### - INTER AIDE -

# TRAINING GUIDELINE YOUTH HEALTH PROJECT

#### Supported by:



-Version 2010-English



This guideline has been prepared by Inter Aide and the contents here in do not reflect the views of the financing organisations.

# TABLE OF CONTENTS Page # Introduction......4 Training guide Do's and don'ts of training......9 Content Sexually transmitted infections (STIs) and Condom use........ 20 Decision making skills. 52 Substance and drug abuse......58 Self esteem. 66 Planning for the future......71

#### **ACKNOWLEDGEMENTS**

Inter Aide is greatly indebted to the following team without whose tireless effort in development, reviewing and consequently production, this 2010 Youth Health Project of Inter Aide Malawi training guideline would not have been achieved.

Inter Aide Youth Health	Lilongwe
Inter Aide Youth Health	Lilongwe
Inter Aide Youth Health	Lilongwe
BASEDA	Lilongwe
BASEDA	Lilongwe
Inter Aide Youth Health	Mulanje
Inter Aide Youth Health	Mulanje
Inter Aide Youth Health	Mulanje
DOMBOLO-FREEWORLD	Mulanje
	Inter Aide Youth Health Inter Aide Youth Health BASEDA BASEDA Inter Aide Youth Health Inter Aide Youth Health Inter Aide Youth Health

Inter Aide's gratitude also go to the team which was involved in the production of the 2008 training manual as it was the basis for the 2010 training guide.

Special thanks go to the European Union whose financial assistance has helped in the production of this guideline.

It is also our sincere hope that the users of the manual will make strenuous efforts to look for extra material in order to make the training more nourished than it may be with the guideline alone.

For more information contact:

#### YOUTH HEALTH PROJECT MULANJE

Inter Aide, P.O. Box 34. Thuchila

TEL/FAX: Project Officer: 0888 833 423

Field Coordinator: 0888 737 854 Mail: youthhealthproject@yahoo.fr

#### INTRODUCTION

Malawi like most countries in the world is grappling with the HIV and AIDS pandemic and STIs. The school curriculum has been modified to accommodate HIV and AIDS education. HIV and AIDS education has been introduced in primary and secondary schools as an intervention measure whose purpose is to raise awareness of the AIDS pandemic amongst the youth. HIV and AIDS education intervention programme has included the incorporation of AIDS prevention messages into some academic carrier subjects like Health Science and introduction of extra curricula clubs handling AIDS prevention mostly through the peer education method like health clubs and girls groups in most of the schools.

Inter-Aide, a non governmental organization, is complementing government efforts by undertaking AIDS awareness programs in communities. It is indeed imperative that trainers, club leaders and other leaders are empowered with the necessary information and skills to recognize and undertake their major roles as information providers to youth on HIV and AIDS and act as role models of good behaviour. Therefore, the guidelines have been drafted to assist to deliver accurate information.

#### NOTES TO THE USER

#### **P**URPOSE

This training manual is part of the Comprehensive Reproductive Health and Family Planning Training Curriculum.

It is designed to prepare the users (leaders) to provide quality reproductive health services to adolescents in the clubs.

All of the modules in the curriculum are designed to actively involve participants in the learning process.

Included in each module is a set of knowledge assessment questions, trainer resources, participant materials, training evaluation tools.

#### **USING THE MODULES**

- The modules provide flexibility in planning, conducting and evaluating the training course.
- The curriculum allows trainers to formulate their own training schedule based on results from the training needs assessments.
- The modules can be used independently of each other.
- In order to foster changes in behaviour, learning experiences have to be in the areas of knowledge, attitudes, and skills. In each module, general and specific objectives are presented in terms of achievable changes in these three areas.
- Training references and resource materials for trainers and participants are identified.
- The *Trainer's Manual* contains the "Training Guide" and the "Content."

The "Training Guide" presents the information in two parts:

The first part, "Content," contains the necessary technical information. The second part, "Training/Learning Methods," contains the training methodology (lecture, role-play, discussion, etc.) to be used and the time required to complete each activity.

# TRAINING GUIDE

#### INTRODUCTION

#### Place:

- Be convenient to both trainees and trainers
- Be well spacious to promote participatory approaches e.g. as groups, games and some energizers
- Well ventilated with enough light
- Without communication barriers like noise
- Relative to the expected status of the people to be trained

#### Target group:

- Have clear communication with them about objectives, venue, time, finishing...
- Number of participants who will attend
- Training assessment is quite essential

#### Resources needed:

- Markers
- Flipcharts
- Pens/pencils
- Masking tape
- Exercises books

#### Work for trainers to do in advance:

- Introduction
- Content
- Knowledge/Attitudes/Skills
- Training/Learning Methods
- Time Required

#### **Introduction to the participants:**

The trainer(s) should:

- Greet participants and introduce him/herself.
- Introduce : the content of the training and the time required

#### **During the training:**

The trainer should:

- Ask the trainees for suggestions, examples, and ideas for effective participation.
- Give the trainees additional suggestions or concrete example.
- Ask trainees to record the suggestions of the group.
- Include energizers to motivate the group

#### After the training:

The trainer should:

• Check if he/she has reached the unit training objectives and specific learning objectives for each unit.

#### The next training:

#### WHERE ARE WE?

Starting each day with "Where Are We?" is our opportunity to review the previous days' material, especially the key points of each session.

Each day one participant will be assigned to conduct the exercise.

This person should take some time to write down the key points from the day before. The participant who is assigned should briefly present these key points and then ask participants for any additions.

#### REFLECTIONS

After a full day of activities, we need to take time to look over what we have done and examine what it means to us individually.

The "Reflections" activity is an opportunity for the trainers and participants to share feedbacks on the training activities and to identify areas that need reinforcement or further discussion

#### **Pre-test and Post-test**

The trainer should:

- Explain to trainees that a test will be given before and after some trainings.
- Explain that the purpose of the test is to evaluate the training.
- The test before training helps the trainer focus the training on the right topics. The test after training is a reflection on how good the training was based on whether the trainees improved their knowledge of the subject matter.
- Distribute the pre-test or post-test.
- Allow the trainees 30 minutes to complete the pre-test or post-test.
- Give the answer for the post test.

#### **©**@DO'S AND DON'TS OF TRAINING

The following "do's and don'ts" should ALWAYS be kept in mind by the trainer during any learning session.

#### ©DO'S

**Do** maintain good eye contact

**Do** prepare in advance

**Do** involve participants

Do use visual aids

Do speak clearly

Do speak loud enough

**Do** encourage questions

**Do** recap at the end of each session

**Do** bridge one topic to the next

**Do** encourage participation

**Do** write clearly and boldly

Do summarize

**Do** use logical sequencing of topics

**Do** use good time management

**Do** K.I.S.S. (Keep It Simple and Straightforward)

Do give feedback

**Do** position visuals so everyone can see them

**Do** avoid distracting mannerisms and distractions in the room

**Do** be aware of the participants' body language

**Do** keep the group focused on the task

**Do** provide clear instructions

Do check to see if your instructions are understood

**Do** evaluate as you go

Do be patient

#### **ODON'TS**

Don't talk to the flip chart

**Don't** block the visual aids

**Don't** stand in one spot — move around the room

**Don't** ignore the participants' comments and feedback (verbal and non-verbal)

Don't read from the curriculum

Don't shout at the participant

# **CONTENT**

#### DRAMA AND STORY CREATION

**Time: 2h30** 

#### **INTRODUCTION (5 min)**

#### **PURPOSE**

This session aims at providing participants with knowledge and skills on how to formulate/create and perform good songs, poems, dances and drama.

Further to this, the topic will enable participants to practice drama and perform participatory plays.

#### SPECIFIC OBJECTIVES

By the end of this session participants should be able to:

- ✓ Define the following terms
  - Story
  - Drama
- ✓ Explain how stories and drama can be created
- ✓ Describe qualities of good drama, story, poems and dances
- ✓ Explain importance of drama and stories
- ✓ Create and perform an interactive drama
- ✓ Mention some of the skills needed when performing drama (techniques)
- ✓ Perform drama

#### MATERIAL NEEDED

Flipcharts, markers, chalks

#### **CONTENT**

#### **ACTIVITY 1: DEFINITION (10 min)**

**DRAMA** is a collection of ideas or feelings put together and presented to other people through actors/actress.

STORY is a collection of ideas or feelings put together and presented to other people either verbally or written.

Members have to brainstorm on the difference between

- (a) Role play and
- (b) Drama

#### POSSIBLE ANSWERS

A role-play is a simple drama whereby actors act on particular situation while drama caters a lot of situations and messages. There are more actors in drama than in a role play and a role play settles climate for real drama.

#### **ACTIVITY 2 : GROUP WORK (10 min)**

A facilitator will divide the participants into groups and ask them to create a drama dealing with one of the guideline topics (HIV-AIDS, STIs, HTC...).

#### PRESENTATION (30 min)

Each group should perform its drama.

#### PLENNARY SESSION (50 min)

#### 1. HOW ARE DRAMA AND STORIES CREATED?

- From pictures/observations
- From imagination
- From other stories (history)
- Noise (what you hear)
- Real life situation

#### 2. QUALITIES OF A GOOD DRAMA/STORY

- a) Educative carries quality messages to educate people
- b) Entertaining it should attract people and must be full of creativity
- c) Short enough people get bored and lose interest when the play/song/dance or poem is too long. But should not be too short because there's little information
- d) Simple/direct the message should be easy to get by anyone
- e) Carries people's language the language has to be the one spoken/used in the area
- f) Not offending people's culture/not disappointing e.g. body or physical contact.
- g) Remove misconceptions and give people some hope/create more awareness
- h) Interactive

# 3. IMPORTANCE OF DRAMA IN DISEMMINATING INFORMATION Drama/stories are used as effective tools to carry developmental activities

- Drama/stories simplify difficult development messages e.g. about condom use, HTC, Family Planning
- Dramas/dances (theatre) attract, mobilize communities to start participating in development activities after getting the message i.e. unite and motivate people to act for their development.
- Dramas/stories empower the community because there's education/information e.g. HIV prevention, HTC, HBC, history.
- People learn easily through dramas, stories, poems, dances, pictures, even illiterate people.

#### 4. INTERACTIVE DRAMA

**Definition:** This is a play whereby actors ask questions to the audience to comment while they are on stage.

- If the audience is quiet, the actor should act deliberately or contrarily to the audience's expectations in order to influence them.
- The group should have a joker who is in charge of directing the interaction as a master of ceremony.
- The joker can stop the play and ask a question to the audience according to the situation (thus "Stop and go" technique)
- The joker can ask the audience to join the play by asking them to role play a particular situation (the "Seat belt" technique)
- At the end of the drama, the joker should ask the audience to choose the actor/actress who they feel was controversial and ask him/her questions according to his/her character (the "Hot seat" technique)

#### **5. DRAMA SKILLS (TECHNIQUES)**

- Voice should be audible
- Minimize exaggerations (e.g. costumes, actions, language should be real)
- Use of local resource.
- Flexibility on the use of the stage(change of stage according to scenes, positioning)
- Use of appropriate language (by considering the audience)

#### 6. IMPORTANCE OF DRAMA/STORY

- Keeping the body and mind awake and flexible
- It acts as a medium of participatory communication between the development initiator and the targeted community.
- Keeping the young people busy, active and free from dangerous behaviours e.g. substance use...
- Promotes people's rights to participate in development activities.
- Brings/develops a rapport between the facilitator and the community working with
- It is an income generating activity for the actor/actress
- Promotes unity among people of different status

#### **ENERGIZER** focus on theatre games, funny games

Facilitator can choose between these 2 energizers, according to the time that's left.

#### ENERGIZER n°1 (5 min)

#### THE LONGEST LINE GAME

This game can be used in any training session as an energizer.

#### **OBJECTIVES**

• To assist participants to identify the importance of team building and team work

- To assist in identifying the importance of self dedication when you want to achieve goal
- To identify the role of using available resources in achieving goals

#### **GOALS**

To have the longest line than the other group/team

#### RULES OF THE GAME

- 1. Participants are not allowed to get additional things to make their line long.
- 2. The lines should be made of what the participants have on their bodies, e.g. pens, clothes, belts, shoes, etc.

#### **PROCEDURE**

- All participants should go outside
- Divide the participants in two teams
- Ask the participants to make the longest line on the ground by joining using whatever pieces of clothing or accessories they have on their bodies
- The team that makes the longest line wins the game

#### **SUMMARY**

The game relates to real life situations in a sense that whenever as a team you are facing problems, you need to find solutions together so as to achieve your goal. It also helps in identifying that some of our goals can be achieved by using the very same resources that we have as long as there is dedication. As noticed on achieving the longest line, participants had determination.

#### OR

#### ENERGIZER n°2 (15 min)

#### PLAY REAL GAME

This game can be used in order to assist actors to avoid exaggerations.

#### **OBJECTIVES**

- To assist participants to practice how to perform real-life dramas
- To help the participants play characters and roles
- To assist the director in identify actors to be cast in a particular play

#### **RULES OF THE GAME**

- 1. Participants are not allowed to close or cover their face
- 2. Participants are not allowed to change the directions until they are told to do so
- 3. Participants are not allowed to laugh at others' performance

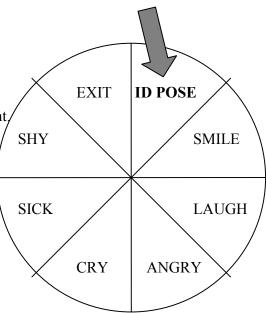
#### **PROCEDURE**

 The facilitator should draw a circle on the floor and segment it anyway and should write different actions in each segment

• The facilitator should ask every participants, one by one, to perform the act given by clapping hands **starting from "ID POSE"** to "EXIT".

• Every participant should observe performances and comment them later.

• The facilitator should record strengths and weaknesses of every performance and finally summarize everything.



#### **ACTIVITY 4: GROUP WORK - DRAMA PERFORMANCES (40 min)**

Each group should present again his drama, performing the way of acting and including techniques and skills participants have learned during this training.

As the actors/actresses are on stage, ask the other participants to critically observe areas of interactivity, education, entertainment, and if it's really realistic. Ask them to jump into the shoes of characters, let them ask questions and ask them how they feel with the play.

#### **COMMENTS AND SUMMARY**

At the end the leaders and the trainer should summarize the whole session.

Emphasize on the voice, interactivity and the quality of the message.

#### **COMMUNICATION SKILLS**

**Time: 1h55** 

#### **INTRODUCTION (10 min)**

#### **PURPOSE**

The aim of this session: the participants have acquired effective communication skills.

#### **SPECIFIC OBJECTIVES**

By the end of this session participants should be able to:

- ✓ Define communication
- ✓ Explain reasons for communication
- ✓ Identify skills required for effective communication
- ✓ Describe communication process/elements of communication
- ✓ Explain the types of communication and their examples
- ✓ Explain barriers to effective communication
- ✓ Design strategies to overcome barriers to effective communication

#### MATERIAL NEEDED

Flipcharts, markers

#### CONTENT

#### **ACTIVITY 1 : DEFINITION (15 min)**

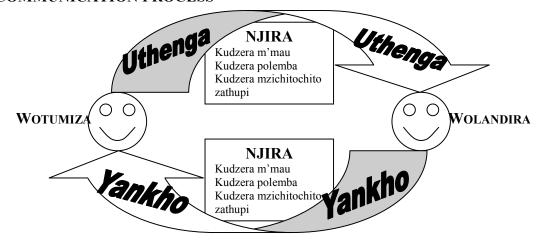
The trainer will ask the participants through brainstorming the definition of communication. Thereafter he should summarize by giving the following definition:

**COMMUNICATION** is a process by which human beings share information, knowledge, experiences, and ideas from a sender to a receiver through a medium, to ensure a common understanding.

#### REASONS WHY PEOPLE COMMUNICATE

- To deliver messages
- To promote development
- To create and promote relationship
- To share and gain experience e.g. culture and development
- To share information e.g. on HIV and AIDS and STIs
- To share ideas and feeling about something
- To improve their communication skills e.g. writing letters.

#### **COMMUNICATION PROCESS**



Communication involves sending a message through a channel to a receiver who then gives a feedback.

For every communication done feedback plays a vital role since it shows if the message has been delivered or not. This feedback can be given verbally, or through an action or a change in behaviour.

#### **ACTIVITY 2: GROUP WORK (15 min)**

The facilitator should divide the participants into four groups to discuss the following questions:

#### **GROUP 1**

- Describe skills required for effective communication

The youths should role play a situation which would require the use of effective communication skills.

#### **GROUP 2**

- Explain communication types and their examples

#### **GROUP 3**

- Explain and give some barriers to effective communication and how to overcome them

Ask participants to role play a situation where there are a lot of barriers.

#### PRESENTATION (20 min)

Participants will present what they discussed in their groups and role plays. Allow them to ask questions and give comments.

#### **ENERGIZER (5 min)**

#### WHISPERING GAME

Participants should stand in a circle and the person near the door should start a sentence and whisper it to the person to his or her right side, who in turn should whisper it to the next one. When the sentence has gone around the circle ask the last person to tell the group what he/she was told. Compare with the original statement. *This game illustrates the importance of brief and clear messages* 

#### PLENNARY SESSION (20 min)

The trainer should conclude this activity by giving the following possible answers:

#### Q1. EFFECTIVE COMMUNICATION SKILLS

- Active listening
- Speaking clearly
- Interpretation of messages
- Sending clear messages

- Patience
- Questioning
- Use of appropriate language
- Ability to share feelings

#### **Q2. COMMUNICATION TYPES AND THEIR EXAMPLES**

VERBAL	NON VERBAL
Radio	Touch
Personal (voice)	Body movements
Word of a mouth	Eye contact
Telephones	Drum beating
Books	Whistling
Newspapers	Flag
Drama	Dressing
Songs	Facial expression
Role-plays	Gestures
Poems	
Television	
Videos	

## Q3. BARRIERS TO EFFECTIVE COMMUNITICATION AND THEIR SOLUTIONS

BARRIERS	SOLUTIONS
Lack of knowledge or skills	Have adequate knowledge on subject matter
Religion and culture	Understand and respect religion and culture of the target
	group
Time	Need to have adequate time (but not too much)
Meeting place/venue	Choose a suitable place
Language used	Use appropriate language
Behaviour	Adjust to the audience behaviour
Economic status	Respect all as equal

Sex	Introduction of life skills to young people so that they are
	receptive to one's views AND ARE ABLE TO
	NEGOTIATE
Age	Promote peer to peer or communication between the same
	age groups
Attitude	Promote peer to peer or communication between the same
	age groups
Fear	Promote peer to peer or communication between the same
	age groups
Too many messages	Be brief and straight forward on what you want to say

#### **ACTIVITY 3: ROLE PLAYS (30 min)**

The trainer should put the participants in situations where they can think about different ways to communicate and try to find the best ones for them.

- 1. Anne dresses seductively. James, her schoolmate has been aroused. How should Bob, another schoolmate, tell Anne on the possible consequences of boys being aroused by her way of dressing? How could Bob convince James that the way a woman dress does not mean she wants to have sex with men? How could Bob convince James that *he* alone is responsible for his own actions and decisions when aroused. How do this relate to HIV transmission?
- 2. Joyce was on her way coming from school. Suddenly Frank comes out of the bush asking her to have sex. What should Joyce do to convince Frank not to have sex?
- 3. You want to conduct an outreach activity in a village. How do you communicate with the community to come up with good attendance? Make a role-play.
- 4. A girl is tempting a boy to have sex because he is the best football player. How can the boy communicate with the girl in order not to have sex?

The trainer has to help them prepare different reasons they can choose in any situation. He has to be sure that in the role plays everybody is respecting the views of others, when someone is speaking and afterwards tries to convince him with their points of view.

#### **COMMENTS AND SUMMARY**

#### **SEXUALLY TRANSMITTED INFECTIONS (STIs)** AND CONDOM USE

Time: 2h10

#### **INTRODUCTION (10 min)**

#### **PURPOSE**

The purpose of the session is to equip young people with information about sexually transmitted infections and encourage them to delay the onset of sexual activity and enable them to resist peer pressure and partner pressure. This session can also make participants know how to use a condom.

#### **SPECIFIC OBJECTIVES**

This session will enable participants to:

- ✓ Mention examples of common sexually transmitted infections in Malawi
- ✓ Explain how sexually transmitted infections are spread
- ✓ Describe risky behaviours that contribute to the spread of the diseases
- ✓ Explain the effects or dangers of sexually transmitted infections
- ✓ List some of signs and symptom of sexually transmitted infections
- ✓ Explain the preventive measures of sexually transmitted infections
- ✓ Demonstrate how to use a condom

#### **MATERIAL NEEDED**

Flipcharts, markers, demo penis, condoms

#### **CONTENT**

#### **ACTIVITY 1: DEFINITION (5 min)**

The facilitator should brainstorm with the participants on the meaning of the term STI. Thereafter he should explain that STI means sexually transmitted infections. He should further ask the participants to give examples of common sexually transmitted infections which include the following: HIV and AIDS, Gonorrhoea, Syphillis, Chancroid and Bubos.

The facilitator should stress that STIs are a global issue. Infections such as HIV and AIDS, Gonorrhoea and syphilis are mostly widely known. The advent of HIV has increased the spread of STIs still further.

#### **ACTIVITY 2: GROUP WORK (10 min)**

Divide the participants into three groups and each group should answer to two questions:

#### **GROUP 1**

- Explain how STIs- are transmitted from one person to another
- Mention risky behaviours which are contributing to the spread of the infections

#### **GROUP 2**

- Explain the signs and symptoms of sexually transmitted infections
- List the relationship between STIs and HIV

#### **GROUP 3**

- Discuss the dangers of sexually transmitted infections
- Explain preventive measures of sexually transmitted infections

#### PRESENTATION (15 min)

#### **ENERGIZER (5 min)**

Facilitator need to come up with an energizer to keep participants active.

#### PLENNARY SESSION (30 min)

#### Q1. MODES OF TRANSMISSION

- Through unprotected sexual intercourse with an infected person
- From mother to child in the womb through the placenta, during delivery when the baby is being born and the infected blood comes into contact and during breast feeding
- Transfusion of untested blood or sharing needles direct blood

#### **Q2. RISKY BEHAVIOURS**

- Having multiple sexual partners
- Harmful traditional practices i.e. wife inheritance, Fisi, kulowa kufa
- Unprotected sex

#### Q3. SIGNS AND SYMPTOMS

The following are the common signs and symptoms of STIs in both men and women.

- Sores on the genitals and genital warts
- Urethral discharge and burning when passing urine (Gonorrhoea)
- Vaginal itching or itchiness of the penis
- Painless sores on penis or vagina (syphilis).
- Swelling and pain around groin area like boils (bubos)
- Vaginal discharge
- Abdominal clumps
- Non itching rash on body (syphilis)
- Hair loss, fever or chills (syphilis)
- Yellow-green discharge or white discharge from the penis or vagina (Gonorrhoea)
- Possible swelling in the area of the testicles

#### **04. THE RELATIONSHIP BETWEEN STI'S AND HIV/AIDS**

- The main mode of transmission is the same and their modes of prevention is also the same
- There is an increased acceleration in the progression of HIV infection in the presence of other STIs
- It is more difficult to cure STIs if the person also has HIV.

#### **O5. EFFECTS OF STIS**

- May cause infertility (clamidiae)
- Indirectly STIs may kill through spontaneous abortions, ectopic pregnancy and cervical cancer
- Possible social consequence like divorce when a wife or a husband is infertile
- Higher chances of contracting HIV if you have STI
- Possible eye infections or blindness amongst infants (herpes)
- Pre-mature delivery or still birth; handicap (herpes...)

#### **Q6. PREVENTIVE MEASURES**

- Abstaining from sexual activity
- Being faithful to one uninfected partner
- Using condoms correctly and consistently
- Rapid and effective treatment of a person with STIs and all his/her partners

#### **ACTIVITY 3**

#### : CONDOM USE (35 min)

The facilitator should do a demonstration to explain how to use a male condom and a female condom. Then, each participant should try to use it, using a demo penis and condoms.

#### **HOW TO USE CONDOMS**

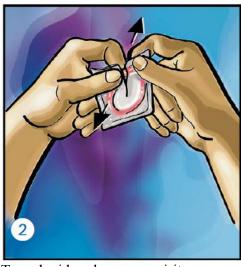
#### a) Male Condoms

- \*Use new condoms every time you perform any vaginal, anal or oral sex
- \*Open the package carefully to avoid damage
- \*Do not unroll before placing the condom on the penis
- \*Gently press out air at the tip before putting it on
- \*Put on when the penis is erect
- \*Unroll to cover the entire erect penis
- \*If it tears or comes off in the vagina, stop immediately and withdrawal. Put on a new one before you continue
- \*After ejaculation and before the penis gets soft, withdraw the penis and the condom together
- \*Hold on to the rim as you withdraw so that nothing spills
- \*Gently pull of the penis
- \*Discard in waste container/pit latrine
- \*Do not flush down the toilet.

#### Momwe tingagwiritsire ntchito makondomu



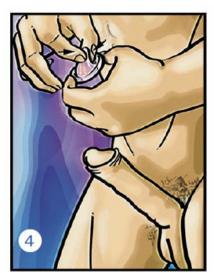
Onetsetsani Kuti chida chanu chatota



Tsegulani kondomu pogwiritsa ntchito manja anu



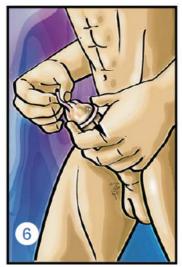
Samalani posatsegula kondomu yanu ndi zikhadabo, mano kapena zipangizo zakuthwa kuopa kuti zingaboole kondomu yanu



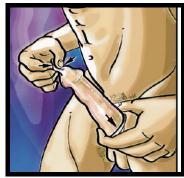
Onetsetsani mbali yofunyukulira kondomu yanu finyani nsonga ya kondomu yanu ndikuonetsetsa kuti mukondomu yanu mulibe mpweya



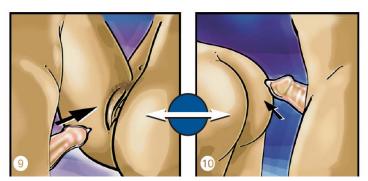
Ngati chida chanu ndichosadulidwa phyotolani chida chanu mpaka mutsinde mwake



Finyanibe nsonga ya kondomu yanu uku mukufunyukula kuvala kondomu yanu



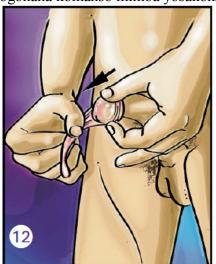
Valani kondomu mpaka m'tsinde la chida chanu musaphatikize makondomu valani imodzi yokha



Kumbukirani kuvala kondomu yanu musanakudze maliseche a wokondedwa wanu. Kondomu idzakutetezani ku HIV/AIDS ndi matenda ena opatsirana pogonana komanso mimba yosakonzekera



Mukamaliza, chotsani chida chanu chisanafote, dzanja lina litagwira tsinde la chidacho kuopa kuti kondomu ingavuke



Vulani Kondomu yanu ndipo muonetsetse kuti umuna sunataikire kunja



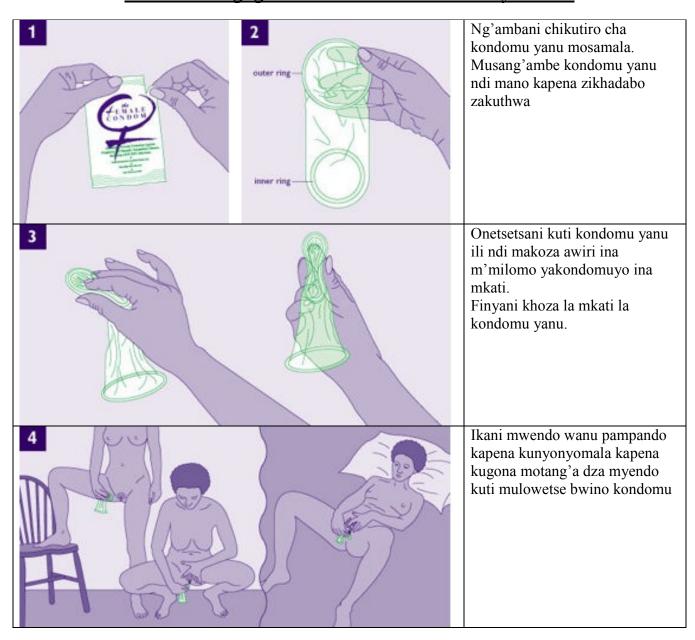
Mangani kondomuyo ndikutaya pamalo obisika monga mchimbuzi chokumba.

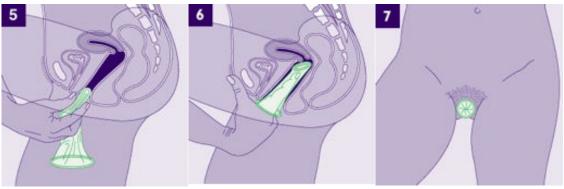
#### b) Female Condoms

- \*Open the package carefully.
- \*Choose a position that is comfortable for insertion squat, raise one leg, sit or lie down
- \*Make sure the inner ring is at the closed end of the sheath, and hold the sheath with the open end hanging down. Squeeze the inner ring with thumb and middle finger (so it becomes long and narrow), and then insert the inner ring and sheath into the vaginal opening. Gently insert the inner ring into the vagina and feel it go up. Place the index finger inside the condom and push the inner ring as far as it will go. Make sure the condom is inserted straight, and is not twisted inside the vagina. The outer ring should remain on the outside of the vagina.

- \*The penis should be guided into the condom in order to ensure that the penis does not slip into the vagina outside the condom. Use enough lubricant so that the condom stays in place during sex.
- \*The female condom should not be used at the same time as a male condom because the friction between the two condoms may cause them to break.

#### Momwe Tingagwiritsire ntchito kondomu ya akazi

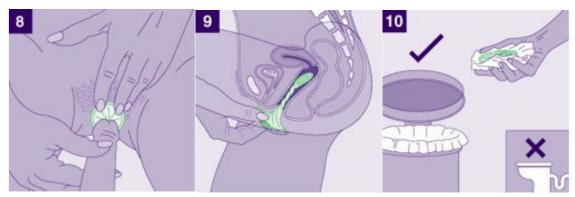




Lowetsani kondomu yanu pogwiritsa ntchito khoza la nkati mutalifinya

Lowetsani kondomu Mpaka nkati pogwiritsa ntchito chala cha nkomba phala

Onetsetsani kuti khoza la kunja la kondomu yanu ndi lotambasula losapotoka ayi



Athandizireni bambo kulowetsa chida chao kuopa kuti angaphonyetse ndi kulowetsa pambali

Mukamaliza, chotsani kondomu yanu mopoloza

Tayani kondomuyo pamalo obisika monga mchimbuzi chokumba.

#### **ACTIVITY 4: GAME (20 min)**

Write TRUE and FALSE on two different flipcharts and ask to the participants to go near the one they consider as a correct answer to these following questions:

#### 1. A person can always tell if she/he has an STI

→ **FALSE** People can and do have STI without having any symptoms. Women often have STIs without symptoms because their reproductive organs are internal

#### 2. Condoms are the most effective to safeguard against the spread of STIs

ightarrow FALSE Abstinence is the best way but, in fact, in case of failure you should use condoms

#### 3. Using condoms will help prevent the spread of STIs

→ TRUE Condoms can help prevent the spread of STIs but they must be used correctly and consistently

#### 4. It is possible to contract some STIs from kissing

- → TRUE herpes can be transmitted by kissing; it's rare but possible to be infected by syphilis through kissing if the infected person has small sores in or around the mouth
- 5. The most important thing to do if you suspect that you have been infected by an STI is to inform your partner
  - → FALSE The most important thing is to seek immediate medical treatment. Symptoms of an STI may never appear or may go away after a short time but the infection continues inside the body. Then, it is good to inform your partner so he/she can also get a treatment, and you don't become contaminated again.
- 6. Only people who have intercourse can contract an STI
  - → FALSE Infants can contract STIs such as herpes, gonorrhoea and HIV infection during the birth process or during breastfeeding
- 7. A woman using oral contraceptives should still insist that her casual partner use a condom to protect against STIs
  - → TRUE Oral contraceptives do not prevent STIs so a condom is necessary for protection
- 8. You cannot contract an STI by masturbating, or by holding hands, talking, walking or dancing with a partner
  - → TRUE STIs are only spread by close sexual contact with an infected person. Anyone can be infected by oral, anal or vaginal intercourse with a partner who is infected
- 9. STIs can cause infertility among young people and adults and blindness amongst
  - → TRUE STIs if left untreated for a long time can cause devastating effects to the diseased person.

#### **COMMENTS AND SUMMARY**

# HIV AND AIDS

**Note to Trainer:** The topic HIV and AIDS is divided into two parts which must be done in right order during two successive sessions to be well understood by participants.

Time: 2h

#### **INTRODUCTION (5 min)**

#### **PURPOSE**

The purpose of this session is to give young people knowledge on HIV and AIDS.

#### SPECIFIC OBJECTIVES

This session will enable participants to:

- ✓ Define the terms HIV and AIDS
- ✓ Explain current information on HIV and AIDS in Malawi
- ✓ Illustrate how HIV is transmitted
- ✓ Identify Risky / Non risky behaviours
- ✓ Identify factors that are fuelling the pandemic
- ✓ Explain why women are more vulnerable to HIV-AIDS than men

#### PRE TEST (15 min)

- 1. Explain the difference between HIV and AIDS (2 marks)
- 2. Mention two modes of transmission (2 Marks)
- 3. Give three preventive measures of HIV (3 marks)
- 4. Mention the impact of HIV and AIDS in Malawi (3 marks)

#### **MATERIAL NEEDED**

Flipcharts, markers, condoms

#### CONTENT

#### **ACTIVITY 1: DEFINITION (5 min)**

The facilitator should ask the participants to brainstorm the meaning of HIV and AIDS and thereafter should summarize by giving the following responses.

HIV is a virus that destroys the immune system of a person and causes AIDS. HIV weakens the immune system by entering and destroying white blood cells. As increasingly white blood cells are killed the body becomes less and less able to fight off many different infections.

H Human

I Immuno deficiency

V Virus

**AIDS** is a combination of illnesses that result from specific weaknesses of the immune system. The immune system defends the body against infection and diseases. The immune deficiency is caused by infections with a virus.

**A**CQUIRED Become infected (to get, something not born with)

**IMMUNE** The immune system (body's natural protection or defence

mechanism)

Weakened by the virus (lack of something) **D**EFICIENCY

**S**YNDROME The illness with a variety of symptoms (signs and symptoms)

#### PLENNARY SESSION (20 min)

#### AIDS IN MALAWI CURRENT DATA

#### GENERAL INFORMATION ON HIV AND AIDS<sup>1</sup>

- 4 1985 First HIV and AIDS case was discovered in Malawi
- ♣ The estimated HIV and AIDS prevalence among adults 15-49 is 11% (2009)
- ♣ Life expectancy is 54 according to Unicef and 44 for males & 51 for females according to WHO<sup>2</sup> (2009)
- ♣ Every year about 110,000 new infections occur
- ♣ About 920,000 people are living with HIV (2009)
- 4 About 68,000 people die every year due to HIV and AIDS (2007)
- ♣ The number of orphans that are due to HIV and AIDS is estimated at about 650,000 (2009)
- ♣ About 70% of Tuberculosis patients are also HIV positive.

This information can be written on a flipchart to be explained to the participants and the facilitator should add LOCAL INFORMATION (consulting local counsellors) to help participants to know current data on HIV-AIDS in their area.

#### **ACTIVITY 2: GROUP WORK (10 min)**

The trainer should divide the participants into three groups and they should be assigned to answer the following questions.

#### **GROUP 1**

Explain how HIV is transmitted

#### **GROUP 2**

Explain the factors that are fuelling the pandemic

#### **GROUP 3**

Explain why women are more vulnerable to HIV than men

<sup>&</sup>lt;sup>1</sup>Sources: http://www.unicef.org/infobycountry/malawi statistics.html

<sup>&</sup>lt;sup>2</sup> http://www.who.int/countries/mwi/en

#### PRESENTATION (15 min)

#### **ENERGIZER (5 min)**

#### LIFE BOAT (BWATO LOPULUMUKIRAMO)

This game can be used during HIV and AIDS topic, bridge model and even STIs.

#### **OBJECTIVES**

- For the participants to understand the situation of HIV and AIDS prevention
- To help them understand that one can change the HIV preventive measures according to the situation/time
- For the participants to realize that one can achieve this if they are determined.

#### **PROCEDURE**

There is a ship that is sinking and lifeboats are coming to save the people.

- The captain will be calling out different numbers so that people can be in those groups
- The numbers may change depending on the capacity of the lifeboats

#### **RULES OF THE GAME**

- 1. The boats will carry only the people who are in groups of the called numbers
- 2. Those people who are under or over the called figure have sunk and should no longer participate in the game.

#### **SUMMARY**

The facilitator should summarize the game by saying that young people can make choices not to contract the virus and be able to stay HIV free and if we are to win the war against HIV/AIDS then it is time for everybody to start taking it as a personal challenge.

#### PLENNARY SESSION (30 min)

The facilitator should gather the participants for a plenary session and thereafter summarize by giving the following possible answers:

#### Q1. MODE OF TRANSMISSION

- Having unprotected sexual intercourse with an infected partner
- By an infected mother to her unborn baby/child during pregnancy, delivery or breastfeeding (breatfeeding is still the best way to feed newborns for low income families powder milk is very expensive and if clean water isn't available)
- By transfusion of infected blood, or by infected blood or needles or syringe

#### Q2. FACTORS THAT ARE FUELLING THE SPREAD OF THE PANDEMIC

• Cultural practices i.e. wife inheritance, fisi, traditional dances at night and kulowa kufa (cleansing rituals)

- Initiation ceremonies some young people undergo procedures with unsterilized equipment and environment leading to infections. Others are adviced to go and have sexual intercourse since they are grown-ups
- Behavioural practices i.e. peer pressure, drug and alcohol abuse
- Lack of knowledge and skills
- Lack of access to preventive services i.e. condoms, VCT
- Low risk perception

#### Q3. WHY WOMEN ARE MORE VULNERABLE TO HIV THAN MEN

- Economical dependence of women
- Gender inequalities or gender roles that do not permit women to participate in sexual or reproductive decisions
- During a sexual intercourse, contact area is bigger for women than men
- The contact last more for women than men: the sperm which contains HIV-AIDS remains for many hours in vagina.

#### NOTES FOR THE TRAINER

Women are more vulnerable because of:

- **Biological factors**
- Higher concentration of HIV in semen than in vaginal fluids
- Wider vaginal truck that exposes a woman to the virus than men
- Late diagnosis of STIs
- Long stay of semen in the vaginal track
- Rape

#### Social / Cultural / Economic factors

- Cultural and traditional practices mostly affect women
- Commonly, elder men marry very young girls or prefer young girls for sex
- Economical dependence & vulnerability of women that may lead them to transaction sex
- Historical & cultural predjudices against women, that does not empower women to take part in decision making on sexual issues, e.g. use of condoms
- Poor educational background of women, limiting access to information about HIV
- Put in some vegetative medicines (concoctions) into the vagina to make it narrower for hard sex. This makes vaginal muscles swell or puncture, and exposed to HIV even more so
- Gender inequality that impose women to act as home-based care providers or guardians, putting them at risks of getting HIV through unprotected care services

#### **ACTIVITY 3: GAME ON RISKY AND NON RISKY BEHAVIOURS (15 min)**

The facilitator should write statements that describes situation in which the young people may be found. These statements should be folded and each participant should pick one paper and then read it to the other and say whether it is a risky or non risky behaviour. Thereafter the facilitator should summarize as follows:

#### **RISKY**

- Sharing needles for ear piercing
- Intercourse without condoms
- Sharing razor blades
- Having several sexual partners
- Suffering from Syphillis
- Having a partner who has an STI
- Forgetting to use a Condom

#### **NON RISKY**

- Being close to an HIV positive person who is coughing
- Donating blood
- Shaking hands with an HIV positive person.
- Being bitten by a mosquito that has bitten an HIV positive person.
- Getting blood transfusion that has been tested

#### **COMMENTS AND SUMMARY**

Time: 2h

#### **INTRODUCTION (5 min)**

#### **PURPOSE**

The purpose of this session is to provide young people with knowledge on HIV and AIDS.

#### **SPECIFIC OBJECTIVES**

This session will enable participants to:

- ✓ List some of signs and symptoms of AIDS
- ✓ Assess the impact of HIV and AIDS in Malawi
- ✓ Explain how HIV can be prevented
- ✓ Explain the relationship and the difference between HIV and AIDS and STIs

#### MATERIALS NEEDED

Flipcharts, markers, condoms, papers of handshake game

#### **CONTENT**

#### **ACTIVITY 1: GROUP WORK (10 min)**

The trainer should divide the participants into three groups and they should be assigned to answer the following questions.

#### **GROUP 1**

Mention some of signs and symptoms of AIDS

#### **GROUP 2**

Explain the impact of HIV and AIDS in Malawi

#### **GROUP 3**

- How can HIV be prevented?

#### **GROUP 4**

Explain the relationship and the difference between HIV and AIDS and STIs

#### PRESENTATION (20 min)

#### **ENERGIZER (5 min)**

Facilitator need to come up with an energizer to keep participants active.

#### PLENNARY SESSION (50 min)

The facilitator should lead the participants in a plenary session and thereafter summarize by giving the following possible answers:

#### Q1. SIGNS AND SYMPTOMS OF AIDS

- 1. Weight loss greater than 10% of the body weight
- 2. Fever for longer than one month
- 3. Herpes zoster (Mashingozi)
- 4. Generalised Lyphadenopathy (Kutupa kwa ndukutu)
- 5. Skin rash
- 6. Oral thrush
- 7. Herpes simplex > 1 month
- 8. Chronic cough > 1 month
- 9. Diarrhoea for longer than one month
- 10. PTB/Miliary TB

#### **SPECIFIC INFECTION**

- Karposis Sarcoma
- PTB/Miliary TB
- Pneumonia (Pneumocystis Carinii Pneumonia)
- Cryptococco Meningitis

#### Q2. IMPACT OF HIV and AIDS (25 min)

To further support the need for behaviour change, the facilitator should ask participants to give impact of HIV/AIDS using future's wheel. The impact would include:

- Low productivity in agriculture, education and health sector since skilled people are Dying/Reduced productivity at all levels
- Increased morbidity
- Increased mortality
- Increased number of orphans
- Reduction of life expectancy
- Increased number of child headed households
- Loss of income
- Development of projects is affected since a lot of people take care of patients
- Change in life style due to death of parents, guardians; including prostitution, increase of street kids.

#### **O3. PREVENTION OF HIV**

- Abstinence (the best method for the youth)
- Being faithful to one uninfected partner
- Using a Condom properly and consistently

• Blood testing before transfusion; avoid sharing sharp objects that get in contact with infected blood.

#### **04. THE RELATIONSHIP BETWEEN HIV-AIDS AND STIS**

- If we have an increased number of STIs then we have a high number of HIV and AIDS cases as well because modes of transmission are similar. Both can be transmitted through unprotected sexual intercourse and also from Mother to Child (Syphilis, Gonorrhoea, herpes and HIV)
- Ulcerative STIs accelerate the transmission of HIV
- STIs and HIV can be prevented

#### **DIFFERENCE BETWEEN HIV-AIDS and STIS**

- STI's have a cure while AIDS does not have a cure.
- STI's develop faster while AIDS takes long to develop.

#### **ACTIVITY 2: HANDSHAKE GAME (15 min)**

#### **PURPOSE**

To increase awareness of how quickly HIV can be spread and how it can be prevented. It also analyses the risk you take whenever you decide to have sex without having enough information about whether your partner is HIV negative or not.

#### **MATERIALS**

- One card should be marked with an X
- One card marked with C
- One card marked 'DO NOT PARTICIPATE'

#### **PROCEDURE**

- The facilitator should ask the participants to be in a circle
- She/He should distribute the folded marked cards to 3 participants so that they don't read the message
- She/He should ask the participants to shake their hands (shaking hands means they have a sexual intercourse)
- Later, the facilitator should interpret that Card X means HIV positive, Card C means Condom use and the other card means Abstinence.
- That means all people shaken hands with X are contaminated except C and 'Do not participate'.

This game illustrates the rapid and wide spread of HIV in a society.

#### POST TEST (15 min)

- 1. Explain the difference between HIV and AIDS (2 marks)
- 2. Mention two modes of transmission (2 Marks)
- 3. Give three preventive measures of HIV (3 marks)
- 4. Mention the impact of HIV and AIDS in Malawi (3 marks)

#### **COMMENTS AND SUMMARY**

# HIV VOLUNTARY COUNSELLING & TESTING (VTC)

**Time: 2h10** 

## **INTRODUCTION (10 min)**

#### **PURPOSE**

To raise awareness on Voluntary Counselling and Testing (VCT) and enable the youths to make their own informed decisions to go for VCT at their own will.

#### **SPECIFIC OBJECTIVES**

By the end of this session, you should be able to:

- ✓ Define HIV counselling
- ✓ State the types of HIV Testing and Counselling (HTC or VCT)
- ✓ Mention the goals and benefits of VCT
- ✓ Discuss the process of VCT
- ✓ Explain the importance of VCT
- ✓ Explain stages of HIV/AIDS infection
- ✓ List positive living principles
- ✓ Explain the concept of ARVs

## PRE TEST (10 min)

- 1. Define VCT (1 mark)
- 2. Mention 2 types of VCT (2 mark)
- 3. When should one go for VCT? (1 mark)
- 4. What is the importance of VCT? (2 mark)
- 5. Mention 2 steps in VCT process (2 mark)
- 6. Name 2 places where one can get VCT services in your area (2 mark)

#### MATERIAL NEEDED

Flipcharts, markers

#### **CONTENT**

## **ACTIVITY 1: DEFINITION (5 min)**

HIV/AIDS counselling is a skilled and confidential communication between a counsellor/care provider and a client, that uses the general principles of counselling to enable clients to make personal decisions and adopt skills relating to prevention, care and living positively with HIV/AIDS, in an atmosphere of trust and acceptance.

## **ACTIVITY 2 : GROUP WORK (10 min)**

Participants should be divided into three groups and work on the following questions:

#### **GROUP 1**

Discuss the goals of HIV Testing and Counselling

#### **GROUP 2**

- Discuss the importance of HIV Testing and Counselling

#### **GROUP 3**

- Discuss the steps that one can follow if he has been tested HIV positive

## PRESENTATION (15 min)

## **ENERGIZER (5 min)**

#### **COUNTING NUMBERS GAME**

This game is an energizer that can be used in any session.

#### **OBJECTIVES**

- To attract the attention of the participants to the session
- To make the participants serious with what is happening and what they are doing.

#### **PROCEDURE**

- Participants should form a circle and hold each others hand
- Starting from one participant, they should count from one going up until ten.
- From the last person to count ten, the next person should start from one again and this round should end at 9. e.g. 1,2,3,4,5,6,7,8,9,10 and 1,2,3,4,5,6,7,8,9 then 1,2,3,4,5,6,7,8 then 1,2,3,4,5,6,7 then 1,2,3,4,5,6 then 1,2,3,4,5 then 1,2,3,4 then 1,2,3 then 1,2 then 1, then 0. This should be done while jumping and going round the circle, still holding hands.
- The person who makes a mistake goes out of the game.

## PLENNARY SESSION (50 min)

#### TYPES OF HIV TESTING IN MALAWI

#### 1) Voluntary Counselling and Testing (VCT)

In this model a person chooses to go for a test without being forced: an example is a person who goes to BASEDA, DOMBOLO-FREEWORLD clinics or MACRO for HIV testing.

## 2) Diagnostic Counselling and Testing

In this model a person will be tested for HIV when the doctor or clinician requires using the results for treatment purposes. This is deemed important especially since the person can benefit from proper medical care and also ARVs.

#### 3) Routine Counselling and Testing

In this model Counselling and Testing is offered routinely or is a routine component in a specific health interventions such as testing for Prevention of Mother to Child and also in the management of STIs.

## 4) Mandatory Counselling and Testing

In this model, Counselling and Testing is done in order to complement certain policies. For example, some countries require that those wishing to visit should get tested for HIV, or certain insurance companies request HTC in order to insure a particular person.

#### O1. GOALS OF HIV/AIDS COUNSELLING

The goals of HIV/AIDS counselling include:

- Preventing or minimizing the risk of exposure to HIV for those who are HIV negative
- Preventing or minimizing the risk of re-exposure and further transmission for those who are HIV positive
- Mitigating the impact of HIV/AIDS through provision of psychosocial support to those infected and affected
- Discuss the process of HTC

#### **HTC PROCESS**

#### 1- Pre Test Counselling

- Welcome the client (joining)
- Assess the client's knowledge on HIV/AIDS, explain when necessary
- Do condom demonstration
- Reasons for VCT
- Risk assessment
- Consent for testing

# 2- Testing

- Explain to the client about test kits (i.e. Determine-Unigold-Bioline)
- Explain to the client that you may ask him/her to be tested again according to
- Explain contact time for each test (15 minutes)
- Do the test

## 3- Post Test Counselling

- Conduct a recap of pre test counselling
- Ask for consent for disclosure of results
- Give results
- Counsel the client according to results
- Refer if necessary
- Ask the client to come back if need be

## **O2. IMPORTANCE OF HIV/AIDS COUNSELLING**

HIV/AIDS counselling is important because:

Counselling helps people who are HIV positive to live positively. They are helped to actively deal with their problems in order to lead more fulfilling lives. HIV positive people can take control over their lives by learning to solve their problems and make their own decisions.

- HIV is infectious and in order to reduce the transmission, all clients, whether
  positive or negative can plan to reduce their risks of becoming infected or of
  transmitting the virus. Knowledge is not enough to stimulate behaviour change but
  counselling can motivate behaviour change.
- HIV/AIDS have been stigmatised by society and therefore people infected or affected by HIV may face stigma and discrimination in their lives. Counselling can offer a safe, supportive environment where people can explore how best to respond to this environment.
- There are broad ranges of physical, psychological, and social needs likely to be experienced by people living with HIV and those closest to them. Difficulties can be identified early, and plans and appropriate referrals made ahead of crisis.

#### STAGES OF HIV AND AIDS INFECTION

- Transmission stage HIV enters the blood stream
- Reproduction stage (Window period) 6 -12 weeks
- Asymptomatic stage -2 12 years
- Symptomatic stage 6 months to 2 years
- Full blown AIDS
- Advanced HIV stage

#### **O3. LIVING POSITIVELY**

People can live longer more healthily and more happily, if they have a positive attitude towards themselves and the people around them. Living positively involves having a positive outlook in life. It also means living responsibly with HIV. People with HIV infection can prolong their lives by making positive choices to care for their own mental and physical health.

## This might include:

- 1. *Avoiding re-infection* Re-infection can be avoided by either using a condom consistently when having sexual intercourse or abstaining from sexual activities. Using a condom or abstaining will avoid infecting others as well.
- 2. **Seeking early medical treatment** Keeping healthy involves visiting the nearest health facility as soon as symptom occurs. People with HIV can have a health book for continuity of prescriptions. Prescribed dosages should always be completed.
- 3. **Practising good hygiene** Good hygiene is a broad term for cleanliness, which includes:
  - Taking regular baths, washing hands, shaving, cleaning teeth, wearing clean clothes, etc.

- Using clean utensils for serving food and drinking water
- Clean living environment (e.g., sweeping inside and outside houses), well-ventilated houses, clean beddings and toilets built away from kitchens, sleep below an impregnated mosquito net for malaria prevention.
- 4. Avoiding smoking and drinking alcoholic beverages —Smoking is hazardous to health. It destroys the lungs and other body organs. Alcohol destroys the liver and weakens the immune system. It also impairs rational judgments. Both smoking and alcohol are expensive habits; the money can better be used for buying bodybuilding, energy giving foods and foods with vitamins. Alcohol increases the side-effects of ARV treatments.
- 5. **Doing regular exercises** Walking and jogging are examples of good regular exercises. Some daily chores like housework or fieldwork are also good. However, very strenuous work can put pressure on a weakened immune system.
- 6. *Having enough rest and enjoying leisure* Enough rest is good for health. Sleeping at least eight hours over night, having a relaxing weekends and resting when tired will improve health. Soccer, sports, reading papers, journals and novels can be relaxing and enjoyable.
- 7. *Avoiding stress and worry* Worry can affect health. Stress can even cause weight loss. Being occupied with activities can reduce stress. Sharing concerns with others can also reduce stress.
- 8. **Spiritual beliefs** can significantly support people in times of difficulty.
- 9. *Planning for the future* Every individual has responsibilities in life. A person living with HIV can make plans for the future including how children will be cared for, resolving problems and writing a will.

#### CONCEPT OF ARVS

- ARVs decrease the number of HIV copies / replication
- ARVs need to be taken daily and the person should NEVER STOP his/her treatment, even if he/she feels he/she's fine: It is a lifelong treatment. If side-effects become troublesome, don't stop the treatment but do consult a doctor.
- ARVs are <u>not</u> a cure for AIDS but as it reduces HIV copies, it contributes to protect the immune system and thus prevent other diseases infections.
- ARVs should be taken with proper nutritive foods for its positive effectiveness

## **ACTIVITY 3: DEBATE (15 min)**

Participants can debate (working by groups) on the following subject:

• Everyone should get an HIV test whether they like it or not.

# POST TEST (10 min)

- 1.Define HTC (1 mark)
- 2.Mention 2 types of HTC (2 mark)
- 3. When should one go for HTC? (1 mark)
- 4. What is the importance of HTC? (2 mark)
- 5. Mention 2 steps in HTC process (2 mark)
- 6.Name 2 places where one can get HTC services in your area (2 mark)

# **COMMENTS AND SUMMARY**

# ADOLESCENT DEVELOPMENT

**Time: 2h15** 

#### **INTRODUCTION (10 min)**

#### **PURPOSE**

The purpose of the session is to equip participants with information concerning physical changes during adolescence, needs of the young people and problems that affect them, and to discuss about sexuality to see how it can affect our behaviour.

#### SPECIFIC OBJECTIVES

The session will enable participants to:

- ✓ Define the term "Adolescence"
- ✓ Describe physical and psychosocial changes in male and female during adolescence
- ✓ Discuss needs of the youth
- ✓ Discuss problems that affect the youth and their possible solutions
- ✓ Define the term "Sexuality"
- ✓ Discuss how sexuality affect our behaviour
- ✓ Explain consequences of having unprotected sexual intercourse

#### MATERIALS NEEDED

Flipcharts, markers

## **CONTENT**

## **ACTIVITY 1: DEFINITION (5 min)**

The facilitator should assess knowledge on the youth by asking them to brainstorm the definition of the following term: Adolescence.

After participants have given their answers the facilitator should discuss with the participants using the following definition:

**ADOLESCENCE:** It is the period of transition between childhood and adulthood during which the body develops in size, strength and reproductive capabilities.

## **ACTIVITY 2: GROUP WORK (10 min)**

Divide the participants into three groups and each group should answer one question:

#### **GROUP 1**

- Write down all the physical and psychosocial changes that take place in boys during adolescence

#### **GROUP 2**

- Write down all the physical and psychosocial changes that take place in girls during adolescence

Inter Aide Youth Health Projects 2010 Guideline – Revised by Pratiques Feb. 2012

#### PRESENTATION (10 min)

## **ENERGIZER (5 min)**

The facilitator should facilitate a song, game or dance to entertain participants.

## PLENNARY SESSION (30 min)

Ask the participants to present what they have discussed in plenary. The facilitator should summarize by adding the following information.

## PHYSICAL CHANGES THAT OCCUR DURING ADOLESCENCE

## **BOYS**

- Enlargement of the testis and penis
- Growth of underarm, pubic and facial hair
- Wet dreams
- Gain in muscular strength
- Increase in height
- Weight gain
- Voice change
- Skin problems (pimples) may develop
- Body shape takes on characteristics of an adult

## **GIRLS**

- Onset of menstruation
- Breast development and growth of underarm and pubic hair
- Increase in height
- Weight gain
- Skin texture changes
- Body shape takes on characteristics of an adult
- Growth of bony pelvis

## **PSYCHOSOCIAL CHANGES**

## **BOYS**

- Develop interest for opposite sex
- Experimenting sexual feelings
- Eating habits change ( eat more)
- Some have less interest in personal hygiene
- Increased sexual desires
- More aggressive and open
- Substance abuse increased
- Change friends
- Look for independence
- Self centeredness
- Rebellious
- Lack of foresight
- Uncomfortable with own appearance

## **GIRLS**

- Develop interest of opposite sex
- Experimenting sexual feelings
- Eating habits change (eat more)
- Interest in personal hygiene to look more attractive
- Increased sexual desires
- Shyness with opposite sex, very secretive
- Substance abuse increased
- Change friends
- Look for independence
- Self centeredness
- Rebellious
- Lack of foresight
- Uncomfortable with own appearance

The facilitator should discuss with the participants the various issues that arise during adolescence. During this period the youths are really at risk and it is important to target them based on the following:

- 1. Rapid physical growth and development
- 2. Physical, social and psychological maturity but not all at the same time
- 3. Sexual maturity and the start of sexual activity
- 4. Trying out experiences for the first time
- 5. Frequent lack of knowledge and skills to make healthy choices
- 6. Thinking patterns where immediate needs overshadow long term implications
- 7. The start of behaviours that might become life time habits that may result in diseases years later.

## **ACTIVITY 3: GROUP WORK (10 min)**

Divide the participants into two groups and assign each group to answer one question:

#### **GROUP 1**

- Discuss the needs of the youth

#### **GROUP 2**

- Discuss problems that affect the youth

## PRESENTATION (10 min)

#### **ENERGIZER (5 min)**

The facilitator needs to come up with an energizer to keep participants active.

## PLENNARY SESSION (20 min)

Let the participants present in plenary. The facilitator should conclude by saying that young people need empowerment and this can only be achieved by ensuring that the following needs of the young people are met:

## O1. NEEDS OF THE YOUTH

- 1.Information, education and communication
- 2.Love need to love and be loved
- 3. Nutrition
- 4 Shelter
- 5. Quality education and training
- 6.Parental care and guidance
- 7. Security
- 8.General counselling
- 9.Recreational facilities
- 10. Sports equipment
- 11. Indoor games
- 12. Health care

- 13. Community based RH services
- 14. Life skills
- 15. Income generating activities
- 16. Employment
- 17. Vocational skills
- 18. Reproductive health needs

## Q2. PROBLEMS THAT AFFECT THE YOUNG PEOPLE

- 1. STIs including HIV and AIDS
- 2. Early and unplanned pregnancies
- 3. Abortions
- 4. Poverty
- 5. Substance use and abuse
- 6. Rape and defilement
- 7. Violence
- 8. Poor quality education
- 9. Lack of parental care and guidance
- 10. Child labour
- 11. Prostitution
- 12. Peer pressure
- 13. Unemployment
- 14. Harmful cultural practices
- 15. Restrictive religious beliefs
- 16. Lack of life skills

#### SOME OF THE SOLUTIONS TO PROBLEMS FACED BY THE YOUTH

- 1. Income Generating Activities (IGA)
- 2. Youth Group Anti-Aids clubs
- 3. Recreation facilities
- 4. Life Skills
- 5. Parents should be taught on dangers of some cultural practices

#### **ACTIVITY 4: DEFINITION (5 min)**

The trainer together with the participants brainstorm the definition of the following term: **Sexuality** expresses who a person is and what he/she will become. It includes all the feelings, thoughts and behaviours of being male and female, being attractive as well as being in a relationship.

Self awareness is also part of sexuality, for example when one compliments you on how smart you look or how you look or how well you have done, it makes one aware of his/her own body and capabilities and this may also lead one into a relationship.

## PLENNARY SESSION (15 min)

## HOW SEXUALITY AFFECTS OUR BEHAVIOUR?

- It shows the need to understand anatomy and physiology
- It reflects our body image whether we feel attractive and proud of our own body

- Sexual relations allow us to experience and share pleasure
- Releasing from sexual tension can be done alone; sexual relation is a relation where care and pleasure are *shared*; the partner is not to be used to release one own's sexual tension.
- A sexual intercourse must always be <u>agreed</u> upon by <u>both</u> partners
- It helps us to understand what is the sense of being male or female
- Sexual desire can make people adopt some attitudes that can lead to sexual relationships: flirting, seduction.
- Sexuality should not be used to influence, manipulate, control or used other people: withholding sex from a partner (still, a sexual intercourse must always be agreed upon by both partners), sexual harassment, sexual abuse, rape, incest, offering sex for money.

## CONSEQUENCES OF HAVING UNPROTECTED SEXUAL INTERCOURSE

- Getting HIV/AIDS
- Getting STIs
- Early pregnancies-Abortion
- Drop out from school
- Chased away from home
- Early and unplanned marriages

#### **COMMENTS AND SUMMARY**

# EARLY AND UNPLANNED PREGNANCIES PREVENTION

**Time: 2h10** 

## **INTRODUCTION (10 min)**

#### **PURPOSE**

The purpose of the session is to prevent young people about getting early or unplanned pregnancies and to give them information concerning benefits of family planning.

#### **SPECIFIC OBJECTIVES**

By the end of this session participants should be able to:

- ✓ Define the following terms: Early pregnancy, Unplanned pregnancy, Abortion
- ✓ Define factors that contribute to early/unplanned pregnancies
- ✓ Explain consequences of early/unplanned pregnancies
  - Causes and effects of abortion on an individual
- ✓ Explain how can early/unplanned pregnancies be prevented :
  - Define Family Planning
  - Mention types of Family Planning methods
  - List down examples of any methods of Family Planning (including how it works with STIs-HIV and pregnancies prevention)

#### **MATERIALS NEEDED**

Flipcharts, markers

#### **CONTENT**

#### **ACTIVITY 1: DEFINITIONS (10 min)**

After participants have given their answers, the facilitator should introduce them the following definitions:

**EARLY PREGNANCY** means that a boy or man and a teenaged or under-aged girl have had unprotected sex together and the girl becomes pregnant.

**UNPLANNED PREGNANCY** is the fact that a man and a woman did not plan (or want) to have children at that time but after unprotected sexual intercourses, the woman becomes pregnant.

**ABORTION** is the removal or expulsion of an embryo or fetus from the uterus, resulting in or caused by its death.

## **ACTIVITY 2: GROUP WORK (5 min)**

The facilitator should divide the participants into groups to discuss the following questions:

#### **GROUP 1:**

- Mention factors that contribute to early/unplanned pregnancies

## **GROUP 2:**

- Mention consequences of getting early/unplanned pregnancies

# PRESENTATION (10 min)

## **ENERGIZER (5 min)**

The facilitator facilitates an energizer to keep participants active.

## PLENNARY SESSION (35 min)

The trainer has to summarize by giving the following possible answers:

# Q1. FACTORS THAT CONTRIBUTE TO EARLY/UNPLANNED PREGNANCIES

- Pressure from friends and parents
- Curiosity for sex (experimentation)
- Poverty and hunger
- Prostitution

- Ignorance
- Cultural belief and practices
- Rape

# Q2. CONSEQUENCES OF GETTING EARLY/UNPLANNED PREGNANCIES

#### Social

- Dropped out from school
- Ex-communicated from church
- Chased away from home
- Labelled as prostitute in society
- Results to prostitution due to lack of social support
- Early and unplanned marriages

#### Health

- Anaemia
- Low birth weight of baby
- Incomplete physical development and growth of the foetus
- Death during delivery
- Depression that may lead to commit suicide
- Abortion

# CAUSES, Risks & POSSIBLE EFFECTS OF ABORTION and solutions

REASONS WHY YOUNG PEOPLE DECIDES TO ABORT PREGNANCIES	RISKS & POSSIBLE EFFECTS OF A	ABORTION ON AN INDIVIDUAL
Fear of being chased away from home	Anaemia (loss of blood)	May cause or result into infertility if badly performed
Fear of being ex-communicated from church	ABORTION	Loss of self-esteem if social repression and discrimination
Fear of being dropped out from school	ABORTION	repression and discrimination
Fear of being laughed at by friends/society	Possible health problem, (can lead to death of mother if abortion is badly	Jailed if social repression, discrimination, and man denies
Fear of facing charges by chiefs	performed)- depression	his responsibility + depression
When the pregnancy was a result of being raped		<u>Unjustly</u> labelled as prostitute by repressive society discriminating
When the man denies responsibility	Loss of uterus if abortion is badly performed	women + depression
	In countries where abortion health professionals, all the Having protected sex is alw	ese risks are prevented.

#### HOW CAN EARLY/UNPLANNED PREGNANCIES BE PREVENTED?

- By abstaining from unprotected sexual intercourse
- By using contraceptives

#### **ACTIVITY 3: DEFINITION (5 min)**

After participants have given their answers, the facilitator should introduce them to the definition of the following term:

**FAMILY PLANNING** is the process whereby an individual or couple decide if and when to have a baby, how many, at what intervals (years) and the method to use to achieve this.

The participants should understand that the purpose of family planning is to promote the health status of the community (mothers, children and the whole family).

## **ACTIVITY 4: GROUP WORK (5 min)**

The facilitator should divide the participants into groups to discuss the following questions:

## **GROUP 1:**

- Mention different types of family planning and their examples

#### **GROUP 2:**

- List down examples of Family planning methods

## PRESENTATION (10 min)

**ENERGIZER (5 min)** The facilitator facilitates an energizer to keep participants active.

# PLENNARY SESSION (30 min)

## Q1. TYPES OF FAMILY PLANNING METHODS

There are three types of Family Planning: Satural Traditional Modern

## Q2. EXAMPLES OF ANY METHODS OF FAMILY PLANNING (INCLUDING HOW IT WORKS WITH STI's-HIV AND PREGNANCIES PREVENTION)

Method	Examples of method	How it works	STIs / HIV prevention effectiveness Sexual transmission only	Pregnancy prevention effectiveness	Remarks
	Abstinence	Completely staying away from unprotected sex: no contact between sperm and eggs	****	****	Most effective but you should have some condoms in case of failure
	Breast feeding	It can stop ovulation		*	Not effective because it's unreliable
NATURAL	Withdrawal	The penis withdraw from vagina before ejaculation so there is no contact between sperm and eggs		*	The problem is that we can find spermatozoa in seminal liquid which is secreted before ejaculation
	Following menstrual period	There are certain days just before and after menstruation when fertilization can not occur		*	Women can have irregular periods and spermatozoa can live for three days
	Condoms	Prevent contact of semen with vagina	***	***	Very effective if it's used properly and consistently
	Depo Provera (injections)	It stops the egg from maturing		***	Must remember to get a new injection periodically
MODERN	Pills	Prevent the maturation of the egg and so fertilization cannot occur		***	Must remember to take it every day. If a woman forgets it, she should use another contraceptive method for the rest of her cycle
	Vasectomy	Surgical intervention consisting in removal of Eustachian tubes so there's no more eggs		****	Very effective but non reversible
	Norplant	Prevent the maturation of the egg and so fertilization cannot occur		***	Effective and it can not be forgotten but some women are intolerant

****	Effective and reliable method
***	Very effective method
**	Quite effective method
*	Unreliable method
	Not effective at all

## **COMMENTS AND SUMMARY**

# **DECISION MAKING SKILLS**

**Time: 1h55** 

#### **INTRODUCTION (5 min)**

#### **PURPOSE**

To allow participants to make informed decision & choices that will help them in all situations.

#### **SPECIFIC OBJECTIVES**

By the end of this session participants should be able to:

- ✓ Define decision making
- ✓ Describe situations whereby a person can make a decision (challenge)
- ✓ Explain benefits of making good decisions and consequences of making decisions
- ✓ Discuss factors that influence a person to change a decision
- ✓ Explore steps to making effective decisions

#### MATERIEL NEEDED

Flipcharts, markers, material for games

#### **CONTENT**

## **ACTIVITY 1: DEFINITION (5 min)**

The trainer should ask the participants to brainstorm on the definition of decision making.

**DECISION MAKING** is the process of thinking and deciding something out of life firmly.

## **ACTIVITY 2: GAME**

The facilitator should choose between these two following games:

## GAME n°1 (10 min)

#### **BAG GAME**

The facilitator should prepare different bags or envelops with different contents inside (good and bad).

#### **OBJECTIVES OF THE GAME**

- To enable participants to practice making decisions
- To enable participants to practice resisting pressure to change a decision.

#### **RULES OF THE GAME**

- 1. Participants can not look inside the bags.
- 2. The facilitator should be careful participants do not touch the bags until he/she asks them to do so.

#### **PROCEDURE**

The facilitator should:

- Put four different bags of different contents on the table or floor where everyone can see them.
- Ask for three volunteers to come in front and choose one bag according to their wish, but they should not touch the bags
- Then, ask the volunteers to touch the bag and tell them they can exchange it with someone else.
- Explain that if two or three volunteers have chosen the same bag, they are allowed to be together (one behind the other)
- Allow the volunteers to open the bags they have chosen and take out the contents. The facilitator should open the bags that were not chosen.

#### POINTS FOR DISCUSSION

The facilitator should:

- Ask the volunteers why they picked the bags for the first time
- Ask them to explain why they made the second choice
- Ask them how they felt when the group was pressurizing them to change their decisions
- Ask them that if the bags were open, which bag could they choose and why
- What do you think is important in decision making? What are other things that influence people to make decisions?

#### OR

# GAME n°2 (25 min)

## AIR CRASH GAME

#### **OBJECTIVES OF THE GAME**

- To enable participants to practice making decision when they are in difficult situation.
- To enable participants to make a decision by himself/herself or consulting a group

## **RULES OF THE GAME**

- 1. First of all, participants should make their decision by themselves (no exchange with
- 2. Then, participants should make their decision all together (consulting EVERYONE) and find an agreement all together. For each decision, participants should give explanations about their final choice.

#### **PROCEDURE**

The facilitator should:

- Divide participants in 2 groups
- First, ask to participants not to communicate with the others and to work alone.
- Give instructions for everyone: "You are in a plane. The plane crashes in a desert (like Sahara desert). Imagine you are fine but the plane is totally destroyed and you have nothing except the clothes you are wearing. There is no house around, no human

- being. You just find a few things near the plane: you must choose which are the things you should keep and use to survive and to wait for rescue team. Class all in numerical order ( $n^{\circ}1$  = the most important /  $n^{\circ}12$  = the less important).
- When each one has finished to classify, then participants can work in group to find a new classification, including comment of everyone.
- At the end, each group presents his classification and explains it.
- The trainer can give the following classification which is not the only solution but which introduces explanations for each decision.

1	20 litres of water	Essential to fight thirst and dehydration.	
1	20 littles of water		
		First need to survive	
2	A tent	To protect yourself from the sun	
		and because it's better to stay near the plane than walking in the desert	
		(and it is also easy to spot)	
3	A box full of match	Not to be cold at night but also because the smales can be seen for avery	
3	A box full of match	Not to be cold at night but also because the smoke can be seen far away	
		(to be located)	
4	A tyre	Useful to be located! If you burn it, the smoke can be seen very far	
		away, from kilometres	
5	First-aid kit (disinfectant,	To take care of injured people (because of snakes, scorpions) but more	
	anti venom, rehydration	than anything you need this kit to fight dehydration	
	tablet)		
6	Dried fruits	Good way to fight against hunger and loss of energy	
7	Blankets	Useful to fight against cold (during the nights). It can be used during the	
		day to signpost	
8	A mirror	You can use it to do some distress signal (it can be seen far away)	
9	A compass	Useful if you need to move around (to know the direction)	
10	Paper napkins	Useless, except to light some fire	
11	A mobile phone (with	Useless as long as there's no network	
	phone units)		
12	A laptop computer	Useless because you don't have electricity	
	1 1 1	j j	

#### POINTS FOR DISCUSSION

The facilitator should:

- Ask the volunteers if they have changed their mind from the 1<sup>st</sup> classification (alone) to the second one (by group)
- Ask them to explain why they changed
- Ask them how they felt: if the group was pressurizing them to change their decisions or if listening each opinion helped them to realized something, to understand in a better way
- Ask them if the final classification was done listening each one and if it was validated by anyone
- What do you think is important in decision making? What are other things that influence people to make decisions?
- Why is it sometimes good to listen others advices?

## **ACTIVITY 3: GROUP WORK (10 min)**

The trainer should divide the participants into groups. Each group will discuss and answer the following questions:

#### **GROUP 1**

- Describe common decisions young people make
- Explain consequences of making decisions

#### **GROUP 2**

- Discuss factors that influence a person to change a decision
- Explore steps to making effective decisions

## PRESENTATION (20 min)

## PLENNARY SESSION (30 min)

## Q1. COMMON DECISIONS THAT YOUNG PEOPLE MAKE

- To use a condom or not?
- To go for HTC or not?
- To have sex or not?
- When to marry or not?
- When to plan for a baby?

## **Q2. RESULTS OF MAKING A DECISION**

Making decisions and knowing the consequences are important skills young people need. Some decisions warn you right away to choose something else like a risk to health or to your own life. Some decisions can give you positive or negative results.

Negative consequence	Positive consequence
Getting HIV/STIs	Avoid getting HIV/STIs
Getting unwanted/early pregnancy	Avoid getting unwanted/early pregnancies
Dropping out or dismissed from school	Avoid dropping out from school
Chased by parents/relatives	Avoid being chased by parents or relative
Imprisonment	Avoid imprisonment
Poverty and hunger	Reduces hunger and poverty
Ruined future	Helps to plan your future
Retards development	Promotes development

## Q3. FACTORS THAT INFLUENCE A PERSON TO CHANGE A DECISION

- Peer pressure
- Poverty and hunger
- Counselling
- HTC
- Cultural and traditional beliefs

- Religious beliefs
- Education/ignorance
- Economic status
- Curiosity
- Environment

#### **04. STEPS TO MAKE EFFECTIVE DECISIONS**

There is need to follow steps to making effective decision in order to avoid negative consequences. The following are some of the steps to making effective decisions.

- 1. Identify the problem
- 2. Look for options/choices to the problem
- 3. Analyse the consequences of each option/choice
- 4. Make your decision basing on the consequences

## **ENERGIZER (5 min)**

#### THE HIPPO/LION ENERGIZER

#### **PROCEDURE**

Participants should be in a circle

- 1. The facilitator should be mentioning the names of the different animals that are dangerous on land and in water
- 2. Whenever the facilitator has mentioned an animal that is dangerous on land the participants should go in the circle which is symbolizing water for safety. And when an animal which lives in the water has been mentioned all the participants should step out of the circle. The one who is wrong is out of the energizer.

## **ACTIVITY 4: ROLE PLAYS (30 min)**

The facilitator should divide the participants into 3 groups. Each group should prepare an interactive drama which shows decision making and presents how this decision can have negative or positive results.

The facilitator should conclude by giving the following points: some people have difficulties when it comes to making decisions (good decision). However it is important to:

- follow information and time
- examine your optional choices
- know/find possible consequences be it negative or positive
- know misinformation
- know possible dangers

The facilitator should summarize by saying that decision making is based on the knowledge of a situation or a thing (in this case knowing the contents in advance is important)

## **COMMENTS AND SUMMARY**

# SUBSTANCE AND DRUG ABUSE

**Time: 1h55** 

## **INTRODUCTION (10 min)**

#### **PURPOSE**

The purpose of the session is to prevent young people about substance and drug abuse, to inform them about the consequences of substance abuse and to give them information about the relationship that is between drug abuse and HIV-AIDS.

#### **SPECIFIC OBJECTIVES**

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

- ✓ Define the terms drug, substance abuse and addiction
- ✓ Mention all substances that youth can abuse.
- ✓ List down reasons why come youth may fall into substance abuse.
- ✓ Explain consequences of substance abuse
- ✓ Relate drug and substance abuse to HIV and AIDS
- ✓ Design strategies to overcome problems of substance abuse.

#### MATERIAL NEEDED

Flipcharts, markers

#### **CONTENT**

## **ACTIVITY 1: DEFINITIONS (10 min)**

**SUBSTANCE ABUSE:** Some people can use substance without abuse but as a simple use (e.g. drink a glass from time to time) but we define as an **ABUSE** the excessive or wrong use of substances (chemical substance) to alter behaviour.

**DRUG:** This is any addictive substance that stimulates the nervous system.

**ADDICTION:** Addiction is characterized by impaired control over-use of the substance, preoccupation with the substance, use of the substance despite adverse consequences, and distortions in thinking.

## **ACTIVITY 2 : GROUP WORK (10 min)**

Divide the participants into groups to discuss the following questions:

#### **GROUP 1**

- List down all substances that youth abuses
- Explore reasons why youths abuse substances

#### **GROUP 2**

- List down some of the consequences of substance abuse
- What is the relationship between drug and substance abuse and HIV and AIDS?

#### **GROUP 3**

- Design strategies to overcome problems of substance abuse
- List steps to stop drug and substance abuse

## PRESENTATION (20 min)

## **ENERGIZER (5 min)**

The facilitator should facilitate an energize to entertain the participants

#### PLENNARY SESSION (30 min)

## Q1. SUBSTANCES THAT YOUNG PEOPLE ABUSE

- Tobacco cigarettes
- Marijuana, Chamba/hemp
- Alcohol Beer, wine

#### **O2. REASONS WHY YOUNG PEOPLE ABUSE SUBSTANCES**

- Availability of drugs and substances
- Peer pressure (experimentation)
- Curiosity (experimentation)
- Ignorance, etc
- Family drug abuse (for Alcohol)
- Idleness, boredom
- Depression which brings misconceptions e.g. "I feel better with drug", "I believe that it increases strengths and knowledge"
- Physical abuse
- Rape, sexual abuse, incest

## Q3. POSSIBLE CONSEQUENCES THAT YOUNG PEOPLE CAN FACE AFTER **ABUSING SUBSTANCES**

- Dropout from school
- Drains economy
- Loss of self-control can lead to
  - (a) Pregnancies
  - (b) STIs

- (c) HIV-AIDS
- (d) Raping / being raped (can be both a cause, and a consequence, of addiction)
- Become less productive
- poverty may lead to robbery, prostitution
- Dependence to the substance
- Liver disease (alcohol)
- Respiratory diseases (tobacco...)
- Depression (can be both a cause, and a consequence, of addiction)
- Alcohol worsens the ARV side-effects

#### O4. RELATION BETWEEN DRUG/SUBSTANCE ABUSE AND HIV AND AIDS

• Impaired sense of judgment making one vulnerable to unprotected sex thereby contracting STIs, HIV

## Q5. POSSIBLE SOLUTIONS (STRATEGIES DESIGNED)

- Refrain from peer pressure (learn to say "No")
- Ask for help in case of depression
- Create a good awareness of substance abuse
- Create rehabilitation facilities
- Inhibit young people from the practice

#### O6. STEPS TO STOP DRUG AND SUBSTANCE ABUSE

- Know why you want to stop (advantages/disadvantages of using drug)
- Ask for help from the Health facility or ask for family support
- Make a strong positive decision
- Quit now (it is not always easy to stop, but it's even harder if you have become dependent, **but it's possible** with help)

## **ACTIVITY 3: ROLE PLAYS (30 min)**

The facilitator should divide the participants into three groups so that they can discuss and role-play the following case studies:

#### **GROUP 1**

George is in love with a certain woman who is working as a clerk at Chifide estate. George is really benefiting a lot from this relationship however he insists not to have sex with the woman until they undergo HTC or else they should use a condom. The woman doesn't want to use a condom because she wants a child from George. One day, she took George to a pub and asked George to start drinking beer. George doesn't want it yet he doesn't want to disappoint this woman.

 $\rightarrow$  Suppose you are in George's situation. What would you do?

#### **GROUP 2**

Peter is a famous musician who plays reggae music. He smokes Chamba and drinks excessively.

→ Suppose Peter is your friend. How would you assist him to stop the dangerous behaviours?

#### **GROUP 3**

Sithembile is 16. She quit school after the death of her both parents and has resorted to commercial sex. She is a chain smoker of Embassy Methor and drinks heavily.

→ What consequences should Sithembile expect as the effect of smoking and drinking? How would you advise her?

## **COMMENTS AND SUMMARY**

# HUMAN RIGHTS, RAPE AND SEXUAL ABUSE

**Time: 2h20** 

## **INTRODUCTION (5 min)**

#### **PURPOSE**

The purpose of this session is to introduce the youths to the concept of human rights, sex abuse and rape in the context of HIV and AIDS and equip them with knowledge and skills on the issues that affect them.

#### SPECIFIC OBJECTIVES

By the end of the session the participants should be able to:

- ✓ Define the terms human rights, sex abuse and rape and give examples
- ✓ Explain the rights of children and young women
- ✓ State how the rights of the children are abused.
- ✓ Mention why people are sexually abused and raped
- ✓ Give factors that may lead to sexual abuse and exploitation
- ✓ Illustrate the consequences of sexual abuse and rape
- ✓ Explain how to prevent rape or sexual abuse
- ✓ Identify what they should do when their rights are abused (sex abuse and rape)

#### PRE TEST (10 min)

- 1. Explain the rights of children and young women (4 marks)
- 2. Explain how the rights of the children are abused (2 marks)
- 3. Explain the consequences of sexual abuse and rape (2 marks)
- 4. Explain what they should do when their rights are abused (2 marks)

#### MATERIAL NEEDED

Flipcharts, markers

#### **CONTENT**

## **ACTIVITY 1: DEFINITIONS (10 min)**

Through brainstorming ask the participants to define human rights, sexual abuse and rape. After the participants have given different answers, the trainer has to conclude by giving his/her definition:

**HUMAN RIGHTS** are the entitlements that individuals have by virtue of being humans.

SEXUAL ABUSE AND RAPE: This is when you force somebody to do sex while he/she does not want OR when sex has been done in a wrong way (dishonestly and violently). E.g.: a) Talking to someone (opposite sex) using sexual provocative language, sexual insults

- b) Touching one's breasts or buttocks without one's consent (fondling)
- -violation of bodily privacy
  - -child pornography
  - -exposing children to adult sexuality
  - prostitution & child prostituion

## **ACTIVITY 2: GROUP WORK (15 min)**

Divide the participants into 3 groups to discuss the following questions:

#### GROUP 1

- Explain the rights of the children and the responsibility of the government
- Explain the rights of women and girl children and the responsibility of the government

#### **GROUP 2**

- Explain how human rights are abused
- Explain why and how people are sexually abused and raped

#### **GROUP 3**

- Explain the consequences of sex abuse and rape
- Explain what should young people do to prevent rape or sexual abuse?

## PRESENTATION (25 min)

## **ENERGIZER (5 min)**

The facilitator should facilitate an energizer to entertain the participants.

## PLENNARY SESSION (35 min)

After presentation by different groups and getting comments from other members the trainer should give the following possible answers.

## Q1. THE RIGHTS OF THE CHILDREN

- Communicate with anyone
- Make decisions by their own
- Negotiate sex e.g. condom, abstain
- Access to quality education and information
- Have enough security (protected from violence, from cruelty)
- Have adequate standard of living like (food, accommodation, health care, etc)
- Associate with anyone

## **Q2. RIGHTS OF YOUNG WOMEN**

## Girl child and young women have the right to:

- Participate in decision making
- Enter into marriage only with their free and full consent
- Protection from violence, abuse, including sexual violence and abuse, including harmful & violent cultural practices
- Protection from commercial sexual exploitation
- Protection from discrimination
- Access to health services & family planning services
- Have equal access to education and trainings
- The same employment opportunities
- Participate in recreation activities
- Gender equality

#### **O3. HOW HUMAN RIGHTS MAY BE INHIBITED**

- Social, cultural, political discrimination
- Ignorance on HIV and AIDS and rights of members of family or society
- Cultural practices and values (early marriage, fisi, etc.)
- Cruelty of guardians of orphans
- Restrictive religious values (choice on use of condoms or Family Planning, relationship)
- Lack of protection (from family, society), and lack of life skills (ability to say no to sex, rape, peer pressure, early marriages)

#### **04. REASON WHY PEOPLE ARE SEXUALLY ABUSED**

- Substance and drug abuse
- Lack of self assertiveness (life skills)
- Poverty and hunger
- Job seeking

- Tribal wars
- Harmful cultural practices
- Lack of youth friendly services

## **Q5. Possible CONSEQUENCES OF SEXUAL ABUSE AND RAPE**

- HIV and AIDS and STIs
- Early/Unplanned pregnancies and abortion
- Droping out from school
- Poverty and hunger
- Increase of orphans
- Imprisonment
- Depression, mental illness
- Falling into prostitution, into addiction

#### **06. HOW TO PREVENT RAPE OR SEXUAL ABUSE**

- Don't walk alone at night (especially women)
- Avoid drunkenness,
- Teach men that they cannot have sex with a woman without her full consent, even if she dresses nicely. The men are the one to be responsible for the decision & action they take if aroused, not her.
- Teach children and women that men cannot force them to have sex; help women learn to say "no".
- Teach men to protect women and children
- Teach children and women to avoid danger and protect themselves and each other (walking alone at night, going out to bars alone, wearing clothes appropriate to the situation...)
- Avoid / eradicate harmful cultural practices
- Keep others informed
- Be clear with your date about sexual limits ("NO" should mean NO)
- Be firm and polite; ask for help if you feel you are in danger.

# WHAT SHOULD YOUNG PEOPLE DO WHEN THEIR RIGHTS ARE ABUSED / SEXUALLY ABUSE

- Reporting to parents, chiefs, police, nearest health facilities
- Reporting to human rights organizations e.g. NICE, MINISTRY OF GENDER, Human rights watch (Child Protection Officers)
- If they are raped they should ensure that they do not bath until the medical examination.

## **ACTIVITY 3: ROLE PLAYS (25 min)**

- 1. Malita is a young girl who is an orphan because of AIDS and now she stays with her grand-parents who are very poor. Her grand-parents advised her to go in prostitution so that she may bring money and other items. What should Malita tell her grand-parents in order to let them know about her rights?
- 2. Zakeyu is a 14 year old boy who is an orphan. He cannot continue with his education because he has no money. Mr Mwale volunteered to pay his school fees and he also asked Zakeyu to stay with him. Some duties that Zakeyu does at Mr Mwale's house include carrying 3 bags of maize to sell at the market and farming a very large piece of land. How can Zakeyu discuss about his rights.
- 3. Elube has just reached puberty. Her mother and her aunt have organized for her to meet with a 'fisi'. They advise her to be ready. How can Elube use her rights to protect herself from contracting HIV from that 'fisi'?

## **POST TEST (10 min)**

- 1. Explain the rights of children and young women (4 marks)
- 2. Explain how the rights of the children are abused (2 marks)
- 3. Explain the consequences of sexual abuse and rape (2 marks)
- 4. Explain what they should do when their rights are abused (2 marks)

## **COMMENTS AND SUMMARY**

**NB:** In summary, facilitator should stress that when a girl/woman is raped, no matter the circumstances surrounding the ordeal, she should not blame herself for contributing to the act. The only one responsible is the rapist. She should report the matter to authorities immediately to receive help so that the perpetrator should be apprehended otherwise silence would be misinterpreted by the perpetrator as timidity and consent and he is bound to repeat the evil act!

# **SELF-ESTEEM**

**Time: 2h15** 

## **INTRODUCTION (5 min)**

#### **PURPOSE**

This session aims to assist participants to appreciate how self esteem helps an individual to avoid peer pressure that could lead to HIV infection or delinquent activities and to develop assertiveness.

#### **SPECIFIC OBJECTIVES**

By the end of this session participants should be able to:

- ✓ Define term Self Esteem and clarify difference between Self-esteem and Selfconfidence
- ✓ Explain how high self esteem is developed :
  - Define the conditions we need to have high self-esteem
  - Explain what one can do to build self-esteem
  - Give examples of situations which can damage/build self-esteem
- ✓ Differentiate passive response, aggressive response and assertive response and discuss of the consequences of these behaviours

#### MATERIAL NEEDED

Flipcharts, markers

#### **CONTENT**

## **ACTIVITY 1: DEFINITION (10 min)**

Ask participants to brainstorm the term **SELF ESTEEM**. This refers to how individual estimate their own intrinsic value. Also describe how people feel about themselves.

#### **SELF-ESTEEM / SELF-CONFIDENCE:**

- Self confidence is the behavioural side of our esteem. It refers to how an individual's self-esteem translates into behaviour when interacting with other people
- Self-esteem is important because how a person feels about himself/herself influences what he/she accomplishes in life
- If the person believes in himself/herself and his/her own ability, then she/he is able to protect her/himself from abuse, pressure and exploitation, work hard to achieve his/her own projects, reach set goals and accomplish what he/she set out to do,

Individuals with low esteem do not see themselves as valuable human beings, and this might lead them to being abused and/or exploited. People with high self-esteem see themselves as valuable human beings, and it will help them protect themselves from abuse and exploitation.

## **ACTIVITY 2: GROUP WORK (5 min)**

Ask participants to form two groups and to answer to following questions:

#### **GROUP 1**

- Discuss how self-esteem develops

#### **GROUP 2**

- List examples of self-esteem damaging statements
- List examples of self-esteem building statements

## PRESENTATION (10 min)

## **ENERGIZER (5 min)**

The facilitator should come up with energizer to entertain the participants.

## PLENNARY SESSION (30 min)

#### **O1. HOW IS SELF-ESTEEM DEVELOPED?**

- A person is born with a degree of self-esteem
- Self-esteem builds up when a child realizes that she/he is loved and valued by his mother, father, family
- Self-esteem is strengthened over time through good, nurturing, loving relationships
- A person needs to hear positive remarks including praise, encouragement and reassurance, about himself/herself and things he/she does
- A person need to grow up believing that he/she is both lovable and capable
- Parents and family play a crucial role in building or damaging a young person's selfesteem
- Teachers also contributes to build or damage children young people's self-esteem.

# FOUR CONDITIONS THAT NEED TO BE MET IN ORDER FOR AN INDIVIDUAL TO HAVE HIGH SELF-ESTEEM:

- 1. <u>Connectedness</u>: Feeling attached, connected to others, a sense of belonging, being respected as a human being among other human beings
- 2. <u>Uniqueness</u>: A sense that we are special, different from everyone else (I am somebody) a "unique" human being, among equals
- 3. <u>Power</u>: A feeling of being in control of our lives ( I am competent)
- 4. Models: Having role models to identify with self.

## WHAT CAN ONE (A YOUTH) DO TO BUILD SELF-ESTEEM?

- Engage in good, nurturing, supportive, loving relationships (with family, friends...)
- Accomplishment of task
- Taking responsibility
- Working to increase competences, capacities, know-how
- Trust from others

- Help from others
- Self confidence
- Challenging temptations
- Ask others to evaluate them (which means evaluating also the strengths and positive aspects, not only the limits)
- Do not indulge in self pity or blame yourself for past mistakes, but learn from them and forge ahead: do not say to yourself "I'm no good" or "I'm stupid" or "I will never make it"; instead say to yourself: "I can learn from this", and "I can do better next time"
- Ask for help from supportive people (family, friends, professionals) if needed.

# Q2. EXAMPLES OF SELF-ESTEEM DAMAGING SITUATIONS / STATEMENTS

- Your father left your mother, you and your brothers and sisters, to marry another woman
- Your boy/girl friend is always comparing you with others
- You went to get contraceptives and the Family Planning provider shouts at you
- Your sexual partners died of AIDS
- Your boss rejects a report you worked hard at
- You were late for an appointment at an STI clinic and the nurse shouts at you
- Your girl/boy friend leaves you for another boy/girl friend.

## Q3. EXAMPLES OF SELF-ESTEEM BUILDING SITUATIONS / STATEMENTS

- Exams results are out and the teacher informed the class that you had the best results
- Your boss praises you for the report you worked hard at
- Your FP service provider encourages you to continue using condoms for pregnancy and STI prevention

## **ACTIVITY 3: GAME (15 min)**

## **MIRROR GAME**

## **OBJECTIVES OF THE GAME**

- To help participants to estimate their own intrinsic value
- To help each one to identify his/her difficulties and set him/herself the objective of making progress
- To help each one to know him/herself and to accept him/herself, to improve self-confidence

## **RULES OF THE GAME**

- 1. The volunteers stand up one by one.
- 2. Each one should look at his/her hand as if it is a mirror

#### **PROCEDURE**

The facilitator asks to volunteers to look at their mirror and to tell to the other ones what he/she is looking at:

- describe your physical appearance
- explain which qualities you have
- describe what is your feeling in this face to face with yourself

#### **SUMMARY**

Self-esteem helps an individual to be confident and assertive, so that this person can avoid peer pressure, protect him/herself from oppression, abuse and exploitation, dare to ask for help and support when needed, provide help and support to others if you can, set high goals in life and achieve them.

#### **ACTIVITY 4: DEFINITIONS (30 min)**

#### a) PASSIVE RESPONSE

• Allows other people to either ignore you or violate your rights.

However, there are times when a passive response is the most appropriate.

## b) AGGRESSIVE RESPONSE

• Is asking for what you want or saying how you feel in a threatening, sarcastic or humiliating way that may offend the other person(s).

Such a response is never in your best interest because it almost always leads to increase conflicts

## c) ASSERTIVE RESPONSE

- Means being able to stand up for what you believe in.
- It means asking for what you want or saying how you feel in an honest and respectful way that does not infringe on other people's rights or let down individual.
- Being assertive involves using a lot of negotiation skills. This helps the youth to resolve conflict, solve problems and have a great self confidence and self-esteem

Preventing STIs, HIV/AIDS and sexual risks does not only involve knowing the facts about them but being able to communicate to your sexual partner.

Communicating assertively especially for women is not regarded as appropriate in some culture. However, there are certain situations in which assertive behaviour will often yield positive results.

#### **RULES IN ASSERTIVENESS**

- Be honest about the relevance
- Keep your emotions under control
- Make it clear that both parties are working/talking as equals
- Be clear about what you want (basing this both on facts and feelings)
- Know the bottom line i.e. what is the bottom line you can accept (and maintain your dignity)

#### FACTORS THAT CONTRIBUTE TO ASSERTIVENESS

- Sex
- Gender (control, power)
- Socialisation
- Culture
- Social status

- Personal ability including knowledge and skills
- Previous experience
- Self-esteem

## **ACTIVITY 5: CASE STUDY - ROLE PLAY (25 min)**

First, the facilitator divides participants into 2 groups. He/She asks to each group to start the role-play with the following situation:

Memory is at a borehole around 6.00 pm. It is during the rainy season and in their area there are rumours that people are being waylaid when darkness falls. There are a lot of people at the borehole and she is number eight on the line. As she draws closer, another lady arrives at the borehole and the person in front of her allows the new arrival to squeeze in front of her. Memory just notices and does not say anything.

Before long comes a man with an oxcart carrying five 20 litre containers to draw water and the same lady tells the man to put the containers where her pail is.

The facilitator should divide participants into 3 groups and ask them to role play passive, aggressive and assertive response and later analyse the consequences of all these behaviours

Consequences of Passive behaviour	Consequences of Aggressive behaviour	Consequences of Assertive behaviour
<ul> <li>Giving up easily</li> <li>Strongly emotional</li> <li>Oppressed</li> <li>Used as a slave</li> <li>Lack of recognition by other people</li> </ul>	<ul> <li>You don't learn more</li> <li>People don't like you</li> <li>You are defensive, hence you don't change easily</li> <li>Receive unreliable feedback because people just want to please you</li> <li>You become rebellious</li> </ul>	<ul> <li>You learn more</li> <li>You are not easily influenced</li> <li>Ability to hold temper</li> <li>You are not oppressed</li> <li>You contribute and you are recognized by peers</li> </ul>

#### **COMMENTS AND SUMMARY**

# PLANNING FOR THE FUTURE

**Time: 1h45** 

## **INTRODUCTION (10 min)**

#### **PREAMBLE**

As young people grow, they need to make plans for their life. Their plans may include jobs, when and who to marry and how many children to have. The type of plans they make depends on the goals they set up.

#### **PURPOSE**

This session aims to provide participants with knowledge and skills on how to plan their future, how to define goals and develop values that can make them achieve their plans.

#### **SPECIFIC OBJECTIVES**

By the end of the session participants should be able to:

- ✓ Define a goal
- ✓ Identify obstacles to achieving this goal
- ✓ Explain how to overcome these obstacles
- ✓ Explain how values can influence our goals
- ✓ Explain how early pregnancy (parenthood) can affect our goals
- ✓ Explain importance of having a goal
- ✓ Explain how to develop a plan and goals to be achieved in our life

## **MATERIAL NEEDED**

Flipcharts, markers

## **CONTENT**

## **ACTIVITY 1: DEFINITION (5 min)**

Participants should brainstorm on the definition of a **GOAL**.

Possible answers:

- Something to do
- Someplace to go
- Something to have

## **ACTIVITY 2: GROUP WORK (10 min)**

Participants should be divided in two groups to work on the following points:

#### **GROUP 1**

- Identify obstacles to achieving goals
- Explain how these obstacles can be overcome

#### GROUP 2

- Explain how values can influence our goals
- Explain how early/unplanned pregnancies can affect our goals

#### **GROUP 3**

- Explain the importance of having a goal
- Explain how to develop a plan and goals for our life

## PRESENTATION (25 min)

## **ENERGIZER (5 min)**

Facilitator comes up with an energizer.

## PLENNARY SESSION (35 min)

The facilitator should conclude using the following points:

## Q1. OBSTACLES TO ACHIEVING A GOAL

- Lack of employment
- Lack of skills
- Lack of finances and other resources to attend courses
- Unrealistic expectations
- Lack of support

## Q2. HOW TO OVERCOME OBSTACLES?

OBSTACLES	SOLUTIONS
Lack of employment	Go back to school or up-grade your qualification
Lack of skills	Self help initiatives
Lack of finance and other resource	Join Youth Clubs
Unrealistic expectations	Understanding the concept
Lack of support	Self exposure

## Q3. HOW DO VALUES INFLUENCE OUR GOALS

It should be noted that goals young people make (e.g. employment) are influenced by their values. For example if someone values working with people he/she will choose vacations like teaching or nursing.

## Q4. EXPLAIN HOW EARLY/UNPLANNED PREGNANCIES (PARENTHOOD) **CAN AFFECT OUR GOALS**

- It can prevent a person to complete education
- It affects a person psychologically and loss concentration on prominent factors that contribute to his/her success (about 25% of teenage mothers will experience depression)
- You lose confidence from people who supported and they may stop supporting you
- You widen your responsibility that affect your economic status
- Your health may deteriorate and affect your social status
- Young people should also know that the goals they set for themselves will change should they become parents.

#### Q5. IMPORTANCE OF HAVING A GOAL

- Give direction and purpose in life
- Make life more interesting and challenging
- Guide decisions in life
- Must be clear to know exactly what is required to be achieved
- In life people do not achieve goals all at once but step by step.

## Q6. HOW TO DEVELOP A PLAN AND GOALS TO BE ACHIEVED IN OUR LIFE

- Have purpose and direction to life
- Think of making life more interesting
- Consider the challenges and consequences
- Guide decisions in life
- Be clear to know exactly what is required to achieve them
- Set time limits on goals
- Consider who may support and team up with you towards the goal

Note: You achieve goals step by step

## **ACTIVITY 3: GAME (15 min)**

#### A BRIDGE TO A GOAL

## **OBJECTIVES OF THE GAME**

- Help the youths to plan goals and give direction in their life
- Help the youths to consider challenges and to overcome obstacles
- Make the youths understand that it is important to help each others in achieving goals

#### **RULES OF THE GAME**

- 1. Participants are not allowed to get additional things to make their line long.
- 2. The lines should be made of what belongs to the participants only, e.g. their own body, clothes, shoes...

#### **PROCEDURE**

- Divide the participants in three teams
- Define three goals (it can be drawings which represent goals, e.g., a house, a loving partner, children, a job...or you can ask to some participants to represent these goals)
- Ask to each team to define secretly the goal they especially want to achieve (the one they consider as the main one)
- The facilitator starts the race, asking to the participants to make a line to the goal they chose (if several teams choose the same one, it will be the longest line who will win)
- The team that makes the longest line wins the game and achieves his goal

## **COMMENTS AND SUMMARY**