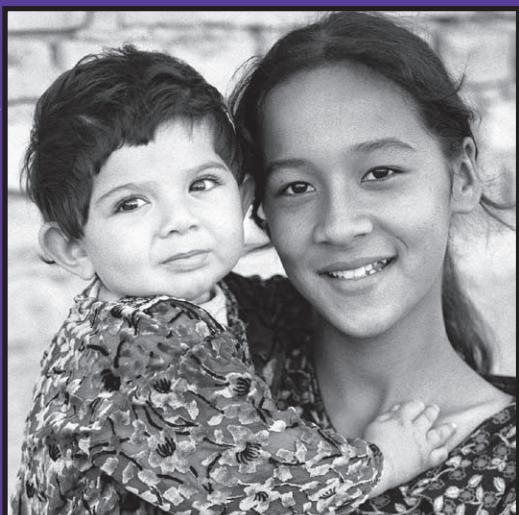
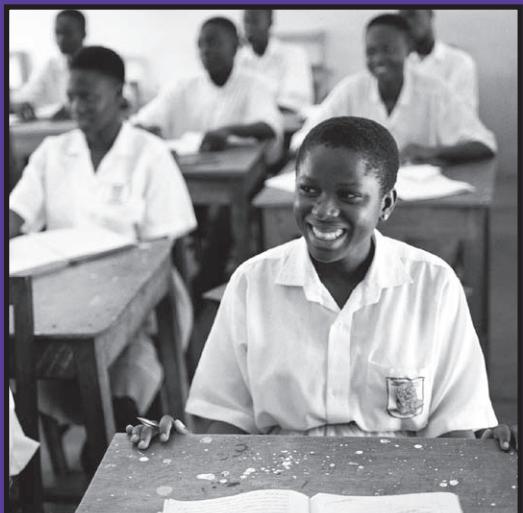


peer education | empowering girls | communication skills | decision-making
skills | thinking skills | relationship skills | emotion management skills |
life skills program | assertiveness | building
role models | peer education | decision-mak
thinking skills | relationship skills | emotion



Life Skills Manual



Peace Corps
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LIFE SKILLS MANUAL



**Peace Corps
2001**

**Information Collection and Exchange
Publication No. M0063**

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CONTENTS

| | |
|--|------------|
| Acknowledgments | 5 |
| Part I: The Life Skills Program—Background and Introduction..... | 7 |
| Welcome to the Life Skills Program! | 9 |
| Lessons Learned | 15 |
| Sample Schedules..... | 22 |
| Session 1: The Bridge Model: How Do We Build a Bridge From Information to Behavior Change? | 27 |
| Session 2: Identifying the Missing Life Skill..... | 36 |
| Part II: Peer Education | 39 |
| Peer Educators..... | 41 |
| Session 1: Dealing With Problems in Groups | 45 |
| Session 2: Support for Responsible Behavior | 49 |
| Part III: Facing Facts about HIV/AIDS and STDs..... | 53 |
| Facing Facts about HIV/AIDS and STDs | 55 |
| Session 1: Facts and Myths about HIV/AIDS..... | 57 |
| Session 2: The Immune System | 62 |
| Session 3: How HIV is Transmitted | 68 |
| Session 4: The Relationship of STDs and HIV/AIDS..... | 73 |
| Session 5: Women and HIV/AIDS | 77 |
| Session 6: HIV Prevention | 83 |
| Session 7: Disease Progression and Positive Behaviors | 88 |
| Session 8: Cure or Treatment?..... | 93 |
| Session 9: HIV/AIDS and Human Rights | 98 |
| Session 10: HIV/AIDS and Behavior Change | 104 |
| Part IV: Communication Skills..... | 109 |
| Session 1: Communication Puzzle | 111 |
| Session 2: Assertiveness: Attack and Avoid | 117 |
| Session 3: Assertiveness: Passive, Assertive, Aggressive | 121 |
| Session 4: Assertiveness: Assertive Messages | 127 |
| Session 5: Assertiveness/Peer Pressure: Responding to Persuasion—Part I..... | 132 |
| Session 6: Assertiveness/Peer Pressure: Responding to Persuasion—Part II | 137 |
| Part V: Decision-Making Skills | 143 |
| Session 1: Steps in Making a Good Decision..... | 145 |
| Session 2: Just Between Us | 149 |
| Session 3: Exchanging Stories—Role Models (“The Person I Admire”)... | 152 |
| Session 4: Your Life Story..... | 156 |
| Session 5: Your Goals..... | 159 |
| Session 6: Early Pregnancy | 163 |



| | |
|--|------------|
| Session 7: Alcohol and Drug Use..... | 165 |
| Session 8: Risk Behavior—Testing the Waters | 169 |
| Session 9: Delaying Sex | 174 |
| Part VI: Relationship Skills | 181 |
| Session 1: The Best Response Game..... | 183 |
| Session 2: Oh! Henry! and Managing Emotions Gallery Walk..... | 187 |
| Session 3: Peer Pressure Role Plays..... | 190 |
| Session 4: What is Love? | 193 |
| Session 5: Self-Esteem Building: Do We Have Self-Esteem?..... | 196 |
| Session 6: Self-Esteem Building: “A Pat on the Back” | 199 |
| Session 7: What are Gender Roles?—Gender Cards Exercise..... | 201 |
| Session 8: Gender Picture Codes and Role Plays..... | 205 |
| Session 9: Gender and Culture: Ideal Images and Personal Destroyers..... | 211 |
| Session 10: Whose Rights and Who’s Right: A Look at Bride Price | 214 |
| Part VII: Bringing It All Together..... | 217 |
| Forum Theater | 219 |
| Appendices..... | 225 |
| Appendix I: Warm-Ups and Energizers | 227 |
| Appendix II: Quick Breaks! | 238 |
| Appendix III: Assorted Ideas..... | 239 |
| Appendix IV: Games and Session Ideas..... | 244 |

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PART I:

THE LIFE SKILLS PROGRAM— BACKGROUND AND INTRODUCTION



WELCOME TO THE LIFE SKILLS PROGRAM!

Are you a health worker struggling with the rising rates of Human Immuno-Deficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS), Sexually Transmitted Diseases (STDs), unwanted pregnancy, or maternal mortality? Are you a teacher working daily with young people who face difficult decisions: determining a positive direction in life, potential unwanted pregnancy, or the issues of alcohol or drug use? Have you been providing health information for years and yet see no positive change in your community? Are you a parent, community volunteer, or concerned community leader fearful of the toll HIV/AIDS is taking on your area? Are you a young person ready to do something to help lead your friends into a brighter future? If you answered “yes” to any of the above questions, the Life Skills program might be for you.

The Life Skills Concept

The Life Skills program is a comprehensive behavior change approach that concentrates on the development of the skills needed for life such as communication, decision-making, thinking, managing emotions, assertiveness, self-esteem building, resisting peer pressure, and relationship skills. Additionally, it addresses the important related issues of empowering girls and guiding boys towards new values. The program moves beyond providing information. It addresses the development of the whole individual—so that a person will have the skills to make use of all types of information, whether it be related to HIV/AIDS, STDs, reproductive health, safe motherhood, other health issues, and other communication and decision-making situations. The Life Skills approach is completely interactive, using role plays, games, puzzles, group discussions, and a variety of other innovative teaching techniques to keep the participant wholly involved in the sessions.



Information is Not Enough

Although it is important to provide information in the early phases of a behavior change intervention and to reinforce such knowledge periodically, information is rarely enough to motivate people to change behavior. If that seems hard to imagine, just think about a behavior that you've been trying to change over the years. Maybe it is reading more, exercising, eating a better balance of foods, or quitting smoking. Have you successfully made the change? Have you ever “relapsed” back into the behavior? What are some of the factors that have kept you from changing?

Principles of Behavior Change and How the Life Skills Program Mirrors these Principles

Changing behavior is always difficult, but changing sexual behavior is especially tricky. Various organizations have developed behavior change models, including the U.S. National Academy of Sciences (NAS). The seven principles listed below are based in part on the NAS work.

| Principles of Behavior Change | How the Life Skills Program Mirrors these Principles |
|---|--|
| 1. Providing information is the logical starting point in any behavior change effort. Information, although necessary, is rarely enough by itself to produce behavior change in most people. The information must be easily understood and relevant to the individuals you are trying to reach. | 1. The Life Skills program assumes that you will begin by teaching basic information about HIV/AIDS, STDs, unwanted pregnancy, drugs, or other pressing community problems. [Extensive information about HIV/AIDS is provided in this manual in “Part III: Facing Facts about HIV/AIDS and STDs.”] |
| 2. Fear messages have limited use in motivating behavioral change. If fear is overwhelming it can hinder, rather than help efforts to change. Too much fear may cause people to deny they are at risk, to rationalize by pointing to others who have practiced similar behaviors and survived, and to avoid seeking medical care altogether. Using words like “scourge” or “plague” or showing pictures of emaciated “AIDS victims” may cause people not only to ostracize those infected, but to deny their own risks for contracting the infection. | 2. When working with Life Skills, avoid fear and negativity, and instead focus on positive messages—creating, maintaining, and reinforcing healthy behaviors, and working towards a better life for everyone in the community—young people, women, men, and People Living with HIV/AIDS (PLWHAs). |

| Principles of Behavior Change | How the Life Skills Program Mirrors these Principles |
|--|---|
| 3. People are more likely to try behaviors they feel capable of performing. It is important to teach people the skills for engaging in the desired behaviors. Seeing examples of people engaging in the healthy behavior will help a person believe that he or she too can engage in that behavior. | 3. Life Skills systematically attempts to build skills for healthy behavior. This is the crux of the Bridge Model of behavior change (see page 33). Many programs provide “one-shot” information to large numbers of people. A Life Skills program works with a small group of people over a longer period of time to motivate participants to adopt a new behavior, to teach and model the skills necessary to successfully adopt that behavior, and to continually reinforce those new skills, until participants “feel capable of performing” healthier behavior. Peer educators can further reinforce this, as they provide a positive example of healthy behavior. |
| 4. Individuals are more likely to adopt a new behavior if they are offered choices among alternatives. For example, rather than just promoting abstinence or condoms, give ranges of possible behaviors that reduce risk, like practicing less risky sexual behaviors, getting an HIV test with your partner, and so on. | 4. Life Skills helps develop critical thinking skills so participants learn a number of alternatives in dealing with a difficult situation. Participants are thus exposed to many choices in terms of negotiating healthier behavior. |
| 5. Campaigns should create environments that encourage change. Work to change social norms in favor of healthy behavior. Peer education programs provide a support base for change, as accepted peers model behaviors. Working with community leaders or a PLWHA group around an HIV/AIDS program can reduce the stigma of the disease and create an environment that encourages change. | 5. Because change is easier if one’s environment encourages it, Life Skills programs emphasize working with a community holistically. For example, if you are interested in working with young people, first provide a Training-of-Trainers (TOT) to community leaders such as mayors or chiefs, headmasters, government officials and parents. Then have a TOT for teachers in the school in which you work, or if you are working with young people outside the school system, consider training the nearest adult role models in that community. Those workshops introduce the entire community to the program, create the possibility that those trained will begin programs of their own with their new skills, and will serve as a powerful support to the program that you begin with young people. You may also wish to consider training youth peer educators before moving to the target of your program, the youth in a particular school or area. If a PLWHA group operates in your community, be sure to include it in every aspect of your project. |



| Principles of Behavior Change | How the Life Skills Program Mirrors these Principles |
|--|---|
| 6. Change is more likely in a community if influential people adopt the change. | 6. Since it is clear that influential people can drive change, peer educators can be an effective addition to your Life Skills program. Young people often seek health or sex-related information from their peers before discussing these issues with adults. Training influential young people to serve as role models in their peer group can thus dramatically increase the impact of your program. Some advice on working with peer educators can be found in “Part II: Peer Education.” |
| 7. Relapse is expected. Therefore, any program that seeks to change behaviors over time needs to build in ways to maintain those behaviors and to help bring people “back on the path” to positive behaviors after they have relapsed. | 7. Because relapse is expected, it is important to continually recreate the Bridge Model to assist those who have already fallen into damaging behaviors. You may need to design a slightly different approach to the “planks” in the bridge for young women who have gotten pregnant and expelled from school, for drug-addicted youth, or for PLWHAs, for example. |

Pages 10–12 adapted with permission from “Principles of Behavior Change,” an article by Thomas Coates, Ph.D., Center for AIDS Prevention Studies at the University of California, San Francisco.

The Bridge Model of Behavior Change



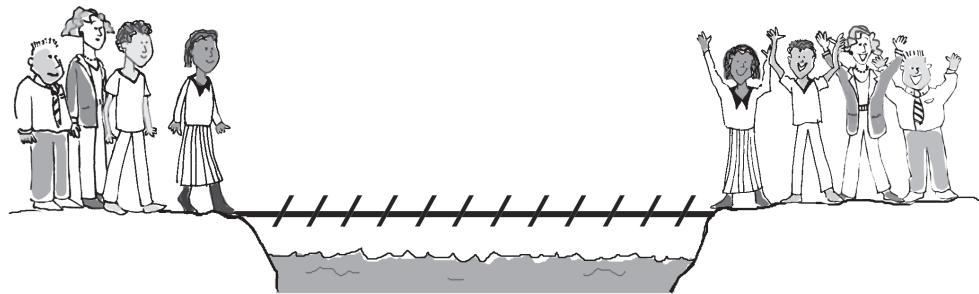
Information provides a solid foundation.
Begin by providing accurate health information.

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

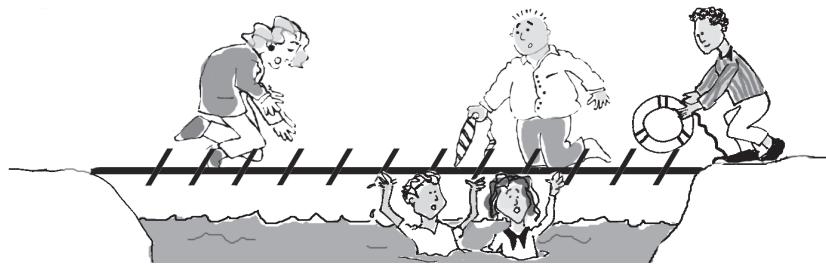


But in order to realize a positive, healthy life, we need to avoid the consequences of negative behavior.

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



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



About the Manual

Although originally developed in Africa, this manual has been re-edited for global distribution. **Be sure to adapt each and every session to make it more appropriate to your local culture.** This may mean translating into local language, changing names or situations in role plays, changing the entire content of a session, and possibly even discarding some sessions altogether. Re-create the content of the manual to make it applicable to your area.

The manual consists of over 50 different lesson ideas that you can use with any group: anti-AIDS clubs, girls' clubs, boys' clubs, youth clubs, women's groups, and so forth. The manual is written with a strong bias towards youth work and health issues. These lessons are quite easy to adapt to any age and other topics, however. Consider them as a starting point, so that you will have initial lesson plans ready as you begin to work with participants. Working with your colleagues, you can develop other lesson ideas and activities that will continue to challenge your participants to critically think about and modify their behaviors. In addition to the lesson plans, some lessons learned regarding peer education are included, as are some sample schedules, and tips to facilitators.

The sessions are grouped according to three basic life skills: communication, decision-making, and relationship skills. These are loose categories and there is a great deal of overlap among them. "Part IV: Communication Skills" focuses on assertiveness, responding to persuasion, active listening, and body language. "Part V: Decision-Making Skills" includes assessing risk, exploring choices, understanding consequences, planning for the future, critical thinking, and goal setting. "Part VI: Relationship Skills" provides session ideas for the topics of gender, culture, peer pressure, self-esteem, and managing emotions. While you may present the sessions in any order that you choose, there is a logical flow to each section—allowing new skills to build on previous ones. "Part VII: Bringing It All Together" provides a powerful tool for practicing and evaluating all of the life skills, so that you may assess participants' assimilation of the topics covered. The "Appendices" provide numerous warm-ups, games, and other suggestions for keeping the sessions interactive, lively, and fun.

"Part III: Facing Facts about HIV/AIDS and STDs" is crucial to facilitating all other sections. If you are about to begin the program, it is suggested that you learn this section well, so that you will be able to answer the many questions that will arise regarding HIV and STDs. If you have any questions or need clarification regarding this or any other health issue addressed in the book, it is recommended that you contact the appropriate health department or ministry in your country for up-to-date information or refer to any of the Websites listed in "Part III: Facing Facts about HIV/AIDS and STDs." If you are a Peace Corps Volunteer, you may also contact your Associate Peace Corps Director (APCD), health trainer, or the Peace Corps Medical Officer (PCMO) for more information.

LESSONS LEARNED

Lessons Learned—Tips for Implementing Life Skills

Below are some suggestions for effectively implementing a Life Skills program:

- Remember that this manual is only a template. Adapt the individual sessions and/or the entire approach to your local situation and language.
- Before starting, perform an assessment of the community to help tailor the program to specific local needs. The “Assessments and Evaluations” ideas in the next section may be useful in helping you structure your community assessment.
- Always work with community leaders first. Our community leader workshops and meetings have proven invaluable in keeping the program supported. If your work is going to be with students, meet with the headmasters and teachers first so that they will understand the program, possibly help in the implementation, and reinforce the content in class. Some wonderful things can happen if the community gets energized to do Life Skills. They may even start programs within their own groups—in churches, women’s organizations, and so forth.
- Consider all of the positives and negatives before deciding whether to incorporate peer educators into the program. A peer educator approach may not be right for every situation. Make sure you will be able to support your peer educators before embarking on such a program. It is possible to do Life Skills without peer educators. For a discussion on the pros and cons of peer educators, see “Part II: Peer Education.”
- If you do decide to work with peer educators, be sure to send letters home to parents about the program. Let them know exactly what you are doing. Be upbeat and congratulate them that their son or daughter was chosen for such an important program. Remember to write in the local language.
- Do not limit your Life Skills approach to youth or to HIV/AIDS only. Life Skills can be implemented in many different populations! Adapt, adapt, adapt!



- If you are surprised that the emphasis on HIV prevention espoused in this manual is not on exploring alternatives to sex and other issues around sexuality, do not be concerned! We found that when we set out to talk about sex, we got little cooperation from participants. But when we were talking about other issues such as communication, relationships, and so forth, sexuality always came up. An “indirect” approach may be more culturally appropriate.
- Once your program or your peer educators are working well at the secondary school or teenage level, consider getting permission to send them into your local primary school to conduct sessions with the upper grades of elementary school.
- You may not need money or resources to implement this program on the local level. If you are working within a school, you might make Life Skills activities part of an after school club. If you are working at the community level, Life Skills sessions may be part of your daily or weekly group activities—in churches, women’s groups, AIDS committees, or wherever!
- If you are working at the district level or other area where funding is necessary for trainings, some organizations that might be supportive include UNICEF, Peace Corps Small Projects Assistance (SPA), and local clubs such as Rotary or Lion’s Clubs. Be sure to explore the NGOs and other funding options in your area first as they will be the most sustainable means of support.

Lessons Learned—Assessments and Evaluations

Although Peace Corps Volunteers (PCVs) and Counterparts typically conduct Participatory Rural Appraisal (PRA), Participatory Analysis for Community Action (PACA), or other needs assessments when they are first posted to their sites, many resist the idea of conducting assessments before beginning a program like Life Skills. With only two years to implement projects, Volunteers often feel that time does not permit additional assessment activities. Similarly, health workers and teachers in the field are already overburdened with work; they may be unwilling to begin each new program with an assessment of the community. Although these concerns are valid, it is crucial for the success of any behavior change program that the facilitators have an understanding about the attitudes in communities in which they serve. Assessments are thus an important first step.

How do Assessments Help?

- An assessment of the community before implementing the Life Skills program can help you to
 - Raise awareness of key issues before beginning the program.
 - Network with community leaders and members.

- Determine the current level of understanding of the issues addressed by life skills in the community. This will provide a baseline to help you to measure behavior change that might occur as a result of the program.
- Discover the most appropriate subgroups in the community in which to target the program, for example women's groups, out-of-school youth, girls' clubs, church groups, and so forth.
- Tailor the Life Skills program to meet the needs of the community.
- Short reassessments at various points in the program can
 - Indicate the strong aspects of the program, as well as those that might be improved.
 - Help you determine new priorities and approaches.
 - Bolster your confidence and renew your energy as you see the program begin to work!
- If the program is about to end or transition, an evaluation can
 - Help determine to what degree the project has achieved knowledge, attitude, skills, and behavior change in the community.
 - Point to any changes that could be implemented to improve the program.
 - Indicate whether or not the program is an effective tool for behavior change.
 - Provide guidance in terms of how the program might be replicated in other areas.
 - Be used to secure donor funding to continue or expand the project.
 - Renew the energy and strengthen the confidence of those who have worked on the project.

How Can an Assessment for the Life Skills Program be Conducted?

Peace Corps offers a variety of tools to assist you in assessing your community, including the *PACA Handbook* (ICE # M0053), the *Community Content-Based Instruction Manual* (ICE # T0112), the *New Project Design and Management Workshop Training Manual* (ICE # T0107) and the *HIV/AIDS Idea Book* (ICE # M0081). Regardless of the method of assessment you choose, it is crucial to work closely with your counterpart or other respected community member(s) throughout your data collection. Since your questions will probably involve references to sexual behavior, alcohol or drug use, or other sensitive topics, you will need to be especially careful about use of local language and cultural appropriateness. The advice and wisdom of a trusted counterpart is invaluable during this time.



After collecting the information and compiling the results, reporting back to all parties is important. Communities are often studied by donor organizations and development agents, and a frequent, justified concern is that these groups collect information without respecting the communities enough to report back and engage community leaders in discussions about the results.

Reporting back may take the form of published reports to headmasters, teachers, important community leaders, donors that might have funded the project, and other contacts in the area. However, discussions may be more appropriate than written reports. If you intend to work with community leaders, teachers, or trainers, it may be most effective to discuss the results of the survey at that time.

In the meetings, be respectful of the enormous wisdom of community leaders. These individuals have been intervening in problems far longer and probably with more success than any outside health worker or teacher. Simply provide the information collected in the surveys and facilitate a discussion on the implications of the data for the young people and the community as a whole, especially in relation to health, HIV/AIDS, and the long-term survival of the community. The information and resulting discussion often is powerful enough to spark debate, suggestions, and a commitment to intervention.

A note to PCVs: The less involved you are in these discussions, the better. These are community problems, and it is best simply to assist by facilitating the discussion, rather than to provide overt suggestions for change. Community leaders frequently are silenced by the sometimes arrogant approaches of donors and outsiders. Since you have, in all likelihood, initiated the meeting, there might already be a strong impression that you have an agenda. It is often the most difficult challenge for eager and enthusiastic new Volunteers to withhold their many ideas for helping. But one of the most rewarding aspects to being a Volunteer is earning the respect of and learning the wisdom of local leaders, and beginning to truly understand grass-roots change. Building the program together will make it much more effective, even if the initial ideas seem contrary to your personal beliefs.

For example, most Americans cannot imagine an HIV/AIDS program without overt discussions of alternatives to penetrative sex, diagrams of body parts, and frank discussions about sexual activity. To many local cultures, this approach is unacceptable, and can lead to rigorous resistance to the program. One of the advantages of focusing on life skills is that this approach makes it possible to deal with issues of sexuality in indirect ways—which is often much more culturally acceptable.

Lessons Learned—Tips for Facilitators

- As most Life Skills sessions involve games or role plays, it may be most effective to have participants sit in a circle, with a great deal of open space in the center of the circle. This will allow for unhindered movement within the group for the exercises.

- “Own” the training space. Be sure to move around a great deal within the circle—approaching various participants, acting things out, and using different tones of voice. Such confidence from the facilitators makes it easier for participants to feel comfortable as they perform role plays or play games.
- Be conscious of the gender division of your facilitators. Having an equal number of men and women facilitating the program can be much more powerful than merely talking about gender equality. It also helps by introducing a variety of perspectives on the topics and by demonstrating the crucial life skill of interacting well with the opposite sex.
- Be respectful when working with co-facilitators. Avoid correcting or interrupting your partner when he or she is facilitating, and be conscious of your body language and facial expressions while other trainers are facilitating. You are always on stage. Also, when one facilitator is guiding the group, other trainers should sit down—too many trainers at the front of the room can be distracting.
- For sensitive topics, it may be best to separate into single-sex groups to encourage better participation from both girls and boys. It is important, however, for them to come back together and present their ideas to each other. This sharing of information between sexes and attempting to work together comfortably is essential to the program.
- Keep your participants involved by eliciting answers from them rather than lecturing to the group.
- Summarize the points on a flip chart or blackboard, if possible.
- If working with flip charts, hang the pages you have finished around the room so participants can refer back to them throughout the day or session.
- Have the *Bridge Model* flip chart posted on the wall during every Life Skills session. You will find that you constantly refer to it.
- Pay attention to the scheduling of your sessions. Sessions near the end of the day or after meals should be lively to keep people awake. One session should move logically into another session.
- Start morning and afternoon sessions with warm-ups or energizers.
- Monitor how your group is feeling. Have an alternative way to teach the same subject, and change styles as needed.
- Collect resources on the day’s subject and create a resource table at the back of the room for participants to peruse during breaks. Invite participants to make a list of ways in which they can serve as a resource for each other.



Lessons Learned—Opportunities for Implementing a Life Skills Program

One of the greatest benefits of the Life Skills approach is that the sessions are adaptable to many different contexts, and can be used to meet many different needs. We have found that community leaders, health workers, and teachers have been very creative with their adaptations of the program, especially the use of the **Bridge Model**, to meet many different needs. Some suggestions are listed below. We encourage you to be creative in adapting the program to meet the specific needs of your area.

Women's Groups

Whether through agricultural cooperatives, church groups, or widows' associations, the **Bridge Model** and the Life Skills approach can focus on whichever planks in the bridge that women need to consider when building a bridge to a more positive future. The planks might become microcredit opportunities, farm inputs, skills training, self-esteem building, and so forth, with those topics becoming the basis for the sessions to follow.

Men's Motivation Groups

We found it very important to involve men when beginning any discussion about gender roles, specifically as they related to reproductive health, maternal health, and transmission of HIV/AIDS. One of the biggest pitfalls in working on gender issues is that many approaches attempt to raise awareness among women, yet ignore the men who are usually in the position to make decisions in the family. We suggest creating male motivation groups, in which responsible, committed male community leaders facilitate a version of the Life Skills program with the men in the community. By appealing to some of the gender roles of men, these sessions are able to focus on the responsibility that men have for the health and welfare of their families. We found that this approach to behavior change, in concert with women's and/or youth groups, was much more powerful than one type of program alone.

District AIDS Coordinating Committees (DACCs), Community AIDS Coordinating Committees (CACCs), and Technical Subcommittees (TSCs)

Many countries coordinate all anti-AIDS activities through central committees like DACCs, CACCs, and TSCs, such as the Orphan Technical Subcommittee or the Youth Technical Subcommittee. Often involving high level professionals from a variety of ministries, these committees can offer a great deal of support and expertise in the fight against HIV/AIDS, and can benefit from an adaptation of the Life Skills program.

Peace Corps' Pre-Service Training (PST)

Incorporating the Life Skills approach into Pre-Service Training for all Volunteers, especially those from the health and education sectors, can offer new Volunteers a practical framework through which to view their assignments. Think about incorporating a Life Skills Training of Trainers (TOT) into a week-long Counterparts' conference so that both Trainees and professionals from the ministries can consider integrating the program in their future work.

Women In Development (WID) or Gender and Development (GAD) Projects

Exercises from the *Life Skills Manual* can be used in a girls' retreat, a leadership training, or any number of leadership and development projects developed through WID/GAD committees.

People Living with HIV/AIDS Groups (PLWHA) or AIDS Support Organizations

The **Bridge Model** can be adapted to explore the planks that HIV positive people might develop in order to remain healthier longer and to manage their infections. For example, some planks might become good nutrition, using condoms, emotional support, or even writing a will.



SAMPLE SCHEDULES

It may be helpful to structure the flow of your training into the following broad approaches: 1) motivation, 2) information and skills, 3) practice, and 4) application. Start your program with sessions that motivate participants to want to learn. Why are you implementing this program? What are the issues identified by the community? Help your participants see the need for the sessions. Examples might include starting with the impact of AIDS or the consequences of unwanted pregnancy. Then move to providing information and skills. This is the essence of the sessions—the actual subject matter. Topics might include basic facts about HIV/AIDS, the **Bridge Model**, or any of the sessions on communication, decision-making, and so forth. The third step is practicing the information and skills you have been exploring. In a TOT, this may mean that participants facilitate sample sessions. In your day-to-day program, practice may include role plays that act out the situations you've been discussing. Finally, move to application. How will participants apply the information and skills from these sessions in their own lives? In their communities?

The suggested schedules that follow are merely intended as examples. As with all aspects of the Life Skills program, they should be adapted to make them more appropriate to the local situation.

Sample Schedule—Training of Trainers (TOT)

Most of our TOT programs have been about five days long. Choose your trainers carefully. Teachers, nurses, health assistants, clinical officers, medical assistants, and AIDS center volunteers all can make good trainers if they have a natural ability with, or interest in, youth. The approach used in this sample TOT is for the facilitators to actually experience the program by doing the sessions as participants. As they proceed through the program remind them that they will be facilitating the same materials. They should constantly reflect about how they will present the sessions, including ways to improve them. Day Four provides an opportunity for each participant to facilitate a session from the manual and receive feedback.

A suggested schedule is as follows:

Day One—Motivation

1. Warm-up
2. Opening Session including Self-Introduction, Title Throw-Away, Expectations, Review of Schedule, Ground Rules (Appendix III)
3. Official Opening by District Health Officer, District Education Officer, Chief, Mayor, or Other Official
4. **Exchanging Stories** (Impact of AIDS Variation) (Session 3 in Part V)
5. Epidemiological Information on HIV/AIDS facilitated by health worker or National AIDS Control Program representative
6. Local film on unwanted teenage pregnancy and discussion, or use **Early Pregnancy** (Session 6 in Part V)

For Trainers working in Africa: Two excellent choices are “Consequences” and “Yellow Card.” “Consequences” is a film on unwanted teenage pregnancy, and “Yellow Card” is about male responsibility for teen pregnancy. They are available in AIDS resource centers throughout Africa, or by contacting the National AIDS Control Programme, Ministry of Health, P.O. Box 8204, Causeway, Harare, or Media for Development Trust, 19 Van Praagh, Milton Park, Harare, Zimbabwe <Mfd@samara.co.zw>.

6. Present information gathered from needs assessment, if appropriate.

Day Two—Information or Skills-Building

1. Warm-up
2. **How HIV is Transmitted** (Session 3 in Part III)
3. **HIV Prevention** (Universal Precautions and Condom Demonstration only) (Session 6 in Part III) or **Condom Time Bomb** activity (Appendix IV)
4. **The Immune System** (Session 2 in Part III)
5. **Disease Progression and Positive Behaviors** (Session 7 in Part III)
6. **Cure or Treatment** (Well-being Sectors only) (Session 8 in Part III)
7. **HIV/AIDS and Human Rights** (Session 9 in Part III)

Trainer note: Be flexible about the timing of these sessions. Some groups will move through the content quickly, while others will require a great deal of time to digest HIV/AIDS information. Be ready to move some of the Day Two sessions into Day Three if necessary.



Day Three—Information or Skills—Building

1. Warm-up
2. **HIV/AIDS and Behavior Change** (Personal Counseling for Behavior Change only) (Session 10 in Part III)
3. **The Bridge Model** (Session 1 in Part I)
4. Quick Preview of Life Skills Sessions, for example the **Best Response Game** (Session 1 in Part VI), **Listening Pairs**, **the Straight Line**, **Pass the Picture**, etc. (Appendix I)
5. Group Sign-Up and Preparation Time for Tomorrow's Practice Sessions

Suggested Sessions:

Communication Skills—**Passive, Assertive, Aggressive** (Session 3 in Part IV)

Decision-Making Skills—**Risk Behavior—Testing the Waters** (Session 8 in Part V)

Relationship Skills sessions—**Gender Cards** or **Gender Picture Codes** (Session 7 or 8 in Part VI)

HIV/AIDS Session—**Women and HIV/AIDS** (Session 5 in Part III)

Day Four—Practice

1. Warm-up
2. Communication Skills session
3. Decision-Making Skills session
4. Relationship Skills sessions
5. HIV/AIDS Session

Trainer note: After each group facilitates a session, spend some time eliciting feedback from the participants and discussing any issues that may have come up regarding the facilitation techniques.

Day Five—Application

1. Warm-up
2. **Bringing It All Together—Forum Theater** (Part VII)
3. **Facilitation Skills—Dealing with Difficult Questions** (Appendix IV)
4. **Peer Education Session** (Part II)
5. Action Planning
6. Affirmation (such as **String Spider Web** (Appendix I)) and Closing
7. Evaluation

Sample Schedule—Peace Corps Pre-Service Training (PST)

The above TOT schedule can be used as an In-Service Training (IST) and a workshop for Counterparts. It can also be used as the HIV/AIDS component of a Pre-Service Training (PST). If it is not possible to devote five days to HIV/AIDS in the PST, you may shorten the workshop to two days by slightly modifying Day Two and Day Three above. You may wish to add the “Epidemiological Information” or an **Impact of HIV/AIDS** (Session 3 in Part V) session to the Day Two schedule, and to substitute **Forum Theater** (Part VII) for the “Group Sign-Up” session on Day Three.

Sample Schedule—Community Leaders’ Training

A training for community leaders might be about the same as a TOT, but the emphasis would be on content rather than how to train others. Also be sure to provide time to review the assessment and have the community leaders determine strategies to address the issues raised in the assessment.

If you are working with peer educators, it is crucial that you schedule some time on the last day of the community leaders’ training to do a session about peer education and to address how you and the community leaders together can choose the proper young people for this role. Be very clear about what you want from the peer educators before this session, but be flexible enough to adapt to what the community leaders want.

Sample Schedule—Peer Educators

In many ways, this may be your most important training. Everything may take longer in this training than with other groups, as you should spend extra time to emphasize the issues and techniques. Warm-ups should be longer and more lively, and breaks more frequent. Young people need to keep moving and stretching!

It is suggested that you follow the TOT schedule above for your initial training of the peer educators, perhaps adding an extra day or two. After that workshop, you might meet with the peer educators once or twice a week to conduct further sessions from the ***Life Skills Manual***—having them engage both as participants and facilitators.

It is very important that you give the peer educators time to digest and internalize the ideas, especially the **Facing Facts about HIV/AIDS and STDs** (Part III) sessions, and that you give them time to practice facilitating sessions.



Sample Schedule—A Briefing

If you are ever called upon to introduce the idea of life skills to a group just for information purposes, it is recommended that you present the **Bridge Model** (Session 1 in Part I). If you are permitted more time than that, add **Forum Theater** (Part VII) and/or the **Best Response Game** (Session 1 in Part VI). These sessions usually provide a lively and interesting overview of the program.

LIFE SKILLS: BASIC SESSIONS

Session 1: **THE BRIDGE MODEL: How Do We Build a Bridge From INFORMATION TO BEHAVIOR CHANGE?**

Overview

This session is the crux of the Life Skills program. The **Bridge Model** is a visual way of presenting the concept of behavior change that is used in the Life Skills program. A thorough understanding of this model is essential in structuring a Life Skills program in your community.

It is most effective to introduce this model after conducting some motivation sessions. These sessions might include **Exchanging Stories** (Session 3 in Part V) (The Impact of AIDS Variation), **Early Pregnancy** (Session 6 in Part V) or other sessions that highlight some of the risk activity of youth.

Time

1 hour, 30 minutes to 2 hours

Objectives

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

1. List risks facing young people in the community.
2. Identify life skills that might help young people to avoid risk and build a healthy, positive future.
3. List three categories of life skills.
4. Describe the **Bridge Model** of behavior change.

Materials

Flip chart: *Bridge Model*

Markers or chalk



Props for the role play

Handout: *The Role Play*

Preparation

Post the *Bridge Model* flip chart on a prominent wall, roll it or cover it up, and arrange the chairs around it in a half-circle.

Prepare and rehearse the role play in advance. Ask two of your female participants to act in the role play. It is much more effective to choose two people from the larger group, rather than using fellow facilitators or peer educators. Fellow participants performing in the role play usually heightens the interest of the group. This role play will be the basis for your discussion of the **Bridge Model**, so it is essential that it be performed well and cover the topics you wish to highlight.

Delivery

I. The Bridge Model Role Play (20 minutes)

When introducing this activity, you may wish to refer to some of the sessions on the impact of AIDS or early pregnancy to remind the group of the reasons for beginning a new program with youth on risk behavior. Invite the group to sit back and watch the role play, which may be very similar to situations we are seeing in our communities.

Have your two volunteers act out the role play. Stop the role play when the point has been made: Lucy was exposed to much information to keep her safe from pregnancy, STDs, and HIV/AIDS, yet she got pregnant anyway. Why?

II. The Bridge Model (1 hour)

Referring back to the role play, ask leading questions to invite the participants to explore the situation. Some examples might be:

1. Is this a realistic situation? Have you seen this happen in our community?
2. Do you think Lucy understood the risks of having sex with Richard?
3. If she understood what could happen and had all of the information, why did she have sex anyway?
4. What were some of the things Richard said to pressure Lucy?
5. Did Lucy have good reasons for not using the condoms Rita gave her?
6. What will happen to Lucy now? What do you think will happen between her and Richard?

After discussing the role play, reveal the *Bridge Model* flip chart.

Discuss the model with the participants. Point out that young people generally know a great deal about the risks of sexual activity. In a sense, the young people are standing on top of all of the knowledge they need to keep themselves safe from the risky behavior of life. Brainstorm some of the current knowledge understood by most young people: facts about HIV/AIDS, information on drugs or alcohol, etc. Most young people learn all about HIV/AIDS prevention in school. Does that mean that no one gets infected? Emphasize that *even though people have the knowledge that does not mean that they do not engage in risky behaviors.* It is helpful to continually refer back to Lucy during this discussion.

Now draw attention to the other side of the bridge. Point out that, as teachers, community members, parents, peer educators, and others we want to help our young people move to the “Positive, Healthy Life” side of the bridge. We want to help them use the knowledge that they have to live a stronger, healthier life. (Use gestures to show this movement on the *Bridge Model* flip chart.)

While gesturing towards the “sea,” ask participants to suggest what is awaiting young people if we do not find a way to help them successfully cross from knowledge to a positive, healthy life. Equipped with nothing but knowledge, young people face the risk of falling into a sea of problems like HIV infection, alcohol and drug addiction, unwanted pregnancy, and so forth.

So, what then is missing? What does it take to help people to use their knowledge to lead a better life? Lead a group brainstorming session about what it takes to get across the bridge. You might continue to refer to Lucy and the role play during this brainstorming session, using questions like, “What was Lucy missing? What did she need to help her to use the information she had to make the right decision? Didn’t Lucy know the risks? Did she have the information?” You may need to guide the group to explore all angles of the situation so that you can get as many different suggestions as possible.

Each time someone gives a suggestion, it becomes a “plank” in the bridge. Write it on the chart above the sea between the two hills. Keep brainstorming until the entire bridge is completed—there should be many, many ideas. Guide the group to understand these links by referring to the role play.

When the bridge is finished and all ideas are exhausted, process the concept with the group again. These planks in the bridge are the “life skills”—the tools a person needs to help translate the knowledge that they have into healthier behavior. It is our job to help to develop these life skills in people—to help them acquire the skills and tools necessary to lead healthier, happier lives. Point out that even if a few skills are missing (cover some of the planks with your hands), what happens? The person may still fall into a sea of problems. It is therefore necessary to launch a comprehensive program that targets all of these issues to better equip the people in our community to make healthy decisions for their futures.

So, the work of the Life Skills program is not only to provide information since we believe that most of the information is already understood. Instead, we are developing



the skills (refer to the bridge with your hand) to better use this information to lead to a positive, healthy life. Our sessions, then, focus on the development of these life skills.

III. Introduction to Life Skills Categories (20 minutes)

As a continuation of the above session, write the three categories of life skills on a flip chart or on the board.

Communication Skills

Decision-Making Skills

Relationship Skills

Explain that we have simply grouped the life skills into a few categories to make it easier to work with them. Go over each category, and ask the group to suggest which of the life skills written on the *Bridge Model* flip chart might fit into each category (for example, relationship skills might include good role models, gender issues, communication skills, self-esteem, and resistance to peer pressure). Many of the life skills will fit into more than one category.

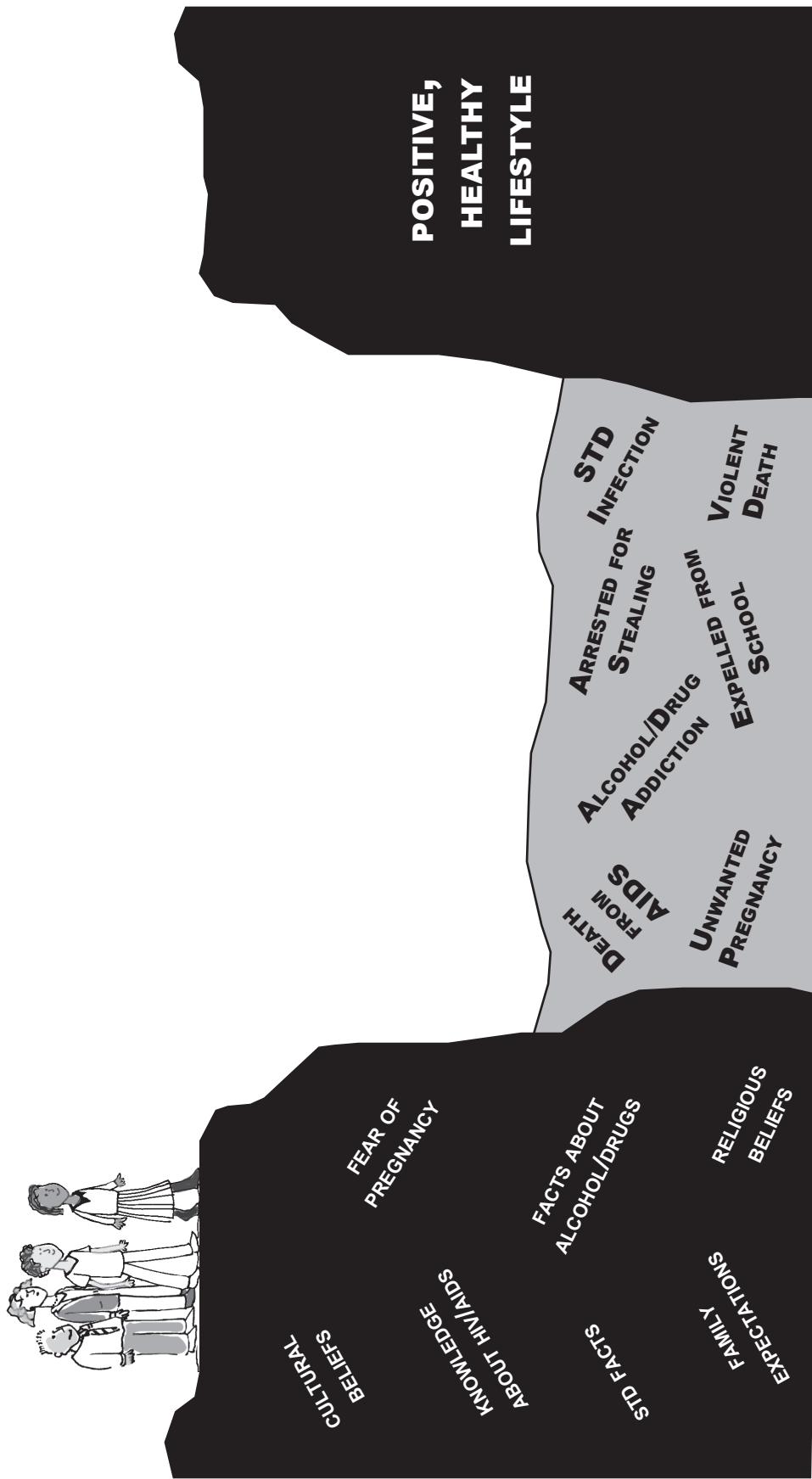
Do not spend too much time on this topic. Just make sure that the participants understand that these are just groupings for the sake of convenience. All of the life skills are important, and some fit in more than one category.

Evaluation (15 minutes)

To ensure that the group understands the philosophy of the **Bridge Model**, you may wish to follow this session immediately with **Identifying the Missing Life Skill**. If time does not permit this, you might simply ask the participants to pair off and to explain the model to each other while referring to the bridge. Move about the room and observe the level of understanding in the group and clarify points as necessary.

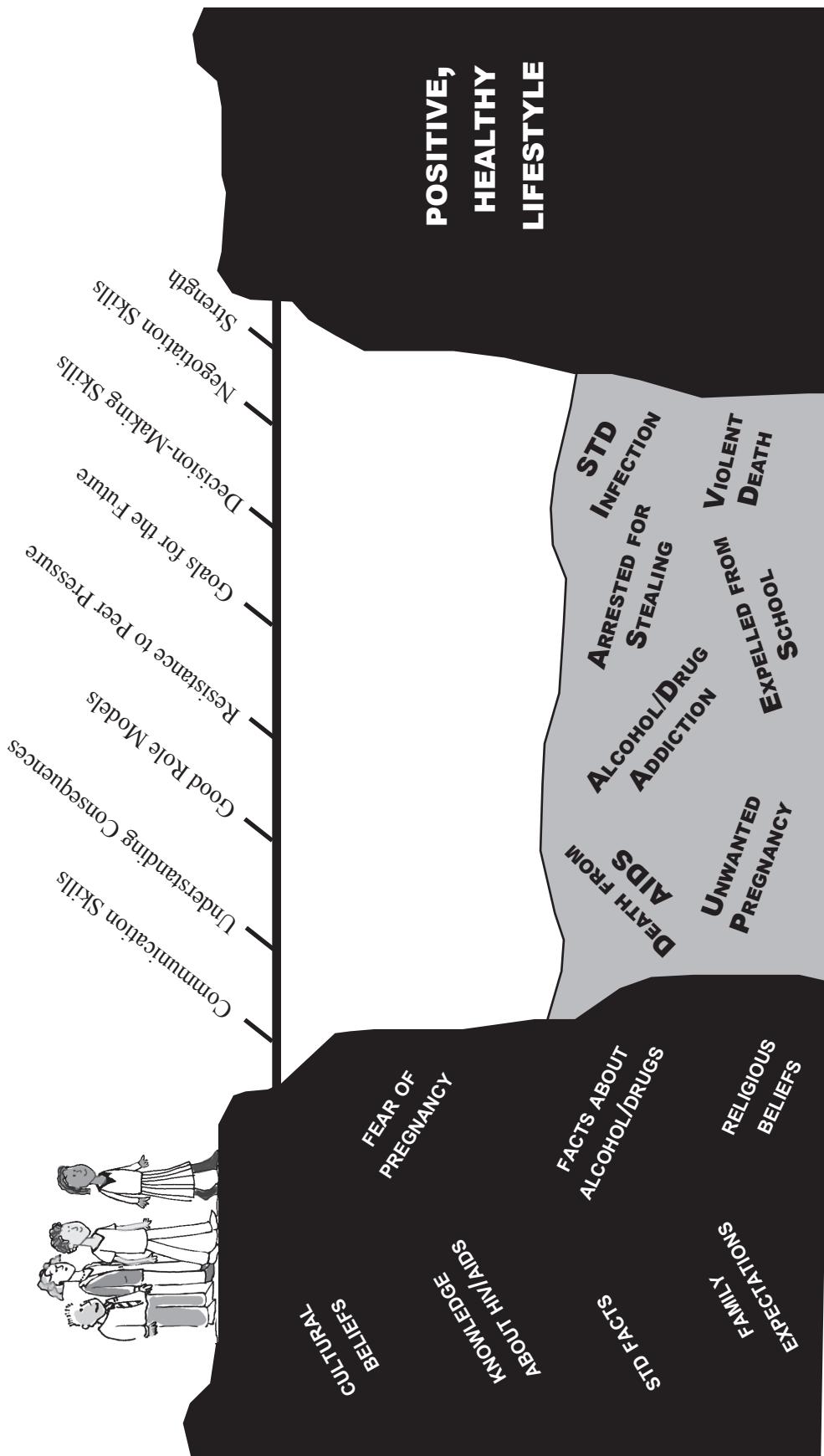
The Bridge Model was presented at the Peace Corps/Malawi workshop “Promoting Sexual Health,” held in Lilongwe, Malawi, in July 1996.

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

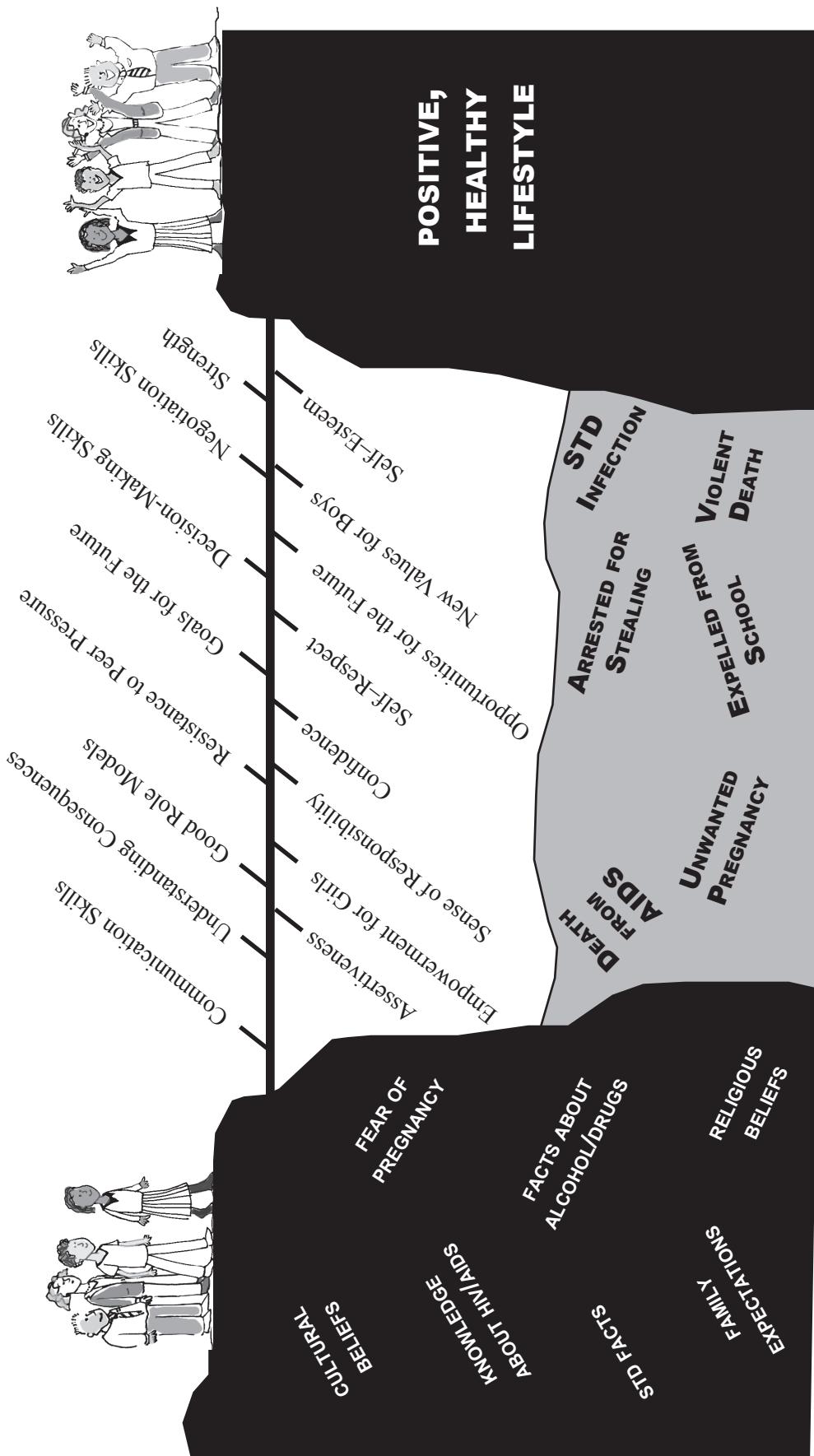


The Bridge Model:

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



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



PARTICIPANT HANDOUT
PAGE 1 OF 2

The Role Play

Two Characters:

Rita was in her final year at secondary school when she dropped out due to unwanted pregnancy. She has been advising her friend, Lucy, to stay in school and to avoid boyfriends, sex, and so forth, before completing her education.

Lucy is in her first year at secondary school, and she has been doing very well in her classes. Despite her friend's warning, she has become pregnant and has come to break the news to her friend.

Rita is sitting outside her house. She is rocking her baby in her arms. As she sits alone with the baby, she talks about how tired she has been and how much work the baby turned out to be. She might say things like, "Oh, my baby—how troublesome you are! Keeping me up all night like that! Won't you ever settle down?"

Lucy walks up and shouts "Hello, is anybody home?" She is welcomed warmly by Rita. Lucy sits down and greets her friend. She inquires after the health of the baby, and Rita tells her that the baby has been sick and has yet to sleep through the night. The friends chat for a moment before Rita comments on how odd it is to see Lucy like this during a school day. Rita asks Lucy why she is not in school, but Lucy changes the subject by talking about the baby. Rita asks Lucy again, and she again avoids the topic by asking Rita about Rita's boyfriend, James. Rita responds by saying that she has not heard from James since the birth of their baby. She has heard that he is now studying in the U.K., but he has never come to see her or the baby. Rita reminisces that she, too, could have gone to the U.K. for studies—her scores were so high—and she reminds Lucy of how important it is to avoid these boys and stay in school.

Rita asks again why Lucy is here on a school day. Lucy says something like this—"My friend, do you remember the advice that you are always giving me?" Rita responds—"Of course I do—I told you! Don't make the same mistakes I made—forget these boys until you are finished with your studies. Abstaining from sex is the best way to avoid getting pregnant or getting diseases—even AIDS!" Lucy probes further. "What else have you advised me?"

Rita says, "I told you that if you and that boyfriend of yours, Richard, cannot abstain, then remember to use a condom. You remember! I even gave you some condoms! Ah! But come on, my friend, what are you really doing here? Are you in trouble? What is it?"

Lucy, now in tears, confesses that she is pregnant with Richard's baby. Rita becomes angry. She reminds Lucy of all the advice she has given her; she reminds Lucy of the example of her own life. Lucy protests with ideas like, "But he loves me! He has promised to marry me!" Rita reminds Lucy that James promised her the same thing. Rita asks why Lucy had sex with Richard after all her warnings. Lucy says that Richard threatened to leave her if she did not have sex with him. He said it was the only way to show him that she loved him, that everyone was having sex, etc. Rita asks why Lucy didn't use any of the condoms she gave her. Lucy says that her church is against condom use, and besides—Richard refused to use them.

PARTICIPANT HANDOUT
PAGE 2 OF 2

Finally, in defense of herself, Lucy says, “Well, why wait? Why not have a baby now? Richard is going to be a doctor. I want to be his wife! What is the difference if I finish school? Look at Marie—she finished school and she is just staying at home. There are no jobs anyway!”



LIFE SKILLS: BASIC SESSIONS

Session 2:

IDENTIFYING THE MISSING LIFE SKILL

Overview

Intended to follow the **Bridge Model**, this role play activity helps to ensure that the participants have fully understood the Bridge Model and the life skills concept. Use it to review and reinforce the foundation of the program before moving on to exploring specific life skills.

Time

1 hour, 30 minutes, to 2 hours

Objectives

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

1. Identify specific life skills that are missing or need reinforcement in common community situations.
2. Describe the **Bridge Model** for behavior change.

Materials

Assorted props for role plays

Delivery

Remind the participants of the ideas discussed in the **Bridge Model** session. Indicate that this session will reinforce our understanding of the concept of life skills.

Divide the participants into small groups. Instruct each group to create a role play showing a typical risk situation that a young person might face. Examples might include being pressured to drink alcohol, being pressured to have sex, and so forth. The role play should show the young person engaging in the risk behavior because one of the life skills we listed on the bridge is missing. For example, the role play might show a young person incapable of being assertive and then giving in to drinking alcohol.

II. Identifying the Missing Life Skill (1 hour)

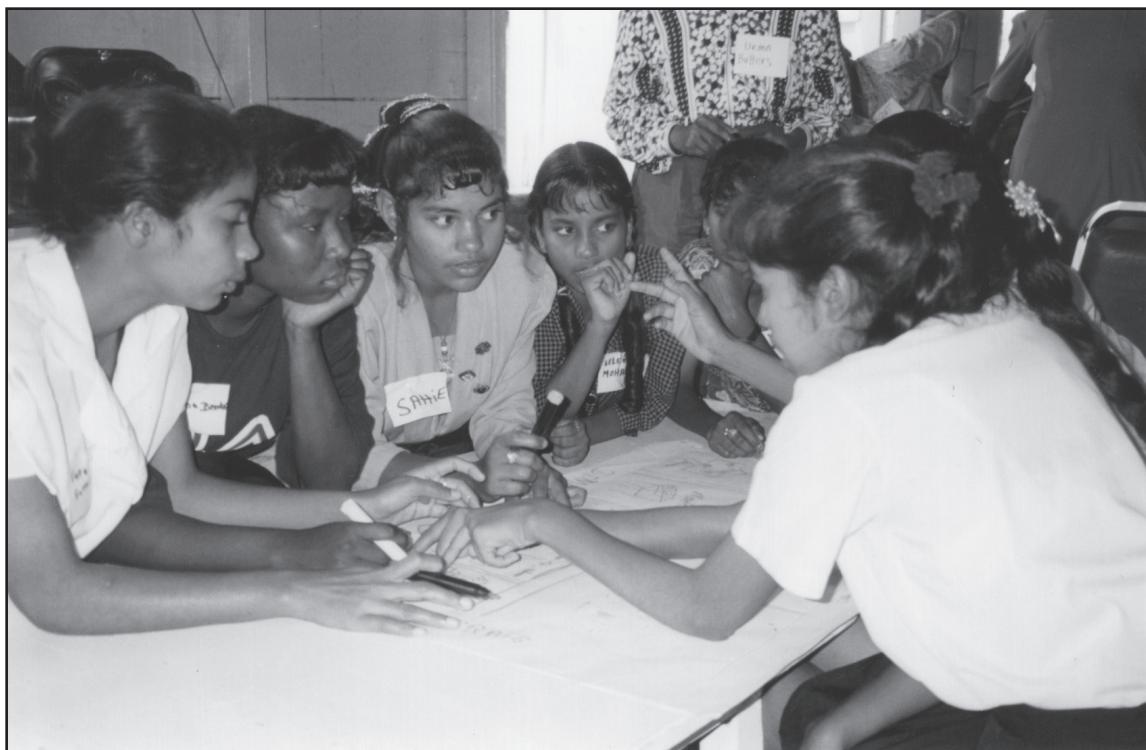
After the group has come back together, invite each group to perform its role play. Members of the larger group should then identify which life skill is missing in the role play. The group may notice that more than one life skill is missing—perhaps the person is lacking self-esteem, good communication skills, and resistance to peer pressure. Let the group brainstorm about the many life skills that might have helped the young person effectively manage the situation in the role play. Use this exercise as a means of exploring the way these life skills could change a situation in a young person's life.

Evaluation (20 minutes)

To ensure that the group has internalized the Life Skills concept, invite different participants to stand in front of the *Bridge Model* flip chart and explain it to others. Participants can use the role plays they just saw as examples in their explanations.



PART II: PEER EDUCATION



PEER EDUCATORS

It is up to you and your community to decide whether or not to work with peer educators in your program. Working with peer educators may require a significant commitment in time, resources, and support, yet the benefits of using peer educators can be considerable.

Who Are Peer Educators?

Peer educators are people selected for their leadership potential in helping others. They are trained to help other participants learn through demonstrations, listening, role playing, encouraging, serving as role models, providing feedback, and supporting healthy decisions and behaviors.

Benefits of Using Peer Educators

- Young people are likely to listen to, and imitate, peers that are well liked and respected.
- Peer educators who model examples of healthy behaviors can influence behaviors of other peers and help them avoid taking risks.
- Peer educators can support, encourage, and help their peers both inside and outside of sessions.
- Peer educators may assist you by presenting the session, thereby allowing more time for individual attention in small groups and for wider access to a larger group of young people.
- Peer educators may be able to help manage and solve problems among the group.
- By serving in this capacity, young people boost their self-esteem, learn valuable and marketable skills, make contacts, and perhaps take more pride in their lives and behaviors than prior to their roles as peer educators.



What Are Some Qualities of Good Peer Educators?

Some characteristics to look for when choosing peer educators include:

- Considered opinion-leaders by other young people (popular, influential)
- Concerned about the welfare of their peers
- Able to listen to others, nonjudgmental
- Self-confident
- Dependable, honest
- Well-liked by other young people
- Well-rounded young people—not necessarily the top student in the class; someone who does well in school but also is active outside of the classroom, such as in sports, clubs, or community work
- Equal mix of male and female peer educators
- Equal mix of young people from different age ranges and grades or forms in school
- Perhaps some young people who have engaged in risk behaviors before and are now willing to speak out about such behaviors
- Mix of young people from different clubs, sports teams, and interests to reach a wider range of people

What Are Some Problems in Using Peer Educators? Proposed Solutions?

- Peer educators require an extra time commitment. You should be willing to spend significant time choosing, training, re-training, monitoring, and evaluating peer educators.
- It can be difficult maintaining motivation. Often peer educators want an incentive for the work that they provide. Emphasize the benefits of being a peer educator, including skills and self-esteem building, contacts, and so forth. You might provide a group uniform or badge to set them apart from others, make it possible for them to network with other peer educators (going on a trip), and consider them for youth conferences or trainings that might arise.
- Students may become jealous of peer educators. Strike a balance between motivating the peer educators through opportunities and making other young people jealous by your treatment of the peer educators. If others are jealous of the peer educators, they will be much less effective than if they are well liked and feel a part of the group.

- Some peer educators engage in risk behavior. Even after training and working with a young person, he or she may become involved in the very activities you are teaching participants to avoid. A peer educator who becomes pregnant, gets caught drinking, and so forth may be incredibly damaging to the program. For this reason, constant monitoring, re-training, and reinforcement are crucial for your peer educator program. However, keep in mind that “relapse is expected” in behavior change. Your response to such a situation is important in reducing the stigma associated with HIV or STD infection, unwanted pregnancy, etc. Guiding this peer educator through such a life change will provide a powerful example for the peer group.
- Peer educators may not be knowledgeable and convey incorrect information. When peer educators spread health information, other young people typically believe them; after all, you have chosen and trained these young people, so the belief is that they must be experts. Therefore, if peer educators are spreading incorrect information, it can be doubly harmful. It is imperative to spend time training and re-training these young people to disseminate correct information. Alternately, peer educators might work in pairs, to reinforce each other’s behavior and serve as sources of mutual support.
- Peer educators move, transfer, and leave the program. It is important to have a number of peer educators in the program to offset the inevitable reality of losing some.

How Can We Choose Peer Educators?

There are a number of ways to choose your peer educators. There are positives and negatives about all of them. Here are a few ideas:

- Involve the community leaders. If you are presenting a community leader training or briefing, include a few sessions on peer education. Assign small groups to answer the questions in this section. Make sure the community leaders are very clear on what a peer educator does, what type of person makes the best peer educator, and so forth. Have them nominate twice as many peer educators as you actually want in the program. Then, put the potential peer educators through some exercises—such as the “True/False game,” role plays, a personal interview, and so forth. Based on the personalities that manifest themselves in these exercises, choose a good mix of peer educators.
- When conducting surveys or focus group discussions, include “Who might you go to in the community if you had a problem?” In this way, you may come up with a list of potential peer educators.
- Ask the young people to nominate or choose peer educators. It is certainly a good idea to have young people choose those who will represent them. You can try to avoid the popularity contest phenomenon by asking them to vote for twice as many peer educators as you need; then using the process suggested for the community above, choose the best peer educators.



- If you are working in a school, it may be best to select some peer educators from each of the grade levels. If all peer educators are from the final grade, you will lose all of your peer educators at once when they finish school.
- To reach a wide range of people, choose young people from different groups, clubs, and interests.

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PEER EDUCATOR SESSION PLANS**Session 1:
DEALING WITH PROBLEMS IN GROUPS****Overview**

Sometimes peer educators will be responsible for leading sessions and small groups. This session provides opportunities to discuss some of the problems that might arise in groups and create strategies for dealing with them.

Time

1 hour

Objectives

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

1. List potential problems that might occur in a group.
2. Identify strategies to cope with problems that arise in groups.

Materials

Flip charts or board

Markers or chalk

Handout: *Problem Scenario Cards* (each numbered statement is a separate card)



Delivery

I. Small Group Work (20 minutes)

Introduce the topic to your participants. Explain that they are going to do a short exercise to look at the kinds of problems that might come up in small group discussions and ways to deal with those problems.

Split the peer educators into groups or pairs. Give each group or pair a problem card. They should read the situation, discuss it, and report back to the group:

1. What might be the effect of this behavior on the whole group?
2. What are strategies for dealing with this behavior?

II. Dealing with Problems in Groups—Large Group Discussion (40 minutes)

Have all groups report back. Discuss each situation and possible ways to approach the problem. Come to an agreement with the group about how to handle the issue. After all groups have presented, ask everyone to help summarize the strategies. Write them on a flip chart or board so that you can refer to them later. Some of the ideas might be as follows:

Dealing With Problems in Groups

1. Create “Ground Rules” for the group during the first session and refer to them when there is a problem.
2. If there are disruptions, politely remind the group that there is a task or problem to solve as well as a time limit.
3. Talk privately to the person causing the problem. Try to find out what is at the root of the problem. Review the basic group rules and how the person’s behavior is negatively affecting the group. Request his or her support and cooperation for the next time the group meets.
4. Respond to those who interrupt by saying, “Excuse me. Just a reminder that everyone in the group has a right to speak without being interrupted.” Or “Excuse me, please let...finish before speaking.”
5. If the behavior is so disturbing that it cannot be ignored, address it in the group. Criticize what is being said or done (not the person responsible for the disruption). Point out how the behavior blocks the group from functioning well.
6. At the end of a group session, lead a discussion about how the group is doing. Try to do this in such a way that feelings are not hurt.

Brainstorm a list of suggested ground rules. Post that list, also.

Some Suggested Ground Rules

- Everyone will be given an opportunity to talk
- Everyone will participate fully and freely
- Everyone has a right to “pass” (to decide not to discuss a personal issue)
- Only one person talks at a time; no interrupting others
- No insults or negative comments
- Keep on the topic; no side discussions or other topics
- Be on time; maintain punctuality
- “What you hear stays here.” Information revealed in session should be confidential.

Evaluation

Problems inevitably will come up even in the **Peer Education** sessions. You will have some idea of how well the peer educators will handle the problems in groups, based on how well they manage the tensions within the peer group itself over the course of the training period.

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PARTICIPANT CARDS

(EACH NUMBERED STATEMENT IS A SEPARATE CARD)

PROBLEM SCENARIO CARDS

1. The small group has been together for a few days now and it is quite clear that Gift dominates the others. He talks most of the time and when others say something, he does not pay attention.
 2. Natalia has been very quiet during the first group meeting. However, suddenly she becomes very critical of the other group members. She makes rude remarks to one person in particular but also objects to opinions expressed by the rest of the group.
 3. Xiang is a little older than the others in the group. He tells people in his group what to do and how to do it. No one has objected to what he is doing, but you can tell they are not happy about the situation.
 4. Eva often interrupts others in the group. She also puts others down by calling their ideas stupid or dumb. The rest of the group is getting angry with her because of her behavior.
 5. Jose is not really interested in the group meetings. When he attends, he acts bored and does not contribute. At other times, he tries to talk to someone in the group about something completely off the topic. If others do not join him, he becomes loud and disruptive.
 6. The boys in the group always talk first, answer questions first, and dominate the discussions. The girls always seem to wait for the boys to speak first—even if they obviously know the answers.

PEER EDUCATOR SESSION PLANS**Session 2:****SUPPORT FOR RESPONSIBLE BEHAVIOR****Overview**

Since they are serving as role models and leaders among their friends, it is important to emphasize the peer educators' responsibility to be supportive of those young people who are engaging in healthy behavior. This exercise takes a look at a few situations in which a young person might need some support and encouragement and gives the peer educators a chance to practice giving appropriate responses.

Time 

1 hour, 30 minutes, to 2 hours

Objectives

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

1. Identify common situations where their intervention might be helpful.
2. Identify strategies to support responsible behavior.
3. List resources in their communities that they might use if they require assistance or information.

Materials 

Props for the role plays

Handout: *Peer Support Situation Cards* (each numbered statement is a separate card)



Delivery

I. Small Group Work (30–40 minutes)

Introduce the topic to the peer educators. Discuss the fact that sometimes young people take risks with their health and safety. Because of consequences like HIV/AIDS, STDs, and unwanted pregnancy, taking risks can be very dangerous. Young people who make healthy decisions to delay sex, to use a condom, or to be tolerant and compassionate to people with HIV/AIDS need the support of their friends, especially the peer educators.

Divide the peer educators into groups. Give each group a role play card. They are to:

1. Read and discuss the situation.
2. Decide what they would do to give the main person in the story support for this healthy decision.
3. Create a role play showing the situation with support for the person.

II. Role plays (1 hour or more, depending on the size of the group)

Have all groups perform their role plays in front of the larger group. Discuss the strategies suggested by the peer educators and provide any additional ideas regarding ways to support the person in the story.

You may wish to ask the following questions as you summarize this activity:

1. Why do many young people feel it is not “cool” to support healthy decisions?
2. What difficulties might you have if you support these healthy behaviors?
3. How might you overcome these problems?

Remind the participants about the important responsibility they have as peer educators. Supporting healthy decisions when they look “uncool” is one of their most important, but perhaps most difficult, tasks. As peer educators, they can set the tone for the behavior of the other young people. If young people begin to see that delaying sex or using condoms has the support of their friends, it will be much easier for everyone to choose to make healthy decisions.

III. Sources of Support (15 minutes if done in the session)

For the final part of the session, discuss the kinds of issues that peer educators should not try to deal with themselves. They may have the opportunity to talk privately with young people who need more information and counseling than they can provide. Therefore, it is important to know where to get help in the community. Using brainstorming, small group work, or an outside-the-session project, the peer educators should identify a number of sources and how to reach them. These sources

will enable young people to get information about HIV/AIDS and STDs, to obtain medical help, to go for counseling or to get advice, and to be tested for HIV. Suggestions for such a resource list include: doctors, clergy, health centers or hospitals, counselors, church groups, places where you can buy or get free condoms, nurses, AIDS groups or centers, STD clinics, social welfare offices, community development assistants, youth groups, teachers, and so forth.

Evaluation

You might consider instituting a period at the beginning of each peer educator meeting during which they would share situations in which they supported responsible behavior that might have happened since the last meeting.

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PARTICIPANT CARDS
(EACH NUMBERED STATEMENT IS A SEPARATE CARD)

PEER SUPPORT SITUATION CARDS

1. You have been seeing a person for a short time now and you feel you are really “in love.” This person is trying to persuade you to have sex. You use all of your assertive skills but the situation gets worse. He or she will not agree with you and becomes impossible to talk to. You ask a friend who is with you to walk you home. On the way home, you tell your friend what happened. Your friend supports your decision not to have sex by saying, “_____.”

2. You have been going out with the same person for some time now. You love each other very much. You have talked about sex and have agreed to use a condom when you have sex to protect yourself from HIV. You have had sex with a condom a few times but this night you somehow forgot to bring a condom and you really would like to have sex. After some discussion, you decide to be affectionate with each other without sex. The next day you discuss the decision with your best friend. Your friend supports your decision by saying, “_____.”

3. After school, you and some friends want to go to the local store for candy. Someone says, “I’m not going there.” Someone else asks, “Why not?” The first speaker says, “I’ve heard the shopkeeper has HIV. I’m not going to risk getting AIDS.” Another person says, “You can’t believe everything you hear.” This person asks you what you think. You say, “_____.”

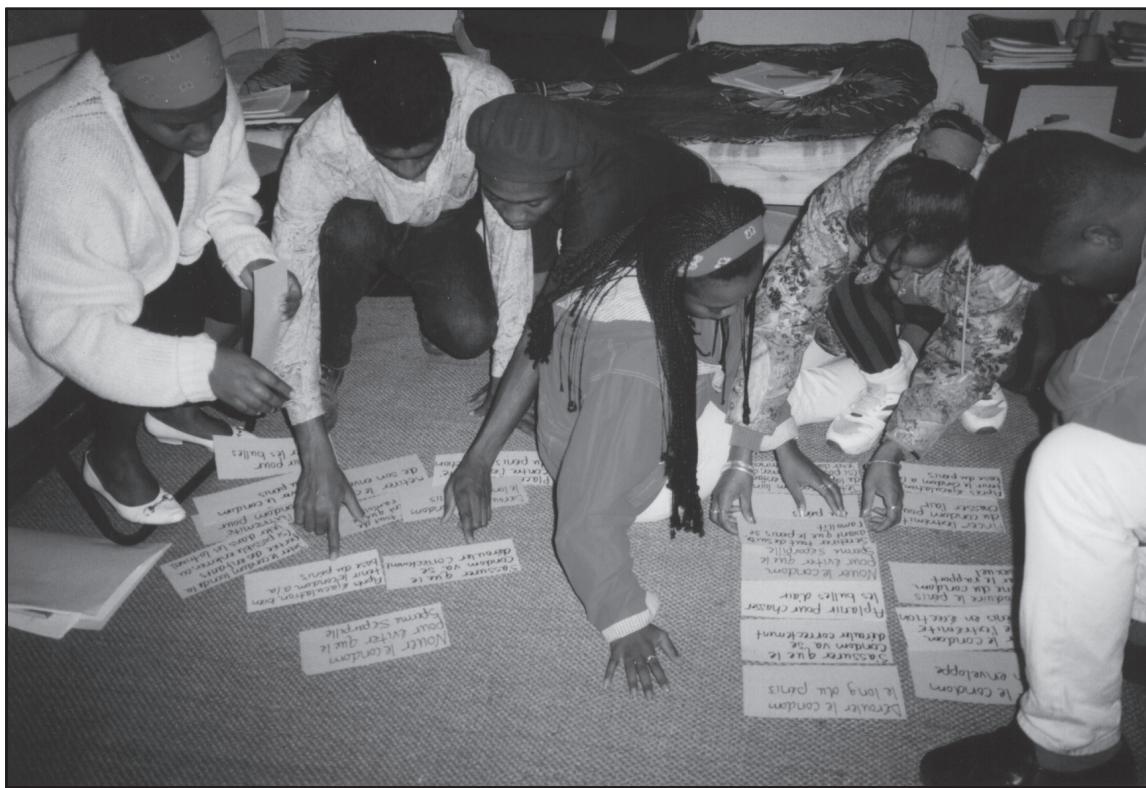
4. It is Monday morning and you are talking to some friends about what happened over the weekend. One of the members of the group is bragging about being at a party where there was alcohol and sex. A couple of people in the group are impressed and say things that support him, “Yeah! You must have had a great time!” You are not impressed by what went on, and you feel you should say something. You say, “_____.”

5. You are at a dance. You notice a group of people in the corner laughing and pushing someone. Getting closer, you overhear them teasing the boy or girl because he or she is refusing to take some of the beer they are passing around. They are a bit drunk, and are getting rough with the person. The person keeps trying to refuse to drink—saying he or she does not like alcohol. They continue to tease him or her. What do you say or do? _____

PART III:

FACING FACTS ABOUT HIV/AIDS AND STDs

Part III



FACING FACTS ABOUT HIV/AIDS AND STDs

This section of the *Life Skills Manual* gives basic information about HIV, AIDS, and STDs that can be incorporated into the Life Skills curriculum. These sessions were designed to address people potentially living with HIV as well as those who are currently not infected.

The sessions build on each other and concentrate on addressing the knowledge and attitudes of participants as they relate to HIV/AIDS. Participants are empowered to use new knowledge in a reassessment of their own attitudes.

These sessions avoid using fear tactics or blame of any group for the infection. Messages of fear and blame have caused people to avoid the topic of HIV/AIDS rather than confront it. In addition to addressing the urgency of dealing with the disease in their community, these sessions clarify commonly held myths about AIDS. The ultimate goal of the sessions is to move participants to a place of hope and affirm their ability to respond intelligently and effectively to the pandemic that faces them.

The 10 sessions are designed around the following concepts:

1. AIDS is a problem and we have the power to do something about it.
2. HIV attacks our immune systems; so, we should do all we can to strengthen our immune systems.
3. It is clear how HIV is transmitted.
4. Early treatment of other STDs can dramatically reduce the risk of infection with HIV.
5. Women are especially vulnerable to HIV infection and need information and skills to protect themselves and their children from infection.
6. There are simple and effective ways for everyone to prevent HIV infection.



7. The time it takes for HIV to lead to AIDS can vary greatly, and our health behaviors can affect that time period.
8. Although there is no cure for AIDS, there are many treatments available.
9. Protecting the human rights of people living with HIV/AIDS not only helps them to live positive and productive lives, but also helps to prevent HIV transmission in our community.
10. Knowledge, attitudes, and skills need to be used together to help us practice behaviors that reduce risks for HIV and lead us to a healthier life.

FACING FACTS ABOUT HIV/AIDS AND STDs SESSION PLANS

Session 1:

FACTS AND MYTHS ABOUT HIV/AIDS

Overview

This introductory session addresses the facts and myths about HIV/AIDS. It addresses this concept: **AIDS is a problem and I have the power to do something about it.** Remember to adapt the statements in this session to the facts and myths most prevalent in and relevant to your country.

Time



2 hours

Objective

By the end of the session, the majority of participants will be able to recognize the seriousness of HIV/AIDS in their community.

Materials



Tape

Signs placed on the wall with the words “*True*” and “*False*.*” Bowl with pieces of paper in it describing myths and facts such as the following:*

True

1. While Africa has been more affected by AIDS than any other part of the world, HIV infection rates are rising in many other regions.
2. Although many people do not have access to expensive drugs to treat AIDS, there are medicines that can slow down disease progression.
3. In (*country*) about (*_ percent*) of adults are infected with HIV. (Use UNAIDS Website to update statistics for your country.)
4. Although treatments to slow the progression of HIV/AIDS exist, there is still no cure for AIDS.



5. Although HIV transmission is a risk for everyone, women and girls are more vulnerable to HIV infection than men and boys.
6. The amount of food we have to eat can be related to the number of people who have AIDS in our community.

False

1. AIDS is a disease that mostly affects white people.
2. Since everyone dies of AIDS, it is better not to know if you have it.
3. You can be cured of AIDS by having sex with a virgin.
4. People in the United States have access to medicines that can cure them of AIDS.
5. No one has AIDS in our country.
6. Traditional healers (or religious leaders) in our country have cured AIDS.
7. AIDS is a disease of immoral people, such as prostitutes.
8. It has recently been proven that HIV does not cause AIDS.

Delivery

I. Facts and Myths (90 minutes)

Have participants each take one piece of paper from the bowl with statements, read it to themselves, and tape it under either “*True*” or “*False*.¹” Then they read aloud the statements to the group and decide if the group agrees with the placement. After the statements are placed, ask if there are questions. The facilitator should make any necessary corrections.

Trainer note: To help participants evaluate the statements, use the following information. Be sure to periodically update this section with current data from the UNAIDS Website:

Background for True Statements:

1. Check the UNAIDS website for recent statistics on the increase in HIV infection in your region and one or two others. You will find that while Africa has the largest number of infections, HIV is on the rise throughout much of the world.
2. New drugs like anti-retroviral therapy and protease inhibitors are not available to many people due to high cost and lack of infrastructure for monitoring the immune system. There are, however, medicines to treat and prevent opportunistic infections that can help to prolong life.
3. Check the UNAIDS Website for updates for your country.

4. *There are many treatments, but no cure, for AIDS. Reading **Cure or Treatment** (Session 8 in Part III) will give you a clearer distinction of the difference between “treatment” and “cure.”*
5. *See **Women and HIV/AIDS** (Session 5 in Part III) for reasons that women and girls are especially vulnerable to HIV infection.*
6. *This question is looking at the impact of HIV disease on agricultural production. The most dramatic statistics are from Zimbabwe. They document reductions in the following areas of agricultural production due to AIDS deaths: maize, 61 percent; vegetables, 49 percent; groundnuts, 37 percent; number of cattle owned, 29 percent. Similar statistics would result in any country whose farmers or agricultural workers were increasingly affected by AIDS. Further, having little food to eat can shorten the honeymoon period for People Living with HIV/AIDS, as they will not have access to the nutrition they require to stay healthy longer.*

Background for False Statements:

1. *Emphasize that people of every race and nationality have been infected with HIV.*
2. *Although people may believe that the stress of knowing one’s HIV status can be a terrible burden, it is clear that knowing one’s status can help prolong one’s life by getting early treatment for opportunistic infections and taking care of one’s general health. (Read **Disease Progression and Positive Behaviors** (Session 7 in Part III).) Also, knowing one’s status can help us protect families and loved ones from infection and help people prepare for the future.*
3. *This is a myth. Not only is it not true, but acting on it can spread the infection to many young girls.*
4. *Although people in the United States have access to medications often not available to people with few resources in many other countries, these medications do not cure AIDS. (See **Cure or Treatment** (Session 8 in Part III) for the difference between “treatment” and “cure.”)*
5. *See UNAIDS statistics for your country. If you are in a country with low prevalence, you may want to suggest that although we do not have a high prevalence of HIV in our country, we still have a need to protect ourselves by practicing HIV prevention. Suggesting that no one has AIDS in any area is the kind of denial that leads to increased risk of transmission.*
6. *No one has yet found a cure for AIDS. It is possible that alternative or traditional healers have some remedies that may alleviate some of the symptoms of AIDS temporarily. Other practices, however, may cause HIV to progress more rapidly or increase the possibility of transmitting HIV if procedures involve sharing instruments with blood on them. It is important that medical doctors and traditional healers communicate in order to share what they have learned about the disease.*

7. *Since HIV is mainly transmitted through sexual activity, many people infected with HIV have been accused of being immoral. Women particularly are blamed for immoral behavior. In fact, according to the United Nations Development Programme (UNDP), two-thirds of all women infected with HIV in the world relate that they have had only one sexual partner. Studies done in several metropolitan cities that compare prevalence of HIV among prostitutes to women who do not engage in prostitution, demonstrate that prostitutes are at no greater risk than other women unless they use injected drugs. It is much harder to negotiate condom use with your spouse than with casual contacts. Fidelity, if it is to be used by women as their prevention method, needs to include a way of determining if their partner is already infected with HIV.*
8. *It has been scientifically proven that both HIV and AIDS exist and that infection with HIV attacks the immune system and will lead to AIDS in most people.*

After clarifying the true and false statements, lead a discussion using questions, such as:

- Do you believe that HIV/AIDS has affected our community? Why or why not? What evidence do you see of the effects of AIDS in our community?
- What other things have you heard about HIV/AIDS in our community that you think might be untrue?
- Do you think that everyone who has HIV/AIDS knows that he or she has it? Why or why not?
- Would people hide the fact that they or someone in their family has HIV/AIDS? Why or why not?
- Have you ever heard someone say that they have a cure for AIDS? Why do you think someone might say that when there is no cure?
- Why do you think young girls are infected more often than boys?
- Which of our life skills can help protect us from HIV/AIDS?
- What can we do to help our community fight HIV/AIDS?

Evaluation (5 minutes)

Before and after the session, have students raise their hands if they think AIDS is a problem in their community, or if AIDS could be a danger for themselves or their family. Observe if the number of hands raised increases at the end of the session.

If the group feels uncomfortable sharing opinions in public, participants may vote by paper anonymously before and after the session.

Resources



For ongoing updates on the latest news related to HIV:

- Website: News@hivcybermail.org
- Website: af-aids@hivnet.ch
- Website: www.unaids.org

A number of excellent publications are available free from the UNAIDS website by following the “Publications” link to “How to Order.”

See especially, *AIDS Epidemic Update*: UNAIDS

FACING FACTS ABOUT HIV/AIDS AND STDs SESSION PLANS

Session 2: THE IMMUNE SYSTEM

Overview

By providing specific biological information, this session addresses the concept: **HIV attacks our immune systems; so, we should do all we can to strengthen our immune systems.**

Time

2 hours

Objectives

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

1. Describe the functions of at least five components of the immune system.
2. Demonstrate how HIV attacks the immune system.

Materials

Handouts: *Drawings of Parts of the Immune System*

Numbered small pieces of paper for writing questions

Tape

Candy

Preparation

If possible, make a copy of one drawing for each participant. Write the description of the cell's function (from the overview below) on the back of each drawing.

Delivery

I. Overview (30 minutes)

Facilitator explains to the group the following facts about the immune system using the drawings. It may be best to stimulate discussion by asking participants to share the facts they already know.

- What is our immune system?

The immune system is our body's way of fighting disease. It is very complex and has more parts than we can discuss today. Understanding some basic facts about the immune system, however, can help us learn both how to prevent disease and how to help slow down disease progression if we are already infected.

- Our blood cells are labeled by what two colors?

Red and white.

- What is the major function of red cells?

Red cells, called erythrocytes, carry oxygen through our system and carry away carbon dioxide.

- What is the major function of white blood cells?

White blood cells, called leukocytes, are our immune cells. Your immune system is made up of white cells that protect you from diseases. Some of the main cells in your immune system are:

The macrophage: Macro = Big, Phage = Eater. The Big Eater. This cell eats the invaders or germs (called antigens) and sends a signal to the captain of your immune system that an invader is present and that the immune system army needs to respond.

The T4 Helper Cell (CD4): Captain of your immune system. It receives the message from the macrophage when an invader (antigen) is present and orders two more cells (the B cell and the T8 killer cell) to search for, and destroy, the invader. The T4 Helper Cell is also the cell that HIV attacks and destroys. T cells are called "T" because they mature in the thymus gland.

The B Cell: Like a factory. It identifies the shape of the invader (antigen) and makes "antibodies" (like keys), which fit the antigen. These antibodies can recognize immediately future antigens of this kind and stop them from making you sick in the future.

The T8 (CD8) or Cytotoxic or Killer Cell: Also called by the T4 Helper Cell to attack the invader and kill it directly.

- What is an *antigen*?

An antigen is a foreign invader or germ that enters our system. It can be a virus, a bacteria, fungus, protozoa, and so forth. Have the group name an antigen common in their community besides HIV. (Examples: cold virus, TB bacteria, etc.)

- What is an *antibody*?

An antibody is a response to an invading antigen. Antibodies are produced by B cells. They work like “keys,” fitting the shape of the antigen “locks.” When an antigen enters the system again, it is recognized and attacked by antibodies.

- What is *HIV*?

The virus that attacks the T4 Helper Cell. When it cripples enough T4 Helper Cells, the rest of the immune system is not called into action. Other antigens invade the body and cause disease. At this point, the infected person develops *AIDS*.

II. Dramatizing Attack of the Immune System (30 minutes)

With the help of the group, use the drawings to show how the immune system works to destroy the antigen.

- What happens when HIV enters the body? Use the drawings to demonstrate that when HIV enters the system, it is eaten by the macrophage, but when it gets to the T4 Cell it invades that cell, the Captain, and takes it over, later killing it. A T4 Helper Cell damaged by HIV does not effectively call out the other forces to attack the invader, giving HIV a greater chance to take over more T4 Cells and multiply the amount of HIV in the body. The amount of HIV in the body is called the *viral load*.
- When enough T4 Helper Cells are destroyed, all kinds of other invaders (antigens), like tuberculosis (TB) germs, can enter without being stopped by the Captain. When the viral load has risen and the antibody level has dropped, a person gets sick with AIDS.
- Give each participant one of the drawings of the parts of the immune system and have them reflect on what they do to fight disease. Then have each member of the group introduce themselves, holding up their pictures, and explaining what they do. One complete group will dramatize for the others how the immune system works, first with the invasion of a regular antigen, and then with the invasion of HIV. They will show how HIV takes over the T4 Helper Cell and does not call the other helpers, and new antigens invade. The whole group can then be invading antigens and the immune system collapses. Everyone falls down.

III. The Elephants and Lions Game

The Elephants and Lions Game may also be used to reinforce the learnings from this section. Be sure to substitute animal names more appropriate for your community.

The game is played like this:

1. Ask for one volunteer. Have the volunteer stand in the front of the room. This person is the baby elephant.
2. Ask for six more volunteers. These volunteers are the adult elephants. Their job is to protect the baby elephant. They should form a circle and join hands around the baby elephant. To show them the importance of their job, the facilitator should try to hit the baby elephant—you will find that the adult elephants quickly get the point and close ranks to avoid attack. The adult elephants should stand very close to the baby elephant.
3. Now, ask for four or five more volunteers. These people are the lions. Their job will be to attack the baby elephant—they should try to jab, hit, kick, punch—whatever they can do to hurt the baby elephant.
4. When the facilitator says, “Go!”, the lions should try to attack the baby elephant. Let this go on for a few seconds—until the baby elephant has at least one contact from the lions—but the baby elephant should not be hurt.
5. Now ask the following questions (the volunteers should stay where they are.):
 - *What is the baby elephant? What does the baby elephant represent?*
Answer: The baby elephant is the human body.
 - *What are the adult elephants?*
Answer: The adult elephants are the immune system. Their job is to protect the body from invading diseases.
 - *So, what are the lions?*
There may be a few people who say that the lions are HIV. That is not so. Ask another person to try to tell you the meaning of the lions.
Answer: The lions stands for the diseases, illnesses and infections that attack a person’s body.
6. The facilitator now very dramatically goes to each of the lion volunteers—one by one. Say, “These diseases, such as tuberculosis (touch the first volunteer), malaria (touch the next person), diarrhea, and cholera (touch another person) may attack the human body but are they able to kill the human body?” The answer should be “no.” The human body gets attacked by diseases or germs every day, but the immune system (point to the adult elephants) manages to fight them off and protect the body. The human body might get sick (such as the hit or kick that the baby elephant suffered), but it does not die, because the immune system is strong.



The facilitator continues: “But suppose I am HIV. I come to this body (the baby elephant), and I attack and kill the immune system.” At this point, the facilitator should touch all but two of the adult elephant volunteers and ask them to sit down. Touch each person as you remove them, acting as if HIV is killing the immune system.

The facilitator continues: “Now, will the baby elephant be protected? Will the human body be safe with the immune system gone?”

Next, the facilitator should again tell the lions to attack (touch only) on the word “Go!” The lions are able to easily get to the baby elephant this time.

7. Summarize the idea that HIV has killed the immune system. This lack of an immune system makes it possible for diseases like tuberculosis, diarrhea, and so forth, to actually *kill* the person, rather than just make the person sick.
8. To be sure people have understood, you can ask: “Does HIV kill the person?” They should say, “No—The diseases killed the person.” Also, ask someone to tell you the difference between HIV and AIDS.

Evaluation (1 hour)

During the last hour, play a game where questions from this and the previous session are written under little numbered pieces of paper taped to the board that says, “Win the National Lottery!” (Use an appropriate title for your country.) Sample questions might include:

1. What is the percentage of people in our country estimated to be living with HIV?
2. What is the function of the B cell?

The group divides into three teams. Each team takes turns selecting a number and reading the question aloud in front of the whole group. They have one minute to confer with their team and answer the question. If they answer the question correctly they get a point. If not, the next team has a chance to answer the question and win that point, and so on. Some numbers do not have questions but are lucky numbers, and teams or individuals who draw them win candy, or should give a candy to someone who has changed their attitude about AIDS. The team with the most points wins the game and the rest of the candy. Observe which questions are answered correctly.

Resources



For more detailed information on the immune system check:

- Website: www.aidsmap.com

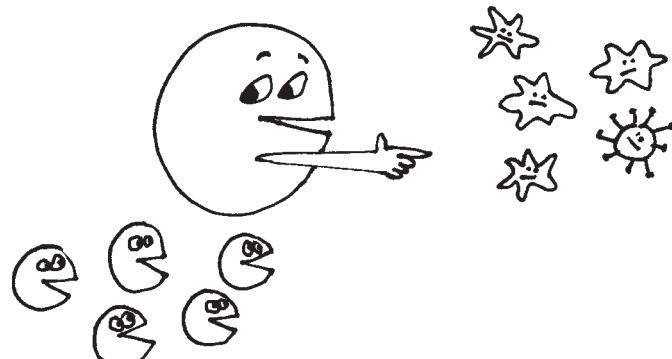
PARTICIPANT HANDOUT

PAGE 1 OF 1

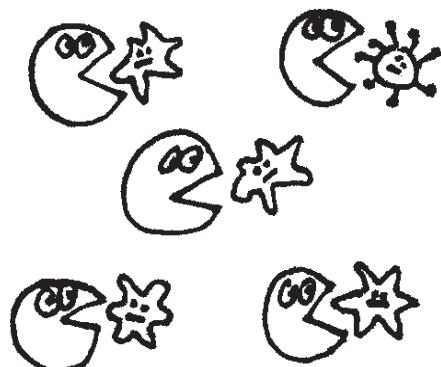
DRAWINGS OF PARTS OF THE IMMUNE SYSTEM



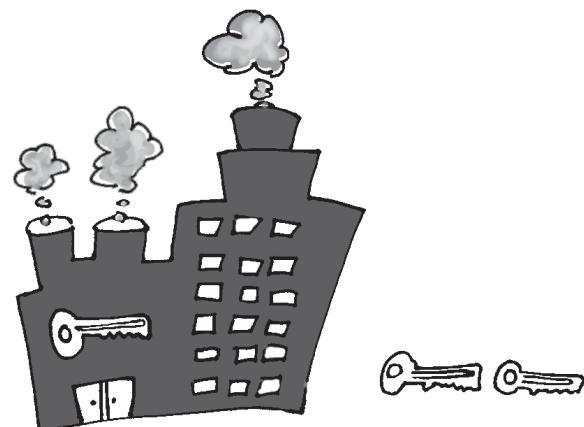
Macrophage (Big Eater)



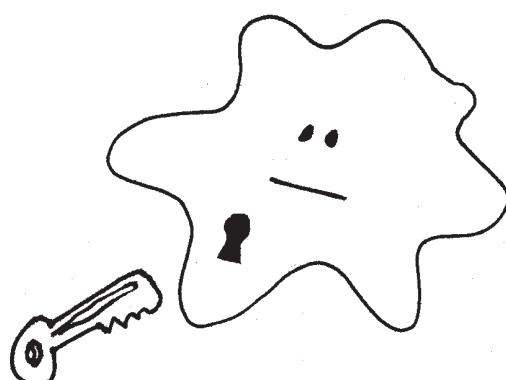
T4 Helper Cell — CD4 (The Captain)



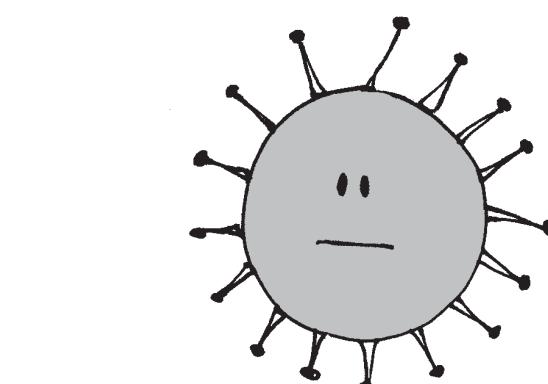
T8 — CD8 Cytotoxic (Killer) Cells



B Cells — the Antibody Factory



Antigen



Human Immuno-Deficiency Virus (HIV)

FACING FACTS ABOUT HIV/AIDS AND STDs SESSION PLANS

Session 3: How HIV IS TRANSMITTED

Overview

There are many ideas among the public about how HIV is transmitted. **It is clear how HIV is transmitted.** In this session, participants will learn to differentiate between the myths and facts.

Time 

2 hours

Objectives

By the end of the two-hour session participants will be able to:

1. List the four main fluids that transmit HIV.
2. Describe the term “portal of entry.”
3. Distinguish between ways they can and cannot contract HIV.

Materials 

Flip chart or board

Markers or chalk

Tape

Handouts: *Activities that Can and Cannot Transmit HIV* (each activity is a separate card)

Delivery

Trainer note: Expect discomfort in the audience when talking about the following topic, and acknowledge it. Lead the group through their embarrassment and agree

that these things are sometimes very hard to talk about. It is a very important life skill to be able to talk about sexual things clearly and openly. You may want to brainstorm with the group about why being able to name and talk clearly about these embarrassing things is important for everyone's protection. Some ideas might be to understand your own body and how it works, to be able to talk to your children accurately about sexual matters, to be able to explain to a doctor what you are feeling, to clearly understand what can put you at risk for HIV/AIDS and STDs, and to talk with your friends and also your partner to make informed and conscious decisions regarding sex.

Trainer note: You may find it helpful to begin this session with *The Epidemic Game* found in Appendix IV.

I. Overview (30 minutes)

HIV can be contracted only in very specific ways. First a person must be in direct contact with one of four main body fluids that transmit HIV. Do you know what these are? Brainstorm with the group: List these suggestions only under a heading “Fluids that **do** transmit HIV”: blood, semen, vaginal fluids, or breast milk. Write other suggestions under the heading “Fluids that **do not** transmit HIV.” Say that there are a few other fluids like amniotic fluid (that an unborn baby floats in) that doctors or nurses or other health workers may be exposed to that could transmit HIV. Confirm that they understand what “semen” and “vaginal secretions” are, by asking participants what local terms are used to describe them, if it is culturally acceptable to say those terms. Explain that in order to get infected, these fluids need a *portal of entry* or *a door* into your body. A portal of entry is the way that HIV enters the body. This is either through a *cut, sore, or opening in the skin* or through the soft tissue called “mucous membrane” located in *the vagina, the tip of the penis, the anus, the mouth, the eyes, or the nose*. The participants now can evaluate whether any given activity can transmit HIV by:

1. Determining if one of these fluids that transmits HIV is present, “What is the fluid?” and
2. Determining if there is a portal of entry into the body, “Where is the door?”

The most common ways of transmitting HIV are through vaginal and anal sex; possibly oral sex; through sharing needles or other sharp equipment such as razors, which could have another’s blood on it; through direct blood transfusions of untested blood; or from mother to infant during pregnancy, delivery, or breastfeeding. There is no way to catch HIV by being near a person with HIV, or by sharing their cups or bathrooms, or by hugging them or kissing them when blood is not present. There are no documented cases of HIV transmission through sharing toothbrushes. This practice could only present a risk if there was blood present on the toothbrush.



II. Activity Cards (90 minutes)

Use cards listing activities that either can or cannot transmit HIV. The facilitator tapes the cards on the backs of participants. Participants walk around the room and ask questions that can only be answered by “yes” or “no” to other participants in an effort to discover the activity taped on their back. When the activity is guessed, the participants tape the activity to their front and keep assisting others by answering “yes” or “no” to their questions. Activities could be “being bitten by a mosquito” or “having vaginal sex with a virgin.” Questions could be “Could this activity transmit HIV?” or “Does this activity involve the mouth?” and so forth. When all activities are guessed, group members stand in a circle and share their activities with each other. They take turns taping their activities under the headlines of “Can transmit HIV” or “Cannot transmit HIV.” If controversy occurs over the correct column, the facilitator leads the group through reasoning by “What is the fluid?” and “Where is the door?”

Trainer note: Depending on what community you are working with, you may encounter resistance to talking openly about sexual activities and seeing them printed on people’s backs. This activity is designed to help overcome taboos about talking about sex which exist in most cultures. Select sexual activities that are practiced in the culture of your community. Make it clear that because a person is wearing an activity, that does not mean that they practice it or condone its practice. Encourage participants to be aware that others, however, may practice those activities. We are here to clarify how HIV is and is not transmitted and not to judge others. There should be no resistance from participants to addressing activities that do not transmit HIV, but the trainer should select activities that are common misconceptions about HIV transmission in the community.

Evaluation

Proper placing of transmission cards will indicate the level of knowledge gained on transmission dynamics. Also, it is important to observe the participants’ ability to use their newly gained knowledge about fluids and portals of entry to reason out if any particular activity can or cannot transmit HIV.

Resources



- Website: www.aidsmap.com
- Website: www.unaids.org

A number of excellent publications are available free from this website by following the “Publications” link to “How to Order.” The following resources are applicable to this session:

UNAIDS KM67 School Health Education to Prevent AIDS and STD: A Resource Package for Curriculum Planners 1999

UNAIDS KM60 AIDS and HIV Infection: Information for United Nations Employees and their Families 1999



PARTICIPANT CARDS
(EACH ACTIVITY IS A SEPARATE CARD)

ACTIVITIES THAT CAN TRANSMIT HIV

- Vaginal sex
- Direct blood transfusion of untested blood
- Sharing needles
- Contact with blood of an infected person
- Breastfeeding
- Mother to infant during delivery
- Mother to infant during pregnancy
- Exchange of blood
- Contact with semen
- Contact with vaginal fluids

ACTIVITIES THAT CANNOT TRANSMIT HIV

- Being near a person with HIV
- Sharing a drinking cup with a person with HIV
- Hugging a person with HIV
- Kissing a person with HIV when blood is not present
- Shaking hands with a person with HIV
- Proper use of a condom during sex

FACING FACTS ABOUT HIV/AIDS AND STDs SESSION PLANS

Session 4:

THE RELATIONSHIP OF STDs AND HIV/AIDS

Overview

This session describes four major sexually transmitted diseases and their symptoms. Participants learn the concept that **early treatment of sexually transmitted diseases can dramatically reduce the risk of infection with HIV**. They have an opportunity to role play telling a partner about STDs and why they should get treated.

Time



2 hours

Objectives

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

1. Identify symptoms of four STDs.
2. Describe how an STD infection increases the risk of HIV transmission.
3. State why it is important to get early treatment for an STD.
4. Visit an STD treatment site before the next session.

Materials



Flip chart or board

Markers or chalk

Handouts: *Common STDs Cards* (each STD is a separate card) and *Symptoms of STDs Cards* (each symptom is a separate card)

Delivery

I. Overview—The Role of Sexually Transmitted Diseases (STDs) in HIV Transmission (15 minutes)

Having an STD is one of the most important factors in HIV transmission. It can increase the risk of HIV transmission substantially. A recent study showed that the presence of STDs in eastern and southern Africa was one of the two major reasons why there was a higher incidence of AIDS in these regions of the continent.

A genital sore or ulcer as in syphilis, chancroid, or herpes expands the portal of entry. Having a discharge, as in gonorrhea or chlamydia, means that more white blood cells are present. Since white blood cells are hosts for HIV, it means that more virus can be transmitted or received when the discharge is present. Quick and proper treatment of STDs and immediate referral of partners can be important strategies for HIV prevention. Often women do not have apparent symptoms of sexually transmitted diseases, so check-ups and partner referrals are very important. But men, too, may occasionally not have symptoms, even of gonorrhea; so, it is important that the man seek treatment also if his partner is infected and avoid blaming partners for infection.

II. The STD Game (45 minutes)

Tape the names of STDs horizontally along the top of the wall. Write popular names of the diseases in parentheses next to the scientific names. Throw the cards with the names of the signs and symptoms on the floor. Divide the group into four groups, giving each one a name of one disease. Each group seeks out the cards believed to be related to their disease and tapes them in the appropriate column on the wall. The facilitator leads a discussion with the group to realign any misplaced cards. (See handout, “*Common STDs and Symptoms*.”)

III. Discussion Questions (30 minutes)

Lead the participants in the following discussion:

1. Where do people in our community go to get treated for STDs?
2. Which of these places is the best place to get treated? Why?
3. Are people afraid to seek treatment for STDs? Why?
4. Why is it important to get treated early for an STD?
5. Why is it important that your partners get treated?
6. How can we tell someone that they have been exposed to an STD without blaming them or getting hurt ourselves?

IV. Role Play (30 minutes)

Have volunteers role play two situations. In the first situation, have a male partner inform his female partner that she needs to get treated for gonorrhea because he is having symptoms of that disease. In the second situation, have a female partner tell her male partner that he needs to get treated for syphilis because she just learned in her prenatal exam that she has that disease. Evaluate how the situations went. Were they realistic? Did they achieve the desired outcome—willingness of the partner to get tested? Did partners feel blamed? Are there other ways to reveal this news that would have been more effective at getting the desired outcome?

V. Homework

Ask if participants have ever visited a clinic for an STD check-up. Would any members of the group be willing to visit a clinic or STD treatment site before the next session and report on the experience? They could evaluate the accessibility of services, availability of medications, knowledge of STDs by provider, confidentiality, cleanliness, and attitudes of service providers to clients.

Evaluation

- Proper placing of STD symptom cards
- Observation of communication skills in role play
- Number of correct answers to discussion questions
- Number of participants who describe their visit to an STD clinic at following session

Resources



Sexually Transmitted Diseases, Office of Medical Services Pre-Service Training, Peace Corps. Available in PC Medical office.

- Website: www.unaids.org

A number of publications are available free from this website by following the “Publications” link to “How to Order.” The following resource is applicable to this session:

UNAIDS GPA 14 Management of Sexually Transmitted Diseases

PARTICIPANT CARDS
(EACH STD AND EACH SYMPTOM IS A SEPARATE CARD)

COMMON STDs AND SYMPTOMS

| Gonorrhea | Syphilis | Herpes Simplex | Chancroid |
|---|--|--|--|
| <ul style="list-style-type: none"> · Yellow-green or white discharge from the penis or vagina · Burning sensation on urination · Symptoms usually 2 to 14 days after exposure · Possibly no symptoms · Possible swelling in area of testicles · Possible sterility if untreated · Possible blindness in newborns if not treated with drops in eyes | <ul style="list-style-type: none"> · Painless sore on penis or vagina · Sore appears 10 to 90 days after exposure · Non-itching rash on body (palms and soles) · Hair loss, fever, and chills · Possible death if untreated · Possible death or bone deformation in newborn if mother not treated early in pregnancy | <ul style="list-style-type: none"> · No cure, treatment is medicine called Acyclovir · Small painful blisters on genitals or mouth · Symptoms may recur when under stress · Viral infection · Severe neurological damage or death to newborns if exposed in birth canal | <ul style="list-style-type: none"> · Painful sore on penis or vagina · Sore appears 3 to 5 days after exposure · Inflammation of lymph gland on one side · Greatest risk factor for HIV transmission |

FACING FACTS ABOUT HIV/AIDS AND STDs SESSION PLANS**Session 5:
WOMEN AND HIV/AIDS****Overview**

Women are especially vulnerable to HIV/AIDS and need information and skills to protect themselves and their children from infection. In this session both biological and cultural or social factors that put women at higher risk than men are explored. Symptoms of HIV specific to women and children are discussed, as well as ways to reduce the risk to these two groups.

Time

2 hours

Objectives

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

1. List five symptoms of HIV specific to women (gynecological).
2. List at least three symptoms of HIV specific to infants infected with HIV.
3. Describe the modes of mother-to-child transmission of HIV and give at least three ways to reduce the risk of HIV transmission from mother to child.
4. Describe at least three cultural or social and three biological factors that put woman at higher risk for HIV infection.
5. List ways in which they can help reduce the risk of HIV transmission to women and children in their community.

Materials

Flip chart or board

Markers or chalk

Handouts: *Symptoms of HIV Specific to Women and Children* on cards (each symptom on a separate card)

Women's Symptoms:

Recurring lower abdominal pain; repeated vaginal yeast infections (white itching discharge); abnormal menstrual periods (either extremely heavy flows or missing periods); cervical cancer; sores of unknown origin in the vagina

Infant's Symptoms:

Failure to thrive or grow at a normal rate; enlarged liver or spleen; earaches; repeated thrush or white spots in the mouth

Delivery

***Trainer note:** The following session deals with issues of female anatomy that may be difficult for some women to talk about, and that can be embarrassing to address when men are present. The trainer may decide to make this a women-only session. If women are completely unfamiliar with their genital area, the facilitator may want to use pictures or have women draw pictures of their genital area before doing the following activities. Some women in the community, such as midwives or health workers, may be very familiar with women's genitalia, and it could be helpful to have these women help facilitate this session. Stress that although these may be embarrassing topics, knowing about our bodies helps us take care of our health and teaches us how to better educate our female family members. In describing symptoms, we may be using terms that seem very clinical. If appropriate, use local language and terms to help identify these symptoms and repeatedly check to see if the women have questions or concerns throughout the activities. Lastly, be sure to research the latest statistics about mother-to-child transmission in your country by checking the UNAIDS website before this session.*

I. Specific Signs and Symptoms of HIV in Women and Infants (20 minutes)

Explain to the group that infection with HIV may not cause symptoms initially. Later symptoms of HIV infection may appear, but diagnosis of AIDS is usually determined by a combination of opportunistic infections and symptoms. Certain symptoms like weight loss, fever and chills, cough, and so forth may be common symptoms of early HIV infection in men and women alike. Women and children, however, may have specific symptoms of HIV that are unique to them. Because these symptoms are often not listed in brochures about HIV/AIDS, women may go for a long time without realizing that they could possibly be infected with HIV. Although the signs and symptoms we will discuss do not necessarily mean that a woman or infant **is** infected with HIV, if they are persistent it may be important to talk to a health professional about getting a test for HIV.

Place the cards randomly on the floor. Explain that the cards have HIV symptoms written on them that are specific for either women or infants. Have the group organize them into two groups: those that they think are women's symptoms and those that they think are infants' symptoms. Once the group has placed the cards, explain what the symptoms are and make any necessary corrections.

II. Mother-to-Child Transmission (40 minutes)

Ask the group if they understand how HIV can be transmitted from a woman infected with HIV before, during, and immediately following delivery. Build on their answers by talking about exposures in the womb, during delivery, and through breastfeeding. Explain that the risks are highest when a woman has a high viral load, that is, immediately following infection or when the woman is very sick with AIDS. Remember that almost all babies born to HIV-infected mothers will test positive at birth, but this test is looking at the mother's antibodies, which have been passed passively to the baby. It can take up to 18 months for the baby to lose its mother's antibodies, and have a negative test.

Write the following four highlighted statements on the board and have group members read them out loud and discuss their opinions of the following suggestions for reducing the risk of mother-to-child transmission.

- **Avoid getting pregnant if you are HIV positive.** Does an HIV-positive woman have the right to choose if she wants to get pregnant? Is there stigma associated with not bearing children? Can the baby get infected if the father is positive but the mother is not infected? (No, as long as she is not in the window period. See **Disease Progression and Positive Behavior** (Session 7 in Part III) for description of window period.)
- **Breastfeed even if you are HIV positive.** Who has the right to decide whether to breastfeed or not? What are some community beliefs about breastfeeding? Is there stigma associated with not breastfeeding one's infant? The facts are that breastfeeding increases the overall risk of HIV transmission by 14 percent. When a mother is infected during the time she is breastfeeding, the risk of transmission to the baby is even greater due to the increased viral load in her system. But breastfeeding is very important for a baby's health and protects babies from other diseases. In some countries where infant mortality is high, it is suggested that a mother continue to breastfeed even if she is positive, especially if she cannot find another source of noncontaminated milk. What could be other sources of noncontaminated milk? It was also shown that if a mother decides to breastfeed when she is HIV positive, it is better to breastfeed exclusively and only for six months.

Also, using a condom, if having sex during the time she is breastfeeding, will prevent more virus from entering the bloodstream and the breastmilk.



- **Have a Caesarean delivery.** Studies have recently shown that Caesarean deliveries with sterile precautions can reduce the risk of HIV transmission. Is this a practical solution for women in your community?
- **Start treatment with AZT or Nevirapine during pregnancy.** This treatment can drastically reduce the transmission of HIV from mother to child to as low as eight percent. This treatment is available to some pregnant women in some countries through clinical studies and other programs. What about following pregnancy? What are the consequences for the woman and the baby if the woman does not have access to drugs after pregnancy? Why might some women not get tested even when treatment is available?

III. What Makes Women Especially Vulnerable to HIV Infection? (40 minutes)

Hopefully before this session, participants will have had some exposure to gender role discussions either from the Life Skills sessions or through PACA and WID/GAD materials. More women than men are becoming infected with HIV in many countries, and women have a greater risk than men for becoming infected with HIV during a single sexual encounter. Women are at greater risk for biological reasons, and because of social roles, or cultural practices.

Lead participants in brainstorming ways that women may be at greater risk biologically or socially or culturally in their communities. Write their suggestions on a flip chart or the board.

***Trainer Note:** The second list below is not intended to be displayed, it is simply provided to help you begin to think through some potential cultural or social risk factors. An appropriate list can only be generated by the community to ensure that it reflects the cultural or social risk factors in your local area.*

Possible Biological Risk Factors:

- Women receive greater quantities of possibly infected fluids during a sexual encounter.
- Women have a surface area of mucous membrane (portal of entry) that is greater in size than men's.
- Very young women have more risk of infection during sex both because the cells in the vagina in underdeveloped women are more likely to receive the virus, and because tearing may cause bleeding which increases the risk of infection.
- If a woman has been circumcised or uses natural substances to dry out her vagina, the smaller or drier area may rupture more easily during sex.

- Because the vagina is an internal organ, women are less likely to know that they have sores from STDs, which could facilitate HIV transmission.

Possible Cultural or Social Risk Factors:

- Taboos related to speaking about sex
- Gender roles that do not permit women to participate in sexual or reproductive decisions
- Girls' initiation rites that could include female circumcision or young girls' sexual initiation by an older male relative
- Men's preference for dry sex, which can encourage women to put drying agents in the vagina that can cause tearing
- Marriage rites that give women a property value or imply male ownership of their wives
- Extreme poverty that encourages the exchange of sex for money, school fees, or food
- Common myths, such as believing that a man can cure AIDS by sleeping with a virgin or that condoms either do not work or are actually contaminated with the virus
- Lack of female-controlled prevention methods such as microbicides

Trainer note: When discussing the above factors, it is important to be objective and nonjudgmental. Have the group address specifically how these social or cultural factors might affect HIV transmission. Also examine with the group if there are ways that these cultural practices could also be turned into opportunities for reducing the risk of HIV. For example, in countries that practice risky initiation rites, might these be changed to include some kind of symbolic practice that represents circumcision? Might community health outreach efforts include education about working with husbands to prevent HIV from entering into the family?

IV. What Can We Do? (20 minutes)

Go around the room and have participants say one thing they plan to do to help protect themselves as women or their female partners (if men) and their unborn children from getting infected with HIV.

If men are not in the group, it will be essential to include men in a later session concerning this issue, since men usually have the greatest decision-making power in the community related to reproductive health and sexual decisions. How do the women think their partners would respond to this information? What do they think is the best way to reach their men on this topic? Do any of the women have husbands who would be good leaders of public opinion? What is the next step?



Evaluation

- Correct placing of symptom cards and clarity of understanding of symptoms in the discussion period
- Observation of discussion in second activity and ability of women to express their own opinions publicly on the controversial topics discussed
- Identification of biological and social or cultural risk factors in the third activity
- Number of women who come up with a concrete suggestion for preventing HIV transmission among women and infants

Resources



- Website: www.unaids.org:

A number of excellent publications are available free from this website by following the “Publications” link to “How to Order.” The following resources are applicable to this session:

UNAIDS KM72: Counseling and Voluntary HIV Testing for Pregnant Women in High HIV Prevalence Countries 1999

UNAIDS KM64: Prevention of HIV Transmission from Mother to Child: Strategic Options 1999 (English, French, and Spanish)

UNAIDS KM50 Gender and HIV/AIDS: Taking Stock of Research and Programmes 1999

UNAIDS KM47 AIDS 5 Years Since ICPD, Emerging Issues and Challenges for Women, Young People, & Infants 1999

UNAIDS KM20 HIV and Infant Feeding: Guidelines for Decision-Makers 1998

UNAIDS KM17 Facing the Challenges of HIV/AIDS/STDs: A Gender-Based Response 1998 (English and French)

UNAIDS POV9 Women and AIDS 1997 (English, French, and Spanish)

FACING FACTS ABOUT HIV/AIDS AND STDs SESSION PLANS**Session 6:
HIV PREVENTION****Overview**

In this session participants learn the importance of universal precautions. Since it is impossible to determine who might be HIV positive, it is important that people protect themselves against HIV at all times. The session also addresses the concept that **there are simple and effective ways for everyone to prevent HIV infection.**

Time 

2 hours

Objectives

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

1. Define universal precautions and identify when to use them.
2. Demonstrate proper application of a condom.
3. Demonstrate refusal skills in a role play.

Materials 

Flip chart or board

Markers or chalk

Gloves or plastic bags for every participant

Wooden penises or soda bottles for condom demonstrations

Condoms for every participant

Samples of female condoms, if available



Delivery

Trainer note: You may wish to invite a nurse or doctor to conduct the section on universal precautions. This could be a host-country national medical professional or a Peace Corps Medical Officer.

I. Discussion on Universal Precautions (20 minutes)

Begin by asking participants, “Who knows what the term ‘universal precautions’ means?” Universal precautions is a term usually used by health care professionals working in hospital and clinic settings. It means that everyone “universally” should be considered to be potentially infected with HIV. You should not decide to use barriers for protection from infectious bodily fluids based on how sick a person may look or how at risk they appear to be. All people, including yourself and your sexual partner, should be considered to be potentially infected with HIV unless you have tested negative at least three to six months after your last possible risk activity. If you are exposed to the blood of another person, it is not necessarily helpful to test them for HIV, since they may test negative for antibodies and still have the virus.

Therefore when handling blood or any of the fluids mentioned earlier (blood, semen, vaginal secretions, and breast milk, as well as others that health workers could be exposed to such as amniotic fluid, pleural fluid, cerebral spinal fluid, or synovial fluid), you must create a barrier between the fluid and the portals of entry mentioned. (Review **How HIV is Transmitted** (Session 3 in Part III) if necessary.) Proper disposal of the barrier, such as gloves, is also important, as is hand washing after the event. These precautions also protect you from hepatitis B, which is much more infectious than HIV.

This means that when you are dealing with any of the above fluids:

- Use latex gloves or plastic barriers if gloves are not available.
- Clean up blood spills immediately using gloves or plastic barriers and wipe with a bleach or water solution; then, dispose of soiled items in plastic bags.
- Put used injection needles in puncture-proof containers. Do not recap needles, as this is the most common way that health care workers have infected themselves.
- If a person you are working with begins to bleed, hand them a cloth to stop the bleeding themselves until a medical person arrives.
- If working in a situation where blood could be splattered in your face, such as helping with a delivery, cover your eyes with glasses and your nose and mouth with a mask, if possible. Wash your hands.
- At your school or worksite, keep a first-aid kit with gloves and bandages and antiseptic available.

- If you do become exposed, contact a medical officer immediately for possible prophylactic treatment. Be sure not to treat the person whose blood you may have touched only as a possible infector, but show concern for their health as well by offering information and possible testing.

II. The Glove Game (15 minutes)

Give each participant one glove or plastic bag to place on one hand. Call out different situations that would either require use of a barrier or not. Have participants raise their gloved hand if the activity requires universal precautions or the bare hand if it does not. Sample situations might include:

- When dressing the bleeding wound of a young student (glove)
- When shaking hands with a person you know to be sick with AIDS (bare)
- When cleaning bloody mucus from the mouth of a TB patient (glove), and so on

III. Condom Demonstration (40 minutes)

Since HIV is usually transmitted through sex, not having sex is a good way to prevent HIV transmission. If someone has sex, latex condoms are a good barrier to protect one from coming in contact with the fluids we talked about. Ask the group if anyone has seen condoms. What do they think about them? Let them express their dislike, fears, incorrect information and discomfort openly. Tell them that condoms are not 100 percent effective, usually because they are not used consistently or correctly. But in studies done with couples where one partner is infected and the other is not, and where partners used the condom consistently and correctly, the other partner did not get infected.

Do a demonstration with a penis model, bottle, or other object in front of the group, or ask a participant to do a demonstration and talk through the important steps to keep a condom from breaking:

1. Check the expiration date.
2. Check that the condom has not been left too long in the sun by making sure there is an air pocket in the wrapper.
3. Open the package carefully.
4. Find out which way the condom rolls out.
5. Pinch the tip of the condom to prevent air being trapped.
6. To increase sensation for the man, add a drop of *water-based* lubricant (not any oil product) inside the unrolled condom as you are pinching it.
7. Roll the condom gently down to the base of the erect penis.



8. Withdraw before the erection is completely gone and remove the condom carefully, tying it off so that the fluid does not spill.

Trainer note: If you have a safe environment in the room and a sufficiently mature audience, it is good to have pairs in the class practice putting the condom on a bottle or wooden object by themselves while the partner observes and clarifies the steps. Emphasize to the group that working with condoms will help overcome embarrassment and make them more effective peer educators or health trainers. Doing condom demonstrations in educational settings has never been shown to increase or promote earlier sexual activity among young non-sexually-active people.

If female condoms are available in your community, demonstrate how one is used. Talk about the advantages of a woman-controlled prevention method—a product that covers a wider surface area, and one that is made of a sturdier product than latex and will not break if oil-based lubricants are applied. Negative factors include lack of availability, cost, and awkwardness of application. Many women who have tried female condoms have liked them once they got used to them. If you have married people in your group, you may want some couples to experiment with a female condom three times and report back to the group. You may wish to do some research about the availability and cost of female condoms in your area before encouraging their use.

Additional session ideas regarding condom use can be found in the Appendix.

IV. Role Play Refusal Skills (40 minutes)

Have volunteer participants role play at least two scenarios in front of the group. The participants may create the situations themselves. Examples would be:

1. A young girl is being pressured to have sex by an older man who will buy her a gift. The girl is refusing to have sex with him.
2. A woman wants her husband to use a condom until he sees a doctor because he has been complaining that it burns when he urinates. She refuses to have sex with him unless he uses a condom.

Discuss whether the role plays were realistic. Did the outcomes protect the partners from infection or not? What else could the person say that might be effective in these situations?

V. Evaluation (5 minutes)

Have participants state one new thing they learned during the session and one thing they plan to do protect themselves or their family from contracting HIV. (Examples could be talking to partner or family member about HIV, making a first-aid kit to have at their worksite, getting an HIV test or an STD check-up, trying a female or male condom with their partner, refusing to have sex with partner who is not willing to use protection.) At the next sessions, ask who has taken some action to help protect themselves or their families from contracting HIV. What were their experiences?

Evaluation

- Accuracy of selection of gloved hand for universal precautions
- Observation of correct steps in condom demonstrations
- Observation of negotiation skills used in role plays

Resources



Contact Peace Corps Medical Officers (PCMOs), local clinics, condom vendors, and local Population Services International (PSI) representatives.

- Website: www.unaids.org

A number of excellent publications are available free from this website by following the “Publications” link to “How to Order.” The following resources are applicable to this session:

UNAIDS: GPA 21 Report of the Consultation on Action to be Taken after Occupational Exposure of Health Care Workers to HIV (English and French)

UNAIDS: GPA 10 Guide to Adapting Instructions on Condom Use (English and French)

UNAIDS: GPA 45 Condom Promotion for AIDS Prevention—A Guide for Policymakers, Managers, and Communicators

UNAIDS: P.V 7 The Female Condom: Point of View 1998

FACING FACTS ABOUT HIV/AIDS AND STDs SESSION PLANS

Session 7:

DISEASE PROGRESSION AND POSITIVE BEHAVIORS

Overview

The time it takes for HIV to lead to AIDS can vary greatly and our health behaviors can affect this time period. There is a pattern to disease progression and the presence of co-factors can increase the speed of progression.

Time



2 hours

Objectives

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

1. Define the terms: window period, incubation period, and honeymoon period. Explain what they have to do with HIV disease progression.
2. List at least three symptoms of early HIV infection and four infections common to people with AIDS.
3. Explain the meaning of the term “co-factor” and give at least three examples of co-factors.

Materials



Flip charts or board

Markers or chalk

A large rope

Two different colored tapes or chalks

Handouts: *Early Symptoms of HIV*, *Disease Progression Diagram*, and *Opportunistic Infections and Cancers* on cards. (Put each symptom of HIV, opportunistic infection, or cancer on a separate card.)

Early symptoms of HIV:

weight loss, cough, chronic diarrhea, yeast infections, fever, chills

Opportunistic infections and cancers:

tuberculosis (TB), pneumonia, shingles, Kaposi sarcoma, cervical cancer, toxoplasmosis

Trainer note: Be sure to list the opportunistic infections most common in your area.

Delivery

I. Overview (10 minutes)

Many people infected with HIV have lived for years before developing AIDS. In a study where over 500 HIV-positive individuals were followed for 14 years, 32 percent did not develop AIDS during that time, and nine percent were symptom free. There are many things people can do to live longer and feel better even when they are infected with HIV. There are also many behaviors and other factors which can speed up the time it takes from the time when someone is infected with HIV until he or she gets sick with AIDS. These are called co-factors.

II. Disease Progression (30 minutes)

Trainer note: Describe the steps in disease progression without using the diagram, as the development and use of it are in step III.

There are three major periods of HIV infection:

Window period

The time between infection and when a person develops enough antibodies to show up positive on the HIV test—usually between two weeks and three to six months. At this time, a person has a high viral load and is very infectious because no antibodies are controlling the virus. The person's test is still negative at this time because the test detects antibodies, not the virus.

Incubation period

The time between infection and the development of disease symptoms associated with AIDS. This could take many years. Some people infected over 15 years ago have still not progressed to AIDS.



Honeymoon period

This is the time between the end of the window period and the end of the incubation period. It is called the honeymoon period because the persons are living in relative harmony with their virus. They may have a few minor symptoms, but usually do not look sick. During this time, their antibody load is high, and their viral load is low. Although they can still pass the virus to others through sex, they are less infectious. During this time, pregnant women have less chance of passing HIV to their babies, either during delivery or through breastfeeding.

III. Creating a Disease Progression Diagram (30 minutes)

Either on the wall or on the floor with colored tape, convene the participants in a circle and have them help create the disease progression diagram by talking them through the steps. Then distribute the cards with names of early symptoms and opportunistic infections and have the group place them along the timeline. Ask them how a person could find out if he or she really had HIV or another disease; talk about the symptoms of the opportunistic infections; and ask them if there are treatments at their local hospital or health clinic to treat the symptoms or the diseases listed. As an out-of-session assignment, two of the students could visit a local hospital to find out what treatments are available and report back to the group.

IV. Co-Factor Brainstorming (30 minutes)

What are some of the co-factors that could make a person already infected with HIV get sick faster? Elicit responses such as:

- Not eating healthy foods
- Not getting enough rest
- Smoking, drinking alcohol, or using drugs, which weakens the immune system
- Getting re-infected with more HIV by having sex without a condom with an infected partner
- Not preventing or treating other diseases as early as possible, such as TB or STDs
- Feeling stressed or anxious, such as when one feels all alone and guilty and has no one to support him or her

V. Co-Factor Tug-of-War (30 minutes)

Bring out a large tug-of-war rope. Have each member of the group call out one co-factor that can speed up progression of the disease or something positive someone can do to prevent progression of the disease. Help the group think of many positive things they can do for their physical, emotional, and spiritual health. Students take their position on the positive or negative end of the rope and play tug of war

to see if the positive behaviors can pull down the co-factors. After the tug of war ask the participants if and why they think it might be important to find out early if they are infected with HIV. Do they know where they can get tested and counseled? Consider conducting a future field visit to this site and offering the experience of getting tested as an alternate activity.

Trainer Note: An alternative is to use the **Bridge Model** to build a bridge to a longer and healthier life through positive behaviors, even while infected with HIV.

Evaluation

- Observation of participants' ability to create disease progression chart
- Correct placement of symptom cards on the time line
- Ability to list co-factors in the tug-of-war game

Resources



- Website: www.projinf.org
Opportunistic Infection Table
- Website: www.unaids.org

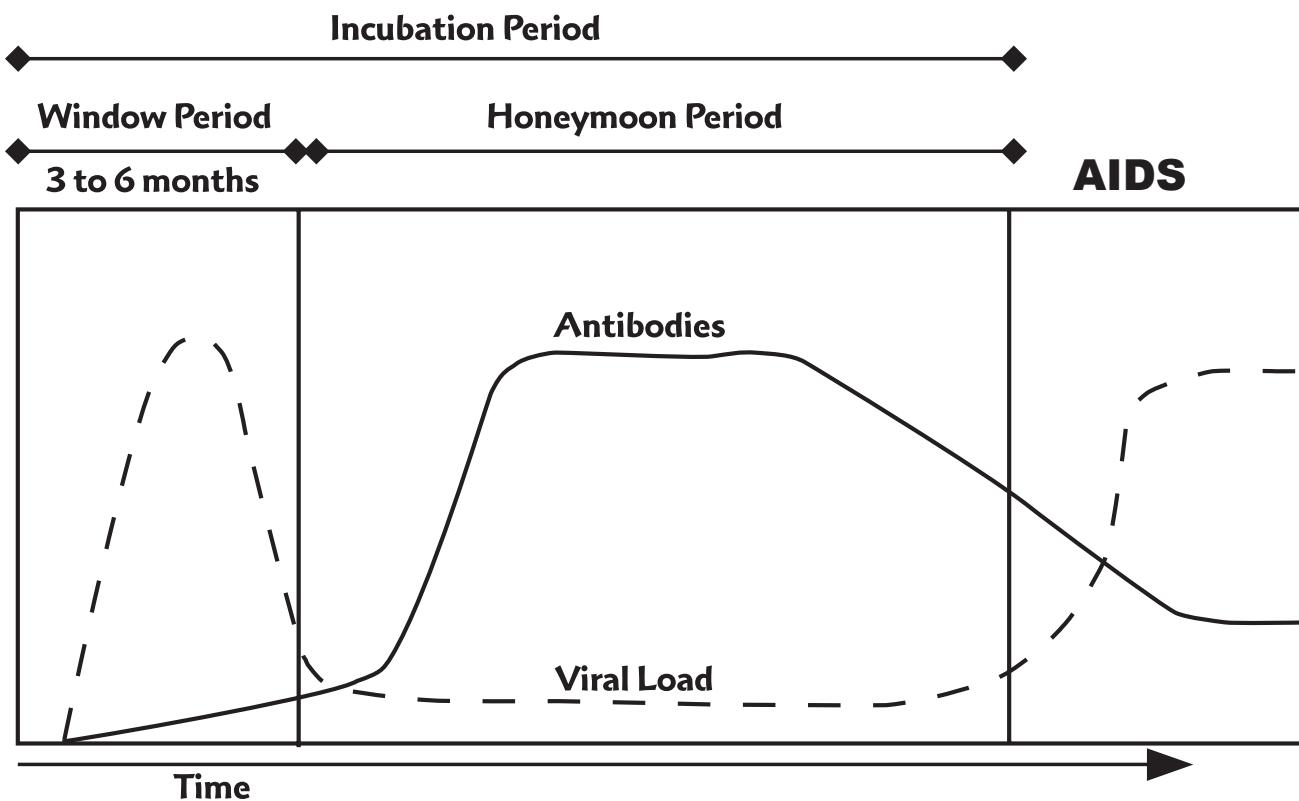
A number of excellent publications are available free from this website by following the “Publications” link to “How to Order.” The following resources are applicable to this session:

*UNAIDS TU8 HIV-Related Opportunistic Diseases: Technical Update 1998
(in English, French, and Spanish)*

*UNAIDS: POV8 Tuberculosis and AIDS 1997 (in English, French,
and Spanish)*

PARTICIPANT HANDOUT
PAGE 1 OF 1

DISEASE PROGRESSION DIAGRAM



FACING FACTS ABOUT HIV/AIDS AND STDs SESSION PLANS

Session 8:

CURE OR TREATMENT?

Overview

There are mistaken beliefs that some people have been cured of HIV/AIDS, and that wealthy people or countries are the only ones who can get treatments. This session addresses these ideas and emphasizes the concept that **although there is no cure for AIDS, there are many treatments available**. The cycle of well-being is explored and activities within each sector are explored for people with HIV/AIDS.

Time



2 hours

Objectives

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

1. Agree that there are ways to treat HIV when expensive drugs are not available and that it is important to find out early if you are infected.
2. Distinguish between “cure” and “treatment” and give at least five examples of treatment strategies available in the community.

Materials



At least 30 pieces of paper—3"x 8"

Colored markers

Tape

Handout: *Components of Well-Being*

Flip chart: *Components of Well-Being* (only the center circle of the diagram)

Delivery

I. Overview (20 minutes)

What is the difference between a treatment and a cure? Has anyone in the group heard of anyone in their community or in the world being cured of AIDS? What do they think this means?

A “cure” means that the germ that causes a disease has been completely killed or eliminated from the body and will not return unless a person is re-infected. “Treatment” means use of a drug, injection, or intervention that can cause the symptoms to become less painful or pronounced or cause them to disappear altogether. A treatment may not always lead to a cure, however, because in some cases symptoms may be “dormant” (asleep), but the antigen is still in the body and the symptoms may recur at a later date without re-infection. Bacteria can usually be cured, while viruses (such as the cold virus, herpes, or HIV) are missing some basic genetic material (such as RNA or DNA) and they must use this genetic material from our cells to survive. Therefore, we cannot kill the virus without killing the cell. In other words treatment but not cure is possible.

Some say that people have been cured of HIV because HIV can no longer be detected in their blood. The viral load could be so low that it cannot be picked up on a laboratory test. In fact, their viral load is so low due to the medicines they are taking, but the virus could be reproducing in their bone marrow. Many people who have taken medications have had undetectable levels of virus, but later their viral load has risen. People could also be so sick that they no longer have enough antibodies to be detected on an antibody test. Perhaps you have heard of stories in your country where someone who was previously known to have had a positive test for HIV became very sick, but then they were said to be cured of AIDS because their antibody test was no longer positive. They still have the virus but no longer can produce antibodies.

An Expanded Understanding of the Meaning of “Treatment”

If we look at health in a broader sense, our physical health is only one component of our total well-being and is influenced by the other components. “Treatment” in its broadest sense can mean any intervention that helps improve any aspect of our well-being. There are many strategies we can use to prolong our life and improve its quality even if we are infected with HIV. This concept is very important, especially for those struggling to cope with HIV without access to anti-retroviral therapy. Although we should still struggle to create access to new anti-retroviral treatments for everyone in the world, there are still many forms of treatment that are currently available to everyone.

II. Well-Being Sectors (20 minutes)

Ask the group to describe what each sector of the well-being chart means to them. What are examples of elements of each section? Help elicit responses similar to those below. Which sections of the circle do they see as being the most important for maintaining and restoring their health? Who are people in the community who help to support their well-being in different sectors?

- **General Health Maintenance:** nutrition, rest, exercise, avoiding infections, avoiding drugs and alcohol. Studies have shown that these things strengthen our immune system.
- **Psychological well-being:** having a positive attitude, building self-esteem, counseling, reducing stress.
- **Spiritual well-being:** having faith or a belief system, prayer, or meditation.
- **Social well-being:** having spousal or family support, peer support, a social system that protects one from discrimination, continuing productive work or advocacy. Studies have shown that women with breast cancer who were involved in support groups lived twice as long as those who were not.
- **Physical well-being:** at least three types of medical interventions
 1. Treatments to strengthen the immune system which could include traditional remedies like herbs and acupuncture, and so forth.
 2. Treatment to prevent or alleviate symptoms and cure opportunistic infections like TB, pneumonia, diarrhea, skin conditions, and so forth.
 3. Anti-retroviral therapy and protease inhibitors such as AZT, D4T, Indinavir, Nevirapine often not available in some countries except for treatments to reduce risk of mother-to-child transmission.

III. Creating a Holistic Treatment Plan (45 minutes)

Divide group into five subgroups, and have each group represent one of the aspects of well-being. Each group writes in large letters on 3"x 8" paper activities within their sector they could do to improve the health status of someone living with HIV/AIDS. Group members tape their plan around the outer rim of the diagram on the wall. Groups take turns explaining their treatment plan to the whole group.

Evaluation (15 minutes)

Ask for a show of hands of how many believe that treatments for HIV are available to people in their community. Discuss what they are and where they are available.

Ask for a show of hands of how many think it would be a good idea to find out early if you had HIV. Lead a discussion about the reasons why this might be true.



Resources

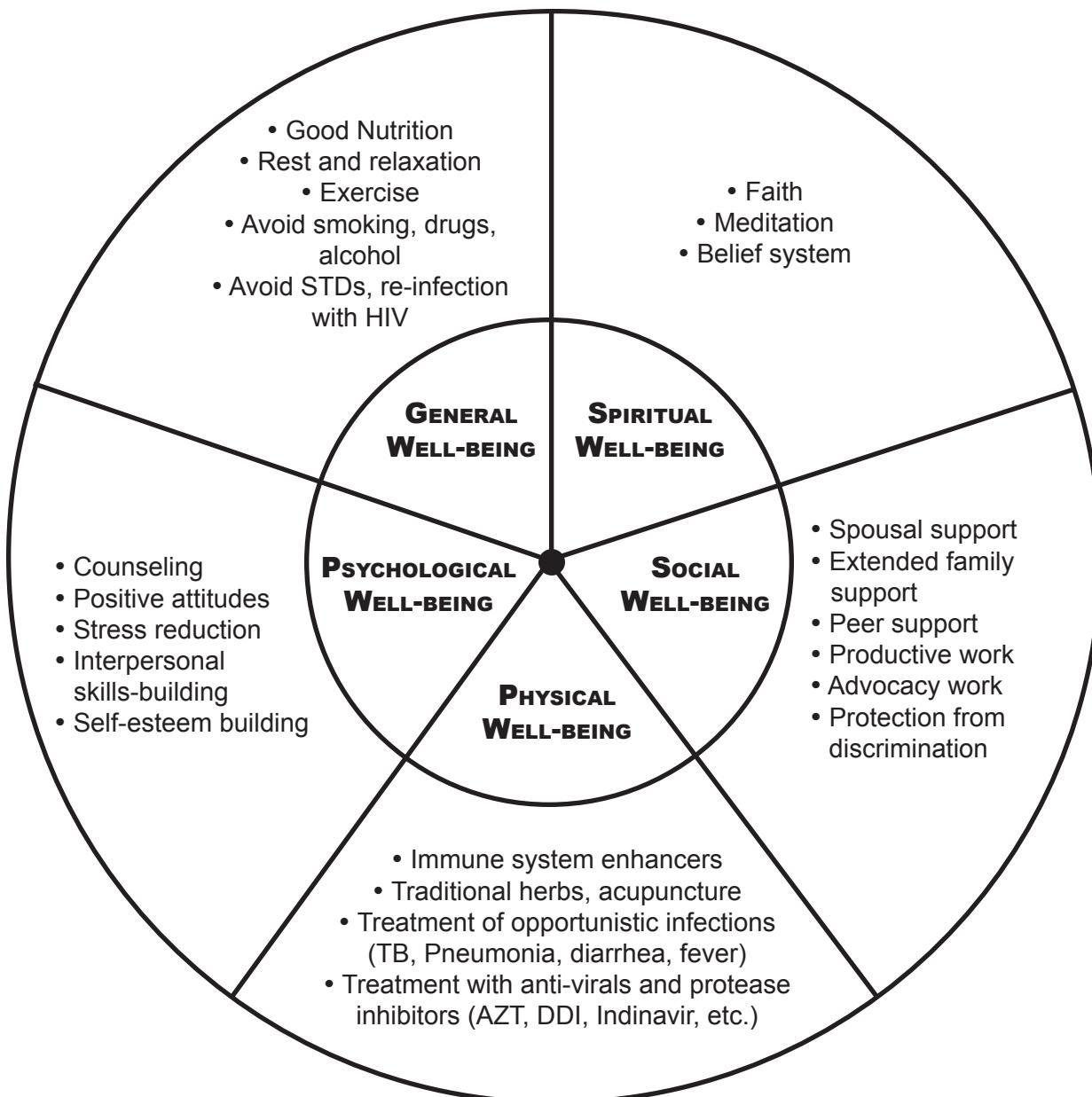


- Website: www.projinf.org (for Treatment Information)

Pages 93–97 adapted with permission from “Strategies for Survival” by Ruth Mota, in *AIDS in the World II*, edited by Jonathan Mann and Daniel Tarantola 1996

PARTICIPANT HANDOUT**PAGE 1 OF 1**

CREATING A TREATMENT PLAN FOR THE WHOLE PERSON



FACING FACTS ABOUT HIV/AIDS AND STDs SESSION PLANS

Session 9:

HIV/AIDS AND HUMAN RIGHTS

Overview

This session explores the concept that **protecting the human rights of people living with HIV/AIDS not only helps them to live positive and productive lives, but also helps to prevent HIV transmission.**

Time



2 hours

Objectives

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

1. List at least five human rights of people living with HIV.
2. Identify a link between the protection of human rights for people living with HIV and the prevention of infection.
3. Define what it means to live positively with HIV/AIDS.
4. Describe how participants' attitudes towards People Living with HIV/AIDS have changed after the session.

Materials



Five small pieces of paper for each participant

Pencils

A basket for collection of papers

Water for the speaker

Tissues

Handout: Excerpts from *HIV/AIDS and Human Rights International Guidelines*, United Nations, 1998

Preparation



A few weeks before this session, visit local organizations of People Living with HIV/AIDS and find out if they have a speakers' component. Get to know their philosophy and experience related to public speaking on personal experiences of living with HIV/AIDS. Talk to speakers; explain your purpose; and select the best speaker for your presentation on human rights. Offer a stipend or meal, along with transportation to the session.

Trainer note: Many HIV support groups now have people living with HIV who are willing to educate groups about HIV/AIDS by sharing their personal experience with the disease. The group should be prepared ahead of time for this visit, and the facilitator should check with the speaker what types of questions they are comfortable answering. Sample questions could relate to the human rights theme. What made the speaker decide to speak publicly about his or her HIV infection? Has he or she experienced any discrimination? What have been the advantages to speaking out? The group should make a pact of confidentiality related to the speaker's comments. It is important to select a speaker who is honest, prepared, and eager to speak with groups, and who can model what it means to live positively with HIV. This can be a transformational moment in changing stereotypes about the disease and breaking through denial about personal risk factors.

Use the *HIV/AIDS and Human Rights International Guidelines* (pages 101-103) as a background for the discussion in Activity I.

Delivery ➔

I. Discussion of Human Rights (20 minutes)

Ask the group what the term “human rights” means to them. What human rights do they have? Brainstorm with the group what they consider to be basic human rights for all people regardless of their health status. Ideas might include the right to medical care, employment, housing, education, reproductive rights, and so forth.

II. Losing Our Rights (40 minutes)

Give each participant five small pieces of paper and have them write down five rights that are important to them, one on each piece of paper. Then have them hold the papers up like a hand of cards. The facilitator walks around the room with a basket and randomly takes slips of paper from the participants putting them in the basket. You may skip some participants altogether and take all five from another. Then process with the group what rights they lost, and how that made them feel. How did they feel about the injustice of the selection process? If they thought they might be infected with HIV and they knew that they would probably suffer discrimination would they want to get tested? If they knew they were positive for HIV would they tell their partner or potential partner? If not, could this affect transmission of HIV in our community?

*Trainer note: An alternative to this exercise is **The Loss Exercise** in Appendix IV.*

III. Interacting with a Person Living with HIV/AIDS (60 minutes)

Spend an hour in a dialogue between group members and a person living with HIV or AIDS regarding how this disease has affected his or her life.

Evaluation (Homework)

Have students either write an essay about what they learned from the experience or write a letter to the visitor thanking him or her and saying how the speaker's talk influenced their views towards people living with HIV and/or affected their behavior.

Resources



- Website: www.unaids.org:

A number of excellent publications are available free from this website by following the "Publications" link to "How to Order." The following resource is applicable to this session.

UNAIDS KM 21 HIV/AIDS and Human Rights: International Guidelines, Joint publication of UNAIDS and the United Nations, 1998

- List of local associations of People Living with HIV/AIDS in your country.

PARTICIPANT HANDOUT
PAGE 1 OF 3

Excerpts from HIV/AIDS and Human Rights International Guidelines, United Nations, 1998

III. International human rights obligations and HIV/AIDS

Introduction: HIV/AIDS, human rights and public health

72. Several years of experience in addressing the HIV/AIDS epidemic have confirmed that the promotion and protection of human rights constitute an essential component in preventing transmission of HIV and reducing the impact of HIV/AIDS. The protection and promotion of human rights are necessary both to the protection of the inherent dignity of persons affected by HIV/AIDS and to the achievement of the public health goals of reducing vulnerability to HIV infection, lessening the adverse impact of HIV/AIDS on those affected and empowering individuals and communities to respond to HIV/AIDS.

73. In general, human rights and public health share the common objective to promote and to protect the rights and well-being of all individuals. From the human rights perspective, this can best be accomplished by promoting and protecting the rights and dignity of everyone, with special emphasis on those who are discriminated against or whose rights are otherwise interfered with. Similarly, public health objectives can best be accomplished by promoting health for all, with special emphasis on those who are vulnerable to threats to their physical, mental or social well-being. Thus, health and human rights complement and mutually reinforce each other in any context. They also complement and mutually reinforce each other in the context of HIV/AIDS.

74. One aspect of the interdependence of human rights and public health is demonstrated by studies showing that HIV prevention and care programmes with coercive or punitive features result in reduced participation and increased alienation of those at risk of infection.¹⁵ In particular, people will not seek HIV-related counselling, testing, treatment and support if this would mean facing discrimination, lack of confidentiality and other negative consequences. Therefore, it is evident that coercive public health measures drive away the people most in need of such services and fail to achieve their public health goals of prevention through behavioural change, care and health support.

75. Another aspect of the linkage between the protection of human rights and effective HIV/AIDS programmes is apparent in the fact that the incidence or spread of HIV/AIDS is disproportionately high among some populations. Depending on the nature of the epidemic and the legal, social and economic conditions in each country, groups that may be disproportionately affected include women, children, those living in poverty, minorities, indigenous people, migrants, refugees and internally displaced persons, people with disabilities, prisoners, sex workers, men having sex with men and injecting drug users—that is to say groups who already suffer from a lack of human rights protection and from discrimination and/or are marginalized by their legal status. Lack of human rights protection disempowers these groups to avoid infection and to cope with HIV/AIDS, if affected by it.¹⁶

76. Furthermore, there is growing international consensus that a broadly based, inclusive response, involving people living with HIV/AIDS in all its aspects, is a main feature of successful HIV/AIDS programmes. Another essential component of a comprehensive response is the facilitation and creation of a supportive legal and ethical environment which is protective of human rights. This requires measures to ensure that Governments, communities and individuals respect human rights and human dignity and act in a spirit of tolerance, compassion and solidarity.



PARTICIPANT HANDOUT**PAGE 2 OF 3**

77. One essential lesson learned from the HIV/AIDS epidemic is that universally recognized human rights standards should guide policy makers in formulating the direction and content of HIV-related policy and form an integral part of all aspects of national and local responses to HIV/AIDS.

A. Human rights standards and the nature of State obligations

78. The Vienna Declaration and Programme of Action, adopted at the World Conference on Human Rights in June 1993,¹⁷ affirmed that all human rights are universal, indivisible, interdependent and interrelated. While the significance of national and regional particularities and various historical, cultural and religious backgrounds must be borne in mind, States have the duty, regardless of their political, economic and cultural systems, to promote and protect universal human rights standards and fundamental freedoms.

79. A human rights approach to HIV/AIDS is, therefore, based on these State obligations with regard to human rights protection. HIV/AIDS demonstrates the indivisibility of human rights since the realization of economic, social and cultural rights, as well as civil and political rights, is essential to an effective response. Furthermore, a rights-based approach to HIV/AIDS is grounded in concepts of human dignity and equality which can be found in all cultures and traditions.

80. The key human rights principles which are essential to effective State responses to HIV/AIDS are to be found in existing international instruments, such as the Universal Declaration of Human Rights, the International Covenants on Economic, Social and Cultural Rights and on Civil and Political Rights, the International Convention on the Elimination of All Forms of Racial Discrimination, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment and the Convention of the Rights of the Child. Regional instruments, namely the American Convention on Human Rights, the European Convention for the Protection of Human Rights and Fundamental Freedoms and the African Charter on Human and Peoples' Rights also enshrine State obligations applicable to HIV/AIDS. In addition, a number of conventions and recommendations of the International Labour Organization are particularly relevant to the problem of HIV/AIDS, such as ILO instruments concerning discrimination in employment and occupation, termination of employment, protection of workers' privacy, and safety and health at work. Among the human rights principles relevant to HIV/AIDS are, *inter alia*:

The right to non-discrimination, equal protection and equality before the law;

The right to life;

The right to the highest attainable standard of physical and mental health;

The right to liberty and security of person;

The right to freedom of movement;

The right to seek and enjoy asylum;

The right to privacy;

The right to freedom of opinion and expression and the right to freely receive and impart information;

The right to freedom of association;

PARTICIPANT HANDOUT
PAGE 3 OF 3

The right to work;

The right to marry and found a family;

The right to equal access to education;

The right to an adequate standard of living;

The right to social security, assistance and welfare;

The right to share in scientific advancement and its benefits;

The right to participate in public and cultural life;

The right to be free from torture and cruel, inhuman or degrading treatment or punishment.

81. Particular attention should be paid to human rights of children and women.

¹⁵ J. Dwyer, “Legislating AIDS Away: The Limited Role of Legal Persuasion in Minimizing the Spread of HIV”, in 9 *Journal of Contemporary Health Law and Policy* 167 (1993).

¹⁶ For the purposes of these Guidelines, these groups will be referred to as “vulnerable” groups although it is recognized that the degree and source of vulnerability of these groups vary widely within countries and across regions.

¹⁷ A/CONF.157/24 (Part I), chap. III.



FACING FACTS ABOUT HIV/AIDS AND STDs SESSION PLANS

Session 10:

HIV/AIDS AND BEHAVIOR CHANGE

Overview

In this session, participants work to apply what they have learned in previous sessions. Through a case study they explore the concept that **knowledge, attitudes, and skills need to be used together to help people practice behaviors that reduce risks for HIV and lead to healthier lives.**

Time



2 hours

Objectives

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

1. List at least three principles that influence behavior change.
2. Design a behavioral change intervention plan for a family affected by AIDS.

Materials



Flip chart paper

Markers

Tape

Handouts: *Family Exercise: (Group 1 through Group 5)* and *Principles of Behavior Change* (pages 10–12)

Delivery



I. Overview (5 minutes)

Facilitator discusses with the group how difficult it is to change behavior. No one can really change the behavior of another person, and changing our own behavior is

a slow process, often marked by many relapses. Although information is important for us to form opinions, it alone will not lead to behavior change. To move from information to adopting new behaviors, we must re-examine our attitudes and develop new skills. It is for this reason that the skills-building exercises in this *Life Skills Manual* are so important.

II. Personal Counseling for Behavior Change (30 minutes)

Have participants pair up. One person will describe either a health behavior they have changed or a health behavior they have not changed but know they ought to change. The listener establishes a pact of confidentiality around the content and draws the speaker out either as to what helped change his or her behavior or what impeded the behavior change. Preferably, they will discuss a behavior they have been working on related to HIV/AIDS as a result of the previous sessions. After 15 minutes the facilitator will ask participants to report to the group the factors that helped change behavior and those factors that blocked change. Write down the factors on a large sheet in front of the group. If time permits, reverse roles so each person gets to describe a health behavior they are trying to change.

III. Discussion (15 minutes)

Compare what participants listed with the *Principles of Behavior Change* list by Thomas Coates (pages 10–12). Then lead the group in the following activity.

IV. Family Exercise (1 hour, 15 minutes)

Facilitator states that a family has been informed by a doctor that their 18-month-old daughter died of AIDS. Participants now divide into five groups. Each group takes 35 minutes to strategize interventions for a different family member. Have one member of each group take on the role of the particular family member in order to get a deeper understanding of the person's issues.

Each group will report their plan to the large group. (If they have been introduced to the, have them relate their plan to the model.) After all of the presentations, discuss the importance of families knowing about HIV/AIDS transmission and treatment.

Evaluation

- Group list of behavior change principles that compares favorably with the *Behavior Change Principles*.
- Group's ability to build a bridge to a healthier life for the family members using knowledge, attitudes, skills, and behavior they intend to change as a result of the sessions. In six months, follow up on their behavior change plans.



PARTICIPANT HANDOUT
PAGE 1 OF 2

FAMILY EXERCISE

Group 1

The 45-year-old father of the family is feeling very ill and has been unable to work for two months. He has fever, chills, and weight loss, and a cough that is beginning to produce blood. He has taken some herbal remedies, but does not want to go to the hospital. He does not believe the doctor's story that his child died of AIDS.

Draft an action plan for the father. Select at least one behavioral change that you believe would be important to improve the health of the father. List possible alternative options that would improve his health.

Group 2

The 35-year-old mother is tired. She is experiencing lower abdominal pain and chronic vaginal yeast infections. She has just learned that she is pregnant again. She is grief-stricken over the death of her child and feels that it is her fault that her baby died. She is very worried about everyone in the family.

Draft a strategy with the mother for an action plan to deal with her situation.

Group 3

The 17-year-old son is not in school, but he knows that people can get AIDS from sex. Because his father is sick and his mother is busy caring for the rest of the family, he spends lots of time with his friends on the streets. He is good-looking and has many girlfriends, and sometimes has had sex with commercial sex workers after drinking with his friends.

Design an action plan for the son that focuses on behaviors you think are important for him to address. Discuss options with him for addressing those behaviors.

PARTICIPANT HANDOUT
PAGE 2 OF 2

FAMILY EXERCISE

Group 4

The 11-year-old daughter in the family is frightened by what is happening at home and does not understand why her baby sister died, or why her father is so sick. Because her father is no longer working, she does not have money to buy clothes or books. A kind man has offered to buy these things for her if she will be sweet to him.

Strategize an intervention plan for the daughter.

Group 5

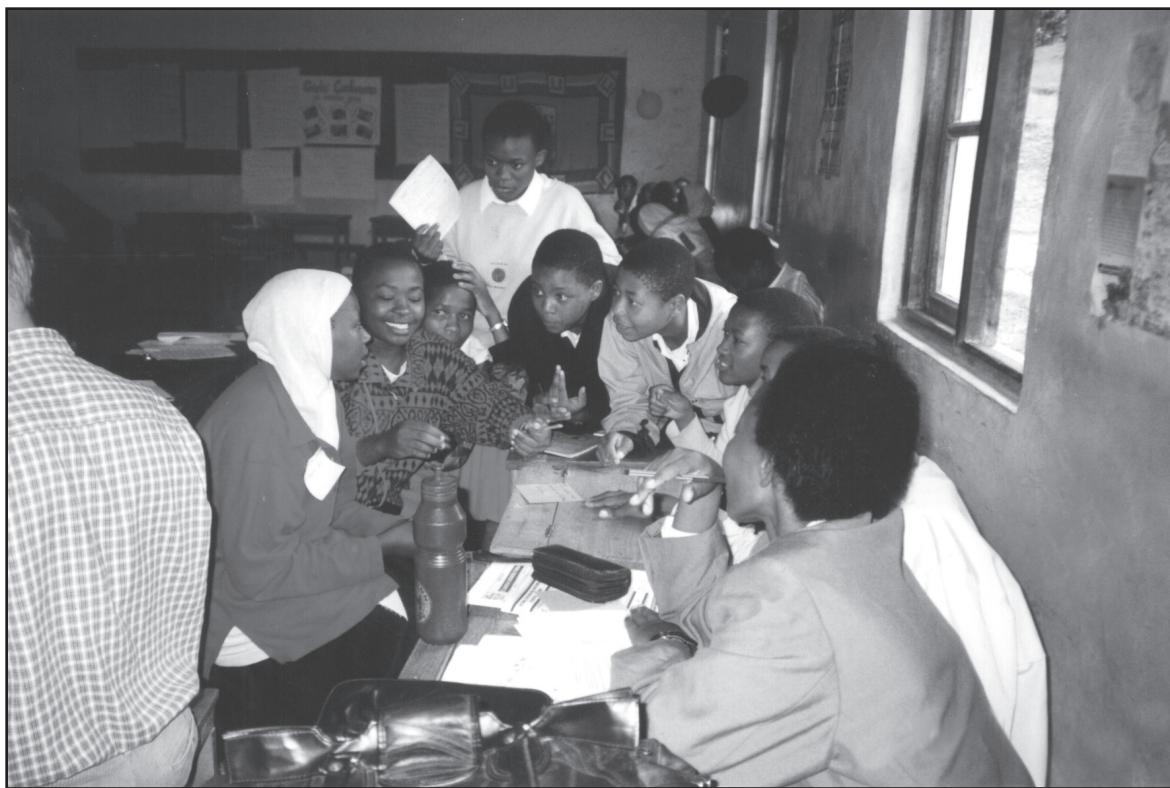
The 65-year-old grandmother is worried. She has just lost her baby granddaughter and she is worried that she will soon lose her son. Her daughter-in-law has been looking sick lately, too, and people in the community are saying it might be AIDS. She has watched a number of her friends take over care of the family after the deaths of their sons and daughters, and she just doesn't know what she will do to care for her grandchildren if their parents die. She is a frail old woman—where will she find any support?

Strategize an intervention plan for the grandmother.



PART IV: COMMUNICATION SKILLS

Part IV



COMMUNICATION SKILLS SESSIONS**Session 1:****COMMUNICATION PUZZLE****Overview**

This session is useful as an introduction to the idea of good communication. After this session, the group can move on to exercises that practice the good communication skills they have discussed.

Time

1 hour, 30 minutes

Part IV

Objectives

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

1. List barriers to good communication.
2. Identify good communication skills.

Materials

One puzzle (cut up into five puzzle pieces) in an envelope for each participant

Flip chart or board

Markers or chalk

Flip charts with titles: *First Round, Second Round, Third Round, Good Communication Skills*

Handout: *Communication Puzzle* (complete)

Preparation

Prepare one puzzle in an envelope for each participant before the start of the session. (If supplies are a problem, participants can use paper and pencil and draw the puzzle each time.)



Delivery

I. Introduction (5 minutes)

Refer the group to the **Bridge Model** and briefly review it. Suggest that Communication Skills are perhaps the most important of all. As such, it is important to begin the program by taking a closer look at barriers to good communication and to think about some of the steps to good communication. Ask for one volunteer from the group. Ask that volunteer to leave the room—you will join him or her outside in a few moments.

Now, instruct all participants to remove everything from their desk or their area. They do not need to have anything in front of them at all. Give one envelope to each participant. Instruct everyone not to open the envelope or even look at it. They are asked just to place it in front of them and await further instructions.

Explain that they will get three chances to assemble the puzzle correctly.

II. First Round (10 minutes)

Instructions to the Participants:

- Do not take the pieces out of the envelope until the volunteer tells you to do so.
- Under no circumstances are you to look at someone else's puzzle.
- Absolutely no talking is permitted. There can be no questions.
- Wait for the volunteer to give instructions. Follow the instructions step-by-step.
- After the volunteer is finished, we will check each puzzle for a winner before going on to the second round.

Instructions to the Volunteer:

Prepare the volunteer outside the room. Instruct him or her in the following:

- Give the volunteer a copy of the puzzle sheet. Tell him or her to make sure that the participants cannot see the puzzle sheet.
- Explain that each participant has pieces of the puzzle in the envelope. The volunteer is to go inside and explain step-by-step how to put together the puzzle.
- Emphasize that under no circumstances should the volunteer entertain any questions. There should be absolute silence from the participants. If a question is asked, the volunteer should ignore it completely and continue.
- Ask the volunteer to stand with his or her back to the group while providing instructions on how to complete the puzzle.

Guide the volunteer into the room, make sure his or her back is to the group, and wait while he or she gives the instructions. When he or she has finished, walk with the volunteer around the room to see if anyone has completed the puzzle correctly. In all likelihood, no one has done so. Ask the volunteer to leave the room and await your further instructions. (If by chance a participant has managed to do the puzzle correctly, congratulate him or her and remove the participant and the puzzle from the larger group.)

III. Second Round (10 minutes)

Instructions to the Participants:

- The instructions for the Second Round are basically the same. Ask that the participants follow the volunteer’s instructions without looking around them. They should do their best to complete the puzzle.
- This time, however, the participants are permitted to ask questions and to speak. They should feel free to ask questions.

Instructions to the Volunteer:

Trainer’s note: *The instructions for this round are crucial. It is important to ensure that the volunteer understands not to answer questions.*

- This time, the volunteer is permitted to face the group.
- Tell the volunteer that under no circumstances are the participants permitted to ask any questions. No matter what questions are asked or comments are made, the volunteer should continue without stopping. This is crucial to the success of the exercise. Make sure that the volunteer understands that he or she is not to respond to anything that the group says.

Guide the volunteer back into the room. After the volunteer provides directions to the group, walk around the room with the volunteer to see if anyone has done the puzzle perfectly. Then escort the volunteer out of the room.

At this point, many of the participants will be frustrated or annoyed. This is part of the idea. Do not discuss how they feel or entertain any questions. Just continue with the final round of the exercise. Explain that this is their final chance to complete the puzzle.

IV. Third Round (15–20 minutes)

Instructions to the Participants:

- This time, the participants should feel completely free. They may ask any questions; they may look at the puzzles around them. They should do whatever they need to do to ensure that the puzzle is completed correctly.



Instructions to the Volunteer:

- This time, the volunteer can feel completely free. He or she may move freely around the room. He or she may answer all questions, provide examples, and offer words of encouragement—whatever it takes to ensure that each and every participant successfully completes the puzzle.

V. Processing the Exercise (Approximately 45 minutes)

It is very important to process this exercise well. First of all, thank the volunteer for a job well done. Participants might be angry with the volunteer. Remind participants that the volunteer was following specific instructions.

Reveal the flip chart labeled *First Round*. Ask the participants to tell you about some of the problems that came up during the first round. Why was it difficult to complete the puzzle? What was good about this round? Frustrating? What would have made it easier to complete the puzzle? How did they feel during this round? Be sure to check in with the volunteer to see how he or she was feeling during this round. Ideas might include:

- No way to communicate
- Volunteer not even facing us or looking at us
- No eye contact or encouragement
- Went too fast or did not realize we were not getting the puzzle
- Did not understand any of his or her instructions

Next, unveil the flip chart labeled *Second Round*. Ask guiding questions about the second attempt. How was it better this time? Was anything improved? What were the frustrations? Many of the participants may be angry or frustrated that the volunteer ignored them during this part of the exercise. What were the feelings associated with being ignored by the speaker? What does this mean for communication skills? Remember to check in with the volunteer and to see how he or she processed this experience. Some ideas generated by the group might be:

- Asked questions, but was ignored
- Volunteer was not helping us
- We could see his or her face this time, and that helped sometimes
- He or she slowed down because it was clear we were not getting puzzle
- Faced us this time; looked at us; felt more in touch with speaker

Continue with the *Third Round*. Why was it so much easier to complete the puzzle this time? List all of the helpful things that happened in this round. Third Round ideas might include:

- Moved around the room and helped us
- More encouraging, improved body language and eye contact
- Answered our questions; responded to our needs
- Seemed much more friendly and helpful
- We were allowed to help each other; more support
- Thought we knew what the puzzle would turn out to be, but it does not look like anything

Finally, reveal the *Good Communication Skills* flip chart or write the title on the board. Use the exercise to help the group develop a list of good communication skills. Examples:

- Body language, gestures, good eye contact
- Responsive to questions, encouraging attitude
- Important *not* to assume you know what the person is saying, but to keep your mind open (corresponds with thinking they knew what the puzzle would look like in the end)
- Encouraging words or sounds
- Listening skills
- Feedback

Summarize the activity. Point out that good communication skills have an impact on all the other life skills; so, it is important to be conscious of how you are communicating at all times and to take steps to become a good communicator.

Evaluation

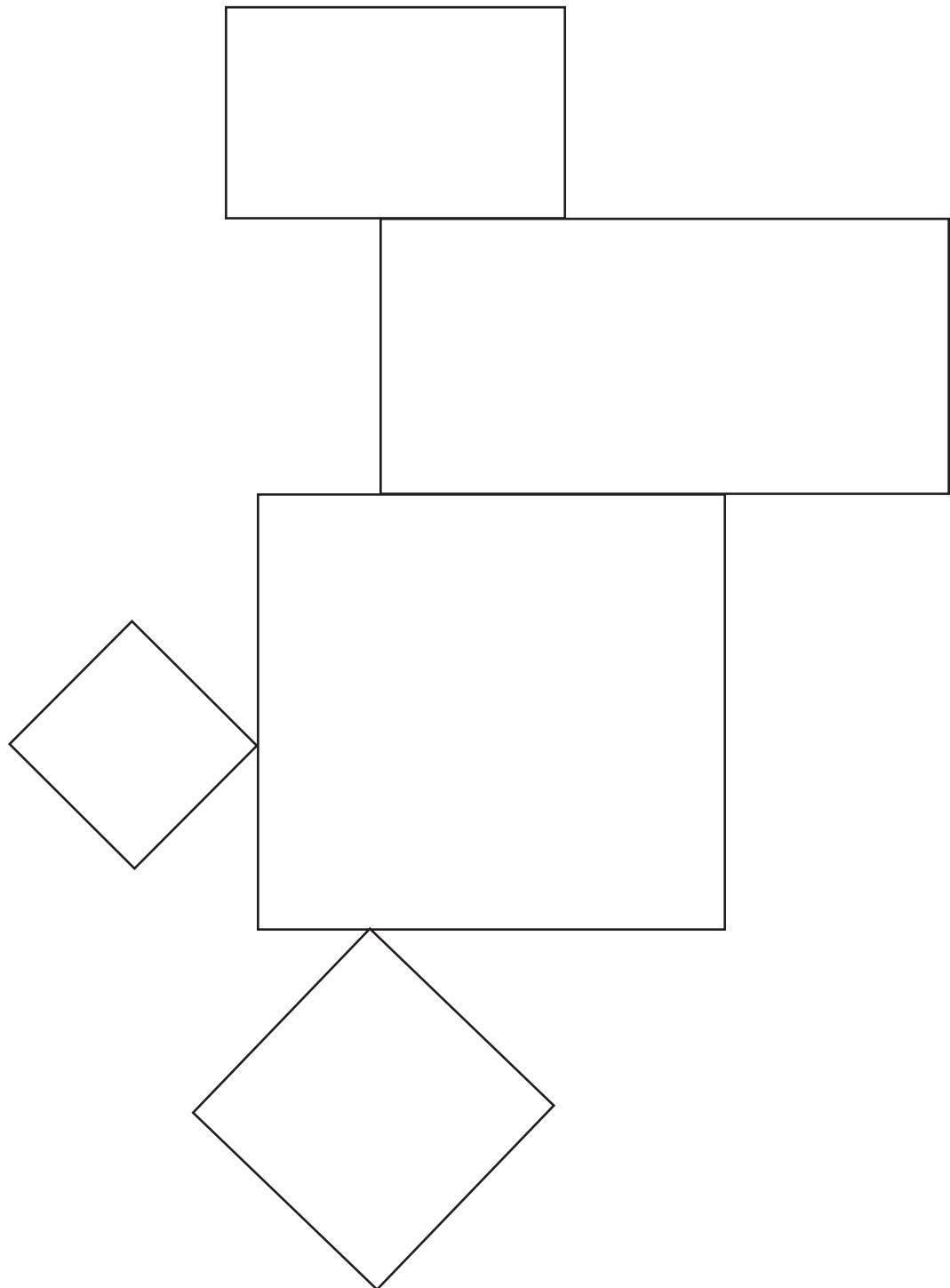
It will be clear from the final brainstorming for *Good Communication Skills* whether participants have understood the basics of good communications discussed in this session.

This session was modeled at the Peace Corps/Malawi workshop “Promoting Sexual Health,” held in Lilongwe, Malawi, in July 1996.



PARTICIPANT HANDOUT
PAGE 1 OF 1

COMMUNICATION PUZZLE



COMMUNICATION SKILLS SESSIONS**Session 2:****ASSERTIVENESS: ATTACK AND AVOID****Overview**

This session can be used as an introduction to the idea of “assertiveness.” This concept may be foreign to most people, so it may be necessary to spend a few sessions simply focusing on defining the terms “assertive,” “aggressive,” and “passive.” This session is the beginning of the creation of these definitions. Sessions 3 and 4 continue elaborating upon the definitions. Sessions 5 and 6 provide practice.

Time

1 hour, 30 minutes

Part IV

Objectives

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

1. Describe the difference between “attacking” and “avoiding.”
2. Identify factors that indicate attacking behavior or avoiding behavior.
3. Identify attacking and avoiding aspects of their own behavior or the behavior of those close to them.
4. Describe the emotions involved in being in positions of power or powerlessness.

Materials

Flip charts or board

Markers or chalk



Delivery

I. Statuses of Power (40 minutes)

Trainer note: The exercise may inspire strong reactions, so you should monitor the group closely and be aware of this possibility. Those with strong reactions may welcome the opportunity to talk about them, so you may want to provide for feedback in small groups.

This exercise is meant to stimulate some of the emotions associated with power and how these emotions affect us.

Divide the group into pairs. Each pair is going to produce a tableau (frozen image) showing one person in a position of power and the other in a powerless position. Allow them a few minutes to prepare their first tableau. Then ask them to change roles (so that the powerful figure becomes the powerless one and vice versa) and prepare a second tableau.

When they have prepared both tableaux, give each pair the opportunity to show them to the rest of the group. Ask for quick comments about what people observe. Ask both members of each tableau to express what they are feeling in one word (proud, scared, humble, and so forth.)

Which of the two positions felt more familiar to participants? Can they relate any of the emotions they felt to situations in their lives? What did they feel for the powerless person when they were in the powerful position? Vice versa?

II. Attack and Avoid (40 minutes)

After processing the above exercise, gather everyone into a circle. Ask participants to listen to the list of actions that you are going to read out.

- If they think they do an action often, they should put both hands in the air.
- If they think they do an action sometimes, they should put one hand in the air.
- If they think they never do an action you mention, they should keep both hands down.

Trainer note: If you feel participants are ready to be more active, you could ask them to move to different corners of the training area in response. For example, if they do an action often, stand by the blackboard, or if they do it sometimes, stand by the windows, and so on.

The actions appear in two columns. Read down the first column first, then the second. Ask participants to react after each word or phrase.

List of Actions

| Attacking | Avoiding |
|-----------------------------|--|
| Nagging | Withdrawal |
| Shouting | Sulking in silence |
| Persisting (I am right!) | Taking it out on the wrong person |
| Revenge (I'll get you back) | Saying that you are being unfairly treated |
| Warning (If you don't...) | Talking behind someone's back |
| Interrupting | Feeling ill |
| Exploding | Being polite but feeling angry |
| Sarcastic | Feeling low and depressed |
| Insulting | Not wanting to hurt the other person |
| Correcting | Trying to forget about the problem |

Next, point out to everyone that the words you read first (in the first column) are attacking behaviors and the second list are avoiding behaviors. Ask members of the group to reflect for a moment about which set of behaviors they engage in more often than others.

Brainstorm the word “attack” and then the word “avoid.” Ask participants to call out what each word means for them. Allow a few minutes for each word. There may be good and bad feelings expressed about each word. Note these ideas on the flip chart or board.

Then ask participants to think of one personal reason why they would behave in an attacking or avoiding way. Ask for a few volunteers to describe their examples to everyone.

Ask participants to consider how “attacking” or “avoiding” could be expressed. What would they say? How would they say it? How would they say it with their bodies? Note some of these ideas on the flip chart or board.

Ask them to think of one word or phrase that they use when either avoiding or attacking, whichever is their most frequent behavior. They should consider how the phrase is said and the body language that goes with it. An example of avoiding behavior might be, “Where are you going?” said in a soft, uncertain way. This indicates that the questioner is expecting an angry answer (body language might be hunching the shoulders and turning away). Ask how the same phrase could be said in an attacking way.

You might point out how the effect of what people say is very much dependent on what they do—their body language. With the “Where are you going?” example, you could suggest that they try using the phrase while looking straight at the person with a big smile and speaking with a strong, certain voice. This behavior will have



a big effect on what they say and the message that is being communicated. In this example, the participants may find that when they change their body language, what they actually say is interpreted much more positively.

In groups of three, take turns practicing examples while the other two in the group offer suggestions about how body language could change to make the response a positive one rather than an attacking or avoiding one. Try other examples, including participants' suggestions, or, "What time are you coming back?" or "What are you doing?" and so forth.

Evaluation (10 minutes)

Summarize and evaluate the session using some of the following questions:

1. What warning signs can help us recognize and even predict the behavior of others?
2. What warning signs can we learn to recognize in ourselves that we are embarking on an avoiding approach? An attacking approach?
3. How can we alter our pattern of reacting and begin to learn a new response?
4. How does it feel to change our body position?

Responses to these questions will give you an indication of the participants' understanding of the topic.

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COMMUNICATION SKILLS SESSIONS**Session 3:****ASSERTIVENESS:
PASSIVE, ASSERTIVE, AGGRESSIVE****Overview**

Usually best after **Attack and Avoid** (Session 2 in Part IV), this session focuses on more specific definitions for “passive,” “assertive,” and “aggressive.”

Time

2 hours (can be shortened to 1 hour, 30 minutes)

Objectives

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

1. Define the terms “passive,” “assertive,” and “aggressive.”
2. Identify passive, assertive, and aggressive behaviors.

Materials

Flip charts or board

Markers or chalk

Handouts: *Role Play Number One, Role Play Number Two*

Flip charts: *Passive Behavior, Assertive Behavior, Aggressive Behavior*

Preparation



Prepare flip chart or board before the session. It is helpful to add a picture to each word to make the definitions clear. Or, you might prefer to brainstorm the flip chart with the group during the session.

Prepare the two assertiveness role plays with peer educators or volunteers from the group before the session. Make sure to rehearse these role plays well prior to the session.

Delivery



I. The Yes or No Game (20 minutes)

Ask participants to stand up and split into two groups. One group should make a line facing the center of the training area; the others should make a line facing them. Explain that one group is the “yes” group and that the only word allowed is “yes.” The other group is the “no” group, and “no” is the only word allowed. When you say “go,” each group needs to try to convince the other, but can only use the assigned word—yes or no.

After a minute or so, have the groups change roles; the “yes” group says “no,” and vice versa.

After another few minutes, ask participants to describe how they felt about doing this exercise. If not mentioned, ask about body language, use of “attacking or avoiding” stances, laughter, and so forth. Discuss how laughter is also an important means of expression. Laughter can be a good thing at times, but at other times it can be very harmful. Ask for examples.

II. Passive, Assertive, Aggressive (40 minutes)

Ask someone from the group to come up to the front of the room and remind everyone of the meanings of attacking behavior and avoiding behavior. Write these ideas on the flip chart or board as the volunteer summarizes the ideas from **Attack and Avoid**.

Next, explain that in this session we are going to talk in depth about these different kinds of behavior. Review the description of “attacking behavior”; point out that we call this type of behavior “aggressive.” Ask for examples of aggressive behavior. Refer to some of the examples given in the **Attack and Avoid** session.

When it seems clear that the group understands the connection between “attacking” and “aggressive,” move on to the “avoiding” description. Point out that what we called “avoiding behavior” is called “passive.” Ask for examples of passive behavior, perhaps by referring back to those discussed in the **Attack and Avoid** session.

Next, remind the group about the feelings associated with both attacking and avoiding behavior. Ask them to remember how they felt during the *Statues of Power* exercise. (It may even be helpful to have one pair come up and remind the group by showing their tableau from the previous session.) Ask the group which type of behavior is better. Are either of them the best type of behavior? Is there another way to act? What would be a better approach to interactions with each other?

Allow the answers to these questions to lead you to the idea of assertiveness. Tell the group that it is not necessary for someone to be in the powerful or powerless position—in other words, it is not necessary to attack or avoid. Instead, it is possible to reach a balance between those two behaviors. We call this type of behavior “assertive.” Ask if anyone from the group can define assertive behavior.

Finally, reveal the definitions prepared before the session. Review each of the definitions with the group. Ask participants to give you examples of each type of behavior.

III. Role Plays (45 minutes)

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

Have the volunteers do the role play.

After Role Play Number One, discuss the following points:

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

Ask volunteers to do the second role play.



After Role Play Number Two, discuss the following points:

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

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

Evaluation (15 minutes)

A powerful way to evaluate the ideas from this session is to encourage the group to get back into the Statues of Power pairs and to position themselves into their attacking or avoiding tableaux. When everyone is ready, suggest that each pair move from the attacking or avoiding stance to a more assertive posture. Watch as the pairs transform themselves from positions of powerlessness and power to positions of equality and mutual empowerment.

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PARTICIPANT HANDOUT
PAGE 1 OF 1

PASSIVE BEHAVIOR

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

ASSERTIVE BEHAVIOR

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

AGGRESSIVE BEHAVIOR

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



PARTICIPANT HANDOUT
PAGE 1 OF 1

ROLE PLAY NUMBER ONE

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

ROLE PLAY NUMBER TWO

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

COMMUNICATION SKILLS SESSIONS**Session 4:****ASSERTIVENESS: ASSERTIVE MESSAGES****Overview**

This session follows **Passive, Assertive, Aggressive** (Session 3 in Part IV). It is a continuation of that idea and builds on what participants have learned. In this session, the group will discuss how to formulate and deliver an “assertive message.”

Time

Approximately 2 hours

Objectives

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

1. Identify the steps to an assertive message.
2. Develop assertive messages for a variety of situations.

Materials

Flip charts or board

Markers or chalk

Handouts: *Steps to Deliver an Assertive Message* and *Assertiveness Scenario Cards* (each numbered statement is a separate card)

Flipchart: *Steps to Deliver an Assertive Message*

Preparation

Prepare the scenarios on cards or small sheets of paper before the session. Prepare the *Steps to an Assertive Message* flip chart.

Delivery

I. Opening a Fist (25 minutes)

Explain the following to participants, acting it out as you say it: We have seen how our body language can influence other people's responses to us. For instance, if someone is acting aggressively towards us, he or she may be leaning toward us, with clenched fists. By changing our body language, we can improve the situation. For instance, if we are sitting down, we can relax our shoulders, uncross our arms, open our palms upwards, uncross our legs, hold our heads straight, look right at the aggressive person. All of these changes help to create a more balanced response in the aggressive person.

Now ask participants to divide into pairs. First, one will act as the aggressive person and the other will act as the assertive person; then they will switch roles. The aggressives must hold their hands up in a very tight fist and feel very angry. The assertives must try to persuade or convince the aggressives to undo their fists.

The assertives should use all their skills to persuade the aggressives to calm down and to open their fists. The assertives and the aggressives must not touch each other, but the assertives can say or do anything that they think will work to calm down the aggressives and persuade them to open their fists. If the aggressives think that the assertives have done a good enough job, they may open their fists, but they must not give in too easily!

Give the pairs eight minutes each to try out their assertiveness skills on each other. See by a show of hands how many people managed to persuade their partners to open their fists. Praise and encourage everyone and explain that this gets easier with practice.

II. Assertive Messages (40 minutes)

Spend some time in the beginning reviewing the definitions of passive, assertive, and aggressive, and summarize the activities from the first two sessions on assertiveness. Make some connections between this assertive behavior and building the bridge to a positive, healthy life. Assertiveness is one of the most important life skills. An assertive person is able to fully use good communication skills, self-respect, and personal strength to create healthy relationships with other people. But to be assertive you must first learn the skills. The first time you do this, it will be difficult. As you practice, it will be easier and feel more natural. Explain that you have summarized these skills into four steps for making an assertive message.

Hang on the wall or uncover the flip chart *Steps to Deliver an Assertive Message*. (It is helpful to write the steps on the board or flip chart, and then fill in a message for each step.) Explain the situation at the top, and then go step-by-step through the process. Act out the "messages." Remind the group that body language and tone of voice may be just as important as the messages that are sent. Make sure everyone is clear on the steps before proceeding.

Next, use the following scenario to develop assertive messages with the whole group. This will help the group to understand the steps and prepare them for the pair work to follow.

The Situation

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

After reading the situation aloud and making sure it is clear, go through each step with the group and ask for suggestions on the “messages.”

III. Creating Our Own Assertive Messages (1 hour)

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

Make sure you go around to each pair to ensure that the instructions are clear. Assist people as needed. Allow at least 30 minutes for this part of the exercise. After each pair practices two different situations, invite interested pairs to come up in front of the group and act out their assertive messages. Use these situations to spark discussion and create many different approaches to these assertive messages.

Summarize the activity at the end of the session.

Evaluation

You will be able to evaluate the effectiveness of this exercise based on the role plays and discussion at the end of the session. These final activities will give you some idea about whether participants are beginning to master the skills necessary for assertive behavior.

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STEPS TO DELIVER AN ASSERTIVE MESSAGE

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

PARTICIPANT HANDOUT

PAGE 1 OF 1

| Steps | Description | Words you might say ... | Messages |
|---|---|--|---|
| 1. Explain your feelings and the problem | State how you feel about the behavior or problem. Describe the behavior or problem that violates your rights or disturbs you. | <ul style="list-style-type: none"> • “I feel frustrated when ...” • “I feel unhappy when ...” • “I feel ... when ...” • “It hurts me when ...” • “I don’t like it when ...” | “I feel as if I’m being used when I lend you money and don’t get it back in good time.” |
| 2. Make your request | State clearly what you would like to have happen. | <ul style="list-style-type: none"> • “I would like it better if ...” • “I would like you to ...” • “Could you please...” • “Please don’t ...” • “I wish you would ...” | “I would like it better if when you borrow money you would give it back as soon as possible.” |
| 3. Ask how the other person feels about your request | Invite the other person to express his or her feelings or thoughts about your request. | <ul style="list-style-type: none"> • “How do you feel about it?” • “Is that OK with you?” • “What do you think?” • “Is that all right with you?” • “What are your ideas?” | “Is that OK with you?” |
| Answer | The other person indicates his or her feelings or thoughts about your request. | The other person responds. | <p>“Yes, I guess you’re right. I’m not too good at getting money back right away, but I’ll return it sooner next time.”</p> |
| 4. Accept with thanks | If the other person agrees with your request, saying “thanks” is a good way to end the discussion. | <ul style="list-style-type: none"> • “Thanks.” • “Great, I appreciate that.” • “I’m happy you agree.” • “Great!” | <p>“Thanks for understanding. Let’s go and listen to some music.”</p> |

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PARTICIPANT CARDS

ASSERTIVENESS SCENARIO CARDS

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

Part IV

Trainer note: These situations, like many in this manual, are really youth-oriented. Be sure to adapt them or create your own if you are working with other groups. For example, if you are working with women's groups, you might do some scenarios about being assertive with a husband in a household situation.



COMMUNICATION SKILLS SESSIONS

Session 5:

ASSERTIVENESS/PEER PRESSURE: RESPONDING TO PERSUASION—PART I

Overview

In previous sessions, we have addressed the issue of assertiveness and provided techniques to help participants deliver an assertive message. But assertiveness is not always so easy. Other people will not always agree with you when you are assertive. In fact, they may interrupt you, get you off the topic, or try to persuade you to do something you do not want to do. Therefore, it is important to learn how to respond to such attempts at persuasion.

Time

2 hours

Objectives

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

1. List six techniques often used to persuade others.
2. Identify possible responses to persuasion.

Materials

Tape

Handout: *Persuasion Role Play, Large Persuasion Cards, Small Persuasion Cards*

Large Persuasion Cards

(each word or phrase is a separate card)

“Argue”

“No Problem”

“Put You Down”

“Reasons”

“Threaten”

“Getting Off the Topic”

Small Persuasion Cards

(each phrase is a separate card)

“You’re just afraid.”

“You owe me.”

“Why not? Everyone’s doing it!”

“What do you think can happen?”

“You know that I love you.”

“Do it or goodbye.”

“I’ll find someone else who will.”

“I can hurt you if you don’t.”

“Nothing will go wrong.”

“Don’t worry.”

“I’ll take care of everything.”

“I’ve got it all handled.”

“Aren’t you grown up enough to do this?”

“You can’t get pregnant if you just have it once.”

“But we’re getting married anyway.”

“You’re old enough now.”

“You have nice eyes.”

“I like you when you’re angry.”

“What do you know about...anyway?”

Preparation



Prepare large and small cards before the session. Put tape on the back of each card. Prepare and rehearse the role play with peer educators or volunteers from the group.

Delivery ➤

I. Persuasion Categories (1 hour)

Indicate that the group will take a look at the different ways people might try to get you off your topic (the assertive message) or refuse to accept your assertive message.

Tape the prepared *Large Persuasion Cards* at different points along a blank wall. Review each card and discuss how people can use the technique to convince, persuade, or distract from assertive messages.

Next, hand one *Small Persuasion Card* to each participant. In turn, all members of the group should stand up, read the statement on their cards, explain the possible categories where the statement might belong, and tape the statement to the wall underneath an appropriate category. Use this short exercise as a way to identify the types of persuasion someone might use to change someone’s assertive message.



(You can also refer to the **Best Response Game** (Session 1 in Part VI) if you have already played it. The “pressure lines” were examples of persuasion, and the game gave practice in responding to such types of persuasion.)

Persuasion Categories

| | |
|-------------------------------|--|
| Put you Down: | “You’re just afraid.” “Aren’t you grown up enough to do this?” |
| Argue: | “Why not? Everyone’s doing it!” “What do you think can happen?” “What do you know about … anyway?” |
| Threaten: | “Do it or goodbye.” “I’ll find someone else who will.” “I can hurt you if you don’t.” |
| No Problem: | “Nothing will go wrong.” “Don’t worry.” “I’ll take care of everything.” “I’ve got it all handled.” |
| Reasons: | “But we’re getting married anyway.” “You can’t get pregnant if you have it just once.” “You owe me.” “You’re old enough now.” |
| Getting Off the Topic: | “You have nice eyes.” “I like you when you’re angry.” “You know that I love you.” |

When the different statements are on the wall and the group seems to understand the idea of persuasion, move on to some strategies to deal with these types of pressure.

On a flip chart or on the board, write “What do you say when someone tries to get you off the topic?” Brainstorm with the group some statements to use if someone is making distracting statements, trying to change the subject, or trying to get them off topic. Possible suggestions might be:

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

Next, go through the same process with the following question: “What do you say when someone tries to persuade you (change your mind, convince you)?” Once you have brainstormed a list of suggestions, you may wish to group them into three categories: refuse, delay, or bargain.

What do you say when someone tries to persuade you?

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

- “No, no, I really mean no.”
- “No, thank you.”
- “No, no—I am leaving.”

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

- “I am not ready yet.”
- “Maybe we can talk later.”
- “I’d like to talk to a friend first.”

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

- “Let’s do … instead.”
- “I won’t do that, but maybe we could do …”
- “What would make us both happy?”

II. Persuasion Role Play (1 hour)

To illustrate the above ideas, have your peer educators (or other volunteers) perform their pre-rehearsed role play. Explain that you are about to see a role play in which someone is trying to deliver assertive messages, while the other person is trying to persuade the person or move off the topic. The group should watch for the steps to delivering an assertive message in the role play, and should also notice whether the person is defending with “Refuse,” “Delay,” or “Bargain” techniques. The short role play will be shown three times, using all three strategies.

Make sure that the participants are clear about the different steps used during the conversation in the role play. Have them name the steps to you, referring back to **Assertive Messages** (Session 4 in Part IV).

Summarize the activities at the end of the session. If you intend to move on **Responding to Persuasion—Part II** (Session 6 in Part IV) inform the students that you will be exploring these ideas further in the next session.

Evaluation

The responses to the role play provide an excellent opportunity to evaluate the success of the previous exercises. Participants’ understanding of the subject matter should be clear from their recollection of the *Steps to Deliver an Assertive Message*, and their discussion about how to respond to persuasion in the role play.

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PARTICIPANT HANDOUT
PAGE 1 OF 1

PERSUASION ROLE PLAY

Your older brother is supposed to give you a ride home. You meet him but he is staggering and slurring his words. You feel that he has had too much to drink and it would not be wise to drive with him. He tries to persuade you to go with him. You will do the role play three times, each time using a different ending: refuse, delay, or bargain.

Work together to come up with a *short* role play to show this situation. Use the following kinds of statements in your role play.

Sister: "I feel scared about driving with you when you have been drinking."

Brother: "What do you know about drinking anyway?"

Sister: "Please let me finish what I am saying. I don't want to drive home with you and I really don't think you should be driving. What do you think? Will you please not drive home?"

Brother: "Hey, I'm fine. You have nothing to worry about."

Sister: (three alternative endings)

Refuse: "I don't agree and I'm not going with you. So goodbye." (You leave.)

Delay: "Let's go for a walk and talk about it."

Bargain: "Why don't you leave the vehicle here and we'll walk home together?"

COMMUNICATION SKILLS SESSIONS**Session 6:****ASSERTIVENESS/PEER PRESSURE:
RESPONDING TO PERSUASION—PART II****Overview**

This session builds on **Assertive Messages** (Session 4 in Part IV), adding steps for responding to persuasion as part of the process. The session focuses on assertive responses to persuasion.

Time

2 hours

Objectives

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

1. List the steps for responding assertively to a persuasive message.
2. Identify strategies for refusing, delaying, and bargaining.

Materials

Flip chart or board

Markers or chalk

Flip chart: *Revised Steps to Delivering an Assertive Message—Responding to Persuasion*

Handouts: *Persuasion Scenario Cards* (each numbered statement is a separate card)



Preparation

Write the steps on a flip chart or on the board before the session. Also prepare scenarios on cards or small sheets of paper; each numbered statement is a separate card.

Delivery

I. Revised Steps to Delivering an Assertive Message—Responding to Persuasion (1 hour)

Spend a few moments in the beginning of the session reviewing the previous discussions about assertive behavior, assertive messages, and persuasion. Make sure the group remembers the ideas of refusing, delaying, and bargaining when trying to resist persuasion.

Reveal the *Revised Steps to Deliver an Assertive Message*. Go step-by-step through the process. Act out the “messages.” Point out the changes made to our original steps to include the response to persuasion. Make sure everyone is clear on these steps before proceeding.

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

The Situation

You are alone with your boyfriend at his house. It is getting late and he lives quite a distance from your home on a deserted road.

He is usually very gentle but tonight he has been drinking beer. He becomes quite aggressive with his demands for sex. He interrupts you and tries to talk you into having sex. You refuse, delay, or bargain.

This is a potentially dangerous situation. Which is the safest course of action? If you simply refuse, will you be putting yourself in danger? What else could you do? Some ideas might include:

1. If his parents are coming home soon, you might use delaying tactics until they arrive.
2. You might bargain with him by indicating that you might consider being with him sexually soon, but only if he does not approach you when he is drinking.
3. You might delay by discussing the fact that he is drinking and the effect that seems to be having on his behavior.

4. You might bargain with him to lie in bed while you “get ready.” Then stay in the toilet until he falls asleep.
5. If you are feeling in danger, you might pretend to go to the toilet, but run to a neighbor instead.

II. Persuasion Scenarios (1 hour)

Next, we will practice defending our assertive messages when confronted with distracting or persuasive statements. Split the group into pairs. Give each pair one situation card. (Each pair will have a different situation.)

The pair will decide together on how to handle the situation using the steps we have reviewed. They will decide whether they would refuse, delay, or bargain, and they should think about the assertive statements they could use in the situation. Lastly, the pair will act out the situation with each other, practicing and delivering their assertive messages. After one person gives a successful assertive message, the pair should change roles so that the other person has a chance to practice responding to persuasion.

After each pair has practiced both roles, invite interested pairs to come up and act out their assertive messages in front of the group. Remember to review the responses to persuasion and discuss the strategies used. Summarize the activity at the end of the session.

Variations—Negotiating Condom Use

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

Here are some samples:

“We’re both clean...we don’t need to use a condom.”

“I still don’t want to have sex with a condom. It’s not natural.”

“I’d be embarrassed to use a condom.”

“I don’t want to use a condom. I don’t like condoms.”

“I don’t have a condom. Let’s do it just this once.”

“Your chances of getting a disease doing it just once are about zero.”

“A condom would make it so awkward.”

“It’s like eating a sweet in the wrapper.”



- “They spoil the mood.”
- “They don’t feel good.”
- “You think I have a disease.”
- “They have HIV in them.”
- “They make me feel dirty.”
- “You’re already protecting yourself from pregnancy.”
- “I’d be too embarrassed to get them from the health center.”
- “It’s against my religion.”

Evaluation

To evaluate the effectiveness of this method, observe the strategies used by each pair to respond to persuasion in each situation.

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PARTICIPANT HANDOUT
PAGE 1 OF 1

REVISED STEPS TO DELIVERING AN ASSERTIVE MESSAGE: RESPONDING TO PERSUASION

| STEPS | WORDS YOU MIGHT SAY |
|--|--|
| 1. Explain your feelings and the problem. | <ul style="list-style-type: none"> • “I feel frustrated when ...” • “I feel unhappy when ...” • “I feel ... when ...” • “It hurts me when ...” • “I don’t like it when ...” |
| 2. Distracting Statements | Other person tries to get you off topic. |
| 3. Get back on topic. | <ul style="list-style-type: none"> • “Please let me finish what I was saying.” • “I’d like you to listen to what I have to say ...” |
| 4. Make your request. | <ul style="list-style-type: none"> • “I would like it better if ...” • “I would like you to ...” • “Could you please ...” • “Please don’t ...” • “I wish you would ...” |
| 5. Ask how the other person feels about your request. | <ul style="list-style-type: none"> • “How do you feel about that?” • “Is that okay with you?” • “What do you think?” • “Is that all right with you?” |
| 6. Persuasive statement | Other person tries to get you to change your mind. |
| 7. REFUSE | <ul style="list-style-type: none"> • “No, I really mean no.” • “No, and I’m leaving.” • “No, I am not going to do that.” |
| DELAY | <ul style="list-style-type: none"> • “I’m not ready now—maybe later.” • “Maybe we can talk later.” • “I’d like to talk to a friend.” |
| BARGAIN | <ul style="list-style-type: none"> • “Let’s do ... instead.” • “How about if we try ...” • “What would make us both happy?” |



PARTICIPANT CARDS
(EACH NUMBERED STATEMENT IS A SEPARATE CARD)

PERSUASION SCENARIO CARDS

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

PART V: DECISION-MAKING SKILLS



Part V

DECISION-MAKING SKILLS SESSIONS**Session 1:
STEPS IN MAKING A GOOD DECISION****Overview**

This session is an introduction to decision-making skills. The exercise invites participants to create one possible framework to explore when making decisions.

Time

1 hour, 30 minutes

Objectives

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

1. List some steps in making a decision.
2. Describe some of the important factors to consider in decision-making.

Materials

Flip charts or board

Markers or chalk

Handout: *Decision-Making Scenario Cards* (each numbered statement is a separate card)

Preparation

Prepare the scenario cards before the session.

Delivery

I. Small Group Work (30–45 minutes)

It is important to spend some time discussing the link between good decision-making and avoiding risk activity. It can be helpful to refer back to the **Bridge Model** and the role play with Rita and Lucy.

What steps might young people take if they have to decide something crucial? What should they do first? Next? Should they seek advice? From whom?

In trying to devise a list of steps in making a sound decision, it may be helpful to put ourselves in the position of someone about to make an important decision. The idea behind this exercise is to imagine that we are about to make an important decision, to work through the process that we might use to come up with ideas towards that decision-making, and finally, to list the steps that we might take in making that decision.

Trainer note: You may wish to emphasize that the actual decision the groups reach is less important than understanding the process someone might go through to make such a decision and the factors to be considered.

Divide the participants into small groups. Give each group one card with one decision-making scenario on it. The groups should do the following:

1. Discuss the situation.
2. In trying to make the decision, what should the people in the scenarios do first?
3. List the steps that the people should take in trying to reach their decision.
4. Finally, as a group, discuss the situation and make a decision for the scenario on the card.
5. On the flip chart or part of the board, write the steps to making a decision, what decision the group would make for the scenario, and the reasons for the final decision.

II. Steps in Making a Decision (45 minutes)

Have each group present its ideas to the larger group. Discuss each situation in turn. After all groups are finished, summarize the decision-making process and help consolidate all group ideas into one list of *Steps in Making a Decision*.

Trainer note: Some suggestions from past groups include the following:

Stop.

Take some “time out.”

Define the problem.

Think about the situation.

Seek advice from others.

Listen to the advice given.

Pray.

Consider family values and personal values.

Consider cultural practices and religious beliefs.

Consider all of the options or alternatives available.

Imagine the consequences and possible outcomes of each option.

Consider the impact of actions on other people.

Choose the best alternatives.

Make the decision.

Act on the decision.

Accept responsibility for your actions.

It is very useful to emphasize the final point on this list—accepting responsibility for your actions. Young people should learn early that each of their actions comes with a consequence; and that, after being given the opportunity to make a decision and choose, they must accept responsibility for the choices they make. This is the very essence of what it means to be an adult.

A powerful follow-up exercise to this session is to give the following out-of-session assignment (especially for those groups keeping a journal). Ask participants to think about all of the decisions past and present which are affecting their lives. They will then make the following three lists:

- Decisions that have been made for me (past)
- Decisions I have made for myself (now)
- Decisions I will have to make in the future

Encourage the participants to write down all kinds of decisions regardless of how large or how small. After making these lists, encourage the participants to think about all of these decisions and how they have affected or are affecting their lives.

Adapted from a “Decision-Making Skills” exercise from the Peace Corps/Malawi “Promoting Sexual Health Workshop,” August 1996

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PARTICIPANT CARDS
(EACH NUMBERED STATEMENT IS A SEPARATE CARD)

DECISION-MAKING SCENARIO CARDS

1. You are a 15-year-old girl living in a small town. You are taking care of four younger siblings, and you cannot find money for food. You have a friend near the market who has been offering you nice gifts and buying some food for you. Recently, he has suggested that you should meet together at a resthouse (inn or motel). What will you do?

2. You are a 20-year-old man, and you have recently married. You and your wife are students at the university. You want to start a family, but you also want to finish your degrees and get jobs. Your wife has suggested using something to prevent pregnancy.

3. You are a 38-year-old woman, and you have seven living children. You really do not want to get pregnant again, but your husband is opposed to using anything to prevent pregnancy.

4. You and your boyfriend are in love and you plan to be married. You have been abstaining from sex until after you get married, but it is becoming harder and harder to abstain as time passes. Lately, your boyfriend has been suggesting that you have sex now. After all, you are truly committed to each other and are getting married anyway.

5. You are a 17-year-old girl in secondary school. Your anti-AIDS club has been very active lately, and you have been thinking a lot about AIDS. You think that your past experiences may have put you at risk to be HIV positive, but you are afraid to know for sure. A close friend has suggested that you get an HIV test.

6. You are a 36-year-old teacher at a primary school. Your husband is teaching at a secondary school, and you have been married for 16 years. You have five older children, and you are in the hospital for a month with complications from delivering your sixth child. While you are in the hospital, your husband takes a second wife. You have always agreed that you would be his only wife, and you are shocked and upset at his decision.

7. You are a 20-year-old boy just entering the final grade in secondary school. Your father died several years ago, and your uncle has paid your school fees for the last few years. Your uncle has just died, and now there is no one to pay for your final year in school. You are hopeful that you can get a placement at university if you are able to take the college entrance exams. But because there is no money for school, you are considering trying to find some work for a few years and returning to school later.

DECISION-MAKING SKILLS SESSIONS**Session 2:
JUST BETWEEN US****Overview**

This is a good follow-up to the introductory session, **Steps in Making a Good Decision** (Session 1 in Part V). It provides a forum for practicing making decisions and also sparks debate about important topics in the community. If there is a particular issue in your area or school, you may wish to create a different role play that addresses that issue.

Time

Approximately 2 hours

Objectives

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

1. Identify important factors in making a decision.
2. Describe the link between values and decision-making.

Materials

Handout: *Role Play Cards* (each numbered situation is a separate card)

Preparation

Write out the role play situations on paper or cards. Each numbered situation is a separate card.

Delivery

I. Small Group Work (1 hour)

Divide the group into two smaller groups. Explain that we are going to practice using our decision-making and thinking skills in a debate-style role play. Give each group one role play situation.

Give the groups time to come up with their role plays. They should be thinking first of what decisions they would make in these situations and how they will end their role play. These are difficult issues; so encourage a great deal of discussion among the groups before they decide on what the outcome of their situation will be.

II. Role Plays and Debate (50 minutes)

Each group performs its role play for the other group. After each role play, process the exercise with some of the following questions:

1. Do we all agree with the decision that was made?
2. Does anyone think the situation should have ended differently? How?
3. What values were at work in arriving at these decisions?

In summarizing the activity, point out that decision-making is not always an easy process. Personal values play a large part in the decisions we make, and if we go against those values, it can lead to feelings of guilt and confusion.

Evaluation (10 minutes)

Reinforce the **Steps in Making a Good Decision** session (Session 1 in Part V) by inviting participants to tell you what steps their groups took in making these decisions.

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PARTICIPANT CARDS
(EACH NUMBERED SITUATION IS A SEPARATE CARD)

ROLE PLAY CARDS

1. A month before exams, Ivan tells Misha he has some important information for him if he promises to keep it secret. Misha is curious and agrees. Ivan says he knows how to get the history exam in advance. His brother has a friend who has a friend who works in the Ministry. This person is selling examination papers secretly. Ivan says two classmates have already bought papers. He wants Misha to buy one too. Misha feels frightened and angry. He does not believe in cheating. He thinks Ivan and the others should be reported to the teacher, but he promised to keep it a secret. Now he doesn't know what to do.

Decide what Misha is going to do. Then create a role play acting out the situation and showing the reactions of all of Misha's friends to his decision.

2. A doctor had a patient whom she knew well. The patient was ill and the doctor thought he might have HIV. She sent him for a blood test, which came back positive. The doctor knew the patient had several girlfriends and advised him to tell them so they could protect themselves. The patient became angry and told her to mind her own business. His girlfriends must not find out.

The doctor worried a lot about this. She knew doctors should not discuss their patients' illnesses but she knew her information could save people's lives. She decided to break the rule of confidentiality and inform the girlfriends. The patient was very angry and took the doctor to court because she had broken her oath of confidentiality.

Act out the court case. Present the patient's case and then allow the girlfriends to take the stand. Appoint someone as judge. Do you find the doctor guilty of breaking her professional code of confidentiality? Take a group vote on the verdict.



DECISION-MAKING SKILLS SESSIONS

Session 3:

EXCHANGING STORIES—ROLE MODELS ("THE PERSON I ADMIRE")

Overview

This session provides participants with an opportunity to clarify the characteristics and qualities they admire and seek to emulate. By visualizing the person they want to become, participants are encouraged to set personal goals for their lives.

Trainer note: This exercise can be adapted for a number of different types of sessions, and is especially effective as part of a Peer Educator training. (See Variations at end of session.)

Time

1 hour to 1 hour, 30 minutes

Objectives

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

1. List the characteristics or qualities they most admire in others.
2. Identify qualities they wish to develop in themselves.

Materials

Flip charts or board

Markers or chalk

Delivery

I. Exchanging Stories (30–45 minutes)

Introduce the session by referring back to the **Bridge Model**. Suggest that in building the “me you want to be” you probably want to think about the qualities of a strong, healthy person. To begin a discussion about building a positive, healthy life as a strong, motivated person, we are going to do an exercise called “Exchanging Stories.”

Write the term “role model” on the flip chart or board. Ask the participants to brainstorm the meaning of the term. After listing their suggestions, discuss the ideas and arrive at something like this for a definition: “Someone whose example you follow in your life” or, “Someone you admire and wish to be like.”

Ask participants to think about the person that they most admire in the world. Who is their role model? Who would they most want to be like? It can be a famous person or someone that they know personally. It can be from anywhere in the world, or at any time in history.

Give the participants a few moments to think quietly about the person they will choose. Then tell each participant to turn to a partner. One person should share the life story about the person he or she most admires. After about five minutes, direct the pair to change roles so that both people get a chance to tell their stories.

Next, ask each pair to choose one of their two stories to share with others.

Each pair will then join with another pair for a total of four people. Two stories will be told—one from each pair.

After the two stories are told, each group of four will again pick the one story that they most want to share with the others. They will then join with another set of four—each set of four telling one story. Continue in this way, adding two groups together, until you are finally left with two or three groups only (this will depend on the number of participants).

Finally, have one representative of each of the remaining groups stand up and tell the large group the story of their choice for a role model. Two or three stories will be told—one from each of these larger groups.

II. Qualities We Admire (Approximately 30 minutes)

Use a blank sheet of flip chart paper or write on the board to process this exercise. Ask the participants to reflect on all of the stories told. What qualities do these role models share? What do they have in common? What makes us admire these people? How are they alike? Write each response on the flip chart. Ideas might include:

- Honest
- Reliable or dependable



- Started with nothing but became successful
- Support many people in the family or community
- Active in the church and community
- Pays attention to the needs of others

Discuss with the group the importance of role models such as the people they admire. Are you working hard to develop these same qualities in yourselves? Can watching these role models help you to the right path and help you to avoid dangerous situations that might compromise your own goals? Suggest that this is the time in life to start developing those qualities to become strong, healthy, happy adults.

Evaluation (15 minutes)

Invite all participants to state one thing that they will do to become more like the person they admire.

Variations

In a Peer Educator Training

Point out that because they were chosen as peer educators, they will be looked to as role models by the other young people in their community or school. Discuss with them what a responsibility that is, and the importance of taking this responsibility seriously and modeling good behavior for the other students to follow.

In a Girls' Club Training or any All-Girl Environment

It is effective to adapt this exercise from “Role Models” to “Woman I Admire.” Instead of discussing a *person* one admires or wishes to be like, the young women can discuss the *woman* they admire or wish to be like. This can be an incredibly empowering exercise for the girls, as it gives them a chance to reflect on the strong, powerful women in their lives—something they probably do not do very often.

As an Introduction to the Topic of HIV/AIDS

This technique can also be an effective introduction to the “Impact of AIDS.” In the beginning of the session, discuss the fact that many of us have been personally affected by HIV/AIDS. We all have our own personal stories to share about HIV/AIDS and the impact it has had on our lives. Stress that we are not talking about the life of the nation or any other part of the community, but on the *personal* lives of each and every one of us in this room. Perhaps we know someone who has died; perhaps we are infected ourselves; maybe we are taking care of orphans in our home;

perhaps we have changed our behavior due to the threat of HIV/AIDS; perhaps it has been the focus of our work. In some way, each of us has had some personal exposure to this disease.

Participants should take some time to think about how HIV/AIDS has affected them *personally*. Proceed with the rest of the exercise using the same technique outlined above. When processing, use the personal stories to make connections to the wider impact that HIV/AIDS has had on the individual, the community, and the entire nation.

The “Exchanging Stories” technique was modeled at the Peace Corps/Malawi “Community Content Based Instruction” workshop held in Lilongwe, Malawi, in July 1997.



DECISION-MAKING SKILLS SESSIONS

Session 4: YOUR LIFE STORY

Overview

This is another exercise to prompt participants to think about their futures. By imagining a satisfying and happy future, participants are encouraged to avoid any behaviors that might take them away from the path toward their vision.

Time

1 hour, 30 minutes

Objectives

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

1. Identify factors that might have some impact on their future plans.
2. Describe possibilities for their lives over the coming years.
3. Describe the impact HIV/AIDS might have on their futures.

Materials

None

Delivery

I. Visualizing the Future (45 minutes)

Remind the group of the importance of visualizing their future goals and using these hopes and dreams to avoid risk behavior. Suggest that a clear idea of one's dreams can help to build a satisfying future. Invite the participants to listen as you read the story:

Anna Shapes Her Future

When Anna was born, the stars seemed to shine more brightly than ever before. She had such intelligence, sensitivity, and beauty that surely her life would be charmed.

At 13 years old, Anna went to a good secondary school. Her parents felt she should be given the best possible education to prepare her for the rest of her life. Anna shone at everything. She was so kind and so loved by all of her friends that no one could feel jealous of her success.

At 19 years old, when Anna had just completed her second year at university studying to be an engineer, she met a boyfriend.

He was a lovable person with a very happy nature. Time spent with him was always wonderful although he never seemed very serious about his work.

In pairs, have the participants talk about Anna's options and then complete her story. Did her life fulfill her and her family's expectations or was this just a dream story? Did she keep control of her life? Encourage the pairs to be creative.

After the pairs finish, have them present their story endings to the group. Discuss all of the different possible endings. Does HIV/AIDS come up as a possible ending? Unexpected pregnancy? Discuss how Anna's bright future might be affected by such problems. How would her "life story" change because of decisions she might make?

II. Our Own Life Stories (45 minutes)

Trainer note: Guided visualization can be a very powerful technique. Be sure you are comfortable helping anyone in the group who may envision upsetting things and begin to cry. If you are not, ask someone with more experience to assist you with this session.

Now let us think about our own futures, our own life stories. Ask participants to close their eyes, sit back and relax, and imagine their lives next year.

Who will you be living with? Who will your friends be? Will you have a special friend of the opposite sex?

What will you do in your spare time? Will you smoke, drink, or take drugs? How might AIDS enter your life at this time? Will you know anyone who is HIV positive or has AIDS?

Next imagine yourself in five years' time. (Ask some of the same questions from above.)



Now think about your life in your late 20s. Will you be married? What work will you be doing? How might AIDS enter your life at this time?

Finally, imagine that you have your own children ages 13 or 14. What kind of lifestyle would you wish for them? What fears will you have for them? How might HIV/AIDS affect their lives?

Think about what decisions you might make along the way to change your future.

Ask participants to open their eyes and just relax for a few minutes. Then ask them to reflect on what they just envisioned—on the stages of their lives. (Don't ask them to report out.)

Give the group a writing assignment, either in their journals or just on paper. They should write their own “life story” imagining their futures while keeping in mind the questions they were thinking about during this session. They can either keep this story to themselves or share it—whatever they choose. The important thing is for them to go through the process of imagining their lives and the possible successes or obstacles they might encounter along the way.

Evaluation

If the participants agree, you may collect the life stories and read them to evaluate each participant's individual internalization of the sessions, or you may wish to invite interested participants to share their stories with the larger group.

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DECISION-MAKING SKILLS SESSIONS**Session 5:****YOUR GOALS****Overview**

It is recommended that this session follow **Your Life Story** (Session 4 in Part V). This is intended to help participants begin to create an action plan for their goals. Participants are guided through a process of mapping out the steps to achieve their goals and encouraged to begin to incorporate this process into their future planning.

Time 

1 hour

Objectives

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

1. Define short-term and long-term goals.
2. Identify an action plan for goal setting.
3. List short-term and long-term goals and strategize fulfillment of those goals.

Materials 

Flip chart or board

Markers or chalk

Handout: *What Are My Goals?—Goals Worksheet***Delivery** **I. Planning for Our Goals (30 minutes)**

Spend a few minutes reviewing the previous sessions regarding visualizing the future and life stories. Suggest to the group that our goals are more likely to be achieved



if we plan for them and follow that plan to completion. This session provides one kind of action plan participants might wish to use in mapping out their future goals.

Discuss and record the meanings of “short-term goal” and “long-term goal” on the flip chart or board. Some suggestions include:

Short-term goal:

A project that can be completed within six months. Examples include: “I am going to clean the house today”; or, “I am going to pass my exams in two months”; or “I am going to knit some table coverings to sell at the market.”

Long-term goal:

A project that can be completed in a year or more. Examples include: “I am going to go to University to become a doctor”; or, “I am going to have three children who will go to good schools.”

Next, distribute copies of the *Goals Worksheet* to each participant. Ask that they not fill them in at this point. We will review them together briefly.

Using a sample goal to guide you, go through each section of the worksheet, explain the heading, and provide examples.

1. **Identify your goals.** Write one short-term and one long-term goal. Suggest “Pass my exams” as an example of a short-term goal. What about a long-term goal?
2. What are some of the **good things that I will get if I reach my goal?** In our example, “I will be able to proceed to the next grade and may then have a chance at a University scholarship.”
3. **What stands between me and my goal?** “If I do not like to study or do not study enough, this could be an obstacle to passing my exams.” Similarly, “If I am required to work too long in the fields (or at my job) that I do not have time to study, this may keep me from reaching my goal.”
4. **What do I need to learn or do?** “I need to learn my math and English in order to do well on the exam. I also need to register for the exam with the school.”
5. **Who will encourage me?** “I know that my mother and my teacher really want me to do well, so I will ask them to check in with me to make sure I am studying and achieving some success.”
6. **What is my plan of action?** “First, I will create a study schedule for myself. Then I will register for the exam with the school. Then I will begin to study three hours each day until the exam.”
7. **Completion Date.** When will I be finished with this goal? “The exams are being held in three months, so I will be finished on _____. ” (Write in the date of the exams in this area.)

Review the steps until it seems clear that the participants understand the use of the *Goals Worksheet*.

II. Completing Our Goals Worksheet (25 minutes)

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

Evaluation (5 minutes)

Invite the participants to share their goal plans with a partner. Later observation of these plans and successful completion of the steps will help you to evaluate the participants' understanding of the session.



PARTICIPANT HANDOUT
PAGE 1 OF 1**WHAT ARE MY GOALS?—GOALS WORKSHEET**

| Short-Term Goal | Long-Term Goal |
|--|--|
| | |
| Benefits in Reaching My Goal | Benefits in Reaching My Goal |
| | |
| What might stand in my way? | What might stand in my way? |
| | |
| What do I need to learn or do? | What do I need to learn or do? |
| | |
| Who will encourage me? | Who will encourage me? |
| | |
| Plans of action—Steps I will take | Plans of action—Steps I will take |
| | |
| Completion Date | Completion Date |
| | |

DECISION-MAKING SKILLS SESSIONS**Session 6:
EARLY PREGNANCY****Overview**

One of the most important things for young people to internalize is an understanding of the consequences of their actions. As part of the motivation portion of your Life Skills sessions, you may wish to spend some time discussing the consequences of becoming pregnant when you are not yet ready. This session provides an introduction to that topic.

Time 

1 hour, 30 minutes

Objectives

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

1. List the consequences of early pregnancy to the mother of the baby.
2. List the consequences of early pregnancy to the father of the baby.
3. List the consequences of early pregnancy to the baby, to the family, and to the community.

Materials 

Flip chart or paper

Markers or pens

Flip charts:

1. *What are the consequences of early pregnancy for the mother of the baby?*
2. *What are the consequences of early pregnancy for the father of the baby?*
3. *What are the consequences of early pregnancy for the baby?*



4. *What are the consequences of early pregnancy to the families of the couple?*
5. *What are the consequences of early pregnancy to the community?*

Delivery

Divide the participants into five groups. Distribute one flip chart to each group and have them brainstorm answers to the question on their sheet.

Each group will then present its ideas to the larger group in turn. Process the ideas with the entire group. You may wish to begin to discuss some of the causes of early pregnancy, but that topic will be covered (or has been) covered at length in the **Bridge Model**.

Variations

Where a Video Machine is Available

For those working in Africa: An excellent film that highlights many of the issues involved in early pregnancy is called “*Consequences*,” filmed in Zimbabwe. Copies are available in AIDS resource centers or by contacting the National AIDS Control Programme, Ministry of Health, P.O. Box 8204, Causeway, Harare, Zimbabwe, or Media for Development Trust, 19 Van Praagh, Milton Park, Harare, Zimbabwe <MDS@samara.co.zw>.

The film adeptly summarizes the issues involved in early pregnancy from the perspectives of all parties involved. Allow the film to spark a good discussion about this topic. You might find that the participants refer back to the film and its characters throughout your sessions.

For those in other parts of the world: Explore any local videos that highlight the consequences of unwanted pregnancy.

DECISION-MAKING SKILLS SESSIONS**Session 7:****ALCOHOL AND DRUG USE****Overview**

One of the risk behaviors that many young people fall into is the use of alcohol or drugs. This session will take a closer look at the causes and consequences of alcohol and drug use.

Time

1 hour, 30 minutes

Objectives

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

1. List some of the reasons that young people use alcohol or drugs.
2. List some consequences of alcohol or drug use.
3. Identify some new facts about use of alcohol.

Materials

Props for the role play

Markers or chalk

Handout: *The Role Play: Ricardo's Story*

Flip chart: *Some Facts about Alcohol*

Some Facts about Alcohol

- People are starting to drink alcohol at younger ages than ever before.
- Young people are also drinking more heavily.
- Many young people who are injured or killed in traffic accidents have alcohol in their blood.

- Because young people have a higher proportion of body water and lower proportions of fat and muscle than adults, they tend to be more affected by alcohol—and become dependent on alcohol—more quickly than adults.
- In many countries, young people who drink alcohol go on to try illegal drugs.
- Alcohol can seriously damage the liver and cause many other health complications.
- Alcohol actually destroys brain cells.
- Alcohol affects judgment. Under the influence, one may be tempted to experiment with sex, which he or she might not do if sober.

Preparation



Prepare and rehearse the role play before the session with peer educators or volunteers from the group.

Delivery



I. Role Play (30 minutes)

Remind the participants of the risk behaviors that young people are likely to fall into if they fail to “build the bridge” by learning and using good life skills. Some of the risk behaviors are drinking alcohol or using drugs. Drinking and smoking are dangerous activities in themselves. They are even more serious when we think about the poor decisions we may make while under the influence of alcohol or drugs—everything from starting a fight to having unprotected sex, which could lead to unwanted pregnancy or infection with an STD such as HIV.

Ask the participants if there is any drinking or smoking going on in their schools or communities. Are many young people currently drinking or smoking? Invite them to consider some of the consequences of this behavior while watching the role play.

Have the volunteers perform the role play.

II. Reasons and Consequences (45 minutes)

Discuss the role play and some of the reasons that Maurice gave for his actions. Does this sound like a common situation? What are some of the reasons that young people in your school or community start drinking and smoking? Brainstorm a list of ideas with the group and write these ideas on a flip chart or on the board.

Some possibilities may be:

- Boredom
- Loneliness

- Poverty or feelings of hopelessness
- Worry
- Parents drinking
- Failure to do well in school
- Personal happiness (“It’s fun!”)
- Trying to forget problems
- Excuses (“Even doctors and teachers drink!”)
- Trying to act grown up
- Peer pressure

Next, brainstorm the possible consequences or effects of alcohol and drug use. Make a list on the flip chart. These consequences might include:

- Poor decision-making
- Bad health
- Failure in school
- Trouble with the police
- Problems in the family
- Stealing
- Having sex
- Getting pregnant
- Getting an STD or HIV

Reveal the *Some Facts about Alcohol* flip chart and go through each point with the group. Can the participants add any others?

Evaluation (15 minutes)

Go around the room and have each participant list a different cause and effect of alcohol or drug use, citing especially any fact that was new to them. Try not to have any duplicates, so you can assess participants’ understanding of the session.

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PARTICIPANT HANDOUT
PAGE 1 OF 1

THE ROLE PLAY: RICARDO'S STORY

Ricardo, a 15-year-old boy, has been arrested for breaking into a house and stealing a television. He was drinking and smoking with a gang of friends and they decided they needed more money for their alcohol and drugs. They hatched a scheme to rob a house and sell the television to get more money for their drinks and drugs. The police came after the boys, but they caught only Ricardo.

Have one character play a famous reporter on the radio. This character will interview Ricardo, the 15-year-old boy arrested for housebreaking. The reporter should create a microphone out of some paper or other prop and interview Ricardo about the story behind his arrest. Ricardo will answer the questions. Let the actors use their creativity and their own knowledge of the reasons behind this behavior in their community to answer the questions:

- “Ricardo, you are such a young man and now you will probably go to jail. Why did you break into the house in the first place?”
- “Why did you start drinking and smoking?”
- “How did the alcohol and drugs make you feel?”
- “Where did you buy the alcohol and drugs?”
- “Where did you get the money for it?” and so on.

Trainer Note: Change the name and circumstances of this story to reflect your local situation.

DECISION-MAKING SKILLS SESSIONS**Session 8:****RISK BEHAVIOR—TESTING THE WATERS****Overview**

In this session participants take a look at their most common way of behaving in a situation and whether that behavior might lead to risk. Since this activity will focus largely on risk for HIV infection, it may be useful to do it after you have done basic sessions in “Part III: Facing Facts about HIV/AIDS and STDs” with the group.

Time

1 hour, 30 minutes, to 2 hours

Objectives

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

1. Identify “no risk,” “low risk,” and “high risk” activities as they relate to HIV transmission.
2. Identify their own levels of risk for HIV infection.

Materials

Flip chart or board

Markers or chalk

Signs: “*Plunger*,” “*Wader*,” “*Tester*,” “*Delayer*” (pictures make them more lively)

Flip chart: *Activities*

Activities

1. Using toilets in a public washroom
2. Touching or comforting someone living with HIV/AIDS
3. Having sex without a condom



4. Dry kissing
5. Having sex using the same condom more than once
6. Swimming with an HIV-infected person
7. Sharing needles for drugs, ear piercing, or tattooing
8. Abstaining from sexual intercourse
9. Going to school with an HIV-infected person
10. Cutting the skin with a knife used by others
11. Being bitten by a mosquito
12. Giving blood
13. Having sex using a condom properly
14. Eating food prepared by an HIV-infected person
15. Body to body rubbing with clothes on
16. Having sex with a condom and the condom breaks
17. Back rub or massage
18. Riding on the bus with an HIV-infected person
19. Cleaning up spilled HIV-infected blood without wearing gloves
20. Wet (deep) kissing
21. Touching or comforting someone living with AIDS
22. Receiving a blood transfusion
23. Getting an injection at a private clinic that cleans its needles with water

Trainer note: Edit this flip chart so that there are only as many activities listed as there are participants in the session. Remember to adapt the activities to those common in your community.

Delivery

I. Testing the Waters (Up to 30 minutes)

Explain to participants that when trying to “build the bridge” to a positive, healthy life, it is important to understand our own personal styles and our risky behaviors. Only by assessing our own personal risk can we know how many “planks” we will need to put in our bridge and which particular life skills we will want to focus on for ourselves.

Ask participants this question: ‘If you went to a lake, and you really wanted to get cool in the water, what is the most likely way for you to get into the water?’

Would you:

- Just run towards the lake and dive in? (Plunger)
- Walk in slowly, wetting your body bit by bit and getting used to the temperature? (Wader)
- Dip your toes in the water, then decide if you will go in? (Tester)
- Stand on the beach looking at the view and surroundings, and consider what you will do next? (Delay)

(You might act out these actions as you are saying them, to help people laugh a bit! Don’t use the description word, however.)

Point to the four different corners of the training area, repeating one action described above for each. Ask participants to move to a corner depending on the action that best describes their approach to getting into the water.

Once everyone in the group has moved to a corner, give each type of response a title—plungers, waders, testers, and delayers. Have the group put their title on the wall. Ask participants the good and bad things about each of these types of behavior. Explore with the group how this exercise might translate into real life situations. How does it relate to risk for pregnancy, STDs, or even HIV/AIDS? Discuss this connection thoroughly.

Have the participants sit down. Now ask participants to consider whether the type of behavior they chose is their most common way of behaving. Is this their “style” of behavior? What implications might that style have in terms of being at risk for pregnancy, STDs, and HIV/AIDS?

II. Assessing Risk (Approximately 1 hour)

In attempting to change our behavior, it is very important to be aware of our own risky behavior and the reasons for these risk activities. We will now do a personal exercise to help determine our levels of risk for HIV infection.

Post the flip chart, and give the participants a few moments to go through the list and note on paper the activities that they are now engaged in and the activities that they have done in the past. Urge them to be completely honest when answering. Their answers will not be collected—they will be seen only by themselves.

Next, explain to the group that some activities have no risk at all, others have low risk, and still others are high risk activities. Review the ways that HIV/AIDS is transmitted and go over your definitions for the levels of risk activity. Make sure that everyone understands these levels of risk before proceeding:



No Risk

No risk of getting HIV/AIDS—There is no receipt of blood, semen, vaginal fluids, or maternal body fluids.

Low Risk

Low risk of getting HIV/AIDS—There is a slight possibility of exchange of blood, semen, vaginal fluid, or maternal fluids.

High Risk

High risk of getting HIV/AIDS—There is a strong possibility of exchange of blood, semen, vaginal fluid, or maternal fluids.

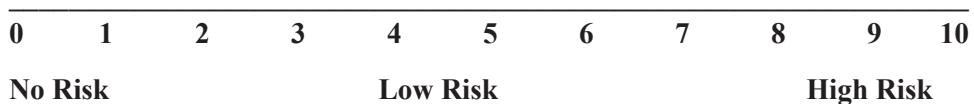
Trainer note: To assist in discussing these questions, you may wish to refer back to **How HIV is Transmitted** (Session 3 in Part III) to review the ways in which HIV is transmitted.

Next, assign a number to each of your participants (must be equal to the number of activities). Just have them count off from one to the last number. When you say, “Go!” all participants will come up to the flip chart or board and write the level of risk next to the statement with their number. For example, if my number is “5,” I would write “High Risk.” If my number is “17,” I would write “No Risk.” Remind the participants that they are not to write anything personal, such as whether or not they checked this risk behavior. They are simply writing whether the behavior is No Risk, Low Risk, or High Risk.

After everyone has finished, go over each statement with the entire group. Reach an agreement on the levels of risk, changing any of the answers that are incorrect. There may be a great deal of debate on some of the activities. Use this exercise to launch a full discussion of risk activities and the different levels of risk.

III. Assessing Our Own Risk (15 minutes)

Ask the participants to take a look at the statements that they noted on their own lists that they currently do or have done in the past. Are any of them high risk activities? Are they currently engaging in high or low risk activities that might put them in danger of HIV or STD infection? If they had to mark themselves on the scale below (write it on the board), where would they be placed in terms of their level of risk for HIV infection?



Trainer note: Because this issue may raise many fears for people, you may wish to:

1. Follow this session with a discussion of HIV testing possibilities in the area.
2. Suggest that anyone with further questions or concerns should feel free to talk with you after the session or at any time.
3. If people do not feel comfortable talking with you about this matter, and if you are working with peer educators, suggest that they speak with a peer educator for more information about these issues.

Evaluation

You will be able to evaluate the group's knowledge about HIV transmission based on their responses to this exercise. Be sure to make note of any incorrect responses for further reinforcement in another session.

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“Testing the Waters Activity” adapted and reprinted with permission of Alice Welbourn and ACTION-AID from *Stepping Stones: A Training Package on HIV/AIDS, Communication and Relationship Skills*, pp. 134–135. © Alice Welbourn and G & A Williams 1995



DECISION-MAKING SKILLS SESSIONS

Session 9: DELAYING SEX

Overview

When discussing peer pressure, assertiveness, and responding to persuasion, groups frequently discuss ways to say “no” to sex. It is useful to spend some time discussing the reasons to delay sex. If they do not truly understand *why* to say “no,” the process of behavior change has not really begun.

Time

2 hours

Objectives

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

1. List reasons to delay sexual activity.
2. Identify strategies to help in delaying sex.

Materials

Flip charts or board

Markers or chalk

Handouts: *The Role Play* and *Delaying Sex Scenario Cards* (each numbered scenario is a separate card)

Preparation

Prepare the role play with peer educators or volunteers before the session. Create one scenario card for each group of about five in the class.

Delivery

I. Delaying Sex Role Play (15 minutes)

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

Have your volunteer actors perform the role play.

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

II. Reasons to Delay Sex (40 minutes)

After the role play ends, use leading questions to explore the situation with the group. Make two lists: “Reasons for Saying Yes” and “Reasons for Saying No.” What are some reasons to have sex in this situation? What are some reasons to delay sex in this situation? Lists may look something like this:

Reasons for Saying Yes

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

Reasons for Saying No

- Fear of pregnancy
- Fear of an STD
- Family expectations (not to have sex)
- Friendship (to allow it to grow)
- Other forms of affection possible
- Religious values (don’t approve of sex before marriage)
- Not ready (perhaps too young)
- Not with the right person



Go through the “Reasons to Say Yes” list. What are the good reasons? Less convincing ones? What might be the consequences of each situation? What should Edward and Maria do? What reasons might be the strongest or most important for them?

Now, focus your attention on the “Reasons to Say No” list and attempt to expand on it with the group. List any additional reasons to delay sex that the group suggests. Strive to come up with a working list that you and your group will agree on as good reasons to delay sex. For example:

Top 10 Reasons to Delay Sex

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

III. Help for Delaying Sex (1 hour)

Once your group has come up with good reasons to delay sex, spend some time discussing the fact that sometimes delaying sex can be difficult, especially if both partners love each other and truly want to be more intimate and physical. It may be helpful to come up with some strategies to make delaying sexual activity easier.

Split participants into three small groups of about five members (more if the group is large). Give each group a different situation card. Ask the groups to read their situation card and come up with some suggestions to help the two people to delay sex. What are some ways for them to avoid sexual situations? What will make it easier for them to delay sex?

After the groups have finished working on their suggestions, have each group present the scenario and their list of ideas on how to delay sex to the larger group. Discuss these strategies together and come up with a list that the whole group agrees on. (It may be a good idea to post a copy of this list in the area where you usually meet.)

Help for Delaying Sex (suggested items)

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

The final suggestion on this list may raise a number of questions or a great deal of interest. If the group wants to talk about different ways to show affection other than sex, take this opportunity to explore what the group believes to be other options. Spend time creating such a list and analyzing the suggestions for possible risk activity. This may lead you to further discussions about alternatives to sex, as well as risk behavior and the different levels of risk.

Evaluation (5 minutes)

As a wrap-up to the session, invite participants to name one strategy that they will use to delay sexual activity.

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PARTICIPANT HANDOUT

THE ROLE PLAY

Edward is 17 years old and helps his uncle in his shop. His parents are hard working and hold traditional values. They believe that young people should not have sex before marriage. Edward is quite shy but would like to have sex because most of his friends say that it is great.

Maria is 14 but appears and acts older. Her sister became pregnant when she was 15 and her parents were very upset. Maria hasn't known Edward very long. She has just finished three classes on AIDS and really does not want to get HIV. She is afraid, however, that she might lose Edward if she refuses to have sex with him.

PARTICIPANT CARDS
(EACH NUMBERED SCENARIO IS A SEPARATE CARD)

DELAYING SEX SCENARIO CARDS

1. Ja'o and Miriama have been seeing each other for six months now. They have not had sex yet but find it difficult to control their sexual feelings for each other. Miriama has promised herself not to have sex until she is older, and so far Ja'o has respected that wish. Miriama has been thinking about how much she likes Ja'o. One of their friends, who lives on his own, is going to have a party, and they are invited. Ja'o says he will bring some beer and that maybe they could stay all night. Miriama thinks about her promise to herself but also thinks it would be great fun to be alone with Ja'o.

2. Manolo and Mariela are very serious about their relationship and would like to get married in a few years. Mariela has invited Manolo over to her house for the afternoon. Manolo knows that Mariela's parents will not get back until evening. This could be a good time for sex for the first time. Manolo has been learning about pregnancy, HIV/AIDS, and STDs, and he is not sure he wants to have sex yet. However, he feels Mariela would like to have sex and will probably tease him or tell her girlfriends if he doesn't.

3. Eva met a young man, John, at school. She was attracted to him because he is good looking and a good athlete. He said hello to her after school and gave her a small, beautiful present—for future friendship, he said. He invited her to go for a walk to the river. Eva is attracted to him but feels uncomfortable about the situation. However, she must give him an answer soon.

Trainer Note: Remember to change the names and adapt the situations to make them appropriate to your community.



PART VI: RELATIONSHIP SKILLS



Part VI

RELATIONSHIP SKILLS SESSIONS

Session 1:

THE BEST RESPONSE GAME

Overview

Communicating effectively and thinking critically are important components to managing a good relationship. The **Best Response Game** has proven an effective tool to help participants practice thinking and communicating under a pressure situation—very much like the pressure they may experience in a sexual encounter. This game provides a lively forum to practice the skills young people will need to delay sex.

Time



1 hour, 30 minutes

Objectives

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

1. Identify typical “lines” people use to pressure others for sex.
2. Strategize appropriate responses to those “lines.”
3. List effective responses to common “pressure lines.”

Materials



Small slips of blank paper

A watch or clock with a second hand

Flip chart or board for scoring

Markers or chalk

List of “pressure lines” (for facilitator use only):

1. “Everybody is doing it.”
2. “If you truly love me, you will have sex with me.”



3. "I know you want to—you're just afraid."
4. "Don't you trust me? Do you think I have AIDS?"
5. "Girls need to have sex. If not, they develop rashes."
6. "We had sex once before, so what's the problem now?"
7. "But I have to have it!"
8. "If you don't have sex with me, I won't see you anymore."
9. "Girls need to have sex. Boys give them vitamins (to make their breasts grow)."
10. "If you don't, someone else will!"
11. "Practice makes perfect."
12. "You can't get pregnant if you have sex only one time!"
13. "You don't think I have a disease, do you?"
14. "But I love you. Don't you love me?"
15. "Nothing will go wrong. Don't worry."
16. "But we're going to be married anyway. Why not just this once?"
17. "Aren't you curious?"

Preparation

Arrange the room into three or more areas for teams and judges to sit. (The number of areas will depend on the size of the group. Try to keep teams at five people or less.)

Delivery

I. The Best Response Game (1 hour, 10 minutes)

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

Divide into small groups. Ask for a few volunteers to serve as the team of judges. Ask the teams to create names for themselves and write the name of each team on the scoreboard (flip chart or board).

Spend a few moments referring to the *Bridge Model* flip chart and discussing the idea of peer pressure, which is one of the most difficult issues for young people to overcome. When peer pressure comes from a boyfriend or girlfriend in a relationship, it can be even more difficult to resist.

Explain that you have collected a list of different “pressure lines” that a person might try to use to get his or her partner to have sex.

Here is how the game works:

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

II. Processing the “Pressure Lines” (15 minutes)

Spend a few moments after the game to process the exercise. Draw from the group some of the ways this game is helpful:

1. It helps young people hear the common “lines” people use when they want to have sex. Often, young people may not recognize these as “lines”—they may think they are the only ones to ever hear or use these ideas. Hearing these “lines” in this game context may bring them to mind when the real situation happens and makes it much clearer that they are *common* “lines” used often to pressure.
2. The many different ideas mentioned by individuals on the team and by the teams as a whole offer a variety of different responses that a person can use when in an actual situation. Also, the process of exploring these responses with a group can make a young person feel very supported when actually saying “no” to sex.



3. It is helpful to think about these “lines” before being in a pressured or passionate situation, so that good answers will be ready without too much prior thought.

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

Evaluation (5 minutes)

Quickly go around the room and ask each participant to state the response that he or she would most likely use in a pressure situation.

Variations

Negotiating Condom Use

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

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

The “Best Response Game” was modeled at the Peace Corps/Malawi workshop “Promoting Sexual Health,” held in Lilongwe, Malawi, in July 1996.

RELATIONSHIP SKILLS SESSIONS

Session 2: OH! HENRY! AND MANAGING EMOTIONS GALLERY WALK

Overview

An important component to resisting peer pressure, acting assertively, and making healthy decisions is being able to control one's emotions. This session provides an overview on ways to control the consequences of one's feelings.

Time

1 hour, 30 minutes

Objectives

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

1. List a number of emotions that may have an influence on the development of life skills.
2. Identify strategies to effectively manage emotions.

Materials

Flip charts or board

Markers or pens

Tape

Flip charts—about eight with the following phrase written on them:

"How do you manage your _____."



Preparation



Clear the walls all around the room for hanging flip charts.

Delivery

I. Oh! Henry! (20 minutes)

Referring to the *Bridge Model* flip chart, facilitate a discussion on the link between managing one's feelings and avoiding risk behavior.

Introduce the idea of emotions with a quick exercise, “Oh! Henry!” Invite the participants to stand in a circle. Remind the group that there are many ways that we can communicate—even with our bodies and our tone of voice. Refer back to the communication skills sessions to remind participants of this link of emotions and communication. Explain that this activity will illustrate how different uses of our voices and bodies can communicate many different things to people.

Show how you can say the phrase “Oh! Henry!” with many different emotions—with anger, with joy, with fear, with laughter. Going around the circle, each participant will say the phrase “Oh! Henry!” using different body language, tones of voice, and facial expressions to communicate different emotions. This exercise can be very lively. Have fun with it!

After everyone has participated once or twice, list on a flip chart or on the board the different emotions that were expressed in the exercise. Some of the emotions mentioned might be as follows:

| | | | |
|----------|----------------|------------|----------|
| sadness | anger | fear | grief |
| anxiety | joy | love | passion |
| pain | confusion | depression | rage |
| jealousy | annoyance | misery | regret |
| guilt | disappointment | happiness | laughter |

II. Managing Emotions Gallery Walk (1 hour)

Spend a few moments discussing how some of the emotions listed might translate into risky behavior.

Some of these emotions, such as joy or happiness, may be better to express openly than others. Which emotions does this culture teach us to control or manage? Place a check next to those emotions that are considered culturally inappropriate to show as adults. How can learning to manage emotions help to reduce risk behavior?

It is not easy to learn to “manage” extremely strong emotions such as anger, passion, sexual feelings, or jealousy, but it is very important that we develop strategies to do so. Many of us already have strategies that we use to manage our emotions. If

you are feeling very angry and want to hit someone, what do you do to control this feeling? If you are feeling sexual and want to be with someone, what can you do? We will now take a few moments to share techniques for managing our emotions.

Fill in the blanks left on the flip charts with the emotions participants indicate need to be “managed.” Then place them around the room (taped to the wall—or if that is not possible—on tables or benches). You will have different flip charts all over the room that read like these examples:

“How do you manage your anger?”

“How do you manage your grief?”

“How do you manage your sexual feelings or passion?”

Only use those emotions that the group chose as important to learn to manage.

For about 15 or 20 minutes, all participants should move throughout the room and write on the flip charts what their strategies are for managing the emotions listed. An example of one of the completed flip charts might be:

How Do I Manage My Anger?

- Count to 10.
- Walk away and come back to the situation later.
- Stop and analyze why I am really angry.
- Think about the situation from the perspective of the other person.
- Pray or meditate.
- Think of a funny story.
- Try to communicate and resolve the situation peacefully.

After all ideas have been exhausted, the participants should take a “gallery walk” of the flip charts—walking to and reading each of them in turn, learning the perspectives offered on managing emotions. After the gallery walk, have all participants sit down and process the exercise. What were some of the best ideas? Were any ideas unrealistic? Do any of them take practice?

Evaluation (10 minutes)

At the end of the session, ask participants to stand and state the emotion that they are most committed to learning to control, along with two to three strategies that they will attempt to use to control those feelings.

The “Oh! Henry!” exercise was adapted and reprinted with permission of Alice Welbourn and ACTIONAID from *Stepping Stones: A Training Package on HIV/AIDS, Communication and Relationship Skills*, pp. 118–119. © Alice Welbourn and G & A Williams 1995



RELATIONSHIP SKILLS SESSIONS

Session 3: PEER PRESSURE ROLE PLAYS

Overview

The idea behind **Peer Pressure Role Plays** is to create situations that a young person might actually face and allow the group to process the best way to handle these situations. When creating your role play scenarios, it is best for you to explore with your community the most common risk situations a young person might face in your area. Develop the role plays from these situations.

Time

Approximately 2 hours (but can be longer or shorter depending on the size of the group and the number of role plays chosen)

Objectives

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

1. Describe common situations faced by young people.
2. List several strategies for dealing with peer pressure.
3. Identify the strategies they are most comfortable with.

Materials

Various props for the role plays such as empty bottles, radios with tape players, cloth or clothes, and others.

Handout: *Peer Pressure Scenarios* (each numbered statement is a separate card)

Delivery

I. Introduction (15 minutes)

Introduce the topic by referring to the **Bridge Model** (Session 1 in Part I), to the **Best Response Game** (Session 1 in Part VI), or to the **Responding to Persuasion** (Sessions 5 and 6 in Part IV) sessions. You may wish to highlight peer pressure as one of the most powerful issues in the life of anyone, especially a young person. It is important to think about and practice approaches to peer pressure when attempting to develop the skills necessary to lead a healthy, positive life.

II. Role Plays (1 hour, 30 minutes)

Divide the group into small groups and give each a role play card. The groups should meet and talk about the peer pressure situation and come up with a *realistic* reaction or response for the problem. The group should then create a role play showing the situation and how the young person resists peer pressure. After each role play, process the situation and responses with the entire group. Was it realistic? Would the resistance demonstrated actually work in the situation? Is this a common situation in our communities? And so on.

Trainer note: Emphasize that the solution should be *realistic*. Often, when adults do this activity, the solutions seem to be easy—the character “just says no” or preaches the right way to live and everyone accepts it. When young people do the role play, it is seldom that simple. The reason peer pressure is so powerful is that young people want to “fit in.” They care what other people their own age feel and think about them. The exercise is most valuable if the small groups develop some realistic strategies to help themselves out of these situations without making them “lose face” or become ostracized by their friends. When doing this exercise with young people in your community, note the strategies that they use, as these may be the most effective ones available to them.

Evaluation (15 minutes)

Before the end of the session, you may wish to go around the room and ask the participants to state one specific strategy that they would be comfortable using. This may help you to gauge how likely it is for participants to use these strategies for their own situations.



PARTICIPANT HANDOUT

(EACH NUMBERED STATEMENT IS A SEPARATE CARD)

PEER PRESSURE SCENARIOS

1. A boyfriend and his girlfriend are together. They have been dating for two years, and they plan to be married in one month. Up to now, they have avoided having sex. But today, the boyfriend really starts pressuring the girlfriend for sex. He says that, since they will be married soon, they should “practice.” He also uses other lines to try to convince her. Perform a role play showing this situation and how the girlfriend can respond to this peer pressure.
 2. A group of secondary school students are at a dance. They are dancing and having a really good time together. One of the students takes out some alcohol from under his or her jacket. He or she starts drinking and tries to get the others to drink, too. He or she says that there is more to drink outside and tries to pressure others to join him or her in drinking. Some of the students agree. Show how the other(s) could handle this pressure situation.
 3. Some friends are chatting outside. One of their friends comes up to them and joins them. After a few minutes, this person takes out some marijuana and lights it up. He or she asks the others to join him or her. They all resist for awhile, but then some of the group also smoke. One refuses to smoke. Now, the group pressures this person to join them. Show what the person should do to resist this peer pressure.
 4. A group of friends are hanging out near the market. They are talking about how bored they are. They really wish they had something to do. One of them suggests that they go to the grocery store and steal some chocolate. Some of the friends agree—excited to do something on this boring day! As the group walks to the store, one of them is really afraid and does not want to participate in stealing from the store. Create a role play showing what this person might do to resist the peer pressure.
 5. A group of young men are talking about women at the secondary school. Most of them say they have had sex, and they are teasing one about the fact that he has not. Create a role play showing how this boy could handle this situation assertively.

RELATIONSHIP SKILLS SESSIONS**Session 4:****WHAT IS LOVE?****Overview**

It can be helpful to spend some time in Life Skills sessions talking about the whole idea of love and relationships. Questions like, “What is love?” and “What qualities would I look for in a partner or husband or wife?” can help a young person to visualize what they want, so they can avoid unhealthy relationships.

Time 

1 hour, 30 minutes

Objectives

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

1. Define the term “love.”
2. Describe the differences between love for a family member, a friend, or a partner.
3. List the qualities they expect from family, friends, and a partner.
4. List their own responsibilities in love relationships with family, friends, and partners.

Materials

Paper and pens

Delivery **I. Introduction (10 minutes)**

You might introduce the topic by referring to some of the sessions on goals, hopes, and dreams. Many have the dream that they will find a good partner with which to share their lives. We will be exploring these hopes in this session.



Ask participants to give you a word or words that mean “love.” Is everyone agreed upon these words or expressions? Do these words or expressions apply to the love someone has for their partner alone, or can they be used to describe feelings between brother and sister, and so forth? If other words or expressions are used to describe relationships, other than for a partner alone, ask everyone to agree on those, also.

II. Love Between Friends or Family Members (20 minutes)

Ask everyone to divide into pairs. (You may find that single-sex pairs will work best for this exercise.)

Ask each pair to describe to each other three qualities that they show to a close brother, or sister, or friend whom they particularly love; and then three qualities that they expect from the same brother, sister, or friend who loves them.

Call everyone back to the larger group and ask participants to share their thoughts and ideas. If there is general agreement, move on. If not, encourage participants to discuss the different views further in the large group.

III. Love Between Partners [Husbands and Wives or Boyfriends and Girlfriends] (25 minutes)

Next, ask each pair to take turns describing to each other three qualities which they would show to a partner whom they love; and three qualities which they expect from a partner who loves them.

Again, call everyone back to the full circle. Ask them to share their ideas. If there are some clear differences in the qualities of love described between partners and those described for sisters, brothers, or friends, point these out to participants. Ask them to define these differences more clearly. Encourage them to try to explain why these differences exist.

In this culture, does love equal sex? Does love equal marriage? If love does not equal marriage, what, at least, are the minimum levels of respect which they think each member of the couple should show each other?

IV. Qualities I Want in a “Love” or “Romantic” Relationship (25 minutes)

Lastly, have the pairs meet once again. This time, they should each list five qualities that they would look for in a relationship. What would their ideal partner be like? Encourage them to list exactly what they would most want in a boyfriend or girlfriend or in a husband or wife.

In the larger group, ask the participants to share their ideas about the qualities of an ideal relationship.

It can be helpful at the end for you to ask:

1. Are any of the members of the group currently in a relationship? Do these partners meet all of the qualities that you wish for in a relationship? (It is not necessary for the group to actually answer these questions. This is just “food for thought.”)
2. Is this the person you want to spend the rest of your life with? What will be the consequences of that?
3. Would it be more helpful for you to wait a few years to make sure that you stay with the type of person that you have described as having qualities you admire?

Encourage these young people to think about their relationships objectively. It is easy for a teenager to get “starry-eyed” about a relationship, and act as if it is perfect. Use your questions to probe a bit deeper and at least leave the young people with the idea that other options might be out there that would match what they want better. It is safer to avoid early pregnancy, early sexual involvement, and so forth, until they are quite sure and ready to make the decision that this person is the “only one” and will meet their needs for a lifetime.

Trainer note: *Sometimes, especially for girls, the very idea of having personal needs, and certainly, of having these needs met, is a new concept. Spending this entire session reinforcing that can be very powerful in terms of self-esteem. Make it clear to the girls that they have options, too, that relationships are their choice too, and so forth.*

Evaluation (10 minutes)

Ask the participants to write on a sheet of paper that will be kept anonymous:

1. Are they seeing anyone in a relationship now?
2. If so, does the person they are seeing meet all of the qualities they are looking for?
3. Is this the person they want to be with for the rest of their life? If not, are they protecting themselves to make sure that they will not be “trapped” into a situation for the rest of their lives (early pregnancy, infection with HIV, and so forth)?

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RELATIONSHIP SKILLS SESSIONS

Session 5:

SELF-ESTEEM BUILDING: Do WE HAVE SELF-ESTEEM?

Overview

Fundamental to the development and effective use of life skills is the concept that young people have an understanding of their own worth. Building self-esteem is an integral part of all life skills sessions, but it may be worthwhile to spend a few sessions actually talking about “self worth,” “self-esteem,” or “self-image.”

Time

1 hour, 10 minutes

Objectives

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

1. Define the term “self-esteem.”
2. Describe the link between self-esteem, assertive behavior, and good decision-making.
3. List qualities that they most admire about themselves.
4. List areas in which they would like to improve.

Materials

Flip charts or board

Markers or chalk

Paper and pens or pencils

Delivery ➔

I. What is Self-esteem? Where Does it Come From? (30 minutes)

In **Exchanging Stories** (Session 3 in Part V) we looked at the type of person we want to be. In working to develop ourselves into that “person we admire,” it can be helpful for us to have an understanding about how we assess ourselves right now. This session is a first step in understanding our feelings about ourselves.

Brainstorm a meaning for the term, “self-esteem.” What does it mean? List the answers on the flip chart or board. Possible answers might include:

- How you see yourself
- Believing that you are worth a lot
- Personal strength, and so on

Next, refer to the **Bridge Model** and to the situation with Lucy. Did Lucy have self-esteem? Why or why not? Would self-esteem have helped her make a different decision regarding her boyfriend? Spend some time drawing out the link between self-esteem and good decision-making, communication, and thinking skills.

Ask the participants where they think self-esteem comes from. Discuss the possible sources of self-esteem and jot them down on the flip chart or board. Ideas might include:

- How your parents raise you or treat you
- Belief in God (He can't make poor materials, and so on)
- Image of girls or boys in the community
- Treatment by brothers, sisters, other family members
- Personal reflection on our lives, and so on

II. Who Am I? (20 minutes)

Take a moment to begin to look at your own image. What are the most important parts of you? How do you see yourself?

Invite participants to write 10 sentences that start with the words, “I am...” Examples might be “I am an intelligent young woman.” Or “I am a really good friend to others.” *Emphasize that this exercise will not be collected but is for their personal use only.*

Next, suggest that participants put a check mark next to the things they like about themselves. Put a question mark next to the things you want to change.



In looking at their own lists, would participants say that they have good self-esteem, or that maybe they need to work on developing their self image a bit more? (Participants do not need to actually answer this question.)

Evaluation (5 minutes)

You might suggest a homework or journal assignment of some kind to evaluate the understanding of the concepts in this session. For example, you might ask participants to write a short essay on their own self-esteem, and include ideas regarding where that self-image might have come from. Before making such an assignment, get permission from the participants to read their essays or journal entries, if you wish to collect and review them.

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RELATIONSHIP SKILLS SESSIONS

Session 6:

SELF-ESTEEM BUILDING: “A PAT ON THE BACK”

Overview

This is a short, fun, “feel good” activity to raise self-esteem and build team spirit. It is conducted most successfully with a group that has been together for awhile and know each other well. You might use it during the self-esteem sessions or at any time for a “pick-me-up” and a group bonding experience.

Time

30 to 45 minutes

Objectives

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

1. Identify the strengths of others in the group.
2. List qualities others admire in them.

Materials

One sheet of paper (cardboard works best) for each person

One marker or pen for each person

Tape

Pins, clothespins, or paper clips

Delivery (30 to 45 minutes)

Give one sheet of paper, a pen, and something to attach the paper (tape, pin, paper clip, clothespin) to each participant.



Talk a little bit about the group. Explain that we have all made an impression on each other in one way or another. We all have some positive things that we would like to say to each other, but sometimes we forget to tell each other the good things. This exercise gives us an opportunity to share with each other the impressions we have of each other and have some fun at the same time.

Trainer note: It is important to stress that we are focusing on **positive** things and **good** things to avoid having anyone writing negative things on the cards.

Instruct the participants to write their names on an upper corner of their papers and to make some symbol that represents them in the center. They could trace their hand, draw a star, heart, or sun—anything that represents them. Next, they should attach their papers to their backs.

Think about the different people in the room. What positive words would you use to describe each person? What happy message would you like to give to different people in the room? Tell the participants that when you say, “Go!” they should move around and write one (or two) word(s) on each other’s papers.

When most seem to have finished, say, “Stop!” and let the participants remove their papers from their backs. There should be a great deal of joy and laughter as people see the positive feelings others have for them!

You can make this session longer and more powerful by having the participants stand up, one by one, and read out what their cards say about them. For example, “My name is _____, and I am beautiful, powerful, smart, dynamic, strong, a true leader.” This can be a powerful reinforcement to self-esteem, as the participants actually “own” the statements by reading them aloud and sharing them with the group.

RELATIONSHIP SKILLS SESSIONS**Session 7:****WHAT ARE GENDER ROLES?
—GENDER CARDS EXERCISE****Overview**

This is a good exercise to use as an introduction to the topic of gender. It helps clarify the meaning of the term “gender roles” and also provides a forum to begin to discuss issues of gender in the community and culture.

Time 

1 hour, 30 minutes, to 2 hours

Objectives

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

1. Define the term “gender roles.”
2. Describe the difference between “sex” and “gender roles.”
3. List some of the gender roles expected of men and women in this community.
4. Describe challenges to current gender roles and ways that they might be changing in this community.

Materials 

Flip chart or board

Markers or chalk

Tape

Large cards: “Female” and “Male”

Small Gender Cards (one word or phrase per card): at least one card per participant



Suggested Descriptive Words for Gender Cards

| | | | |
|------------------|------------------|-----------|-----------------------|
| leadership | decision-making | pregnancy | serving others |
| education | authority | money | fetching water |
| building a house | power | work | chopping firewood |
| intelligence | cooking | pregnancy | raising children |
| family decisions | love | violence | powerless or helpless |
| weak | sports | beauty | driving a vehicle |
| stealing | active in church | doctor | sweeping |
| wants sex | religion | control | digging graves |
| asks for sex | strength | nurse | caring for the sick |

Trainer Note: It is imperative that you only use descriptive words that make sense in your local community. Be sure to adapt the above list to local language and culture.

Preparation

Put tape on the back of each card.

Clear a space along the wall for the exercise. Form any chairs in a semi-circle around the blank wall.

Delivery

I. Gender Roles (up to 1 hour)

The way you approach this exercise will vary depending on participants. Some will be quite aware of the difference between “gender roles” and “sex.” Others will not understand the word “gender” at all. In many communities, the phrase “gender issues” is tossed around whenever the idea of female empowerment is discussed, but many do not understand the concept.

Sometimes it is helpful to begin by explaining that you are about to do an exercise to discuss the idea of the term “gender roles” and how someone’s gender roles are different from his or her sex. Ask one of the participants to tell you his or her “sex.” “Male” or “Female” should be the answer. Now see if the person can tell you some of his or her gender roles. Spend only a moment or two on this and then move into the exercise.

Tape the cards “Female” and “Male” to the blank wall, about three feet apart.

Explain to the group that you are going to hand out one card for each participant. They should not look at their cards, but keep them face down or pressed against

them. When you say, “Go!” all participants should read their cards and *immediately* put the card on the wall where it belongs. Give no further instructions. Remember to emphasize that all of the people should respond quickly and place their cards on the wall the minute you say, “Go!”

Trainer note: Speed is a very important concern in this exercise. You want to get the person’s first reaction—before they have a chance to think about what you might *want* them to say. They should react with their natural feelings, and they should do it fast!

When all the cards have been placed and the participants have returned to their seats, ask the group to take a look at where the cards have been placed. It may look something like this:

| Female | | Male |
|------------------|--------------------|-----------------|
| housework | marriage | strength |
| pregnancy | sexual intercourse | makes decisions |
| raising children | religion | education |
| serving guests | | leadership |

Trainer note: Depending on the group, you will have very different responses here. In some communities, you might find that very traditional roles are assigned to each, and that no one thinks to put any of the ideas in the middle. Other groups may have been exposed to these ideas before and will have a more balanced idea with many in the middle. Some groups will want to “outsmart” you and put traditional female roles under the male category. You should really be prepared to “think on your feet” during this exercise. Where the words are placed will tell you a great deal about your participants’ thinking on gender issues. This will help you gauge how to approach the gender discussion that follows.

Ask the group if everyone agrees on the placement of the cards. Allow the exercise to spark debate among the participants regarding how the culture views certain activities in terms of gender. You may wish to move card-by-card through the exercise, asking the opinions of all participants and possibly moving a card if the entire group agrees to do so.

The discussion about gender can take a great deal of time and be very controversial if people are willing to open up and share how they feel about their culture’s approach to gender. Allow the discussion to be as free as possible—guiding it only to keep people from becoming disrespectful or violating any of the group’s ground rules.

II. “Gender Roles” versus “Sex” (up to 1 hour)

When the discussion has reached an appropriate stage, take all of the cards (except “Female” and “Male”) off of the wall. Tell the group that they are going to do the same exercise again, but this time they should place the card under the type of person who is *physically able* or *biologically capable* of whatever is written on



the card. Make sure that the participants understand that you are now talking about *natural, physical capabilities*. Is a man, a woman, or both *able* to do, or be, what is written on the card?

Hand out one card to each person and again say, “Go!” The group should tape the cards to the wall again. This time, they may look something like this:

| Female | Male |
|------------|----------|
| pregnancy | marriage |
| education | strength |
| leadership | |

Again, process the placement of the cards. What is the difference from the first time? Do any cards still need to be moved?

Based on the exercise, ask the group to process the ideas of “sex” and “gender roles.” What is the difference between these two ideas? Ask one woman what her “sex” is. She should say “female” to which you could reply, “Right! Your sex is whether you are a male or a female. It is the biological, physical fact of being born a boy or a girl.” Write the definition of “sex” on the board or flip chart.

Now, ask the group what “gender roles” mean. If no one can tell you, refer to the first exercise and where the people placed the roles. What made the people place certain roles under “Male” and other roles under “Female?” Assist the group in making a definition of “gender”—something like “the roles of a person based on their sex” or “what society or a culture *expects* from you based on whether you are male or female.” You want them to realize that gender is determined by culture—it is how the community wants you to behave and think based on whether you are a man or a woman. For example, a girl from one country and a girl from another country have the same sex, but their gender roles are probably different because they were raised in different cultures.

Discuss briefly how gender impacts our life skills. Do girls communicate differently than boys in this country? Are girls able to make decisions as much as boys? How are relationships different for boys and girls? Consequences? Until the next time that the group meets, participants should think about these issues and their possible effects on life skills.

Evaluation

Careful attention to the discussion will give you some idea about the understanding of the differences between “sex” and “gender roles.” Changes in attitudes about these issues may not happen at this point, as this may be the beginning of the thought process around these issues.

This session was adapted from a “gender cards” session modeled at the Peace Corps/Malawi workshop “Promoting Sexual Health,” held in Lilongwe, Malawi, in July 1996.

RELATIONSHIP SKILLS SESSIONS**Session 8:****GENDER PICTURE CODES AND ROLE PLAYS****Overview**

This session will help the group delve deeper into the issues of gender roles currently at work in their culture. It is a good follow-up to **Gender Cards** (Session 7 in Part VI). By directing attention to everyday situations often taken for granted, participants are challenged to make some meaning out of these roles, including the possible benefits or consequences of them.

Time 

2 hours or more, depending on the size of the group

Objectives

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

1. Describe some of the gender roles at work in their community.
2. Describe some of the consequences of these gender roles, especially in terms of the decision-making power of women and girls.
3. Identify possible alternatives to traditional gender roles.

Materials 

Various props for role plays

Handout: *Gender Picture Codes*

Tape

Preparation 

The examples provided at the end of this session are merely intended to clarify the types of picture codes that might be useful. You should create picture codes appropriate to your local area before conducting this session.



Work with your counterparts or colleagues to develop picture codes appropriate to your community. The information you collected during your needs assessment should be helpful in pinpointing the major gender issues at work in the area.

Choose the number of role plays you will use depending on the number of participants and the time allotted.

We have found it is useful to add at least one “positive” gender situation when doing this session, rather than dwelling solely on negative situations. It can be very powerful to see a more balanced gender reality in practice in the role play. One way to accomplish this is to have role plays done twice, the second time with more balanced gender roles.

Delivery

I. Role Plays (1 hour, 45 minutes)

Remind the group of some of the issues regarding gender that were raised both in the **Bridge Model** and the last session on “gender cards.” Now that we have discussed some of the key “gender roles” in our community, we can begin to look at some of the consequences of these gender roles in our everyday lives.

Split the participants into mixed groups with both males and females. Give each group one of the *Gender Picture Codes*. The groups should:

1. Look at the picture. Identify the gender issues at work in the picture. Discuss the situation in the picture. What are the differences in the roles of men and women in the scenes? What might be some of the consequences of these roles? What is positive about them? For whom? Negative? For whom?
2. Develop a role play based on the situation depicted in the picture. Act out exactly what is appearing in the picture. The group should basically bring the image to life. (They should *not* offer solutions, but merely show exactly what is happening in the picture.)
3. Each group should perform its role play for the entire group. After each role play, lead a discussion on the gender issues portrayed in the role play. Hold up the picture code for the entire group to see after the role play has been processed. Deal with any issues not covered by the drama.
4. If desired, have groups replay their role play showing more balanced gender roles.

It might be a good idea to see the more “balanced” role plays last so you can summarize by discussing the benefits of the situation now that both genders are sharing equally in responsibilities and respect.

Evaluation (15 minutes)

This session often brings up powerful feelings for participants because deeply held beliefs are being discussed and critiqued. This may be a good opportunity to solicit a written reaction to the session from the participants so that you can see how the ideas have been generally received by the group. This request can be as simple as asking participants to respond to one question, such as “What did you think of the ideas discussed in today’s session?” or “How do you feel about critically evaluating these cultural issues with the group?” or something along those lines. Or, it can be more contextual, such as “State one aspect of culture that probably needs to change for people to live healthier lives, and state one aspect of culture that we should definitely keep. Explain.”

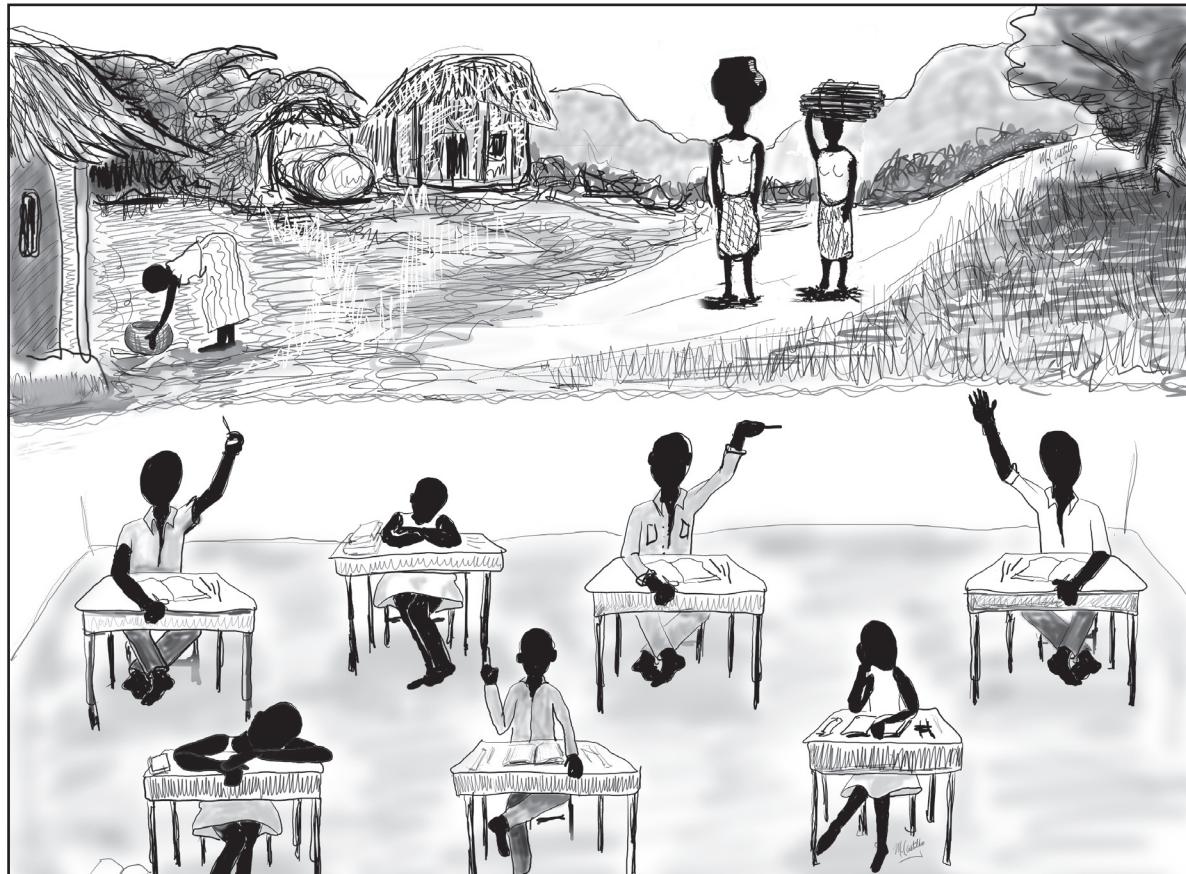
When reading the responses, it might help to keep in mind that people may be writing their strong feelings, and that this is only the beginning of a longer process of challenging ideas and critically thinking about culture.

The “Gender Picture Code” session was modeled at the Peace Corps/Malawi workshop “Promoting Sexual Health,” held in Lilongwe, Malawi, in July 1996.



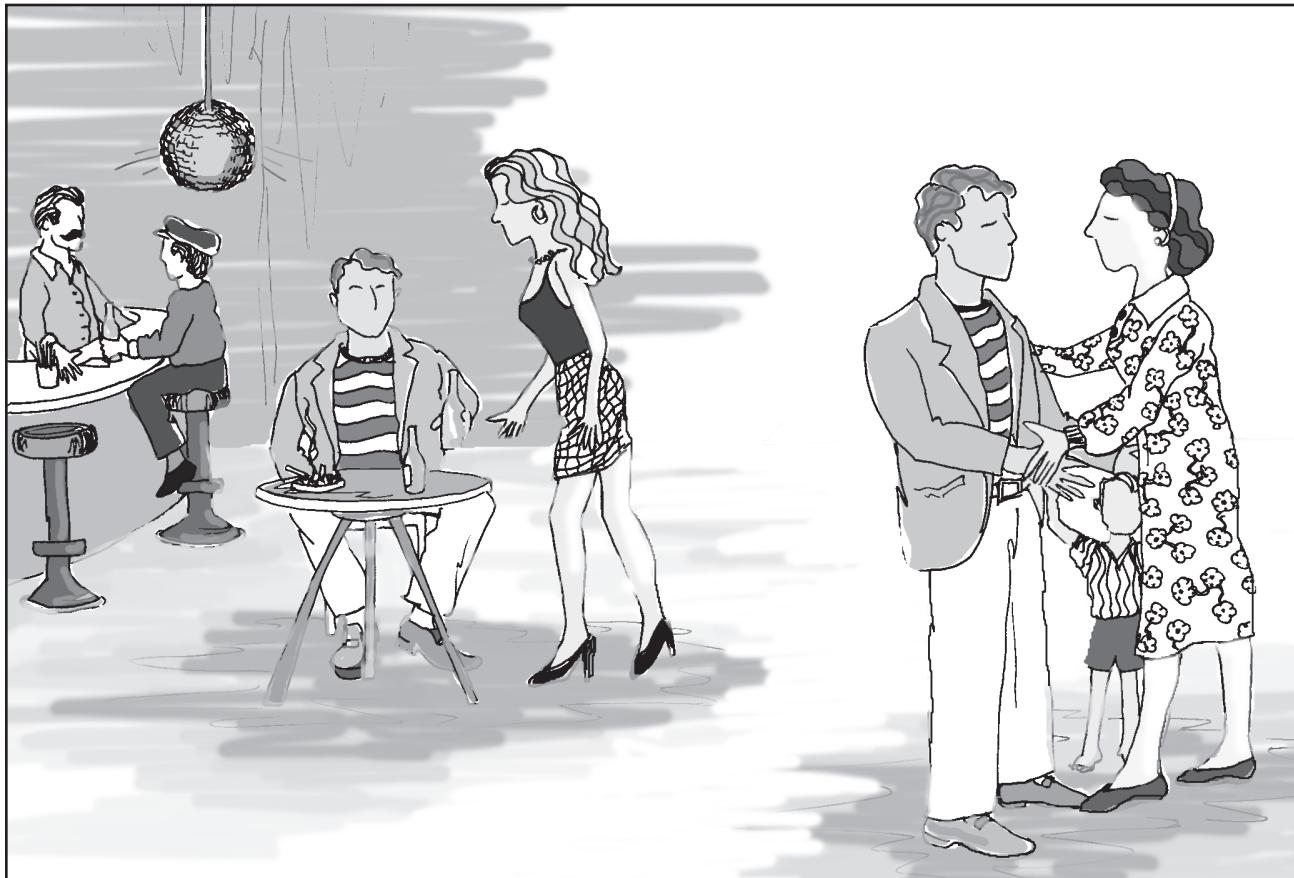
PARTICIPANT HANDOUT
PAGE 1 OF 3

GENDER PICTURE CODES—EXAMPLE



PARTICIPANT HANDOUT
PAGE 2 OF 3

GENDER PICTURE CODES—EXAMPLE



PARTICIPANT HANDOUT
PAGE 3 OF 3

GENDER PICTURE CODES—EXAMPLE



RELATIONSHIP SKILLS SESSIONS

Session 9: GENDER AND CULTURE: IDEAL IMAGES AND PERSONAL DESTROYERS

Overview

Another good gender exercise, this session helps to explore cultural perceptions of the ideal man and the ideal woman, and how these ideal images may put pressure on people to live up to unrealistic or unwanted roles.

Time

1 hour, 30 minutes

Objectives

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

1. List the “ideal images” the society has for those of their own age and gender.
2. Identify the ways in which those stereotypes can be limiting or used to pressure a person into behaving a certain way.

Materials

Flip charts or paper

Markers or pens

Preparation

Before this session, ask participants to bring some examples of short songs, short stories, or proverbs that pertain to the issue of gender roles.

Delivery

I. Introduction (20 minutes)

Refer back to previous sessions regarding life skills and gender roles and explain to the participants that we are about to explore how different people in our society are expected to behave.

Ask participants to share some examples of their short songs, short stories, or proverbs. Ask five or six people to tell them or sing them to the rest of the group. See if you can make some links between the content of the stories, songs, and proverbs and the images of what men and women are expected to be in this culture.

II. Ideal Images (20 minutes)

After a few general examples, ask participants to break into groups and to focus particularly on the ideal image in their society for their own age and gender. Your groups should be same-sex and same-age groups. Note that from now on, the discussion will focus only on their own age and gender.

- If you are working with young women, ask them to describe what a young woman is expected to say and do or not say and not do.
- If you are working with older men, ask them to describe what an older man is expected to say and do or not say and not do, and so on.

After about 10 minutes of small group discussion, ask the participants to re-form into the large circle and share with the whole group their ideas on the perfect young woman, older man, and so on.

III. Realistic Images (20 minutes)

Next, ask the participants to go back into their small groups and discuss how easy they find it to live up to the expectations that their society has for them.

After about 10 minutes, ask the groups to re-form a large circle and share with the whole group what their real experiences are as they try to live up to society's expectations for them.

IV. Personal Destroyers (20 minutes)

The idea of this exercise is to help people appreciate that we all have ideal images of how we are supposed to behave and that there is always a gap between our images and reality. We all find our images hard to live up to at times. It can often be reassuring to realize this and to appreciate that we all have times when we feel like this.

Sometimes, ideal images can actually be *personal destroyers*. For instance, if people believe that "a woman's place is in the home," this can be used as an excuse to take girls out of school early. Similarly, the belief that "real men drink 10 bottles of beer a night" can result in a man drinking far more than he feels happy with, or

than is good for him. Encourage participants to think about this and to make their own comments about the way some of the examples they have already mentioned can be personal destroyers for them.

Trainer note: Please emphasize to your group that this exercise is not intended to remind them of how they should behave! Instead, it is intended to help us recognize how difficult and limiting some of the labels which our societies put on us are for us to live up to. If your group finds it a bit hard to think of examples to begin with, below are some suggestions. Do not impose these ideas on your group; they should come up with their own descriptions of their lives. But you could say that in other communities, people have described differences between their ideal and their real lives in this way, and ask the group to relate this to how they are living in their own community.

Young Men

Image: head of family, breadwinners, deserves respect

Reality: many responsibilities, too many mouths to feed, limited income

Young Women

Image: polite, submissive, hard-working, undemanding, obeys father or husband, many children.

Reality: too many children, no money to spend, no personal freedom, abused

Trainer note: Again, talk only about the experiences of the peer group you are working with. For example, if you are working with younger women, talk only about what it is like to be a younger woman in this community.

Evaluation (10 minutes)

Ask the participants to state one ideal image that they would personally want to continue to strive for, and one personal destroyer that is unhealthy and that they would wish to avoid.

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RELATIONSHIP SKILLS SESSIONS

Session 10:

WHOSE RIGHTS AND WHO'S RIGHT: A LOOK AT BRIDE PRICE

Overview

A cultural issue that can have a strong impact on the lives of some women and their ability to use life skills is the practice of paying bride price. In some patriarchal areas, the families of a man pay a price (in cows, for example) for the right to marry a woman. Sometimes, this payment allows a husband to exercise absolute control over his wife, giving her little power to make decisions for herself, even to the detriment of her health. This session offers an interesting and controversial exercise to examine the issue of bride price.

Bride price is certainly not an issue in every community. If bride price does not exist in your area, be sure to omit this session from your life skills program.

Time



1 hour, 30 minutes to 2 hours

Objectives

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

1. Identify many different perspectives on bride price.
2. Identify some of the problems or consequences of the bride price system.

Materials



Various props for role plays

Handout: *The Drama*

Preparation



Prepare the drama beforehand with nine participants as actors. Encourage them to be as creative and realistic as possible. They should use everything they know about how their community feels about bride price in playing their roles. Arrange the room into a court scene before the session begins.

Delivery



I. The Drama (30 to 45 minutes)

Begin by introducing the concept of bride price and its potential impact on life skills, such as the ability of a wife to make decisions and communicate assertively. Explain that the entire group is about to serve as judges in a court case. They should listen to all of the arguments carefully because they are the judges in the Community Court, and they will be polled for their judgments at the end of the testimonies.

Present the drama.

II. The Debate (50 minutes)

After the drama is finished, have the three members who served as court officials poll the group to decide on the judgment. They can do it any way they like—by taking a vote on slips of paper or just by raising hands. The majority wins. After getting this judgment, the court officials should announce the judgment to the group.

After the judgment has been announced, have all of those who supported the judgment sit on one side of the room. All of those opposing it should sit on the other side. Facilitate a debate between the two sides to discuss this important and timely issue.

Evaluation (10 minutes)

After the debate is finished, you may wish to poll the group again to see if anyone's opinions have changed based on the ideas put forward in the debate.

This session was modeled at the Peace Corps/Malawi workshop "Promoting Sexual Health" held in Lilongwe, Malawi, in July 1996.

PARTICIPANT HANDOUT
PAGE 1 OF 1**THE DRAMA**

A 30-year-old married woman with two children has approached the Community Court in her area for permission to divorce her husband to whom she has been married for six years. The grounds for the divorce are that her husband is a woman-chaser who has multiple sexual partners. Ever since she has discovered the kind of man she married, she has refused to have sex with him. He, in turn, has begun to hit her and abuse her in other ways, because, as he argues, he has paid bride price for her; therefore, she has no right to deny him anything. She is his property!

Roles:

You will need **three members of the community court**. One of them will listen to the case. The others will serve as bailiffs or moderators. The other people taking part in the case are:

The Wife, who argues that she has a right to look after her own health and that is why she wants to divorce her husband. She is afraid that if she has sex with him she will catch an incurable disease.

The Husband, who argues that because he paid bride price for his wife she has no right to refuse to have sex with him. Whatever he does away from home is not his wife's business.

The Wife's Mother, who supports her daughter's stand.

The Wife's Eldest Brother, who refuses to take his sister back. He wants her to remain married to her husband because he does not wish to give back the cows.

The Wife's Other Brother, who is against her divorce and who argues that a good wife is one who knows her place in the home and who does not argue with her husband.

The Husband's Father, who argues that his son should allow the divorce to go through because his wife is "troublesome and unruly."

The whole group will act as **members of the community** who are attending the Community Court. The three court officials will allow each of the actors to speak. From the evidence they hear and the arguments put forward, the whole group will make their final judgment.

Trainer Note: Encourage the actors to choose names for their characters.

PART VII: BRINGING IT ALL TOGETHER



Part VII

BRINGING IT ALL TOGETHER SESSION**FORUM THEATER****Overview**

The technique called **Forum Theater** is one of the most useful methods to use in teaching life skills. It is an effective and powerful way to practice and evaluate all of the life skills you presented earlier—communication, decision-making, and relationship skills.

Time

2 hours (less or more depending on the number of situations you choose to do)

Objectives

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

1. Identify strategies for managing emotions and communicating assertively.
2. Demonstrate effective thinking, decision-making, communication, and relationship skills.

Materials

Assorted props for role plays

Handouts: *Forum Theater Scenarios*

Preparation

Select the situations you will use. Samples are offered here, but create other situations as needed depending on what your goals are for specific sessions.

Before the session, prepare selected participants to perform the role plays. You may want to watch them rehearse the situations once to make sure the ideas are coming through clearly.

Delivery

I. Introduction (5–10 minutes)

Introduce the session by summarizing the many different life skills that you have learned and reviewed as a group. Refer to the **Bridge Model** and to specific sessions on good communication, decision-making skills, relationship skills, and so on. Explain that the Forum Theater technique is a way to “bring it all together”—a way to review, reinforce, and *practice* the many skills you have learned.

II. The First Role Play (20–30 minutes)

Explain that a role play will be performed. They should watch and think about the problems raised in the situation. Which life skills are missing or are not being used well? Which emotions are out of control? How can the interaction among the characters be improved?

After the role play, briefly process the scenario with the group. Discuss the life skills that were missing or compromised. Discuss any out-of-control emotions. You may wish to introduce the idea of critical points. These are “points of no return,” beyond which the situation changes completely. Examples of critical points might include someone throwing a punch, someone saying something very offensive, and so forth. Ask the group to identify any critical points in the role play just watched. What were they?

III. The Interactive Role Play (20–30 minutes)

Explain that the role play will be repeated as it was the first time—only this time, every member of the audience will have a chance to improve the situation. Whenever a character in the role play is using bad judgment, communicating poorly, allowing an emotion to get the better of him or her, or a life skill is not being used—members of the audience are invited to clap. (Demonstrate by clapping twice quickly.) When the actors hear a clap, they will freeze. The person who clapped should then stand up and replace one of the characters. The new person should simply tell the appropriate actor to sit down and begin to act in the role play. The new person should improve the situation as best as he or she can—using better communication or an alternative behavior. If another critical point comes in the role play, another member of the audience should clap, replace someone, and replay or continue the scene. This can go on and on and on. Many different people can step in for one character. Gender does not matter—a man can step in for a woman or a woman for a man.

The technique continues until every member of the audience is completely satisfied that the new role play represents a better response to the situation, making maximum use of positive life skills. Be sure to spend some time processing the various approaches to settling the situation so that participants can explore the many strategies that can be used to resolve unhealthy moments.

You can continue with this technique for many different scenarios.

Trainer note: *This technique is most fun when all members of the audience participate actively. So encourage everyone not to be shy, but to join in the action! One way to encourage audience participation and to keep the session moving smoothly, is to have the entire group count down “5-4-3-2-1-ACTION!” whenever someone has stepped in to replace one of the actors.*

Evaluation

Forum Theater is an effective way to evaluate to what extent participants have internalized the skills that we have worked on in other sessions. Observing the responses to these situations and the strategies used by different participants will provide you with important information. You will see the progress that has been made and indicate some new directions for learning that might be pursued.

Variations

In Other Life Skills Sessions

You can use this technique effectively with any of the other role play scenarios in this book and for any of the topics—from communication to decision-making to relationship skills.

Forum Theater was modeled at the Peace Corps/Malawi workshop “Promoting Sexual Health,” held in Lilongwe, Malawi, in July 1996.



PARTICIPANT HANDOUT
PAGE 1 OF 2

FORUM THEATER SCENARIOS

Scenario Number 1: The Jealous Girlfriend

Characters: Lorna, a student and Austin's girlfriend
 Austin, a student and Lorna's boyfriend
 Angela, a student and female classmate of both

In the first scene, Lorna and Austin meet and make it clear to the audience that they are boyfriend and girlfriend. They are at school—perhaps just leaving a class—and they are expressing their love for each other. Make it light and funny! The two finally agree to meet somewhere later, and Lorna rushes off to help her mother.

But Lorna doesn't really go very far. She walks away from the main action, but the audience should be able to see her—she is able to see all of the action about to take place, but she cannot hear what Austin and Angela will say.

With Lorna in the distance looking on, Angela walks up and has a perfectly innocent conversation with Austin. They talk about something completely safe—a teacher, or a test, or a football match, the food in the dining hall—anything innocent and casual for two schoolmates to discuss. In the background, Lorna is looking angry and jealous. Finally, Angela brushes aside something on Austin's face—innocently enough: she sees something on his face, brushes it off, and then says goodbye and walks off. This touching has Lorna really upset.

Lorna rushes back up to Austin in an absolute rage. She is screaming at him, accusing him of having another girlfriend, refusing to let him speak or explain. Finally, Austin gets angry too and screams back at Lorna. They storm away from each other in anger.

Next, Lorna spots Angela in the distance. She angrily confronts Angela, threatening her and accusing her of stealing her boyfriend. At first, Angela just acts confused and surprised, but as Lorna gets more and more offensive, Angela finally starts to fight back verbally.

Stop the role play when the girls are about to fight physically.

PARTICIPANT HANDOUT
PAGE 2 OF 2

FORUM THEATER SCENARIOS

Scenario Number 2: The Controlling Parents

Characters: The father
 The mother
 Their 16-year-old son

The father and mother speak to each other roughly, and they treat their son very cruelly as well. They try to control his every movement—they tell him how to dress, when to eat, who to be friends with, when to sit—they are always ordering him about. Nothing he ever does is good enough for them, and they are always criticizing him. Through it all, he tries to be a good son—he acts as respectfully as he can and perseveres no matter what they say to him.

One day, the son is very excited as he comes to his parents. He is the star player on the football team, and his team is about to go to the championship match. After he tells his parents how excited he is to help lead his team to victory, his father and mother tell him that he cannot go to the match. They are having guests, and they expect him to serve those guests. They forbid him to attend the match. This is the final blow—the son goes crazy—yelling, throwing things, reacting violently—he almost comes to blows with his own father!

Stop the role play after the son has this explosion of temper.

Trainer Note: Remind your actors to choose appropriate names for their characters.

“The Controlling Parents” role play was adapted and reprinted with permission of UNICEF Harare from *Think About It! An AIDS Action Programme for Schools, Form 3*, p. 9. © UNICEF Harare 1995



APPENDICES



Appendix I:

WARM-UPS AND ENERGIZERS

We have found it very effective to use warm-ups and energizers throughout the program to keep the sessions lively and fun. Warm-ups serve two basic purposes:

1. They can serve as a metaphorical introduction to the topic of the session. You can choose a warm-up that evokes some of the issues you will be exploring in the day's session. The general categories noted to the right of titles will help to guide you if you are looking for a specific topic.
2. They can simply be lively exercises to bring the energy back into the group when they are feeling tired or too serious.

There are fun warm-ups, games, and energizers in every culture, so spend some time adding local favorites to the ones listed below, and do not use those that do not seem appropriate for your community. After the first few sessions, consider having peer educators or other participants lead the warm-ups and come up with creative new ones on their own!

Rhythm Clap Introduction

Start off a rhythmic clap by clapping your hands, slapping your thighs, snapping your fingers, etc., in time to an introductory statement, such as “My name”—clap, clap—“is Kathy”—snap, snap—“I live”—clap, clap—“in Mzimba”—slap, slap.” Go around the circle in this way until all participants have introduced themselves.

“Everybody With...” Introduction

Form a circle of chairs—one less chair than the number of participants. (If there are 18 participants, you need 17 chairs.) Appoint a volunteer who stands in the center of the circle of chairs. That person calls out, “Everybody with ... ” For example, “Everybody with black shoes” or “Everybody who ate bread this morning” or “Everybody who has a pencil.” Then everyone who fits the description stands up and switches chairs as quickly as possible. They cannot stand up and sit back down in the same chair, and they cannot sit in the chair next to them. They should stand and run to a chair across the room. The volunteer tries to sit, too. Whoever is left standing should be the next to call out “Everybody with ... ” This is a great



first warm-up and “get to know you” game! (A variation of this game is called “Fruit Salad.” Assign everyone the name of a fruit—mangoes, papaya, apples. Call out the names of the fruits to make people switch places. When you call “Fruit Salad!,” everyone has to switch places.)

“Fruit Salad” variation reprinted with permission of Alice Welbourn and ACTIONAID from *Stepping Stones: A Training Package on HIV/AIDS, Communication and Relationship Skills*, p. 58. © Alice Welbourn and G & A Williams 1995

Life Boat Team-Building

Have all participants move around a specific area. Tell them to imagine they are floating in a great sea. They need to form life boats to survive. One facilitator will call out a number—“6!” Participants must form strong groups of six to keep from drowning in the “sea.” If the group is formed with less or more than six, the whole group “drowns” and must stand to the side while the game continues. The one or two people remaining when everyone else is out are the winners.

The Longest Line Team-Building, Using Available Resources and Talents

Take participants outside where they can have a large area to work. Split them into two teams (or more if the group is large). Explain that they are to create a long line on the ground or floor, using whatever they currently have on their bodies. They are not permitted to get additional things, but whatever they have—tissue, watches, clothing, shoes—can be used to make the line longer and longer. Their goal is to have a longer line than the other teams. (If people are really creative, they will use everything possible and then lie down on the ground themselves to make the line longer!) The team with the longest line is the winner. After the warm-up, discuss how the exercise relates to team-building or to real life.

One-Legged Peer Educator Team-Building

Ask for one volunteer. That volunteer is the “One-Legged Peer Educator” or the “One-Legged AIDS Educator.” He or she cannot do all the work alone to educate people on behavior change; so, he or she must build a team of educators to help. The volunteer hops on one foot and tries to catch the others. The group is running away from him or her within the boundary that you have set. When the “One-Legged Educator” touches someone, that person must join arms and also hop on one foot to try to catch the others. Continue until all are caught by the team. Once a team gets started, nothing can stop it!

The Falling Blanket Team-Building

You will need a large blanket for this warm-up. Split the group into two teams. Two people must hold the blanket tightly—one on each side. Have each team gather on opposite sides of the blanket. The team should make sure they cannot be seen by the team on the other side of the blanket. Each team should place one team member in front of the group—the person should be crouching just

behind the blanket. The two people holding the blanket should make sure that there is one person on each side of the blanket before counting, “1-2-3!” and dropping the blanket. The two people should stand up and try to call out the name of the person opposite them quickly! Whoever correctly identifies the person on the other side of the blanket “wins.” The loser has to cross over the blanket and join the other team. Continue until one team is filled with people and the other team is empty.

Spider Web Leadership, Commitment, Teamwork

Participants stand close to each other in small circles—about five or six people. The participants take the hands of the people in the circle. They cannot take the hand of the person next to them, and they must be sure to have the hands of two different people. They then try to untangle themselves—to return to a continuous circle again without letting go of anyone’s hands. After all groups have successfully untangled, process the exercise. Did any leaders direct the rest of the group? What was the process? Did anyone give up? Why? What made the group finally succeed?

Sitting on Knees Teamwork, Trust, Cooperation

Ask everyone to stand closely in a circle, you included. Then everyone should turn to his or her right, so that each person in the circle is facing the back of someone else. Ask all to put both hands on the shoulders of the person in front of them. Explain that you are going to call out, “1, 2, 3, SIT!”, and that everyone should call it out slowly with you. On the word “sit” everyone should carefully sit down on the lap of the person behind him or her, still holding on to the shoulders of the person in front of them.

This exercise really works, is fun, and creates a good feeling among everyone. But take care that everyone is able physically to do the exercise. If your group is really brave, you can all try to shuffle around in the circle together while holding on to one another’s shoulders. Afterwards, ask participants how they felt doing this. Did they think they were going to be able to do it? How does this relate to real life experience? (Note: Use your judgment on whether it would be appropriate for your group to do this exercise—sitting on each other’s laps would not be advisable for some groups.)

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String Spider Web Teamwork, Support

You will need a ball of string to do this exercise. Ask everyone to sit or stand in a circle. Produce a big ball of string. Hold on to the end of the string, then roll or toss it across to someone sitting or standing opposite you, saying something positive about him or her as you send it. Keep holding on to your end, tightly.



Ask the recipient to hold on to the string so that it makes a taut line between you. Then ask him or her to send the ball back across the circle to someone else, saying something positive about him or her as he or she rolls or tosses it. Everyone continues with this procedure, until the circle is full of taut lines criss-crossing the circle. Each person should be holding tightly to a bit of string. The ball of string should finally be sent back to you so that you hold the beginning and the end of the string. Next ask everyone to look at how the string connects you all, like a spider's web. You are all dependent on one another to keep this web firm and supportive. If anyone were to take his or her hand away from the web, that part of it would collapse. Ask people to suggest how this spider's web exercise relates to our real lives.

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Trust Circles Teamwork, Trust, Support

Ask all participants to stand together in a small, tight circle in the middle of the room. (If you have many participants, make small circles of about six people each.) Each participant in turn should stand in the middle of the circle and then close his or her eyes or put on a blindfold. He or she then falls backwards, sideways, or forward—keeping eyes closed—and will be caught in the safety of the arms of the other participants. Each participant needs to have a few turns at this before someone else goes in the middle of the circle. It can feel quite scary at first but should be perfectly safe provided the group works together. At the end of the exercise ask participants what such an exercise teaches us about each other.

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Cross the Circle Trust, Cooperation, Risk

Ask participants to form a big circle, facing inward. Each participant identifies someone standing opposite him or her. When you say, “Go!,” each participant must close his or her eyes, walk across the circle and stand in the place of the person opposite him or her. All participants do this at the same time, and they must not peek! People get very confused but sort themselves out eventually. Afterwards, ask participants how they felt doing this with their eyes shut. How does the exercise relate to real life experiences?

Human Wall Teamwork, Strength

Use this one with young people only—it is a bit rough for older folks! Form two teams. One team should make a “human wall”—a wall of people that cannot be broken. When the facilitator calls, “Go!”, the other team will rush the wall and try to break through. Then switch sides and let the other team form a “human wall.”

Tugs of War and Peace Teamwork

You will need a length of strong rope for this exercise. Divide the group into two teams. Ask these two teams to stand up and hold opposite ends of a long strong rope. Mark a line across the middle of your training area, over which each team must try to pull the other. When you say, “1, 2, 3, Go!” the teams should start pulling against each other. Let them go on until one team has ended up falling over the dividing line. Next, ask everyone to sit in a circle. Now tie the same strong rope in a large circle and hand it to the participants so that they are sitting around the edge of it. Ask all the participants to pull together on the rope so that they can all stand up. Ask participants to explain what this exercise means to them. The idea is to show how, instead of people pulling on opposite ends as in a tug of war, where only one team wins—we can approach situations in a win-win way so that everyone benefits and feels good about the result. True, the tug of war might feel more fun for the victors—but how do the losers feel?

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The Straight Line Trust, Team Support

Provide a blindfold or scarf. Invite a volunteer to come forward and walk slowly in a straight line across the meeting area. Put the blindfold on him or her and turn him or her around several times before he or she sets off in a straight line across the meeting area—to reach an agreed point on the opposite side. Instruct the rest of the group to keep completely silent, giving no encouragement or guidance at all. They should also not touch him or her. When the blindfolded person reaches the other side, ask him or her to take off the blindfold. Compare how close he or she is to where he or she intended to reach. Ask him or her how he or she felt about having no comments from the others. Ask him or her to replace the blindfold and repeat the exercise, this time with the verbal encouragement of the others. They should still not touch him or her. Then finally, you can ask the volunteer to repeat the exercise with the participants using their hands to guide the blindfolded person and talking to him or her. Process the differences in how it felt during each stage. Emphasize how safe someone can feel with the support and guidance of others. This is a great exercise to use when discussing issues of People Living with HIV/AIDS.

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The Yert Circle.....Team-Building, Trust, Support

There must be an even number of participants. Assign a name to each, alternating names—such as, “Milk, Water, Milk, Water.” Everyone should link arms all the way up to the elbow. When you say, “Milk,” all of the “Milks” should lean into the circle, while all the “Waters” should lean out. Notice how this tension keeps the



group supported. Switch now, saying, “Water.” All “Waters” lean into the circle, while all “Milks” lean out. You can continue doing this smoothly, to show how change and tension can still be very positive for the team.

Who's the Leader? ... Leadership or Thinking Skills

Ask the group to stand in a circle. Ask for one volunteer and send that person out of the room. The people in the circle should secretly choose a person to be the “leader.” The “leader” should start an action such as clapping hands, dancing, or stomping feet. The action should change every 15 seconds or so. The other members of the circle should follow the leader’s movements, without looking directly at the leader and giving him or her away. The volunteer is brought back into the room while these actions are taking place. The volunteer has three chances to guess who the “leader” is.

Follow the Leader ... Leadership or Peer Pressure

Ask participants to stand in a circle. The leader stands inside the circle, starts to run on the inside of the circle, and calls out, “Follow! Follow! Follow!” to which the group replies “Follow! Follow! Follow!” as they run on the outside of the circle. The leader repeats, “Follow! Follow! Follow!” The group repeats, “Follow! Follow! Follow!” Leader: “Follow the leader.” Group: “Follow the leader.” Now the leader starts to do some other action such as dancing, jumping, sitting, or singing, and says, “I dance! I dance! I dance!” (or “I jump! I jump! I jump!”) The group responds by mimicking everything the leader does. The leader continues with “Follow! Follow! Follow!” and the entire process until everyone is exhausted.

Mother-Child Trust Call Communication, Trust

Ask the participants to divide into pairs. The pairs should select one person to be the “mother” and one to be the “child.” Each pair should also choose an animal. The “mother” should make the sound that the animal makes so the child will know the mother’s voice. Now separate the groups—all mothers on one side of the room and all children on the other side. Children must close their eyes. Mothers will make the animal sound while moving about the room. With their eyes closed, the children must try to find and touch their mothers.

Body Language Communication Skills

Divide group into pairs. Each pair should think of a discussion that one of them has had with their spouse, a friend, or anyone that developed into an argument. The pair should first establish the two characters and their relationship. They should then re-enact the argument between them in mime, only using their bodies and faces, with no words. Give the pair a few minutes to work on this. Then ask everyone to return to the larger group. Pick out two pairs whose scenes looked particularly clear. Ask the first pair to re-enact its scene in the middle of the circle. Ask members of the audience to tell the story the pair is acting out. Point out how easy it can be for us to know what is going on in general through what we do with our bodies. Repeat with the second pair. Point out other types of body language between people, such as eye contact, distance between people, and positions. Finish by suggesting that participants

think, over the next few days and weeks, about the ways they use their own bodies to say things to one another. Encourage them to think how they might use their bodies differently in different contexts to convey different messages to people.

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Pass the Picture Communication Skills or Perceptions

This is another good warm-up to illustrate different people's perceptions of what they hear. Ask for five volunteers to leave the training area for a few minutes. Bring out a piece of flip chart paper (or plain paper) and ask the remaining people to agree on a picture, and two or three people to draw it. The picture could include, for example, a house, animals, a tree, and so forth. They should not make it too complicated. Then hide the picture and ask someone to call the five volunteers back to the group. One volunteer is then shown the picture for about a minute. This volunteer must then describe the picture in words to the second volunteer, who in turn describes it to the third volunteer, and so on. When the fifth volunteer has heard a description of the picture, he or she should be handed a new piece of paper and some markers or pencils. He or she should then try to draw the picture as he or she understands it to look from the description. He or she should receive no help from the rest of the group! When he or she is finished, compare it with the original picture. There should be some interesting differences. Thank the five volunteers. Point out that it is often much harder than we suppose for us all to understand things in the same way.

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Rumors, Telephone Communication

Ask everyone to stand in a circle or a line. Think of a phrase to whisper beforehand, such as, "How many people like to work in the garden?" or "I wish I could walk to the river." or any other line. Whisper this line quietly to the person to your right. This person whispers it to the person to his or her right and so on all the way around the circle. Each person should only whisper what he or she heard, and he or she is not allowed to ask for the phrase to be repeated. Finally, when the phrase has been whispered all around the circle, the person to your left should be the final one to receive it. Ask him or her to say it out loud. Then announce to the group what you originally said. The original phrase is usually very different from the final product! Discuss how this relates to communication skills.

Listening Pairs Communication Skills

Divide participants into pairs. One should describe to the other an event in his or her life which made him or her feel very happy. The listener should say nothing but just concentrate hard on hearing what is being said. After a couple of minutes, you ask the listeners to stop listening. At this stage, the speaker should continue to describe his or her happy experience, but the listener should stop listening completely. He



or she could yawn, look elsewhere, turn around, or whistle. The important thing is that he or she should no longer listen although the speaker will continue telling the story. After a couple of minutes, yell “Stop!” At this stage, the speaker and listener should change roles and do the exercise again. Ask participants how they felt as speakers telling their story to a willing, interested listener compared with telling it to a bad listener. Process the exercise.

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Folding Paper Game Communication Skills or Perceptions

You will need sheets of paper for this game, one for each participant. Ask every participant to close his or her eyes. Make them promise to keep their eyes shut! Hand each participant a sheet of paper. Then ask participants to do the following: Fold their paper in half. Tear off the bottom right-hand corner of the paper. Then fold the paper in half again. Next tear off the lower left-hand corner. Remind them not to peek! Now ask them to open their eyes and unfold their pieces of paper, displaying them to the other participants. They should be torn in many different ways. Ask participants what this exercise can show us. One point is to show everyone how even simple instructions can mean very different things to different people. We often think we are saying something clearly to someone, only to discover later that what we meant, and what they understood, are quite different. Everyone followed the instructions correctly, but the results were different. (This can also be a great introduction to a condom demonstration.)

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Fixed Positions Different Perspectives on Life

This exercise encourages participants to realize that our perspectives on things are based on who we are and our own personal experiences. Ask participants to stand in a circle. Ask one volunteer to stand in the middle. Ask him or her to stand still, facing the same way through the questions and answers which are to follow. Explain to all participants that you are going to ask some questions. Ask everyone to answer at all times according to what they can actually see from their own position, not what they know is there. Ask someone standing in front of the volunteer: “How many eyes has he or she got?” Ask someone standing behind the volunteer the same question. Ask someone standing directly to the side of the volunteer the same question. Then place someone else in the middle. Choose another part of the body, such as the arms. Go through the same questions with three different people. Finally, ask one participant to walk around the whole circle, looking at the volunteer and perceiving him or her from all angles. Ask the walker to give a running commentary on what he or she is seeing and how his or her vision of the volunteer

changes. After everyone sits down, ask participants to consider how our perspective on a situation shapes our understanding of it. How can we give ourselves a more complete picture more of the time? In what way can we relate this exercise to our everyday experience?

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Shout, Whisper, Sing! Communication

Ask participants to stand in a circle. Explain that you are going to call out someone's name as you cross the circle towards that person. He or she should then move from his or her position in the circle to the place where you were standing. Then, that person should call out someone else's name who should then move, and so on. When your name gets called again, continue with the game, but this time, whisper the name of the person you choose next and ask everyone else to whisper too when it is their turn. Finally, when your name is called again, say that this time the name of the next person must be sung out. Continue until everyone has had a chance.

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I'm Going on a Trip Support, Just Plain Fun!

Ask the participants to stand in a circle. Start by saying, "I'm going on a trip and I'm taking a hug." Hug the person to your right. He or she then has to say, "I'm going on a trip and I'm taking a hug and a pat on the back." He or she then has to give the next person a hug and a pat on the back. Go on around the circle until everyone has had a turn with each person repeating what was said and done before and adding one new action to the list. If someone forgets the sequence, encourage the others to help him or her do it right. (If you are working with a group in which touching is not a good idea, do the same exercise as a simple memory game, such as, "I'm going on a trip and I'm taking an orange." "I'm going on a trip and I'm taking an orange and a chair." "I'm going on a trip and I'm taking an orange, a chair, and an audiotape.")

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Hand Push Conflict Resolution, Relationship Skills, Assertiveness

Ask participants to form two lines, facing each other. Each participant touches palms with the participant facing him or her in the other line. Call one line "Line One" and the other "Line Two." Ask all the participants in Line One to start pushing against the person in Line Two, using only their palms. People in Line Two can respond in any way they like. After 30 seconds or so, ask everyone to stop and to change roles. This time Line Two members should push against Line One members, and Line One members can respond as they choose. After another 30 seconds or so, ask



everyone to sit down in a big circle. Ask people how they felt doing this exercise. Did they respond by pushing back or by giving in, or what? How does this relate to their real life experiences of conflict?

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Meat! Meat! Meat! Just Plain Fun!

Ask participants to stand in a circle. One person calls out, “Meat! Meat! Meat!” The group responds “Meat!” Again the volunteer says “Meat! Meat! Meat!” and the group says “Meat!” The volunteer then lists types of meat that can be eaten, such as “chicken” or “goat.” If it can be eaten, the group must jump and say “Meat!” If it cannot be eaten the group must stay still. Whoever fails to jump on a “Meat!” or jumps when the animal cannot be eaten must move to the center and call the next round.

Fire on the Mountain Just Plain Fun!

Ask participants to stand in two circles—a small one inside a larger one. Every person in the inner circle should have one person behind him or her. There must be an equal number of participants. You stand in the center of the circles. The outer circle should then start running around the outside of the inner circle while you say, “Fire on the mountain!” They respond, “Fire!” You say, “Fire on the mountain.” They say, “Fire!” You continue on and on until you say “Put it out!” and jump in front of one of the members of the inner circle. Each of the participants from the outer circle then also tries to get in front of a member of the inner circle. One person will be left without a place, and that person moves to the center and begins the game again.

Banana-Banana-Coconut Just Plain Fun!

Ask participants to sit or stand in a circle. One volunteer walks behind the chairs and touches the participants on the head while saying, “Banana,” “Banana,” “Banana,” on and on and on. When the volunteer finally touches someone and says, “Coconut!”, that person must chase the volunteer around the circle. The volunteer tries to get into the empty spot before being caught. Whoever is left standing outside the circle leads the next round.

Musical Chairs Just Plain Fun!

You will need a radio or some tapes for this warm-up. Place a set of chairs in a line. Put another set of chairs directly behind those with their backs touching the first set of chairs. There should be one less chair than participants. The participants must dance around and around the chairs. When the music stops, they must quickly sit. Whoever is left standing is out. Remove one chair and start again. Whoever is left at the end is the winner. (This game is great fun if you vary the types of music on the tapes, and have everyone dance appropriately to each type of music as it plays.)

Water—Land—Sky Just Plain Fun!

Take chalk and draw three long lines down the center of the room. Mark “Water” on the first line, “Land” on the middle line, and “Sky” on the third line. All participants should stand on the Water line. The caller cries out Water, Land, or Sky repeatedly, and the participants are supposed to hop from one line to the other. Any participant who fails to hop, hops to the wrong line, falls, or wavers, is out. The participant who remains in the game the longest wins.

Keep On! Just Plain Fun!

Ask participants to form a circle. One volunteer is chosen to go outside the room. The circle of participants chooses a small item to hide from the volunteer. The entire group starts to sing, “Keep On! Keep On! Keep On! Keep On!” (to the tune of Auld Lang Syne or another tune well known to the group). The volunteer comes back into the room and starts to move around. If he or she is very far from the hidden thing, the singing gets louder. If he or she is very close to the hidden thing, the singing gets slower and softer. Continue singing until the volunteer finds the hidden object.

Hand-in-Hand Closing or Evaluation Exercise

Everyone stands in a tight circle. Ask the first person to your left to put his or her right outstretched arm into the middle of the circle and say what he or she has found difficult about the session, and then add something he or she has found good about the session. Ask him or her to use these phrases: “I didn’t like it when ...”, followed by, “I did like it when ...”. Ask the person to your left to repeat this, placing his or her hand on top of the hand already in the middle, and also saying one difficult and one good thing about the session. Continue around until all of the participants have their right hands placed in a tower on top of one another in the circle. Finish by saying that this tower of hands can represent our strength together as a group.

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Appendix II:

QUICK BREAKS!

Fun Bag

Cut up small papers and write different words, actions, people on the papers. Fold up the papers and put the names of different participants on the front of the folded paper. Put all the papers in a bag or box. Whenever the group gets bored or needs a break, someone can shout, “Fun Bag!” and draw a paper out of the bag. The paper should be handed to the person whose name appears on the front. That person will stand in front of the room and act out what is written on the paper without speaking. The other participants should guess what the person is trying to be. You can choose great Fun Bag words, actions, and so on to match the particular type of training you are doing. (For example, if your session is on HIV/AIDS or safer sex, you can use ideas like “putting on a condom,” or “sugar daddies.”) Remember to add relevant local ideas or dances to add to the fun bag.

Sample Fun Bag Ideas

The following are some ideas you can try:

| | | |
|--------------|-------------------|---------------------|
| drunk man | pregnant woman | driver |
| bus operator | smoking marijuana | kissing |
| headmaster | preacher | proposing to a girl |

C-O-C-O-N-U-T

This is a quick stretch for the group after everyone has been sitting for a long time. Have everyone stand up and spread out. The facilitator leads the group by using his or her body to spell the word “COCONUT.” The group should continue stretching and spelling—faster and faster.

Appendix III: ASSORTED IDEAS

Here's an assorted jumble of ideas and techniques to use with your groups:

Name Your Personality

To add a little fun to your initial introductions, have participants say their names and then “name their personalities” by using a descriptive word that starts with the same first letter as their names. For example, Helen means “happy” or “healthy,” Mary means “merry” or “merciful,” John means “joker” or “jolly.” This can also give you a chance to tell a bit about each of the people speaking, such as which participants are especially outgoing and might be able to act in the role plays.

Title Throw-Away

This is an especially effective technique when your group consists of people from a variety of different levels in a hierarchy or community. (For example, if you are training headmasters/principals and teachers, or if you are training a group of various community leaders.) The idea is for everyone to approach the training or program from the same level. As people come into the room to begin the training, give them name tags (small sheets of paper) and ask them to write their names and titles on the name tags. When everyone is seated and ready to do the introductions, make sure you begin by stressing your own name and title. Then have everyone go around the room and give their names and titles. After all have introduced themselves, talk a bit about the importance of feeling comfortable to speak freely, with no reservations, in a training such as this one. Explain that often participants feel uncomfortable truly expressing their opinions because their boss might be in the room, or because some participants might feel others are more educated than they, and so forth. Stress that it is crucial to the success of the program for everyone to let go of their confining titles and positions in society. They must approach the ideas and discussion as the whole, entire human beings that they are—churchgoers, fathers, mothers, workers, volunteers, women, men, daughters, sons—rather than from just one angle given to us by our titles in life. After making this speech, explain that we are now going to free ourselves from the confines of our positions and make ourselves more comfortable to speak our opinions. Rather dramatically tear up your own name tag and re-introduce yourself using just the name you want everyone to call you. Go



around the room with a trash can as participants, one-by-one, tear up their name tags and tell the other participants the name they would like to be called. Collect the torn name tags in the trash can. Reissue new sheets of paper to serve as name tags if you like, but this time people should write just what they want to be called.

Journals

One cannot emphasize too strongly the importance of using journals or diaries when implementing this program. Writing daily thoughts and ideas in a journal helps young people (and adults) develop thinking skills, manage emotions better, get to know themselves more deeply and clearly, and rely on their own counsel or advice more. Urge your group to start writing in a journal every day. You can provide simple exercise books or you can make journals with your group—be creative! You may want to start out by assigning specific questions or topics to address in the journals, but after awhile, participants will get the idea and start to use them everyday for their own feelings. Emphasize that a journal is private!

Camp Fires

It is a beautiful tradition in many places to gather family and friends together over a camp fire—to share stories, ideas, dances, songs, and to pass along wisdom. If appropriate, consider adding this lively and moving tradition to your program. Gathering together at night at a campfire can be a fun and powerful experience for your group. In addition, young people often feel more free to ask specific, sometimes uncomfortable questions in this atmosphere.

Candle-Lighting Ceremonies

An unusual and therefore interesting activity to add a very formal air to your program is a candle-lighting ceremony. You can use such an event to start your program, during key moments in the program (such as awards ceremonies, milestones, etc.), or as your program is coming to an end. Here is one example of a candle-lighting ceremony at the beginning of a program. Gather all participants together in a circle. Give each one a candle. While holding a candle, explain that during this program we are going to learn about ourselves, and we are also going to learn from each other. Each of us has something special to share with the group, and we should feel free to teach and learn from everyone in the group. Show the members the following statement (previously written on a flip chart or board): “A candle loses nothing by lighting another candle.” Discuss as a group the meaning of the quote. Turn off the lights. You will light your own candle while summarizing the meaning of the statement. Then, turn and pass your candle flame to the person next to you, that person will turn and pass the flame to the next person, and so forth around the room. Continue to point out how the room becomes illuminated (brighter) by this sharing, but that no one has lost anything by contributing his or her flames to their friends. When all candles are lit, ask if anyone has anything more to say. Close with an appropriate speech or prayer; then, blow out all the candles.

Question Boxes or Bulletin Boards

Sometimes participants may feel uncomfortable asking certain questions. Maybe they fear they will sound stupid, or maybe the question is too intimate and personal. Often the question people most fear to ask is one that has a great impact on their lives, and often it is a question shared by other members of the group. An effective way to provide a forum for these important issues is to create a **Question Box or Bulletin Board**. Simply create a small box where people can deposit their questions. Daily or weekly, take the questions out and respond to the questions on a sheet of paper. Hang the question and its answer on the bulletin board for everyone to read. Or, if appropriate, address the question and answers with the group.

Invisible Theater

The technique called **Invisible Theater** is a very effective and exciting way to spark a lively debate within a session. It works best on topics that most people have the same opinion about. For example, if most people in the room believe in gender equality, your Invisible Theater will be against gender equality. Basically, what you will do is secretly arrange the Invisible Theater with one of the participants before the session. Instruct the person to take the exact opposite position from everyone else once the discussion is underway. The person should continue to disagree using very strong arguments that will clearly upset and frustrate everyone in the group. This forces the group to justify their points further—even if they thought their points were perfectly clear before. After a lively discussion and debate, it is best for you to “unveil” your Invisible Theater and make it clear that the person was only acting the part and does not really believe what he or she was arguing.

Debates

Debates are staged, formal presentations of the arguments from two different sides of a controversial issue. When using debating as a technique, it is most effective if you:

- Choose a very controversial topic or one that the participants might feel very strongly about.
- Have two or three people speak for each point of view. If possible, insist that participants take the opposite side of the argument from the one they believe themselves; this forces them to think about the topic deeply and analyze it from all sides in order to build an effective argument. Also, it helps them to see things from another person’s perspective.
- Provide debate topics a week or so earlier than the actual debate and have participants do some research and collect some facts for making their arguments.
- Seat participants as debating teams, facing each other or the audience. Have one person at a time speak for a set amount of time, such as three minutes. Make sure the participants present and defend in turns (one side and then the other) so that everyone is forced to think and participate.



- Have judges (such as teachers or health workers) listen to the arguments and choose a winning team. Award small prizes.
- After the debate, critique the arguments used and suggest strategies for better debating next time.

(See suggested topics below.)

Question of the Day

Before every session, write a controversial question or statement on a board or flip chart paper in the back of the room. At free moments before, after, or during the session, participants should go to the back of the room and write their positions or opinions on the topic on the board or flip chart. You will then post these ideas during the next session or at the end of the session for everyone to read and review.

(See suggested topics below.)

Debates and Question of the Day—Some Suggested Topics

1. Condoms should be freely available in schools.
2. Times have changed—sex before marriage is part of modern life.
3. If a woman performs 67 percent of the world’s working hours, why does she receive only 10 percent of the world’s income?
4. Who should be responsible for preventing early pregnancy, STDs, and HIV/AIDS? Why?
5. “We should not use condoms because they are against our culture.” Do you agree or disagree? Why?
6. A husband says to his wife, “Why should I use a condom? Are you a prostitute?” What are your comments?
7. Bride price should be abolished.
8. Men make better presidents because they are natural leaders.
9. HIV-positive people should be required by law to tell their sexual partners they are infected.
10. It is fine for a boy to experiment with sex before marriage, but if a girl experiments, she is a prostitute.
11. The community should take some action to prevent HIV/AIDS.
12. Women should eat well and rest often when they are pregnant.
13. If a woman is educated, the health of her children greatly improves.

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14. Only men have the right to decide when to have sex with their wives.
 15. Pursuing an education is the best way for women to be independent.
 16. Having more than one sexual partner gives you a fuller life.
 17. Alcohol abuse leads to risky sexual behavior.
 18. Using a condom will prevent you from experiencing real sexual feeling.
 19. Drug use should be legalized.
 20. Girls who have become pregnant should be allowed to continue their educations.

“Invisible Theater” and “Question of the Day” techniques were presented at the Peace Corps/Malawi workshop “Promoting Sexual Health,” held in Lilongwe, Malawi, in July 1996.



Appendix IV:

GAMES AND SESSION IDEAS

The Loss Exercise

The **Loss Exercise** provides a powerful framework for discussing empathy for those experiencing grief or loss, especially those infected or affected by HIV/AIDS.

Before introducing the topic, spend a few moments reviewing some of the issues that you have covered up to this point. Explain that we are about to do an exercise to help us to look at HIV/AIDS from a very personal perspective.

Ask participants to completely clear their desks of everything except a sheet of paper and a pen or pencil. Tell them to number 1 to 5 on their papers. Explain that you are going to read five statements, and they will respond to those statements on their papers. *It is very important to emphasize that no one else in the room will see their papers—they will not be collected. They will not be used at any later time—the papers are their own personal property.*

Do this exercise slowly and seriously. Participants should feel the full impact of this discussion. One by one, read off the statements and tell the participants to write their responses on their papers. Reinforce that it will not be shared with others.

1. Write down the name of the **personal possession that you love the most**. Maybe it is your house, or a special item your grandmother gave you, or a book, or anything else. What one thing that you own means the most to you? Write that thing on #1.
2. Write down the **part of your body that you are most proud of**. Perhaps you really love your eyes, or you are very proud of your hair, or you enjoy your ears the most because they help you listen to music, or you love your voice because it helps you to sing. Write down the one part of your body that you are most proud of on #2.
3. Write down the name of the **activity you most enjoy doing**. Maybe it is going to a religious event, or playing football, or dancing, or any other activity. What do you most enjoy doing in the whole world? Write that activity on #3.
4. Write down **one secret or very confidential thing about yourself** that no one else in the world or only one other person knows about. Every one of us has some secret or very private thing that he or she does not want others to know about. Write that personal, private piece of information down on #4. (Remind the group that no one will see this sheet but themselves.)

5. Lastly, write down ***the name of the person whose love and support means the most to you in the world.***

After everyone has finished, explain that you will now go through the list again. As you go through each statement, they should imagine that they are living through what you are saying.

1. Imagine that something terrible happens that causes you to lose the material possession that you love most. Either a theft occurs or a loss of some kind that takes this thing away from you completely. You will never again see the thing listed on #1. Take your pen or pencil and cross out #1 now.
2. Imagine that an accident or other unfortunate occurrence causes you to lose the part of your body that you are proudest of. This part of your body is gone, and you will never have it again as long as you live. Cross out #2 now with your pen or pencil.
3. Imagine that this same accident or unfortunate occurrence makes it impossible for you to do your favorite activity ever again. You will never again, in your entire life, be able to do the activity you wrote on #3. Cross out #3 with your pen or pencil now.
4. Imagine that because of all of the above situations, your secret has been exposed. Everyone now knows what you wrote on #4. It has become public knowledge—everyone in the school, town, church, mosque, and community knows about what you wrote on #4. Circle #4 with your pen or pencil now.
5. Lastly, because of all of these changes (losing your possession, losing your body part, not being able to do your favorite activity, and everyone knowing your secret), the person that you love most in the world leaves you forever. You will never again see this person that you love and who is your most important source of support. Cross out #5 with your pen or pencil now.

Allow a few silent moments for the participants to truly feel what you have just said. People are usually a bit upset and uncomfortable at this point. Give them some time to think about this.

Now, ask participants to describe in one word or phrase the emotions they are feeling. Write the words on a blank board or flip chart. Keep brainstorming until all of the possible ideas are exhausted. Your list may include: sadness, grief, feeling like killing myself, hopeless, alone, miserable, depressed, angry, blaming others, no reason to continue.

Ask participants to take a look at the list that you have created. Ask them to imagine how these feelings might relate to testing positive for HIV/AIDS. Discuss the links between this exercise and testing positive. Remind the group that they have placed themselves in the position of a person living with HIV/AIDS and allowed themselves to experience the very powerful emotions that such a person might be living with every day. Discuss what this might mean for the support that they could give to people living with AIDS. How can they help someone in this situation? How would they feel if they or someone they love were involved in this situation?



The True or False Game (or Agree or Disagree)

The **True or False Game** is a technique that can be used for just about any topic. It is a helpful technique when covering a topic for the first time because it will help you to get an idea of the level of knowledge people currently possess about the topic. It is also a great way to develop thinking skills, as people will tend to debate heavily to support their position. With a new group, it will also give you a sense of who the unspoken “leaders” or the confident people are, as others may watch them for clues regarding the truth of the statement. Here is how the game is played:

1. Print the word “**True**” in large letters on a sheet of paper. Hang the paper on one wall.
2. Print the word “**False**” in large letters on a separate sheet. Hang the paper on the opposite wall.
3. Clear an open area between the two signs.
4. Ask participants to gather in the center of an open area. The facilitator reads a statement, and the participants run to whichever sign they think is correct. If they think the statement is true, they run to “**True**,” if they think it is false, they run to “**False**.” If they are undecided, or think it can be both true and false, they should remain in the middle.
5. Ask the participants, in turn, to explain or defend why they are at the side they chose. It is good to ask for explanations from one side, then the other, as groups will tend to begin a debate about the correct answer. Only after everyone who wants to has spoken should the facilitator give the correct answer and additional information.
6. Emphasize good communication skills and conflict resolution by suggesting that each side “reflect back” the points of the opposing side before stating their own opinions.
7. Everyone comes back to the center and the game begins again with another question.

Sample Statements—Facts about HIV/AIDS Sessions

Below you will find a list of suggested statements for use during **Facts about HIV/AIDS** sessions. For answers and explanations to these statements, refer to **Facing Facts about HIV/AIDS and STDs** (Part III).

1. Someone with a sexually transmitted disease has a higher risk of becoming HIV infected.
2. The condom has small holes in it which HIV can pass through.

3. HIV can be spread by mosquitoes.
4. A baby born to an HIV positive mother will also get HIV.
5. You can tell that someone has HIV by looking at them.
6. It is safer to wear two condoms instead of just one.
7. By having more sex, you can ejaculate more sperms and HIV will get out of the body.
8. Married women are less likely to catch HIV/AIDS than unmarried women.
9. If a man uses condoms for more than two years, he can become infertile.
10. A person with TB who also has weight loss is infected with HIV.
11. If a person looks healthy, then he or she does not have AIDS.
12. You may get HIV by drinking from the same glass that a person with AIDS has used.
13. Petroleum jelly is a good lubricant to use with a condom.
14. It is safe to have sex just once without a condom.
15. You may get HIV by eating food prepared by someone who has HIV or AIDS.
16. A person can have a negative test for HIV and still have HIV.
17. You can get HIV from a dog bite.
18. Only men can receive free condoms.
19. HIV is the virus that causes AIDS.
20. There is a new drug in America that can cure AIDS.

This game can be adapted to just about any topic. You might use the **Agree or Disagree** version if you are using the technique for values clarification. Below are a few suggested statements for values clarification. Remember that these are opinion questions and, as such, have no “right” answer.

1. A woman who is HIV positive should not breastfeed her child.
2. If a person is HIV positive, he or she should never have sex.
3. AIDS is a disease that came from America.
4. People with AIDS should be encouraged to do as much as they can for themselves.
5. Condoms are against our culture; so we should not use them.



HIV/AIDS: The Epidemic Game

The **Epidemic Game** is sometimes called The Transmission Game or The Bean Game. (It can be done with beans of different colors.)

In this version, we will use cards. Suppose there are 12 people playing the game. Make 12 small cards: Three will have a red “X” on the card; four will have a “C” on the card; the other five will have black spots.

Every participant should receive one card. They are not to look at their cards. They should keep their cards folded in their hands. Tell the participants that they should move around the room and greet three people. They should simply greet them and remember who they greeted. They should not look at anyone’s card.

After the greetings, ask everyone to sit down. Now, everyone should look at his or her card. On a flip chart, put a red X. Ask everyone who has a red X to stand. Inform the group that these people have HIV. Ask the group to take a good look at the people standing. Anyone who greeted the people should also stand up. These people are also infected. Now, tell everyone to take a good look at everyone standing. Anyone who has greeted those standing must stand up. All those standing are infected with HIV. Continue with this a few times until just about everyone is standing.

Put a “C” on the flip chart. Ask if anyone has this symbol on his or her card. Tell these people that they can sit down. Tell the group that these people have used a condom. They are not infected. Everyone can now sit down.

Ask the group what we learn from this game. Put their answers on the flip chart. Possible answers will be:

- HIV can be transmitted very quickly and easily.
- You cannot tell if someone has HIV.
- Using a condom can reduce your risk of HIV.
- Having contact with one person is the same as having contact with all the partners of that person.

Ask the people with the red “X” how they felt to discover they were HIV positive. Ask the people with the “C” how it felt not to be infected at all and to sit down.

Note: It is important to emphasize that this is a representative exercise. People cannot transmit HIV by simply greeting each other. They would have had to have sex (or other contact with bodily fluid). Also, be careful that this exercise does not set a tone of “blaming the victim.”

Lastly, ask the group how they could have avoided infection in this game. Possible answers will be:

- They could have refused to play (Abstinence).
- They could have insisted on seeing their partners’ cards (Testing).

- They could have only greeted one partner (Risk Reduction—Being Faithful).
- Remind the group that if they choose “Risk Reduction—Being Faithful,” they must first ensure that the person is HIV negative, by “checking the card.” (Testing).

Variations—Condoms, Condoms, Condoms!

While teaching about condoms is an important part of any behavior change program, it is essential to include condoms as part of an overall program about decision-making, negotiation skills, and relationship skills. Therefore, you may wish to work with your group for some time before progressing to any sessions about condoms. There are a few ideas in different parts of this manual regarding negotiating condom use, and all of the assertiveness, peer pressure, and persuasion sessions can be adapted with condoms in mind. In addition, here are a few suggestions for games to play to familiarize your group with condoms and condom use.

Condom Time Bomb

This exercise is a great introduction to condoms. The game helps people get comfortable with touching condoms in a non-threatening environment. Also, the nature of the game helps to illustrate the strength of condoms.

You will need: Five to 10 condoms, slips of paper with one question about condoms written on each slip, and some music (tape player, radio, etc.).

Before the session, write one question on a slip of paper; fold the paper very small and put it inside one of the condoms; blow up the condom and tie it like a balloon. Do this for however many condoms you would like in the game.

Have your participants stand in a circle. Hand one of the “balloons” to a participant. Explain that you will play some music. Participants should pass the “balloon” around the circle any way they like—handing it to the person next to them, batting it into the air to the next person, dancing with it, and so on. When the music stops (when you turn it off), whoever is holding the condom balloon must break it, take out the question, and answer it. After discussing the correct answer, start the music and the entire process again. When the participants find it difficult to break the condom, make sure you point out how strong it is!

Some suggested questions for the Condom Time Bomb:

1. Are condoms 100 percent effective?
2. How many times should you use one condom?
3. How should a condom look before it is put on?
4. Where can you find free condoms?



Condom Demonstrations

An essential part of any session about condom use is a step-by-step condom demonstration. See **HIV Prevention** (Session 6 in Part III) for an example.

Condom Races

This is a fun way for participants to practice what they have learned about using condoms. Here are two ways to do the “races.”

1. Form teams. Each team gets one demonstration model and a bunch of condoms. The teams stand in line, and when you say, “Go!”, each team must go one-by-one up to the model, correctly put the condom on it, come back to their team mates and tag the next person who also goes up and repeats the process. When all members of one team have correctly put condoms on the models, that team wins.
2. Another variation is to write all of the steps for putting on a condom on individual cards. Mix up each set of cards so that they are no longer in order, and give one set of cards to each team. When you say “Go!” the teams have to race each other to see which team will put the steps in order the fastest. The team that gets all the steps in the correct order first wins the races.

Dealing with Difficult Questions

It is helpful to spend some time during a Training of Trainers exploring the many difficult or uncomfortable situations that may arise when discussing HIV/AIDS and other issues. You might simply lead the group in brainstorming the types of difficult questions that they might encounter. For example:

| | |
|---|--|
| Hostile questions | “Why do you always have to talk about sex?” |
| Questions that have no answer | “Where did AIDS come from?” |
| When you don’t know the answer | “What is the exact formula used to project HIV/AIDS epidemiological statistics?” |
| Personal questions | “Do you use condoms?” |
| Controversial questions | “My pastor says condoms have holes in them—are you saying he’s lying?” |
| Questions that get you off the topic | “When will we go to lunch?” |

After listing these possibilities, work with the group to discover the best ways to handle such situations. Examples might include:

- Repeat the question to give yourself time to think and to ensure that you understand.
- Open the question up to the entire group.

- To diffuse hostile or controversial questions, turn your body away from the person and address the question to the entire group.
- Admit that you do not know the answer, offer to research it for the group, and be sure to follow up with the correct answer.

To conclude the session, you might invite participants to come to the front of the room and role play as facilitators. Invite other participants to ask difficult questions. Elicit feedback about how the question was handled, other possibilities, and so on. If participants cannot think of difficult questions, have a few ready on slips of paper for them to read out.



