



PFAVIRA NGOMA USIKU UREFU

A Facilitator's Guide for Discussion Groups

Acknowledgements

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Table of Contents

What this Guide is About		2
Tips for the Facilitators		3
Background Information about SHAZ! Modules		4
List of SHAZ! Lifeskills Handouts and Take Home Activities		5
MODULE ONE	Ground rules	6
MODULE TWO	Communication	9
MODULE THREE	Relationships	12
MODULE FOUR	Reproductive Health	
Session 1	It's my body!	14
Session 2	Reproductive Health Choices	17
MODULE FIVE	Sexuality	
Session 1	Understanding and expressing sexuality	19
Session 2	STI awareness	21
MODULE SIX	HIV Information	22
MODULE SEVEN	HIV Prevention and Treatment	24
MODULE EIGHT	HIV Testing and Disclosure	26
MODULE NINE	Conversations	28
MODULE TEN	Negotiation	
Session 1	Strategies for negotiation	30
Session 2	Negotiation in Action	32
MODULE ELEVEN	Violence	
Session 1	Identifying Violence: Self and Society	33
Session 2	Understanding our rights and self defense	37
MODULE TWELVE	Let's look Deeper	38
MODULE THIRTEEN	Wrapping up	40

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 13 modules, some of which have two 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 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 25 and facilitators are encouraged to hold **regular meetings** with the same group over time so that the 13 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?
- 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 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 13 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 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 HIV uninfected 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 HIV.
- 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, two participants (rotation system) will be asked to give feedback to the facilitators on how they viewed the session. This feedback activity should take about 5 minutes. At the end of each session, facilitators will convene for a brief feedback discussion to review activities and responses. They will be required to fill in a process and evaluation form recording the feedback received. (See annex 1)

List Of Shaz! Life skills Handoutss 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.
Handout: *Communication Check*
- Module 3** Reflection on video (*More Time*)
 a) How does it compare to your lives? Are there any parallels?
 b) Do my relationships put me at risk? What kind of risk?
 c) Does this risk affect my reproductive health?
 d) 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: *FACT or NONSENSE* and *STI Information*
- Module 6** Handout: *HIV and AIDS – Some Questions Answered*
 Handout: *HIV quiz*
- Module 7** Discuss with relative or friend about “Why information has not prevented people from taking risks that expose them to HIV infection.”
 Handouts: *Risky Business and Protective Action* and *The Centre – Nutrition Information* and *ARV Treatment* and *Traditional & Herbal Therapy*
- Module 8** Think about whom you would tell if you were HIV positive, why and how.
- Module 9** Handout: *I Can Say No*
 Think of strategies that people use to negotiate in life.
 Think about different situations/venues.
- Module 10** **Session 1** Handout: *Strategies for Negotiation*

Session 2 Putting Persuasion statements in appropriate categories.
 Handouts: *Persuasion cards*
- Module 11** **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 12** 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 13** No take home activity.

MODULE ONE Ground Rules

Purpose:

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

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 lifeskills 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 (eg. 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 (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: SHAA!

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 2 additional participants.

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 mis-trust that others would laugh at them or mis-lead 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)

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.

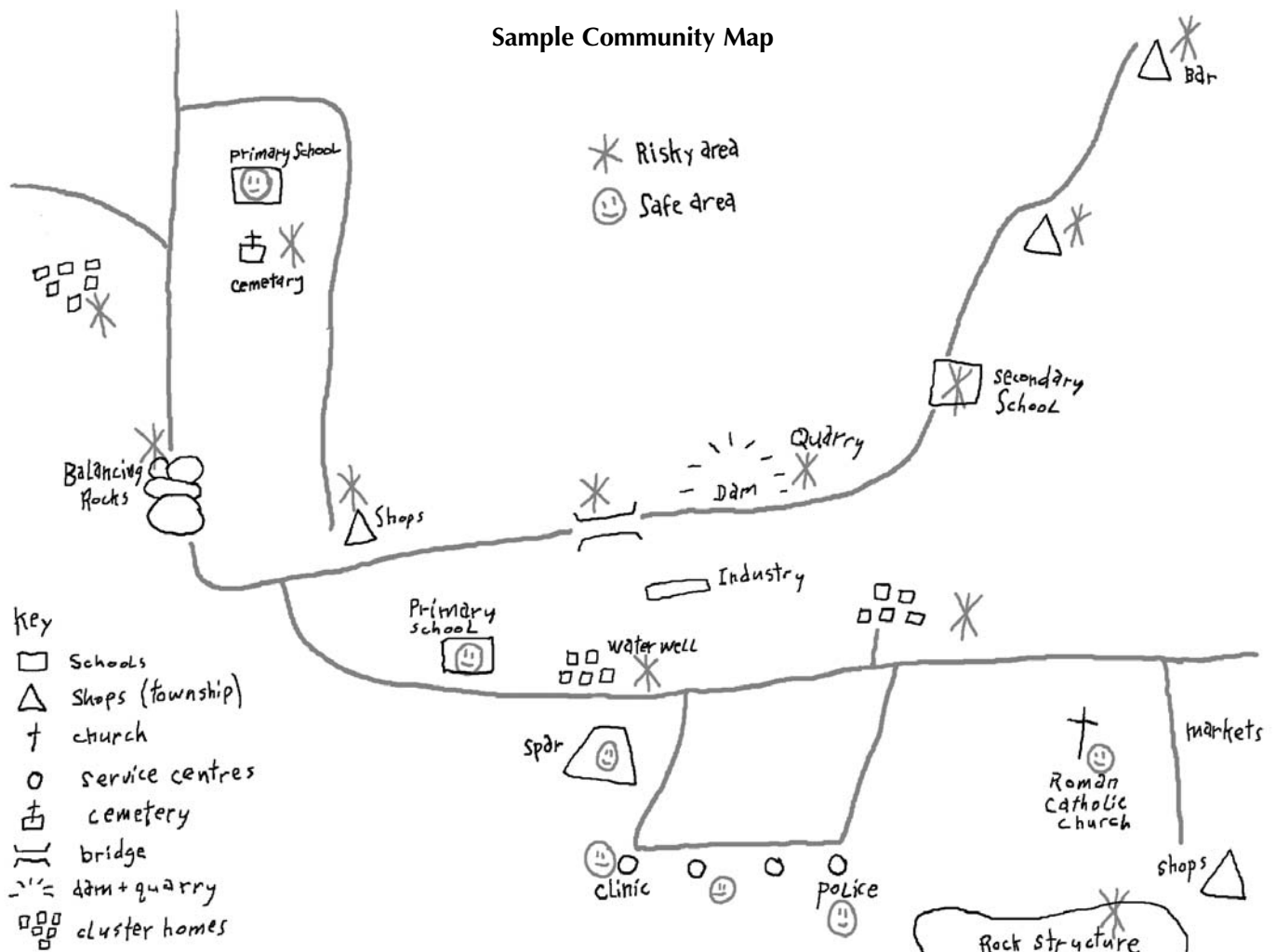
Materials needed: Large piece of paper and coloured pens, if available

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. 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.

»» Ask two participants to provide you with feedback about the session and fill in the “Life Skills Feedback form.”



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.

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.

Materials Needed: Flip chart paper and marker

Note to facilitator: Pair-wise ranking is used as a means of prioritizing or ranking lists prepared by communities or groups. Ranking these lists helps communities decide which are the most important or the biggest issue or problem. In this case we would like to know which risky places in the community are the MOST risky. For example, are bus stops more risky than schools?

Directions: List all of the places identified in the community as risky on the flip chart vertically, then list these same places horizontally in the same order (see example below). Once all of the places are listed both horizontally and vertically, for each pair, ask which area is more risky. Record the more risky location in the chart. For instance in the example below you would ask which is more risky, the market or the bus stop. In the example chart, the bus stop was identified as more risky.

	Market	Bus Stop	Bar	School	Clinic
Market	X	<i>bus stop</i>	<i>bar</i>	<i>market</i>	<i>market</i>
Bus Stop	X	X	<i>bar</i>	<i>bus stop</i>	<i>bus stop</i>
Bar	X	X	X	<i>bar</i>	<i>bar</i>
School	X	X	X	X	<i>school</i>
Clinic	X	X	X	X	X

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 what ever 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. Ask participants what other ways we communicate with one another, apart from language, eg 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 standing 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: *Communication Check*

Aim: To identify different 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



The Tortoise
withdraws and
says nothing



The Donkey
refuses to change
his point of view



The Lion
likes to get
into a fight



The Rhino
upsets members
of the group



The Monkey
fools around
and chatters



The Giraffe
looks down
on everyone

participants to better understand and relate to each other.

Directions:

1. Ask for 7 volunteers
2. Assign the volunteers a sensitive or inflammatory topic for discussion e.g. "All school children should be taught how to use a condom."
3. 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.
4. One volunteer should be assigned "group leader"
5. The volunteer group should then convene their discussion, "playing" out their roles as realistically as possible.
6. 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.



Circulate **handout** to the group *Communication check* for personal assessment. Participants should complete the self-assessment while in class.

Note to Facilitator: Please read through the communication check list to explain the rating system. Assist in calculating scores and encourage participants to list strengths and weaknesses based on scores.

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.

»» Ask two participants to provide you with feedback about the session and fill in the Life Skills Feedback form.

MODULE THREE Relationships

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

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 111: Culture and relationships

Time: 30 minutes

Aim: To discuss how culture 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. 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: 1hr

Materials needed: TV and VCR and Video tape

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.

››› Ask two participants to provide you with feedback about the session and fill in the Life Skills Feedback form.

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.

Activity I: Review Take-home Activity

Ask participants to share their thoughts on the take home activity for Module 4.

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 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.
- 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, 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 it's 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.

››› Ask two participants to provide you with feedback about the session and fill out the Life Skills Feedback form.

MODULE FOUR Reproductive health

SESSION 2

Reproductive Health Choices

Purpose: This is a follow up from menstruation to pregnancy and a closer look at 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 11: “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: Contraception**Guest speaker - ZNFPC****Discussion time:** 1 Hour**Materials:** Community Map

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. *Ask the guest speaker from ZNFPC to dispel any myths about contraception and fill in any knowledge gaps. 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.

»» Ask two participants to provide you with feedback about the session and fill out the Life Skills Feedback form.

MODULE FIVE Sexuality

SESSION 1

Understanding and expressing sexuality

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

Activity 1: 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. 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, breasts, 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 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 1V: 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 and 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.

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.

»» Ask two participants to provide you with feedback about the session and fill out the Life Skills Feedback form.

MODULE FIVE Sexuality

SESSION 2

STI Awareness

Purpose: Taking a closer look at 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: STI information

Guest speaker - PSI

Discussion Time: 1hr 30min

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

Aim: Learn about causes, signs and symptoms of sexually transmitted infections.

Directions: The guest speaker leads this session employing an interactive process with audience. Put in the video on STIs. Watch with the participants.

Feedback and Discussion: Discuss what they saw, their reactions to the images. Ensure that the participants know where to find screening, diagnosis and treatment. 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*.
- 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.

»» Ask two participants to provide you with feedback about the session and fill out the Life Skills Feedback form.

MODULE SIX HIV Information

Purpose: Explore existing knowledge and dispel myths and mis-information about HIV and AIDS.

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 mis-information 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

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.

››› Ask two participants to provide you with feedback about the session and fill out the Life Skills Feedback form.

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MODULE SEVEN HIV Prevention and Treatment

Purpose: The purpose of this session is to think about the key behaviors that will prevent HIV and to explore the barriers to prevention; also to discuss options for treatment in case of infection.

Activity I: Review take-home activity

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

Discussion time: 20 to 30 minutes

Activity II: Strategies for Prevention (ABCDEFG)

Discussion time: 30 minutes

Aim: Discuss the known strategies for prevention of HIV transmission

- Abstaining
- Being faithful with another faithful and uninfected partner
- Using Condoms
- Delaying onset of sexual debut
- Early treatment of STIs
- Free and frank discussion
- Get real – which means getting tested and incorporating prevention efforts into everyday life.

Directions:

1. Split the larger group into three groups. Each group takes two strategies and all discuss the last strategy – **G**.
2. Each group should discuss what these strategies mean and describe them.
3. Each group should come up with at least one circumstance where this particular 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 sessions.

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.

- Get tested for HIV, learn HIV status, and disclose status to sexual partner and live according to these results.
- Persons living with AIDS (PLWA) live positively, learn ways to prevent passing on the virus if HIV Positive.
- HIV negatives adopt safer sexual behaviors or learn ways to stay HIV free

Activity III: Barriers to Prevention

Discussion time: 30 minutes

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

Directions: Ask the group to divide up into the same groups as the previous exercise and **list the possible barriers** to each of the strategies above that came out during the previous exercise. 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 Be friends with people who agree about delaying sex until married.

Barrier I can't say “no”.

Solution Speech therapy?

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: Inform participants with 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. Then Dispel myths and fill in facts as needed.

Activity VI: 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 each group lists food in one of the 3 following categories on a flip chart.

- Food we normally eat in the home
- Food we should eat in the home
- Food recommended for positive living

Feedback and Discussion: Discuss more on foods recommended for positive living and discuss why people don't always eat what they ought to. Pass out the Nutrition **handout** from the Centre.



Activity VII: Access to and Options for Treatment

Time: 40 minutes

Aim: Make participants aware of treatment options and what is accessible/available to them.

Directions: Prompt by asking: How do you access treatment in Zimbabwe? Find out what treatment options they know. Step in to correct myths and misconceptions. (Could bring in a herbalist.)

Feedback and Discussion: Talk about ART – benefits, side effects, when to embark on treatment. Explore issues around treatment, risk involved and reduction risk. Discuss herbs and the part they play in treatment. Pass out the **handouts** *ARV Treatment and Traditional and Herbal Therapy*.



»» Also talk about home-based care and hygiene (Gloves, protection and clothes), and give the participants a taste of what is to come in the Red Cross component.

A take-home activity:

1. Talk to a relative or friend about why information has not prevented people from taking risks that expose them to HIV infection. Why do people with good knowledge about HIV fail to use information to protect themselves? Be prepared to share this information with the group in the next session



2. Participants to read the **handout** *Risky Business and Protective Action* and assess their personal risk.

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.

** Ask two participants to provide you with feedback about the session and fill out the Life Skills Feedback form.

MODULE EIGHT HIV Testing/Disclosure

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

Activity I: Review Take Home Activity

Time: 30 minutes

Aim: Discuss the take home activity, how participants rate their personal risk; how did they feel about that activity.

Activity II: Seeking Services

Discussion time: 30 – 40 minutes

Aim: Discuss VCT services

Note to facilitator: Let the group do the talking! You may need to first explain what VCT services are and where they are located in the community.

Directions: Gather the group and ask them to respond to the following questions.

- What happens during an HIV test at a VCT center or the study clinic?
- How often should I take an HIV test?
- VCT Services are not always easily accessible and people are not always aware of the different services that are open to them. Why is this so?
- Why should I make use of VCT services?

Note to facilitator: Make sure participants understand all aspects of VCT including procedures, confidentiality, counseling. Highlight issues of the window period and that a negative test now doesn't mean absolutely that one is negative. Explain that one needs to follow-up with another HIV test in 3 to 6 months and after that anytime there has been a risky behavior or incident.

There is no doubt about it, the thought of learning your HIV status is scary! You have to weigh it up, weigh the pros and cons of getting tested and decide what is right of you. Help participants make the link between knowing their own status and being able to make active choices to protect themselves or others.

Think of VCT as your first step towards ensuring your health and your future whether you are HIV positive or not!

Activity III: 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! When people are infected with HIV, some people feel comfortable telling others about their status. Others are shy to tell anyone and feel embarrassed or ashamed to tell others, even those they are most close to. Why do you think some people feel this way? Break participants into small groups and discuss the following, recording their responses on flip chart paper.

What are 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.

Activity IV: Speaking Out

Discussion time: 20 minutes

Aim: Discussing issues of HIV and AIDS, openly and where we are.

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

- How can we foster open dialogue about HIV and AIDS issues where we are?
- What is the role of youth in responding to HIV and AIDS?
- Should I discuss my sexuality and HIV and AIDS with my parents or elders?
- What are the ways in which youths can take responsibility in responding to HIV and AIDS?
- How you would like to be treated if you were HIV infected, or your family member was infected?
- What things would you need from your friends and community?

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 if you were HIV infected. 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.

››› Ask two participants to provide you with feedback about the session and fill out the Life Skills Feedback form.

MODULE NINE Conversations

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

Activity I: Review Take Home Activity

Ask participants to share with the group thoughts they had about who they would tell and why if they were HIV infected. Also ask the participants if they would withhold this information from anyone and why.

Activity II: Why do we struggle to say No?

Discussion time: 30 minutes

Aim: To help participants be aware of the challenges they experience when trying to stand up for what they want.

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 saying no to 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 labled.
- 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 getting HIV – 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 infected with HIV and pregnant, I could pass on the infection to my unborn child.
- If I get HIV infection, 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 the girls discuss this 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.

»» Ask two participants to provide you with feedback about the session and fill out the Life Skills Feedback form.

MODULE TEN Negotiation

SESSION 1

Strategies for Negotiation

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

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:

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
- Demanding
- Not listening to others
- Saying others are wrong
- Leaning forward
- Looking down on others
- Wagging finger or pointing at others
- Threatening
- Fighting

ASSERTIVENESS:

Telling someone exactly what you want 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.

Kuzvimiririra

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)

PASSIVENESS:

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.

Chikorobho

Submissive:

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

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.

››› Ask two participants to provide you with feedback about the session and fill out the Life Skills Feedback form.

MODULE TEN Negotiation

Session 2

Negotiation in Action

Purpose: Continue to look at strategies for effective negotiation.

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.

Discussion time: 10 minutes

Activity II: Responding to persuasion

Discussion time: 1hr

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.

»» Ask two participants to provide you with feedback about the session and fill in the Life Skills Feedback form.

MODULE ELEVEN Violence

Session 1

Identifying Violence: self and society

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.

Activity I: Review take home activity

Discussion time: 15 minutes

Aim: To assess and reinforce understanding of persuasion. Discuss to see if girls understood the activity. Go over the statements and categories.

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 non-verbal 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 or 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.

Activity III: 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 IV: 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, 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.

››› Ask two participants to provide you with feedback about the session and fill in the Life Skills Feedback form.

MODULE ELEVEN **Violence****Session 2*****Understanding our rights and self-defense***

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

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.

››› Ask two participants to provide you with feedback about the session and fill in the Life Skills Feedback form.

MODULE TWELVE **Let's look Deeper**

Purpose: To consolidate everything learned

Activity I: Review Take home activity

Who did they teach their self-defense to, and how did it feel to share that knowledge?

Activity II: 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. Also before the session, the facilitator should draw a very large Venn Diagram, with three circles that partly overlap each other and are also labeled HOME, COMMUNITY and NATION.

Directions:

- Put the first large concentric circle diagram on the wall and ask the girls, to write on slips of red paper dangerous things that happen at each level of their lives, they should be given a chance to put the label on the right level and explain what they mean. Then do the same on slips of blue paper writing positive things that can happen within each layer of their lives. *Use Post-It Notes so the results can be saved.*

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. These might be in the form of a person, an activity or an object. For example, uncles might be on red paper at the household level, and mothers might be on blue paper at the household level. At the same time, someone may perceive mothers as being negative because they allow the uncles to do what they do. Let the girls express all the contradictions they feel and use examples as needed.

- Repeat these questions for the other levels.
Show me with your slips of paper, what can happen—positive or negative—at the community level?
Show me with your slips of paper, what can happen—positive or negative—at the national level?
- Next put up the large Venn diagram, and ask the participants: Can anyone tell me how these issues are inter-linked and related? Is there a connection between what happens in your community and what happens in your home? Is there a connection between what happens in your community and in the nation of Zimbabwe?

Note: The facilitator should guide this process and give an example to get the girls going taking pieces of paper from the concentric circles and placing them on the Venn diagram. (e.g. an uncle who is considered dangerous in the home, may also be a guy who is involved in national politics and gets free food for his “participation” and this makes him feel powerful as if he has the right to rape the girl in the household) The Venn diagram shows both individual circles as before and also where they interlink and overlap! The purpose of this exercise is to show how everything national, community and local levels are interacting with girls’ lives.

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 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.

Take Home Activity

1. Talk about the role models in the community and the most trusted sources of information. Who are they? What makes them a good role model?
2. Go and prepare a 3-minute presentation on what you have learnt from the Life Skills. It does not have to be positive, be honest because it will help us restructure the guide.
3. Also prepare to discuss how you are going to use this knowledge. Think about ways that planning your future may give you the strength to negotiate safely with the here and now. This will be presented 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.

»» Ask two participants to provide you with feedback about the session and fill in the Life Skills Feedback form.

MODULE THIRTEEN **Wrapping up**

Purpose: This is a round up of our discussions.

Activity I: Review Take home activity

Discussion time: 1 hour

Aim: Participants will discuss SHAZ! Life Skills and list key points on a flip chart.

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?)

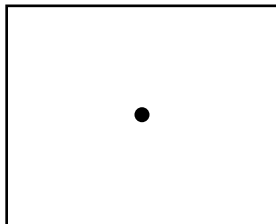
Activity 111: The Black dot

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 things that might have taken place in our lives e.g., rape, drop out of school, loss of a loved one, abuse, break up of a relationship, sickness. However, the clear area inside the box that hasn't been tainted represents opportunities/possibilities that outweigh the negative dot.

In Closing Ask the participants:

What represents the black dot in your life and how do you hope to overcome this?

What are your future plans? (In the main intervention, what they hope to do with the vocational training and health training).



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