iCAN Package

Facilitator's Manual

A Comprehensive Life Skills Package Focusing on HIV, Sexuality and Sexual & Reproductive Health for Young People Living with HIV (YPLHIV) and Their Circles of Care.

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ISBN: 978-0-7974-7584-7

SAfAIDS 2016

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Acknowledgements

This Facilitator's Guide and the accompanying workbook were made possible through close collaboration between UNFPA East and Southern Africa Regional Office (ESARO) and the SAfAIDS Regional Office. Overall conceptualisation, guidance and oversight for the package's development was provided by Dr. Asha Mohamud, Adolescent Sexual and Reproductive Health Policy Advisor, UNFPA ESARO.

This *iCAN Package* was designed on identification of an information gap on sexuality and sexual and reproductive health (SRH) issues among young people living with HIV (YPLHIV). This was achieved through a desk review and consultative processes held with female and male YPLHIV aged 10–24 years and their circles of care, in the Southern Africa region. The package was further pre-tested with groups of YPLHIV aged 10–24 years in South Africa and Zimbabwe.

Sincere appreciation is extended to all the young people who gave their time and support towards the finalisation of this package.

SAfAIDS Head of Publications and Documentation, Katrina Wallace-Karenga collated content with editing by Vivienne Kernohan and layout and design by Victor Mabenge. Lois Chingandu, and Rouzeh Eghtessadi, SAfAIDS Executive Director and Deputy Director respectively, provided additional technical support. Maria Bakaroudis, Comprehensive Sexuality Education Specialist, UNFPA ESARO, Andrea Irvin, UNFPA consultant, Renata Tallarico, SYP Regional Coordinator, Maja Hansen, Programme Specialist and Sharon Lebogang Schultz, UNFPA South Africa supported technical content review.

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Knowledge for action: The power to make a difference!

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List of Acronyms & Abbreviations
used in this Manual

ART	Antiretroviral Treatment
CD4	CD4 cells are a type of white blood cell that indicate the health of the immune system and that fight infection. Another name for them is T-helper cells. CD4 cells are made in the spleen, lymph nodes, and thymus gland, which are part of the lymph or infection-fighting system. They have been used to determine when a person with HIV infection needs to start ART.
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
HTS	HIV Testing Services
HPV	Human Papilloma Virus, the virus that causes genital warts and is associated with cervical cancer in women.
IUD	Intrauterine Device, a form of long term contraceptive that must be fitted by a doctor
MHM	Menstrual Health Management
OIs	Opportunistic Infections
PEP	Post-Exposure Prophylaxis
PrEP	Pre-Exposure Prophylaxis
PMTCT	Prevention of Mother-to-Child Transmission
SRH	Sexual and Reproductive Health
SRHR	Sexual Reproductive Health and Rights
STI	Sexually Transmitted Infection
TasP	Treatment as Prevention (ARV treatment)
VCT	Voluntary HIV Counselling and Testing
YPLHIV	Young Person/ People Living with HIV

Snapshot:

HIV, Sexual & Reproductive Health and Young People in Eastern and Southern Africa

In recent years, there have been a lot of very important gains in the global HIV response: more people than ever before have access to antiretroviral treatment (ART) which has led to a huge decrease in the number of AIDS-related deaths, which reached their peak in 2005, when access to ART was limited. Today, ART is widely available and this has led to a 42% decrease in AIDS-related deaths since 2005 (UNAIDS, 2015). We have seen a global decrease in the number of new HIV infections and far fewer babies are being born with HIV.

There are 1,300,000 YPLHIV in East and Southern Africa

Young people account for about 5% of all HIV infections worldwide and for 13% of new HIV infections. Of these, about 82% (1.6 million) live in sub-Saharan Africa, with around 1.3 million in east and southern Africa alone. The majority of these have been born with HIV, while the rest – mostly girls – were infected as adolescents. Seven out of ten new infections in 15–19 year-olds are among young women.

Seven out of 10 new HIV infections in young people aged 15–19 are amongst girls

It is estimated that some 190,000 children in the region were born with HIV in 2014, while about 59% of women received prevention of mother-to-child transmission services (PMTCT) in this period[1]. Increasing PMTCT access to 100% will ensure the elimination of vertical transmission, thus reducing the pool of adolescents living and growing with HIV.

Unfortunately, AIDS-related mortality for adolescents aged 10–19 has increased by 50% during the same period (UNAIDS Gap Report, 2014). This is because many adolescents have not been tested and/or treated, while some of those tested are lost to follow up as the transition to adult care is not adequately and systematically implemented.

AIDS is now the leading cause of death among adolescents (10–19) in Africa[2] demonstrating that more effort is needed to support YPLHIV to access ART, adhere to their treatment regimens, live healthily and find safe ways to achieve all they want in life.

The youth are our future leaders – we must improve and scale up elimination of mother-to-child transmission (eMTCT) and HIV prevention in adolescents to ensure that no child is born with HIV and that no adolescent becomes infected. We must also continue to find effective strategies to support YPLHIV to live healthy, long and fulfilling lives.

Young people experience many changes and emotions as they mature into adults – and they also face social and peer pressures that can put them at risk of HIV infection. At the same time, they face many barriers to accessing sexual and reproductive health (SRH) services, as they are not yet considered adults and social expectations assume they are not having sex.

1 (http://data.unicef.org/hiv-aids/adolescents-young-people.html#sthash.RIRVwiNE.dpuf accessed June 2016).
2 (http://data.unicef.org/hiv-aids/adolescents-youngpeople.html#sthash.xUzo9zw6.dpuf (accessed June 2016)

Young people living with HIV also face new challenges with treatment adherence as they transition from child to adult care, become more independent and need to take responsibility for their own health and wellbeing. Limited access to SRH services and information, social and peer pressure, compounded by gender inequality put the health of girls and young women at additional risk.

In 2012, around two thirds of new HIV infections in young people aged 15–19 years were in girls (UNICEF, 2013).

Experts across the world agree on the importance of ensuring appropriate strategies are in place to support YPLHIV to live healthily with HIV, reduce their risk of reinfection and onward transmission. These include ensuring that YPLHIV have access to comprehensive sexuality education including: skills for navigating relationships; safe disclosure of their status to sexual partners; knowledge of pre-exposure prophylaxis; understanding the necessity for adherence to treatment; and appreciation of the importance of having an undetectable viral load. UNAIDS has identified six key approaches to achieve this.

- Ensuring access to condoms and to contraception (dual protection) for sexually active young people.
- Supporting medical male circumcision, which reduces the risk of HIV transmission to young men.
- Promoting appropriate HIV prevention strategies for all groups, including YPLHIV engaging in transactional sex, injecting drug users and young men who have sex with men.
- Ensuring YPLHIV who are pregnant, or planning to become pregnant, have access to PMTCT information and services.
- Ensuring that adolescents and YPLHIV know their HIV status and that those testing positive have access to treatment, care and support.
- Supporting responsible behaviour and effective communication for behaviour change among all adolescents, including those living with HIV.

Promote appropriate HIV prevention strategies for all groups

Introduction to the iCAN Facilitator's Guide

Welcome to the *iCAN Facilitator's Guide on Sexual and Reproductive Health for Young People Living with HIV and Their Circles of Care*. It aims to help address the challenges facing adolescents and young people living within the East and Southern Africa (ESA) region.

Who is this guide for?

This *iCAN* package has been designed to support YPLHIV and those who work with them, to help them understand their HIV positive status and empower them to plan their lives in ways that protect both their own health and that of others.

The package can be utilised to complement existing materials focusing on SRH and HIV and other youth-focused packages produced by partners working with YPLHIV.

It is suitable for use with young people in the following age groups: 10–14years, 15–19 years and 20–24 years.

Young people living with HIV have needs, dreams, aspirations and rights – as well as responsibilities to themselves and others – just like anyone else. However, YPLHIV also face specific problems and difficulties that can make their lives more challenging than those of their peers. This means that YPLHIV who are no longer in school may not have their rights protected and their needs met, or be able to achieve their dreams and aspirations, as they lack access to the formal support structures of in-school YPLHIV.

How has this guide been developed?

The iCAN package uses the four main domains of learning[3] to structure the units and sessions for both facilitator and learner. It has a life skills methodology. The four main domains, as they are interpreted in the guide, are listed and described below. These icons will appear throughout, indicating the pedagogy of each session and unit.

This is the COGNITIVE domain. Knowledge transfer and reflection take place at this stage. New or critical information is shared in this section at an individual or a group level. You will find this icon at the start of every session.

This is the AFFECTIVE domain. Through reflection and discussion, attitudes, norms are explored and interrogated and values clarified. The information focuses on reflecting on beliefs, perceptions and experience. This icon indicates the core theme for each session.

This is the psychomotor or SKILLS BUILDING domain. Life skills techniques are introduced, that build communication, decision-making, negotiation and critical thinking skills, as well as self-awareness and efficacy. This icon is found at the end of each session.

This is the SOCIAL domain and appears at the end of each Unit. It talks to interaction and relationships with others, self-fulfillment and most importantly, the intention to act towards behaviour change – and encourages commitment to develop, sustain, or change behaviour towards the adoption of healthy and protective practices.

3 Educational taxonomies developed by Bloom, Krathwohl in 2004

Overview of iCAN Modules

The iCAN Facilitator's Guide comprises four core Modules: *iPositive, iAspire, iProtect* and *iAction*. Everything that a facilitator, group leader or community worker needs to support YPLHIV is included in this Facilitator's Guide. An iCAN Workbook accompanies the guide, for use by YPLHIV to enable sharing and learning within a workshop or training setting.

iPositive focuses on supporting YPLHIV to unpack 'Who Am I?', recognising themselves and their environment, building their self-esteem, improving communication skills and decision making capabilities and, most importantly, building a self-concept that places their HIV status within the totality of their lives in a balanced way. '**HIV does not define me!'**

iAspire builds on the self-awareness explored in the *iPositive* module and focuses on 'Where am I going?' It is critical for all YPLHIV to see a healthy and productive future in front of them, just like all other young people. This module supports YPLHIV to unpack their dreams and aspirations, set life goals, including planning for their education, and to look critically at establishing and maintaining healthy relationships and behaviours that will help them get there. '**HIV is just part of my journey!'**

iProtect asks 'How will I get there?' and focuses on empowering YPLHIV to realise their SRH and rights, take responsibility for their future, their health and that of their loved ones – no onward transmission and avoiding common challenges by seeking information and services such as HIV testing, condoms, contraception, ARVs and prevention and treatment of opportunistic infections that can hold back a planned future. They will aim for no reinfection: '**HIV ends with me!'**

iAction is the final module. It asks 'What can I do?' and urges YPLHIV to self-actualise their dreams. One way is to become champions for change. Every young person living with HIV has something to offer their fellow YPLHIV and others at home, in the community and beyond. '**I can make a positive difference!'**

What does it mean to train the iCAN way?

All young people have the power to make a positive difference – whether in their community, country or internationally; within their circle of friends or in their own lives. While living with HIV can bring about some challenges, these can be overcome and should not stand in the way of YPLHIV attaining their full potential. Training the *iCAN way* involves supporting YPLHIV to understand themselves better, to build on their strengths, focus on what they want to be and achieve – and support them to realise their dreams. It is about teaching young people 'YES I CAN!' – and making this a reality.

As an iCAN trainer and using this guide, one is encouraged to:

- **Focus on positive communication** and messaging to uplift YPLHIV and encourage them to motivate their peers.
- **Support YPLHIV to see the best in themselves** and to view their futures as bright, hopeful and fulfilling.
- **Promote open and positive participation;** every YPLHIV has important lessons to share.
- **Encourage YPLHIV to be supportive and respectful of each other by:** listening carefully to others; not interrupting and being understanding.
- **Congratulate and praise them** for the positive steps they are taking in their lives.
- **Instill faith, confidence and skills in YPLHIV** to believe that they can lead a normal life and achieve all that an HIV negative person can – and more!

Guidelines for Facilitators

How to use the iCAN package

This package has been developed with a facilitated process in mind, so is ideally used with a group where one person is a facilitator, guiding and leading small groups through each module. The Facilitator's Guide can be used during:

- Training workshops
- Social clubs for young people
- Support groups for YPLHIV.

The modules themselves follow a learning methodology that allows information and confidence to build, as each unit and each session within each unit, progresses. It is advised that you follow the modules, units and sessions in the order they are presented. The time for each activity will vary with your group and setting, and there is a planning guide.

A key goal of your facilitation is to try to encourage the young people you are working with to talk about and discuss the issues in the sessions. To help you guide discussions, we have included some conversation prompts and suggestions, but you can also add your own. Throughout this guide, you will find key messages for YPLHIV. As you conduct the activities and discussions, keep reinforcing the key messages for each session. Encourage YPLHIV to make notes about the information they feel is important for them to remember. They can use the associated workbook for this purpose.

Who can use this package?

The package can be used by:

- Life skills facilitators, community-based youth facilitators, service providers and others working with YPLHIV.
- Young people living with HIV who work with other YPLHIV through organisations or support groups.
- Civil society organisations, including community-based organisations and groups and partners working with YPLHIV.
- Young people's organisations, coalitions, networks and groups.
- Faith-based organisations, women's and men's groups/organisations and support groups for parents/caregivers/guardians of YPLHIV who engage YPLHIV through their respective constituencies of reach.

The package can be used for capacity strengthening workshops and to strengthen the capacity of youth-serving organisations to effectively mainstream sexual and reproductive health rights (SRHR) issues into programmes reaching YPLHIV.

The package can also be used to trigger dialogue around key topical issues affecting YPLHIV through an SRH lens, as well as for content and information referencing.

The workbook

The workbook activities are referenced throughout this guide. The workbook also contains copies of any handouts. Young people's needs differ according to their age, culture, gender, risks and knowledge levels. The activities in the workbook are generally suitable for all ages, although some are less suitable for certain age groups than for others. It is up to you to be sensitive and decide what information is most relevant for each group of adolescents and YPLHIV with whom you work, according to their age and experience.

Facilitation tips and techniques

These facilitation tips can help you prepare for training, 'break the ice' and set the tone in a training workshop or skills building session.

Plan as a team

If possible, plan and run the workshop with another facilitator – and take turns in the lead role. One facilitator can lead the session, while the other records on flip charts and helps with physical preparations. Plan the workshop together beforehand and decide who will lead each session. Support each other; if one facilitator is having difficulty leading a session or responding to questions, the other can help him or her out. Make sure to invite knowledgeable resource people to cover technical sessions. Involve them in the planning and discuss exactly when and where you need them to help. Arrive early at the venue – in order to get everything organised and to welcome participants as they arrive. Meet at the end of each day to debrief on the session and logistics and plan for the next one.

Getting started – 'Break the Ice'

Organise games or songs to act as ice breakers, build a sense of community and help participants relax, feel more confident and have some fun. Ask participants to give their expectations about the workshop or session – and then explain the objectives. Agree on ground rules, e.g. confidentiality, active participation, listening, cell phones off, etc. List the ground rules visibly in the room and ask the whole group to help enforce them. Identify a timekeeper.

Organising report backs after group work

After groups have done their work, they will report back. There are different ways of doing this:

Round robin reporting: each group presents one point at a time, going around the circle with each group giving a new point until all points are exhausted. The next group reporter should only give new points. This method helps equalise contributions by different groups and avoids repetition.

One group/one topic: each group presents on a different topic or question. This is a useful technique when a lot of information needs to be covered in a short period of time.

Creative reporting: groups give their report in the form of a picture or role play, talk show or other creative manner. This method helps to keep the training lively, active and fun.

Report back in paired groups: sometimes you can have two small groups meet and share what they have learned. The smaller numbers allow for more discussion amongst all participants.

Training language

Work in the language most participants are comfortable with and allow them to choose which language they prefer, as appropriate. Engage other participants as translators if needed. Emphasise this at the start of the workshop and model this as the trainer, by using all appropriate languages i.e. English can be mixed with Tswana, Shona or Swahili, etc.. The use of local languages makes a big difference in helping participants get a better understanding of complicated issues. Using both English and local languages together helps with describing concepts that may not have specific terminology in local languages, or where the connotations seem different in the different languages. For example, when discussing the sexual and reproductive anatomy and physiology, the vernacular terms may have a vulgar connotation, but in English, they do not. Further, certain medical terms have no vernacular equivalents, so mixing languages is often useful. Let the group help determine the language for each session.

Managing space

Change the space and the organisation of the chairs to suit your activity and to create variety. Start off with a circle or semi-circle so that everyone can see each other. For some activities, such as report backs, use a formation with participants sitting in rows close together – this adds energy and helps everyone hear better. Where possible, organise some activities outside the training room – in the open air if possible.

Handling sensitive issues

Be prepared to manage sensitive issues, especially when talking about sensitive topics such as sex and sexuality, and to challenge stigmatising attitudes:

(i) Start with yourself. Prepare yourself to discuss the issues without feeling uncomfortable

(ii) Inform young people that everyone has a right to his or her opinion and that everyone's opinion should be respected

(iii) There are no right or wrong opinions but there are right or wrong facts – so we will correct facts, but not opinions

(iv) Build an open atmosphere in which participants feel comfortable talking about these issues

(v) Use 'I' statements, like I believe, I think, my opinion on this is ...

(vi) Encourage sensitive discussion and commend participants who display openness

(vii) Get as much information as possible beforehand on what the potentially sensitive areas will be, so that you can work out strategies to bring them out and handle them effectively.

Get a reading of the group's body language to help you decide when to probe further on an issue and when to back off. When people do not want to discuss something, they may avoid eye contact, or fold their arms across their chest.

Some of the issues in this manual may be better suited to some groups than others – before starting a topic, make sure it is appropriate for the age, culture and gender that you are working with.

Usually participants will have more questions than you can answer. Be prepared for this and do not worry about admitting that you do not have an answer to some questions. Either refer to a resource person, show that you are willing to find out the answers or refer people to other sources of information. You may find that it is not possible to cover every detail in the time allocated. At the end of the session you can refer participants to additional sources of information by distributing the 'Key Information' sections as handouts.

Managing conflict

Participants may disagree on some issues, and these disagreements may lead to conflict. Other participants may display judgmental attitudes. Such a situation has the potential to be explosive, but you can turn it into an advantage – using the passion around the issues to understand them better. Your aim as a facilitator is to stop the 'fighting' and get participants to explore the issues. Reiterate the ground rules (e.g. active listening and showing respect), to create the right spirit and atmosphere.

Understanding YPLHIV and out of school YPLHIV

YPLHIV are not a homogenous group and fall into two broad categories: those born with HIV and those who became infected after birth through the usual forms of transmission, which in the ESA region is mainly through unprotected sexual intercourse. How YPLHIV became infected has implications for how they feel about themselves and those around them. Exploring this can cause anger, guilt and more. Understanding transmission and preventing new infections and reinfection are the most important things. This is your role in teaching life skills.

Adolescents who were infected through mother-to-child transmission may feel anger towards their parents for 'infecting them'. Inform them that many parents are unaware that they are infected, while some may not have had access to PMTCT services when they were pregnant, so one can not blame them. Your role is to diffuse that anger and focus them on what can be done now.

Some YPLHIV may have had little schooling, due to issues of care, loss of hope, support and/or income. Some YPLHIV are married early and feel and act like adults already. Child marriage is now illegal in SADC and in most countries in the ESA region, so no adult should marry an adolescent under the age of 18 years.

Activities should be tailored to the group but be high on interest and focus on activities. Keep reading information and writing to a minimum!

Eligibility Checklist

Here are seven reflection areas for you to consider as a facilitator of YPLHIV. Each question has some further ideas to consider. Go through them all. They will help build your capacity as a young persons' champion and support the meaningful participation of YPLHIV in their learning.

Reflection Question and issues	YES	NO	UNSURE
1. Are you ready to listen to YPLHIV?			
You are interested in what YPLHIV have to say			
You treat YPLHIV with respect			
You are non-judgmental and confidential			
Your positive attitude is reflected in your body language, learning by doing approach and asking questions.			
2. Do you work in a way that encourages you to listen to YPLHIV?			
You have enough time to talk and listen to YPLHIV			
You have a space to use for YPLHIV			
YPLHIV know who you are and what you mean to them			
It is easy for YPLHIV to meet and talk with you			
You speak in a clear and simple way			
3. Are you ready to support YPLHIV in expressing their views?			
You are aware of your own views and opinions?			
You develop ground rules, including respect and confidentiality			
You use lots of icebreakers and energisers			
You have a non-judgmental attitude			
You use examples, open questions and up-to-date activities (video and discussion)			
4. Do you have multiple ideas for activities that will encourage YPLHIV to express their views?			
You use visual methods (painting, photographs, murals)			
You use written work (poems, stories)			
You use discussion (in plenary, pairs and small groups)			
You use role plays (situation based dramas or skits)			
You use movement (dancing, songs, music)			
5. Are you ready to include YPLHIV's views?			
You have funding, resources and materials to do so			
You have built trust and know how to transfer their ideas to programmes			
You evaluate and analyse their views on a regular basis			
6. Are you ready to share some of your power with YPLHIV to make decisions and incorporate their suggestions into the training and/or programme?			
You take YPLHIV's decisions seriously			
You have been trained on how to support YPLHIV in making decisions without enforcing them			
You are confident about sharing power over decisions with YPLHIV			
7. Do you know enough about HIV?			
You know how it is transmitted and prevented			
You are aware of the statistics in your specific country as well as in eastern and southern Africa and how HIV is affecting YPLHIV right now!			
You know what young YPLHIV need to do to stay healthy, access health services and establishing and maintaining good relationships in staying healthy, accessing health services and finding and keeping good relationships.			
You are willing to find out more about the lives of YPLHIV			

Important Terms & Phrases

This section shares key definitions used in sexual and reproductive health that all YPLHIV need to know and share with their peers.

AIDS: Acquired immune deficiency syndrome. AIDS results from untreated HIV. HIV destroys the body's ability to fight off infection and disease, which can ultimately lead to death. Antiretroviral therapy slows down the replication of HIV and enhances quality of life, but it does not remove HIV infection.

ART: Antiretroviral treatment refers to the medicines used to treat HIV. These medicines are usually given in a triple combination of antiretroviral medicine. ART includes the different antiretroviral medicines (ARVs), their dosages, how to take them and when; following an appropriate diet and exercising to support good health.

Adolescent and youth friendly health services (AYFHS): Services that have been designed to suit young people's needs. Providers are trained to deal with young people in a friendly and non-judgmental way. Opening hours may also be varied to better suit young people's needs.

Culture: Culture is 'the beliefs, customs, arts, etc. of a particular society, group, place, or time. It includes perceptions of health, disease and death; family structures; gender relations; languages and means of communication, including through the performing and creative arts; value systems and ways of living together'. In short, culture is defined as ways of living, working and playing.

Discrimination: Discrimination is any arbitrary distinction, exclusion or restriction affecting a person of a specific group of people usually, but not only, by virtue of an inherent personal characteristic or a perceived belonging to a particular group – in the case of HIV, a person's confirmed or suspected HIV-positive status – irrespective of whether or not there is any justification for these measures.

Dual protection: (or triple protection): This refers to protection against both unintended pregnancy and sexually transmitted infections (STIs), including HIV. This term came about because contraceptives that offer reliable protection from unintended pregnancy (pills, implants, and injections) do not protect against STIs, including HIV. A male or female condom offers dual protection but also using an additional birth control method is recommended. Male and female condoms are also referred to as offering 'triple protection' against unintended pregnancy, HIV and other STIs.

Family planning/ contraception: This means an individual or a couple plan the number and spacing of their desired children by using contraceptive methods, as well as getting treatment for involuntary infertility.

Gender equality: Gender equality refers to equal treatment of women and men, boys and girls, in laws and policies and giving them equal access to resources and services. Gender inequality occurs where these factors are unequal.

Gender-based violence (GBV): This can be in the form of sexual abuse, physical violence, economic, emotional or psychological abuse. Although men can experience GBV, it is primarily carried out by men against women and is a key factor in the spread of HIV and STIs to women and girls, as well as in early marriages and early and unintended pregnancies.

Gender: The socially and culturally assigned roles of being male or female. Gender roles are dependent on culture. It is possible to work towards changing the cultural pressures experienced by both males and females in their roles.

HIV: Human immunodeficiency virus is the virus that weakens the immune system, ultimately leading to AIDS, if one does not practice positive living and adhere to antiretroviral therapy.

HTS: HIV testing services.

Integration: How different kinds of sexual and reproductive health (SRH) and HIV services can be linked to improve the health outcomes of the people served. This may include referrals from one service provider to another, as well as providing SRH services within HIV programmes and vice versa.

MTCT: is the abbreviation for 'mother-to-child transmission'. PMTCT means prevention of MTCT by stopping new HIV infections in babies and keeping mothers alive and families healthy. PMTCT is often mistakenly used to refer only to the provision of ARVs for preventative purposes. The terms 'parent-to-child' or 'vertical' transmission, are seen as more inclusive and avoid stigmatising women, acknowledging the role of the male sexual partner in transmitting HIV to the woman and encouraging male involvement in HIV prevention. The term 'elimination of MTCT (eMTCT) is used to highlight the intention to eliminate all vertical transmission.

Opportunistic Infections (OIs): These are infections caused by germs commonly found in the environment but that do not make people with healthy immune systems ill. When the immune system is weakened (by untreated HIV, HIV reinfection, or drug resistance), these germs 'take advantage' and cause illness. This is why they are called 'opportunistic'. They include types of pneumonia; candidiasis; TB and cryptococcus infections.

Outercourse: Means being sexually intimate without having oral, vaginal or anal sex. It is a type of abstaining from penetration, like hugging, kissing, masturbating, etc.

Peer education: is education where the teacher and learner belong to the same age/social group. Youth peer education empowers YPLHIV and offers them the opportunity to participate in activities that affect them and to access the information and services they need related to SRH.

Peer educator: Is a member of a peer group (such as another youth) who takes on the role of teacher or educator.

PHDP: Positive health, dignity and prevention aims to replace terms such as 'positive prevention' or 'prevention by and for positives'. It encompasses strategies to protect SRH and delay HIV disease progression, and includes individual health promotion, access to HIV and SRH services, community participation, advocacy, and policy change.

Rhythm method: This is a traditional contraceptive method based on knowing when a woman is ovulating, and avoiding sex for the days around that. For example, if your periods come every 28 days, you will ovulate about 14 days before the start of each period. After you ovulate, the egg can live for about 24 hours. Sperm can live for seven days. If sperm is alive inside you while your egg is also alive, you can get pregnant. Your fertile days will most likely be from five days before to three days after ovulation. In addition, a girl can observe her vaginal secretions around the time of ovulation – your body secretes a distinct type of secretion when you are most fertile. This method demands that a young woman's cycle is completely regular, and also requires self control from both partners. It is not a reliable method for preventing pregnancy in adolescents and young people. It also exposes both partners to HIV and STIs.

Reproductive health: A state of complete physical, mental and social well-being and not just the absence of disease or infirmity, in all matters related to the reproductive system and to its functions and processes.

Service providers: Refers to anyone who could come into contact with people accessing prevention, treatment and care services. This could include nurses, doctors and counsellors providing HIV Testing Services (HTS) or supportive services.

Sexual and reproductive health services: Include, but are not restricted to: services for family planning/contraception; infertility services; maternal and newborn health services; prevention of unsafe abortion and post-abortion care; menstruation management, prevention of mother-to-child transmission of HIV; diagnosis and treatment of sexually transmitted infections including HIV Testing Services, other reproductive tract infections, cervical cancer, and other gynaecological morbidities; medical male circumcision, promotion of sexual health, including sexuality counselling; and prevention and management of GBV.

Sexuality: Refers to how people experience and express themselves as gendered sexual beings. This can include their knowledge, values and attitudes, behavior as well as cultural practices. Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical and religious and spiritual factors.

Stigma: 'Stigma' is derived from the Greek, meaning a mark or a stain. Stigma can be described as an active process of devaluation that discredits an individual in the eyes of others. Within particular cultures or settings, certain attributes are seized upon and defined by others as disreputable or unworthy. When stigma is acted upon, the result is discrimination that may take the form of either actions or omissions, for example, not wanting someone to be on their team because they are, or are imagined to be, HIV positive.

Vulnerability: Refers to how feasible it is for a person to control their risk of infection with HIV. In many communities women are vulnerable because they are unable to avoid sexual encounters where they cannot negotiate condom use, or that they have not consented to, or into which they have been coerced. However, men and women have different vulnerabilities based on cultural gender norms and expectations. Young people, those with disabilities, those with alternative sexual orientations and many other marginalised groups, experience specific SRH vulnerabilities.

Withdrawal/ pull-out method: This is a traditional method of contraception where the male pulls out (withdraws) the penis before he ejaculates (cums). This method is not safe for prevention of pregnancy because there may be sperm in pre-cum. This method requires self control from both partners and is difficult for young people to achieve. In addition, it exposes both partners to HIV and sexually transmitted infections and for these reasons is not recommended.

Youth Friendly Providers: These are SRH service providers who have been specially trained to provide services to young people in a friendly, non-judgmental way.

These important terms can be found on pages 7, 8 and 9 of the workbook.

Module 1:
iPositive

Module 1: iPositive

Overview

iPositive focuses on supporting young people to unpack 'Who Am I?', recognising themselves, their environments, building their self-esteem, improving communication skills and decision making capabilities; and most importantly, building a self-concept that places their HIV status in a balanced way within the totality of their lives. '**HIV does not define me!'**

Preparation: When preparing to take YPLHIV through Module 1 you will need the following:

- Pencils & rubbers
- Coloured markers
- Paper and card
- Mirrors
- Flip chart / blackboard or big pieces of paper
- Sticki-stuff (Bostick or Prestik or other) and/or tape
- A room or open space to work in
- Some dress up stuff for role play if possible
- The workbook

Overall Purpose: To provide YPLHIV with information and a greater understanding of themselves, their environment and their potential.

Overall Objectives: By the end of Module 1, YPLHIV will know about:

- Their needs as YPLHIV, physically and emotionally.
- The influence community and culture can have on decisions they make about their health now, and for the future.
- Their own understanding about values and how these affect their wellbeing and future.
- The role of good communication in building confidence and overcoming stigma and discrimination.
- How to improve their decision-making and self-esteem.

The key message in this module is: 'HIV does not define me!'

There are three units and a Module Review Sheet to complete before moving to Module 2. These are outlined below:

Unit	Title	Learning Sessions	Time needed
1	About Me	• Who am I? • Understanding adolescence • Sexuality • What have I learned about me?	8 hours for the whole unit
2	Personal, Family and Community Values	• Understanding values • Understanding community and culture • Understanding gender • What have I learned about values?	5 hours for the whole unit
3	Skills for Healthy Living	• Communication for life • Talking to parents (and others who care) • Overcoming stigma	5 hours for the whole unit
Module 1 Review Sheet			

UNIT 1: About Me

After completing the unit, YPLHIV will:

- Know they have a future with HIV, and can be anything they want to be!
- Understand self-esteem, its importance and how to improve it.
- Understand their growing bodies.

SESSION 1.1 Who Am I?

TIME: 1 hour 30 minutes

Session Objectives:

- To enhance self-reflection and awareness
- To improved self-esteem.

To help participants get to know each other, first ask them to buzz into groups of two. Each person a) introduces himself to the other, giving their name, age, school or not school, one thing I like about myself that I want to share and what I expect from this training.

Then let each of the sets of two introduce each other to the bigger group. Each person should also select the name they want to be called for example, amazing Alfred, generous George etc. These names will be written on a badge or label so that others can remember their name.

Next, ask each participant to draw a creative sketch of themselves in the space provided in their workbook (page 12). On the left hand side of their picture, they should list all their STRENGTHS. These should include things that they are proud of, e.g. kind, friendly, responsible, confident. On the right hand side of their picture, they should list things that are their WEAKNESSES. Some examples might be being impatient, easily pressured by friends, having low self-esteem, etc.

Ask everyone to reflect on a strength that they are especially proud of and share this with the group. This is to encourage everyone to take pride in their achievements and celebrate even the small things, as this builds our self-esteem and helps us recognise our worth, our specialness.

What I like best about me is…..……..……

……..……..……

What I would like to change or strengthen in my life is ……..……

……..……..……

Now ask participants to go deeper and explore their lives. This is very important to help YPLHIV to see beyond their HIV status, so that they can acknowledge it, how it has shaped them and move forward. Introduce 'The Journey of My Life'.

Ask everyone in the group to develop a visual representation of their life's journey from birth to the current moment, in their workbook (page 13) or on a piece of paper. Encourage participants to punctuate the journey with any incidents/occurrences/moments that they regard as important and relevant, such as illnesses, deaths/ births in the family, age and events around menarche or spermarche (first ejaculation, usually from a nocturnal emission/wet dream), when they started taking medicines, first love, first sex (if age appropriate), first pregnancy, when they knew their HIV status, school successes and failures, abuses along the way, happy and sad incidents etc.

Once each participant has completed this, ask for volunteers to share their life journeys. This can get emotional, so be prepared. Only those who wish to share should share. Facilitators are encouraged to share their own stories as well.

Follow this with some discussion; what gets you down? And what lifts you up? Brainstorm a list of how to stay positive.

My Journey of Life

Don't be negative about being positive!

Ask the group to visualise who they dream of becoming. Ask what legacy or footprint they want to leave on this earth? Ask the group to think of their individual futures, what would they like to see happening to themselves twenty years from today? What would hope to have achieved by then? Add all these dreams to their journey of life. Reinforce that YPLHIV have a future like everyone else and can also have dreams and goals. Believing in themselves and being confident are important.

In buzz groups of three, ask participants what they understand by *self-esteem*. Ask them to think through the following questions:

- How do we learn self-esteem?
- Why is self-esteem important?

Share the following definition:

Self-esteem is a term used to describe how people feel about themselves. A person's self-esteem influences their actions towards others and what they accomplish in life. Good self-esteem helps you work hard, reach your goals and achieve what you set out to do. It also helps young people to refuse to be pressured into actions they do not want.

Now ask each group to give you an answer to the questions and write their responses on a flipchart or chalkboard.

Attitude check – how we feel about…

Place three cards on the wall or floor (far apart) – AGREE | UNSURE | DISAGREE

Ask the group the following questions, one by one. At each question, individuals must stand beside the AGREE, UNSURE, DISAGREE card in the room. This is called values-voting. After each question ask, 'Why did you make this decision?', or, 'What does this say about your self-esteem?'

- I am too young to have HIV – my life isn't worth living any more.
- I look after my health.
- If you are HIV positive you cannot have children.
- Nothing I do is ever good enough.
- People cannot be trusted.
- I am confident and know what I want from life.
- I can't tell anyone that I am HIV positive.

Good self-esteem helps you work hard, reach your goals and achieve what you set out to do.

Give each person an A4 sheet of paper and ask them to pretend the paper is their self-esteem. Self-esteem can be damaged by negative things or can be built up by positive things. Read out the statements below with the instruction that the paper should be ripped or a piece torn off if the sentence applies to them (depending on how much self-esteem they feel is lost).

- You were late for class and the teacher shouted at you in front of your classmates and friends.
- Your father left your mother and married another woman.
- Your boyfriend or girlfriend died.
- Your best friend always competes with you and puts you down.
- Your mother calls you stupid.
- Your cousins call you names because you are HIV positive.
- You overhear people say that those with HIV deserve it; it is a punishment from God.

Next, read out those statements that build self-esteem and put the pieces of the paper back together as you read out these statements.

These could include:

- Your teacher said that you are one of the cleverest students in the class
- Your friend told you that you are his/ her best friend
- Your father told you that you are very responsible and trustworthy!
- Your mother told you that you are handsome or beautiful.
- Your doctor said you very responsible and have been taking your medicine on time, that your viral load is very low and you are very healthy!

After they put their papers back together, ask them how they feel now. When those who want to have shared their feelings, explain how they can use **affirmations** to stop negative self-talk.

Affirmations are a simple, positive way to help increase self-esteem.

Affirmations are encouraging messages we can give ourselves every day until they become part of our feelings and beliefs.

Affirmations work best when a person is relaxed. It is when you are angry and upset that you have bad thoughts about yourself and others. Learn to replace negative messages or attitudes with positive ones. They must make sure they do not allow others to zap their self esteem because they know themselves best. Here is how!

Begin each day by looking in the mirror and giving yourself a positive message. Try these:

- I respect myself and others.
- I am lovable and likable.
- I care about myself.
- I am a good friend to myself and others.
- I accept myself just as I am.
- I look great.
- Life is good, and I like being a part of it.
- HIV does not define me!

Ask for other positive statements they can use as a wrap up to the session.

Finally, ask the YPLHIV what they have learned and record their reflections on the board. Ask them how they can apply what they have learned in their lives and summarise the key points they raise. Then, add your own, including that it is important for every YPLHIV to understand him or herself, including their strengths and weaknesses. This helps them build on their strengths and reduce their weaknesses to the best of their ability.

Ask the group what they have learned from this exercise and how they will apply it in their lives.

Conclude the session with a short summary of what the group has learned about self-esteem.

It is important for every YPLHIV to understand him or herself, including their strengths and weaknesses. This helps them build on their strengths and reduce their weaknesses to the best of their ability.

SESSION 1.2: Understanding Adolescence

TIME: 2 hours

Session Objectives:

- Understand their growing bodies
- Support to manage the changes.

What is adolescence?

This is the time when a young person develops from being a child to being an adult. It is when puberty begins and the body and feelings begin to change too.

In the space provided on page 14 of the workbook, ask the group to write the changes that you have experienced in your own body. If your body has not begun to change yet, what changes have you seen in friends or siblings of the same sex? List as many as you can below. Use the body change diagrams to help you.

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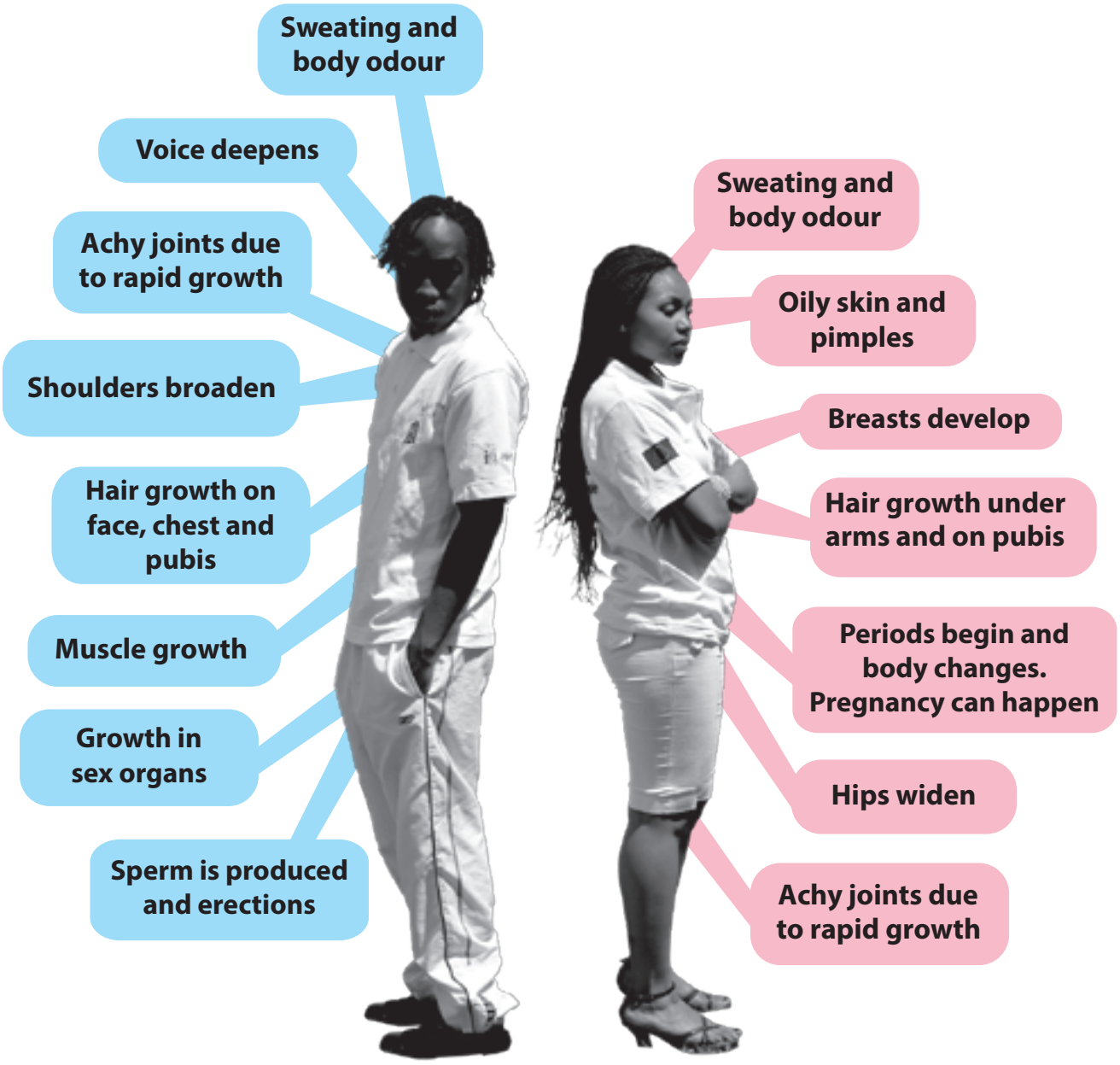
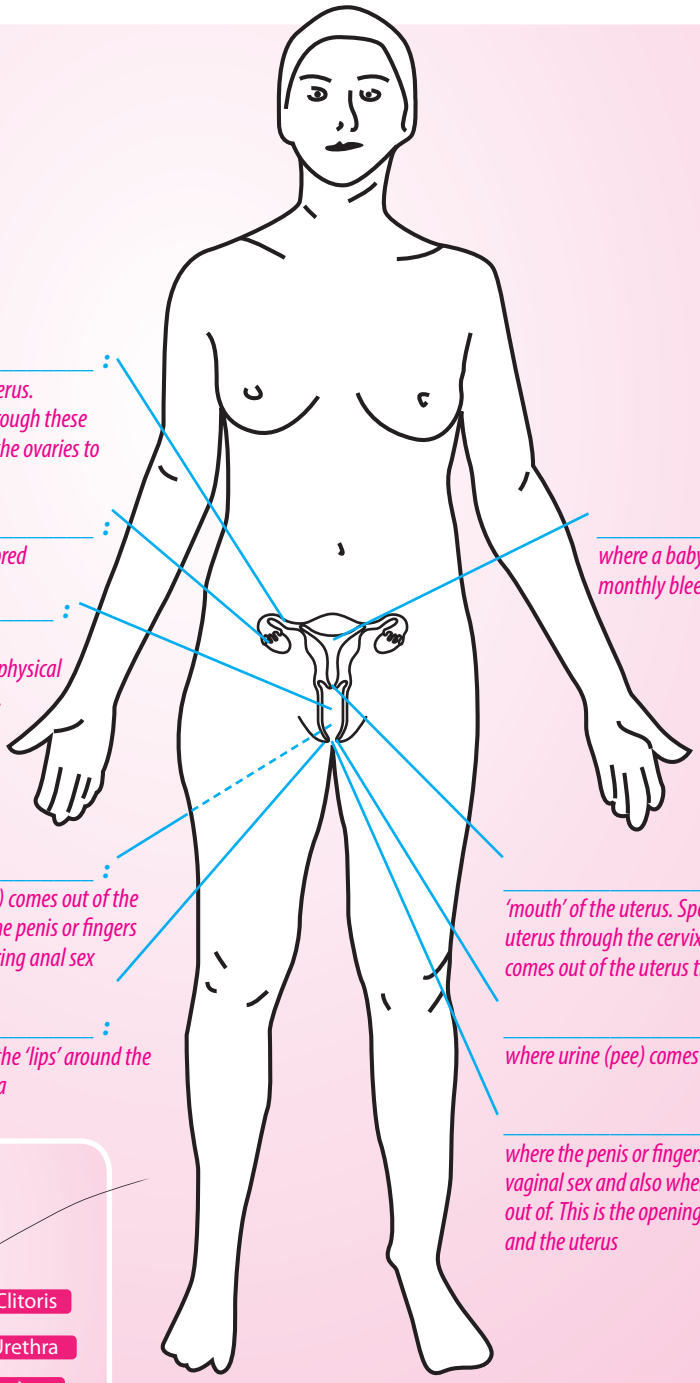


Don't be afraid of the changes to your body!

Female Body Card



_____ : *attached to the uterus. The eggs travel through these tubes to get from the ovaries to the uterus*

_____ : *where eggs are stored*

_____ : *where women can experience strong physical pleasure - orgasm.*

_____ : *where faeces (poo) comes out of the body and where the penis or fingers enter the body during anal sex*

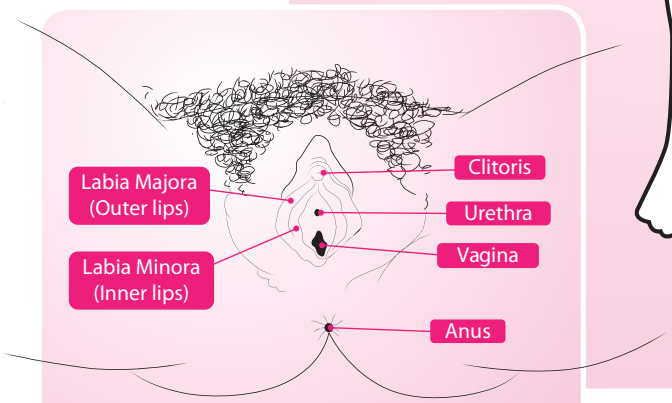
_____ : *sometimes called the 'lips' around the vagina and urethra*

_____ : *where a baby grows and where monthly bleeding comes from*

_____ : *'mouth' of the uterus. Sperm enters the uterus through the cervix and the baby comes out of the uterus through the cervix.*

_____ : *where urine (pee) comes out of the body*

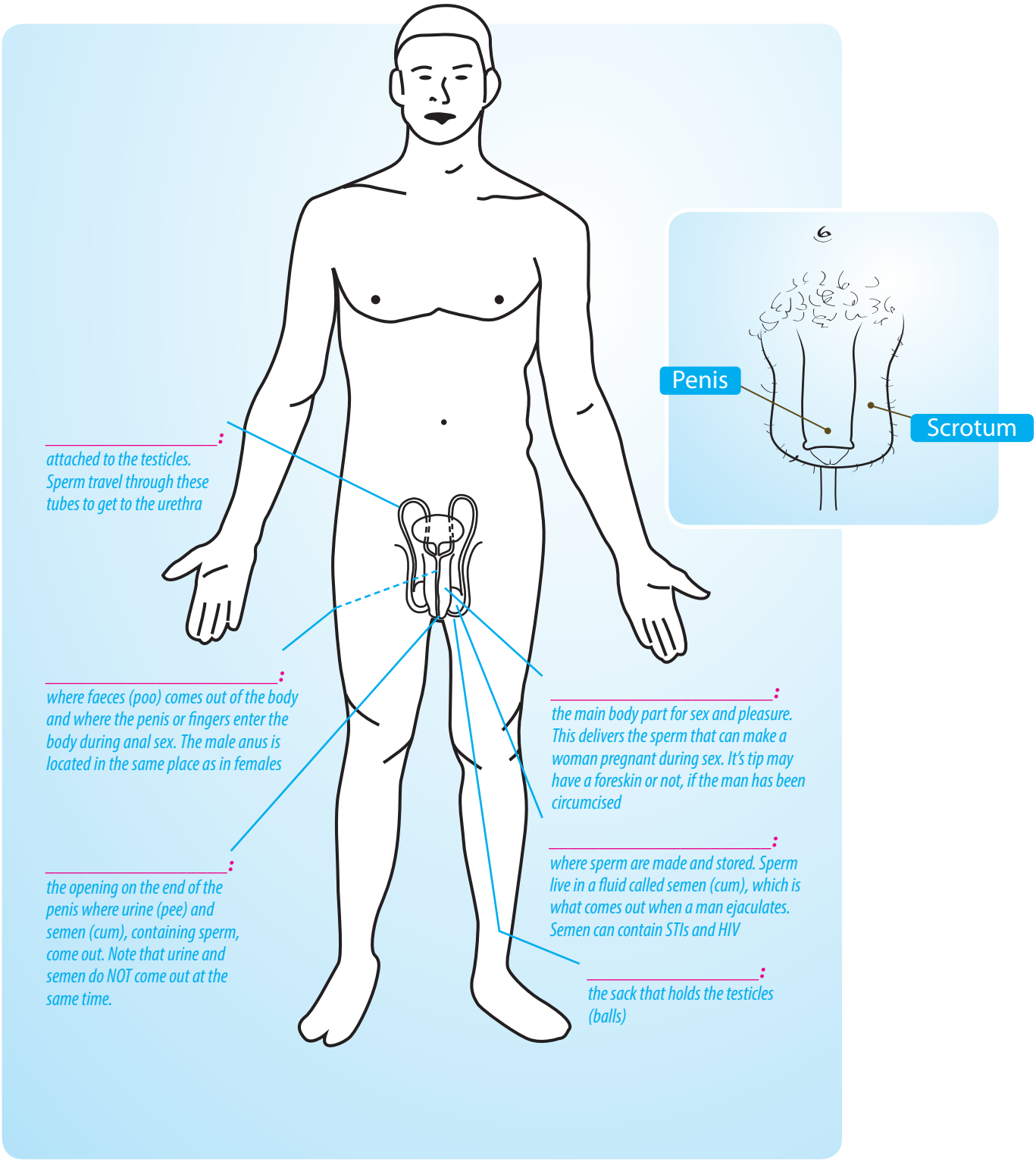
_____ : *where the penis or fingers enter during vaginal sex and also where a baby comes out of. This is the opening to the cervix and the uterus*



Anus ***Cervix*** ***Clitoris***
Fallopian tubes ***Labia minora and labia majora*** ***Ovaries***
Urethra ***Uterus or womb*** ***Vagina***

In groups discuss the body cards and fill in the missing terms using the words provided. These pictures can be found on page 15 of the workbook.

Male Body Card



Anus ***Penis*** ***Scrotum***
Testicles or balls ***Urethra*** ***Vas deferens***

Once the cards are complete, discuss how the body changes as we grow and answer any questions that may arise. Mention that YPLHIV may experience puberty later than other young people. This depends on when YPLHIV start treatment. If treatment is started soon after infection and before their health is negatively affected, then puberty is more likely to be delayed. The timing of puberty is also affected by general health and nutrition.

Now write the word menstruation on a board or flipchart. There is space on page 16 of the workbook for the group to also make notes. Ask the group what it means. Ask volunteers to read the following (prepare for the session by writing each on a separate piece of paper and put in a hat or box for volunteers to choose).

Reader 1: The monthly period is nature's way of preparing a woman's body for pregnancy. It starts early in adolescence and, unless the body is under a lot of stress or is sick, it occurs every month until a woman is in her fifties. Another time that the periods stop is when a woman is pregnant.

Reader 2: The period is controlled by chemicals produced by the body, called hormones. Every month an egg is released from the ovaries. When the egg is released, it moves from the ovary into the fallopian tube. This is called ovulation. If there is unprotected sex during this time, the sperm travels up through the vagina and uterus, then to the fallopian tube, where it fertilises the egg. The fertilised egg then travels to the uterus and is embedded into the wall of the uterus, which has been prepared to receive it by the hormones produced by the body. This is how pregnancy occurs.

Reader 3: If a mature egg does not become a pregnancy, the inside wall of the uterus breaks down and passes out through the cervix and vagina. This is called menstruation, the blood that we see in the monthly period. Then the process starts all over again.

Reader 4: There are other changes that can happen during menstruation. These may include: breast tenderness, pain in the abdomen or lower back area, headaches, weight gain, more spots and oily skin, feeling sad and irritable.

Reader 5: As soon as a young woman begins to menstruate she can become pregnant, even if her body is still too young to carry a baby. Getting pregnant too young risks the health of both the young mother and the baby.

Reader 6: Menstrual hygiene management (MHM) means helping women and girls stay clean and healthy during their period or menses. This involves having enough clean pants and sanitary pads (disposable or reusable cloths) or tampons, access to painkillers, water and soap to bathe regularly, privacy when going to the bathroom, for disposing of used pads and for washing and hanging out reusable pads and pants in the sun to dry.

Now write the words 'wet dreams' on the board or flip chart. Ask the group what it means. Use the notes on pages 35, 36 and 37 to help explain.

Wet Dreams

Wet dreams happen when a young man's body starts to produce sperm as part of normal growth. It is a spontaneous orgasm during sleep and is only noticed when a boy wakes up in the morning. Many boys feel embarrassed about wet dreams, as they may think they have passed urine while they asleep and wet the bed, but it is a natural part of growing up. This is a sign that a boy's body is capable of producing sperm and that he can also make a girl pregnant. Boys' bodies can produce sperm before they are old enough to be a responsible father.

Ask the group if having HIV makes any difference to becoming an adult? Let them know that problems with healthy development only happen when there is illness, so taking their medications as they are supposed to, not skipping them, eating well and having a positive attitude can ensure that those born and living with HIV experience puberty the same as everyone else.

Explain that a brainstorm is to produce a list of ideas together for solving a problem or answering a question. In this exercise, the group has to think about the physical and the emotional responsibilities that arise when their body changes. Then ask the group two questions. Produce a separate list for each question. This table can be found on page 17 of the workbook.

	What does it mean to have your menses?	**What does it means to have wet dreams**
Physical needs		
Emotional needs		
New responsibilities		

After the groups have answered both questions and listed something under each of the three headings, review the answers. Ensure everyone has an understanding of menstrual hygiene management (both boys and girls) and the increased responsibility they have over their bodies when they change. How does HIV fit in here?

Round up with the body fluids exercise. Ask the group how HIV is transmitted. The answer should come out that it is through the exchange of body fluids.

List all the body fluids that you have, from semen to sweat on another flip chart. Introduce the fact that some body fluids have a higher risk of HIV than others, due to the amount of HIV present in each type of body fluid. Take the group through the Sexual Activity exercise. This involves filling glasses with coffee and water. The highest risk body fluids are darkest, the least risky body fluids are the palest.

Here are some tips to manage the changes. The group can use page 18 of the workbook to take notes; the table below is on pages 19, 20 and 21.

Managing Puberty for Young Men

Erections

- All teenage boys get unwanted erections. The best you can do is learn to hide them. Every young man grows at his own pace and according to his inherited genes; so do not compare yourself with others. You are normal as you are.

Wet Dreams, Sexy Dreams

- These are really common with teenage boys. You can't do much about them. It is important to ensure good hygiene after a wet dream. Wash out any soiled clothes or sheets and make sure they are properly dried. The chances of passing on HIV infection after a wet dream are slim, but it is good to adopt proper hygiene habits.

Exploring sexuality

- Sexuality includes all the feelings, thoughts and behaviours of being male or female. It has physical, psychological, spiritual, social, economic, political and cultural dimensions and is a fundamental part of life: it is the expression of who we are as human beings. People express their sexuality from birth to death in so many ways: the way women and men walk, talk, dress, show love to another person, etc.
- Sexuality is much more than sexual intercourse. You are a sexual being and can express your sexuality, even without having sexual intercourse.
- Gender and human rights are critical to understanding sexuality.

Sexual Attraction

- All boys, during puberty, get a strong interest in other people's bodies. Lust needs to be controlled.

Masturbation

- Nearly all boys begin to masturbate regularly in their teenage years. There is a balance that must be learnt to keep this a positive activity in your life.

Pornography

- Many boys find a strong attraction to porn during the teenage years which needs to be controlled. Pornography shows unhealthy behaviours and actions; it is not healthy to watch pornography as an adolescent.

Virginity

- The best 'big picture' choice for your life is to be a virgin when you marry! The choice rests solely with you.

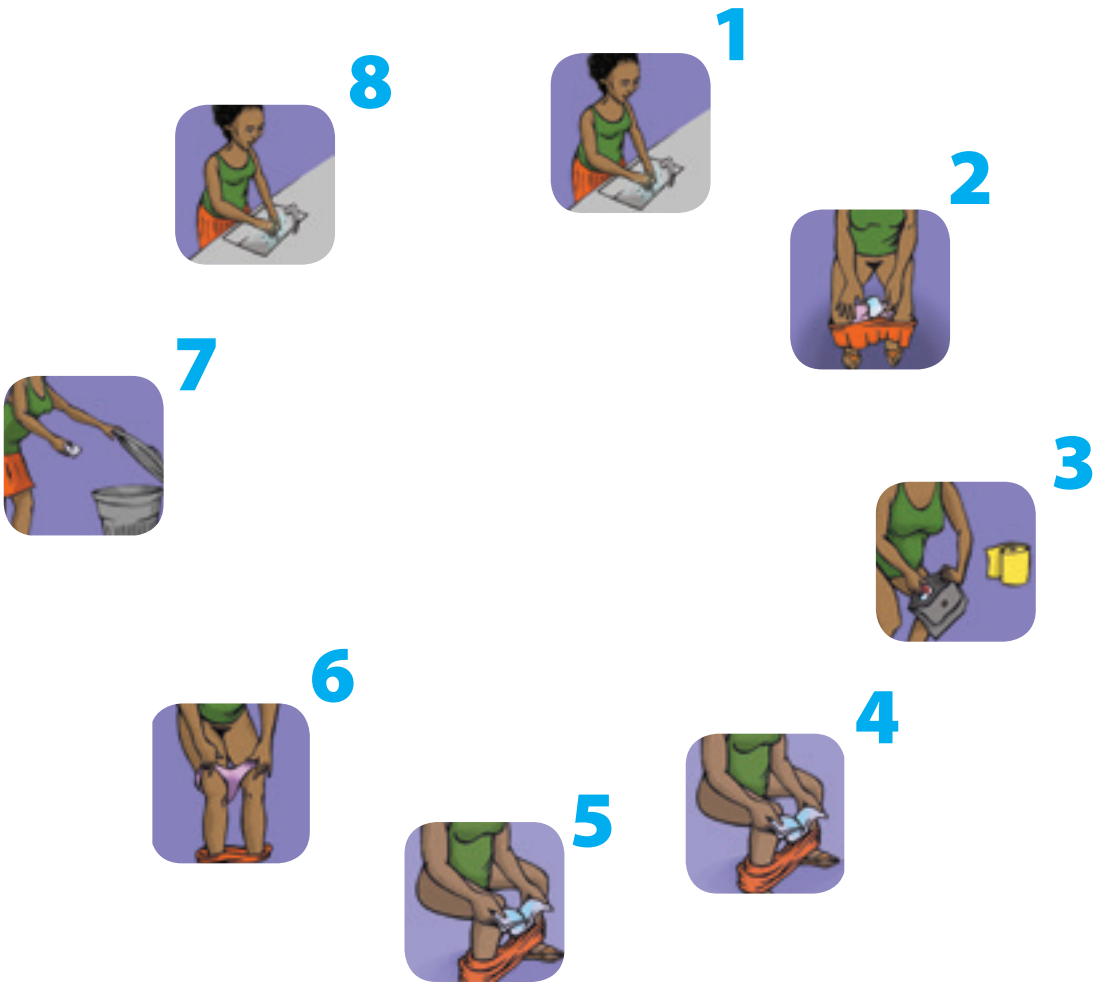
Penis

- Most guys worry their penis is too big or small or thick or thin or straight or bent or long or short or just plain different. Just get over it! We are all different!

Puberty
(boy 2 man changes)

- Puberty begins when your body is ready - not when you decide. Learn to accept the changes and the timing of it all.

How to keep healthy during your monthly period



Good Menstrual Hygiene: **1.** Wash your hands. **2.** Take off your used pad after 2 to 4 hours and your tampon after four to eight hours – or when soaked, if this is sooner. **3.** Wrap the pad or tampon in toilet paper, or put it in a plastic bag. **4.** Peel the strip off a clean pad, or take the plastic wrap off a new tampon. **5.** Stick pad down on your pants (or insert tampon into your vagina). **6.** Pull up your pants and tidy your clothes. **7.** Put the used pad or tampon into a bin. **8.** Wash your hands. This diagram can be found on page 22 of the workbook.

Maintaining good hygiene

The correct disposal of used menstrual products is also important. This may mean washing and drying them properly, if they are reusable ones, or disposing of pads or cotton wool safely, in a pit latrine or a rubbish bin. Some rural homes have an incinerator for burning them – this should be at a safe distance from any dwellings. Do not flush them down a flush toilet as they will block it. If you using reusable pads, it is important to wash them with soap and clean water and dry them in the sun as this helps destroy any germs. Again, this is more a matter of hygiene than of HIV risk, as HIV does not survive long outside the body, but it is better to be safe than sorry.

End the session by asking the group what they have learned about their bodies. Then ask them what was the most useful thing they have learned and that they will put into practice in their lives.

SESSION 1.3: Sexuality

TIME: 2 hours

Session Objectives

- Understand what sexuality is.
- Begin to look at and understand relationships.

Write the words 'sex' and 'sexuality' on the chalkboard or flipchart and ask the group to say what they understand these words to mean. Write their responses on the board/ flipchart. Use the following notes to clarify and answer any questions that arise.

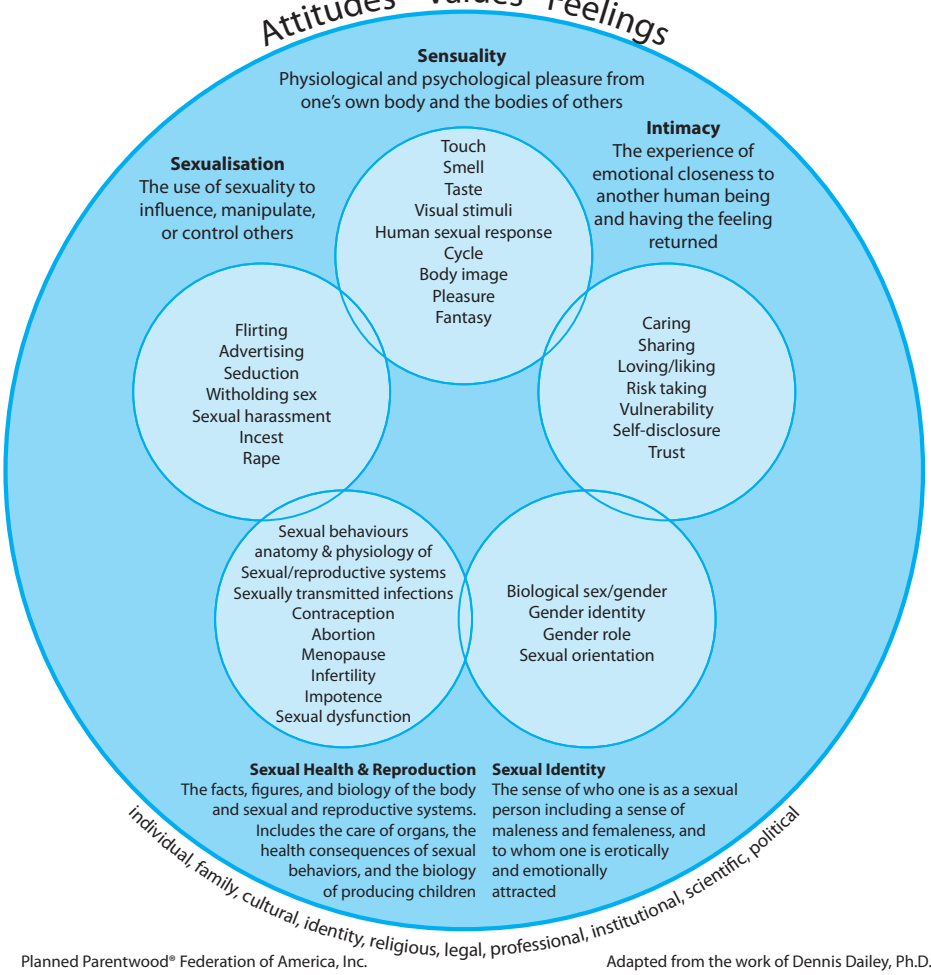
Sex and Sexuality

- Sex is about the biology of being male and female.
- Gender is how society expects us to behave as male or female. Gender and culture change over time.
- Sex and gender are not the same.
- Sex is also the word people use when they talk about sexual intercourse.
- Sexual intercourse includes:
  - penis in vagina
  - penis in anus
  - mouth to penis or
  - mouth to vulva.
- Outercourse includes non-penetrative sexual practices, many of which are safer sex methods.
- Sexuality includes all the feelings, thoughts and behaviours of being male or female.
- Sexuality has physical, psychological, spiritual, social, economic, political and cultural dimensions.
- Sexuality is a fundamental part of life: it is the expression of who we are as human beings.
- People express their sexuality from birth to death in so many ways: the way women and men walk, talk, dress, show love to another person, etc.
- Sexuality is much more than sexual intercourse. You are a sexual being and can express your sexuality, even without having sexual intercourse.
- Gender and human rights are critical to understanding sexuality.
- Society's attitudes about gender and sexuality are some of the reasons why adolescent girls are more likely to become HIV infected.

Sexuality has many aspects and this is what the group will look at now. Divide them into five small buzz groups, with each group discussing one of the topics in the circle; then share their understanding with the wider group.

After feedback and discussion, ask for examples of behaviours and feelings that would fit into each of these different areas. Use a circle diagram split into eight segments. Write each word one by one in each separate segment. At the end, use the following notes to clarify any additional questions or issues that arise. The diagram below can be found on page 23 of the workbook.

Holistic Sexuality



Planned Parentwood® Federation of America, Inc. Adapted from the work of Dennis Dailey, Ph.D.

Ask participants to discuss how sexuality may be affected by living with HIV; the importance of good communication with sexual partners, as well as joint decision making.

Emphasise that '*sexuality is much more than sexual intercourse!*' and includes abstinence and outercourse as well.

Different societies manage sexuality differently; for example, some cultures suppress women's ability to enjoy sex by carrying out female genital mutilation (FGM); others ask the girls to pull their labia and emphasise that sex is an enjoyable activity. In the old days, girls and boys were married very early after puberty to ensure that they have sex and children within marriage.

Today, when young people are staying in school longer, some of the methods previously used to manage sexuality are not working well. It is important for YPLHIV to manage their sexuality and sexual relations well, so that they do not get STIs and HIV or have unplanned pregnancies, and that they are not abused in the process.

Sex and sexuality may also be used to exploit other people, including young, disadvantaged girls. Sexual exploitation and/or subjecting someone to harmful practices like FGM are human rights violations that need to be stopped.

Ask a volunteer to read aloud the story below. It is on page 24 of the workbook.

Falling in Love?

Ciru is 14 years old. She met Alois at the school sports day two months ago and they have become good friends. Lately Ciru has been talking about Alois a lot and feels like she always wants to call him or be with him. Both Alois and Ciru think that they are falling in love with each other. They spend a lot of time doing things together and hug and hold hands a lot. Alois knows that his feelings for Ciru are getting stronger because sometimes when they are together he feels like he would like to kiss her and touch her all over. Ciru too is longing to kiss Alois and to be in his arms – it just seems like the right thing to do.

In small buzz groups, discuss the following:

- What do you think is happening to Ciru and Alois?
- How do their feelings relate to their real life experiences?
- What do you think they should do? Why?
- What would YOU do if you were Ciru or Alois? Why?

After 10 minutes bring the groups back to discuss together. Guide the discussions with the following points:

- Being attracted to someone is part of starting and building relationships and friendships.
- Attraction to someone does not have to lead to sexual intimacy or intercourse or to sexual activity of any kind.
- An erect penis or wet vagina does not always mean that the person must, or wants to, have sexual release or intercourse.
- Sexuality is much more than sexual intercourse!

Close the activity by highlighting the many different aspects of sexuality and that they are all are connected to each other. Sexuality is an important part of what makes a person who they are.

Include a reminder about using condoms correctly and consistently every time they have sex and with ALL sexual partners.

It is also important to talk about disclosure to the partners if they do not know your status, or if you do not know theirs. In addition, YPLHIV need to think about and discuss the issue of re-infection and how to prevent it. This will come up again under Unit 6.

The 3C Decide model can help you make wiser choices.

The 3C DECIDE MODEL

The 3Cs are Challenge, Choice, Consequences.

D define the problem or the challenge you are facing [CHALLENGE].

E explore the choices that you have.

C choose one of them [CHOICE].

I identify the consequences of this choice [CONSEQUENCE].

D do – act out the choices you have made in your mind.

E evaluate – was this choice the right one? If not select another of your choices and repeat.

Read through the scenario below. This story is on page 25 of the workbook.

Party Pressure!

You are at a party in a friend's house. Some other friends of yours are there, including the boy/girl you like. Later in the evening, you find yourself alone with the person you like. You start talking and dancing together. He tells you he has liked you for a long time and wants to get to know you better. Later you go outside together and begin kissing. You are very happy that this boy likes you too – but at the end of the evening when he wants to arrange another date, you say no and walk away, because you are still too young for a sexual relationship; you are also afraid to tell him you are living with HIV.

Take a piece of paper and use the DECIDE model to analyse the challenges you are facing.

Walk the group through one decision and help them weigh the options and reach a decision as a group, on what is the best decision for the boy and girl.

Make sure that starting to have sex comes out as being very important for all adolescents. But if they decide to have sex, then they should protect themselves and their partners.

Now ask the group to make their individual choices and decisions, asking:

What is the challenge you are facing?

What are your choices (list three)?

What are the consequences of each choice?

Then ask them to share these and discuss. Manage the discussion to include the following points:

- The best decisions are always made when you have all the facts.
- You must think of **all** the consequences of your choice, especially the negative ones.
- People make wrong decisions sometimes. The important thing is to be aware, and learn and take steps to reduce wrong decisions.
- It is not always easy or possible to plan your thoughts like this when making a decision. Sometimes you need a quicker decision to stay safe. Trust your values and do what is appropriate for the time and situation.
- Good decisions are not easy to make. Make the extra effort to succeed and achieve your goals.

Don't let your body rule your mind.

What have I learned about me?

Time: 20 minutes

Session Objectives:

- To reflect on learning
- To encourage developing and maintaining healthy behaviours or changing unhealthy ones.

Based on the information discussed across the three sessions and the learning that has taken place, ask the group to give answers to the following.

1. What is the most important piece of information that you have learnt from the sessions in this Unit? Record their answers on the board or flip chart.

2. Why is this information important to you?

3. How does this information help you to develop, maintain or change your behaviour?

Finally, summarise the key points the YPLHIV have raised and add some of your own, such as that gender does not define you any more than being HIV positive does. What matters more is your values and how you incorporate them into your life, your relationships and into the choices you make.

HIV DOES NOT DEFINE ME!

Ask the group to draw a picture/poster together that shares this message and some of the lessons from the sessions in this unit.

Commit!

What commitment are you going to make to yourself based on what you learnt about you, your body, your community and your health? (You will not be expected to share this with the group.) This activity is on page 26 of the workbook.

Write your commitments in the space below. I commit myself to the following things:

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UNIT 2: Personal, Family and Community Values

After completing the unit, YPLHIV will be able to:

- Explain what the term 'values' means.
- Identify personal/family/religious/cultural values.
- Explore where values come from.

- Understand more about their gender and their sexuality as YPLHIV.
- Discover which values are most important to them.
- Understand how personal values can affect how they behave, as young positives.
- Learn how to make decisions that go along with their personal values and their HIV status.
- Practice communicating their values to others.
- Practice accepting and respecting themselves as young positives.

SESSION 2.1 Understanding Values

TIME: 2 hours

Session objectives:

- Explain what the term 'values' means.
- Discover which values are most important to them.
- Understand how personal values can affect their behaviour as young positives.
- Learn how to make decisions that go along with personal values and their HIV status.
- Practice communicating their values to others.

Now ask the group to brain storm on what the term values means to them. Then share this definition of values with the group (write it on the chalk board/flip chart). It is on page 27 of the workbook.

What are values?

Values are important things. They tell us what is acceptable behaviour and what is not. They give us guidance on how to behave.

Ask the group to brain storm some things they value, such as:

- I value being healthy,
- I value being educated
- I value being trust worthy
- I value honesty
- I value wealth

Note that some values are tangible like being wealthy, while others are not tangible, such as being trustworthy, honest etc.

In the space below, ask them to write three values that are important to them.

1.

2.

3.

Ask a few volunteers to list the values they have chosen and to explain why these are important to them..

You may want to write all the values on the board and give numbers to those which are included in most people's lists. This shows that they all have some common values, even though some values may be more important for some than others.

In groups, discuss what you learned from your family about the following:

Group 1 a. Using alcohol or other drugs for fun. b. Forcing someone to have sex. c. Buying condoms to use if you have sex. d. Having a baby before you are married.	Group 2 e. Staying a virgin as long as possible. f. Respecting your elders. g. Going to church regularly. h. Treating sons better than daughters.
Group 3 i. Getting a job or learning a skill to help earn money. j. Having sex in exchange for money or gifts. k. Stealing from others. l. Going to a traditional healer if you are sick.	Group 4 m. Having more children than you can afford. n. Furthering your education. o. People who are HIV positive p. Having sex with an adult who will buy you gifts, clothing, etc.

Ask the groups to present their conclusions on the points they discussed to the wider group. Encourage open discussion - especially on points where the group's response is unclear. Summarise with some points of your own that demonstrate how the having poor values can impact on your life.

Next, ask the group to look at the list of jobs below. Is any of these jobs only suitable for a man or for a woman? Ask them how their family or cultural values might affect their choice of job. The table is on page 27 of the workbook.

Job Possibilities

- social worker
- member of armed forces
- pharmacist
- athlete
- policeman/ woman
- herdsperson
- lab technician
- lorry driver
- teacher
- cashier
- flight attendant
- nutritionist
- carpenter
- headmaster/ mistress
- desktop publisher
- architect
- builder
- school teacher
- secretary
- plumber
- electrician
- office manager
- veterinarian
- civil servant
- salesperson
- airline pilot
- model
- lawyer
- bank teller
- driver
- librarian
- hotel worker
- chemist
- forester
- tailor
- newspaper reporter
- construction worker
- musician
- shoe repair/ making
- barber/ hairstylist
- philosopher
- taxi driver
- artist
- computer specialist
- bus driver
- hotel chef
- mason
- nurse
- food hawker
- market woman/ man
- fashion designer
- singer
- preacher
- jewelry designer
- farmer
- nurse
- administrator
- accountant
- photographer
- insurance agent
- factory worker
- gardener

I am free to be who I want to be, even if I am living with HIV!

Ask the group if they think that YPLHIV can choose any of these vocations above, or if there are somethings they cannot do? After the discussion, they should come to the conclusion that they can do anything others can do and that they just need to work on staying healthy.

Once this is done ask the group to discuss the so-called 'femaleness' or 'maleness' of the jobs. Explain that anybody – male or female – could do any of the jobs on the flipchart, but that it is gender bias that results in jobs being categorised as only for males or only for females. Spend some time thinking about examples of people in the community, the country, or the world, who do not conform to the gender bias.

The 3Cs in decision-making

1. **Challenge** (or the decision you are facing)
2. **Choices** (the decisions you can make to overcome the challenge)
3. **Consequences** (of each choice- positive and negative!)

Now ask the group to brainstorm all the professions they can think of and write them on the board or a flipchart. See the list below to help.

Next, discuss the following statements and ask the group how they feel about them.

Then substitute the word 'woman' with 'man' and ask the same question. Encourage an open discussion among the group.

- A young woman who has sex outside marriage is promiscuous
- If a young woman wears revealing clothes she is asking for sex.
- Girls should not walk alone at night.

Ask the group if they think community views and treats adolescent boys and girls living with HIV the same way?

Highlight to the group that these statements show us some of the ways in which gender affects other things in our lives, including our sexuality, our relationships and our vulnerability in many situations.

Share with participants that their opinions and decisions are based on their values, which can be strongly influenced by their family, community and culture. Everyone has the right to his or her own opinions. People's values are shaped by different things. You must know your own values and be confident enough to share these with others. This helps others understand and respect your opinion and decisions. It can help you avoid tricky situations. Read through the scenario below and use the 3C Decide model (Challenges, Choices, and Consequences) to come to a decision.

You are having problems with taking your ARVs regularly. Sometimes you just forget; sometimes you just hate that you have to take medicine every day. It reminds you that you're not like your friends. Last time you had your CD4 count, it had gone down a lot and the doctor asked you if you were having any problems, but you said no.

This activity is on page 28 of the workbook.

What would you do?

1. What is the CHALLENGE that you are faced with?

2. What are your CHOICES? Think about these and write three of them in the space below.

Choice 1:

_____

Choice 2:

_____

Choice 3:

_____

3. What are the negative and positive CONSEQUENCES of each choice you have written down? Write these in the spaces below.

Choice	Positive Consequences	Negative Consequences
1		
2		
3		

4. What is your decision?

5. Why did you make this decision?

6. How did your values influence the decision you made?

Now ask each group to give you an answer to the questions and write their responses on a flipchart or chalkboard.

What I do today determines my tomorrow!

Conclude the exercise as follows:

- There are no wrong or right values.
- Everyone's values are right for them.
- People's values change over time as they get more information and education.
- For example, when someone learns about the importance of taking ARVs correctly and preventing HIV from multiplying in the body, a YPLHIV may value ARVS as very important to their health.

People's values change over time as they get more information and education.

Value Clarification Exercise

Place three cards on the wall or floor (far apart) – AGREE | UNSURE | DISAGREE

Prepare the following value statements ahead of time by writing each on a separate piece of paper (you can add to or change them according to the issues where you live/work). Put them in a small bowl or basket on the table. Participants will choose and read them one by one. They will then move to one of the three signs. Then, starting with the least popular answer, ask a few participants why they chose to stand there and so on until enough questions and answers have been covered.

- Having a child while you are still at school is okay.
- Boys should always pay for a girl when they go out together.
- I cannot die before having a child.
- A man has a higher sex drive (need for sex) than a woman.
- HIV positive young people should have a baby as soon as possible since they may die.
- Raising a child on your own is better than marrying a man you do not love because he will help with the baby, or because your parents tell you to.
- People with HIV do not have to tell their partners they are infected if they are on treatment.
- Since it is a girl who gets pregnant, it is her responsibility to use birth control.
- A husband cannot rape his wife.
- A man who cries is weak.
- Waiting to have sex until you get married is a good idea.
- HIV positive people can still have relationships, sex and get married.
- A girl who dresses in sexy and revealing clothes is asking to be raped.
- A man should be able to have more than one wife, as long as he is able to take care of his family.
- You should only have sex when you truly love someone.
- Having a job you love is more important than making a lot of money.

Review: How easy was it to decide? What influenced your decisions, or made you choose where to stand? Did you feel any pressure from others to change your answer? Does peer pressure ever influence decisions in other situations? Why do you think this happens?

While carrying out this activity, be vigilant about any misinformation that comes out. After listening to all sides and promoting a healthy debate, correct any misinformation that may have been passed on.

SESSION 2.2 Gender

TIME: 1 hour

Session Objectives

- Understand the term gender
- Understand gender roles.

Write the word gender on the chalkboard or flipchart and ask the group to say what they understand these words to mean. Write their responses on the board/flipchart. Use the following notes to clarify and answer any questions that arise.

Gender:

- Gender refers to how men and women, girls and boys, behave with each other.
- It includes the different responsibilities of women and men, girls and boys and can be influenced by your culture or where you live.
- Unlike sex, gender is not biological. Gender roles are decided by people and such roles can change over time and differ from place to place.
- Gender is often based on religious, cultural and social factors.
- Gender defines the social differences between women and men, boys and girls.

Ask everyone to think about the different roles of women and men, girls and boys in their community. Split the group into two. One group should list all the different roles that men and boys play and the other should list all the roles that women and girls play. Discuss. The table may look like this. The group can use the table on Page 29 of the workbook.

Roles of Men and boys	**Roles of Women and girls**
Household heads	Child carers
Protectors	Grow and prepare food
Breadwinners	Wash clothes
Decision makers	Make clothes
	Manage the home

Gender Expectations Can Change!

- How does gender affect our sexuality and relationships?
- Does this have an effect on a person's vulnerability or risk of HIV infection?
- If gender roles and expectations are defined by society and people – what can we do to change the way we view gender?

These questions can be found on page 30 of the workbook.

I am free to be who I want to be!

Share the following story and discuss.

A parent is driving down the highway in a jeep, with their son. The person driving is a doctor. They have a terrible accident and the driver is killed and the son is badly injured. The son is rushed to the nearest hospital for surgery. A doctor is called to attend him. As he is lying there, the doctor takes one look at him and says, "This is my son!"

Ask the group: "Who is the doctor?"

Answer: The mother of the child. People tend to think all doctors are male.

This is an example of gender bias. Gender bias also has an unconscious effect on the choices girls make when choosing school subjects and thinking about possible futures and careers.

Attitude check – how we feel about…

Place three cards on the wall or floor (far apart) – AGREE | UNSURE | DISAGREE

Ask the group the following questions, one by one. At each question, individuals must stand beside the AGREE, UNSURE, DISAGREE card in the room. After each question ask 'Why did you make this decision?' or, 'What does this say about gender identity?'

- Men who are unemployed should look after the children and the household if their wife is employed.
- Women with children should stay at home and care for them.
- Men and boys should also cook for the family.

Gender bias also has an unconscious effect on the choices girls make when choosing school subjects and thinking about possible futures and careers.

SESSION 2.3 Understanding Community and Culture

TIME: 1 hour and 30 minutes

Session Objectives:

- Link values to culture and community
- Identify personal/family/religious/cultural values.
- Practice accepting and respecting themselves as young positives, as well as the values of others.

Put the word culture on the chalkboard or flipchart and ask the group what they understand by the word. Discuss the definition below.

What is culture?

Culture means 'people's way of life'. Different groups have different cultures. Culture is passed on from one generation to another through learning, it is not something we are born with. Culture is dynamic, which means that culture changes over time and from place to place. We learn our culture from our parents, families, communities, friends and other influences, such as religious teachings and what is taught in schools. It includes the things that we believe, what we think is acceptable, what is expected of us and what is considered unacceptable.

Put the word community on the chalkboard or flipchart and ask the group what they understand by this word. Discuss the definition below.

What is community?

A group of people living in the same space or having a particular characteristic in common and/or the condition of sharing or having certain attitudes and interests.

There are a lot of positive aspects to culture and community – they can create a mutual feeling of inclusion and belonging among people, called 'a sense of identity'; these can build trust and understanding. There are many guidelines by which we live that come from our cultures and communities and are healthy.

Our culture and community can also make it more difficult to be accepted if you are different. This feeling of exclusion can put people at risk, as they are not able to live openly or seek the information and services they need to stay healthy and protect themselves. The group can use the spaces on page 31 of the workbook to take some notes.

Write below the most important things that your culture and community expects of you that you don't think have changed very much since your grandparents were alive. You can include practices, behaviours, beliefs, traditions – anything associated with your culture. Put a **C** next to culture and a **c** next to community if there are differences.

Things in my culture and community that haven't changed much	Things in my culture and community that have changed a lot

The table above can be found on page 31 of the workbook. Discuss with the group why some things have stuck and others have changed.

Cultural competence helps us live well with others even if their cultures are different. It also helps reduce stigma and discrimination. The ability to understand, appreciate and interact with persons from cultures and/or belief systems other than our own, is very important.

Before going into small groups, ask participants to reflect on their earliest memory of being different – any difference: skin colour, age, HIV status, body size, sexual preference, cultural background, ethnicity, etc. Ask participants to draw a picture or jot down words that depict this memory. While processing this, reflect on (1) who the **messengers** were in the memory, (2) what **institutions** (schools, church, home, etc.) were involved, and (3) what **feelings** you had about this difference. Prompt them to think about whether who the messenger was affected their response, e.g. if it was a parent, a friend, a teacher; and whether there was a long term effect based on whether the memory occurred in an institution, such as church or at the clinic. Record these three things on the bottom of the page. There is space on page 32 of the workbook to make notes.

After they post their cards, you may want to discuss the relevance of each element. In terms of feelings, explore the issue of being stigmatised and discriminated against and how that made them feel. Let them share their experiences of this, as this is very critical wherever it is happening: in the home, at school or in the community.

I am free to be who I want to be, even if I am living with HIV!

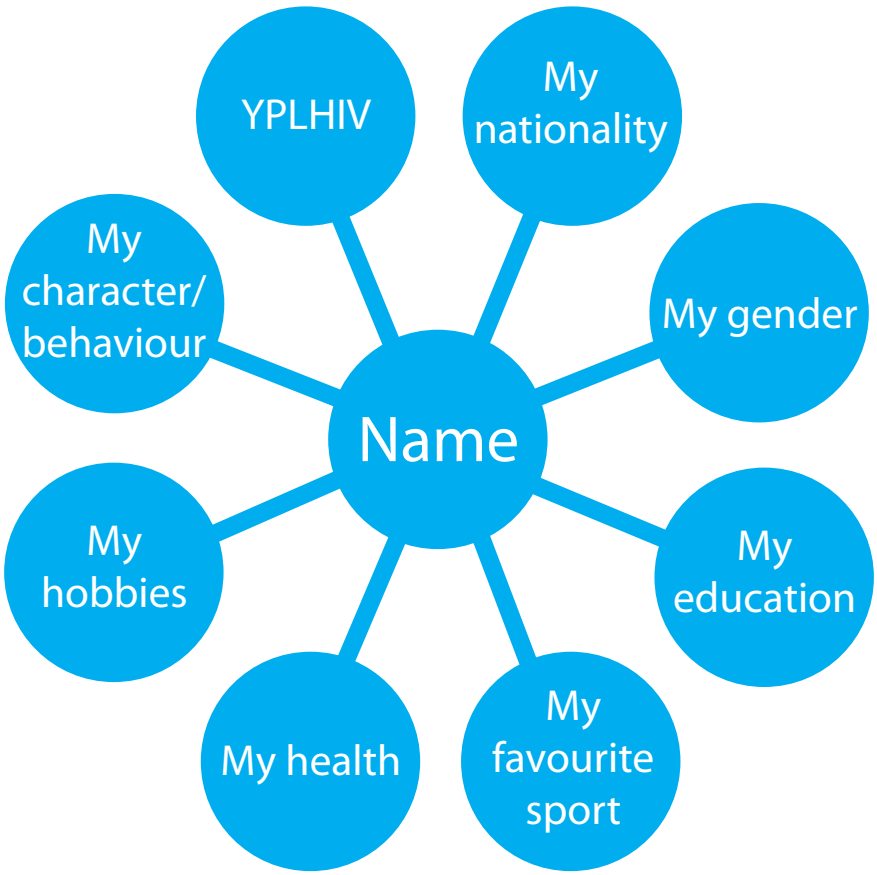
Write Messengers | Institutions | Feelings | on the chalkboard or flipchart.

Put participants into small buzz groups and give them flash cards to write on. They should share their answers to 1, 2 and 3 and list each different answer on flash cards. When they have listed all the issues, each group should place the flash cards under the relevant heading.

Review and discuss the final list as a group. Ask the following questions:

- Do your early memories influence your behaviour and interactions? Why or why not?
- What themes emerged in the discussion, that are also present in your home or in your community?
- Do you believe these behaviours impact on your interactions with friends, employees or future students?
- How do you believe your past experiences impact the larger organisation to which you belong (family, community, church group etc.)?

Ask participants to make a web of circles in their workbook, writing their name in the centre circle, and a word or phrase that describes their identity in the outer circles – use the example below. It is on page 33 of the workbook.



Highlight that in each of the communities that they belong to above, they share values with the others in that community. For example, those from Zambia share similar values; those who support a certain sports team (Manchester United or Arsenal, may also share a similar value, etc.)

YPLHIV may all value a community free from stigma and discrimination against PLHIV and all others who are different, such as those with disabilities.

When participants have finished their diagrams put the following questions on the chalk board or flip chart and ask them to reflect on them for a short while (1 minute). The questions are on page 34 of the workbook.

- Which of the words do you identify with most strongly? Why is that?
- Which of the words do others identify you with most strongly? How do you feel about that?
- Describe a time something about your identity turned out to be an advantage.
- Describe a time when something about your identity seemed to hold you back in life.
- Describe a time when you experienced or saw stigma or discrimination and did nothing.
- Describe a time when you experienced or saw stigma or discrimination and did something about it.

Now split the group into two groups. With their diagrams in hand, ask one group to form a small circle and face outwards. Ask the other group to form a larger circle around them and face inwards towards the others, in pairs.

Call out the first question. The participant in the inner circle has one minute to share their answer with their pair in the outer circle. The other person must not respond, just listen. If the answer is shorter than a minute they must both remain silent. At the end of the minute the partners in the outer circle share their answer with their pair in the inner circle.

Before you call out the second question, ask the inner circle to shift one person to the left. With this new partner repeat the same process with the second question.

After this, move every time there is a question until all the questions are done.

Ask the young people to take a few minutes to make a few notes in their workbooks on what they saw, heard, and felt during the process. Conduct a stand and share/round robin sharing of what each student observed. Afterwards, debrief the exercise. Debriefing questions can include:

- What did you learn from this exercise?
- What will you do differently as a result of engaging in this dialogue?
- How will you process the emotions that surfaced for you as a result of this dialogue?
- Being HIV positive is just one of the ways to describe yourself. Are there other words that define you MORE?

What I do today determines my tomorrow.

What have I learned about values?

Time: 20 minutes

Session Objectives:

- To reflect on learning
- To encourage behaviour change planning.

Based on the information discussed across the two sessions and the learning that has taken place, ask the group to give answers to the following.

1. What did you learn from this exercise?

2. What is the most important piece of information that you have learnt from the sessions in this Unit?

3. Why or how is this information important to you?

4. How does this information help you to change your behaviour, or to adopt a healthy behaviour?

Remind the group of the key points of all three sessions in this unit, making links between personal values, beliefs around gender as well as culture and community.

HIV DOES NOT DEFINE ME!

Ask the group to write and then perform a song together that shares this message and some of the lessons from the sessions in this unit.

Commit!

What commitment are you going to make to yourself based on what you learnt about your values, gender issues, community and culture? (You will not be expected to share this with the group.) This activity can be found on page 35 of the workbook.

Write your commitments in the space below. I commit myself to the following things:

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UNIT 3: Skills for Healthy Living

By the end of this unit, participants should be able to:

- Explain the importance of communicating your needs.
- Understand verbal and non-verbal communication.
- Know the barriers to effective listening.
- Understand the difference between assertive and aggressive communication and passive, assertive and aggressive behaviours
- Understand how stigma, and self stigma can affect healthy living
- Apply listening and communication skills to real life.

Improved communication skills help create an enabling environment, which we will see in Module 4, where we will talk about accessing services and the importance of youth friendly services. This includes a community mapping exercise, where participants can practice their communication skills. The ability to talk to parents on SRH will also help them when they begin to advocate for access to services in the community.

SESSION 3.1 Communication for Life

TIME: 2–3 hours

Session Objectives:

- Understand verbal and non-verbal communication.
- Explain the importance of communicating one's needs.
- Know the barriers to effective listening.

Improved communication skills help create an enabling environment, which we will see in Module 4, where we will talk about accessing services and the importance of youth friendly services. This includes a community mapping exercise, where participants can practice their communication skills. The ability to talk to parents on SRH will also help them when they begin to advocate for access to services in the community.

Write the word 'communication' on the chalkboard/ flipchart and ask participants to buzz in pairs for a few minutes, discussing what they understand by the word. Ask the participants to share their answers and list the different responses on the board/chart. Discuss and then share the definition to be used in this unit as follows.

Communication

This is when a person sends a message to another person with the hope and desire to receive a response.

Explain that communication happens because people want to share information and ideas and to get another person's feedback. Barriers to communication arise when people have different agendas and especially, when they do not listen to each other. Communication is key to every aspect of a young person's life, and especially important for YPLHIV, to ensure they access their sexual and reproductive health and rights, care, treatment and support.

Ask for six volunteers (either all young women or all young men) to do a series of short role plays as follows (stop each scene as soon as the point is made).

Role play scenarios

Scene 1: Two YPLHIV meet. One of them starts to talk and gets so excited and involved in what she or he is saying that the other person does not get a chance to say anything. The other person tries to speak, ask a question, respond to a question or make a suggestion, but the first person talks on, so the second person remains silent and eventually gives up trying.

Scene 2: Two YPLHIV meet and start telling each other something that happened to them that they are unhappy about. They each have a different issue. Neither is listening to the other and both are talking at the same time.

Scene 3: Two YPLHIV meet, greet each other and start a conversation where they really communicate. Each one asks questions about the other's concerns, listens and responds to the other. There is open sharing of news and opinions.

Listen to all three without interruption. At the end of scene 3 divide the group into three, each group discussing and analysis one of the scenes responding to these questions:

- What did you see happening in the scene?
- How does the scene relate to real life?

Bring the whole group together again to briefly share their answers to the questions. Encourage discussion on what causes the kinds of communication in scenes 1 and 2. The causes can be called barriers. End this section with the interactive activity below.

Copy out the definitions on the next page on separate pieces of A4 card (you will need 12 pieces of card) – separate the title from the description. Give the group the six titles and ask them to match up the description to the title. Review and correct. As part of discussion ask the group if they have experienced any of these or used them! Ask them how we can improve our listening, especially in relationships. The table on the following page can be found on page 36 of the workbook.

Title	Description
On-off listening	Most people think four times faster than the average person can speak. This sometimes works against the listener, as they tend to drift off and start to think about their own personal affairs, concerns and troubles, instead of listening to what the speaker is saying. You can overcome this by paying attention to more than the words and trying to see how the speaker feels.
Red-flag listening	For some listeners, certain words make them switch off or get upset and stop listening e.g. condoms, marriage etc. The person tends to tune out the speaker and lose contact with them, failing to understand what that person is saying. The first step to overcoming this barrier is to find out which words are red flags to us personally, and then to try to listen attentively to someone when they are speaking.
Open ears – closed mind listening	Sometimes we decide too quickly that the speaker is boring, and what is said makes no sense. Often we jump to conclusions and think we can predict what they know or what is going to be said. We decide there is no reason to listen because they will hear nothing new. It is much better to listen and find out for sure whether what the person is saying is true or not.
Glassy-eyed listening	Sometimes we look at a person intently, and we seem to be listening although our minds may be on other things or in far places. We drop back into the comfort of our own thoughts. We get glassy-eyed, and a dreamy expression appears on our faces. We can tell when people look this way – and others can also see this in us
Too-deep-for-me listening	When we are listening to ideas or problems that are too complex and complicated, we should force ourselves to follow the discussion and make a real effort to understand it. We might find the subject and speaker quite interesting if we make the effort to listen and understand what the person is saying.
Don't rock the boat listening	We do not like to have our favourite ideas and points of view judged or challenged. So when the speaker says something that clashes with what we think or believe we may unconsciously stop listening, or even becomes defensive and plan a counter-attack. Even if we want to do this, it is better to listen and get a good understanding of their views, rather than closing ourselves off.

Being able to support each other or represent yourself and your rights requires you to do more than listen. You need to understand how to give and receive feedback. Ask for some volunteers (different from earlier volunteers) to act out the following scenes.

Feedback role play

Scene 1 – Two friends meet to go to a party. One does not like what the other is wearing and says so –something like 'What on earth are you wearing!' or 'Where did you get those?' The other looks very upset but the speaker just laughs and walks off.

Scene 2 – A person is practicing a song for church. A friend is listening and at the end of practice the singer asks their friend what they think and the friend says something like 'the song is nice but the way you sing it, your voice just does not sound right'. The singer does not know what to say.

Once the skits are done, discuss what happened in the scenes. Ask what they could have done differently. Then ask the group to direct the actors towards an improved situation, in other words, redo the skits. After the skits are redone explain that better feedback builds trust, so it is important to invest in it.

What kind of person are you? What do you do when you feel pressured by someone to do something that you do not want to do or that you do not like? Ask the group to answer the quick quiz below and count the number of a's, b's or c's they get. This quiz is on pages 37 and 38 of the workbook.

Your best friend often borrows books but takes a long time to return them. They are asking to borrow your new magazine. Do you

a. Lend them the magazine because you do not want to hurt their feelings
b. Talk to your friend and explain why you do not want to lend them the magazine
c. Tell the friend to get their own.

You have met a new girl/boy. You are getting really close and you feel this could be the one. You want to start dating. You feel it is mutual. They do not know you are HIV positive. Do you:

a. Say nothing, it will come out eventually.
b. Test the waters with a few trial questions or leaflets on the subject of HIV. If the response seems supportive, you find a quiet place when you are both free and not in a rush and sit down and tell them. You have made back-up plans with your friends to come over should it all go wrong.
c. Straight up say you are living positively and there is no problem because you take your medicines and know how to be safe.

You have decided that you want to go further in your studies. Your aunt, with whom you live, says that you must find a job to earn money. Do you:

a. Give up on your studies and look for a job because your aunt has asked you to.
b. Talk to her about why it is important to get an education.
c. Argue with her.

Your friend tries to get you to go out with a close friend of theirs whom you do not like. Do you:

a. Go with the person, because you do not want to disappoint your friend.
b. Explain to your friend why you do not want to go out with that person.
c. Call your friend names and get mad at them.

Your sibling uses your clothes without asking and has lost your favourite jacket. Do you:

a. Lock your wardrobe and pretend you lost the key.
b. Talk to them about their behaviour.
c. Pick a fight with them and/or take something of theirs you know they really like.

Use the following table to help participants to get an insight into their communication behaviour. *They do not have to share with others if they do not want to.* Share with the group that most people behave either aggressively or passively, and seldom assertively.

It is important that we practice **assertive behaviour** so that we can negotiate for the things that we need and want, and not be bullied or influenced by others. This is very important for YPLHIV to overcome stigma and discrimination when they face it, or when they need access to information, especially on health issues. It is very important when making decisions on sexuality and sexual activity.

You answered mostly a You respond to situations in a passive way. You do not assert your own rights and needs. You put others before yourself and give in to what they want. You remain silent when something bothers you.	Passive: not active. A passive person never expresses or shows their feelings and wishes.
You answered mostly b You respond to situations in an assertive way. You stand up for your rights without putting others down. You respect yourself as well as the other person. You are confident but not pushy. You talk about your feelings. You are able to communicate well.	Assertive: strong and confident. An assertive person says what they want and feel in a respectful way.
You answered mostly c You respond to situations in an aggressive way. You stand up for your rights without thinking about the other person. You hurt others and you often don't talk about your feelings.	Aggressive: a rude and forceful way of communicating. An aggressive person shouts and puts others down. They are sometimes violent.

Now, explain to the group the difference between being assertive and being aggressive. Ask the group what they think is meant by assertive communication and how it might help when communicating about sensitive issues. Make sure the points below come out in your discussions.

Assertiveness is based on mutual respect. It is an effective and diplomatic style of **communication**. It shows that you respect yourself because you're willing to stand up for your interests and express your thoughts and feelings.

There is a fine line between being assertive and being aggressive. Ask the group if can identify the differences between the two. Make use of the following definitions to clarify the differences.

When you act assertively you act fairly and with empathy. Your power comes from your self-assurance; not from intimidation or bullying. Treat others with fairness and respect and you will get the same from them. People will see you as a leader and someone they want to work with.

Being assertive is not necessarily easy, but it is a skill that can be learned. It starts with a good understanding of who you are and a belief in your own value –having self-confidence. Assertiveness builds on that self-confidence and provides many other benefits for improving your life.

Value yourself and your rights: your rights, thoughts, feelings, needs and desires are just as important as everyone else's; but remember they are not more important than anyone else's, either.

- Recognise your rights and protect them.
- Believe you deserve to be treated with respect and dignity at all times.

Identify what you want and need; and ask for it

- If you are to perform to your full potential, your needs must be met.
- Find ways to get your needs met without sacrificing the needs of others

Acknowledge that everyone is responsible for their own behaviour

- Do not accept responsibility if others react to your assertive statements with anger or resentment. You can only control yourself.

Express negative thoughts and feelings in a healthy and positive manner

- It is ok to be angry, but always be respectful. Say what's on your mind, but protect the other person's feelings. It is important to control your emotions.
- Stand up for yourself when necessary and confront people who challenge you and/or your rights.

Receive criticism and compliments positively

- Allow yourself to make mistakes; ask for help.
- Accept feedback positively – be prepared to say you don't agree but do not get defensive or angry.

Learn to say No

- Know your limits and what will make you feel taken advantage of.
- You can't do everything or please everyone; be OK with that.
- Suggest alternatives for a win-win solution.

Tips on speaking assertively:

Use "I want", "I need" or "I feel", e.g. *I feel strongly that we need to bring in a third party to resolve this disagreement.*

Be empathetic: Recognise the other person sees the situation, e.g. *I understand you are having trouble with the nurse at the clinic.*

Then, express what you need: ... *however, we need to find out what her objections are and see if we can overcome them…*

Divide the participants into three groups and ask each group to role play one of the following scenarios

- A YPLHIV going to the local clinic to ask for condoms
- A YPLHIV telling their partner they can only have sex if they use condoms.

Review the role plays in plenary and give the groups feedback on how they can be more assertive in their communication to achieve what they want.

Suggest any do's and don'ts about effective communication – especially about sensitive issues like SRH and disclosure around HIV.

Share the following situations and ask the participants how they can coach themselves through the situation using communication skills, such as assertion messages, listening to understand, speaking to be understood and positive self-talk. Go through one example together. Then ask for volunteers to share their thoughts on the other scenarios.

Summarise some of the best suggestions and add some of your own. This table is on page 39 of the workbook.

Scenario	Positive Self-Talk	Assertion Message or Other Skill
1. You are meeting your boyfriend/girlfriend tonight, and your guess is that he/she wants to break up because you are HIV positive and he/she is not.		
2. Your mother learns that you are living with HIV and starts yelling at you and telling you to leave.		
3. Your friend tells you that he doesn't want to be seen with you now that you are living with HIV.		
4. You are going for a job interview, and you have heard that the employer might ask if you are living with HIV.		
5. Your boss fires you because he thinks he'll lose customers if people find out your status.		
6. You caught someone writing 'AIDS' on your door.		
7. Some of the children at school call you names and won't let you sit next to them.		
8. The nurse asks you to use a separate entrance at the clinic.		

A good relationship starts with good communication!

SESSION 3.2 Talking to Parents (and 0thers Who Care)

TIME: 1 hour and 30 minutes

Session Objectives:

- Build participants' confidence to talk about SRH with others
- Help YPLHIV understand why and how communication on SRH helps

Next ask the group how easy they find it to talk about their health, especially sexual and reproductive health. Are there some people they find it harder to talk to than others? Discuss. Share with them that having good communication skills includes: being able to access sexual and reproductive health information from a service provider; talking to adults – such as parents or guardians – about sexual and reproductive health and rights; as well as talking to a partner about safer sex and contraceptives.

Talking to adults – like parents, guardians and service providers – about your SRH needs can help you get useful and accurate advice, but if YPLHIV feel their parents are not approachable, ask them to think of other adults they might be able to talk to, such as teachers or other relatives. The adults in your life have all been young people themselves and experienced many of the same things that you are experiencing now. It may help to put your question with this in the forefront, for example, 'When you were my age, did anyone ever try to put pressure on you to have sex?' and then bring up the issue you want to discuss your own issue. They know that maturing into an adult can be a confusing time – and that you may have lots of questions that need to be answered to help you stay safe.

Below is a communication checklist. There are copies in the Workbooks. Ask the group to think about whether they feel comfortable in each situation and score their answers at the end. This exercise is on page 40 of the workbook.

Questions	Yes	No
I am comfortable talking to my friends about sex		
I am comfortable talking to my parents or guardians about contraception		
I am comfortable talking to my doctor, nurse or family planning provider about STIs		
I don't feel embarrassed when my teacher talks about sex, reproduction or the reproductive system		
I would be happy picking up and reading a leaflet about sex and contraception.		
I would be comfortable visiting a family planning clinic		
I would be comfortable asking for or buying condoms		
I would be comfortable talking to my partner about safer sex		

Scoring: If you have answered 'yes' to all of the questions, then your approach to communicating about sexual and reproductive health and rights is very mature. If you answered 'no' to any of the questions, think about how you could improve your communication skills. For each 'No' answer, they should write at least three suggestions.

Let the participants know they are going to do some knowledge and skills building on communication in this next activity. Below are three dialogues between a parent or adult and a young person. The young person is asking about different SRH issues. Ask participants to play the parts of the adult and the young person in each scenario and let the rest of the group score how well the conversation went. Use the explanations below to guide the discussion on the scoring.

For each discussion, ask the participants to rate how well they think the conversation went, using the following scale:

0 - Very bad, 1 - Okay, 2 Good, 3 - Great

Scenario 1:

Young Person: Can I talk to you about something?

Adult: Of course. What do you want to talk about?

Young Person: Condoms.

Adult: [Shocked] Jennifer! You should not be talking about those things! Where did you hear about this? I don't want to hear you mention those again.

How well did the conversation go?

Why did the conversation go this way?

Scenario 2:

Young Person: My teacher was talking about the reproductive system today. Can I ask you some questions?

Adult: What do you want to know?

Young Person: Are condoms the only way not to stop pregnancy?

Adult: No. There are many ways, but you're much too young to be thinking about this. Concentrate on your schooling and forget about boy/girl friends for now.

How well did the conversation go?

What went wrong?

Why did the conversation go this way?

Do you think the characters are male or female in this scenario? Why?

Do you think that is right (or fair)?

Scenario 3:

Young Person: My friends are talking about sex. Can I ask you some questions?

Adult: OK but just because your friends are talking about it, doesn't mean you should be doing it.

Young Person: I know and I don't plan to. I just want to have the information so that I know what is true and what is not.

Adult: That is a good idea. Let's sit down and talk. What is it you want to know.

How well did the conversation go?

What went wrong?

Why did the conversation go this way?

Now think about why the conversations went the way they did – why was this? Use the comments below to clarify the participants' responses.

Scenario 1 – score – 0 very badly. This is not the way to start a conversation with apparent. Most parents will assume you want to talk about condoms because you are planning on having sex. Some background discussion about why you want to talk about condoms will ease the way into the discussion. You need to reassure your parent that you are seeking information and advice and not because you are intending to have sex.

Scenario 2 – score – 1 okay. In this scenario, the young person gave their parent some background before raising a sensitive issue. But asking a parent how to prevent pregnancy before having any other discussions about sex and how you know when you're ready to have sex meant the parent closed down the discussion. Note that a parent may be more willing to have this conversation with a boy because there is an assumption that if a girl asks about condoms she is promiscuous.

Scenario 3 – score – 2 or 3 good or great. In this scenario, the 3 is only because the parent was willing to talk. If the parent had been more worried this conversation could have gone wrong. The young person corrected his or her mistake immediately by reassuring the parent that they weren't intending to have sex, but just looking for information.

Now divide the participants into groups and ask them to role play excellent conversations with parents or other adults about SRH issues.

To close, give everyone a blank piece of paper. Ask them to put their name at the top and to circulate the paper to everyone in the group. Everyone when they get the piece of paper should write something positive about that person on their piece of paper. At the end ask each person to share their favourite feedback to the group. Encourage positive responses, clapping and cheering.

Wrap up the session by asking the participants to tell you the most important things they have learned about communicating effectively – whether with their peers or with parents and service providers.

Listening is where love begins!

SESSION 3.3 Overcoming Stigma and Discrimination

TIME: 1 hour and 30 minutes

Objectives:

- Understand what we mean by stigma and discrimination.
- Understand how stigma and discrimination related to HIV puts the whole community at greater risk by making SRH services harder to access.
- Learn coping strategies for dealing with self-stigma and HIV stigma and discrimination.
- Understand how stigma and self-stigma, can affect healthy living.
- Apply listening and communication skills to real life.

Ask the participants to give you their definitions of the following (and use the information below to answer/discuss):

- Stigma
- Discrimination
- Self-stigma.

What is stigma? Stigma is a negative attitude towards someone or towards a group of people because of a characteristic they have or are presumed to have. Often it is something the person is unable to change, such as being HIV positive, which makes them somehow 'less worthy' in the eyes of the stigmatiser. Stigma is related to stereotyping and is often a result of fear and ignorance.

What is discrimination? Discrimination is when someone acts on a stigmatising attitude or belief – when negative attitudes and thoughts are translated into harmful and hurting actions such as saying or doing something hurtful, either knowingly or unknowingly; through body language, word choices or facial expressions – or even by physically hurting someone. For example, by refusing to touch or be friends with someone they believe to be HIV positive regardless of whether or not there is any justification for these actions.

What is self-stigma? Self-stigma is when someone believes the negative attitudes or stereotypes people hold about them, for example, 'people with HIV deserve it', or 'people with HIV have loose sexual morals', even though they may know it is not true. Self-stigma can lead to PLHIV not taking their ARVs correctly, or failing to attend for checkups). It can even lead to increased spread of HIV, because when PLHIV don't get treatment, they are more likely to transmit HIV to others if they have unprotected sex. Some YPLHIV wrongly believe that if someone uses condoms it must mean they are HIV positive. This is very dangerous and leads to increased HIV infection rates among young people.

Self-stigma can also prevent YPLHIV from achieving all the things that they otherwise could – they may feel 'unworthy' of a particular job, they may not want to go to school, they may not feel they deserve a certain partner or to start a family.

Ask the participants to list the effects of stigma and discrimination. Some examples are:

- not being able to go to school
- finding it hard to make friends
- having nobody to talk to about your problems
- being treated differently at work, home school, or finding it hard to get a job.

Use the questions below to lead a discussion about experiences of stigma and discrimination. It is not necessary to use all the questions. The objective is to create a discussion where the group can explore how they want to respond to stigma and discrimination, particularly self-stigma. There is space on pages 41 and 42 of the workbook to take notes and reflect on these questions.

1. Describe a time that you may have judged someone or treated someone poorly because they were different.
2. Describe a time you felt discriminated against. What happened? How did it feel to be discriminated against? How did you handle the situation? What would you do the same? What would you do differently?
3. What are some positive ways of handling discrimination? What communication skills can you use when dealing with discrimination? What emotions do you need to manage? What can you say?
4. Self-stigma begins and ends with you. What types of negative things do you say to yourself (e.g. I am ugly; No one will love me because I have HIV)? How do those things make you feel? What can you do to stop the negative self-talk? What positive self-talk can you replace it with?
5. What questions do you have about your rights and how they are protected? Where can you go for more information about your rights?
6. What steps should you take if you feel your rights are being violated? What can you say to the person stepping on your rights? Where can you go to get support?
7. Fear is a common reason for discrimination. What can you do or say to address people's fears about HIV?
8. What information do you think is important for people to have about living with HIV?
9. If you are comfortable disclosing your status and talking to others, is there anything you can you do to educate people you know about living with HIV?

Overcoming stigma and discrimination is an important part of advocacy work, along with learning to face your fears and improve your communication skills and assertiveness. We will talk about advocacy in Module 4.

Overcoming Stigma: One way to address stigma is to begin with your feelings about yourself. Pay attention to your feelings and the way you think about yourself. Try to think positively about yourself. You will also need to use your communication skills when others treat you poorly or disregard your rights because of your HIV status.

Remember: Because more people are speaking publicly about living with HIV, awareness and understanding are increasing.

Put the words 'stigma' and 'discrimination' on the chalkboard or flip chart. Ask the group to give examples of what each word means. They can buzz this in pairs for a minute or two, first. List their contributions, then share the definitions given.

Ask the group if they have ever made a decision based on being HIV positive and to share an example. Ask them why they made that decision. Once everyone who wants to contribute has done so, introduce the term 'self stigma' and share the following definition:

Self-stigma is when you judge yourself negatively. Self-stigma might cause you to believe that you are not good enough or that it is your fault that you are living with HIV. Believing these things prevents you from respecting your own rights. It is important for your health and well-being, to change negative self-talk into positive self-talk.

When someone first finds out they are HIV positive, they may experience feelings of shame, guilt, or reduced desire for relationships. These feelings are perfectly normal, but they are also a sign of self-stigma. Being part of this group is one way of working through those feelings; it often helps to talk to other YPLHIV and to understand that you are not alone.

Conclude with the message that people living with HIV have the same rights as everyone else to:

- Get health care.
- Attend school.
- Get a job.
- Find housing.
- Get married and have children.
- Live free from violence.

I say no to all stigma and discrimination.

What have I learned about stigma and discrimination?

Time: 20 minutes

Session objectives:

- To reflect on learning about communication
- To review learning on stigma and discrimination
- To encourage the development and maintenance of healthy behaviour and to change unhealthy behaviours.

Based on the information discussed across the two sessions and the learning that has taken place, ask the group to give answers to the following:

1. What is the most important piece of information you have learned from the sessions in this unit?
2. Why or how is this information important to you?
3. How does this information help you to change your behaviour?

HIV DOES NOT DEFINE ME!

Ask the group to write a poem together that shares this message and some of the affirmations and lessons from the sessions in this unit.

Commit!

What commitment are you going to make to yourself, based on what you learnt about stigma and discrimination, self-stigma and how to overcome it? (You will not be expected to share this with the group.) This activity is on page 43 of the workbook.

Write your commitments in the space below.

I commit myself to the following things:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Review of Module 1

Complete this Module Review Sheet. You can also use it later to ensure the learning is sticking or to revise with people who miss sessions. Use it as a quick quiz.

Session	Review issues
About me	
Who am I?	How do we learn self-esteem? Why is self-esteem important? How can we improve our self-esteem?
Understanding adolescence	What is adolescence? What body changes happen to girls? What body changes happen to boys? What other changes happen to both girls and boys? What are tips for good menstrual hygiene management? What are wet dreams and how can boys manage them?
Sexuality and relationships	What is the difference between sex and sexuality? How can we make better decisions about how we explore our sexuality and how we manage our relationships?
Personal, family and community values	
Understanding values	What is a value? What are your values? Why do people's values differ? What are the challenges, choices and consequences that YPLHIV face in life?
Gender	What is gender? How does our culture and community affect gender? What are gender roles?
Understanding community and culture	What is culture? Why is it important to YPLHIV?
Skills for healthy living	
Communication for life	What are the different types of communication? How can we improve our communication skills? Talking to parents and others
Overcoming stigma	What is stigma? What is self-stigma? How can we overcome it?

Module 2:
iAspire

Module 2: iAspire

Overview

iAspire builds on the self-awareness in the *iPositive* module, and focuses on "Where am I going?". It is critical for all YPLHIV to see a healthy and productive future in front of them, just like all other young people. This module is supporting YPLHIV to unpack their dreams and aspirations, setting life goals and critically looking at establishing and maintaining the healthy relationships that will help them get there.

Preparation: When preparing to take YPLHIV through Module 2 you will need the following:

- Pencils & rubbers
- Coloured Markers
- Paper and card
- Flip chart / blackboard or big pieces of paper
- Sticki-stuff and/or tape
- A room or open space to work in
- Some dress up stuff for role play if possible
- Workbook Part 2: iAspire

Overall Purpose: To support YPLHIV to think about their futures, hopes, aspirations, ambitions and how they can achieve all that they hope to in all aspects of their lives.

Overall Objectives: By the end of Module 2 YPLHIV will:

- Know more about their character and which jobs will suit them.
- Explore their dreams and the things that will block them or help to achieve their dreams.
- Understand the importance of setting goals and think about short, medium and long term goals.
- Understand that jobs are not gendered and have some local role models to motivate them and discuss various career paths.
- Have some skills to identify, improve, avoid and/or get out of harmful relationships.

The key message in this module is: HIV is just part of my journey!

There are two units and a Module Review Sheet to complete before moving to Module 3. These are outlined below.

Unit	Title	Learning Sessions	Time needed
4	Planning for a Positive Future	• Values and Vocation • Dreams and Aspirations • We can be what we want and who we want • What have I learned about planning for a positive future?	6 hours for the whole unit
5	Healthy Relationships, Healthy Future	• Building healthy relationships • Overcoming Unhealthy relationships • Why relationships today affect my future tomorrow! • What have I learned about unhealthy relationships and staying safe?	5 hours for the whole unit
Module 2 Review Sheet			

UNIT 4: Planning for a Positive Future

After completing the unit, YPLHIV will:

- Know more about their character and which jobs will suit them.
- Explore their dreams and the things that will block them or help to achieve their dreams.
- Understand importance of setting goals and think about short, medium and long term goals.
- Understand that jobs are not gendered, and have some local role models to motivate them and discuss various career paths.

SESSION 4.1 Values and Vocation

TIME: 2 hours

Session Objectives:

- Linking values to professions
- Overcoming gender bias
- Overcoming fears about being HIV positive and working.

Remind the group what values are. Ask them to recollect from Module 1. Now ask them to write two that are very important to them as individuals. (To make this more accessible for lower literacy groups or ages try having a selection of cards or pictures from magazines or other sources that show values). Or use a word cloud like the one here.

Write/post/stick or draw your values below. Use page 46 of the workbook.

1.

2.

Ask the group what the word 'vocation' means and share the following definition:

> *An important meaning of vocation is a strong feeling of suitability or passion for a particular career or occupation.*

Have the following list on a board, chalkboard or screen. Ask the group to circle, or mark with coloured pens, stars, their signature etc. (make it fun) three items that are important for them as individuals in choosing a job.

Helping other people	Earning a lot of money
Having job security (long term job and steady salary)	Adding beauty to the world
Being creative or artistic	Becoming famous
Working when you want/flexibility	Finding adventure
Having a daily routine that changes	Working with people all the time
Having job satisfaction	Learning new things
Being known as a thinker or intelligent person	Influencing other people
Helping to make the world a better place	Working with new technology

In small buzz groups, discuss which three jobs might suit you and make a list. Listen to others; they can also help you see what you are good at and suits you, but remember to follow your passion! Use age 47 of the workbook.

Job 1:

Job 2:

Job 3:

Once you have chosen your jobs, share and discuss with the wider group. Ask the group to share words of encouragement to each member on their choices.

Attitude check – how we feel about…

Place three cards on the wall or floor (far apart) – AGREE | UNSURE | DISAGREE

Ask the group the following questions, one by one. At each question, individuals must stand beside the AGREE| UNSURE | DISAGREE, card in the room. After each question discuss the implications e.g. plenty of people who are HIV+ work, it is illegal to discriminate on basis of HIV status; HIV is just a chronic illness and workplaces have policies to help you, Everyone can find work that suits them. Help the group address their fears.

- No one will employ an HIV person.
- Employers test you for HIV before they give you the job.
- Many workplaces in southern Africa have a Wellness
- Programme that includes support to people living with HIV and
- Other chronic illnesses.
- Work will make me sicker.
- I want to start my own business.
- People will treat me badly at work if they find out my status.

YPLHIV can do everything that HIV negative youth can do. Your attitude is very important. Unpack your fears! Ask the group to share some of the things they fear as YPLHIV. Use the table below to encourage sharing and discussion on things that YPLHIV might be afraid of are. It is also on page 47 of the workbook.

Category	Common Fears
Health	• Am I going to get sick or die? • Will I ever feel better?
Personal Life	• Will I be able to be independent? • Does my family still love me?
Social life	• Will my friends still like me if they know I am living with HIV? • Can people tell I'm HIV positive by looking at me? • Will any of my friends ever understand what I'm going through? • Am I different?
Relationships	• Will I ever get married? • Will I be able to have a family?
Career	• What jobs can I do? • Will I be able to finish school and go to university?

Talking to and supporting each other helps us deal with our challenges, including our fears. Conclude the session by encouraging YPLHIV to talk to other YPLHIV to share their concerns and worries, help each other to work through them, and find out more information and find ways to deal with them.

HIV IS JUST PART OF MY JOURNEY!

SESSION 4.2 My Dreams and Aspirations

TIME: 1 hour

Session Objectives:

- Explore their dreams and the things that will block them or help to achieve their dreams
- Understand importance of setting goals and think about short, medium and long term goals.

Learning to dream big is important. Use storytelling with the group –read this story out loud to the group. It is on page 48 of the workbook.

Learning to Dream Big Again: Elizabeth's Story

My name is Elizabeth, I am 18 years old and I am in my final year of school. I found out I was living with HIV when I was 13. At the time I was getting sick a lot and had become very weak.

I started treatment right away and slowly started to get better physically. I was angry though – I kept asking myself why me? Why did this have to happen to me? To start with I was too weak to go to school, then I didn't want to, as I didn't want my friends to find out and I was worried about how far behind I would be with my school work.

The doctor suggested I join a support group for YPLHIV – he thought it would help for me to talk to other young people in the same situation as me and he was right. We talked about all the things we were scared of, we shared ideas for how to make it easier to take our ARVs and we supported each other when we had difficulties. I became a lot stronger emotionally.

One day, our support group was talking about the things that we wanted to achieve. I hadn't thought about these things for a long time – I was scared, as I thought the things I had wanted to do before I learned I was living with HIV would no longer be possible – I had wanted to go to university and become a teacher, but I thought those dreams were over.

That day though, I realised that all the dreams and hopes I had before were still possible – I could finish school, go to university and become a teacher if I wanted to. I felt so happy that day. I went home and made a plan – our group leader said that making a plan to achieve small steps towards the future I wanted would help me see that it was achievable. My plan included things like making a little purse to keep my ARVs in, buying a diary where I drew a circle each day to remind me to take my pills (when I had taken them, I turned the circle into a smiley face) and going to enroll in school.

To start with, it was hard to go back to school but I stuck at it and worked much harder than before so that I could catch up. Now, I am top of the class in most of my subjects and my teachers have said that I'll definitely get a place at a good university. I know now that I can achieve all my dreams and aspirations.

Have a discussion about Elizabeth's story:

- How did Elizabeth feel when she first found out that she was living with HIV?
- Have you ever felt any of those feelings?
- How does she feel now?
- What helped her to feel better?
- How does this story make you feel? Are there any changes you could make to help you feel better and more positive?

Attitude check – how we feel about…

Place three cards on the wall or floor (far apart) – AGREE | UNSURE | DISAGREE

Ask the group the following questions, one by one. At each question, individuals must stand beside the AGREE| UNSURE | DISAGREE card in the room. After each question ask 'Why did you make this decision?'

- My family influences me the most.
- My friends influence me the most.
- My teachers influence me the most.
- The TV/social media influences me the most.

All these different influences can either be beneficial or harmful. By recognising the different influences and resources around us, we can embrace the positive influences and opportunities to help us in achieving our dreams and aspirations.

Influences, barriers and facilitating factors can fall under a number of different categories, including personal, family, social, health and financial – amongst others.

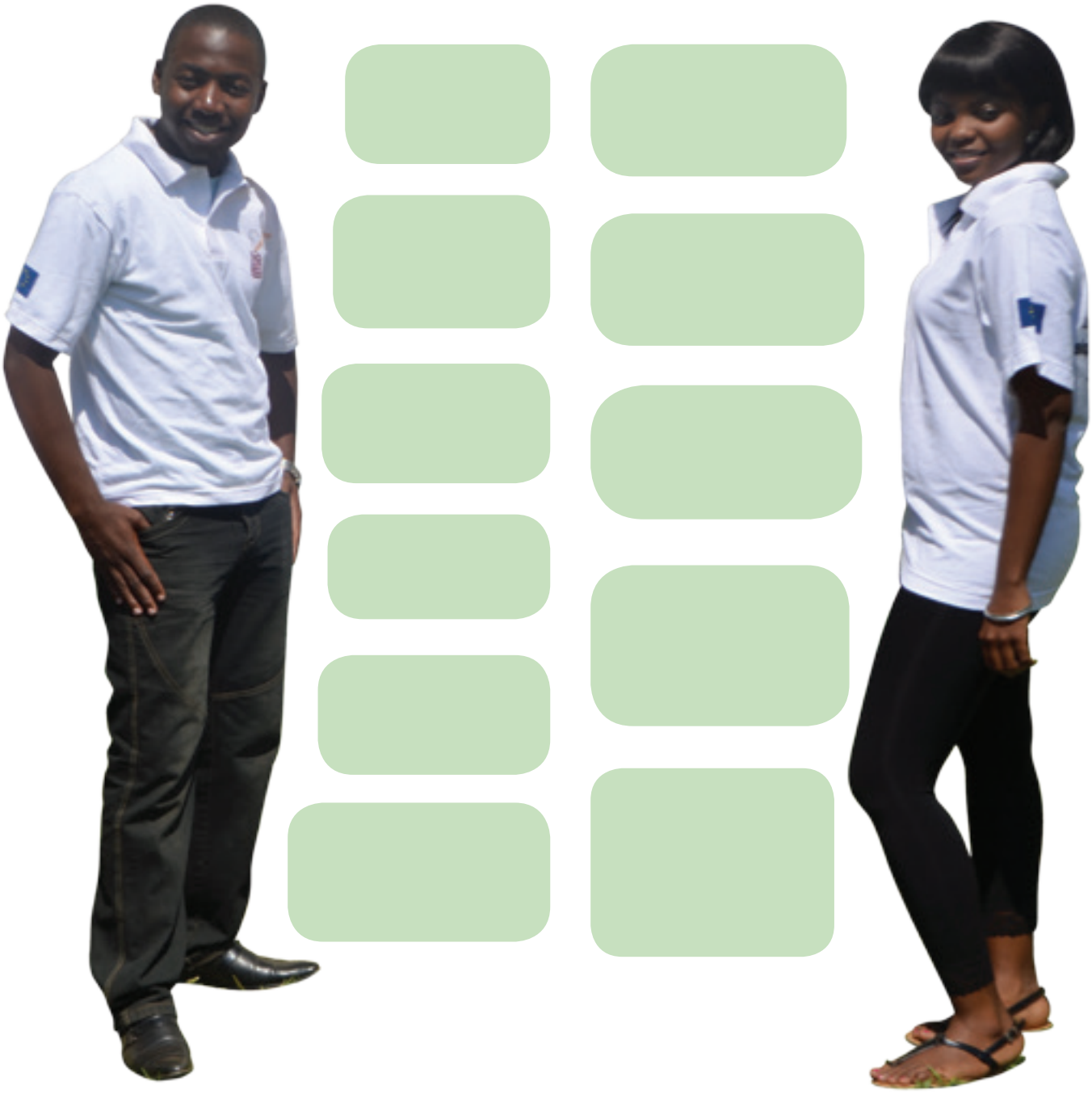
The table below indicates some examples of potential positive and negative influences and situations that people might face. Share and discuss with the group. It is on page 49 of the workbook.

Category	Facilitating Factor	Potential Barrier
Personal	Having an 'I CAN' attitude to life – being confident that you can do something is the first step to achieving it.	Low self-esteem and low self-confidence – setting small goals and steps and achieving them helps us to feel self-pride again
Family	When your family knows that you are living with HIV and is supportive.	Stigma in the family – encourage family members to attend sessions with your doctor and a support group, they will understand HIV better and be more supportive and open.
Social	Having a personal contact or knowing someone in the profession that you want to join can be a source of great advice – and you may be able to gain work experience with them.	Stigma and discrimination related to HIV or gender can cause barriers or obstacles to realising dreams and aspirations – knowing your rights can help you overcome this barrier.
Health	Living with HIV will give you an incentive to learn about health, HIV and wellness. Become an expert and use your knowledge to help others.	Living with HIV may make it harder to do some jobs, such as those that require long periods away from your home. Taking your medicines exactly as your doctor prescribes and monitoring your health will help to ensure that you stay healthy and can manage your infection.
Financial	By knowing what you want to achieve you are in a better position to plan ahead – research well in advance to see what opportunities are available to you.	Not having enough money to go to university or start a business is a barrier that many people face, not just PLHIV – look for free training courses offered by many organisations and internships offered by businesses to help you gain experience and skills without major costs.

My Wish List!

Now ask the group to write out their wish list for their future. All the dreams they have in these different areas. Use the template over the page, it will be easier for those who find it hard to write a lot. Their dreams do not need to be across all areas. This diagram is on page 50 of the workbook.

My wish list – my dreams and aspirations



Conclude the session by asking the group to list the most important things they have learned from it. Write up their comments and add some reflections of your own. Always look for the positive in any situation!

Never let go of your dreams!

SESSION 4.3 We Can Be What We Want, Who We Want

TIME: 1 hour 30 minutes

Session Objectives:

- Understand that jobs are not gendered, and have some local role models to motivate them and discuss various career paths and the future

We can set ourselves goals for the different parts of our lives – our personal lives, our school lives, our professional lives, our relationships, our family lives, our social lives… We often find that we are setting goals without even realising it, for example, telling ourselves that we will do more exercise, or eat more healthily.

However, for goals to be effective – and to help to make sure that we actually achieve what we want to achieve by realising them – we should learn to always set SMART goals. SMART goals are (put this on a chalkboard or flip chart for the group):

Specific – this means that the goal is very clear and simple and focused on one thing.

Measurable – this means that there should be a clear way of knowing whether the goal has been achieved or not, or to what extent.

Achievable – must be something that realistically can be achieved (not too easy, not too hard)

Relevant – is in line with what you actually want to achieve, your passions and what is important

Time-related – you must say when you want to achieve it by .

An example of non-SMART goal might be:

I will take my ARVs more regularly.

An example of a SMART goal would be:

I will take my ARVs immediately after breakfast every day

Setting SMART goals helps us to really think through what goals we want to achieve and how we will achieve them.

In buzz groups agree at least one goal for each category below and share you goals with the wider group. In plenary help each group to make their goals SMART. This is on workbook page 51.

In my personal life, I would like to:	
In my social life, I would like to:	
In my family life, I would like to:	
In my community life, I would like to:	
In my professional life, I would like to:	

Review the time-lines of the goals and ask the group to identify short, medium and long term goals, write them on flash cards and stick them under each heading.

Draw the following table on the board or on a flip chart. It is on page 52 of the workbook.

	Social expectations	Problems
Boys/Men		
Girls/Women		

Ask the group what society expects from boys/men and girls/women in their community. List all the responses in the spaces in the 'social expectations' column of the table. Build from the previous value voting activity. For example, women may be expected to take care of the home and men may be expected to earn money for the family; girls may be expected to start a family when they are still young, and boys may be more likely to complete their education than girls.

There are some characteristics that may be expected of boys/men and girls/women too, such as girls being expected to be caring and understanding; and boys/men being expected to be tough and brave. List any of these differences too.

The different roles and expectations that our communities or societies expect of girls/women and boys/men are examples of gender inequality. Now ask the group if any of these different gender roles and expectations – or inequalities – create any problems or challenges and if so, why? Fill out the 'problem' column of the table. Again, there is space for the group members to do this in their workbooks as well.

Have a group discussion about this:

- Where do you think these different expectations for girls and boys come from?
- Can they be changed?
- Can you think of any examples of social expectations that have changed over time?
- What can we do to change them?

Group work – Get some magazines and/or newspapers and ask the group to cut out pictures of their favourite role models. Give them boards to glue them onto, or a flipchart to pin up the pictures. Add to the list by mentioning famous men and women who perhaps do unusual jobs – caregivers and clothes designers who are men, women who are doctors, business people and engineers. *Find someone in the local community who can talk to the YPLHIV as a role model.*

Don't let your dreams be only dreams!

What have I learned about planning for a positive future?

Time: 20 minutes

Session objectives:

- To reflect on learning about having dreams and goals, and gender roles and expectations.
- To encourage the development and maintenance of healthy behaviour and to change unhealthy behaviours.

Based on the information discussed across the two sessions and the learning that has taken place, ask the group to give answers to the following:

1. What is the most important piece of information that you have learnt from the sessions in this unit?

2. Why or how is this information important to you?

3. How does this information help you to change your behaviour?

HIV IS JUST PART OF MY JOURNEY!

Ask the group to make a poster that reflects all the different part of their lives and their future showing that 'HIV is just part of my Journey' and that there is so much more to life than their HIV status. Ensure everyone in the group has a part in producing the poster.

Commit!

What commitment are you going to make to yourself based on planning for your positive future? (You will not be expected to share this with the group.) This activity is on page 53 of the workbook.

Write your commitments in the space below.

I commit myself to the following things:

.....

.....

.....

.....

.....

UNIT 5: Healthy Relationships, Healthy Future

After completing the unit, YPLHIV will:

- Further explore issues to do with relationships that can stop them or help them to achieve their dreams.
- Understand that there are different types of relationships, and know the good ones from the harmful ones.
- Have some skills to avoid or get out of harmful relationships.
- Make informed decisions on their relationships.

SESSION 5.1 Building Healthy Relationships

TIME: 2 hours

Session Objectives:

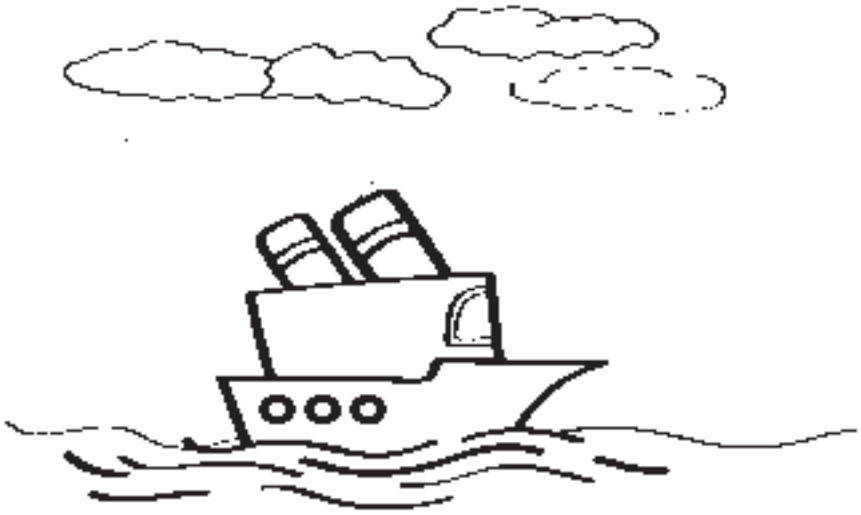
- Further explore issues to do with relationships that can stop them or help them to achieve their dreams.
- Understand that there are different types of relationships, and know the good ones from the harmful ones.

Start with a question to the group and open a discussion on:

- Why do people get into relationships?
- What are the different types of relationships that YPLHIV find themselves in?

List the responses on the board or flipchart.

Draw the following simple picture of a ship on a flipchart (best to do this before hand!). Point out that there is certain things that keep a ship afloat and moving (ask them then share, calm seas, fuel, a solid hull or base) just as there are certain things that keep a relationship afloat. This is on workbook page 54.



Now ask for an example of something that is necessary for a strong or healthy relationship, e.g. respect, and write it on the hull or base of the ship. Also point out that there are certain things that can ruin a relationship just as stormy seas, poor maintenance or bad weather can sink a ship. Ask for an example, e.g. dishonesty, and write it in the water beneath the ship.

Divide the participants into six groups and give each a sheet or flipchart or space on board with one of the following headings:

1. Peer
2. Social
3. Work
4. Sexual/ romantic
5. Family
6. Community.

Each group must do the following (give them 15 minutes only):

- Draw a picture of the ship (unless you have done this already).
- Identify at least five things that help make their relationship type successful and write these on the hull.
- Identify at least five things that can damage or destroy a relationship and put those words beneath the ship.

Review all the ships and discuss the different types of relationship and what can support or destroy them.

In buzz groups of three, ask participants to brainstorm common places where YPLHIV meet and list these on the board or flipchart. Ask the group what makes a friendship important to them. Ask them how they feel about having friends and different kinds of friends. Ask about friendships between HIV positive and HIV negative young people.

Share the following:

What is Peer Pressure?

Being part of a group is important when growing up. However, there is sometimes a need to be like the others when in a group. When the groups behaviour becomes dangerous, such as taking drugs or alcohol you can be under pressure to do the same. This is called peer pressure and often results in risk taking. Peer pressure can also be positive, e.g. in a church group where YPLHIV help each other to delay first sex, or to wait till marriage.

Now explore the participant's own experiences with peer pressure with the attitude check.

Attitude Check – how we feel about…

Place three cards on the wall or floor (far apart) – AGREE | UNSURE | DISAGREE Ask the group the following questions, one by one. At each question, individuals must stand beside the AGREE | UNSURE | DISAGREE card in the room. After each question ask 'What was your experience?'

I had sex because everyone else was doing it.

- Sex with your cousin or other family member is fine.
- I hate being left out of group activities.
- Alcohol is cool.
- Smoking is cool.
- It is okay to date much older guys/much younger girls.

The question should encourage experience sharing. Flip the experiences and ask the group to suggest ways to cope with peer pressure. Produce a list or guide for the group so they all have ways to cope better. *This is an example of positive peer pressure!*

Split the group into same-sex pairs or small groups. Tell them you are going to talk about dating (YPLHIV will have different terms for this, such as 'hook-ups'. Get to know the language for YPLHIV where you are. Give each group just one of the following questions (if possible have more than one group discuss a question and again, one group of girls and one of boys on each question).

- Why would you go on a date?
- What are the advantages of dating?
- What can go wrong on dates?
- What would you expect from a person you go on a date with?
- How would you want that person to behave?

Ask the group to give reasons for their answers as you share and discuss. Now issue them each a quiz/ questionnaire as follows . It is on workbook page 55.

Asking for a date

1. What is the best way to ask for a date?

   a. phone b. face to face c. via a friend d. letter e. invite to a party f. other??_____

2. Who should ask for a date?

   a. boy b. girl c. either d. friend on persons behalf e. other _____

3. How soon / when does a person ask for a date?

   a. when you only just met to get to know them b. when you have been friends for a while c. for a special occasion such as a party d. other _____

4. Where is the best place to go on a first date?

   a. cinema b. discos/dance c. party at someone's house d. school event e. to play sport f. for a walk g. to a bar h. on a youth group outing i. other _____

5. What is the best way to get to and from the place you are going for your date?

   a. relative or friend can drop you and pick you up again b. walk c. use public transport d. go together e. meet at the place f. other _____

Share the answers and discuss.

Role Play!

End with a fun role play activity. Using the he say, she says sheets over the page – ask the group to role play the different answers with each other.

You are your love of a lifetime!

Role play some of these scenarios to help young women reduce their risk in relationships. These can be found on workbook page 56.

He says…	**She says…**
Why wait? Everyone else is having sex	I don't care what anyone else is doing. I'm not ready yet. Waiting shows you respect me and my choices so I respect you too
I don't like the feel of condoms	We can't have sex without a condom but we can try other types of condoms till we find one we both like.
I'll pull out in time – don't worry	Pulling out isn't safe. I could still get pregnant. And what about STIs and HIV re-infection?
You say you love me, so why won't you have sex with me?	I do love you but that doesn't mean we have to have sex. There are lots of other ways we can enjoy our love for each other
I don't have a condom – but this one time won't matter	We can't risk it. I could get pregnant this one time – and what about STIs and HIV re-infection?
It kills the moment when I stop to put a condom on	Putting the condom on can be part of having sex – what if I put it on you?
We've been together six months. How long do I have to wait?	It doesn't matter how long we've been together. I'm not ready for sex yet. Respect me by waiting
I'm so turned on – I can't stop now	We have to stop, no matter how turned on we are. No condom, no sex! But we can do other stuff – like use our hands on each other

Role play some of these scenarios to help young men reduce their risk in relationships.

She says…	He says...
I'm on the pill so we don't need to use condoms	Condoms are safer. The pill only protects against pregnancy, not STIs or HIV. We should both go for STI testing before we stop using condoms
Why do you want to use a condom? Don't you trust me?	I do trust you but condoms are the safest way to prevent pregnancy and STIs. We're not ready for children so we can't risk it
I've just finished my period so I can't get pregnant	Women can release new eggs soon after finishing their period – so there's still a chance of pregnancy now
I've never had sex before so I can't get pregnant this first time	That's a myth. You can get pregnant the first time you have sex – it's not worth risking it
Why don't you want to have sex with me – don't you fancy me?	I do fancy you and I respect you – that's why I want us to wait until we're both ready
Only people who sleep around use condoms. Is that what you think of me?	That's not true. People use condoms because they're the best way to prevent unplanned pregnancy and STIs. Using them just makes good sense
I love you and I want to show you by having sex with you	Having sex doesn't show that we love each other. Respecting each other's choices does!
My friend isn't using condoms and she hasn't got pregnant	Some people get pregnant more easily than others. And what about STIs? Your friend is taking a big risk. Encourage her to use condoms – she's just been lucky so far

SESSION 5.2 Overcoming Unhealthy Relationships

TIME: 2 hours

Session Objectives:

- Build skills to avoid or get out of harmful relationships.

The first step is to recognise unhealthy relationships (what?). Ask the group for examples of relationships that are unhealthy. They should build on the work from Unit 4. List the examples on the board or flipchart.

Now ask the group why these relationships happen? How or why do people end up in such relationships? List the answers.

Remind the group of their efforts in Module 1 on good decision-making. Ask them to recall the 3Cs and what DECIDE means. If gender has come up, ask the group how gender can affect relationships negatively. If not, ask the group what they understand by gender. Use the definition below.

Gender refers to the characteristics, and emotions, that we most commonly associate with being male or female. It helps us understand the different needs of women and men, boys and girls. Whereas sex is whether you are biologically male or female, gender is the social construction of what it means to be male or female and differs in different cultures and across the generations and may change over time.

If the term culture has come up, ask the group how culture can affect relationships negatively. If not, ask the group what they understand by gender. Use the definition below.

Culture refers to the ideas, customs and social behaviour of a particular people, group of people or society. Culture is dynamic and changes over time.

Ask the group to look at the table and discuss for a minute or two with the person next to them. Fill it in together on the board or flipchart. Encourage the group to think about gender expectations and cultural practices and beliefs. Then think about whether any of the differences – or inequalities – create any problems or challenges – why? Write these in the 'challenges' column of the table.

Who	Social expectations	Challenges
Boys/Men		
Girls/Women		

In smaller groups, ask the participants to complete the activity below by listing any examples of the different types of abuse or violence you can think of – and highlighting any connections with gender inequality for each. Before they do this, discuss what each type of abuse means. This table is on workbook page 57.

Type of Abuse	Examples	Links to gender inequality
Physical abuse		
Verbal/ mental/ emotional abuse		
Sexual abuse		

Before closing ask the group to think of culture practices in their area that can protect us and stop these things from happening (these can be new or old – remember culture changes)

Attitude check – how we feel about…

Place three cards on the wall or floor (far apart) – AGREE | UNSURE | DISAGREE

Ask the group the following questions, one by one. At each question, individuals must stand beside the AGREE| UNSURE | DISAGREE card in the room. After each question ask 'Why did you make this decision?' and 'Are there any risk factors to our health here?'

- Early marriage and underage marriage is part of our culture and we cannot change it.
- Wife inheritance can spread HIV.
- Polygamy is safe from HIV.
- There is nothing wrong with virginity testing.
- Women in our community use traditional herbs during sex.
- Male dominance puts women and girls at additional risk for gender-based violence, unintended pregnancy HIV and other STIs.

When reviewing the answers ensure the groups know the risks and why.

Your relationships can only be as healthy as you are!

In buzz groups ask participants if they were facing any of these types of violence or abuse (or knew someone who was), what would they do and where would they go for help?

.....
.....
.....
.....

Divide the participants into five groups and give each group one of the following scenarios. The group should review what is happening and identify:

- What type of relationships we are talking about (using the categories from session – Peer, social, work, sexual/romantic, family, community)
- What is unhealthy about the relationships in the story? What are the risks in the story?

Scenario 1: You have recently succeeded in giving up smoking weed (marijuana). At a party one weekend your good friend offers you a joint (marijuana cigarette). She/he is very persistent and says 'just this last time'. You know very well the high feelings you can get from weed, it makes you feel high and confident. But you know that if you start again it may take a while before you can give up. Your friend is really insistent and makes you feel like you are boring!

Scenario 2: You love your boyfriend, he knows your HIV status and he still says he loves you as you can use condoms when you have sex and if you take your medicine correctly the risk is low. But you are not ready fro sex, nowhere near it. You wonder if you will ever meet another guy like him. He presses and presses for sex, sometimes he is very rough with you, calling you names and knocking you around a bit, especially when he is drunk. But he always says sorry afterwards and that he loves you.

Scenario 3: At a party your friends start drinking and you do too. A guy you like buys you a drink, you are excited at his attention. The next thing you remember is waking up in his room undressed. You cannot remember going home with him or consenting to sex.

Scenario 4: At school there is a group of boys who always whistle at the girls when they go past. This is mostly fun, but sometimes they grab the girls. Sometimes they call one of the girls ugly (one girl even cried). When girls have their menses it is even worse, sometimes the girls at school skip classes when they get their period. The boys call them all sorts of names.

Scenario 5: You recently disclosed your HIV status to your family. Not everyone liked this, in fact your uncle says you must NEVER mention it outside your home. You notice that you are rarely sent to the shops these days and that you have to ask for pocket money when before you used to get it for doing chores. Last week your aunt gave you a plate and a cup, a spoon and a towel and said that you must use only these items and not those of the rest of the family. You feel that your family do love and care for you, as you are clean and well fed, which many other YPLHIV are not.

Discuss the scenarios, ask the group how they can avoid such negative relationships or make them better. Summarise their comments and add some feedback of your own.

SESSION 5.3 Why Relationships Today Affect My Future Tomorrow!

TIME: 1 hour

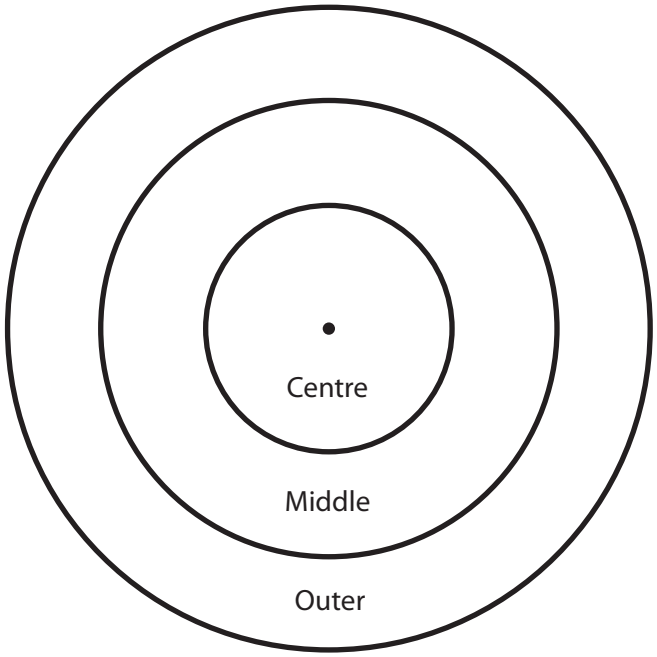
Session Objectives:

- Make informed decisions on their relationships
- Be more in control of their relationship choices.

Start with a recap of all the things participants can remember that can affect their futures. Make a list.

Some of these issues are within the group's control (it is their decision or choice), some they can influence (get other involved or share information, be proactive) and some are out of their control (participation is forced).

Draw three concentric circles on the board or flipchart- make the central circle large and the two outer rings smaller). The inner circle is called 'in my control', the middle circle is called 'things I can influence or change' and the outer circle is 'things I cannot control or influence'.



Centre: What I can control about my relationship risk

Middle: What I can influence to reduce my relationship risk

Outer: Issues out of my control on relationships

Ask the group to review the list again and write each separate issue onto a flash card or piece of paper. Ask the group to stick that issue into the circle that best suits the issue. This is on page 58 of the workbook.

Once this is done, review and check that all the BIG issues are there (early sex, unprotected sex, alcohol and drugs, peer pressure, date rape, etc. etc.). Start with the inner circle and discuss and affirm how it is a choice they make and so they can change it by choosing differently.

Then move to the middle ring. Ask questions. It is most likely that they can control these issues. Ask the group to suggest. You will find that many, if not most of the issues are moved into the middle circle.

Finally go to the outer circle – are there really ANY issues out of their control (for example, rape by a trusted person or family member can be harder to avoid).

At the end of the exercise, the participants should feel like they can have more control over their lives. Ask them the consequences of not taking more control. Ask them what will happen to their dreams and aspirations. Close by asking each member to give a few encouraging words to another group member, to help them with their healthy relationships for a healthy future.

What have I learned about unhealthy relationships and staying safe?

Time: 20 minutes

Session Objectives:

- To reflect on learning about health relationships, peer pressure and gender-based violence.
- To encourage the development and maintenance of healthy behaviour and to change unhealthy behaviours.

Based on the information discussed across the three sessions and the learning that has taken place, ask the group to give answers to the following:

1. What is the most important piece of information that you have learnt from the sessions in this unit?

2. Why or how is this information important to you?

3. How does this information help you to change your behaviour?

HIV IS JUST PART OF MY JOURNEY!

Ask the group to write a song together about relationships that shares this message and some of the lessons from the sessions in this unit.

Commit!

What commitment are you going to make to yourself based on what you learnt about healthy relationships and your future? (You will not be expected to share this with the group.) This is on page 58 of the workbook.

Write your commitments in the space below.

I commit myself to the following things:

……

……

Review of Module 2

Complete this Module Review Sheet. You can also use it later to ensure the learning is sticking or to revise with people who miss sessions. Use it as a quick quiz.

Session	Review issues
Planning for a Positive Future	
Values and Vocation	How do your values support your vocation? Can employers discriminate because of a person's HIV status?
Dreams and Aspirations	Name at least three barriers to a good future. Name four facilitators of a good future.
We can be what we want, who we want	Are there jobs that YPLHIV cannot do? Are there jobs that young men or young women cannot do? What does SMART stand for?
Healthy Relationships, Healthy Future	
Building healthy relationships	Name three signs of a healthy relationship. Name three signs of an unhealthy relationship. Give two examples of how to cope with peer pressure.
Overcoming Unhealthy relationships	What are some of the social expectations on young men and young women? When can culture be harmful? Can culture help? How?
Why relationships today affect my future tomorrow!	Are there relationship issues outside of your control that put you at risk? Name some. Are there relationship issues you can positively influence? Name some. Are there relationship issues within your control (you can decide) to keep you safe? Name some.

Module 3:
iProtect

Module 3: iProtect

Overview

Participants have explored their identity, community, culture and their dreams, as well as the barriers to achieving them, but not the details, especially on good health, of how they will achieve their goals. ***iProtect*** asks "How will I get there?" and focuses on empowering YPLHIV to realise their sexual and reproductive health and rights, take responsibility for their future, their health and that of their loved ones – no reinfection, no onward transmission and avoiding common challenges that can hold back a planned future. '**HIV ends with me!'.**

Preparation: When preparing to take YPLHIV through Module 3 you will need the following:

- Pencils & rubbers
- Coloured markers
- Paper and card
- Mirrors
- Flip chart / blackboard or big pieces of paper
- Sticki-stuff (Bostick or Prestik or other) and/or tape
- A room or open space to work in
- Some dress up stuff for role play if possible
- Workbook Part 3: iProtect.

Overall Purpose: To provide YPLHIV with information to realise their sexual and reproductive health rights as YPLHIV and as valuable family and community members.

Overall Objectives: By the end of Module 3 YPLHIV will know about:

- Their own risk status with regards to their health and management of HIV in their bodies.
- How to prevent pregnancy, STIs and HIV reinfection.
- The importance of adherence to treatment and how to improve their own treatment adherence.
- Safe disclosure and issues concerning discordant couples.
- The risks of alcohol and substance abuse as YPLHIV.
- Their SRHR.
- Be able to negotiate safer sex.
- Tackle stigma and discrimination.

The key message in this module is: HIV ends with me!

There are two units and a Module Review Sheet to complete before moving to Module 4. These are outlined below:

Unit	Title	Learning Sessions	Time needed
6	Prevention and Protection	• Making choices about having sex • How girls get pregnant • Decision making and pregnancy options • Preventing unintended pregnancy • STIs and HIV reinfection prevention and condom use • Living with HIV • Substance abuse • Sexual abuse & date rape	8 hours for the unit
7	My Rights and My Responsibilities	• My rights and my responsibilities • Disclosing my status • Serodiscordancy	4 hours
Module 3 Review Sheet			

UNIT 6: Prevention and Protection

After completing the unit, YPLHIV will:

- Make better health decisions.
- Know how to prevent pregnancy, STIs and HIV reinfection.
- Understand the role of treatment as prevention, the importance of adherence to treatment and how to improve their own treatment adherence.
- Know the risks of alcohol and substance abuse as YPLHIV, with regard to HIV prevention and protection.
- Understand sexual abuse and date rape.

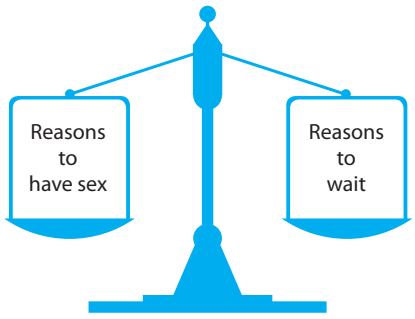
SESSION 6.1 Making the Right Choices about Having Sex

TIME: 1 hour

Session Objectives:

- To look at how YPLHIV choose to start having sex and examine reasons for and against having sexual intercourse as an adolescent.
- How pregnancy happens.
- Understanding the options if one becomes pregnant.
- Practice making good decisions
- Motivate participants not to get pregnant.

Explain to the group that this session will focus on sexual decision-making, as early sexual debut and unprotected sex are the high-risk activities for HIV and health. Show them the diagram of the scale below and explain that the scale represents two choices young people can make about having sexual intercourse – either to have sex now (as a teenager) or to wait.



Then divide the group into two (if number is very large break them up again and have some groups cover the same questions). Give each group a flipchart/ paper or place to draw and write. Ask the groups to answer one of the following and write their answers on the flipchart paper. See workbook page 62.

1. Brainstorm all the reasons and arguments why a young positive person would say NO to sex now.
2. Brainstorm all the reasons and arguments why a young positive person would say YES to having sex now.

Give the groups 10 to 15 minutes to complete the task.

Review the two lists together. Is there anything missing? Use the table below to fill in any gaps together.

Reasons for saying YES	Reasons for saying NO
To stop pressure from friends/ partner	To follow religious beliefs or personal or family values
To communicate loving feelings in a relationship	To wait to be ready for intercourse
To avoid loneliness	To keep romantic relationships from changing
To get affection	To avoid pregnancy
To avoid others thinking they don't want to have sex because they are HIV positive	Afraid of passing on HIV
To get/receive presents and gifts	Afraid of disclosing HIV status, effect of disclosure on relationship
To receive and give pleasure	To avoid hurting parents
To show independence from parents and other adults	To avoid hurting reputation
To hold onto a partner	To avoid feeling guilty
To prove you are an adult	Early/previous sexual abuse
To become a parent	To reach future goals
To satisfy curiosity.	To find the right partner
	To wait for marriage.

Now let's see how the group *feels* about each reason, making links to their own values. Do this interactively as there might be safety in numbers on this one.

Attitude check – how we feel about…

Place three cards on the wall or floor (far apart) – AGREE | UNSURE | DISAGREE

[For this exercise explain that AGREE= 1 = an extremely good reason; UNSURE = 2; DISAGREE = 3 not a very good reason]

Call out each of the items on the YES column and ask the group to vote. At each vote ask members of the group to share why they gave that answer.

Overall, which side of the scale do you think has better reasons? Why?

Do young men and young women have the same or different reasons for having and not having sex?

What are the differences?

After the discussion, remind the group that for many young girls in sub-Saharan Africa, their first experience of sex is forced. This means they are unable to exercise their rights to: have sex when they choose to (or not); to have safer sex (by using condoms); and to choose when to have children (by protecting themselves from unintended pregnancy).

Sub-Saharan Africa has the highest rate of teenage pregnancies in the world; in some countries, as many as 299 births per 1,000 are to girls below the age of 19. Early pregnancy exposes these girls to the risk of death or permanent injury and ill health, because their bodies are not yet ready for childbearing. Also when girls have sex for food, clothing, gifts or school fees as a result of poverty, they are not in a position to negotiate for safer sex and thus expose themselves to risk.

Young girls need to understand how pregnancy happens in order to understand the actions they must take to prevent unintended pregnancy. Ask the group to explain how pregnancy happens. Supplement their answers with the information below.

How pregnancy happens:

Once every menstrual cycle, one ovary releases an egg (ovulation). If the woman has unprotected sex at this time or in the days immediately before it, she may become pregnant. When the mature egg leaves the ovary, it begins to travel down the fallopian tube towards the uterus. It only lives up to 24 hours, but sperm can stay alive for up to five days, once past the cervix. After the man ejaculates semen into the woman's vagina, the sperm contained in the semen begin to swim towards the egg. They swim up through the cervix, into the uterus and then into the fallopian tubes. If sperm find the egg, one of them may enter it. This joining of sperm and egg is called fertilisation. The fertilised egg then begins dividing its cells in the fallopian tube, as it travels down the tube to the uterus. When it reaches the uterus, it settles into the lining. This is called implantation, or conception. Once the egg has implanted, the woman is pregnant.

If the couple has unprotected sex, but the man does not ejaculate, some sperm may still enter the vagina in the pre-ejaculate. The pre-ejaculate is the small amount of fluid that comes out of the penis before ejaculation. Although this fluid, which comes from the Cowper's gland, does not naturally have sperm in it, it may contain sperm from a recent ejaculation or sperm may be leaked into the fluid before it leaves the body.

There is no time in the menstrual cycle when there is no risk of pregnancy following unprotected sexual intercourse, particularly in an irregular cycle. Conception has been recorded as occurring on all days in a cycle. This is because although menstruation and ovulation are two separate processes that are supposed to follow one another, sometimes the timing may overlap.

The following may help, in case you get some complicated questions.

Special cases of pregnancy:

Tubal pregnancy happens when the fertilised egg remains in the tube and begins to grow. This can happen for different reasons, e.g. if the tube is blocked. If the foetus begins to grow in the tiny tube, the tube can burst. This is very dangerous and must be treated in a hospital as an emergency. If the tube bursts, the woman will lose the tube and may even die. The pregnancy cannot be carried to term. Signs of a tubal pregnancy include sharp pains in the abdomen, shoulder or neck, severe pain on one side of the abdomen, and light to heavy bleeding.

Multiple pregnancies including twins. Twins are formed in two ways. Sometimes a fertilised egg splits into two and both develop into foetuses, resulting in identical twins. They are identical because they come from the same fertilised egg and therefore have the same genes. They are always the same sex; either two boys or two girls who look alike. The other way is when two eggs are released during ovulation; the eggs are fertilised by two different sperm cells. These are called fraternal twins and may be either two girls, two boys or a girl and a boy; these twins do not look identical.

If a fertilised egg splits, but remains partially joined, the babies are then born joined together (**conjoined** or '**Siamese' twins**). They usually have to be separated by an operation but sometimes the babies share major organs and cannot be separated.

Sometimes, one twin degenerates, except for one or more limbs, which end up attached to the other twin; this is one reason why babies are sometimes born with more limbs than usual.

Activity: How Pregnancy Happens

Objective: To discuss the process by which pregnancy happens and to provide information on emergency contraception to reduce the risk of pregnancy if they have unprotected sex, a condom burst, or are raped.

Time: 20 minutes

Preparation:

1. Write the following in large letters on ten pieces of A4 paper or print each in large letters on a piece of paper and then mix them up so they are not in order:

- Unprotected vaginal sex
- Ejaculation in the vagina
- Sperm travel through the cervix into uterus
- Sperm travel through the uterus
- Sperm travel up the fallopian tube
- Sperm meet the egg
- One sperm enters the egg
- Fertilised egg is moved down the fallopian tube
- Fertilised egg reaches the uterus
- Fertilised egg attaches to the uterus.

Note to Facilitator: Find out about the availability of emergency contraception in your country. Is it only available in clinics or can you also purchase it over the counter in a pharmacy? Are there any restrictions on its availability?

Tell participants that in this activity they are going to learn about how a woman gets pregnant. Ask for 10 volunteers (try to get an equal number of males and females) and ask them to come to the front of the room. Give each volunteer one of the cards you prepared and tell them:

The process that leads to a pregnancy is written on these cards in steps. You have two minutes to put yourselves in the correct order so the cards correctly describe how a woman gets pregnant.

Tell the rest of the participants to observe how the group does the task.

When the volunteers are in order, ask the others to review the final order and help them to get it correct. The correct order is as shown in the original list above. When the order is correct, post the cards on a wall.

Now, ask the participants the following questions – see page 63 of the workbook.

- How long is it between step 2, ejaculation, and step 3, sperm travelling through the cervix? (Answer: A few seconds.)
- How long can sperm live once ejaculated into the vagina? (Answer: sperm can survive can up to five days once past the cervix. Once there, they cannot be washed away. Trying to wash out the sperm can actually push the sperm further up into the vagina and closer to the cervix).
- How long is it between step 7, the fertilisation of the egg, and step 10, the egg implanting in the uterus? (Answer: five or six days).
- Is there ANYTHING you can do in those five days after unprotected sex that could help prevent a pregnancy? Probe: Have you ever heard of emergency contraception? The 'morning after' pill? (Answer: You can take emergency contraception.)

Emphasise that **emergency contraception** is the ***only*** method you can use to help prevent an unintended pregnancy ***after*** sex. Also emphasise that NO contraception is 100% effective and there is ALWAYS a pregnancy risk.

Note to Facilitator: If any myths about other ways to prevent pregnancy after unprotected sex come up, make sure to correct them.

Next, ask: What do you know about emergency contraception? Praise correct responses and use their answers to lead into the next step. Ask one or more participants to read the points.

Ask participants the following questions to generate discussion and bring out key points:

It is for **emergencies**. What is an 'emergency'?

- When a condom bursts
- If you are raped or forced to have sex
- If you did not use a condom or other contraception
- If you did not use your contraception correctly.

It is **only** for emergencies. So if you are going to have sex and do not want to get pregnant, what should you do? (Answer: Use a condom or other contraceptive method to prevent pregnancy).

But if you ***do*** have unprotected sex for any reason and you do ***NOT*** want to get pregnant what should you do? (Answer: Go to a clinic (or pharmacy) **as soon as possible** to get emergency contraception). You have up to five days after unprotected sex to use emergency contraception effectively but the sooner you take it, the better.

Tell participants that they will learn more about protecting themselves in future sessions. Ask if they have any questions about pregnancy and discuss them. Use the Facilitator's Information below to help you answer their questions.

Ask participants to summarise what they have learned from the activity. Add any of the following points that are not mentioned.

- Pregnancy can happen if a female and male have unprotected sexual intercourse and the man's sperm fertilises the woman's egg.
- An unintended pregnancy can result from vaginal sex without protection; from not always using contraception correctly; and sometimes when contraception fails.
- The **only** method you can use to help prevent an unintended pregnancy **after** sex is emergency contraception.
- Emergency contraception can help prevent pregnancy when someone has unprotected sex, when a condom bursts or when someone is raped.
- Emergency contraception should be taken as soon as possible after unprotected sex; it must be taken no later than five days afterwards.
- Emergency contraception does not prevent re-infection with HIV. High risk YPLHIV can consider using PrEP to avoid reinfection. This is covered in session 6.4.

Read the scenario below aloud to the group. Then divide them into groups, preferably, separate boys and girls. Ask each group to use the 3Cs model (Challenges, Choices and Consequences) previously discussed in Sessions 1.3 and 2.1. to look at the issue. Then come together in plenary and do a round-robin feedback on each of the three Cs (ask each group in turn. They should not repeat a point already given by a previous group). Once all the Cs have been discussed, ask the whole group to review points 4, 5 and 6. See page 63 of the workbook for this activity.

Scenario

You and your boy/girlfriend had unprotected sex some time ago. Now you have discovered that you/your girlfriend is pregnant. What should you do as an HIV positive couple?

1. What is the CHALLENGE that you are faced with?

2. What are your CHOICES? Think about these and write three of them in the space below.

Choice 1:

_____

Choice 2:

_____

Choice 3:

_____

What are the CONSEQUENCES of each choice you have written down? Write these in the spaces below.

Choice	Positive Consequences	Negative Consequences
1		
2		
3		

4. What is your decision?

5. Why did you make this decision?

6. How did your values influence the decision you made?

You are the choices you make; make good choices!

Make sure the issue of emergency contraception and post exposure prophylaxis and PMTCT come out in the discussion.

Unprotected sex has several consequences. We have already mentioned unintended pregnancy and emergency contraception that can prevent this.

Other consequences include: re-infection with a different strain of HIV; infection with other STIs; and in the case of a pregnancy that will be continued, there is need to access PMTCT services to prevent the unborn baby becoming HIV infected and to safeguard the health of the mother.

Share the key points below and the information in the fact sheet on the next page.

- It is an individual's choice whether or not to have sexual intercourse as a teenager. The person must make their own decision based on the advantages and disadvantages to themselves.
- Because we want to be liked and to fit in, we may be easily influenced by our friends, peers and media. Sometimes this leads us to make poor choices and decisions.
- Being cool and popular is fun but may challenge one's values. It may be unpopular to do what's right for you, but will give you more self-satisfaction in the long run.
- Being sexually aroused is normal and natural but you do not have to act on these feelings. Feeling aroused does not mean you have to engage in sexual activity!

Choosing to have sex is a serious decision. If you decide to have sex after thinking about it carefully, you need to protect yourself and your partner from unintended consequences, such as pregnancy, STIs and HIV, including onward transmission of HIV, and reinfection.

Options available to girls and women with unintended pregnancies

The options available to teenagers who become pregnant and who have passed the period when emergency contraception can be used are:

- Medical termination of pregnancy/abortion. (This may be legally restricted in your country. Facilitators should be clear about the local legislation before they start the training).
- Adoption.
- Single parenthood.
- Marriage.
- Fostering.

Non-medical termination of pregnancy/abortion

Non-medical or illegal termination of pregnancy (sometimes called 'back street abortion') is more common than many people realise and carries very high risks. Health risks include death and future infertility. The emotional and physical risks are higher than for legal, medical termination and the girl is less likely to be counselled before and after the procedure.

Facts to consider	*Some reasons for choosing abortion include:*
• Abortion is illegal in many countries, making it difficult to get it done safely. • Many religions do not support abortion. • Some people have very strong feelings for or against abortion. • Abortion may evoke emotional responses such as guilt, especially if the woman is not counseled or is rushed into making a decision, or if she is not counselled beforehand.	• To finish education. • To save the family name. • To keep the pregnancy a secret. • To please the father of the child • To pursue other goals. • To not raise a child in poverty. • To protect the mother's health. • In cases of rape or incest.

Adoption

There are two types of adoption: adoption in which the teenage mother or parents know the identity of the adoptive parents, and adoption in which they do not know the identity of the parents. Facilitators should check the legal conditions and requirements around adoption in their country.

Facts to consider:	*Some reasons for choosing adoption include:*

• The ultimate decision rests with the teenage mother.
• You have to sign legal papers. Once legal papers are signed, adoption becomes final. This usually takes three to four months after delivery.
• Giving up a child for adoption can be traumatic
• You may experience emotional stress or hardships after the adoption if you:
  ■ – Were forced into a decision.
  ■ – Kept it a secret and this is later found out.
  ■ – Be rejected by family or community.
	Termination of pregnancy is against the your beliefs or principles.
	You want to finish your education.
	You want to please your family.
	The child may have a better chance in life with another family.
	You may be able to start a new life.

It may be unpopular to do what's right for you, but will give you more self-satisfaction in the long run.

Marriage

A marriage that takes place because of an unintended pregnancy happens very fast, and under pressure from the girl's or boy's family.

Facts to consider

- Few teenagers appreciate the enormous responsibility of parenting. The pressures of parenthood may lead to marital conflict.
- Few teenagers have the emotional maturity to marry and bring up a child. They may be unable to cope and/or face instability or violence in the relationship.
- If they have to leave school early in order to parent, they may have poor employment opportunities and financial difficulties.
- They may feel trapped and isolated from friends and resent the baby.
- The young parents may mourn their missed opportunities.
- If they live with their parents, they may have no privacy.

Some reasons for choosing marriage include:

- Parents force it on the young people.
- Young parents want to give the child a name.
- Young parents feel it is their payment for making a mistake.
- Young parents want to leave their unhappy homes and believe it is an escape.
- Young parents may think it was 'meant to be'.

Single parenthood

Single parenthood is a more common choice amongst teenagers, especially since legal abortion is often possible, but this can be very challenging. Single mothers often find that their education, career, and marriage opportunities are limited as a result. Facilitators should check the regulations around determination and payment of child maintenance in their country.

Facts to consider

- A child is a 24-hour responsibility — this is often not seriously appreciated by young people.
- A young parent's earning capacity is limited, resulting in a lower socio-economic lifestyle.
- A young parent is frequently unable to afford babysitters and entertainment.
- Single parenthood often results in social isolation and loneliness.
- The child may be disadvantaged, neglected, or abused.
- If the adolescent mother continues living at home, it may lead to confusion of roles with her own parents, and eventually result in conflict and power struggles.

The adolescent father:

- May not be aware of his rights or they may be disregarded; the forgotten or ignored' factor.
- Should pay child maintenance. If he does not do this voluntarily, the mother can get a court order that says he has to pay. The amount of maintenance is determined by the court.

Some reasons for choosing single parenthood include:

- Some reasons for choosing single parenthood include:
- The belief that it is a more acceptable choice.
- The girl's own parents may help raise the child.
- Either the boy's or girl's parents may want a grandchild.
- The young mother has unrealistic ideas about having and supporting a baby.
- The young parent may think it is their 'payment' for making a mistake.

Fostering

This is sometimes not considered a favourable option, mostly because some people think it is traumatic for both the child and the foster parents when the baby returns to its biological mother. However in many African cultures, it is not uncommon for a child to be given over to another couple for upbringing; the other couple may be wealthier and therefore more likely to give the child a better life, or they may be unable to have a child of their own.

Facts to consider	*Some reasons for choosing fostering include:*
● Traditionally, informal fostering of children by relatives who do not have children of their own is common. This can be a win-win situation for both the foster family and for the young mother.	● The teenage mother is able to finish her education. ● The teenage mother is able to keep in contact with her baby. ● The teenage mother is able to take responsibility for her baby when she is ready and more mature.

At the end, ask participants to identify the main lessons they have learned from this session by summarising what has been discussed.

In many African cultures, it is not uncommon for a child to be given over to another couple for upbringing

SESSION 6.2 STIs and HIV Reinfection

TIME: 1 hour

Session Objectives:

- Explain basic facts about STIs
- Explain dual protection and re-infection.
- 
  Ask participants to explain what an STI is (sexually transmitted infection). Ask them:
  - Who can get STIs?
  - How are they spread?
  - How can you avoid them?
- What must you do if you have one (or think you have one?)
- How do you know if you have one?
- Can a person living with HIV get HIV again?

HIV re-infection!

A very important point to emphasise in the discussion is that people living with HIV can become **re-infected** with a different strain of HIV through unprotected sex (sometimes called dual infection). HIV is also an STI. Having another STI on top of HIV weakens the body's immune system. Getting re-infected with another or the same strain of HIV might mean your medicines are less effective and you may need to move on to other ARVs, which may be hard to get or have more serious side effects. It is also possible to be re-infected with a strain of HIV that is resistant to some ARVs.

Share the golden rules of STIs prevention with the groups. The same rules will help prevent HIV reinfection or dual infection!

Review with the group using page 65 of the workbook. The most common signs of STIs include:

- Unusual discharge from the vagina (some discharge is normal; normal discharge is usually white and thin. If a person has more discharge than usual or if it smells bad; is green, yellow, or has white clumps; or looks different than usual, he or she may have an STI or another type of infection).
- A strange discharge from the urethra (the place where pee comes out).
- Pain or bleeding when peeing or during sex.
- A rash, bump, or sore on or around the penis, vagina, or anus (whether painful or not).
- A red or itchy genital area or anus (itching may also be caused by scabies or lice).
- Warts or bumps in the genital area or around the anus.
- Swollen glands around the genital and thigh areas.
- For men, swollen or painful testicles (balls).
- For women, pain in the lower belly.
- High fever.

But remember, some STIs may have no symptoms – especially in women.

If you think you may have an STI, you should:

- Go for testing and treatment as soon as you think something is wrong or you notice something that is not right or normal with your body.
- Always go for testing if you had unprotected sex; many STIs don't have any signs or symptoms.
- If you are diagnosed with an STI, tell anyone with whom you have had unprotected sexual intercourse. If this seems too difficult, there is an app that allows you to tell your sexual partner anonymously that you have been treated for an STI – see https://dontspreadit.com/. The app will send your partner either an SMS or an email.
- Make sure both of you are treated to avoid re-infection.
- Finish the course of medicines given and go back for a check-up to make sure the infection is gone.
- Avoid sex or use a condom each time you have sexual intercourse.
- Go back to the doctor if you do not feel better.

Below is a list of common reasons that some YPLHIV may give for not using a condom. In small buzz groups, ask participants to discuss ways that they can respond to say why they MUST use a condom. Each buzz group should agree on the answer and fill it in (or write it on the board/flipchart). This builds on and from the role-play in Unit 5 around dating and reinforces empowerment strategies for peer pressure. This table is on workbook page 66.

Statement	Reply
I'm a virgin.	
I just want to see what it feels like skin to skin. Just once.	
I'll lose my erection by the time I stop and put it on.	
We've been together for two months now. I trust you. Don't you trust me?	
We're married now. Married people don't use condoms.	
We are both HIV positive, what's the problem here?	
I don't have a condom with me.	
I love you. Don't you love me?	

Stopping STIs and HIV Reinfection! Learning how to use condoms.

Explain that now you are going to do a practical exercise in using condoms correctly. Have models to allow you demonstrate the correct use of the condom. If actual penis and vulva/vagina models are unavailable, you can use a cucumber, a banana or even a broom handle for the penis, and an empty toilet paper roll for the vulva/vagina model. Ideally, after the demonstration, the participants should be divided into groups and given the opportunity to practice using condoms for themselves. Allow the session to be light-hearted – using condoms should not be seen as a serious or scary business!

Remind the girls that using the female condom keeps them in control – they don't have to negotiate about using it and it can be put in up to eight hours before sex, so it doesn't 'spoil the flow'.

Remind participants that some types of sexual intercourse are higher risk, such as anal or vaginal sex, so a male or female condom must ALWAYS be used when having anal or vaginal sex.

Use the fact sheets on the following pages.

What you don't know CAN hurt you!

Using the female condom keeps women in control – they don't have to negotiate about using it and it can be put in up to eight hours before sex

GOLDEN RULES OF MALE CONDOM USE

Learn the following tips on how to use a condom properly:

- Do not take, buy or use condoms if the wrapper is broken or dried out.
- Check the manufacture or expiry date on the packet. Never take or buy a condom that has no date stamp or is more than five years old.
- Use a new condom for every sexual round.
- Do not have 'a little sex first' before putting on a condom.
- Do not cut the condom pack with scissors or rip it with your teeth as this could tear the condom. Find the part of the packet that guides the opening and use your fingers.
- Pinch the end of the condom to leave a space at the tip for the semen before rolling it down on an erect penis. This helps keep the condom from bursting.
- Only use water-based lubricants such as saliva/spit, K-Y Lubricating Jelly®. Do not use lubricants with an alcohol, oil, or petroleum base, such as cooking oil or baby oil or Vaseline®, as these will cause the condom to break.
- Put a small amount of saliva or other water-based lubricant in the inside tip of the condom before putting it on to increase the feeling for the one wearing the condom
- After an ejaculation, the penis must be removed while it is still erect. Hold the base of the condom while you withdraw, making sure not to spill any semen. Tie the end of the condom, wrap it in paper and dispose of it in a bin.
- Store condoms in a cool, dry place. Do not store condoms in the glove compartment of a car, or in a wallet or pocket that is close to the body, as sunlight and heat destroy them.
- Regularly check the expiry date and condition of any condoms that you keep as a precaution and replace when necessary. Follow the same procedures when using a male condom for anal sex.

REMEMBER: If the condom is not on, then the penis doesn't get in! Use a condom every time.

This table is on page 67 of the workbook.

GOLDEN RULES OF FEMALE CONDOM USE

- Do not take, buy or use condoms if the wrapper is broken or dried out.
- Check the manufacture or expiry date on the packet. Never take or buy a condom that has no date stamp or is more than five years old.
- Use a new condom for every sexual round.
- Do not have 'a little sex first' before putting on a condom.
- Do not cut the condom pack with scissors or rip it with your teeth as this could tear the condom. Find the part of the packet that guides the opening and use your fingers.
- Hold the small ring (at the closed end of the condom) between your thumb and middle finger.
- Find a comfortable position for inserting the condom – lying down, squatting or standing with one foot raised on a stool, chair or the side of the bath. Squeeze the small ring and put it into the vagina, pushing it as far inside as possible with the fingers. Be careful not to tear the condom with a sharp nail.
- Put a finger inside the condom and push the small ring as far inside as possible. The inner ring keeps the condom in place during intercourse.
- Make sure that the outer ring of the condom (the ring with the open end) is outside the body. The outer ring will lie flat against the body when the penis is inside the condom.
- Be careful to guide the penis into the condom and not to the side of it. If the penis ends up on the side, the condom will offer no protection.
- To use a female condom for anal sex, remove the inner ring of the female condom and place the condom over the erect penis before it is inserted into the anus.
- After the man ejaculates (cums), before the woman stands up, squeeze and twist the outer ring to keep the semen inside the pouch and pull the pouch out.

After using the condom, throw it away safely. The female condom CANNOT be reused. Use a condom each and every time.

At the end of the session, ask the group what the most useful points they learned were and write these up on the board or flip chart. Reinforce theses with some points of your own.

The table is on page 68 of the workbook.

SESSION 6.3 Preventing Early and Unintended Pregnancy

TIME: 1 hour 30 minutes

Session Objectives:

- Understand and explain how to prevent an unintended pregnancy
- Understand the consequences of early pregnancy
- Explain conception and contraceptive measures suitable for teens

In small groups ask participants to look back at the body cards, think about how the reproductive organs function and show on a flip chart how they think pregnancy happens (remind the group that this is not a session on how to have sex but on how pregnancy occurs).

Use the notes on the following pages to add to their explanations if necessary (or reintroduce if you have new members – this can be fun if you get those who did the session to explain back to those who missed it!).

Put the group in to girl/boy pairs and ask them to spend five minutes discussing their hopes, dreams and plans for the future. Then give them each a piece of paper - one for the boys and two for the girls. The pieces of paper should read as follows:

You just found out that your girl friend is pregnant.

You just found out that you are pregnant

Discuss the effect of the statement on their hopes, dreams and plans. Bring the group together in plenary and discuss. Then do the attitude check.

Attitude check – how we feel about…

Place three cards on the wall or floor (far apart) – AGREE | UNSURE | DISAGREE

Ask the group the following questions, one by one. For each statement, individuals must stand beside the AGREE, UNSURE, DISAGREE card in the room. Once everyone is standing next to a card, ask members of each group: 'Why did you decide to stand here?' or, 'What does this say about your self esteem?'

- I am too young to have a baby.
- If I have a baby, my family will look after me.
- It's better to wait to have a baby until you are older.
- If a boy causes a pregnancy, he should just run away.
- You shouldn't have a baby if you are HIV positive.

I make the right choices!

Facilitator information: pregnancy prevention

There are four main methods for preventing pregnancy:

1. Methods that rely on your behaviour, like abstinence**,** are called **behavioural methods;**
2. Methods that use hormones to interfere with ovulation, change the cervical mucous and the lining of the uterus to prevent sperm from meeting an egg and implantation, are called **hormonal methods;** and
3. Methods that prevent the sperm and egg from meeting, are called **barrier methods;**
4. Methods that cannot be reversed are called **permanent methods.** They require surgery and are only recommended for people who already have all of the children that they want to have.

Methods Suitable for young people

There are a number of ways to prevent pregnancy that are recommended for YPLHIV to use. These are:

- Abstinence
- Outercourse
- Male condoms
- Female condoms
- The pill (oral contraceptives)
- Injections
- Implants
- Emergency contraception (put this one last)

All of these methods are reversible. That means that a woman can get pregnant when she and her partner stop using it. None of them result in infertility. No method is completely effective, although there are many that are highly effective. Therefore, there is some risk involved when using any method. Ideally, the decision of which contraceptive method to use should be made with the partner's involvement. This information is on pages 69 and 70 of the workbook.

Abstinence means completely avoiding sexual intercourse.

Outercourse means being sexually intimate without having oral, vaginal, or anal sex. It is a type of abstinence from penetration like hugging, kissing, masturbating, etc.

Male condoms are latex sheaths that are rolled onto the erect penis before sexual intercourse. They are a barrier method. When used properly, every time a person has sex, condoms are effective in preventing pregnancy and STIs, including HIV re-infection.

Female condoms are narrow polyurethane bags that are inserted into the woman's vagina before sexual intercourse. They are a barrier method and are effective in preventing pregnancy and STIs, including HIV. Because the female condom covers the outer lips of the vulva, they also offer some additional protection from STIs that are spread by skin-to-skin contact and offer more protection if intercourse is taking place during menstruation.

Oral contraceptives or the pill: These include the combination and mini-pill. The mini-pill is not recommended for young people. When used correctly, the pill is highly effective in preventing pregnancy. The pill does not protect against STIs or HIV.

Contraceptive injections are hormonal methods that work similarly to the pill. There are different types of injections that work for different lengths of time. When used correctly, contraceptive injections are highly effective in preventing pregnancy. Contraceptive injections do not protect against STIs or HIV.

Implant: this is a small flexible tube about 40mm long that is inserted under the skin of your upper arm. It must be inserted by a trained health professional and lasts for three years. It stops the release of an egg by slowly releasing progestogen into your body. This thickens the cervical mucus and thins the womb lining, making it harder for sperm to move through the cervix, and less likely that the womb will accept a fertilised egg. The implant does not protect against HIV and other STIs.

Emergency contraception is pills that are taken within five days of unprotected sexual intercourse. The sooner they are taken, the more effective they are. Emergency contraception is especially useful if the woman has been raped, if the couple was using a condom and it broke, or if the couple had unprotected sex.

A couple should seek counselling when choosing a contraceptive method other than condoms, **but if you are HIV positive, condoms should always be used to prevent reinfection and onward transmission**.. Counselling will provide couples with all the facts they need to make a decision about which method is most suitable for them. YPLHIV are recommended to use both a condom and another method of contraception to increase their protection from pregnancy (dual protection).

Common side effects and symptoms vary with the different methods but for hormonal methods may include: headaches; irregular menstrual cycles; stomach cramps; nausea and sometimes vomiting; and/or weight loss or gain.

Methods that are NOT recommended for young people:

Other methods that are not recommended for most young people include: the intrauterine device or IUD, withdrawal, fertility awareness methods, lactational amenorrhoea, and sterilization (vasectomy and tubal ligation). Information about them is included here in case participants ask about them. Research on injectable contraceptives for YPLHIV have raised concerns also and YPLHIV should seek advise when considering injectable contraceptives.

Intrauterine Device (The IUD): IUDs are small devices that are inserted into the uterus by a trained health worker. They prevent the man's sperm from fertilizing the woman's egg. It can work for up to 10 years before it must be replaced. It is highly effective against pregnancy but does not prevent STIs or HIV.

Withdrawal: Withdrawal is when a man pulls his penis out of the woman's vagina and away from her genitals before he ejaculates. If no sperm enter the vagina, the woman will not get pregnant. However, the pre-ejaculate may have sperm in it, which theoretically could cause a pregnancy. It is not a good method for YPLHIV because it requires self-knowledge and self-control. It is less effective than other methods and some body fluids are exchanged (vaginal fluids and pre-ejaculatory fluid). Using withdrawal is much more effective than doing nothing to prevent pregnancy since it can be 73–96% effective for preventing pregnancy. However, it does not protect against STIs or HIV.

Sterilisation is a surgery that makes it almost impossible for a man or a woman to have any more children. Since these operations are permanent, they are only recommended for men or women who are certain that they do not want any more children and not for young people. **Vasectomy or sterilisation for a man** is a simple operation in which the vas deferens are cut and sealed. After a vasectomy, the man will still ejaculate and feel the same pleasure as before but the semen will not have sperm in it. **Tubal ligation** or sterilisation for a woman is an operation in which the woman's fallopian tubes are cut and sealed. It does not change a woman's ability to have sex or to feel sexual pleasure.

For PLHIV who want to become parents, aside from getting your viral load to undetectable stages through ART, there some recommendations to assist with the process of conceiving that minimises the risk of transmission to your partner (if he or she is HIV negative) and to minimise parent-to-child transmission. This is part of prevention of mother-to-child transmission services (PMTCT). Seek medical advice if you are in this situation.

There some recommendations to assist with the process of conceiving that minimises the risk of transmission to your partner (if he or she is HIV negative) and to minimise parent-to-child transmission.

Brainstorm with participants all the ways they know to prevent pregnancy happening. Write their responses on flip chart paper. Then ask them to identify any that are myths and to explain why they are myths. If necessary, give factual information yourself about those that are not scientific methods. Explain how the methods work using the information in the box.

How pregnancy prevention methods work

- Pregnancy can be prevented using hormonal methods; barrier methods; and behavioural methods.
- Hormonal methods prevent pregnancy by interfering with the process of ovulation and changing the cervical mucous and the lining of the uterus to stop the sperm from meeting an egg and to prevent the egg implanting, if it is fertilised.
- Barrier methods prevent the sperm from meeting the egg.
- Behavioural methods like abstinence or outercourse (non-penetrative ways to express your sexual feelings) prevent pregnancy through avoiding penetrative sexual intercourse.

Encourage discussion about these different methods. Ask the participants to share their views on how each method works and if they think these are okay for teenagers. Use the following notes to add to what they say if necessary. Ask participants to summarise what they learned from the activity. Add any of the following points that are not mentioned.

- Pregnancy can happen if a female and male have unprotected sexual intercourse and the man's sperm fertilise the woman's egg.
- An unintended pregnancy can result from vaginal sex without protection; from not always using contraception correctly; and sometimes when contraception fails.
- The **only** method you can use to help prevent an unintended pregnancy **after** sex is emergency contraception.

There are other behavioural methods of contraception that are not included here because they carry the risk of STI and HIV transmission and carry a risk of unintended pregnancy. They can also be difficult for YPLHIV to achieve successfully.

Withdrawal/ pull-out method: This is where the guy pulls out (withdraws) the penis before he cums. This method is not safe for prevention of pregnancy because there may be sperm in pre-cum.

Rhythm method: This method demands that a young woman's cycle is completely regular and that she is able to tell when she is more likely to get pregnant by checking her temperature and the consistency of her vaginal fluids.

Emergency contraception

- It can help prevent pregnancy when someone has unprotected sex, when a condom bursts, or other contraceptive method has failed or when someone is raped.
- Emergency contraception should be taken as soon as possible after unprotected sex; it must be taken no later than five days afterwards.
- Emergency contraception is for emergencies. It should **NOT** be used instead of a reliable method of contraception.

In some countries, abortion is legal and is a last resort to terminate a pregnancy. Illegal abortions can be dangerous and can have health consequences.

Pregnancy Prevention For Teens

There are a number of ways to prevent pregnancy that are recommended for adolescents to use. These are:

- Abstinence
- Outercourse
- The male condom
- The female condom
- The pill
- Injection
- Implants
- Emergency contraception.

No method is completely effective, except total abstinence. Therefore there is a risk involved when using any method. Ideally, the choice of a contraceptive method should be made with the involvement of your partner.

Male condom: the rubber sheath rolled onto the erect penis before intercourse prevents the sperms from entering the vagina. It is more effective if used with a spermicide.

Female condom: this is inserted into the woman's vagina before sex. A ring holds the condom in place during intercourse and catches the man's sperm so that it does not enter the vagina.

The pill - oral contraceptives: these include the combination pill and the mini-pill. The mini-pill is not advised for teenage use. These hormones change the body in a number of ways to prevent pregnancy e.g. to suppress and prevent ovulation and alter the movement of the fallopian tubes.

Contraceptive injections: these work similarly to the pill. There are only two types of injections – one that gives protection for eight weeks and another for 12 weeks

Implant: this is a small flexible tube about 40mm long that is inserted under the skin of your upper arm. It must be inserted by a trained health professional and lasts for three years. It stops the release of an egg by slowly releasing progestogen into your body. This thickens the cervical mucus and thins the womb lining, making it harder for sperm to move through the cervix, and less likely that the womb will accept a fertilised egg.

Emergency contraception: this is a pill taken within five days of unprotected sexual intercourse but it works best the earlier you take it, so don't delay! It is not good for regular use. It is especially useful in the following situations:

- Rape
- Failure of the method used (such as a broken condom)
- A single act of unprotected sex.

Behavioural methods

Abstinence: means completely avoiding sexual intercourse or any sexual activity. It is an important choice for those adolescents who are not ready for sexual intercourse and its risks of pregnancy, STIs or emotional hurt. But this method does call for self-discipline and respect for each other wishes. The responsibility for maintaining abstinence rests with both partners.

Outercourse: This is any sexual activity between individuals that does not involve vaginal or anal intercourse. Usually it involves rubbing against each other fully clothed and may include mutual masturbation, hugging, kissing or other ways to express sexual feelings.

SESSION 6.4 Living with HIV

TIME: 2 hours

Session Objectives:

- Explain the importance of HIV treatment and its role in staying healthy and well
- Understand the role of treatment as prevention

Have a discussion with the group on how HIV affects the body, and why treatment adherence is important. Perhaps have a brainstorm on the topics below. Write up the group's responses on a flipchart, making sure all the important points are raised. Use the notes below.

How HIV Damages Your Health

HIV gradually destroys the immune system (your body's defence against disease) by attacking and killing CD4 cells. CD4 cells are a type of white blood cell that play a major role in protecting the body from infection.

HIV uses the CD4 cells to make copies of itself and spread throughout the body. This process (which includes seven steps or stages), is called the HIV life cycle. When you take your HIV medicines, they protect the immune system by blocking HIV at different stages of its life cycle.

How ART Keeps HIV Under Control

Antiretroviral therapy or ART is the use of HIV medicines to treat HIV infection. People on ART take a combination of HIV medicines from at least two different HIV drug classes every day. The medicines in the different drug classes block HIV at different stages of its life cycle. This means ART is very effective at stopping HIV from multiplying, and because each drug class blocks HIV in a different way, ART also reduces the risk of HIV drug resistance.

The goal of ART is to keep the levels of HIV in your blood 'undetectable' – which means that the virus levels are too low to be picked up by a viral load test. When your viral load is 'undetectable', this does NOT mean you no longer have HIV – it means your treatment is working and you are taking it correctly! ART does not cure HIV, but the HIV medicines stop HIV from multiplying in the body and damaging the immune system so PLHIV live longer, healthier lives. ART also reduces the risk of sexual transmission of HIV.

- **The ladder of HIV treatment** starts with first-line treatment. The longer you can stay on the first rung of the HIV treatment ladder, the better it is for your long term health.
- **First-line treatment** means the HIV medicines you are first put on when you are identified as being HIV positive. With proper adherence, you should be able to remain on these same medicines for many years. However, if you develop treatment failure, or treatment resistance, you may have to switch to **second-line** or even third-line treatment.
- **Second-and third-line treatments** are harder to access and may be more difficult to take, so it is important to take your first-line treatment properly so you can stay on it as long as possible.

Treatment failure is when the HIV medicines you are taking stop being effective and no longer work to prevent HIV from making copies of itself. Treatment failure may be a result of drug resistance, but is usually caused by not adhering properly to HIV medicines.

It has been found that if ARV are stopped for about 14 days, the virus bounces back even stronger in the body. ARV adherence is very important.

Treatment failure is identified when:

- New opportunistic infections occur when you have been taking ARVs for at least six months, or when you get sick with AIDS-related infections.
- When your viral load is above 1,000 copies on two consecutive occasions (virological failure).
- When your CD4 count falls to baseline or below, or remains consistently below 100 (immunological failure).
- Second-line treatment can only be started after consultation with a specialist in HIV care.
- When treatment failure is identified, intensive adherence support and monitoring are necessary.

Test and Treat. Today, the medical recommendation is that as soon as someone is tested for HIV and found to be HIV-positive, treatment in the form of ARVs should begin immediately. This is because treatment is a form of prevention.

Treatment as prevention (TasP). It is now known that when people take their ARV medicines exactly as prescribed and have an **undetectable viral load**, they are extremely unlikely to pass HIV on to someone else. But this does not mean you do not need to use condoms when having sex! Even if your last test was undetectable, you could still have a 'viral blip' – when your viral load goes up briefly – sometimes because of another illness, or an STI or other changes in your body. You also do not want to risk reinfection by not using a condom each and every time you have sexual intercourse.

Drug Resistance

- Drug resistance usually happens because a PLHIV has not taken their HIV medicines exactly as instructed by their healthcare provider. HIV is a very 'unstable' virus, which means that when it makes copies of itself, there are often mistakes. These can lead to virus that is resistant to the HIV medicines being taken, developing in the body.
- A person can also initially be infected with drug-resistant HIV or develop drug-resistant HIV after starting HIV medicines.
- If you develop drug resistant HIV, then the HIV will be harder to treat and the medicines you need may be much harder to find. This is why it is very important to take your HIV medicines exactly as instructed by your healthcare provider (adherence), as well as to avoid reinfection with another strain of HIV.

HIV Reinfection

- A person with HIV can be reinfected (or superinfected) with another subtype or strain of HIV that is resistant to certain HIV classes of medicine.
- Reinfection can result in the person's HIV viral load increasing and their CD4 cell count falling. In addition, their treatment options may be limited because the type of HIV they were reinfected with is resistant to some or all of the HIV drugs they are taking, as well as to others they have never taken
- A person can initially be infected with drug-resistant HIV or develop drug-resistant HIV after starting HIV medicines.

Now let's see how we feel.

Attitude check – how we feel about…

Place three cards on the wall or floor (far apart) – AGREE | UNSURE | DISAGREE Read the group the following statements, one by one. After each statement, participants should stand beside the card that reflects their answer. Then ask some participants in each group 'Why are you standing here?'

- I don't think it matters if I miss my ARVs a few times.
- Because I am HIV positive I can never marry and have healthy children.
- Stigma against PLHIV is ok, as long as it isn't acted out.
- I am not afraid of others knowing I take medicines because they help me.

Taking your medicines correctly

There are many ways to help people who take medicines every day. Taking your medicines exactly as the healthcare worker told you to is called adherence. Ask the group what they do to remember to take their medicines correctly. Make a list of their ideas. Write the list on a flipchart and label it 'Ways to remember to take your medicines' Add any ideas below that are not mentioned:

This diagram is on page 71 of the workbook.

My Circle of Care

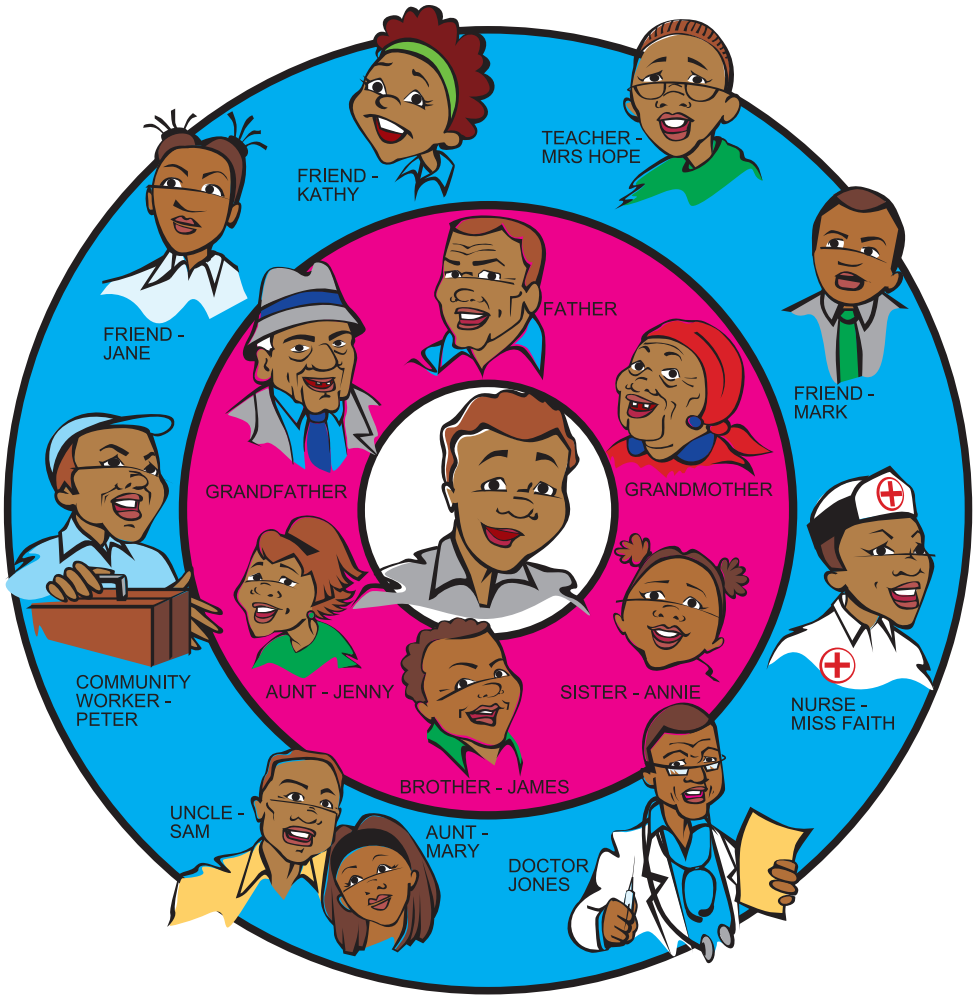
An important part of good adherence is your family and circle of care. Make a list of "People who support me". Think about your family as well as the people outside of your family and in your community.

Remember that if you do not take your medicine correctly and consistently every day, the virus can build up in your body and may make you sick.

Your Circle of Care may include:

- Parents, family members and caregivers
- Social workers
- Healthcare workers
- Community volunteers
- Support groups for people living with HIV
- Friends, youth and teen clubs
- Teachers
- Religious and traditional leaders
- Any community member who promotes the development of adolescents.

Below is 13 year-old Joseph's circle of care.



This activity is on pages 72 and 73 of the workbook.

Make happiness a habit!

Close the session with some reminders:

- Everyone taking HIV medicines does better with family love and support.
- Adherence or taking HIV medicines exactly as the healthcare provider tells you to is VERY important. It will keep you healthy, help you do better at school, enjoy spending time with your friends and help you not to pass on HIV too! When your viral load is undetectable, you are less likely to pass the virus on to others.
- Use helpers like radios, calendars and phones to remind you to take your pills at the same time every day.
- Do not let the fear of other knowing stop you from looking after yourself and living a happy, healthy and enjoyable life.

Let the group know that this session will be focusing on living positively to become the very best person you can be. For YPLHIV, this means understanding the role and importance of medicines in their lives. Ask them if they know of others who have to take medicines every day for most or all of their lives? Brainstorm the conditions and highlight that PLHIV are not alone on this issue, it is just one of many chronic illnesses. The list can include the following:

- Diabetes
- Hypertension (high blood pressure)
- Asthma and allergies
- Heart disease
- Sickle-cell disease
- Renal (kidney) disease
- Some cancers
- Some mental conditions.

Adherence or taking HIV medicines exactly as the healthcare provider tells you to will keep you healthy, help you do better at school, enjoy spending time with your friends and help you not to pass on HIV too!

SESSION 6.5 Substance Abuse, Including Drugs and Alcohol

TIME: 2 hours

Session Objectives:

- Explain the risks involved in substance use and abuse
- Explain the effects of alcohol, cigarettes and other drugs on a young positive person's health
- Practice decision making and assertiveness skills needed to avoid the use of alcohol and other drugs

Explain to participants that this session is all about how adolescents get involved in abusing substances, including drugs and alcohol, and looks at ways of dealing with this.

Brainstorm:

- What is a drug?
- What is alcohol?
- What is tobacco?

List all their responses on the chalkboard or flipchart.

Use the following definition of a drug:

Definition of a drug:

A chemical or natural substance that when taken or used alters the person's physical or mental state. It may change the body's natural processes and/or affect normal thought processes and behaviour.

Now allow a brief discussion about the differences between medicines, and drugs that are taken purely for pleasure. Make sure the group understands that some medicines are also abused for pleasure.

Ask the group what problems they think using drugs and alcohol and smoking can cause. Write their answers up on flipchart. Then ask them what specific problems they, as YPLHIV, may face regarding abuse of drugs, alcohol and tobacco. Make sure the points below are raised.

Drug abuse, including smoking and alcohol abuse, can lead to diseases that can kill you, such as:

- Heart disease; strokes (brain injury from a blood clot); cancer; hepatitis (a liver disease); lung disease and HIV infection.
- For YPLHIV:
  - Smoking increases your likelihood of getting various cancers.
  - Drugs taken for pleasure can interfere with your ARVs and make them less effective;
  - You may forget to take your ARVs when you are high.
  - Hepatitis progresses more rapidly in PLHIV and can lead to early death.
- Drug and alcohol abuse affect your judgment and you may do things you would not normally do, such as have unprotected sex. You may pass out, which can lead to your being raped while you are unconscious.

Drug abuse can also make people angry and violent; they can hurt themselves, as well as other people. Although drugs are supposed to make you 'high', they can also make people with depression feel worse to the point that they want to kill themselves. Drug overdoses can kill.

Drug abuse can also cause many other problems in your life:

- Fighting and violence in and outside the home;
- Money problems;
- Trouble at school, or work, losing a job;
- Problems in relationships, including child abuse and neglect;
- Driving accidents;
- Arrests and jail.

Now read through the following scenario with the participants and ask the group to do a role play of this scenario where they practice using assertive communication. Check that they remember the main points of assertive communication by asking them questions . Use page 74 of the workbook.

Scenario

Your best friend drinks a lot of alcohol and is often drunk at parties. One weekend at her/his house she/he is really drunk and starts pushing you very hard to drink with her/him. You feel really uncomfortable but do not want to lose the friendship. What do you do?

After the role plays, have a group discussion about what happened and how the players could improve their assertiveness.

Ask the group if they have heard of date rape. If they have, ask them to explain what it means and how abusing drugs and alcohol can make date rape more likely**.**

Explain that when young people go out or are at parties, sometimes drugs (so-called date rape drugs) or extra shots of alcohol are put in their drinks. When they pass out, they are then raped. Because of this, young people always need to watch their drinks when they are out. Do not leave your drink unattended and never accept a drink or an opened bottle of soft drink.

Attitude check – how we feel about…

Place three cards on the wall or floor (far apart) – AGREE | UNSURE | DISAGREE

Read the following statements one by one. After each statement is read, participants should stand beside the AGREE, UNSURE, DISAGREE card that reflects their answer. Then ask them 'Why are you standing here?"

- I think its ok to drink alcohol – it helps me relax.
- Alcohol is less dangerous than weed (marijuana)
- Cigarette smoking can be addictive
- Substances like glue (inhalants) are basically harmless.
- A cup of coffee and a cold shower will sober up a drunk person.
- Alcohol is a sexual stimulant.

Discuss the answers as a group.

Add that when under the influence of drugs and alcohol, decision making is affected, making it more challenging to practice safer sex methods, such as correct and consistent condom use.

Too much drugs and alcohol can also affect sexual function – the ability to get or maintain an erection or have an orgasm).

To conclude this session, have the whole group come up with guidelines or tips for avoiding drugs and alcohol in their lives**.**

Be a thinker not a drinker!

Preventing Date Rape and Sexual Violence

Young people in the region are often targets of sexual coercion and exploitation. More than one in every four women in Zimbabwe who first had sex before the age of 15 reported that the sex was forced against their will (ZDHS, 2015), while in South Africa, 30% of girls report that their first sexual intercourse was forced.[4] In rural Malawi, 55% of adolescent girls surveyed reported that they were often forced to have sex.[5]

Many YPLHIV have experienced sexual abuse as children at the hands of relatives and family friends. It is important that YPLHIV understand the difference between choosing to have sex within a caring and respectful relationship and being forced to have sex because they are promised things they want or need, such as better exam results, cell phones, school fees payment, or others. Any adult who has sex or performs sexual activities with a young person below the age of sixteen for whatever reason, is abusing their power and in most countries, is committing a crime.

Read Chipo's story and discuss. It is on page 75 of the workbook.

Ask the group what happened in the story? How can this be prevented? Whose fault was it? Find out what the girls and the boys in the group feel about it, they might have different perspectives.

Share the information about date rape over the page. End the discussion by emphasising that use of alcohol and drugs can lead to dangerous situations or making risky decisions, as well as being bad for your health.

Chipo's Story

"My mother had gone to South Africa to buy goods to trade, leaving me at home with my 11 year-old sister and our little brother. One day an uncle we had never met arrived and said he had come to see our mother. I gave him food and when my brother and sister had gone to bed, we sat and chatted. He was very kind and seemed concerned that we were on our own. He offered to stay for a while to make sure we were ok.

He would go away during the day and come back in the evening and after the others were in bed, he would bring out some small gift for me – a chocolate, a soft drink, some pens for my school work. One night he brought something that looked and tasted like a soft drink, but after I drank it I started to feel strange: I was dizzy and finding it difficult to talk.

I don't remember much after that. When I woke up, I was in his bed and he was touching me and pushing himself inside me. It was hard for me to work out if it was even real or I was dreaming. I was so weak – I didn't have the strength to push him off me.

I woke up back in my own bed and he was gone. He never came back and when I asked my mother about him she said he was a very distant relative of my father's but she had never met him. I only told her the truth about what happened when I noticed a bad smelling discharge from my private parts. He had given me an STI – but luckily I didn't get pregnant or get HIV. Mother was very angry about it and says she will never leave us alone again.

4 Wood K, Jewkes R. Violence, rape, and sexual coercion: everyday love in a South African township. Gender & Development.1997; 5(2):41-46.
5 Larsen IV, Chapman JA, Armstrong A. Child sexual abuse in a rural population letter: S Afr Med J 1996; 86:1432-1433.

What is date rape?

Date rape is when someone you have chosen to go out with makes you have sex when you don't want to, or you do not know that it is happening because you have been drugged.

This can happen if someone:

- Puts a drupe in your drink which makes you sleepy (or unconscious)
- Adds (more) alcohol to your drinks so you get very drunk.

Because of being drugged or drunk, you cannot resist. Often you do not remember the experience and cannot identify the rapist.

Why might I be at risk?

Date rape is commonly carried out against young girls but boys can also be targeted.

Date rape happens most often in places where alcohol is being served. It is harder to notice someone who is drunk or drugged in bars, clubs, pubs or parties.

- If you go to parties or bars you could become a target
- If you are drunk you are less likely to notice someone putting something in your drink

What can I do to stay safer?

There are lots of things you can do to reduce your risk and stay safer:

- do not get drunk – be responsible
- Never leave your drink unattended, or accept drinks from strangers
- Open your own drinks
- When you are not drinking from it, cover your drink (with your hand or with a drink mat/coaster)
- If you start to feel dizzy or weak, tell someone right away– your drink may have been drugged
- If your drink tastes strange, spit it out immediately
- If you go to a pub or bar, go with a friend – keep an eye on each other and go home together.

Where can I go for help?

If you have been the target of date rape, get medical help urgently:

- You may need emergency HIV prevention medication or anti-pregnancy contraception
- You may also need counseling
- Speak to an adult you trust and tell them what happened

Remember, whether you know the person who did it or not, it is still rape and is illegal.

This is on page 76 of the workbook.

What have I learned about prevention and protection?

Time: 20 minutes

Session Objectives:

- To reflect on learning on pregnancy prevention and drug and alcohol abuse.
- To encourage the development and maintenance of healthy behaviour and to change unhealthy behaviours.

Based on the information discussed across the five sessions and the learning that has taken place, ask the group to give answers to the following:

1. What is the most important piece of information that you have learnt from the sessions in this unit?

2. Why or how is this information important to you?

3. How can this information help you to adopt healthy behaviours and change unhealthy ones?

HIV ENDS WITH ME!

Divide the participants into three groups and ask each group to put together a role play showing the most important things they have learned in this unit about prevention and protection as young positive people. Let each group present their role play in plenary and highlight any points not included in any of the role plays.

Commit!

What commitment are you going to make to yourself based on what you learnt about prevention and protection against pregnancy, STIs, HIV-reinfection, and abuse? (You will not be expected to share this with the group.) This activity is on page 77 of the workbook.

Write your commitments in the space below.

I commit myself to the following things:

.....

.....

.....

.....

.....

UNIT 7: My Rights and My Responsibilities

By the end of this unit, participants should be able to:

- Explain their sexual and reproductive rights and responsibilities

SESSION 7.1 My Rights and My Responsibilities

TIME: 1 hour

Session Objectives:

- Understand the elements of sexual and reproductive health (SRH)
- Understand their rights in the context of good sexual and reproductive health

Introduce the word 'rights'. We use it everyday, 'she has the right to do this' 'he has the right to do that' and so on. Ask participants for their own examples. There is space on page 78 of the workbook. Then open up the discussion by asking:

- Where do we get our rights?
- Who gave them to us?

The aim of the discussion is not to come up with right or wrong answers, but to get everyone thinking about their rights. Some key points to introduce the discussion are:

- When we talk of human rights we are talking of natural rights – to food, water, shelter, good health and a good life. Natural rights cannot be given or taken away by anyone.
- The United Nations wrote them down in the Universal Declaration of Human Rights.
- Our governments must support and protect our rights by creating laws, policies and programmes but government do not give us our human rights. We are entitled to them from birth.
- Every culture has an understanding of human rights – even if they don't use the word 'rights'.
- When people demand their rights they are fighting for justice, not appealing to the people's good will.
- When a person's rights are not respected it is an act of injustice.

Get talking!

Encourage lots of viewpoints. If someone says 'God gives us rights' ask what about others who believe in a different God or no God? Or if someone says, "Government gives us rights", ask can the government decide which rights we can have and which we cannot?

TAKE NOTE:

You might also want to make sure you have a copy or a summary of your nation's constitution, as many of these rights are included in these national documents.

The group will respond with a lot of different answers; listen to them all. Write them on a flip chart. When discussing their answers, refer to the universal declaration of human rights.

Attitude check – how we feel about…

Place three cards on the wall or floor (far apart) – AGREE | UNSURE | DISAGREE

Read the group the following statements, one by one. After each statement, the participants must stand beside the AGREE, UNSURE, DISAGREE card that corresponds with their answer. When the participants are in place, ask each group 'Why did you stand here?' or, 'What factors affect your response.'

- It is the woman's responsibility to make sure she does not get pregnant.
- As a young person, I feel comfortable visiting a clinic to talk about contraception.
- It is important to choose when you are ready to have a child.
- It is the responsibility of every YPLHIV to use condoms correctly and consistently… during every act of sexual intercourse
- A YPLHIV has the right to have a child.

How does knowing their rights make them feel?

Discuss some of the challenges YPLHIV face in accessing their rights.

Now ask the group what is meant by the right to the highest attainable standard of health, which is one of their human rights. Dig deeper and ask what they understand when people talk about 'sexual and reproductive health'. Use the information below, to ensure everyone is able to define it.

Give them a small group task to identify their sexual and reproductive rights. Then let the group feedback. List the points they raise. Add to what they say as necessary to make sure that the following ideas have been mentioned.

We have the right to;

- Decide to be sexually active or not.
- Pursue a satisfying, safe and pleasurable sexual life, free from coercion.
- Select a partner of your own choice.
- Be accurately informed about SRH issues.
- Be free from harm, violence and abuse
- Decide to marry, or not (and who to marry) when you are legally old enough.
- Have children if we want to, and to decide when, and how many.
- Be treated with respect when accessing SRH services.
- Have our personal and medical information kept confidential by healthcare services.
- Control your own body and to decide what treatment and procedures will be done to you (this means, for example, that no one can coerce or force you to have an abortion or to be sterilised).

Other rights that are important for YPLHIV to understand, although they may be related to your SRHR, are the right to:

- Be treated equally and with dignity.
- Not to be discriminated against for any reason (i.e. no matter your race, ethnic group, colour, sex, sexual orientation, language, religion, political or other opinions, family background, social or economic status, nationality, health status or any other characteristic).

Highlight that rights come with responsibilities, especially the responsibility to respect and protect the rights and freedoms of others. In addition, YPLHIV, also have a responsibility to disclose their status to healthcare providers and to potential sexual partners.

Ask the group to share their answers about what they can do to prepare for good SRH. This might include overcoming some of the challenges discussed and where they can get support to overcome these challenges. Some suggestions are.

- Knowing my SRH rights and responsibilities.
- Standing up for my rights when they are being violated.
- Being informed about safer sex options, family planning and contraceptive methods that suit my needs.
- Talking to my partner about sex and safer sex options BEFORE engaging in any sexual activities.
- Seeking regular healthcare and check-ups such as STI checks.
- Carrying condoms if I think there is a chance that I may engage in sexual activity.
- Knowing how to use a male or female condom correctly before I try to use one (and seeking advice from a healthcare professional or adult I trust if I am not sure).
- Working with others to fight for our rights to be recognised.

Now, ask members of the group to summarise what they learned or to list the key messages of this session. If they have missed any, highlight these and try giving the group clues to remind them, before telling them.

Positive change begins with you!

SESSION 7.2 Disclosing My Status

TIME: 1 hour 30 minutes

Session Objectives:

- Understand disclosure and its importance, especially for healthy relationships
- Understand when, with who and how to disclosure

Ask the group what they understand by the work 'disclosure'. Add to what they say as needed, using the information below:

Defining disclosure:

HIV disclosure means telling another person or people about an individual's HIV-positive status.

This might mean telling someone that they are HIV positive (e.g. a parent telling a child that the child is HIV positive).

Or it could be an HIV positive person telling someone else about their HIV status (e.g. telling a friend or potential sexual partner that they are HIV positive).

Disclosure can also mean when another person tells a third person about someone's HIV status (e.g. a parent telling a child's teacher that a child is HIV positive).

Divide the participants into two groups and ask them to discuss the positive aspects of disclosing your HIV status to someone else, as well as the possible negative aspects of disclosing your status. Ask them to consider what issues they need to take into account before disclosing, and how they might go about it. Discuss their answers in plenary and make sure the points below are covered. Use page 79 of the workbook.

The decision to share (disclose) your HIV status needs careful consideration. Disclosing your HIV status can be a very positive, liberating experience and can help you to access and ask for support when you need it. However, due to HIV related stigma and discrimination – and misinformation about HIV – disclosure can also result in you feeling excluded or rejected and perhaps less supported. If those you disclose to do not appreciate the need to keep your HIV status confidential, they may tell others to whom you would not choose to disclose. This is why it is important to plan and prepare carefully for disclosure. **You have the right to decide if, when, and how to disclose your HIV status.**

It is also very important to consider your responsibilities with regards to disclosure. If you are in a relationship and planning to have sex then **it is your responsibility to share your HIV status with your partner** and their responsibility to share their HIV status with you. You can suggest going for HIV testing together – that way you will have support when you reveal your status to your partner. You are both responsible for practicing safer sex by always using condoms. Some countries have laws that make it a crime to pass on HIV to another person. (The facilitator should check the law regarding this in their country, so that can advise the participants what the law says.)

Attitude check – How we feel about disclosing

Place three cards on the wall or floor (far apart) – AGREE | UNSURE | DISAGREE

Read the group the following statements, one by one. After each statement, individuals should go stand beside the AGREE, UNSURE, DISAGREE card they agree with. After each statement ask each group 'Why did you stand here?' or,

- My HIV status is nobody's business
- I am comfortable with telling a girl/boyfriend I am HIV positive.
- It is okay to tell teachers I am HIV positive as they can help you.
- I don't think I have to tell people my HIV status before having sex with them, as long as we use condoms.

Ask participants to list their feelings about disclosure, who they think they need to tell and how they could overcome their fears or other feelings about disclosing?

If you have enough time, you may ask the groups to prepare a short role play; ask one group to do disclosure that goes well and the other, disclosure that goes badly.

Even if you are not considering disclosing your HIV status to anyone – or to anyone new right now – it is a good idea to think through how you would like to do it. This will help you prepare when the time is right. Ask participants to go through the 'Who, What, Where, When and Why' questions below, making notes on each: They will not be asked to share this list with the group, but it can help them to think about the issues in greater detail and develop a 'disclosure plan'. Use page 80 of the workbook.

My Disclosure Checklist:	
Who: What characteristics should the person you disclose to have?	
What: What do you want to tell this person? What information do you need before doing so?	
Where: Where would be a good place to have this conversation?	
When: When would be the best time to disclose?	
Why: Why do you want to disclose?	

It is very important to consider the pros and cons of disclosing to a particular person at this time.

HIV is a virus: Stigma is a deadly disease!

Disclosure and confidentiality

Your right to confidentiality means you have the right to choose: whether to disclose; to whom to disclose; and when and how you do it; people to whom you disclose have a responsibility to respect your privacy and not share your information with others.

Disclosure is a process, NOT a one-off event

Choose the person/people to disclose to carefully; they should be accepting, mature, empathic and supportive.

Think about who you want to tell and why. What will you gain from telling them and what are the disadvantages?

Are you ready for negative reactions?

Disclosure can have negative consequences, including rejection and problems in relationships with dating and sexual partners, family, friends, community members, employer or colleagues.

For young people, there is the added difficulty of deciding whether to tell friends or dating partners who may seem important at the time, but who may soon move on and may or may not keep the confidentiality.

You must be ready if someone reacts badly and be sure that you can stay confident and happy if they do. This is where a support group can help.

When it all goes wrong

If you disclose to someone who does not react well or tells others, or if people start to treat you differently or badly, try the following:

- Speak to them – make sure they understand they are hurting you.
- Stay positive – you are not in the wrong, they are – a good friend or loving partner would not disrespect you in this way.
- Get advice from a support group member or other PLHIV – you will feel better after talking to others in the same situation – you are not alone!
- See a counsellor and talk about your feelings.

Disclosure and sexual partners

Love protects; it is more than sex. Relationship partners can show that they love and care about each other in many ways that do not include sex. Respect and caring for each other, loyalty, honesty and trust are important signs of a healthy relationship.

Disclosure shows you care. It supports counselling and access to information and treatment. Accurate information about HIV reinfection and prevention, safer sex methods and PMTCT is very important for your good health and the health of others.

Both disclosure and sex require maturity, factual information about how to protect yourself and your partner, understanding the consequences of having sex with someone and being willing to accept responsibility for your actions. Not telling a partner in good time can lead to hurtful rejection and distress and in extreme cases, can lead to violence.

Brainstorm with the group about serodiscordant couples. Ask the following questions to stimulate discussion. Use page 81 of the workbook.

- Is it possible for one person in a couple to be HIV positive and the other negative?
- Is it possible for the HIV negative partner to remain negative?
- If so, how?
- Can a serodiscordant couple have healthy, HIV negative babies?
- Can an HIV positive woman have an HIV negative baby?

In summing up the discussion, make sure the following points are discussed.

With correct and consistent use of condoms, it is possible for a serodiscordant couple to have a happy, normal sex life.

Provided the HIV positive partner takes their ARVs exactly as prescribed and has an undetectable viral load, it is unlikely that they will pass the virus on to their sexual partner. This is called treatment as prevention (TasP). However, a viral 'blip', when your viral load goes up briefly, perhaps because of another infection, could result in HIV transmission, so you should still always use condoms. Remember your viral load results only tell you what your viral load was **at the time you had the test!**

Remember, if you do have a condom burst (or in the case of rape, or a needle stick injury) the HIV negative partner should get post exposure prophylaxis (PEP), preferably within 48 hours (or up to 72 hours) of the incident. This should protect them from contracting HIV.

PEP consists of a month's supply of specific ARVs and should be available at local clinics. In order to get PEP, the person must have a negative HIV test first.

The HIV negative partner in a serodiscordant couple may also be able to access pre-exposure prophylaxis (PrEP). This means they take a single ARV regularly to prevent them becoming HIV positive in case they are exposed to the virus. It is sometimes used as part of prevention of mother-child transmission (PMTCT) services, where the woman is HIV negative and the man is HIV positive and they want to try for a baby. But TasP should also help prevent the HIV negative partner from contracting HIV.

Accessing PMTCT allows HIV positive mothers to have healthy HIV negative babies!

In closing, ask members of the group to summarise what they learned or to list the key messages of this session. If they have missed any, highlight these, perhaps by giving the group clues, before telling them.

Summarise the session by making the following points. Your HIV status need not stop you from having healthy and safe relationships, getting married and having a family. Disclosure is an important part of safe and healthy relationships. Good relationships are always built on trust. One difficult moment is better than a lifetime of discomfort and distrust. If you are dating someone whose HIV status you do not know and they do not know yours, there are many issues you need to consider. In addition, as a relationship develops and becomes a sexual one, there are situations that you need to plan for.

What have I learned about my rights and my responsibilities?

Time: 20 minutes

Session Objectives:

- To reflect on learning about…good sexual and reproductive health, disclosure and serodiscordant couples
- How can this information help you to adopt healthy behaviours and change unhealthy ones?

Based on the information discussed across the two sessions and the learning that has taken place, ask the group to give answers to the following:

1. What is the most important piece of information that you have learnt from the sessions in this unit?

2. Why or how is this information important to you?

3. How does this information help you to make sure HIV ends with me?

HIV ENDS WITH ME!

Ask the group to put together a song and a dance that shows the most important things they have learned in this session about your rights and responsibilities as young positive people.

Commit!

What commitment are you going to make to yourself based on what you learnt about your rights and your responsibilities as a PLHIV? (You will not be expected to share this with the group.) This activity is on page 82 of the workbook.

Write your commitments in the space below.

I commit myself to the following things:

……

……

……

……

……

Review of Module 3

Complete this Module Review Sheet. You can also use it later to ensure the learning is sticking or to revise with people who miss sessions. Use it as a quick quiz.

Session	Review issues
Prevention and Protection	
Making the right choices	Name two negatives of early sexual debut Whose choice is it to have sex or not? How can YPLHIV prevent pregnancy?
STIs and HIV reinfection	Can YPLHIV get STIs? What must you do if you get an STI? How can you avoid being infected with an STI or reinfected with HIV?
Preventing early and unintended pregnancy	What are contraceptives? Can YPLHIV use them? What contraceptives are safest for YPLHIV?
Living with HIV	Why is it important to take HIV medicines correctly every day? Can YPLHIV have HIV negative children? Name three ways to help you remember to take your medicines
Substance abuse, including tobacco, drugs and alcohol	In what ways do alcohol and drug abuse increase your risk? How can you make better choices?
My Rights and My Responsibilities	
My rights and my responsibilities	How many sexual and reproductive health rights can you name? How can you take care of your health for a long and healthy life?
Disclosing my status	What are good reasons to disclose your HIV status? What should you consider before disclosing? Why is it important to disclose to a sexual partner before you start having sex?

Module 4:
iAction

Module 4: iAction

Overview

Having looked inwards across the first three modules, participants are now asked to look out towards the community they need to support them and that they need to support. This is in the spirit of volunteerism and also as part of future planning to ensure they can get the support they need wherever they are. ***iAction*** is thus the final module and it has two aspects: one, how to get community support; and two, how to engage with the community in order to change it. It asks "What can I do?" and urges YPLHIV to actualise their dreams by becoming champions for change. Every young person living with HIV has something to offer at home, in the community and beyond. **'I can make a positive difference!'.**

Preparation: When preparing to take YPLHIV through Module 4 you will need the following:

- Pencils & rubbers
- Coloured markers
- Paper and card
- Mirrors
- Flip chart / blackboard or big pieces of paper
- Sticki-stuff (Bostick or Prestik or other) and/or tape
- A room or open space to work in
- Some dress up stuff for role play if possible
- Workbook Part 4: iAction

Overall Purpose: To provide YPLHIV with a sense of community and the motivation to use activism to achieve their own good health and of their circle of care and community, as well as a good life in general.

Overall Objectives: By the end of Module 4 YPLHIV will know about:

- All the health service available to them in their area/community
- Strategies to improve their access to SRH services
- What advocacy is and how as individuals and a group they can do it
- Understanding their value as YPLHIV, alone and together!

The key message in this module is: I can make a positive difference!

There are two units and a Module Review Sheet to complete.

This module is the last in this course and participants should be encouraged to complete the Course Evaluation Form at the end.

Unit	Title	Learning Sessions	Time needed
8	Youth Friendly Services	SRH service mapping Talking to parents (and others who care)	5 hours to complete the unit
9	Advocacy in Action	Understanding Advocacy Advocacy planning Advocacy for Action	5 hours to complete the unit
Module 4 Review Sheet			
Course Evaluation Quiz!			

UNIT 8: Youth Friendly Services

After completing the unit, YPLHIV will:

- Know why using health services is important for good health
- Know where they can access SRH information, services and support in their area
- Know more about talking to parents and adults about their SRH needs.

SESSION 8.1 Accessing Services

TIME: 2 hours

Session Objectives:

- Improve young people's health seeking behaviour.
- Know where SRH services in their community can be found.

Note to facilitator: Before conducting this session, you will need to research all the places in the community where YPLHIV can get healthcare counselling, advice and treatment for issues related to HIV as well as for SRH and general health issues.

Write 'Why should we go for health checks when we feel healthy?' on the board or flip chart and have a group discussion. Guide the discussion by asking:

For what reasons do you think this would be a good idea?

What types of regular care do we need to get as YPLHIV?

Make sure that 'prevention is better than cure' is discussed. Highlight that with HIV, early treatment for HIV and for any OIs makes recovery quicker and easier. Use the information below to aid the discussion as needed.

Why Regular Health Checks?

YPLHIV, whose immune systems may not be good at fighting infections, can get sicker more easily and faster. Even with an undetectable viral load, the immune system may not work as well as that of someone who is HIV negative, especially if ART began late because HIV infection was not diagnosed.

Opportunistic infections: YPLHIV may be prone to opportunistic infections (OIs) like thrush, herpes and meningitis. TB is the most common OI in PLHIV in Africa. OIs are most likely for those not on ART; medical advice should be sought for any unusual symptoms or feelings of being unwell.

CD4 count: OIs are much more likely when the immune system is weak. A CD4 count every six months will show this. Liver and kidney function tests are also useful to check how the liver and kidneys are working.

STI tests: Sexually active YPLHIV should go for check-ups and STI tests, especially after any unprotected sexual activity or if they have any unusual symptoms, i.e. discharge from the vagina or penis; sores, warts or itchiness around the genitals or anus; or abdominal pain**. Remember,** many STIs have no symptoms – especially in women – but can still make you very sick and cause infertility; regular check-ups are a must.

Preventive healthcare

Cervical cancer: Young women living with HIV who are sexually active should have a VIA (visual inspection with acetic acid) or pap smear every year to check for changes to the cells of the neck of the womb that may indicate cancer. It is often caused by a type of human papilloma virus (HPV) – a common STI. Early changes to the cervix are more common in women living with HIV. Detected early, cervical cancer is very easily cured. Girls who are not yet sexually active should ask about getting an HPV vaccination.

Breast cancer: Women and girls should check their breasts at least once every three months for changes in how they look, or lumps within the breast tissue. They should also have their breasts checked regularly by a doctor, or by having a special scan. A healthcare worker can show you how to check your breasts for abnormalities and advise how often you should go for professional screening.

Men should also check for changes in their penis or testicles. If they find any unusual changes or lumps these should be investigated by a health worker.

Earlier family planning/contraception is important for young women living with HIV.

Tell the participants that some people (and especially some men and boys) find it hard to prioritise seeking early health care and going for regular health checks. This may mean that they wait until they are very sick or in need of urgent medical care before seeking help. Generate a discussion by asking them:

- Do you find it hard to prioritise seeking routine health care when you feel healthy?
- If so, why is this? Probe by asking:
- Do you face barriers that make it difficult to access the health care you need? What are they?
- Do you have conflicting priorities?
- Do you forget?
- Do you find some check-ups embarrassing?
- Do providers abuse you, or treat you badly or differently because you are living with HIV?

Note that boys' responses may be quite different from girls' because they are less used to visiting clinics and often find them 'intimidating'. Encourage discussion about this, if this is the case. Use page 84 of the workbook.

Note to Facilitator: Write up the following table of important health services for YPLHIV on the flip chart. Go through the list with participants, asking whether they find it difficult to do or not and if so; why this might be and what they can do to improve it. It may also be useful to separate boys and girls for this exercise, as their experiences with regard to health services often differ.

Health Service	Do I attend when I should?	Barriers / reasons for not attending	How can I improve?
Seek medical advice for any unusual symptoms/ illnesses or when unwell			
Routine CD4 counts every six months			
STI checks every six months			
VIA or pap smears every year			
Routine breast examination (for girls and women)*, if available			
Routine prostate screenings (for men)* if available			
Family planning/ contraceptive services			

**Breast screenings (at a health facility) and prostrate screenings become more important as people reach their forties and beyond – a doctor should advise on when and how often this needs to be done*

Now ask the group to brainstorm all the places in their community where they can seek help on their health issues. Make a list.

As a group activity, ask them to draw a map of the area marking all the places (and the people) they can go to and receive help, including different kinds of health care, testing, information, education, counselling, and support.

Make this fun, starting with their school, adding their own houses if they can and so on. Review the map together- is everything there. Use page 85 of the workbook.

Finally, to encourage action, help the group find out more about what the places on their map actually do and how they can help them.

Over the page is an example of a survey that YPLHIV can use to assess the youth-friendliness of a health facility or family planning clinic. It is important that the facilities available to them support them and understand their needs.

This activity is a bridge to the next unit and an introduction to advocacy and action. Work with them to fill it in. If you can, arrange a visit to a clinic with them to assess a facility together.

The questionnaire is on pages 86, 87 and 89 of the workbook.

General Facility Information		
Name of observer		
Name of facility visited		
Date of visit		
Hours services available		
Time spent at place visited		
Are services available specifically for young people?	Yes?	No?
Are services available for YPLHIV?	Yes?	No?
List any special services available for young people		
Interaction with Staff Ask a staff member the following question and make notes on their response: *Can you please tell us what programmes, services, types of contraceptives and other risk reduction methods you have available for youth here?*		
Title of staff member or employee		
Male/female		
Was the staff member friendly?	Yes?	No?
Was the staff member helpful?	Yes?	No?
Did the staff member answer your question?	Yes?	No?
How did the receptionist and/or staff treat you when you asked for information or special services for young people?		
Notes and comments		
Location and Access *Is the facility:*		
Located near public transportation?	Yes?	No?
Easy to get to?	Yes?	No?
In or near your village?	Yes?	No?
Near where YPLHIV hang out?	Yes?	No?
Located in an area that gives a young person full privacy?	Yes?	No?
Is there a youth section separate from the adult section?	Yes?	No?
Are there any signs to identify services?	Yes?	No?
If yes, what do the signs say?		
Were any of the signs made especially to attract YPLHIV for programmes, contraceptives or services?	Yes?	No?
Are all services and programmes found in one place?	Yes?	No?
Is the facility set up in a way that is inviting to youth?	Yes?	No?
What would make the facility more inviting to youth?		
Notes and comments		

Services Provided Tick the contraceptive and other services available at the facility:		
Male condoms		
Female condoms		
Oral contraceptives		
Injectables		
Implants		
Emergency Contraceptives HIV testing services Prep PEP Medical male circumcision Pregnancy testing, antenatal and post-natal obstetric care STI testing and treatment and partner notification General health check ups Info on sexuality, puberty Menstrual management Screening for cervical cancer (VIA, pap smear) Immunisations, including for HPV (genital warts) Post rape services Post abortion care		
Are condoms available for free?	Yes?	No?
If not, what is the cost (and brand) of condoms available?		
Are there any other costs or charges payable for services? Make notes		
Do they have youth-related pamphlets or information on pregnancy prevention, STIs and/or HIV and AIDS in the facility? (If yes, take a sample with you)	Yes?	No?
Overall Impressions *Comment or make notes on the following*		
How did the rest of the staff treat you?		
Were your questions answered?		
Did you feel comfortable asking your questions?		
Were you provided with what you asked for or needed?		
Were staff non-judgmental?		
Would you recommend the facility to other young people?		
Additional comments		

What have I learned about accessing services?

Time: 20 minutes

Session Objectives:

- To reflect on learning about available SRH services for YPLHIV
- How can this information help you to adopt healthy behaviours and change unhealthy ones?

Based on the information discussed during the last two sessions and the learning that has taken place, ask the group to give answers to the following:

1. What is the most important piece of information that you have learnt from the sessions in this unit?

2. Why or how is this information important to you?

3. How does this information help you to reinforce or change your behaviour?

I CAN MAKE A POSITIVE DIFFERENCE!

Ask the group to make a poster of what the ideal youth friendly health service could look like, including information about why support from parents and guardians is important.

Commit!

What commitment are you going to make to yourself based on what you learnt about using and accessing health services? (You will not be expected to share this with the group.) This activity is on page 90 of the workbook.

Write your commitments in the space below.

I commit myself to the following things:

.....

.....

.....

.....

.....

UNIT 9: Advocacy in Action

After completing the unit, YPLHIV will:

- Understand what is meant by advocacy
- Know more about how as YPLHIV, as individuals and as a group, can help be part of the change at community level

SESSION 9.1 What Do We Mean by Advocacy?

TIME: 1 hour

Session Objectives:

- Understand what is meant by advocacy

Ask the group what they understand by the term 'advocacy' and ask them to share some examples to illustrate. Ask if anyone has been involved in any advocacy work and ask those who have to share their experiences. This should help build a practical understanding of what advocacy is and means.

Use the notes and examples below to help the discussion as needed.

Advocating means taking action for positive change – usually to address a challenge faced by many in order to improve the situation. An advocate is someone who defends or promotes a cause or takes action to support the interests and rights or a person or group of people. Advocacy is about solving the challenges you identify by getting those who have the power or responsibility over the situation to take action and make the changes that you want. For example, if there are no youth friendly services for PLHIV in the community, we might want to advocate for such services to be made available.

Successful advocacy usually involves a number of targeted actions aimed at: increasing general awareness about a problem; and then taking specific actions to highlight the changes needed, both to the community at large and to those who are able to either make the changes themselves; or to directly influence those who can make the changes. This requires developing an action plan (and a budget – if this is appropriate) and then monitoring the effects of your actions and making changes to any strategies that are not achieving the desired results.

Some examples:

- Advocating for youth friendly services – talking to clinic staff to explain the problem; starting a petition and getting as many signatures as possible (and submitting it to the clinic); speaking to or writing to the local Ministry of Health authority to ask for improved services, writing to our local newspaper or calling in to our local radio to highlight the problem.
- Working with PLHIV who are open about their status to speak out about their experiences of stigma and discrimination in the community and at health care settings and taking action to encourage the Ministry of Health to address the issue. Or we could speak out openly if we are feeling confident that we can do so safely. By making sure that we do not stigmatise or discriminate others or ourselves for any reason, we can also be part of the change.

In buzz groups of three, ask the participants to think about their own community and the challenges of accessing services where they live. Give them some time to do this and agree in their groups then share. Make a list of the challenges they face. Tell them that this could be the basis on which to make advocacy action plans. Use the list of common challenges below to assist.

- **Avoiding unsafe sexual activity** - the highest rate of STI infection in the region is amongst 15–24 year-olds. YPLHIV really need information about, and services for, safer sex. Do you think having youth-friendly SRH services would help reduce these numbers, and if so, how could you ensure these are made available in your district?
- **Preventing early motherhood and marriage** – 75% of teenage girls aged between 15 and 19 years across southern Africa become mothers. Do you think easier access to family planning, contraception and PMTCT support, or other changes – perhaps in traditional structures - would help reduce this? If so, what actions could you take to achieve the changes you think are needed?
- **Stopping sexual abuse and violence** – local cultural practices play a big part in GBV and sexual abuse, especially of young girls and women. Stigma and discrimination remain a reality for many young men and women living with HIV. Do you think improving the support and understanding of the community and traditional, family and religious leaders to reduce stigma and discrimination and violence against PLHIV would help? If so, how could you go about achieving this?

Attitude check – how we feel about…

Place three cards on the wall or floor (far apart) – AGREE | UNSURE | DISAGREE Ask the group the following question. Ask participants to stand beside the AGREE| UNSURE | DISAGREE card that reflects their answer. Then ask each group why they are standing beside that card and generate a short discussion.

Nobody listens to young people, so how can I make a difference?

Now ask the group, what can we actually do about the challenges we face? Some examples are given below.

- Calling in to a radio station to talk about a lack of youth friendly services in the community
- Getting signatures on a petition demanding that clinic staff be penalised if they betray patient confidentiality
- Giving a speech at a public meeting about the need for education and life skills support for YPLHIV who are not in school
- about the need to stamp out stigma and discrimination of YPLHIV In communities.

While these actions are useful, alone, they do not mean advocacy. Remind them of the definition of successful advocacy above.

SESSION 9.2 Advocacy Planning

TIME: 1 hour

Session Objectives:

- Understand and be able to identify the steps in advocacy planning.

Ask the young people if they know some key steps in action planning. Let them share their experiences and list suggestions on the flip chart. Bring the discussion together with the eight steps listed below.

Step 1: Select an issue or problem to address

You need to be sure that this is a real problem that others in the community also face – find out by talking to others and getting their opinions, or by conducting a quick survey.

Step 2: Analyse and research the issue or problem

The more information you have, the more people will believe that this is a real issue that needs to be addressed. Conducting a survey may also be useful to get an idea of the number of people affected by the issue.

Step 3: Develop objectives/ a goal for the advocacy work

Be clear about what you want to achieve – what change do you want to bring about? Remember to make your advocacy objectives and goals SMART (specific, measurable, achievable, results-focused, and time-bound).

Step 4: Identify the target

The end target is the person, organisation or group with the power to make the change. However, other target groups can help, for example, to advocate for SRH to be taught in schools, the target is the Ministry of Education but other students, teachers and staff in schools can be part of your campaign.

Step 5: Identify resources

What do you need to conduct the advocacy? What do you already have? This could include financial resources, people, skills that certain people have, a meeting place, etc..

Step 6: Identify allies

Allies are the people who will support you – perhaps because they will also benefit from the change, or because they just believe that the situation is unjust and needs to be changed. They might become part of the team. The more people involved, the more attention the action will gain. An advocacy action that includes people affected by the issue as team members and allies is usually more effective – i.e. if the issue being advocated for is an HIV issue, it is much more effective to have PLHIV on the team and as allies (this also helps to ensure that the action achieves useful and relevant outcomes).

Step 7: Create an action plan

What? Why? Who? When? Where? is the simplest way to plan, sort this out and you can get started!

Step 8: Implement, monitor and evaluate

It is important to constantly monitor our success as we implement - did we get the results we wanted? If not, why not? What could we change to improve the strategy? What worked well - perhaps we need to do that more? If the advocacy action was not successful, what do we do next?

Plan for success!

SESSION 9.3 Advocacy for Action

TIME: 1 hour

Session Objectives:

- Help YPLHIV get involved and be the change they want to see!
- Be able to develop an advocacy plan.

Let the group know that the next activity is about addressing some of their problems as young people. Use the following role play scenarios as a lead in to the planning process. Divide the participants into smaller groups and assign one of the following role plays to each group to practice their advocacy planning skills. They should include all the possible actions they think will be most successful in achieving their advocacy goal.

- Getting youth friendly SRH services in the community.
- Demanding that clinic staff be penalised if they betray patient confidentiality or deny SRH services to young people.
- Creating community awareness on the need for education and life skills support for YPLHIV who are not in school
- Stamping out stigma and discrimination of YPLHIV In their community.

Allow 20 minutes to prepare their role plays. Ask groups to present their role plays to the rest of the group. Again, encourage other participants to ask questions and provide positive and constructive feedback. Then wrap up the session with a discussion on handling advocacy failure or rejection. You can use the following questions as prompts:

- What do we mean when we talk about turning failure into a positive?
- What can we do if our first actions are not successful?
- How can we draw on our failures to develop new advocacy plans? Can follow up actions be added in to our action plans?
- What are the benefits of already including follow up actions in our action plans?
- How can we stay positive even if we feel our advocacy actions have not been successful?

Finally, let the group put together an action plan of their own. Give them paper, pens and enough time to come up with a plan of action to discuss. They can use or adapt the following template on page 91 of the workbook.

What action?	Why do it?	Who will lead? Who will help?	When can we do this?	Where will it be done

Failing to plan is planning to fail!

The action plan is just a starting point. There will be gaps and the participants will have questions on what to do. Share with them some of the activities they can use to support their action plans. What is missing from the table is HOW they are going to do things. Let them know that this is what they will focus on now. Tell them that there are lots of different ways of advocating. Ask them to make their suggestions for advocacy actions. Add any areas they don't come up with.

- Sharing information – through print (posters, leaflets, letters, emails), talking or telling as many people as you we can about the issue and the challenges that YPLHIV face because of it – or any other way that you can think of to share information. The more people you can alert to the issue, the more support you will build and the better your advocacy action will be.
- Calling in to a radio show to talk about the issue.
- Presenting the issue to groups of people who have the power to influence whatever is causing the problem – for example you could present the issue to influential members of the community, like business people or religious leaders
- Starting a petition – you could write about the issue and the change that you are asking to see and then share it with as many people as possible. Ask them to sign it to show that they support your initiative. Once you have as many signatures as possible you can present the petition to your target.
- Writing a letter or speaking to the person or institution who is creating the problem and asking them to change it – remember, they may not have realised it is a problem.
- Writing to a newspaper about the issue. Engaging the media is a great way to reach a lot of people as newspapers, radio and TV stations already have a large audience of people who they are reaching with news on a regular basis.
- Identifying other groups that you can form a coalition with and joining forces to push for action on the issue.

There are many other ways to raise awareness about and promote action on an issue – these are just some ideas but you can think of many more.

As a group, they should prioritise their top three actions – do this in a fun way by voting (use stickers or secret ballot or simply just raising their hands. When they have agreed on the three best ways, spend some time planning them.

Round up the session with the following points.

- **Follow up stages to advocacy:** Sometimes advocacy actions are not successful the first time you try. That does not mean you have failed or that you should give up. For example, you may have decide to talk to a clinic director about introducing youth friendly services. If there is no action following the conversation, you may call to remind them about your discussion or write a letter – or you we may decide to start a petition. If the petition still doesn't bring about positive change, you we may try yet another angle – such as calling in to radio station or writing to a newspaper to raise the issue and 'make more noise' about it.
- **Use failure to your advantage:** Deciding to take part in advocacy shows that you are willing to take on a leadership role in your community. Part of being a good leader means being able to handle rejection or failure in a healthy and positive way; being able to turn that failure into a positive! Remind yourself that you are now in a stronger position compared to when you started – you have learned a lot and you now know what doesn't work, so you have a better chance of figuring out what does work. Stay motivated and move on to the next stage of your advocacy plan.

What have I learned about advocacy for action?

Time: 20 minutes

Session Objectives:

- To reflect on learning about effective advocacy
- How can this information help you to encourage effective advocacy for change

Based on the information discussed across the three sessions and the learning that has taken place, ask the group to give answers to the following:

1. What is the most important piece of information that you have learnt from the sessions in this unit?

2. Why or how is this information important to you?

3. How can this information help you to adopt healthy behaviours and change unhealthy ones?

I CAN MAKE A POSITIVE DIFFERENCE!

Commit!

What commitment are you going to make to yourself based on what you learnt about using and accessing health services? (You will not be expected to share this with the group.) This activity is on page 92 of the workbook.

Write your commitments in the space below.

I commit myself to the following things:

.....

.....

.....

.....

.....

Review of Module 4

Complete this Module Review Sheet. You can also use it later to ensure the learning is sticking or to revise with people who miss sessions. Use it as a quick quiz.

Session	Review issues
Youth Friendly Services	
SRH service mapping	Who can help you access SRH information and services in your community? How can you help yourself to better health? Name two important checks you should seek before you get sick
Talking to parents about SRH	Name some ways to improve your communication skills when talking with your parents or other adults about SRH
Advocacy in Action	
Understanding Advocacy	What does advocacy mean? Share some examples of advocacy Give some examples of how you can support advocacy
Advocacy Planning	How do you go about planning an advocacy action? How can you turn negatives into positives?
Advocacy for Action	Can you name the eight action steps for advocacy? Name some ways that you can help in your community to support the health of young people

Course Evaluation- What did we learn?

SRHR QUiZ

1. Young people do not need separate SRH services	T / F	2. PrEP is a form of contraception	T / F	3. Dual protection means wearing two condoms at a time	T / F	4. Listening is more than just hearing	T / F
5. Disclosure to a potential sexual partner is a caring and responsible thing to do	T / F	6. Men can also suffer from gender-based violence	T / F	7. Active listening means you know how people will answer a question	T / F	8. If an HIV negative person marries an HIV positive person, they will eventually become HIV positive	T / F
9. If you look and feel healthy, you do not have HIV	T / F	10. Being assertive means being aggressive	T / F	11. It is safe for pregnant women to take ARVs	T / F	12. Adolescents who give in to peer pressure may have an increased risk for HIV, STIs and unintended pregnancy	T / F
13. Young people living with disability do not need information on SRHR because they are not sexually active	T / F	14. When a young girl gets pregnant it is her own fault	T / F	15. A healthy relation-ship needs good communication, trust and joint decision making.	T / F	16. Girls and boys under 16 are not allowed to access contraceptives	T / F
17. Calling a young person stupid or useless is a form of abuse	T / F	18. People with STIs are more likely to contract HIV during unsafe sex	T / F	19. Young people who are sexually abused need to get medical and psychological support	T / F	20. HIV positive women can have HIV negative babies	T / F

This quiz is on page 93 of the workbook.

Answers:

1. T	5. T	9. F	13. F	17. T
2. F	6. T	10. F	14. F	18. T
3. F	7. F	11. T	15. T	19. T
4. T	8. F	12. T	16. F	20. T

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Notes

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Knowledge for action: The power to make a difference!

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