ba motho e mong mme o mo rorisa, o tla itshwara ka tsela eo kgafetsa. Motho ka mong o tla tlaleha ka katleho ya hae le diphephetso tsa hae karolong e latelang.

Ho eketsa hodima sena, re batla hore le hlwaye porojeke ya nako e teletsana eo bahlokamedi le bana ba tla e kgetha mme ba sebetse mmoho nakong ena e setseng ya lenaneo. Porojeke ke monyetla wa mohlokamedi le ngwana (bana) ho etsa kapa ho ithuta ntho e bobebe e thabisang mmoho.

Ka mohlala, le ka:

- Etsang ho hong mmoho, jwalo ka ntho e le ka e rekisang, mekgabiso ya ka tlung, ho bokella dikgopotso tsa lelapa ho di kenya ka lebokoseng la dikgopolo;
- Etsang ho hong mmoho, jwalo ka mosebetsi o le mong o tlwaelehileng wa ka tlung (ho hlwekisa ntlo, dijana, ho pheha dijo tsa mantsiboya), ntlafatso ya ntlo (jwalo ka ho penta ntlo, ho lema jarete ya meroho), ntho e ntle bakeng sa motho e mong ya hlokanang;
- Ithuteng ho hong mmoho, fumanang tema eo le tla e sekasekang nako le nako ha le kopana jwalo ka nalane ya lelapa, maikemisetsa a lelapa kapa a motjha, kapa merero ya ho etela metswalle e hole.

Mosebetsi wa hao wa leloko ke hore o be le puisano le mohlokamedi/ngwana le kgethe porojeke . Ha re lekole bukana ya: Porojeke ya Lapeng ya Mohlokamedi le Ngwana ho ikgopotsa ditataiso tsa porojeke ya lapeng. Motho ka mong o tla fumana monyetla wa ho tlaleha mabapi le porojeke e kgethilweng karolong e latelang.

CLOSING THE SESSION

Re tla kwala kopano ka ho etsa kgulo ya lotto. Kenya pampitshana ya lebitso la hao ka lebekereng lena. Jwale re tla hula lebitso mme motho eo o tla hapa mpho ena ya lotto.

Re a leboha ha o bile teng kopanong ena. Nka thabela ho bua le mang kapa mang ka bo mong ka boiphihlelo ba hao ka kopano ena le hore na re ka ntlafatsa eng bakeng sa kgetlo le tlang. Ke lebelletse karolo e latelang moo re tla sebetsana le **dikamano tse lokileng tsa ba lelapa, eo e tla beng e le karolo e nngwe e kopanetsweng. Hopola bohlokwa ba hore ka bobedi mohlakomedi le ngwana ba lokela ho tla dikarolong tsena tse kopanetsweng, ka ha di sebetsa hantle ha dihlopha ka bobedi di le teng.**

Ke tla o bona kgetlo le tlang _____ (nako le sebaka) ka la _____ (letsatsi le mohla).



SESSION 8

Positive family relationships (Joint session)



TIME

120 minutes

RATIONALE

Conflict within a family is normal and inevitable, especially for children during adolescence. Adolescents are in the process of establishing their own identities and becoming independent from caregivers. While parents are concerned with protecting their adolescents and guiding them toward successful adulthood, youth are looking for ways to establish autonomy. Differences in values lead to conflict over rules and responsibilities.

Typical attempts to deal with conflict include using parental authority and power, or being permissive and allowing the adolescent to use his or her power to win at the caregiver's expense. The parental power approach often results in sullen and resentful adolescents and in frustrated and nagging caregivers. The second way can result in impulsive, self-centred adolescents and resentful parents.

Applying the Problem Solving Steps to conflict resolution provides an alternative, where both parents and adolescents can "win." This approach applies collaborative problem solving and identifies solutions acceptable to both caregivers and adolescents. This session provides safe opportunities to practice the problem solving approach for conflict resolution in a non-confrontational way.

GOALS

- To sensitize participants to one another's perspectives on common areas of caregiver-adolescent conflict
- To apply the Problem Solving Steps toward conflict resolution
- To raise awareness among participants about one another's needs
- To identify a behaviour that participants can do or change in order to improve their relationship with one another

SESSION OVERVIEW

Opening ritual: Caregiver ritual

Feedback from previous session [separate groups] (15 minutes)

Exercise 1: Pushy partners (10 minutes)

Exercise 2: Who makes what decisions? (15 minutes)

Exercise 3: Ways to resolve conflict (35 minutes)

Exercise 4: What caregivers and adolescents need from one another (20 minutes)

Reflection and sharing (15 minutes)

Practice at home (10 minutes)

Closing the session

MATERIALS NEEDED

- Name tags for participants
- Flipchart or a black/white board and marking pens
- Three A4 papers with “Caregiver Decision,” “Adolescent Decision,” and “Joint Decision” written on them (one heading per paper) and tape to stick them
- Lottery prize

WORKBOOK HAND-OUTS REVIEWED

- Guidelines for solving conflict
- Relationship goals

SPECIAL PREPARATION

- Practice the ‘Role-play: Getting kids ready for school’ in Exercise 3 so you can deliver it easily.



OPENING RITUAL

Invite caregivers to lead the opening ritual. Let them know that the next joint session will open with the adolescent opening ritual.

FEEDBACK FROM THE PREVIOUS SESSION [IN SEPARATE GROUPS]



(15 minutes)



Instructions

1. Split adolescents and caregivers into separate groups. Adolescents will provide feedback only among adolescents and caregivers among caregivers. The Facilitator should lead one group and the Co-facilitator should lead the other group.
2. In each group, ask someone to summarize the home assignment. Refer to the '**Home practice assignment summary**' text if clarification is needed.
3. Encourage feedback from participants on their completion of the home practice. Ask them about their emotions, thoughts and behaviours related to the home practice.
4. Spend some time on areas where there were challenges and use group problem solving to get ideas on how the situation can be dealt with. Use one of the challenges as a role-play. The co-facilitators can model it.
5. Praise participants for their efforts to problem solve.



Home practice assignment summary

[Bahlokamedi] Mosebetsi wa lona e ne e le ho hlwaya boitshwaro bo lokileng ba ngwana mme le mo rorise mabapi le boitshwaro boo.

Hape le ne le bolelletswe hore le be le dipuisano tsa mohlokamedi/ngwana mme le kgethe porojeke.

[Bana] Mosebetsi wa lona e ne e le ho hlwaya boitshwaro bo lokileng ba mohlokamedi mme le mo rorise mabapi le boitshwaro boo.

Hape le ne le bolelletswe hore le be le dipuisano tsa mohlokamedi/ngwana mme le kgethe porojeke.

EXERCISE 1: PUSHY PARTNERS²²

(10 minutes)



Rationale

The purpose of this exercise is to help caregivers and adolescents to identify what conflict is, and understand ways to reduce conflict.

Instructions

1. Pair participants (caregivers with caregivers and adolescents with adolescents) and have them stand facing each other.
2. Ask them to place their palms against each other's palms and interlock their fingers.
3. Encourage them to push each other for two minutes.
4. Encourage them to push harder.
5. After two minutes they can stop pushing.
6. Ask them to sit down again and thank everyone for participating.
7. Conduct '**Group discussion.**' Encourage feedback. Refer to the '**Facilitator guidance**' to watch for important responses; if they are not mentioned, suggest them.
8. Review the '**Take home point.**'



Group discussion

- *Ha o ne o hatella, kapa ha ke ne ke o bolella hore o hatelle ka matla, molekane wa hao o ile a etsang?*
- *Haeba o ile wa tlohela ho hatella, o nahana hore molekane wa hao a ka be a ile a etsang?*
- *Ke dife ditsela tse ding tseo o ka arabellang kgohlano ka tsona empa o sa hatelle motho e mong?*



²² Tamblyn, D. & Weiss, S. (2000). The big book of humorous training games. McGraw Hill, NY.

Facilitator guidance

Possible responses to push exercise

When you pushed, or when I told you to push harder, what did your partner do?

- The other person pushed harder as well, the other person became more aggressive in their pushing, their pushing increased to match mine.

If you had to stop pushing, what do you think your partner would have done?

- The other person would have stopped pushing too, if the other person did not stop pushing, I would have been pushed backwards or fallen because of a loss of control.

What are other ways you could respond to disagreement without pushing the other person?

- Take a step back, breathe in, talk/listen to the other person.



Take home point

Kgohlano e kenyellelsa batho ba ka hodimo ho a le mong. Motho ka mong o susumetswa ke e mong, mme qhwebeshano e nyolohe (e be mpe) kapa e theohe (e be kaone) ho ya ka diketso tsa bona.

EXERCISE 2: WHO MAKES WHAT DECISIONS?²³

(15 minutes)



Rationale

The purpose of this exercise is to increase awareness of potential areas of conflict in family life, and to have participants consider and discuss who is responsible for decision-making in these areas in their households. The exercise allows caregivers and adolescents to learn about sources of family tension and to begin to understand one another's perspectives.

Background for facilitator

The importance of caregiver and adolescent perspectives in resolving conflict

To start the process of learning how to resolve conflict, it is important to recognise that caregivers and adolescents often have different perceptions and values. These differences can create conflict. Adolescents usually want to become independent, to have freedom to make their own decisions, and to prepare themselves for being on their own. Caregivers want to protect adolescents from harm and do what they think is best for them.

²³ Adapted from Miller, S. (1995) Teens and Adults Learning to Communicate (TALC: LA), Phase 2, Session 9. Los Angeles: Center for HIV Identification, Prevention and Treatment Services.



Instructions (Part 1)

1. Review '**Background for the facilitator**' and consider this material throughout the exercise when providing feedback and facilitating discussion.
2. Using A4 papers and tape, mark one corner of the room with 'CAREGIVER DECISION,' another with 'ADOLESCENT DECISION,' and the centre of the room with 'JOINT DECISION.'
3. Introduce participants to the exercise using the '**Introduction: Decision-making**' text. Instruct the participants to move to the paper that reflects who they think should make the decision on each of the statements that the facilitator will read. Check for understanding and clarify questions.
4. Read each of the 5 statements out loud. Allow time for participants to move across the room after each statement. Count the number of adolescents and caregivers separately for each decision/answer group and write the results on the flipchart to use for group discussion at the end of the exercise. Take special note of the items where caregivers and adolescents differ the most.
5. Remind participants throughout that there are no right or wrong answers.
6. When finished, identify the items where caregivers and adolescents differed the most and use these to introduce '**Group discussion**' questions. Remember to allow each group (adolescents then caregivers) to respond individually before asking the next group.
7. Encourage the sharing of reactions. Expect disagreement. Caregivers likely feel that they should be the ones making the decisions, and adolescents likewise may feel that they should be given opportunities to make decisions. Be sure to reflect back key things that participants shared that express their viewpoint.
8. Review the '**Take home point.**'



Introduction: Decision-making

Jwale re tla etsa mosebetsi o tla etsa hore re nahane haholo mabapi le hore ke mang ya etsang diqeto tse fapaneng lapeng.

Ke tla bala dipolelo tse 5. Kamoraho ha polelo ka nngwe etsa qeto ya hore ke mang ya lokelang ho etsa qeto ntlheng eo lapeng. E seng hore ke mang ya etsang qeto hona jwale, empa eo o nahanang hore o lokela ho etsa qeto ena. Ha ho dikarabo tse nepahetseng kapa tse fosahetseng, ka ha re batla maikutlo a hao. Ho araba potso, e ya letshwaong le nyalanang le karabo ya hao, tjena:

- *Haeba o nahana hore boemo boo ke qeto ya mohlakomedi ka botlalo, o tla fetela lehlakoreng la phapusi le tshwailweng 'QETO YA MOHLOKOMEDI'.*

- Haeba o nahana hore ke qeto ya motjha ka bottlalo, o tla fetela lehlakoreng la phapusi le tshwailweng 'QETO YA MOTJHA'.
- Haeba o nahana hore bobedi mohlokomedi le motjha ba ikarabella ka ho lekana bakeng sa ho nka qeto ena, fetela lehlakoreng le tshwailweng 'QETO E KOPANETSWENG'.

Mabapi le polelo ka nngwe, ke tla e rekhota fliptjhateng hore ebile bana ba bakae le bahlokomedi ba bakae karabong ka nngwe.



Statements

1. Tumelo: Ngwana ya di lemo di 14 ha a batle ho ya kerekeng.
2. Nako ya ho robala: Ngwana ya di lemo di 15 o batla ho robala ka kgitla mahareng a beke.
3. Metswalle: Moshanyana ya di lemo di 17 o batla ho dula le metswalle ye e nwang dibiri kgafetsa.
4. Ponahalo: Ngwana ya di lemo di 14 o batla ho etsa moriri wahae o be mosweu.
5. Nako ya dijo: Moshanyana ya di lemo di 15 ha a je le ba lelapa ka nako ya dijo tsa mantsiboya.



Group discussion:

Ho a hlokomeleha hore bahlokomedi le bana ha se ha ngata ba dumellanang ka hore ke mang ya lokelang ho etsa diqeto, Ke batla hore re nahane ka mokgwa oo rona le ba bang re ka shebang dintho ka ona. Ha re tsepame hodima dintho tse ngata tseo ho sa dumellanwang ka tsona pakeng tsa bana le bahlokomedi mabapi le dikarabo.

Ke tla ngola dikarabo tsa lona fliptjhateng.

Ask adolescents

- Hobaneng o nahana hore bana ba lokela ho etsa diqeto?

Ask caregivers

- Hobaneng o nahana hore bahlokomedi ba lokela ho etsa diqeto?

Ask the group

- Hobaneng o nahana hore bana le bahlokomedi ba ne ba sa dumellane mabapai le diqeto?



Take home point

Ha ngata bahlokomedi le bana ha ba dumellane hore ke mang ya lokelang ho etsa diqeto. Sena se ka etella kgohlano lapeng. Ho utlwisa maikutlo a motho e mong le ho bua ka diphapano le mabaka a ba bang ho ka thusa malapa ho qoba kgohlano.



EXERCISE 3: WAYS TO RESOLVE CONFLICT²³



(35 minutes)

Rationale

The purpose of this exercise is to help participants apply the Problem Solving Steps to conflict resolution through role-play and modelling. The session and tasks build on previous sessions, such as problem solving, managing problem behaviour, active listening, using "I" messages, and praising positive behaviours. Ideally, participants are in a position where they have applied such skills and have begun to notice positive changes in their relationships with each other.



Instructions (Part 1)

1. Conduct the '**Group discussion**' asking participants to consider things they have learned from previous sessions and to identify strategies for effective problem solving. Encourage feedback and refer to '**Facilitator guidance**' for examples.
2. Praise them for remembering such strategies.
3. Define conflict management using the '**Conflict management**' text.



Group discussion

Ke batla o nahane ka dintho tseo o ithutileng tsona nakong e fetileng kopanong tse fetileng ho thusa ho rarolla mathata kapa kgokahano ka tsela e kaone.

- *Ke mawa afe a mang a ka sebediswang ho rarolla hantle?*
- *Ha re nahane ka ditataiso tsa Dikgato tsa Tharollo ya mathataao re ithutileng ona pejana. Na ho na le ya ka re hopotsang dikgato tseo?*

²⁴ Adapted from Miller, S. (1995) Teens and Adults Learning to Communicate (TALC: LA), Phase 2, Session 9 & 10. Los Angeles: Center for HIV Identification, Prevention and Treatment Services.

Facilitator guidance

Problem solving

Participants may mention the following strategies:

- To communicate
- Use active listening
- Create opportunities for positive interaction
- Develop household rules
- Identify the problem
- Use "I" messages
- Set goals for resolving the problem
- Work together to solve the problem
- Praise positive behaviour
- Spend time together

Problem solving steps

- **Define** the problem
- **Understand** the problem
- **Set a goal**
- **Determine options**
- **Decide on a plan of action**
- **Try it** and see if it works

Conflict management

Jwale ke batla ho bua ka ditsela tsa ho laola kgohlano. Le boletse mawa a matle haholo a ho rarolla mefuta ya mathata. Mekgwa e jwalo e ka sebediswa ho rarolla dikgohlano. Sena se bolela ho fumana tharollo ha batho basa dumellane ka ntho (jwalo ka melao ya bana) e leng se ba amang ka bobedi.

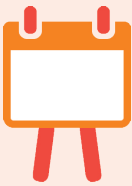
Ha re nahane ka moo Dikgato tsa Tharollo ya mathata e ka sebediswang kateng ho laola kgohlano. Phapang ya bohlokwa pakeng tsa tharollo ya bothatale taolo ya kgohlano ke hore taolo ya kgohlano ha ngata e kenyellelsa batho ba ka hodimo ho a le mong ha ho lekwa ho rarolla kgohlano. Hobane e be sale e le batho ba babedi kapa ho feta ba kenyellelswang, E boima ho feta hobane batshwantshisi ba hloka ho dumellana le ho itlana ho e rarolla.





Instructions (Part 2)

1. Introduce the activity, refer to the '**Facilitator-led scenarios**' text provided to indicate that you will be conducting a role-play and that you encourage participants to look out for the steps of problem solving used in the role-play.
2. Read the '**Scenario 1: Getting kids ready for school**' so that the participants have background on the perspectives and concerns of the adolescent and caregiver. Then the Facilitator and Co-facilitator model the '**Role-play: Getting kids ready for school.**'
3. Conduct '**Group discussion 1**', referring to the Problem Solving Steps to analyse the role-play as a group. Start with each step and invite the group to explain how this step was followed. Encourage feedback and refer to '**Facilitator guidance**' as needed.
4. Conduct '**Group discussion 2**' about rules to follow when solving conflict. Encourage feedback. Write responses on the flipchart.
5. After some brainstorming, refer participants to the Guidelines for solving conflict hand-out in their workbooks and review it together, giving attention to ideas not mentioned by the group. Clarify misunderstandings and answer questions.



Facilitator-led scenarios

Ka bobedi ba rona (BAETELIPELE) re tla tshwantshisa pono e pakeng tsa mohlakomedi le ngwana. Re kopa hore le shebelle mme le hlwaye dikgato tsa tharollo ya bothata bo sebedisitsweng ho rarolla kgohlano. Lebellang ka hloko ka moo batshwantshisi ba fihlellang tharollong. Pele, re tla qala ka ka moo mohlakomedi le ngwana ba bonang dintho kateng hong le dikgwao tsa bona.

Scenario 1: Getting kids ready for school (Ho lokisetsa bana ho ya sekolong)

The caregiver's perspective and concern:

Ho ba mohlakomedi ya mong wa bana ba bararo ho boima. O sebetsa dihora tse telele letsatsi le letsatsi. O hloka thuso ka tlung. O kopile motjha hore a lokise bana ba banyane ba babedi (ba dilemo tse 6 le 8) bakeng sa sekolong hoseng kamehla. Motjha wa hao o wa hana, o re sena se tla mo diehisa bakeng sa sekolo sa hae. Ka makgetlo a mmalwa bana ba banyane ba fihla sekolong kamora nako. O nyamiswa ke hore motjha wa hao o hana ho o thusa ka ntho e na e le nngwe fela. Ha o mo kope ntho tse ngata.

The adolescent's perspective and concern:

Mohlakomedi wa hao o o kopile hore o lokise bana beno ba banyane bakeng sa sekolo hoseng ho hong le ho hong. O wa teneha hore ha a nahanele ditlhoko tsa hao. O bala bosiu, mme ho thata ho tsoha hoseng. Ho thata ho itukise ka bowena bakeng sa ho ya sekolong ka nako. Ebile bana bao ka bobedi ho thata ho ba laola. Ekare ba fetelletse jwale ha mohlakomedi wa hao a se a sebetsa ka mafelo a beke tjena. Ha ho wa loka hore wena o tlameha ho sala le bona. O wa utlwisisa hore mohlakomedi wa hao ha a ikutlwe hantle. O batla ho thusa empa hona le moedi wa dintho tse o ka di etsang.



Role-play: Getting kids ready for school (Ho lokisetsa bana ho ya sekolong)

MOHLOKOMEDI: Hoseng hona o itse re ka bua ha o tswa sekolong. Ke nako e hantle ee?

MOTJHA: Ho LOKILE.

MOHLOKOMEDI: Ke kwatisitswe ke taba ena ya ho lokisetsa bana ho ya sekolong. Ke hloka thuso ya hao mme ke nyamile hore ekare ha o kgone ho nthusa.

MOTJHA: O seke wa leka ho nketsa ke ikutlwe ke le molato.

MOHLOKOMEDI: Ke ne ke sa tsebe hore ke etsa jwalo.

MOTJHA: Ke a teneha hore o dula o ntjwetsa hore ke ba hlokomele. O nahana hore nna ha ke kwate hore ebe o sebetse ka thata hakale ebe ntate wa rona ha a yo ho o thusa? Ho thata ho nna hore ke bale hape ke entse le ntho tsena kaofela tse ke tlamehang ho di etsa. Ha ke kgone ho tsoha hoseng jwalo fela. Jwalo o batla ke tsohe hoseng le ho feta. Ako nahane ka se leng molemo ho nna ha nngwe fela.

MOHLOKOMEDI: Ke a tseba ho thata bakeng sa hao le hore o phathahane hoseng. Ke a kgolwa o nkwatetse bakeng sa ho kopa nthwena.

MOTJHA: Ee, ke a kwata. Ebile bana ba banyane ho thata ho ba laola.





MOHLOKOMEDI: Le bona ba hatelletswe ke maikutlo.

MOTJHA: Seo hase nolofatse dintho bakeng sa ka. Ha ke hane ho thusa, empa ho ba lokisetsa sekolo ho thata.

MOHLOKOMEDI: Jwale, o kanna wa nthusa?

MOTJHA: Ehlile. Ke a tseba o kgathetse mehlaena. E re ke mpe ke thuse ha ke tswa sekolong.

MOHLOKOMEDI: Empa bothata ba ka bo hoseng.

MOTJHA: Haeba ke tlameha ho tsoha hoseng ke ba hlokomele, ba tlameha ho itshwara hantle ba etse se ke ba jwetsang.

MOHLOKOMEDI: Ho lokile! Ke tla bua le bona ka ho itshwara hantle, hona le ho hong?

MOTJHA: Ho ka mpelokela nako ha o ka ntsha diphahlo tsa bona pele o robala o behe le dijo tsa hoseng. Hape nka leboha ha o ka mpha nako ya hore ke robale halelenyana ka Moqebelo.

MOHLOKOMEDI: Ho lokile, ha re bue le bona mantsibuya. O ka robala ho fihlela motsheare ka Moqebelo



Group discussion 1

- Ke sefe se entseng hore ho be bobebe ho mohlokamedi enwa le ngwana ho rarolla kgohlano ya bona?

Ha re leke ho hlwaya Kgato ya Tharollo ya bothata ka nngwe eo re e sebedisitseng tshwantshisong.

- Na ba fumane bothata? Jwang?
- Na ba fane ka molaetsa hore bothata bo utlwisiswe? Jwang?
- Na ba boletse sepheo? Jwang?
- Na ba fumane dikgetho? E bile dife?
- Na ba bile le geto mabapi le leano le tla sebediswa?

Facilitator guidance

Problem solving role-play example

What made it possible for them to solve the conflict?

- Both of them had a positive attitude, they respected and listened to each other.

Problem Solving Steps in the role-play

Step 1 – Define the problem.

- Both people state their reasons for being unhappy with the current situation: Caregiver needs help and adolescent needs rest.

Step 2 – Understand the problem.

- They understand the cause of the problem: Everyone is under extra stress and mornings are especially hectic.

Step 3 – State the goal.

- They acknowledge each other's feelings and willingness to help to resolve the issue: Caregiver is upset and adolescent feels annoyed and guilty, both recognize this but agree to help resolve the issue.

Step 4 – Determine options.

- They identify different options to overcome the problem and state their requirements: Adolescent proposes helping after school. Caregiver proposes helping in the morning. Adolescent proposes children behave better.

Step 5 – Decide on a plan of action.

- They agree on a way forward: Adolescent will help in the mornings, but gets to sleep in on Saturdays. Caregiver will speak with children about their behaviour.

Step 6 – Try it and see if it works.

- They will try it out!

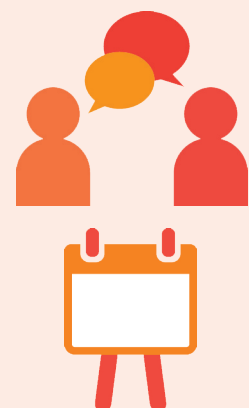
Group discussion 2

- *Ke efe melao ya motheo eo re lokelang ho e latela ho rarolla kgohlano?*

Ke tla ngola ditshisinyo tsa lona tihateng.

Tsena ke dintlha tsa bohlokwa haholo. Ha re lekole bukana ya Ditataiso tsa tharollo ya kgohlano e bukeng ya hao ya tshebetso.

- *Na ho na le dipotso mabapi le ho sebedisa mokgwa wa Dikgato tsa Tharollo ya mathata ho rarolla kgohlano?*





Instructions (Part 3)

1. Introduce and explain the next part of the exercise using the '**Group participation scenarios**' text as needed.
2. Read '**Scenario 2: The boyfriend**' as a group.
3. Ask about the conflict and allow for only quick responses that note the conflict is about a caregiver's feelings about her daughter's boyfriend. Ask for a caregiver and a female adolescent to volunteer to initiate the role-play based on '**Scenario 2.**' Reverse the roles, where the adolescent plays the caregiver and vice versa; refer to '**Role-play**' text as needed to explain.
4. Stop the role-play after 3 minutes. Thank them for participating.
5. Conduct the '**Group discussion**' questions, first asking questions of the caregiver who played the adolescent, then the adolescent who played the caregiver, then the observers. After a few comments, offer any suggestions of your own and thank the participants. Refer to '**Facilitator guidance**' (provided at the end of session) as needed to aid in the discussion.
6. If there is still time available for the exercise, group members can role-play '**Scenario 3**' about smoking. Repeat steps 2-5 above for Scenario 3. Ensure that different volunteers participate.
7. Review the '**Take home point.**'



Group participation scenarios

Jwale re tla etsa tshwantshiso ya dipono tse pedi re le sehlopha ho ya ka nako e setseng eo re nang le yona. Re tla qala ka ho bala pono hammoho mme ka bokgutshwanyane re hlwaye kgohlano. Mme ke kopa bapithaopi ba babedi, mohlokomedi le ngwana, ba tla tshwantshisa boemo, Lona le tla bolela hore ke bofe ho ya ka seo re faneng ka sona ponong.

Scenario 2: The boyfriend (Motswalle wa mohlankana)

MAIKUTLO A MOHLOKOMEDI LE MATSHWENYEHO: Kgetho ya moradi wa hao ya mohlankana ha e o thabise ho hang – o moholo ho yena ka dilemo tse 10, o bohlale haholo, ebile ha a sebetse fela o na le tijelete e ngata. O wa ipotsa, ebe o rekisa dithethefatsi? O fa moradi wa hao dimpho tse turang. O nahana hore o wa mo sebedisa.

MAIKUTLO A MOTJHA LE MATSHWENYEHO: O ratana le monna ya moholo eo e ka reng o na le ntho tsohle: o bohlale, o wa hlomphe, o o isa dibakeng tse ntle hape o o fa dimpho tse turang. Mohlokometri wa hao ha a mo rate. O nahana hore o rekisa dithethefatsi. Empa o hantle ho wena. O tshwengwa ke taba ya hore mohlokometri wa hao ha a tsepe kgetho ya hao.

Role-play

- Kgohlano ke efe boemong bona?
- Na nka fumana baiithaopi ba babedi?

Re tla tjhentjha mesebetsi ya batshwantshisi setshwantshisong ena. Ngwana o tla bapala tema ya motho e moholo e leng mohlokometri mme mohlokometri o tla bapala tema ya ngwana. Ditho tse ding tsasehlopha etla ba babohi. Ho ya ka pono, iqapele seo obatlang ho se bua, empa o hopole ho leka ho sebedisa ditataiso tsa tharollo ya kgohlano tseo re buisaneng ka tsona. Kamorao ho moo re tla buisana le sehlopha re fumane ka moo ba rarollotseng kgohlano.





Group discussion

Ask the caregiver who played the role of the adolescent:

- Ke sefe seo o se ratileng mabapi le ka moo mohlokamedi a arabileng?
- O ka be o entse eng e fapaneng?

Ask the adolescent who played the role of the caregiver:

- Ke sefe seo o se ratileng mabapi le ka moo ngwanaa arabileng?
- O ka be o entse eng e fapaneng?

Ask the observers:

- Ke dipolelo dife tse thusang tseo o ka di fang mohlokamedi?
- Ke dipolelo dife tse thusang tseo o ka di fang ngwana?
- Ke mehlala efe ya dikgato tsa tharollo ya diaka eo ba e sebedisitseng mabapi le ditataiso tsa tharollo ya kgohlano tseo o di boneng tshwantshisong?



Scenario 3: Smoking (Ho tsuba)

LEHLAKORENG LA MOHLOKOMEDILE KGWAO: O hlokometse hore ngwana wa hao o a tsuba lapeng thapama ha o le siyo. Ha o rate ha a tsuba, mme ha o batle ha a tsubela lapeng. O tsuba ka pele habana ba banyane mme o fana ka mohlala o mobe.

LEHLAKORENG LA NGWANA LE KGWAO: O fela pelo ha mohlokamedi wa hao a tshwaya diphoso tsa boitshwaro ba hao. O batla ho tsuba hobane thaka tsa hao kaofela di a tsuba. Mohlokamedi wa hao o sa ntse a phela mehleng ya kgale. Ha o tsube kgafetsa jwale molato ke eng?

Guidance for the facilitator:

Possible things to highlight in the role-plays

Did they:

- Identify the problem/conflict that needs to be solved?
- Not blame or criticise the other person ?
- Ask the other person for suggestions and made some of their own suggestions to solve the problem?
- Each party agreed to try to solve the conflict?
- Each party explained how he/she felt?
- Each was respectful towards the other person?
- Discuss all of the options available before deciding on a solution ?
- Avoid bringing up old issues not related to this conflict?
- Made a decision on which action to try?

Take home point

Ho sebedisa Dikgato tsa Tharollo ya mathata le ditataiso tsa tharollo ya kgohlano ho ka thusa bahlokomedi le bana ho utlwisana ditlhoko tsa bona le ho beha dintho tse tlang pele ka tsela e kaone, le ho fihlella tumellanong mabapile ditharollo moo ba sa dumellaneng. Ho ikwetlissetsa sena lapeng ho tla o thusa hore ho be kaone ho rarolla dikgohlano ha di hlaha.



EXERCISE 4: WHAT CAREGIVERS AND ADOLESCENTS NEED FROM ONE ANOTHER²⁵



(20 minutes)

Rationale

The caregivers and adolescents identify and share what they need from one another in order to open communication channels. This is done to raise awareness of each other's needs and to build communication skills. Communicating as a group, and not directly with their own caregivers or adolescent children, helps promote honesty and sharing.



Instructions

1. Introduce the exercise, explaining that young people and caregivers need to know what they want from each other; refer to '**Introduction: Needs**' text as needed.
2. Split the group into adolescents and caregivers as separate groups, ensuring privacy for each group. The Facilitator and Co-facilitator each attend a group and guide them towards focusing on positive things; what they want rather than what they do not want.
3. Each group should put their final list of ideas on a flipchart and one person from each group should be responsible for reporting this back to the full group.
4. When both groups are ready, call them back together.
5. Conduct the '**Group discussion.**' Give time for each group to present their ideas while the other group listens. Then ask if they would add anything to one another's list followed by a general discussion on what they have learned.
6. Review the '**Take home point.**'



Introduction: Needs

Hore malapa a sebetse mmoho, batjha le bahlokamedi ba hloka ho tseba seo ba se batlang e mong ho e mong. Ka hoo re rata hore sehlopha sa bahlokamedi se etse letoto la seo le se batlang ho bana hore lelapa e be lelapa le lokileng. Ho na le ditataiso tse pedi tsa bohlokwa tseo le lokelang ho di boloka kelellong ha le etsa letoto lena. Pele, matoto ana e tla ba sephiri – ha re a lokela hore re bolele hore ke mang ya entseng thlahiso efe.

²⁵ Adapted from Miller, S. (1995) Teens and Adults Learning to Communicate (TALC: LA), Phase 3, Session 1. Los Angeles: Center for HIV Identification, Prevention and Treatment Services.

Group discussion

Ha re qale ka ho botsa batjha ho fana ka letoto la bona la seo ba se batlang ho bahlokamedi ba bona.

After adolescents present their list, ask caregivers:

- *Ha o ne o le monyane, o nahana hore ke eng eo o ka ratang ho e eketsa letotong?*

Jwale ke nako ya hore bahlokamedi ba abelane ka letoto la dintho tseo ba di batlang baneng ba bona.

After caregivers present their list, ask adolescents:

- *Ha o ne o le mohlakamedi ke eng eo o neng o tla rata hore e eketswe letotong?*

Se latelang ke batla ho utlwa hore le ithutileng mabapi le puisano ena.

Ask the full group:

- *Na ho na le dintho tse letotong tse o makatsang, kapa tseo o neng o sa di tsebe pele?*



Take home point

Ho tseba le ho hlompha ditlhoko tsa ba bang ke tsela e ntle ya ho qala kgokahano e kaone, mme kgokahano e kaone e ka etella kamanong e kaone. Hape ho bohlokwa ho nahana ka seo o ka se etsang ho amohela ditlhoko tsa ba babg ho thusa ho ntlafatsa dikamano tsa lona.



REFLECTION AND SHARING



(15 minutes)



Re fihlile pheletsong ya kopano yarona ya kajeno e mabapi le **dikamano tse lokileng tsa ba malapa**. Ena ke nako ya hao ya ho arolelana maikutlo mabapi le lekopano ya sehlopha.

Ke lakatsa hore motho ka mong a arolelane ka ntho e le nngwe ya bohlokwa eo a ithutileng yona kajeno le hore na o ka e sebedisa jwang bophelong ba hao ba letsatsi ka leng.

GOAL SETTING AND PRACTICE AT HOME



(10 minutes)



[Caregivers & Adolescents Home practice/Goal]: **Kopanonong ya rona ya pele ya karolo e kopanetsweng re buile ka diporojeke kapa mesebetsi eo le ka e etsang mmoho le mohlokomedi/ngwana wa hao, mme motho ka mong a kgetha seo a tla se etsa. Boikwelliso ba lapeng ke ho tswelapele ho etsa porojeke. Ha kgohlano e ka qala ha o etsa porojeke, sebedisa dikgato tsa taolo ya kgohlano tseo re buileng ka tsona kajeno.**

Ho eketsa moo, e mong le e mong o kotjwa ho rala sepheo sa ntho eo o ka e etsang ho ntlafatsa dikamano tsa hao le mohlokomedi kapa ngwana wa hao. Nahana ka ditataiso tse latelang ha o rala sepheo:

- Sepheo se lokela ho ba boitshwaro boo o ka bo etsang bo kaone kapa phetoho nakong ya lenaneo ho ntlafatsa kamano.
- Tsepama hodima boitshwaro bo lokileng fela boo o ka bo etsang, e seng boitshwaro bo sa lokang boo o batlang ho bo etsa. Mohlala, sepheo sa ngwana e ka ba: ho qeta mesebetsi ya leloko ya letsatsi ka leng ka nako mme ke sa belaele kapa ke sa kotjwa ho etsa seo, ho e na le se bo lokang: Ke lokela ho fihlela ho se nyatse mesebetsi ya ka. Ka ho jwalo sepheo sa mohlokomedi e ka ba: Ho mamela seo ngwana/ (bana) ba se buang ke sa ba ahlole ebile ke sa halefe, ho e na le hore: ke lokela ho fihlela ho kgaruma.

Etsa qeto mabapi le boitshwaro bo lokileng boo o ka bo etsang bo ka ntlafatsang kamano bakeng tsa hona jwale le karolong e latelang. Nka metsotso e mmalwa ho nahana mabapi le boitshwaro bona mme o rekhote sena leqephe la hao la leqephe la sepheo sa Kamano le bukeng ya hao ya tshebetso. Boloka dipheo tsena e le sephiri ha jwale. Re tla abelana ka tsona le ba bang karolong e kopanetsweng e tla latela.

Facilitator guidance

Relationship goals

'Goals' should focus on things that they can do, or ways they can change their behaviour for an improved relationship.

Adolescent examples include:

- I can inform my caregiver of my whereabouts and who I am with when I leave the house.
- I can follow my caregivers' rules and take responsibility for the consequences if I don't.
- I can complete my chores each day on time and without complaining or being asked to do it.
- I can listen to my caregiver and try to understand things from their point of view and without becoming angry.
- I can discuss my problems honestly with my caregiver.
- I can make time to talk to my caregiver each day to tell them what is going on in my life.
- I can say thank you to my caregiver at least twice a week to express my gratitude.
- I can show my caregiver affection by hugging or kissing them at least weekly.
- I can listen to what my caregiver has to say and try to understand things from their point of view, even when we disagree.
- I can take the time to learn about the things my caregiver is interested in, such as hobbies, their work, or their family background.
- I can do fun activities with my caregiver, such as going on a walk together, preparing meals together, or playing a game as a family.

Caregiver examples include:

- I can set clear rules and communicate these to my adolescent(s).
- I can inform my adolescent(s) of the consequences that will follow if they do not obey the rules.
- I can listen to what my adolescent(s) has to say without judgment and without becoming angry.
- I can listen to what my adolescent(s) has to say and try to understand things from their point of view, even when we disagree.
- I can take the time to learn about the things my adolescent is interested in, such as hobbies and career interests.
- I can do fun activities with my adolescent, such as going on a walk together, preparing meals together, or playing a game as a family.

CLOSING THE SESSION



Re tla kwala kopanoka ho etsa kgulo ya lotto. Kenya pampitshana ya lebitso la hao ka lebekereng lena. Jwale re tla hula lebitso mme motho eo o tla hapa mpho ena ya lotto.

Re a leboha ha o bile teng kopano ena. Nka thabela ho bua le mang kapa mang ka bo mong ka boiphihlelo ba hao ka kopano ena le hore na re ka ntlafatsa eng bakeng sa kgetlo le tlang. Ke lebelletse karolo e latelang moo re tla sebebetsana le **dintlha tse amanang le ngwana le thobalano. Karolong e latelang le tla ikarola ka dihlopha di letsa dipara tsa bahlokamedi le bana bona.**

Ke tla o bona kgetlo le tlang _____ (nako le sebaka) ka la _____ (letsatsi le mohla).

Support for this project is provided by USAID Southern Africa under the United States President's Emergency Plan for AIDS Relief (PEPFAR) through Cooperative Agreement AID-674-A-12-00002 awarded to Tulane University. The views expressed in this document do not necessarily reflect those of USAID or the United States government.



Adolescent



Let's
Talk

Hare buwe
[SeSotho]

Revised Edition: January 2017

PHASE 2

Curriculum





Adolescent Curriculum

Second Edition: January 2017

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The curriculum is largely based on evidence-informed resources with a successful history of use in the United States and South Africa, including:

- The Teens and Adults Learning to Communicate (TALC) programme, originally developed by the Center for HIV Identification, Prevention and Treatment (CHIPTS) at the University of California Los Angeles (<http://chipts.ucla.edu/projects/talc-la/>) and led and evaluated by Dr. Mary Jane Rotheram-Borus.
- The Kgolo-Mmogo Project, an intervention for the enhancement of children's resilience designed for HIV-positive caregivers of young children and developed by the University of Pretoria and Yale University with support from United States National Institutes of Health.
- Sinovuyo Caring Families Programme for Parents and Teens, implemented by Clowns without Borders South Africa in partnership with the National Association of Childcare Workers and the Universities of Oxford and Cape Town with funding from UNICEF and the World Health Organization.
- Strengthening Support Group Facilitation programme designed for caregivers of orphans and vulnerable children and implemented by The Networking HIV, AIDS Community of South Africa.
- Vhutshilo 2 and Vhutshilo 2.2, a programme designed specifically for adolescent OVC in South Africa, originally developed by the Centre for the Support of Peer Education (CSPE), a branch of the South African non-profit organization Health and Education Training and Technical Assistance Services (HETTAS) and updated under the ASPIRES project by FHI 360 and HETTAS.
- Focus on Youth with Informed Parents and Children Together (FOY with ImPACT), a community-based programme—identified by the United States Centers for Disease Control and Prevention's Prevention Research Synthesis programme as a Best-Evidence Effective Behavioural Intervention—that equips youth with the skills and knowledge

they need to protect themselves from HIV and other sexually transmitted infections. The original programme was designed and evaluated by Dr. Bonita Stanton and a team of researchers at the University of Maryland, Baltimore.

- Advocates for Youth resources designed to promote research-based best practices in the field of adolescent sexual health and publicly available via their website (<http://www.advocatesforyouth.org/>).

The manual also relies heavily on the principles of cognitive behavioural therapy and basic principles and techniques were drawn from the 7 Steps to Cognitive Behaviour Therapy Self-Help website, (<http://www.get.gg/selfhelp.htm>); a useful resource also for users of this guide to glean further understanding of this evidence-based approach.

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GUIDELINE TO THE MANUAL



Gives you an overview of the session.



Highlights the time you should spend on each activity.



Tells you what to do.



Tells you what to say.



Tells you when to invite a group discussion.



Tells you when to use a flipchart.

SESSION AND ACTIVITY SEQUENCE

This manual contains essential information and materials for implementing the Let's Talk curriculum. Sessions are designed to be implemented fully and in the order provided. The exercises in each session have also been carefully sequenced. **Facilitators should never skip or move around sessions or exercises**, which could compromise the effectiveness of the programme as well as participants' experience. Exercises conducted early in a session ready participants for later activities, both emotionally and logistically. Preliminary exercises are carefully structured to help adolescents and caregivers "ease into" difficult topics, and to reacquaint them with the group dynamic and expectations for participation. Later exercises reinforce specific skills and information introduced earlier in the session, preparing participants to apply newly acquired knowledge and ideas outside of the group with confidence. Moreover, parallel adolescent and caregiver sessions intentionally reflect complementary themes. Changing or omitting exercises disrupts this balance, and carries the potential to limit progress for everyone in the group. Facilitators will find that with experience, the importance of each exercise becomes apparent, and implementing sessions as written feels both natural and effective.

Phase 2:

Protecting the future

PHASE 2: OVERVIEW

The second and final phase of the Let's Talk programme focuses on protecting adolescents' futures through promoting healthy decision making about relationships, sex, and sexual health. It begins with four sessions in which caregivers and adolescents meet separately, and ends with two joint sessions.

Session 9 helps caregivers understand what motivates sexual risk behaviour among adolescents, and learn strategies to mitigate risk.

Caregivers begin the session with "Pass it on," an interactive game designed to demonstrate how readily HIV and STIs can be transmitted through a network. Next, participants move into a discussion of the social and emotional factors that underlie adolescent risk taking, and different ways caregivers can help address them. The last exercise encourages caregivers to visualize their hopes for their adolescent's future through an art activity.

Adolescents learn more about risks and how to reduce them in session 9.

The session opens with "Pass it on," a game that helps demonstrate HIV and STI transmission risk. Participants then discuss how different thoughts, feelings, and external influences like drugs and alcohol can cause someone to feel invulnerable and lead to risky sexual behaviour. Next, adolescents examine the characteristics of healthy and unhealthy relationships. Group members are introduced to short scenarios featuring adolescents whose own lives provide examples of healthy and unhealthy relationships. Finally, the group is introduced to the "question box," a place to submit and get answers to questions about sex, HIV and STIs, relationships, or any other topic anonymously.

Session 10 for caregivers focuses on communication.

Participants begin by considering how they have communicated with the adolescents in their care in the past about difficult topics like sex and sexual health, discuss why good communication is important and the why it can be difficult, and brainstorm strategies to help. Next, caregivers talk about what characterizes healthy versus unhealthy relationships, using scenarios about adolescents. The next exercise is about managing sensitive situations. It begins with a role play in which an adolescent's boyfriend is pressuring her to have sex. Her caregiver overhears, and the response is not very effective.





Participants talk about how the caregiver should have responded, and react to a new role play that demonstrates better communication. As a group, participants consider other scenarios involving adolescent sexual health matters and discuss appropriate responses.

Session 10 teaches adolescents about communication, especially for negotiating sex and condom use.

Participants think about the different reasons that adolescents have sex or abstain from it, and learn that understanding risks can lead to healthier decision making. Adolescents also talk about alternatives to having sex that can help meet some of the same emotional needs. The next exercise introduces strategies for saying no to sex. Participants practice the negotiation, using scenarios like a partner who insists, "If you loved me, you would have sex with me". The final exercise uses a central metaphor – ways to respond when offering tea to a friend – to illustrate the concept of consent.

Session 11 builds caregivers' knowledge about HIV and AIDS.

The first exercise is a game that asks participants to classify different activities as safe or unsafe in terms of HIV risk. The facilitator reviews the group's responses and helps to identify and clarify misconceptions about how HIV is transmitted. In the second exercise, caregivers learn what HIV testing entails and talk about why it is important for everyone to get tested. As a group, participants examine common obstacles to testing and brainstorm strategies to address them.

Adolescents learn about HIV and other STIs in session 11.

They play a game that asks them to categorize different activities as safe or unsafe in terms of HIV risk. The facilitator reviews the group's responses and helps to identify and clarify misconceptions about how HIV is transmitted. In the next exercise, adolescents learn more about STIs as they assume the role of "Dear Dolly," an advice columnist who answers adolescents' questions about health, sex, and relationships. Finally, adolescents learn about HIV and STI testing – why it's important, what the tests are like, and how to access them. They discuss common reasons that adolescents might not seek testing, and share ideas about how to reduce these barriers.

Caregivers gain information about effective ways to prevent and respond to crises in session 12.

The session begins with a discussion about what it means to monitor adolescents, and how effective monitoring can help to decrease risk behaviour and promote adolescents' safety. Participants read scenarios in which adolescents face serious risks, and talk about different strategies for responding. The next exercise focuses on crisis situations like rape.

Participants consider the importance of staying calm and problem solving together. They use role play to practice different responses and identify the components of an effective response. Next, caregivers discuss examples of sensitive questions adolescents might have, such as “What do I do if my boyfriend raped me?” and “When is the right time to start having sex?” Participants role play using good communication skills in their responses. In closing, caregivers identify their personal strengths as caregivers.



Session 12 helps adolescents learn more about ways to protect themselves.

Participants begin the session by identifying the proper sequence of procedures for putting on a condom. Next, they play a game that enables them to become more comfortable and skilled handling condoms. Teams of adolescents race to follow the correct steps to put a condom on a penis model the fastest. Participants move into a discussion about how to refuse sex and negotiate condom use, and practice assertive communication skills for these and similar situations using role play. Finally, questions that have been submitted to the question box are answered by the facilitator and discussed with the group.

Session 13 brings adolescents and caregivers together and revolves around planning for the future.

The first activity is a quiz game that lets participants work together to test their knowledge about HIV, STIs and pregnancy prevention by trying to separate common myths from facts. Following the game, participants hear a case study (“Dudzile’s Story”) that deals with an adolescent’s unplanned pregnancy and its effects on Dudzile and her partner. Discussion underscores the benefits of healthy relationships and the consequences of risky decision making. In the last exercise, adolescents think about how being in Dudzile’s situation might affect their own life goals, and caregivers consider strategies for helping adolescents stay on a path to success.

Session 14 is a joint session that involves reflection and a celebration of participants’ hard work and progress in completing the programme.

It includes activities designed to encourage caregivers and adolescents to synthesize what they have learned, and motivate them to continue supporting one another. The session begins with an exercise that lets family pairs/groups construct a shared vision for the adolescent’s future in the form of a collage. Participants then discuss ways they can work toward these visions, such as through mutual support, effective communication, and goal-setting. The next exercise is centred on a traditional story, “Stone Soup,” about how people in a community can accomplish more working together than they could alone. Through discussion and reflection, programme participants have the opportunity to celebrate personal progress and the connections they have formed with others in the group. At the close of the session, caregivers and adolescents are presented with certificates of completion and share a celebratory meal.

SESSION 9

Sexual relationships



TIME

120 minutes

RATIONALE

Without access to reliable information about HIV, STIs, and pregnancy prevention, adolescents are especially vulnerable to decision-making that may place them at risk. Limited understanding about the characteristics of healthy versus unhealthy relationships can also jeopardize wellbeing. In addition to increasing participants' knowledge on these topics, the session will encourage them to consider and discuss the reasons that adolescents sometimes choose risky behaviour, in order to empower them to seek alternatives to meeting these needs and desires.

GOALS

- To increase participants' knowledge about how HIV and STIs can transmit through a network of sexual partners and youth's relative risk
- To help participants identify common reasons for and consequences of risky sexual behaviour, as a precursor to informed decision making
- To identify features of healthy and unhealthy relationships, to encourage healthy relationships among participants
- To encourage participants to anonymously ask questions about sex, HIV, STIs and pregnancy

SESSION OVERVIEW

Opening ritual

Feedback from previous session (15 minutes)

Exercise 1: Pass it on (20 minutes)

Exercise 2: Why do adolescents take sexual risks? (30 minutes)

Exercise 3: Healthy and unhealthy relationships (30 minutes)

Exercise 4: The Question Box (10 minutes)

Reflection and sharing (10 minutes)

Goal setting and practice at home (5 minutes)

Closing the session



MATERIALS NEEDED

- Name tags for participants
- Flipchart or a black/white board and marking pens
- Brown paper bags (one for each group member and facilitators)
- Beads, smarties, marbles or tokens (see Special Preparation for quantities)
- Flipchart paper with the definition of invulnerable
- Question box and small pieces of paper to write questions on (A4 paper cut into quarters, one for each participant)
- Lottery prize

WORKBOOK HAND-OUTS REVIEWED

- [Future planning worksheet](#)

SPECIAL PREPARATION

- Exercise 1 'Pass it on' requires preparation before the session to ensure that you have the correct materials and that you understand how to use them. Begin by reading through the exercise so you are familiar with how it works. Then gather the necessary supplies and organize the participant bags.
 - » You will need one brown paper bag for each group member. Put 20 coloured beads in each bag. Do not include any red or yellow coloured ones. Note that instead of beads you can use smarties or objects like marbles or poker chips, as long as there are a variety of colours.





- » Two of these participant bags should be marked with a blue distinguisher (e.g. blue star or other marking underneath the bag).
 - » You will also need two bags for use by facilitators: One bag has 20 red beads/objects only and the other bag has 20 yellow beads/objects only.
 - » You will need 6 pieces of paper labelled as follows (one set for each of the related questions): HIV-negative & HIV-positive; STI & STI-free; Condoms & No condoms.
 - » Note that the data used in the 'Pass it on' exercise is from South African statistics available when this manual was developed in 2016. Updated figures for HIV and STI prevalence and condom use may be needed if used outside of South Africa or when updated statistics become available.
- Write out the definition of invulnerable on the flipchart for Exercise 2.
 - Review the scenarios for Exercise 3 so that you deliver it easily.
 - For Exercise 4, you will need a box to collect questions. This can be a shoe box or any other cardboard box. Cut a slot into the top for participants to drop questions inside. Write "The Question Box" on 4 pieces of paper, and stick one to each side of the box to label it. Feel free to use colours patterns or other things to decorate the box. Cut A4 paper into quarters for participants to write questions on. Cut enough so each participant has at least one small piece of paper.

OPENING RITUAL

FEEDBACK FROM PREVIOUS SESSION

(15 minutes)



Instructions

1. Ask someone to summarize the home assignment. Refer to the **'Home practice assignment summary'** text if clarification is needed.
2. Encourage feedback from participants on their completion of the home practice. Ask them about their emotions, thoughts and behaviours related to the home practice.
3. Spend some time on areas where there were challenges and use group problem solving to get ideas on how the situation can be dealt with. Use one of the challenges as a role-play. The co-facilitators can model it.
4. Praise participants for their efforts to problem solve.



Home practice assignment summary

Sepheo sa hao e ne e le ho etsa qeto mabapi le boitshwaro bo lokileng bo o ka bo etsang ho ntlafatsa kamano ya hao le mohlokomedi wa hao.



EXERCISE 1: PASS IT ON¹



(20 minutes)

Rationale

The exercise will illustrate some of the principles of HIV and STI transmission in the context of protected and unprotected sex in a fun way. This exercise also presents facts in a participatory manner to sensitize adolescents to the relative risks they face for HIV and STIs, and encourage condom use to lessen this risk.



Instructions (Part 1)

1. Refer to '**Special Preparation**' at the beginning of the session for list of needed supplies.
2. Introduce the exercise; refer to '**Introduction: Pass it on**' text provided as needed. Give each participant a brown paper bag containing the mix of 20 colourful 'beads' (without yellow or red). Do not mention anything about the various 'bead' colours, or what they represent to group members.
3. Ask participants to move around the room and share brief praises or compliments with others. Instruct them to exchange 5 beads for each interaction. Facilitators will have the bags of yellow and red beads. They walk around the room and interact in the exercise along with participants, and exchange their yellow and red beads with participants.
4. Call the group back after five minutes of interaction and sharing 'beads'. Ask the participants to count how many red and yellow 'beads' they have. The facilitator will then indicate that each exchange represents sex; refer to the '**Pass it on explanation.**' Red beads represent HIV, and yellow beads represent STIs.
5. Be sure to highlight how easily infection spreads, even if you do not interact with the original infected persons (the facilitators). Ask who has blue marked bags — and explain that these two people were having protected sex, with a condom, and thus even if they have red and yellow beads, they are safe from HIV and STIs. (If the group mentions how some interactions were between same-sex individuals, you can say that diseases can pass through these sexual interactions as well and that specific acts that can lead to transmission will be discussed later.)
6. Conduct the '**Group discussion**' and invite participants to share what they have learned. Refer to '**Facilitator guidance: Lessons**' for reference as needed to ensure key messages are presented.

¹ Adapted from ETR Associates (2008). *HIV Transmission Game & Numbers Game: How Many Teens Are Really...Focus on Youth with Informed Parents and Children Together (ImPACT) Curriculum, Session 6 and Session 4.*

Introduction: Pass it on

Ke batla motho e mong le e mong a eme mme a buisane le ba bang. Re tlo bapala papadi ya "pass it on". O lokela ho bua ntho e le nngwe e ntle ka motho le ena a bue ntho e le nngwe e ntle ka wena. O ka mo tlotla ka ntho eo ba e buileng sehlopheng, ntho eo a e apereng, kapa ntho eo ba e etsang hantle. E ka ba eng kapa eng, empa e be kgutshwane hore o tle o kgone ho kopana le batho ba bangata kamoo ho kgonehang. Nakong ya kopano ka nngwe, bobedi ba lona le tlameha ho fanana difaha tsa lona tse hlano bakeng sa difaha tsa motho e mong. Busetsa difaha tsena ka mokotleng wa hao wa difaha. O tla ba le metsotso e 5.



Pass it on explanation

Jwale, ke batla o ntshe difaha tsa hao o shebe mebala ya tsona.

- O na le tse kae tse kgubedu le tse kae tse tshela? Ha re ne re qala ke motho **a le mong** fela ya neng a na le difaha tse kgubedule le **a le mong** fela ya nang le tse tshela. Ke batho ba bakae ba nang le tse kgubedu le tse kae tse tshela hona jwale?

Jwale ha re nke hore kopano ka nngwe e emetse thobalano. Mme ha re nke difaha tse kgubedu di emetse HIV ha tse tshela di emetse mafu a mang a tshwaetsanwang ka thobalano. HIV ke kokoanahloho e bakang AIDS. HIV ke tshwaetso e tshwaetsanwang ka thobalano, kapa STI, empa ho na le di STI tse ding tse ka tshwaetsanwang ka thobalano, jwalo ka chlamydia, gonorrhoea, le a mang. Re tla bua haholwanyane ka tsena hamorao.

Jwale hopola hore na ke difaha tse kae tse kgubedu le tse tshela tse o ne o na le tsona ka mokotleng wa hao. Difaha tse kgubedu le tse tshela jwale di hasane pakeng tsa mekotla, ka tsela e batlang e tshwana le kamoo di STI le HIV di ka hasanang hara batho ba entseng thobalano ntle di boitshireletso. Ketso ena e bontsha tsela eo ka yona na motho a le mong ya nang le tshwaetso sehlopheng a ka bakang batho ba bangata sehlopheng hore ba fumane tshwaetso ka pele, leha ba bang (kapa ba bangata) sehlopheng ba sa kopana ka kotlolloho le batho ba babedi ba nang ba na le HIV kapa STI qalong.

- Jwale, ke mang a nang le mekotla o nang le leswao le leputswa ka tlasa ona?

Batho ba babedi ba tshwereng mekotla ena ba ne ba sebedisa dikhohlopo nakong ya diketso tsa bona tsa thobalano. Sena se bolela hore leha ba kanna ba ba le difaha tse tshela le tse kgubedu ka mekotleng ya bona, ba ne ba sireletsehile kgahlano le HIV le diSTI tse ding.



Group discussion

- O ithutile eng tshebetsong ee?



Facilitator guidance

Lessons from Pass it On

Look out for and emphasize:

- This exercise helps us to see how STIs and HIV can be transmitted when people have unprotected sex.
- This exercise has also helped us to realize how HIV and STIs can pass through a sexual network—you may get diseases indirectly from someone your partner has been with.
- It also highlights the importance of using condoms during sex to protect yourself.



Instructions (Part 2)

1. You will need 6 pieces of paper labelled "HIV negative", "HIV positive", "STI", "STI-free", "Condoms", and "No condoms."
2. Place 10 beads on a blank piece of paper. Express that we will now be considering real prevalence of infection (or how many people are infected) and condom use in South Africa. We want them to imagine that the 10 'beads' are 10 people.
3. Take each question one by one, place the two pieces of paper related to the question (e.g. HIV negative and HIV positive) on a table or flat surface. Invite a different volunteer for each question to move the number of 'beads' to the pieces of paper they think are correct for each of the three questions below (for example, if they think 3 out of 10 people would have HIV, they would move 3 beads on to the "HIV positive" paper and 7 on to the "HIV negative" paper.)
4. Provide correct answers and brief additional information from the **'Questions and answers for the activity'** for each question before asking the next one.
5. Using the **'Group discussion'** question, ask the group about their reaction to these numbers.
6. Review the **'Take home point.'**

Questions and answers for the activity²

Jwale ha re nahaneng ka hore ho kotsi ha kae bakeng sa batjha Afrika Borwa.



Question 1:

O nahana hore ke batho ba bakae ho ba 10 Afrika Borwa ba nang le HIV?

Answer: 1 'dihafa'

Ka kakaretso boteng ba HIV Afrika Borwa bakeng sa batho ba dilemong tse 15-49 haufinyane e hakanyeditswe ho ka ba ho 12% ya setjhaba sohle – batho ba ka bang dimilione tse 6.4.

- **Hwa bohlokwa ke hore, kotsi e phahami haholo ho feta bakeng sa banana ba batjha ho feta bashemane ba batjha. Banana ba dilemong tse 15 ho ya ho 24 hangata ba na le monyetla o hodimo ho feta wa ho tshwaetswa ho feta bashemane ba dilemong tse tshwanang. A mang a mabaka a phapano dikgahleng tsa tshwaetso ya HIV pakeng tsa bashemane le banana ba batjha a kenyellelsa:**
 - » Ba bang ba banana ba batjha ba etsa thobalano le banna ba baholwanyane (e bitswang phapano ya dilemo kapa thobalano e pakeng tsa maloko a fapaneng) – sena se boetse se ka kenyellelsa 'disugar daddy'. Banana ba etsang thobalano le banna ba baholo ba na le matla a manyane ho feta ho ka kopa tshebediso ya dikhohlopo, mme balekane ba bona ba na le monyetla o moholo ho feta wa ho ba le tshwaetso ka lebaka la boiphihlelo ba bona bo bongata ba thobalano/balekane ba bangata ho feta ba bophelo.
 - » Hape banana ba boetse ba kotsing e fetang ya ho fumana HIV ka lebaka la tsela eo mmele ya bona e sebetsang ka yona (ka sebayoloji/kgolo ya mmele.) Sena ke nnete haholo bakeng sa banana ba banyane bao mmele ya bona e sokang e hola ka ho phethahala (ngwanana ya monyane ha a na molomo wa popelo o hodileng ka ho phethahala mme sena se mo beha kotsing e kgolo haholo ya tshwaetso.)
 - » Sa bofelo, banana ba kotsing e fetang ya ho fumana HIV ka lebaka la tlhekefetso kgahlanong le basadi – thobalano e qobellwang e ka lebisa ho ho taboha ha karolo ya bosadi, e leng ho eketsang kotsi ya tshwaetso ya HIV.

Question 2:

Ke batho ba batjha ba bakae ba dilemong tsa 15-24 ba nang le herpes?

Answer: 3 'dihafa'

Herpes ke le leng la mafu a tlwaelehileng a di STI naheng ena. Phuputso ya haufinyane e karolong e nngwe ya KwaZulu Natal e fumane hore ke batjha ba ka bang 30% ba fumanweng ba na le herpes.

² South African National HIV Prevalence, Incidence and Behaviour Survey, 2012. Cape Town: HSRC Press; UNICEF. Gender and HIV/AIDS: Prevention among young people. Accessed from http://www.unicef.org/esaro/7310_Gender_HIV_prevention_among_youth.html; Kharsany, A. & Cawood, C. (2016). HIV Incidence Provincial Surveillance System Project (HIPPS). Unpublished raw data. Personal communication C Cawood.

**Question 3:**

Ke batho ba bakae ba batjha ba etsang thobalano ba dilemong tse 15-24 ba sebedisang dikhohlopo ka dinako tsohle ho itshireletsa?

Answer: 5 'dihafa'

Kajeno tshebediso ya dikhohlopo ke tlwaelo ya bophelo Afrika Borwa. Batho ba bangata ba nka mehato ho itshireletsa **mme batjha ba etella pele**. Batjha ba dilemong tse 15-24 ba tlaleha tshebediso e phahameng ho fetisisa hara sehlopha sefe kapa sefe sa dilemo (46%)! Batjha bana ba sebedisa dikhohlopo nako e nngwe le e nngwe ha ba etsa thobalano.

- [Tlhalisoleseding haeba ba botsa, empa o boloke tsepamiso hodima tshebediso e phahameng hara batjha: Tshebediso e tlasana -37% kapa difaha tse 3 ho ya ho tse 4 setjhabeng sohle.]

**Group discussion**

Na dipalo tsee di o makaditse?

**Take home point**

Mang kapa mang ya etsang thobalano o kotsing ya HIV le di STI. O ka fokotsa kotsi ya hao ka ho sebedisa dikhohlopo ka nepo, nako le nako ha o etsa thobalano.

EXERCISE 2: WHY DO ADOLESCENTS TAKE SEXUAL RISKS?³

(30 minutes)



Rationale

The exercise begins with establishing a common understanding of the meaning of the term 'sex.' By the end of the exercise, group members will be able to describe different reasons adolescents engage in risky sexual behaviours, and to propose strategies to counteract these risks. Participants will discuss how common feelings and thoughts, as well as external factors like drug and alcohol use, can affect decision making. They will learn how feeling invulnerable can lead to young people taking risks, and in turn to harmful consequences such as HIV.

Instructions

1. Introduce the theme of the next few sessions and define the term 'sex' as it is used in the program; refer to **'Introduction: Talking about sex'** text provided.
2. Conduct the **'Group discussion 1,'** and encourage brief responses about their perceived sexual risk.
3. Explain the meaning of 'invulnerable', and display definition of invulnerable on a flipchart; refer to **'Invulnerable'** text provided as needed.
4. Conduct the **'Group discussion 2,'** allowing responses to each question before moving to the next one. Encourage discussion and look out for and probe for the responses listed in the **'Facilitator guidance: Behaviours, thoughts and feelings related to invulnerability.'** Write their responses to the last question on 'what they can do' on the flipchart.
5. Ask the group the **'Private questions'** about participants' own feelings and behaviour, allowing for a few moments of pause between each. Instruct the group to think about their answers, but not to share them in the group.
6. Review the **'Take home point.'**



³ Adapted from ETR Associates (2008). Why do people feel invulnerable? Focus on Youth with Informed Parents and Children Together (ImPACT) Curriculum, Session 2.



Introduction: Talking about sex

Re buile ka dikamano lelapeng la bo rona dikopanong tse fetileng. Jwale re tlo bua ka dikamano tsa thobalano dikopanong tse mmalwa tse latelang. Re hlahisitse bokgoni bakeng sa puisano le tharollo ya mathata, mme re tlo shebana le ho sebedisa bokgoni bona le bo bong bo botjha ho hlola dikgatello tsa ketso ya diqeto le puisano tse amanang le thobalano le dikamano tse tebileng.

Pele re qala, ha re hlakiseng na re bolelang ka lentsewe 'thobalano'. Bakeng sa lenaneo lena, ha re bua ka thobalano, re bua ka thobalano ya ka bosading, e hlaloswang ka hore ke ha botona ba monna bo kena ka bosading ba mosadi. Thobalano ya molomo le ya ditono hangata e nkwa jwalo ka papadi ya ketapele. Re tla bua ka dikotsi tsa diketso tsena tsa 'thobalano' hape, empa re batla ho netefatsa hore bohle ba utlwisisa hore ha re re 'thobalano' re bua ka thobalano ya setho sa bosadi.

Sepheo sa dikopano tsena ke ho fa batho bohle ka ba phapusing lesedi le bokgoni ba ho nka diqeto tsa bophelo bo botle tse tla thibela boimana bo sa rerwang, ditshwaetso tse fetiswang ka thobalano le HIV. Bahlokamedi ba lona le bona ba tla be ba bua ka tse ding tsa ditaba tsena, mme dikopano tsa bona di reretswe ho ba thusa ho fumana ditsela tse ntle ho feta tsa ho le tshehetsa.



Group discussion 1

Ha re shebeng dikotsi tse amanang le dikamano tsa thobalano ka ho bua mabapi le ka moo batjha ba ka ikutlwa ba le kotsing hole ho kae.

- Na batho ba dilemong tsa hao ba etsang thobalano ba tshwenywa ke hore ba ka fumana HIV kapa tse ding di STI tse ding? Hobaneng kapa hobaneng ho se jwalo?
- Na batho ba dilemong tsa hao ba nahana hore ba ka ima kapa ba etse imise motho e mong ha ba etsa thobalano? Hobaneng kapa hobaneng ho se jwalo?



Invulnerable

Maikutlo a thobalano ke "lerato" a ka o etsa o ikutlwe o le maemong a hodimo lefatsheng — hore ha a hlolwe ke letho. Ha o kgathalla motho e mong le yena a o kgathalla, seo se ka o etsa o ikutlwe e ka ha ho ntho e nngwe ntho e nang le taba. Sena e ka ba nnete haholoholo ha o le dilemong tsa botjha o qala ho ba le bophihlelo bona. Hopola hore maikutlo, menahano le diketso di ka amahangwa. Jwale maikutlo a lerato le takatso a boetse a ama hore re nahana jwang le hore re itshwara jwang.

[Provide definition of 'invulnerable' on flipchart: Invulnerable: Cannot be wounded, injured or harmed]

Group discussion 2

- Ke boitshwaro bo jwang boo re bo bonang ho batho ba ikutlwang e ka ba keke ba ntshwa kotsi?
- Jwala le dithethefatsi tse ding di etsa motho e mong a ikutlwe hore a keke a tswa kotsi jwang, hoo e ka reng ha ho ntho empe e ka etsahalang ho bona?
- Ke menahano efe e ka etsang batho ba ikutlwe e ka ba keke ba kena kotsing ya HIV le dikotsing tse ding tse amanang le thobalano?
- Ke hobaneng batho ba nahanang hore ha ba na le dikgetho tse ngata mabapi le bokamoso kapa ba ikutlwang e ka ba keke ba phela nako e telele, ba ka ikenyang tsietsing ya thobalano e sa tshireletsehang?
- Hobaneng ha batho ba ikutlwang ba "ratana" ba ikutlwe ba se kotsing ho hang le motho eo, mme ba ipehe kotsing, e kang ho etsa thobalano e sa tshireletsehang?
- Motho a ka etsang ho sebetsana le maikutlo, menahano le boitshwaro boo?

Ke tla ngola ditlhaliso tsa lona ho flipjhate.



Facilitator guidance

Behaviours, thoughts and feelings related to invulnerability

Look for responses such as:

Behaviours related to invulnerability

People who feel invulnerable are more likely to drink alcohol, take drugs, have unprotected sex, to not test for HIV or STIs, to get into fights, to drive while intoxicated, and to take other risks.

Alcohol, drugs & invulnerability

- Alcohol and drugs lower a person's inhibitions and are likely to make people feel more invulnerable than when they are sober. The effects of alcohol and drugs make people feel like nothing bad can happen, but this effect wears off when they sober up.
- The chemicals in alcohol and drugs make the brain less able to distinguish between threatening and non-threatening situations. They also affect a person's ability to make decisions, often leading to poor decision making.

Thoughts related to invulnerability

- Underestimating risk ("It won't happen to me" or "I am not at risk" or "Only promiscuous people get HIV/pregnant")
- Romantic beliefs ("He/she loves me and would never put me at risk")

- Complacency (“It’s not a big deal” or “If I get pregnant I can just have an abortion” or “HIV is a manageable disease, if I get infected I will just take ARVs”)
- Hopelessness (“I have no future anyway”)

Hopelessness & risk taking

If someone believes they don’t have a future, they are less likely to take any steps to protect it, which means they are more likely to take part in risky activities without thinking about the consequences. They are more likely to live for ‘the now’ and don’t worry about what will happen to them in the future because they don’t believe they have one.

Feelings of love and invulnerability

- Attraction makes us ‘blind’ to risks. Feelings of sexual desire and “love” can make you feel like you are on top of the world—that you are invulnerable.
- When you care about someone and they care about you, it can make you feel like nothing else matters. This can be especially true when you are an adolescent and experiencing these feelings for the first time.

What can we do?

- Not drinking or taking drugs at times when sex is a possibility
- Changing negative thoughts (e.g., My future is worth protecting)
- Being aware of the risks
- Setting goals for the future and working towards them
- Seeking social support (to feel better and encourage safe behaviour)
- Be aware of how feelings and thoughts affect behaviour so that you can protect yourself



Private questions

Jwale ke batla hore o nahane hantle ka dipotso tse pedi tse latelang. Se ke wa hoeletsa dikarabo tsa hao. Sena ke seo o lokelang ho nahana ka sona boinotshing le sephiring sa hao.

- *Na o kile wa ba le boiphihlelo ba ho ikutlwa e ka o keke wa ntshwa kotsi ka tsatsi le leng, empa o swabile kapa o ikutlwe o tshaba ka tsatsi le latelang?*
- *Ke diqeto dife tseo wena o di entseng nakong e fetileng tse ka o behang kotsing ya tshwaetso ya HIV (jwalo ka ho etsa thobalano e sa tshireletsehang, ho nwa jwala o ntse o robala hohle)?*



Take home point

Hangata batho ba ikutlwa eka ba se tswa kotsi kapa ha ba tsotelle dikotsi tsa boitshwaro ba bona. Batho ba ka ikutlwa tjena ka mabaka a mangata. Leha ho le jwalo, ho bohlokwa ho lemoha ha o ikutlwa tjena hore o nke bohato ho itshireletsa (jwalo ka ho sebedisa dikhohlopo, le ho fokotsa tsebediso ya jwala le dithethefatsi).

EXERCISE 3: HEALTHY AND UNHEALTHY RELATIONSHIPS⁴



(30 minutes)

Rationale

Healthy relationships are more than the sum of their parts. When people in a partnership communicate their needs clearly, treat each other with respect, work together to make decisions about sex that they both feel comfortable with, and take steps to protect themselves and others from pregnancy, HIV and STIs, they form a strong foundation for staying well, both emotionally and physically. This session reinforces those messages.

Instructions

1. Introduce the exercise; refer to '**Introduction: Healthy and unhealthy relationships**' text provided as needed.
2. This exercise will begin with using scenarios to explore what healthy and unhealthy relationships look like. Read '**Scenario 1**' and conduct the related '**Group discussion 1.**' Then read '**Scenario 2**' and conduct the related '**Group discussion 2.**' Encourage responses about whether or not these relationships were healthy. Refer to the '**Facilitator guidance**' for each scenario to add to the discussion as needed.
3. Then conduct the '**Group discussion 3**' to encourage participants to describe characteristics of a healthy sexual relationship. Write their responses on the flipchart and refer to the '**Facilitator guidance: Aspects of healthy sexual relationships**' as needed.
4. Conduct the related quiz listed within the '**Quiz: Healthy or Unhealthy?**' by reading the questions one-by-one. Invite a "yes" or "no" answer from the group on whether it will help them to maintain a healthy sexual relationship and probe for a brief explanation of correct responses (which are specified in italics).
5. Review the '**Take home point.**'



⁴ Scenarios adapted from Centre for the Support of Peer Education (2012) What's love got to do with having healthy relationships? Vhutshilo 2: Prevention and Support Groups for Adolescent Youth manual, Session 9; Quiz adapted from ETR Associates (2008). Saying No or Asking to Use a Condom. Focus on Youth with Informed Parents and Children Together (ImPACT) Curriculum, Session 7.



Introduction: Healthy and unhealthy relationships

Botjheng re qala ho ba le thahasello ya dikamano tse atamelaneng. Sena se ka bolela hore o qala ho kgahlwa ke ba bang kapa hona ho ba le mohlankana kapa kgarebe lekgetlo la pele. Batjha ba bang ba kanna ba qala ho etsa thobalano. Hlakisong ena, re tla shebana le hore ke dintlha difeng tse leng teng dikamanong hlwekileng le tse sa hlwekang – e seng ka mokgwa wa bophelo bo botle kapa mafu, empa re bua ka boleng ba kamano eo, e leng, tsela eo baratani ba tshwaranang ka yona, le hore na motho ka mong o fana le ho fumana eng kamanong eo.

Ha re nahane ka maemo a itseng. Dipale tse latelang di kenyeletsa batjha, ba tshwanang le lona, ba buisana ka dikamano tsa bona.



Scenario 1: Girl talk (Puisano tsa banana)

Thandi le metswalle ya hae ba ya hae ho tswa sekolong mme ba ntse ba bua ka bashemane. Thandi o bua ka Siph o wa mo rata mme o nahana hore ke ena moshemane ya motle ho fetisisa sekolong.

Ayanda motswalle wa Thandi o re, "Fela o wa tseba hore Siph o tsebahala hampe! Motho e mong le e mong o re o bapala ka kgarebe tsa hae. Hang ha a ka fumana 'ntho e mona' ngwananeng, o wa mo hlala a thole e motjha. Hape o rekela banana dimpho hore ba robale le ena."

Ebe Bongji, motswalle e mong wa Thandi o re "Nna hape ke utlwa ho thwe o na le mona hampe – wa hopola ha a ne a jola le Nancy? Ha Nancy a ne a ka re o bua le moshemane fela ka tlelaseng o ne a kwata, lehaeba ba ne ba bua ka mosebetsi wa hae!"

Ebe Thandi o re, "Ee, empa Nancy e ne e le kgarebe ya hae hape o ne a mo rekela dimpho tse turu. Nkampa ka ba le Siph hona le ho ba mong neng kapa neng!"



Group discussion 1

- Na kamano ya Siph le Nancy e ne e phetse hantle kapa tjhe? Hlalosa.
- Ho etsa thobalano ho fumana dimpho ho boetse ho bitswa "ho fana ka ntho e nngwe bakeng sa thobalano." Na ho ke kamano e phetseng hantle? Dikotsi tsa kamano ee ke dife?
- Tsela eo Siph a tshwarang Nancy ka yona ha a buisana le bashemane ba bang yona – na hoo ho phetse hantle kapa tjhe?

Facilitator guidance

Scenario 1

Look out for responses that suggest:

- The relationship between Sipho and Nancy is an unhealthy one if the rumours are true, because Sipho is unfaithful, only interested in sex, tries to bribe/pressure girls to have sex, is controlling, or jealous.
- Buying someone presents does not obligate them to have sex. Sex is never an obligation.

Scenario 2: Guy talk (Puisano tsa bashemane)

Khaya le metswalle ya hae ba ya hae kamora papadi ya bona ya bolo. Lucky o re ho Khaya, "Ke bone lekharebe ya hao Mbali a bua le mohlankana yane Siphu sekolong maoba."

Bashemane ba bang ba qalella ho tsheha ebe ba re, "Oooh, lekharebe ya hao e bapala ka wena Khaya!"

Khaya o tsheha le bona empa haa ba arabe.

Lucky o re, "Nna lekharebe ya ka Sindi a ka se bue le mohlankana tse ding. Basadi ba tlameha ho tseba baka sa bona!"

Ebe Khaya o re ho Lucky "Empa wena monna? O dula o tshedisana le banana, hohle moo o yang! Ke a tseba le hore o tswa le banana ba bang. Jwale Sindi ena?" ebe Lucky o araba ka hore "Ahhhh, empa nna ke monna! Nka etsa ntho e ke e batlang ebile ke na le ditlhoko!"

Khaya, haeba o batla ho ba monna wa nnete mme haeba o batla Mbali a o hlomphe, o tlameha ho mo tsebisa melao! Hoseng jwalo batho ba tla o tsheha!"

Khaya o araba ka hore "Empa nna ke hlomphe Mbali – ke motho ya ikemetseng hape o kgona ho iketsetsa diqeto. Ke a mo tshema."

Bashemane ba bang ba maketse, ebe ba re, "Eng?? O bua nthoesele!"

Lucky o wa dumela ebe o re, "Ee monna, ke mang ya tsotellang ntho se nang kelello tseo, nthwa bohlokwa ke hore na ngwanana o tjhesa hakae, le hore na o tla robala le wena. Jwalo ka Sindi – o wa tjhesa hape o rata thobalano. Ke phetho se ke se hlokanang, ha ke tsotelle na o nahana ka eng."



Group discussion 2

- Na kamano ya Khaya le Mbali e ne e phetse hantle kapa tjhe? Hlalosa.
- Na kamano ya Lucky le Sindi e ne e phetse hantle kapa tjhe? Hlalosa.
- Kotsi eo Sindi a leng ho yona ke efe ya ho ratana le banana ba bang"
- Ditsela tseo ka tsona bashemane ba 'behang melao' dikamanong ke dife? Dikotsi tse ding tsa kamano ya mofuta oo ke dife?

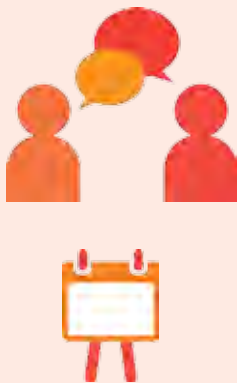


Facilitator guidance

Scenario 2

Look out for responses that suggest:

- The relationship between Khaya and Mbali is a healthy one, because Khaya respects Mbali and trusts her. Even when his friends are pressuring him to “lay down the rules” and focus on sex as the most important part of a relationship, he expresses a different opinion.
- Based on what Lucky says, he seems to have an unhealthy relationship with Sindi. He dates other girls, which could put Sindi at risk if they are having sex. He also seems to control Sindi and has a double standard for how men and women should behave in relationships.



Group discussion 3

Jwale ha re se re ithutile haholwanyane ka dikamano tsa marato tse hlwekileng, ha re nahaneng mabapi le seo re ka se hlahosang e le kamano ya thobalano e hlwekileng.

- *O nahana hore kamano e hlwekileng ya thobalano e kenyetsetsa eng?*

Ke tla ngola ditlhahiso tsa lona ho flipjhate.

Facilitator guidance

Aspects of a healthy sexual relationship

- Pleasurable for both people;
- Consensual;
- Free from unplanned pregnancy;
- Free from infection;
- Free from abuse;
- Informed;
- Showing respect, and
- Supporting the whole person.

Sample definition of healthy sexual relationships

- Healthy sexual relationships include a positive state of physical, emotional, mental and social wellbeing related to sexuality; it is not merely the absence of disease and dysfunction.
- It also includes a positive, respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences.
- For healthy sexual relationships to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

Quiz: Healthy or Unhealthy?

Jwale ha re buisane ka maemo a itseng mme wena o mpoelle hore na sena se tla thusa kapa se ka se thuse motho ho etsa thobalano e hlwekileng.

- *Ho etsa thobalano ntle le khohlopo. Tjhe*
- *Ho hatellwa ho etsa thobalano o soka o itukisetsa. Tjhe*
- *Ho etsa diteko tsa HIV kgafetsa. Ee*
- *Ho kopa molekane wa hao hore a etse teko ya HIV. Ee*
- *Ho etsa molekane wa hao a ikutlwe a le molato ha a sa batle ho etsa thobalano. Tjhe*
- *Ho etsa molekane wa hao a ikutlwe eka hona le phoso ka ena ha a sa batle ho etsa thobalano. Tjhe*
- *Hore "tjhe" ha o sa batle ho etsa thobalano. Ee*
- *Ho bolella molekane wa hao hore o ke ke wa etsa thobalano ntle le khohlopo. Ee*
- *Ho etsa thobalano le balekane ba bangata. Tjhe*
- *Ho qobella molekane wa hao ho etsa thobalano le ha a itse "tjhe". Tjhe*
- *Ho etsa thobalano ho thabisa molekane wa hao feela. Tjhe*
- *Ho dumela ho etsa thobalano bakeng sa tjelete, leha o sa batle. Tjhe*



Take home point

Ho buisana ka hore na thobalano e hlwekileng ke e jwang ho ka o thusa ho etsa diqeto tse hlwekileng mabapi le mofuta wa kamano eo o batlang ho ba ho yona. Kamano eo ho yona ho se nang ho tsotellana le ho hlomphana ke boemo bo kotsi. Kamano e hlwekileng e thusa batho ba bobedi ba dule ba le hantle mme ba ikutlwe ba tshheditswe.



EXERCISE 4: THE QUESTION BOX



(10 minutes)

Rationale

Many adolescents may have questions about sex, HIV, STIs, pregnancy and developmental changes in their body. This exercise provides a forum and opportunity for adolescents to ask these questions anonymously. In addition to meeting the general information needs of adolescents, this exercise also provides an opportunity to identify and correct any myths or misconceptions among participants. Facilitators are responsible for seeking out accurate responses to deliver in later sessions.



Instructions

1. Review the **'Facilitator guidance: Use of the Question Box'** before starting this exercise.
2. Introduce the exercise; refer to **'Introduction: The Question Box'** text provided as needed. Hand out slips of paper to the participants. Be sure that everyone writes something on the slip of paper and hands it in, even if they don't have a question. You can suggest that they provide feedback about the sessions if they do not have a question. Direct them to avoid writing their name on the paper or any other identifying information, and reassure them that you will be careful to keep their questions anonymous.
3. Remind participants that the Question Box will also be available during the next two sessions if they think of a new question to add.
4. Review the **'Take home point.'**

Facilitator guidance

Use of the Question Box

The Question Box is introduced in this exercise, however, **facilitators should encourage participants to use it during the next two sessions as well.** It should be placed in a visible and easily accessible place during the next couple of sessions so adolescents can use it without prompting. The facilitator should ensure safety and confidentiality of the questions in the box.

The facilitator should review the questions at the end of each session to determine whether any need an immediate response (i.e., potential urgent health or safety risk to participants). Any questions requiring an immediate response should be addressed with the full group as part of feedback in the next session. Note that if any individual discloses an issue of current personal harm (e.g., current risk of rape or abuse), you may want to highlight the topic with the group and that you prefer this person talk with you about it in private and you encourage them to do so -- you may have a legal obligation to respond to ensure his/her safety; speak to your supervisor about how to handle these situations.

Responses to remaining questions will be provided in session 11 (after two more sessions).

IMPORTANT! Facilitators should seek out advice and confirmation of their response before reporting back. Even with training, facilitators may not know all the answers to the questions that are asked. Answers to common questions from adolescents are available at the end of this manual as an initial resource. However, additional questions are likely. It is very important to only provide correct knowledge. Contact other persons in your organisation or local clinics. Check your answer with someone else with expertise in the related topic areas before reporting back – even if you think you already know the answer.

Introduction: The Question Box

Kajeno re buile mabapi le tlhahisoleseding e ngata ya bohlokwa le dihlooho tse boima! Re tla bua ka ditaba tse mabapi le thobalano, tshireletso, HIV, di STI le ho ima dikarolong tse mmalwa tse latelang. Le ha ho le jwalo, re a tseba hore re keke ra araba dipotso tsa lona kaofela. Ka dinako, tse ding dintho tseo le di utlwang ho rona tse ngata di tla fapana ho tseo le di utlwileng pejana mabapi le dohlooho tsena mme le hloka ho boela le fumana kitso e keditsweng. Kapa mohlomong o keke wa ikutlwa o phuthuluhile ho botsa potso e itseng sehlopheng. Ho thusa mabapi le dikgwao tsena, re tla ba le Lebokose la Dipotso, tse tla bewa moo o ka kenyang dipotso tsa hao ka sephiri (ntle le ho fana ka lebitso la hao).

Nka rata ho thusa ho araba dipotso tsena, jwale ke fitsetsa motho le e mong sekgetjhana sa pampiri. Nka rata hore motho a nke motsotso ho ngola fatshe dipotso le ha e le dife tseo a ka bang le tsona mabapi le thobalano, HIV, di STI, ho ima kapa dihlooho tse amanang le tseo mme o di kenye ka lebokoseng.





Ha o sena potso, o kanna wa nahana ka potso eo o tsebang hore e meng ya metswalle ya hao o na le yona mabapi le ditaba tsena tsa bophelo bo botle ba thobalano. Boholo ba lona le ka nahana ka potso e itseng. Empa haeba o keke wa ba le yona kannete, sebedisa sena e le monyetla wa ho mpoella seo o se ratang le seo o sa se ratang mabapi le dikarolo tsena.

Ka kopo se ke wa ngola lebitso la hao pampiring hore dipotso e be sephiri, ntle le haeba o batla ho abelana lena ka seseng. Ha o qetile, ka kopo mena pampiri habedi o e kenye lebokoseng lena.

Motho e mong le emong o tlameha ho ngola ho hong mme a e behe ka lebokoseng.

Mohlomong ha o na dipotso kajeno, empa o ka ba le tsona nakong e tlang, haholoholo ha re tswela pele ho bua ka ditaba tsena ka botebo. Re batla ho o mema hore o sebedise Lebokose lena la Dipotso nakong ya dikarolo tse pedi tse latelang. Etlo le potso ya hao kapa o e ngole kamora mananeo o e kenye lebokoseng. Haeba dipotso di tshwana, ke tla di hlopha mmoho mme ke di arabe mmoho kaofela kopanong ya bo 11. Haeba dipotso di hloka karabo hanghang ke tla di araba kopanong le latelang. Le nna ke tla kgetha dipotso tse mmalwa ho sebetsa le bahlokamedi ho di araba. Ke tla dula ke hlokometse ho boloka dipotso ke sa hlahisang mabitsa hore ho se ke ha ba le motho ya tsebang hore mang ya botsitseng eng.



Take home point

Dipotso tse mabapi le thobalano le dintlha tse ding tsa thobalano e hlwekileng di tlwaelehile. Re tshepa hore re tla araba dipotso tsena mme re ithute bokgoni bo botjha le tlhahisoleseding nakong ya dikopano tse mmalwa tse latelang.

REFLECTION AND SHARING

(10 minutes)

Re qetellong ya kopanoya rona ya kajeno e mabapi le hore na HIV le di STI tse ding di ata jwang ka dinetweke tsa thobalano, hore na hobaneng batho ba ipeha kotsing ya thobalano, le dikamano tse hlwekileng le tse sa hlwekang. Ena ke nako ya hao ya ho arolelana maikutlo mabapi le kopano le sehlopa.

Ke lakatsa hore motho ka mong e arolelane ka ntho e le nngwe ya bohlokwa eo a ithutileng yona kajeno le hore na o ka e sebedisa jwang bophelong ba hao ba letsatsi ka leng.



GOAL SETTING AND PRACTICE AT HOME

(5 minutes)

O ka ikwetlisetsa bo bong ba bokgoni boo o ithutileng bona kajeno jwang ha o fihla lapeng? Ho etsa sena ke motheo mabapi le sepheo sa nako e kgutshwane seo o tla se rala. Hopola, sepheo se lokela ho ba ntho eo o atlehileng ho yona pele re kopana hape re le sehlopha. **Re buile ka bohlokwa ba ho nka diqeto tse sireletsang bokamoso ba hao, hore na kamano e hlwekileng e jwang le hore na o batlang dikamanong tsa hao. Re batla hore o tselepele ho nahana ka sena lapeng le hore le qale ho buisana ka tse ding tsa dintho tsena le bahlokomedi ba lona. Re kopa hore le phethele leqephe la mosebetsi la thero ya bokamoso ebe le buisana ka yona le bahlokomedi ba lona. Leqephe la mosebetsi le botsa hore na o batla kapa ha o batle dintho dife ho mohlankana kapa ho kgarebe, le hore na o batla bophelo ba hao bo be jwang pele o ba le ngwana (kapa ngwana e mong haeba o so na le ngwana). Ona o boetse ke monyetla wa ho lekola botjha ditabatabelo tsa dilemo tse 5 tse re di beileng karolong e fetileng, le ho di arolelana le mohlakomedi wa hao. Hopola dintho tse o ithutileng tsona ka puisano e sebetsang, mme o leke ho di sebedisa puisanong ya hao. O dumela ho etsa eng?**

Bohle re tla fumana monyetla wa ho tlaleha mabapi le katleho le diphephetso tsa rona kopanong e latelang.



CLOSING THE SESSION

Re tla kwala kopano ka ho etsa kgulo ya lotto. Kenya pampitshana ya lebitso la hao ka lebekereng lena. Jwale re tla hula lebitso mme motho eo o tla hapa mpho ena ya lotto.

Re a leboha ha o bile teng kopanong ena. Nka thabela ho bua le mang kapa mang ka bo mong ka boiphihlelo ba hao ka kopano ena le hore na re ka ntlafatsa eng bakeng sa kgetlo le tlang. Ke labalabela kopano ya rona e latelang ha re tswelapele ho aha bokgoni ba thobalano e bolokehileng ho feta, ka mesebetsi e amanang le ho sekaseka diketso tsa thobalano le tumellano.

Ke tla o bona kgetlo le tlang _____ (nako le sebaka) ka la _____ (letsatsi le mohla).



SESSION 10

Communicating about sex



TIME

120 minutes

RATIONALE

Without the language and skills for understanding consent and negotiating sexual activity, adolescents are vulnerable to coercion and are at increased risk of HIV, STIs, and unplanned pregnancy. Conversely, those who have practice in and are skilled at expressing their wishes, establishing boundaries, and recognising consent, are relatively more empowered to make decisions that promote health and wellbeing.

GOALS

- To consider the reasons people have sex and alternative ways to express affection
- To demonstrate how to negotiate sex refusal using guidelines and role-plays
- To help participants recognize and express consent, and understand what constitutes non-consensual activity.

SESSION OVERVIEW

Opening ritual

Feedback from previous session (15 minutes)

Exercise 1: Why do people have sex or not? (20 minutes)

Exercise 2: Saying no to sex (40 minutes)

Exercise 3: Consent (30 minutes)

Reflection and sharing (10 minutes)

Goal setting and practice at home (5 minutes)

Closing the session

MATERIALS NEEDED

- Name tags for participants
- Flipchart or a black/white board and marking pens
- Question Box placed in a visible and easily accessible place
- Flipchart paper prepared with the five guidelines for negotiating sex
- Sexual negotiation scenario cards (appendix)
- Counselling and rape service referral sheets (created by service agency to use as needed)
- Lottery prize

WORKBOOK HAND-OUTS REVIEWED

- Guidelines for negotiating

SPECIAL PREPARATION

- Review the Future planning worksheet from the last session to inform feedback discussion.
- For Exercise 2, make enough copies of the Sexual negotiation scenario cards found in the appendix so that each pair has two sets of cards. Cut and sort these beforehand so you can quickly pass them out. Have a prepared list of the five guidelines for negotiation written on a piece of flipchart paper (the key steps).
- For Exercise 3, create a list of support personnel such as doctors, social workers, toll-free hotlines, and others who can provide crisis support, to have available during the session.



OPENING RITUAL

FEEDBACK FROM PREVIOUS SESSION



(15 minutes)



Instructions

1. Ask someone to summarize the home assignment. Refer to the '**Home practice assignment summary**' text if clarification is needed.
2. Encourage feedback from participants on their completion of the home practice. Ask them about their emotions, thoughts and behaviours related to the home practice.
3. Spend some time on areas where there were challenges and use group problem solving to get ideas on how the situation can be dealt with. Use one of the challenges as a role-play. The co-facilitators can model it.
4. Praise participants for their efforts to problem solve.
5. If any health or safety issues requiring immediate resolution were presented in the Question Box, address these now.



Home practice assignment summary

Sepheo sa hao e ne e le ho phethela Leqephe la mosebetsi la merero ya bokamoso le ho le sekaseka le mohlakomedi wa hao.

EXERCISE 1: WHY DO PEOPLE HAVE SEX OR NOT?⁵

(20 minutes)



Rationale

People have sex for a variety of reasons, and this exercise helps adolescents to identify these reasons and consider if the same outcomes can be achieved in less risky ways. Alternative strategies for curbing loneliness and feeling loved are reinforced, which may be important factors associated with sexual activity among participants experiencing serious life stressors, such as parental death and illness. Participants will also brainstorm potential advantages of abstinence, have an opportunity to reflect on their own values, future plans and ways to safeguard themselves from HIV, STIs and unplanned pregnancy.

Instructions

1. Introduce the exercise and ask the **'Group discussion 1'** question to reflect on why adolescents have sex. Use the flipchart to write responses, and refer to **'Facilitator guidance: Reasons people have sex'** to add any responses that participants may not have mentioned. Emphasise that the discussion is not about 'right' or 'wrong' reasons to have sex or to judge people for their decisions.
2. Conduct **'Group discussion 2'** and use the flipchart to record responses. Focus on the reasons *pleasure, affection, and feeling loved* one by one, and use the words suggested by the group for these ideas. Refer to **'Facilitator guidance: Alternatives to sex'** for ideas and considerations to aid the discussion.
3. Ask the question in **'Group discussion 3'** and encourage responses as to why adolescents may choose to abstain, and write these on the flipchart under the heading 'Reasons to be abstinent.' Refer to **'Facilitator guidance: Reasons to be abstinent'** to add any responses that participants may not have mentioned.
4. Praise participants for their contributions in developing a list of reasons to abstain and conclude the exercise referring to the **'Waiting to have sex'** text.
5. Review the **'Take home point.'**



⁵ Adapted from ETR Associates (2008). Ways to show you care. Focus on Youth with Informed Parents and Children Together (ImPACT) Curriculum, Session 6.



Group discussion 1

Kopanong e fetileng re buileng ka tse ding tsa dikotsi tse amanang le thobalano. Jwale, ha re shebeng mabaka a fapaneng ao ka ona batjha ba ka nngang ba etsa thobalano.

- Hobaneng ha batjha ba ka nna ba etsa thobalano?

Ke tla ngola ditlhahiso tsa lona ho flipjhate.

Mabaka ao o faneng ka ona ana le kelello kaofela, mme a tlwaelehile. A mang a ka naa a shebahala a le 'bonolo' ho wena hona le a mang, empa ha re mona ka mabaka a nepahetseng le a fapaneng a ho etsa thobalano. Ho fapana le moo re batla ho arolelana ka tlhahisoleseding e ka o thusang ho utlwisa dikotsi le ho etsa dikgetho tse o phuthulohileng ka tsona.

Facilitator guidance

Reasons people have sex

- To experience pleasure
- To express affection/love for each other
- To feel loved or reduce loneliness
- Peer or partner pressure
- Exploration and curiosity
- To have a baby
- To earn money
- To get gifts
- Forced, raped, coerced



Group discussion 2

Re tla buisana ka mabaka a mangata ao o faneng ka ona dikopanong tse fetileng. Pele, ha re nahane ka hore na re ka fumana sephetho se tshwanang bakeng sa a mang a ona ka ho se etse thobalano.

- Ha re shebane pele le natefelo. Na o ka nahana ka ditsela tsa ho fumana natefelo ntle le ho etsa thobalano?
- Jwale, ha re shebane le thato, na o ka nahana ditsela tsa ho fihlella lerato ntle le ho etsa thobalano?
- Na o ka nahana ka ditsela tse ding tsa ho ikutlwa o ratwa ntle le ho etsa thobalano?

Ke tla ngola ditlhahiso tsa lona ho flipjhate.

Facilitator guidance

Alternatives to sex

Experiencing pleasure: Explain the importance of touch and foreplay—people really are “sexy” all over. Note that most sexologists believe the most important sex organ is the brain, because the brain has learned from movies, music and peers, etc. what is considered “sexy.” It’s the brain that turns touch into sexual pleasure.

- Other things that bring pleasure with their partners without sex include: Kissing, touching, cuddling, rubbing against each other, mutual masturbation, etc.

Expressing affection: State that there are many ways to be close to a person and show you care without having sex.

- Other ways to be close with their partners without sex include: Holding hands, hugging, giving a neck massage, making or giving a gift, writing a letter, cooking together, going to a movie together, writing love notes, talking about things that interest you together, etc.

Feeling loved: Acknowledge that it is valid and understandable to try to seek comfort from another person, highlighting that this may be particularly true when experiencing difficult circumstances such as parental loss or illness or other life stressors. At the same time, remind participants that healing and feeling whole ultimately come from within oneself; these aren’t feelings someone else can give you – and if you make decisions you regret (such as sex before you’re ready, and/or sex with a partner who does not care about you the same way you do for them, etc.), you might even end up feeling worse. Having sex for these reasons is a negative coping strategy, or something people do to make themselves feel better temporarily, but that isn’t good for them in the long run.

- Alternative activities that will make them happy include pleasant activities and other coping strategies suggested in earlier sessions such as: Talk to someone (call a friend), build your self-esteem (make a list of your good qualities; write a nice letter to yourself), challenge negative thoughts, express your emotions through drawing or writing, help others, and get strength from your beliefs (go to church, pray.)

Group discussion 3

O fane ka mabaka a mangata a bohlokwa ao ka ona batho ba ka nnang ba etsa thobalano hammoho le dintho tse ding tse ka etswang sebakeng sa thobalano tse ka fumanang diphetho tse tshwanang. Jwale ha re shebeng mabaka a mang ao batjha ba ka nnang ba kgetha ho se etse thobalano. Ho se etse thobalano ho boetse ho bitswa “ho ila kapa ho itima thobalano.”

- *Hobaneng ha batjha ba ka kgetha ho se etse thobalano?*

Ke tla ngola ditlhaliso tsa lona ho flipjhate.



Facilitator guidance

Reasons to be abstinent

Be sure to include the following ideas on the list:

- You don't feel like you are ready to have sex
- You don't want to get pregnant/get someone pregnant
- You don't want to get HIV or other STIs
- Condoms not available
- To focus on your plans for the future—like going to university
- To honour your promise to yourself
- To make your caregivers happy
- For religious reasons
- You don't trust your partner



Waiting to have sex

Ho bohlokwa ho tseba hore le batho ba kileng ba etsa thobalano pele ba ka nna ba batla ho ema pele ba e etsa hape. Motho a ka nka qeto ya ho se etse thobalano ka nako efe kapa efe. Esitana le banana le bashemane ba nang le bana ba ka etsa qeto ya ho se etse thobalano hape ho fihlela ba hodile, kapa ba le kamanong le motho eo ba hlileng ba mo ratang.

Ho bonolo ho nahana hore 'motho e mong le e mong o wa e etsa', empa seo hase nnete ka mehla. Bakeng sa mabaka a mangata ao o faneng ka ona, batho ba bangata ba batjha ba nka qeto ya ho ema pele ba etsa thobalano. O seke wa dumella batho ba bang ba o hatelle hore o etse dintho tse o so lokeleng ho di etsa kapa tse o sa phuthulohang ho ka di etsa. Re tla bua hape ka ho sebetsana le kगतello.



Take home point

Batho ba etsa thobalano ka mabaka a mangata a fapeneng, empa hona le dikotsi tse ngata tse amanang le yona, haholo bakeng sa batjha. Batjha ba lokela ho kala mabaka a ho etsa thobalano kgahlano le mabaka a ho se etse thobalano, hape ba nahane ka ditsela tse ding tsa ho hlahisa thato kapa natefelo, ntle le thobalano.

EXERCISE 2: SAYING NO TO SEX⁶

(40 minutes)



Rationale

Making decisions about sex that adolescents feel good about is only one step in staying safe and healthy. They also need to be able to communicate their wishes to others, whether it's deciding not to have sex, choosing to use a condom, or something else. This session allows participants to practice negotiation skills, especially saying no to unwanted sex.

Instructions (Part 1)

1. Refer to '**Special Preparation**' to prepare all necessary materials, including scenario cards and flipchart paper with the guidelines for negotiating.
2. Introduce the exercise; refer to '**Introduction: Saying no to sex**' text provided as needed. Stick the pre-prepared flipchart paper with the five guidelines for negotiating on the wall. Introduce the guidelines for negotiating steps written on the flipchart paper and conduct the related '**Group discussion**' that includes questions and key points to make for each step. Refer to '**Facilitator guidance: Key responses to guidelines for negotiating questions**' to aid in the discussion as needed and ensure key points are addressed.
3. Following the discussion, refer participants to the [Guidelines for negotiating](#) hand-out in their workbooks.



Introduction: Saying no to sex

Tshebetsong e fetileng o fane ka mabaka a itseng a matle a ho se etse thobalano; mabaka a sebetsang ho ba seng ba kile ba etsa thobalano le ba so kang ba e etsa.

Ka dinako tse ding ho ka ba thata ho bolella molekane hore ha o batle ho etsa thobalano, kapa hore o utlwisise hore na molekane wa hao o batla ho etsang kapa haa batle ho etsang. Re tla buisana ka bokgoni bo itseng ba ho tsebahatsa dikgetho tsena ka katleho mosebetsing ona. Kajeno re tlo bua ka ho sekaseka ho se etse thobalano. kopanong e tlang hamorao, re tla bua ka ho sekaseka thobalano e bolokehileng.



⁶ Adapted from Vhutshilo 2.2, ASPIRES project by FHI 360 and Health and Education Training and Technical Assistance Services (HETTAS).



Group discussion

Ha re lekolong tataiso ka nngwe ya ho sekaseka tse ke di ngotseng ho fliptjhate.

1. Tseba na o batlang mme o ikemisetse ho bua ka yona.

- Hopola karolo ya bohlokwa ya bokgoni ba rona ba ho rarolla mathata: o hloka ho nka qeto! Haeba o nka qeto ya hore ha o batle ho etsa thobalano. Re tla ikwetlisa ditsela tsa hore tjhe kajeno, empa ha re nahane ka hore na ke neng mme ke ka tsela e feng re ka hlahisang qeto ena hantle ho fetisisa ho balekane.

2. Kgetha nako e nepahetseng ya ho bua.

- Puisano ya pele e mabapi le ho se etse thobalano e lokela ho etsahala neng – Ha le kopana? – Ka morao ho sunana lekgetlo la pele? Ha o wa lokela ho bua ka yona neng?

3. Hlahisa mehopolo e hlakileng e tshhetsang boemo ba hao.

- O fane ka mabaka a mangata a bohlokwa bakeng sa ho dieha ho etsa thobalano puisanong ya rona ya pejana. O tla bolella molekane wa hao see jwang? Bo bong ba bokgoni boo re buileng ka bona bakeng sa puisano e sebetsang bo ka re thusang ho hana thobalano eo re sa e batleng ke bofe?

4. Hlakisa hore o utlwisisa maikutlo a motho e mong.

- Hobaneng ha re ka batla ho leka ho bontsha kutlwisiso ya maikutlo a bona?
- Mehlala ya dipolelo tse ka bontshang hore re utlwisisa maikutlo a bona ke efe?

5. Fihlellang tumellano KAPA o re TJHE mme o tsamaye.

- Ke eng e etsang hore ho be bonolo kapa thata ho araba motho ya 'o ferehang' ha o sena kgahleho, kapa o so ikemisetse ho etsa thobalano le ena?
- Haeba o entse thobalano o ne o sa batle, ditlamorao e ka ba dife? O tla ikutlwa jwang?
- Na o sebedisitse tse ding tsa ditataiso tse maemong a mang?

Ke boetse ke batla hore le shebe Ditataiso tsa tshkatsheko tse bukeng tsa lona tsa tshebetso tse bontshang mehato ena le mehopolo e mengata eo le e hlahisitseng; sena e tla ba sesebediswa se thusang karolong e latelang ya tshebetso le ho o hopotsa mehato ena nakong e tlang.

Facilitator guidance

Key responses to guidelines for negotiating questions

(1) Choose a good time to talk.

- When should a first conversation about not having sex take place – When you meet? – After a first kiss? When should you *not* talk about it?
 - » When the time is right but before you find yourself in an intimate situation and aroused
 - » When you are both relaxed and can have a calm conversation
 - » When you are alone and it's quiet
 - » Not when you have been drinking alcohol or taking drugs, etc.

(2) Present clear ideas that support your position.

- You gave many important reasons for delaying sex in our earlier discussion. How will you communicate this to a partner? What are some of the skills we have discussed for effective communication that could help us in refusing unwanted sex?
 - » Be assertive and use “I” messages
 - » Be aware of your body language
 - » Say how you feel and why you feel that way
 - » Say how you will feel if you get what you are asking for
 - » Plan ahead and practice the discussion, consider how you will respond if they get angry or disagree with you

(3) Make it clear that you understand the other person's point of view.

- Why would we want to try to show understanding for their point of view?
 - » Doing so will make the other person become less defensive
- What are examples of statements that would show that we understand their point of view?
 - » State back to them, “I know you may feel ready to have sex...”

(4) Come to an agreement OR say NO and walk away.

- What makes it easy or difficult to respond to someone who is ‘coming on to you’ when you do not want to have sex with them?
 - » It may be difficult to refuse someone who is ‘coming on to you’ when they use physical force, are much older than you, are drunk or high on drugs, if they are emotional, manipulative (for example, saying ‘If you love me, you will have sex with me,’) already aroused, or if they don’t care about your needs or feelings.

- » It's easier to refuse someone who is 'coming on to you' when they respect you, when you have an existing relationship that includes open communication, when they are not aroused, when they are sober, when they care about your needs and feelings, and when they acknowledge your right to say no.
- » It is also easier to refuse sex if you have already discussed your wishes with your partner before you are in an intimate situation.
- If you have sex when you do not want to, what could be the consequences? How might you feel?
 - » The consequences of having sex when you do not want are both physical and emotional. These could include contracting HIV or STIs or becoming pregnant/getting someone pregnant (if you did not use protection). You may also feel sad, used, disrespected, embarrassed, angry and/or upset with yourself.
- How have you used some of these guidelines in other situations?
 - » You may already have some experience applying these guidelines in a range of other situations. For example, many adolescents have practiced being assertive by saying no to alcohol when others around them were drinking. You may have used negotiation skills when asking a caregiver to allow you to earn a special privilege.



Instructions (Part 2)

1. Introduce the exercise; refer to '**Introduction: Sexual negotiation scenario cards**' text provided as needed. Group participants in pairs. Distribute two sexual negotiation scenario cards to each pair of participants. Each card describes what one person thinks and the other person's response. If necessary, use one of the cards to demonstrate what you want the pairs to do. Give them 5 minutes to discuss and reconvene the group.
2. Ask the pairs to choose one scenario. The pair should read from their card 'You think...' and 'Your partner says...' aloud for the group and then share what they came up with for 'Your response...'
3. Have each pair share responses for only one of their cards, to ensure time for sharing among all pairs. If time allows, you can go around again and have them share responses for their second scenario. If a pair fails to come up with a good response, share the possible response shown in the '**Facilitator guidance: Potential responses to the sexual negotiation scenarios.**'
4. As each pair shares their response with the group, discuss which of the responses are more likely to be successful in getting what you want. There may not be time for all pairs to share all of their responses; discuss as many as time permits (ensuring 45 minutes remains for other session activities).
5. Review the '**Take home point.**'

Introduction: Sexual negotiation scenario cards



Jwale re tlo ikwetlisa ho latela Ditataiso tsa rona tsa tshekatsheko le ho hlalosa ditsela tse ding tseo o ka arabang ka tsona ha molekane wa hao a sa dumellane le se o se batlang – e leng mohato wa 3 wa ditataiso.

Ka kopo sebetsang ka bobedi tshebetsong ena. Bobedi ka bong bo tla fumana dikarete tse pedi tse hlalolang maemo a fapaneng. Karata e le nngwe e hlalosa se motho a le mong a se nahanang ha karete e nngwe e hlalosa karabo ya motho e mong.

Balang karata ya lona le le babedi mme le hlalosa mehopolo mmoho ya hore na le ka araba jwang ha mohlankana/kgarabe tsa lona di leka ho etsa hore le etsa ntho eo le sa batlang ho e etsa. Itukisetseng ho arolelana karabo tsa lona le sehlopha kamora metsotso e mehlano.

Facilitator guidance

Potential responses to the sexual negotiation scenarios

You think...	Your partner says...	Example responses
I don't want to have sex because I don't want to get HIV or another STI.	I don't have a disease. Do I look sick?	You look fine, but a person can have a disease and not know it. I want to take care of myself and not take any risks.
I don't want to get pregnant.	You can't get pregnant the first time you have sex (or nothing happened last time).	Once is all it takes. I don't want to get pregnant or get an STI.
I just want to kiss and fondle and not have sex.	That's boring. Having sex is more exciting. Are you worried about getting HIV? I'm not sick, so I don't have it.	I do not want to take the risk of getting HIV or getting pregnant. People who are not sick can still have HIV and pass it on to others.
I'm really excited that we like each other so much – I want to do something but I don't want to have sex.	I'm really turned on now - if we don't go all the way I will be in agony!	I'm not ready to have sex just yet, but we can do other things we can enjoy...we can touch each other and/or rub our bodies together with our clothes on.
I don't feel ready to have sex.	Everyone else is doing it. Do you want to be the last one?	I know that not everyone is having sex. Besides, I just don't want to have sex right now. We agreed not to have sex until we were both sure that we were ready; I'm not ready.

I don't want to have sex with you now.	You're my girlfriend, so you have to do what I say. OR You're my girlfriend – if you don't, I'll find someone else who will.	No, I don't have to do what you say! I don't feel good when I am pressured, so I am leaving.
I want to wait longer before we have sex.	I love you and I want to show it. If you loved me, you would have sex with me right now.	There are lots of other ways to show me you love me. And, if you love me, you should respect my decision not to have sex right now.
I can't believe that we had sex the last time we were together – that was not what I wanted.	The last time we were together we had sex and we are fine! Let's do it again!	Having sex was not what I really wanted – I like you and want to spend time with you but I am not ready for a sexual relationship.
He seems like he's getting ready to make a move but I'm not ready to commit.	I've got some condoms now, so there's no excuse not to have sex.	I appreciate that you are prepared – that means a lot to me; but I'm not ready to take our relationship to that level yet.
He seems like a nice guy and he comes from a rich family but I do not want to have sex	I'll buy you something nice if you have sex with me.	That's not the type of relationship I want.



Take home point

Ha se kamehla ho leng bonolo ho tseba na o reng ha motho a o hatella hore o etse thobalano. Ho nahana ka yona pele taba e hlaha ho ka o thusa hore o itukise. Haeba o so ikutlwe o itukiseditse, ha o wa tlameha ho kopa tshwarelo kapa o ikutlwe hampe. Sebedisa bokgoni ba puisano boo o ithutileng bona ho bolela na o ikutlwa jwang, le hore na o batlang (kapa ha o batle) eng. Ka tsela e tshwanang, ho bohlokwa hore o seke wa hatella motho e mong o etsa thobalano le ho hlompha diqeto tsa bona.

Hape ho bohlokwa hore ha o nka qeto ya ho etsa thobalano o e etse ka polokeho – re tla bua ka ditlwaelo tsa thobalano e bolokehileng dikopanong tse tla latela.

EXERCISE 3: CONSENT⁷

(30 minutes)



Rationale

Consent provides a foundation for a sexual relationship where both partners' wellbeing is respected. Understanding what consent looks like, and how to give it, can help adolescents prepare for healthy sexual relationships.

Instructions

1. Check '**Special Preparation**' to set up, and make sure you have the referral list available. Also review '**Facilitator background: Participants' potential history of non-consensual sex.**' This session covers sensitive material and facilitators must be prepared for potentially negative responses.
2. Introduce the exercise; refer to the '**Introduction: Consent**' text provided as needed. Ask about Rooibos tea, and allow for a show of hands on who does and does not like tea; this should be brief, do not get into reasons for liking it or not.
3. Read '**Scenario: Who wants tea?**' After each question, allow for brief responses and then give the responses provided in the sub-bullet. Praise them when their responses are correct/match the response provided and add to their comments as needed.
4. Ask the '**Group discussion 1**' question. Encourage brief responses, and then summarize the comparison referring to the text '**Consent for tea versus sex.**'
5. After making points about consent, ask the '**Group discussion 2**' questions. Discuss each question one at a time. Refer to '**Facilitator guidance: Understanding consent**' to ensure key points are mentioned.
6. Review the '**Take home point.**'



⁷ Adapted from Wilford, D. (March 2015) This woman just explained consent with the most perfect metaphor. Accessed from <http://www.theloop.ca/this-woman-just-explained-consent-with-the-most-perfect-metaphor/>

Facilitator background

Participants' potential history of non-consensual sex

While it is useful to help adolescents understand and recognize consent, it is possible that this exercise will be especially difficult for some participants who may have a history of sexual abuse or exploitation, or who may know someone with such experiences. Be prepared to recognise any participants who seem very uncomfortable or who react negatively to this exercise and give time at the end of the group for a one-on-one discussion, and to provide information on counselling and other referral sources as appropriate.

Your role as an influential and trusted adult is to help adolescents do the following:

- Identify non-consensual sex and recognise their right to live without it.
- Understand that they are not at fault and should not blame themselves.
- Find professional help if needed.

In order to prepare for this exercise adequately, ensure the following actions are taken:

- Before this session, create a list of support personnel such as doctors, social workers, toll-free hotlines, and others who can provide crisis support. Have this referral list accessible during this session.
- If at any time during the session any participant shares that he or she has been a victim of any type of abuse or exploitation, be sure to follow up with a referral for additional counselling.
- Remind the group that non-consensual sex between individuals is a sensitive and complicated subject and that what people say during this or any session should not be shared outside of the group. Participants are here to help and not to judge one another.



Introduction: Consent

Bakeng sa tshebetso ena e latelang re tlo qala ka ho nahana ka qeto e bonolo ya ho nwa kapa ho se nwe tee. Ke mang ya ratang tee ya Rooibos ka phapusing ka moo? Phahamisang matsoho a lona. Ke mang ya sa rateng tee ya Rooibos ka phapusing ka moo? Phahamisang matsoho a lona. Na o nahana hore re lokela ho hlompha qeto ya batho ba sa rateng tee ya Rooibos kapa re lokela ho etsa hore ba nwe tee ya Rooibos? Ha re nahane ka sena ka pale e mabapi le ho nka qeto ya hore na motswalle wa hao o batla tee.

Scenario: Who wants tea?

Nahana eka o na le motswalle wa hao, motho eo o nang le maikutlo a lerato bakeng sa hae. O batla ho nwa tee mme o nka qeto ya ho ba fa tee le bona.

Wena o re, "Hela, o ka thabela kopi ya tee?" ebe haeba ba re, "Ao hle, ee, nka THABELA kopi ya tee! Ke a leboha!" Jwale o nahanang? Na ba batla tee? O tlo etsang?



- Ee, ba batla tee e le kannete mme o ba etsetsa yona.

Haeba o re, "Hela, o ka thabela kopi ya tee?" ebe ba re eehh le mmm le hore, "Ha ke na bonnete hantle..." – eba o tlo etsang?

- O ka etsa kopi eo ya tee kapa tjhe, empa o lemohe hore a ka nna a se e nwe, mme ha a sa e nwe – mme hona ke ntlha ya bohlokwa – o seke wa etsa hore a e nwe.
- O ka se mo bone molato hobane wena o entse boiteko ba ho etsa tee o tshepile hore a ka nna a e nwa; o lokela ho amohela fela hore ha baa e nwa. Hobane fela o e entse ha o fe tokelo ya ho ba shebella kapa ho etsa hore ba e nwe.

Haeba a re, "Tjhe, ke a leboha" jwale o tlo etsa jwang?

- Ha o etse tee, ha o etse hore a nwe tee, ha o mo kgenele ha ba sa batle tee. Ho hlakile hore ba ba batle tee.

Ha motswalle wa hao a ka re, "Ee, ka kopo, o mohau haholo," ebe ha tee e fihla ha ba e batle ho hang. Jwale o tla etsa jwang?

- Ha o ba qobelle kapa ho etsa hore ba ikutlwe ba le molato ka ho se batle tee.
- Ke nnete hore ho wa tena hore o ikgathaditse ho etsa tee, empa ba ntse ba sa tlameha ho e nwa. Ba ne ba batla tee, empa jwale ha ba sa e batla. Ka nako tse ding batho ba fetola menahano ya bona nakong ka yona o bedisang metsi, ho loisa tee le ho tshela lebeso. Mme ho lokile hore batho ba fetole menahano ya bona, mme o ntse o sena tokelo ya ho ba shebella kapa ho ba qobella ho e nwa leha o nkile boikgathatso ba ho e etsa.

Haeba motswalle wa hao o robetse kapa o akgehile mme wena o batla tee? O mo etsetsa tee?

- Haeba ba robetse kapa ba akgehile, o seke wa ba etsetsa tee. Batho ba idibaneng ha ba batle tee ebile ha ba kgone ho araba potso ya, "Na o batla tee?" hobane ba idibane. Le haeba ba ne ba batlile tee pele ba kgaleha, o ke ke wa etsa hore ba nwe tee ha ba idibane.

Haeba, ha motswalle wa hao a ne a le heno Moqebeleng o fetileng, ebe ba dumela tee ka nako eo, na seo se bolela hore ba batla tee le hona jwale? Na o lokela ho nahana hore ba batla tee ka nako tsohle?

- Tjhe. O ntse o hloka ho ba botsa. Ha ba batle o tle ha bo bona o sa lebellwa ebe o etsa tee le ho ba qobella ho e nwa o ntse o re, "EMPA O NE O BATLA TEE BEKENG E FETILENG," kapa hore ba tsohe ba fumane o ntse o tshela tee qoqothong tsa bona o ntse o re "EMPA O NE O BATLA TEE MAOBANE BOSIU."



Haeba o lefelletse tee ka tjelele ya hao hobane o ne o nahana hore ba ka batla tee, na seo se bolela hore ba tlameha ho nwa tee le wena?

- Tjhe. Hobane ba ntse ba na le tokelo ya ho nka qeto ya hore na ba batla tee. Ha o wa lokela ho nahana hore hobane o ba etseditse ntho e ntle, leha ntho eo e rekwa ka tjelele, ba lokela ho nwa tee.



Group discussion 1

- Jwale, beha thobalano sebakeng sa tee. Ke eng e fapaneng kapa e dulang e tshwana haeba o ne o na le dikarabo tsee ho tswa ho molekane eo o neng o batla ho etsa thobalano le ena?

Consent for tea versus sex

- Dikarabo tse re buileng ka tsona bakeng sa ho fa motho tee ke dikarabo tse tshwanang tse tla sebetsa ha o ne o ka re o batla ho etsa thobalano le motho e mong.
- O tlameha ho botsa motho kamehla, nako le nako, hore na o batla ho etsa thobalano.
- Haeba a re ee, seo se bolela hore o dumetse ho etsa thobalano.
- Empa motho a ka re ee ebe o fetola monahano wa hae, o tlameha ho hlompha qeto ya bona.
- Haeba a re ee ebe o wa kgaleha kapa a idibane ka lebaka la ho nwa kapa lebaka le leng, ha hona taba hore ba dumetse pele – ha ba kgone ho dumela hona jwale. Sena ke nnete le haeba ba ne ba robotse kapa ba idibane pele o bua le bona.
- Haeba a itse ee nakong e fetileng, o seka wa nka a dumetse lekgetlo le tlang – o tlameha ho mo botsa.
- Haeba o mo reketse ntho e itse kapa o mo etseditse ho hong, sena ha se bolele hore o dumetse. O ntse o tlameha ho botsa mme o ntse a na le tokelo ya ho hana.
- Haeba a re tjhe, ho sa natswe maemo, sena se lokela ho hlomphuwa.



Group discussion 2

- Tumello ke eng?
- Tumello e shebahala jwang?
- Hobaneng tumello e le ntho ya bohlokwa
- Jwale le dithethefatsi di ama tumello jwang?
- Na tumello e na le seo e se etsang mabapi le kamoo motho a apereng ka teng/seo motho a se apereng?
- Ho ba le kamano le motho e moholo haholo ho o feta ho ka ama tumello jwang?
- Na tumello e a thabisa?
- Ke mang ya nang le mehlala ya hore na e ka ba monate jwang le hobaneng?

Facilitator guidance

Understanding consent⁸

Tumello ke eng?

- Tumello ke ho etsa hore ntho e nngwe e etsahale kapa o fane ka tumelo ya hore e etsahale. Ha thobalano e le pakeng tsa batho ba babedi, ho bolela hore batho bao ka bobedi ba dumellane ho etsa seo ba se etsang.
- Tumello e ka hodimo ho hore ee kapa tjhe. Ke puisano mabapi le ditakatso, ditlhoko, le boemo ba kgothatso diketsahalong tse fapaneng tsa thobalano. Ketsahalo e lokileng ya thobalano kamehla ke tumellano e nang le tlhompho.
- Thobalano eo ho sa dumellanwang ka yona ke batho ba babedi kapa ho se tumellano ho tswa ho motho e mong, ke tlatlapo mme ha e molaong.

Tumello e shebahala jwang?

- Tumello e hloka ho hlaka. Tumello e kahodimo ho ho utlwa lentswe le reng "tjhe". Molekane ya sa reng letho ha a tshwane le ya reng "ee". Se ke wa tshepa puo ya mmele, diketsahalo tsa thobalano e fetileng kapa matshwao afe kapa afe a hlohang puo. Se ke wa nahana hore o na le tumello. Kamehla e ba le bonnete ba hore o fumane tumello ya molomo.
- Tumello e ikgethile, Ha se hore hobane feela motho a dumetse ketsahalong e nngwe le mesebetsing e itseng hoo ha ho bolele hore tumello e fanwe diketsahalong tse ding tsa thobalano. Ka ho jwalo, haeba molekane o ne a fane ka tumello ya thobalano nakong e fetileng, sena ha se re letho diketsahalong tsa hona jwale kapa tsa ka moso. Tumello ho ka fanwa ka yona mme ya boela ya thisiswa.

Hobaneng tumello e le ntho ya bohlokwa

- Motho ka mong o na le tokelo ya ho etsa qeto ya seo a se etsang ka mmele wa hae mme ka hoo o na tokelo ya ho etsa qeto ya hore na o dumela mesebetsing ya thobalano.
- Ho kgahlanong le molao ho etsa thobalano le motho e mong o sa fumana tumello ya hae.

Jwala le dithethefatsi di sitisa tumello jwang?

- Dithethefatsi le jwala di ama ho etsa qeto. Ha dithethefatsi le jwala di kenyelletswa, ho keke ha fumanwa tumello e hlakileng.
- Hobane motho a tahlilwe, Ha ho bolele hore o dumella thobalano, le ha a ka shebeha a kgahleha. Tumello e a hlokeha.
- Le ha ho le jwalo, ha ho a loka ho nka qeto mabapi le thobalano ha motho e mong a tahlilwe. O ka hloleha ho nahana ka ho hlaka mabapi le ditlamorao tsa thobalano kapa tshireletso mme o be kotsing ya HIV, di STI kapa kemaro e sa hlophiswang. Hape, ka tsatsi le hlahlamang motho a ka ikutwa e ka ha a ka ba a dumela mme sena se ka nkwa e le tlatlapo.

⁸ National Sexual Violence Resource Center (2012). It's Time...to Talk About Consent. Accessed from http://www.nsvrc.org/sites/default/files/SAAM_2012_Consent.pdf

Na tumello e na le seo e se etsang mabapi le kamoo motho a apereng ka teng/ seo motho a se apereng?

- Tsela eo motho a apereng ka yona ha e re letho mabapi le tumello. Motho ha a fane ka tumello ho ya kamoo a apereng ka teng kapa diaparo tse hlahisang mmele. Ha ho kgathallehe le ho ba motho o apereng kapa o apere ka mokgwa ofe, o ntse tumello ya molomo

Ho ba le kamano le motho e moholo haholo ho o feta ho ka ama tumello jwang?

- Ka nako tse ding batho ba nang le balekane ba baholwanyane ba utlwa eka ha ba kgone kapa ba thatafallwa ke hore "tjhe" ho thobalano hobane ba utlwa eka molekane e moholo o na le matla a mangata ho feta, o lokela ho hlompfuwa, kapa o tla nka dimpho kapa dintle tse a fanang ka tsona. Tumello bakeng sa diketso tsa thobalano e sebetsa ho motho e mong le e mong, ho sa natswe hore o monyane kapa o moholo hakae.

Na tumello e a thabisa?

- Tumello ha se ntho e ka etsang hore e "senye maikutlo". Bonnete ke hore tumello e nang le thahasello e hlakileng e etsa hore ketsahalo ya thobalano e be bonolo haholo. Ha e dumele fela hore motho a tsebe hore ketsahalo e etsa hore molekane wa hae a iketle, e dumella hore balekane ka bobedi ba bolele ka ho hlaka seo ba se batlang.
- Ke kgetlo le leng fela moo o fumanang thobalano ya pele kapa thobalano le molekane ya itseng – ho e e labella le ho e emela nako e telele ho ka etsa hore e be betere. Ho e hlophisa lele mmoho le ho e lokiseletsa ho ka etsa hore boiphihlelo boo e be bo thabisang.

**Take home point**

Ho qobella motho ho etsa thobalano, ho sa natswe maemo, ke tlolo ya molao. Ho etsa motho a ikutlwe a le molato kapa ho mo hatella ho etsa thobalano hase dintho tse etswang kamanong e hlwekileng. Tumello ya lona ka bobedi – "ee" e morolo hape e tswella e tswang ho batho ka bobedi – e a hlokahala pele ho ketso ya thobalano. Haeba o nka qeto ya ho atamelana ka tsela efe kapa efe, ho bohlokwa hore batho ba bobedi ba dumele. Tumello e bohlokwa dikamanong tsohle tse hlwekileng tsa thobalano.

REFLECTION AND SHARING

(10 minutes)

Re qetellong ya karolo ya kajeno ya **ho buisana mabapi le thobalano**. Ena ke nako ya hao ya ho arolelana maikutlo mabapi le kopano le sehlopa.

Ke lakatsa hore motho ka mong e arolelane ka ntho e le nngwe ya bohlokwa eo a ithutileng yona kajeno le hore na o ka e sebedisa jwang bophelong ba hao ba letsatsi ka leng.



GOAL SETTING AND PRACTICE AT HOME

(5 minutes)

O ka ikwetlisetsa bo bong ba bokgoni boo o ithutileng bona kajeno jwang ha o fihla lapeng? Ho etsa sena ke motheo mabapi le sepheo sa nako e kgutshwane seo o tla se rala. Hopola, sepheo se lokela ho ba ntho eo o atlehileng ho yona pele re kopana hape re le sehlopha. **Re batla ho kgothaletsa hore le leke ho nahana eka o na le molekane ya batlang hore o etse thobalano le ena, mme o ikutlwa o sa itukisetsa. Bakeng sa boikwetliso ba lapeng, nahana ka kapa o ngole karabo e kgutshwane eo o ka e sebedisang boemong bona. Hopola dintho tse re buileng ka tsona kajeno ha o nahana ka karabo ya hao. O boele o nahane ka hore o tla araba jwang haeba molekane wa hao a sa dumellane le wena. O dumela ho etsa eng? Bohle re tla fumana monyetla wa ho tlaleha mabapi le katleho le diphephetso tsa rona kopanong e latelang.**



CLOSING THE SESSION

Re tla kwala kopano ka ho etsa kgulo ya lotto. Kenya pampitshana ya lebitso la hao ka lebekereng lena. Jwale re tla hula lebitso mme motho eo o tla hapa mpho ena ya lotto.

Re a leboha ha o bile teng kopanong ena. Nka thabela ho bua le mang kapa mang ka bo mong ka boiphihlelo ba hao ka kopano ena le hore na re ka ntlafatsa eng bakeng sa kgetlo le tlang. Ke labalabela karolo e latelang moo re tla tswelapele ho **aha bokgoni ba thobalano e bolokehileng ka mesebetsi e amanang le HIV le di STI.**

BA HOPOTSE KA LEBOKOSE LA DIPOTSO: Hopola hore o ka beha dipotso tsa hao ka Lebokoseng la Dipotso neng kapa neng. Re sentse re na le dipotso tse ngata kamoo ho tswa kopanong e fetileng, kahoo ha ho tsela eo ka eona ho ka bang le motho ya tsebang hore na potso ya hao ke efe.

Ke tla o bona kgetlo le tlang _____ (nako le sebaka) ka la _____ (letsatsi le mohla).



SESSION 10 APPENDIX

Sexual negotiation scenario cards

O nahana...	Molekane wa hao O re...
O nahana... Ha ke batle ho etsa thobalano hobane ha ke batle ho fumana HIV kapa enngwe STI.	Molekane wa hao O re... Ha ke na lefu. Na ke shebahala ke kula?
O nahana... Ha ke batle ho ima.	Molekane wa hao O re... O ke se ime ka kgetlo la pele o etsa thobalano (kapa ha ho ka ha ba le letho le etsahetseng nakong e fetileng).
O nahana... Ke batla ho suna le ho tshwarwatshwarwa ke se ke ka etsa thobalano.	Molekane wa hao O re... Ho a tena! Ho etsa thobalano ho thabisa ho feta. O tshweneyehile keho fumana HIV? Ha ke kule, jwale ha ke na yona.
O nahana... Ke thabile hore re ratana haholo – Ke batla ho etsa se seng empa ha ke batle ho etsa thobalano.	Molekane wa hao O re... Ke tsohetswe haholo hona jwale – haeba re sa tswelepele ke tla utlwa bohloko bo tshabehang!
O nahana... Ha ke e kutiwe ke loketse ho etsa thobalano.	Molekane wa hao O re... Motho bohle a e etsa. Na o batla ho ba wa ho qetela?
O nahana... Ha ke batle ho etsa thobalano le wena hona jwale.	Molekane wa hao O re... O kgarebe ya ka, o lokela ho etsa seo ke se buang. KAPA O kgarebe ya ka – ha o sa etse jwalo, ke tla fumana e mong motho ya tla etsa jwalo.
O nahana... Ke batla ho ema nakwana e telele pele re etsa thobalano	Molekane wa hao O re... Ke ya o rata ebile ke batla ho o bontsha. Haeba o ne o nthata o no tla etsa thobalano le nna hona jwale.
O nahana... Ha ke kgolwe hore re ile ra etsa thobalano nakong e fetileng re ne re le mmoho – ha se seo ne ke se batla.	Molekane wa hao O re... Nakong e fetileng ha re ne re le mmoho re ile ra etsa thobalano mme re hantle! Ha re phete hape!
O nahana... O shebahala e kara o itokisetsa ho hong empa ha ke so lokele ho itlama.	Molekane wa hao O re... Ke na le dikhohlopo ho na jwale, jwale ha ho lebaka lahore re se ke ra etsa thobalano.
O nahana... O shebahala e le moshemane a motle ebile o tswa lelapeng la baru.	Molekane wa hao O re... Ke tla o rekela ntho e nngwe e ntle ha o ka etsa thobalano lenna.

SESSION 11

HIV and STIs – Fact and fiction

TIME

120 minutes

RATIONALE

Understanding how HIV and other sexually transmitted infections (STIs) are transmitted helps adolescents to make informed choices to protect themselves and their potential partners. Knowing the symptoms of an STI, and that not all STIs have symptoms, also promotes healthy decision making around care-seeking and treatment. Finally, promoting HIV counselling and testing as an important, routine part of care for everyone, and encouraging adolescents to find out more about testing resources in their communities, can help increase uptake of this critical prevention service.

GOALS

- To provide members with an accurate understanding of how HIV is and is not transmitted, and how to stay safe from infection
- To learn about the symptoms of STIs and their treatment, prevention and testing
- To provide information about HIV counselling and testing and to encourage adolescents to get tested

SESSION OVERVIEW

Opening ritual

Feedback from previous session (15 minutes)

Exercise 1: HIV knowledge card game (40 minutes)

Exercise 2: Dear Dolly (30 minutes)

Exercise 3: HIV and STI testing (20 minutes)

Reflection and sharing (10 minutes)

Goal setting and practice at home (5 minutes)

Closing the session





MATERIALS NEEDED

- Name tags for participants
- Flipchart or a black/white board and marking pens
- HIV knowledge cards printed and cut (Appendix)
- Dear Dolly letters printed and cut (Appendix)
- Prestik or other sticky for use with the HIV knowledge cards
- Lottery prize

WORKBOOK HAND-OUTS REVIEWED

- [Fact sheet: HIV and AIDS](#)
- [Fact sheet: Other STIs](#)
- [Fact sheet: HIV and STI testing](#)
- [Myths and facts quiz](#)
- [HIV Transmission: What is safe and unsafe?](#)



SPECIAL PREPARATION

- Review each of the [Fact sheets](#) carefully as well as the Facilitator background at the beginning of Exercises 2 and 3 multiple times, so that you are prepared to present the information and answer any questions participants may have.
- For Exercise 1, have ready, and review ahead of time the cards used in the *HIV knowledge card game* and the answer keys. Familiarise yourself with the cards that represent safe and unsafe activities so that you have the right information when doing the activity with the group, and can offer the correct answers quickly. You will need one set of the 43 cards, three signs –labelled as “Safe”, “Unsafe”, and “Unsure”—and prestik. There are some pictures that you may not consider appropriate for the group. Discuss any cards you are not sure of with supervisors. Pictures of oral and anal sex are particularly explicit; if not used in the activity make sure these topics are addressed in the discussion about safety. Remember the importance of open communication on sensitive topics in promoting accurate knowledge and safe practices.
- For Exercise 2, Choose 2 of the 3 *Dear Dolly letters* so they can be cut and handed out to participant pairs. You may use the name of an agony aunt from your local newspaper or radio in place of the name ‘Dolly.’

OPENING RITUAL

FEEDBACK FROM THE PREVIOUS SESSION

(15 minutes)



Instructions

1. Ask someone to summarize the home assignment. Refer to the '**Home practice assignment summary**' text if clarification is needed.
2. Encourage feedback from participants on their completion of the home practice. Ask them about their emotions, thoughts and behaviours related to the home practice.
3. Spend some time on areas where there were challenges and use group problem solving to get ideas on how the situation can be dealt with. Use one of the challenges as a role-play. The co-facilitators can model it.
4. Praise participants for their efforts to problem solve.
5. If any health or safety issues requiring immediate resolution were presented in the Question Box, address these now.



Home practice assignment summary

Morero wa hao e ne e le ho nka qeto ya hore na o ka sebetsana le kgatello ya molekane wa hao hore le etse thobalano jwang haeba o ne o so ikutlwe o itokiseditse.



EXERCISE 1: HIV KNOWLEDGE CARD GAME⁹



(40 minutes)

Rationale

Many people lack comprehensive knowledge about HIV transmission and prevention, and myths and misconceptions are common. Correcting these misconceptions and providing knowledge can help individuals protect themselves and counteract the stigma surrounding HIV and AIDS. This exercise is designed to provide participants with this kind of information and answer any other questions they may have about HIV and risk reduction.



Instructions

1. Refer to '**Special Preparation**' to prepare all necessary materials and to ensure that you deliver the exercise effectively.
2. Introduce the exercise; refer to the '**Introduction: HIV card game**' text provided as needed. Divide the 43 HIV knowledge cards among the members with pictures facing down (so they are not distracted by the images while you explain the rules.) After explaining the exercise, answer any questions participants have, then say "Okay, go!"
3. When all cards are up on the wall, ask members to take a couple of minutes to look carefully at where their peers have placed their cards. Ask if they want to change any, and identify which ones. Place all of the cards where changes were proposed under the "Unsure" sign (if they were already under unsure and someone mentioned it was safe or unsafe, keep it under unsure.) Check for any inaccuracies. If you see one, place that card under the "Unsure" sign as well.
4. Start with discussing each of the cards now under the "Unsure" sign. Refer to the description of the cards within the '**UNSAFE activities,**' '**SAFE 'intimate' activities,**' and '**SAFE activities**' For answers and explain and update the placement of each card to "Safe" or "Unsafe" as you discuss it -- (e.g., tattoos are actually a safe activity because...) (This text is provided in both English and local language where appropriate to assist in explaining.)
5. Once you have all the cards in the correct place, ask the group to come up and review the signs; to avoid crowding, invite half of them to first look at "Safe" while the other half reviews "Unsafe" cards – then have them switch. Invite questions from the group as to why some of these activities are safe or unsafe.

⁹ Centre for the Support of Peer Education (2012) Vhutshilo 2 manual; and Vhutshilo 2.2, ASPIRES project by FHI 360 and Health and Education Training and Technical Assistance Services (HETTAS).

6. Highlight a few others not already mentioned that may have been correct but are often still confusing to people, such as:
 - » Toothbrush; mosquito; tattoos; traditional healers; caring for someone with HIV or AIDS; breast feeding; donating blood and receiving a blood transfusion; sport; and sharing a house or eating utensils .
 - » Make sure to also emphasize that the safe and unsafe sexual activities differ given use of a condom and the other safe 'intimate' activities that can be performed.
7. Ask the '**Group discussion**' question. Encourage responses and provide details from the text provided for '**UNSAFE activities,**' '**SAFE 'intimate' activities,**' and '**SAFE activities**' to explain the reason the activity is safe or unsafe for any additional ones that surprised the group.
8. Explain to members how HIV infection happens using the '**How HIV is transmitted**' text.
9. Review the '**Take home point,**' including reference to the Fact sheet: HIV and AIDS in their workbooks.



Introduction: HIV card game

Jwale re tla sheba ditsela tseo HIV e fetang le tseo e sa feteng le hore na ho ka thibelwa ho fumana HIV jwang kapa ho e fetisetsa ho ba bang jwang. Ke fetisetsa dikarete ho e mong le e mong wa lona, di shebile fatshe. Le seke la di kupulla hofihlela ke le jwetsa jwalo, hofeta moo le mamele ditaelo.

Ha ke re "e ya", sheba e nngwe le e nngwe ya dikarete tsa hao mme o nke qeto ya hore na mosebetsi o ho yona o ka baka phetiso ya HIV. Ke hore, mosebetsi o bontshitsweng kareteng "O bolokehile" kapa "Ha o wa bolokeha" haeba e mong wa batho a na le HIV? Ha o se o nkile qeto ya karabo bakeng sa ditshwantsho tsa hao kaofela, nka prestik mme o behe setshwantsho se seng le se seng katlasa letshwao leo o nahanang se wela tlasa lona: "Bolokehile" kapa "Ha ke na bonnete."



Mesebetsi e SA BOLOKEHANG

Sebedisa tlhahisoleseding e ka tlase ho botsa dipotso/sebetsana le papadi ya karata ya tsebo ya HIV mme o thuse bankakorolo ho utlwisisa hore na hobaneng mesebetsi e nkwa e **SA BOLOKEHA**.

- **Thobalano ya kamorao kante ho kgohlopo (#1), Thobalano ya ka bosading kante ho khohlopo (#22) Thobalano ya molomo kante ho khohlopo (#41):** Ho etsa thobalano kante ho khohlopo ha ho **WA BOLOKEHA**. Ho na le kotsi ya ho fetisa kapa ya ho fumana HIV ho tswa mofuteng ofe kapa ofe wa thobalano kante ho khohlopo – ya molomo, ya ka bosading le ya kamorao – leha ele hore kotsi ha e tshwane. Thobalano ya kamorao ke yona e kotsi hofeta tsohle mme ke yona e nang le bokgoni bo boholo ba ho fetisa HIV. Thobalano ya ka bosading le yona e kotsi haholo; thobalano ya molomo ha e kotsi haholo, empa le yona e kanna ya lebisa ho tshwaetsano. Hangata HIV e teng lerong la bonna kapa lerong la bosadi la motho ya tshwaeditsweng. Ha batho ba etsa thobalano, ba fetisetsana maro mme HIV e ka fetiswa ho tloha motho ho ya ho e mong.
- **Bana ba bashanya ba madi (#11):** Mesebetsi, e kenyeletsang kopano ka madi, jwalo ka hoba bo-more ba madi ke mesebetsi e **SA BOLOKEHANG** e kotsi haholo. “Bo-more ba madi” e bolela batho (hangata metswalle) ba kopanelang lehare kapa thipa ho itsheha ebe ba bula maqeba a bona mmoho ele hore madi a bona a kopane, e ba etsa hore ebe ‘bo-more ba madi.’
- **Ho kopanela dinalete (#32):** Dinalete tse tshilafaditsweng ka madi di ka fetisa kokoanohloho ya HIV. Haeba nalete e sebediswa ho enta dithethefatsi ke motho ya nang le tshwaetso ebe e sebediswa hape ke motho ya senang HIV, ho na le kotsi ya ho fetisa HIV ka madi a setseng naleteng. Le seke la arolelana dinalete; ha ho **WA BOLOKEHA** haholo.

Mesebetsi 'ya kopano ya lerato'e BOLOKEHILENG

Sebedisa tlhahisoleseding e katlase ho botsa dipotso le ho sebetsana le papadi ya karata ya tsebo ya HIV mme o thuse bankakarolo ho utlwisisa hore na hobaneng mesebetsi ena ya kopano ya lerato e nkwa e **BOLOKEHILE**.

- **Ho sunana (#14):** Ho batla ho sa kgonahale hohang ho fetisa HIV ka ho fetisetsana mathe, jwale ho sunana ke mosebetsi o seng kotsi haholo. Ho na le kgonahalo e fokolang ya hore HIV e ka fetiswa ha balekane ba babedi ba na le diso kapa maqeba a bulehileng, eleng ntho e sa etsahaleng hangata. Ka kakaretso, ho sunana ho nkwa ho **BOLOKEHILE**.
- **Thobalano ya ka bosading e ka khohlopo (#21), Thobalano ya lehano ka khohlopo (#42), Thobalano ya kamorao ka khohlopo (#43):** Sena se lokela ho nkwa se **BOLOKEHILE**. Haeba o nka qeto ya ho etsa thobalano, ho sebedisa dikhohlopo ka nepo nako yohle ha o etsa thobalano, ke mokgwa o le mong fela wa ho itshireletsa ho HIV. Khohlopo e tla fana hape ka tshireletso mafung a mangata a diSTI le bokgatjhane. Ha di sebediswa ka nepo hangata (nako yohle ha o etsa thobalano) nakong ya thobalano, dikgohlopo di sebetsa hantle haholo ka ho thibela phetiso ya HIV. Maemong a fokolang, khohlopo e ka taboha. Mohlala, ha e sa bolokwa ka tsela e nepahetseng (letsatsing, kapa ele ka pokothong nako e telele) kapa ha e fetuwe ke nako (sheba ho fetwa ha nako kamehla khohlopong). Khohlopo e ka taboha hape ha e behuwe hampe (mohl: e phuthullotswe pele e kenywa) kapa ha sephuthelwana se bulwa ka sekere kapa meno. Ho qoba phetiso ya HIV ho bohlokwa haholo ho sebedisa le ho boloka dikgohlopo ka nepo. Re tla sekaseka tshebediso e nepahetseng ya kgohlopo ka dintlha ka botlalo nakong ya karolo e latelang.
- **Ntlwabe (#17):** Ntlwabe ke mosebetsi o **BOLOKEHILENG**. Ntlwabe ya batho ba utlwanang le yona ke mosebetsi o **BOLOKEHILENG** hobane nakong ya ntlwabe ha hona phetisetsano ya lero la bonna, maro a bosading, kapa madi (maro a mmele a nang le HIV).
- **Kopano ya nama nameng (#40):** Kopano ya nama nameng e **BOLOKEHILE** ha fela letlalo le sena letho (ho sena moo le seuweng kapa dikotsi). HIV ha e dule kante ho letlalo mme ha e fete ka kopano ya matlalo. [Ela hloko: DiSTI tse ding di ka fetiswa ka kopano ya nama nameng].
- **Ho hlapa mmoho (#12), Ho hakana (#13), Ho tshwarana ka matsoho (#23), Ho robala betheng ele nngwe (#34):** Mesebetsi ena kaofela e **BOLOKEHILE** ka ho phethahala. Ha hona kotsi e kabang teng hohang ho nkeng karolo ho eng kapa eng e kenyeletsang kopano ya letsatsi le letsatsi e bobebe. Haeba mosebetsi o sa kenyeletse phanano ya madi, lero la bonna kapa maro a tswang bosading ha hona kotsi hohang ya ho fumana HIV.

Mesebetsi e BOLOKEHILENG

Sebedisa tlhahisoleseding e katlase ho botsa dipotso le ho sebetsana le papadi ya karata ya tsebo ya HIV mme o thuse bankakarolo ho utlwisisa hore na hobaneng mesebetsi e] nkwa e BOLOKEHILE.

- **Ho kopanela boratjhe ba meno (#29):** Ho batla ho sa kgonahale ho fetisa HIV ka fela ho fetisetsana mathe. Ho arolelana boratjhe ba meno ke mosebetsi o senang kotsi e kgolo. Hona le kgonahalo e fokolang ya hore HIV e ka fetiswa ha balekane ba babedi ba na le diso ka mahanong a bona kapa maqeba a bulehileng, eleng ntho e sa etsahaleng hangata. Ka kakaretso, ho arolelana boratjhe ba meno ho nkwa ho **BOLOKEHILE**. Leha hole jwalo, ho kgothaletswa hore o se arolelane boratjhe ba meno le mang kapa mang hobane mefuta e meng ya ditshwaetso e ka fetisetswana ha bobebe ka tsela eo.
- **Ho phunya hwa ditsebe kapa mmele (#10) Ho itaka dinyao (#37):** Dinyao kapa ho phunya ho nkwa ho **BOLOKEHILE** ha fela o di fumana shpong e latelang melao kaofela ya ho hlwekisa disebediswa. Dinalete di lokela ho sebediswa hanngwe fela mme disebediswa tsohle tse ka sebetsang hape di hloka ho hlwekiswa mme di bolawe dikokwanahloko dipakeng tsa bareki.
- **Ho fana ka madi (#9), Ho fumana madi (#20):** Bafani kaofela ba madi le ba fanang ka madi dipetlele kapa ditleleniking ba etswa diteko ka hloko bakeng sa HIV ho etsa bonnete ba hore tshwaetso ha e fetiswe ho ba fumanang madi. Disebediswa tse sebediswang sebakeng sa ditsamaiso di hlwekile. Sena se etsa hore ho **BOLOKEHE** ho ya ditleleniking le dipetlele ho fana ka kapa ho fumana madi.
- **Ho longwa ke monwang kapa dikokonyana (#16):** **BOLOKEHILE** – ha hona kotsi ya ho fumana HIV ka ho longwa ke kokonyana. Ha kokonyana e loma, ha e behe madi a yona, kapa madi a tswang mothong/phoofolong eo e mo lommeng pele, ho motho ya latelang eo e mo lomang. Hape, HIV ha e dule kahare ho kokonyana, ho fapana le mafu a kang malaria. Dikokonyana di kese be le HIV, ho bolelang hore di kese e fetisetse ho ba bang.
- **Ho anyesa haeba o na le HIV (#3):** HIV e ka fetiswa ho tloha ho mme ho ya ho lesea ka kanyeso. Leha hole jwalo, ha basadi ba baimana kapa ba anyesang ba fumana kalafo e ikgethileng ya ditlhare tse lwantshang HIV (kalafo ya antiretroviral kapa diARV/ART), kotsi ya phetiso ya HIV ngwaneng e tlase haholo mme ho anyesa ho lokela ho nkwa ho **BOLOKEHILE**. Afrika Borwa bo mme ba bangata ba nang le HIV ba anyesang ba fumana kalafo e jwalo. Ho anyesa kantle ho kalafo e jwalo ho ka fetisa HIV, jwale maemong ana ho lokela ho nkwa HO SA BOLOKEHA. Empa lebesa la letswele le dula ele dijo tse hantle haholo bakeng sa ngwana mme basadi ba lokela ho tswelapele ho anyesa. Bafani ba tlhokomelo ya bophelo bo botle bat la thusa basadi bana ho nka qeto ya kgetho ya phepo e nepahetseng bakeng sa bana ba bona le hore na ba ka fokotsa kotsi ya phetiso ya HIV jwang.
- **Ho hlokomela moho ya nang le HIV (#4), Hoba metswalle (#2), Ho kgohlela/ho thimola (#7), Ho Ila/Meokgo (#8), Ho dula ka ntlong ele nngwe (#15), Ho papala (#18), Ho papala mmoho (#19), Ho arolelana seno (#24), Ho arolelana pene, pentshele, rulara (#25), Ho arolelana poleiti/sejana (#26), Ho arolelana setulo (#27), Ho arolelana ntlwana (#28), Ho arolelana dintho tse robalang (#30), Ho arolelana dijo (#31), Ho arolelana dintho tse papalang (#33), Ho sesa (#35), Ho bua mohaleng (#36):** Mesebetsi ena kaofela e **BOLOKEHILE** ka ho phethahala. Ho hona kotsi e keneletseng hohang ho nkeng karolo ntho efe kapa efe e keneleditseng kopano e bobebe ya letsatsi le letsatsi. Ha hona kotsi ho arolelaneng dijo kapa disebediswa tsa ntlo, kapa ho papala le batho ba bang, le haeba bana le HIV. Ho hlokomela motho ya nang le HIV kapa AIDS ha ho o kenye kotsing efe kapa efe ya ho fumana lefu leo. Haeba mosebetsi o sa keneletse phanano ya madi, lero la bonna kapa maro a tswang bosading ha hona kotsi hohang ya ho fumana HIV.

- Ho ya ngakeng ya meno (#5), Ho ya ngakeng (#6), Ho ya ngakeng ya setso (#38), le Ho etela sepetlele (#39): Mesebetsi ena kaofela e nkwa e **BOLOKEHILE**. Ho **BOLOKEHILE** ho ya sebakeng sefe kapa sefe kapa sebakeng sa bongaka moo batho ba nang le HIV ba thuswang teng le ho etela ngaka kapa mosebetsi wa bongaka ya alafang batho ba nang le HIV. Dibaka tsa bongaka le basebetsi ba ba le boikarabello ba ho etsa bonnete ba hore disebediswa tsohle tseo ba di sebedisang di bolawa dikokwanahloko mme maemo a bolokehile. Ho ya ngakeng kapa ngakeng ya meno ho bolokehile haholo mme ha hona kotsi ya ho fumana HIV. Ho ya ngakeng ya setso kapa ho hlokomela motho ya nang le HIV ha ho o behe kotsing ya ho fumana lefu leo.

Group discussion

- Hona le mang kapa mang ya batlang ho fetola e nngwe? Difeng ?
- Ke efe ya tse e o makaditseng?



How HIV is transmitted

Mohlomong o se o tseba hore tshwaetso ya HIV ha e phekohe, e etella maemong a bitswang AIDS. AIDS e emetse 'Acquired Immunodeficiency Syndrome', mme batho ba nang le yona ba shebahala ba kula mme ba ikutlwa ba kula. Empa ha HIV e ka fumanwa le ho phekolwa ka potlako, ka di antiretrovirals (kapa di ARV), motho a ka phela nako e telele, mme a se ke a fumana AIDS.

Nnete ke hore, tshwaetso ya HIV e etsahala ka mokgwa ona:

- HIV e dula ka hara mekedikedi ya mmele: Madi, lero, mekedikedi ya nnyo, le lebesa la letswele.
- Motho a ka tshwaetswa ha HIV e mekedikeding ena e kena mmeleng wa hae.
- HIV e ka tloha mothong ya nang le tshwaetso ho ya ho motho ya se nang tshwaetso ha batho ba babedi ba fapanyetsana ka mekedikedi ntle le tshireletso ka nnyo, mohlamu, kapa thobalano ya molomo; ho nyantsha; kemaro; pelehi, ho sehwa ke lehare ha o le motho ya tshwaeditsweng; kapa ho abelana ka nalete le motho ya thwaeditsweng. Mesebetsi ena, e beha motho kotsing e hodimo ya tshwaetso. Mesebetsi ya kamehla e sa kenyelletsa phapanyetsano ya mekedikedi ya mmele e bolokehile, mme ha e o behe kotsing ya ho fumana HIV.



Take home point

Mesebetsi e mengata e bolokehile hore e ka etswa le batho ba nang le HIV. Tsela e hantle ya ho qoba HIV ke ho se etse thobalano, kapa ho sebedisa khohlopo ka nepo nako yohle ha o na le kopano ya thobalano le mang kapa mang, le motho eo o mo ratang kapa eo o nang le kamano le yena. Ho etsa thobalano e sa tshireletsehang kapa kopano ya madi ho beha batho kotsing e kgolo ya HIV. Tliahisoleseding e ngata eo re e sekasekileng le dikarabo dipotsong tse tlwaelehileng e fumaneha ho wena hore o e hlahlobe pampering ya dinnete ya HIV dibukeng tsa lona ka mosebetsi. Phetiso ya HIV: Dikarete tsa tse bolokehileng le tsa sa bolokehang tse sebedisitsweng boikwetlilong bona di kenyeditswe kamorao ho dibuka tsa lona tsa mosebetsi.



EXERCISE 2: DEAR DOLLY¹⁰



(30 minutes)

Rationale

STIs are common and adolescent girls may be at heightened risk as the developing cervix is especially susceptible to infection. Apart from being a serious health concern in their own right with the potential for long-term damage, STIs can increase the risk of contracting HIV. This exercise is designed to respond to participants' questions about STIs and increase knowledge related to transmission, signs and symptoms, and when to seek treatment.



Instructions

1. Read the '**Facilitator background: Overview of sexually transmitted infections or STIs**' multiple times before starting the exercise so you are very familiar with the information. This information will help you answer questions and guide adolescent responses. You should also read and be familiar with the Fact sheet: Other STIs that will be shared with the adolescents. Choose 2 of the 3 *Letter to Dolly* scenarios found in the appendix. (If the session takes less time than expected, you can do the third question as a whole group)
2. Introduce the exercise; refer to '**Introduction: Dear Dolly**' text provided as needed. Divide the participants into 4 small groups and give each group a *Letter to Dolly* (so there are two groups for each scenario.) Explain that they are going to be 'Dolly' and must compose a letter of advice back to the letter writer. Direct the groups to review their Fact sheet: Other STIs in their workbooks so they can use it as a reference. They should discuss and write their response.
3. After 10 minutes, ask them to join groups with the other small group working on the same scenario. They should compare answers and come up with a final response. After 5 minutes, bring all of the participants together. Ask each of the combined groups to read the letter and their response to the letter writer.
4. Conduct the '**Group discussion 1**' questions to obtain feedback on the groups' response to the letter. Give about 5 minutes total discussion for each letter. Ensure participants have correct knowledge using '**Facilitator guidance: Responding to the letters with correct information.**'
5. Ask the '**Group discussion 2**' question to elicit brief responses about prevention. Highlight points in the '**Facilitator guidance: Key prevention messages**' if not mentioned.
6. Review the '**Take home point,**' including reference to the Fact sheet: Other STIs in their workbooks.

¹⁰ National Sexual Violence Resource Center (2012). It's Time...to Talk About Consent. Accessed from http://www.nsvrc.org/sites/default/files/SAAM_2012_Consent.pdf.

Facilitator background

Overview of Sexually Transmitted Infections (STIs)¹¹

Sexually Transmitted Infections (STIs) are infections that are spread from person to person through intimate sexual contact. They can be dangerous and easily spread, and it is hard to tell just by looking if somebody has an STI. In order to understand STIs, it is important to understand the difference between 'treatment' and 'cure.' The word 'cure' means that after medical treatment, the person no longer has that specific disease/condition anymore and is 'cured.' Some diseases/conditions have no cure, which means the person will always have it, but that it can be 'treated,' which means that they can take medicine to control or reduce the symptoms or effects of the condition.

Types of STIs, Testing, and Treatment

There are three different types of STIs: those caused by a virus, those caused by bacteria, and those caused by a fungus.

1. Viral STIs are systemic (affect the body generally) and invade the whole body and its cells. They can be treated, but not cured and include Hepatitis B, HIV, Genital Herpes (HSV-2) and Genital Warts (HPV.)
2. Bacterial STIs are localised to one part of the body and can be cured by antibiotics, and include diseases such as Chlamydia, Gonorrhoea and Syphilis.
3. Fungal infections usually grow on or in the top layer of skin, are not always sexually transmitted, and are curable. A common example is a yeast infection or thrush (candida overgrowth.)

Other infections of the genital area which can be cured with antibiotics or topical creams (applied to the skin) include Pubic lice, Trichomoniasis, and other inflammations of the vagina or penis caused by organisms such as bacteria or yeast, and irritations from chemicals in creams, sprays or clothing.

You have to be tested for STIs in order to know for sure if you have one, as many STIs have no symptoms or warning signals. Once you have your test results, you can seek treatment if you have an STI, or stay safe if you are negative.

Managing an STI includes the following steps:

- Counselling for the individual, so they understand the STI, how it can be spread, and how to treat it;
- Condom use for any future sexual encounters to prevent the spread of the STI;
- Taking the treatment that is given to you at the clinic correctly. It is very important to finish the medicine you get for an STI so that the infection goes away completely; and
- Contacting previous and current sexual partners to advise them to get tested (many clinics can help do this anonymously.)

¹¹ Sexuality and U: Society of Obstetricians and Gynaecologists of Canada (2016). STIs-STDs. Accessed from <http://www.sexualityandu.ca/stis-stds/types-of-stis-stds>.

Symptoms

Many STIs have no symptoms or warning signals. When symptoms are present, they could be a sign of an STI or something else, and they may vary by gender as described below.

For women, symptoms which could indicate an STI include:

- Burning or pain when urinating
- Itching, bad smell or unusual discharge from the vagina or anus
- Sores, bumps or blisters near the genitals, anus or mouth
- Pain in the lower abdomen
- Vaginal bleeding between menstrual periods

For men, symptoms which could indicate an STI include:

- Sores, bumps, or blisters near the genitals, anus, or mouth
- Burning or pain when urinating
- Drip or discharge from the penis
- Itching, pain or discharge from the anus

If left untreated, STI's can have serious consequences, including:

- Uncomfortable symptoms (burning, itching, painful urination)
- Unpleasant appearance (warts, sores, drips)
- Problems with fertility (if an STI is not treated, it can cause scarring that may make it difficult or impossible to get pregnant)
- Damage to other parts of the body (untreated Hepatitis B can cause permanent liver damage; untreated Gonorrhoea can cause heart problems; untreated HPV can cause cancer; etc.)
- Greater risk for HIV (sores or cuts make it easier for HIV to enter the body)
- Risks to others (untreated STIs can be passed to sexual partners; some STIs can pass from a mother to her baby in the uterus or during birth)



Introduction: Dear Dolly

HIV ke lefu fela le fetiswang ka dikobo. Di STI tse ding le tsona di na le ditlamorao tse kotsi tsa bophelo bo botle., ho kenyeletswa ho o beha kotsing e phahameng ya ho fumana HIV, le ho etsa hore ho be thata ho wena ho etsa bana hamorao. Sena ke nnete haholo haeba tshwaetso e tlohetswe e sa alafshwe. Sepheo sa boikwetliso bona bo latelang ke ho eketsa kutlwisiso ya hao ya DISTI tse tlwaelehileng le matshwao a tsona kapa matshwao a lemosang, le ho o thusa ho ithuta hore na o lokela ho etsang haeba o na le matshwao kapa o belaela hore wena kapa motho e mong eo o mo tsebang a kaba le STI. Boikwetlisong bona, e mong le e mong wa lona e tlabana moeletsu wa batho ba utlwileng bohloko, kapa batho ba eletsang ba bang koranteng, ba bitswang bo Dolly. O tla fumana lengolo le ngolletsweng Dolly e ke mosebetsi wa hao ho ngola karabo.

Group discussion 1

[Ask each group what they thought about the other groups' response to letter]

- O ratile eng ka karabo?
- O ka fetola kapa wa eketsa eng karabong?



Facilitator guidance

Responding to the letters with correct information

Each letter should inform the participant of the following:

- They should go to a clinic for testing. If they have an STI, then they can receive treatment. In order to prevent re-infection, the partner must be treated as well. If they do not have an STI, they will feel better and can work towards staying safe to avoid infection.
- If an STI is left untreated it, it can result in serious long-term health problems such as:
 - » Infertility (being unable to have babies) and damage to other parts of the body
 - » The disease passing from a pregnant mother to her baby
 - » Increased risk of getting HIV

Additional advice specific to each letter is as follows:

Letter 1: *I am a 20 year old female and I started having sex with my boyfriend. For me it is my first time, and he also says that it is his first time to have sex. But now, I am noticing that there is a bad smell and it is painful when I urinate, and I am worried that something is wrong. Has he made me sick? Please help! Lerato.*

- Lerato might have an STI because painful urination and bad smell are common signs of an STI.
- In Lerato's case, her symptoms could be:
 - » Bacterial vaginosis (BV) which can be spread through sexual contact, but can also be from an infection not related to sexual activity, like a bladder infection. BV can be treated with antibiotics.
 - » Chlamydia which can be spread through oral, anal or vagina sex. It can be treated with antibiotics.

- It is possible that Lerato's boyfriend was not truthful about his sexual background and gave her an STI.
- In future, it is a good idea for both partners to be tested for STIs and HIV before they have sex.

Letter 2: *I am an 18 year old male. Recently I have noticed that I have some bumps on my penis that look like warts. Are these dangerous and can I pass them on to my girlfriend? What can I do about them? My friend suggested that I use some herbs and wrap these around the penis. Another friend told me they would go away if I just wait a little longer. Who should I believe? Thank you. Thabo.*

- Thabo is right to worry: The bumps could be a sign of an STI, which he could pass on to his girlfriend.
- His symptoms could be genital warts caused by Human papillomavirus (HPV), which is the most common sexually transmitted infection.
- While his friends want to help, their advice could be dangerous.
- Warts can be treated in several different ways, but may require multiple medical treatments. Herbs do not cure warts or any other STI.
- Some STIs do clear up on their own and some have symptoms that come and go. However, you should never ignore symptoms or wait for them to go away as this can lead to serious health problems. Rather go to your clinic and/or speak to a nurse or doctor about it.

Letter 3: *My new girlfriend and I are planning to have sex, but she wants us to get tested for HIV and other STIs first. I keep telling her that I do not have any symptoms and that this is not necessary. Will you please back me up? Thank you, Masego.*

- Masego's girlfriend is right: They should both get tested before they start having sex as part of a healthy, responsible relationship.
- Masego is wrong to believe that all STIs have symptoms and that you should only get tested if you have symptoms.
- Many STIs have no symptoms. A test from a doctor or nurse may be the only way to tell for sure if you're infected. If you are infected, symptoms may appear right away. Or, they may not show up for weeks or months or even years (HIV is a good example of this.) Some symptoms may come and go, but even if the signs and symptoms go away, you can still infect other people if you have sex with them, and it can be dangerous to your own long-term health.

Group discussion 2

- *Jwalo ka ha bangodi ba rona ba mangolo ba se ba ithutile haholwanyane ka matshwao a STI le kalafo, re ka ba fa keletso efe hore ba thibele ditshwaetso nakong e tlang?*



Facilitator guidance

Key prevention messages

- The most effective protection is to abstain from sexual activity or be monogamous with one sexual partner who does not have any STIs.
- Testing before you start having sex can help you and your partner find out if you have any STIs, so that you can treat or prevent them.
- If you are sexually active, condoms protect against many infections such as HIV, Trichomoniasis, Bacterial vaginosis, Chlamydia, Gonorrhoea, and Syphilis. But remember that condoms do not fully protect against other infections, such as Crabs/Pubic lice, Herpes, or HPV.

Take home point

O ka ithuta haholwanyane ka di STI ka ho hlahloba dipampiri tsa hao tse Ding tsa dinnete tsa di STI ka bukeng ya hao ya tshebetso eo re e sebedisitseng boikwetlisong bona. Empa hopola hore ho bonolo haholo ho thibela STI hona le ho e fodisa. Thobalano ka khohlopo e ka o sireletsa ho tse ngata, empa eseng tsona kaofela. Ho bohlokwa ho ela hloko matshwao a di STI, le ho batla tlhokomelo ya bophelo bo botle hang hang. Ho bohlokwa hape hore balekane ka bobedi ba hlahlobelwe diSTI, ho kenyeletswa HIV, pele ba qala kamano ya thobalano.



EXERCISE 3: HIV AND STI TESTING¹²



(20 minutes)

Rationale

Adolescents and young adults are at high risk of HIV infection relative to other age groups, yet have low rates of HIV testing uptake. Testing is important to ensure early diagnosis and treatment of HIV, as well as an opportunity to encourage safer sex. This exercise aims to encourage adolescents to get tested for HIV and/or STIs by providing them with the necessary information about testing.



Instructions

1. Review '**Facilitator background: Adolescent HIV risk, detection and consent**' for background information on HIV among youth.
2. Introduce the exercise; refer to '**Introduction: HIV and STI testing**' test as needed, and begin by asking the '**Group discussion 1**' question about reasons why STI and HIV testing is beneficial. List all reasons provided on the flipchart and refer to '**Facilitator guidance: Benefits of getting tested for HIV and other STIs**' to add any points that may have been missed.
3. Ask the '**Group discussion 2**' question about why people might not get tested for HIV. Write their responses on the flipchart. Clarify/correct any incorrect reasons. You should still list them on the flipchart when suggested, but then discuss them and cross them out. For example, the following are common incorrect reasons: assumptions of no risk, no need to get tested if no symptoms, that the test itself will cost money, or lack of *LEGAL* parental consent.
4. Select 3 common reasons that may be solvable from a brief discussion/brainstorming. Focus on problems that can be addressed; acknowledging that others are larger or even personal issues that may require more consideration. Some common reasons not to get tested with possible example solutions are presented in '**Facilitator guidance: Problem solving examples for common concerns with HIV testing.**'
 - Note that for parental consent, adolescents can legally still get the test without their parent's consent, so this is not a barrier. However, they may be reluctant to get tested if their parents/caregivers disapprove, so problem solving could still occur regarding how to change parental attitudes.

¹² Facilitator guidance/background was developed using the following sources: World Health Organization. (2013) HIV and adolescents: Guidance for HIV testing and counselling and care for adolescents living with HIV: recommendations for a public health approach and considerations for policy-makers and managers; Lovelife (2015) Getting tested for HIV. Love Facts; Joint United Nations Program on HIV/AIDS (2012) Fact Sheet: Adolescents, Young people and HIV; and MacPhail, C. L., Pettifor, A., Coates, T., & Rees, H. (2008). "You must do the test to know your status": attitudes to HIV voluntary counseling and testing for adolescents among South African youth and parents. *Health Education & Behavior*, 35(1), 87-104.

5. Divide participants into 3 groups and assign each to problem solve one of the issues and come up with possible solutions. Give groups about 7 minutes. Have the groups return and one person from each briefly share their issue/barrier and list of solutions. Praise them for their efforts. Add additional suggestions from '**Facilitator guidance: Problem solving examples for common concerns with HIV testing**' as needed.
6. Acknowledge that we did not address all problems and that even the solutions suggested may not work for everyone. Encourage them to continue to think about their own barriers to HIV testing and possible solutions.
7. Review the '**Take home point,**' including reference to the [Fact sheet: HIV and STI testing](#) in their workbooks.



Facilitator background

Adolescent HIV risk, detection and consent

Adolescent HIV risk: In 2010, young people aged 15–24 years accounted for 42% of new HIV infections in people aged 15 and older. Among young people living with HIV, nearly 80% live in sub-Saharan Africa. Young women are at particularly high risk. Young adolescent girls are not only biologically more at risk for HIV infection; they are more likely to have older sexual partners and partners who have multiple sexual partners, thus increasing their potential exposure to HIV. Some adolescents may get HIV from their mother at birth. Thus, it is important that even those who have never had sex, especially those with parents who are sick or have passed away, are tested. In South Africa, HIV testing and counselling is recommended for all adolescents, even those who are not sexually active.

Consent for an HIV test on a child (defined in South Africa as an individual who is younger than 18 years of age) may be given by:

- (a) the child, if the child is either
 - (i) 12 years of age or older or
 - (ii) under the age of 12 years and of sufficient maturity to understand the benefits, risks and social implications of such a test;
- (b) the parent or caregiver, if the child is under the age of 12 years and is not of sufficient maturity to understand the benefits, risks and social implications of such a test.

Detection: Most tests in South Africa can pick up HIV infection within one month after someone has been exposed. The **window period** is the time between when you get infected with HIV and when your body starts making antibodies to fight off the virus. So, if someone gets tested during this period, the result could come up as HIV negative (this is called a false negative) when they actually have the virus. Antibodies usually become detectable four to six weeks after infection. That's why if someone gets tested within one month of having unprotected sex, they need to get tested again one month later to be sure.



Introduction: HIV and STI testing

Jwalo ka ha re na le kutlwiso e bonolo mabapi le HIV le di STI, ha re bueng ka ho etsa teko mabapi le HIV le di STI. Pele, o lokela ho tseba haholwanyane mabapi le hore diteko di jwang.

- Teko mabapi le di STI e kenyelletsa ho fana ka mohlala wa moroto ka kopi, hore mosebeletsi wa bophelo a horule hlamanyana e nnyong ya hao kapa kwaeng, a hlahlobe diso kapa maqhubunyana a dithong tsa hao ta botho kapa a etse teko ya madi. Teko ya di STI e fumaneha dibakeng tse ngata, ho kenyelletswa le ditleliniki tsa mmuso le dipetlele.
- Teko mabapi le HIV e kenyelletsa teko ya madi e bonolo. Mosebeletsi wa tsa bophelo o hula madi a manyane, ka nako tse ding a hlabe hanyane monwaneng kapa a hule madi ka nalete, mme a etse teko. Ha dipheho di tswile, tseo hangata ditleliniking tsa teko ya HIV di ka tswang ka nako eo ya ketelo, o a di hlaloeswa. Motho ka mong ya etsang teko ena ya HIV o rupelletswe mme o dumelletswe ho hlabolla maikutlo a hao pele le kamorao ho teko. Diteko tsa HIV di mahala dibakeng tse ngata ho kenyelletswa ditleliniking le dipetlele tsa mmuso, mme ka nako e nngwe o ka kopanya teko ya HIV le STI o sebedisa madi ao. Dipheho tsa hao ke sephiri, ho bolelang hore mosebeletsi wa tsa bophelo o tla abelana ka tsona le wena fela e seng motho e mong – ha se molao hore mosebeletsi wa profeshenale a bolelle motho e mong.



Group discussion 1

- Jwale ha re bue ka melemo ya ho etsa diteko. Melemo ya ho etsa diteko bakeng sa HIV le diSTI tse ding ke efe?

Ke tla ngola ditlhahiso tsa lona ho flipjtjhate.

Facilitator guidance

Benefits of getting tested for HIV and other STIs

- Getting tested and receiving a negative result can ease worries, and be a relief.
 - » If you are negative, then you can commit to staying safe.
- If you get tested and find out you have HIV or another STI, you can get proper treatment and medicines that can help keep you healthy.
 - » Most STIs are curable, and all are treatable – including HIV. The earlier you are treated, the more likely it is you will stay healthy.
 - » Medication to treat HIV is free in South Africa.
- Many people with HIV or other STIs don't know they are infected. People can live for years with HIV without having symptoms or knowing they're infected. You can protect yourself and partners if you know your status.
 - » You can tell past partners if they are at risk and should be tested.
 - » You can learn how to protect your partner so he or she doesn't get it.
 - » You won't transmit it to other people without knowing.
- If you are a woman and you are pregnant or might soon become pregnant, you can take steps to protect your baby.
- You can make choices about your future that help you stay well.

Group discussion 2

O fane ka mabaka a mangata a bohlokwa a ho etsa diteko. JWalo ka ha ba bangata ba rona ba tseba melemo, batho ba bangata ba ntse ba sa batle ho etswa diteko, haholo bakeng sa HIV.

- *Mabaka a mang a kabang teng ao batjha ba ke keng ba hlahlobelwa HIV ke afe?*

Ke tla ngola ditlhaliso tsa lona ho flipjtjhate.

- *Ha re kgethe mabaka a mang a mmalwa ho ana mme re a rarolle dihlopheng tse nyane.*



Facilitator guidance

Problem-solving examples for common concerns with HIV testing

Young people have many concerns about getting tested for HIV, some of which include:

Fear of testing positive for HIV:

- Adolescents may fear that they will test positive for HIV and then will get very sick or die.
- Adolescents may fear that they have no future if they test positive for HIV.
- Adolescents may fear that they will not be able to cope with the news that they are HIV-positive.
- Adolescents may fear disclosing their status to their family members or romantic partners.

Possible solutions:

- **Challenge negative thoughts** by understanding the benefits of knowing your status, including that HIV can be treated. After the initial shock, many people feel motivated to live full and active lives. Even though there is no cure for HIV, you can be HIV-positive and happy.
- **Identify possible sources of support** even before you get tested. Think about people who can help both practically and emotionally. This can include trusted loved ones – including your caregiver, other family and friends—as well as new sources of support. There are people who understand what it is like and know how to help adolescents who find out they are HIV positive; your HCT counsellor can help suggest such sources of support should you be HIV-positive.

Fear of getting in trouble

- Adolescents may worry that people they know from the community will see them at the clinic and may tell their caregiver or family about their visit to the clinic.
- Adolescents may worry about their caregiver learning about their sexual activity.

Possible solutions:

- **Visit a clinic or testing site where you won't be seen:** This includes those outside of your community, or even certain times of day at certain sites.
- **Discuss testing with your caregiver:** Have an open conversation as to why you want to get tested and ask for their support.
- **Know and assert your rights:** Test results are confidential – they can only be told to the person who took the test and no one else! In fact, it's against the law for a healthcare worker to tell anyone else the results of an HIV test without asking the person first. You also have the right to not to share your status with anyone until you are ready. But you should not delay treatment.

Fear of mistreatment, stigma or discrimination

- Adolescents may worry that the healthcare workers will turn them away, tell their caregivers or others about their visit to the clinic, or treat them badly. For example, healthcare workers will say they are too young to have sex or test for HIV, or that they are going to be punished.
- Adolescents may worry that others (including their family members) will learn about their HIV-positive status and turn them away.
- Adolescents may worry that their boyfriend or girlfriend will turn away from them or blame them if they are HIV-positive.

Possible solutions:

- **Visit an adolescent- friendly clinic.** Call the clinic and ask them if they often test teens before you make an appointment.
- **Know and assert your rights:** Remember that youth over the age of 12 years can legally consent to an HIV test without their caregiver. Test results are confidential – they can only be told to the person who took the test and no one else! In fact, it's against the law for a healthcare worker to tell anyone else the results of an HIV test without asking the person first. You also have the right to ask for more information from the healthcare worker and not to share your status with anyone until you are ready.
- **Consider couples-testing:** Adolescents can go for testing with their partner. The counsellor will then serve as a good mediator and information source should either partner test positive.
- **Discuss testing with your caregiver:** Have an open conversation as to why you want to get tested and ask for their support.

Cost

- Adolescents may be worried about the cost of an HIV test, the cost of transport to the clinic or even the cost of treatment should they be HIV-positive.

Possible solutions:

- **Find a free testing centre HIV near you:** Tests are free at most government clinics or other health facilities in your community; mobile clinics might also be available.
- **Source transportation money:** Ask a trusted family member or friend for money; do some chores in the community to earn money; save up money over time.
- **Discuss testing with your caregiver:** Have an open conversation as to why you want to get tested and ask for their support.
- **ARVs are free in many places:** The HIV Testing Counsellor will help to link you with confidential services and treatment options in your community.

Take home point

Batho kaofela ba lokela ho hlahlobelwa HIV, ho kenyeletswa le batjha. Ba seng ba etsa thobalano ba lokela ho hlahlobelwa diSTI, le haeba ba sena matshwao. Ho tseba hore na o na le HIV kapa diSTI ho o thusa ho tseba seo o lokelang ho se etsa ho ipoloka wena le ba bang le na le bophelo bo botle ebile le bolokehile. Ho hlwaya mehlodi ya tshebetso, ho etsa hore o etswe diteko sebakeng se sephiring, ho tseba ditokelo tsa hao, le ho bua le motho e moholo eo o mo tshepang ke mekgwa ya tshebetso ya ho hlola ditshitiso tsa ho etsa diteko. Tlhalisoleseding engwe ka ho etswa diteko e ka fumanwa pampiring e fanwang ya dinnete ka ho etswa diteko hwa HIV le STI ka dibukeng tsa tshebetso tsa hao.



REFLECTION AND SHARING



(10 minutes)



Re fihlile qetellong yakopanoya kajeno la **phetsetsano le hlahlobo ya HIV le STI**. Ena ke nako ya hao yah o arolelana maikutlo mabapi le kopano le sehlopha.

Ke lakatsa hore motho ka mong a arolelane ka ntho e le nngwe ya bohlokwa eo a ithutileng yona kajeno le hore na o ka e sebedisa jwang bophelong ba hao ba letsatsi ka leng.

GOAL SETTING AND PRACTICE AT HOME



(5 minutes)



O ka ikwettlisesa bo bong ba bokgoni boo o ithutileng bona kajeno jwang ha o fihla lapeng? Ho etsa sena ke motheo mabapi le sepheo sa nako e kgutshwane seo o tla se rala. Hopola, sepheo se lokela ho ba ntho eo o atlehileng ho yona pele re kopana hape re le sehlopha. **Re lakatsa ho o kgothaletsa hore o leke ho fumana moo o ka yang tekong ya HIV haeba o batla ho hlahlojwa.**

Re boetse re na le mosebetsi o kgethehileng o ka o etsang hae le mohlokomedi wa hao: **Re lakatsa bobedi ba lona le tlatse dipotso tsa Mafosisa le dinnete mmoho tse kenyeletsang dipotso tse amanang le HIV, dikgohlopo le bokgatjhane.** Ba fumane dipotso tsena kopanong ya bona hape. Re lakatsa hore o e phethele pele ho karolo ya bo 12 (karolo e tlang kamora e latelang) ha o tla le bahlokomedi ba hao. Hopola ho sebedisa bokgoni ba hao ba ho buisana le ho rarolla mathata haeba o sa dumellane le karabo. Hopola hore hape o ka sheba setjhabeng sa hao bakeng sa dikarabo – **pota tleliniking kapa o botse mooki.** Bohle re tla fumana monyetla wa ho tlaleha mabapi le katleho le diphephetso tsa rona kopanong e latelang.

CLOSING THE SESSION



Re tla kwala kopano ka ho etsa kgulo ya lotto. Kenya pampitshana ya lebitso la hao ka lebekereng lena. Jwale re tla hula lebitso mme motho eo o tla hapa mpho ena ya lotto.

Re a leboha ha o bile teng kopanong ena. Nka thabela ho bua le mang kapa mang ka bo mong ka boiphihlelo ba hao ka kopano ena le hore na re ka ntlafatsa eng bakeng sa kgetlo le tlang. Ke tatetse karolo e latelang moo re tlabe re bua ka **dikhohlopo**.

BA HOPOTSE KA LEBOKOSE LA DIPOTSO: Tse ding tsa dintho tseo le di utlwileng kajeno di ka fapana le tseo le di utlwileng nakong e fetileng ka teko ya HIV le di STI. Hopola hore o ka beha dipotso tsa hao o sa itsebise ka Lebokoseng la Dipotso. Haele hantle, karolo ya kajeno e tlaba monyetla wa ho qetela wa ho beha potso ka lebokoseng hobane karolong e latelang ke tla araba dipotso tse setseng. Re sentse re na le dipotso tse ngata kamoo ho tswa mananeong a fetileng, jwale ha hona motho ya ka tsebang hore na potso ya hao ke efe.

Ke tla o bona kgetlo le tlang _____ (nako le sebaka) ka la _____ (letsatsi le mohlala).

SESSION 11 APPENDIX

HIV Knowledge Cards





Coughing, Sneezing

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Crying, Tears

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Ear Piercing

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Blood Brothers

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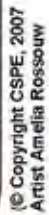
Having a shower together

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Kissing

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Receiving blood

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Sharing a drink

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Sharing a toilet

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Anal sex without a condom

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Breastfeeding if HIV Positive

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Anal sex with a condom

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 **Oral sex without a condom**

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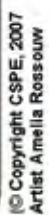
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 **Oral sex with a condom**

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Visiting/consulting a traditional healer

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Caring for some-one with AIDS

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Consulting a dentist

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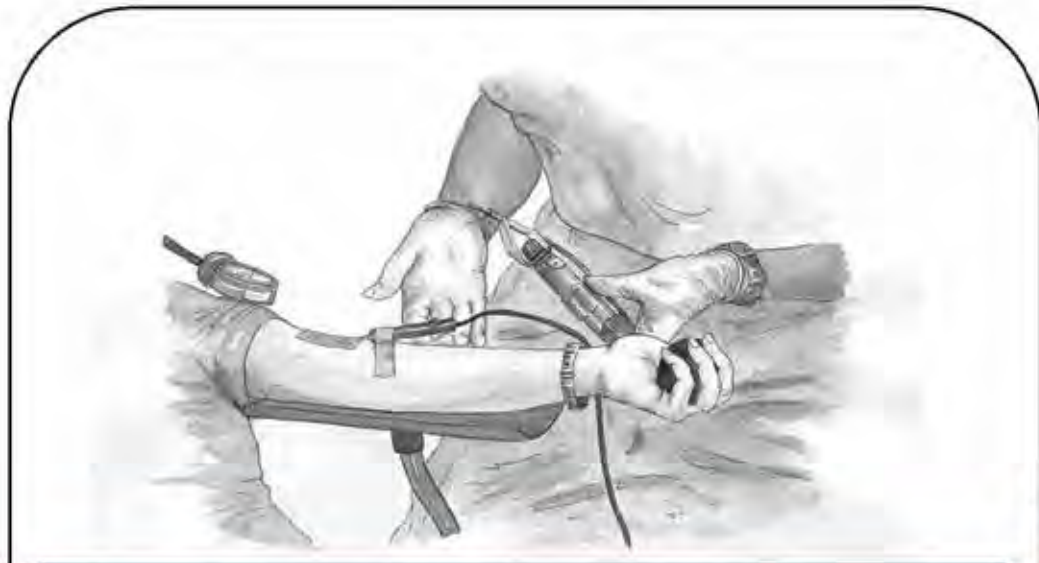


Consulting a doctor

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Donating blood

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Living in the same house

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Mosquito/insect bites

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Masturbation

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Playing together

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Vaginal sex with a condom

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Vaginal sex without a condom

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Sharing a seat

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Sharing a toothbrush

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Sharing bedding

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Sharing needles

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Sleeping in the same bed

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Swimming

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Tattooing

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Visiting a hospital

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Playing sport

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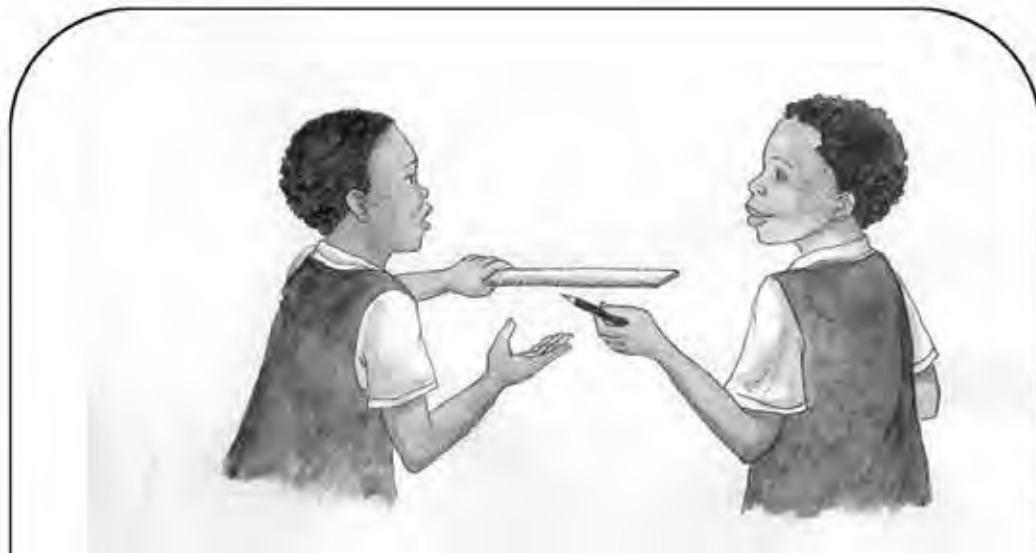


Shaking hands

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Sharing a pen, pencil, ruler

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Sharing a plate, dish

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Sharing toys

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Talking on a telephone

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Skin to skin genital contact

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Sharing food

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Being friends

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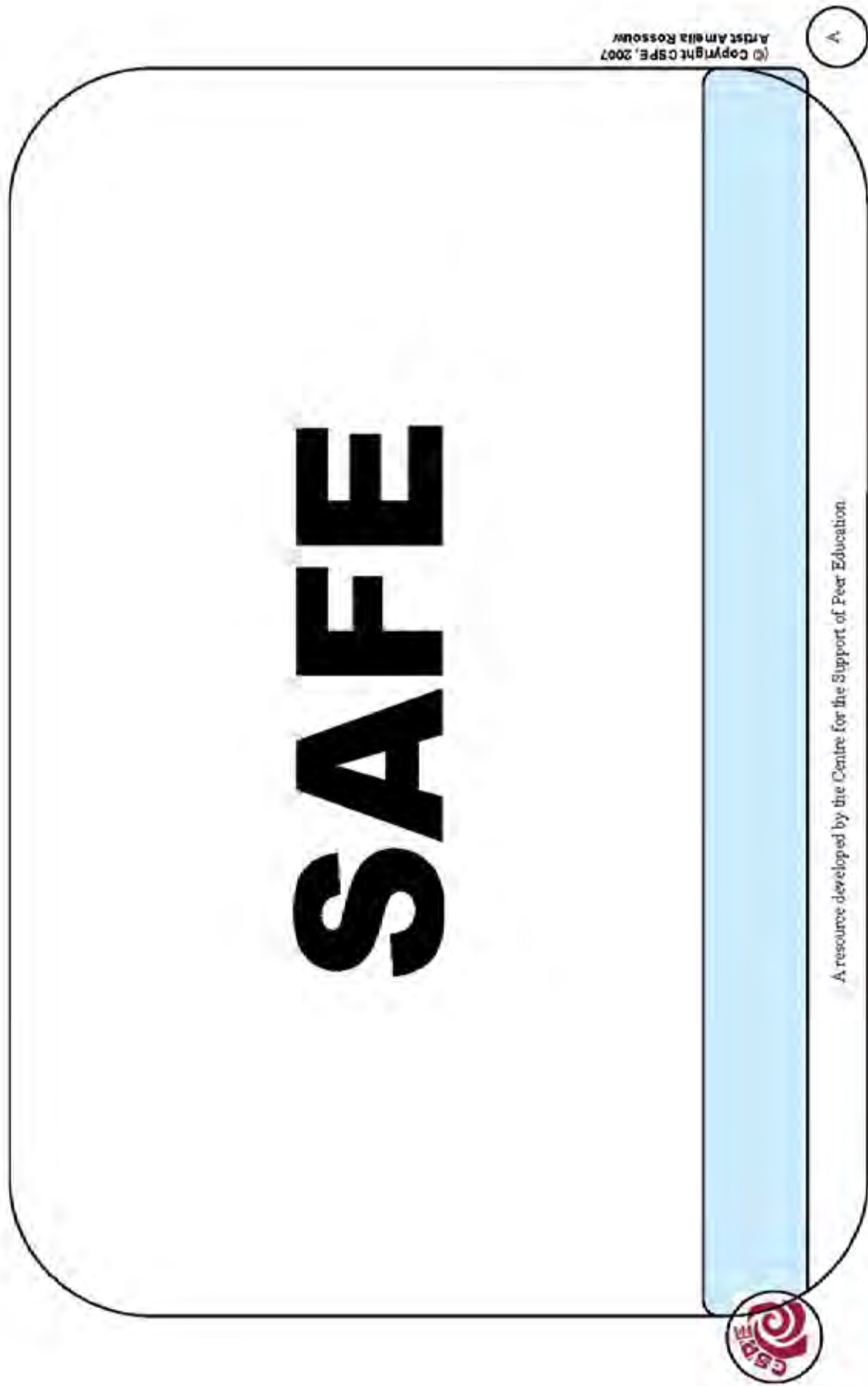


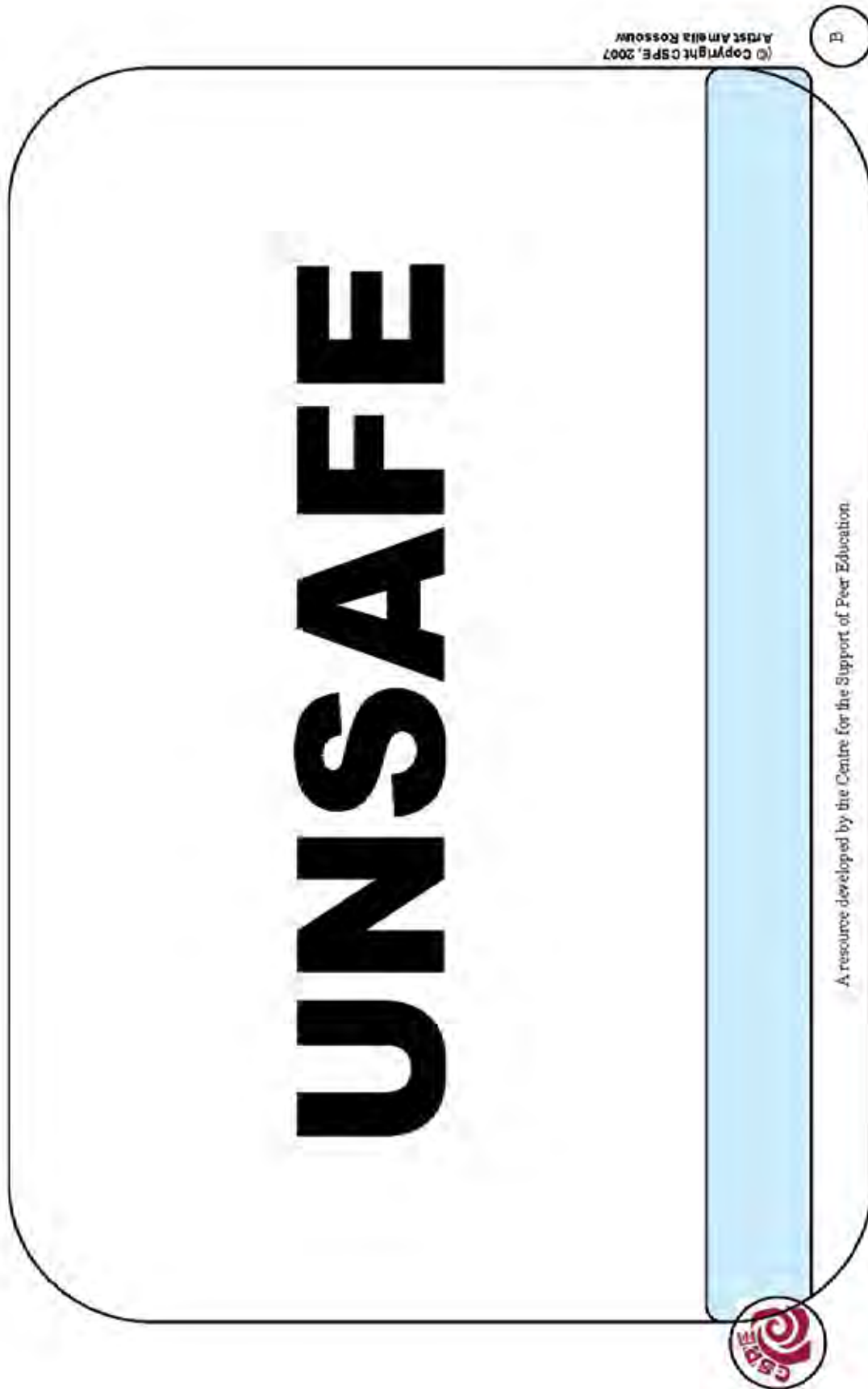
Hugging

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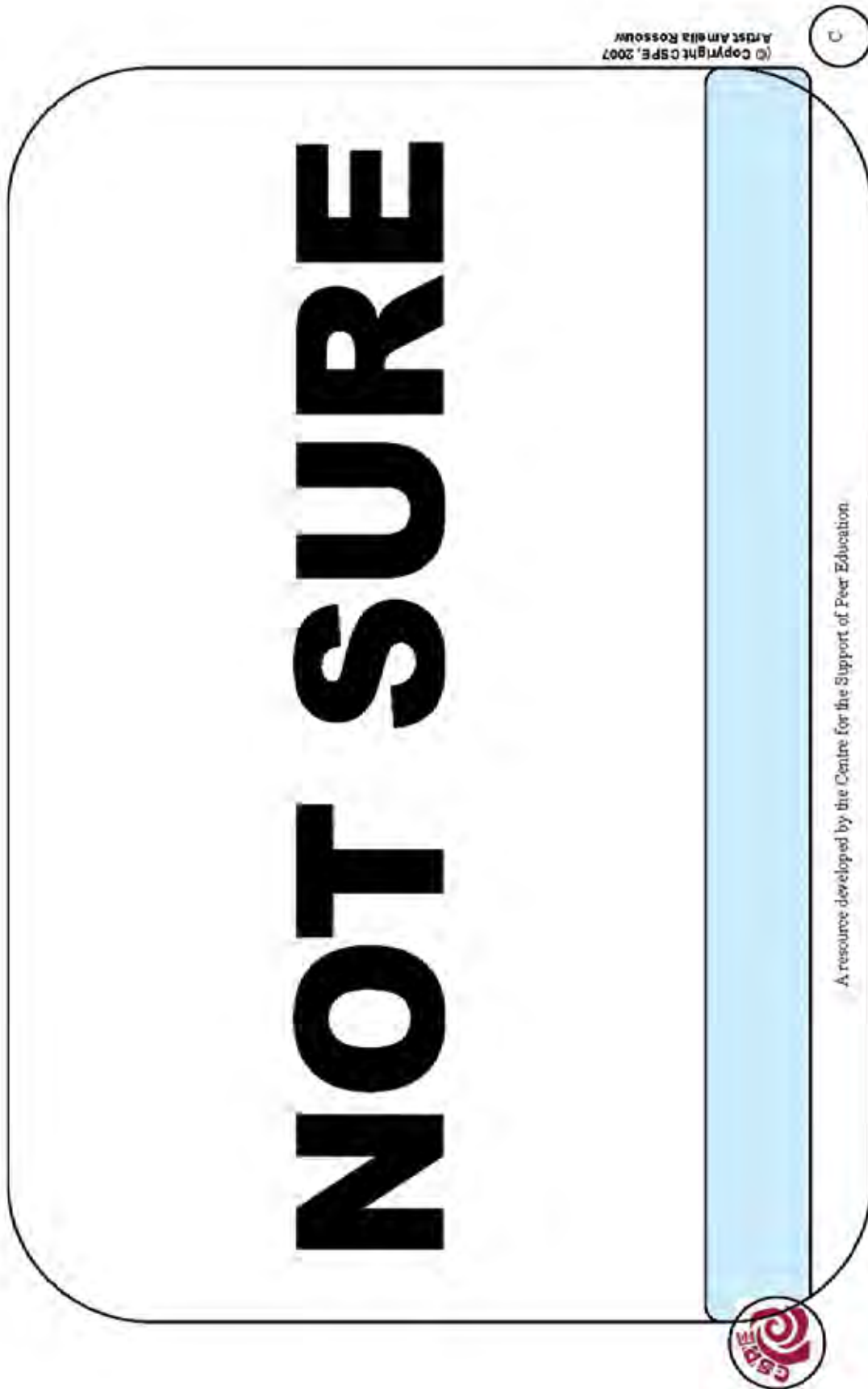
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DEAR DOLLY LETTERS

Letter 1 (Lengolo la 1):

NDolly a ratehang.

Ke mosadi ya dilemo tse 20 mme ke qadile ho etsa thobalano le mohlankana wa ka. Ke kgetlo la ka la pele, mme le yena o re ke kgetlo la hae la pele a etsa thobalano. Empa jwale ke hlomomela hore ho na le monko o mobe ebile ho bohloko ha ke rota, jwale ke tswenyehile hore ho na le phoso. Na o nkudisitse?

Ke kopa Thuso!

Lerato.



Letter 2 (Lengolo la 2):

Ke monna a lemo tse 18. Ke sa tswa nlokomela hore ke na le makgopho a kang diwatse kwaeng ya ka. Na di kotsi mme na ebe nka di fetisetse ho kgarebe ya ka? Nka etsa eng ka ona? Motswalle e mong wa ka o re ke kwahela kwae ya ka ka meriana e tjhekwang. Motswalle e mong o mpoleletse hore a tla fela ka mora nakwana. Ke kgolwe mang? Ke a leboha. Thabo.

Thank you.

Thabo.



Letter 3 (Lengolo la 3):

NNA LE KHAREBE YA KA ENTJHA RE RERA HO ETSA THOBALANO, EMPA O BATLA RE ETSE MABAPI LE HIV LE DI STI TSE DING PELE. KE MMOLELLA MO BOLELLA HORE HA KE NA MATSHWAO MME HA HO HLOKAHALE. NA O KA NTSHEHETSA?

KE ALEBOHA,

MASEGO.

SESSION 12

Condom use

TIME

120 minutes

RATIONALE

After abstinence, consistent condom use is the most effective strategy for preventing HIV, STIs and unplanned pregnancies. Knowing how to use condoms correctly and having skills and self-efficacy to negotiate condom use are therefore critical for young people. This session focuses on male condoms, which are a common and effective method of prevention, and readily available throughout South Africa – often at no cost. Teaching adolescents to use condoms when abstinence fails is a reasonable strategy for preventing HIV. Research has repeatedly demonstrated that teaching adolescents to use condoms does not undermine abstinence messages or promote sexual activity. This session also provides the opportunity to address adolescents' questions from the Question Box to ensure they have accurate knowledge necessary to promote healthy sexual decision making.

GOALS

- To identify community resources for HIV testing
- To describe and demonstrate the correct steps for using a condom
- To demonstrate how to negotiate safer sex using role-plays
- To reinforce key knowledge about HIV, STI and unplanned pregnancy prevention by answering anonymous adolescent questions

SESSION OVERVIEW

Opening ritual

Feedback from previous session (15 minutes)

Exercise 1: Condom cards (15 minutes)

Exercise 2: Condom race (25 minutes)

Exercise 3: Condom negotiation (30 minutes)

Exercise 4: Question Box answers (20 minutes)

Reflection and sharing (10 minutes)

Goal setting and practice at home (5 minutes)

Closing the session





MATERIALS NEEDED

- Name tags for participants
- Flipchart or a black/white board and marking pens
- Condom cards
- Condoms (3 per participant)
- 2 Penis models
- Lottery prize

WORKBOOK HAND-OUTS REVIEWED

- Feeling thermometer (Session 3)
- Guidelines for negotiation (Session 10)
- Steps to using a condom correctly



SPECIAL PREPARATION

- For Feedback from previous session, have a list of places in the community where youth can get tested for HIV to add to the discussion as needed.
- For Exercise 1, know the correct order of the condom cards and points to make for each step.
- For Exercise 2, practice putting a condom on the penis model, following and saying out loud the key points of the steps in the condom cards. Plan to use up to 3 condoms per participant plus a few for facilitators in the activity. Have extra condoms for group members who want some (be sure you have permission from your sponsoring agency.)
- For Exercise 4, answers to the Question Box issues raised should be available. Incorporate suggestions within the '**Facilitator guidance: Tips on answering Question Box questions**' provided within this exercise to guide the development of responses and refer to the '**Answers to common adolescent questions about sexuality**' document provided at the end of this manual as needed. Remember to verify that your information is correct before sharing it with the group, by speaking with health professionals or others who are knowledgeable on the topic. Also, have a list of other information sources for sexual health matters in your community to add to the discussion as needed.

OPENING RITUAL

FEEDBACK FROM PREVIOUS SESSION

(15 minutes)



Instructions

1. Ask someone to summarize the home assignment. Refer to the **'Home practice assignment summary'** text if clarification is needed.
2. Encourage feedback from participants on their completion of the home practice. Ask them about their emotions, thoughts and behaviours related to the home practice.
3. Spend some time on areas where there were challenges and use group problem solving to get ideas on how the situation can be dealt with. Use one of the challenges as a role-play. The co-facilitators can model it.
4. Praise participants for their efforts to problem solve.
5. If any health or safety issues requiring immediate resolution were presented in the Question Box, address these now.



Home practice assignment summary

Sepheo sa hao ke ho fumana hore na o ka ya ka sebakeng sa ho hlahlobelwa HIV.

O ne o loketse hape hore o qale ho sebetsa le mohlokomedi wa hao ho araba Dipotso tsa Mafosisa le Dinnete mmoho (re tla bua ka yona karolong e tlang).

[Use the flipchart to list places where adolescents can go to be tested. Facilitator should also have a list of community places offering an HIV test and should list any of these places that adolescents do not mention.]



EXERCISE 1: CONDOM CARDS¹³



(15 minutes)

Rationale

For condoms to be an effective prevention strategy, adolescents need to be comfortable with handling them and knowledgeable about their correct usage. By the end of the exercise, group members will be able to sequence the steps for proper condom use.



Instructions

1. Introduce the exercise and the session's focal areas; refer to **'Introduction: Condoms'** text provided as needed.
2. Hand out the 'How to use a condom' cards (be sure the cards are shuffled before handing them out.) There are 10 cards.
3. Instruct the participants to first arrange the cards in the correct order and then stand in a line showing the correct order of their cards.
 - If you have more than 10 group members, ask those who don't receive cards to help you check the group's work after they've arranged themselves in order.
 - If you have fewer than 10 group members, give 1 card to each, and help them as they arrange themselves by supplying the missing cards. Some group members will end up holding 2 cards.
4. Encourage the group to discuss and move the cards around until they believe that they are in the correct order. Check that the cards are in the correct order or challenge the group to keep trying if they are not correct. Refer to **'Facilitator guidance: Correct condom card order'** for verification.
 - If group members have arranged the steps in the correct order, praise them for how much they already know.
 - If there are errors, remind them that people often get confused about these steps, which is why it's important to review this information carefully.

¹³ Adapted from Vhutshilo 2.2 under the ASPIRES project by FHI 360 and Health and Education Training and Technical Assistance Services (HETTAS); Focus on Youth with ImPACT (FOY), Session 4.

5. When the cards are in the correct order, review the correct order with the whole group. Go over the steps one at a time and explain each one carefully, refer to **'Important discussion points for each condom use step'** text provided as needed for information to highlight for each step. Consider standing next to each participant and asking them to face the group holding up the card while you describe the step. (This text is provided in both English and local language where appropriate to assist in explaining).
6. Review the **'Take home point.'**



Introduction: Condoms

Re ithutle hore dikhohlopo di bohlokwa ho itshireletsa ho HIV le di STI, mme di ka o tshireletsa hape ho bokgatjhane bo sa rerwang. Kajeno re tlo ithuta haholwanyane ka ho sebedisa dikhohlopo.

Hase batjha bohle ba etsang thobalano, mme kgetho ya ho se etse thobalano ke e hantle haholo. Empa ha o kgetha ho etsa thobalano, ho tlabo bohlokwa ho wena hore o itshireletse. Dikgohlopo ha di sebetse hantle jwalo ka ho se etse thobalano hohang, empa di fana ka tshireletso e bohlokwa kgahlanong le HIV, diSTI le bokgatjhane bo sa rerwang.

Hona le mefuta e meraro ya bokgoni bakeng sa batho hore ba ithute ka ho sebedisa dikhohlopo:

- *Hore na o sebedisa kgohlopo jwang – ho e kenya le ho e ntsha ka tsela e nepahetseng.*
- *Hore na o buwa jwang ka tsebediso ya khohlopo le molekane wa hao.*
- *Ho sebetšana le karabo ya molekane ka tsebediso ya khohlopo.*

Re tlo qala ka ho ithuta hore na khohlopo e sebediswa jwang.

Ke tla fa motho e mong le e mong dikarata tse hlalosang dikgato tseo le tswanelang ho di sebedisa hantle. Mosebetsi wa lona ke ho ithlopha ka mola hore dikarata di bontshe dikgato tsena ka tlhahlamano e nepahetseng. Dikgato di bohlokwa hobane ha dikhohlopo di sebediswa ka tsela e nepahetseng, ha se hangata di ka tabohang kapa tsa tswa.



Facilitator guidance

Correct condom card order

STEP 1



Discuss safer sex in advance with your partner.

STEP 2



Get condoms.

STEP 3



Practice putting on a condom so that you are comfortable using it later.

STEP 4



Check expiry date before using.

STEP 5



Open package gently to avoid damaging condom.

STEP 6



Remove condom from package.

STEP 7



Before any genital skin-to-skin contact, place the condom on the tip of the erect penis with the rolled side out.

STEP 8



Unroll the condom all the way to the base of the penis.

STEP 9



After ejaculation (sperm comes out), hold the rim of the condom in place (so it won't slip) and pull out the penis while it is still hard.

STEP 10



Wrap it in a tissue and throw the used condom away safely. Don't flush it down the toilet.

Important discussion points for each condom use step



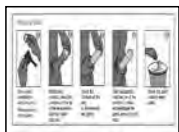
Mothati wa 1. Sekaseka thobalano e bolokehileng ka nako le molekane wa hao.

Bua le molekane wa hao ka ho sebedisa khohlopo pele le e ba maemong a lerato. Bolella sehlopha hore se tla etsa mesebetsi e meng hammamorao karolong e tla ba thusa ho bua ka ditakatso tsa bona ho balekane ba bona.



Mothati wa 2: Fumana dikgohlopo.

Dikhohlopo di fumaneha mahala ditleliniking tse ngata le dibakeng tse ding tsa setjhaba



Mothati wa 3: Ithute ho kenya kgohlopo.

Ho bohlokwa ho ithuta. Ba bolelle re tla sebetsa kasena nakong e latelang sena.



Mothati wa 4: Sheba letsatsi la ho fellwa ke nako pele o sebedisa.

Sebedisa dikhohlopo tse boemong bo botle feela. Se ke wa di sebedisa kamora nako ya letsatsi leo di feletsweng ka lona. Se ke wa disebedisa haeba pakete e tabohile kapa e senyehile. O ka hlahloba pakethe hore ha e ya senyeha ka ho e tobetsa bohareng – ho tswanetse ho be le pudulana ka hara pakethe e bang e ntse e le e hantle.



Mothati wa 5: Bula sephuthelwana ka hloko.

Hlokomela khohlopo. Se ke wa sebedisa meno kapa manala hobane sena se ka senya khondomo. Ha o batle ho bulehe lesoba ha o e ntsha paketheng!



Mothati wa 6: Tlosa khohlopo sephutlelwaneng.

Se ke wa tlosa di oli tse boreletsana tse kang Vaseline kapa oli ya masea kapa dihlahiswa tse ding tse kang botoro kapa sesepa ho etsa khohlopo ebe mogobo hobane sena se ka etsa hore e tabohe. Hlalosa hore tse ngata di entswe hore di be boreletsana. Haeba ba sebedisa khondomo e seng boreletsana ba ka etsa sebediswa se tla etsa hore e be boreletsana mme ba tlotse bokantle ba khondomo ka jeli ya KY.



Mothati wa 7:

Sheba mokgwa oo khohlopo e menollwang ka ona. Pudulana e nyane e ntlheng e lokela ho sheba ka ntle. O keke wa kenya khohlopo kwaeng e sa tsohelwang.



Mothati wa 8:

Phuthulla khohlopo o e phuthulella botoneng bo emeng. O seke wa phuthulla khohlopo pele o e kenya.



Mothati wa 9:

Kamorao ho ho qhala, tshwara pheletso ya khohlopo ho potoloha motheo wa kwae. Ntsha kwae mmeleng wa motho e mong e sa ntse tsohetswe (e le thata). Tlosa khohlopo mmeleng wa molekane wa hao.



Mothati wa 10:

Se ke wa sebedisa khohlopo ho feta kgetlo le le leng. Hlapa matsoho ha o geta ho ntsha khondomo. Ho wa thusa ho tlama lefito khohlopong pele o e phuthela ka pampiri ho e thibela hore e dutle. O seke wa folasha dikhohlopo hohang ntlwaneng.



Take home point

Haeba o hloka kapa o sa hloke tlhahisoleseding ka hore na khohlopo e sebediswa jwang, ho hantle ho tseba bakeng sa nako e tlang, le hore o tle o thuse motswalle ya hlokang ho sebedisa dikhohlopo. Dikhohlopo di ka thusa ho thibela HIV, diSTI tse ding, le bokgatjhane bo sa rerwang. Ho se etse thobalano hohang ke kgetho e bolokehileng haholo, empa haeba wena kapa motho eo o mo tsebang a nka qeto ya ho etsa thobalano, ho sebedisa khohlopo ke kgetho e nang le boikarabello. O ka sheba Methati ya ho sebedisa khohlopo ka nepo dikareteng tse dibukeng tsa hao tsa tshebetso.

EXERCISE 2: CONDOM RACE¹⁴

(25 minutes)



Rationale

Adolescents must become comfortable handling condoms and learn how to use them if they are going to utilize them during sexual activity. By the end of the exercise, each group member will have practiced putting a condom on correctly.

Instructions (Part 1)

1. Distribute a condom to each member. Introduce the exercise, refer to **'Introduction: Condom race'** text provided as needed. Model doing something playful with a condom and allow for a minute or two for playing with them. Direct the adolescents to unwrap them and throw them around. See **'Facilitator guidance: Introducing condoms'** for points to consider and discuss when handling condoms.
2. Divide the adolescents into two groups. The facilitator and co-facilitator will each have a penis model and demonstrate with the smaller groups. This ensures everyone can see the process and hear the steps.
3. Begin modelling, talking through the process (putting it on and taking it off) and referring to the key steps highlighted in the condom card activity. Facilitators and co-facilitators should have practiced this several times before demonstrating it.



Introduction: Condom race

Pele, ke batla feela hore o tsebe na dikgohlopo di tshwareha jwang.

Qala ka ho lekola letsatsi la ho fellwa ke nako ya khohlopo mme o shebe haeba e senyehile ka ho lekola sebudulwana. Phuthulla sephuthelwana ka hloko. Hopola hore o seke wa sebedisa meno a hao kapa manala hobane sena se ka senya khohlopo. Hang ho e butse, e phutholle, e sarolle, e tabole, o e budule. Etsa eng kapa eng lehaele ya bohanya ka yona.



¹⁴ Adapted from Vhutshilo 2.2 under the ASPIRES project by FHI 360 and Health and Education Training and Technical Assistance Services (HETTAS) Focus on Youth with ImPACT (FOY), Session 4.

Facilitator guidance

Introducing condoms

Make it fun!

It may seem odd to play with condoms, but this is an important step in an otherwise serious exercise. Many of the young people in the group may have never seen or handled a condom before. They may be nervous or embarrassed by the idea of it. Introducing the condoms in a fun, silly way helps to lessen these feelings. The adolescents will then be more likely to participate fully in the activities that follow.

Talking points while adolescents play with the condoms

- Say: "As you can see, condoms are flexible and can fit any size. Nobody has an excuse that 'they are too big for a condom.'"
- Ask: 'What are some of the different names people use for condoms?'
 - » Knowing common words for something makes it easier to communicate about it.

Be sure to collect condoms at the end of the activity and model appropriately discarding them.



Instructions (Part 2)

1. Keep the participants divided into two groups.
2. Pass out a lubricated condom to each group member and tell them not to open it yet.
3. Have the teams stand in 2 lines in front of the 2 penis models placed on a table. Explain that each person on the team must put the condom on the model and take it off properly, as they would do during sex, starting with the first person in each line. Refer to '**Facilitator guidance: Additional notes on the condom race**' for other guidance when conducting the game.
4. Explain that during the race, each person must show the condom to the group leader (facilitator or co-facilitator) to make sure it has been put on correctly before moving aside for the next team member in line. If the condom is not put on correctly, the person must try again until it is correct.
5. The team that finishes first wins, but the game should continue until everyone has put a condom on the penis model.
6. Ask the '**Group discussion**' questions. Refer to the Feeling thermometer (Session 3) to encourage sharing of comfort levels.
7. Review the '**Take home point.**'

Facilitator guidance

Additional notes on the condom race

- Everyone has fun with this game—keep it fun. But, be sure to watch group members putting on and taking off the condom to ensure they are doing it properly.
- Assign the facilitator to monitor/check for correct use of one team and the co-facilitator to monitor the other team.
- Give lots of encouragement and reinforcement, even if the attempt is not perfect in this practice round.
- If group numbers are unequal, identify someone before the activity starts in the smaller group who has to do it twice.
- Everyone should have the opportunity to practice, so have the 'losing' team finish.
- You might avoid having particular shy participants at the end of the line, so they are not in a situation where they are the only one doing it while everyone watches (i.e., last member of the losing team.)
- Be sure to collect the used condoms at the end of the activity and model appropriately discarding them.

Group discussion

- *Jwalo ka ha motho e mong le e mong a se a ithutile, o ne o lokolohile haka e ha o kenya khohlopo?*
- *Ha re etsa papiso ka selekanyamotjheso sa Kutlo (kopano ya bo 3) ka ho ela hloka: O nahana o ka lokoloha haka e ho etsa see bophelong le molekane?*



Take home point

Ho ithuta ho kenya khohlopo ho etsa o lokolohe ho e sebedisa. Ho di sebedisa hantle ka nepo nako yohle ha motho a etsa thobalano ho tla thusa ho sireletsa kgahlanong le HIV, le diSTI tse ding, le bokgatjhane bo sa rerwang.



EXERCISE 3: CONDOM NEGOTIATION¹⁵



(30 minutes)

Rationale

Having a condom and knowing how to use one isn't enough for HIV protection; adolescents who are sexually active must also be able to negotiate condom use with partners, who may be reluctant to do so, or uninformed about the benefits. During this exercise, participants will learn skills for successfully negotiating condom use and have a chance to practice them, which they can later apply in real life.



Instructions (Part 1)

8. Introduce the exercise; refer to **'Introduction: Condom negotiation'** text provided as needed.
9. Refer participants to the Guidelines for negotiation hand-out (Session 10) in their workbooks. Conduct the **'Group discussion'** to remind them about key points in the guidelines. Encourage discussion and look out for and probe for the responses listed in the **'Facilitator guidance: Guidelines for negotiating condom use.'**



Introduction: Condom negotiation

Hopola hore mothati wa pele wa ho sebedisa dikhohlopo ke ho ba le puisano ka tsona le molekane wa hao. Ho sebedisa khohlopo ho bontsha hore o itlhokomela ele kannete le motho e mong hobane o batla ho dula o bolokehile. Jwale re tla etsa mesebetsi e tla o thusa hore o buisane ka ditakatso tsa hao tsa ho sebedisa khohlopo le molekane.

Kopanong ya pejana re ithutile hore na o re "tjhe" jwang thobalanong e sa batlahaleng ka ho latela ditataiso tse latelang tse akaretsang; ha re shebe Ditataiso tsa puisano ka pampiring e fanwang ka dibukeng tsa hao tsa tshebetso. Re ithutile hore bohlokwa ba ho kgona ho bua seo o se batlang, o sebedisa mantswa a nepahetseng, le ho hlaha ka moralo wa ho bua ka seo o se batlang le seo o sa se batlang. Kopanong ena re tla ba le monyetla wa ho etsa seo re ithutileng sona ka tshebediso ya dipapadi, ka tsela e kgethehileng ho ithuta ho buisana ka thobalano e bolokehileng.

¹⁵ Adapted from Miller, S. (1995) Teens and Adults Learning to Communicate (TALC: LA), Phase 3, Session 11. Los Angeles: Center for HIV Identification, Prevention and Treatment Services; and Vhutshilo 2.2, ASPIRES project by FHI 360 and Health and Education Training and Technical Assistance Services (HETTAS).

Group discussion

Ha re sekaseka dintho tse fokolang ka ditataiso tse na tsa dipuisano jwalo ka ha di amana le tshebediso ya dikhohlopo.

- Puisano ya pele ya ka thobalano e bolokehileng e lokela ho nka sebaka neng – Ha le teana? – Kamora ho sunana hwa pele? – Ha le sentse le etsa thobalano?
- Ke boikarabello ba mang ho qala dipuisano tse tjee kamanong?
- O lokela ho kgona ho hlalosa hore o batla ho sebedise khohlopo le hore na hobaneng. O ka batla ho sebedisa khohlopo hobaneng?
- O ka itokisetsa puisano jwang?
- O ka re tjhe ka hlompheo jwang?



Facilitator guidance

Guidelines for negotiating condom use

When should a first conversation about safer sex take place?

- When the time is right but before you find yourself in an intimate situation.

Whose responsibility is it to start such conversations in a relationship?

- Each partner should take responsibility for themselves and for their partner; it's a partnership.
- It is okay for girls to suggest condom use, and it shows that they care about themselves and their partner.

Why would you want to use a condom?

- To protect against HIV, other STIs, and unplanned pregnancies.

How can you be prepared for the discussion?

- Plan ahead and practice the discussion, consider how you will respond if they get angry or disagree with you.

How can you say no respectfully?

- Show that you understand the other person's point of view.
- Use "I" messages.
- Be positive but establish your boundaries, for example, *I really like you, but I do not want to have sex without condoms.*



Instructions (Part 2)

1. Read the **'Role-play introduction'** to the group. Ask for two volunteers, a boy and a girl. Set up two chairs in the middle of the room for them.
 - If the group is same-sex, ask a participant to play the needed gender.
2. Ask the volunteers to identify their goals. If necessary, clarify:
 - The girl's goal is to get her boyfriend to use a condom when they have sex, using the guidelines for negotiation.
 - The boy's goal is to make sure they have good sex.
 - The observers' (other participants) goal is to identify guidelines for negotiation that are used.
3. Do the role-play for 3-5 minutes. Thank the participants and offer praise when they are done.
4. Conduct the **'Group discussion'** to debrief feelings. Conduct the three question sets separately 'Questions for the girl', 'Questions for the boy' and 'Questions for the group.' Refer to **'Facilitator guidance: Good examples of using assertive communication guidelines'** for assertive communication skills to look for in their responses.



Role-play instructions

Mosadi ya monyane o leka ho susumetsa mohlankana wa hae ho sebedisa khohlopo. Ha a na bonnete ba hore na o batla ho etsa jwalo. Ha a batle ho fokotsa monate oo a o utloang. Ba kile ba etsa thobalano e sa sireletsang nakong ya ho feta.



Group discussion

Questions for the girl:

- O ikutlwile jwang ha o buisana ka tshebediso ya khohlopo?
- Bolela ntho ele nngwe eo o nahanang o e entse hantle.
- O ne o ka etsa eng ka ho fapana?

Questions for the boy:

- O ikutlwile jwang ha o buisana ka tshebediso ya khohlopo?
- Ke eng ele nngwe eo a e entseng eo o nahanang o e entse hantle?
- O nahana ke eng eo a kabeng a e entse ka ho fapana?

Questions for the group/observers:

- O nahana puisano ee e sebeditse hantle hakae?
- Na ditataiso tsa puisano e sebeditsang di latetswe? Hlalosa.
- Ke bokgoni bofe bo bong boo a bo sebeditseng kapa boo a neng a ka bo sebedisa?
- Ho ne ho ka etswang ho fapaneng hore bo sebetse hantle?

Facilitator guidance

Good examples of using assertive communication guidelines

Try to elicit the following:

- “I” statements
- Physically face the person you are speaking with
- Say what they wanted and why
- Tell the other person specifically what is wanted from them
- Say how he/she will feel if he/she gets it
- Recognise and communicate what the other person wants
- She came to an agreement or held her position

Instructions (Part 3)

1. Divide the group into pairs, one who wants to use condoms, and one who does not. Use the **‘Instructions for the paired role-play’** to direct participants. Have them decide who will influence whom. Role-play for 5 minutes.
2. Ask the first question from **‘Group discussion 1.’** Go around the room and have the pairs report briefly about the activity. Remind participants to give their feedback so they can all learn something - focusing on the things that worked well. Refer to the Feeling thermometer (Session 3) to encourage sharing of comfort levels.
3. When the questions are finished, remind participants about considerations if their partner does not agree to condom use. Refer to the text provided, **‘When a partner does not agree.’**
4. Conduct the **‘Group discussion 2’** questions. Encourage the group to think about how it is each partner’s responsibility to ensure safe sex and how their reluctance to be prepared may put them at risk.
5. Review the **‘Take home point.’**





Instructions for the paired role-play

E mong wa rona o batla ho sebedisa dikhohlopo, e mong ha a batle. Etsa qeto ya hore na ke mang ya tla susumetsa motho e mong ho sebedisa khohlopo. O ka sebedisa boemo bo kang boo re qetang ho bo utlwa, kapa o nahane ka mabaka a mang a hore na hobaneng o kese batle ho di sebedisa. O ka etsa qeto hape hore na ke moshanyana kapa ke ngwanana ya sa batleng ho sebedisa khohlopo, jwalo ka ha di kgonahala di le pedi.



Group discussion 1

- Seo se tsamaile jwang? Ke eng e sebeditseng hantle?
- O bile le bolokolohi hakae ha o buisana ka tshebediso ya dikgohlopo? Ha re shebe Selekanyamotjheso sa Kutlo (kopano ya 3).
- Na ho bile le ofe kapa ofe wa lona ya bileng le molekane ya hanneng ho sebedisa khohlopo le kamora hore le sekaseke taba ee le bona?



When a partner does not agree

Ka dinako tse ding molekane a kanna a seke a dumela. Hopola hore ha o lokisetsa puisano ena o lokela o nahane ka hore na o batla ho reng le hape hore na o tla araba jwang haeba ba halefa kapa ba dumellane le wena. Motho ya sa hlompheg dikgetho tsa hao tabeng e bohlokwa tjena e kanna yaba motho eo o sa batleng ho ba le yena. O hloka ho itshireletsa.



Group discussion 2

- Na ho ba le khohlopo ho ka etsa o ikutlwe eka o lokisetsa ho etsa thobalano?
- Na ho fosahetse ha ngwanana kapa moshyana a nkile khohlopo?
- Haeba o ikutlwa eka o fositse ka ho nka khohlopo, hobane ho shebahala eka o itokisetsa ho etsa thobalano, maikutlo a tjee a ka o beha tsietsing jwang?



Take home point

Ho kaba thata ho tsepama ha o buisana ka tshebediso ya khohlopo. O kanna wa tshenyeha ka hore na molekane wa hao o tla araba jwang kapa ka ho sebedisa kgohlopo. Ho ithuta ho ba le dipuisano tse tjena le hore na o sebetsana jwang le tsona ho etsa hore re lokolohe, ele hore re itokise hantle ho etsa thobalano e bolokehileng ha nako e fihla.

EXERCISE 4: QUESTION BOX ANSWERS

(20 minutes)



Rationale

This exercise is designed to address adolescents' questions about sensitive topics. It serves as a source of information about relationships, sexuality, pregnancy, HIV and other STIs, supplementing the information provided already. Knowledge on these subjects is essential to staying healthy.

Instructions

1. Review '**Special Preparation**' to set up this activity. Before the session begins you should have prepared and verified responses to the questions in the Question Box. Refer to the '**Facilitator guidance: Tips on answering question box questions**' for guidance on preparing answers and the '**Appendix: Answers to common adolescent questions about sexuality**' for possible responses.
2. Introduce the exercise; refer to the '**Introduction: Answers to the question box**' text provided as needed. Remind participants about their Fact Sheets in their workbooks that might provide some of the answers to questions posed.
3. Use the first 15 minutes to provide answers to as many questions as possible, then use the last 5 minutes of the exercise to ask the '**Group discussion**' questions. Refer to '**Facilitator guidance: Making sexual health communication more comfortable and other sources of information**' as needed to help with the discussion of the last two questions. Also present any other sexual health information resources not mentioned by the group.
4. Review the '**Take home point.**'



Introduction: Answers to the question box

Re buile ka dintho tse ngata mananeong a fetileng ho kenyeletswa le dihlooho tse amanang le thobalano, dikamano tse hantle, le thibelo ya HIV le diSTI tse ding. Jwalo ka ha re keke ra bua ka ntho e nngwe le e nngwe mananeong ana, jwale re tla leka ho araba tse ding tsa dipotso tse bohlokwa ho tswa ka Lebokoseng la Dipotso.

Re sebeditse haholo ka ho thusa bahlokamedi le batjha ho buisana mananeong a rona a motho ka mong le ao re a kopanetseng. Hape re buile ka bohlokwa ba ho bua ka ditaba tsa thobalano tse hantle mahareng a bahlokamedi le batjha. Jwale, ha ke ntse ke araba tse ding tsa dipotso kajeno, ke kgothaletsa bahlokamedi ba lona ho sekaseka dipotso tse ding tse lokelang ho elwa hloko le wena lekunutung pele ho karolo e latelang.

Tse ding tsa dikarabo dipotsong tsena dia fumaneha dipampiring tsa Dinnete tse fanwang ka dibukeng tsa lona tsa tshebetso. Sheba dipampiri tseo tse fanwang tsa HIV, diSTI, ho hlahlojwa, le ho thibela bokgatjhane sebakeng sa tlhahisoleseding e nngwe. O ka boela wa sebedisa tsena ho araba tse ngata tsa dipotso tse dipotsomg tsa Mafosisa le Dinnete tseo re tla di hlahloba karolong e latelang!



Facilitator guidance

Tips on answering Question Box questions

Sort through the questions, group similar ones together. For example, you can group all condom-related questions together and let the group know that you will address them altogether. Doing so serves several purposes. First, it saves you time, especially if you have a large number of questions from the group. Second, letting participants know there were multiple questions about the same subject serves to normalize their concerns – that is, adolescents share the same questions and it's okay to ask them.

Use the correct terminology. Adolescents may use a number of different slang terms, such as “4-5” for a penis. It is important as part of sex education to use the proper term. Introduce the proper term as part of your response, and acknowledge there may be other slang words used so that adolescents can associate the correct term with the slang words. For example, you could say “This next question asks about what the normal size of a four-five should be. There were several other questions about penises, so I'll address them all now.”

For questions that were off topic or that you did not understand, ask participants to follow up with you. Say, “There were a few questions that I could not read or that I didn't understand,” or “There were a few questions that don't seem to relate to our session content.” Ask participants to see you individually if their question was not answered in during the session.

For questions related to hand-out information, provide a brief explanation. Where there are questions answered or partially answered in the hand-outs, you can highlight the key points and refer the participants to the hand-out. For example, if someone wants to know all the contraceptive methods, you can briefly highlight the different options and direct them to where they can get the details. Use this opportunity to remind them about the wide range of information (HIV, STIs, pregnancy, testing, etc) found in their [Fact Sheet](#) hand-outs.

If you don't know the answer, don't ignore the question. If a question was posed late or for whatever reason you have not yet been able to source and confirm the information, still present it to the group and say, “I don't know the answer to this for certain, but I will look into it further and get back to you in the next session.” Be sure to address it at the next session and look for an accurate response in the meantime.



Group discussion

- *Ho bile jwang ho sekaseka tse ding tsa dihlooho mmoho?*
- *O ne o ka hlahisa dipotso tse tjee le mohlakomedi wa hao jwang?*
- *Ka dinako tse ding bahlakomedi ha ba na ho tseba dikarabo kaofela, kapa batjha ba ka hloka ho bua le motho e mong. Na hona le motho a ka nahanang ka mehlodi e meng ya tlhahisoleseding e hantle ka ditaba tsa dikamano tsa thobalano setjhabeng sa heno?*

Facilitator guidance

Making sexual health communication more comfortable and other sources of information

Tips for encouraging effective communication on sexual health

- Find a good time for both the adolescent and the caregiver, and set a time to speak on that day and time.
- Before you meet, try to relax.
- If you feel uncomfortable talking about your problem, try writing a letter or drawing a picture and using that to help you communicate.
- When it's time for your discussion, start with a direct statement:
 - » "I want to talk about something private that's very important to me," or
- Identify other sources of information for questions you might not be sure of.

Potential sources of information on sexual health:

- Government clinics
- Let's Talk facilitators
- Home visitors
- Lovelife hotline
- National AIDS hotline
- Life skills instructors at school
- Social Workers

Others sources of information you/the co-facilitator have identified: _____

Take home point

Tsebo ka dikamano, thobalano, bokgatjhane, HIV, le di STI tse ding e bohlokwa ho duleng o phetse hantle. Ke maikutlo a matle bakeng sa batjha ho sheba dikarabo ho tswa mehloding e tshepahalang.



REFLECTION AND SHARING



(10 minutes)



Jwale re fihlile pheletsong ya karolo ya kajeno hodima tshebediso ya **khohlopo le ho buisana ka thobalano e bolokehileng**. Ena ke nako ya hao yah o arolelana maikutlo mabapi le kopano le sehlopa.

Ke lakatsa hore motho ka mong e arolelane ka ntho e le nngwe ya bohlokwa eo a ithutileng yona kajeno le hore na o ka e sebedisa jwang bophelong ba hao ba letsatsi ka leng.

GOAL SETTING AND PRACTICE AT HOME



(5 minutes)



O ka ikwetlisetsa bo bong ba bokgoni boo o ithutileng bona kajeno jwang ha o fihla lapeng? Ho etsa sena ke motheo mabapi le sepheo sa nako e kgutshwane seo o tla se rala. Hopola, sepheo se lokela ho ba ntho eo o atlehileng ho yona pele re kopana hape re le sehlopha.

Re ka lakatsa ho kgothaletsa dipheo tse latelang:

1. Re lakatsa ho kgothaletsa hore o ipehele sepheo sa ho fumana sebaka seo o ka sebedisang dikhohlopo ho sona. Ke o kgothaletsa hore o ee pejana mme o ithute ho di kenya ka bo wena ele hore o lokolohe ka ketsahalo eo. Bashanya ba ka ithutela ho bona mme banana ba ka sebedisa komokomore kapa banana.
2. Jwalo ka ha re se re boletse, ho tlwaelehile hore batjha ba be le dipotso ka thobalano, HIV, di STI, le mmele ya bona. Jwalo ka ha re lekile ho araba tse ding tsa dipotso tse nakong ya mananeo, jwang kapa jwang o tla le dipotso nakong e tlang. Sepheo se seng seo re se kgothaletsang ke hore o hlwae motho ya moholo eo o mo tshepang bophelong ba hao eo o ka buwang le yena ka ditaba tsa bophelo bo botle ba thobalano.
3. Hopola hape hore o fuwe mosebetsi wa ho tlatsa Dipotso tsa Mafosisa le Dinnete le mohlokometri wa hao kopanong e fetileng – etsa bonnete ba hore o tlisa dipotso tse tlatsitsweng karolong e latelang.

CLOSING THE SESSION



Re tla kwala kopano ka ho etsa kgulo ya lotto. Kenya pampitshana ya lebitso la hao ka lebekereng lena. Jwale re tla hula lebitso mme motho eo o tla hapa mpho ena ya lotto.

Re a leboha ha o bile teng kopanong ena. Nka thabela ho bua le mang kapa mang ka bo mong ka boiphihlelo ba hao ka kopano ena le hore na re ka ntlafatsa eng bakeng sa kgetlo le tlang. **Ke lebelletse nako e tlang e tla ya karolo e kopanetsweng le bahlokometri moo re tla sekaseka Dipotso tsa Mafosisa le Dinnete mme re rale sebakeng sa nako e tlang. Ho bohlokwa haholo hore wena le bahlokometri ba hao le tle kopanong ena mmoho jwalo ka ha mananeo a kopanetsweng a sebetsa ha le tle le le babedi.**

Ke tla o bona kgetlo le tlang _____ (nako le sebaka) ka la _____ (letsatsi le mohla).

SESSION 12 APPENDIX

Condom Cards



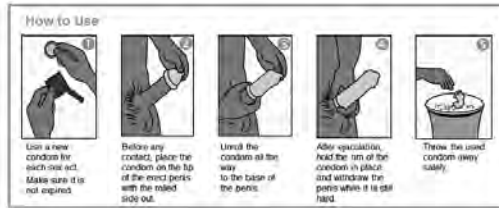
Sekaseka thobalano e bolokehileng ka nako le molekane wa hao.

Male condom instruction card



Fumana khohlopo.

Male condom instruction card



Ikwetlise ho kenya khohlopo ele hore o tle o lokolohe ha o e sebedisa nakong e tlang.

Male condom instruction card



Sheba letsatsi la ho fellwa ke nako pele o sebedisa.

Male condom instruction card



Male condom instruction card



Male condom instruction card



**Pele ho nama-nameng
ya mofuta ofe kapa
ofe, beha khohlopo
botoneng bo emeng ka
lehlakore le haretsweng
kantle.**

Male condom instruction card



**Phuthulla khohlopo
ho fihlella e
kwahela botona
kaofela.**

Male condom instruction card



Kamora hore peo ya botona e tswa, tshwara qetello ya khohlopo (hore e seke ya thella) mme o hule botona ha bo ntse bo tiile.

Male condom instruction card



E phuthele ka pampiri ya ntlwaneng mme o lahle khohlopo e sebedisitsweng ka ho bolokeha. Seke wa e folasha ka ntlwaneng ya metsi.

Male condom instruction card

SESSION 13

Future planning (Joint)



TIME

120 minutes

RATIONALE

This session reinforces prior safer sex messages and continues to promote caregiver-adolescent communication on sexual health. Building on the knowledge quiz, much of this session is built around a single case study (Dudzile's story). This story provides an opportunity for caregivers and adolescents to discuss why youth might take risks and what the consequences of those risks can be. The case study provides an opportunity for critical thinking about how pregnancy will change their lives, while also applying the problem solving skills they have built during previous sessions to help them deal effectively with Dudzile's "crisis." It also explicitly incorporates a future planning lens by highlighting how decision making about risk behaviour affects one's ability to reach life goals.

GOALS

- To reinforce key knowledge on prevention and transmission of HIV and STIs, pregnancy prevention, and risk behaviour
- To reinforce the risks of early pregnancy and sensitise participants to these risks, including health problems and limited educational and employment opportunities
- To help participants consider how decisions to engage in risky behaviour can affect their ability to achieve long-term goals and future opportunities

SESSION OVERVIEW

Opening ritual: Adolescent ritual

Feedback from previous session (15 minutes)

Exercise 1: Knowledge game: Myths and facts quiz (30 minutes)

Exercise 2: Duduzile's story (40 minutes)

Exercise 3: Future goals and obstacles (20 minutes)

Reflection and sharing (10 minutes)

Goal setting and practice at home (5 minutes)

Closing the session

MATERIALS NEEDED

- Name tags for participants
- Flipchart or a black/white board and marking pens
- 4 bells (or other noise makers)
- A bag or tin of small treats (such as biscuits, sweets, chocolates etc.)
- Lottery prize

WORKBOOK HAND-OUTS REVIEWED

- Fact sheet: Reproduction & pregnancy
- Fact sheet: Negative consequences of teen pregnancy
- Fact sheet: Safe methods to prevent pregnancy

SPECIAL PREPARATION

- For Feedback from previous session, have a list of places where free condoms are available in the community to add to the feedback discussion as needed.
- For Exercise 1, review the answers and additional notes provided to the Myths and Facts Quiz so you can easily identify correct and complete responses from participants, and convey any additional important information.



OPENING RITUAL

Invite adolescents to lead the opening ritual. Let them know that the next session will open with the caregiver opening ritual.

FEEDBACK FROM PREVIOUS SESSION [In separate groups]



(15 minutes)



Instructions

1. Split adolescents and caregivers into separate groups. Adolescents will provide feedback only among adolescents and caregivers among caregivers. The facilitator should lead one group and the co-facilitator should lead the other group.
2. In each group, ask someone to summarize the home assignment. Refer to the '**Home practice assignment summary**' text if clarification is needed.
3. Encourage feedback from participants on their completion of the home practice. Ask them about their emotions, thoughts and behaviours related to the home practice.
4. Spend some time on areas where there were challenges and use group problem solving to get ideas on how the situation can be dealt with. Use one of the challenges as a role-play. The co-facilitators can model it.
5. Praise participants for their efforts to problem solve.



Home practice assignment summary

[Caregivers] Mosebetsi wa hao e ne e le ho:

- Sekaseka e nngwe ya dipotso tsa bophelo bo bottle ba thobalano tseo re shebaneng le tsona kopanong ya hao e fetileng le motjha wa hao sephiring.
- Bua ka dipampiri tse fanweng nakong ya kopano le motjha wa hao le ditho tse ding tsa lelapa, le ho sekaseka morero wa lelapa la hao bakeng sa netefatsa polokeho ya motjha dikamanong le ho sebetsana le tshohanyetso.
- Sebetsa mmoho le motjha wa hao ho araba Quiz ya Ditshomo le Dinnete.

[Adolescents] Dipheo tsa hao e ne e le ho:

- Ho hlwaya motho e moholo eo o motshepang bophelong ba hao eo o ka buang le ena ka ditaba tsa bophelo bo botle ba thobalano.
- Fumana hore na motho a ka fumana dikhohlopo kae motseng wa heno.
- Sebetsa mmoho le motjha wa hao ho araba Quiz ya Ditshomo le Dinnete.



Facilitator guidance

Identifying a trusted adult

If a group member has difficulty identifying a trusted adult, ask more questions. Some suggested questions:

- What adult in your life do you look up to, and why?
- What adult in your life is easy to talk to and you don't have to worry about them gossiping about your business?
- What adult in your life is always on your side?
- What adult is always interested in you doing well in life?

Be sure to follow-up in private with any group member who still couldn't identify someone after prompting. If this goes unresolved, follow-up with someone from your organisation that can provide support, such as a social worker. You can also provide them with information on the LoveLife youth line: Call 0800 121 900 or send a 'please call me' to 083 323 1023 and a counsellor will call you back.

EXERCISE 1: KNOWLEDGE GAME: MYTHS AND FACTS QUIZ



(30 minutes)

Rationale

The exercise reinforces key messages in a fun way, and helps the facilitator to assess any areas where misinformation may be prevalent. Building HIV, STI, and pregnancy prevention knowledge among participants ultimately improves their capacity to minimise risky behaviour, seek prevention or treatment services as needed, and to stay healthy.



Instructions

1. Separate the participants into 4 groups, keeping adolescent caregiver pairs/family groups together. Provide each group with a bell (or other noise maker.)
2. Instruct participants that you will read out the statement and the group that rings the bell first will have a chance to respond. Explain that they should say whether the statement is a myth or a fact and then explain their answer—the reason why it is a myth or fact. If they do not do so thoroughly another group (the second one to ring the bell) will get an opportunity to answer. Statements and answers can be found in '**Facilitator guidance: Answer key to the Myths and facts quiz.**'
3. Indicate that groups that give the best correct answer will receive a small reward (biscuit, sweet or some other small treat.)
4. Provide a reward to each participant in the winning group every time an answer is correct. If the first group's answer is incomplete, allow another group to respond and who ever gives the answer that most closely matches the 'Answer key' gets the reward. Encourage thorough responses and add to their responses where needed. Several questions include an 'Additional note' within the '**Facilitator guidance: Answer key to the Myths and facts quiz**' to promote comprehensive understanding (questions: 5, 6, 8, 10-16, 19, 21, 23-25), provide this extra information where needed.
5. After the exercise, praise participants for their efforts and how much they know. Provide any participants with a reward who did not receive one.
6. Review the '**Take home point.**'

Facilitator guidance

Answer key to the Myths and facts quiz

Remember to probe participants to give explanations for their responses and to highlight the 'additional note' information to participants as applicable.

1	Batho ba fumana HIV kapa AIDS hobane ho teng boloi kapa matla a okametseng tlholeho.	<p>Tshomo: HIV e fetiswa ho tloha ho motho e mong ho ya ho e mong ka madi, maro a bonna, maro a bosadi le lebese la letswele. Ha ho boloi bo amehang.</p> <p>Sena se bolela hore batho ba etsang thobalano ba ka fetisetsana kokoanohloho. Ho feta moo, mosadi ya immeng a ka fetisetsa vaerase ho lesea la hae nakong ya boimana le nakong ya ho pepa; mme Mme ya nang le HIV a ka fetisetsa vaerase ho lesea la hae ka lebese la letswele ntle le haeba a nwa meriana e thibelang phetiso ena. Hobane HIV e fetisetsanwa ka madi, batho ba itlhabang ka dithethefatsa ba sebedisa lemao le le leng ba ka fumana tshwaetso ha e mong wa basebedisi ba lemao a na le HIV.</p>
2	Batho ba ka fokotsa menyetla ya ho fumana HIV/AIDS ka ho sebedisa dikhondomo nako e nngwe le e nngwe ha ba etsa thobalano.	<p>Nnete: Batho ba etsang thobalano ba hloka ho sebedisa khohlopo 'ka nepo' nako e nngwe le e nngwe ha ba etsa thobalano hobane balekane ba bona ba ka nna ba ba le tshwaetso.</p>
3	Motho a ka fumana HIV/AIDS ka ho longwa ke monang	<p>Tshomo: Ha hona kotsi ya ho fumana HIV ho tswa ho ho longwa ke kokonyana. Ha kokonyana e o loma, ha e kenye madi a yona, kapa madi a tswang ho motho/phoofolo e lonngweng pejana, ho motho ya latelang eo e mo lomang. Hape, HIV ha e kgone ho phela kahara kokonyana, ho fapana le mafu a tshwanang le malaria. Dikokonyana ha di kgone ho tshwaetswa ke HIV, ho bolelang hore ha di kgone ho e fetisetsa ho ba bang.</p>
4	Motho ya shebahalang a phetse hantle a ka ba le HIV	<p>Nnete: Ha o kgone ho bona hore motho o na le HIV ka ho mo sheba feela. Motho a ka ba le tshwaetso mme a nna a shebahala a phetse hantle. Tsela e le nngwe feela eo batho ba ka tsebang ha ba na la HIV ke ho etsa teko.</p>
5	Ho etsa thobalano le morwetsana ya so kang a etsa thobalano ho ka phekola AIDS	<p>Tshomo: Hona jwale ha hona pheko bakeng sa HIV kapa AIDS, empa hona le meriana e ka bolokang HIV tlasa taolo le ho thusa batho ba nang le tshwaetso hore ba phele maphelo a malelele, a phetseng hantle.</p> <p>Hona le meriana e bitswang diARV kapa meriana ya diantiretroviral mme di tlameha ho nowa letsatsi ka leng bakeng sa bophelo ba motho kaofela.</p>

6	Batho ba ke se fumane HIV ka ho abelana dijo kapa dintho tsa ho robala le motho a tshwaeditsweng	Tshomo: Ha hona kotsi ho hang ya ho nka karolo ho letho le kenyeletsang thetsano e bonolo ya kamehla. Ha ho kotsi ho arolelaneng dijo, mealo kapa disebediswa tsa ka tlung, lehaeba e le tsa motho ya nang le HIV. Haeba tshebetso e sa kenyelletse phetsetsano ya madi, maro a bonna, maro a bosadi, kapa lebese la letswela ha hona kotsi ya letho ya ho fumana HIV. HIV ha e phele bokahodimong ba letlalo mme ha e kgone ho feta letlalong le tabohileng kapa hara dintho.
7	Ho ba le tshwaetso e fetiswang ke mafu a thobalano (STI), a kang lelaemetia, mokaola kapa hephisi, ho eketsa kotsi ya ho fumanan HIV	Nnete: Haeba motho a na le STI e le nngwe, o na le monyetla o moholo ho feta wa ho fumana HIV. Hona ke hobane matshwao a mang a ho kula a diSTI tse ding, jwalo ka letlalo e makgopho, ho taboha, kapa diso, a etsa motho a be kotsing e fetang ya ho fumana tshwaetso ya HIV. di STI di boetse di ka supa hore motho ha a etse thobalano e bolokehileng. Ho feta moo, ha motho ya nang le HIV a na le STI e nngwe, o na le monyetla o moholo ho feta ho fetsetsa HIV ho molekane wa hae ka kopano ya thobalano.
8	Batho ba ka fokotsa monyetla ya ho fumana HIV ka ho ba le molekane a le mong ya sa tshwaetswang mme ya se nang balekane ba banga	Nnete: Ho molemo ho ba kamanong e tshepahalang le motho a le mong (e boetse e bitswa 'monogamous') e o tsebang hore ha a na STI/HIV. Empa o hopole, ho sebedisa dikhohlopo ke mohopolo o motle <i>kamehla</i> , hobane batho ba ka ba le HIV empa ba sa tsebe.
9	Dikhondomo ha di hlatsuwe ka hloko ka sebediswa ho feta lekgetlo le le leng	Tshomo: O hloka ho sebedisa dikhohlopo e ntjha nako ka nngwe ha o etsa thobalano (leha diketsahalo tse pedi tsa thobalano di ka etsahala ka nako e kgutshwane), le bakeng sa mofuta ka mong wa thobalano oo o o etsang.
10	Vaseline kapa baby oil e ka sebediswa ho kolobisa kapa eketsa boreledi ba dikhondomo	Tshomo: Ha o wa lokela ho tlotsa sereledi sefe kapa sefe sa oli se jwalo ka Vaseline kapa baby oil kaha sena se ka etsa hore khohlopo e tabohe. Boholo ba dikhohlopo di sentse di na le sereledi. Haeba o sebedisa e senang sereledi, o ka tlotsa sereledi sa metsi se jwalo ka KY Jelly bokantleng ba khondomo. Ntle le sereledi dikhohlopo e ka taboha. Sereledi se bile se eketsa monate.
11	Khondomo ya monna kapa ya mosadi ha di a lokela ho sebediswa mmoho ho hang (ka nako e le nngwe)	Nnete: Ho di sebedisa mmoho ha ho ntlafatse tshireletso ebile ho etsa hore di se sebetse hantle hobane kgohlano pakeng tsa khohlopo tse pedi ho ka etsa hore di tjhophohe kapa di tabohe. Dikhohlopo tsa banna di ka sebediswa le mofuta e meng ya dithibela pelehi ho fana ka tshireletso e eketsehileng ho boimana bo sa rerwang.

12	Dikhondomo di thibela ditshwaetso kaofela tse ka fetiswang ka thobalano (di STI)	<p>Tshomo: Esitana le khohlopo ha di fane ka tshireletso e felletseng kgahlano le diSTI tsohle. dikhohlopo di sebetsa jwaloka thibelo ho diSTI tse ding, jwaloka Chlamydia le Gonorrhoea tse fetiswang ka maro a mmele nakong ya thobalano. Di kanna tsa se fane ka tshireletso kgahlano le mafu a jwaloka Herpes le Genital warts, tse ka fetisetsanwang ka ho thetsana ha letlalo la ditho tsa bong.</p> <p>Ntle le ho sebe le kamano efe kapa efe ya thobalano, dikhohlopo ke yona tsela e ntle ho fetisisa ya ho itshireletsa kgahlano le HIV. E boetse e sireletsa kgahlano le boimana.</p>
13	Ditshwaetso tse ding tse fetiswang ka thobalano (diSTI) ha di na matshwao a ho kula kapa matshwao a temoso	<p>Nnete: Hase batho bohle ba nang le STI ba nang le matshwao a ho kula, empa tshwaetso e ntse e ka baka tshenyo e mpe mmeleng ha e sa alafuwe. E boetse e ka fetisetswa ho motho e mong.</p> <p>Haeba o nahana hore o pepeseditse STI kapa o bone a mang a matshwao a ho kula a di STI ho wena kapa ho molekane wa hao, o lokela ho bua le ngaka. Di STI tse ngata di phekoheha habonolo. Empa ha e tlohelwa e sa alafuwe, e ka baka mathata a mangata ho feta a nako e telele.</p>
14	Ha diteko tsa motho di sa bontshe tshwaetso ya HIV ha ba na ho ba le balekane ba bona le bona ho ba le tshwaetso ya HIV	<p>Tshomo: Teko ya hao ya HIV e hlahisa boemo ba hao fela ba HIV. HIV e kanna ya se fetiswe nako le nako ha o etsa thobalano. Kahoo, ho etsa teko ya HIV hase tsela ya ho fumana hore na molekane wa hao o na le tshwaetso.</p> <p>Ntle le haeba o na le bonnete ba hore molekane wa hao ha ana HIV (mohl. le entse teko mmoho), o lokela ho mo nka a na le tshwaetso mme le sebedise khohlopo kamehla. Hape o hopole hore ha o ka etsa teko kapele haholo (nakong ya kgwedi e le nngwe ya ho fumana tshwaetso) ho a kgonahala hore o fumane sephetho se reng ha o na tshwaetso lehaeba o na le yona tshwaetso ya HIV.</p>
15	Diteko tsa HIV ke tsa batho ba kulang feela kapa ba entseng thobalano e sa sireletswang	<p>Tshomo: Motho a ka lebeha a phetse hantle haholo a ntse a na le HIV. O ka fumana HIV leha o soka o etsa thobalano ho hang. Batjha ba bang ba ka ba le Mme ya nang le HIV ya fetiseditseng vaerase ho bona ha a ne ba imme. Batjha ba bang ba ka be ba pepesitswe ho madi a nang le tshwaetso ka ho kopana le madi ka tsela ya ho arolelana dientse.</p> <p>Hape ho bohlokwa ho tseba boemo ba hao pele o etsa thobalano lekgetlo la pele hore o tle o sireletse wena le molekane wa hao nakong e tlang. Ke mohopolo o motle ho etsa teko kgafetsa, haholo haeba o sa sebedisa tshireletso ka dinako tsohle, o qala kamano e ntjha, kapa khohlopo e tabohile.</p>

16	Ha diteko tsa motho di sa bontshe tshwaetso ya HIV ha a tshwanela ho tshwenyeha mabapi le ho fumana HIV	<p>Tshomo: Teko ya negetive ha e sireletso motho ho fumaneng HIV. Nako efe kapa efe ha motho a etsa thobalano e sa sireletsehang kapa a ba le teano ya madi, o kotsing ya tshwaetso ya HIV.</p> <p>Ho ba le molekane a le mong wa thobalano ho bolokehile ho feta ho ba le balekane ba bangata ba thobalano. Leha ho le jwalo, leha motho a le kamanong moo balekane ka bobedi ba tshepahalang, o ntse a lokela ho etsa teko le molekane wa hae ho netefatsa hore bobedi ba bona ha bana HIV.</p>
17	Ne ho bonolo ho qoba thobalano ha o nwele kapa o sebedisitse dithethefatsi	<p>Nnete: Ho molemo hore o be o hlaphohetswe ha o sekaseka kapa o rera ho etsa thobalano. Ha o hlaphohetswe, o na le kgonahalo e fetang ya ho sebedisa khohlopo, ho sekaseka tshebediso ya khohlopo le molekane wa hao, kapa hore tjhe haeba o sa e batle; tahi le dithethefatsi di etsa hore ho be thata hore motho a tsebe na o batlang mme di ka eketsa monyetla wa boitshwaro bo kotsi (ka mohlala, ho etsa thobalano ntle le khondomo, ho ka lebisang ho tshwaetso ya HIV.)</p>
18	Motho e mong a ka fumana HIV, STI, kapa ho ima kgetlo la pele ba etsa thobalano	<p>Nnete: Ho a kgonahala ho fumana HIV kapa STI leha eba o entse thobalano le molekane ya nang le tshwaetso hanngwe fela. Ho boetse ho a kgonahala ho ima lekgetlo la pele ha o etsa thobalano.</p>
19	Ha monna a sa ntshetse peo kapa ho 'rotela' kahare ho mosadi (eo hape e bitswang ho ikgula) o bolokehile kgahlano le HIV, diSTI le boimana	<p>Tshomo: Kotsi ya pele ya ho ikgula ke hore monna a ke ke a ikgula ka nako mme lero le leng la bonna le tla kena ka bosading. Kotsi ya bobedi ke hore banna ba ntsa lero le lenyane la bonna nakong yohle ya thobalano, eseng feela ha ba fihlela nako ya ho ntsha lero la bonna. Kahoo ho a kgonahala ho fumana HIV, di STI, kapa ho ima leha monna a sa ntshetse peo ya hae kahare ho mosadi.</p> <p>Ba hopotse ka dikhohlopo le mefuta e meng ya dithibela pelehi ho thibela boimana</p>
20	O ka thibela boimana ka ho etsa thobalano ka ditaele tse iteng, jwalo ka ho e le eme	<p>Tshomo: Batho ba bang ba dumela hore ho etsa thobalano ka maemo tse itseng, jwaloka ho e etsa o eme, ho tla qobella peo ya bonna hore e tse ka bosading. Bonneteng, maemo tsa ho etsa thobalano ha hona moo di amanang le hore na peo e kopana le lehe na. Ha monna a ntsha peo, peo ena e kena harehare ka bosading. Ka tlhaho, peo e tla qala ho tsamaella hodimo molomong wa popelo hanghang kamora hore monna a e ntshe.</p>
21	Hona le sethibela pelehi se le seng feela se o sireletsang kgahlano le kotsi ya tshwaetso ya HIV le boimana	<p>Nnete: Dikhohlopo– bobedi dikhohlopo tsa banna le tsa basadi – ke tsona feela dithibela pelehi tse boetseng di sireletsa kgahlano le HIV le boimana. Ka mantswe a mang, dikhohlopo di fana ka tshireletso e habedi hobane di thibela boimana bo sa rerwang le HIV.</p> <p>Dikhohlopo di sireletsa kgahlano le diSTI tse ngata feela eseng tsohle (jwaloka ha ho boletse potsong e fetileng ya 12)</p>

22	Ho hlatswa botona kapa bosadi kamora thobalano ho tla fokotsa kotsi ya ho fumana tshwaetso ya HIV le diSTI tse ding mme ho tla thibela boimana	Tshomo: Hlweko ya dikaralo tsa bonna le bosadi e bohlokwa mme ke tlwaelo e ntle. Ho hlatswa dikaralo tsa bonna le bosadi ha ho thibele HIV, diSTI tse ding kapa boimana.
23	Hona le tsela e bolokehileng ya ho thibela boimana kamora hore thobalano e sa sireletswang e etsahale	Nnete: Hona le dithibela pelehi tsa tshohanyetso, tse tlwaelehileng haholo ke pidisi e bitswang pidisi ya hoseng ho latelang, e ka sebediswang kamora thobalano e sa bolokehang ho thibela boimana. Pidisi ya tshohanyetso e tlameha ho nowa nakong ya matsatsi a mararo kamora thobalano e sa sireletswang. Ha e nowa kapele kamora ketsahalo e na le monyetla o motle ho feta wa ho sebetse hantle. E sebetse hantle ho fetisisa ha e nowa dihoreng tse 12 tsa pele kamora thobalano e sa sireletswang. Dithibela pelehi tsa tshohanyetso e ka ba kgetho e ntle ha mekgwa e meng e sa sebetse (mohl. dikhohlopo ha e ka taboha kapa ya tjhophoha, kapa o lebala ho nwa dipidisi), ha baratani ba etsa thobalano e sa sireletswang, kapa ha mosadi a ka betwa. Leha ho le jwalo, dithibela pelehi tsa tshohanyetso ha di a lokela ho sebediswa jwalo ka mofuta wa kamehla wa ho thibela pelehi.
24	Basadi ba ka fumana ente kapa ba nwa pidisi letsatsi ka leng ho thibela boimana, mme tsona di fumaneha mahala ditlelinikeng tsa mmuso	Nnete: Pidisi le ente di sebetse ka ho emisa ho tswa ha lehe kgwedi le kgwedi. Ha ho sena lehe, boimana bo ka se etsehe. Mokgwa ka mong o sebetse o le mong (ha o e hloke ka bobedi). Feela, basadi ba tlameha ho hopola ho enta ka nako kapa ho nwa pidisi letsatsi ka leng hore e tle e sebetse mme bobedi mekgwa ena ha e fane ka tshireletso ya hanghang kgahlano le boimana ha o qala ho e sebedisa. Mekgwa ena ha e thibele kgahlano le HIV kapa di STI; sebedisa dikhondomo bakeng sa tshireletso e habedi.
25	Ha mosadi a le ka tlase ho dilemo tse 18, kemaro e ka ba kotsi ho mme le leseae	Nnete: Ha mosadi a le monyane, haholo botjheng ba hae, boimana bo ka ba kotsi bobedi bakeng sa Mme le leseae. Mathata a ho pepa le ho ntsha mpa ho sa bolokehang ke a mang a mabaka a mafu bakeng sa basadi ba ka tlase ho dilemo tse 20. Masea a belewang ke bo Mme ba banyane a na le menyetla e phahameng ya ho kula kgafetsa le/kapa ho hlokahala. Re tla bua haholwanyane ka boimana kajeno.

Take home point

Mehopolo e seng nnete mabapi le HIV, di STI le boimana e tlwaelehile. Ho ithuta ho hlalohanya phapang pakeng tsa ditshomo le dinnete ho ka o thusa hore o itshireletse o sireletse le ba bang ka ho etsa diqeto tse ntle le ho arolelana ka lesedi le nepahetseng.



EXERCISE 2: DUDUZILE'S STORY



(40 minutes)

Rationale

Early pregnancy places major limits on adolescents' futures: preventing educational progress, incurring major time and financial costs, and introducing serious long-term responsibilities when one's own emotional maturation is still underway. Teen pregnancy also poses significant health risks to the mother and baby including: increased risks of a mother dying during pregnancy or childbirth, increased risk of complications during delivery, babies born too early and too small (low birth weight), and increased risk of a baby dying within one year after birth. Evidence suggests that changing attitudes and norms related to teenage pregnancy and parenting has some potential to mitigate related behaviour, as does helping them to envision and plan for a positive future.

This exercise offers participants a chance to look at unplanned pregnancy in-depth: how pregnancy occurs and how to respond to an unplanned pregnancy. It also prompts group members to examine and reconsider their own attitudes about pregnancy by discussing the changes that pregnancy and parenthood bring and how this might interfere with their goals. They are also assisted in one problem-solving step: identifying advantages and disadvantages of having a baby or an additional baby if they already have children. Analysing the advantages and disadvantages of teenage pregnancy can expose some of these issues and move toward establishing new lower-risk peer norms.

Facilitator background

Sensitivity to teen parents

Be sensitive and non-judgemental to adolescent parents in the group.

While we are interested in reducing adolescent pregnancies in this group, some of the youth are already likely to be parents and some of the caregivers may have had a teen pregnancy. The aim of this session is not to make group members feel guilty or discriminate against them for having children early. Empowering youth, and supporting women's reproductive decisions, means pregnant or parenting teens should be supported, not stigmatized. Having a group of both teen parents and non-parents provides the opportunity for the parents to give advice about having a child based on their real-life experiences.

Facilitator background

Pregnancy prevention and options¹⁶

Research has identified reasons for adolescent pregnancy in South Africa

- Some youth become pregnant because they want to prove their maturity or identity as women.
- Many youth get pregnant the first time because they do not understand the risks involved in having sex, or did not understand how pregnancy happens.
- The child-support grant does not encourage girls to become pregnant.
- Yet, a lack of employment and job opportunities may increase teenage pregnancy.

Preventing pregnancy:

- Effective ways to prevent pregnancy include abstaining from sex, using condoms, and/or other forms of contraception.
- Contraception is the use of different devices, medicines, or surgical procedures to prevent pregnancy. There are many different contraceptive methods that are freely available at clinics around the country. Some methods are more effective than others; details can be found in the Safe ways to prevent pregnancy introduced in session 11.
- Consistent and correct use of condoms is the **only** form of contraception that also protects against HIV and other STIs. There are other methods that can be used at the same time as condoms to prevent pregnancy thus providing double protection. These include the pill, implants, and IUDs.
- Adolescents also need to be able to imagine a positive future for themselves: one in which education, employment, and healthy relationships are possible.

Options if pregnant:

- If someone becomes pregnant, they have three options to think about: abortion, adoption, and parenting.
- Every person's situation is different, and only they can decide what is best for them. Making a list of advantages and disadvantages of each option, thinking about their future plans, and discussing it with someone they trust can help a person to decide.
- If one chooses adoption or to become a parent, they should begin prenatal care as soon as possible.
- If someone is considering abortion, they should know that abortion is very safe at certified clinics, but the risks increase the longer a pregnancy goes on. Further, abortions are free and safe at clinics and hospital but alternative options, such as via traditional healers or buying muti from a neighbour, can pose large risks.

¹⁶ Content from FHI 360 (2013) *Positive Connections: Leading Information and Support Groups for Adolescents Living with HIV Manual*; Mchunu, G. Peltzer, K. Tutshana, B. & Seutlwadi, L. (2012) Adolescent pregnancy and associated factors in South African youth. *African Health Sciences*, 12(4):426-434.



Instructions (Part 1)

1. Review **'Facilitator background: Sensitivity to teen parents'** and **'Facilitator background: Pregnancy prevention and options'** before beginning the exercise.
2. Read **'uDudu's story'** to the group. Using the **'Group discussion 1'** questions, ask the group to consider if the *'Test was negative.'* Encourage them to reflect on what DuDu and Mandla can do to prevent this situation in the future and allow for discussion. Refer to **'Facilitator guidance: Preventing unintended pregnancy and other risks'** as needed to aid the discussion and reinforce key messages.
3. Refer to the *'Test was positive' questions in the 'Group discussion 2,'* and explain the three options briefly (have the baby, adoption, abortion); stress this is a personal decision and do not allow the discussion to focus on pros and cons of these options. Instead, ask the group to consider how both Mandla and DuDu's life will change if she has the baby. Encourage them to also consider Mandla's responsibilities. Allow for discussion.



uDudu's story¹⁷

Ke motsheare wa hoseng ka Moqebelo mme o lokela hore ebe o qakehile ke mesebetsi ya lelapa, empa Duduzile o dutse a le mong ka phaposing ya hae. O bipetsane ke motjheso o bohloko o nyolohang pelong ya hae ka phaposing le lephoka le matla la makgulo a tjheleng hara bosiu. O kgumame pela bethe, o a rapela. Tsela ena ya ho rapela e mo etsa hore a ikutlwe a atametse haholo ho Modimo. Ha a kgathale le hoba kgaitsemi ya hae e nyane, Msizi, a ka kena a mo fumane a le jwalo e be o mo phoqa ka seo. O na le dintho tsa bohlokwa tseo a batlang ho di buisana le Modimo.

Duduzile o sa tswa fumana bo bohloko ka matla bophelong ba hae kaofela.

E ne e le bekeng tse pedi tse fetileng dintho tsohle di ne di tsamaya hantle fela ka tsela eo ho neng ho tshwanela hore di be ka yona. Ho feta moo, ka Labohlano leo Duduzile o ile a ba le puisano e telele le Mof. Nkosi, moruta bana wa hae wa motataisi. O ne a ile a bolella Dudu hore ke moithuti ya ithommeng pele kereiting ya leshome eo sekolo se qetetseng ho ba le yena ka dilemo tsa ho feta, mme o ne a na le bonnete ba hore ha Dudu a ka sebetsa jwalo ka nako tsohle, o tla fumana basari ya ho ya yunivesithing ho phetha lengolo la tikiri. Dudu o ne a batla ho ba ngaka a sebetse a thuse batho ba tikoloho ya hae. Mof. Nkosi a re a ka kgona ho fumana tjehelete ya ho reka ntlo mohlomong esita le koloi a be a kgone ho thusa lelapa la habo, empa seo se tla hloka hore a sebetse ka thata.

Ka Moqebelo oo, o ile a ya mabenkeleng ho ya phoka kofi le moshemane o tukang malakabe ho bona bohle sehlopheng sa materiki. Lebitso la hae ke Mandla mme a mo bolella hore o fodile kamora ho etsa moetto wa lebollo. A mo botsa hore na o kile a etsa thobalano. A re, tjehe, ha a so ka a etsa thobalano ebile ha a ikemisetsa ho etsa seo haufinyana. A re le yena ha a so ka a ba a etsa thobalano, empa hona jwale ke nako e ntle ebile ngaka ya hae ya lebollong e mmoleletse hore ha a ka etsa thobalano a keke a emarisa ngwanana pele ho kgwedi tse tshelatseng a tswile lebollong. A re o sa ntse a saletswe ke di beke tse pedi. Dudu a itshehela feela.

Empa kamora kofi o ile a ya le Mandla phaposing ya hae, ka mora ntlo ya malomae. A fihla a mo bolella hore le yena o na le thahasello ya ho latswa

¹⁷ Written by Wilhelm Haupt of the University of Pretoria

thobalano, hobane banana kaofela sehlopheng sa hae esale ba bua ka boiphihlelo ba bona mme ba tshehe ba buele tlase haholo, empa o ne a ka lahlehelwa haholo. O ne a sa kgolwe pale ena ya ngaka. Mandla a re ke nnete. Yena le ngaka ka bobedi ke ba lelapa la morena. Ba na le madi a molomo o sa bueng leshano. A re ebile o na le dikhohlopo.

Yaba Mandla e ba kgosana ya hae mme ba nwa biri mmoho. Ba boela ba nwa e nngwe, pele a hlokomela, ba ne ba le betheng mmoho. dikhohlopo di lebetswe.

Ka mora moo a ikutlwa ka tsela e makatsang o ne a ikutlwa e ka batho kaofela ba bona seo a se entseng ekasita le ba sebakanyana le yena. Ho ne ho le thata le ho sheba ba lelapa la hae. Bosiung boo o qadile ho kgathatseha ka seo a se entseng mme ha ba boima hahohlo ha a bona hore o tlotse matsatsi a hae a ho ya kgwedding.

Ka mora matsatsi a mabedi a tlotse nako ya hae o lekile ho dula a kgobile matshwafo mme ka mora letsatsi a bitsetsa Mandla ka thoko a mo bolella. Sefahleho sa hae sa ba seputswa a bonahala a tshohile. A mo bolella hore a ye tleleniking a yo ntsha mpa a se ke a bolella mang kapa mang, empa o ne a tseba hore ha a na ho etsa seo. O ne a sa batle ho nka qeto tse tla fetola bophelo ba hae ntle le ho bua le mmae.

O botsitse Mandla hantle seo ngaka a se buileng, empa a se ke a araba. A re batswadi ba hae ha ba na ho mo dumella hore a nke mosadi pele ho lemo tse 23 a tsebe ho lefella mahadi. A boela a re ha a kgolwe hore ba tla lefa ditshenyehelo. A re o tla re e ne e le mohopolo wa hae. Empa a dumela hore a yo fumana sesebediswa sa ho hlahloba kemaro khemeseng.

Mme yaba mathata a Duduzile antse a nyolosetsa. A lora hampe e ka o hlokomela ngwana le ho hloka tjhelete ya ho reka maleire. A tshwenyeha hore batswadi ba hae ba tla mo leleka hole kapa ba moromele hore a yo dula le Baholo ba hae hole. A tshwenyeha hore ha a na ho kgona ho qeta sekolong kapa ho ya yunivesithing. O ne a tshaba hore o tla tshwanela ho bolella Mof. Nkosi mme a sehwa ke letswalo ha a nahana hore ba ruta bana kaofela a tla reng le hore batho ba bang ba tla reng. O ile a tshwenyeha ka ntho yohle a se ke a kgollwa hore bophelo bo ka fetoha ba ba bosula ha bobebe jwalo.

Empa kajeno Mandla o mo tshwarela sesebediswa sa ho hlahloba kemaro khemeseng. Ke hoo Duduzile a kgumameng pela bethe ya hae a rapela a ntse a eme. O kopa Modimo hore a tlöse toro ena empe ho yena.



Group discussion 1

Ha re tsebe na ho etsahalang kamora mona paleng ya Duduzile, empa ha re nahaneng ka dikgonahalo tse fapaneng mme re nke eka Duduzile, kapa esita le ena Mandla, ba tlike ho rona bakeng sa tshehetso.

Scenario 1: Test was negative

Pele, ha re etse eka Duduzile o fumane hore haa ima. Ena le Mandla batla ho wena bakeng sa keletso.

- O ka ba fa keletso efe?
- Duduzile le Mandla ba lokela ho tseba eng ho thibela boimana bo sa rerwang?
- Ke dikotsi dife hape tse ba lebaneng le tsona ka thobalano e sa sireletseheng tseo ba lokelang ho di qoba nakong e tlang?
- Boikarabelo ba Duduzile ke bofe ho thibeleng boimana? Boikarabelo ba Mandla ke bofe?
- Duduzile a ka nahana ka mofuta o jwang wa kamano nakong e tlang?



Facilitator guidance

Preventing unintended pregnancy and other risks

Key messages for preventing unintended pregnancies and other risks

In addition to pregnancy, Mandla and Dudu also risk contracting HIV and other STIs.

Effective ways to prevent pregnancy include abstaining from sex, using condoms, and/or other forms of contraception.

Consistent and correct use of condoms is the only form of contraception that also protects against HIV and other STIs. There are other methods that can be used at the same time as condoms to prevent pregnancy thus providing double protection. These include the pill, implants, IUDs, etc.

Emergency contraception or the 'morning after pill' can be used if a woman has unprotected sex or if contraception fails. This can include forgetting to take the pill, a condom slipping off, or rape. You can get emergency contraception from your doctor, clinic or over the counter from pharmacies. It is most effective if taken within 3 days (72 hours) of sex. However, this will not protect from HIV or other STIs.

Finally, avoid alcohol and other drugs which can affect your judgment, so that you do not take risks you might not otherwise take (such as unprotected sex.)

Both partners have a responsibility to prevent pregnancy:

- Mandla should know that boys and men should share the responsibility of preventing unplanned pregnancy and always use condoms (even when girls don't ask them to.)
- Duduzile should ensure condom use because it protects her from pregnancy and STIs. However, sometimes a condom might not be used for many reasons. Luckily, women have the power to prevent pregnancy using other contraceptive methods, such as the pill, IUDs, implants, etc. Getting and using a back-up method of birth control means that even if a condom is not used, she can still be safe from pregnancy.

Healthy relationship

- Having a sexual relationship means being ready for the responsibilities that come with it – discussing and practicing safer sex, being able to handle the possibility of pregnancy, having a healthy relationship between you and your partner that is emotionally safe as well as physically safe.

Group discussion 2

Scenario 2: Test was positive

Jwale, ha re nkeng eka teko e netefaditse hore Duduzile o imme. Dikgetho tsa hae di akga: ho ntsha mpa, ho fana ka lesea hore le hlokomelwe ke motho e mong le ho ba motswadi. Qeto ke ya hae. Ke Dudu fela ya ka kgethang hore na ke eng e nepahetseng bakeng sa hae. Empa kgafetsa basadi ba utlwa ho le molemo ho bua ka yona le motho e mong.

- *Ha re thuseng Dudu ho nahana hore na bophelo ba hae bo ka fetoha jwang ha a ka ba le ngwana?*
- *Mandla ena, ke eng e ka fetohang bophelong ba hae ha Dudu a ka ba le ngwana eo? Boikarabello ba hae ke bofe ho Dudu le ho lesea?*



Instructions (Part 2)

1. Divide the group into two separate groups: caregivers and adolescents. Introduce the next part of the exercise; refer to **'Introduction: Small group discussion on advantages and disadvantages'** text provided as needed. Ask them to list the disadvantages and advantages of teen pregnancy and then to prioritize the top 3 to share with the group.
2. After ten minutes, bring the groups back together. Conduct the **'Group discussion'** inviting caregivers to share their disadvantages and obtaining feedback from adolescents on any other main disadvantages they prioritized on their list. Then invite adolescents to share their advantages and ask caregivers for feedback on any other main advantages they listed. Keep a list of these on the flipchart.
3. If time allows, you can invite them to mention other advantages and disadvantages they listed in their group. Refer to the **'Facilitator guidance: Advantages & disadvantages of adolescent pregnancy'** to aid the discussion and ensure key issues, especially disadvantages, are discussed.
4. Praise the group for thoroughly considering the advantages and disadvantages, highlighting how important it is to think through carefully how pregnancy can change your life. Refer participants to the three informational sheets in their workbooks (Reproduction & pregnancy; Negative consequences of teen pregnancy; and Safe methods to prevent pregnancy) for more information on conception and the risks and consequences of teen pregnancy.
5. Review the **'Take home point.'**





Introduction: Small group discussion on advantages and disadvantages

Ke batla re nahane ka taba tsena ka botebo jwale, re se ke ra fella ho Dudu le Mandla feela, empa re nahane ka maphelo a batjha ba sehlopheng sena. Ke tla arola bahlokamedi le batjha ka dihlopha tse pedi tse arohaneng. Ke batla sehlopha ka seng se etse lenane la dintle le dimpe tsa ho ba le ngwana o sa le motjha dilemong, ha o ntse o le motjha. Leka ho fumana dikarabo tse ngata kamoo ho kgonehang, lehaeba o sa dumellane le tsona ka bowena. Jwale nahana ka tsa bohlokwa ho fetisisa mme o behe melemo le dimpe tsa pele tse tharo tse o tla di bolella sehlopha.



Group discussion

Ask caregivers

- Ka kopo re bolelle lenane la hao la melemo ya pele e 3 ya ho ba le ngwana o sa le monyane bophelong.

Ask adolescents

- Na e nyallana le dimpe tsa hao tsa pele tse 3, kapa hona le ho hong hoo o ka ho kenyang?

Ask adolescents

- Ke kopa o abelane ka letoto la hao la melemo e meraro ya sehlooho ya ho ba le ngwana lemong tse fokolang bophelong.

Ask caregivers

- Na e nyallana le melemo ya hao ya pele e 3, kapa hona le ho hong hoo o ka ho kenyang?

Ke tla ngola ditlhaliso tsa lona ho fliptjhate.



Facilitator guidance

Advantages & disadvantages of adolescent pregnancy

Pregnancy and being a parent can be a wonderful experience, but are also a big responsibility. Below are some possible advantages and disadvantages.

Advantages

- It can help you grow, understand yourself better, and enhance your life
- Someone to love you; a special bond
- People pay attention to you
- You can get respect
- Sign of becoming a real woman or man

- Sign of adulthood
- Become closer to boyfriend or girlfriend
- Can get a child support grant
- Friends approve of it
- Helps a person change their bad ways

Disadvantages

- When a woman is a teenager, pregnancy can be dangerous for both the mother and the baby. Complications of childbirth and unsafe abortion are among the main causes of death for women under 20 years. Babies born to young mothers have a higher risk of being sick often and/or dying.
- Many girls leave school if they become pregnant, which limits their future opportunities.
- Pregnancy results from unprotected sex. Unprotected sex puts the father, mother and baby at risk for STIs, including HIV.
- Expensive – There are costs associated with the pregnancy, such as doctor's visits, eating healthy food, and costs associated with babies, such as nappies, food, clothing, medical care, etc. Boys may have to pay damages to the girl's family.
- Partner may not provide support; child may grow up without a father figure.
- Adolescents may not receive support at home.
- Depression and loneliness, feeling isolated.
- Parenthood leaves less time for sleep and other things you need/want, such as time for friends and recreation; you may have less in common with your friends that don't have children.
- Hard work – taking care of a child is a full time job with no holidays or weekends.
- More responsibility – a lifetime commitment.
- Many people find that having a child can test even the strongest relationship. And if you are a single parent, you may find it more difficult to find and keep a new relationship.

Take home point

Boimana botjheng bo na le ditlamorao tse ngata tsa nako e telele. Ho bohlokwa hore batjha ba etsang thobalano ba tsebe hore na ba ka thibela boimana bo sa rerwang jwang, le ho nahana hantle ka dikgetho tsa bona tse amanang le boimana le botswadi. Le batjha ba so kang ba etsa thobalano ba ka una molemo ho ho lekolang maikutlo a bona mabapi le boimana le ho nka diqeto tsa hore na ba sireletsa maphelo a bona a matle le bokamoso jwang.

Tliahisoleseding le eketsehileng la hore na boimana bo etsahala jwang, ditlamorao tsa boimana ba bonyaneng le mekgwa e bolokehileng ya ho thibela boimana e ya fumananeha dipampiring tse fanwang tse tharo tsa lesedi tse ka bukeng tsa lona tsa mesebetsi.



EXERCISE 3: FUTURE GOALS AND OBSTACLES



(20 minutes)

Rationale

This exercise provides adolescent participants with opportunities to consider their personal goals for the future and how risk behaviour may impact their goals. It further assists both caregivers and adolescents with identifying strategies that supports the achievement of adolescent goals, including reinforcing key messages and skills presented in prior sessions.



Instructions

1. This exercise is basically an extension of Duduzile's story. Use the **'Group discussion'** to help participants reflect on how pregnancy affects future goals. The first question is for all participants followed by separate questions to ask adolescents and caregivers. Refer to **'Facilitator guidance: Protecting the future'** if any prompting is needed to reinforce key messages.
2. Review the **'Take home point.'**



Group discussion

Ask the group

- E be Duduzile o ile a kgathatseha jwang ha a nahana hore kemaro e ka bang teng e tla senya leano la bokamoso ba hae?

Ask adolescents

- Ka kopo nahana ka merero ya nako e telele eo o e beileng dikarolong tsa rona tsa nako e fetileng. Na ba bang ba lona le ka arolelana ka merero ya lona le ho nahana hore na boimana bo sa rerwang bo ka ama bokgoni ba hao ba ho fihlela merero ee?
- Maemo a mang a ka ferekanyang merero ya hao ke afe?
- O ka thibela maemo ana jwang hore a se ke a etsahala?

Ask caregivers

- O ka etsang ho thusa batjha ho fihlella ditabatabelo tsa bona le ho thibela maemo a ka bang teng, a jwalo ka boimana ba batjha?

Facilitator guidance

Protecting the future

Dudzile's example

- Dudzile's goals are to receive an education and help people in her community.
- To reach these goals, she needs to get good marks in school, qualify for a bursary, attend university, and work hard.
- A pregnancy would affect her school studies, and her ability to obtain a bursary, thus risking her other goals.

Situations that might affect goals

- Unplanned pregnancy
- Alcohol or drug abuse
- Jail/criminal record
- HIV and untreated STIs
- Depression, hopelessness
- Community violence
- Gender-based violence

Ideas for preventing these situations

Adolescents:

- Communicating openly and often with your caregiver
- Knowing and exercising your rights in an assertive way
- Involvement in positive activities, such as sports and school
- Abstaining from sex; using condoms when you decide to have sex
- Getting tested for HIV and STIs
- Staying in school and doing your best
- Setting and working towards long- and short-term goals
- Finding positive ways to deal with feelings of anger or sadness
- Seeking help - for anything - from a trusted adult when you need it

Caregivers:

- Knowing your adolescent's friends and whereabouts (monitoring)
- Setting and enforcing rules that help keep them safe (discipline)
- Keeping communication open and listening actively
- Paying attention to changes in your adolescent's moods and behaviours
- Helping your adolescent to know their rights, including the right to live free of violence
- Spending quality time with your adolescent / doing pleasant activities together
- Help to build their self-esteem and encourage positive behaviour through praise
- Encouraging your adolescent to get tested for HIV and support them in doing so by helping them to get to a clinic etc.
- Reminding the adolescent to be hopeful about their future and work towards their goals

**Take home point**

Boimana le botswadi bo sa rerwang, jwalo ka dikotsi tse ding, di ka setisa bophelo bo botle ba batjha mme ya ba tshitiso ya dipheo tsa nako e telele. Bobedi batjha le bahlokomedi ba bona ba ka nka mehato ho tshehetsa ketso e ntle ya diqeto le phihlelo ya dipheo.

REFLECTION AND SHARING

(10 minutes)

Re pheletsong ya kopano ya kajeno e mabapi le **ho rerela bokamoso**. Ena ke nako ya hao yah o arolelana maikutlo mabapi le kopano le sehlopa.

Ke lakatsa hore motho ka mong e arolelane ka ntho e le nngwe ya bohlokwa eo a ithutileng yona kajeno le hore na o ka e sebedisa jwang bophelong ba hao ba letsatsi ka leng.



GOAL SETTING AND PRACTICE AT HOME

(5 minutes)

Kopano e latelang ke karolo e ya rona ya ho qetela. Pakeng tsa hona jwale le ka nako eo ke lakatsa ho le kgothaletsa ho **boela tabatabelo ya hao ya dikamano le ho nahana hore na o sebeditse hantle hakae ho e fihlela. Ikwetlise seo tabatabelo ya kamano e neng e bua ka sona mme re tla bua ka ditabatabelo tsena kopanong e latelang.**



CLOSING THE SESSION

Re tla kwala kopano ka ho etsa kgulo ya lotto. Kenya pampitshana ya lebitso la hao ka lebekereng lena. Jwale re tla hula lebitso mme motho eo o tla hapa mpho ena ya lotto.

Re a leboha ha o bile teng kopanong ena. Nka thabela ho bua le mang kapa mang ka bo mong ka boiphihlelo ba hao ka kopano ena le hore na re ka ntlafatsa eng bakeng sa kgetlo le tlang. Ke lebelletse karolo e latelang moo re tla **ba le mokete wa ho fumantshwa mangolo a katleho! Yona e tla ba karolo e nngwe hape ya kopanelo le bahlokamedi le batjha. Ho bohlokwa haholo hore bobedi bahlokamedi le batjha ba be teng kopanong ena mmoho kaha dikarolo tsa kopanelo di sebetsa ha bobedi bo le teng. Ka lebaka la mokete, karolo ena e kanna ya nka nako e teletsana ho feta ka mehla, kahoo o rere ho tla ba teng bakeng sa dihora tse ka bang 2.5.**

Ke tla o bona kgetlo le tlang _____ (nako le sebaka) ka la _____ (letsatsi le mohla).



SESSION 14

Graduation and looking ahead (Joint)



TIME

120 minutes

RATIONALE

The end of the program can be difficult for participants because of the impending loss of support and community that regular participation in the group has provided. The exercises in this final session are designed to empower participants by reminding them of their visions for the future, the skills they've learned, and the possibilities that exist for continued goal achievement and support beyond the program. The session ends with a celebration of participants' achievements.

GOALS

- To encourage adolescents and caregivers to reflect on progress toward their relationship goals
- To allow adolescent-caregiver pairs to have fun together, while creating a pictorial representation of their vision for the adolescent's future, and consider what they can do to support the realization of this vision
- To empower participants to find support from one another and community resources once the program ends
- To identify and share areas of personal growth as a result of the program, and consider areas that represent opportunities for continued practice
- To celebrate and recognize participants' achievements by awarding certificates and having a program closing celebration

SESSION OVERVIEW

Opening ritual: Caregiver ritual

Feedback from previous session (15 minutes)

Exercise 1: Shared vision for the adolescent's future (40 minutes)

Exercise 2: Stone soup (20 minutes)

Reflection and sharing (25 minutes)

Goal setting and practice at home (10 minutes)

Closing the session

Certificates and celebration (facilitator discretion, recommended minimum of 25 minutes)



MATERIALS NEEDED

- Name tags for participants
- Flipchart or black/white board and marking pens
- Art supplies: A1 papers (flipchart size), colour pencils, crayons, magazines, scissors and glue: enough for each family pair to use.
- Certificate of program completion for each participant
 - » Note: Programs can use and develop their own certificate as needed. A sample certificate template is available on the Program Resources Disc (Phase 3.)
- Food for the celebration
- Lottery prizes for all participants who have not yet received one

SPECIAL PREPARATION

- Estimate how many people have not received lottery gifts and have a small gift for each of them (alternatively, you can give each participant a small gift.)
- For the certificate ceremony and celebration, print or copy a certificate for each participant and fill in their full name. Make sure that you check the correct spelling of their name before writing it.
- Plan to have prepared food at the session as part of the celebration. If food is generally provided at sessions, try to plan for a special meal or treat.
- Because of the celebration, plan for this session to take about 2.5 hours.



OPENING RITUAL

Invite caregivers to lead the opening ritual.

FEEDBACK FROM PREVIOUS SESSION [In separate groups]



(15 minutes)



Instructions

1. Split adolescents and caregivers into separate groups. Adolescents will provide feedback only among adolescents, and caregivers among caregivers. The facilitator should lead one group and the co-facilitator should lead the other group.
2. In each group, ask someone to summarize the home assignment. Refer to the '**Home practice assignment summary**' text if clarification is needed. Use the '**Group discussion**' questions as needed to encourage discussion.
3. Encourage feedback from participants on their completion of the home practice. Ask them about their emotions, thoughts and behaviours related to the home practice.
4. Spend some time on areas where there were challenges and use group problem solving to get ideas on how the situation can be dealt with. Use one of the challenges as a role-play. The co-facilitators can model it.
5. Praise participants for their efforts to problem solve.



Home practice assignment summary

[Caregivers and Adolescents] Mosebetsi wa hao wa lapeng e ne e le ho boela ho tabatabelo ya hao ya dikamano le ho nahana hore na o sebeditse hantle hakae ho e fihlela, le ho ikwetlisa seo tabatabelo ya hao ya dikamano e neng e bua ka sona.



Group discussion

- Ke mang ya batlang ho arolelana sepheo sa hae sa dikamano le sehlopha?
- Kajeno ke kopano ya rona ya ho qetela. Bakeng sa ba utlwang eka ha ba so fihlela sepheo sa bona sa dikamano, se ka etsang ho tswelapele ho sebetsana le sepheo sa lona sa dikamano ha le tloha moo?
- Ho bao ba ikutlwang hore ba fihleletse sepheo sa bona sa kamano, na le ka nahana ditabatabelo tse ntjha tsa dikamano tseo le ka sebetsanang le tsona?

EXERCISE 1: SHARED VISION FOR THE ADOLESCENT'S FUTURE¹⁸

(40 minutes)



Rationale

The goal of this exercise is to engage participants in a fun, reflective exercise designed to further strengthen the caregiver-adolescent bond. In family pairs, adolescents share the long-term goals they have set for themselves, while caregivers share their vision for the adolescent's future. They then create a picture and/or collage together with their shared dreams. The exercise is designed to support communication between caregivers and adolescents, encourage them to identify areas of common interest, and provide them with a physical memento of their program experience. It concludes with a discussion of ways they can promote the realization of their vision.

Instructions

1. Introduce the exercise. Refer to **'Introduction: Shared vision for the adolescent's future'** text as needed. Separate the group into adolescent-caregiver pairs. Remind everyone to share their goals and vision with their caregiver/adolescent before beginning to create the collage.
2. Distribute A1 (flipchart size) paper to participants along with the materials they will need to create the collage (colour pencils, crayons, magazines, scissors and glue.) Allow 20 minutes for working on the collage. If participants finish in less time than 20 minutes, encourage them to share their pictures in small groups.
3. After about 20 minutes, bring the group back together and conduct the **'Group discussion'** questions. Encourage responses and voice support for participants to realize their vision. Refer to **'Facilitator guidance: Suggested responses for the shared vision for adolescent's future discussion'** for points to focus on.
4. Review the **'Take home point.'**



¹⁸ Adapted from (1998) Teens and Adults Learning to Communicate (TALC: LA), Phase 3, Session 16. Los Angeles: Center for HIV Identification, Prevention and Treatment Services.



Introduction: Shared vision for the adolescent's future

Batjha, le ntse le sebitsana le ditabatabelo tsa nako e telele jwalo ka kopano ya dikarolo tsena (sheba legepe la mosebetsi la theho ya ditabatabelo haeba o hloka thuso ho di hopola.)

Bahlokomedi, le nahanne ka pono tsa lona bakeng sa bokamoso ba batjha ba lona (o ka bontsha motjha pampiri ya hao ya Pono ya ka bakeng sa Bokamoso ba Motjha.)

Jwale re tlo le beha ka dipara mme re kope hore le arolelane dipono le dipego tsena tsa bokamoso. Ebe le tla sebitsa mmoho ho etsa setshwantsho se seholo sa ditshwantsho tse nyane, se nang le ditshwantsho tsa tlatsetso ha le batle, tse bontshang bokamoso bona bo le bo bonang ka bobedi.



Group discussion

- Ntho e le nngwe eo batjha ba ka e etsang ho thusa ho fihlella dipono le ditabatabelo tsee ke eng?
- Ntho e le nngwe eo bahlokomedi ba ka e etsang ho thusa ho fihlella dipono le ditabatabelo tsee ke eng?

Facilitator guidance

Suggested responses for the shared vision for adolescent's future discussion

Look for responses such as:

Adolescents can:

- Attend school and do your best
- Get involved in clubs/activities
- Form positive connections with caring adults (family members, teachers, coaches, religious leaders, etc.)
- Make positive choices that keep them HIV/STI-free and prevent unplanned pregnancy
- Write down goals and revisit progress towards them often

Caregivers can:

- Keep communication open
- Express support for adolescents and praise them
- Monitor adolescent behaviour and wellbeing
- Provide opportunities for adolescents to get involved in extracurricular activities such as sports, church, clubs, etc.
- Share your goals for your adolescent and ask about his/her goals and progress towards them

Take home point

Ho bohlokwa ho nahana ka dipheo tsa rona tsa nako e tlang le hore na re ka di fihlela jwang. Ho boetse ho bohlokwa ho natefelwa mmoho. Kaofela ha lona le sebeditse ka thata dikarolong mme re tshepa hore tshebetso ena e le hopotsa natefelo eo le ka bang le yona jwalo ka lelapa le sebetsa mmoho mme le buisana.



EXERCISE 2: STONE SOUP¹⁹



(20 minutes)

Rationale

This exercise starts with a story about a community working together, which is designed to uplift and empower participants, and facilitate discussion about ways to keep momentum from the program going forward. This provides a natural opportunity for the participants to consider different ways of establishing their own support systems after the group ends.



Instructions

1. Read the '**Stone soup**' story and ask participants to think about how this story might be similar to the story they have as a group.
2. Ask the '**Group discussion**' questions. Elicit feedback. Write positive suggestions on the flipchart, and refer to '**Facilitator guidance: Potential responses to the Stone soup discussion**' for points to look for.
3. If participants suggest staying in contact or continuing to meet regularly, then suggest that someone takes the responsibility for getting the group together using '**Facilitator guidance: Establishing support groups.**'
4. Review the '**Take home point.**'



Stone soup

Hone hona le motse o mong o motle. Batho ba motse ona ba ne ba dula ba thabile kamehla hobane ba ne ba sa hloke letho. Ba ne ba ba na le diphoofolo, ditholwana le meroho hobane motse wa bona o ne o nonne. Bane ba sa tsebe tsholeho le ka mohla.

Empa kamora nako ho ile ha ba le komello. Hone ho sena pula mme diphoofolo tsa bona di shwa. ho ila ha ba boima hobane jwale ho ne ho na le tlala motseng. Batho ba ile ba emisa ho buisana hobane e mong le e mong o ne a shebane le mathata a hae.

Ka tsatsi le leng mosadi moholo e mong a tla motseng ona a rwetse pitsa e kgolo e ntsho hloohong le mokotla a monyane o mosotho. Ha a fiha hara motse, o ile a beha pitsa ena e kgolo e ntsho fatshe mme a dula pela yona a phomola. Ha ho motho ya ileng a bona mosadi enwa, ntle le moshemane e monyane ya nang e ipapalla kantle tsatsing leo.

Ha moshanyana a bona mosadi moholo enwa, o ile a mmotsa a re "Nkgono, o etsang ka pitsa eo e kgolo e ntsho?"

¹⁹ Stone Soup is a traditional tale as narrated by Sussie Mjwara and Jamie McLaren Lachman (Sinovuyo Caring Families Programme); Discussion points and guidance that follow adapted from Doubt, J., Lachman, J. M., Cluver, L., Ward, C., and Tsoanyane, S. (November 2015). Sinovuyo Caring Families Programme for Parents and Teens: Facilitator Handbook, Session 12. South Africa: UNICEF and World Health Organization.

"Ke tlo etsa Sopho ya Majwe!" ho arabela mosadi moholo. Sena se ile sa ferekanya moshanyana. Ke mang ya kileng a utlwa ka ntho e bitswa Sopho ya Majwe?

Hobane e ne e le moshanyana ya ratang ho tseba, ya dulang a na le dipotso, o ile a botsa a re, "Na nka o thusa nkgono?"

Mosadimoholo o ne a thabile haholo ha a kopa ho thusa. "Ee o ka nthusa! Tsa mo kga metsi o tle le patsi, ngwanaka," o rialo.

Yaba moshanyana o lata patsi morung o haufi. Ha mosadimoholo a ntse a besa mollo, o ile a ya nokeng ho ya kga metsi.

Ha moshemane a kgutla ka metsi, mosadi moholo o ne a besitse mollo o moholo o mofuthu. O ile a beha pitsa e ntsho e kgolo mollo mme a tshela metsi. Yaba o bula mokotla o monyane o mosotho a ntsha lejwe le benyang, le tjhijha le lesweu. A le kenya ka pitseng yaba o wa fuduha, a bina pina ya kgale ya mopheho.

Haufinyane, metsi a qala ho bela. Mosadi moholo a nyeka molomo a re ho moshanyana, "Mmmmm...ena e tlo ba pitsa e monate ya Sopho ya Majwe."

Kamora nakwana ba bang ba bona mollo o tuka hara motse. Ka bonngwe, ba tswa mahabona ba ya bona na ho etsahalang.

"Ho etsahalang mo?" ho botsa monna e mong. Moshanyana a araba, "O phehile Sopho ya Majwe!"

Ba neng ba le mo ba ile ba shebana jwalo ka ha eka ha ba so utlwe ntho e jwalo. Sopho ya Majwe?

Ditaba di le tsa hasana kapele motseng kaofela. Baahi ba motseng kaofela ba ile ba tswa mahabona ho ya bona mosadimoholo enwa wa lehlanya le Sopho ya hae ya Majwe ka mahlo a bona. Ha batho ba ntse ba fihla, mosadi moholo o ile a tswelapele ho fuduha pitsa a ntse a bina.

Ha a bona hore hose hona le batho ba bangata, o ile a emisa ho fuduha a latswa sopho eo e metsi. "Mmmmmmm... Ena e tlo ba sopho e monate haholo. E hloka ntho e le nngwe feela. Ha feela ho ne ho na le dieiye..."

Mosadi e mong o ne a na le di eiye tse mmalwa tsa kgale tseo a neng a di bolokile. Di ne di le nyane di le maswebe fela di ntse di jeeha. "Ke na le dieiye," a rialo. O ile a di lata ha hae, a di kgabela a di kenya ka pitseng e kgolo e ntsho e belang.

Kamora nakwana, mosadimoholo a latswa sopho hape. "Sopho ena e tlo ba monate haholo. Empa e hloka nthonyana feela... Ha feela ho ne ho na le..."

"Meroho!" ho bua lentšwe mokgoping, "E hloka meroho e meng. Ke na le sepinatjhe. Ha se sengata fela o ka se sebedisa." Motho e mong a tla le ditapole tse mmalwa tse tsofetseng.

Motho e mong o ne a na le khabetjhe. E mong a na le konofolo. Dihwete.. Mokopu. Letswai. Kgoho e tsofetseng e otileng. Nama ya pudi. Dinoko.

Monkho wa sopho o ile wa tlala motse kaofela. O ile wa hopotsa batho ka matsatsi a fetileng. Ba ile ba qala ho buisana, ba qoqelana dipale le ditaba, esitana le metlae. Ho ile ha utlwahala letsheo hape kamora dilemo tse ngata.

Kamora nako, mosadi moholo a emisa ho fuduha. A latswa sopho mme a tlaleha ka matjato a re, "Sopho ya Majwe e haufi le ho loka. Mme e ngata haholo. Ebe ke mang ya tla nthusa ho e qeta ka kopo."

Batho kaofela ba kgutlela mahabona ba kgutla ka dikotlolo le dikgaba. Leha batho ba ne ba le bangata haholo, e ile ya lekana motho e mong le e mong. Ba ile ba ja sopho ho fihlela ba kgotshe kaofela. Mme e ne e le Sopho e monate ho fetisisa ya Majwe eo ba kileng ba e latswa.

Ha ba qetile, batho ba motse ba ile ba ntsha meropa le diletswa tse ding tsa mmimo yaba ba bina dipina le ho tantsha. Ba ile ba bina le ho tantsha ho fihlela letsatsi le dikela. Yaba, batho ba motse ba leboha mosadi eo ba kgutlela





mahabona ba ntse ba qoqa. Hape hape modumo wa letsheho le pina o ne o utlwahala bosiuung boo.

Ha dinaledi tsa bosiu di qala ho benya, mosadimoholo o na setse a le mong hara motse. O ile a kenya lejwe le lesweu ka mokotleng o monyane o mosootho a beha pitsa e kgolo e ntsho hodima hlooho ya hae. Ntle le ho sadisa hantle, a qala ho tsamaya butle tsela e tswapelang e lebang kantle ho motse.

Pele a tsamaya, moshanaya o ile a mmona a mo mathela. "Hobaneng ha o tsamaya nkgono?" o botsa jwalo.

"Mosebetsi wa ka o fedile mona," ho araba mosadi moholo. "Empa re hloka motho ya kang wena hore a re thuse," ho bolela moshanyana.

O ile a kenya letsoho ka mokotleng wa hae o mosootho o monyane a fa moshanyana lejwe le lesweu. "O na le ditlhoko tsohle tse o di hlokang ho etsa Sopho ya Majwe." Ya ba o tsamaya butle tseleng.

Moshanyana o ile a mo sheba a mo sadisa hantle hofihlela a se a sa mo bone.

Batho ba motse ha ba ka ba ba hlola ba bona mosadi eo hape. Empa bophelo ba motseng bo ile ba tswelapele ho ntlafala – dinakong tse monate haholo le dinakong tse mpe haholo ha ba ka ba ba arohana ha ba tswelapele ho etsa Sopho e monate ya majwe.



Group discussion

- Tse ding tsa "dinoko" tse re nang le tsona setjhabeng sa rona ho tswelapele ho tshhetsana ke dife?
- Re ka tswelapele jwang ho ntlafatsa maphelo a rona kamora lenaneo lee?

Ke tla ngola ditlhahiso tsa lona ho flipjhate.

Facilitator guidance

Potential responses to the Stone soup discussion

- Relationships have been formed and participants can stay connected to the group. Try to meet regularly with individuals or even as a group once a week.
- Remember the other sources of support in the community.
- Keep practicing all the skills that were learned: i.e., goal setting, problem solving, changing negative thoughts, active listening, open communication, rule-setting, monitoring, short- and long-term goals, staying safe, etc.

Facilitator guidance

Establishing support groups

It is important that the initiative for continuing to meet or support each other comes from participants themselves!

If it does, help them to identify the following:

- Person (or people) responsible for organizing the support groups
- Place where the participants can meet (help group families according to the areas where they live)
- Time and day that will best suit everyone
- Exchange phone numbers and contact details

Take home point

Lenaneo lena le thusitse bankakarolo ho ikwetlisa bokgoni bo fapaneng, empa bongata ba tsona bo tswa ho mehopolo le tsebo ya bahlokamedi le batjha ka bo bona. Kahoo bankakarolo ba sentse ba na le disebediswa tse ba di hlokang ho tswela pele ho tshehetsana le malapa a bona.



REFLECTION AND SHARING²⁰

(25 minutes)



Instructions

1. Use the '**Introduction: Reflection**' text to help participants relax and reflect on what they have learned.
2. Ask the '**Group discussion**' question; refer to '**Facilitator guidance: Reflection prompts**' for extra questions to solicit discussion as needed.



Introduction: Reflection

Jwale re tlo sheba morao nakong ya rona ya kopano ena kaofela – ho tloha sesheneng ya pele ho fihlela kajeno.

[DO NOT READ THE WORD 'PAUSE,' YOU INSTEAD PAUSE AT THIS POINT]

Ke ho mema hore o kwale mahlo a hao mme o dule o phuthulohile. Kgefutsa.

Lemoha hore o wa hema. Kgefutsa.

Lemoha na o ikutlwa jwang mmeleng. Lemoha ho tiya kapa ho phomola hofe kapa hofe. Kgefutsa.

Lemoha hore o ikutlwa jwang maikutlong. Kgefutsa.

Dumella menahano ya hao hore e ye morao letsatsing la rona la pele mmoho. Kgefutsa.

Hopola na hone ho le jwang ho bona sehlopha lekgetlo la pele. Kgefutsa.

Dumella menahano ya hao ho tsamaya dikopanong tsohle ho fihlela kajeno.

O ithutile eng nakong ya lenaneo? Kgefutsa halelele.

O fetohile jwang? Kgefutsa halelele.

Kamano ya hao le mohlakomedi/motjha wa hao e fetohile jwang? Kgefutsa halelele.

Lelapa la hao le fetohile jwang? Kgefutsa halelele.

Ke dipheo dife tse o di beileng le ho di fihlella esale lenaneo le qala? Kgefutsa halelele.

Lemoha na o ikutlwa jwang hona jwale. Kgefutsa

Ha o itukisitse, o ka bula mahlo a hao.

²⁰ Adapted from Doubt, J., Lachman, J. M., Cluver, L., Ward, C., and Tsoanyane, S. (November 2015). Sinovuyo Caring Families Programme for Parents and Teens: Facilitator Handbook. South Africa: UNICEF and World Health Organization.

Group discussion

- *Jwale kaha o se o bile le monyetla wa ho nahana ka lenajeo, ha re arolelaneng tse ding tsa dintho tse re ithutileng tsona. Ke mang ya batlang ho qala?*



Facilitator guidance

Reflection prompts

- What was the most important thing you learned?
- How have you changed?
- How has your relationship with your caregiver/adolescent changed?
- Did you find something we discussed especially helpful when you implemented it as part of your home practice or goal setting?
- Did anybody feel that their family project was successful and want to tell us about it? What skills that you learned in the program did you use to make your family project successful?

GOAL SETTING AND PRACTICE AT HOME



(10 minutes)



Instructions

1. Encourage participants to continue to set goals and practice them; refer to '**Introduction: Continued goal-setting**' as needed.
2. Go around the room and ask each person to say one thing they can continue to practice. Refer to '**Facilitator guidance: Examples of ongoing home practice assignments**' as needed to suggest ideas.



Introduction: Continued goal-setting

Ena ke kopano ya rona ya ho qetela, empa o lokela ho nna o ntse o theha ditabatabelo le ho ikwetlisa dintho tseo o ithutileng tsona lapeng. Mosebetsi wa hao jwalo ka karolo ya lelapa ke wa ho ya ho ile! Ka letsatsi le leng, bokgoni bo bongata bo o ithutileng bona le ho ikwetlisa bona dikarolong tsa rona bo tla itsahala ka tlhaho hoo o ke keng wa bo nahana ha o bo etsa. Ho fihlela nako eo e fihla, re tlameha ho ikwetlisa! Ntho e le nngwe eo le ka tswelang pele ho ikwetlisa yona ke eng? Iputse nako le nako ha o entse mosebetsi wa boikwetliso ba lapeng kapa o fihletse tabatabelo!

Facilitator guidance

Examples of ongoing home practice assignments

- Goal setting
- Problem solving
- Changing negative thoughts
- Active listening
- Using "I" statements
- Praising positive behaviour
- Rule-setting
- Using consequences
- Monitoring
- Creating short- and long-term plans
- Communicating about sexuality
- Be assertive, negotiate what you want
- Keeping safe and keeping others safe (abstinence, using condoms, HIV & STI Testing)



CLOSING THE SESSION

Le bile sehlopha se makatsang ruri mme re ithutile dintho tse ngata ho lona, le lona ho rona.

Kajeno re tla etsa tlhodisano ya rona ya ho qetela ya lotto. Kajeno ho fapane hanyane hobane ke batla ho hlwaya ba so kang ba ba le monyetla wa ho hapa kgulo ya lotto [kapa: ke batla ho leboha batho bohle ka sehlopheng ka mpho e nyane.]

[Give gifts to all of those who have not yet received lottery gifts (or to each participant)]

Ke leboha ha le bile teng dikarolong le ho arolelana haholo ka tsa maphelo a lona. Ke tshepa hore le natefetswe ke ho tla sehlopheng. Bokgoni boo le ithutileng bona re tshepa hore bo tla le thusa maemong a mangata haholoholo mapaleng a lona le ho fihlella bokamoso bo tjhabileng.

CELEBRATION AND CERTIFICATE

(25 minutes minimum recommended)



Instructions

1. Refer to **'Special Preparation'** to prepare for the celebration.
2. Ask caregivers and adolescents to come up and get their certificates one by one. Allow for lots of celebration!
3. After everyone has received their certificate, finish with a round of applause or song. Then allow everyone to gather and eat prepared food together.



Appendix

Answering Question Box questions

Preparing a response

- **Ongoing preparation.** Check the question box after **every** session so you are aware of the questions being asked. Remember, you are not expected to know all the answers ahead of time. Research and seek out advice and confirmation about how to respond **before** reporting back to the adolescents. Some answers to common questions are in the pages that follow: *Common adolescent questions and suggested responses*. However, you may want to verify your responses to these items because information on HIV, legal matters and some other sexual health matters is routinely updated.
- **Sort the questions and group similar ones together.** For example, you can group all condom-related questions together and let the group know that you will address them together. Letting participants know there were multiple questions about the same subject helps adolescents learn that others have the same questions and it is okay to ask them.
- **Protect and affirm participants.** Affirm the person who asked the question using non-identifying phrases such as, "This is a good question," "I am glad someone asked this question," or "Many people have questions about this topic." Remember never to respond to a question in a way that might identify the adolescent who submitted it. Change potentially identifying details before reading aloud to the group, or skip the question entirely if you're unsure how to do that. Then remind the group that if they did not hear their question answered to come speak to you personally.
- **Recognise the type of question being asked and respond appropriately.** Decide whether the question is related to knowledge, feelings, values/beliefs, or a combination of things, and use this to guide how you respond. Answer the **factual** information part of the question using clear and direct language. For example, "People can get HIV through the following ways..." Address **feelings** related to the question too. For example, "We all are uncomfortable sometimes, but it is important to ask questions about..." Also identify the **values/beliefs** component of questions. For example, "Is it ok to have sex before marriage?" Let adolescents know that this is not something you can answer for them because it is based on personal values and beliefs, but they should discuss it further with a trusted adult.
- **For questions related to hand-out information, provide a brief explanation and refer adolescents to the workbook for more information.** Where questions are fully or partially answered in the hand-outs, you can highlight just the key points and refer participants to the hand-out for more details. For example, if someone wants to know all the contraceptive methods, you can briefly highlight the different options and direct them to the related hand-out. Use this opportunity to remind participants about the wide range of information (on topics like HIV, STIs, pregnancy, and HIV testing) found in their workbooks.
- **For questions related to crises or other immediate concerns, speak with your supervisor.** Questions that call for an immediate response to ensure participants' safety should be answered as soon as possible, generally during the feedback portion of the next session. Take action as required to protect participants that need a referral or other response immediately.
- **If you don't know the answer, don't ignore the question.** If a question was posed late or you have not yet been able to source and confirm the information required to give a full and accurate answer, still present it to the group and say, "I don't know the answer to this for certain, but I will look into it further and get back to you in the next session." Be sure to address it at the next session and look for an accurate response in the meantime.
- **Remember to be honest, avoid judgement and encourage continued communication.** Avoid telling participants their actions are wrong or abnormal. Do not preach or lecture. Pay attention to your non-verbal communication as well, such as making a face or acting disturbed by a question. Finally, encourage further conversation and communication by asking questions such as "Is there anything else you want to know about this subject?" or "Did I answer all your questions?"

Common adolescent sexual health questions²¹ and suggested responses

HIV/AIDS	
Information Questions	
What is HIV/AIDS?	HIV is a virus. Unlike some other viruses, the human body can't get rid of HIV completely. So once you have HIV, you have it for life...but there are effective treatments for HIV that can help people who have it live long, healthy lives. If left untreated, HIV can lead to the disease AIDS (A cquired I mmunodeficiency S ndrome). This is because the virus weakens a person's defence system against illness (called the <i>immune system</i>). Because the body's defences are weak, eventually the person becomes sick with opportunistic infections - diseases like tuberculosis (TB) or pneumonia which take advantage of a weakened immune system.
What are the symptoms of HIV?	<p>You can't tell whether someone has HIV just by looking at them. Someone can have HIV and still feel and appear healthy. Early stages of HIV infection often do not have any symptoms. Sometimes people report having flu-like symptoms (fever and swollen glands) in the weeks immediately after infection. However, these symptoms go away on their own and can be confused with a cold or the flu.</p> <p>Eventually, HIV will weaken a person's immune system to the point that they become sick with diseases like tuberculosis (TB) or pneumonia. People with HIV that is undiagnosed or untreated may take a longer time to recover from illness than others whose immune systems are healthy. Getting an HIV test is the only way to truly know one's status.</p>
How do people get HIV?	<p>Children can acquire HIV from their mothers during pregnancy, birth or breastfeeding. HIV transmission among adolescents and adults most often occurs from sexual activity – especially unprotected sex – and injection drug use.</p> <p>More specifically, people acquire HIV by coming in contact with certain bodily fluids (including blood, semen, vaginal fluid, or breast milk) from someone who already has HIV. These body fluids must come into contact with a mucous membrane or damaged tissue (like a cut, even one that's too small to see) or be directly injected into your bloodstream (by a needle or syringe) for transmission to occur. Mucous membranes are found inside the rectum, vagina, penis, and mouth.</p>
Does sleeping with a virgin put you at risk for HIV?	Yes, sleeping with a virgin can still put you at risk for HIV infection. Many people who have HIV do not know they were infected. Some people can acquire HIV at birth from their mothers. This can occur during pregnancy, childbirth, or occasionally during breastfeeding. As with anyone, it is important for both partners to get tested and to take other steps to minimize the risk of HIV, such as using a condom correctly <u>every time</u> they have sex.
How can I take care of myself if I have HIV?	<p>The most important thing for you to do is get medical care: go for regular check-ups and pay attention to your health. Treat any illness immediately! And, if you're on antiretroviral treatment (ART/ARVs), remember not to miss a dose so that the medication can work properly.</p> <p>Eating a balanced diet will also help boost your immune system. A healthy diet contains protein (like meat, fish, eggs and nuts), carbohydrates (such as pap, potatoes, rice and bread), vegetables and fruit. Avoiding alcohol, smoking, and stress, and staying away from people who are sick with flu, colds and other infectious diseases also helps.</p> <p>Caring for your well-being doesn't stop there! Care for your feelings too; when you feel scared or depressed, talk to someone. Don't keep it inside and let stress build up. Love your life – make the most of it whether you are HIV positive or not! Do more of the things that make you happy, joyful and peaceful inside.</p> <p>Practicing safe sex is always important, even if you already have HIV. Having sex without a condom can weaken your body by making you vulnerable to new infections, like other strains of HIV or other sexually transmitted infections (STIs) from a sex partner. This can lead to more illness and make it harder for your HIV treatment to work, so always use condoms.</p>
If someone finds it hard to adapt to living with HIV, what can they do or where can they get help?	<p>Support groups can help you learn more about HIV by drawing upon the experience of other members. They may help you come up with strategies for disclosing your status to others, adhering to treatment, planning for your future, and more.</p> <p>Call Lovelife's toll-free youth line on 0800 121 900 for more information about support groups in your area.</p> <p>You can also call the National AIDS helpline for more information – 0800 012 322.</p>

²¹ Based on real adolescent questions from the Let's Talk pilot program

<p>What happens if you stop taking ARVs for a long time?</p>	<p>If a person stops taking their ARVs for a long time, they may not feel the effects right away but their health and the health of their future sexual partners will suffer. Stopping ARVs increases the amount of the HIV virus in blood and other bodily fluids. This makes passing HIV on to others more likely. Stopping ARVs also decreases a person's CD4 count, weakening the immune system and increasing the risk of opportunistic infections such as TB.</p>
<p>My partner is HIV positive, how can I protect myself?</p>	<p>For couples or sex partners where one person has HIV and the other does not, the possibility of HIV transmission is a constant reality. However, you can take steps to minimize this risk.</p> <p>If you are the HIV-negative partner and your partner has HIV:</p> <ul style="list-style-type: none"> • Encourage your partner to get and stay on antiretroviral therapy (ART), and support your partner in taking ARVs as prescribed. This will help lower your partner's viral load, keep him/her healthy, and reduce the risk of HIV transmission. • Use condoms consistently and correctly. When used correctly and consistently, condoms are highly effective at preventing HIV as well as other sexually transmitted infections (STIs). • Choose less risky sexual behaviours. Oral sex is less risky than anal or vaginal sex in terms of HIV. Anal sex is the highest-risk sexual activity for HIV transmission. Remember: HIV can be sexually transmitted via blood, semen (cum), pre-seminal fluid (pre-cum), rectal fluid, and vaginal fluid. Sexual activities that do not involve the potential exchange of these bodily fluids (e.g., touching) carry no risk for getting HIV. • Talk to your doctor right away (within 3 days) about post-exposure prophylaxis (PEP) if you think you have been exposed to HIV. An example is if you had anal or vaginal sex with your HIV-positive partner without a condom or if the condom broke. Your chance of acquiring HIV is lower if your partner is taking ARVs as prescribed, especially if his/her viral load is undetectable. However, starting PEP immediately and taking it daily for 4 weeks reduces your chance of getting HIV. • Get tested for HIV. Get tested for HIV at least once a year so that you know your HIV status and can take related action to stay healthy. • Get tested and treated for other STIs and encourage your partner to do the same. Seek regular testing for other STIs and encourage your partner to do the same. • Communicate. Communicate openly and often with your partner about safer sex practices and HIV prevention.
<p>I get sick often. Does it mean I have HIV?</p>	<p>There are many possible explanations for often feeling ill. If a person is concerned or worried about HIV infection, getting an HIV test is the only way to truly know his/her status.</p>
<p>Why should I get tested for HIV if I've never been sexually active?</p>	<p>HIV is transmitted from one person to another through the exchange of bodily fluids including blood, semen, vaginal fluid, and breast milk. Someone who is not sexually active can still have HIV. Some adolescents were born with HIV, passed to them by their mother, and may not know it.</p> <p>Getting tested and receiving a negative result can ease worries, and be a relief. If you are negative, you can commit to staying HIV-free.</p> <p>If you find out you have HIV or another STI, you can get treatment. Most STIs are curable, and all are treatable – including HIV. Early treatment is the most effective.</p> <p>Getting tested also means that you can tell past partners if they are at risk and should be tested. You can learn how to protect your partner if you have HIV, and you won't transmit HIV to other people without knowing.</p> <p>If you are a woman and you are pregnant or might become pregnant, knowing your status means you can take steps to protect your baby and keep both of you healthy.</p>
<p>I'm afraid to get tested because my mother is HIV positive. Is it possible that I might have HIV too?</p>	<p>Everyone should be tested for HIV, because everyone has some risk. Adolescents could have acquired HIV at birth, for example, and might not know it. It can be scary for anyone to get tested, and when you know someone living with HIV it can add to that fear. Not knowing can be scary too.</p> <p>However, the sooner you know your results, the sooner you can make choices to stay healthy. Getting tested and receiving a negative result can ease worries, and be a relief. If you are negative, then you can commit to staying safe. If you get tested and find out you have HIV, you can get proper treatment and medicines that can help keep you healthy. Testing for HIV is the first step to planning your future – with or without HIV. In South Africa, access to ARVs is good, and you can live a long and healthy life even if you are HIV positive.</p>

<p>If my mother is HIV positive and she can't remember if she was tested while pregnant, what should I do?</p>	<p>See response to "I'm afraid to get tested as my mother is HIV positive, is it possible that I might be infected?" and encourage testing as the first step.</p>
<p>What puts me at risk of HIV? <i>(Question and Response adapted from Lovelife Lovefacts)</i></p>	<p>A person's risk of contracting HIV depends on variety of factors. Starting to have sex at younger ages, before a person is physically and emotionally ready, puts him or her at increased risk of getting HIV. The number of sexual partners a person has is another important factor. The greater the number of sexual partners, the greater the risk of HIV. Remember the 'Pass it on' game? It showed us how everyone your partner has slept with affects your HIV risk. Being in a long-term, monogamous relationship can reduce your chances of infection, but it is still important to use a condom during every sexual encounter.</p>
<p>Are girls more at risk for HIV than guys?</p>	<p>Biologically, women are twice more likely than men to contract HIV through unprotected sex. Young women's risk is even higher. Girls aged 15 to 24 are a lot more likely to be infected than boys the same age. Some of the reasons for the difference in HIV infection rates between young men and women include:</p> <ul style="list-style-type: none"> • Some girls are having sex with older men (called age-disparate or intergenerational sex depending on the age difference) – this can also include 'sugar daddies.' Girls that have sex with older men have less power to negotiate condom use, and their partners are also more likely to be infected given their greater sexual experience. • Girls are also more vulnerable to getting HIV because of the way their bodies work (biologically.) During sex, women can get small abrasions (scratches) that are not visible to the naked eye but are large enough for the HIV to enter the bloodstream. This is especially true for young girls whose bodies haven't developed fully (a young girl does not have a fully developed cervix which makes her more susceptible to infection.) • Lastly, girls are more vulnerable to getting HIV because of violence against women. When men force women to have sex against their will, women's risk increases even further because of the likelihood for more abrasions.
<p>Values/Norms Questions</p>	
<p>If I get an HIV test with my partner, is it right for him to request my ID number so he can check my results? <i>(Question and Response adapted from Lovelife Lovefacts)</i></p>	<p>First, getting tested with a partner is a mature and healthy decision. And you are right to be concerned about this situation.</p> <p>Although it is important to follow up on test results to know your status, everyone has the right to confidentiality and privacy. Information about your HIV status cannot be shared with anyone without your permission, even if the person has your identity number. You have gone out of your way to put your partner's mind at ease. If he or she still doesn't trust you, it may be time to re-evaluate the relationship. Consider discussing this relationship with a trusted adult who can help you determine if it is right for you.</p>
<p>How do HIV/AIDS and homosexuality relate? Do straight people stand a better chance against HIV compared to gay and lesbian people? <i>(Question and Response adapted from Lovelife Lovefacts)</i></p>	<p>You might have heard people say that HIV only or mostly affects men who have sex with men, or other groups. This isn't true, and it's a dangerous misconception. Whether you're gay or straight, if you're having sex without a condom you stand a high chance of contracting HIV. It doesn't matter whether it is sex with a man, a woman, anal or vaginal – if no condom is used, you are at risk! Use a condom correctly each and every time you have sex to protect yourself and your partner.</p>

<p>How would my caregiver feel if I am HIV positive?</p>	<p>This sounds like a stressful and difficult situation. Every person responds differently to this news, so I cannot answer this question specifically for the caregiver. I can tell you generally that just as it takes time to adjust to living with HIV, it also takes time to adjust to finding out that a family member is living with HIV.</p> <p>If you have a good relationship with your caregiver, disclosing to her may help. She is likely to be concerned about your future. As she comes to see that you're getting on with your life, and that your life is still good, her anxieties are likely to ease. She and other family members can be an important source of emotional and material support. Having support like this can help you stay healthy. However, if you do not have a good relationship with your caregiver, this news may complicate things further. At least for a while.</p> <p>With that in mind, take time to decide who you want to tell, when and why. Wanting to share this knowledge with someone else is a perfectly natural reaction, especially when it's new to you and you're feeling overwhelmed, vulnerable, and uncertain about your life and your future.</p> <p>Remember, even if the response doesn't go the way you'd hoped, you're going to get through it and you can feel good about making the decision to reach out to others to help prepare for your future.</p>
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Sexually Transmitted Infections (STIs)

After you answer the question/s, remember to refer adolescents to the [Other STIs fact sheet](#) and/or [HIV & STI testing fact sheet](#) in their workbooks for more information.

Information Questions

<p>What are STIs? Can you please give more information on STIs?</p>	<p>Sexually transmitted infections, or STIs, (also called sexually transmitted diseases or STDs), are infections that spread from one person to another during vaginal, anal or oral sex. There are also STIs that are spread through blood, such as Hepatitis, and by skin-to-skin contact, such as Herpes and HPV/Genital warts. For more information, please check out the Other STIs fact sheet in your workbook for specific details on the different types of common STIs and how you can prevent transmission.</p>
<p>How do you get STIs from oral sex?</p>	<p>Sexually transmitted infections are passed from one person to another through the exchange of bodily fluids such as blood, semen, and vaginal fluid and sometimes through skin-to-skin contact. Any activities in which you are exposed to someone else's bodily fluids put you at risk of acquiring an STI.</p> <p>Herpes simplex virus (HSV), Genital warts, Syphilis, Gonorrhoea, and Chlamydia can be passed between genitals and the mouth or throat.</p> <p>Safer sex practices can lower these risks. For example, a condom can be used as a barrier between the mouth and penis. A dental dam can be used as a barrier between the mouth and vagina or anus. (To make a dental dam, simply cut off the tip of a condom and cut down one side to make a rectangle. You can then place this on the vagina or anus to act as a barrier between exposed skin & fluids and the other person's mouth)</p>
<p>What are the symptoms of Herpes?</p>	<p>Refer to the Other STIs factsheet in the participant workbook for more specific information on the different types of STIs, their symptoms and how you can prevent transmission.</p>
<p>What do I do if I have symptoms of an STI and I haven't used a condom with my girlfriend?</p>	<p>If you have symptoms of an STI and have not used a condom during sex with your girlfriend, she is at risk. Consider getting tested and treated as soon as possible. Encourage your partner/s to get tested and treated as well. If one of you remains untreated, then you will continue to pass the infection back and forth. Untreated STIs can have serious long-term consequences.</p>
<p>If a mother has an STI, will her children also have it?</p>	<p>There are some STIs that can be passed from a mother to her child, either during pregnancy or during labour and delivery. However, there are also ways to reduce the risk of mother to child transmission. If a woman has an STI, it is important for her to seek testing and treatment immediately to protect herself and her child from any complications.</p> <p>Routine antenatal care ensures that all pregnant women are screened for STIs that can be passed on to their unborn child, and offers treatment to reduce the risk. This is why it is so important for all pregnant women to book early at their clinic and get antenatal care.</p> <p>If you are concerned about mother-to child transmission, seek STI testing to be sure.</p>



Are STI symptoms the same for everyone?	No – STI symptoms can vary even between individuals who have the same kind of infection. Sometimes people with an STI have no symptoms at all. Symptoms can depend on how long the person has been infected, whether the person is male or female, and other factors. Refer to the Other STIs factsheet in the participant workbook for more specific information on the different types of STIs, their symptoms and how you can prevent transmission.
What is a virus?	A virus is a tiny micro-organism that causes disease. Sexually transmitted infections (STIs) caused by viruses cannot be cured, but they can be treated to relieve symptoms and reduce the chance of transmission. Herpes and HIV are two STIs that are caused by viruses. Viruses also cause the flu, chicken pox, and other common infections.
Is sex the only way that STIs are transmitted?	<p>Oral, anal and vaginal sex are the most common ways that STIs are transmitted, but some infections (like Herpes and Genital warts) can be spread through contact with sores, bumps or blisters even without having sex. Occasionally infection can be spread by skin-to-skin contact even when the skin is clear.</p> <p>HIV and some other STIs can also be passed from someone who is already infected to another person through sharing needles (such as for injection drug use, or when a medical worker is accidentally stuck by a needle used to administer a shot or take a blood sample).</p> <p>Some STIs including HIV and Syphilis can also be spread from women to their babies during pregnancy, childbirth, or breastfeeding.</p> <p>STIs such as scabies or pubic lice (crabs) are some of the easiest to transmit. They can be spread by sharing clothes, bedding, soap or towels with someone who is already infected.</p>

Intercourse (Sex) and Relationships
 An informational hand-out that may be relevant to certain sex & relationship questions is the [Guidelines for negotiating worksheet](#). Their [Future planning worksheet](#) may also help them to consider what kind of relationship they are interested in.

Information Questions

<p>What are the risks to having sex?</p> <p>(Caregiver Practice question in session 11)</p>	<p>Throughout the last few sessions we have discussed some of the risks of having sex. Can anybody name some?</p> <p>Some of the health risks include unplanned pregnancy and sexually transmitted infections (STIs) such as Herpes, Chlamydia, Genital warts, Gonorrhoea, Syphilis or HIV.</p> <p>Girls who start having sex before age 18 tend to have more health problems, including a higher risk of cervical cancer.</p> <p>Sex also has emotional risks. If you have sex when you're not ready, or because someone is pressuring you, you may feel bad about yourself or wonder if your partner really cares about you. You may have to deal with consequences you hadn't thought of (such as pregnancy or an STI), which can cause additional stress.</p> <p>Remember also that there are legal consequences for having sex at a young age. If you are under 16 years of age, and you have sex with someone who is more than two years older, they can be charged with statutory rape. In other words, it is illegal for them to have sex with you as you are considered a 'minor.'</p>
Are there risks to having sex when you are young?	<p>Yes. Some of the health risks include pregnancy and catching one or more sexually transmitted infections (STIs) such as Herpes, Chlamydia, Genital warts, Gonorrhoea, Syphilis and HIV. Girls who start having sex before age 18 tend to have more health problems, including a higher risk of cervical cancer. Having sex before you develop physically can also hurt.</p> <p>Sex also has some emotional risks. If you have sex when you're not ready or because someone is pressuring you, you may feel bad about yourself or wonder if your partner really cares about you. You may have to deal with consequences you hadn't thought of (such as pregnancy or an STI), which can cause stress.</p> <p>Consider talking to a trusted adult before you choose to have sex. And remember, just because you have had sex in the past, it doesn't mean you have to continue. It is most important to consider what a healthy relationship means for you now and to know that you can always take a break from having sex.</p>
What will happen if I have sex at 13 years old?	See the response to, "Are there risks to having sex when you are young?"

Are children allowed to have sex?	<p>This is not something I can completely answer for you because it is based on the values and beliefs of your community and caregivers. Some adults may feel it is allowable for someone under 18 to have sex, while others may not.</p> <p>However, I can tell you at what age you are legally allowed to have sex in South Africa. The age of consent in South Africa is 16. This means that at 16, you can legally consent to have sex with someone of the same age or older.</p> <p>If you are between 12 and 16 years of age, then it is legal for you to have sex with someone close in age, meaning that your partner must also be between 12 and 16 years of age, or not more than two years older than you.</p> <p>If you are under 16 years of age, and you have sex with someone who is two or more years older, they can be charged with statutory rape. In other words, it is illegal for them to have sex with you as you are considered a minor.</p> <p>Children under the age of 12 are not considered capable of consenting to sex, so a sexual act with a child under that age always constitutes rape or sexual assault.</p>
Is sex under the age of 16 years legal in South Africa?	<p>See the response to, 'Are children allowed to have sex?'</p>
Is sex nice? What does sex feel like?	<p>Sex can be a pleasant and enjoyable experience as long as it is shared between two ready and consenting individuals.</p> <p>Remember, sex feels different for different people at different times. Many people have very high expectations for what sex will be like because of stories they've heard, or movies they've seen. Often, people have expectations that can never be met by the real thing.</p> <p>In real life, sex can be awkward the first time. This is especially likely when a couple has not talked about sex, about their feelings, about possible pregnancy, HIV or other STIs, and what it could mean for their relationship. For women in particular, it may be uncomfortable or painful the first time, or if their body is still physically developing.</p> <p>Communication is always important in a sexual relationship to ensure that both partners are safe and comfortable.</p>
Why do girls cry during sex?	<p>Anybody can cry during sex, not just girls.</p> <p>There are many reasons why a person may cry during sex. Sex may be uncomfortable, if it is the first time, if someone is not aroused, or if the act is rough. There may also be emotional reasons for crying, such as if the person is overwhelmed, scared, anxious, frustrated, or otherwise upset.</p>
What should you do if you want to have sex and there's no one around?	<p>Masturbation – or touching your genitals to provide sexual pleasure – is a safe, natural and normal way to explore and satisfy your sexual needs.</p>
How does vaginal sex happen?	<p>Vaginal sex commonly refers to penetrative sex, or when a man inserts his penis into a woman's vagina.</p> <p>Vaginal sex usually starts when a man and a woman are getting sexually excited (aroused) from kissing and touching each other. You'll often know you're getting aroused based on physical signs:</p> <ul style="list-style-type: none"> • For women, the vagina (the sexual opening between the legs) begins to moisten • Men get an erection, which means their penis will get bigger and harden.
What is oral sex?	<p>Oral sex is when a person stimulates their partner's genitals (penis, vagina, or anus) with their lips, mouth and/or tongue.</p>
What is anal sex?	<p>Anal sex involves penetrative sex of the anus. This means that a man inserts his penis into his partner's anus.</p>
Does a girl bleed the first time she has sex?	<p>Some women bleed the first time they have sex. A small amount of spotting or bleeding is normal. Women may bleed because their hymen (a very thin piece of skin that partially covers the entrance to the vagina) is broken or small tears occur during sex.</p> <p>However, not all women bleed the first time they have sex.</p>



<p>Why do people have sex?</p>	<p>There are many reasons why someone may have sex. These include:</p> <ul style="list-style-type: none"> • To experience pleasure • To express affection/love for a partner • To feel loved or reduce loneliness • Peer or partner pressure • Exploration and curiosity • To try to get pregnant • To earn money • To get other things you need or want, in exchange for sex • Because of forced, rape, or coercion
<p>What happens to a person who has sex a lot?</p>	<p>Having sex makes you vulnerable to a number of risks – including unintended pregnancy, HIV and other STIs, and cervical cancer; having sex often may increase these risks even further. There are some precautions you can take that will lessen the risks of being highly sexually active including:</p> <ul style="list-style-type: none"> • Waiting to start having sex until you're older • Limiting your number of sexual partners • Using condoms every time
<p>Why is sex painful the first time? Is it also painful for the guy?</p>	<p>Everybody is different, and while some discomfort or pain isn't uncommon, not everybody experiences this. One reason some girls feel discomfort or pain they first time they have sex is that the hymen (the thin fold of tissue that partially covers the opening to the vagina) was not yet broken. While it may be less likely for the boy to experience pain, sex can be physically uncomfortable for either partner if there is not enough lubricant/wetness.</p>

Values/Norms Questions

<p>What do you do when you start having feelings for boys/girls? How do I know if a boy/girl really loves me?</p>	<p>When you start having feelings for someone, consider discussing those feelings with a trusted friend or adult. Usually it is best to get to know the person you have feelings for before pursuing a more committed or physical relationship.</p> <p>There are many different ways to express and experience love. Some may express their feelings verbally, others through actions. If you have doubts about a person's feelings for you, it may simply mean they are not expressing love in the same way you do. Talking to them about your feelings and anxieties might be the best way to address this. Consider seeking the advice of a trusted adult or friend to help make sense of your feelings.</p>
<p>When is the right time to start dating?</p>	<p>Dating may mean different things to different people. For many people, dating means spending time one on one with someone you are attracted to, that is, someone you see as more than just a friend.</p> <p>While there is no single 'right' time or age to begin dating, one sure sign that you're not ready is if you feel pressured, or if you feel really nervous and unsure. A little nervousness is normal, but you should pay attention to your feelings. Take a step back and try to figure out what you really want and why.</p> <p>Because this is a question that depends on your own values and beliefs, it is not something I can really answer for you. Instead, I encourage you to discuss this question with a trusted adult. This is especially important because your parent or caregiver may have household rules about dating of which you need to be aware.</p>
<p>What is the right time for me to start having sex? (Caregiver Practice question in session 11)</p>	<p>Nobody can answer this question for you, but I am glad that you are considering this issue. Figuring out whether it is the right time to start having sex can be hard. Your body may give you signals that seem to say you're ready. That's natural. But your body isn't the only thing you should listen to. Your beliefs, values, and emotions also play an important role in when you choose to have sex.</p> <p>One sure sign that you're not ready is if you feel pressured, or if you feel really nervous and unsure. A little nervousness is normal, but you should pay attention to your feelings. Take a step back. Try to figure out what you really want. And make sure that you are in a healthy relationship where your partner will respect your decision either way and take steps to keep you both healthy if you do decide to have sex, such as always using a condom.</p> <p>Decisions about when to have sex may also be influenced by the expectations in our communities and households. While it can feel awkward or difficult to talk with your parent or caregiver about sex, it can also be very helpful. If you don't feel comfortable talking with your caregiver, a trusted teacher or other caring adult might be a good alternative.</p>

<p>My friends are having sex so why shouldn't I?</p>	<p>It is easy to think 'everyone is doing it', but that is not usually true. Many young people are deciding to wait to have sex. Do not let others pressure you into something you are not ready for or not comfortable with.</p> <p>People have sex for many different reasons, but there are serious risks associated with it, including physical and emotional consequences. You should weigh the reasons to have sex against the reasons not to have sex, and also consider other less risky ways to express affection or feel pleasure.</p> <p>There are many reasons why you may wish to wait, including:</p> <ul style="list-style-type: none"> • You don't feel like you are ready to have sex • You don't want to get pregnant/get someone pregnant • You don't want to get HIV or other STIs • To focus on your plans for the future - like going to university • To honour your promise to yourself • To make your caregivers happy • For religious reasons • You don't trust your partner
<p>My friend is having sex and she wants me to start having sex too. I don't want to disappoint her, what can I do?</p>	<p>See response to 'My friends are having sex, so why shouldn't I?' to help the adolescent affirm their decision to be abstinent, and use the text below to address the explicit peer pressure in this question:</p> <p>It sounds like your friend is pressuring you to have sex even though you might not be ready. Use the communication skills you've learned to express how you feel and think, and what you do (and don't) want. Share your reasons for not wanting to have sex yet with your friend – She may learn something new from you that can help her to make healthy decisions! Let her know that you value her friendship, but you are not going to change your mind just to please her. If she continues to pressure you or make you feel uncomfortable, you might be better off making a new friend who will support your decisions.</p>
<p>What do you do if your boyfriend asks for sex and you are not ready and he says you don't love him and breaks up with you? What if you love him?</p>	<p>Making someone feel guilty, or pressuring them to have sex is not something that is done in a healthy relationship. Mutual consent—an enthusiastic and continued “yes” from both parties—is necessary before sexual activity takes place. If you decide to be intimate in any way, it is important that both people consent to it.</p> <p>It's not always easy to know what to say when someone is pressuring you to have sex. Thinking about it before the issue comes up can help you to prepare. If you aren't ready, you don't have to apologize or feel bad. Use the communication and negotiation skills you've learned to express how you feel and think, and what you do (and don't) want.</p> <p>Try telling your partner this: <i>There are lots of other ways to show love, and if you love me, you should respect my decision not to have sex right now.</i></p> <p>Finally, it is important to consider the reasons why people have sex and whether there are safer alternatives that would be acceptable to both you.</p> <p>For example,</p> <ul style="list-style-type: none"> • Some people have sex to experience pleasure. <u>Other things that bring pleasure with a partner without having sex include:</u> Kissing, touching, cuddling, rubbing against each other, mutual masturbation, etc. • Some people have sex to express affection. <u>Other ways to show you care without having sex include:</u> Holding hands, hugging, giving a neck massage, making or giving a gift, writing a letter, cooking together, going to a movie together, writing love notes, talking about things that interest you together, etc. • Some people have sex to feel loved. <u>Other ways to help feel loved include:</u> Talk to someone (call a friend), build your self-esteem (make a list of your good qualities; write a nice letter to yourself), challenge negative thoughts, express your emotions through drawing or writing, help others, and get strength from your beliefs (go to church, pray.)



<p>Is it okay to have sex with your boyfriend if you don't want to?</p>	<p>It is important for you to look at your personal values and decide what's best for you based upon them. If your partner is asking you to do something that does not coincide with your values, you have the right to say 'no.'</p> <p>Healthy sexual relationships are respectful, honest, fair, and responsible. This means that partners will not pressure one another to compromise their values. As well, communication about thoughts and feelings are open and honest. Finally, when a relationship is healthy, both people decide how they will take responsibility for the relationship and for the outcomes of the sexual decisions they make. If you are having a difficult time deciding whether you want to have sex or not, talk to an adult you trust.</p>
<p>What do you do if your classmates tease you for being a virgin?</p>	<p>Teasing and bullying can be a painful part of growing up. It can be even more frustrating if you feel like you are doing the right thing for yourself, but that value is not shared by others. The first thing to do is to recognize that only you have the right to decide when and with whom you want to have sex. There is nothing wrong with being a virgin – it also means being safe.</p> <p>Secondly, you can be confident that you are not the only virgin your age. Even some of the people teasing you about sex may not be telling the truth about themselves. It may be helpful to talk to a trusted friend who will support your decision to be abstinent.</p>
<p>What happens if you are sexually active but not ready to talk about it?</p>	<p>If a person is sexually active, s/he needs to be comfortable discussing sex with partners and seeking help/resources from others if necessary in order to stay safe (e.g. getting condoms and tested for HIV and STIs). Sometimes conversations about sex can be intimidating and awkward but they are always necessary to reduce the risk of getting HIV, other STIs and/or an unplanned pregnancy, and dealing with these or other issues if they arise.</p>
<p>Why are adults allowed to have sex but not adolescents?</p>	<p>'Allowed' has different meanings. For example, it could mean that something is legally permitted, or it could mean that something is socially acceptable. With regard to adolescent sexual activity, there are legal reasons for what is and is not permitted, which are related to an adolescent's ability to understand and consent to sexual activity. (See response to "Are children allowed to have sex?" for more information.)</p> <p>In terms of social acceptability, what is allowable varies by person and by community. Typically, adults are considered physically and emotionally mature enough to make informed decisions about sex and to handle the possible consequences. Many adults try to delay adolescents from initiating sex because they are worried that adolescents are not mature enough to consider and deal with these consequences.</p>
<p>Is it true that you don't know about love if you are a virgin?</p>	<p>No! Saying that virgins don't know about love is like saying that sex is the same as love. We know this is not true. Sex can take place between two people who are not in love, and there are many people who love each other but do not have sex. In a healthy relationship, sex can be one way to show love, but there are many other ways.</p>
<p>What is love?</p>	<p>This is a good question and one I am sure many people have.</p> <p>In some ways, you will need to decide what love is for yourself, and there can be different kinds of love for different people in your life. There is love you may feel for a family member, or for a close friend. Many people think of romantic love as the love they have for a partner (boyfriend/girlfriend, husband/wife, etc).</p> <p>While nobody can tell you exactly what love means for you, many people in long-term relationships would say love is partly a feeling, but also a commitment and a decision. Feelings change over time, and the emotions a person has at any given moment might feel like they will last forever, but things may change. This is when commitment becomes important. Commitment involves caring about the emotional and physical well-being of a partner, even when you are in a bad mood or have other needs. In a healthy, loving relationship that person has the same commitment to you. When they do not, it may be important to consider whether your commitment is a good decision.</p>

<p>Why do girls have sex with sugar daddies? Is it ok to have sex with someone much older than me – like if I'm 15 and he's 20?</p>	<p>First, let's define 'sugar daddy.' Typically, this refers to someone 10 or more years older. However, even a difference of five years is a large age gap. Such age gaps carry physical and emotional risks for the younger partner, and may have legal consequences for the older partner.</p> <p>There are many reasons why girls--and boys—may have relationships with someone older. An older, wealthier person might feel like a safer choice. The financial security may be attractive. Another reason is it might make a girl (or boy) feel important to be with an older person who seems important or mature. Still another reason is that a person may be seeking love or affection, and finds that the older person can readily provide it. This may be particularly true when experiencing difficult circumstances such as parental loss or illness or other life stressors.</p> <p>This question also relates to personal values and may vary from individual to individual. It is important to examine the relationship to determine if it is healthy. Regardless of age, a healthy relationship has certain qualities, such as respect, trust, equality, and good communication. Often, when a large age gap exists between partners and one person is an adolescent, the necessary components of a healthy relationship can be missing. More sexual pressure may also be present in these types of relationships and it may be difficult for the younger person to negotiate condom use or other ways to stay safe.</p> <p>Remember also that there are legal consequences for age gaps in a sexual relationship. If you are under 16 years of age, and you have sex with someone who is more than two years older, they can be charged with statutory rape. In other words, it is illegal for them to have sex with you.</p> <p>Before entering into a relationship with someone much older, consider discussing your decision with a trusted adult. They can help you to determine whether it is a healthy or unhealthy relationship, and the best way to proceed.</p>
<p>Is it normal for adolescents to want to have sex?</p>	<p>There are as many ways to feel about sex as there are people in the world. Some people start to think about and want to have sex when they are young; other young people rarely or never think about it. All of these responses are normal. The most important thing to consider at any age is whether or not you are prepared for the possible consequences of becoming sexually active. Ask yourself:</p> <ul style="list-style-type: none"> • Why do I want to have sex? • Am I free from coercion/Is our relationship healthy? • How do I feel about my partner? • Have I thought about whether I could meet my needs in other ways? • How will I feel afterwards? • What steps will I take to stay safe? • How would I respond if I got pregnant or contracted HIV or another STI?

Sexual Response Information

Information Questions

<p>What is an erection? What is ejaculation?</p>	<p>There are different names for an erection, but it happens when blood fills the penis, which causes it to become hard. It grows, and stands out from the body. Erections begin occurring more often during puberty.</p> <p>Erections can occur because of sexual arousal, but not always. Sometimes they just happen, even when you are sleeping. Boys sometimes feel embarrassed or guilty, but should not. It is not always something that can be controlled.</p> <p>Ejaculation is when semen (a body fluid that contains sperm) is discharged from the penis through the same tube where urine exits. This can occur from stimulation, like masturbation or intercourse (sex), but sometimes happens during sleep.</p>
<p>How do boys ejaculate and can you see sperm?</p>	<p>When men are sexually aroused enough to reach climax (cum), semen is released from the penis. Semen is a clear/white fluid that contains sperm and the nutrients that sustain them. Sperm are too small to be seen without a microscope.</p>
<p>Why do boys ejaculate in their sleep?</p>	<p>When boys ejaculate in their sleep, it is sometimes called having a "wet dream." Usually this is the result of having a sexy/arousing dream and it is a normal part of puberty. As men get older, this happens less frequently.</p>
<p>Why do a girl's breasts become harder during sex?</p>	<p>There are physical changes that happen because of sexual arousal. Different bodies respond differently to arousal. Some girl's breasts grow in size slightly, and/or their nipples may harden.</p>



Masturbation	
Information Questions & Values/Norms Questions	
What is masturbation, and is it wrong?	Masturbation is commonly defined as touching one's own body, including sex organs, for sexual pleasure. It's something that many adolescents and even adults do. It's a normal, natural and healthy way to explore your sexuality and satisfy sexual urges. It's the safest kind of sexual activity, and the myths about problems that can happen from masturbation are false.
Is it bad to masturbate every day? Is it addictive?	Masturbating every day is not unhealthy or abnormal, especially during puberty. It is a natural way to explore and satisfy a person's sexual needs, especially when there is no one else around. Masturbating may be pleasurable enough to encourage continued masturbation but it is not addictive.
Do adults masturbate?	From adolescence through adulthood, many people experiment with masturbation because it is a natural, healthy way to explore and satisfy sexual urges without the presence of a partner.

Pregnancy and birth control
After you answer the question/s, remember to refer adolescents to the [Reproduction & pregnancy](#), [Negative consequences of pregnancy](#) and/or [Safe methods to prevent pregnancy](#) hand-outs in their workbooks for more information.

Information Questions	
Can a girl fall pregnant from performing oral sex?	No. If a woman is only performing oral sex with a partner, and semen does not enter her vagina, there is no way for her to become pregnant. However, there is still a risk of contracting and transmitting STIs, so it is still important to use a condom or dental dam.
Can a girl get pregnant from thigh sex?	A woman can become pregnant from thigh sex if at any point a man's semen enters her vagina. This may be possible even without full penetration of the vagina by the penis.
Can you get pregnant if you have sex while menstruating?	Yes, it is possible to get pregnant while menstruating. Semen can live in the female reproductive tract for up to a week after having sex. This means that a woman can become pregnant several days after having sex. A woman who has a short or irregular menstrual cycle is even more likely than other women to be able to get pregnant during menstruation, because ovulation (the release of the egg from the ovary so it can be fertilized) may happen soon after.
Can a girl get pregnant if she has sex with another girl?	No. In order for a woman to become pregnant, a man's sperm must enter her vagina and fertilize an egg. However, a woman having sex with another woman may still transmit or contract HIV and other STIs, so protection is still important.
Why do girls get pregnant?	I understand this question to mean: How does a girl become pregnant? Puberty causes a female's ovaries to mature and this is when menstruation (<i>ukugeza</i> or <i>period</i>) begins. Once a female begins to menstruate, once a month an egg will leave one of the ovaries and will travel into the Fallopian tube. If the egg is not fertilised by sperm, the uterus will shed its lining and the egg leaves the uterus through the vagina, which is called menstruation. In order for pregnancy to happen, a male's semen has to enter a female's vagina so that the sperm can reach the egg. This typically occurs through unprotected vaginal sex where the male ejaculates inside the female. If the egg is fertilised by sperm, it will attach itself to the wall of the uterus, resulting in pregnancy . Over the next nine months, it will grow from a few cells into a fully formed baby. However, this question could also mean: What are the reasons a girl might want to become pregnant? Different people, including adolescents, have different reasons for wanting to become pregnant. Some common reasons are: <ul style="list-style-type: none"> • Some young people become pregnant because they want to prove their maturity or identity as women • Some young people may feel that they want a baby • Sometimes there is family pressure to prove fertility • Many young people who get pregnant do so because they do not understand the risks involved in having sex, or did not understand how pregnancy happens.

How do boys make girls pregnant?	See response to 'Why do girls get pregnant?'
What happens if a condom bursts during sex and you get pregnant?	<p>First, if a condom bursts during sex, there is also a risk of HIV and other STI transmission. It is important that both partners are tested for HIV and other STIs as soon as possible.</p> <p>If the condom has just broken and you are concerned about pregnancy, you can take emergency contraception, known as 'the morning after pill,' to prevent pregnancy. This medicine must be taken within 72 hours of the exposure.</p> <p>However, if time has passed and you find out you are pregnant, you have three options to think about: abortion, adoption, and parenting.</p> <ul style="list-style-type: none"> • Every person's situation is different, and only they can decide what is best for them. Making a list of advantages and disadvantages of each option, thinking about their future plans, and discussing it with someone they trust can help a person to decide. • If one chooses adoption or to become a parent, they should begin prenatal care as soon as possible. • If someone is considering abortion, they should know that termination of pregnancy (TOP) is very safe at certified clinics, but the risks increase the longer a pregnancy goes on. If a woman has been pregnant for less than or up to 12 weeks, she can make the decision without a doctor's consent. From 13 weeks onward, the doctor must agree that the TOP is in her best interest. Further, TOP services are free and safe at clinics and hospital but alternative options, such as via traditional healers or going for a "back street" abortion, can pose serious risks including death. Women over the age of 12 can consent to safe TOP without parental or partner consent required.
How do I know if I am pregnant?	<p>A woman may suspect she is pregnant if she has missed her period or it is late. She may also experience common symptoms associated with early pregnancy, such as nausea, fatigue, frequent urination, food aversions or cravings and/or swollen, sore breasts. However, not all women experience these symptoms.</p> <p>The only way to know for sure whether you're pregnant is to take a pregnancy test or visit a clinic to be tested.</p>
How old does a girl have to be before she is physically able to get pregnant?	<p>Girls who have started having menstrual periods and ovulating can get pregnant. Menstruation can happen as early as age 8. Sometimes it happens later, up to about age 16. The average age is around 12.</p> <p>Even though adolescents' bodies are going through changes that make it technically possible for them to become pregnant or impregnate someone, it does not mean that they are ready to become parents. Being a teenage parent is very stressful - socially, emotionally and physically.</p>
Is it recommended to use more than one form of birth control at the same time?	Generally it's fine to use multiple forms of birth control. In fact, depending on the methods chosen, it can provide additional protection from HIV and STIs as well as unintended pregnancy (this is called dual protection). For example, using condoms and the birth control pill at the same time provide a high level of protection. One exception is male and female condoms, which should not be used together as this increases the risk of one or both condoms breaking/bursting.

Values/Norms Questions

How would a mother feel if she finds out her daughter is pregnant?	<p>This is an emotionally difficult situation and talking with someone you trust will help. Every person responds differently to this news, so I cannot answer this question specifically for the mother. I can tell you generally that just as it takes time to adjust to finding out you are pregnant, it also takes time to adjust to finding out that your child is pregnant.</p> <p>If you have a good relationship with your mother, discussing your situation with her may help. She is likely to be concerned about your future. If you decide to become a parent, she and other family members can be an important source of emotional and material support. Having support like this can help you manage the stress of raising a child as a teenager. However, if you do not have a good relationship with your mother, this news may complicate things further. At least for a while.</p> <p>Remember, even if the response doesn't go the way you'd hoped, you're going to get through it and you can feel good about making the decision to reach out to others to help prepare for your future.</p>
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<p>Is it okay to have an abortion?</p>	<p>It is important for you to think about your own personal values and decide what's best for you based upon them. Consider discussing abortion with a trusted adult whose judgment and insight you respect.</p> <p>Legally, access to safe termination of pregnancy is a right for all women over the age of twelve. The Choice of Termination of Pregnancy Act says that up until 12 weeks of pregnancy, women do not need to provide a reason for wanting an abortion, nor does the decision need to be made with a doctor. After 12 weeks, some of these requirements may apply. Girls 12 years and older do not require permission from their parents to get an abortion. Women do not require permission from the father of the baby to have an abortion.</p>
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Condoms
After you answer the question/s, remember to refer adolescents to the [Steps to using a male condom](#) and/or [Safe methods to prevent pregnancy hand-outs](#) in their workbooks for more information.

Information Questions

<p>How do I tell my boyfriend to use a condom?</p>	<p>This can be a challenging topic to bring up with your partner, but it's an important one! You might also be surprised to learn that your partner is relieved that you brought it up. Remember, it is okay for girls to suggest condom use, and it shows that they care about themselves and their partner.</p> <p>It is best to plan the conversation in advance to make sure you are ready to address any questions and stand your ground. To make it easier:</p> <ul style="list-style-type: none"> • Know what you want and be ready to talk about it. It might help to practice the discussion, and think about how to respond if they disagree. • Choose a good time to talk. • Be able to state why wearing a condom is important, and be assertive. • Try to understand and acknowledge the other person's point of view. • Try to come to an agreement, but remember that you can say 'No' and respectfully walk away/end the conversation. Use statements like "I really like you, but I don't want to have sex without condoms." <p>Know what you want, and don't make decisions you might regret later just to please someone else.</p>
<p>Why is it important to check the expiry date of a condom?</p>	<p>Condoms are made of materials that can become brittle when dried out. Brittle condoms are more likely to break during sexual intercourse, leaving partners at risk of falling pregnant or getting HIV and other STIs.</p>
<p>Is a condom the best prevention method?</p>	<p>There are different prevention methods depending on what you are trying to prevent: HIV, STIs, pregnancy, etc.</p> <p>The best method of prevention is abstinence from sexual contact. You cannot become pregnant or contract a sexually transmitted infection without sexual contact with someone else.</p> <p>However, if you choose to be sexually active, then male and female condoms offer highly effective prevention against both STIs (including HIV) and pregnancy when used correctly and consistently. Remember, partners should not use both a male and female condom during the same encounter, as this increases the risk of breakage/bursting; choose the one that best meets your needs.</p> <p>There are contraceptive methods that offer even more protection against pregnancy such as the injection, the pill, IUDs or implants. These are useful as a back-up birth control method in the event a condom is not used or fails. Even if you are on a reliable contraceptive, you should still use a condom to protect yourself from HIV and other STIs.</p> <p>There are also other methods such as sterilisation which offer permanent protection from pregnancy, but might not be a good option for young people who may wish to start a family when they are older.</p>
<p>Do condoms prevent all STIs?</p>	<p>When used correctly, condoms significantly reduce the risk of contracting or transmitting most STIs including HIV.</p> <p>However, condoms don't fully protect against STIs that are spread from skin-to-skin contact including Genital herpes, Syphilis, HPV and pubic lice (crabs). The only way to completely prevent these STIs is abstinence. Limiting your number of sexual partners can also help by reducing the sexual network to which you are exposed.</p>

Can you still get STIs or get pregnant if you use protection?	<p>Protection can mean different things to different people. In most cases condoms are referred to as protection.</p> <p>When used correctly, condoms can reduce the risk of contracting or transmitting STIs and prevent unplanned pregnancy. No method other than abstinence is 100% effective. However, dual protection (condoms plus another pregnancy prevention method) can help lower your risk of both STIs and pregnancy better than condoms alone.</p>
Can you get pregnant or get STIs the first time you have sex if using a condom?	<p>When used correctly, condoms greatly reduce the risk of contracting or spreading STIs and prevent unplanned pregnancy. However, there is still a small chance of these things happening.</p> <p>However, condoms don't fully protect against STIs that are spread from skin-to-skin contact including Genital herpes, Syphilis, HPV and pubic lice (crabs).</p>

Values/Norms Questions

Why don't boys like to use condoms?	<p>There are many reasons why someone might not want to use a condom. They might not know how to put one on, or where to find them. Others may claim that sex is less enjoyable while wearing a condom. However, there is nothing uncomfortable or painful about wearing a condom if it is put on correctly. It might feel a little different to wear a condom, but condoms do not decrease pleasure significantly. In fact, they can even increase pleasure by increasing peace of mind by preventing unplanned pregnancy, HIV and other STIs.</p>
Why don't people always use condoms? Why do people have unprotected sex?	<p>There are several reasons why people don't always use condoms or may have unprotected sex. Some claim that sex is less enjoyable when wearing a condom. Sometimes, in the heat of the moment, couples are unwilling to pause long enough to put on a condom. Fortunately, a change in perspective can turn the process of putting on a condom into foreplay (activities that increase arousal prior to having sex) rather than an interruption. Some other couples may choose not to use condoms in an attempt to get pregnant. Still others may not be aware of the risks involved in unprotected sex, or may believe that they are not at risk of getting HIV, other STIs or falling pregnant.</p>

Communication with Caregiver

Values/Norms Questions

How do I know if my caregiver really loves me?	<p>This is a common concern, especially during adolescence. Most caregivers love the children in their care, even when caregiving is difficult. Caregivers are people too, and sometimes they can struggle to express their feelings in a way that is easy for others to see or understand. You can see their love in the rules they set to keep you safe and in how they provide you with the things you need to the best of their ability.</p> <p>If you are concerned about your relationship with your caregiver, consider ways you can communicate this to them using some of the skills we have learned in this program. You may also discuss your concerns with another trusted adult.</p>
How do I tell my parents I'm in a sexual relationship?	<p>It sounds like you are trying to open communication with your parents, which is great.</p> <p>Many studies have demonstrated that open communication decreases risk of HIV, STIs and unplanned pregnancy. Your parent or caregiver can be a good resource for discussing feelings, values, healthy relationships and other issues related to sexual health. Here are some tips for communicating with your caregiver about sexual matters:</p> <ul style="list-style-type: none"> • Find a good time for both you and your caregiver, and set a time to speak on that day and time. • Before you meet, try to relax. • If you feel uncomfortable talking about your problem, try writing a letter or drawing a picture and using that to help you communicate. • When it's time for your discussion, start with a direct statement, such as, "I want to talk about something private that's very important to me," or "This is uncomfortable for me to say, and might be difficult for you to hear, but..."



<p>How do I tell my mother I had an abortion?</p>	<p>Speaking to your parents about an abortion can make for a very difficult conversation. Here are a few suggestions that might make it easier.</p> <p>Plan ahead. You can introduce the conversation by telling your mother exactly what you're afraid of. Say something like, "I want to tell you something because you are important to me. I care about what you think, and I would like your support. I am afraid if I tell you, you will be angry or shout at me, but I still feel that this is important to share..."</p> <p>Then, just say it. It's better to simply get it out of the way. At this point, your mother or caregiver may have many strong emotions hit suddenly; give her space to react. This may be the moment you are most afraid of, but do not assume you know how your parents or caregiver will feel or react before you share. It is likely you will find them to be a strong source of support – even if it takes a while for them to accept this news.</p> <p>It may also be easier if you bring another source of support, like a trusted friend or adult. If you are concerned that things could go very badly, consider finding a place to sleep that night in case you need to leave.</p>
<p>Can I bring my girlfriend home to meet my caregiver?</p>	<p>It sounds like your girlfriend is an important person in your life, and this is a great question to ask.</p> <p>Involving your caregiver in your relationship is a good way to strengthen your relationship both with your caregiver or parents and your partner. Talk to your girlfriend and to your caregivers about the idea first, and then make it happen!</p>
<p>Why do our parents hide important information from us?</p>	<p>Depending on the type of information you mean, there may be different reasons for this. For information on sexual health, one reason might be that caregivers simply feel embarrassed to talk about sex with you, or they may feel it is inappropriate to talk about.</p> <p>At other times, your parents may not believe you are ready to hear certain things, and feel that not sharing this information is a way to protect you.</p>

Sexual Violence
After you answer the question/s, remember to suggest that adolescents discuss any concerns about abuse or sexual violence with a trusted adult.

Information Questions

<p>What is abuse?</p>	<p>Abuse can come in many different forms. Typically it is thought of as an act or pattern of treating someone with cruelty or violence, and can be physical, sexual or emotional in nature.</p> <ul style="list-style-type: none"> • Physical abuse might involve things that hurt you physically- like pulling hair, hitting or kicking. • Sexual abuse may be forcing or coercing a person to have sex when they do not want to. • Emotional abuse may be using manipulative language and behaviour to make a person feel like they are worthless. An example might be screaming at a person often, telling them what to wear or who to see, intentionally embarrassing a person in public or threatening to commit suicide if a person does not obey. <p>If you are experiencing any of these, you should talk to a trained counsellor or an adult you trust.</p>
<p>What can I do to avoid situations that put me in danger, like having sex?</p>	<p>It is not always possible to avoid dangerous situations, but there are some general precautions you can take:</p> <ul style="list-style-type: none"> • Limit your relationships – romantic or friendly – to only those with healthy characteristics. Some of these characteristics include respect, honesty, equity, and good communication. • Discuss your decisions about whether or not to be sexually active with your partner. If they do not support your decision to delay sex or practice safer sex, then it is not a healthy relationship. • Avoid drugs and alcohol, which affect your judgement and make it harder for you to refuse sex and/or practice safer sex. • Always communicate with your caregiver or other trusted adult about where you are going, who you will be with and what time to expect you home. • Join supervised activities, such as clubs or after-school sports where a responsible adult can ensure safety.

What is rape? Are there different types of rape?

Rape is typically considered sexual penetration without consent. There are several terms used to describe different types of sexual violence:

- **Gang rape:** when a person is raped by two or more people at the same time. It's also known as 'jackrolling'.
- **Statutory rape:** when an adult has, or tries to have, unlawful sex with a minor under the age of consent (16 years of age). Sex with a child under age 12: whether or not they consent, is legally categorised as rape.
- **Acquaintance rape:** when sex is forced on someone by someone they know. This person could be a friend, a close family friend, or even someone in their immediate or extended family like a grandfather, uncle or father. It could also be someone they trusted outside the family, like a boss, co-worker, teacher or doctor.
- **Date rape:** is a form of acquaintance rape. It is when someone's date, friend or acquaintance forces them to have sex against their will. The person may drug a person with drugs like rohypnol (*Green Beans, Rafs, 542, blue-boys, roche*), or fill them with alcohol, to make it easier for them to get their way.
- **Stranger rape:** when someone is raped or sexually violated by someone they don't know.
- **Sexual abuse:** the sexual assault of minors by parents, caregivers or strangers.

How can I support someone who has been raped?

Immediately after rape, you can support someone to visit the clinic and police station.

It is important for the survivor to access legal and health services. Help the survivor to access the following services:

- An HIV test (to see if you already have HIV)
- If HIV negative, then a short course of ARVs will be given to help prevent HIV infection (Post Exposure Prophylaxis)
- Antibiotics to stop other STIs
- The 'morning-after pill' to stop pregnancy
- Counselling
- Legal advice

In terms of helping them to cope with what has happened, it is most important is to let the survivor talk as much as s/he wants to and actively listen. It is also helpful to:

- **Be present.** Sometimes traumatized people cannot talk about their experiences. It helps to let them know you are there and don't expect anything from them.
- **Understand how the rape has affected him/her.** This is especially important if you are the person's partner. They may not want to have sex or go out. They might not want to be alone or see anyone.
- **Give them time.** Rape can have a dramatic impact on a person's personality, especially shortly after the event. This can be frightening for the survivors and those close to them. With support, the trauma can fade and they may return to their true self.
- **Do not judge.** The rape was not the survivor's fault and it does not benefit anyone to dwell on what either of you believe could have been done to avoid it.
- **Let the person make their own decisions.** Their control has been forcefully taken away from them. Once s/he starts making his/her own decisions, they can start feeling that they is in control again. Even if you think the person's decisions are wrong, don't force them into doing what you want them to do.
- **Look after yourself.** If you ignore your own needs, you won't be able to help with the survivor's. Get support for yourself. Helplines are for anyone affected by rape, and if someone close to you is raped you are affected.
- **Get more support.** If you or someone you know has been raped, contact one of the organizations listed under the "Is there a helpline I can contact for more information on rape?"



<p>What do I do if my boyfriend raped me? (Caregiver Practice question in session 11)</p>	<p>This is a terrible experience and I am sorry that it happened to you. There are several important steps to take immediately after a rape:</p> <ul style="list-style-type: none"> • Even if you do not plan to report the rape to the police, you should collect evidence just in case you later change your mind. Don't wash or get rid of your clothing, or bathe. If there is any semen or hair on your clothing or body, this can be used as evidence to convict your attacker, if you choose to go forward with a case. Keep the clothes wrapped in newspaper, not a plastic bag, which can damage evidence. You should also keep any toilet paper in the same manner as this may have evidence as well. • Go to a hospital or doctor as soon as possible. If you decide to report what happened to you, the hospital can notify the police. • You are at risk of getting HIV and STIs, and possibly becoming pregnant. Ask for medicine known as PEP (Post Exposure Prophylaxis), to protect yourself from HIV. You can also get emergency contraception, known as the morning after pill, to prevent pregnancy. These medicines must be taken within 72 hours of the rape. You can also be tested and treated for any possible STIs. • You have the right to report this to the police. Rape is a crime no matter what the circumstances are. <p>If the rape occurred in the past, and you did not receive medical care immediately, you should still get tested for HIV and other STIs, so that you can begin treatment if needed. It is also not too late to report the crime, although it may be harder to prosecute the rapist.</p> <p>You are likely to have a lot of difficult feelings to deal with and it may take time to feel better again. Remember, every person responds differently to a rape and all feelings are normal, whether depression, humiliation, fear, confusion, anger, numbness, guilt, or shame. Talking to a counsellor or calling a helpline can help.</p> <p>It is also important to know that the rape was NOT your fault. You are not in any way responsible for the rape. The only person responsible for the sexual assault is the person who committed it.</p>
<p>How do I know if I should report my rape? What is the process for reporting rape?</p>	<p>You have the right to lay a charge if you choose. The police cannot tell you whether or not it is correct to lay a charge. The decision to report your rape is personal and depends on your own values and beliefs. It may be beneficial to discuss your decision with a trusted adult.</p> <p>The process of reporting a rape can start at the hospital or the police station. Regardless of where the report is taken, there are several important things to know:</p> <ul style="list-style-type: none"> • The police should interview the survivor in a private room • The survivor has the right to request a female officer • A rape can be reported at any police station, no matter where the rape took place • A rape can be reported up to 20 years after it occurred, but the sooner you report, the better chance the police have to collect evidence and arrest the perpetrator • Write down the case number and the name and number of the police officer in charge or your case • Ask for a copy of the police statement • Remember: Rape is never the fault of the survivor.
<p>Is there a helpline I can contact for more information about rape?</p>	<p>If you or someone you know has been raped, get help from one of these organisations:</p> <ul style="list-style-type: none"> • VISIT www.zazi.org.za to find organisations in your area. • CALL 0800 150 150 • CALL the Social Development GBV Command Centre 0800 428 428 • Send a PLEASE CALL ME to *120*7867# • DOWNLOAD RAPE CRISES OR TCC APPS on MXIT • TWITTER: @teamzazi • FACEBOOK: https://www.facebook.com/teamzazi

Values/Norms Questions

<p>Why is consent important?</p>	<p><i>Consent is permission</i> for something to happen or agreement to do something. When sex is consensual, it means everyone involved has agreed to what they are doing and has clearly given their permission.</p> <p><i>Consent is more than yes or no.</i> It is a discussion about desires, needs, and level of comfort with different sexual interactions. Healthy sexual interactions always have consent and respect.</p> <p><i>Non-consensual sex</i>, or sex without someone’s agreement or permission, is sexual assault and is illegal.</p>
<p>If a girl is raped, is she still considered a virgin?</p>	<p>Rape is a violent crime, and never the survivor’s fault. People often define a virgin as someone who has never had sexual intercourse, and in many communities virginity is considered important or desirable. However, it is wrong to discriminate against people based on whether they have had sex, or how, or with whom. It can be especially hurtful when the person in question has suffered a sexual assault. This question relates to personal values and may vary from individual to individual; so I cannot give you a definite answer. It’s best for you to get all the information you’re seeking and discuss this with a trusted adult or parent.</p>

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