



**A Facilitator's Guide for Discussion Groups**

## **Acknowledgements**

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## **What This Guide Is About**

The SHAZ! Life Skills curriculum aims to provide Discussion Group Facilitators with ideas and information that guide discussion around communication, relationships, reproductive health, sexuality, HIV/AIDS information and prevention, confronting the reality vs. risk, strategies for negotiating and violence against women. This guide prepares adolescent girls and women to take action to protect themselves and promote their own health.

The SHAZ! Life Skills curriculum is divided into 17 modules, some of which have two or three sessions that can be facilitated in 2 to 3 hours each. The modules with two sessions may be conducted over 2 days or in one longer day. In each module there is a stated purpose and objectives to guide each session and activities that help participants assimilate new knowledge and apply what they are learning. At the completion of each session, there is a take home activity providing further opportunities to explore issues or practice skills. These activities may involve talking to someone, thinking about a problem, reading a leaflet and/or completing a self-evaluation. These activities should be completed before the next session. The curriculum is designed to be delivered in groups of 20 and facilitators are encouraged to hold regular meetings with the same group over time so that the 17 modules can be completed together and so that relationships and trust can be built among participants. All materials relevant to the module (handouts, take home activities etc) are placed after each module.

Additional information such as handouts are provided for the facilitator.

## Tips for the Facilitators

### Know Yourself! Have Confidence!

It is helpful to explore your personal knowledge about HIV and AIDS and your feelings about HIV and sexuality before you facilitate the sessions.

### Think About

- HIV infection: How HIV spreads and how it can be prevented. Do you know the answers?
- Your own risk: Are you putting what you know into action? Are you taking positive steps in your own life to prevent HIV or re-infection?
- Your influence on others: Are you a good role model?
- Your feelings towards People Living with AIDS (PLWHAs): Are you comfortable with and supportive of PLWHAs?
- Your feelings about illness and death
- Your position and that of the people you are close to (such as family and friends) and the communities you belong to (such as your church or school) on condom use
- Your confidence to lead these sessions: Read the handouts and check your information before you start out!

### Plan and Prepare for Sessions

#### Carefully

- Plan each session ahead of time! Become familiar with the content, objectives and the activities in the discussion guide before you start out.
- Tailor the session according to the needs of the group.
- Try to create a friendly warm atmosphere that puts people at ease.

- Find a "neutral" place to hold the discussions.
- At the start of each session, ask the members of the group to sit in a circle of which you are a part.
- Always confirm the date and time of the next session.

### Encourage participation

- Be a good listener.
- Encourage the group to talk about the problem from different points of view, for example, from a personal, family or community position.
- Encourage participation and draw in quiet members of the group.
- Watch the body language of the group and use this as a "cue" to change the pace or add information if necessary.
- Provide information when needed.
- **Don't** do all the talking!
- Keep to time.

## **Background Information about SHAZ! Life Skills Sessions**

In the first session, the facilitator will provide background information for the discussion group so that they know what to expect in the 16 sessions of SHAZ! Life Skills. These questions and answers may help with this explanation:

### **Why are we here?**

SHAZ! Life Skills curriculum is designed to assist young girls/women who want to reflect more deeply about the problem of HIV and AIDS in Zimbabwe and in their lives, and to make decisions about what they can do to protect themselves, their families and their community at large.

### **What are the SHAZ! Life Skills goals and objectives?**

The overall goal of SHAZ! Life Skills is to help young people, especially adolescent girls and women, to protect themselves from HIV re-infection by encouraging discussion about HIV, relationships, and safe sex negotiation, sexual violence and ultimately help participant develop skills for positive action in these areas. We hope the SHAZ! Life Skills sessions will lead to adolescent girls and women having greater control over their lives and relationships, including:

- Abstaining from or delaying the onset of sexual intercourse.
- Being mutually faithful within a relationship with another faithful partner.
- Negotiating safer sex including condom use.
- Avoiding dangerous, risky and/or violent relationships and situations.

- Knowing where to access health services.

### **About the SHAZ! Life Skills sessions**

SHAZ! Life Skills sessions are designed to build information, confidence and skills. On completion of all sessions members of the group should:

- Have complete and accurate knowledge about HIV and AIDS, how it is and is not spread, how it can be prevented and how to support those who are already affected and infected.
- Be able to apply new information to their own situation, for example, through the assessment of their personal risk of getting re-infections.
- Have an increased understanding of the benefits of and barriers to avoiding or delaying sex, and/or adopting safer sex behaviors.
- Feel confident and able to practice newly acquired skills that will lead to safe behavior and the avoidance of risky relationships or activities.

### **Take home activities**

Completion of each session is associated with a take home activity designed to support the lessons-learned during the session. These activities should be completed by participants before the next session and reviewed within the group during the following session.

### **Self-Assessment materials**

It's important for facilitators to encourage completion of self-assessment tools. These tools help both the facilitators and participants to evaluate knowledge, attitudes, perceptions and behaviors and will allow the participants to gain more from each session.

**Feedback and Discussion meetings**

At the end of each session, facilitators will convene for a brief feedback discussion to review activities and responses. At the end of the 17 modules of life skills and at 9, 15, and 21 months, participants will be required to fill in evaluation forms. (See annex 1)

## List of Shaz! Life skills Handouts and Take Home Activities

- Module 1** A look at the community and taking note of additional "safe" and "risky" places to add to the community map.
- Module 2** Think about other animals you represent in different circumstances. Note down the qualities of the animals you identify and situation/context where the communication occurred.
- Module 3** Reflection on video (*More Time*)
- How does it compare to your lives? Are there any parallels?
  - Do my relationships put me at risk? What kind of risk?
  - Does this risk affect my reproductive health?
  - If it does, who do I communicate with about my RH?
- Module 4**
- Session 1** Reflection on what you discovered about your body.
- Session 2** Further identify places in your community that offer "youth friendly" services for contraceptives.
- Handout: *Methods of Contraception (ZNFPC)*
- Module 5**
- Session 1** Identify images of sex you see or hear in your community. Bring in newspaper or magazine clippings or any other examples of images.
- Session 2** Handouts: a) *FACT or NONSENSE*  
b) *STI Information*
- Module 6** Handouts: a) *HIV and AIDS - Some Questions Answered*  
b) *HIV quiz*
- Module 7**
- Session 1** Discuss with relative or friend about "Why information has not prevented people from taking risks that expose them to HIV infection."
- Handouts: a) *Risky Business and Protective Action and The Centre –*  
b) *Nutrition Information*  
c) *ARV Treatment and Traditional & Herbal Therapy*
- Session 2** Girls should go home and identify nutritious foods that are locally available and they should come and share their findings with the group.
- Module 8** Think about whom you would tell if you were HIV positive, why and how.

- Module 9** Handout: *Rate your risk questionnaire*
- Module 10** Think of strategies that people use to negotiate in life.  
Think about different situations/venues.  
  
Handout: *I Can Say No*
- Module 11** **Session 1** Handout: *Strategies for Negotiation*  
**Session 2** Putting Persuasion statements in appropriate categories.  
Handout: *Persuasion cards*  
  
**Session 3** Give female condoms for girls to try at home
- Module 12** Participants to go and reflect more on the body mapping exercise.
- Module 13** **Session 1** Identify services within your community where women get help from instances of violence and sexual abuse.  
  
**Session 2** Demonstration of self-defense to friends.
- Module 14** Go and practice the relaxing techniques learnt today and tomorrow all will share how they felt after the practicing the technique.
- Module 15** Think further on who you can add to your support tree and add them on.
- Module 16** Define your Role model in the community and most trusted sources of information. 3-minute presentation on what you have learnt from life skills. Discuss how to apply this knowledge. Think about ways that planning your future may give you the strength to negotiate safely with the here and now.
- Module 17** No take home activity.

## Ground Rules

### Purpose:

This Session is an icebreaker. It facilitates introductions, and discussion started by building trust within the group.

### Objectives:

1. To ensure participants and facilitators get to know each other and build rapport.

### Activity I: Introductions

**Discussion time:** 20 minutes

**Aim:** To make introductions and help participants feel comfortable within the group.

**Directions:** Start with Introductions:

- Ask each participant to 'interview' one other person and then introduce her to the group in a way that highlights her likes, dislikes, hobbies etc.
- Then ask each member of the group to express one reason why they are here and what they hope to learn in the life skills program. Explain to the group that it is always a good idea for a facilitator to find out what a group is thinking.

### Activity II: Fears and Expectations

**Discussion time:** 30 minutes

**Aim:** Facilitate free expression about expectations for future sessions. Outline the objectives of the SHAZ! Life Skills curriculum.

**Directions:**

1. Ask each group member in turn to express briefly one hope and one fear about being part of the discussion. They should be

encouraged to say "I hope that..." and then "I fear that..."

2. Do not make any comments, unless it is to help clarify what a participant said, about the expectations or fears as you go around the circle.

### Feedback and Discussion:

1. Once everyone has stated a hope and a fear, you should take the time to address some of the hopes and fears expressed. If any of the stated hopes are quite beyond the scope of what will be discussed or practiced during the sessions, you could explain this now and offer suggestions about how one could meet that hope in a different way (e.g. one-on-one counseling, support groups, etc.). You could also try to reassure people about their fears.
2. Ask everyone to remember their own hope and their own fear, so that at the end of the sessions you can review them all together. Once everyone has participated, the facilitator can talk about the following:
  - The goal that upon completion of the sessions, group members will have information, skills and confidence to protect themselves from HIV re-infection (and their partners if applicable) from HIV, and discuss HIV prevention and care of the infected and affected.
  - The objectives of the group discussions, hinting at what will follow in the next sessions.
  - The idea of 'take-home' activities.

### Activity III: Ground Rules

**Discussion time:** 10 minutes

**Aim:** To establish "group rules" for the group discussions.

**Materials Needed:** Flip Chart paper, felt tip markers

**Directions:** In this activity, participants name things that "make or break" a good group discussion. List the points on the flip chart paper and discuss, then reach agreement about the "ground rules" for the group.

**Facilitator's note:** It will be important to cover points such as keeping to time, attending all sessions, doing the take home activities, respecting confidentiality, allowing others to talk and participating even if these issues are not brought up by the participants themselves.

#### **Activity IV: Building Trust and Confidentiality**

**Discussion time:** 20 minutes

**Aim:** To help participants think about and understand the meaning of trust and confidentiality, and begin the process of building trust within the group and establish a commitment among participants to confidentiality.

**Directions:**

1. Divide into small groups and discuss the following situation: Imagine you have some kind of health problem you are concerned about and shy to share with others. However, you want to seek some advice from a friend or from a health worker. What qualities would you look for in the person whose advice you seek? Advise participants not to mention the name of the person, whom they would turn to, but to concentrate on and discuss the qualities of that person or people.
2. Call everyone back into the full circle and ask people to describe the kinds of qualities

that have been discussed. Again no names should be mentioned. Point out to everyone that we all seek the same kinds of qualities in people to whom we want to turn when in need. Say that we all have secrets or embarrassing feelings in life that we would like to share with someone else; whom we feel could reassure or help us.

3. Finally, explain to the group that while we hope the group makes a commitment to confidentiality, it cannot be absolutely guaranteed. Therefore, everyone should say only what we feel comfortable saying in public. Point out, however, that our greatest source of learning comes from our shared experiences. The more that we can show that we care for, respect and trust one another, as well as take care of ourselves, the more we are all likely to learn from one another's' experiences. Encourage everyone again not to share details about others within the group outside of these fora.

**Feedback and Discussion:** Ask the participants what they thought about this activity. It is intended that this discussion should raise everybody's awareness of the value to us all of trust and confidentiality.

#### **Activity V: SHAZ!**

**Discussion time:** 20 minutes

**Aim:** To help participants value team support and cooperation. Participants take it in turn to walk in a straight-line blindfold across the meeting area. 1st they have silence and no guidance. Next they have encouragement and advice. The last activity should include encouragement and physical assistance from other participants.

**Materials needed:** Provide a blindfold; a scarf will do.

**Directions:**

1. Invite a volunteer to come forward. Put the blindfold on her and turn her around several times before she sets off in a straight line across the meeting area, to reach an agreed point on the opposite side.
2. Instruct the rest of the group to keep completely silent, giving no encouragement at all. They should also not touch her.
3. When the blindfolded person reaches the other side, ask her to take off the blindfold. Compare how close she is to where she intended to reach. Ask her how she felt about not having commentary from the others.
4. Ask her to repeat the exercise, this time with verbal encouragement of the others but not touching her.
5. Finally repeat the exercise with participants using their hands to guide the blindfolded person as well as talking to her. Ask the person to comment on how she felt with commentary and guidance from the others.
6. Repeat the exercise with 1 additional participant.

**Feedback and discussion:** Ask the group to discuss what they saw and/or experienced. Did they feel safer with the support of their group around them? Did they experience fears and/or mistrust that others would laugh at them or mislead them? Encourage participants to consider how the verbal and physical support of the group enabled the person to get where they were going in a faster more straightforward fashion.



**Break** (Break for 10 minutes)

## **MODULE ONE: Mapping safe and Risky places**

### **Purpose:**

This session is a mapping exercise for participants to become aware of risky and safe places in their environment.

### **Objectives:**

1. To enable participants to identify makes a place risky and safe for adolescent girls.
2. To create awareness among participants of the risky and safe places in their community.

### **Activity VI: A Map of Our Community**

**Discussion Time:** 40 minutes

**Aim:** To map out the community in which the participants live and create awareness among participants of the "risky" and "safe" places within their community.

**Directions:** In this activity the group will create a "map" of their community by drawing boundaries and important land marks, institutions and places (e.g. schools, beer halls, market places, churches, roads, clinics, bus stops, bottle stores, etc) to show where they live and to identify places where people gather. Mark on the map with blue (or any other color)

areas that are considered to be "safe," for example places that are free from crime, risk of abuse or violence, and/or alcohol and drugs. Mark in red (or other color different from the "safe" color) areas that are considered to be risky in terms of where people might have sex or be violated in some way.

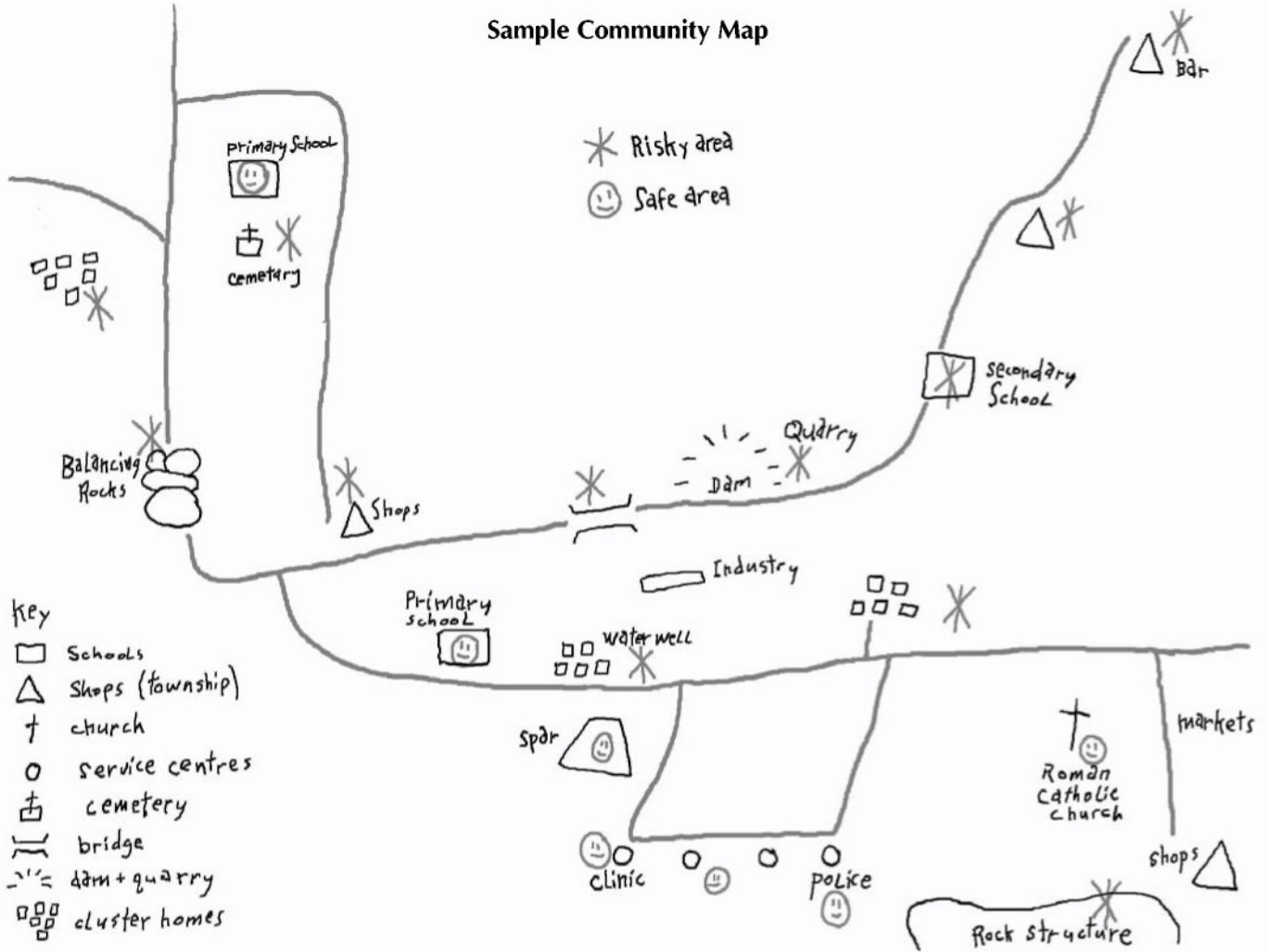
**Materials needed:** Large piece of paper and coloured pens, if available

**Feedback and Discussion:** Discuss the ideas of "risky" and "safe" places -what do those words mean to the participants - and keep the map where it is easily seen. Make a flip chart list of characteristics of a "risky" place versus a "safe" place. Ask if there are any additional risky and safe places to add. Discuss why these places are risky or safe.

**Take home activity:** Encourage the girls to look at their community and take note of additional "safe" and "risky" places to add to the map on the next session.

At the end of this session, meet with your co-facilitators to compare notes about the sessions. There may be useful information upon reflection, which could assist to restructure your next session more effectively.

### Sample Community Map



## **MODULE TWO** Communication

**Purpose:** This session aims to improve the awareness of self and others. The session allows participants to assess their own communication skills and works to improve participants' conversational and listening skills.

### **Objectives:**

1. To improve participants' communication skills in the areas of "listening", "body language" and "communication styles".

### **Activity I: Review Take home activity**

**Discussion time:** 15 minutes

**Aim:** The group looks again at their Community map, adding to it, other "risky" or "safe" places, now that they have had more time to reflect on this concept.

### **Activity II: Listening pairs**

**Discussion time:** 30-40 minutes

**Aim:** To help participants understand first what it feels like to be listened to, then what it feels like to be ignored or not well-listened to.

### **Directions:**

1. Ask participants to divide into pairs. One should start by describing to the other an event in her life, which made her feel very happy. The listener should say nothing but concentrate hard on hearing what is being said and give feedback that she is listening.
2. After 1 to 2 minutes, ask the listeners to stop listening. At this stage the, the speaker should continue to describe her happy experience but the listener should stop

listening completely. She could yawn, look elsewhere, turn around, whistle, or do whatever she likes. The important thing is that she no longer listens.

3. After a couple of minutes, call out "Stop". At this point, the speaker and listener should exchange roles and repeat the exercise. The whole exercise should take approximately 5 minutes.

### **Feedback and Discussion:**

- Ask participants how they felt first as speakers, encouraging them to compare telling their story to a willing listener and telling it to a bad listener.
- Then ask participants to describe and compare how they felt as good and bad listeners.
- Describe to participants how we will need to do a lot of listening to one another in these sessions. Communication implies an interchange of thought. By listening to people and the world around you, the person whom you're listening to will be more apt to listen to you. You would be surprised to know that one of the biggest reasons people don't communicate well is that the listener isn't listening. Often our minds race ahead by planning what we want to say next, all the while ignoring what is presently being said.
- Ask participants to describe some of the attributes of good listening, which they experienced, and then some of the attributes of bad listening. List these on flip-chart paper. Ask participants what other ways we communicate with one another, apart from language, e.g., non-verbal forms of communication such as eye contact and body language.

### **Activity III: Body Language**

**Discussion time:** 30 -40 minutes

**Aim:** Through role-play, participants are asked to demonstrate how body language can convey meaning even without words.

**Note to the facilitator:** We communicate in a number of ways. Speaking is just one. We communicate to others about ourselves in the way we look at others, in the way we behave, in the way we move our bodies, in the clothes we wear, in the activities we pursue, through the people we mix with, in what we eat and drink, in what we say and don't do etc. Communication is about the whole of human interaction.

**It is important to highlight these facts:**

- **Your voice** - How you say it is as important as what you say.
- **Body language** - Your body movements express what your attitudes and thoughts really are.
- **Appearance** - First impressions influence people's attitudes to you. Dress appropriately for the setting.

"Verbal and non-verbal communication cannot be taught; facilitators can only suggest guidelines for clearer communication.

**Directions:**

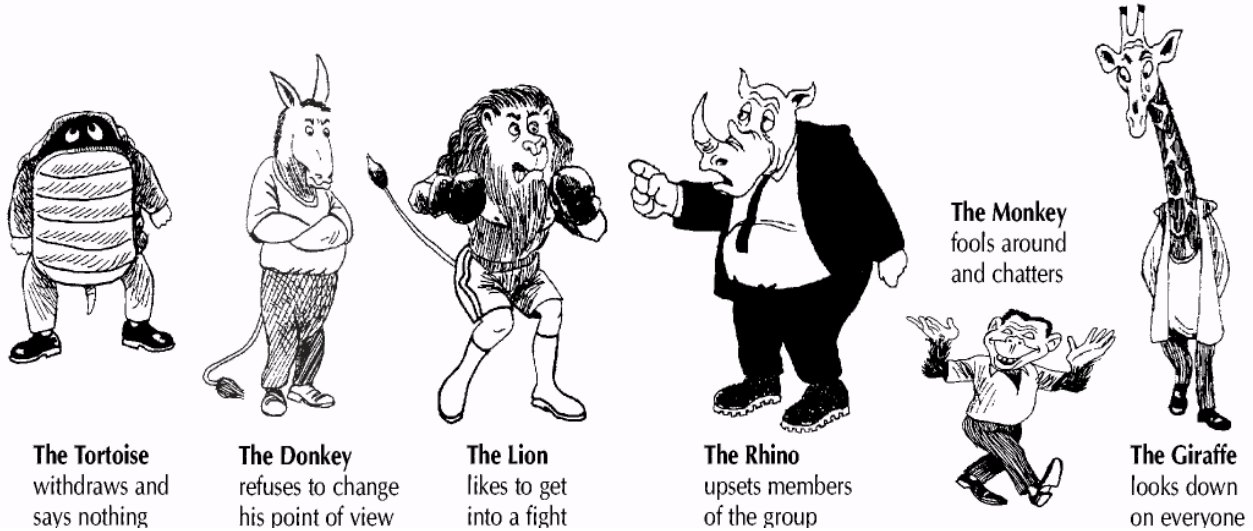
1. Ask participants to divide into pairs. Each pair should think of a discussion that one of them has had with someone else that ultimately developed into an argument. This could be an argument with a friend, boyfriend, parent or anyone else. The participant describes what happened and the pair should re-enact the argument as it was described, each one playing but using only their bodies and faces, no words.
2. Give the pairs a few minutes to work on this. Then ask everyone to return to the

circle. Pick out two pairs whose scenes looked particularly clear. Ask the first chosen pair to re-enact their scene in the middle of the circle so that everyone can see.

3. Ask members of the audience to tell the story of this pair's argument. Point out how easy it was for us to know what was going on through what we saw between the two actors using only their bodily and facial gestures.
4. Repeat this with the second pair.
5. Ask the participants to report what emotions they saw being communicated through the non-verbal communication. Did different eye levels or positions between people effect communication and reflect power differentials? E.g., teachers stand up while their pupils are sitting down; elders sitting on chairs while others sit below them; women kneeling down to serve food or tea to men and/or elders. Ask participants to give examples from their own experience, describing each time which person in their scenario has more power and why.
6. Finish by asking participants to think about the way that they use body language to communicate to one another over the next few days/weeks. Encourage them to think about how they may use their bodies differently in different contexts, in order to convey different messages to people.

**Feedback and discussion:**

Encourage participants to be aware that we communicate and listen as much with our bodies as with our words. Explain how some body language can appear very powerful and aggressive, some can appear friendly and warm, whilst other body language can appear very weak and submissive. Use your body to help



you get your point across. Waving your hand, snapping your fingers or stomping your foot can be just the added effect you need to make your message clear.

Encourage participants to watch their body language and how body language can convey messages that could foil their attempts to communicate. For example, using sarcastic eye rolling and listless sighs can shut down communication by throwing up roadblocks on the roads of communication. We say a lot with our bodies! By being aware of our own body language, we can often change it, in order to communicate more effectively with others around us.

#### **Activity IV: How We Communicate**

**Discussion time:** 30- 40 minutes

**Materials:** Animal codes

**Aim:** To identify communication patterns

**Note to facilitator:** Refer to animal codes. Animal codes depict how people react when communicating. They are used especially in group settings to help identify communication

patterns/styles. It helps the facilitator and other participants to better understand and relate to each other.

#### **Directions:**

7. Ask for 7 volunteers
8. Assign the volunteers a sensitive or inflammatory topic for discussion e.g. "All school children should be taught how to use a condom."
9. Secretly assign an animal character; e.g., "donkey" or "lion" to each member of the group. Volunteers must not tell anyone what role they have been assigned.
10. One volunteer should be delegated "group leader"
11. The volunteer group should then convene their discussion, "playing" out their roles as realistically as possible.
12. The observers should then try to guess the "animal character" of each person in the discussion.

**Feedback and discussion:** Ask participants if they identify with one or more of the "animal" communication styles. Ask participants to

describe some of the behaviour displayed in relation to communication. Ask participants to name the animal they most identify with. Also explain that rude or disruptive behaviour is a choice and it takes you to correct it.

Respecting others is important especially in group settings because we all come from different backgrounds and belief systems. It is important to know one's boundaries. The basic rule should be "do unto others as they would do unto you".

Explore how some of our cultural perceptions remain in conflict with western culture. For example, not looking at elders in their eyes is a very important traditional norm whereas western culture teaches that it is correct to look people in the eye when talking to them. Ask participants to come up with other examples they should be aware of in different settings.



**Take Home Activity:** Ask the participants to think about other animals they represent communicating in different circumstances and with different people. Participants should note down the qualities of the "animals" they identify and the situation or context where the communication occurred.

At the end of this session, meet with your co-facilitators to compare notes about the sessions. There may be useful information upon reflection, which could assist to restructure your next session more effectively.

## **MODULE THREE Relationships**

**Purpose:** In this session, participants reflect on the importance and influence of relationships in their lives.

**Objectives:**

1. To make participants aware of the different types of relationships that they may engage in within the home and their environment.
2. To make participants aware of the different roles they may play in relationships with regards to gender, culture and tradition.

### **Activity I: Review take home activity**

Ask participants to reflect on the communication styles and experiences they have had, and what other animals they felt like they represented in different circumstances and with different people. Ask how they communicated differently depending on their relationship with that person.

### **Activity II: Relations**

**Discussion time:** 40 minutes

**Materials:** Flip chart paper, markers

**Aim:** To think about and discuss perceptions of ideal relationships inside and outside the family or household setting. In the activity that follows, the group will focus on some of the reasons why our relationships sometimes do not live up to our expectations.

**Note to the facilitator:** Do not impose your ideas on the group; let them do the talking in this activity!

**Directions:**

1. Ask the group to form 5 groups and discuss the following:
  - What types of relationships do girls have with other girls, peers or friends? What are the qualities of an ideal friend? What are actual friend relationships like?
  - What types of relationships do girls have with adults? E.g. Mothers, fathers, aunties, uncles, teachers, church leaders. What are ideal and actual qualities of some of these relationships?
  - What types of relationships do girls have with boys and men, what kinds of romantic relationships do girls have?
  - What are the qualities of an ideal romantic relationship between a girl and a boy/man?
  - What are actual relationships like between girls and boys/men?
2. Ask them to write it down on a flip chart and present in the group discussion.

**Feedback and Discussion:** Discuss some of the "ideal" vs "actual" types of relationships that girls share with the different types of people in their lives. What are some of the reasons that people don't live up to our ideals?

### **Activity III: Culture and relationships**

**Time:** 30 minutes

**Aim:** To discuss how gender, culture and traditions influences relationships.

**Directions:** Talk about some of the cultural traditions that you feel to be important and helpful in guiding roles that people have within relationships. Talk about if and how these cultural traditions hinder relationships, particularly for women and girls. How might gender roles or expectations for girls and women limit the ability of women and girls to choose their relationships or how these expectations might make girls and women vulnerable to abuse, HIV risk or other problems. Discuss conflicts between cultural tradition and modern life that affect relationships? What are these?

**Feedback and Discussion:** Discuss whether or not in general, cultural traditions are upheld in participants' community.

#### **Activity IV: Video More Time**

**Time:** 1 hr

**Materials needed:** TV and VCR and Videotape

**Aim:** This video explores a young a girl's relationships at different levels of her life including those with her friends, family and extended family. The aim of this video is to facilitate discussion about the multiple ways we interrelate with our world.

**Feedback and Discussion:** What did you see in the video? Do you see this in your life and in your community?



#### **Take Home Activity:**

Go home and reflect on this:

- a) How does the video compare to my life? Are there any parallels?

- b) Do my relationships put me at risk? What kinds of risk?
- c) Does this risk affect my reproductive health?
- d) If it does, whom do I communicate with about my Reproductive health?

At the end of this session, meet with your co-facilitators to compare notes about the session. There may be useful information upon reflection, which could assist to restructure your next session more effectively.

## **MODULE FOUR** Reproductive Health

### *SESSION 1: It's My Body!*

**Purpose:** The purpose of this session is to create awareness of the female and male reproductive systems and look at personal hygiene.

**Objectives:**

1. To make participants aware of the biology of their reproductive health systems.
2. To help participants become comfortable with their bodies.

#### **Activity I: Review Take-home Activity**

Ask participants to share their thoughts on the take home activity from the previous session.

#### **Activity II: Female & Male Reproductive Systems**

**Discussion time:** 40 minutes

**Materials needed:** Female and male reproductive posters, paper, pencils

**Aim:** To familiarize participants with the anatomy of the female and male body particularly the reproductive organs.

**Directions:** Start by saying; "Our bodies are amazing pieces of "machinery"! Once you have an idea of how complex and delicate your reproductive "machinery" is, you will appreciate how important it is to protect your sexual health."

- Give each girl paper and pen to write with. Ask them to illustrate their idea of the female body and what is inside.
- After the participants are done drawing, the Facilitator puts up a picture of the female reproductive system and asks girls to label it.
- Ask the girls and discuss what parts of the body change during puberty.
- Repeat the exercise with the male body

**Note to Facilitator:** Talk about the language of your body (the sexual parts of your body) Make sure you encourage them to discuss all the words used e.g. slang, vernacular, colloquial

### **What does my body look like "inside"?**

#### **The Female Reproductive System**

The facilitator should be sure to cover some fast facts regarding the female reproductive health system:

- Ovaries are the organs that produce the eggs needed for human reproduction.
- The vagina is where the penis is inserted during intercourse and receives sperm.
- Sperms swim through the vagina, uterus and fallopian tubes (oviduct) to fertilize and female egg that has already been released by the ovaries.
- The uterus is where babies grow after conception.
- When the baby is ready (the gestation period is over) the baby is born through the vagina or birth canal.

#### **The Male reproductive system**

The facilitator should be sure to cover some fast facts regarding the male reproductive health system:

- The testes produce sperm.

- Sperm is stored in the epididymis.
- Sperm is delivered to the urethra through the vas deferens during orgasm.
- Seminal fluid (the fluid that carries sperm) is produced by the seminal vesicles, bulbourethral gland and prostate gland and is ejaculated into the vagina during sex.

### **Activity III: Discuss the Biology of Menstruation**

**Discussion time:** 40 minutes

**Aim:** Learn the facts about menstruation and discuss some of the social and developmental aspects of it.

**Directions:** The facilitator should begin with a discussion about menstruation. The facilitator should begin by acknowledging that beginning to menstruate is a big event in a girl's life. Some girls may not understand what is happening and this may be upsetting: *facilitator starts by giving example of her own experience and how she felt and handled the process.* Stabisile, 19 reported, "I was unsure of what was going on. I had no information on how to deal with it. Menstruation made me miserable. "

**Then discuss the menstrual cycle:**

1. Each month the female body gets an egg ready to make a baby. This happens in one of the ovaries.
2. The uterus (womb) also begins to prepare itself by lining itself with blood and soft tissue where the egg implants if it is fertilized (as discussed above). This process takes about 2 weeks.
3. When the egg is released from the ovary it travels down the fallopian tube to the uterus. This process is called ovulation. If

the egg is not fertilized, it passes out of the body.

4. 2 weeks later the uterus realizes that the egg has not been fertilized, and it sheds the lining it has prepared.

\*The whole cycle takes between 26 and 34 days. The best time for the egg to be fertilized is at the time of ovulation. But it is hard to tell when that time is. There is really no safe time in the cycle to prevent pregnancy.

Do not have sex or use effective contraception (such as contraceptive pills, injectibles and condoms) if you don't want to get pregnant.

**Issues to note:**

- The menstrual cycle is natural and healthy.
- The blood is just like other blood in the body.
- Menstruation is not dirty.
- Adolescent menstrual cycles are often irregular and this is normal.
- Sex, especially sex without a condom during menstruation can be riskier than at other times during your cycle.
- There is no truth to the rumour that sex cures menstrual pains.
- People may treat a girl differently once she has begun menstruation

**Feedback and discussion:** Ask participants to talk about their own experiences with menstruation. How do they perceive it? (As a hidden/embarrassing thing or an exciting thing?) Is there secrecy surrounding menstruation, why is that? Do people treat a girl differently once she starts menstruation? Does menstruation affect or limit daily activities such as going to school?

### **Activity IV: Personal Hygiene**

**Discussion time:** 20 minutes

**Aim:** Talk about hygiene and personal cleanliness and its importance particularly with the changes that occur during puberty.

**Directions:** Lead a discussion around topics of personal hygiene including:

- Exploring ways to keep clean by discussing examples of how they keep clean or how people they know or live with keep clean. Note that some of the girls may not have access to running water in their home or be able to afford sanitary wear. Discuss different strategies to use to maintain cleanliness and hygiene in spite of these obstacles.
- Explain that the vagina is essentially clean and self-cleaning. One does not need to put anything inside the vagina, for example, soap, water, for it to be clean.
- Discuss that it is important for each person to be aware of her own body odor. Encourage girls who are concerned about their body odor or breath to find someone they trust and ask them.
- You might not have many clothes but you can keep those clothes fresh and clean to avoid problems with hygiene.

### **Activity V: Me, myself and I (including my body)**

**Discussion Time:** 20 minutes

**Aim:** The aim of this activity is to encourage girls to get to know their own body parts and become comfortable with them, particularly the private parts (vagina and breasts) and teaches them to appreciate themselves.

**Note to Facilitator:** This discussion is not always easy at the beginning but after sometime, participants come out of their shyness and embarrassment and boldly address their private parts.

**Directions:** Ask the group to form a big circle by holding hands with their neighbor on each side. Ask the girls to imagine putting their private parts in the middle of the circle. Encourage the girls to address their private parts (vagina and breasts) with kind words, talking to them as if they were good friends. You can start by speaking to your private parts (vagina and breasts) that you placed in the middle and encourage each girl to follow. Probe them to ask questions or say things they have always wondered about or thought about their own private parts.

**Feedback and Discussion:** Ask the participants to respond to the following questions after the exercise:

- How did it feel to address your body?
- Do you ever examine your body?
- How does it feel to appreciate your body?
- How does it feel to appreciate other people's bodies?

Further have the girls ask themselves this, allow each girl to respond:

- What is one thing that makes me really feel good?
- Do I give myself time to feel good each day? If so how? - If not, what could I start to do for myself for 5 minutes each day?
- Name one thing which I really like about myself

**Notes for facilitator:** Questions like these can be extremely difficult for participants to answer

however such questions can be very helpful in encouraging participants to develop self-respect and a sense of self worth. Assure the participants that there is nothing wrong with taking care of, and appreciating themselves. It is a step towards looking after and protecting your body.



**Take home activity:**

Encourage each participant to go and reflect on what they discovered about their bodies and we will discuss this in the next session.

At the end of this session, meet with your co-facilitators to compare notes about the session. There may be useful information upon reflection, which could assist to restructure your next session more effectively.

## **MODULE FOUR** Reproductive Health

### *SESSION 11: Reproductive Health Choices*

**Purpose:** This is a follow up from menstruation to pregnancy and a closer look at contraception

**Objectives:**

1. To give accurate information on pregnancy
2. To give information on contraception and where to get access to it.
3. To dispel myths, misconceptions about pregnancy and contraception.

#### **Activity I: Review take home activity**

Allow participants to share any further thoughts they had once they went home about what they discovered about their bodies in the last session.

#### **Activity II: "Let's talk about it"**

##### **Pregnancy**

**Discussion time:** 30-40minutes

**Aim:** Provide information and dispel myths around pregnancy.

**Materials Needed:** Flip chart paper and marker

**Directions:**

- Gather participants in a circle and ask them to discuss how one gets pregnant, and what the signs of pregnancy are. List on flip-chart paper where all can see the different comments. At the end of the listing exercise, address the myths and fill in

information when necessary about pregnancy.

- Make sure to address the following topics:
- Pregnancy can happen even if the man ejaculates too close to the woman's vagina.
- Sperm is present in the fluid that comes out of the penis even before ejaculation.
- The most common sign of pregnancy is a missed menstrual period; however, a missed period does not always mean that you are pregnant. Other signs include nausea, tiredness, the need to urinate frequently, swollen and/or tender breasts and weight gain.
- Some women have light bleeding during their first period after conception, so if other signs are present pregnancy could have occurred even if you had a light period.
- Adolescent menstrual cycles are often irregular and this is normal. Because cycles are so irregular in adolescence, 'safe days' are a poor strategy for contraception. In other words, a girl can get pregnant even while menstruating.
- Sex, especially sex without a condom during menstruation can be riskier in terms of HIV and STIs than at other times during your cycle.

#### **Some frequently asked questions that may come up and should be addressed:**

*Can a girl fall pregnant on the first sexual encounter or by having sex only once?*

- Yes, especially if she does not use any contraception including condoms. Although a girl can get pregnant even having sex only one time, the number of times a girl has sex does influence the likelihood of getting pregnant. The likelihood of her getting pregnant is also dependent on her menstrual cycle at the time she had sex. If ovulating, she has a higher chance of

getting pregnant. Adolescent girls do not always have a regular menstrual cycle, making it more difficult to know when one is fertile.

*Can a girl get pregnant if she has sex standing up?*

- Yes, the position one has while having sex does not affect whether or not she can become pregnant.

*What are some problems experienced by girls who become pregnant too early?*

- Complications in childbirth and unsafe abortion are among the main causes of death among pregnant women under 20. Other factors common among girls and younger women that put them at risk to complications during pregnancy include poverty, malnutrition, lack of education and lack of access to prenatal and emergency medical care. If you do get pregnant it is important to get care and support as soon as you suspect you might be pregnant.

*What is an abortion?*

- An abortion is when the fertilized egg or fetus is expelled from a woman's womb, ending the pregnancy. This can happen naturally (often-called "miscarriage" or "spontaneous abortion") or can be induced (a medical procedure to terminate a pregnancy).

*If I fall pregnant, I can always have an abortion, right?*

- Abortion in Zimbabwe is illegal if a woman chooses to terminate her pregnancy, except in the case of rape or incest, or because the pregnancy poses a risk to the mother, or in the case where the child is severely deformed. In Zimbabwe it is legal for a pregnant HIV positive woman to have an abortion. Unfortunately, if you find someone to help you abort in spite of this;

you can be convicted if the authorities find out.

*Dangers of illegal/unsafe abortion?*

- While legal abortions by trained professionals are completely safe and effective, it is very important to remember that it is very dangerous to let an untrained person (even traditional healers or mid-wives) perform an induced abortion or to try doing it yourself. This includes inserting any material or substance of any kind into the vagina or drinking or eating anything that you are told will induce a miscarriage. Women who try to perform abortions themselves or get abortions from untrained people have a higher chance of causing infection to their sexual organs, loss of fertility and injuring themselves permanently, even dying.

### **Activity III: Contraceptives**

**Discussion time: 1 Hour**

**Materials:** Community Map, flip chart paper, markers

**Aim:** Discuss different contraceptive choices available in Zimbabwe, and where adolescents can access them.

**Directions:** Ask the girls to describe ways they know of to prevent pregnancy. Write each method on the left side of a flip chart page. After they are done, the facilitator can dispel any myths about contraception and fill in any knowledge gaps.

*What is the most effective contraceptive method for an HIV positive girl?*

- The **condom** because it is the only known and proven method that **protects against HIV and STIs (99% protection) and in this case HIV re-infection.** However, it is highly

recommended that one uses a condom and another contraceptive method for prevention of pregnancy as this is more effective.

- Over and above the condom, other forms of contraception are recommended. (Injectables, pills, spermicides, - refer to contraception chart).
- Be sure to discuss about the morning after pill (emergency contraception) if not raised and explain how it works and where it is available. Ask the participants to list places in their community where family planning services or contraceptives are available. Add these resources to the community maps created in session



Distribute a handout on the methods of contraception available in Zimbabwe (ZNFPC)

### **Take home activity**

Ask participants to further identify places in their community that offer "youth friendly" services for contraceptives to bring back into the sessions the following day.

At the end of this session, meet with your co-facilitators to compare notes about the session. There may be useful information upon reflection, which could assist to restructure your next session more effectively.

## **MODULE FIVE** Sexuality

### ***SESSION 1: Understanding and expressing sexuality***

**Purpose:** The purpose of this session is to explore issues of sexuality.

Objectives:

1. To provide a platform where participants feel safe to discuss openly about sex.
2. To help participants explore how media images and cultural ideas about women effect perceptions about and expressions of sexuality.

#### **Activity I: Review take home activity**

Ask participants to discuss any further places in their communities they identified once they left the session where they can access "youth friendly" reproductive health services. Add any to their community map.

#### **Activity II: The Language of Sex**

**Discussion time:** 40 minutes

**Aim:** A discussion about terms for different reproductive and/or sexual organs processes and acts. To clarify locally acceptable terminology.

**Note to Facilitator:** Explain that we are now moving on to talk about things that some people find embarrassing to discuss in public. However, highlight that we all experience it and that this group is a place where we can feel comfortable discussing sensitive topics. This exercise can be difficult in some communities so it may be helpful to let participants know that

this exercise may raise some emotions. Encourage participants to set aside their fears, shame or anger and join in to help one another. The exercise is worth doing because the more public acknowledgement and expression of the words help us overcome our conventional attitudes towards talking about sex. Ask: Why is it easy for us to say these words in other languages other than our local language.

It is important to KEEP USING the words decided upon in future exercises.

#### **Directions:**

1. Ask participants to divide into four separate groups for 7-10 minutes to brainstorm and record on the following:
  - Ask the first two groups to consider local words for: vaginal intercourse, vaginal fluids, anal intercourse, and orgasm.
  - Ask the second two groups to consider local words for: masturbation, withdrawal (i.e. withdrawal of the penis from the vagina before ejaculation), oral sex, breast sex, thigh sex (i.e. mutual masturbation without penetration).

**Feedback and Discussion:** There may be some denial that, for example, anal sex or oral sex takes place. If so, it is probably best to go along with this and just explain that they are practiced elsewhere. But go on including them in any future discussions, so that participants know about the risk factors involved in practicing them. Be sensitive to those who are quiet and shy to enter into the discussion, but try to create an atmosphere where all feel free to contribute.

### **Activity III: Perceptions of Sex**

**Discussion Time:** 40 minutes

**Aim:** To help participants examine how media and cultural ideas about women affect perceptions and expectations of sex.

**Materials needed:** Cards, pencils, flip chart paper, felt tip marker pens, sticky tape, and scissors.

**Facilitator note:** Start with, "we have seen how there is a difference between ideal and real images about us and also in what constitutes our expectations around love. We are now going to move on to talk about our images of sex in our lives." Explain how sex is something relevant to all of us, or will be in the future. "We have all experienced our bodies changing and for many of us, part of becoming an adult is the expectation of having children. Almost all of us can have questions or difficulties related to sex, which we may find painful or embarrassing, but with which we would like some help. This exercise is a way of helping us to share with one another our own understanding and our questions, and our hopes and our fears, about sex".

**Directions:**

1. Give each participant at least 2 small index cards and a crayon or marker. Each one should write at least one hope onto one of the cards and at least one fear on the other card about sex. These issues can be good or bad, funny or happy, or sad. They can represent experiences if one is already sexually active, or hopes or fears about sex if not yet sexually active.
2. Give each person up to five minutes.



3. While the individuals are busy, lay 2 pieces of flip chart paper, long end to long end, on the flip stand.
4. Call everyone back into the big circle, bringing their cards with them. Ask the participants to put their cards together and mix them up so that it is impossible to identify which card belongs to which participant. On one flip chart paper lay down the cards with the hopes written on them and on the other flip chart paper the fears.

After the exercise, bring the participants back together and encourage them to discuss the subject of each chart, so that they can share and learn from the issues raised.

### **Activity IV: Images of Sex**

**Discussion time:** 20 minutes

**Aim:** To help participants examine how images may influence their perceptions and expectations of sex.

**Directions:** Divide participants into 5 groups representing TV adverts, TV shows, Movies, Magazines, Community Leaders, Newspaper and Music videos. Give each group 10 minutes to decide on an image and perform a small skit to see if other participants can guess what they are acting out and comment on the ways in which sexuality is expressed through that particular form of media. Discuss how media and cultural ideas about women play into how sexuality is expressed. E.g. is the lens one of men looking at women?

**Take home activity:** Ask girls to identify images of sex they see or hear in their community. Ask them to bring in newspaper or magazine

clippings if possible, or any other examples of the images they find.

At the end of this session, meet with your co-facilitators to compare notes about the session. There may be useful information upon reflection, which could assist to restructure your next session more effectively.

## **MODULE FIVE** Sexuality

### **SESSION 11: About STIs**

**Purpose:** Learn about causes, signs and symptoms of sexually transmitted infections and the need to have them treated.

**Objectives:**

1. To ensure participants know the different STIs.
2. Ensure that participants can identify the common symptoms of STIs.
3. To help participants understand the importance of seeking early treatment for STIs.

#### **Activity I: Review take home activity**

Ask the participants to share about the images of sex they identified during their take home activity, including any images they have brought with them.

#### **Activity II: Facts about STIs**

**Discussion Time:** 1hr 30min

**Materials:** Flip chart, markers, TV, VCR, Videotape

**Facilitator:** We have discussed about sex in previous sessions, but another aspect of sex is sexually transmitted infections, I have some questions about STI's written on pieces of paper. The questions will be passed around the room in a basket. I want the 2<sup>nd</sup> person to take a piece of paper from the basket, and when I say your number, I want you to read your question to the group.

1. Pass the basket of questions around the room allowing the 2<sup>nd</sup> person to select a question until all the questions have been selected.

2. (Facilitator puts up a poster: What Does STI stand for?)

3. Whoever has question 1 please read it to the group.

#### **Question 1: What does STI stand for?**

S = sexually or by having sex  
T = Transmitted or passed from one person to another  
I = Infection which is being infected with a bacteria, virus or fungus which can lead to disease.

Whoever has Question 2, please read it.

#### **Question 2: What are some common STIs?**

STIs include syphilis, gonorrhea(also called clap), Chlamydia, herpes, genital warts, Trichomoniasis and HIV

Whoever has Question 3, please read it.

#### **Question 3: How do you get an STI?**

You get an STI by having unprotected sex with someone else who has an STI. Sometimes STIs can be spread even when using condoms or by "fooling around" without penetrative sex.

Whoever has Question 4, please read it.

#### **Question 4: How can you tell if you have an STI?**

Most of the time, it is very difficult to tell if a

woman has an STI. However, this doesn't mean that damage isn't being done to her body.

**Whoever has Question 5, please read it.**

**Question 5: What are some of the symptoms of STIs in women?**

Sometimes STIS can exhibit symptoms and these include vaginal sores, an unusual discharge, redness, lumps, odor, itching, and rashes, bleeding after sexual intercourse and pain when urinating. **The only way to really know if you have an STI is to get tested by a nurse or doctor.**

**Whoever has Question 6, please read it.**

**Question 6: How can you tell if your partner has an STI?**

Most of the time, you will not be able to tell if a man has an STI. However, some men will have symptoms such as discharge (pus) or painful urination. They may also have open sores or redness on or around the genitals. Because of this, it's important to protect yourself by using a condom EVERY TIME you have sex.

**Whoever has Question 7, please read it.**

**Question 7: Will douching prevent an STI?**

Often women will douche to feel fresher, but douching can actually cause MORE problems. This is because a woman's vagina is constantly cleansing itself but douching takes away the vagina's natural protective layer and makes it easier to get an STI. It can also push the

infection further inside the body causing more damage to reproductive health organs. Ask your doctor whether or not you should douche.

**Whoever has Question 8, please read it.**

**Question 8: What should you do if you think you have an STI?**

If you think you might have been exposed to an STI, it is important that you speak to a nurse at the clinic or see your doctor. If you have an STI, your sexual partner probably has one also. You and your partner should both be treated and should not have sex until you have both finished treatment.

**Facilitator: Display poster (Why get treated for an STI?)**

**Whoever has Question 9, please read it.**

**Question 9: Why should you get treated for an STI?**

It is important to get treated for an STI because:

- ✓ If an STI is left untreated, it can become very painful
- ✓ If an STI is left untreated, it can affect the health of your unborn child
- ✓ If an STI is left untreated, it can infect your partner
- ✓ Some untreated STIs can increase your chance of getting cervical cancer
- ✓ If an STI is left untreated, it could be difficult to become pregnant (ie, you will) not be able to conceive.)
- ✓ If an STI is left untreated, it places you at greater risk for HIV re-infection

**Whoever has Question 10, please read it.**

### How do you avoid getting an STI?

The best way to avoid becoming infected with an STI is to abstain from sex. However, if you are going to have sex, use a condom EVERY TIME you have sex.

### **Activity III: Screen STI video**

**Materials:** Flip chart, markers, TV, VCR, Videotape

**Feedback and Discussion:** Discuss what they saw, their reactions to the images. Ensure that the participants know where to find screening, diagnosis and treatment. Stress that if a participant has an STI they should come to the SHAZ! Clinic or go to the nearest clinic. Talk about the importance of partner treatment and ask participants to suggest ways to encourage partner treatment.

#### **Take home activity:**



- Distribute the handout *Fact or Nonsense*. (review handout)
- Also distribute the handout on STIs.

At the end of this session, meet with your co-facilitators to compare notes about the session. There may be useful information upon reflection, which could assist to restructure your next session more effectively.

## **MODULE SIX** HIV Information

**Purpose:** Explore existing knowledge and dispel myths and misinformation about HIV and AIDS.

**Objectives:**

1. To help participants understand more about the process of HIV acquisition.
2. To help participants understand the HIV cycle.

### **Activity I: Review take home activity**

**Discussion time:** About 20 minutes

**Aim:** Ask the participants to discuss how they did with the fact or nonsense exercise.

### **Activity II: Building accurate information**

**Discussion Time:** 30 minutes

**Aim:** Discuss facts, myths and misinformation about HIV

**Materials needed:** Flip Chart, markers

**Note to facilitator:** Information sessions often pose a personal challenge to facilitators—so before you begin:

- Think about possible gaps in your information, talk to others; read as much as possible before the session. Please use the extra notes compiled on HIV/AIDS.
- If you don't know the answer to questions that are raised say so and try to find the answer before the next session!
- For extra information, read the handouts provided.

- Encourage as much discussion as possible.

Over time, try to up-date your information by reading and talking to others.

**Note To facilitator:** Explain to the group that Activity II will concentrate on building accurate information about HIV and AIDS.

- To find out how much the group already knows about HIV and AIDS.
- Reassure the group that this is not a test of their knowledge but an important starting point for discussions that will follow.
- Encourage the group to raise questions about things they do not understand after the exercise.

**Directions:** Ask the girls to get into 3 groups and each group gets paper and a marker. Ask them to write what they know and heard about HIV. They should put each statement in either of these 3 categories; **Agree**, **Disagree** and **Don't Know**. Each group presents on their work and they discuss among themselves.

**Feedback and Discussion:** List the questions each of the groups still have about any of the HIV statements. If possible ask the group to find answers: when a solution is found, cancel the question. Spend time talking about common myths and if necessary, provide information to correct the misconceptions.

**Some examples of common myths include:**

- AIDS is a disease for prostitutes.
- Getting HIV is a matter of bad luck.
- Having sex with a virgin cures AIDS.
- A person who is clean and decent will not put me at risk.
- You can tell if a person has HIV.

- HIV can be transmitted through casual touching (e.g. handshakes), mosquito bites and sharing food utensils.

### **Where did it come from?**

There may be considerable discussion about the origin of AIDS -some members of the group may say that it is God's retribution, others may blame foreigners etc. It is important to stress that "We really don't know where AIDS came from - it will not help to worry about where it came from - we need to be more concerned about where AIDS is taking us ". Use feedback and Questions from the group as the basis for discussion and re-enforcement.

### **How has HIV affected us?**

*Zimbabwe statistics on HIV and Aids*

Provide overview of statistics, historically and currently. Look at ages and prevalence rates - ask girls to comment on these rates within ages and what this means to them. Draw attention to the serious problem in Zimbabwe and the age group 15-24.

### **Activity III: HIV CYCLE**

**Time:** 40 minutes

**Materials needed:** HIV cycle video, flip chart, markers

**Aim:** To understand the basic biology of HIV in terms of transmission and disease

**Directions:** Show the video and pay attention to the participants' reactions and comments.

**Feedback and Discussion:** Be prepared to answer questions and concerns around HIV/AIDs

**Facilitator adds:**

HIV can attack many cells in the body, but its effect on the immune system can be measured by seeing how HIV reduces certain white blood cells. The T4 white blood cell (also known as the CD4 or T-helper cell) can be counted and this tells the strength of the immune system. When the T4 cell count goes down, it's harder for the immune system to fight disease.

A person's T4 cell count can go up and down for many reasons. A normal immune system usually has between 700 and 1200 T4 cells. There are different normal levels for different laboratories. The one I use has a normal level down as far as 500. So I've been told to try to use the same lab, that way my results are accurate to their counts. A person with fewer than 500 T4 cells is more likely to develop an illness. People who have HIV and a T4 cell count of 200 or below have an even greater chance to develop a serious illness. Try not to panic if you have a low number of T4 cells. Many people with a low T4 cell count are doing fine and have no symptoms.

One of the new tests that is being done is called the Viral Load. This one was a little harder for me to understand how it works, but basically, it measures the virus present in the blood. It is a more accurate and direct way to measure the virus and can predict the progression to AIDS. Some of the new medications that are available now, are used to reduce the viral load.



**Take home activities:** Reading and Finding Out

Circulate two handouts to the group: *HIV and AIDS - Some questions Answered* and *HIV Quiz*

Ask participants to review both handouts and take the HIV quiz. Participants should be prepared to share this information with the group next session.

At the end of this session, meet with your co-facilitators to compare notes about the session. There may be useful information upon reflection, which could assist to restructure your next session more effectively.

## **MODULE SEVEN** Prevention

### *Session 1: Strategies for Prevention of re-infection*

**Purpose:** The purpose of this session is to think about the ways to prevent HIV re-infection, and to explore barriers to prevention.

**Objectives:**

1. To equip participants with strategies for preventing re-infections.

#### **Activity I: Review take-home activity**

Ask participants to discuss if there were any surprising facts in the handouts, and how they fared on the quiz.

**Discussion time:** 20 to 30 minutes

#### **Activity II: Strategies for Prevention (ABCDEFGHIJKL)**

**Discussion time:** 30 minutes

**Aim:** Discuss known strategies for prevention of HIV re-infection.

- **A**bstaining
- **B**eing faithful with another faithful partner
- Using **C**ondoms consistently
- **D**elaying onset of sexual debut
- **E**arly treatment of STIs
- **F**ree and frank discussion
- **G**etting treated early for OIs
- **H**ealthy living
- **I**nvolvement of family for support

- **J**ust stay positive
- **K**ee your CD4 count high
- **K**ee your stress levels low
- **L**earn to negotiate for safer sex

**Directions:**

1. Split the larger group into four groups. Give each group three 'strategies'.
2. Each group should discuss what these strategies mean and describe them.
3. Each group should come up with at least one circumstance where each strategy works well and at least one circumstance when it is harder or less effective to implement the strategy.
4. Call the groups back together and have each group report on their discussions.

**Note to facilitator:** Move around the groups. If groups are having trouble discussing, give ideas such as, does abstaining work for married couples? Why is being faithful not effective if one partner is already infected?

**Feedback and Discussion:** Discuss the golden rules of HIV prevention for those infected with HIV.

- When one learns of their HIV+ status, it is very important to disclose this information to sexual partner(s), and live according to these results. If we do not have sexual partner(s), we should disclose to family or someone close who can offer support.
- Persons living with AIDS (PLWA) can live positively and learn ways to prevent passing on the virus.

#### **Activity III: Barriers to Prevention**

**Discussion time:** 30 minutes

**Aim:** To explore possible barriers to prevention and strategies for overcoming those barriers.

**Directions:** Ask the group to divide up into the same four groups as the previous exercise and now **list the possible barriers** to each of the strategies for prevention. Then, for each "barrier" think of a "solution."

**Examples:**

**Barrier** Feeling pressured to have sex.  
**Solution** **Avoid being alone with the person who is pressuring you.**

**Barrier** My friends are all having sex.  
**Solution** **Find friends who also want to delay having sex.**

**Barrier** I can't say "no".  
**Solution** **Practice scripts for various situations.**

**Barrier** Rape.  
**Solution** **Walk with others at night; Don't go places with men or boys alone.**

**Activity IV: Parent to Child Transmission**

**Materials needed:** Video -*Zvitambo*

**Time:** 30 minutes

**Aim:** Learn the facts about mother to child transmission of HIV and how to prevent it.

**Directions:** Show the video and pay attention to the participants' reactions and comments.

**Feedback and Discussion:** Gather the participants together in a circle and discuss the video. List the questions asked and solicit answers from the group. Dispel myths and fill in facts as needed.



**NOTE:** HIV positive women can have children, but should discuss this with their doctor/nurse. It is recommended to have a high CD4 count undetectable viral load, and that both partners be in good general health before trying to become pregnant. .

There are safer sex options for a sero-discordant couple who wants to conceive a baby. Sero-discordance is when one partner in a relationship is HIV+ while the other partner is not. Some of these options include:

1. pricking a condom (this can be demonstrated by a professional)
2. In vitro fertilization (which means that instead of sexual intercourse the sperm is mixed with the egg outside the body and inserted in the womb. This is not a common procedure as this is expensive.
3. A couple can decide to have sex without a condom. Although both partners may have high CD4 counts and low viral loads, there is still risk of infection or re-infection. This is the least safe option for becoming pregnant.

Take-home activity:

1. Talk to a relative or friend about why information alone does not prevent people from taking risks that expose them to HIV re-infection. Why do people with good knowledge about HIV fail to protect themselves? Be prepared to discuss with the group in the next session
2. Participants to read the handout *Risky Business and Protective Action* and assess their personal risk. (review)

At the end of this session, meet with your co-facilitators to compare notes about the session.

There may be useful information upon reflection, which could assist to restructure your next session more effectively.

## **MODULE SEVEN** Prevention

### *Session 11: Positive living, nutrition and treatment*

**Purpose:** Discuss the concept of positive living including: diet and nutrition, treatment options for those in need of anti-retroviral medication (ART), and general ways to remain healthy.

**Objectives:**

1. To help participants embrace the concept of positive living, and start practicing it.
2. To bring awareness to participants of treatment options

#### **Activity 1: Review take home activity**

Ask participants to share responses on why people fail to convert information into action.

Get feedback from participants on the handout on Risky Business and Protective Action.

#### **Activity II: Positive Living**

**Facilitator:**

Upon learning of HIV positivity, many emotions may be felt, *ALL* of which are completely normal. These can include: Shock, panic, anger, confusion, guilt, sadness, hopelessness, etc. However, these intense emotions will likely not last forever. They will subside as we learn more about HIV, and as we take more control over our own health and well being. Most people need time to accept an HIV positive diagnosis, and experiencing these normal emotions plays a major role in acceptance. Some people deny their HIV+ status, but this can be very

dangerous, not only to them but to loved ones as well.

Denial prevents us from becoming involved and taking control of our own wellbeing!

Some people, upon finding out their positive status, do drastic things such as quit their jobs, give away possessions, isolate themselves from family and friends and even draw up wills and make funeral arrangements! But, as we find out, it is usually a while before symptoms begin to show, and therefore, for most people, life continues on pretty much as before. It is good to keep as normal a routine as possible. Being HIV+ is NOT the same as having AIDS. A person with HIV is said to have AIDS only when the immune system has lost most of its ability to fight off illness. For most, this happens on average 10 years or longer after initial infection. Others will progress more rapidly to AIDS. Unfortunately HIV tests cannot determine how long one has been infected, therefore it is important to think and live as positively as possible in every moment.

#### **Improving Your Health**

Our immune systems are what keep us healthy by fighting illness. Poor eating habits, cigarette smoking, alcohol, or drugs like marijuana and cocaine can impair the immune system. To stay healthy and strong, the immune system needs a balanced diet/healthy food, limited (or ideally no) drugs and alcohol, plenty of sleep and moderate exercise (discuss with a doctor /nurse first). Emotional support, meditation, prayer and laughter also help keep the body strong. All cuts and scrapes should be carefully cleaned and, covered until they heal. Personal hygiene items such as razors and toothbrushes should never be shared.

The term “healing” can mean “curing”, but it can also mean healing our mind and transforming our body to realize its full potential, joy and purpose, despite being infected with the HIV virus.

**Quote:** *If we stand with one foot in yesterday and one foot in tomorrow, we pee all over today!!*

So find a way to reduce stress and live positively!

Try exercise, reading, meditating, writing, drawing, painting, sewing, listening to music or enjoy the outdoors.

### Exercise

Always consult a doctor/nurse before starting an exercise program. A moderate exercise routine can help keep the body and mind healthier. A good rule of thumb is 30 minutes of exercise 3 times a week. Walking and cycling are good low impact options. It is recommended to start with 30 minutes and gradually increase the length of time, staying under an hour total. Stretching exercises can be done daily and help to relax muscles. Exercising to the point of exhaustion is counter-productive. If fatigue, sore muscles or a decrease in appetite occurs, a cut back is probably necessary.

Exercise should be put on hold during colds and/or the flu, or if the body temperature is elevated. This gives the immune system a chance to fight off infection without the added stress of exercise.

While exercising, the body will need enough calories to maintain weight. Weight loss could compromise the immune system.

### Rest

As different people need different amounts of sleep, it is important to know how much sleep we need. Sometimes our bodies are working overtime, and extra rest may be needed during these times. At times, we get the normal amount of sleep but still feel tired, and could benefit from a nap. If we feel tired, it is our body's way of telling us to STOP and REST. Sometimes we feel like we want to sleep and sleep and sleep. This could be a sign of emotional stress. Feeling the need to sleep excessively is a natural reaction to stress and fear.

### Alcohol/drugs

Too much alcohol and drugs like glue, marijuana and too much cough mixture can impair the immune system. It can even reduce the body's ability to get vital nutrients from the foods we eat and could also interfere with the effectiveness of medications.

### Activity III: Nutrition

**Time:** 40 minutes

**Aim:** To explore alternative ways of living positively through nutrition

**Materials:** Flip Chart paper, markers, sticky stuff




**Directions:** Divide participants into groups of three and ask each group to list foods in one of the 3 following categories on a flip chart.


1. Food we normally eat in the home
2. Food we should eat in the home
3. Food recommended for positive living

**Feedback and Discussion:** Discuss more on foods recommended for positive living and discuss why we don't always eat what we know is good for us

### Tips on Nutrition

Just as good nutrition can help our bodies, malnutrition can hurt it and hasten the progression of disease and/or leave us vulnerable to infection.

1. Eat a wide variety of foods 
2. Maintain a healthy body weight
3. Choose a diet low in fat and cholesterol
4. Choose a diet with plenty of vegetables, fruits and grains 
5. Cut back on sugars 
6. Use salt in moderation

 Studies show that people with HIV/AIDS can be up to 300 times more susceptible to some forms of food poisoning, and that these illnesses can be far more serious for PLWHAs than the general public. Most food poisoning comes from improperly prepared or stored animal products, or from animal waste tainted irrigation water. All food born illness is preventable. Since it is impossible to know which foods will make us sick just by looking at them, we should always practice good food hygiene in the effort to limit our risk of illness, including:

- Never drink raw or unpasteurized milk

- Never eat any raw or undercooked meat, poultry, fish or eggs
- Be careful to not let any raw meat drippings come in contact with other foods
- ALWAYS refrigerate meat, fish and poultry (cooked or not)
- Always wash fruits and vegetables well before eating them

Pass out the Nutrition *handout* from the Centre.

### Activity IV: Access to and Options for Treatment

**Time:** 40 minutes

**Aim:** To raise participants' awareness of anti-retroviral (ART) treatment options and their accessibility/availability.

**Materials:** Flip chart paper, markers

**Directions:** Prompt by asking: How does one access ART treatment in Zimbabwe? Find out what treatment options they know. Step in to correct myths and misconceptions. Use the facilitators' handout on treatment.

**Feedback and Discussion:** Talk about ART - benefits, side effects, when to embark on treatment. Explore issues around treatment, risk involved and reduction risk.

**Note:** Adherence is the **KEY** to ART. The medication should be taken at the *same time everyday* (or at whatever interval is correct for that particular regimen) for the greatest effectiveness. Failure to do so can result in the drugs not working as well as they should, and may also result in resistance (which means the

drugs become overall less effective against the HIV virus, which becomes stronger and stronger). By not taking ART in exactly the way it is prescribed, we can actually further damage our health. In Zimbabwe, the standard practice is to start a particular regimen, and if a patient has a bad reaction to it, a second regimen is prescribed. However, ART regimen options are limited in Zimbabwe. Therefore, ART recipients should try as hard as they can to adhere to exact directions in order to get the best possible effectiveness from the drugs that are available. If not, there may not be another effective option available, and/or other options may be very expensive,

At no point should any ART patient stop taking their medication without first consulting a doctor or nurse (even if side effects are severe).

**Question:** How can ART patients remember to take medication *at the same time, everyday*?  
Let girls bring out suggestions and list them on the flip chart.

Some ways ART patients help themselves adhere include:

- Creating a daily calendar
- Use a daily or weekly planner
- Use a beeper or alarm clock
- Rely on friends, family members or roommates to remind or follow up

**Note:** Let's think honestly about our lives and identify things that might interfere with our ability to take drugs on time, (e.g. choir practice, work, youth club, school etc.)

Discuss herbs and the role they can play in treatment. Make sure participants understand that while herbs can be helpful in the treatment of many illnesses, they can also possibly interfere with ART effectiveness and that a doctor or nurse should always be consulted before taking *ANY* herbs in conjunction with HIV medication (not only those intended to treat HIV).

Pass out the handout on *herbs*.

Also talk about home-based care and hygiene (Gloves, protection land clothes).



#### **Take home activity**

Ask girls to go home and identify nutritious foods that are locally available and then share their findings with the group.

## **MODULE EIGHT** Disclosure

**Purpose:** Carry out conversations in response to HIV e.g. disclosure, stigma, discrimination and speaking out.

**Objectives:**

1. To help participants see the pros and cons of disclosure in their own lives given the known benefits of disclosure as well as the realities of stigma and gender discrimination.
2. To provide skills to assess readiness and strategies for disclosure.
3. To help participants disclosure safely.

### **Activity I: Review Take Home Activity**

**Time:** 30 minutes

Discuss the take home activity. Girls should share whatever information that they found.

### **Activity II: Disclosure Discussion time: 20 minutes**

**Aim:** To help the participants think through issues of disclosure of a positive HIV result.

**Directions:** Bring participants together and facilitate discussion around the issue of disclosure.

*Prompt:* To disclose or not to disclose, that is the question! Some HIV infected people feel comfortable telling others about their status. Others are shy to tell anyone and/or feel embarrassed or ashamed, even those they are closest to. Why do you think some people feel this way? Brainstorm on the challenges of

disclosure. Discuss how this may effect women differently from men.

Break participants into small groups and discuss the following, recording their responses on flip chart paper.

### **What are the advantages and disadvantages of disclosure as:**

- a single adult?
- a woman who is married?
- a man who is married?
- a woman who is married with children?
- a man who is married with children?
- an adolescent girl or boy?

**Feedback and Discussion:** Call the participants back together to share what they discussed in their small groups.

How can it important to disclose to other family members?

### **Activity III: Stigma and Discrimination**

**Facilitator:** Start by asking the following:

1. What is stigma and discrimination?
2. What types of stigma and discrimination have you experienced? Has any of this been specific to being a girl or woman?
3. How can we end stigma and discrimination?
4. How do you think people who are infected with HIV should be treated?

**Note to Facilitator:** emphasize that PLWHA should not expect to be treated any differently from a negative person if they do not want to be discriminated against.

### **Activity IV: Telling Your Partner**

**Discussion time:** 40 minutes

**Aim:** To discuss how to disclose to partner

**Directions:** Ask participants to think about and respond to the following questions.

**Facilitator:** One of the most difficult tasks for a HIV positive person is notifying present and/or past partners. Many emotions can come into play when this must be done.

- How exactly do I say it?
- How will they react?
- Will they hate me?
- Will they leave me?
- Will I end up facing this alone?
- Will they still love me?
- Will they shun me?
- Is this *real*? Do I really have to do this!

**Go on to say:** The list could go on and on. But it is something that really needs to be done. One has a moral and social obligation to do it. If any of our past or current partners are also infected (and do not know it), THEY also need to get treatment and learn how to prevent passing the virus on to others.

### **Activity V: Testimonial**

**Guest speaker (The Center)**

**Discussion time:** 1 Hour

**Aim:** Help participants identify with someone who is HIV positive, and to see them living openly and positively with HIV.

**Directions:** Introduce the speaker and let her lead the activity with minimal guidance from facilitator.

**Feedback and Discussion:** Allow the participants to ask the speaker questions or share information.

**Take Home Activity:**



Think about the testimonial. Are you comfortable discussing your status with anyone? Who would you tell? Why? How?

At the end of this session, meet with your co-facilitators to compare notes about the session. There may be useful information upon reflection, which could assist to restructure your next session more effectively.

## **MODULE NINE Risk Reduction**

**Purpose:** To present some basic facts about HIV re-infection.

**Objectives:**

1. To identify the benefits to their own health and the health of the others by reducing risky sexual activity.
2. To identify high, low, and no risk sexual activities.
3. To demonstrate the skills necessary to reduce risky behaviours.

### **Activity 1: Review Take Home activity**

Review take home activity from previous session.

### **Activity II: HIV Re-infection**

**Materials:** Posters, Question cards

Pass around the basket with "HIV Re-infection Questions" in it. Ask the 2<sup>nd</sup> person to pick a question and pass the basket until all the questions have been selected.

After a participant reads her question, try to get responses from group then finally give the answer.

Whoever has Question 1, please read it.

#### **Question 1: What is HIV re-infection?**

One way to describe HIV re-infection is using the example of hailstorm (find appropriate example). Each hailstorm has its own unique shape and pattern. When two hailstorms melt together, the hail stone changes shape to form a totally different hail stone, just like each person has her or his own form of HIV.

When a woman who is living with HIV has sex

with a man who has HIV without using condoms, the man passes his unique form of HIV to the woman. The woman is said to be re-infected with HIV, because now she has a different form of HIV than she originally had.

Whoever has Question 2, please read it.

#### **Question 2: What happens to your body when you become re-infected with HIV?**

When you are re-infected with HIV, you get a new strain of HIV which means that your body now has to fight off a new strain of HIV.

When your body works out to fight off this new strain of HIV, it will further weaken your immune system. You will also put yourself at greater risk of becoming sicker because the medication will become resistant to the new strain of HIV thereby making you sicker. Using the hail stone example, when two different snowflakes melt together, a completely different hailstone is made that is bigger and stronger.

Whoever has Question 3, please read it.

#### **How do you avoid becoming re-infected with HIV?**

Remember, HIV is a sexually transmitted disease. The best way to avoid getting an STI and becoming re-infected with HIV is to NOT HAVE SEX. However, if you are going to have sex, the best way to avoid becoming re-infected with HIV is to use condoms correctly and consistently EVERY time you have sex.

Whoever has Question 4, please read it.

**Question 4: What should you do if you want to become pregnant?**

If you want to become pregnant, seek the advice of your doctor/nurse.

**Facilitator displays a poster:** Why is it important for girls living with HIV to use condoms EVERY TIME she has sex?

Whoever has Question 5, please read it.

**Question 5: Why is it important for girls living with HIV to use condoms EVERY TIME she has sex?**

- To avoid becoming re-infected with HIV
- To avoid becoming sicker and weakening her immune system
- To avoid STIs other than HIV, like syphilis and gonorrhea. Getting another STI may make her sick because she'll have to fight off HIV and an STI.
- To avoid increasing her viral load – the amount of virus in her body.
- To avoid unplanned pregnancy.
- To avoid re-infecting a partner who is living with HIV.
- To avoid infecting an uninfected partner with HIV.

Whoever has Question 6, please read it.

**Question 6: Will using birth control pills lower my risk of HIV re-infection?**

No. Using birth control pills will not lower your risk of HIV re-infection. It may prevent you from becoming pregnant, but the only way to

prevent you from becoming re-infected with HIV is to use a condom EVERY TIME you have sex.

**Activity III: Card Swap Game**

**Materials:** A set of pink, orange and blue cards for each participant and facilitators. Pencils, Poster showing Card Swap colors

**Facilitator:**

Explain that the group is going to play a game that will help demonstrate how people get STIs and/or re-infected with HIV. Everyone should play, including the facilitators.

**Instructions:**

1. Participants should write their names on the three cards they were given.
2. When the facilitator says "SWAP", each participant finds another person and trade a card.
3. When the facilitator says "SWAP" again, participants again find a different person, and trade another one of their cards. Note: Make sure the cards they GIVE AWAY are the ones with THEIR NAME on them, and not the cards they've been given.
4. Swap cards for three rounds.

O.K SWAP

(Pause)

SWAP another card with your name on it.

(Pause)

SWAP the last card with your name on it.

(Pause)

After each participant has given away all the cards with her name on them, have the

participants sit down. **Display the poster: (Card Swap colours)**

Explain the meaning of each colour of card:

**Blue** - Participant had **SAFER SEX** (used a condom during sex)

**Pink** – Participant had **UNSAFE SEX** (did not use a condom during sex or bodily fluids were exchanged).

**Orange** – Participated in **SAFE ACTIVITIES** like dry kissing, holding hands, touching or talking.

For the purpose of this game, let's say the facilitator has an STI. Facilitator reads the names of the PINK cards that she is holding. Participants whose names are called should stand and remain standing.

Those standing are now also infected with an STI because they had unsafe sex with someone who has an STI.

Ask standing participants to read the names from their PINK cards. Those whose names are called please stand and remain standing.

Those participants are now also now infected with an STI or re-infected with HIV because they had unsafe sex with someone who has an STI.

If any participants are still sitting and have PINK cards, these cards should be only from other participants who are also still sitting.

PINK means the participant had sex with someone and did not use a condom. Luckily, her partner did not have an STI so although she took a risk, she was not infected.

Sex WITHOUT A CONDOM is unsafe sex. It is also called HIGH RISK sex.

If sitting participants received **BLUE** cards from anyone who is standing, it means she had safer sex with a person infected with an STI.

We use the term SAFER SEX because bodily fluids would be exchanged, except that a **CONDOM WAS USED**, correctly, from the start of sex to the end.

Using a condom greatly reduces the chance of bodily fluids being passed from one person to another. It is likely that she was not infected as long as she was careful **NOT** to exchange any semen, blood or vaginal fluids. The term SAFER SEX refers to LOW RISK activities.

With **NO RISK** activities, either partner could have had an STI but the other person would not become infected.

Ask participants to sit back down, and then review and discuss the game.

**Blue card** - Means **SAFER SEX** (a condom was used during sex)

**Pink card**- Means **UNSAFE SEX** (a condom was not used during sex, or bodily fluids were exchanged).

**Orange card**- Means activities like dry kissing, holding hands, touching or talking. These are **SAFE ACTIVITIES**.

#### **Activity IV: Rate your risk**

**Materials:** Poster. Flip chart paper with labels in big writing “No Risk”, “Low Risk”, and “High Risk” posted on the wall. Rate-your-risk cards. Behaviour cards.

**Facilitator:**

Now let's talk about behaviours or ACTIVITIES that can INCREASE or DECREASE our risk of getting an STI or becoming re-infected with HIV. We are going to learn to identify activities that are risky and those that are safe.

Let's begin by defining what we mean by **SEX**. This may be embarrassing for some of us but hopefully no one feels too uncomfortable to participate.

There are 3 different types of SEX. They are VAGINAL, ORAL and ANAL.

- VAGINAL sex is defined as intercourse, as putting the penis into the vagina or "straight" sex
- ANAL sex is inserting the penis into an anus or butt. (Prompt: what are some of the names for anal sex?)
- ORAL sex will be defined as r stimulating the penis, scrotum, anus, vagina, and vulva with the mouth. (Prompt: What are some of the names for oral sex? ie blow job, eating at the Y, downtown, etc.)

Any Questions?

1. Post NO RISK, LOW RISK and HIGH RISK flip chart pages at the front of the group.
2. Distribute behaviour cards to all participants.
3. Explain that participants will each be given cards with sex related activities written on them.
4. Ask participants to look at the behaviour cards and decide in which category each behaviour belongs and then place cards on the appropriate poster.

**NOTE:** Explain to participants that the exercise is not a race. Encourage each girl to take time to contemplate each behavior and make her own decisions, and discourage asking others for help opinions. Then instruct them to place each card where they think it goes, even if they are unsure.

Allow enough time to sort and tape cards on the appropriate risk category page. When all participants are finished, display the RATE YOUR RISK Poster where all can see it. Go through the activities in each category beginning with NO RISK.

Read each activity out loud to the group, then discuss why it does or doesn't belong in the category (refer to Poster 21)

**NO RISK ACTIVITIES**

- Hugging
- Sharing eating utensils
- Taking a bath/shower together
- Dry kissing
- Massage
- Drinking from a public water fountain
- Using a public toilet
- Masturbation
- Cuddling

**EMPHASISE:** With NO RISK activities, **BODILY FLUIDS ARE NOT EXCHANGED**

**LOW RISK ACTIVITIES**

- Sharing toothbrushes
- Wet kissing
- Vaginal sex with a latex condom
- Anal sex with a latex condom
- Oral sex with a latex barrier

**EMPHASISE:** With LOW RISK activities, if a proper barrier is used, fluids are **PROBABLY NOT EXCHANGED**. Also, exchange of SALIVA such as happens with WET KISSING is considered LOW RISK.

### HIGH RISK ACTIVITIES

- Mutual masturbation without a condom
- Vaginal sex without a condom
- Anal sex without a condom
- Sharing sex toys that have contact with bodily fluid
- Oral sex on a man without a condom
- Contact with blood (including menstrual blood)
- Sharing needles to inject drugs
- Sharing earrings or needles used to pierce your ears
- Sharing razors

**EMPHASISE:** HIGH RISK activities include sexual activities WITHOUT A CONDOM where bodily fluids such as semen, blood, or vaginal fluids **ARE EXCHANGED**.

EXCHANGING NEEDLES also fits in this category.

There are extra cards for any additional activities or behaviors participants may wish to include.

### Activity V: Opportunistic Infections

There are more than 20 diseases that take advantage of a low T4/CD4 count and these are referred to as **opportunistic infections**. Many can be prevented, controlled and cured. They are very common among those infected with the virus. Early treatment at the sign of **any** changes in a PLWHA's health may prevent a much more serious condition.

There are many medications available, used alone or in combinations to treat infections and other related illnesses. There are also preventive treatments--used to keep an infection from starting. Since there are certain diseases that are common among HIV/AIDS patients, physicians can prescribe a medication before we get sick.

The following symptoms can be caused by HIV or by other illnesses. You should see a doctor as soon as possible if you have any of them:

- fever that won't go away
- swollen glands in the neck, armpit, or groin
- a white coating on your tongue or in your mouth
- a dry, nagging cough
- shortness of breath
- night sweats
- weight loss without dieting
- prolonged loss of appetite
- diarrhea that won't go away
- sores or rashes that won't go away
- headache that won't go away
- changes in memory or vision
- weakness or numbness in arms or leg
- genital sores, discharge or irritation
- constant tiredness

This list is not complete. Because of a compromised immune system, PLWHAs should always contact their physician immediately upon noticing ANY changes in health..

**Take home Activity:** Distribute Rate-your-Risk Questionnaire



## **MODULE TEN** Negotiation

### *Session I: Introduction*

**Purpose:** To help participants start thinking about negotiating the terms of their relationships.

**Objectives:**

1. To discuss in depth why participants find it difficult to say no in relationships and help them come up with practical solutions.
2. To introduce participants to the concept of negotiation in their relationships.

### **Activity I: Review Take Home Activity**

Review Take home activity from previous session.

### **Activity II: Why do we struggle to say NO?**

**Discussion time:** 30 minutes

**Aim:** To become aware of the challenges we might face when standing up for what we want and/or need.

**Directions:** Gather the group into the circle to facilitate discussion around the topic of saying no. Start the conversation by saying, "Think about it: We all have the right to say no to anything that makes us feel uncomfortable or at risk. But in a relationship in or out of marriage - with or without children - even with friends or relatives, sometimes it is not easy to stand up and say NO even if it means doing something we don't want to do, or that may put us in harm's way or places us at risk."

Read the following scenarios and then solicit conversation around the topics bulleted below:

*A friend is seeing a boyfriend and invites you over to her house with him and some of his friends. No one else is home. You don't want to go. You know you may get in trouble at home, or that you don't trust these friends of the boyfriend, but you hesitate to tell your friend no.*

What are some of the reasons you may have for not declining her invitation?

- You feel pressure from her to do what she wants; she teases you and tells you that you are afraid.
- You do not want to cause problems in the friendship.
- You are excited by the idea even if you fear it may not be the right thing to do.

In general, why do we have trouble saying no?

- We do not want to be different.
- We are afraid of losing a boyfriend.
- We feel shy.
- We are afraid of what our partner may say if we raise concern.
- We are afraid of what our partner may do if we raise concern.
- We are afraid to hurt other people's feelings.
- We are afraid of being physically threatened with violence.
- It goes against our culture or religion to say no.
- We are afraid to say no.
- It's too difficult to say no.
- We don't know how to say no.

What happens if we say NO? What outcome do we expect?

- We will be labelled.
- He will dump me.
- He could beat me up.
- He could spread rumours about me.

What happens if we don't say no? What is the outcome? Invite the group to respond - these are some of the possible responses:

- I may be at risk of being re-infected, my partner may have HIV or an STD from the person that he was with before me and this places me at risk of infection.
- If I get re-infected with HIV and fall pregnant, I could pass on the infection to my unborn child.
- If I get HIV re-infected, I may not live to see my children grow up.
- I lose my rights; I may become a victim.
- I have to live with the consequences.
- I may end up alone and shunned.

### **Activity III: Tap in tap out**

**Discussion time:** 20 Minutes

**Aim:** To start participants thinking about negotiating the terms of their relationships.

**Directions:** Two participants begin role-playing. As they each push for what they want, if the other participants think they have a better argument or could be more persuasive, then they tap the shoulder of the girl currently playing that role.

1. Have the group form one large circle. Then ask for two volunteers to begin the role-play of a young man and young woman out on their second date. He puts pressure on her to have sex she doesn't want it.



2. Tell the participants to "tap in" if they have a better argument or if they could be more persuasive on either side.
3. Continue the role-play until it comes to a logical conclusion.
4. Repeat this activity for a girl and a "sugar daddy", and a girl being pressured by someone within her family i.e. an uncle, brother-in-law, etc. Also, consider playing this out for a girl who is having sex and trying to negotiate a condom with her boyfriend.

**Feedback and Discussion:** Ask the girls to discuss what happened in each of the role-plays and what they learned from each other's arguments throughout the process.

At this point, have participants discuss the following statement:

**Having sex or not, abstaining, being faithful, and/or using condoms is your right, a woman's right. You decide when, how and under what circumstances to have sex or not have sex.**

Do they agree, disagree and why?

Discuss also that sometimes larger factors or situations limit our power or control over these decisions. Factors such as violence against girls and women, poverty and decisions that affect our livelihoods and we will be discussing these in more detail in the next few sessions.

### **Take Home Activity:**

1. Take handout *I Can Say No* and read.
2. Go home and think of strategies that people use to negotiate with others in life. Think about different venues or situations for example negotiating for a seat on the bus, asking your parent for permission to go out

to a movie, etc. This will be reported in the next session.

At the end of this session, meet with your co-facilitators to compare notes about the session. There may be useful information upon reflection, which could assist to restructure your next session more effectively.

## **MODULE ELEVEN** Negotiation

### *Session II: Strategies for Negotiation*

**Purpose:** In this session, the group will look at strategies for effective negotiation.

**Objectives:**

1. To help participants develop skills in relationship negotiation, particularly related to negotiating abstinence, condom use and other safer sex behaviors.

#### **Activity I: Review Take Home Activity**

**Discussion time: 20 minutes**

**Aim:** Participants report back on strategies identified.

**Materials:** Flip chart, marker

**Directions:** On a flip chart, the facilitator should write out the strategies as mentioned. Discuss each strategy detailed below, and whether or

not these strategies are successful or unsuccessful and why.

#### **Activity II: Strategies for Negotiation**

**Discussion time: 40 minutes**

**Aim:** Looking closely at strategies for negotiation

**Directions:** The facilitator role plays one scenario with three different responses (aggressiveness, passivity, assertiveness). After each scenario participants describe the qualities of the responses. These responses should be written on the flip chart. Place the Balance Chart that follows on the wall and compare what they have noted from the role-plays with the chart categories. The group identifies which category each scenario falls under.

**Note to Facilitator:** Remember responses can shift within an interaction moving from assertive to aggressive to passiveness. Encourage participants and remain calm and clear and be aware of their body language.

## A Question of Balance!

---

### AGGRESSIVENESS:

#### Too much “attitude”

Expressing your feelings, opinions or desires in a way that threatens or punishes the other person. Insisting on your rights while denying their rights.

#### *Ganyabvu*

#### **Dominating:**

- Shouting/ loud, tense
- Demanding
- Not listening to others
- Saying others are wrong
- Leaning forward
- Looking down on others, putting others down
- Threatening
- Fighting

#### **Body language:**

**Eyes:** cold, staring, angry, calculating or glaring

**Posture:** stiff and rigid, hands on your hips, you turn your back or head while engaging in conversation.

**Hands:** Wagging finger or pointing at others, wave your fists, throw your hands up in a manner that dismisses people.

### ASSERTIVENESS:

#### The right “attitude”

Telling someone exactly what you want in a direct and honest manner, in a way that does not seem rude or threatening to them. You are standing up for your rights without endangering the rights of others. You don't let others use you and you don't use others.

#### *Kuzvimirira*

#### **Balanced:**

- Know what you want to say:
- "I feel..." not "I think..."
- Be specific, use "I" statements
- Look the person in the eye
- Don't whine or be sarcastic
- Use your body language (stand your ground, be centered)

#### **Body language:**

**Voice:** clear, firm, confident, loud enough to be heard, but not too loud.

**Eyes:** use direct eye contact, but do not glare.

**Posture:** heads and shoulders are raised.

**Hands:** hands are relaxed

### PASSIVENESS:

#### Too little “attitude”

Giving in to the will of others and hoping to get what you want without actually having to say it. Leaving it to others to guess or letting them decide for you. You go with the crowd when you are unsure of a situation. You say “yes” when you really want to say “no”. You act this way to be nice to someone to keep from hurting another person's feelings, or so you will be liked.

#### *Chikorobho*

#### **Submissive:**

- Giggling nervously
- Looking down or away
- Sagging shoulders
- Avoiding disagreement
- Hiding face with hands

#### **Body language:**

**Speech:** you say nothing at all, say “um” a lot or skip around the subject.

**Voice:** soft and whining

**Eyes:** avoid eye contact, look down or away.

**Posture:** shoulders droop, head is down, unable to stand or sit without fidgeting.

**Hands:** hands shake.

### **Activity III: Practicing Negotiation**

**Discussion time: 40 minutes**

**Aim:** Role-playing different strategies for negotiation

**Directions:** Ask for volunteers to act out three different scenarios. Have different teams role play each scenario. Have one team respond to the invasion of personal space with aggressive behavior, the other with assertive behavior and the other with passive behavior.

1. In a combi situation, where a man will put his arms behind your neck.
2. Someone jumps the queue just ahead of you.
3. A person stands too close and it makes you feel uncomfortable.

**Feedback and discussion:** Probe for what they saw and what worked or didn't work with each strategy and why. How do most people react in all of these situations? What is most often the most effective response?

**Note to facilitator:** We are hoping the participants arrive at the idea that being assertive (rather than aggressive or passive) is an effective way of negotiating what one wants. Please highlight the following ideas throughout the session or re-cap on them at the end of the session. Talk about ways to negotiate without getting angry, violent or aggressive. Here are some tips:

- Know your rights!
- Set your goals and do not put yourself in compromising situations.
- Plan the steps to reach those goals, including Thinking of the barriers that may get in the way such as peer pressure.

- **Speak out!** Keeping quiet about something important means giving up your right to speak out.
- **But do not be aggressive!** We can get what we need without violating the rights of others: for example you and your partner can talk and agree that there are protective options available for preventing HIV - abstaining from sex, being mutually faithful, using condoms for example. These will benefit both of you and you can agree to share the responsibility. This is being **Assertive**.

Here are ways to negotiate change without being aggressive or losing your rights. We can do all of the following:

- From these examples, we can use words, body or both to employ negotiation strategies.
- Let your body do the talking - make eye contact, stand tall, be serious.
- Talk about your feelings using "I" statements: "I really love you, but am not ready for sex" or "I love you, I want to please you and I know you want to please me, so please say no to other partners."
- Suggest alternatives: Instead of "you need to go get tested" say "let's get a test together and let's make sure we get the results together"
- Be clear about what you do not want to happen - stick to the point - say what you mean - do not say "maybe", say NO if you mean no!
- You have a right to disagree.
- Negotiate in a way that makes you both feel like winners.
- Find alternatives to getting angry - walk away if you are feeling angry or if people are not listening to you or if you have stopped hearing the other. Discuss ways of

getting what you want through indirect negotiation.

### **Take home activity**



Circulate handout on more strategies for negotiation. Ask participants to read and think about the handout, and explain that we will be discussing negotiation more in the next session.

At the end of this session, meet with your co-facilitators to compare notes about the session. There may be useful information upon reflection, which could assist to restructure your next session more effectively.

## **MODULE ELEVEN: Negotiation**

### *Session III: Negotiation in Action*

**Purpose:** Continue to look at strategies for effective negotiation.

**Objectives:**

1. To help participants put negotiation in action using prepared statements.
2. To develop appropriate negotiation skills.

#### **Activity I: Review Take home activity**

Ask participants to give any feedback on the handout or thoughts from the last session that they had overnight on more strategies for negotiation.

**Discussion time:** 10 minutes

#### **Activity II: Responding to persuasion**

**Discussion time:** 1 hr

**Aim:** Discuss responses to persuasion

**Materials:** Pins/sticky stuff, large Persuasion cards, small Persuasion cards

**Facilitator's note:** 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 track and 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.

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

1. Stick 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.
2. 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.
3. Put up the persuasion categories statements on the wall. When the group seems to understand the idea of persuasion, move on to some strategies to deal with these types of pressure.
4. On a flip chart or on a board, write "What do you say when someone tries to get you off the message" 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 message. Possible suggestions might be:
  - a) "Please let me finish what I am saying"
  - b) "Please don't stop me until I am finished"
  - c) That's fine, but please listen to what I have to say"
  - d) "I know you think....but let me finish what I was saying"

e) "Thank you, but..."

5. 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.

**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"



### **Take home activity**

Each participant takes home more persuasion statements and puts them in the appropriate categories.

At the end of this session, meet with your co-facilitators to compare notes about the session. There may be useful information upon reflection, which could assist to restructure your next session more effectively.

**MODULE ELEVEN:**

**NEGOTIATION**

*Session IV: Negotiation in Practice*

**Purpose:**

The group discusses strategies and techniques for talking about using condoms with their partners

**Objective:**

1. To develop scripts/skills for proper condom use and condom use negotiation.

**Activity I: Review take home activity**

Review take home activity from previous session

**Activity II: Talk Condoms with your man**

**Materials:** Flip chart, paper, Markers

**Facilitator:**

We hope by now everyone has been convinced to use condoms when having sex. But being convinced ourselves is only half of the story. We also must convince our partners to use them as well.

The best place to start is by talking to our husbands or boyfriends about using condoms. This can be difficult, but the better prepared we are, the easier it will be. He may resist. A lot of people don't want to use condoms for a variety of reasons. But for every reason not to use condoms, there are at least as many reasons to use them. Prompt, "what are some of the

reasons people give for refusing to use condoms?"

List reasons on the Flip chart

When talking to partners about using condoms, it is helpful to communicate in the way that makes your partner as comfortable as possible. HOW things are said is as important as WHAT is said. . Try to express your concerns in a way that lets your partner know you care about BOTH of you. A good way to do this is by using "I" statements. (Prompt: examples of "I" statements)

Begin by sharing some of the things we have learnt about STIs and HIV. It is also important to listen to his thoughts, and know in advance how to respond to his questions and concerns.

Remember: We have the RIGHT and RESPONSIBILITY to make decisions that will help us stay as healthy as we can..

Let's anticipate some of the possible reactions and responses from our partners through the following scenarios:

<b>If your partner says:</b>	<b>YOU can say:</b>
You're on the pill. I don't need a condom	I'd like to use it anyway. We'll both be protected from infections we may not realize we have
I'm a virgin	I'm not. This way we'll both be protected
I can't feel a thing when I wear a condom, it's like wearing a raincoat in the shower	Even if you lose some sensation, you'll still have plenty left.

I'll lose my erection by the time I stop and put it on	I'll help you put it on – that'll help you keep it on.
By the time you put it on, I'm out of the mood	Maybe so, but we feel strongly enough for each other to stay in the mood.
It destroys the romantic atmosphere	It doesn't have to be that way.
What are some of the alternatives	Maybe we'll just pet, or postpone sex for a while.
None of my other girl friends use condoms. A real man doesn't use condoms	Please don't compare me to your other girlfriends. A real man cares about the woman he dates, himself, and about their relationship.
Just this once	Once is all it takes.
I don't have a condom	I do. Or Then let's satisfy each other without intercourse.
You carry a condom around with you? You were planning to seduce me!	I always carry one with me because I care about myself. I have one tonight with me because I care about both of us.
I won't have sex with you if you are going to use a condom	So, let's put it off until we can agree. OR, OK, then let's try some other things besides intercourse.
I have HIV too, I don't care, I love you	Let's stay healthy and "live" together. We should both be alive to love and care for our child.

**Materials:** OPRAH cards, condoms, condom demonstration model

One of the ways we mentioned to reduce our risk was to USE CONDOMS CORRECTLY and CONSISTENTLY during any sexual activity. That means using condoms EVERY single time you have sex.

One reason many women do not use condoms is that they do not know how to correctly put a condom on their partner. We are going to learn the CORRECT steps for putting a condom on your partner. For those who already know how, this can be a review to make sure we are doing it right. Even if you are not currently having sex, it is still good to know how to protect yourself when the time comes.

When putting a condom on a man, there are several things to remember, and it's important to get them in the right order.

Instruct participants that you are going to play a card game called OPRAH. On each card is written a step for putting a condom on correctly. The cards will read: **Open Pinch, Roll, Action, and Hold.**

1. Ask for five volunteers.
2. Hand the OPRAH cards to volunteers.
3. Ask volunteers to read the words on the cards and then line the cards up so that the first step is on the left and the last step is on the right. Volunteers should work together.

Allow volunteers a few minutes to line up the cards the way they feel is the correct order. Then put up the Poster for everyone to see.

### **Activity III: Doing it right**

These are the correct steps for using condoms. This is called the “OPRAH” Model to make it easy to remember. Oprah didn’t come up with it, but we are sure she’d like it since she believes in women taking care of themselves and being healthy.

**NOTE:** Be prepared to have safer sex by carrying condoms with you at all times. Talk with your partner about using condoms BEFORE you start having sex, so both of you are in agreement. Once you are ready to use a condom, here are the steps: (Point to the poster)

**O=OPEN**

**P =PINCH**

**R =ROLL**

**A =ACTION**

**H =HOLD**

**Facilitator:** Demonstrate on a condom demonstration model while going through the OPRAH instructions.

**O = OPEN** the condom package carefully. Be careful not to tear the package with fingernails or teeth.

**P = PINCH** about half an inch of the TIP of the condom. This will squeeze the air out and leave room for the semen (cum), and help prevent the condom from breaking.

**R= Roll** the condom onto the penis. Put the condom on as soon as the penis is erect, before any pre –cum. Make sure you roll the condom all the way to the base of the penis. Smooth out an air bubbles with your hand. If the penis is uncircumcised, pull back the foreskin before unrolling the condom over the head. Use plenty

of water based lubricant on the outside of the condom and just a little inside the tip. NEVER use two condoms at once. The increased friction can cause the condoms to break

**A = ACTION** once the action starts.....If the condom BREAKS or comes off, or if sex starts to feel noticeably different, STOP and withdraw and the penis immediately and put on a new condom.

Remember to always have SPARE condoms with you.

**H =HOLD** on to the bottom of the condom when you are withdrawing. After your partner cums and while the penis is still hard, hold on to the bottom of the condom and withdraw gently. Avoid spilling any semen or letting the condom fall off.

Dispose of the used condom by tying it, wrapping it up and putting it away in a safe container, e.g. a covered trash bin, out of the reach of pets and/or children. Do not flush it down the toilet. Wash hands, genital area, and any other areas of the body that may have touched semen.

**NEVER USE A CONDOM MORE THAN ONCE.**

**Facilitator:** Ask participants to practice putting a condom on your model. Walk around and observe and answer questions.

**Note:** Putting a condom on a partner can also offer a good opportunity to visually check for signs of STIs.

**Activity IV: Do(s) and Don't(s) of condom use****Materials:** Condoms, Vaseline**DO (s)**

- Use a latex condom.
- Check the expiration date.
- Use a water based lubricant like KY Jelly or Aqua lube
- Use a condom every time you have sex
- Keep condoms in a cool, dry place

**DON'T(S)**

- Never use condoms made of any material other than latex. Natural condoms, animal skin condoms or lambskin condoms do not protect against HIV and other STIs as well as LATEX. Those who are allergic to latex can try polyurethane condoms (although they are more expensive).
- Don't use OLD or OUTDATED/EXPIRED condoms. They are more likely to break or tear. The condom package should have an expiration date. If the date has expired, throw away the condom.
- Don't use oil based lubricants like petroleum jelly (Vaseline), baby oil, vegetable oil, lotion or hand cream. Oil based lubricants will WEAKEN a condom and can cause them to break.

**Facilitator:** Perform a demonstration of oil based lubricants weakening condoms: Blow up a condom. Rub Vaseline on one spot for about 3 minutes. When the condom breaks, repeat the message; "NO OIL BASED LUBRICANTS!" Use only WATER BASED lubricants like KY jelly, spermicidal jelly or Aqua Lube.

NEVER use a condom MORE THAN ONCE. Using a condom more than once weakens the latex, and makes it hard to control bodily fluids.

Answer questions and re-demonstrate if necessary.

**Activity V: Doing it in the dark****Materials:** Blindfolds, condoms, condom demonstration models, paper towels

Now that we know how to put on a condom correctly, let's think about real life..

When the time comes to utilize our condom skills, we won't be sitting in a room with a group of people practicing on models. Likely it will be dark and difficult to see, and perhaps a little tense. There fore, let's practice letting our fingers do the walking and feel our way to correct condom usage.

Ask participants to pair off into teams of 2 and practice putting a condom on the model while blindfolded.

When one team member is finished, switch places.

**Activity VI: Alcohol and sex – Not a good Mix****Materials:** Blindfold, condoms, condom demonstration, lubricant, paper towels

Drinking alcohol or using drugs can make it harder to practice safe sex. When drunk or high, our ability to use condoms correctly may be affected. We are also more likely to be irresponsible, indifferent, or careless. Let's demonstrate how people might act and think differently when they are drunk.

**Demonstration**

Blindfold the facilitator and turn her around several times while spotting her, be careful that she does not get hurt.

Stop turning her and have her sit down and immediately try to correctly put a condom on a penis model. The participants should be able to

see how her behavior and/or actions are affected by being dizzy.

Remind participants that drugs and alcohol can make us feel even more disoriented than spinning.

If time allows, give one or two participants an opportunity to try the same activity.

Demonstrate the female condom.

### **Take Home Activity**



1. Give female condoms to participants to try at home, if they feel comfortable. Remind them that female condoms are a great tool for giving girls control over the safety of intercourse.

## **MODULE TWELVE: Body Mapping**

**Purpose:** The purpose of this session is to explore areas of pain in our body that may be related to previous violence or abuse

### **Objectives:**

1. To help girls let go of the pain or violence which they may have experienced in their lives.

### **Activity I: Review Take home activity**

Review take home activity from previous session.

### **Activity II: Body mapping**

**Discussion Time:** 1 hr

**Materials:** Flip chart paper, markers, crayons, facial tissues

**Aim:** To explore areas of pain in our body that may be related to previous violence or abuse

**Note to facilitator:** This is a sensitive activity, which is designed to assist in exposing and healing emotional trauma. It is a therapeutic process, which assists in venting or releasing emotions. Expect anything and be aware of nonverbal cues and body language. Have a counselor on standby to help participants process their stories/histories. Make sure you refer those who need further assistance.

### **Directions:**

1. Get into pairs and draw the outline of each others' bodies on a paper.
2. Somewhere on the flip chart, either inside our outside your body outline, write the date of your birth, the place you were born and the places you have lived in your entire life.

3. Draw your earliest memory on the flip chart, again you can choose to draw inside or outside of the outline.
4. Draw a memory that you would like to shut out of your life completely somewhere on the flip chart.
5. Draw your future inside or outside of your body.
6. Mark inside your body areas that have been physically affected, for example by childbirth, operation, accident or abuse.
7. Mark any physical marks on your body such as birthmarks, scars or stretch marks.
8. Mark a place that you experience anger in your body.
9. Mark a place on your body that reacts or feels pain.
10. Mark a part of your body where you experience joy or happiness.
11. Mark a part of your body that has been physically or emotionally abused.
12. Draw the people that have had an influence in your life.

**Feedback and discussion:** Ask any participants who want to tell their stories to share their stories and body maps with the group.

**Note to Facilitator:** It is vital that this activity closes acknowledging how all of the participants may have evoked difficult memories or buried traumas. Prepare the participants for a fairly abrupt change of activities - moving into the community, making the link between personal safety/risk and community safety/risk.

**Take home Activity:**



Participants to go and reflect more on the body mapping exercise.

## **MODULE THIRTEEN** Violence

### *Session I: Identifying Inter-Personal Violence*

**Purpose:** Participants look at sexual abuse and reflect on the reasons why violence occurs and the signs of potential violence. The participants will also look at prevention and how to handle violence and abuse.

**Objectives:**

1. To define what constitutes violence in a relationship
2. To come up with scenarios of when violence is likely to occur
3. To explore options for getting out of a violent situation

#### **Activity I: Review take home activity**

**Discussion time:** 15 minutes

#### **Activity II: Definitions**

**Discussion time:** 1 hr

**Aim:** Defining terms

**Materials:** Map, Flip chart, markers

**Directions:** Put up the community map the girls have been using all along. Ask them to look at it closely, particularly the "risky places" that have been drawn on the map. Remind the group of the observation they made when mapping their community in the first session. Ask them to point out areas where violence occurs. Explore with them why there is violence in those areas.

Now ask the participants to explore different kinds of violence and abuse. Start by asking,

"What is" for the questions below, and fill in with information that does not get highlighted in the discussion.

- **What is force?**

Force is the aggressive use of power physically, emotionally, or mentally to make someone do something they do not want to do.

- **What is consent?**

Consent is freely and voluntarily agreeing to do something.

- **What is physical violence?**

Physical violence is any physical harm that is done to you by someone else, including a stranger, parent/relative or other known adult, boyfriend or friend. This physical violence can take place as part of an illegal act (e.g. robbery), sometimes it happens when someone with more power (older, bigger, stronger) is physically violent with another out of anger or because they are trying to control another's behavior. Sometimes parents or other adults discipline children and adolescents by hitting or striking them. Sometimes this kind of discipline can be seen as physical violence.

- **What is sexual violence or abuse?**

Sexual violence is any sexual activity a person is forced to participate in (even something like kissing or touching), either through violence, coercion or manipulation. Sexual assault is sexual only in method. It is an act of aggression to attack, humiliate,

dominate, or use another person. Sexual violence includes stranger rape, marital rape, acquaintance rape, incest, unwanted sexual kissing, touching or exposure, forced oral or anal sex, same-sex assault, sexual exploitation, dating violence, stalking and sexual harassment.

- **What is rape? Is rape about sex?**

The legal definition for rape is the act of nonconsensual vaginal intercourse through the use of force or threat of force.

However, rape can also include nonconsensual penetration of the anus.

Rape is not about sex. It is an act of violence, committed due to the rapist's desire to physically overpower the victim by using manipulation or force.

- **What is the rapist profile?**

A rapist can be anyone - male, female, young, old, any race, any religion, any sexual orientation, and from any socioeconomic class.

### **Relationship Violence**

Exists within people who have a relationship or are intimate with each other; this can include within marriage. It should be noted that sexual abuse and rape usually happens by people that a woman is well acquainted with.

### **Activity III: Dating/Relationship Violence**

**Discussion time:** 1 hour

**Aim:** Help participants be aware of the kinds of physical and sexual violence that can happen within relationships

### **Directions:**

- Brainstorm what each individual thinks of when they hear the word dating. Most responses will focus on the positive aspect of dating. After a few minutes, flip a coin and ask if there is a negative side to dating.
- Ask participants to discuss in pairs stories they have heard of someone who has experienced abuse during dating, date violence etc, they must discuss how it happened and how the people involved handled the situation.
- Ask participants to share with the larger group the stories they have told or heard (make sure to remind participants not to use names or otherwise indicate whom they are talking about.) Have them specifically explore marital and statutory rape.  
  
During the discussion, be sure to explore:  
Who is at risk?
- You are! Sexual violence can happen to anyone-regardless of gender, race, age, socio-economic status, or religion.
- It is estimated that 1 in 3 women and 1 in 6 men will be sexually assaulted in her/his lifetime (where? Worldwide? In Zimbabwe?).
- It is a common misconception that strangers commit most sexual assaults. You are more likely to be sexually assaulted by someone you know -- a friend, date, classmate, neighbor, relative -- than by a stranger in a dark alley.

- It is estimated that 77% of all rapes are committed by someone known to the victim.

### What are the risk factors?

- **Drugs and Alcohol:** Drugs and alcohol are the number one factors that leads to non-stranger (date/acquaintance) rape. Many victims say that their ability to react was impaired because they were drinking or taking drugs, or that their date had been drinking and became sexually aggressive.
- **Different Expectations:** Acquaintance rape often occurs as a result of misunderstood sex role, behaviors and/or communication styles. Don't assume that one form of sexual contact opens the door to other sexual contacts. Also, communicate your sexual expectations with your partner. If you think you are getting mixed messages, ask.
- **Believing "No" Means "Yes":** People who regard sex as "scoring" often believe "no" can be changed to "yes" with a little more pressure or force. Acquaintance rape often masquerades as seduction, with the perpetrators rarely feeling they have done anything wrong. They believe that pressure is a legitimate way to get what they want.

### Q: Why do victims stay with their abusers? Is the abuse the victim's fault?

**A:** Victims stay with abusers for many reasons, including financial dependency, emotional isolation, guilt, low self-esteem, lack of better options, fear, or even an inability to see the difference between a loving relationship and an abusive one. Abuse is never the victim's fault. There is no excuse for relationship violence, and common

blaming tactics the abuser uses such as "he/she started it," "he/she hit me first," etc, are not acceptable excuses for violence.

### Risk reduction?

Although sexual violence can never be completely prevented, here are some suggestions to help you reduce your risk of being assaulted.

- Trust your gut. If you don't feel comfortable in a situation, "leave"!
- Be in charge of your own life. Don't put yourself in a situation where you have to rely on other people to take care of you. Also, when on a date, don't feel you "owe" that person anything.
- Be cautious when inviting someone into your home or going to someone else's home. Three out of 5 sexual assaults occur in the victim's home or the home of an acquaintance.
- Do not mix sexual decisions with drugs and alcohol. Your ability to make smart decisions is hampered when you are drunk or high.
- When going out with someone new, don't feel you have to go alone. Go on a group date or meet in a public place.
- Be aware of date rape drugs. Don't leave your drink unattended. If possible, open your drink yourself.
- Avoid falling for lines such as "If you loved me." If your partner loved you, he/she would respect your feelings and wait until you are ready.

### Avoid individuals who:

- Don't listen to you.
- Ignore personal space boundaries.
- Make you feel guilty or accuse you of being "uptight" for resisting sexual advances.
- Act jealous or possessive.

**Communicate:** Think about what you really want before you get into a sexual situation, and communicate clearly with your partner. If you think you are getting mixed messages, ask your date what he/she wants.

**Be assertive:** Respect yourself enough not to do anything you don't want to do. Your opinions matter, and when you say "no," your date should stop.

### When "NO" Doesn't Work

Sometimes, saying "no" will not stop a rape. Listed below are several ways you can react in a sexually violent situation. Thinking about what to do before an assault ever happens can be your best self-defense strategy.

- **Act immediately.** Trust your intuition and get away if possible. Don't give in to a person's sexual demands in the hope that you can divert him/her later on.
- **Stay calm.** Try to think clearly about all your options. Your brain is your best weapon.
- **Passive resistance.** You may be able to discourage the attacker by talking. Persuade him/her not to commit the assault by making him/her see you as a friend.
- **Active resistance.** If you are not afraid to hurt someone, hit and kick hard-this gives you the opportunity to escape. However, fighting back may anger the attacker and

cause him/her to attack more brutally. Self-defense training can make you more confident and improve your physical strength. Training is effective, but it takes continuous practice. It is not a substitute for common sense and awareness.

- **Submitting.** Do whatever you have to do to keep yourself safe. If you feel your life is in danger, your best option may be to submit. Submitting does not mean you consented. The assault is not your fault.
- **Spit, vomit, defecate, and scream.** These can put off the perpetrator.

**Facilitator's note:** Make sure you discuss how our culture has dealt and deals with violence and sexual abuse in the family, community and societal level. What are the good things and the bad things? Do the girls feel safe in their community?



**Take home activity:** Identify services within the community where women get help from instances of violence and sexual abuse.

At the end of this session, meet with your co-facilitators to compare notes about the session. There may be useful information upon reflection, which could assist to restructure your next session more effectively.

## **MODULE THIRTEEN** Violence

### *Session II: Understanding our rights and self-defense*

**Purpose:** This looks closely at violence in relation to women and ways to prevent it.

**Objectives:**

1. To come up with components of gender based violence
2. To list scenarios of when gender based violence is likely to occur
3. To equip participants with self defense skills

#### **Activity I: Review Take home activity**

Review what services exist for people who have been victims of physical or sexual violence, and list them on flip chart paper.

#### **Activity II: Violence**

**Guest speakers:**

***Musasa Project/Victim Friendly Unit***

**Discussion time:** 1 hour

**Aim:** Talk on gender based violence

**Feedback and discussion:** Allow time for discussion and questions. Make sure you cover the Victim friendly unit role.

#### **Activity III: Demonstration**

**Discussion time:** 1 hour

**Aim:** Self-defense demonstration. This is a fun exercise, in which we hope to equip the participants with some basic skills in self-defense.



**Take home activity:** Go and demonstrate to your friends what you have been taught in the self-defense class so that they can also learn to defend themselves.

At the end of this session, meet with your co-facilitators to compare notes about the session. There may be useful information upon reflection, which could assist to restructure your next session more effectively.

## **MODULE FOURTEEN COPING EFFECTIVENESS**

### ***Session I: Introduction***

**Purpose:** To discuss the concept of stress and its effects.

**Objective:**

At the end of the session, participants will be able

1. To identify personal stressors and how they affect health.
3. To equip participants with ways of managing stress through stress-reduction activities.
4. To understand how to cope with negative responses

#### **Activity I: Review Take home activity**

Discuss participants' experience of the self defense demonstration with family and friends.

#### **Activity II: Identifying Stress and sources of stress**

**Quote of the day:** If you think you can, you can. And if you think you can't, you're right.

-Mary Kay Ash

**Facilitator:** Ask participants for their thoughts about the quote. Add:

- Feeling strong and determined can help you reach your goals.
- If you think positively you will find a way to be successful.

- Negative thinking will defeat you before you ever get started.
- If you believe in yourself you can accomplish anything you put your mind to

**Facilitator:**

We will talk about stress and how it affects your health.

We will learn how to identify sources of stress and we will talk about ways to reduce it because of the effects that it has on both your physical and mental health.

**What is stress?**

Stress is the emotional and physical reactions you have because of changes or demands in your life. It is the feeling you get and the way your body reacts to these changes.

Basically you can think of stress as what happens when your normal balance is changed.

Stress can be positive and negative, good and bad. Mostly we think of stress as negative, such as being stuck in bad traffic, having a job you don't like, being sick or worrying about your kids or your finances.

Not only can stress lead to physical symptoms such as fatigue, headaches, stomach aches and tense muscles, stress has also been shown to affect your immune system which makes it harder for you to fight off even common illnesses like colds.

But stressors, the things or events that stress you, can also be positive. Examples of positive or good stressors include things like having wedding, celebrating holidays, having a baby or starting a new relationship.

Stressors can also be mixed – positive and negative. A woman can be excited about having a new boyfriend, but she can be stressed about whether he is the right man for her.

Give girls a few minutes to think of what stresses them. Let each one of them write down their 3 biggest stressors and then share with the group.

### **Activity III: Effects of stress**

Stress can affect you in many ways. The effects of stress begin with how you think about the stressor or the thing that stresses you. This could be a good thing or it can be a bad thing.

What you think about a stressor leads you to having some emotions about the stressor or the stressful event.

You may feel worried, afraid, angry, depressed or excited.

These emotions may lead you to some type of behaviour.

You may cry, run, avoid a situation or a person, have problems sleeping, drink too much, smoke a lot or eat more than usual.

The emotion and behaviour often lead to physical symptoms of stress. These can include tense muscles, headaches, stomach aches and tiredness.

Sometimes your reactions to stress affect your personal and social lives.

You may avoid being around others or become easily irritable with people in your life. All of these things are reactions to stress and they are all related. It all starts with how you think about the thing that is causing you stress.

### **Activity IV: Coping with stress**

We are going to focus on different ways to cope or deal with stress.

Coping can be described in different ways. For example, you might say you are handling things, taking care of business, dealing with the situation or doing what you have to do.

Some methods of coping can be effective and other methods of coping may not work so well. If you successfully cope with a situation, you improve your ability to handle the situation.

There are 2 basic ways to cope with stress;

Changing what you think or changing what you do.

First you can change what you think about a stressful situation or second, you can change what you do about the situation.

To determine which strategy you have to use, you have to ask yourself an important question;

#### **Can I change the outcome of my situation in the way that I want?**

In other words, can I control how this thing ends?

If your answer is yes, then you should change what you do.

If your answer is no, then you should change what you think.

#### **Summary**

**Changing what you think or changing what you do**

**Stressor****1. Is it changeable?**

??????????????

a) Yes, Change what you do

b) No, change what you think.

**Activity V: Determining if a situation is changeable.**

**Facilitator:**

Deciding if a situation is changeable depends on 2 things;

1. Your beliefs about yourself
2. Your resources and social support.

When looking at your skills for coping or handling a situation, you have to be realistic about your resources. You have to know how strong your values and skills are. And you have to know how much you can rely on your social supports.

A person who has no hope or faith in herself and who has a weak social support system will have fewer coping choices.

On the other hand, someone who is overly optimistic about her skills and support system may become very disappointed when she can't change a situation.

**Scenario:** Let's imagine that you have a new born baby. You have been on maternity leave for 3 months but your leave is over and it's time for you to go back to work. You really want to stay home with your baby and you need to make a decision.

You assess your situation and look at your beliefs and values as well as your resources and social supports.

Looking at your beliefs and values, you decide you want your child to be around you as much as possible, especially in her early years. You believe you can be a big influence in her life. She is your top priority and you want what is best for her. You would rather not leave her with someone else.

You also want a safe and clean home for your baby. You want her to be well fed and well clothed. You want her to have all the medical care she might need.

Looking at your financial situation and considering your medical aid, you realize that if you stay home with your baby you won't have enough money to provide for her in the way you want to. You realize that you need to work full time, staying home with your baby you decide is really not an option for you.

You then look at your resources and social support and realize that you have no family members or friends who can help you financially or who can watch your baby while you are at work. You realize that she will have to have someone take care of her. You decide you can't get around that.

How do you cope with the situation? You really can't change the situation so you must change what you think about the situation. You will have to adjust to the fact that you have to get a maid; learn to think about it differently. You might tell yourself that you are doing the best you can. You might try to think of some good points about having a maid such as she will

learn to socialize with other people and that it will make your time with her more special.

### **Activity VI: Using the RELAX model**

For the next session we will discuss how to cope with stress by changing the way you think and we will also discuss how to cope with stress by changing what you do.

Usually, if you have decided to change what you think, it is because you have decided that it would be too difficult to change the outcome of a stressful situation.

One way to change what you think is to apply what is called the RELAX model;

R – RELAX (e.g. I need to relax, then relax)

E – EXPRESS YOUR EMOTIONS (e.g. I feel like crying)

L – LET OTHERS HELP (e.g. I need to talk to someone)

A – ALLOW POSITIVE THOUGHTS (e.g. I can't keep having these negative thoughts about myself)

X – EXERCISE (e.g. I need to relax, I need to go dancing, walking or running)

If you take each letter of the relax model and look at what it stands for, you can see how it can help you cope with uncontrollable situations by using your emotions. Each letter in the word represents a different technique for dealing with stress.

To better understand how the relax model can help you cope with a different situation; you need to use "I" statements. Using "I" statements to tell yourself and your friends

what you value and what you want can help you communicate more clearly. Statements that begin with 'I' help because when you say 'I need to do this, it means that you are taking responsibility for your own feelings and thoughts.

Beginning a statement with "you" especially "you always", "you never", blames someone else for what you feel and think.

Different situations call for different techniques. Each of these techniques is an option. You do not need to do them all for one situation. Find a technique that works well for you. You might want to try a couple of them.

### **Activity VII: Let's Relax**

Learning how to relax is one way to reduce stress. There are many ways to relax including learning to calm your mind through meditation, keeping a journal, identifying sources of support, pampering yourself and exercising regularly.

**Meditation** is one way to calm your mind. Meditation is taking time out to think. If you can take time to reflect on your own life through meditation, you can work through or see past the stresses in your life. Often when we clear our minds of everything, it helps us figure out what we have to do. When you are not relaxed, you may feel anxious, depressed, tense or worried, have tense muscles or be out of breath.

When not relaxed, many people's muscles get tense and they may breathe faster. One of the easiest and best ways to stop this response to stress is to breathe deeply and slowly.

It sounds simple and it is simple. Deep breathing is a great way to get your entire body relaxed in a very short period of time. Best of all, deep breathing exercises can be done anywhere.

Relax your stress away.

Relax your body:

The next time you feel the effects of too much stress, try some of the following ways to help you relax.

### **Deep breathing:**

While sitting, lying down or standing, close your eyes and breathe in slowly. Let the breath out slowly.

### **Take a deep breath and relax...**

Whenever you are under stress, your muscles tense, and your breathing becomes shallow and rapid. One of the simplest and best ways to stop this stress response is to breathe deeply and slowly. Most of us however, do not breathe deeply under normal circumstances, so, it may help review the mechanics of deep breathing and how it helps us relax.

### **Breathing under stress:**

When pre-historic humans were in danger of attack, their muscles tensed and their breathing became rapid and shallow as they prepared to run or fight. Their high level of tension was a means of preparing their bodies for optimum performance.

Today, the causes of stress are different, but our stress response is the same. However, since we may not be running or fighting, our tension has no release and our stress response builds.

One way to stop the stress responsible is to learn how to breathe deeply and slowly – the opposite of how we breathe under stress.

### **How deep breathing works:**

Deep breathing is not always natural to adults. Watch the way a baby breathes, the areas underneath the chest goes in and out. Most adults breathe from the chest. This is shallower breathing, so, less oxygen is taken in with each breath. As a result, the blood is forced to move out of the system quickly so that enough oxygen gets to the brain and organs. This causes higher blood pressure. Deep breathing can reverse these effects. Take some time to practice this type of breathing each day, especially when you are under stress. You can be sitting, standing or lying down but it helps to wear loose, comfortable clothing. Begin by breathing in through your nose, slowly count to four and let your lower abdomen fill in with air. Hold the air inside for a couple of seconds and slowly start to let it out through your mouth. Again count slowly to four. Do these deep breathing exercises for two minutes or more each time. With practice, you will be able to slowly count to ten or more. You can increase your relaxation by pretending you are in a favorite place.

### **Effects of Deep breathing:**

By helping you let go of tension, deep breathing can relieve headaches, back aches, stomach aches and sleeplessness. It releases the body's own pain killers called endorphins into the system. It allows blood pressure to return to normal, which is good for your heart. Deep breathing can also allow held-in emotions to come to the surface, so your emotional health can benefit from deep breathing too. Use deep

breathing anywhere anytime; it's one of the best techniques for relieving stress.

**2. Stretching:** Practice simple stretches such as the neck stretch. Stretch your neck by gently rolling of your head in a half-circle, starting at one side, then dropping your chin to your chest, then to the other side. However, be careful not to roll your head back.

**3. Exercise:** All kinds of physical activity – walking, running, gardening etc – help to reduce stress.

**4. Take a bath:** Ask family members to allow you at least 30 minutes of your time alone.

**5. Get a massage:** A massage is a wonderful way to get rid of physical tension. Having someone work a specific area of tension such as your lower back, neck, and shoulders can be especially relaxing.

**6. Eat well:** Reduce caffeine (in coffee, black tea, chocolate soda) and alcohol intake. Find out if your diet is healthy and take steps to eat well to help reduce stress.

## Relaxing your emotions

Relaxing your emotions can be just as important as relaxing your body when trying to relieve stress.

**1. Talk:** Take the time to talk with a friend, partner or child. Express feelings you might have been holding in. Listen carefully to your significant other. Walking in a quiet neighborhood or park can limit distraction.

**2. Laugh:** Go and see a funny movie, go to a youth/women's club or spend time with a friend who makes you laugh.

**3. Cry:** Crying can be as good a relief as laughing. If you have not cried in a long time, try listening to sad music or watching a sad movie.

**4. Read:** A good book is a great escape. Reading a tear-jerker or comedy can help you release pent-up emotions.

**5. Do something you love:** When you enjoy yourself, whether you are gardening, singing, going to the park or seeing friends, it boosts your emotions.

## Create Stress reducers

These are just a few stress reducers you could use. You can create your own healthy stress reducers without alcohol and drugs or use those listed above. You will feel better and stay healthier if you do.



### Take Home Activity:

Go and practice the relaxing techniques you learnt today and you will come and share tomorrow on how you felt after the practicing the technique. Which technique is more effective for you? Think of other techniques that have worked for you in the past.

## **MODULE FOURTEEN: Coping Effectiveness**

### *Session II: Coping with Stress*

**Purpose:** To look closely at the things that stress us

**Objectives:**

1. To equip participants with stress management skills and reduce stress.

#### **Activity I: Review Take home activity**

Review take home Activity from previous session

#### **Activity II: A realistic look at stress**

**Materials:** paper, pencils

**Facilitator:**

List some of the problems and or things that you feel cause stress in your life. Put the ones you think you cannot change in the left column and in the right column, write those that you think you can change.

When you are done, look back over both sides of your list, especially the things you think you cannot change. Think about why you think you cannot change these stressors. Do you simply not know how to change the situation? Honestly answering this question is the first step in moving some of the items in the left column (things you think you cannot change) to the right column (things you think you can change)

Now look at those stressors that you placed in the right column. What is keeping you

from changing them now? Once you answer this question, you can make an effort to change the situation and remove those stressors from your life.

#### **Activity III: Express yourself**

**Purpose:** Girls discuss relieving stress by writing stressful thoughts and feelings in a journal.

**Facilitator:**

Now that we are all relaxed, we are going to start talking about other ways of coping with and handling the stress in our lives. Another way of reducing stress is to write things down or to draw pictures about how you feel. Although being able to talk to someone like a counselor or minister is often helpful, sometimes it's hard to say what you want to the people you want to hear it. Sometimes you know you can't say what you want to say. You might want to tell the people in your life to leave you alone but it's difficult. When you do not tell people what you want to tell them, you may get tense muscles, clench your fists or get angry with yourself. To relieve these feelings, it might help to write them down.

Next time you are stressed and have no one to talk to, try writing these feelings down in a journal and see if this doesn't help relieve some of your stress. Some people like to draw pictures to express their feelings. You can use your journal for this as well.

#### **Activity IV: Expressing anger**

**Purpose:** Girls identify different ways of dealing with anger.

**Materials:** Anger inventory; pencils

**Facilitator:**

One way in which we all react to stress in our lives especially in our personal relationships is by getting angry.

Anger is a normal way of expressing emotions but at times you can express anger in unhealthy and dangerous ways.

We are going to look at how to express anger. We will also look at other ways of expressing anger that may be healthier than the ones you are currently using.

Hand out the anger style inventory and girls make time to fill it in.

### **Activity V: Let Others in on the Problem**

**Purpose:** Girls discuss talking to others about stressful situations.

**Facilitator:**

Another way to relax is to talk with someone you know and that you can trust. When you are stressed, you may react to other people differently. For example, you may avoid them, yell at them or you may become easily irritated by them. You don't want to do things that might turn off the very people who you want to support you.

We talked about finding people who can be good sources of support and talking to them when you really need to. Continue to do this. You might use your journal to

make note of the people with whom you talk and who provide you with support. You can also write letters to the people in your lives who support you. It's nice to let others know that you appreciate all they do for you.

### **Activity VI: Allow Positive thoughts**

**Purpose:** Girls discuss how to act and think positive.

**Materials:** Paper, pencils

Another way to relax is to act and think positively about yourself. We rarely take time out to give ourselves credit for being the wonderful women that we are. We need to do this more.

When you have negative thoughts about yourself you may feel humiliated, angry or depressed.

Here are some examples of negative thoughts and as I read through them, I want you to think of positive thoughts that can be used instead. Remember to use "I" statements.

Tell all girls to write 2 positive things about themselves and ask some girls to read some positive comments out. This is the beginning of positive thinking.

Something else you can do to encourage positive thoughts about yourself is to write two positive things about yourself or two things that you admire about yourself in your journal every week.

Many times it is not just the way you think about yourself that is negative. You may do

things to your body that are not good for you.

Some things you do to yourself that are not good for you might include smoking, drinking, taking drugs, spending time with people who do not treat you well, putting yourself down, or even saying or thinking negative things about yourself.

To reduce or get rid of these negative habits you need to take time to be nice to pamper yourself. Pampering is a good way to cut down your stress level. It feels good when you are nice to yourself instead of just taking care of everyone else.

Some things you can do to pamper yourself are buying yourself something good, watching a good movie, taking time out for yourself.

A warm bath or shower is a great way to pamper yourself. A bath can be a time when you don't think about all the things you have to do. You just enjoy some quiet time for yourself.

Try to fit a nice warm and relaxing bath or shower into your schedule at least once this coming week. See if it doesn't help you relax.

### **Activity VII: Let's Exercise**

**Purpose:** Girls discuss the importance of physical activity. Teach the group a current dance with current music.

**Materials:** CD player, music

Regular exercise is another way to reduce stress. Physical activity is good for relieving fatigue and boosting energy.

Physical activity includes many things in addition to those we usually think of.

Besides walking, running or doing aerobics, what are some other physical activities? (Gardening, stretching, cleaning the house, playing with children).

When you are physically active, you are less likely to get sick and your body can better fight off germs.

When you do not exercise or do any physical activity, you may feel sluggish, be more likely to get sick or be less interested in having sex.

One form of exercise that is good for you and that is fun is dance.



#### **Take Home Activity:**

Go and practice the relaxing techniques you learnt today and you will come and share tomorrow on how you felt after the practicing the technique. Which technique is more effective for you? Think of other techniques that have worked for you in the past.

## **MODULE FIFTEEN** **Harnessing Support**

**Purpose:** To introduce the participants to the concept of support

**Objectives:**

1. To identify types of support available
2. To equip participants with skills on how to ask for support when in need of it.
3. To equip participants with skills on how to maintain support

### **Activity I: Review Take home activity**

Ask participants if the relaxing techniques were effective.

### **Activity II: Giving and receiving social support**

Facilitator:

**Quote: I was always looking for strength and confidence, but it comes from within. It is there all the time.**

(Author unknown)

So what does this mean? Let girls explore what this means and further explain;

- It is important to find strength and confidence within ourselves.
- We can't always depend on others to support us and give us the help we need.

- Become comfortable with yourself and then you can be comfortable with other people.
- Finding supportive relationships can be hard. Allowing others to enter our world can be even more difficult.

### **Helping Others...**

#### **... Helping Ourselves**

#### **How can we help others?**

**We can help others by:**

- Providing them with support
- Loving and caring for them
- Helping them in their time of need

#### **How does helping others affect us?**

**Helping others:**

- Gives us purpose
- Increases our self-esteem...

...self esteem is how we feel about ourselves

- Shows us that we are nurturers, caregivers, compassionate, strong, giving and loving
- Can be draining
- Can make you angry
- Can be the wrong thing to do

## **TYPES OF SOCIAL SUPPORT**

### **Emotional support**

*Providing emotional concerns such as loving, caring and sharing for others like friends and family.*

#### **Examples**

##### **Include:**

*Listening to our problems, providing advice or hugs, giving spiritual comfort.*

### **Informational support**

*Providing advice or suggestions and information for others that will help them solve a specific problem.*

#### **Examples**

##### **include:**

*Providing information about medications or housing*

### **Practical support**

*Providing help with daily activities such as helping around the house, caring for children or assisting with finances.*

#### **Examples**

##### **include:**

*Providing money to pay bills, helping with housework or baby-sitting.*

### **Activity III: Benefits of Social Support**

**Aim:** For girls to identify some of the benefits of having supportive relationships.

**Facilitator:** Display Types of social support.

Having others to help you or support you has a number of benefits. Having someone to turn to can help you when you are overloaded or if special problems come up.

Having **Emotional support** or about you and whom you can talk to will probably reduce some of the stress and pressure you feel. This type of support might also help you battle loneliness or depression.

*A person who cares about you and will listen to you can help you make good decisions about your life.*

*Sometimes you just need a shoulder to cry on to release your emotions.*

Receiving **information support** will give you more knowledge about things that affect your life. This in turn, will help you make better choices about your life and give you more control over it. This type of support can also help clear up confusion you may have about things.

*It is good to have someone from whom you can get good advice- professional advice that you can count on. A doctor or a nurse, for example, can provide you with answers to your questions and important information about things to do to take care of yourself.*

A big benefit of **practical support** is having your work accomplish more. Practical support may also help to give you better quality of life which

load reduced which will save you energy and may help you to create an inner peace.

*It is always good to have a person or a few people that you can call on in hard times. It will help relieve your stress if you have someone who can help you in an emergency, lend you money or care for you if you are not feeling well.*

These are all mere examples of the benefits of receiving different types of social support

Receiving **emotional support** can...

Reduce stress and pressure

Help relieve depression and loneliness

### **Activity IV: Qualities of a supportive person**

*Think about what it means to be supportive.*

*What does someone who is supportive do for you?*

*What makes a person a good source of support?*

**A supportive person is...**

Non-judgmental, patient compassionate, honest, trustworthy, willing, open-minded, takes initiative, observant, understanding, courageous, knowledgeable, teachable, dependable, loving, flexible, there for me in times of need, tells me what I need to hear, someone who listens to what I have to say, even if they don't agree, provides me with advise when I ask for it, helps me out with things when I am not feeling well, someone who offers to watch my children for me, accepts me for who I am, has good judgment.

*What else can you think of to describe a supportive person?*

### **Activity V: Who is in your support network?**

Identify personal sources of using support.

List the names of the people who provide different ion and types of support in your life.

**Emotional support:** Who can you talk with, share feelings and ask for personal advice?

**Informational support:** Who can you ask for factual and recommendations?

**Practical support:** Who can you count on to lend you a hand when you need it?

### **Activity VI: Increasing your Informational Support**

Girls watch a role play situation designed to show them how to get informational support.

Recap on what informational support is.

When asking for informational support:

- Make sure you ask your question clearly and be as specific as you can about the details.
- Be sure you understand the answer you have been told, If you don't understand the answer you have been given, have it explained again.
- When you have been given the information you have asked for, thank the person who has given it to you. If you are courteous to this person, he or she should be glad to help you again.

#### **Role play: getting informational support**

One girl will play the part of the

Patient and one will play the part of the doctor. All the other girls will watch closely what they do right and what they could improve on.

**A patient needs some information about her medication. It doesn't seem to be working and it makes her sick. She decides to ask her doctor about the pills she is taking.**

#### **Scenario one:**

**Patient:** Hello doctor, I need to talk with you about my medication. These pills are upsetting my stomach and they don't seem to be working.

**Doctor:** When are you taking your pills?

**Patient:** Well, I usually take them sometimes in the afternoon and right before I go to bed. If I forget about them, I just take them whenever.

**Doctor:** You should take the blue and yellow pills together after breakfast and lunch but not in the evening.

Eating when you take the pills will keep you from feeling sick plus; the pills will keep you awake at night unless you take them as instructed.

Here is some more information on your medication.

**Patient:** Oh, I get it. I take the blue and yellow pills together after breakfast and after lunch. I need to take them with food and I should take them at night.

**Thank you doctor. I really appreciate your help with this information.**

**Doctor:** You are certainly welcome. Please call me or the nurse if you keep feeling nauseated or if you have any other questions. We will be glad to answer them. I will see you in a couple of months.

**Emphasise the following points:**

The patient was specific about her question and in the details that she gave the doctor.

The patient repeated what she understood back to the doctor. They seemed to clearly understand each other.

The patient thanked the doctor for the help.

When asking for **Practical support:**

You need to ask first. Ask politely and be specific about what you would like help with. Which day? What time? How long will it take? Should they bring something? Do you need financial assistance?

- Plan ahead. Don't wait until the last minute to ask for help. Give people plenty of time to fit into your schedule.
- Be prepared. Be ready for them when they come to help you.
- Thank them. Tell people – thank you when they help you. You may also want to write them a little note, have them to dinner or make them a treat.
- Alternate who it is you ask for help. Take turns asking different people. You don't want to wear people out.

**Emotional support:**

- Find someone with good supportive qualities. Look for someone who will accept you for who you are and not judge you, someone who cares about you. Family members often provide good emotional support as do friends.
- You need someone who will be there when you need him or her.
- Many times you just need someone to talk to. You don't need someone to solve all your problems but rather, someone who will listen and sympathize with you.
- Finally, after someone has listened to you or given you advice; thank that person for their advice and time.

### **Activity VII: Barriers to Support**

**Purpose:** To discuss barriers to obtaining social support and to assess barriers that might be problematic.

**Facilitator:** Now that you have defined those who can provide us with support and ways in which they can do it, it is important for us to focus on things that might keep us from obtaining that support.

Think of things that might be barriers to your obtaining the social support you need.

Rate the following barriers from 1 to 4, with 1 being a small obstacle and not a problem and 4 being a large obstacle or a big problem.

**Potential Obstacle:**

- I worry about rejection from friends

- I don't want to feel ashamed or embarrassed.
- I am afraid to ask others for help
- I worry that other people won't want to be too close to me emotionally or physically.
- I don't like feeling that I'm always asking for help
- I have a sense of disconnection from my past life ( i.e. before my illness)
- I feel like I depend on other people too much.
- I have too much pride to ask for help.

On a scale 1 to 4 I would like you to rate how much control you think you have over the barriers listed. 1 means you have control over something and it's not a problem. 4 means you don't have a lot of control and it is a problem.

Some individuals are better able to overcome certain barriers while finding others difficult. These ratings will help you know which barriers might be a problem for you.

**Facilitator:**

I would like for each of you to tell us one barrier that they think they can overcome.

Remember, there are things that can't be changed and that is ok.

**Activity VIII: Developing a Resource List**

**Materials:** Paper, pencils, support tree

**Purpose:** To develop a social support resource list of people who can help girls when they need help.

**Facilitator:** Because it is important to increase your support network, we are going to focus on making a resource list.

This will be a list you can look at when you need help. You can also refer to it if someone you usually count on is unavailable.

This list should contain names of people from your support tree who you consider to be good resources.

Keep in mind that people from your leaves and branches need to be brought to your roots so that people already at your roots don't get overwhelmed.

The people on your list should be able to offer you any of the 3 types of support we discussed – informational, practical or emotional.

It is important for you to include sources of support other than your family members or friends. You can turn to other sources of support such as support groups, counselors and other HIV+ girls.

You as a group also provide support for one another. Many of you have similar situations. As you get to know each other better, you can include each other as potential supporters.

**Personal Resource List will include:**

Name, Type of support, Phone Number



**Take home activity:**

Think further on who you can add to your support tree and add them on.

## **MODULE SIXTEEN – Wrapping up**

**Purpose:** To consolidate everything learned

**Objectives:**

1. To help participants put life skills in perspective.
2. For participants to start thinking how they can apply all they have learnt in real life situations

### **Activity I: Review Take home activity**

Who else did the participants add on their support tree and why?

### **Activity II: Review of Hopes and Fears/Map**

**Discussion Time:** 30 minutes

**Aim:** Revisit the hopes and fears presented in the first module.

**Materials:** Flip chart with hopes and fears

Go through these and discuss (did any of these come true? Are there any changes?)

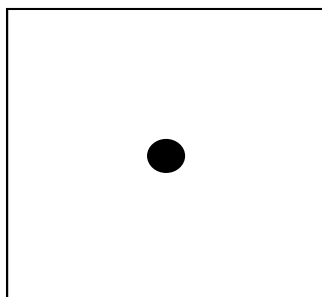
### **Activity III: The Black Dot**

**Discussion time:** 20 minutes

**Aim:** Explore perceptions on life

Materials needed: Flip chart, marker

**Directions:** Ask each participant to say out what they see. Explain that the dot represents the



negative thing that has taken place in our lives. In this case, we all have been infected with the HIV virus. **This may seem like the end of the world but**, the clear area inside the box that hasn't been tainted represents opportunities/possibilities that outweigh the negative dot. The dot is just that, a dot within a much larger clear area.

We are hoping that with what you have learnt during life skills, your life is no longer overwhelmed by this knowledge of your status but that you can move on with the confidence that you can live your life to the full. We would like to believe that you have been equipped with the knowledge and skills to live your life fulfilled.

Ask participants:

What have you learnt in life skills that you think would be useful in your day to day life?

What key things would you say really helped you and will continue to help you?

We feel that there is a lot you can apply in your lives based on what you have learnt and over and above what you have said, we would like go over some of the things you learnt and explore how you can apply it in real lives.

### **Activity IV: Consolidation**

**Discussion time:** 1 hour

**Aim:** Tying it all together

**Materials:** Flip chart paper, markers, red and blue post it notes

**Note to facilitator:** Before the session the facilitator should draw, on very large pieces of paper, three concentric circles and then label

one home, one community and one nation. Label the inner circle HOME, the middle circle COMMUNITY and the outer circle NATION.

**Directions:**

- Put the first large concentric circle diagram on the wall and ask the girls to go into groups of 4. Use Post-It Notes so the results can be saved. Each group should get a topic to cover.
- Make sure you cover disclosure, harnessing support, positive living, negotiation and condom use.
- To guide the discussion, the facilitator should say:
  - Write on your slips of paper some of the negative and positive things that happen to you at household level, community and Nation with the topics given to each group.
  - Show me with your slips of paper, what can happen—positive or negative—in the home, at the community level and national level?

**i.e.:** The facilitator should guide this process and give an example to get the girls going taking pieces of paper from the concentric circles. (e.g. You may disclose in the home, and in your community through your support group but may not feel comfortable to do so in beyond that. What are the positive and negative things in disclosing at all these levels? Wrapping up should be an open talk about what the girls have learnt from the above exercise and how it makes them feel. If issues of powerlessness, hopelessness come up, then let the girls discuss this.

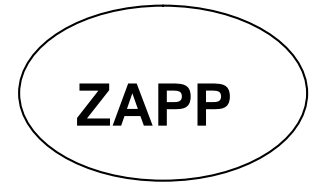
Emphasize that even though it is difficult, girls do have the power to change things, sometimes in small ways. Sometimes by simply saying NO!

Other times by resisting the urge to being involved with a sugar daddy. Other times by avoiding walking in the community after dark, or going over to a boy's house when no one is home, and simply taking precautions. And, when girls' decide to have sex or even when they are in a situation of coercion, they can use family planning (for protection against reinfections, pregnancy) and negotiate the use of condoms to protect themselves from pregnancy and other diseases.

Emphasize too that girls sometimes can have the power to change things in significant ways—by planning for their future, identifying future goals and strategies for getting there, and by gaining their own economic power.



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