

YOLO Facilitator's Guide

A programme for the reduction of HIV infections, and teenage and unplanned pregnancy

Department of Social Development (DSD)

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Foreword by the Minister

South Africa's population is largely made up of young people. According to Statistics South Africa's 2014 Mid-year Population Estimates, 66 per cent of the total population (over 54 million South Africans) comprises people under the age of 35. Approximately 18.9 million in the country are youth between the ages of 15 and 35. Young people are the heartbeat and the future of the nation. While South Africa's history is built on young people's tenacity through the 16 June 1976 uprising, young people in modern-day society face many challenges, which, among others, include HIV and AIDS.

Young people are currently the most vulnerable population at risk of acquiring HIV. The 2014 Mid-year Population Estimates puts the population of people aged 15–24 years at over 10 million and, out of this number, 8.7 per cent are already living with HIV. Although the Human Sciences Research Council (HSRC) 2012 Survey shows a slight decrease in new HIV infections in this age group, the numbers are still high. This is a cause for concern among development workers, as this will impede youth contribution to the economy of the country. According to UNAIDS 2013, many new infections occur among young females, with an estimated number of 2 363 new infections per week among women aged 15–24 in South Africa.

Although biomedical interventions that help to prevent the spread of HIV, such as condoms, are available, HIV transmission among young people remains relatively high. This is attributed to the behavioural, social and structural drivers of HIV transmission, which render the youth vulnerable to HIV and AIDS. At the behaviour level, most young people are faced with challenges of low self-esteem, peer pressure and a sense of wanting to belong. Furthermore, young people increase their risk by being involved in multiple and concurrent sexual partnerships, engaging in early sexual debut (age at first sexual experience), involving themselves in intergenerational relationships without protection, abusing intoxicating substances and gender-based violence.

Compounding these behavioural and social drivers are structural elements such as unemployment, poverty and migration. The current National Strategic Plan for HIV, AIDS and TB 2012–2016 asserts the need for a combination prevention approach that addresses biomedical intervention as well as behavioural, social and structural drivers of HIV, which involves the Department of Social Development (DSD).

The DSD is committed to providing comprehensive social services to the poor and vulnerable members of our society and creating an enabling environment for sustainable development. Over the past two decades, the DSD has given priority to services for children and youth to improve prevention of social ills, and has done well in providing a safety net for the young people. To date, more than 12 million children receive income support, including the Child Support Grant (CSG) and the Foster Child Grant.

Evidence from the impact assessment of CSG conducted in 2010 shows that the provision of social grants has contributed significantly to the reduction of child poverty in South Africa. The impact assessment also found that the provision of the CSG to adolescents contributed to the reduction of risky

sexual behaviours and teenage pregnancies, as well as alcohol and drug abuse – particularly among female adolescents. There are, however, emerging challenges on HIV and AIDS such as the new 'blesser/blessee' phenomenon, which calls for definite action to protect our young people from contracting HIV.

The DSD has developed the YOLO programme to target young people aged 15–24, irrespective of their sex. The programme has been developed to respond to the social and behavioural drivers of HIV.

YOLO stands for 'you only live once'. This acronym is very popular on social media and young people themselves chose it because it resonates strongly with them. The YOLO acronym goes with the following tagline: 'It's your choice, it's your life ... Behave responsibly'. YOLO is aimed at building resilience among youth to enable them to withstand the pressures that lead to risk-taking. The modules are tailored to address behavioural traits that instil positive values among the youth.

Young persons will undergo sessions that are aimed at building them up to become accountable and responsible citizens. The emphasis is on the developmental needs of young people, which include achieving a sense of identity, a need for positive social interaction and developing skills and attributes, including self-confidence, a positive self-image, assertiveness and decision-making skills. Evidence shows that young people with high levels of self-esteem and self-efficacy are less likely to become infected with HIV.

The implementation of this programme builds on the existing prevention interventions within the DSD and will be implemented, among others, in conjunction with the following programmes:

- comprehensive social protection services;
- psychosocial-support services;
- gender-based violence awareness;
- substance abuse prevention programmes; and
- child protection services and community development programmes.

The YOLO programme recognises that behaviour change at an individual level is unlikely to occur without broader social change. Hence, it will be implemented within the socio-ecological model to target the different spheres of influence.

The continued partnership with our social partners in implementing this programme will contribute to our efforts of working towards an HIV- and AIDS-free generation and to contribute to the two government outcomes: 'A long and healthy life for all South Africans' and 'An inclusive and responsive social protection system'.

Ms BO Dlamini, MP
Minister of Social Development

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The GCBS Programme is managed by Pact Inc., in partnership with South African organisations Mott MacDonald Development South Africa, Isibani Development Partners (IDP) and Development and Training Services (DTS) in collaboration with the DSD.

The project seeks to enhance the capacity of the South African Government (SAG), specifically the DSD, in supporting orphans, vulnerable children and youth (OVCY) and focuses on strengthening the DSD's response in addressing social and structural barriers that increase the vulnerability of OVCY to human immunodeficiency virus (HIV), sexually transmitted infections (STIs) and tuberculosis (TB). It also aims to address specific constraints hampering the health and social development system to achieve better outcomes for OVCY and other vulnerable youth (e.g. those affected by poverty, child abuse, neglect and exploitation).

The Department would like thank the initial YOLO facilitators and programme beneficiaries for the invaluable feedback that they provided in enriching the YOLO manual and contributing to making it a user-friendly document suitable for young people. Lastly, our gratitude goes to GOLD Consulting for their support in the development of DSD Youth Social and Behaviour Change Communication guidelines, which served as a basis for the development of the YOLO programme.

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ARV	Antiretroviral
BCC	Behaviour Change Communication
CAPS	Curriculum and Assessment Policy Statement
CBO	Community Based Organisation
DBE	Department of Basic Education
DSD	Department of Social Development
FBOs	Faith Based Organisations
HIV	Human Immunodeficiency Virus
MTCT	Mother-to-Child-Transmission
NPO	Non-profit organisation
OVC	Orphans, Vulnerable Child
OVCY	Orphans, Vulnerable Children and Youth
PMTCT	Prevention of Mother-to-Child-Transmission
SANAC	South African National Aids Council
SBCC	Social and Behaviour Change Communication
SCC	Social Change Communication
STI	Sexually Transmitted Infections
TB	Tuberculosis



Section 1: Introduction to DSD Social and Behaviour Change Communication Programme



The purpose of a social development HIV initiative

The DSD recognises the increasing need to integrate the health and wellbeing of young people with social development services. This programme is the first step towards reducing HIV transmission and unplanned pregnancies from a DSD perspective. The purpose of the manual is to enhance and develop specific social and life skills that can aid the process of decreasing risky sexual behaviours that lead to HIV infections and unplanned pregnancies among young people.

The DSD aims to work with facilitators within the various provinces to use this manual as a tool to build resilience, increase the autonomy, self-esteem and self-efficacy of the individual, and to minimise risky behaviours that expose young people to HIV and unplanned pregnancy.

This Social and Behaviour Change Communication (SBCC) programme seeks to create a safe and enabling environment in which young people can engage in discussion about HIV prevention and teenage pregnancy (youth dialogues) and where positive values and quality decisions related to the sexuality of young people can emerge.

Objectives

The Facilitator's Guide will help you, as the facilitator, to take participants through a range of participatory activities to enhance skills for behaviour change using SBCC skills and understanding towards the reduction of HIV transmission and teenage pregnancy.

The specific objectives are to:

- build young people's resilience, self-confidence, self-esteem (Building Block One);
- reaffirm young people's human rights in terms of sexual and reproductive health (Building Block Two);
- minimise HIV transmission among the youth through skills development around risky sexual behaviour (Building Block Three);
- build young people's knowledge, attitude and skills to voluntarily assume positive practices and sustain positive behaviour outcomes (Building Block Four); and
- develop and invest in social skills in young people to build healthy relationships and communicate effectively about their healthy sexual choices (Building Block Five).

Introduction to YOLO

This SBCC initiative offers three documents:

The first document is the Facilitator's Manual, which presents six sections to help facilitators adequately prepare for facilitating the sessions of the programme.

This Facilitator's Guide is the second document, which comprises information and skills on the facilitation of the five building blocks of YOLO, with a total of 12 sessions that are designed to address the reduction of HIV transmission among young people and unplanned and teenage pregnancy.

The third document is the Participant's Workbook, which will be used in the programme and as a 'take-home' resource to help maintain the personal growth and individual work done on the YOLO programme, as well as to help the individual choose safer sexual behaviour and reduce risky sexual practices after being on the YOLO programme.

It is imperative that the facilitator is knowledgeable about the contents of these three documents and is confident about the material.

Section 2: The YOLO Facilitator's Guide: getting started



Outline of the guide

Each section offers key information to provide background knowledge to HIV and AIDS, SBCC, participatory methodology and the role of the facilitator.

Section 1: Introduction to YOLO, a youth SBCC programme

Section 2: The YOLO Facilitator's Guide: getting started

Section 3: Participatory approaches of engaging youth

Section 4: Handling challenging situations

Section 5: The YOLO Programme

Section 6: Monitoring and evaluation

Section 7: Resources list

The programme has been developed in five building blocks, which are situated in Section 5, namely:

Building Block One: 'I am important': building social skills

Building Block Two: Understanding Sexual Health

Building Block Three: My rights and responsibilities

Building Block Four: Taking chances and dealing with consequences

Building Block Five: 'Others are important': improving my relationships

These five building blocks form part of the foundational knowledge and skills that each young person needs to build capacity and resilience in approaching sexual and other relationships and in approaching adulthood with responsibility. In a sense, these are the building blocks for building a strong 'house' (or strong person). There are many building blocks that can develop young people's skills and knowledge in HIV prevention, but for the purpose of this manual, we will only focus on the five discussed above.

This guide presents the activity sessions to be facilitated with young people aged 15–24. It is advised that the building block activities are followed in a sequential format. You should start with Building Block One and move consecutively through Building Blocks Two, Three, Four and Five, as the manual has been developed to take young people through a process of skills development, knowledge generation and information sharing towards the promotion of positive behaviour change in sexual decisions.

Each building block has:

- outcomes;
- time allocated for activities;
- facilitator notes;
- short seminars where relevant;
- end-of-session reflections; and
- take-home activities.

The following icons provide an easy and quick way to highlight the various aspects of the sessions:



GROUP DIALOGUE



FACILITATOR NOTES



FACILITATOR REFLECTION / PARTICIPANT REFLECTION



TAKE-HOME ACTIVITY



SHORT SEMINAR



PREPARATION

In addition to the icons of the building blocks mentioned above, each building block has icons of Preparation, Facilitator Notes and Facilitator Reflection, and time allocated for activities.

How will YOLO be implemented?

There are a number of ways to roll out this programme. These will be discussed by different facilitators in the facilitator's training you attended. One suggestion is one session a day with a maximum number of 2–3 sessions a week, or the programme could be rolled out over weekends. These decisions need to be made by the individual facilitators in line with consultation with the NPOs and the needs of the participants. The minimum requirement is a completion of 10 hours of contact time (five sessions) in order for a participant to be considered to have undergone the SBCC YOLO youth training.



Facilitator note

Following these building blocks in order is important, but being flexible and adaptable as you facilitate each activity is also very important.

For example, some activities may go more quickly and others may take longer. Be flexible and adapt accordingly.

Caution: However, when being flexible, always ensure that you still work towards your learning outcome within the restricted time.

As stated above, it is advised that the building block activities are followed in a sequential format. You should start with Building Block One and move through Building Blocks Two, Three, Four and Five, as the programme has been developed to take young people through a process of skills development, knowledge generation and information sharing towards the promotion of positive behaviour change in sexual decision.

This guide aims to have a positive influence on young people to remedy the devastating effects of HIV, and teenage and unplanned pregnancy in South Africa. These sessions are designed to complement the support sessions from the DSD's list of referred service providers and resources.

Specific session outcomes of YOLO: Summary of blocks and supporting sessions

Building Block	Sessions	Expected Outcome
Building Block One: 'I am important': building social skills	Session 1: Self-identity	By the end of this session, participants should have a better sense of their own self-identity and know what makes them who they are.
	Session 2: Building self-esteem and self-confidence	By the end of this session, participants should have a better understanding of self-esteem and self-efficacy, and know how to improve their self-esteem.
	Session 3: Assertiveness and personal boundaries	By the end of this session, participants should know how to be assertive and identify their personal boundaries.
Building Block Two: Understanding sexual health	Session 4: Healthy sexual behaviour and good attitudes about sex	By the end of this session, participants should know what healthy sexuality is; they will have explored different attitudes towards sex and have increased sexual knowledge and information.
Building Block Three: My rights and responsibilities	Session 5: My sexual and reproductive rights and responsibilities	By the end of this session, participants should know about their sexual rights, sexual responsibilities and developmental needs.
	Session 6: Goals in sexual and reproductive health	By the end of this session, participants will have an increased self-awareness, and be able to identify their goals, strengths and weaknesses.
Building Block Four: Taking chances and dealing with consequences	Session 7: Risky behaviour	By the end of this session, young people should have a clear perception of the behaviours that place them at a high risk of unplanned and teenage pregnancy and contracting HIV.
	Session 8: Playing it safe and making changes for a healthier lifestyle	By the end of the session, participants should understand the consequences of HIV infection and teenage pregnancy and the importance of making healthy lifestyle choices. They will also have information about the transmission and prevention of HIV and unplanned and teenage pregnancy, including HIV counselling and testing (HCT), contraception and prevention strategies.

Building Block	Sessions	Expected Outcome
	Session 9: Dealing with emotional and social challenges	By the end of this session, participants should know more about dealing with challenges such as making difficult choices, handling emotions, peer pressure, stress, change and feedback.
Building Block Five: 'Others are important': improving my relationships	Session 10: Healthy relationships	By the end of this session, participants should know that a healthy relationship involves respect and trust, as well as be equipped to improve their relationships by developing empathy and accepting diversity.
	Session 11: Communication skills and reading the signs	By the end of this session, participants should be able to start to communicate clearly and assertively, understand how to communicate effectively and be able to use risk-avoidance communication skills.
	Session 12: Making effective decisions and taking responsibility	By the end of this session, participants should be able to evaluate whether a decision is good or bad, and be more able to take responsibility for their decisions.

General points for facilitation of the 12 sessions

- The facilitator must have a clear outcome in mind and guide the participants towards this outcome. This guidance will aid positive character development and behaviour change.
- Avoid telling the participants what to do, supplying complete solutions or describing youth as a problem demographic. Rather focus on contextual solutions and alternative possibilities that will result in long-term health and wellness. Throughout the YOLO programme, there is a focus on positive solutions that see youth as a smart, capable group of people who are worthy of being nurtured.
- The sessions must help the youth reach their full potential and aim to guide them towards a future filled with accomplishments and health.


How to use this guide

Who should use the guide?

This guide should be used by trained programme facilitators. The sessions should be facilitated by people knowledgeable in the social sector like social workers, community health workers, youth facilitators, teachers, or anyone in the community working with young people.

- The sessions should be run by motivated, knowledgeable people who are role models and know the community well.
- The heart of their success will depend on their authentic commitment to the youth they are working with and their ability to identify with them and show that they really care.

All organisations and institutions implementing this programme must ensure that their facilitators are screened and vetted according to the Children's Act. This is implemented across South Africa by the DSD Child Protection Register.




This guide will be used by people running programmes at DSD-supported community-based organisations such as youth centres, multi-purpose centres, home-based care centres and drop-in centres, where young people come together frequently. Other organisations and institutions with similar setups can also use the guide to run the programmes.

The programme should be implemented with groups of young people who meet regularly to go through the sessions over a given period and to provide support to families. It is important to use the monitoring and evaluation forms provided by YOLO as indicators for tracking progress in this regard.

Your role as facilitator

The term 'facilitate' is a verb and means 'to make an action or process easy'. A facilitator is someone who adopts certain actions or processes to help a group of people understand their common objectives and assist them to plan how to achieve these objectives. The facilitator must remain neutral during this process and not take a particular position in the discussion.



- *A facilitator manages the method of the meeting, rather than the content. Facilitators are concerned with how decisions are made instead of what decisions are reached.*
- *A 'facilitator' is someone who helps participants learn from an activity. The literal meaning of facilitator is 'one who makes things easy'.*

A facilitator:

- is fully engaged and guides the activity and discussion process;
- invites the group to take full control of the learning process through sharing and practical activities;
- creates a safe and engaging environment for participants to work in;
- encourages people to listen;
- helps participants develop communication skills by encouraging discussion;
- models good questioning;
- gently steers the group in the right direction to reach a common understanding;
- moderates and intervenes if the discussion starts to fragment;
- manages dominance and includes everyone;
- encourages and enables a smooth resolution to conflict (people can agree to disagree);
- summarises discussions and conversations; and
- brings closure to the discussion with an end result or action.

Useful affirmations	Useful challenges
I really like the way you...	I wonder if it would be helpful to see it as...
I admire your courage in...	The image that comes to mind is...
I think you're asking the right questions/doing the right thing when...	I noticed you said/mentioned...
The image that comes to mind when you are speaking is... (use of metaphors can be very helpful)	I wonder how this looks from X's point of view?
I would share your concern about...	I wonder what's stopping you from...
I noticed you said.../used the phrase...	Is it worth experimenting with...

(adapted from VSO HIV and AIDS Peer Educator Training manual 2007)

Responsibilities of the facilitator

A facilitator must:

- articulate the purpose of the discussion and its significance to the group;
- clearly state the goal and purpose of each activity and section of the training;
- let the group know the expected time that will be spent on each activity;
- set and maintain the tone of discussion by example and by setting ground rules;
- make eye contact with all participants, listen closely and encourage everyone to contribute to the group;
- stay focused, alert and interested in the discussion and the learning that is taking place;
- make the workshop environment a priority;
- be mindful of timing issues;
- constantly check-in with the group to gauge their energy level;
- be observant of verbal and non-verbal cues from the group;
- be relaxed and have a sense of humour that makes sure discussions are enjoyable as well as educational;
- not tell inappropriate or offensive stories; and
- not allow people to bully others in the group.

Remember: you are a facilitator in an SBCC programme. That means you have to acknowledge and recognise the structural, social, community and interpersonal and individual realities of your participants.

How to reach youth as a facilitator

YOLO is designed to target young people, specifically adolescent girls and boys and young men and women aged 15–24 years. In order to reach people using a specific programme, the programmes must be effectively advertised. It helps to have a marketing and visibility plan in place from the start, so that the targeted youth are attracted to the programme.

Marketing and visibility plan

Marketing your programme means:

- creating interest among the people involved;
- raising visibility and understanding of the programme; and
- getting support for your work.

This specific SBCC programme needs to be marketed in a way to get the youth excited about the programme and about being part of something fun and meaningful. This is important when aiming to bring health and wellness to individuals and communities that would normally not be interested or easily drawn in.

Good marketing can help you to:

- increase support for your programme from volunteers, caregivers and youth, and make implementation easier;
- encourage youth to stay with the programme, as they see they are part of an important initiative; and
- attract support in the community.

The marketing plan will need to be tailored to the programme, but we recommend gaining exposure through informal communication like posters put up in drop-in centres, youth centres, faith-based organisations or community meeting places. If possible, you can also use local media (social or traditional) or events (at a school, for example) to market the YOLO programme.

Applying the principle of marketing in peer education

What does 'having the right product, in the right place, at the right price and at the right time' mean in the SBCC programme?

This simply means that the SBCC programme must be a 'product' that appeals to young people and catches their interest.

The 'place' where the programme is offered must be conducive to young people engaging in relevant and serious topics.

The 'timing' of SBCC programme activities must accommodate the critical phases in the lives of youths, e.g., consider the different availability of youth who are in and out of school. Good timing also refers to engaging with young people before they engage in sexual behaviour.

Often programmes reaching young people at community level have to be sponsored, as most young people are unable to pay for the services. Good marketing can also assist in attracting sponsors.

Note: It may be necessary to make this a closed group, so that participants are increasingly comfortable to share their stories, particularly the more sensitive topics, with others.

Engaging youth through your programme

Once it is running, the SBCC programme will reach youth both formally and informally:

- The programme reaches youth formally when planned and structured educational sessions are run. These sessions are prepared in advance and offer youth opportunities for interactive discussion and reflection.
- The programme reaches youth informally when young people become aware of the key issues raised, think through the issues and discuss it with others in their peer groups and community. Knowledge and skills may be transferred whenever young people talk about what they've learned and start to show signs of genuine change in their own lives.
- Relevant referral support must be arranged before the programme is implemented. For example, linkages with a social worker or counselling services within the community in case young people are affected emotionally during sessions.

- Please consult the DSD on what training opportunities are available for your facilitators and/or programme manager to implement the SBCC programme.

Structure of YOLO activities in Facilitator's Guide

- YOLO is made up of **5 key building blocks**. Each building block has a number of learning and expected behaviour outcomes.
- The five building blocks are made up of **12 sessions** that address various social and behaviour skills required to assist youth in reducing HIV transmission and unplanned and teenage pregnancy. Each session has a specific learning outcome.
- The session is structured to start with an **ice-breaker** followed by a range of activities with specific objectives. See the list of ice-breakers in the resource list.
- The activities can take various forms, such as a role play, buzz group, discussion, activity, song or game. The various forms of activities are discussed below. Whatever the activity, it is important to always encourage the youth to actively participate.
- Each session has a reflection period for the facilitator and participants to document and discuss the outcome of that session and what was learned. This is done with the help of the workbook.
- Each session is supported by information sheets, which help with background information to facilitate informed discussions with youth.
- Each building block has a take-home activity for participants to work on in their workbooks when they are at home. This ensures that the learning and skills application process is an ongoing activity. The participants can also use their workbooks and resource books to refer to for future behaviour choices and decisions, and discussions about these choices with friends, parents, caregivers and sexual partners.

Training of facilitators

- The training of facilitators is one of the most important tasks of this programme.
- Facilitators will be selected through the National DSD structures, following strict criteria to identify the correct people.
- One of the key requirements for facilitation is that all facilitators must have lay-counselling experience.
- It is advised that the facilitator dedicates a total of five working days to be adequately trained in the programme. The suggestion is four days of training and one day of follow-up familiarisation.

A possible time breakdown for your training as a facilitator is:

Day 1: Understanding how to facilitate. This day will cover all the key tools for facilitation.

Days 2–4: A review of the Facilitator's Guide and three-day activity programme. Facilitators will be guided through the Facilitator's Guide in order for them to become more familiar with the content.

Day 5: Facilitators role play selected sessions in the manual and provide feedback to the rest of the team.

This training is crucial in order to allow facilitators sufficient time to familiarise themselves with the Manual and the Guide. In addition, facilitators must set aside their own time prior to the sessions to prepare and be ready for facilitation.

Monitoring and evaluating

By monitoring and evaluating (M&E) the programme, you can find out:

- whether or not your programme is being conducted as planned;
- what you are doing well and what you need to do to improve your programme implementation and learn from experience – both positively and negatively; and
- the extent to which your programme's objectives are being met.

M&E can help you improve your YOLO programme, as it builds accountability and transparency into your programme by enabling you to give feedback. Anyone can see at any time what you are doing and how you are using resources for the programme (if applicable).

Your M&E also helps YOLO and the DSD keep this programme effective and working. You will be given M&E tools to complete to guide future YOLO rollouts and give the DSD feedback.

Monitoring your YOLO sessions and programme will help the DSD determine if your programme is on track and if you are making progress towards meeting the YOLO objectives. It will help you to measure what has been done, when it was done, how it was done, and who has been reached. M&E can also help you as a facilitator, your NPO and the DSD identify any problems in the YOLO programmes so that changes can be made.

Section 3: Participatory approaches of engaging youth



What is participation?

- Participation is a process through which young people of a community or organisation become involved in, and have influence on, decisions related to activities that will affect them.
- Participation often involves a dialogue, a two-way flow of communication, with the idea that young people will collectively identify a situation they are faced with and decide what needs to be done to improve that situation and then take action to address it.
- Participation can also be described as the involvement of young people through a dialogue and collective action process to bring about change to an issue.
- The focus on dialogue in the participatory paradigm (model) is influenced by the pedagogy (teachings) of Paulo Freire (2002).
- Freire calls for individual participation of learners in the learning process in order to empower them through the development of critical thinking.
- Participation requires the involvement of people who are directly affected by an issue to define the problem, and to identify steps to resolve that problem.

Why is it important to encourage young people to participate?

Participation means young people can be agents of change.

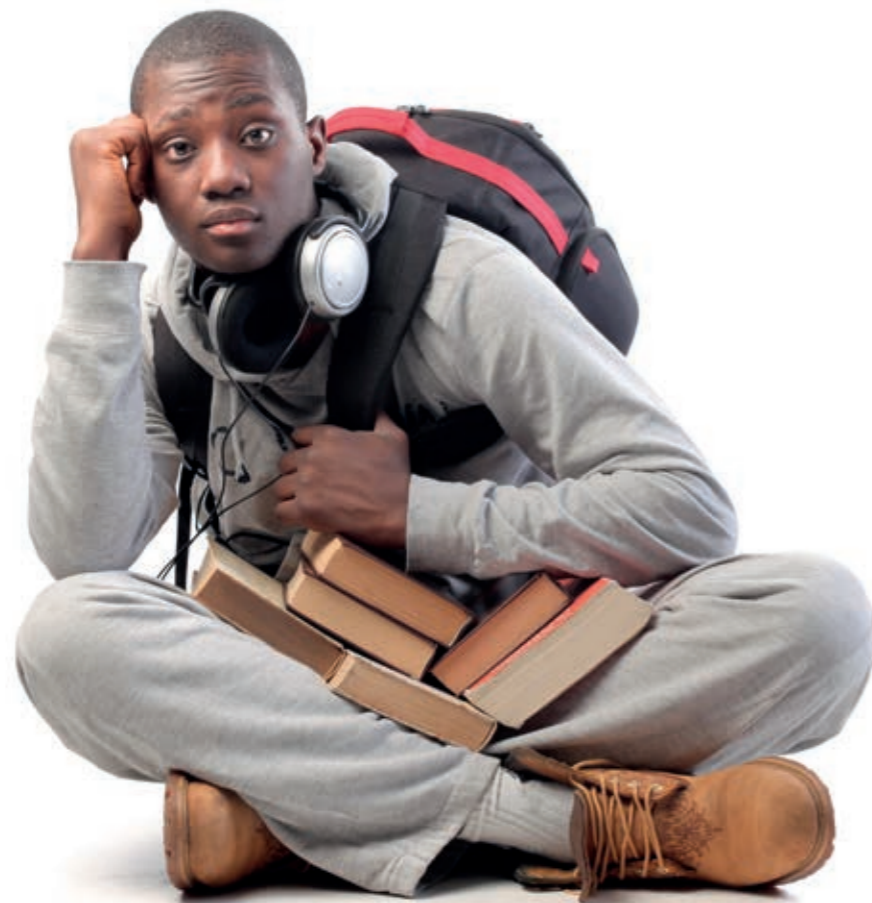
- Central to the idea of participation are the principles of ownership and empowerment.
- The principle of ownership is closely related to participation, as ownership is about young people taking responsibility for, and having control over, the process of change.
- Change is more likely to be successful and permanent when the people it affects are involved in initiating and promoting it.

- Empowerment provides young people with the opportunities and resources to actively address their own needs and to advocate for their own social change.

Participatory approaches

When engaging young people, there are two methods of teaching:

- A teacher-directed approach is a top-down method and assumes that young people do not know anything and the teacher needs to transfer information to them.
- A youth-centred approach is a bottom-up method and takes a collective learning process where everyone is an active participant and engages in the issue at present. The opinions of the youth participants in this approach are given value and recognition.
- When presenting YOLO training, you as facilitator are going to use a participatory approach to interact with the participants. This means the training will take a youth-centred approach.



Information Box 3

Different ways of learning and participatory learning

Teacher-directed method	Youth-directed methods
Lectures	Brainstorming
Drills and practice	Drama or role plays
Demonstration	Debates and discussions
Memorisation	Problem-solving
Talks	Demonstration and practice
	Buzz groups
	Games

- Participatory approaches allow important key messaging to be deciphered by young people by using processes that engage them and their experiences and opinions towards building skills and knowledge that will aid behaviour change.
- Young people need to engage with the ideas that will result in challenging their beliefs, attitudes and values.
- Young people need to know in their hearts and minds that they have value and a bright future, so that they will see the use of outward behaviour change.
- In the sessions, we suggest several participatory methods, but the person running the session is free to use whatever method they think will be most appropriate.

Role playing

In this mode of delivery, young people take on the character of someone else in a particular scenario. This enhances the skill of empathy and helps them to consider how their actions affect other people.

Young people use their own experience to imitate a real-life situation and the issues that impact on behaviour change and decision-making.

Role play helps young people to become less self-conscious by stepping out of their own reality and allowing them to act out what they would say or do in a given situation.

The acting can last five to 10 minutes.

Others watch and listen carefully.

After the role play, they discuss the performance.

How to use role play effectively

- Provide a brief description of the situation to the group.
- Ask for volunteers to role play the various roles.
- Give the actors a few minutes to prepare and let them act out the play within five to 10 minutes.
- After the role play, the class should discuss the performance.
- Remember to 'de-role' the participants after the role play. (To 'de-role' is to step out of the character/role and issues discussed and reassume your normal personality.)

Discussion

This mode of delivery forms an important part of the SBCC programme because young people need to feel that they are heard; we want them to know that their ideas are important as this builds their self-esteem. Furthermore, discussion helps to contextualise the learning material and enhance skill development. During discussions, young people can share their ideas, values, behaviours, realities and issues. The session facilitator can use this platform for discussing risky behaviour.

Discussions can take place in several formats: the whole group can discuss a topic together, or people can be clustered in small groups or pairs. Sometimes these small groups or pairs can be asked to provide feedback. Every session ends with a discussion aimed at summarising and contextualising learning. Discussions can also be identified as 'buzz groups'.

Group work

These are really breakaway discussion groups. When participants break into groups, the room fills with 'buzz' noise as each group buzzes in discussions. The breakaway groups work on an activity and then nominate one person to provide feedback to the larger group.

How to use group work effectively

- Explain the task to be discussed before the class breaks into groups.
- Keep the groups small to promote better participation and engagement by all involved.
- Clarify the terms that may help participants understand the topic.
- Offer support when groups are struggling to kick-start the discussion.
- Manage feedback concisely.
- Write down the main points of the discussion on the chalkboard.

Refer to Tips for group facilitation in annexure A on page 151, in the resources section, which supports this approach.

Creating something

Sometimes youth will be asked to write, draw, paste or in some way create something related to a topic. The object of the exercise is to get them to engage with the topic in a new way, so that they can contextualise the information and create a response that is personal and heartfelt. This deep engagement with the topic is often necessary to encourage behaviour change and works well as a strategy to move away from imposed, stereotyped expressions.

Stationery packs will be provided for the initial training session in order to facilitate these activities.

Games and activities

Many games and activities engage young people. Through these games and activities, we get their attention, keep them focused and build trust between members of the group.

Stationery and equipment for these games and activities will be provided in packs for the initial training session.

Songs

Songs provide facilitators with ready-made messages, which can be discussed with youth to determine the nature of the messages and their appropriateness. Songs have been found to be a powerful means of reaching out to participants.

How to use songs effectively

- Where possible, ask youth to compose songs on various issues.
- Identify songs from the local setting, e.g. traditional songs, songs by bands or choirs.
- Listen to them together with the class.
- Ask them the following questions:
 - What is the nature of the song?
 - Is it well known?
 - Who is the target audience?
 - What are the messages?
 - Are they culturally appropriate?
 - Are the messages contributing to the understanding of the subject matter at hand?
 - What impact would the message(s) in the song have on the youth?

(This section has been adapted from Classroom Teaching Skills (seventh edition) (2003). New York: Houghton Mifflin Company.)

Contextualising the various sessions for youth

This guide is created for young people living in South Africa. However, the population of South Africa is made up of people from various ethnicities, religions and cultural beliefs, and any programme offered to young people needs to cater to this cultural diversity. Not only are young people different culturally, there are social, financial, economic, educational and gender differences between young people. Acknowledging all these differences is critical to implementing an SBCC programme that is successful. Remember, in SBCC programmes, understanding behaviour change is impacted by all contextual experiences of individuals.

- It is important for the facilitator to understand the area, context and cultural practices of a community in which the programme will take place.



- This will better enable the facilitator to adapt the programme to be of cultural relevance to the participants.
- Catering to cultural sensitivities and cultural practices may require a slight modification or revision to the existing activities.
- The facilitator must always prepare prior to each session to ensure that he or she is able to adapt to the cultural context of a particular community.



Facilitator note

As a facilitator, you cannot leave out certain information and messaging in training about HIV and AIDS and teenage pregnancy, even if it is culturally difficult or embarrassing for you or the group. With social media and access to the internet, young people are exposed to a number of issues about sex as well as both sexually appropriate and inappropriate behaviour. All aspects of sexual reproductive health (SRH) need to be covered and shared.

Cultural and religious considerations when communicating HIV information to young people

This is particularly relevant in an SBCC programme. Cultural and religious factors impact the individual, interpersonal (between people), community and society/political levels of life. Culture and religion, however, must not be used as a reason to change the facts and reality about HIV and sex. Talking about sex in most cultures is difficult, but, if we are going to talk about HIV and unplanned and teenage pregnancy, we need to talk openly about sex.

- Although facilitators should be aware that there are probably religious and cultural aspects affecting behaviour, facilitators should have an understanding of a religious- and culture-centred approach when facilitating the various sessions and communicating with young people.
- A culture-centred approach means that culture is understood as a way of life, and culture must be understood in context and considered when communicating about HIV and other sensitive issues.
- A culture-centred approach suggests that the facilitator is aware of the young people's lifestyles and influences on their sexual behaviour, but is still able to address these practices with a cultural understanding of why these practices occur. For example, in a community where polygamous marriages are allowed, the facilitator needs to be sensitive to stigmatising relationships with multiple partners. Instead, the facilitator must highlight that if some sexual behaviours place people at risk, it is important to always protect yourself. The focus in this instance should be on the need for protection, rather than judging the action.
- In cases where cultural sensitivity is required, rather focus on highlighting the nature of risk, instead of the lifestyle.
- The facilitator must also be aware of the slang and local township talk in a particular community prior to the sessions. For example, are there special words used for sex, relationships, genitals and HIV? It is important

for the facilitator to be knowledgeable about this prior to the sessions, as it enables the facilitator to better deal with any questions or conflicts that may arise.

Remember: As a facilitator, you need to share correct and factual information and knowledge, even if it is difficult to talk about certain things, such as sex, because of culture. Your responsibility is to not allow differences in culture prevent you from sharing accurate information, because it can save lives and help prevent HIV transmission and teenage pregnancy. If there is a cultural conflict, handle the cultural issue sensitively, but do not change the facts and information about what you are sharing.

How to deal with emotional issues during facilitation

Participants

- Many activities are simple, fun and straight forward, but some activities may trigger emotional issues or cause a participant to recollect or remember a painful event or a bad decision.
- As a facilitator, it is important to be sensitive to the emotions and needs of participants.
- Always be alert and observant as you facilitate to identify any participant who may be struggling, feeling emotional or starting to withdraw from participation in any session.
- When an opportunity arises, call the participant aside and assess how he/she is doing and why he/she may be feeling emotional.
- Explain to the participant that the purpose of the activities is to empower young people with choices and life skills, so they must try to focus on the skill learned rather than the incident/event/memory.
- Offer the participant an opportunity for a short 'timeout session' where they are able to take a walk around the venue, clear their minds, refocus and then re-join the group.
- It is important to highlight to participants that no one will think differently towards them if they take time out and re-join the group thereafter.
- Advise the participant that if they still feel very troubled by the activity, they can make contact with any of the helplines provided in the Referral Sheet. This Referral Sheet is in the toolkit and a copy is in this guide.
- Overall, as a facilitator, you need to be able to work flexibly. If some activities spark deep emotional issues, and participants are very emotional, it may be wise to adapt the programme to meet the needs of the participants. In some instances, this may require adapting the approach of certain activities to avoid further emotional issues arising.
- Overall, it is important that the facilitator is able to think on his/her feet and adapt to the needs of participants if an activity becomes very sensitive, emotional and painful for the group.
- A revision of the time allocated to certain activities may be considered to cater for the emotional issues that arise.



Facilitator note

Some of the sessions can also trigger emotional issues within you.

You may relate some examples from your own life in the sessions, and that is not a problem. However, it is important for you to remember that you cannot change your past, but you can make more informed choices in the future.

Feeling emotional about issues and topics being discussed can happen, but it's important to remain composed during your facilitation.

Planning sessions before the actual programme allows you to be prepared for some of the key issues that might come up during a session.

Basic principles for dealing with sensitive topics

Respect

The participant must feel respected and trusted if they are expected to communicate. If not, they may want to end the conversation and leave as soon as possible.

Safety

Safety is important as you are discussing personal and intimate matters. The participants need to know that they will not suffer negative consequences from the facilitator for the information being shared. However, the responses and consequences by the group and people outside the group cannot be guaranteed.

Non-judgemental attitude

Do not moralise or lecture participants about their life choices. Give factual information without personalising. Do not show responses of shock, disgust or alarm as information is shared. Do not allow critical comments from the group. If these are made, contain them and explain that no one has the right to judge others.

Confidentiality

This is an important issue. People need to feel assured that their private matters, such as living with HIV and AIDS or drug abuse, will not be shared with anyone else. The choice of sharing or not sharing the information must be left with the participant, as the confidentiality of the group participants cannot be guaranteed.

Sensitivity

Be aware of the comfort and discomfort of the participant speaking with you or to whom you may be speaking. Learn to read body language and take cues that inform you about another's feelings and emotions.

Privacy

In cases where the issues being discussed are private and personal, make sure these are discussed in private. If you are in a group meeting and personal issues emerge, establish that these will only be discussed after the group meeting and in private. Do not refer to personal information in public forums. Do not give examples using names and places.

Cultural and religious sensitivity

HIV and AIDS, sexual health and reproductive health are all sensitive subjects. They are often mired in religious and socio-cultural taboos and beliefs. Therefore, it is very important that you become aware of these aspects. Religious beliefs are an important part of the cultural identity of many people. Freedom of thought and religion is a basic human right recognised in the Universal Declaration of Human Rights.

Most religions and cultures of the world promote tolerance and love. These should be used to help overcome the discrimination and stigmatisation of people associated with HIV and AIDS and other sexual and reproductive choices, such as homosexual individuals and the use of family planning methods (contraception), especially condoms.

Here are some tools from our facilitation toolbox to help you in your YOLO training:

Tool 1: Be positive and enjoy working with young people.

Remember: Character is important. While skills are highly valuable, without character and integrity, an individual will not be a positive inspiration to the youth.

The person who runs the session should:

- enjoy working with youth;
- be committed to being a positive role model;
- be respected by those around them;
- speak the language of the community where they will be working as well as English;
- have preferably completed secondary education;
- have strong training, presentation and facilitation skills;
- have good communication skills (including basic counselling skills);
- have leadership skills; and
- be able to work well in a team.

Tool 2: Consider your setting

Your setting might, for example, be a drop-in centre, faith-based organisation or community centre situated in a specific community. Think about the following:

- How well do you know the community? For the programme to be successful, you need to understand the people you will be reaching out to.
- Find out how the local laws and policies affect people.

- Are you aware of other behaviour change programmes that are being run in the community? If there is such a programme underway, find out how you can work together. Perhaps you can gain from the experience of those people who are already doing behaviour change work in the community.

Tool 3: Importance of planning

It is important for the facilitator to get a good understanding of the whole programme before organising sessions with the youth. So, get an overview of the entire programme before you start implementing any part of it.

Remember: Good planning will help you ensure that you achieve what you set out to.

Tool 4: Facilitating constructive reflections from participants

- The reflection activity at the end of each session will present a few key questions for the facilitator to guide participants towards re-affirming the learning objectives and outcomes.
- Reflection is a learning process where participants think critically about their common experience.
- Some of these reflections will be written down in the workbooks provided to participants. A copy of the workbook content is in the back of this guide.
- Remember, facilitators have to be sensitive to the reflections of participants and if the participants don't want to write things down in case they get into trouble with parents, teachers or partners because of their thoughts, that's okay.

Why reflect?

- Reflection allows participants to learn from the activities of the day.
- Reflection also allows participants to connect observations and feelings to specific content covered.

Benefits of reflection

- It explores whether the goal has been accomplished.
- It can create a sense of accomplishment.
- It can create a sense of closure to the learning experience.

It is important to remember that for effective communication and a constructive reflection session, some do and don't principles apply:

DO

- use open-ended questions;
- ask for specifics and examples;
- paraphrase and summarise;
- acknowledge contributions;
- redirect questions to the group; and
- take some risks by posing provocative questions.

DON'T

- refute people's ideas;
- put people on the spot;
- downplay thoughts or feelings; or
- force people to speak.

The facilitation principles above apply to all facilitation conducted during the workshops in the YOLO programme.

Tool 5: Timekeeping

It is important to adhere to the time allocations stipulated in the learners' guide.

Each session is designed to be facilitated within a two-hour period, with activities within the sessions ranging from 30–45 minutes each.

Let participants know upfront about the time allocation and ask them to adhere to it.

Remind participants of the time as they progress through the activities.

Give sufficient notification to participants about when they should be wrapping up their discussions.

However, be sensitive to when participants require more time for engagement with a topic and adapt time management accordingly.

Be aware of wasteful chit-chat group discussions and always bring the focus back to the activities within the timeframes.

Tool 6: Managing conflict

Conflict in the context of group sessions is a difference of opinion and opinions cannot be judged as good or bad. In an SBCC context, opinions are created by individuals' realities and experiences.

When conflict is not managed and resolved it leads to:

- obscuring of or distraction from the overall goals of YOLO;
- division, rather than unity and progressive thinking; and
- an underperforming group.

When conflict is managed and resolved it contributes to:

- deeper insight and appreciation for one another's perspectives;
- creating and developing new ways of working together;
- a deeper appreciation for one's own self perspective; and
- bringing about needed change.

When conflict arises during facilitation, it is important to keep the following in mind:

- Be in control of your emotions.
- Manage your stress.
- Be aware of the feelings of others.
- Remain respectful of difference.

- Respond efficiently.
- Use humour when appropriate.

However, it is important to identify healthy and unhealthy conflict.

Healthy conflict

- Focus on the task.
- Legitimate difference of opinion.
- Difference in values or beliefs.
- Difference in the expected outcome of the task.
- Calm, reasonable expression of opinions.

Unhealthy conflict

- Unfocused criticism.
- Unreasonable difference of opinion.
- Intolerance of different values and beliefs.
- Conflict over power.
- Personalisation of issues against individuals.
- False communication.

Five ways of addressing conflict

- **Accommodation (positive):** the facilitator brings the group towards being cooperative and valuing one another's opinions.
- **Compromise (positive):** the group decides to each give in a little.
- **Collaboration (positive):** the group decides to collectively address their conflict in a way that is respectful and cooperative.
- **Confrontation (negative):** participants act aggressively to win the debate or argument.
- **Avoidance (negative):** the facilitator ignores the issue at hand, and avoids addressing the conflict.

When conflict arises during facilitation, try to bring the group to a point of accommodating one another's views and values, compromising on the outcome or decision and working together collaboratively – despite their differences. Remind groups of the group norms that have been established.

Tool 7: Giving feedback to other facilitators.

Even if you do not run the sessions yourself, you still need to manage the process. Volunteers should not be left on their own without support and feedback.

You might need to observe the person running the session to give them feedback on issues such as the following:

- Was the content clearly explored?
- Did they ask good questions?
- Did they use non-verbal communication clearly?
- Did they give clear instructions for group work?
- Did they encourage participation?

- Did they create a safe learning environment?

You need to have regular meetings with those involved (master trainers, social workers, volunteers and other support team members) in session implementation to ensure that they are familiar with the session content, have access to necessary resources and feel empowered to run the sessions. This is all part of monitoring and evaluation.

Remember: It is important to share success stories as well as failures, and to remain motivated to change the lives of young people.

Tool 8: Keeping the team of facilitators motivated.

At times, people involved in session implementation might feel demotivated, as behaviour change is a slow process. It might even sometimes feel as if youth behaviour in the community is not being affected by the programme at all. It is important to remind the people involved not to allow an emotional judgement of the effectiveness of the programme to lower their morale, as the success of a programme is often not immediately visible. Often, outcomes are only measurable much later, when people are older. If we keep SBCC theory in mind, we can understand how just sharing information is not enough to support behaviour change and how social and community beliefs and structures need to change. This is a long-term process. To remain motivated, you might share success stories with others involved in the process.

Tool 9: Re-aligning learning and behavioural outcomes

Always be clear of the learning and expected behavioural outcomes of each session and the specific objective of each activity.

- Start your session by outlining the purpose of the activity you will be facilitating.
- Always remind participants of the activity objective at the end of the session.
- Draw on the broader learning and behavioural outcomes in the reflection sessions at the end of each session.

Tool 10: National contact numbers for support and resource list

Here is a list of national helplines that assist with issues of HIV and AIDS, gender-based violence, sexual assault and abuse. There are additional useful contact numbers listed in the resource list.

- National counselling line: 0861 322 322 (Lifeline)
- National Aids helpline: 0800 012 322
- Stop Gender Violence helpline: 0800 150 150
- Report neglect or abuse of a child: 0861 4 CHILD (24453)
- Crime Stop: 08600 10111

Before you start to facilitate your workshops, you must identify all the contact numbers for support within the community you are working in. These can include the police station, faith-based organisations, NGOs working in this area, drop-in centres, etc. It is the responsibility of the facilitator to have these numbers at hand during the workshop.

Section 4: Handling challenging situations



As a facilitator, it's important to take time out to prepare. Often workshops are only able to produce and achieve their outcomes if the programme is well facilitated and managed by the facilitator. One way of ensuring a workshop is successful is by being prepared for all types of adverse (difficult) situations that can arise. The programme might uncover some difficult issues and a prepared facilitator is one who can handle these challenging situations better.

As part of your lesson planning, make a list prior to the workshop of some of the specific issues you think can emerge and ensure that you are adequately prepared for them. Below are examples of some situations that could occur.

What will you do if young people confide in you about crises in their lives?

Make sure that you know what health and social services are available, whether they are of good quality and accessible to all who need them. Find local contact details and numbers of organisations or clinics in addition to the numbers above. It is important to know who you can refer youth to, so ensure that you make contact with the organisations and people in your area that work with young people, especially in a crisis. Remember to use the referral tool in your toolkit.

Once a young person has confided in you, it is important that you take the issue seriously. Be careful not to just give out a telephone number because a traumatised young person might need help and guidance to take the first step to get help. You need to deal with the situation carefully and responsibly. However, you might not be a qualified counsellor or social worker, which is why you need to work with the people in your non-profit organisation (NPO). Do not take responsibility for doing something or being something that is not required in your field.

You need to know your community well enough to have an idea of the issues that are likely to emerge during discussions. Be prepared. You might have to adapt parts of the sessions to deal with the issues that affect the youth in your particular area.

Action: Before starting a programme, always prepare a list of names of people you can put youth in contact with, such as social workers and carers in the community.

Action: Follow up and ensure that the person has received help, but don't take it all on yourself. It is crucial for you to rely on the network that is available in your community.

Some additional issues you should think through as you prepare to run this programme

- **Stigmas, taboos and attitudes towards discussions about sex and reproductive topics.** Will participants be grateful to have someone to talk to, or will they resist discussing certain topics? Do they use derogatory or rude language related to sexual issues? How will you handle it if they use these words during your session? How accepting are members of the community of homosexual or transgender people and is this attitude likely to affect your session?
- **The involvement of the older generation in discussions on reproductive topics.** Will members of the older generation be upset if you talk to their children/grandchildren about sexual issues? How can you manage their involvement, to make them aware of the value of this programme and to get their support for the work you are doing? Perhaps you can run an information session for parents/grandparents/guardians in which you explain what you will be discussing with the participants, during which they can ask questions. The support of parents/guardians and grandparents can strengthen the impact of your programme in the community, but you must also prepare yourself for people who are not enthusiastic and even try to jeopardise your success. Try your best to get their support, but if it is not possible, you might need to continue without their input. YOLO has an information pamphlet for caregivers to explain the programme to them. You can use this to help you speak to caregivers in the community.
- **Knowledge gaps.** Some young people will have knowledge gaps with regard to sex and reproductive topics. Although this programme is behavioural and not biomedical, you might find that you need to give some basic information before youth can properly engage with the session material. We provide fact sheets at the start of every session. Consider whether you need to share any of that information with the youth, but try not to take up too much session time doing so. You must also do your own research to be well informed. In addition, you must be open to allowing learners to critically engage in discussion and identify solutions to their own problems. In cases of knowledge gaps, facilitators can also create small take-home projects for young people to do the research on their own.
- **Specific additional information needs.** As you run the sessions, you might realise that there is a burning need to address a particular topic that falls outside of the scope of this programme. For example, you might become aware that the community is deeply affected by alcohol and substance abuse. In this case, you could alert a supporting organisation, asking whether they can run an information session on that topic in or outside of this programme to enhance the outcomes of your session. You can adapt these

sessions to take this need into account. For example, in the session when you discuss 'good'/effective and 'bad'/ineffective decisions and taking responsibility for decisions, you can bring in the topic of substance abuse. You can then ask young people to consider whether drinking or taking drugs affects their decision-making. In other words, you should remain aware of your community and adapt the material to maximise the HIV and teenage and unplanned pregnancy behaviour-change potential of the programme.

- **Practical issues that might prevent youth from attending the sessions.** As you prepare to run the programme, consider the day-to-day lives of young people in your community. Remember to keep safety issues in mind.
 - What might get in the way of them attending the sessions?
 - How can you best schedule the sessions to enable most young people to attend?
 - Can you offer anything that might draw youth in? How can you make the sessions convenient, comfortable and appealing? Avoid giving incentives that might distract the learners from the programme. Food might be a good way to draw young people to attending sessions. However, it might distract them from the main aim of the programme. Some might leave after they have received the food. The use of games and educational ice-breakers might encourage young people to come to the sessions as the sessions will then feel like fun rather than learning activities.

Remember: Young people appreciate being given an opportunity to express themselves. The sessions should encourage them to be honest and open and to speak their minds in a respectful and helpful way. The best tool for keeping youth engaged is to offer them a place where they feel that you listen to them and take them seriously, and where they are treated with dignity and compassion.

What about people with disabilities? As you prepare, consider how you can make the programme accessible to young people with disabilities. This is especially important when the session activities require physical participation. It is better to choose an alternative activity rather than exclude someone from a part of the programme. It is very important to make your programme inclusive of everyone in your community, so remember that people with disabilities should be able to access the building and use toilet facilities in a dignified manner. You might also consider how you can arrange the layout of your room to benefit people who are hearing or sight impaired. Access to braille materials and equipment may be necessary where some participants may be visually impaired.

Young people who are living with HIV. Keep in mind that some of the young people in your sessions might be HIV positive. Do not separate HIV-negative and HIV-positive people or ask young people to disclose their status during the sessions.

Religion and culture. Our Constitution protects the religious and cultural rights of every South African, so you need to be sensitive to diversity while you run the programme. For example, how will you facilitate the discussion if issues of circumcision, lobola, abstinence, polygamy, gender issues, traditional healing or religion are raised?

Be aware of your own prejudice. All people hold opinions and beliefs that have the potential to offend others, and we need to remind ourselves that other people have the same right as we do to express their beliefs. It is also important to keep your own opinions out of facilitation. Try to pose questions to the group without always offering solutions and your own views. Facilitation must ensure that the participants are thinking creatively and identifying solutions for themselves. Don't be judgemental, prejudiced or offer your own opinion during facilitation.

Young people have the solutions. Behaviour change occurs when people decide to change themselves. Young people know their realities better than anyone else. An SBCC programme means working with the real-life experiences of the people on these programmes. Although you can facilitate the process during which young people consider consequences and solutions, you can't force them to change their behaviour. Therefore, give young people time and opportunity to work through the issues in their own minds by role modelling different ways to work through these, without telling them what to think. They need to want something better for themselves because they believe that they are worth it. In this behaviour-change programme, it is important to treat young people in a way that they realise they have the solutions and are empowered to fulfil their potential and seek support to do so.

Consider safety and accessibility

You are unlikely to have much choice of site but, if you do, you should choose a place that is safe and accessible to youth. Considerations must be given to youths with disabilities and adaptations made to accommodate all. Make sure that your sessions finish in time for participants to get home in daylight.

Consider how you will avoid misunderstandings if you are sharing space

If you need to share a site with another organisation, it is best to have permission to do so in writing from them, as well as a calendar on which you have booked time slots for your sessions well in advance that are transparent for all to see. This avoids misunderstandings that might derail your sessions once you start rolling out the programme.

Remember: Stronger linkages grow when two organisations have the same goals and when your behaviour-change programme supports the work already being done in the community.

Consider how you can strengthen your support base

Apart from other organisations that are already doing behaviour change work in the community, you can also strengthen your support base by considering who might benefit from or be interested in the work you are doing. The following organisations might be able to support you:

NPOs, private companies, local media and donors, school/company staff, parents and guardians, families of employees, clinics, doctors' rooms, faith-based organisations, police and social services.

If possible, initiate relationships with these organisations and tell them about the programme.

Guidelines for opening and closing of sessions

Opening a session (5-10 minutes)

- 1) Participants must fill out an attendance register with their full name, age and a contact number.
- 2) Greet and welcome participants.
- 3) State the session objectives clearly. For example, you can say:

"I'm so glad that you are all here today. Thank you for joining us. You are very welcome! Today we are going to consider two very serious issues that affect all of us: HIV and teenage and unplanned pregnancy. This programme is about allowing you to explore and discuss your ideas for improving your lives, and the lives of people in your community, by making informed choices. We're going to talk together and I want to hear what you have to say, but let's remember that while you are here, every person's viewpoint is equally important. Please allow others to have their say. We'll start by..."



Facilitator note

Explain to the participants why we use the term unplanned pregnancy and not unwanted pregnancy (see Information Sheet 4b in the YOLO Manual).

'Let's set the mood' (15 minutes)

A suggestion for the very first session:



Ask everyone to sit or stand in a circle. Go around the circle, asking people to introduce themselves and to mention one thing that they love and one thing that they don't like. You can start by saying your name and giving an example (such as "I love watching *Isidingo*; I don't like peanut butter.")

When giving examples for this activity, make sure you give more than one example from different categories.

Alternatively, you can play a game to help people get to know one another. For example, make a ball by scrunching up a piece of paper or use a lightweight plastic ball. Ask everyone to sit or stand in a circle (small enough so that they can throw the ball to one another). They must throw the ball from one to another (anyone throws to anyone, randomly). As a person catches the ball, they must say something (anything!) about themselves (See a list of ice-breakers on pg 153).

Ground rules

Remember to set some group rules (see below). This is also where you would explain the purpose of the programme, the role of the facilitator, the 12 sessions, the duration, the commitment from them as participants, etc.

It is very important at this stage to clearly state the requirements for the recognition of respect, confidentiality and privacy. As a facilitator, you can undertake to keep things that happen at sessions confidential, but you cannot guarantee confidentiality from the members of the group. You can ask the participants to respect one another's privacy but you need to impress on the group that they must not share things in the group that they want kept private and confidential.

- Remember that some of these young people will know one another. Try to avoid formation of smaller groups that cause others to feel like outsiders.

Closing a session

Self-reflection (five minutes)

Each participant must have a workbook where they write down their reflections. This is a private journal and participants share their entries voluntarily.



In pairs, ask young people to reflect on what they've learned. Choose two, or more, depending on time, of the following questions for the participants to discuss.

- What's the most important thing you learned today?
- How will it affect your behaviour choices?
- What are the likely challenges you will face in making and living out your choice?
- What can you do if you meet resistance to your choice?
- How can you get yourself back on track if you should fail in your resolution?

Afterwards, you can ask whether any volunteers are willing to share with the whole group what they've learned and what changes they think they'll make as a result.



Facilitator note

Don't put pressure on participants to share; if they are unwilling, respect their privacy. Workbook entries: Give participants a few minutes during or at the end of sessions to write what they have reflected on in their workbooks.

Self-evaluation

It is very important to think about yourself as a facilitator, especially in terms of an SBCC programme facilitator. YOLO is relying on you to share the content on this programme in an effective way. Thinking about yourself as a facilitator will improve your facilitation skills and the outcomes of YOLO. Here are some ideas to evaluate your role as a facilitator.

In your own time, evaluate the session.

- Take a couple of minutes to reflect on how well the individuals in the group participated.
- Make notes, while the session is fresh in your memory, of interesting comments they made or questions they asked.
- Do you need to follow up on any young person who seemed to need more intensive help?
- Did any particular topic emerge that you should address in a future session?
- How well did you facilitate the session? Think about what worked well, and what you should perhaps rather avoid in future.
- Do you feel that you got through to the participants? Do you think they'll come back?
- Do you feel encouraged/discouraged? Do you need some advice or encouragement from a colleague or friend?

Remember: Your contribution forms part of a large effort to change youth behaviour in South Africa. You are part of an important and worthwhile endeavour! You are not alone.

Appraise risk

As you take young people through the various activities, it is important to appraise the risks. Appraise means to evaluate, assess, reconsider or judge exposure to risk.

All activities are designed to stimulate discussion, debate and ongoing conversation, to establish whether the behaviour risks identified are in fact risks to young people.

It is important that the facilitator probes young people to help them understand their perceptions of risk, and what places them at risk of HIV transmission.

Building Blocks Three, Four and Five have various activities designed to encourage young people to understand their perceptions of risk.

Introduction to YOLO facilitation

To be done before session 1

Opening activity: Setting group norms (20 minutes)

Preparation: Read the **Group Norms Setting** in the resource list.

Draw three columns on the board, or on a flip chart, with these headings:

- Individual to Individual
- Group to Individual
- Individual to Group

Ask the participants to identify what should be the norms for the programme under these various categories.

This exercise can include both positive and negative comments such as 'be supportive' and 'don't be late for meetings'.

All the suggestions should be added to the lists in the three columns.

The facilitator can request clarification of each norm to ensure that it is well understood by everyone.

An example of Group Norm Headings:

Individual to Individual	Group to Individual	Individual to Group
Respect each other's space	Don't gang up on others	Don't talk if someone else is sharing their opinion
Be considerate of each other's feelings	Show respect to each other	Don't be defensive
Be open to ideas of others	Be a good listener as well as speaker	Don't talk if someone else is sharing their views

The facilitator must also add in points that were missing, for example: 'No chatting while someone is addressing the whole group.' Another point that needs to be discussed is cell phones and texting or taking calls. These ground rules should be set and agreed on by the group.

- **Confidentiality:** What is discussed in this room stays in this room. But, the facilitator needs to explain this cannot be guaranteed as other participants might not keep confidentiality. However, the facilitator can assure the participants that he/she is bound by confidentiality.
- **Openness:** Participants should be encouraged to speak freely and openly, but avoid discussion of issues that are private and personal to themselves, other participants, other people or someone the group may know. It is advised that participants use the term 'friend' or 'someone I know' instead of names to protect both the facilitator and the participant.
- **Non-judgemental:** Do not judge the comments or input of others.

- **Freedom to express:** Participants must feel like they are in a free and safe environment to share their ideas and opinions. The facilitator would do well to encourage participants to support their opinions with facts; it does not help the group to say 'I hate condoms' without supporting this statement with 'why'.

Once the suggested norms are completed, a consensus must be reached to accept the norms, so ask a question such as 'Does anyone disagree with any of the norms?'

A consensus is reached when everyone agrees, or no one disagrees.

If someone is unhappy with something, then this needs to be resolved by removing the statement or modifying it to get everyone's approval.

Later, if someone wishes to change anything, it is important that the whole group is involved in the change. The consensus-reaching process is important to build in a sense of ownership by the participants of the programme and leads to empowerment as everyone is now expected to keep to the norms.

After having read the YOLO Manual and sections 1–4 of this guide, you now have important information and knowledge about SBCC programmes, the HIV situation in South Africa (read pgs 10–18 of the YOLO Manual for an overview of the HIV situation in South Africa before starting any facilitation), participatory learning and facilitation techniques. Now it is time to start the YOLO programme.



Section 5: The YOLO Programme



BUILDING BLOCK ONE: 'I am important': Self-awareness, self-identity

Young people are the leaders of tomorrow and it's important for them to have a sense of identity and a sense of belonging. Young people are also very resilient and have the ability to overcome adverse (difficult) situations. Building Block One is designed to help young people understand their importance, to understand who they are (self-identity) and later, through other building blocks, to develop their social skills.

Building Block One lays a foundation of self-identity, understanding who they are and why they are important. It then builds on three key individual skills through three sessions.

Learning outcomes

The main learning outcome for this building block is for participants to become aware of their positive qualities.

By the end of this building block, participants must:

- have a better knowledge of their self-identity;
- identify their abilities to increase their self-esteem and self-confidence; and
- know more about setting personal boundaries.

Expected behavioural outcome

By the end of Building Block One, participants should be able to:

- identify things about themselves that can be improved;
- exercise their self-esteem and confidence through positive self-talk; and
- demonstrate the ability to show assertiveness and establishment of boundaries.

SESSION 1

Self-identity

Activity 1: Who am I? Self-identity

Activity 2: Why am I important?

This session helps participants understand 'Who they are' through two activities that focus on self-identity.

Session outcome: The purpose of this session is to guide the participants to understand their self-identity and what makes them who they are.

Total session time: 1.5 hours (2 x 45 minutes)



Preparing for the session

Facilitator preparation time needed prior to session: 30 minutes

- 1) Read through the information for this session so that you know what to do.
- 2) Read through **Information Sheet 1a: 'What is self-identity'** and **Information Sheet 1b: Why I am important** (Session 1) in the YOLO Manual.

You will need:

- Flip chart paper
- Writing paper (one sheet for each person)
- Markers/ pens

Proposed methodology: Individual activities, discussions and group dialogues

Activity 1: 'Who am I?' Self-identity

Activity aim: To explore the ideas that we have about ourselves.

Time allocation: 45 minutes (including ice-breaker)

Step 1: Ice-breaker (10 minutes)

Suggestion: Use the 'Animal Groups' ice-breaker to also get participants into four groups.

- Hand out a piece of paper to each person with the words 'Chicken,' 'Pig', or 'Horse', or 'Cow' or 'Sheep' (depending on number of participants) written on it.
- All participants make the sound of the animal to identify their team members and sort themselves into groups. All participants making the same sound form a group together.

Step 2: Self-image (15 minutes)

Ask participants to draw a very rough self-image or self-outline of themselves in their workbooks.

Inside the body image or self-outline, ask participants to write things about themselves using the following suggestions:

Features: Write down specific features about yourself (big smile, lovely hair, tall, short, eye colour, hairstyle, etc.). Make sure you ask participants to focus on the features that they like about themselves, even if it's only one specific feature.

Qualities: Write down some of your good qualities (I am patient, I am kind, I am gentle, I am loving, etc.)

Talents: Write down things that participants are good at doing (I can sing, I can read well, I am a fast learner, etc.).

Step 3: Discussion in pairs (5 minutes)

Put participants in pairs, and discuss their self-image.

Ask participants to take note of the similarities and differences.

Step 4: Wider group dialogue (15 minutes)



Bring participants back into a single group. Facilitate a wider group discussion about the self-images that participants have created.

Ask the group to collectively feedback on some of their characteristics, strengths, and talents.

Ask them to discuss any similarities or differences, and whether anyone found out anything new about themselves.

Close by saying that we all have our own self-identity, and we have difference characteristics that make us who we are. We are also good at different things and this makes us unique.

Activity 2: 'Why am I important?'

Activity aim: Understanding the importance of me.

Note: This activity requires a pen.

Time allocation: 45 minutes

Step 1: 'I am unique' (15 minutes)

Using the marker, get participants to colour their thumbs and press their thumbs on a sheet of paper provided by the facilitator.

In pairs, compare and discuss the similarities and differences of the thumbprints, and how these difference make them unique and special.



Facilitator note

Be flexible and creative for this activity, participants can use markers, paint or even lipstick/coloured lip gloss to colour in their thumbs.

If you have sufficient resources, you can even get participants to do hand prints instead of thumbprints

Step 2: Group dialogue (10 minutes)



Ask participants to then write down in their workbooks a purpose statement (what am I here for?). Guide the participants: what is their life purpose; the reason why they are on YOLO; the purpose for what they are doing now? All are relevant.

In pairs again, ask participants to compare their purpose statements.

Step 3: T-shirts (15 minutes)

Ask participants to write what value they bring to others inside the T-shirt in their workbook.

Give various qualities and characteristics of the person as examples.

Think about the self-identity image created in Activity 1. Explain to the participants that they can use the features, qualities and talents identified earlier, along with their personal statement, to develop the T-shirt.

Have a group discussion about the experiences and feelings while drawing the T-shirts.

Step 4: Wall of Importance

Ask the participants to identify three good qualities about themselves and write on the Wall of Importance.



Facilitator note

Some participants may struggle with this step. It is important to also recap what activities have been done, and where this activity is going. Remind participants of the learning aim of the activity, and highlight that once we are able to identify what we are good at, it is easier to identify the value we can bring to others.



Group dialogue (5 minutes)

Facilitate a wider group discussion on the various responses to the participants' purpose statements, and the value they bring to others.

Write this feedback on flipchart paper.

Highlight that everyone is unique, special and important in his or her own way using **Information Sheet 1a: 'Why am I important?'** (Session 1)

These two activities in Session One were an introduction to helping young people understand who they are and why they are important. We hope that by the end of Session One, the participants have a better self-identity and understanding of their uniqueness.

Wrap up this activity by reminding participants that this session is an introduction to the process of self-identification. Point out that building self-identification is an ongoing process and these two activities are developed to help young people to start thinking about their identity.



Participant reflections

Ask participants to document the following in their workbooks:

- Identify three good qualities about yourself:
- List three key areas that you want to make a difference.
- In your workbook, develop a personal statement that says: 'I am _____, _____, and _____ and I can make in difference in _____, _____ and _____.'



Facilitator reflection

SESSION 2

Building self-esteem and self-confidence

Activity 3: Self-esteem (role of self-talk)

Activity 4: Boost self-confidence

Activity 5: Who do you want to hang out with?

Activity 6: Understanding gender differences

This session builds on the previous block of understanding self-identity. The main focus of the next three activities is on skills identification and development. The first skill is self-esteem. Self-esteem is made up of various elements, but for the purpose of this session, we will only focus on self-confidence.

Session outcome

The purpose of this session is to explore how to build self-esteem and self-confidence in young people, which should increase their overall self-worth.

Estimated session time: 2 hours (1 x 60 minutes, 2 x 30 minutes)



Preparing for the session

Facilitator preparation time needed prior to session: 60 minutes

- 1) Read through this session so that you know what to do.
- 2) Read **Information Sheet 2a: Gender** (Session 2) and **Information Sheet 2b: Gender and Self-Esteem** in YOLO Manual.

You will need: Flip chart paper, writing paper (one sheet for each person) and markers/pens

Proposed methodology: Group activity, role play, discussion groups and group dialogues

Elements of self-esteem (read out definition of self-esteem from YOLO Manual pg 37) **'Self-esteem is feeling good about yourself, feeling you are a worthwhile person.' Self-esteem is a combination of all the points below.**

- 1) Self-knowledge – I know who I am, where I come from.
- 2) Self-awareness – I have choices about how I think, feel and behave.
- 3) Self-acceptance – I accept who I am and I feel okay about my body.
- 4) Self-reliance – I understand how to make decisions and how to motivate myself.
- 5) Self-expression – I understand the importance of expressing myself in a socially acceptable way.
- 6) Self-confidence – My thoughts and opinions are of value, and I believe in my ability to overcome obstacles.
- 7) Self and others – I understand the importance of friendships, respect and tolerance.
- 8) Beyond self – I am able to connect with the wider world; I can cope with a degree of uncertainty in life.

Activity 3: Self-esteem (role of self-talk)

What is self-talk? Participants can fill this in in their workbooks (pg)

Activity aim: to help participants understand how to boost self-esteem

Time allocation: 60 minutes

Briefly say to the participants:

Self-talk is 'the voice in your head' that constantly encourages or discourages you – it tells you 'you are awesome' or 'you are awful and nobody likes you'.

You can learn to control this voice. Do not allow this 'self-talk' to be negative, otherwise your self-esteem will suffer in the long run.

It is important for your self-talk not to become unrealistic, or telling yourself things that aren't true about you.

Rather, positive self-talk is about being kind to yourself and recognising your successes.

Write the following on the flipchart paper:

Having personal goals and aspirations
 Feeling that I can cope with life's pressures and stresses
 Knowing I have rights and responsibilities
 Knowing myself and my capabilities
 Feeling secure in my friendships
 Having the right to ask for help
 Understanding that I will make mistakes
 Knowing that I can cope with changes in my life
 Believing that I have the right to express my feelings
 Feeling in control of my life and my choices

Participants will find the above statement in their workbooks and they can fill in the responses as self-reflection after the session.

Step 1: Group activity (15 minutes)

Divide participants into pairs. Give each pair a statement and ask them to do the following activities associated with each statement and then to report back to the group. Remind participants that there will be group feedback so they must choose things that they are comfortable sharing.

- Having personal goals and aspirations – *trace their hands onto a piece of paper with a pen and write an aspiration or goal in each finger*
- Feeling that I can cope with life's pressures and stresses – *write a list of 10 things you cope with and how you do it (five per person)*
- Knowing I have rights and responsibilities – *write up your own personal bill of rights and responsibilities*
- Knowing myself and my capabilities – *together, draw a picture showing yourselves in a strong and capable way – maybe doing something together*
- Feeling secure in my friendships – *write a list of your friend's/friends' qualities and cut them into strips to make a paper chain of them linked together.*
- Understanding that I will make mistakes – *think about someone you know or you have heard of who has made mistakes but has learned from them and who you admire (remember to keep the person's name confidential if this is a private story). For example, Mandoza.*
- Knowing that I can cope with changes in my life – *make a list of 10 things you have changed in your life and how you coped with the changes (five per person)*
- Believing that I have the right to express my feelings – *create a role play where you and your partner express opposite feelings to each other with respect and understanding*
- Feeling in control of my life and my choices – *together with your partner, discuss and list five things each that you feel you are in control of and can make choices about.*



Step 2: Group discussion

Invite each pair to share their work with the group on the different aspects of self-esteem. Allow discussion if there is time.

Step 3: Role play (20 minutes)

In groups of four in the role play, the characters should take on the following four roles:

- Person A
- Person A's negative voice
- Person A's positive voice
- Person B

Person A and Person B prepare a short conversation between each other. Every time Person A speaks, his or her self-talk, in the form of a negative voice and a positive voice, must be given an opportunity to speak.

Person A:	Hello, Jabulani! It's good to see you, my friend.
Negative voice A:	Jabulani is pretending to be happy to see me. He doesn't really want to talk to me. He doesn't even like me. I'm just going to embarrass myself. I look stupid and I have nothing smart enough to say to him.
Positive voice A:	I like Jabulani and he likes me. I'm happy to see him.
Person B:	Hello! Eish, I've been studying hard but I'm really nervous about today's English test. Did you stay up late last night to study?
Person A:	I am also a bit nervous. I studied until 7.
Negative voice A:	Jabulani is so clever and I'm so stupid. He's going to do really well in the test and I'll fail. I just can't get anything right.
Positive voice A:	I'm going to do my best.
Person B:	Well, good luck. I'll see you at break-time!

Give each group a chance to perform their role play.

Step 4: Group discussion (5 minutes)

Discuss whether participants could identify the concept of self-talk in their lives.

Ask them whether their self-talk is mostly negative or positive.

In which areas of their lives are they most prone to negative self-talk?

Facilitator to add

It is important to control our self-talk because this is a tool for improving self-esteem. When we have good self-esteem and confidence, we can stand up for ourselves in risky situations and make good decisions to protect ourselves because we know that we are valuable. It is important to realise that there is the person who the rest of the world sees, and there is the person who only you know. We must always strive to build ourselves up, simply because we want to be better people and empowered to do the right thing. We have to build our own self-esteem and self-confidence, independently of what others see or think. When young people have a better image of themselves and focus positively on who they are, rather than what others think of them, they can be more successful in all things.

The facilitator must wrap up the session by reminding participants that we all have different skills and abilities that boost our self-esteem.

The facilitator can end the session with the following personal declarations for participants:

Promise to esteem (respect and admire) myself: 'Because I value myself, I make this promise to myself to ...'

- say what I think responsibly
- express my feelings and wishes while respecting the rights and feelings of others
- expect to be treated with respect
- live my life without being bullied or manipulated
- be myself
- stand up for my rights
- respect the rights of others
- discover and use my talents and abilities
- choose how I respond to other people.



Participant reflections

Participants are to complete the self-reflection in their workbooks about valuing themselves

Activity 4: Boost self-confidence

Activity aim: Help participants learn how to boost their self-confidence

Time allocation: 30 minutes

Write down these statements on a flipchart before the session.

When you look in the mirror:

- Do you like what you see?
- Do you feel that you have praiseworthy skills?
- Are you able to stand up to peer pressure?
- Can you accept valid criticism?
- Can you handle unfair remarks others make about you?
- Do you feel loved?
- Do you take care of your health?
- Are you happy for others when they succeed?
- Do you generally view yourself as successful?

(<http://wol.jw.org/en/wol/d/r1/lp-e/1102011134#h=13> accessed on 25 June 2015)

Step 1: Individual work (10 minutes)

Ask participants to answer each statement with a yes or no in their workbook to respond to the various scenarios of when they FEEL CONFIDENT.

Participants must either write down YES or NO. The responses to the questions are confidential.

Step 2: Group discussion (10 minutes)

Explain to participants in a group discussion that if participants have responded NO to most questions, there is a possibility that they may have a low level of confidence, but this is something that can be worked on and improved.

Share with participants that most young people have uncertainties about their appearance and their abilities, as well as how they measure up to others.

Ask participants if they also have this issue.

If yes, remind them that they have plenty of company, as lack of self-confidence is an issue among many young people, but self-confidence can be developed.



Facilitator note

The facilitator must highlight that the response to these questions is simply to identify how young people feel about themselves and self-confidence is a skill that can be developed. Also remind participants that we may often be exercising self-confidence but may not be fully aware of it.

Step 3: Participant reflections – individual work (10 minutes)

Now ask participants to work individually in their workbooks and think of someone they have helped in the past.

- Who was that person?
- What did you do for him or her?
- How did that person feel about the help?
- How did you feel afterward?
- Think of someone else you could help, and write down how you can assist that person.



Facilitator note

Remind participants that all physical, social and individual skills need to be developed and continuously worked on. Participants who help others do already have a level of self-confidence, but this is a skill that needs to be worked on continuously.

Activity 5: Who do you want to hang out with?

(You will need to prepare two flip chart pages for each group for this activity)

Activity aim: Understanding the importance of self-confidence and the ability to make a choice in relationships.

Time allocated: 30 minutes

Step 1: Group work (15 minutes)

Give each group two sheets of flip chart paper, one titled 'Someone I like to hang out with', and on the other 'Someone I DON'T like to hang out with'.

Ask the groups to write the characteristics of someone they like hanging out with, and the characteristics of people they don't like spending time with.

For example, they might write: 'I don't like hanging out with someone who ...'

- never shows up or makes proper arrangements
- is bossy
- talks to me in a rude way
- only talks about himself/herself
- doesn't ask me about what I think
- takes my stuff without asking
- only talks to me when he/she wants something from me
- puts pressure on me
- makes me feel uncomfortable

And on the other page, they might write: 'I like hanging out with someone who ...'

- makes me feel special by asking for my opinion
- talks to me a lot
- laughs with me and has fun
- shares ideas and thoughts with me
- cares about my life
- listens when I talk

**Step 2: Group discussion (15 minutes)**

Ask groups to give feedback.

Give 1 minute for quiet self-reflection in which young people look at both lists on their own and 'rate their own performance'. Participants can complete the table on page xx in their workbooks.

Ask participants:

- 'Are you someone that people like to hang out with?'
- 'What are the things that you can improve on?'
- 'Do you ever hang out with someone who makes you uncomfortable?'

Think about the reasons.

Step 3: Buzz groups – Discuss in pairs (5 minutes)**Facilitator to add**

We all want to fit in. We all want people to like us. This is normal and good, but sometimes we can go too far, doing things in order to fit in that are not in our best interests. Sometimes wanting the approval of other people can have negative or ineffective consequences.

Now, discuss the following with a partner:

- How important is it to you to fit in with your peers?
- How far will you go to fit in?
- Will you do things that you might regret later on?
- How can the need to fit in and win the approval of others make young people vulnerable to HIV transmission?

Allow volunteers to provide feedback and lead a whole-group discussion if time permits.

**Facilitator note**

Be aware: Participants may not want to share with the bigger group as questions are personal

Ask participants to open workbooks to pages 37–40 to read the following definitions of attributes that help us identify who we are. It is important that the participants understand these attributes. Remind the group of the ground rules they established at the beginning of the programme, which should include no judging of people or of opinions.

Activity 6: Understanding gender differences

Highlight to the participants that there are a number of other concepts that help us understanding self-identity.

Ask participants what is the difference between sex, gender, sexuality, and sexual orientation. Refer to information Sheet 2B.

Step 1

Explain that the objective of this activity is to discuss what participants think boys and girls do differently, why this is so, and what you think about it.

Step 2

Explain to participants that during the lesson everyone's ideas will be valued, respected, and shared without interruption. Remind participants of the ground rules and group norms.

Step 3

Divide a flipchart page into two columns headed 'Female' and 'Male' with a line drawn between them.

Ask students to give examples of what is 'ONLY FOR' boys and what is 'ONLY FOR' girls.

Write down every suggestion, even (and especially!) very controversial ones (such as 'playing sports' for boys or 'tidying up' for girls).

Step 4

When you have as many suggestions as possible (after about five minutes), ask which of the girls has done at least one of the things listed in the boys' column. Then ask which boys have done something from the girls' column. Draw lines or arrows from the one column to the other column. Participants can identify which, but should not be forced to share information that might make them uncomfortable. You can also ask if there are any disagreements on the items in the different columns.

Step 5

Ask the participants the following questions:

- How many of you have ever been told you couldn't do something because you were a boy or a girl? (raise hands)
- How did that make you feel?
- What could you say to someone who tells you or someone you know that you cannot do something just because you are a boy or a girl?

Step 6

To conclude the activity, draw the arrows going across from one side to the other to link the two columns.

You can highlight that preconceived notions or stereotypes of how boys and girls should act are also different today to how they were in the past and that they will continue to change. If time allows, discuss changes in these gender roles of boy/girl behaviour.

Source: <http://unesdoc.unesco.org/images/0022/002277/227707e.pdf>



Participant reflections

Ask each participant to:

- rank their own self-esteem between one and five in the workbook, with one being low and five being high; and
- identify and write down in their workbooks two ways in which they can move their self-esteem and self-confidence one level up, from where they are (in other words, how they can increase their self-esteem).



Facilitator reflection



SESSION 3

Assertiveness and personal boundaries

Activity 7: What is assertiveness (Compulsory activity)

Activity 8: What are personal boundaries? (Compulsory activity)

Activity 9: Role play: Boundaries around sex (Complementary activity)

Building Block One has taken young people through a journey of setting a foundation of understanding who they are (a self-identity) and building their self-esteem and self-confidence. This important foundation helps them to become more assertive in situations relating to their health and wellbeing. Setting personal boundaries is one way of exercising assertiveness or personal confidence. This session takes us through three key activities to introduce us to assertiveness and personal boundaries.

Expected outcome

By the end of the session, participants should be able to identify their personal boundaries and have improved their assertive communication skills.

Estimated session time: 2 hours (2 x 45 minutes)

**Preparing for the session**

Facilitator preparation time needed prior to session: 60 minutes

- 1) Read through this session so that you know what to do.
- 2) Read **Information Sheet 3: Assertiveness** (Session 3 in YOLO Manual)

You will need: Strips of paper, paper and pens for personal pledges

Prepare the following beforehand

Prepare strips of paper with the following character descriptions written on them and put the strips in a bag/box.

- a) Young man who is a bully, aggressive, thinks that it is his right to have sex whenever he wants it.
- b) Young man with good boundaries and assertiveness skills.
- c) Young man who has very bad boundaries, low self-esteem and no assertiveness skills.
- d) Young woman with very weak boundaries and very bad assertiveness skills.
- e) Young woman with good boundaries and assertiveness skills.
- f) Young woman who is a bully, aggressive.

Proposed methodology: Role play, story, short discussion, and participant reflection

Activity 7: What is assertiveness

Activity aim: Help participants identify that they can say NO and can be assertive.

Time allocation: 45 minutes

Step 1: 'No I won't' game (10 minutes)

- Inform participants that they are not allowed to be rude in this activity.
- Participants shake hands with two or three people close to them and introduce themselves.
- Participants then request a favour from one of the people they shook hands with, but they should request something that they are sure that the person will say no to.

For example:

- Hi, my name is Andile. Will you steal 10 cows from the community for me?
- Hi, my name is Jabulo. Will you build a homestead for me?
- Hi, my name is Anne. Will you fetch 40 litres of water for me from the river?
- Hi, my name is Nomsa. Will you walk 10km to find my cat?
- Hi, my name is Jack. Will you marry me tomorrow?

Participants can then create other questions related to HIV and teenage and unplanned pregnancy prevention so as to continue practising to say, 'No I won't.'

**Step 2: Group discussion (5 minutes)**

Discuss in a bigger group:

- Why did you say NO to those questions?
- Was it easy to say NO?
- Did you feel confident saying NO?

Step 3: Read out scenario (5 minutes)

Read the following imaginary scenario to the participants.

Imagine this scenario:

You have been doing small jobs around the community for the local school and spaza shop. It took you over a year to save R500 and now you want to buy an audio player, which is something that you've dreamed of owning for a long time.

Most audio players cost more than R500, but you see an advertisement in a newspaper at a shop called Hi Fis R Us for one that looks really good and it's on special for R500.

You take a taxi to town, and when you get to Hi Fis R Us, you find that they have only one audio player left. As you are about to take it off the shelf, the shop assistant grabs it and says, 'This sale is over.'

What do you do? (Just think about it; don't answer aloud.)

Step 5: Facilitated class discussion (15 minutes)

Facilitator to explain and discuss different alternatives and scenarios using the table below as guideline if necessary

a.	Say nothing to the shop assistant and return home without the item, giving up on the idea of ever owning an audio player.	NOT assertive – this person was not able to say what he or she wanted, and quickly gave up.
b.	Say nothing and go home with the idea of finding one at a different shop.	NOT assertive – this person also wasn't able to say what he or she wanted.
c.	Talk to the shop assistant calmly, asking why the sale is over, and whether it is possible for you to still buy the last one.	Assertive (GOOD) – this person could say what he or she wanted.
d.	Get angry with the shop assistant, explaining that you've taken a taxi and they advertised the item, and he needs to sell it to you at the advertised price.	NOT assertive – this person is being rude and aggressive, which usually doesn't work in a negotiation because the other person won't want to cooperate.
e.	Threaten the shop assistant or act aggressively towards him or her	NOT assertive – this behaviour is unacceptable and doesn't work.

Draw attention to the fact that (c) is assertive because the person remained calm and clearly stated what he or she wanted. This person has the best chance of success in a negotiation.

It is important to recognise that all people have the right to voice their opinion but how we do it is very important.



Step 4: Group discussion (10 minutes)

Read out the following responses and ask participants to raise their hands if the response is the one they would have picked:

- Say nothing to the shop assistant and return home without the radio, giving up on the idea of ever owning an audio player.
- Say nothing and go home with the idea of finding one at a different shop.
- Talk to the shop assistant calmly, asking why the sale is over, and whether it is possible for you to still buy the last one.
- Get angry with the shop assistant, explaining that you've taken a taxi and they advertised the item, and he needs to sell it to you at the advertised price.
- Threaten the shop assistant or act aggressively towards him or her.



Short seminar

Applying assertiveness

It is hard to be assertive if you don't know what you want or think about something, or if you're not sure what behaviour is appropriate. It is also difficult to be assertive if you don't feel good enough about yourself. It is difficult to be assertive in a relationship or discussion with another person or other people if you feel less important than the other person or the other person has more power than you.

- If you aren't sure how you feel or think about things, people can easily persuade you to do what they want you to do.
- If you haven't thought about how far you are willing to go sexually, it is easier for someone to convince you to have sex with him or her.
- For this reason, it is good to think about your boundaries before you are in a possibly risky situation.

It is important to speak out about what you feel and to say what you want or need, as long as you aren't rude or aggressive.

Activity 8: What are personal boundaries?

Activity aim: Identify personal boundaries

Time allocation: 45 minutes

Step 1: Facilitated discussion (5 minutes)

Explain to participants what boundaries are and why it is important to be aware of our boundaries. Ask them to reflect on the questions on Information Sheet 3 to figure out whether they have strong or weak boundaries.

Facilitator must read **Information Sheet 3: Assertiveness** in YOLO Manual prior to facilitation of this discussion.

Definition of boundaries

Boundaries are the limits we set in relationships that allow us to protect ourselves; they make it possible for us to separate our own thoughts and feelings from those of others and to take responsibility for what we think, feel and do.

Step 2: Role play (10 minutes)

Use a demonstration/role play to explain what boundaries are. This demonstration can be done between a volunteer and the facilitator.

- 'My things' – facilitator to take volunteer's personal things without asking. Volunteer to react in a way that shows they are upset.
- 'My space' – facilitator to make a statement (can be anything). Each time they make this statement they come closer and closer to the volunteer – invading the volunteer's personal space.
- 'I said no!' – facilitator to convince volunteer to do something even when volunteer really doesn't want to and has clearly said no.



Step 3: Group dialogue (10 minutes)

In small breakaway groups, have a discussion about your personal boundaries.

- How strong are your personal boundaries?

Ask participants to reflect on the following and write answers in the workbooks:

- When interacting with others, do you have a clear idea of what your personal boundaries are?
- Is it hard for you to speak out about what you want?
- Are you okay when others tell you what they want?
- Is it hard for you to share your ideas and thoughts with others?
- Is it hard for you to say yes or no when you feel pressure?
- Is it hard for you to disagree with someone without getting upset?
- Do you sometimes share too much personal information with strangers?



Participant reflections

Ask participants to describe in their workbooks a time when they felt their personal boundaries were ignored. Ask them to describe how this made them feel. Then ask them to write down how they could have handled this in an assertive manner.

Activity 9: Role play: Boundaries around sex

Discussion of scenarios (20 minutes)

People also have sexual boundaries. These are the boundaries that a person puts in place that relate to their sexual choices or behaviour. Explain to participants that it is a good idea to think about sexual boundaries and to know what they are.

Discuss each of the following scenarios below and ask participants to say:

- whether they think someone's sexual boundaries are being abused; and,
- if so, who is being abused?



Facilitator note

Some of the statements below are very sensitive and could cause discomfort among the participants. Some of the participants may be homosexual and the facilitator needs to be sensitive in this regard. The facilitator needs to be confident in the delivery of these statements and be able to handle awkward giggles and/or questions.

The facilitator needs to be very sensitive to participant responses as it may surface that participants have been involved in these types of scenarios and the facilitator need to know where to refer participants for help if needed. There are bound to be many responses to this chart and that is what we are looking for – to open debate and discussion! But remember, as the facilitator, you need to keep your feedback here appropriate and legally sound. The notes given are just guidelines; ask the participants what they think.

Discuss the following scenarios:

- a) A girl offers sex to a boy because he is popular and she wants to be his girlfriend to increase her own popularity.
- b) A teacher tells a girl that she'll pass the exam if she has oral sex with him.
- c) Boys tell a gay boy (a boy who has sex with boys) that he'll never be a man.
- d) A boy has sex with his girlfriend, even though she said no.
- e) A boy has sex with a girl who was wearing a very short dress, even though she said no.
- f) Two boys pin down a girl and kiss her; they say it's okay because it's just a kiss.
- g) A girl asks another girl to kiss her because she wants to know what it feels like to be kissed by a girl.
- h) A boy refuses to use the condom that his girlfriend gave him to use during sex because he says it's too small for him.
- i) A girl won't tell her teacher her HIV status.
- j) A visually impaired girl is encouraged to have sex with an older man who doesn't tell her his age and he promises to be faithful to her.

Scenario	Whose sexual boundary is being abused?	NOTES
A girl offers sex to a guy because he is popular and she wants to be his girlfriend to increase her own popularity.	Nobody's sexual boundary is actively abused, but this behaviour is still unhealthy	The girl is using sex to get something for herself; she is being selfish, disregarding the boy's feelings. This behaviour is unhealthy because the sex isn't part of a caring and loving relationship; it is just a transaction.
A teacher tells a girl that she'll pass the exam if she has oral sex with him.	The girl's	The teacher's behaviour is unlawful and absolutely unacceptable. The girl must report him/her to the police.
Boys tell a gay boy that he'll never be a man.	The boy's	Although this is more an identity issue, it relates to the homosexual boy's sexual boundaries, and is against the Constitution.
A boy has sex with his girlfriend, even though she said no.	The girl's	This is rape. It is against the law and the girlfriend can report him to the police.
A boy has sex with a girl who was wearing a very short dress, even though she said no.	The girl's	This is rape. It is against the law and the girl can report him to the police.

Scenario	Whose sexual boundary is being abused?	NOTES
Two boys pin down a girl and kiss her; they say it's okay because it's just a kiss.	The girl's	This is unacceptable sexual assault, a criminal offence.
A girl asks another girl to kiss her because she wants to know what it feels like to be kissed by a girl.	Nobody's yet	The girl may ask; the other girl may say yes or no; both are allowed to say what they want or need.
A boy refuses to use the condom that his girlfriend gave him to use during sex because he says it's too small for him.	The girl's	The girl doesn't want to have sex without a condom to protect herself from potential HIV transmission or unplanned pregnancy; the boy must respect her boundary.
A girl won't tell her teacher her HIV status.	The girl's	The girl has the right to privacy. This is a boundary issue.
A visually impaired girl is encouraged to have sex with an older man who doesn't tell her his age and he promises to be faithful to her.	The girl's	The girl's inability to see the man she is with means that she can easily be influenced by what she hears rather than what she sees.



Participant reflections

Personal pledge

Every person needs to think about his or her sexual boundaries.

This is not only about actions that you don't feel comfortable about at this stage; it is equally important to make decisions for future sexual behaviour.

Ask each participant to think about his or her sexual boundaries. This is private content and does not need to be written down.

My sexual boundaries are ...

- This is what I'm going to do in future to protect my sexual boundaries ...
- My sexual boundaries need to improve in this area ...
- I need help to deal with these sexual boundaries ...



Take-home work to be completed in your workbook

(Self-reflection and life skill application):

- Identify three areas in your life where you think your self-confidence needs to increase. (This could be in relationships, your school work, talking to other people etc.)
- List three things you can do to increase your self-confidence.
- List two ways you can carefully set your own boundaries.



Facilitator reflection

BUILDING BLOCK TWO: Understanding sexual health

The previous building block looked at self-identity, self-esteem, self-confidence and assertiveness. The previous block also introduces the concepts of sex, sexuality, gender and sexual orientation, which are important in understanding who we are. However, in order to reduce new HIV infections and teenage and unplanned pregnancy, we need to understand what sex is; how we fall pregnant and how HIV is transmitted. This block looks at different aspects of sexual information and knowledge and sexual behaviour, including when is the 'right' time to have sex; taking responsibility for our actions and the consequences of unprotected sex through understanding pregnancy, STIs and HIV and AIDS.

In this block, we start to talk about sex, sexuality, pregnancy and HIV and AIDS. Participants need to understand what sex and sexuality is. We all know about sex but how many of us feel safe and confident to talk about sex and sexual behaviour and choices? If we are going to talk about HIV and pregnancy, we need to talk about sex.

Learning outcomes

- Understand sex, sexuality, gender and sexual orientation.
- Understand timing and the 'right' time to have sex.
- Understand that only you can take action.
- Learn about the implications of sexual actions (unplanned pregnancy, STIs and HIV).
- Understand HIV-related stigma and discrimination.

Expected behavioural outcomes

- Use improved knowledge about sex, teenage pregnancy and HIV to make safer sexual choices, e.g. delayed sexual debut; consistent condom use; avoidance of concurrent partners; reduced intergenerational or transactional sex.
- Identify when is the 'right' or appropriate time to have sex.
- Use increased knowledge to prevent teenage and unplanned pregnancy as well as HIV infection.
- Be accepting/tolerant towards others.



SESSION 4

Healthy sexual behaviour and good attitudes about sex

Activity 10: Views on sex (Compulsory activity)

Activity 11: 'I don't like your attitude'

Activity 12: 'Right time to have sex?' (Compulsory activity)

Activity 13: Pregnancy and our sexual bodies (Compulsory activity)

Activity 14: HIV – Facts or fiction (Compulsory activity)

Activity 15: HIV-related stigma and discrimination (Compulsory activity)

This session helps participants to understand what sex is and to also identify that there is a 'right' time to have sex. 'Right' is used in inverted commas as there is actually no real 'right' time to have sex. The time to have sex is the time that you and your partner make a safe, informed, mutual, consensual and empowered decision together to have sex. That is the 'right' time!

Participants will be able to identify that they have options regarding their sexual choices and that some choices and decisions can have implications such as unplanned pregnancy, HIV transmission or STIs.

Below is a brief explanation about HIV, that should be useful to you as a facilitator. As a facilitator, you need to assist young people in becoming comfortable discussing sex in order to reduce HIV transmission and teenage and unplanned pregnancy.

Expected outcome

By the end of this session, participants should have increased sexual knowledge and information, know what healthy sexuality is and have explored different attitudes about sex.

Time allocation for session: 2 hrs (2 x 30 minutes, 1 x 45 minutes)



Preparing for the session

Facilitator preparation time needed prior to session: 60 minutes

1) Read through this session so that you know what to do.

Read Information **Sheet 4a: Sexual Health, Information Sheet 4b: Teenage and unplanned pregnancy and contraception, Information Sheet 4c: HIV and HCT** as well as **Information Sheet 4d: HIV-related stigma and discrimination** in YOLO Manual.

Prepare cards for Activity 2.

You will need: Flipchart, masking tape, writing paper and pens, tape

Proposed methodology: Group discussions, Participant reflection and debrief, short lecture.

Activity 10: Views on sex

Activity aim: To understand what young people think about sex

Time allocation: 30 minutes

Step 1: Ice-breaker (5 minutes)

Suggestion: 'Height inversion'

Step 2: True/false quiz – Let's talk sex (10 minutes)

Read the following eight statements to the group. Ask participants to answer with TRUE or FALSE by showing a thumbs-up for true and a thumbs-down for false.

- 1) Abstinence (not having sex) is a practical choice for me right now.
- 2) I have thought about the next time I want to have sex carefully.
- 3) If a girl falls pregnant, the baby's father should marry her.
- 4) It is normal in our community to have lots of different sexual partners at the same time.
- 5) In our community, it's normal for family to put pressure on a girl to fall pregnant.
- 6) I think it's okay for girls to have sex with older men who support them.
- 7) Rape isn't really a big deal.

Ask: How easy is it for you to have an open discussion about sex in your circle of friends? Family? Community?

Get feedback from participants that will lead into step 3 – talking about sex is probably difficult for most participants. Who do you find talking about sex with the most difficult? And who do you find it easiest to talk about sex with? Read the content in the box below on the importance of talking about sex to help you manage this.

Research has conclusively shown that the more we talk to children about sex, the later children have sex (sexual debut) and the more likely they are to use condoms at first sex (and keep using condoms) and the less likely they are to have concurrent partners.

Ask participants to answer the questions in their workbooks concerning talking about sex.



Facilitator note

As a facilitator, here are things to note when talking about sex

- Talk about sex openly and honestly.
- Use the correct words.
- Answer every question asked by the participants truthfully.
- Have self-efficacy – you can do this!
- Responsibly – you have a duty to do this.

Step 3: Sexual health group work and discussion (15 minutes)

WHY are we talking about sex?

- *Introduction:* Explain to participants that you are not here to preach to them or to tell them what to do.
- You are also not here to judge anyone or to tell them that if they have sex they are a bad person.
- You are not here to tell them that if they have been abused in a relationship that they are a bad person.
- You want them to think about the risks involved in sex so that they can be aware and make effective choices for themselves!

Ask participants what they think sexual health is. Once you've taken some suggestions, explain the following:

- Sexual health involves your body and your emotions; it relates to how you feel about sex, as well as how you feel about your own sexual orientation.
- A person who is sexually healthy has a body that has no STIs or HIV and has a good attitude about sex.
- He/she can control his/her sexual feelings and understand the value of intimate physical relationships.
- A healthy sexual relationship involves protection against HIV, STIs or unplanned pregnancy; is free of violence or coercion and pain, and doesn't make anyone feel embarrassed, abused or angry.
- Explain to the participants that sexuality means all the feelings, ideas, actions and values we have about sex.
- Everyone has their own unique sexuality made up of emotional, physical (body), intellectual (mind), spiritual (spirit) and social aspects.
- Sexuality is more than just having sex.
- Ask the group what would happen if one partner dominated and the other was given less attention.
- Ask each participant to think about the risks involved with having sex (in their situation) and to write these down in their workbooks.
- Ask them to write down on a sheet of paper, 'Sex is good if/when ...'
- Individually, ask them to think about the ideal conditions, i.e. being in a committed relationship; when there is trust and respect; when there is appropriate long-term intimacy and love.
- Tell them not to write their names on the paper.
- Put them all up somewhere in the room (possibly forming a line/row of papers) and invite everyone to investigate what their peers wrote.

Ask participants to complete the section on sexuality in their workbooks on page xx.

Activity 11: 'I don't like your attitude'

Activity aim: Re-enforcing positive attitudes about sex

Time allocation: 30 minutes

Before the session, write the following statements on flipchart paper:

- You can't get HIV from having sex with an infected person only once.
- I am poor, I can't have lots of possessions, but I can have lots of women.
- By the time she is pregnant, she starts to think.
- Having multiple partners is just a fact of ikasi (township) life; it's what we all do.
- Sex is always most enjoyable between people who are both consenting.
- If my girlfriend takes the injection she's safe for five years and I don't have to use a condom.
- I can always tell if someone has HIV.
- You can't eat a sweet that's wrapped in paper.
- I need many partners because one might drop me and then I need to have a spare.
- Most young people are not confident to discuss sex in their relationships. As a result they are unprepared for it when it happens.
- Having lots of girlfriends makes you enemies when the girls find out about one another.
- Young people must insist on knowing someone's HIV status before sleeping with them.
- The girls go crazy for you when you're ikwala (newly initiated), so it's nice to have sex with lots of them.
- Girls don't want to have the injection because it will make them fat.
- I like to be a player because of all the attention I get; I'm not so much into all the sex.
- I like to have lots of girls to show that I'm 'top dog', not isishumani (literally means 'shoemaker', figuratively means someone who can only manage one girlfriend).
- There aren't any support programmes for young fathers because once you are a father, you're a man.
- If you have lots of girlfriends you can't support your child because girlfriends are expensive.
- When I have children, I will talk to them about relationships and sex, because nobody ever talked to me about sex.

Step 1: Activity (10 minutes)

In this activity, participants are going to decide whether they like or dislike a statement from the list above. Read out the statements and, if they like it, they show thumbs-up and if they dislike it, they show thumbs-down.

Step 2: Discussion (20 minutes)

Tell participants that you are going to ask them to give their reasons for agreeing or disagreeing with a statement and, to do this, they must start their statement by saying:

- I disagree with your attitude because ...

OR

- I agree with your attitude because ...

This activity is likely to involve lots of discussion.



Facilitator note

- Allow as many viewpoints as possible. It is very important that young people listen to one another because peer pressure is the greatest promoter of behaviour change.
- Keep in mind that they are unlikely to have had much opportunity for discussion of these topics before, so it is very important to allow them the full benefit of hearing their peers, especially from the opposite gender.
- If participants need guidance, you can ask them to weigh consequences and risks, and think about how the different people involved will be affected by the attitude displayed by the statement.
- Participants might find some of the statements upsetting. Encourage them to explain their reaction. Remember, outrage is justified in some cases, and it is important for them to explain why they feel angry so that other young people can learn from it.
- Some of these statements might not apply in the cultural context in which the session is being held, so disregard those that won't have any bearing for the participants in your group.

Notes (use these notes as a guide if you need them)

If my girlfriend takes the injection she's safe for five years and I don't have to use a condom.	<i>Still a risk of contracting HIV or an STI. Girls might say that they won't be able to fall pregnant if they want to.</i>
You can't eat a sweet that's wrapped in paper.	<i>Boys use this to convince girls to have sex without a condom; they say skin-on-skin feels better.</i>
I need many partners because one might drop me and then I need to have a spare.	<i>This attitude treats girls as objects; doesn't value them as people; it is a selfish outlook.</i>

I am poor, I can't have lots of possessions, but I can have lots of women.	<i>Women are not possessions. Treating them like this doesn't lead to good relationships.</i>
By the time she is pregnant, she starts to think.	<i>Many girls don't realise the risks. A recent study in Limpopo showed that most girls start having sex at 15 and fall pregnant within a year.</i>
Having lots of girlfriends makes you enemies when the girls find out about one another.	<i>Is it worth the bad relationships and loss of reputation and the risk of HIV and STI transmission and unplanned pregnancy?</i>
The girls go crazy for you when you're ikrwala (newly initiated), so it's nice to have sex with lots of them.	<i>A real man values relationships and protects his future.</i>
Girls don't want to have the injection because it will make them fat.	<i>Staying safe and reducing the chance of falling pregnant is more important.</i>
I like to be a player because of all the attention I get; I'm not so much into all the sex.	<i>Rather work on healthier relationships that are fulfilling.</i>
I like to have lots of girls to show that I'm 'top dog', not isishumani (literally means 'shoemaker', figuratively means someone who can only manage one girlfriend).	<i>It's not hard to have lots of girlfriends; it's much harder to maintain healthy relationships that are fulfilling and based on respect.</i>
Having multiple partners is just a fact of ikasi (township) life; it's what we all do.	<i>Some things are worth standing out for; everyone wants to fit in but some behaviour is too risky.</i>
There aren't any support programmes for young fathers because once you are a father, you're a man.	<i>There are support structures for young fathers.</i>
If you have lots of girlfriends you can't support your child because girlfriends are expensive.	<i>If you become a father, it is best to focus on your new family.</i>
When I have children, I will talk to them about relationships and sex, because nobody ever talked to me about sex.	<i>This is a good attitude! Research has shown that parents need to speak to their children to help them make safer sexual choices.</i>

Activity 12: 'Right time to have sex'?

Activity aim: To improve negotiation about sex to make effective decisions about our sexual lives.

Time allocation: 45 minutes



Facilitator note

When is sex 'right'

There are many things that make it the 'right' time for sex or the 'right' thing to do. Often sex just happens with young people and it isn't thought about or planned. **Remember**, it is a natural human behaviour to have sex and sex is designed to be enjoyable to keep the human race alive by having babies. If sex was always terrible or painful for boys and girls, people would not have sex, no babies would be born and there would be no humans left in the world.

Remember: The word 'right' has many meanings. It doesn't only mean right or wrong. It also means things like empowered or effective. Your choices do not have to be judged as right or wrong or good or bad. They can be informed or uninformed choices, effective or ineffective choices or empowered or disempowered choices. Your choice is your choice but YOLO wants you to make empowered, effective and informed choices.

Step 1: Role play (30 minutes)

- Ask for two participants to play the role of a boy and girl who are thinking about whether to have sex or not.
- Give the pair names. Ask them to leave the group and get into their roles.
- They should agree on their past, how long they have known each other, how and where they are together and how they feel about each other.
- Put the rest of the group into pairs. Tell them to prepare questions for the boy and girl that they would need to answer to ensure they have made an effective or informed or empowered decision. Avoid using the words 'good' or 'bad'. Explain to the participants that these are judging words and we are not here to judge people's behaviour and decisions. Other words for 'bad' can be 'uninformed', 'ineffective' or 'disempowered'.
- Invite the couple to join the group. Explain that the group members are going to help them to make a decision on whether to have sex or not by asking them some questions.
- Ask the couple to introduce themselves, giving only their names.
- Then 'hot-seat' them, asking them to stay in role while the questions are asked.
- Tell people to make sure that they ask questions to both the boy and the girl, because they should make the decision together.
- After the participants have asked the questions, facilitate a further discussion about prevention options, unplanned pregnancies and responsibilities, education/dropping out of school for parenting, etc.

- Remember to debrief the participants after the session; thank them for their participation and welcome them back to the group by their real names.



Facilitator note

- Many young people have sex without thinking carefully about the results.
- Young people often do not make a decision to have sex. It just 'happens' to them in an unplanned way.
- Sex is a very powerful feeling and can feel very pleasurable; this can overcome people's common sense.
- Some young people are forced into sex against their will.
- It is very important that young people learn to make strong decisions on whether to have sex or not; to say 'No' and 'Yes' when it is right for them.
- Young people may decide to have sex for a number of reasons, including love, desire, power and money or to be part of a group.

Reasons for saying 'No' to sex

- We can wait to have sex in a loving relationship with someone we trust.
- If we wait until we are ready, our first sexual experience will be better because we will be prepared and can enjoy it in a good way.
- We will not be in danger of being forced, badly treated or used.
- Saying 'No' to sex is the only 100% safe way of protecting ourselves from pregnancy and STIs, including HIV and HIV re-infection.
- Condoms are only around 90% safe if used correctly and every time you have sex. They can sometimes break and no contraceptive is 100% safe.
- If we say 'No' to sex, we will not have any worries about these problems.
- If, as an individual, I value sex as something to only happen in marriage or with a person I plan to marry; I will feel happy with myself for keeping to my values.
- If our friends and parents value sex as something to do only in marriage, they will think we are committed to our personal values.
- We may have more time and energy for education and skills training.



Step 2: Group dialogue (15 minutes)



Facilitator note

Decisions

People make different decisions depending on the choices available to them. Remember the SBCC idea of behaviour choices being affected by personal, interpersonal, community and social experiences. We must be very careful not to judge decisions or behaviour as 'good' or 'bad'. There are other words to describe our decisions which are more reflective of real choices and SBCC understanding.

Good/bad vs informed/uninformed; empowered/disempowered; effective /ineffective

When individuals make a choice or a decision, they need to be informed (to know about the choices), empowered (feel able to make the choice) and need to consider if the outcomes of the choice is effective (in their best interests).

- Divide participants into single sex groups. Ask them to talk about how people of their gender are expected to behave about sexual intercourse. For example:
 - Should girls ask boys for sex?
 - Should they say 'Yes' when a boy asks them for sex?
 - What about when an older man asks them?
 - Should boys ask girls for sex?
 - What do people think of boys who do not ask girls for sex?
 - What do boys feel, think and do when a girl refuses to have sex with them?
 - What do girls feel, think and do when a boy refuses to have sex with them?
- Ask the group to do some role playing to show how a girl or boy should ideally behave.
- Who should bring the condoms?
- What does it mean if a boy has a condom on him?
- What does it mean if a girl has a condom on her?
- What will you do if a condom is missing from the pack, i.e. it has been used but it is your first time with this person?

Activity 13: Pregnancy and our sexual bodies

Myths of 'where babies come from'

Step 1: Brainstorm with the group on the stories or myths that they have heard about where babies come from. Explain to the group this is quick and fun.

Step 2: Ask why they think they have been told these stories or myths.

Step 3: Ask the group if anyone feels they can accurately and in detail describe or explain how women fall pregnant.

Step 4: Ask participants why they think we need this information.

Step 5: Hand out the questions below. Give one question to each participant – this exercise is aimed at developing pregnancy and sexual knowledge.

Step 6: Ask the participants if they know the answer to their question.

- If they do know the answer, ask them to find other people in the group who have a different answer and discuss which answer they think is right.
- If they don't know the answer, ask them to find a participant in the group who does and discuss.

Step 7: Ask each participant to report back the answer of their question to the group. Make sure, using the answers to the questions below, that the correct, factual answer is given to the question.

Question	Answer
1) What is it called when semen leaves the penis?	1) Ejaculation is when semen, which is the fluid containing sperm cells, comes out of the penis when a man has an orgasm.
2) TRUE OR FALSE: Menstruation is the lining of the uterus coming away.	2) TRUE: During menstruation, the lining of the uterus breaks away and leaves the body through the vagina. This happens approximately once a month and is sometimes called a period.
3) What are the ovaries and who has them?	3) The ovaries produce eggs to be fertilised to become babies. Women have two ovaries and they are part of the female reproductive system.
4) Who has Fallopian tubes and what are they for?	4) Fallopian tubes join the ovaries to the uterus. When an egg is released from the ovary, it travels through the fallopian tube into the uterus.
5) Where do babies grow in the body? The vagina or the uterus?	5) In the uterus.
6) What do testicles do?	6) Testicles make sperm cells. Adult testicles can make 2000 sperm cells every second!

Question	Answer
7) TRUE OR FALSE- When a boy and girl have sexual intercourse, the penis goes into the uterus.	7) FALSE. The penis goes into the vagina during intercourse.
8) Who has a clitoris and where is it?	8) Women have a clitoris. It is situated above the urethra and opening to the vagina.
9) What is a clitoris for? a. Ovulation b. Pleasure c. Hormone regulation d. Bladder control	9) b. The clitoris is for pleasure. It is very sensitive and can grow during sexual arousal.
10) Can women orgasm and does a woman need an orgasm to fall pregnant?	10) Yes, women can orgasm. No, a woman does not need to orgasm to fall pregnant.
11) What is an erection and how is it caused?	11) An erection is when a boy's penis gets bigger and hard. It is caused by blood flowing into the veins in the penis as a result of sexy thoughts and touching of the penis.
12) Does a boy need to have an orgasm to make a baby and why?	12) Yes, because sperm are needed to fertilise an egg to make a baby and sperm are in the semen that comes out the penis at ejaculation, which happens at orgasm.



Facilitator note

The last three questions point to the debate about whether men have a bigger sex drive than women. The answer is no, but biologically men need to have an orgasm to father a child so orgasms are easier for men, because they are necessary for procreation whereas female orgasms aren't.



Facilitator note

Provide this explanation of falling pregnant and pregnancy if required:

A female falls pregnant if a sperm from a man joins with the egg from the woman. Once a woman starts menstruating, a woman releases an egg from her ovaries approximately every 28 days (if she isn't taking hormonal contraception). When a man ejaculates into a woman during sex (has an orgasm), sperm that are inside the semen travel through the vagina, uterus and Fallopian tubes to join the egg. If the sperm meets an egg, one sperm goes into the egg and fertilisation happens. This is when the baby is formed. Remember, to fall pregnant, you need an egg and sperm. If there isn't an egg, a woman can't fall pregnant (but can still get HIV).



Short seminar

HIV and AIDS

This section looks at HIV: what it is; how it is transmitted; how it can be avoided and the importance of testing for HIV. This basic information about HIV serves as an easy reference guide if young people ask questions about HIV. There is more HIV information on Information Sheet 4c from Session 4 in the YOLO Manual.

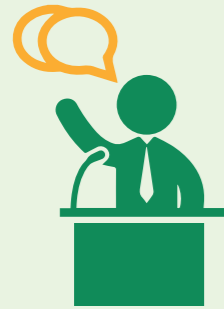
What is HIV?

The human immunodeficiency virus (HIV) is defined as a virus that gradually breaks down the body's immune system by destroying white blood cells, most particularly CD4 or T4 cells. When many of these cells have been destroyed, the body is no longer able to protect itself from infections or diseases, which then leads to Acquired Immune Deficiency Syndrome (AIDS), known as the clinical end stage of HIV (UNESCO, 2007). HIV makes a person vulnerable to various infections known as opportunistic infections, which would rarely occur in people with a strong immune system.

How do you contract HIV?

This virus is spread through body fluids such as blood, semen (the liquid that leaves the penis at orgasm or ejaculation), pre-seminal fluids, rectal fluids (from the anus), vaginal fluids and breast milk. A person can contract HIV when these body fluids come into contact with a mucous membrane, damaged tissue or are directly injected into the bloodstream by a needle or syringe from a person who is HIV positive.

Such fluids can be transmitted through unprotected or condomless sex with an HIV-positive partner; sharing of needles or drug equipment; pregnancy; breastfeeding and childbirth (mother-to-child transmission – MTCT) and blood transfusion.



Short seminar (continued)



Facilitator note

Sex without a condom is now referred to as condomless sex as opposed to unprotected sex. This is because a person could be protecting themselves from pregnancy by taking the pill but not from HIV because they are not using condoms. This is discussed later in the section on dual protection. Also, refer to the definitions at the beginning of this guide.

'In condomless sex, the sex act is not protected by male or female condoms. Previously known as unprotected sex, this is now increasingly referred to as condomless sex; this is done to avoid confusion with the protection from pregnancy that is provided by other means of contraception.' (UNAID Terminology Guidelines 2015)

How to stay HIV negative

Although abstinence from sexual intercourse is a way to stay HIV negative, this is not an effective long-term option as just about everyone eventually has sex some time in their lives. It is a better option to become informed about safer sex practices, to be empowered to make informed decisions and to reduce risky sexual behaviour. In the case where one is sexually active, consistent and proper condom usage is the most effective form of preventing HIV transmission during sexual intercourse.

Other ways to reduce the chances of HIV transmission are to be faithful to your partner, get tested regularly and limit the number of sexual partners that you have. Men can undergo voluntary medical male circumcision (VMMC) to reduce their chances of contracting HIV during sexual intercourse. However, this only reduces chances of HIV transmission and HIV transmission is still possible. Use sterile needles and syringes to inject drugs and never share drug equipment (AIDS Info, 2015). Regular healthcare visits ensure early detection of HIV and treatment.



Activity 14: HIV – Facts or fiction

Activity aim: To understand the facts about HIV

Time allocation: 45 minutes

Write 'Myths about HIV' (see below) on the flipchart

Step 1

Read the myths out to the group (not the facts)

Step 2

Ask participants in pairs to discuss one myth per pair and to come up with a response to the myth.

Step 3

Ask the participants to give feedback in a group discussion. Listen to their 'facts', discuss and make sure they have the correct information using the facts below.

Myths about HIV

Myth 1: *'If I had HIV, I'd feel sick' or 'I could tell if my partner was HIV positive'*

There is the misconception that an HIV-positive person will have certain symptoms that indicate that they have HIV. If a person does not have any symptoms then they may not expect to be HIV positive.

Fact: A person can have HIV without showing any symptoms of the disease and the only way to know if you or your partner is HIV positive is to get tested (CDC, 2011; AIDS Foundation of South Africa, 2014; UNESCO, 2007).

Myth 2: *'A diagnosis of HIV is a death sentence'*

Many people learn about their HIV status long after they have contracted the virus, resulting in cases where people have become very ill, or have a short life span after diagnosis.

Fact: Although HIV is serious and there is no cure, early detection and ARV drugs allow HIV-positive people to live longer, healthier lives (CDC, 2011; AIDS Foundation of South Africa, 2014).

Myth 3: *'If I'm receiving treatment, I can't spread HIV'*

When HIV treatments work well, they can reduce the amount of virus in your blood to a level so low that it doesn't show up in blood tests, therefore people may think that they can stop practising safer sex.

Fact: ARV treatment does not cure HIV and the virus is always in the bloodstream. Therefore, it is still essential to use a condom to prevent transmitting HIV and getting re-infected (AIDS Foundation of South Africa, 2014).

Myth 4: *'My partner and I are both HIV positive there's no reason for us to practice safe sex.'*

HIV-positive partners may think that their level of HIV transmission is the same and that there is no need to use protection during sex because they are both diagnosed with HIV.

Fact: Two sexual partners who are both HIV positive could have different strains of the virus and, if they have unprotected sex, they could infect one another with another strain, leading to their immune systems being attacked by two different forms of the virus (AIDS Foundation of South Africa, 2014).

Remember, pregnancy and other STIs can also result from not using condoms.

Myth 5: 'Male circumcision prevents HIV transmission'

Young people may think that it is safe to have unprotected sex when the male partner is circumcised because their foreskin, the part of the penis that makes them more susceptible to HIV transmission, is removed.

Fact: Male circumcision reduces HIV transmission among males by up to 60% but it does not prevent HIV transmission completely (AIDS Foundation of South Africa, 2014).

Myth 6: 'ARVs disfigure you'

In the past, people who were on ARV treatment experienced side effects that included fat loss in the legs, arms and face, while developing more fat in the stomach and the breasts. This made people's bodies look unbalanced.

Fact: Nowadays there is a range of drugs to choose from and doctors are better equipped to monitor side effects (AIDS Foundation of South Africa, 2014). Being very sick from AIDS will also negatively affect how you look.

Myth 7: 'Only people with multiple sexual partners are vulnerable to HIV transmission'

People believe that because they have one sexual partner they are not risk of HIV transmission, therefore there is no need for a condom during sex.

Fact: Although it is true that people with multiple sexual partners are at a high risk of acquiring HIV, everyone who engages in unprotected sex is at risk of getting HIV, whether they have one or multiple sexual partners (UNESCO, 2007; CDC, 2011).

Activity 15: Stigma and discrimination

Activity aim: To understand the effect of stigma and discrimination

Time allocation: 15 minutes

You will need flipchart paper and two colour whiteboard markers. The stigma must be written in one colour (maybe red) and the solutions in another (maybe green).

Step 1

Split the group members into groups, each group must do the following;

- 1) Ask the participants to identify the forms of HIV/AIDS-related stigma and discrimination that exist in the community. Engage the group on the following questions:
 - a) What do you think is the cause of these stigmas?
 - b) What are the effects of these stigmas?

Step 2

As one group have a discussion on the following.

- 1) What can be done to reduce the stigmas identified by the groups?
- 2) What is your role as an individual in stigma reduction?



Participant reflection

Spend 5–10 minutes to reflect on some of your sexual choices and specific behaviour. Complete the following in your workbook:

- What does healthy sex mean to you?
- Think about when the right time for a person to have sex is. Write down three reasons why this would be the right time in your life to have sex.
- Write down three consequences if a person decides to have sex. (Think about this not just for the person but also for their family, school and their goals for the future.)
- Identify and list two ways an individual can protect themselves when they do decide to have sex.



Facilitator reflection



BUILDING BLOCK THREE: My rights and my responsibilities

This session builds on the content and learning of Block One of self-identity, self-esteem, self-confidence and setting personal boundaries. It explores the importance of understanding your rights, responsibilities and your needs as a young person. We all have rights. Some of the rights we have included are:

- the right to education;
- the right to social welfare;
- the right to participate;
- the right to say NO;
- the right to sexual and reproductive choices.

This building block will focus on sexual and reproductive rights and will help participants to understand what their roles and responsibilities in relationships are.

Learning outcomes

By the end of the sessions, participants should have:

- a basic understanding of the provisions of the South African Constitution and law concerning their sexual and reproductive rights; and
- a better understanding of sexual assault and how to address a violation of sexual and reproductive rights.

Specific session outcomes

- Increased knowledge about sexual and reproductive rights;
- Ability to identify sexual violations and the responsibility to respect the human rights of others; and
- Identify what a 'need' is and a 'want' is.

It is important to know that not everyone is familiar with their human rights and what the law says about sexual and reproductive rights. Facilitators must therefore spend adequate time reading Information Sheet 5 in the Facilitator Manual to be aware of what sexual violation and sexual harassment are and how young people are protected by the law against these injustices.

Expected outcome

By the end of this session, participants should know about their rights and developmental needs.

Time allocation for session: 2 hrs (1 x 45 minutes, 1 x 60 minutes)



Preparing for the session

Facilitator preparation time needed prior to session: 60 minutes

- 1) Read through this session so that you know what to do.
- 2) Read **Information Sheet 5: Human Rights** in YOLO Manual
- 3) Find a fun picture of a teenager. Have Information Sheet 5 available to read out to group.
 - Write the developmental needs (see below) on a flipchart page or blackboard (keep it concealed until you discuss it.) Prepare True and False cards for all participants.
 - If possible, download video of Tea Consent (Clean) - YouTube <https://www.youtube.com/watch?v=fGoWLWS4-kU>
- 4) Prepare strips of paper, with various statements from below, on healthy, unhealthy and abusive relationships. You will need a full set of all three types of relationships per group.
- 5) Make photocopies of the worksheet attached at the end of the session for each participant.
- 6) Have a piece of chalk or something similar for each person in the group, and a space big enough for participants to lie down in.
- 7) If you are going to do the 'Bingo' ice-breaker, prepare enough photocopies of the Bingo sheet and pencils for the game, and appropriate Bingo statements for the group.

You will need: Writing paper/flipchart and markers/pens

Proposed methodology: Group work, group dialogue, brainstorming and quiz

SESSION 5

My sexual and reproductive rights and responsibilities

Activity 16: Understanding sexual and reproductive rights (Compulsory activity)

Activity 17: Understanding sexual violation and the importance of consent (Compulsory activity)

This session is made up of three activities that will help participants to have a better understanding of their sexual and reproductive rights and how to identify sexual assault in all relationships, including unhealthy and abusive relationships.

Activity 16: Understanding sexual and reproductive rights

Activity aim: to understand the importance of people, their rights and human value.

Time allocation: 45 minutes

Step 1

Ice-breaker (5 minutes)

Suggestion: 'Bingo'

Step 2

The wall of importance (5 minutes)

Why is every person important?

Facilitator to add

- Encourage participants to share their thoughts.
- Ask participants to each write down one point on why young people are important.
- Ask them to stick their comment on what is labelled The Wall of Importance, which was created in Session 1.
- If they are shy, you might need to prompt them. If they are very enthusiastic, you might need to remind them to give each person a chance to speak.

They might say that:

- Every person has his or her own talents and skills that they can use to benefit the rest of us.
- Every person is important for religious reasons. For example, 'I believe that God made everyone and that we are each created with a purpose.' (If someone responds that they don't agree because they don't believe in God, remind them that we are all entitled to our beliefs and ask them why they think every person is important).

- The Constitution says that every person has rights; this flows from the idea that we are all important.
- Each person has the potential to make a huge change in the world.
- Every person has the power to affect others.



Step 3: Short seminar on reproductive and sexual rights (10 minutes)

In South Africa, every person has reproductive and sexual rights. These rights are described as follows: (Read out loud to the group; taken from Information Sheet 5: Human Rights)

Facilitator to read out:

In South Africa, you may:

- Decide for yourself how many children you want to have, and whether you want to be a parent at all.
- When you are old enough, you may decide for yourself whether you want to have sex or not, and you can insist on using condoms to prevent getting HIV, a sexually transmitted infection or having a baby. You can also insist on other types of family planning or birth control to not have a baby.
- Decide for yourself if you want to get married or not.

In South Africa, you may NOT:

- Discriminate against a person who has a different sexual orientation to you.
- Have sex with a child younger than 16 if you are an adult.
- Force anyone to have sex with you.

By the end of this activity, participants must have a clear understanding of some of their sexual and reproductive rights.



Step 4: Group dialogue (10 minutes)

Explain the basic reproductive and sexual rights as summarised in Information Sheet 5 in the YOLO Manual.

- Break participants up into single-gender groups of approximately five. Ask them to discuss the following among themselves, sharing thoughts and stories with one another: 'Do you think everyone's reproductive and sexual rights are being respected in our community?'
- Allow the group sufficient time to discuss this in depth.



Facilitator note

During this discussion, participants might disagree about violation of rights.

Some may feel that a person's reproductive rights have been violated while others feel that there is nothing wrong with a certain behaviour, perhaps because it's the norm – 'that's just what people in our community do'. Some people might give religious or cultural reasons to justify their behaviour. Beliefs about gender roles play a large part here.

Remember

- Prepare yourself well for this discussion by reading carefully through the facilitator's background reading.
- Make sure that you know key definitions of issues like 'consent' and 'sexual act' and what is considered legal/illegal in South Africa.
- Think through some of the issues beforehand that might be raised in this discussion. What are the beliefs in the community about violation of rights?
- Your role as facilitator is to guide the discussion and to encourage opportunities for participants to respectfully share their ideas with one another. Do not control the flow of ideas and thoughts with your opinions. This type of discussion among participants is vital for self-evaluation, which often starts the process of change.
- Positive peer pressure is vital in a behaviour-change programme.



Facilitator note

Steer away from a lecture style and have some prepared examples just in case these are needed.

Step 5: Feedback (15 minutes)

- Groups to give feedback.
- Remind participants that if they choose to share stories, they need not give people's names. It is very important to ensure that feedback is not rushed.

Activity 17: Understanding sexual violation and the importance of consent

Activity aim: To understand sexual assault and identify healthy and unhealthy relationships.

Time allocation: 60 minutes

Step 1: Group work (10 minutes)

- Ask participants to define sexual assault.
- Ask participants to brainstorm the various types of sexual assault they are aware of. They can add these to their workbooks.

Step 2: Sexual assault quiz (10 minutes)

- Distribute true and false cards to each student.
- Read out the true and false statements off the flash cards.
- Ask participants to hold up their true or false card depending on what they think is the right answer.

Facilitator to read out loud

Flash card statements

- *Healthy relationships should be fun.*
- *Jealousy is a sign of love.*
- *It is okay when your partner spends time alone with friends or family.*
- *It is okay to believe you can make your partner's problems go away.*
- *If you start doing something sexual and your partner wants to stop, it is okay to stop.*
- *It is okay if your partner threatens you as long as he or she does not hit you.*
- *It is okay if your partner wants to know where you are every minute of the day.*
- *If someone is drunk or high they cannot give consent to take part in sexual activity.*
- *If the person who commits a sexual assault is drunk or high, they cannot be charged with sexual assault.*

Let's look at responses to these statements.

Healthy relationships should be fun.	TRUE: Healthy relationships make us feel good about ourselves and contribute to positive self-esteem. We feel appreciated and accepted for whom we are.
Jealousy is a sign of love.	FALSE: Some people may see jealousy as being protective of their partner but jealousy can be about power, control and manipulation. Jealousy can lead to unhealthy relationships and abusive relationships.
It is okay when your partner spends time alone with friends or family.	TRUE: Spending time away from your partner helps you to have a more balanced life where you are able to maintain other healthy relationships with family and friends. Someone who is jealous of the time you spend with other people may be trying to control you. It is important to set boundaries by communicating with your partner, e.g. 'I always attend family birthday parties as this helps me stay close to my family.'
It is okay to believe you can make your partner's problems go away.	FALSE: Problems that affect a relationship such as alcohol or drug use, lying or abuse can lead to unhealthy behaviours. Supporting your partner is important but if the problem is leading to any kind of abuse (emotional, physical, spiritual) this is a sign that the relationship may be harmful. Recognising unhealthy relationships can be difficult. Help is available by talking to someone you trust or calling a telephone helpline. (Please refer to list of useful numbers at end of this Guide.)
If you start doing something sexual and your partner wants to stop, it is okay to stop.	TRUE: Communication is a key part of an intimate relationship. It is important to respect your partner's sexual limits and boundaries and talk about them. If your partner is not comfortable at any time and wants to stop, you stop. Everyone has the right to have control over what happens to his or her body. People can choose with whom, when, and for how long any activity takes place. No matter how deep the level of intimacy, even if the couple is actively engaged in sex, either person has the right to change his or her mind and stop the activity at any time. If someone says 'NO' and the offender continues to pressure him or her into any sexual activity the offender is committing sexual assault.
It is okay if your partner threatens you as long as he or she does not hit you.	FALSE: Not all abuse is physical. Emotional or psychological abuse such as threats, excessive criticism, humiliation, shouting and swearing are all signs of an unhealthy relationship. Any type of abuse can cause harm and it is not okay.

It is okay if your partner wants to know where you are every minute of the day.	FALSE: Constantly wanting to know where someone is or who he or she is with by texting, calling or stalking is unhealthy in any relationship. Healthy relationships are built on trust and communication between both partners.
If someone is drunk or high, they cannot give consent to take part in sexual activity.	TRUE: Young people often drink too much and find that they are not in complete control of themselves. They can find themselves in vulnerable situations and things can get out of control with other people. Often they will know this other person and can do things that they would not do if they were sober. This could be seen as sexual assault. This sexual assault can be anything from unwanted kissing or touching to intercourse.
If the person who commits a sexual assault is drunk or high, they cannot be charged with sexual assault.	FALSE: Offenders are responsible for their actions regardless of whether they are under the influence of drugs or alcohol. Being intoxicated does not excuse inappropriate or criminal behaviour.



Step 3: Group discussion (10 minutes)

Facilitator must explain that sexual assault is an act of power and aggression. It is not sexually motivated. The offender is always at fault.

Debrief this activity using the following questions:

- Why does sexual assault happen?
- Who is at fault when sexual assault occurs?

Defining sexual assault

Before telling the participants what sexual assault is, ask them for their ideas of what they think sexual assault is. Then explain the definition below. Are there differences in the legal definition below and what participants think? If there is, ask them why they think there is a difference.

What is sexual assault?

Sexual assault is any form of sexual activity forced on someone else without that person's consent. Force can be physical or through the use of threats, bullying, manipulation, alcohol/drugs or harassment. Any unwanted sexual activity – including kissing, touching, groping, flashing, oral sex, intercourse, photographing, etc. – under any circumstances is sexual assault.

Ask participants to write down types of sexual assault that they know about in their workbooks. Here are some ideas but try and get their opinions first. After they have completed the workbook entries, go through their examples and the examples below.

- **Relationship violence**
Dating violence is a pattern of assaultive and controlling behaviours that one person uses against another in order to

gain or maintain power and control in the relationship. The abuser intentionally behaves in ways that cause fear, degradation and humiliation to control the other person.

- **Sexual harassment**

Unwanted sexual advances, unwanted requests for sexual favours and other unwanted verbal or physical conduct of a sexual nature is sexual harassment. Sexual harassment can include pinching, patting, rubbing, 'dirty' jokes, comments, suggestions, etc. The behaviour does not have to be intentional to be considered sexual harassment.

- **Drug-facilitated sexual assault**

Often known as 'drug rape' or 'date rape', drug-facilitated sexual assault is when someone uses the fact that you've taken or been given alcohol or drugs to sexually assault you. This sexual assault can be anything from unwanted kissing or touching to intercourse.

- **Sexual exploitation**

Sexual exploitation is the sexual abuse of a person through the exchange of sex and/or sexual acts for drugs, food, shelter, protection, and other basics of life and/or money. This includes creation or viewing of pornography, sexually explicit images or sexually explicit websites.

What is consent?

Consent is permission for something to happen or agreement to do something. It's very important to be able to recognise consent. There is a great video on YouTube about consent. If possible, download it and show it to your participants. Share the link with them so they can download it and learn about consent and share the content. Explain to participants how this video compares having tea with having sex!

Tea Consent (Clean) - YouTube <https://www.youtube.com/watch?v=fGoWLWS4-kU>

Consent

- Consent is obvious.
- Consent is not a guessing game. If you don't know, just ask!
- There are different ways to say no but they all mean NO.
- Consent is as simple as respecting and communicating with your partner.
- If you're drunk or high you CANNOT physically give your consent.
- Consent doesn't count (and is illegal) if you've been forced, threatened, bribed, intimidated or rewarded to do something against your will.
- Even if consent has been given in the past, everyone has the right to change his or her mind and stop giving permission for any activity.
- All sexual activity without consent, regardless of age, is a criminal offence.



Participant reflection

Participants to answer questions on sexual assault and consent in their workbooks.



Step 4: Group work (15 minutes)

Identifying healthy/unhealthy relationships.

- Hand out strips of paper, with various statements from below on healthy, unhealthy and abusive relationships written on them to groups of participants. Make sure each group has statements from healthy relationships, unhealthy relationships and abusive relationships.
- Ask participants to divide the strips of paper into piles of healthy relationships, unhealthy relationships and abusive relationships.
- Have a group discussion about the various types of relationships (healthy, unhealthy and abusive).
- Participants can complete the table in their workbooks.

Healthy relationships consist of the following:

- Talking about your feelings.
- Respecting your date or partner's friends and activities.
- Considering the other person's opinions and feelings.
- Respecting differences in other people.
- Stating differences of opinion.
- Having an equal say in the relationship.
- Figuring out a solution that is good for both of you.

Unhealthy relationships have the following aspects:

- Believing one partner has more rights than the other.
- Shouting or yelling when you are angry with your partner.
- Using the silent treatment.
- Pestering your date or partner until you get what you want.
- Pouting or sulking to get what you want.

Abusive relationships are about:

- Dominating and controlling your date or partner's other relationships, friends and activities.
- Name-calling, 'dissing' or putdowns.
- Threatening harm.

- Intimidating by hitting or destroying property.
- Being extremely jealous and possessive of your date or partner.
- Pushing, hitting, restraining or holding your date or partner against his or her will.

Facilitator to add

What should you do if you have experienced sexual assault?

If you have experienced sexual assault or have been raped, you are entitled to PEP. PEP stands for post exposure prophylaxis. You must start the PEP treatment within 72 hours of the assault or rape and you must be HIV negative in order to start the treatment. You do not need to report a rape or assault to the police or have a case number to get PEP.

PEP is available on demand at hospitals, clinics and some doctors.

Sexual assault is wrong no matter what. The only person responsible for a sexual assault is the person who commits it. Remember: just because you have done something before doesn't mean you have to do it again.

The following tips can help you keep safer:

- Use a buddy system. Keep an eye on yourself and your friends. If you are worried or feel uncomfortable about a situation with someone, tell your friends and ask them to watch out for you.
- Watch for signs. Alcohol is the number one drug associated with drug-facilitated sexual assault but keep in mind that non-alcoholic drinks can also be spiked (have a drug like Rohypnol added them).
- Everyone has the right to have control over what happens to his or her body. People can choose with whom, when, and for how long any activity takes place.

If you need to talk to someone about sexual assault, rape or HIV, you can call one of the national lines below:

- National counselling line: 0861 322 322 (Lifeline)
- National Aids helpline: 0800 012 322
- Stop Gender Violence helpline: 0800 150 150
- Report neglect or abuse of a child: Childline 08000 55555 or 0861 4 CHILD (24453)
- Crime Stop: 08600 10111

Source: Activity 2 is adapted from Alberta Health Services (©2014 www.teachingsexualhealth.ca)



Step 5: Group work (10 minutes)

Think about what you will say in the following cases:

- 'Baby, if you don't have sex with me, I'll go crazy.'
- 'Let's have sex; it is a good form of exercise. It's good for our development.'
- 'If you want to be with me, you have to get in line. I have lots of girls who give me what I need.'
- 'If you want to be loved, you must have sex.'

Allow responses from the participants. Have they heard any similar requests, in which someone tried to manipulate them into having sex by claiming that sex was a need?

Close the session by saying:

'Remember, nobody has the right to violate your sexual rights.'

It is not your fault if another person violates your sexual rights. They are wrong and they must stop. If they won't stop, you must get help from an adult who you trust. You have a right to say no, and if you do decide to have sex, you must discuss when you are ready and comfortable to engage in sex. This is called sexual negotiation.



Participant reflections

Make notes in your workbook if you would like to do so. Writing down ideas and feelings can be empowering and can help you develop the skills to negotiate safer sexual relationships.

- Think about your own relationship, if you are in one. Would you describe this as healthy, unhealthy or abusive?
- If your relationship is unhealthy or abusive, what can you do to change this? Who can you contact?



Facilitator reflection

SESSION 6

Session 6: Goals in sexual and reproductive health

Activity 18: What are my sexual health and reproductive goals in life?

Activity 19: Understanding my strengths and weaknesses

Activity 20: Personal success page

This session is about goal setting, but with a particular focus on sexual and reproductive health. Remind participants that goal setting is a choice and everyone must choose to make a decision about their sexual choices and reproductive health. This session will help participants to think about their goals in life and how they relate to reproductive choices. Remember, however, that sometimes choice is restricted by the situations people find themselves in.

Expected outcome

By the end of the session, participants will have an increased self-awareness, and be able to identify their goals, strengths and weaknesses.

Time allocation for session: 90 minutes



Preparing for the session

Facilitator preparation time needed prior to session: 45 minutes

Prepare beforehand

- 1) Read through this session so that you know what to do.
- 2) Read Information Sheet 6: Goal-setting in YOLO Manual
- 3) Prepare 7 sheets of paper with the following titles, one per page
 - i) Stuck in the past.
 - ii) No specific goals.
 - iii) Stuck in habits or thinking that things HAVE to be done in a certain way or have always been done in a certain way.
 - iv) Giving in to personal weaknesses and not building on personal strengths.
 - v) Lack of belief in self/belief that you can change.
 - vi) Any practical problems in the local community (e.g. failure to qualify for a social grant)
 - vii) Blank sheet
- 4) Prepare the flipchart needed for Activity 2.
- 5) Prepare a story (preferably from the local community) of someone who turned his or her life around or 'got unstuck'. Be careful not to judge the individual story.
- 6) If you are going to play the game 'What's the message', then prepare small cards/pieces of paper with the letters on them.

You will need: Writing paper and markers/pens, a bottle, flip chart, sticky tape or pins.

Proposed methodology: The game called 'Getting Stuck' and story sharing, if possible career guidance talks, promotional materials, peer workshops and mentorship from members of the local community can be arranged.

Activity 18: What are my sexual health and reproductive goals in life?

Activity aim: To define an achievable sexual and reproductive goal

Time allocation: 60 minutes

Step 1: Ice-breaker (10 minutes)

Suggestion: 'What's the message?'

Step 2: 'Getting Stuck' game (25 minutes)

Ask participants to define a goal and write it down in their workbooks.

Read out the following definition of a 'goal' from the online Oxford Dictionary.

'Goal: The object of a person's ambition or effort; an aim or desired result.'

- Example: He achieved his goal of attaining three distinctions for Matric.

Ask participants to think about this question quietly for a minute.

- What is my goal in life?

Give this statement as an introduction: 'Before we look at sexual health and reproductive goals, let's look at personal and life goals. Often these can affect each other but let's start with a life goal.'

A good example of a life goal would be:

- Live my life in such a way that I give more than I receive. OR
- Establish positive things throughout my life that will last long after I have passed away.

Ask seven volunteers to come to the front.

Stick or pin the six labelled sheets of paper and the blank paper on the chest of each volunteer using pins or tape with statements that read as follows:

- 1) Stuck in the past.
- 2) No specific goals in life.
- 3) Stuck in old habits or thinking that things HAVE to be done in a certain way or have always been done in a certain way.
- 4) Giving in to personal weaknesses and not building on personal strengths.
- 5) Lack of belief in self and belief that you can change.
- 6) Practical problems in our community (e.g. failing to access social grant).

Place the seventh person (who has no label) at one end of the space/room, and a chair, at the other end. The chair represents the person's goal in life.

- Instruct the seventh person to walk across the room in order to reach his/her goal (the chair).
- The six volunteers represent the things that will hinder people in life as they try to walk towards their goals.
- Instruct the six volunteers to try to create a reason to prevent the seventh volunteer from making it across to the chair.
- Make sure that they aren't too rough with one another. It's just an illustration to show that obstacles keep us from reaching our goals.

Draw the conclusion

'Your goal could be having a great life in which you have children only when and if you want to, and in which you stay HIV negative. BUT ... in life there are many obstacles that can really get in the way of reaching your goal!'

The six people keep the labels on for the next part of the activity.

Step 3: 'Getting Unstuck' (15 minutes)

Now ask each of the six people to become a group leader with four other participants and find a spot to sit and discuss the statement written on his/her label by answering the questions below.

- How does this statement work to get us stuck and keep us trapped?
- How can we break free?

Allow time for discussion, and then feedback. You can share what is in the table below if it is not brought up from the groups.

Thank the participants for volunteering to be part of the game.

Hindering factor (something that makes it difficult to achieve your goal)	Description
Stuck in the past:	Sometimes, if something bad happens to someone, they are so traumatised that they always live in the shadow of that event. It is quite normal for people to blame themselves, thinking that they deserved it, and that they are worthless. People who have been seriously traumatised like this need proper help from counsellors. These people often don't try to reach for their goals because they are stuck in the past. People who are depressed because of past events need counselling and caring people to talk to. Supportive friends can also provide a lot of help.
No specific goals in life:	Some people don't think about what they want from their lives. They just go along with what everyone else does. Setting goals helps you to decide whether you should do something or not before the choices present themselves to you. If, for example, you've set a firm goal to finish Matric, then you'll make decisions that enable you to stay in school. You are less likely to take chances that might lead to teenage parenthood. Related to this are small goals for social interaction, such as deciding what your boundaries are (we talk about boundaries more in another session).
Stuck in old habits or thinking that things HAVE to be done in a certain way:	Some people get stuck because the people around them have always done things in a certain way, and anyone who questions this way of doing things is teased or excluded. These people might say, 'What's wrong with you? Do you think you're special or something? Are you too good for us now?' Some people do this because, deep down, they know that they've made ineffective choices but it makes them feel better about themselves when other people make the same ineffective choices. These negative influences can be very unhealthy. It is difficult to break out of this cycle when community members or family tell you how to behave.

Hindering factor (something that makes it difficult to achieve your goal)	Description
Giving in to personal weaknesses and not building on personal strengths:	<p>Some people get stuck because of personal weakness. It takes strong character to make the right or effective choices and sometimes it just seems too hard to keep doing the right thing.</p> <p>We all have weaknesses. Positive friendships can help us stay on track when we hit weak times.</p> <p>We also all have personal strengths. It's good to know what your strengths are so that you don't feel overwhelmed by weakness.</p>
Lack of belief in self/belief that you can change.	<p>Some people receive very little encouragement in life, and they might be exposed to people who make them feel worthless.</p> <p>We also talk to ourselves – this is called 'self-talk' – and it refers to the things that we tell ourselves over and over again. Many young people have very negative 'self-talk'. They say things like 'I'm so stupid', or 'they all think I'm useless'.</p> <p>These influences can cause people to do things that are risky because they don't think that they are worth protecting.</p> <p>Unless young people know that they are important and special, and that they have a unique contribution to make, they are unlikely to fight for their goals.</p>
Practical problems in our situation (such as lack of support)	<p>Poverty, lack of security and other difficulties can make it very hard for young people to keep fighting for their goals. For example, girls sometimes become involved in intergenerational relationships because older men promise to take care of them. These are called 'blesser/blessee' relationships.</p> <p>For many young people, it is a daily struggle to meet their basic needs like food. This is even more so the case for those who have lost family due to AIDS, are living on the streets or rely on sex work for money to stay alive.</p> <p>Fighting for the goals of avoiding contracting HIV or teenage or unplanned parenthood might seem minor in relation to their more pressured basic and emotional needs.</p> <p>Even young people who live in secure homes might experience a lack of support or other practical problems, such as abuse.</p> <p>Substance abuse, or living with people who use substances, might also affect a young person's desire to fulfil their goals.</p> <p>There may be a need to be referred for professional help, and other support networks in the community can make a big difference.</p>

Regardless of the difficulty, you can remind participants that the situation they are in is temporary, and that their long-term goals will outlast it. They can also make goals to get into a better situation, even if that can only happen at a later stage.

Step 4: Share stories about people who got unstuck (10 minutes)

- Ask participants to share stories about people who overcame great difficulties to fulfil their goals (got 'unstuck'). Allow sufficient time to discuss what happened. Remind participants about the need for respect and privacy when they tell their stories. They must not embarrass or judge people or each other.
- Prepare one or two stories in case participants don't offer any. Maybe there has been a story in the news that you can use?

Help participants understand that we can all set goals, and develop plans and timelines to achieve those goals. The same principle applies to sexual and reproductive goals. As young people, we must know when we are ready to have sex; when we want to start a family and what we need to do to protect ourselves from STIs and HIV transmission and pregnancy when we are not ready to have children. Having a child should be part of your family goals and life plan. However, sometimes things do not always go according to plan, and we can find ourselves 'stuck' in a situation that we did not plan. It is important to explain to young people that they must never feel 'stuck' and there is always a way out, a way to get 'unstuck'. The activity above was designed to help young people plan their sexual and reproductive goals, but to also plan for ways to get 'unstuck'.

Activity 19: Understanding my strengths and weaknesses

This can help you make goals.

Aim of activity: To identify your specific strengths and weaknesses

Time allocation: 30 minutes

Step 1: Discussions (20 minutes)

- Instruct participants to think about five things that they are good at. These are their strengths. Ask them to write these down in their workbooks.
- Encourage them to take time to think more about their strengths. You can say 'It is good to be aware of your strengths, so that you can build on them and remind yourself of your value.'
- Read out the other strengths listed below and ask each participant to pick five things that describe his/her strengths.
- Ask 'How can your strengths help you to avoid teenage and unplanned parenting or contracting HIV?'



Facilitator note

Participants may not understand what all the words in the table mean. Encourage them to ask if they don't understand what a word means. They can add these strengths to the list in their workbooks. Remind them to be honest!

My strengths are ...

honesty	kindness	creativity	friendliness	helpfulness
humour	cheerfulness	considerate	encouragement	wisdom
knowledge	memory	originality	love of learning	courageousness
curiosity	perseverance	always taking responsibility	critical thinking	loving
hardworking	open-mindedness	generosity	compassion	loyalty
doing good deeds	forgiving	humility	appreciation of beauty	modesty
fairness	merciful	bravery	gratitude	playful, making people smile
integrity	optimistic	spiritual (with strong beliefs)	persistence	sense of purpose
valuing justice	good communicator	leader	hopeful	decisive

Activity 20: Personal success page (15 minutes)

Goal setting: 'Where to begin'

To be able to set a goal, you need to know what it is that you want.

Here are some tips for helping you work out what you want:

- **Start with things you enjoy.**
In your workbook, write down five things you enjoy in your life.
Can you identify any goals to help you reach or keep these things you enjoy in life?
- **Start from smaller goals and move to bigger ones.**
Think about those things you want to change, improve or grow in immediately,
Call these your short-term goals. In your workbook, write down five short-term goals.
Then write down the steps or actions you can take to achieve these short-term goals.
- **Think about what you don't want.**
In your workbook, write a list of five to 10 things that you don't want. Then turn them around to become goals. For example, change 'I don't want to be stuck at home' into the goal of 'I want to go to other places.'

Goals can be made about lots of different areas of your life. Think about: personal qualities, friendships/relationships, family, work/study/career, physical health, interests/hobbies, and attitudes.



Participant reflections

Instruct participants to write a letter to themselves on a loose piece of paper that they will fold up and put away when they are finished. They must keep the letter in a special place and only open and read it after one year.

In the letter, they are to remind themselves of their strengths and explain why they should fight for their goals. The letter should be encouraging. They must think of all the good things that might be in their future and all the reasons why they are worth protecting.



Take-home work to be completed in your workbook

- Identify and list in your workbook two sexual and reproductive rights that directly apply to your own life.
- How will you use your ability to set boundaries to avoid unhealthy relationships? Write down three points that are specific to sexual and reproductive goals.



Facilitator reflection



BUILDING BLOCK FOUR: Taking chances and dealing with consequences

The previous building block explored the rights we have as young people and demonstrated the importance of identifying when our rights are violated. Building Block Four helps participants identify that while they have skills and resources, that some decisions can lead to negative consequences. Sexual behaviour in Building Block Two is further expanded in these sessions to help participants understand their risk and risky behaviour. The block also deals with PrEP and PEP, the importance of making healthy choices, the consequences of teenage pregnancy and how to deal with emotional stress and challenges that may arise from teenage and unplanned pregnancies as well as HIV infection.

Learning outcomes

- Understand risky behaviour.
- Identify the consequences of negative sexual behaviour.
- Awareness of how to deal with consequences of behaviour.
- Learn how to handle emotional stress and challenges.

Expected behavioural outcomes

- Identify the effects and consequences of sexual behaviour practices.
- Practise safer sex.
- Make healthy lifestyle choices.
- Deal with adverse situations and challenges.
- Access PrEP and PEP.
- Negotiate condom use.

SESSION 7

Risky behaviour

Activity 21: Let's think about risks

Young people engage in different types of sexual behaviour. Some behaviour can place us at risk of infection of STIs and HIV. It is important to be able to identify when you are engaging in risky sexual behaviour and to be able to take the necessary steps to protect yourself.

Expected outcome

By the end of the session, participants should have a clear perception of the behaviours that place them at a high risk of teenage and unplanned pregnancy and acquiring HIV. They will also be able to identify examples of such behaviour, and be equipped with the knowledge and the power to make safer choices.

Estimated time for session: 60 minutes



Preparing for the session

Facilitator preparation time needed prior to session: 60 minutes

- 1) Read the activity so you know what needs to be done.
- 2) Read Information **Sheet 7a: Risky behaviour** (Session 7 in YOLO Manual and **Information Sheet 7b: PrEP and PEP: Pre-exposure prophylaxis and post-exposure prophylaxis**



Facilitator note

No matter what communication strategy is developed to reduce HIV transmission, for example YOLO, or which biomedical HIV intervention becomes available, one step is key for any HIV-prevention strategy, and that is behaviour change. Remember: behaviour change is a complex process and facilitators will need to keep in mind all the information they have learned about SBCC.

You will need:

Flipchart and markers. Write the following questions on a flipchart for Activity 1.

Proposed methodology: Small group discussion, presentation by facilitator, group work

- 3) What is a risk? When is something risky?
- 4) Think of two examples of risky behaviour that are specifically about HIV infection.
- 5) Do you think young people know when their behaviour is risky? Why or why not?
- 6) Why do you think young people take those risks?

Write the following facts on a flipchart and ask participants to keep them in mind while you discuss risk (make sure this is done before the session starts, otherwise you will lose the attention of the group).

According to UNAIDS, the South African HIV and AIDS estimates for 2015 state that:

Number of people living with HIV is 7 million (7 000 000).

Nearly 1 in every 5 adults has HIV.

Over 6 million adults (6 700 000) aged 15 and over is living with HIV.

4 million (4 000 000) women aged 15 and over are living with HIV.

A quarter of a million (240 000) children aged 0 to 14 are living with HIV.

Nearly 200 000 (180 000) people have died due to AIDS.

There are over 2 million (2 100 000) orphans aged 0–17 due to AIDS.



Facilitator note

Unsafe/risky behaviour also includes hanging out in dangerous places, taking unsafe routes when walking and getting involved in gangs. Every community has its own particularly unsafe places and groups of people that are best avoided; young people should know which areas to avoid in their communities. Sometimes young people take chances, even when they know that something is not in their best interests. This might be the result of peer pressure, wanting to 'prove themselves', simply not thinking about consequences, or having no clear goals or a lack of self-esteem.

Remember not to judge young people; complex factors affect their choices. Sometimes smart people make choices that are not in their best interests. Young people can face confusing emotional factors in different phases of their lives. Acknowledging all these factors is part of an SBCC programme.

Young people need to know that they are important and that each person can make a unique contribution in their community. Because everyone has value, young people should protect their future. Each person must decide what would make him or her stop taking chances. The decision has to come first from the person himself or herself. However, remember that personal decisions are not enough to change behaviour.

Activity 21: Let's think about risks

Activity aim: To help participants identify risky sexual behaviour

Time allocation: 60 minutes

Step 1: Ice-breaker (5 minutes)

Suggestion: 'The human knot' or 'Positions'



Step 2: Group work and discussion (20 minutes)

- Divide participants into groups of five.
- Give each group a flipchart paper and markers for notes to report back after their group discussion.
- Reveal the following questions on the flipchart and ask groups to discuss and answer the questions.
 - What is a risk? When is something risky?
 - Think of two examples of risky behaviour that are specifically about HIV transmission.
 - Do you think young people know when their behaviour is risky? Why or why not?
 - Why do you think young people take those risks?

Allow time for feedback from one representative per group.

Step 3: Did you know? (15 minutes)

Explain the six main ways young people can become newly infected with HIV. Refer to Information Sheet 7a: Risky behaviour – see pg 62 in YOLO Manual. Here they are below:

- *Having sex for the first time at a young age* – The younger a person is when he or she has sex for the first time, the greater the likelihood that he or she will have many sexual partners and the lower the likelihood that he or she will use a condom during the first sexual encounter.
- *Teenage pregnancy* – Pregnant teenagers are more likely to get HIV than other teenagers. In 2009/10, one in five teenagers who attended antenatal classes was HIV positive, amounting to about 89 390 young women.
- *Intergenerational relationships* – When young women have sex with men who are much older – especially those who are at least 10 years older – they are exposing themselves to the potential of contracting HIV because older men have been sexually active for longer. This can also be called a relationship with a blesser.
- *Intimate partner violence* – One in seven young women contracted HIV because they are in a violent relationship.
- *Sexual violence* – People who are raped or sexually abused are at high risk of getting HIV.

- *Alcohol and substance abuse* – When young people are drunk or take drugs, they tend to put themselves at higher sexual risk because they lose the ability to make safer and healthier sexual choices when they are drunk or high. In communities where a lot of people abuse substances, young people are also less safe.



Facilitator note

- Be culturally sensitive and avoid stigma statements. Remember SBCC.
- Avoid language that blames or stigmatises youth; but rather give the facts in a neutral way; the aim is to bring them to recognise their own risk of contracting HIV.
- Ensure that your statements and facilitation do not bring cultural judgement or stigma against participants in the group who may already be HIV positive.
- Speak in a way that acknowledges the importance of culture and cultural practices, while still highlighting the importance of avoiding risky behaviour.
- Behaviour change is encouraged when you allow participants to apply the facts and draw conclusions for themselves, rather than 'preaching' to them what they should or shouldn't do.

Step 4: Group work – How can we reduce our risk? (25 minutes)

- Write down the six major ways discussed above that young people increase their risk of HIV infection on individual pieces of flipchart paper and stick them up in different positions.
- Each group is given 2 minutes to discuss a solution to reduce the risk written on the flipchart and write the solution on the chart.
- Each group moves to the flipchart page to their right and repeats the process until all groups have had a chance to write their answers on all six of the flipchart pages.

For example:

Flipchart 1: Heading – **'Having sex for the first time at a young age'**

What can we do to delay the early age that young people start having sex?

Flipchart 2: Heading- **'Teenage pregnancy'**

What can we do to reduce the number of young girls falling pregnant? Etc.

Participants take turns to read out the solutions that have been written on the flipcharts.

Once all solutions have been read, the facilitator asks the following questions:

- Which solution/s do you think will work well and why?
- What challenges/barriers could we face when trying to put these solutions in practice?
- Any suggestions on how to overcome these challenges.



Facilitator note

Remember PrEP and PEP!

These are also ways to reduce risk. These are medical ways of reducing the risk of HIV transmission. Sometimes people are not able to make the behaviour changes required to reduce risk due to the realities of their lives and the impact of all four levels of the Socio-Ecological Model. Share the information on PrEP and PEP from pg 83 in the YOLO Manual with your group. Ask them if they think PrEP and PEP are useful in reducing the risk of HIV transmission.



Participant reflections (5 minutes)

- In your workbook, answer the questions about risky behaviour if you feel comfortable to put this in writing.
- You can also think about identifying what puts you at risk with your current sexual behaviour. What would you like to change? Think of a personal statement of the change you would like to see. You can write it down if you want to.



Facilitator reflection

SESSION 8

Playing it safe and making changes for a healthier lifestyle

Activity 22: Effects and consequences of risky behaviour

Activity 23: Decisions and taking responsibility

Activity 24: Whose responsibility is it?

Activity 25: Resistance to condoms

While risky behaviour can make participants vulnerable to HIV transmission we can all play it safer by making informed sexual choices. Informed sexual choices help us have a healthier lifestyle.



Facilitator note

Safe Sex vs Safer Sex

Remember, there is no such thing as completely safe sex – we can only make choices to have 'safer sex' The term 'safer sex' more accurately reflects the idea that choices can be made and behaviours adopted to reduce or minimise the risk of new HIV infections and transmission. Safer sex strategies include postponing sexual debut, non-penetrative sex, correct and consistent use of male or female condoms, and reducing the number of sexual partners (USAID Terminology Guidelines 2015).

Expected outcome: By the end of the session, participants should understand the consequences of HIV acquisition and unplanned and teenage pregnancy and the importance of making healthy lifestyle choices.

Estimated time for session: 45 minutes



Preparing for the session

Facilitator preparation time needed prior to session: 30 minutes

- 1) Read through this session so that you know what to do.
- 2) Read **Information Sheet 8a: Being responsible; Information Sheet 8b: Condoms and dual protection; Information Sheet 8c: Using contraceptives to avoid pregnancy and Information Sheet 8d: Voluntary Medical Male Circumcision**

You will need: Flipchart and markers (or blackboard and chalk), writing paper/flipchart and markers/pens, Prestik or sticky tape and, if possible, pieces of coloured paper. Strips of paper and pens/pencils, tape or staples (for making paper chain)

Prepare the following beforehand:

Prepare enough sheets of paper for each participant with the seven statements on responsibility and decision. Here are the seven statements:

- I am a very responsible person.
- If a person gets HIV, it's his or her own fault.
- I mess up sometimes but that doesn't mean I'm not a responsible person.
- I usually think about the future when I make a big decision.
- Girls have to be more responsible than guys in relationships.
- If a girl falls pregnant, it's her own fault.
- I always say sorry when I hurt someone.

Prepare the strips of paper for the paper chain, and make sure that you have enough tape/staples.

Have enough sheets of paper for everyone with the TRUE/FALSE statements for Activity 1.

Proposed methodology: Brainstorming, discussions, group work



Facilitator note

Ways of making risky behaviour seem okay:

'Everybody does it' is an excuse for behaviour that does not include taking responsibility for one's actions. People who say 'everybody does it' excuse their own behaviour and usually think that they are the innocent victims of what's happening around them. They feel that they have done nothing wrong. When we say that we are a victim of circumstances (such as a disadvantaged background or absent/unloving parents), we do not believe that our actions affect our lives. The first step in dealing with any problem is by taking our fair share of responsibility for it.

Young people also sometimes make violent sexual behaviour choices; lying and infidelity seem okay by minimising the damage they've done. They might say that they know the difference between behaviour that causes injury and behaviour that doesn't cause real injury, and that their behaviour isn't so bad because nobody really got hurt.

It is also common to blame the victim when they have acted in a violent or unkind way towards someone else. In their own minds, he or she deserved the way they were treated.

Sometimes young people blame those who judge their behaviour, saying, for example, that they are acting in accordance with their culture, and people who condemn them can't know or understand anything about this.

Activity 22: Effects and consequences of risky behaviour

Activity aim: To understand who to make healthy life style choice

Step 1: Group discussions (25 minutes)

- Divide participants into groups of five.
- Groups are to appoint a leader/spokesperson.
- Give the leaders the papers with questions for discussion, a blank flipchart, and markers.
- Instruct leaders to facilitate a participatory discussion in their groups to answer the following questions.
- The group spokesperson should take notes on the flipchart for reporting back to the bigger group.

What are the effects (or consequences) of HIV for:

- a) The person who is HIV positive?
- b) The family of a person who is HIV positive?
- c) The community?
- d) South Africa as a nation?



What are the effects (or consequences) of unplanned and teenage pregnancy for:

- The mother and father?
- The family of the young woman?
- The community?
- South Africa as a nation?



Facilitator note

- Observe participation levels and ensure group discussions stay on track.
- Make suggestions or contribute ideas to help their thinking.
- Ensure that ideas are being jotted down.

The spokespersons each present what their group discussed. Allow others to comment.

- After each volunteer has finished giving feedback, you can ask the rest of the participants whether they can add to the list.

Ensure that they list all the most important effects/consequences. Below are some of the important effects/consequences we want you to make sure are brought up. Use these lists below to help and guide you.

Some of the consequences of HIV acquisition for the individual who is HIV positive or living with HIV

- May become vulnerable to illness because of a compromised immune system.
- Anxiety and depression. Some may become suicidal.
- Fear for the future and giving up some personal goals.
- Might affect relationships because of stigma.
- Might transmit HIV to a partner and must deal with feelings surrounding that.
- If a mother is HIV positive, there is a risk of her infecting her baby through mother-to-child transmission.
- Might need to take ARVs; might experience side effects that affect ability to live a normal life – many people say that ARVs make them feel sick.
- Might feel weaker and not able to participate in sport or other normal work activities.

Some of the consequences of HIV for the family when someone is HIV positive

- Loss of family income if the HIV-positive person is the breadwinner and gets too sick to work.
- The burden of caring for a chronically ill family member for prolonged periods.

- Family disputes due to accusations of witchcraft.
- In some communities, the family might be avoided or stigmatised.
- Fear and anxiety might cause friction, causing family members to argue with one another.
- Break up of marriages due to accusations of who transmitted HIV to who.
- Households in which an adult had died from AIDS are four times more likely to disband (fall apart) than those in which no deaths occurred – children are often sent to relatives.
- Family income is affected; family members sometimes need to give up necessities so they can care for the sick person.
- It is estimated that HIV-related care can use one-third of a household's monthly income, on average.
- When families take on debt to pay for medical treatment, precious assets such as livestock and even land are sold. As debt increases, the chance for the family to recover and rebuild diminishes.

Some of the consequences of HIV for the community

- A community in which many people are sick is not vibrant and active.
- More community members needing care puts a strain on carers' energies and resources.
- HIV stigma may increase.
- A community in which many people are sick and unable to work will become poorer and poorer.
- Accusations of witchcraft.

Some of the consequences of HIV for South Africa as a nation

- HIV affects the labour force, creating a setback in economic and social progress.
- Healthcare system: HIV-positive patients stay in the hospital on average four times longer than other patients. Some studies predict that people living with HIV and AIDS patients will soon account for 60–70 per cent of hospital expenditure in South Africa. Hospitals tend to admit people only when they are in the later stages of illness, reducing their chances of recovery.
- When people get sick, they take early retirement, which increases company costs for healthcare and pension fund commitments. Productivity decreases.
- Government income also declines because there are fewer people paying tax.
- Added unskilled labour and increased unemployment rate.

Some of the consequences of teenage pregnancy for the teenage mother

- Might need to drop out of school to take care of the child.
- Might give up on some personal goals.

- Might suffer physical consequences – young women tend to suffer the negative effects of childbirth more than women in their 20s and 30s. Teenage pregnancy is considered high risk.
- Might feel lonely, even depressed.
- Might not be able to go out with friends anymore because of having to care for child.
- Childcare is expensive; the mother might need to find extra work to afford the things she needs to care for her child.
- Might affect relationships because of stigma. In some communities, a teenage mother might be labelled as a 'bad girl' while the father won't suffer many consequences.

These consequences can also apply to mothers who are no longer teenagers but have unplanned pregnancies.

Some of the consequences of teenage pregnancy for the teenage father

- Sometimes, the mother won't let the father see the baby until he pays a certain amount of money, called 'the damage'. The correct word for this is 'maintenance'.
- Might be excluded from the child's life leading to loneliness, depression, confusion and anger.
- Might be 'villainised' (made into a villain or a 'bad guy') – people assume that the father is a bad guy; the mother and her family might be angry with him, placing all the blame on him while all their sympathy goes to her.
- Might give up some of his personal goals in terms of having his own family.
- Might affect his relationship with the mother.

These consequences can also apply to fathers who are no longer teenagers but have babies from unplanned pregnancies.

Some of the consequences of the unplanned teenage pregnancy for the family of the young woman

- Financial implications of childcare.
- The whole family is usually involved in the decision of whether the young woman should keep the baby or seek an alternative solution, so the whole family must deal with the consequences and make tough decisions.
- Re-adjusting hopes and dreams, and dealing with feelings of disappointment when the young woman, for example, drops out of school.
- Sometimes there is a loss of trust in the family.
- In some communities, the family might be avoided or stigmatised.
- Worrying about the health of the mother and baby.

Some of the consequences of teenage and unplanned pregnancy for the community

- Young people, especially women, feel trapped because they need to give up their goals; they have to stay in the community and are not afforded an opportunity to rise above their circumstances.
- The community often has to help care for the baby.
- Children without active and involved parents often experience behaviour problems later in life, which can affect the community.

Some of the consequences of unplanned and teenage pregnancy for South Africa as a nation

- Because teenage moms are often not emotionally ready to have children, they don't pass on the life skills needed for their children to be successful.
- Many children born from teenage mothers end up not doing well at school and turn to crime. This creates a problem for the government.
- Many social issues, such as poverty, health and incomplete education result from teenage pregnancy.
- Increased public sector healthcare costs, increased child welfare costs, prison costs and lost tax revenue are all linked to unplanned teenage pregnancy.

Step 2: Feedback and facilitated discussion (10 minutes)

Highlight with participants that there are many consequences to HIV transmission and unplanned and teenage pregnancy. It is important to be aware of the consequences and also who can be affected. Our choices do not only change our own lives but also the lives of the people around us.



Participant reflections (5 minutes)

Share stories about consequences

- 5) Ask participants to sit in a circle.
- 6) Ask the group to share stories from their experience that show the consequences of HIV and unwanted teenage pregnancy. Remind participants to avoid mentioning names.



Facilitator note

Young people may share from their personal experience and this may become emotional, so the facilitator needs to be sensitive. An activity debrief may be needed. This debrief could be a simple meditation or include some of the stress-relieving activities discussed in Session 9.

How to conduct a simple meditation session: Set a timer for 5 minutes and make sure all phones are on silent. Close the door. Explain to participants that everyone is going to rest and breathe in silence to relax for 5 minutes. Read instructions to the participants as they are written below:

- Sit upright in your chair with your back supported by your chair and your hands resting comfortably on your thighs or in your lap.
- Close your eyes.
- Breathe in slowly and think 'rising' when breathing in through your nose.
- Breathe out slowly and think 'falling' as you breathe out through your mouth.
- Focus your mind's attention on the space just behind the midpoint of your forehead.
- Continue breathing in and out thinking 'rising' on the in and 'falling' on the out.

When the timer goes off, after 5 minutes, ask participants to gently open their eyes, and to think about how they feel. Tell them to stretch their arms and legs and to stand up and stretch again.

Activity 23: Decisions and taking responsibility

Activity aim: Understanding how to make quality decisions and take responsibility

Time allocation: 45 minutes

Step 1: True or False (5 minutes)

Hand out the sheet of paper with the seven statements to each participant.

Ask them to answer TRUE or FALSE to the following seven questions on their sheet of paper. Participants do not need to write their names.

- i) I am a very responsible person.
- ii) If a person gets HIV, it's his or her own fault.
- iii) I mess up sometimes but that doesn't mean I'm not a responsible person.
- iv) I usually think about the future when I make a big decision.
- v) Girls have to be more responsible than guys in relationships.
- vi) If a girl falls pregnant it's her own fault.

- vii) I always say sorry when I hurt someone.

Discuss: Why is it difficult to take responsibility? In your workbook, write down what you think it means to take responsibility.

Step 2: Discuss/debate decisions (20 minutes)

Introduction: Explain to participants that good decisions are often made when we calmly weigh the long-term risks against the gains in any given situation.

- If we find a big decision difficult to make, we can ask the advice of friends, experts and neutral people.
 - We're going to do an activity in which participants get to practise their decision-making skills.
 - For this activity, 7 volunteers each get one of the questions below to answer for themselves. Note: make sure those who volunteer are confident and ready to share their opinion.
 - The rest of the participants may then challenge that person's decision, contributing alternative viewpoints or adding their perspectives. They may say that they don't agree with the person's decision but they must be able to give their reasons. The point is to allow for discussion. If everyone agrees with a decision, you can ask them to explain why. (Being able to give their reasons is a valuable part of this exercise, so it doesn't matter if they all agree.)
- 1) *What would you do if your boyfriend/girlfriend told you that he/she is HIV positive?*
 - 2) *What would you do if a girl offered you a drink at a party or in a shebeen?*
 - 3) *Would you have a baby to get a child grant and some form of income?*
 - 4) *If you found out that you have HIV, who would you tell?*
 - 5) *If someone with AIDS told you that he was using his antiretroviral drugs to make nyaope (whoonga), what would you do?*
 - 6) *Would you try Tik just once so that you can know what it is like?*
 - 7) *Would you use sex to get what you need?*

Step 3: What is responsibility? (15 minutes)

- 1) Ask young people what they think it means to take responsibility.
- 2) Explain to them that when you take responsibility, you:
 - do something that you can be proud of;
 - take ownership for your decisions and actions – you aren't perfect, but when you make a mistake, you are willing to apologise and make things right;
 - show that you can be trusted; and
 - show that you know that your choices have consequences and that you will try your best to choose what is good in the long run.

When we act responsibly, it boosts our confidence and we feel good about ourselves. People realise that they can trust us and our relationships improve.

Examples of being responsible are when you ...

- do something you said you would do;
- keep your promise.
- act in a reliable way;
- apologise when you hurt someone;
- build people up rather than break them down;
- think about consequences; and
- care about justice (what is fair).

Activity 24: Whose responsibility is it?

Activity aim: To help participants understand responsibility better.

Time allocation: 45 minutes

Step 1: Activity (10 minutes)

In this activity, ask participants to say who they think should take responsibility in the following cases (or how). Take a show of hands. After discussion, the participants can complete this section in their workbooks.

- In a relationship, whose responsibility is it to decide if you should have sex or not? (*The female, the male or ...?*)
- If you have a baby, whose responsibility will it be to change the baby's nappies and feed him/her during the night? (*The mother/the father/both/other (the mother's family/the father's family/the adoptive parents?)*)
- In a relationship, who should buy condoms? (*The girl/the boy/both together?*)
- If you contract HIV, is it your responsibility to tell your sexual partner? (*Yes/no*)
- Whose fault is it if a girl gets pregnant? (*Hers/his/neither*)

Explain to young people that we'll discuss the answers to these introductory questions at the end of the session. (No discussion now.)

Step 2: Follow-up on 'whose responsibility is it?' (15 minutes)

Earlier on, you asked participants to say who they think should take responsibility in the following cases (or how). Now, without discussion, tell them that you think the answers are as follows:

- In a relationship, it is the responsibility of both partners to decide when to have sex, and to help one another to stick to the agreement.
- If you have a baby, it is the responsibility of both the mother and the father to agree who will change the baby's nappies and feed him/her during the night.

- In a relationship, it is the responsibility of both partners to agree who will buy the condoms (or get them from the clinic) and if you don't have any, you don't have sex.
- If you contract HIV, is it your responsibility to tell your sexual partner.
- Question 5 was placed deliberately to give you the opportunity to explain that it is unhelpful to blame anyone and it doesn't make an unplanned pregnancy go away.

Step 3: Chain of responsibility (15 minutes)

- Hand out strips of paper and pens/pencils.
- Ask participants to think of examples of responsibility in the context of romantic relationships.
- Ask them to write these examples down on strips of paper (individually, without discussion).
- One by one, ask participants to come to the front and read out their examples. Then, let them tape/staple the strips so that they make loops that form a paper chain.
- Once you've made a long paper chain, ask participants what difference they think it would make in the community if everyone kept their pledges/promises and acted responsibly. Wrap your chain around each other to show that how you acting responsibly will affect others.
- What difference would it make in our country?
- Why is it so important for the youth of South Africa to act responsibly?



Participant reflection (5 minutes)

Reflect on what areas you act responsibly in. Who are the responsible people in your life. Who are the important people in your life? Write this down in your workbook. If you would like to, write down areas where you would like to be more responsible.

Activity 25: Resistance to condoms

Activity aim: To understand why people don't want to use condoms and how to negotiate condom use.

Time allocation: 30 minutes

Step 1: Ice-breaker: (5 minutes)

Suggestion: 'You caught my eye' OR 'Hi, my name isn't'



Step 2: Group work and role play on condom use (25 minutes)

Brainstorm reasons/excuses for not using condoms with the group. Write them up on the flipchart.

These can include:

- I am too big for condoms/condoms are too small for me.
- Condoms can tear.
- Condoms don't always work.
- Condoms smell funny/condoms hurt or don't feel good.
- I am too embarrassed to speak to my partner about using condoms.
- We don't need condoms – I am using the injection/on the pill.
- Wearing a condom is like eating a sweet with the wrapper on/skin-on-skin feels better

Step 3

Divide participants into groups of 4. Give each group a number of excuses for not using condoms to discuss (divide the excuses up so each group gets the same number).

Step 4

Split the groups into pairs and ask them to each prepare a role play (of max 2 minutes) where they discuss the one partner's reason for resistance to using condoms and the other partner can give a response to support the use of condoms.

Step 5

Perform the role plays and ask the group to comment and discuss.



Facilitator note

In addition to condom use, facilitators must refer to the importance of correct and consistent condom use – using condoms the correct way EVERY time – and dual protection. Refer to Information Sheet 8b.



Short seminar: Dual protection, contraception and VMMC

Dual protection is the use of non-barrier contraceptive methods with male or female condoms. Non-barrier methods usually refer to the pill, hormonal injections, the patch or the IUD/loop. Explain that condoms are important for HIV prevention, but highly effective contraception is important to prevent pregnancy. Condoms on their own are only effective in reducing pregnancy if used properly. The pill, hormonal injections and the IUD/loop do not prevent HIV and STIs.

Refer participants to pages 63–69 in their workbook. Briefly outline different types of contraception available. Remind participants that according to the Department of Health's National Contraception, Fertility Planning Policy and Service Delivery Guidelines of 2012, 'Everyone should have access to accurate, unbiased information about all available methods in order to make an informed choice. Clients should be provided with the contraceptive methods that they request, subject to meeting relevant medical eligibility criteria and availability, combined with an assessment of their circumstances.'

Source: <https://www.health-e.org.za/wp-content/uploads/2014/05/National-contraception-family-planning-policy.pdf>

Types of contraception:

- Hormonal contraception: the pill, injectables, patch, implants, vaginal ring
- Intra-uterine contraception: copper loop, loop
- Emergency contraception: 'morning after pill'
- Barrier methods: male condom, female condom, diaphragm and spermicides
- Voluntary sterilisation: vasectomy, 'tubes tied' – not recommended in this age group
- Fertility awareness-based methods: counting days of cycle
- Lactational amenorrhea method: lower chance of falling pregnant while breastfeeding due to no menstruation
- Abstinence
- Withdrawal: coitus interruptus – withdrawing before orgasm
- Traditional methods – ask group if they know any of these.



Take-home work (self-reflection and life-skill application)

Building good relationships is an ongoing activity and it requires safe choices and taking responsibility. Think about ways in which you can make your existing relationships more responsible. Write down three ways that you can make relationships more responsible in your workbook.

SESSION 9

Dealing with emotional and social challenges

Activity 26: Dealing with emotional challenges

Activity 27: Living in a child-headed household (Complementary activity)

Activity 28: Losing parents (Complementary activity)

Activity 29: Stress linked to living with HIV (Complementary activity)

Activity 30: Stress linked to being a teenage parent (Complementary activity)

This session is designed to help participants deal with emotional and social challenges that arise. Risky behaviour can result in adversity, and young people need to develop resilience (ability to cope). One way of doing this is to deal with the change that has happened in life and to cope better with the adverse challenges. This session will assist participants to develop these necessary skills.

Expected outcome

By the end of the session, young people should know more about dealing with challenges such as handling emotions, peer pressure, stress, change and feedback. Participants who need help with specific challenges such as living in a child-headed household and losing parents to HIV should also know more about where they can receive guidance.

Estimated time for session: 60 minutes



Preparing for the session

Facilitator preparation time needed prior to session: 60 minutes

- Read through this session so that you know what to do.
- Read **Information Sheet 9: Managing stress and dealing with challenges** (Session 9) in YOLO Manual

You will need: Writing paper and a pen

Prepare the following beforehand:

- Prepare sets of small folded cards/strips of paper with the following six emotions written on them: angry, embarrassed, sad, nervous, scared, loving. Duplicate these so that there are enough for each participant.
- Place the folded strips of paper into a bag/container, so that participants can draw one out without others seeing which emotion they got.

Proposed methodology: 'Matching feelings' game, 'Good cop, bad cop' game, arm-hugging activity, group discussion

Activity 26: Dealing with emotional challenges

Activity aim: To understand how to handle emotions better

Time allocation: 60 minutes

Step 1: Ice-breaker (5 minutes)

Step 2: Matching feelings (10 minutes)

- Use the strips of paper with emotions that you prepared in advance: angry, embarrassed, sad, nervous, scared, loving.
- Let participants draw a strip out of the bag/container and tell them not to show it to anyone.
- This is a silent game. The objective is to act out the emotion, and to find someone with a matching emotion.

Alternative activity suggestion: Charades

- Ask for a volunteer from the group.
- Give the volunteer a card which has an emotion on it.
- The volunteer then acts out the emotion without any words or sound effects.
- The group must guess which emotion the volunteer is displaying.
- This can then be repeated with a different volunteer.

Discuss with participants:

- Which emotions are the easiest to show? Why is that?
- Which emotions are the hardest to control? Why is that?
- How can we control our emotions?

Step 3: Explain two golden rules for handling emotions (5 minutes)

There are two golden rules for handling emotions:

- 1) Take a moment! PAUSE! This means that you think about consequences and take stock of the situation before you react to a situation.
- 2) Use your words! And use them responsibly. This means that you explain calmly how you feel. You don't fight physically, you don't hit or hurt someone or damage property; you talk.

Step 4: Activity – Dealing with change (15 minutes)

Ask participants to fold/cross their arms as usual and then try to fold/cross them the opposite way.

OR

Ask participants to write their name using the hand they do not usually write with, for example: if you're right-handed then write your name with your left hand and vice versa.

- Many people find change uncomfortable and that it is part of everyone's life.
- In fact, change is a good thing because you can be sure that some of the things you're struggling with right now won't be an issue for you anymore in the future.
- Ask participants to brainstorm how they deal with change. It can be a loss, or a change in their family set up, etc. Then go through the following tips. If possible, have them written on the flipchart or up on a screen or blackboard.

Explain to participants that when you deal with change, you should ...

- Think about the size of the change. To do this, list the things in your life that will change and the things that will stay the same. It often helps to remind yourself of the things that stay the same because it makes the change feel smaller.
- Change is stressful for many people (not everyone). Use the techniques you learned to lower your stress levels.
- Ask whether anyone in the group is experiencing change at the moment (as an example). If no one shares, the facilitator can share a story or scenario from his/her personal life, or have a generic example ready.

Ask participants for tips to help this person deal with the change explained in the story. (Encourage the person to say what he or she is most scared of, associated with the change, and then for everyone to think of helpful advice).

Step 5: Recognising and managing stress (25 minutes)

- The facilitator begins with defining the concept of stress.

Definition: Stress means feeling under pressure as a result of adverse or demanding circumstances.

Facilitator to add

- Ask participants to brainstorm what causes stress in their lives.
- It is often said, 'A little bit of stress is good for you'. Put up your hand if you think that statement is right.
- Explain that we need a little bit of stress (or tension) to motivate us to get things done. But too much stress is bad for us.
- Ask participants to list in their workbooks at least 10 things people do (healthy and unhealthy) to cope with stress. If possible, write these on a board/flipchart that everyone can see. Now ask them which of these are healthy and which are unhealthy, and draw a line through each unhealthy way of coping with stress such as eating too much or starting to drink or take drugs. Remind them that if they start drinking or taking drugs, they will be less able to make wise and healthy decisions about their behaviour. This means they will be more at risk of contracting HIV or becoming a teenage parent or having an unplanned pregnancy.

You can reduce stress by:

- Getting exercise: Half an hour of playing a fun game outside can do wonders for your stress levels. If your friend is looking stressed, invite him/her to a game. Even during exam time, you must schedule time to exercise to keep your stress levels down. Exercising is a quick, effective way of blowing off steam.

- Taking time to relax. Make sure that there is some time in your day when you do something you enjoy. Draw, colour in, read or watch TV.
- Seek practical help if the stress is related to a difficult situation, e.g. from social workers, family, friends, or organisations that assist in different situations.
- Sleeping: When you are stressed, you must give your body enough time to refresh itself to cope with the day.
- Being kind to yourself. It's okay to make mistakes; they are part of learning. Don't expect the impossible of yourself and learn to recover from a bad decision.



Participant reflection (5 minutes)

Identify in your workbook how you currently handle stress and challenges.

Write down what can you do to handle these challenges differently.

List three things that currently stress you. What can you do to handle these challenges differently?

In your workbook, list two ways you can deal with stress and the consequence of risky behaviour if you do become HIV positive or pregnant.

Remember it is not the end of the world if you fall pregnant, contract an STI or acquire HIV, but you will need to have a plan to deal with the consequences of risky sexual behaviour.

The following activities can be included in this session if participants need specific guidance in these areas. However, even if these specific topics don't affect individuals directly, it is very likely that all the participants will know people who need this support and information. If possible, ask participants who would like to stay for another activity, and then do this in addition to the topics already covered.

Activity 27: Living in a child-headed household (20–30 minutes)

Participants who remained to hear more on this topic might be in a child-headed household or know of other young people who have no primary adult caregivers. The topic should be handled with sensitivity, as they might not trust adults who say that they want to help. They might be very vulnerable, both physically and emotionally, and in complex, unique situations that require formal welfare intervention. Although you can provide support and information and try to gain their trust, you should not neglect informing welfare services and accessing the help that vulnerable children need to ensure their safety.

- 1) If relevant, start by providing the participants with information that will be helpful to them.
- 2) If relevant, allow discussion about the information that you have supplied. Do not become impatient if they say that they have tried to access help but were turned away.

- 3) The fact sheet below should provide a starting point, as it shows that alternative forms of care are available, and that children have the right to reasonable care.
- 4) It might be possible that children resist accessing help because they are afraid of more change, or because they fear being separated from siblings. They might also have heard disturbing rumours about care facilities and, sometimes, they are too traumatised to make good decisions and simply keep going in a bad situation in the hope that things will get better. It is beyond the scope of this programme to deal with all these issues, but we urge you not to ignore them. If you are aware of vulnerable children, you must ensure that they receive the attention of the Welfare Department.

Childline: For immediate assistance, please call toll free number – 0800 55555 – and you will be redirected to the appropriate regional office.

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Rands

Living in a child-headed household: Fact Sheet

According to the South African Constitution, a child's rights are as follows:

- Section 27(1): Everyone has the right to have access ... (c) to social security, including, if they are unable to support themselves and their dependants, appropriate social assistance.
- Section 27(2): The state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights.
- Section 28(1): Every child has the right ... (c) to shelter
- SA Constitution Section 28(1): Every child has the right ... (b) to family care or parental care.
- SA Constitution Section 28(1): Every child has the right ... (b) to appropriate alternative care when removed from the family environment.
- SA Constitution Section 28(1): Every child has the right ... (d) to be protected from maltreatment, neglect, abuse or degradation.
- SA Constitution Section 28. Every child has the right ... (e) to be protected from exploitative labour practices; (f) not to be required or permitted to perform work or provide services that – (i) are inappropriate for a person of that child's age; or (ii) place at risk the child's wellbeing, education, physical or mental health or spiritual, moral or social development.



Facilitator note

- From 2012, the eligibility age range for the Child Support Grant has been extended to 0–17 years. The Child Support Grant is paid to parents or primary caregivers of a child within the eligible age range who pass the means test. Lack of documentation like birth certificates or identity numbers is the biggest reason why caregivers don't access the child support grant.
- The majority of children (80 per cent) not living with a parent reside with their grandparents or relatives: 61 per cent live with grandparents, 19 per cent live with other parents, 9 per cent live with a (step) brother or sister, 1 per cent live with someone they are not related to, and 1 per cent are the acting head of a household.
- In 2010, over 88 600 children were declared in need of care by a children's court. These children were placed in foster care, in a children's home, in a school of industry or back into the parents' or guardians' care, under the supervision of a social worker. Orphaned and abandoned children were also adopted.
- In 2011, close to 500 000 children lived with foster parents. In 2010, more or less 13 250 children stayed in registered child and youth care centres, and many stayed in unregistered centres. Close to half of children (45 per cent) who were admitted to registered child and youth care centres were admitted because of abandonment or neglect.

Activity 28: Losing parents (20–30 minutes)

Children who lose parents might experience grief and the additional trauma of uncertainty regarding their living conditions. It helps to explain to them that grieving is a natural process, and to tell them the following:

- Grief is a very powerful emotion that you feel when someone that is very important to you passes away. Grief is an important emotion to work through that helps you stay mentally healthy in the long term.
- When you are grieving, you might experience the following emotions:
 - feeling 'numb' and like none of this is real – you think you are just imagining it;
 - expecting the person who has died to come back;
 - feeling like the person who died is communicating with you after death;
 - having trouble paying attention or remembering things;
 - feeling anger or helplessness about your situation;
 - feeling emptiness, loneliness or despair; and/or
 - feeling guilty (blaming yourself, feeling that you should have been nicer, not left home, etc.)

Help participants to talk about their experience and to know if their normal feelings of grief go beyond sadness. Are there facilities in your community that deal with clinical depression? If, after a couple of months, a child still struggles

to function, he or she might need to be treated for clinical depression.

Many young people are afraid that they will lose/forget important details about their parent who passed away. Talk about ways in which you can honour the person's memory, for example, by making a scrapbook or memory box, or by lighting a candle every year to remember the person's life.

Activity 29: Stress linked to living with HIV (20–30 minutes)

- 1) Explain to participants that many HIV-positive young people become targets of stigma or discrimination, which increases their stress of coping with the condition. Even people who know the facts about HIV sometimes cling to the belief that the HIV or AIDS is the other person's own fault. An unreasonable judgement by people can cause an HIV-positive person to start believing that they are morally weak and deserve to be punished. This is dangerous and unfair.
- 2) Because people might experience stigma in many different ways, it is essential to find a supportive group of people who will listen and offer advice for dealing with individual circumstances. Find out whether there are any support groups in your area. If there aren't any, consider whether you can start one.
- 3) Explain to participants that talking about what they are experiencing will help them to deal with the stress. If they are scared of being stigmatised further for joining an HIV support group, they should at least find someone that they trust who can help to share the burden.
- 4) Explain that the law does not force them to disclose their status to friends, family, people at work or anywhere else, but if they know that they are HIV positive and they have sex with someone without telling the person, there is a possibility of being charged with wilful infection (regardless of whether they use a condom or not).
- 5) Explain that it is normal to feel nervous to disclose one's status, but if the person who you disclose your status to is someone you care about, there might be long-term health benefits (such as stress-reduction) in telling them.
- 6) Here are some ideas that might make it easier to disclose your HIV status to an intimate partner:
 - Choose a place that feels safe and where you can have an uninterrupted, private conversation.
 - Be prepared for the person's response, which might be shock, anger and a sense of betrayal. Keep in mind that the person's reaction might change with time.
 - Also be prepared for the person's questions about your diagnosis. They might initially be more interested to know how it was transferred to you than what the diagnosis means in the long term. Be honest, even if it is hard to do so. If you lie now, it becomes much worse later on if your partner finds out the truth. Remember, it is also very stressful to live with a lie.

Activity 30: Stress linked to being a teenage parent (10–15 minutes)

- 1) Explain that adolescence is a stressful time of life, and being a teenage parent adds to the stress. To cope with moments of extreme stress, teenagers can make use of the following tips:
 - Imagine that your stress is a large, grey, dirty cloud that fills your body, and everything outside your body is a lovely, blue cloud, crisp and clean. Imagine breathing in the clean blue air and pushing the dirty grey air out. Breathe deeply, in and out, eight times.
 - Close your eyes and focus on your breathing and your heartbeat. Do this for about a minute.
 - Look upwards. Angling your eyes like this helps your brain to be less overwhelmed by emotion.
 - Get regular exercise (about 100 minutes a week) and sleep (at least seven hours a night).
- 2) You can also ask participants if it would help them to draw up a schedule or list of things to do, so that they might feel more in control. They might also be able to listen to music, ask for help or go for a walk when they feel stressed.



Facilitator reflection



BUILDING BLOCK FIVE: 'Others are important': Improving my relationships

This fifth building block continues to highlight that young people are not alone, but can have good, quality relationships with others. Young people do not experience life on their own, but with the people they interact, communicate, socialise and live with. Understanding that life choices and decisions about sexual and reproductive health are not independent decisions means that we have to continue to build strong, healthy relationships that have open, two-way flows of communication. We need to recognise that as young people we are able to make effective decisions about our own lives. This building block helps to identify what makes a good relationship and further aids to build better communication skills and the ability to ask quality decisions about HIV prevention and teenage pregnancy.

Learning outcomes

- Learn about the importance of healthy relationships.
- Understand what is effective communication, and the importance of saying NO when you do not want to do something.
- Learn more about effective and ineffective decisions

Expected behavioural outcomes

- Have healthy relationships.
- Understand body language and understand communication through body language.
- Make better decisions about sexual health.

SESSION 10

Healthy relationships

Activity 31: Relationship stew

Activity 32: Trust and forgiveness

This session focuses on the importance of building healthy relationships. It explores what makes relationships healthy with a focus on the importance of respect, trust and empathy.

Expected outcome

By the end of the session, participants should know that a healthy relationship involves respect and trust, as well as being equipped to improve their relationships by developing empathy and accepting diversity.

Estimated time for session: 90 minutes (2 x 45 minutes)

**Preparing for the session**

Facilitator preparation time needed prior to session: 60 minutes

- 1) Read through this session so that you know what to do.
- 2) Read Information Sheet 10: Relationships in YOLO Manual

You will need: Writing paper and pens, two pots and, if possible, something that smells good (vanilla essence/spray, some aftershave or perfume) on a piece of paper and something that smells bad (maybe dirty socks!)

Prepare the following beforehand:

- 3) The 'relationship stew' – write 'ingredients of an unhealthy relationship' on slips of paper and put in pot, as well as something smelly.

Ingredients:

- Rudeness
- Jealousy
- Anger
- Lies
- Abuse
- Manipulation

Proposed methodology: 'Find common ground' game, 'Relationship stew' activity, role play group discussions, storytelling

Activity 31: Relationship stew

Activity aim: To understand the difference between healthy and effective relationships and unhealthy and ineffective relationships

Time allocation: 45 minutes

Step 1: Ice-breaker (5 minutes)

Suggestion: Finding common ground

Read out a number of statements that refer to things participants may have in common. The participants must find a person that matches that statement and write their names down.

For example:

- If you have a younger sibling, find someone who does too.
- Find someone who's wearing the same colour as you.
- Find someone who enjoys the same meal as you.
- Find someone who lives with their aunt.
- Find someone who has two brothers.
- Find someone who lives with their granny.
- Find someone who lives with a step-parent.
- Find someone who has an older sister.
- Find someone who has a boyfriend.
- Find someone who has a girlfriend.

Explain to the participants that there are many different kinds of relationships that people have and then tell them that the session will focus on romantic relationships.

Step 2: Making the stew (20 minutes)

- For this activity, you need two pots with lids (and, if possible, something small that smells good and something small that smells bad, which you can put in the bottom of the pots).
- Start with the 'bad relationship stew' pot. Before the session starts, place some slips of paper in this pot that represent ingredients of an unhealthy relationship, for example:
 - Impatience
 - Rudeness
 - Jealousy
 - Anger
 - Lies
 - Abuse
 - Manipulation

- If you have something small that smells bad, like a dirty sock, place it at the bottom of the pot. Now ask for a volunteer to come and lift the lid. Ask them to smell in the pot. How do they feel when they smell something bad? Ask the person to pull out the slips of paper to read what the ingredients of your bad relationship stew are. After each ingredient is read out, ask the group for an example of a situation in which that bad ingredient is found.
- Ask, 'What do you think happens to a person when they eat from this pot/when they eat the bad relationship stew?' Hopefully they will understand that it becomes part of them; it changes them and the way it can make them sick.
- Now move to the good relationship stew with something that smells good in the pot (maybe spray perfume or deodorant in the pot). Let participants write the 'ingredients' on slips of paper and place them in the pot. (Hopefully, they'll mention things like trust, respect, kindness, spending time together, understanding and accepting, encouragement and sharing wisdom.)
- (You can pretend to stir the pot.) Ask them to smell the stew. How do they feel when they smell something good? Now ask them what will happen to someone who eats from this pot/the good relationship stew. How will it change the person?

Summary

Tell participants that it is important to understand that some relationships are unhealthy, and it is their responsibility to get out of such relationships even though this can seem difficult. It is important to acknowledge as a facilitator that often it is not easy to leave unhealthy relationships. The facilitator must be careful not to judge or be critical of participant's realities and decisions – sometimes choice is limited.

Ask them to think about their relationships. They should reflect on whether there are any people in their lives that have an unhealthy influence; a romantic relationship where their wishes are not respected or they are forced to do what they do not want to, etc.

Conclusion

Our relationships affect us. Hopefully in this exercise participants will realise the difference between healthy and unhealthy relationships.

Link to next activity: Respect

Step 3: Role play about respect (25 minutes)

- Ask for a volunteer.
- He/she must use the pot from the previous activity and act out serving stew to someone, first in a respectful way, then in a disrespectful way. (If you want to, you can ask a second person to demonstrate the difference.)
- Thank the volunteer. Now ask:
- What was the difference?
- What is respect?
- How do we talk/act when we are being respectful?
- Do you like it when someone treats you respectfully? Why?
- How does it improve our relationships to act respectfully?
- Ask them to get in groups of four or five and discuss the following:
- *Do you think boys and girls always treat each other respectfully when it comes to love and sex?*

If the groups are shy or inhibited, you might need to prompt them by asking specific questions, like:

- How do boys show interest in girls?
- Do you think they do it in a respectful way?
- What way would be better?
- If a girl doesn't like a boy, how can she show that she doesn't want to be with him in a respectful way, without embarrassing him?

Ask for feedback in a facilitated discussion, in which you ask them to explain why certain behaviour makes them feel disrespected, and how they would like to be treated in those situations.

At the end of the session, remind them of what they learned in the previous session about handling emotions.

If someone treats you disrespectfully, you should first gather your thoughts – don't act in anger – then 'use your words' calmly and respectfully. They might not like hearing what you have to say, but do not let that affect you.



Facilitator note

One of the ingredients of a good relationship that we mentioned was respect. It's important to understand exactly what respect is, so we're going to explore this in a bit more detail.

Activity 32: Trust and forgiveness

Activity aim: To understand the importance of trust and forgiveness

Time allocation: 45 minutes

Step 1: Reading the story and group discussion (25 minutes)

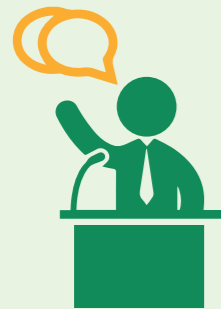
1) Complete the story ...

When Simphiwe and Siphon are together, they feel like they really understand one another. They laugh and talk together every break time at school, and Simphiwe hopes that she will ask him to be her boyfriend. There is one problem: Simphiwe's friends have been warning her about Siphon. They say he's a player, and that he has a girlfriend with a baby in another town. Simphiwe thinks that they're just jealous. She asks him about it and he flat-out denies it, so when he finally tells her that he loves her, she is so happy. A month later ...

- Now ask participants to break up into groups and to come up with an ending to the story.
- Give them a minute or two to think and write down the end to their story.
- Don't let them tell the end of the story to their peers yet.
- Tell participants that we're going to talk about trust. Explain the following to them:

Short seminar: Give this short lecture

- We usually start a relationship trusting our partner, but trust can get eroded (broken down) when he/she breaks his/her promises to us or acts in inconsiderate or hurtful ways.
- It is hard to restore trust that has been lost but it is not impossible. If you want to rebuild trust, you need to be very open about everything you do, allowing your partner to have all the information he/she needs to start trusting you again.
- Remember that everyone makes mistakes. You can decide whether you want to forgive someone or walk away from the relationship, depending on what the person has done to let you down, and how hard he/she tries to make things right again.
- Trust is a boundary issue. Some people are more trusting than others. It is not good to be too trusting, but it is also not good to trust nobody. People who have been hurt sometimes struggle to trust future partners. They might be afraid of being hurt again.
- Allow each of the groups to read out their story ending, while the rest of the participants evaluate the trust issues raised. The stories might end happily or not.
- Is forgiveness appropriate?
- Is it a healthy or unhealthy relationship?
- Is it effective or ineffective for the partners?
- Give time for discussion.



Participant reflections (5 minutes)

In your workbooks, complete the table on healthy relationships

Then answer the questions about why you think some people have unhealthy relationships and what you would advise a friend who is in an unhealthy relationship to do.

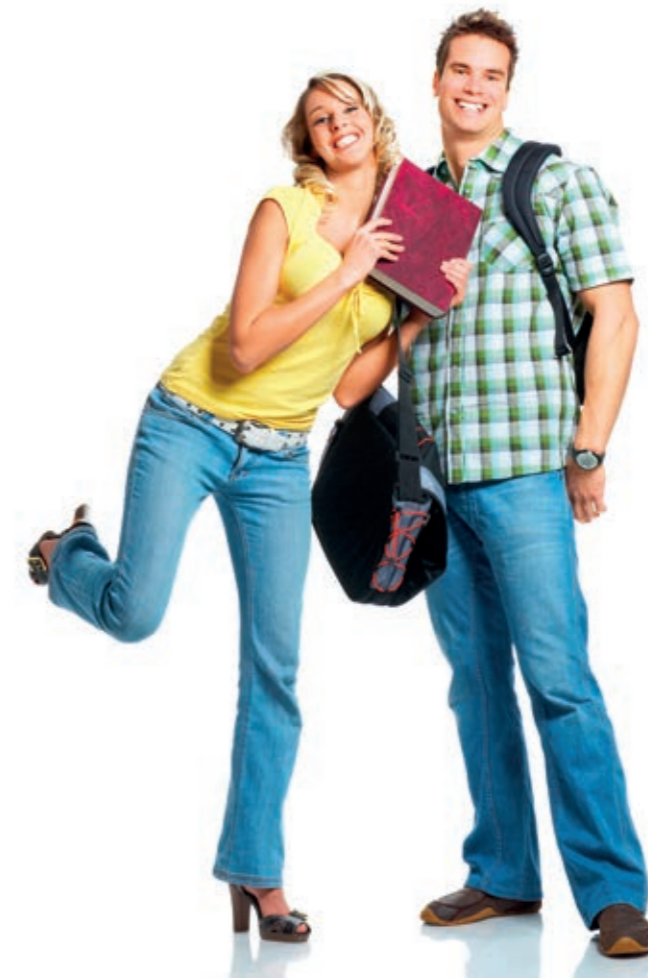
List:

- all the healthy relationships you have; and
- all the unhealthy relationships you have.

Identify and write down how you can make your unhealthy relationships better and more effective.



Facilitator reflection



SESSION 11

Communication skills and reading the signs

Activity 33: Reading body language

Activity 34: A message about sex and relationships

People are important to us, and building relationships allows for trust and respect. Communication skills also play a big role in building and maintaining intimate relationships. We can all communicate, but communication is a skill that can also be developed, and improved. When young people are able to communicate better, they are also empowered to communicate their decisions on HIV prevention options, and sexual and reproductive health. One of the skills necessary for communication is assertiveness; this was covered in Building Block One. This session further builds on assertiveness, by learning more about body language, understanding effective communication and also how to say NO to things that you don't want or agree to.

Expected outcome

By the end of the session, participants should be able to communicate clearly and assertively, understand how to communicate effectively and be able to use risk-avoidance communication skills.

Time allocated for session: 90 minutes (2 x 45 minutes)

**Preparing for the session**

Facilitator preparation time needed prior to session: 45 minutes

- 1) Read through this session so that you know what to do.
- 2) Read Information Sheet 11: Communication in the YOLO Manual.

You will need: Strips of paper and pens/pencils; flipchart and markers or blackboard and chalk; an object like a jacket or grater and a vegetable.

Prepare the following beforehand:

- 3) On strips of paper, write the following messages for 'Dr Love'
 - You only have three weeks to live.
 - Someone in this room is in love with you.
 - We can see your underwear.
- 4) On a flipchart, draw the communication model (see below).

Proposed methodology: The body language game, short lecture, role-play, sharing stories, question and answer

Activity 33: Reading body language

Activity aim: To identify and understand body language as a form of communication

Time allocation: 45 minutes

Step 1: Body Language (15 minutes)

- Ask for a volunteer to sit on a chair facing the participants. Put a label on him/her that everyone can read, which says 'Dr Love'.
- Explain to everyone that this is a silent activity at first.
- Call three participants to the front – put a label on each person, 1, 2 and 3. They each collect a message from Dr Love. They read the message silently, one by one.
- As each participant reads his/her message, everyone must try to read the person's body language to guess what the message might say. (Tell participants to closely observe the person's reaction as they read the message.)
- The three participants stay in front while the group guesses. For example, 'You looked very happy to get your message. I think your message said that you won something.'

After some suggestions from the group, reveal the messages and discuss how body language contributed to understanding or interpreting the messages. The messages are (for example):

- You only have three weeks to live.
- Someone in this room is in love with you.
- We can see your underwear.

Step 2: Hold the silence and What do I do with this? (15 minutes)

- 1) This introductory activity is called 'Hold the silence'.
 - Make sure that everyone is seated, attentive and ready to start.
 - Walk around the room, saying nothing for at least half a minute. People will start to get uncomfortable; they'll wonder whether you've forgotten what to do.
 - After about half a minute, smile and say, 'Thank you for your patience. What have you learned in the last minute?'
 - The answer is 'nothing'.
 - The point is that you have to communicate if you want people to know what you think or how you feel.

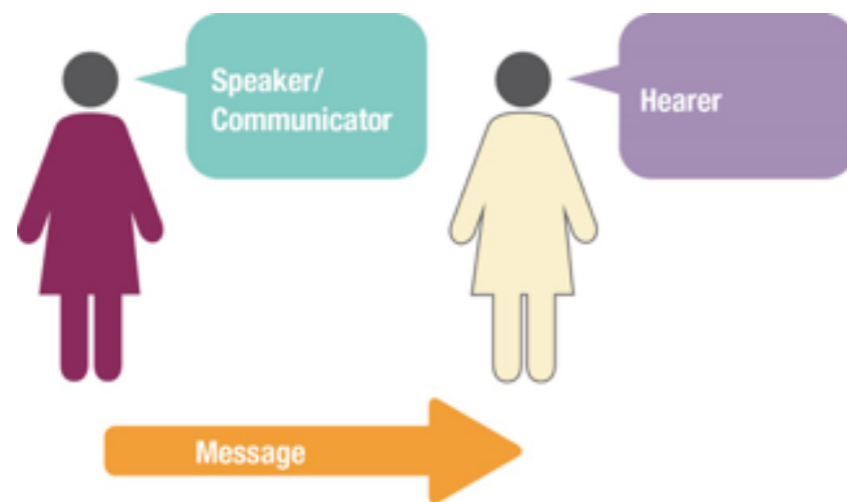
Explain to participants that silence is not an option if we want people to understand us.

- 2) 'What do I do with this? – Ineffective communication'
 - Place an object that everyone will recognise in front of the group, such as a jacket, or a vegetable grater and a vegetable (for example, a carrot).

- Ask for a volunteer to come to the front to tell you what the object is, and to explain what you should do with it/how you should use it.
- Deliberately misunderstand the person – for example, when he/she says put on the jacket you can try to wear it on your legs or on your head, or if he/she says ‘pick up the grater’, you can pick up the carrot. Let him/her struggle to explain to you what to do, while you look puzzled and unable to use the object correctly.
- At the end of 2–3 minutes, thank the volunteer for his/her efforts, and ask participants what they learned.
- The point is that for communication to be effective, someone must give a message and someone else must understand the message. Even in relationships, it is important to be sure that your partner understands you and cooperates.
- In the game, the hearer of the message was uncooperative, so the communicator didn't have the sense that he/she was being understood.

Step 3: The communication model (5 minutes)

Explain the communication model to participants. Draw it on a flipchart or blackboard:



This model shows that for communication to occur, a speaker/communicator must give a message to a hearer. However, communication does not occur in a one-way direction, instead communication is a two-way process. Feedback, interpretation and dialogue in a communication process are very important.

Ask participants: What can happen to prevent effective communication?

They might say that there can be:

- distractions
- interruptions
- mixed signals (like the person's body language and words don't match)
- The hearer might not understand the message.
- The hearer having their own agenda means that they hear what they want to hear.

It is important to be able to understand people's body language, but also to interpret what they are saying correctly. It is always best to ask people what they think, feel or are saying if you are unclear, as this will avoid misinterpretation/misunderstanding. This activity highlights that we can use body language as a way of understanding people's emotions, thoughts and feelings, but body language alone is difficult to understand. We do need to be able to use our communication skills to clarify what the person is thinking or feeling.

Ask participants to list in their workbooks five ways that they communicate with people around them.

Then ask them to write down a description of three different types of body language and what they mean.

Activity 34: A message about sex and relationships

Activity aim: Open communication about sex

Time allocation: 45 minutes



Step 1: Group discussion about messages (10 minutes)

Group work: Break up all the participants into groups of five, and give each group a message.

The messages are:

- I don't want to have sex yet.
- I want to talk about this before we carry on.
- I want you to use a condom when we have sex.
- I am feeling unsafe and I want you to stop.
- I want to break up with you.

Groups discuss (among themselves) what can happen to prevent the message from reaching the hearer. How can the speaker make sure that effective communication takes place when a person communicates their message? What possible barriers to sexual communication might occur? How can they overcome these barriers? In workbooks, ask participants to write down ideas to make talking about sex easier.

Step 2: Role play – effective communication (25 minutes)

- Ask participants to prepare a role-play interaction about the message they have discussed in which they demonstrate effective communication.
- They must role play how this message can be communicated effectively. One person should be the speaker and one the hearer, and there should be feedback to ensure that the message has been understood.
- Let each group act out their role play and invite feedback.
- What did they find difficult?
- Point out to participants that one of the main characteristics of a healthy relationship is that there is good communication. People listen to one another and respect each other's point of view.
- Ask them what the appropriate response would be if the hearer refuses to hear/accept the message? (Leave; end the relationship; if necessary, get help.) In your workbook, write down ideas of what you can do if you feel unheard.

Step 3: In conclusion – about saying no (5 minutes)

- Most of us struggle at times to say no to many things, not just sexual behaviour. Saying no to friends, to alcohol and to drugs can be difficult. Ask participants why they think it's so hard to say no. (Because we want people to like us, we want to please them, and sometimes because we don't have clear boundaries.)
- Share with participants some ways in which we can say no:
 - No thanks.
 - No, it's my choice and I choose not to.
 - No, let's do something else instead like ...
 - No, I don't want to do that. I've decided that I want to wait until I'm ready to have children.
 - What part of my no don't you understand?
 - A thousand times no.
- Ask participants to add suggestions to the list.
- Ask participants: How does it feel to say no right away? Does it feel different later on? (Usually it is scary when we are in the situation because people usually don't respond well when we say no to them, but later on, we feel proud of ourselves).
- Tell young people: Saying no and maintaining your boundaries is good.
- Nobody has the right to put pressure on you when you're not ready, or to use you and abuse you.



Participant reflection (10 minutes)

Write in your workbooks whether you think your current communication is effective. What can you do to make it better?

Write a list of five things you want to say no to and how you would say no to each one.



Facilitator reflection



SESSION 12

Making effective decisions and taking responsibility – closing session

Activity 35: We need change – making decisions and taking responsibility

Activity 36: Community responsibility

Activity 37: Key learning from the programme

Activity 38: Concluding activity: 'If you do what you always did, you will get what you always got'

Activity 39: Programme closure (optional)

This last session of the programme helps participants to understand that they are resilient (strong in themselves and their beliefs) and able to make good informed decisions and also take the necessary actions or responsibility for those choices.

Expected outcome

By the end of the session, participants should be able to evaluate whether a decision is good or bad, and be more able to take responsibility for their decisions.

Time allocated for session: 90 minutes (2 x 45 minutes)



Preparing for the session

Facilitator preparation time needed prior to session: 30 minutes

- 1) Read through this session so that you know what to do.
- 2) Read Information Sheet 12: Decision-making in the YOLO Manual

You will need: Strips of paper and pens/pencils, tape, prestik

- 1) Write the following on a blackboard or flipchart (it's best to be able to reveal the words only when you explain it to participants, not before). Prepare the following beforehand:

Number 1: I'm going to believe in myself and I won't listen to anyone who says that I am not special and valuable.

- a) Put it in the garbage.
- b) Remember your goals.
- c) Teach other people how to treat you.

Number 2: I won't justify my bad behaviour or anyone else's bad behaviour.

Number 3: I will practise my assertiveness skills and teach others to respect my boundaries.

Write four signs (on pieces of paper). Create four separate areas with a sign in each:

- I can have this today.
- I can't ever have this.
- I can have this with permission.
- I can have this when I'm older.

- 2) Write these words on (preferably brightly coloured) sheets of paper (one word per sheet): 'If you do what you always did you'll get what you always got'. Then scrunch them up to look like balls.

Proposed methodology: individual activity on decisions and responsibility, participant reflection

Activity 35: 'We need change – making decisions and taking responsibility' (60 minutes)

Show Number 1, written on a flipchart (or reveal it written on a blackboard), and keep it up, along with the three sub-points, during the discussion.

Reads Number 1 to participants.

Number 1: I'm going to believe in myself and I won't listen to anyone who says that I am not special and valuable.

Instructions

Have four stations set up in the room: one a dustbin, one a sheet of paper with 'Wall of goals' written on it, one with 'Put your positive message and thought into your pocket and keep it' and one with a heading saying 'How I want to be treated'.

Give participants strips of paper and ask them to write the following on them:

- i) the negative thoughts and messages they want to throw away;
- ii) goals they would like to set for themselves
- iii) positive thoughts and messages about myself that I want to keep
- iv) practical examples of how they would like to be treated, for example: 'My no means no!'

Once participants have written on their strips of paper, allow them to move around the room (they can move in any order) to do the following:

- Go to the bin and read aloud the negative statement and throw it away. This symbolises that they are no longer going to accept this statement into their lives.
- Go to the goals page and stick up their strips of paper. (Provide prestik or sticky tape for this.)
- Go to the positive thoughts and message page and put the message safely into their pocket.
- Go to the 'How I want to be treated' page and stick up their strips of paper. (Provide prestik or sticky tape for this.)

Once this is complete, gather the group together around the bin and ask: Is there anyone who would like to share the negative statements that they threw away?



Facilitator note

This can be a very sensitive issue and participants don't have to share if they don't want to. Affirm those who share. If no one wants to share then the facilitator can move on after a short summary.

Next move the group to the 'How I want to be treated' page. Ask participants if they would like to share. Affirm those that share. Briefly summarise this section and move to the 'Wall of Goals' page.

Do the same as above. Then move to the positive messaging and thoughts page. Summarise the self-identity and self-esteem section. Do the same as above.

Number 2: I won't justify my bad behaviour or anyone else's bad behaviour,

- 1) Explain to participants that we all know that sex with concurrent partners is risky; we all know that not using a condom is risky; we all know that intergenerational/blessee sex is risky. We don't need people to keep telling us what is risky and giving us more and more facts. Young people can think for themselves and they understand the risks. But for some reason, they keep engaging in risky behaviour, with the result that our HIV transmission rate and teenage pregnancy rate is of the highest in the world.

So, what is going on? Why aren't young people choosing safer behaviour?

- 2) In Session 10, in the fact sheet, we gave the techniques that people use to justify bad behaviour. Explain to young people that it is common to justify behaviour that we know is actually bad. People do it in four main ways:

- They say 'everybody does it'.
- They say 'this behaviour isn't really a problem; it doesn't really hurt anyone'.
- They say 'he/she (the 'victim') deserves it'.
- They say 'people who judge us don't understand – they are too old or they don't understand our culture'.

- 3) Ask participants to say whether they've heard people give these excuses. Let them give specific examples of excuses and risky behaviour.

- 4) Why is it not okay to justify bad behaviour?

- 5) How can we stand up to people who justify bad behaviour?

Number 3: I will practice my assertiveness skills and teach others to respect my boundaries

- 1) Start by doing the activity called 'I want it, I need it'.
- 2) Create four separate areas and place a sign in each:

- I can have this today.
- I can't ever have this.
- I can have this today with permission.

- I can have this when I'm older.
- 3) Read out the list of desires/needs below. Tell participants that it is normal for young people to want these things but there are some things that we might want but we have to say no to ourselves right now, in the future or always.
 - 4) In this activity, participants need to run to the appropriate area to show where they think the desire/need belongs. Read out the desires/needs one at a time and watch where participants go.
 - a) When my friend and I are alone, I want to put my hand under her shirt.
 - b) When my friend and I are alone, I want to put my hand under his shirt.
 - c) When I am in a group, I want to make everyone laugh.
 - d) When my partner and I are alone at home, I want to have sex.
 - e) I want to have a baby.
 - f) I want to kiss someone of the same sex to know what it's like.
 - g) I want to send my 15-year-old friend a naked selfie (picture on my cell phone of myself naked).
 - h) When my partner and I are alone, I want to kiss and cuddle.
 - i) I want to have a husband.
 - j) I want to watch pornography on the Internet with my 14-year-old girlfriend.
 - k) If I get HIV, I want to cure it by having sex with a virgin.
 - l) I want my girlfriend to be sterilised.
 - m) I want to get tested for HIV.
 - n) I want to know my friend's HIV status.
 - o) I want to show my 21-year-old friend a picture of my 16-year-old girlfriend naked.
 - p) I want to tell my friends how wonderful my new girlfriend is in bed.
 - q) I want to have sex with someone and I'm willing to pay for it.
 - r) I want to tell my partner that I love him/her.
 - s) I want to be faithful to my partner.
 - t) I want to live with my partner and have regular consensual sex.
 - u) My girlfriend and I have had sex before, so now I want to have sex without having to ask her permission.

I can have this today.	I can't ever have this.
c) When I am in a group, I want to make everyone laugh.	g) I want to send my 15-year-old friend a naked selfie (picture on my cell phone of myself naked).
m) I want to get tested for HIV.	j) I want to watch pornography on the Internet with my 14-year-old girlfriend.
r) I want to tell my partner that I love him/her.	k) If I get HIV, I want to cure it by having sex with a virgin.
s) I want to be faithful to my partner.	l) I want my girlfriend to be sterilised.
	o) I want to show my 21-year-old friend a picture of my 16-year-old girlfriend naked.
	p) I want to tell my friends how wonderful my new girlfriend is in bed.
	u) My girlfriend and I have had sex before, so now I want to have sex without having to ask her permission.
I can have this today with permission.	I can have this when I'm older.
a) When my friend and I are alone, I want to put my hand under her shirt.	e) I want to have a baby.
b) When my friend and I are alone, I want to put my hand under his shirt.	i) I want to have a husband.
d) When my partner and I are alone at home, I want to have sex.	q) I want to have sex with someone and I'm willing to pay for it.
f) I want to kiss someone of the same sex to know what it's like.	t) I want to live with my partner and have regular consensual sex.
h) When my partner and I are alone, I want to kiss and cuddle.	
p) I want to tell my friends how wonderful my new girlfriend is in bed	

- 5) The above table shows where the needs/wants should fit. If necessary, discuss points that caused confusion.
- 6) 'How can I use assertiveness skills in relationships?' Ask participants to give examples.

Activity 36: Community responsibility (20 minutes)

Activity aim: To learn about taking responsibility for our actions.

- Divide into two groups.
- Ask one group to create a role play showing a typical situation where someone like them gets pregnant or impregnates a girl. Bring different characters into the drama who have some responsibility for the situation – for example, a teacher, nurse, initiation advisor, parents, friends, pharmacist, older man, as well as the girl or boy concerned.
- Perform the role play to the rest of the group.
- Ask the characters to stay in the middle and remain in their role.
- Ask the audience:
 - Who has some responsibility for the pregnancy?
 - For each character, ask the group:
 - What responsibility did this person have for the pregnancy?
- Explain the four-point plan for taking responsibility.
- Ask each of the characters in the play to stand up and say how they will follow the four-point plan.
- Continue the drama to show how all the characters follow the four-point plan in making things turn out as well as possible and avoiding having the same problem again.
- Ask people what they have learned from the activity. Summarise.

Activity 37: Key learning from the programme (20 minutes)

Ask participants to answer 'Agree' or 'Disagree' to the following statements on a piece of paper. Read out each statement and ask participants to write each number, Agree or Disagree and a reason if they wish. This is an anonymous exercise; no names are to be written. Ask participants if you can collect these answers for monitoring and evaluation. Collect those that you can.

- 1) During this programme, I have learned to be more assertive.
- 2) During this programme, I have learned to set better boundaries.
- 3) I feel that I can communicate better about romantic relationships.
- 4) I recognise that I sometimes put myself in danger.
- 5) I think condom use is important.
- 6) I don't think there is a problem with our relationships and sex.
- 7) I need more information about risky practices and sex.
- 8) I feel I can identify situations that place me at risk of teenage and unplanned pregnancy and HIV infection.
- 9) I feel it is important to know one's HIV status.
- 10) I have learned that the opinion of others is important.

Ask participants to brainstorm key learnings from the programme.

Activity 38: Concluding activity: 'If you do what you always did, you will get what you always got' (5 minutes)

- 1) For this activity, you must prepare 13 sheets of paper, preferably in bright colours.
- 2) Write each of the following words in large letters on a sheet of paper (one word per sheet):
 - If I you I do I what I you I always I did I you'll I get I what I you I always I got. (If you have fewer than 13 participants in your sessions, you can break the sentence up and write two words per sheet. Then you only need seven sheets of paper.)
- 3) Now scrunch all the sheets up into balls so that the words are hidden.
- 4) Throw the balls to the participants. They must catch the balls and throw them to someone else. Keep the game going for a little while.
- 5) Say STOP.
- 6) The people who have the balls in their hands at that moment must come to the front.
- 7) Tell them that they should open the sheets to find the words that you've written down.
- 8) Ask them to unscramble the message.
- 9) Then ask the participants if they agree with the sentence and facilitate a small discussion around what this means to us on a practical level.



Participant and facilitator reflection together (5 minutes)

Ask participants to share some of the highlights of this programme. Do they feel that they learned something?



Facilitator reflection

As a facilitator, share some of the highlights of this programme. What do you feel you learned?

Activity 39: Programme closure (Optional – if time allows) (20 minutes)

On completion of the all the sessions in the programme, a closing session can be held for participants to look back on all the entries they made in their workbooks during reflection. If it is a group that will continue together, they could agree on a pledge/commitment to maintain certain positive behaviours, and desist from some negative behaviours, as covered in the sessions.

Closure

Thank the participants for attending the sessions. Emphasise that behaviour change cannot be achieved through a training session, but participants have the choice and responsibility to take care of their own health. Highlight that it is important to set goals for their health, wellbeing and reproductive wellbeing, so that participants are able to be more aware of the need to prevent unplanned pregnancies or HIV. End the training session by reminding participants that they have the necessary skills and can access resources to help them through this journey.

Where to from here

After the training, participants should set time aside to work on a life plan in their workbooks, with defining short-term and long-term goals.

Participants must design an action plan and create timelines and enter them into their workbooks to achieve those short- and long-term goals.

Remind participants that remaining HIV negative and avoiding teenage and unplanned pregnancy should be part of those goals.

Remind participants to use their reflection workbooks to recap what they learned in the workshop.



Section 6: Resources list



Annexure A: Tips for group facilitation

Start with easy-to-answer questions. Participants are more likely to engage initially when the questions posed are not open-ended and are less sensitive. Use close-ended questions to build trust and then move on to more complex and open-ended questions for discussion.

Use the silence. Allow silence when participants do not respond. Don't keep asking the question or try to answer it yourself. Rather count to ten before saying anything. Let the group have time to think and respond.

Ask participants to write down their ideas. If the silence remains, rather ask the group to write down their ideas. This works well when dealing with personal or sensitive issues. Remember, as a facilitator, you must be flexible to adapt the sessions to meet your participants' needs.

Call on the group at large, not an individual. Pose your question to everyone. As people start to respond or engage, open the discussion up to others in the room. Do not directly target or question individuals.

Manage side conversations. Keep consistent eye contact and engage those who tend to have side conversations during the sessions. Sometimes sudden silence in the middle of the session is bound to catch everyone's attention again.

Don't shy away from conflict. Disagreement can be a sign of independent thinking and can lead to better solutions in the long run. When conflict arises, try to address with the statement rather than the person. If the emotional temperature gets too hot, you might suggest a short break before continuing.

Use courteous language. Words such as 'please' and 'thank you' and use inclusive terms to foster a climate of respect and cooperation.

Key things facilitators should not do

- Downplay people's ideas.
- Judge or criticise behaviour or opinions.
- Dominate the group.
- Read from a manuscript.
- Tell inappropriate or offensive stories.
- Allow people to bully others in the group.

Annexure B: How to deal with emotions issues during facilitation*Participants*

- Many activities are simple, fun and straight forward, but some activities may trigger emotional issues or cause a participant to recollect or remember a painful event or a bad decision.
- As a facilitator it is important to be sensitive to the emotions and needs of participants as you facilitate.
- Always be alert and observant as you facilitate to identify any participant who may be struggling, feeling emotional or starting to withdraw participation in any session.
- When an opportunity arises, call the participant aside and assess how he/she is doing and why he/she may be feeling emotional.
- Explain to the participant that the purpose of the activities is to empower young people with choices and life skills, so they must try to focus on the skill learned rather than the incident/event/memory.
- Offer the participant an opportunity for a short 'time out session' where they are able to take a walk around the venue, clear their minds, refocus and re-join the group again.
- Remind the participant that no one will think differently towards them if they take time out.
- Advise the participant that if they still feel very troubled by the activity, they can still make contact with any of the helplines provided in the Referral Sheet. This Referral Sheet is in the toolkit and a copy is in this guide.
- Overall, as a facilitator, you need to be able to work in a flexible way. If some activities are sparking deep emotional issues, and participants are very emotional, it may be wise to adapt the programme to meet the needs of the participants. In some instances this may require reducing/adapting the steps and discussions of certain activities to avoid further emotional issues arising.
- Overall, it is key that the facilitator is able to think on his/her feet, and adapt to the needs of the participants if an activity becomes very sensitive, emotional and painful for the group.
- A revision to the time allocated to certain activities may be considered to cater for the emotional issues that arise.

Annexure C: Reflection sheet

(to be used during the training of the facilitators)

Reflection sheet

- 1) What stood out for you in this session?
- 2) Qualities of a facilitator – How can I ensure that our facilitators are trained appropriately?
- 3) Modes of delivery – Do I feel comfortable using each of the modes of delivery when/if I facilitate a session? Why or why not?

Annexure D: List of ice-breakers**'Ha'**

- Everyone sits in a circle.
- The object of the game is to not laugh.
- The first person says 'ha'; the second adds a 'ha ha'; the third 'ha ha ha', and so on, until someone laughs. If someone laughs, you start all over again with one 'ha'.

Knowing you, knowing me

You can start by asking young people to share something positive with the group.

It might be:

- something helpful they've learned;
- something that might benefit the whole group; or
- news about an opportunity for young people in the community.

You can also ask whether they've checked local bulletin boards and seen a notice about something positive that is happening in the community, or know about something good that is happening.

At the end of the activity or news item, ask young people to divide into four groups, however big that might be. You can use the activity described below ('Animal Groups') to divide them up.

Birthday boundaries

- 1) Each person finds the person in the group whose birthday is the closest to theirs.
- 2) Once they've identified this person, they ask him or her to tell them one realistic thing that he or she would never do (I will not bungee jump; I won't touch a snake; I will not eat tomato; I won't ever cage dive with sharks).
- 3) Participants then decide whether they want people to give feedback about what their birthday partner said or not. It depends on how much time you have available.

Bingo

In this game, the aim is for each young person to find eight people who match the characteristics given below (these are just examples; the game will only work if at least one person in the group matches each characteristic, so you can change them if necessary):

- 1) I drank a glass of water today.
 - 2) I played sport yesterday.
 - 3) My birthday has already passed this year.
 - 4) I have a younger brother.
 - 5) I have been to Johannesburg.
 - 6) My favourite colour is red.
 - 7) I walk to school.
 - 8) I sent an sms to a friend today.
- Each person will need a bingo sheet and a pen/pencil.
 - You read out the characteristics and the young people move around, asking one another whether they match the characteristic until they find someone who does.
 - When they find a match, they write that person's name down next to the appropriate number.
 - The first five people who have eight names to match the eight characteristics must shout BINGO!
 - Now ask everyone to sit down.

The Blindfold Game

- 1) Divide participants into groups of four to five. Two of the group members need to be blindfolded. It is the role of the other two or three group members to guide their blindfolded members from one end of the room to the other.
- 2) Once they have successfully navigated this, explain what the message of the activity is: They all have a common goal but sometimes not everyone can see the goal clearly, it's always helpful when a friend can help you see your goal and help to guide you in the right direction.

'What's the message?'

- 1) Prepare sets of small cards with the letters 'G', 'O', 'A', 'L' and 'S' (not in that order) written on them (i.e. one letter on each card). Prepare a second lot of cards with the following letters written on them: 2 As, 2 Es, 2 Is, 2 Us, 2 Ts, 2 Hs and 1 V, 1 B, 1 R, 1 G and 1 F (to spell I HAVE A BRIGHT FUTURE). Make sure you have enough sets for each group of participants to have one set each of 'GOALS' and 'I HAVE A BRIGHT FUTURE'.
- 2) Divide the participants into groups of five and give each group a set of the 'GOALS' cards. Ask the groups to figure out what word they can spell using all five letters.
- 3) Now say, 'That was an easy one just to get you started. Are you ready for a more complicated one?'
- 4) Take the five letters in, and hand out the 'I HAVE A BRIGHT FUTURE' set – 1 set for each group. Don't tell them what the message is!

- 5) Tell them that this time they must figure out a message that has five words, so each person must represent a word, and they must stand in the right order to spell out the sentence.
- 6) The group that figures out the message first can shout it out.

Spin the bottle

You need an empty cool drink/water bottle. The group should sit in a circle with the bottle in the middle. (If there are many participants, you can divide into two groups.) One person sits in the middle with the bottle and spins it on the floor. When the bottle stops spinning, it will point at someone in the circle. The person who the bottle is pointing at must tell the person who is spinning the bottle why he/she is worth it (or why he or she mustn't take risks, or why he/she is valuable). The person in the circle then takes the place of the person who spun the bottle, and so on, until everyone has had a turn.

The Human Knot

- Ask participants to get into groups of about six or seven people and stand creating a circle.
- Once everyone is standing in the circle, ask participants to all raise their right hand (facilitator to check they have raised the right hand).
- From there start one-by-one with each participant reaching for the person opposite them (not the person next to them) with their right hand.
- Do the same with the left hand, making sure the left hand is holding someone different from the right hand (two different people).
- When you shout 'GO', the groups must try to untangle the knot (to form an untwisted circle) without letting go of one another's hands. (Group members may end up facing inward or outward of the circle).

Positions

This game is similar to musical chairs, but if you are not able to play music, you can sing any song or tap a rhythm during the game.

- You need three objects that are easy to hold, such as a palm-sized rock, a stick and a leaf.
- Before the game, you must prepare by writing the following positions on pieces of paper:
 - before the stick
 - the stick
 - after the stick
 - before the rock
 - the rock
 - after the rock
 - before the leaf
 - the leaf
 - after the leaf
- Ask the players to form a circle, and pass the objects around while you play the song (or sing).

- When the music stops (unexpectedly, in the middle of a line), the facilitator randomly picks a piece of paper, and the player who is in the position that is described is 'out'. (For example, if you choose 'before the rock', then the player in the circle positioned before the person holding the rock is 'out'; or if, for example, you draw 'the leaf' then the person holding the leaf is 'out'.) This ice breaker can run between 5-10 minutes.

Am I really at risk?

- Give each participant a glass/cup that is half-filled with water. Give one participant a glass with coloured fluid (e.g. raspberry juice or a bright coloured juice).
- Participants are to walk casually around the room, and each time they come across someone, they are to exchange a little bit of their fluid – each one pours a bit into the other's glass.
- After a minute or two stop the participants and ask how many still have clear water, and how many have some colour in theirs.
- The idea is to show how quickly the coloured fluid spreads among the participants and to highlight that it does not always come directly from the person who started off with the coloured fluid but, in most cases, received indirectly from those who got it from the original person.

Explain that the person with the coloured fluid represents someone with HIV, and this shows how quickly it can spread in a society where there are multiple and concurrent sexual partners.

Labels

You need sticky labels and pens to play this game.

- 1) Write an identity on each label, such as TV characters, famous actors, singers or sports personalities in South Africa whom the young people are familiar.
- 2) Alternatively, you can write a type of animal down if the participants aren't familiar with celebrities.
- 3) The game is played in a group. Stick a label on every person's forehead. The person must not see the word on his or her forehead.
- 4) Each person in the group may ask 'yes/no' questions to guess his or her identity, for example, 'Am I a man or a woman?', 'Do I star in a TV show?' 'Do I play an evil character?' and so on.
- 5) If they get a question wrong, it's the next person's turn until everyone in the group has guessed who they are.
- 6) If there is a person struggling to identify their character, then the group may give him or her clues.

Pass the emotion

Ask the whole group to stand in a circle. The facilitator says:

'We are going to pass an emotion around the circle by acting it out. The first person will display the emotion in a very small way. The next person will increase their display of the same emotion and so on and so on. By the time the last person in the circle has a turn they will display the emotion to its maximum.'

This activity is meant to be fast-paced, so participants should not take a long time to show their part of the emotion.

The facilitator can send an emotion around the circle two to three times.

Then while all the participants are still standing in the circle, the facilitator can ask the following questions:

Which emotions are the easiest to show? Why is that?

Which emotions are the hardest to control? Why is that?

How can we control our emotions?

You caught my

One participant stands in the middle of the rest of the group; they all form a circle around him/her.

The group is not allowed to laugh, smile or look away from the person in the middle.

The person in the middle has to try and make someone laugh or smile. When someone laughs or smiles they swop places with the person in the middle.

1) Hi, my name isn't _____.

Play this game as follows:

- Going around the circle, participants take turns to 'introduce' themselves by saying what their name IS NOT.
- They can choose a name they wish they had, a name they're glad they don't have, a name that belongs to someone else, a nickname, a name that their friends sometimes call them but that they don't really like, and so on.
- Ask them to explain why they chose to talk about that name (which is NOT their name).

Annexure E: Some useful numbers also include:

Condom distribution at clinics

Organisation: Society for Family Health
Tel: 011 484 5320

Early detection and treatment of STIs and management of pregnancy

Organisation: Marie Stopes South Africa
Tel: 0800 11 77 85

Organisation: Better2Know
Tel: 0800 999 276

Organisation: Rabie Ridge Thusong Service Centre (Clinic)
Tel: 011 310 1977

Voluntary testing and counseling

Organisation: Right to Care
Tel: Gauteng 011 276 8850

Organisation: AIDS Training and Treatment Centre.
Tel: 021 763 5320

Organisation: AIDS Law Project
Tel: 011 356 4100

Organisation: Treatment Action Campaign
Tel: 021 422 1700

Prevention of mother-to-child-transmission advice

24-hour National Aids Helpline 0800 012 322
Organisation: Rabie Ridge Thusong Service Centre (Clinic)
Tel: 011 310 1977

Contact number for orphans and vulnerable children

Organisation: Childline South Africa
Tel: 08000 55555

Organisation: Department of Social Development
Tel: 012 312 750

National number for social work

Organisation: National Association of Social Work
Tel: 011 463 5085

Organisation: Department of Social Development
Tel: 012 312 750

Sexual reproductive health, contraceptives

Organisation: Rabie Ridge Thusong Service Centre (Clinic)
Tel: 011 310 1977

Male Medical Services

Organisation: Men's Clinic South Africa
Tel: 0860 362 867 / +27 11 523 5100

Termination of pregnancy

Organisation: Abortion Clinic Johannesburg
Tel: 076 903 9340

Organisation: Marie Stopes Clinic (termination of pregnancy)
Tel: 0800 11 77 85

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10 Orange Street
Sunnyside
Auckland Park 2092
South Africa
+2711 628 3200
www.jacana.co.za

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