

My Dreams My Choice *Plus*

A facilitator's guide for empowering
girls and young women in adopting
positive behaviours

Adapted by
World Education Inc./Bantwana
for Protect Our Youth clubs



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Introduction

This Facilitators Manual was adapted by The Bantwana Initiative of World Education Inc. for its Protect Our Youth (POY) Clubs in Malawi by pulling existing content from the Malawi DREAMS (Determined, Resilient, Empowered, Aids-free, Mentored and Safe) toolkit materials, My Dreams My Choice! and from the Doorways Training Manual.

Why are POY Clubs important?

Youth in Malawi are at great risk of violence, and specifically school-related gender-based violence (SRGBV). Moreover, adolescent girls and young women in Malawi are at risk of gender-based violence, HIV, early pregnancies, school drop-outs, and early marriages. Protect Our Youth Clubs provide a safe place for youth to become more resilient, determined and empowered.

POY Clubs aim to build the protective assets of youth, and of adolescent girls in particular—equipping them with information, skills, and support networks to better navigate the variety of risks they face. Through the use of this manual, you will be able to facilitate sessions for the POY Clubs and empower youth to work collaboratively, to speak out and take action against inequality, social injustice, abuse, to examine unequal power dynamics, and to challenge gender norms that discriminate against girls and perpetuate gender-based violence. POY Clubs also help adolescents build soft skills (such as goal setting, time management, communication skills, and decision making) to support their academic success and encourage them to pursue their education.

In these clubs, youth will be examining many sensitive issues related to gender that play a role in girl's low sense of personal agency and low completion rates of secondary school. Together, through these discussions and activities you will work to protect the rights of youth and empower students to make a change in their own community.

While the club meetings will be led by a combination of peer educators, matrons and patrons, and health personnel, it is important that you are familiar and comfortable with the content of all the sessions.

The activities you will facilitate in this manual will help youth to:

- Think about the expectations, behaviours, and attitudes that put them at risk and make them vulnerable
- Gain skills and knowledge to live a productive life, free from HIV
- Take action and report insults and abuse
- Think about their hopes and goals in life.
- Pursue their dreams

This module introduces you to the toolkit and to each other. It's important to build trust and acceptance among the groups so that you feel comfortable opening up and sharing experiences in order to learn and grow from each other. It also works with you to examine and set goals that you want for your future and hope to achieve from participating in the sessions. The module further helps you to recognize your supporters, analyse, and identify your safe spaces - both at school and community—and existing support networks within your reach.

MODULE 1: Building your Dreams

Session 1 – Introductory session

Session 2 – Team building

Session 3 – Knowing me and my dreams

Session 4 – Safe Environment

At the end of module you will:

1. Know and build relationships with other group members
2. Have better skills in:
 - a. Initiative talking, such as facilitating learning songs and games.
 - b. Interacting with other group members.
 - c. Being more outgoing and speaking up.
3. Identify your dreams, set goals and make plans on how you can achieve them
4. Identify individuals whom you can trust and confide in at all times.
5. Identify safe spaces where you feel respected and listened to and where you can go when you need help.

Session 1: Introductory Session

The learning objectives of this session are...

At the end of the session I will:

- Feel welcomed in the group.
- Know more about the program.
- Connect with the other members of the group.

The key messages from this session are...

- Meetings are interactive and activities are participatory
- I am encouraged to talk, share, discuss, have fun and play
- The goal of the program is to help me develop into a Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe woman
- My involvement in this program is voluntary

Some questions I can reflect on are...

- Why is it important for us to know one another?
- Why is it important for us to meet as girls?
- How can these meetings help us reduce our vulnerability?
- Why is it important to have rules and respect one another in these meetings?

Group ground rules:

My notes are...

Session 2: Team Building

The learning objectives of this session are...

At the end of this session I will:

- Appreciate the importance of team work.
- Bond with other group members and begin to trust them.

The key messages from this session are...

- It is important for everyone in the group to trust each other and work together, as over the coming months we will be talking about sensitive issues and things that we may not want others outside of the group to know.
- By trusting each other, the POY Clubs will be a comfortable place to share and we can be confident that members won't tell other people.

Some questions I can reflect on are...

- Why would it be important for us to work as a team in this group?
- Why is it important to have people whom you can trust and talk to?
- How will teamwork and trust help us as a group?
- How does the team work in this group relate to my real life situation?
- How do I intend to be Determined, Resilient, Empowered, Aids —Free, Mentored and Safe?
- Who can I trust and how can I be someone my friends trust?

My notes are...

My assignment is to...

- Bring my journal to the next session and observe how I or the people around me are working together

Session 3: Knowing Me and My Dreams

The learning objectives of this session are...

At the end of this session I will be able to:

- Know who I am as an individual and what makes me special.
- Identify my own strengths and weaknesses and how to overcome them.
- Set and strategize on how to achieve my personal goals.

Activity 1: Loving Me, Loving You

- Five things (in words or pictures) that represent me are:

Activity 2: Setting My Goals

- Three of my future goals are:

- What will enable me to achieve my goals?

- What may prevent me from achieving my goals?

- How can this obstacle be prevented or overcome?

The key messages from this session are...

- It is important for me to know who I am and what my future plans are. This will help me be focused and goal driven as I work towards achieving my set targets.

Some questions I can reflect on are...

- Why is it important for me to understand the things that I like about myself?

My notes are...

Session 4: Safe Environment

The learning objectives of this session are...

At the end of this session I will be able to:

- Identify settings that are safe for girls.
- Identify people that would offer me support and make me feel safe.

Activity 3: My Supporters

- Who is the person I feel I can tell personal issues to (e.g., issues on pregnancy, school, sex/relationships, puberty, fears and achievements) is?
- Why do I feel this way about this person?

Safe spaces in my community:

The key messages from this session are...

- Safe spaces are places where girls/ women are supposed to meet and share their own interests. The safe spaces are meant to protect the girls/women from bodily harm, sexual abuses and harassment. An example of a safe space include ‘this group’.
- Identifying safe spaces, environments, and people can help me feel safe and avoid risks that may make me vulnerable.

Some questions I can reflect on are...

- What places are considered safe places/spaces for girls?
- What places are considered not safe places/ spaces for girls?
- What should I do as a girl to avoid such unsafe spaces?
- What can I do if I am faced with the dangers/ risks at such places?
- Where can I report or who can I talk to if I have faced any of the risks?
- How can I make this group a safe space for all members?
- How could safe spaces help me achieve my personal goals?
- What are some of the key qualities I am looking for in friends? What qualities do I offer to a friendship?
- Why are these important qualities?
- How can such friendships help me in this group?

My notes are...

My assignment is to...

- Tell _____ that they are my confidant and share any issues.
- Find a special buddy within the group with whom I will be sharing some of my reflections from the meetings, remind each other about what we have learnt and encourage each other to achieve more.

Case Study

“I made a mistake, but my mother encouraged me to fight on.” - Victoria Bamusi

Victoria Bamusi thinks of her early pregnancy as a big lesson in her life, but also considers it as something that happened in the past. She is now focused on the education that she missed when she got pregnant and went on to have a child. Victoria wants to prove to her community and the nation that age is indeed just a number, and that she can move forward with her education and realize her dreams of becoming a lawyer.

Victoria is back in school at Nkasaulo Primary School in Machinga district, and sits in Standard 7 with both younger and older boys and girls. “I am at ease with my classmates. They regard me as a friend and they are very supportive,” she says of her classmates, including her friend Yasmin, who is six years younger than Victoria. Although she is aged 18 years and a mother, Victoria participates in every activity involving her class and the school.

Talking about becoming pregnant as an adolescent, “I know that I made a mistake and I have come here to learn, take up from where I left,” said Victoria. She admits that she knew that engaging in unprotected sex would result in pregnancy. But when she got pregnant, she thought she had just been unlucky, because it was not the first time she had sex without using a condom.

After giving birth to a baby boy, her mother, who is Village Head Chikwakwata in Traditional Authority Nsanama, insisted that Victoria should go back to school. Her mother did not want to hear anything about marriage nor the man who impregnated her. “There were others who discouraged me from getting back to school, but I thought I should listen to my mother until I become a lawyer as per my dream,” she recollects.

In an environment where early marriages and pregnancies are fairly normal, Victoria wants to be different, and has become an advocate for a back-to-school initiatives targeting teen mothers.

Discussion Questions

1. What is it that made Victoria want to still fight on and return to school?
2. Who encouraged Victoria to go back to school?
3. If you were in a situation like Victoria, who do you think would have been your supporter?
4. If you were in a situation like Victoria, what is that you would have done differently?
5. What are you learning from this story?

Reflection Guide for Module 1

What are my personal reflections on the following guiding questions:

- What new information and skills have I learnt in module 1?
- How has this new information and skills affected my attitudes and behaviours?
- How will the new skills and information learnt in Module 1 help me in becoming Determined, Empowered, Resilient, AIDs-free mentored and safe?
- What new skills am I adopting from module 1?
- What are the targets, goals and actions I am setting and taking after what I have learnt in Module 1?

My notes are...

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

MODULE 2: Your Body, Your Health

In order to empower yourself to take care of your health, you first have to understand the different health issues that may affect you. This section looks at changes that happen during puberty and what they mean. It also discusses pregnancy and prevention of pregnancy, including different contraceptive options.

Session 5 – Understanding Your Body

Session 6 – Menstruation

Session 7 – the Ins and Outs of Pregnancy

Session 8 – Preventing Pregnancy

Session 9 – Condoms

Session 10 – How to Use a Condom

At the end of Module 2 you will:

1. Continue building on your behaviour skills by:
 - a. Team playing.
 - b. Continuing to take initiatives e.g. facilitating learning songs and games.
 - c. Interacting with other group members.
 - d. Building openness and ability to talk about the processes in the body.
 - e. Openly talking about condoms and condom use.
2. Have increased knowledge on the following:
 - a. The process of puberty in girls and boys.
 - b. Menstrual hygiene.
 - c. The consequences of unplanned pregnancy.
 - d. Contraceptives and where to access them.
 - e. Step by step of how to use male and female condoms.
 - f. Facts and myths surrounding condoms.
 - g. Consequences of not using condoms.

Session 5: Understanding Your Body

The learning objectives of this session are...

At the end of this session I will be able to:

- Understand the process of puberty and changing bodies in both boys and girls.
- Reflect on gender and social expectations during the puberty stage.

Activity 1: Understanding Puberty in Girls

- Brainstorm and write down answers to the following:
 - What is puberty?
 - What happens to a girl's body during the puberty process?
- Create a plan with your group members to share your answers with the larger group.

Activity 2: Understanding Puberty in Boys

- Brainstorm and write down answers to the following:
 - What happens to a boy's body during the puberty process?
- Create a plan with your group members to share your answers with the larger group.

Activity 3: ‘Anyone who’

- Why do I believe the following are facts or myths?

Facts and Myths about Puberty

Statement	Fact or Myth?
Only wayward girls attain the puberty stage.	Myth —Every girl goes through the puberty stage.
Girls can prevent teenage pregnancy.	Fact —Girls have the power to say no to sex or use contraceptive methods to avoid pregnancy.
You need to start preparing for marriage when you start showing signs of puberty.	Myth —When a girl has her first menses/ period her body is now able to become pregnant, but this does not mean that she is ready emotionally, psychologically and economically to have a child.
A girl can get pregnant even if she has sex once.	Fact —anytime a girl has unprotected sex, there is a chance that she might get pregnant because the sperm will enter her vagina and can join with an egg.
A girl cannot participate in her daily activities during her menses.	Myth —There is no reason a girl should not participate in specific activities like going to school because of her menses.
An average period may last anywhere between 2—8 days.	Fact —Menstruation usually last anywhere from 2—8 days with 4—6 days being the average. Some girls’ periods may be shorter or longer.

The key messages from this session are...

- Puberty begins and ends at different ages for everyone. All girls and boys go through puberty-related changes (physical and emotional) at their body’s own pace. This cannot be controlled and is biological (it is programmed in your body). This variation in change from person to person is normal. On average, puberty starts between the ages of 8-13 but might be earlier or later for others.
- Girls often begin changes of puberty before boys. This difference in changing is also biological and is therefore normal. Puberty is the beginning of the physical change from childhood to adulthood. It happens because hormones are developing in the body. Each person is different and unique.
- During puberty the following things take place:

- Bodies grow bigger
- Skin becomes oily and pimples may occur
- Grow hair under arms and in pubic area
- Grow taller
- Gain weight
- Body becomes curvier
- Hips widen
- Breasts grow larger
- Start menstrual period
- Increased perspiration/body odour
- Start having sexual desires

Some questions I can reflect on are...

- Which of these puberty processes can I relate with my own body changes?
- Did I understand before what was happening to me?
- How did the body changes affect me?
- Why is it important for me to understand the processes happening in my body?
- What are some of the challenges that boys and girls face when they start going through the puberty stage?
- What are some of the gender and social expectations that are associated with the puberty stage?
- How can such expectations put girls and boys at risk of contracting HIV, having unintended pregnancies or be vulnerable to different abuses?
- How can such expectations reduce boys' and girls' risk from contracting HIV, having unintended pregnancies or being vulnerable from different abuses?

My notes are...

My assignment is to...

Reflect in my journal about the following questions:

- How do people perceive a girl attaining the puberty stage?
- How do these perceptions affect the girls?
- Does it put the girls at risk or not? Why?
- What are the attitudes in my community (among family, friends, and peers) about menstruation?

Session 6: Menstruation

The learning objectives of this session are...

At the end of this session I will be able to:

- Understand the process of menstruation.
- Know the importance of menstrual hygiene.
- To explore attitudes towards menstruation.

Activity 1: The Process of Menstruation

- Brainstorm and write down answers to the following:
 - What happens during menstruation?
- Create a plan with your group members to share your answers with the larger group

Activity 2: Menstrual Hygiene

- Brainstorm and write down answers to the following:
 - How do girls in my community manage themselves when they are menstruating?
- Create a plan with your group members to share your answers with the larger group.

What happens during menstruation?

A menstrual cycle is normally four weeks or 28 days like the cycle of the moon. The most fertile period is the middle of the menstrual cycle – days 8-19 – and they are counted from the first day of menstruation. At the top of the vagina is the cervix or neck of the womb. The cervix has a very tiny passage through it, it is about as wide as a straw. If you pass through this, you come to the womb. There are two narrow tubes, coming from the top of the womb; these are called the fallopian tubes. At the end of the fallopian tubes are the ovaries. A woman's eggs are made in her ovaries and when she is in her fertile days, one tiny egg is released and passes down the fallopian tube to the womb. If it does not meet

with a sperm from a man it passes out of the womb into the vagina. If it meets with a fresh sperm a pregnancy will result.

Reproductive effects	Physical effects	Potential solutions
Womb lining detaches from the womb and flows out from the woman's vagina	Pains in the lower abdomen Bleeding from the vagina for 4-8 days Fatigue Food cravings/ hunger	Rest Drink fluids Mild exercise Warmth on the painful abdomen Washing regularly Using sanitary pads
Your body selects an egg	Small weight gain	Not uncomfortable so none needed.
Your egg is released and is ready to be fertilised to make a baby	Some women feel more physically attractive themselves. Blood flow increases so feel warmer	Not uncomfortable so none needed.
Your womb gets ready to look after the egg and let the baby grow. If the egg is not fertilised, the womb starts to loosen. A lot of females get 'Pre-Menstrual Syndrome' (PMS) in this stage.	Bloating i.e. swollen belly Sore/tender breasts (Signs of PMS) Blood flow still high so warmer	healthy whole foods (e.g. ngaiwa instead of white nsima, lots of vegetables) lots of water, good amount of exercise, and a good amount of sleep

It is important to note that NOT all young girls and women will experience the same emotional or physical effects while menstruating. If you have any concerns while you are on your period, consult a medical professional.

Importance of menstrual hygiene

- Prevents infection.
- Prevents body odour.
- Enables women to remain healthy.
- Enables women to feel comfortable, confident and stay fresh all day.

Practice	Health Risk
Unclean sanitary pads/materials	Bacteria from unclean sanitary materials may cause local infections or travel up the vagina and enter the uterine cavity

Changing pads infrequently	Wet pads can cause skin irritation which can then become infected if the skin breaks
Insertion of unclean material into vagina	Bacteria potentially have easier access to the cervix and the uterine cavity
Wiping from back to front following urination or defecation	Makes the introduction of bacteria from the bowel into the vagina (or urethra) more likely
Unprotected sex	Possible increased risk of sexually transmitted infections or the transmission of HIV or Hepatitis B during menstruation
Unsafe disposal of used sanitary materials or blood	Risk of infecting others, especially with Hepatitis B (HIV and other hepatitis viruses do not survive for long outside the body and pose a minimal risk except where there is direct contact with blood just leaving the body)
Douching (forcing liquid into the vagina)	Can facilitate the introduction of bacteria into the uterine cavity
Lack of hand-washing after changing a sanitary towel.	Can facilitate the spread of infections such as Hepatitis B or thrush

‘How to’ questions	Good practice guidance for girls and women on managing their menstrual period
How do I go about after experiencing my first menstruation?	<ul style="list-style-type: none"> • Talk to other girls and women, such as your mother, sister, aunt, grandmother, female friend or an older woman in your community. • Don’t be afraid. It can be scary to see the blood on your underwear, but it is normal and natural. • If you are at school, tell the matron, a female teacher or a fellow student. • Feel proud! Your body is developing into that of a young woman.
How to capture the blood?	<ul style="list-style-type: none"> • Place a cloth, pad or cotton on your underwear. • Never insert the material inside your vagina.

	<ul style="list-style-type: none"> • Change the cloth, pad, or cotton every two to four hours or more frequently if you think that the blood flow is getting heavy.
How to dispose of the cloth, pad cotton or tissue?	<ul style="list-style-type: none"> • If you are re-using a cloth, put it into a plastic bag until you can wash it with cold water and soap and then dry it in the sunshine or iron it. • If you are using a pad or cotton, or want to dispose of your cloth, wrap it in paper to make a clean package and put it in the pit latrine or burn them.
How to keep yourself clean during your period?	<ul style="list-style-type: none"> • Every day (morning and evening if possible) wash your genitals with soap and water. • Keep unused cloths and pads clean (wrapped in tissue or plastic bag) for further use. • Pat the area dry with a cloth, and put a fresh cloth, pad or cotton on your underwear. • Always wipe from front to back after defecation. • Never douche
How to manage the stomach pain from your period?	<ul style="list-style-type: none"> • You can put a bottle with hot water on your stomach area when you are resting • Try to do some exercises and keep your body active. • You can take painkiller medicines every four to six hours on the most painful days.

Activity 3: Exploring attitudes towards menstruation

The key messages from this session are...

- Menstruation is one of the milestones a girl achieves during the puberty stage.
- Menstruation is a woman's monthly bleeding. Menstrual blood flows from the uterus through the small opening in the cervix and passes out of the body through the vagina. When a girl menstruates, the body sheds the lining of the uterus (womb).
- When periods (menstruation) come regularly, this is called the menstrual cycle. Having regular menstrual cycles is a sign that important parts of your body are working normally. The menstrual cycle provides important body chemicals, called hormones, to keep you healthy. It also prepares your body for pregnancy each month.

Some questions I can reflect on are...

- Who do most girls confide in when they first start menstruation?
- Why do they confide in these people?
- How does my community help girls make informed choices with regard to their changing bodies?

My notes are...

My assignment is to...

Reflect in my journal about:

- My own menstrual hygiene.
- How I intend to use the new information acquired?

Session 7: The Ins and Outs of Pregnancy

The learning objectives of this session are...

At the end of this session I will be able to:

- Reflect on what it means to have a child and the responsibilities it entails.
- Understand the consequences of having an unintended pregnancy.

Activity 1: Facts and myths about pregnancy

- What do I think about the following facts and myths about pregnancy?

Statements:

- A girl can only get pregnant if she has unprotected sex often.
- A girl cannot get pregnant the first time she has sex.
- The best time to get pregnant is to have sex one week after the end of menstruation (8-19 days after the first day of menstruation).
- A girl can't get pregnant until when she is 16.
- A girl/ woman can tell she is pregnant as her breasts feel heavy or painful and she stops menstruating.
- Women can't get pregnant if they are over 40.
- A girl/ woman who is exclusively breast feeding cannot get pregnant.

Facts and Myths About Pregnancy	
Statement	True or False?
A girl can only get pregnant if she has sex often.	— False. Pregnancy can occur even if people have sex once. Any unprotected sexual act puts you at risk of becoming pregnant.
A girl cannot get pregnant the first time she has sex.	— False. Any unprotected sexual act predisposes you to pregnancy, even if it is your first time to have sex.
The best time to get pregnant is to have sex one week after the end of menstruation (8-19 days after the first day of menstruation).	— True. This is the most likely time for a woman to release an egg. She only does this once a month. Some women may release an egg earlier or later but this is the most common time.
A girl can't get pregnant until she is 16.	— False. A girl can get pregnant as soon as she has had her first menstruation.

A woman can tell she is pregnant as her breasts feel heavy or painful and she stops menstruating	—True. Other signs of pregnancy include nausea or vomiting especially in the morning, breasts getting larger and after about three months, the stomach getting larger.
Women can't get pregnant if they are over 40—True.	—False. A woman can get pregnant at any time between her first and last menstruation (which is usually towards age 50) but older women may find it much harder.
A girl/woman who is exclusively breast feeding cannot get pregnant.	<p>This is sometimes true and sometimes false. If a woman is providing her child only with breast milk then it is unlikely that she will get pregnant when breast feeding. Once a child is given porridge or other milk or water as well as breast milk a woman is at risk of pregnancy even if her period has not yet returned.</p> <p><i>*It is important to note that relying on breast feeding alone does not protect you from STIs and is not 100% effective in preventing pregnancy.*</i></p>

How Pregnancy Occurs

Fertilization takes place when a male sperm cell meets a female egg. After the male puts his penis in the female vagina and ejaculates, the ejaculated sperm swim up through the cervix into the uterus to the fallopian tubes. If a mature egg is present, fertilization can take place. Sperm can fertilize an egg up to seven days after intercourse. If an egg is fertilized, it will move into the uterus (womb) where it will grow.

Activity 2: Why unplanned pregnancies?

- Brainstorm and write down answers to the following:
 - What are the causes of unplanned pregnancies?
- Create a plan with your group members to share your answers with the larger group in a creative way

Activity 3: Explore Consequences of Unplanned Pregnancies

- Brainstorm and write down answers to the following:
 - What are the consequences of unplanned pregnancies?
- Create a plan with your group members to share your answers with the larger group in a creative way
- Devise a role play of one consequence that seems to present the issues most clearly.

The key messages from this session are...

- Having a child is a huge responsibility with significant consequences in girls who are not yet ready to have a child.
- Being pregnant and having a child does not mean that one should lose her dreams, goals and ambitions. It is possible for a girl/ woman to continue with her dreams and ambitions even after getting pregnant.

Some questions I can reflect on are...

- How would unplanned and/or early pregnancies make me fail to achieve my personal goals?
- Why are unplanned and/or early pregnancies dangerous for girls?
- What can I do to avoid unplanned pregnancies?
- What are the options, for a person who has an unplanned pregnancy?
- For each of these options, what advice would I give a person to ensure that she is healthy?

My notes are...

My assignment is to...

Find out any facts about contraceptive methods and locate family planning clinics within my community.

Session 8: Preventing Pregnancy

The learning objectives of this session are...

At the end of this session I will be able to:

- Know at least two ways to prevent pregnancy
- Distinguish the different types of contraceptives methods

Activity 1: What are Contraceptives?

- Brainstorm and write down answers to the following:
 - What have I heard about contraceptive methods?
- Create a plan with your group members to share your answers with the larger group in a creative way.
- Devise a role play of one consequence of that seems to present the issues most clearly.

Activity 2: Contraceptive Methods

- Listen and consider which method you think would be best when deciding to start having sex.

Short-Acting Contraceptives

1. Male or female condoms

- There are two types of condoms: male and female condoms.
- Condoms can protect against pregnancy and STIs, including HIV.
- It is the only method of contraception that protects against STIs and HIV.
- The male condom is a thin rubber tube, and when the man puts it over his penis, it stops the sperm from entering a woman's vagina.
- The female condom is made out of plastic and looks like a cup. It prevents sperm from entering a woman's vagina. It is a longer, wider tube than a male condom and has a ring at

both ends. The inner ring is inserted into the vagina, and the outer ring lies outside the vagina and is used to keep it in place.

Benefits of condom use

- Benefits: safety when used correctly and consistently, low or no cost protection from both pregnancy and STIs, wide availability over-the-counter.

2. Oral Contraceptives

- Also called “birth control pills” or just “the pill”. Oral contraceptives contain hormones to prevent a woman from getting pregnant.
- A woman must remember to take a pill every day; it is best to take it at the same time of the day and complete all of the pills in each pack to be fully protected.
- If a pill is missed, you can get pregnant.
- Pills ONLY prevent pregnancy, not HIV or other STIs.

Benefits and disadvantages of contraceptive pills

- Benefits: improved menstrual cramps, lighter periods, some pelvic inflammatory disease (PID) protection.
- Disadvantages: intermenstrual bleeding, breast tenderness, nausea/vomiting, dizziness, weight gain, mood changes.

3. Lactational Amenorrhea Method (LAM)

- The Lactational Amenorrhea Method (LAM) is a modern, temporary contraceptive method that has been developed as a tool to help support both breastfeeding and family planning use. It can only be used immediately after a woman has given birth to a child and before the child turns six months old. It is based on the natural infertility resulting from certain patterns of breastfeeding. “Lactational” means related to breastfeeding; “Amenorrhea” means not having menstrual bleeding; and “Method” means a technique for contraception.

LAM is defined by three criteria:

- The woman’s menstrual periods have not resumed, and,
- The baby is fully or nearly fully breastfed, and,
- The baby is less than six months old.
- When any one of these three criteria is no longer met, another family planning method must be introduced in a timely manner to ensure healthy birth spacing.

Benefits and disadvantages of LAM

- Benefits: natural way that your body prevents you from getting pregnant.
- Disadvantages: it can only be used immediately after giving birth and if breastfeeding exclusively; it does not protect against HIV and STIs; effectiveness in preventing pregnancy may vary.

Natural contraceptive

- Also known as the “rhythm method” or “fertility awareness-based methods” allow for couples to use abstinence or other forms of birth control, such as withdrawal or barrier methods to prevent pregnancy during certain fertile times of a woman’s menstrual cycle.
- Women who menstruate normally will experience approximately 12 fertile days per month - meaning if she has unprotected vaginal sexual intercourse, she can conceive/become pregnant.
- There are various ways to track your fertile days including the calendar or use of fertility beads.

Benefits and disadvantages of natural contraceptive

- Benefits: safe and no cost; easily discontinued; no need for medication.

- Disadvantages: does not protect you from STI's or HIV; requires that you abstain at certain times of the month; requires you to pay close attention to your cycle and track all the days, which can be very difficult. As a result, effectiveness may vary.

Long-Acting Reversible Contraceptives

1. Contraceptive injection

- There are two types of injections: The Nur-Isterate injection that lasts for two months, and Dep – Provera injection that lasts for three months.
- Contraceptive injections ONLY prevent pregnancy, not HIV or other STIs.

Benefits and disadvantages of contraceptive injection

- Benefits: safe and convenient; may prevent uterine cancer; safe with breastfeeding; no estrogen.
- Disadvantages: side effects such as irregular bleeding, heavy menses, weight gain, abnormal hair growth, headaches, nausea, and breast tenderness. Additionally, there is generally a delay in return of normal fertility after discontinuing the injection.

2. Intrauterine Device (IUD)

- This is commonly referred to as “The Loop”. “The Loop” is a small plastic or metal device.
- A health care provider inserts the loop into the uterus (womb) to prevent pregnancy.
- It can stay in place to prevent pregnancy for up to 10 years, and it can be removed at any time by a health care worker.
- It is one of the most effective forms of birth control.
- There are two types, one contains hormones and one is non-hormonal.
- The loop ONLY prevents pregnancy, not HIV or other STIs.

Benefits and disadvantages of an IUD include

- Benefits: long-term pregnancy prevention; safe to use during breastfeeding; fertility is easily restored following removal; option if hormonal birth control is not desired since some do not contain hormones.
- Disadvantages: pain when the IUD is put in; cramping or backaches for a few days after the IUD is put in; spotting between periods; irregular periods.

3. Contraceptive implant

- Contraceptive implants are small rods about the size of a matchstick which are put under the skin in the inside of a woman's arm. You can feel them under the skin.
- They slowly release a hormone called progestogen.
- Implants last either three or five years depending on whether there are one or two rods.
- Implants can stop the body from releasing an egg each month. They also thicken the mucus in the cervix so sperm cannot travel up to meet an egg.
- Your periods are likely to change. A few women have no periods, a few women have their normal periods, but most women have a change in bleeding pattern. This may be infrequent bleeding, frequent bleeding, light bleeding or heavy bleeding.

Benefits and disadvantages of the implant

- Benefits: easy fertility restoration following its removal, safe to use during breastfeeding; does not contain estrogen; long-lasting and does not require daily medication.
- Disadvantages: side effects such as menstrual changes irregular bleeding (at times with intermenstrual spotting or long, heavy menses), acne, weight gain, mood changes/depression, headaches, nausea, dizziness, breast soreness and insertion site pain, skin scarring or infection.

Permanent Contraceptive Methods

1. Female sterilisation

- Tubal ligation is a sterilization procedure for women that surgically cuts, blocks, seals, or removes the fallopian tubes to prevent pregnancy.

Benefits and disadvantages of female sterilisation

- Tubal ligation is highly effective with approximately less than 1% of women experiencing an unintended pregnancy.
- Tubal ligation will immediately prevent an unintended pregnancy
- Risks associated with this form of sterilization include risks associated with surgery. You cannot reverse it once it is done.

2. Vasectomy

- Vasectomy is a sterilization procedure for men that surgically cuts or blocks the vas deferens (the tubes that carry sperm from the testes). It is a safe, highly effective surgical procedure that can be performed in a healthcare provider's office under local anesthesia. Following surgery, another contraceptive (e.g. condoms) must be used for approximately three months, until a semen analysis confirms that there are no sperm present.

Benefits and disadvantages of Vasectomy:

- Benefits: permanency; does not include use of hormones and does not affect a man's erection.
- Disadvantages: not easily reversed; minor chance for chronic pain resulting from surgical procedure.

It is important to understand what to do if you decide to have sex with a partner. When a man and a woman want to have sexual intercourse without having a child, they can use a contraceptive method to prevent pregnancy. These are short term like pills, condoms, and injectable methods; and long term methods such as Implant and IUDs; and permanent methods such as tubal ligation (for women) or vasectomy (for men).

Contraceptives are one of our rights as women.

Some other Sexual and Reproductive Health rights include:

1. Access to sexual and reproductive health care services
2. Seek, receive, and impart information related to sexuality
3. Decide whether or not, and when, to have children
4. Control of one's fertility, including the choice of whether and when to marry or have children, and protection from forced sterilization
5. Prevention of early or forced marriage and inclusion of adolescents in planning and implementation of services and programs

Activity 3: Where to Access Contraceptives

- Brainstorm and write down answers to the following:
 - Where within my community can I access family planning services?

The key messages from this session are...

- Even though you may not be sexually active yet, it is important to know what all the options are for preventing pregnancy.
- There is no shame in taking a contraceptive and just because someone is on a contraceptive, doesn't mean they are having sex.
- It is important to be educated so that when the time comes a person can make a decision to prevent pregnancy.
- Abstinence is the only 100% effective method for preventing pregnancy.
- Although pregnancy is normal, having children by choice, not by chance, is best for the mother, the baby, the family and the nation.
- Some places to access family planning in the community include:
 - District Hospitals
 - Health Centres
 - Family Planning Association of Malawi (FPAM)
 - YONECO
 - Banja La Mtsogolo (BLM)
 - Youth Centres
 - Other organizations within the communities

Some questions I can reflect on are...

- Why is it important to know family planning methods?
- Why do girls and women not go for family planning services?
- What are the dangers of not using family planning services if one is having sex and does not want to have a child?
- How can such information help young girls reduce their risk of getting unplanned pregnancy?

My notes are...

My assignment is to...

Reflect in my journal and go and find out if there are any more places where people can access contraceptive methods that have been left out.

Session 9: Condoms

The learning objectives of this session are...

At the end of this session I will be able to:

- Clear the myths and understand the facts surrounding condom use.
- Discuss some of the reasons why girls use or do not use condoms.
- Understand the consequences of not using condoms.

Activity 1: Condom Use: True or False

- Discuss and consider the following statements about condoms. Some are true, a fact, and some are false, a myth.

Statement	True or False
Condoms are only effective if you use two at once.	False —You should never use more than one condom at a time as this increases the chance for the condom to break.
Condoms last forever.	False —All condoms have an expiration date on them. You must check it before using because if the condom has expired, it is more likely to break.
If used correctly and consistently, condoms can reduce your risk for HIV, other STIs and pregnancy.	True —when used consistently and correctly, condoms are 98% effective, if they are not used consistently or correctly the percentage drops and you are not as protected.
Condoms can be re-used.	False —condoms can only be used once, after that they should be discarded and a new condom should be made available.
Anybody can purchase and carry and negotiate for the use of condoms.	True —It doesn't matter if you're a boy or a girl, or what age you are, everybody has a right to safe sex. Anybody who is planning to have sex should have condoms available.
If your partner uses a condom it means they are cheating on you.	False —Just because your partner asks to use a condom does not mean they have other partners. They may want to protect you both from any STIs that you could have from past relationships or make sure that you do not get pregnant. People sometimes change their mind and that is okay.

There are male and female condoms.	True —there are two types of condoms male and female condoms.
Condoms can give you HIV.	False —Condoms will not give you any disease. They are there to protect you. They have never been injected with HIV.
Only people with HIV are supposed to use condoms.	False —Everybody, no matter what their status, should use condoms to protect themselves from disease.
People who use or carry condoms are loose and promiscuous.	False —Just because a person carries a condom or asks to use a condom does not make them promiscuous. It means they are concerned for their health as well as the health of their partner.

Activity 2: Reasons Why Girls Use or do Not Use Condoms

- In a pair, discuss the reasons why girls of your age use or do not use condoms. Note your answers below and be prepared to present your discussion in a role play.

The key messages from this session are...

- Condoms are a key prevention technique not only for STIs and HIV, but also for pregnancy. It is important to know the different facts and myths about them so you can be fully informed.
- One may contract STI's from having sex with an infected partner.
- One may get pregnant if not using other contraceptives.

Some questions I can reflect on are...

- What would be your decision regarding condom use if you were to have sex today?
- How at risk are you of the consequences discussed above?

My notes are...

My assignment is to...

- Reflect in my journal.
- Go and find and if there are any more myths around condom use.
- Think of any question that I may have on condom use.

Session 10: Condom Use

The learning objectives of this session are...

At the end of this session I will be able to:

- Use male and female condoms correctly.

Activity 1: How to use a male condom

Notes on using a male condom

Why are condoms important?

A condom will stop a man's sperm or other fluids (semen) coming into contact with a woman's vaginal fluids so she will not get pregnant. If either the man or the woman has HIV, or another STI, it cannot be passed between them.

How can you tell if a condom in a packet looks and feels good or not?

Condoms come in sealed wrappers and are lubricated so they should feel slippery from the outside of the packet. There should also be an air bubble inside the packet when you squeeze down on it. If the air bubble is not there, throw away the condom as it means it has a hole in it. You should also always check the expiration date before using. Expired condoms are more likely to break and should not be used.

How do you open the wrapper?

Carefully, so that the condom does not tear! Turn it to the side with the jagged edge to make it easier to rip. Do not use your teeth, nails, scissors or anything sharp. It's best if you push the condom to one side inside the packet before opening. Encourage everyone to do this.

What can damage condoms?

Vaseline and other oil-based lubricants damage condoms. If you need lubrication, only use water-based ones, such as KY jelly, or glycerine or spermicides. If a woman is properly aroused and ready for sex before penetration, then her vagina will be moist enough and no extra lubrication will be needed. Foreplay, including touching of the genital area, breasts or butt, enables a woman to feel properly aroused.

How many times can you use a condom?

Only once! Each time you have sex, you must use a new, unused condom on the penis before it enters the vagina or anus.

When do you put the condom on?

A male condom should only be put on when the penis is erect, while the female condom can be put on at any time when a woman wants to have sex.

What happens if the condom tears during sex?

This is less likely to happen if the condom is good quality and if you have put it on properly. However, it does occasionally happen. The best thing to do is to withdraw the penis immediately and put on a new condom. If the woman is using no other form of contraception she is at risk of pregnancy so must take emergency contraception to prevent pregnancy. If one of the partners is known to have HIV and the other one not to, antiretroviral drugs can be taken for a month in the same way as a person does after rape to prevent infection. If the condom breaks and you do not know your HIV status or your partner's HIV status, it is a good time to have an HIV test. You may take antiretroviral drugs if one of you has HIV.

How do you dispose of the condom?

Tie the end of the condom in a knot to keep the sperm inside. Wrap the condom in toilet paper or newspaper until you can dispose of it in a pit latrine or dustbin. Then, if you wipe yourselves after sex, remember to use separate cloths. Condoms should be disposed of away from where children or animals so they will not find them and play with them.

What else can a condom protect against, in addition to HIV?

Condoms protect against all kinds of STIs and because these can cause infertility, condoms also protect against infertility. They also protect against unplanned pregnancy.

Activity 2: How to use a Female condom**Notes on using a female condom****The key messages from this session are...**

- Condoms offer dual protection—people are protected from unplanned pregnancies and sexually transmitted infections.
- Condoms are effective if they are consistently and correctly used every time one has sex.
- Condoms should be put on before there is any contact between the penis and vagina
- Use one condom at a time. New sex, New Condom!
- A condom can only be used once. After using it, discard it properly
- Even if a person is using a contraceptive method, it is still important to also use condoms since contraceptives do not protect against HIV and other STIs.
- Condoms are 95-98 % effective.
- It is important to talk to your partner about using a condom before sex.

- Do not use cooking or vegetable oil, baby oil, hand lotion or petroleum jelly for lubrication. These will cause the condom to deteriorate. If a condom breaks, immediate withdrawal is recommended. A new condom can then be used.
- Lubricated condoms should be used for sex and must be put on before any genital contact.

Some questions I can reflect on are...

- How do condoms reduce girls' risks of HIV infection?
- Why should condoms be used consistently and correctly?
- Why might someone choose to use a female condom instead of a male condom?

My notes are...

My assignment is to...

Start observing communication behaviors in the following types of relationships:

- Teacher—student communication
- Parent—child communication
- Peer—peer communication
- Boy—girl communication

Case Study

Girls and young women taking part in constructing a girl's washroom

During the Commemoration of International Girls Education in October 2016, Malawi's Minister of Education, Dr. Emmanuel Fabiano said government recognizes that education is more accessible for boys than girls despite various interventions. "Even when education has been equally provided for, some barriers have prevented girls from participating as effectively as boys, a development that has led to poor learning achievements, repetition and eventual drop out of school among girls." Observed Fabiano.

From enrolment to retention, the situation has favored boys than girls. Several studies have also shown that schools are generally not girl-friendly, in particular those that have failed to attend to girls sanitation needs. One of the factors that put school going girls at a disadvantage is hygiene, especially when they are menstruating. It is against this background that a community grouping in Ntaja's area of Traditional Authority Kawinga is constructing sanitary blocks for adolescent girls at Namwiyo Primary School.

According to the group's secretary, Estery Samala, the group observed that poor sanitary facilities and lack of accessories are affecting girls' school attendance in rural areas. The new block comprises of five shower rooms and five toilets. The group is also providing sanitary pads to girls.

"We are working with school committees to provide a conducive environment for teen mothers and adolescent girls so that they can remain in school and succeed," says Estery Samala. Namwiyo Primary School has over 20 mothers, most of whom have been rescued from forced marriages.

Discussion Questions

1. What is it that forces girls to miss classes when they are menstruating?
2. How big is this problem in this community/school?
3. What unique thing did Ntaja community do in order to address this problem in their community?
4. What role did the girls play in promoting menstrual hygiene at their school?
5. What role can girls at your school play in promoting hygiene at your school?

Reflection Guide for Module 2

What are my personal reflections on the following guiding questions:

- What new information and skills have I learnt in Module 2?
- How has this new information and skills affected my attitudes and behaviours?
- How will such information and skills help me as I work towards achieving my goals?
- What new skills will I adopt from Module 2?
- What are the targets, goals and actions I am setting and taking after what I have learnt in Module 2?

[illegible]

MODULE 3: Communicating with Others

Session 11 – Behavioural Communication I

Session 12 – Behavioural Communication II

Session 13 – Making Difficult Decisions

Often adolescent girls and young women are afraid to speak up for themselves, or don't know how to be assertive and strong in conversations. This module is meant to address that and build the confidence and self-efficacy of adolescent girls and young women in order to provide you with the skills to stand up for yourself as well as react appropriately when others may be manipulative or aggressive towards you.

At the end of Module 3 you will:

- 1. Continue building on your behaviour skills by:**
 - a. Being comfortable to using proper eye contact, voice, body language, “I” statement and space when communicating with others.
 - b. Having sound decision-making skills.
 - c. Interacting with other group members.
 - d. Being open when communicating with others.
- 2. Have increased knowledge on the following:**
 - a. The different types of behaviours used when communicating with others.
 - b. How some behaviours may put one at risk.
 - c. The importance of making sound decisions.

Session 11: Behavioural Communication I

The learning objectives of this session are...

At the end of this session I will be able to:

- Know different types of behaviours associated with communication.
- Relate how the different types of behaviours may increase or reduce risks and vulnerabilities.

Activity 1: Attacking, Avoiding and Manipulative Behaviours

- Brainstorm and discuss the behaviour you have been assigned (attacking, avoiding or manipulative) and discuss the following:
 - What are the common characteristics of that behaviour?
 - In what kind of relationships do people usually portray such kind of behaviours?
 - Why do people portray such kind of behaviours?
- Create a plan with your group members to share your answers with the larger group in a creative way
- Devise a role play of one consequence that seems to present the issues most clearly.

Guide on the different types of behaviours

There are different types of communication behaviour that people portray in communication. These behaviours influence individual differences in the expression of feelings, needs and thoughts as a substitute for more direct and open communication. The behaviours include:

Aggressive—These people express their feelings in a way that threatens or punishes the other person—whether it is their intention or not. (One tends to insist on his/her rights whilst denying the rights of others). Aggressive behaviour includes:

- Using a loud voice
- Wagging or pointing a finger
- Looking down on others
- Threatening
- Exploding
- Warning (If you don't do this!)
- Correcting (Look at the facts!)
- Persisting (I am right!)

- Nagging
- Shouting
- Insulting
- Being sarcastic
- Being vengeful (I'll get you back for this!)
- Interrupting

Advantage of Aggressive Behaviour: It becomes essential during emergencies e.g when running away from dangerous situations like physical abuse.

Avoiding/ Passive—These communicators often fail to express their opinions, thoughts and feelings. They tend to internalize their discomfort in order to avoid conflict and to be liked by others. They give in to the will of others hoping to get what they want without actually having to say it. They leave it to others to guess or let them decide for them. Passive behaviour includes:

- Avoidance and withdrawal from disagreement
- Blaming others
- Sulking in silence
- Being angry with the wrong person
- Avoiding conflict at all costs
- Talking behind someone's back
- Trying to forget about the problem
- Not being honest in case you hurt the other person
- Pretending to agree
- Being polite but feeling angry
- Not saying what you think

Advantage of this kind of behaviour is that communicators tend to be calm when emotions are running high.

Manipulative—Whining, looking as if you are about to cry but trying to stop yourself, sometimes people who are being manipulative pretend at first to be passive and then manipulate through their speech (e.g. “of course I cannot stop you from going to school, although I know I shall starve without you here to cook”.) This kind of behaviour tends to dwell on extremes. They are usually passive-aggressive. People who portray this kind of behaviour usually feel powerless, resentful and or stuck.

Manipulative behaviours include:

- Threatening to leave or kill yourself
- Begging and pleading
- Making others feel guilty
- Emotional blackmail
- Crying
- Offering something (e.g. food) in exchange for desired behavior

Activity 2: Risks Associated with Attacking, Avoiding, and Manipulative Behaviours

- In your pairs, do a role play showing the behaviours discovered in Activity 1. The scenarios could be:
 - An aggressive parent telling her 15 year old daughter to get married.
 - A manipulative girlfriend telling her boyfriend to start having sex to prove her love.
 - Someone being at risk of gender based violence.
 - The participants could also be at will to come up with any situation in which they or the people around them were at great risk because of the behaviours discussed above.

2. Use of the 5 Ws when coming up with their role plays (**who, what, why, where, when**).
3. After each role play discuss the following questions:
 - What did you notice in the role play?
 - What behaviour was being portrayed?
 - What did you notice about the use of voice, body language, use of space and eye contact?
 - How did this behaviour put each of the characters at risk?
 - How do you relate this to your own personal life? Do you think you are at risk? Why?
4. Ask the following questions to the characters in the role play?
 - How did it feel being in the position you were in?
 - What would you have done differently to avoid such kind of a situation again?
 - Are many girls in such kind of situations? Do you think they are at risk? Why?

The key messages from this session are...

- How people say things and how they behave during communication is just as important.
- The tone of voice, body language and emphasis of what is said can all lead to it being interpreted differently.
- It is important to pay attention to how things are said and how one behaves when communicating to make sure that what is said reflects what is meant.

Some questions I can reflect on are...

- Of the three behaviours (attacking, avoiding or manipulative), which one do I relate more with?

My notes are...

My assignment is to...

- Go and observe again the different types of communication behaviours in the following relationships:
 - Teacher—student communication
 - Parent—child communication
 - Peer—peer communication
 - Boy—girl communication
- Observe myself when I portray any of the behaviours.

Session 12: Behavioural Communication II

Learning Objectives

At the end of the session participants will be able to:

- Learn to be assertive by using voice, body language, eye contact, space and “I” statement
- Communicate assertively with others

Materials and Preparations

- Flipchart
- Markers
- Balls
- Picture of assertiveness

Opening Activity: Name ball

- Participants should stand in a circle.
- Participants should say their name and then clearly say another participant’s name to get their attention and throw them the ball.
- Repeat the energizer but add another ball to the circle.
- Repeat the energizer but participants should now only get other participants’ attention using gestures and eye contact to communicate to the person they want to throw the ball to.

Recap

- Participants should sit in a circle.
- Allow participants to share their observations on peoples’ communication behaviours?

Introduction of the Learning Objectives

- Ask for a volunteer to read the objectives loudly.
- Ask participants to share their understanding of the objectives.
- Clarify the learning objectives.
 - Let participants know that this session is a continuation of the previous session. Let the participants know that this session will give them time to practice being assertive. Explain that many people are used to behaving in unassertive ways when faced with a difficult situation (the unassertive ways include the different types of behaviours discovered in the last session), this session therefore is about building assertive skills!

Activity 1: Assertiveness (20 minutes)**Description:** Group Discussion**Aim of the Activity:** For participants to understand what assertiveness means.**Instructions**

1. Let participants sit in a circle.
2. Explain the meaning of assertiveness and the behaviours associated with it (list below).
3. Lead a discussion of assertiveness based on the following questions.
 - How does assertiveness differ from aggressive, avoiding and manipulative behaviours?
 - Why should girls be assertive?
 - Why should boys be assertive

Session Notes on Assertiveness

Emphasize to the participants that **assertiveness** is described as one's ability to properly and clearly express his or her own wants and feelings without fear and intimidation. It respects both the communicator and receiver of the message being relayed without infringing on anyone's rights and opinions.

When a person is assertive s/he is able to:

Stand tall
 Look people in the eye (make eye contact)
 Speak clearly
 Listen with interest
 Have high self-esteem
 Be confident
 Take a stand
 Accept responsibility
 Admit mistakes
 Maintain self-control
 Use open and receptive body language

Some of the negotiation skills and steps of assertive behaviour include:

Face the other person
 Look in the eyes of the other person
 Use a good voice tone (not too loud/whiny)
 Use a good facial expression
 Use good body posture (straight or relaxed)
 Ask for what you want
 State the reason why you want it
 Thank the other person if s/he agrees to the request
 Suggest a compromise if s/he does not agree
 Ask the other person for a solution if s/he does not agree with the compromise
 Thank the other person if in agreement
 Suggest a different idea and keep negotiating

An advantage of assertiveness is that people are able to maturely address and solve issues as they come.

Energiser: Ask for a volunteer to facilitate any song or game.

Activity 2: Practising Assertive Behaviours (50 Minutes)**Description:** Pair Work**Aim of the Activity:** For participants to start rehearsing using assertive behaviours (voice, eye contact, space, body language and “I” statement).**Instructions**

1. Ask participants to get back into their old pairs from the previous session.
2. Tell them that they will practice some assertive behaviour when communicating with their partners. They will have to practice using the “I” statement and behaviours below. The behaviours included when being assertive are:
 - Use of proper eye contact—not facing away or looking down.
 - Voice—being audible, not shouting or voice being too low.
 - Use of space—not being too close or too far away from their partner.
 - Body language—being firm and open body language (i.e. use of gestures), no fidgeting.
 - Openness—being able to say what you want, not being afraid or being shy.
 - Use of “I” statement—to talk about the self and ones’ own feelings and wants. Not being judgemental to the other person.
3. Further explain what ‘I’ statements are using the box below and ask for two volunteers to give an example.

Note to the Facilitator

Explain to the participants that use of an “I” Statement may be composed as:

The action: “When. . .”

- Make it as specific and non-judgmental as possible, e.g. “When you call me names..”

My response: “I feel. . .”

- Say “I feel...” rather than “I think...” and keep it to your own feelings: “I feel hurt/sad/happy/disappointed/ignored. . .”, for instance. Not: “I feel that you are being mean!”

Reason: “...because. . .”

- If you think an explanation helps, you can add one here. But make sure it is still not blaming the other person. e.g. “... because I like to spend time with you.”

Suggestions: “What I’d like is. . .”

- A statement of the change you would like. It is okay to say what you want, but not to demand it of the other person, e.g. “What I’d like is, for us to discuss this.” or “What I’d like is, to make arrangements that we can both keep. . .”, not “You must stop being so lazy!”

This is a structured format and may seem strange to start with. It takes time to absorb new skills and begin to use them unconsciously. Adapt the language to suit your situation.

4. The participants can practise using the following statements or any other scenario that they can come up with.

Participant: *I don't want you to continue going to school. I need you to help me around the house with your brothers and sisters and with the cooking and cleaning. I never finished school and I don't see the need for you to continue going. You've already finished your primary school and that is enough.*

Assertive response: *I understand that it will be difficult for you, but I think I should continue schooling. Once I finish, I will be able to go to university and then I would be able to earn a lot of money. I may even be able to build a new house for you. My brother is old enough to help out and I will be sure to help you as much as I can when I arrive home from school and on the weekends.*

5. Still in their pairs participants should remind each other about the role play they improvised during the previous sessions and should rehearse it for a few minutes (remind them about the use of the 5Ws).
6. Call back the participants to make a circle.
7. Ask for a pair to show their role play to the group.
8. Once a pair has finished role playing, continue with a touch tag to improve on the unassertive behaviours (when applying the touch tag a new person coming in should be assertive).

Use the following check list to see if assertive behaviours were used:

Negotiation Skill Steps Checklist

As each participant completes a role-play, place a check mark by each skill step that was performed correctly.

- Was the participant able to face the other person?
- Did she look into the eyes of the other person?
- Was the appropriate tone of voice used?
- Use of good facial expression?
- Use of body posture?
- Use good listening skills?
- Did the person ask for what she wanted?
- State reasons why she wants it?
- Did she say thanks or suggest compromise?
- Did she say thanks or ask for a different solution?
- Did she say thanks or ask for time?

9. Ask the following questions to lead a discussion on assertive behaviours:
 - Why is it important to adopt assertive behaviours?
 - How can you use the skills of assertiveness in your everyday life as a girl/woman?
 - How can assertiveness reduce your risk of contracting HIV and unplanned pregnancy?
 - What signs can we learn to recognise in ourselves which warn us that we are embarking on an unassertive approach?

Key Messages to Participants

- Explain to the participants that being assertive can be difficult and it is a skill that takes practice but it is a very important one to have.
- Being assertive helps a person to get out of difficult situations much easier.
- Being assertive makes one learn to stick up for oneself and state what is best for him/her in a certain situation.

- Make sure participants understand that assertiveness involves telling someone exactly what you want in a way that does not seem rude or threatening to them. Assertiveness allows a person to stand up for his or her rights without endangering the rights of others. What people say is often unconsciously influenced by their own body language. If a person adopts defensive physical postures, such as looking down, hunching shoulders, they are unlikely to speak assertively. On the other hand, if they adopt assertive body language, they are able to speak assertively too.

Closing Activity: “I want sugar!”

Instructions

1. Ask participants to stand in a circle.
2. Ask for one volunteer to start the game (person 1).
3. Person 1 turns to her neighbour (person 2) on her right and say ‘I want sugar’.
4. Person 2 to respond ‘what’ to person 1.
5. Person 1 responds ‘sugar’.
6. Person 2 turns to her neighbour (person 3) and says ‘sugar’.
7. Person 3 responds ‘what’ to person
8. Person 2 also says ‘what’ to person 1.
9. Person 1 responds ‘sugar’ to person 2.
10. Person 2 also responds ‘sugar’ to person 3.
11. Person 3 turns to person 4 and says ‘sugar’.
12. The game will have to go on like that until all participants have participated.

Hint: As the game goes clockwise participants will be using the word ‘sugar.’ As the game goes anticlockwise the response is ‘what’.

13. Thank participants for coming and remind them of the date, time and location of the next meeting.

Participants’ Assignment

- Participants should draw a picture of themselves as an assertive person.
- Participants should start practicing assertive behaviours at all times (they should take note on how they are using their voice, body language, eye contact and “I” statement).’

Facilitators’ general comment box about the session:

What went well?

What could be improved?

Session 13: Making Difficult Decisions

Learning Objectives

At the end of this session participants will be able to:

- Make hard decisions quickly and under pressure
- Stick to decisions they have made

Materials and Preparations

- None needed

Opening Activity: In the pool, out of the pool

Instructions

1. Ask participants to make a circle.
2. When you shout “in the pool”, participants should jump into the circle and when you shout “out of the pool” then participants should jump out of the circle.
3. You can give as many instructions as possible e.g. in and out of the pool, or dance around the pool, jump around the pool or walk around the pool.

Hint: Give out as many instructions as possible, the aim is to have the participants listen and act quickly.

Reflection Question

Ask participants:

- How did you feel playing the game?

Recap

Ask participants:

- How did you use the “I” statement over the past week?
- Ask for volunteers to share their experience, including what they said and how the other person reacted.

Introduction of the Learning Objectives

- Ask for a volunteer to read the objectives loudly.
- Ask participants to share their understanding of the objectives.
- Clarify the learning objectives.
 - Let the participants know that this week’s session will focus on making decisions. There will be two activities that look at this issue. Making decisions in life can be very difficult, especially when you don’t know what might happen after you’ve made them or there is pressure from other people to do things a certain way. This session is to help in assessing what information is helpful in making decisions and what to think about when faced with a difficult decision.

Activity 1: Decisions and Consequences (35 minutes)

Description: Game and Group Discussion

Aim of the Activity: To practice making sound decisions quickly.

Instructions

1. Explain that the next activity is a “decision points” game and is an opportunity for the participants to practice making decisions.
2. Explain that they are going to listen to a story about Nthambi and Beatrice.
3. Explain that whenever the story stops and there are two claps (CLAP, CLAP) it means Beatrice and Nthambi need to stop and make a decision. The participants should work as a group to make a decision for Beatrice and Nthambi.
4. Read—A young man, named Nthambi, stops his car to talk to a girl, named Beatrice, and eventually he asks if she wants a ride.
5. Stop and think: Clap twice (CLAP, CLAP) and ask these questions:
 - **Consequences**—What could happen if Beatrice gets in the car with Nthambi? What can happen if she doesn’t get in the car?
 - **Know the facts**—What does Beatrice know about Nthambi? What does she know about others who have accepted rides from Nthambi? Or others like him?
6. Read—Beatrice accepts the ride and Nthambi offers to stop by the bar and buy her a beer on the way home.
7. Stop and think: Clap twice (CLAP, CLAP) and ask these questions:
 - **Consequences**—What could happen if Beatrice agrees to have a beer with Nthambi? What could happen if Beatrice doesn’t have a beer with Nthambi?
 - **Know the facts**—Why is Nthambi offering Beatrice a beer? Does Beatrice know about the effects of alcohol on herself? On Nthambi? How will she get home if Nthambi is drunk?
8. Read—Beatrice tells Nthambi that she will go to a bar with him if he agrees to have one beer only and then take her home. He agrees. Inside the bar he orders one beer each and then several more for himself, until he is drunk. Beatrice tries to leave the bar, but Nthambi grabs her and harasses her. Beatrice is able to make it outside the bar but once she gets outside she sees that it is dark. She needs to get home.
9. Stop and think—Clap twice (CLAP, CLAP) and ask these questions:
 - **Consequences** – How could she get home safely? What could happen if she tries to walk? Or goes and waits for him? What could happen if she contacts a friend or family member?
 - **Know the facts** – What are her other options? Can she ask someone else? Or call a person for help?

Reflection Questions

After the game is done, ask the following:

- What were the decision points within this story?
- What were the consequences of Beatrice’s decisions?
- Would you have made similar decisions if you were in the same situation? Why or why not?
- What were the consequences of Nthambi’s decisions?
- Would you have made similar decisions if you were in the same situation? Why or why not?

Activity 2: Decision-making when talking to a partner (35 minutes)

Description: Pair Work

Aim of the Activity: For participants to practice sound decision making in their different relationships.

Instructions

1. Ask participants to brainstorm the benefits of talking to partners about relationship or sexual issues.
2. Tell the participants that we will practice communicating with a partner. Ask the participants split into pairs.

3. The role-play should demonstrate how communication can be better when using strong communication skills. Potential role-play scenarios are as follows:
 - Talking to a partner who doesn't want to use a condom when you have decided to have sex
 - Saying no to sex to a partner who is pressuring you to have sex or risk losing the relationship
 - Asking a partner to go for joint HIV testing before you start having sex
 - Talking to a partner about delaying time of marriage or risk losing the relationship
4. After each role-play, ask how participants demonstrated how to talk to partners. If a participant feels that a particular character did not assertively communicate with a partner, she is allowed to do a touch tag and improve the communication.
5. After the role plays and touch tag, lead a discussion based on the following questions:
 - How many managed to stick to their decision?
 - What helped you to stick to your decision? What did not help?
 - How did the assertive skills help in decision making?
 - How did lack of knowledge affect your decision making?
 - How will assertiveness and sound decision making help you in your everyday life?
 - How will these help you reduce your vulnerability from abuse and risks?

TIP: Remind participants about the use of “I” statement formula, including the proper use of eye contact, body language, voice and space. Explain that both girls and boys can also use strong communication skills (assertive skills) when talking to their partners.

Note to the Facilitator

Let the participants know that making decisions can be difficult at times, especially without having all the information or the possible consequences. It is something that everyone does on a daily basis though and decisions are made by assessing what is a known and possible outcome. Making decisions quickly can be even more difficult. By having goals and knowing beforehand what is acceptable and what is not for your life can make it easier to make tough decisions quickly.

Let the participants know that this session though does not mean that all decisions should be made and never changed. Changes in life or new information may lead people to decide it is best to make a new decision for ourselves. Better information may come along and we should revisit our decision point again (CLAP, CLAP) and use the strong decision making skills.

Closing Activity

- Allow one participant to initiate any song or game.
- Thank participants for coming and remind them of the date, time and location of the next meeting.

Participants' Assignment

- Participants should reflect on how what they have learned in Module 3 will help them in their decision making moving forward.
- They can also reflect on the following question:
 - How can sound decision making help you as youth reduce your risk of having unintended pregnancies and/or contracting HIV?

Facilitators' general comment box about the session:

What went well?

What could be improved?

Case Study: Assertiveness, Tough Times Teach Resilience Nellie Inasi

Nellie Inasi, 15, of Michongwe Village, Traditional Authority Ntaja, in Machinga District has soldiered on and looks forward to the day when she will walk into a national secondary school. Having seen it all from losing a father at 13, a mother deserting her own children, dropping out of school and being forced into marriage at 14, Nellie has convinced herself that she will one day achieve her dream job - to be a High Court Judge.

Nellie has endured all sorts of ridicule and abuse even at the hands of those who are supposed to protect her. "My life has been a struggle and we lack so many basic things in life. My friends used to laugh at and ridicule me because of the rags I wore every day. But that was the best that I could afford," recalls Nellie with a sense of unhappiness while displaying an optimism.

Because of the problems, my granny decided to marry me off. She found a man to marry me. He was an old man over twice my age - he looked to me to be over 40 years old," she ruefully says.

Nellie adds, "The man started bringing things for me and my granny to support us at home but I sent them back and used none of it. I knew it was a bait to hook me up into an early marriage."

At one point, her granny requested the school authorities to scrap her off the schools' register, insisting that Nellie was getting married and was not coming back to school.

Though I was out of school, I refused to get married," she recounts. Instead, Nellie found a job as a housemaid within the area. Because her boss was often away from her duty station and home for months, leaving her without food and money, Nellie learnt the art of making flitters (mandazi) and started selling them as a survival strategy.

However, Nellie left the job after three months because she also suffered from different forms of abuse that put her life in danger.

With the K15, 000 capital from her job, Nellie has continued with making and selling of flitters which she lives on. She has since gone back to school and she is also supporting her young sister who is in Standard 7. Through the sale of flitters, Nellie can at least afford some of the basic things including food, soap, clothes and body lotions.

Discussion Questions

1. What problems did Nellie encounter?
2. How did Nellie react to her mother's tricks to forcing her into marriage?
3. What are some of the skills that Nellie used in trying to avoid her grandmother's proposal for early marriage?
4. What characteristics do you admire in Nellie?
5. If you were Nellie, what else would you have done differently in trying to avoid grandmother's wishes?
6. What big lesson are you learning from Nellie?

Reflection Guide for Module 3

At the end of this module participants should be able to make personal reflections using the guiding questions below. Encourage participants to write responses to these questions, and their key decisions following module three in their diaries/journals:

- What new information and skills have you learnt in Module 3?
- How will this new information and skills affect your attitudes and behaviours?
- How will such information and skills help you as you work toward achieving your goals?
- What are the targets, goals and actions that you are setting and taking after what you have learned in Module 3?

MODULE 4: Social, Power, and Gender

Session 14 – Understanding Power

Session 15 – Social and Cultural Expectations in relation to Gender

Session 16 – Relationships with Male Partners

Session 17 – Sexual and Reproductive Rights

The significant and disproportionate impact of discriminatory social norms and practices on young girls cannot be emphasized enough. This module addresses those dynamics (including power relations in different types of relationships between men and women, gender-based violence), and the role that these factors play in a community and the effect they have in fuelling the spread of HIV amongst youth. The participants will reflect on the types of sexual relationships that they engage in and strategize on how to deal with sexual advances.

At the end of Module 4 participants will:

1. Continue building on their behaviour skills by:

- Having good interaction skills
- Actively participating
- Taking initiative
- Learning to be open with others
- Showing less shyness
- Freely interacting with others
- Practicing openness
- Being able to reflect about what is happening in the sessions and relate to their own life's experiences
- Dreaming big and not feel restricted by their gender
- Continuing to take initiatives i.e. facilitating learning songs and games

2. Have increased knowledge on the following:

- Understanding the different types of power
- Reflecting upon some of the gender, social and cultural expectations and how they affect girls and young women
- Reflecting upon some of the gender, social and cultural expectations and how they affect boys and young men

Session 14: Understanding Power

Learning Objectives

At the end of this session participants will be able to:

- Know the concept of power and the statues of power
- Understand that there are different types of power and that they are used differently
- Explore personal experiences with power and powerlessness

Materials and Preparations

- Flipchart paper
- Markers
- Hang a blank flipchart on the wall

Opening Activity

- Ask a participant to facilitate any song or game

Recap

- Ask the participants to pair up with a friend/buddy
- In their pairs, they should share their experiences on making some of the difficult decisions in their life. They should base their discussion on the following reflection questions:
 - How did they feel making that decision?
 - Were they happy with the decisions made?
 - What influenced them to make such difficult decision?
 - What are the tips that helped in the decision-making process?

Introduction of the Learning Objectives

- Ask for a volunteer to read the objectives loudly.
- Ask participants to share their understanding of the objectives.
- Clarify the learning objectives.
 - Let participants know that this week's session will focus on power and the effect that it has on people. The session will also look at the different types of power and the consequences of the different types of power on girls and boys.

Note to the Facilitator

Let participants know that power is having control, authority or influence. It can only exist in relation to other people and is something you don't always have. Having power is being able to have access to and control over resources and to be able to control decision-making. When people have power, they usually feel like they are in control and feel good. Conversely, when they feel powerless they often feel out of control and may have negative emotions.

Activity 1: Power (40 minutes)

Description: Group work – Four Groups

Aim of the Activity: For participants to understand that there are different types of power and that they are used differently.

Instructions

1. Ask the participants to make a circle.
2. The participants should brainstorm their understanding of the term power. After the brainstorming exercise, clarify the meaning of power.

Note to the Facilitator

Let participants know that power is having control, authority or influence. It can only exist in relation to other people and is something you don't always have. Having power is being able to have access to and control over resources and to be able to control decision-making. When people have power, they usually feel like they are in control and feel good. Conversely, when they feel powerless they often feel out of control and may have negative emotions.

3. Ask participants to count off numbers 1–4 and have the participants form four groups based on their numbers.

4. Assign each group one of the powers and ask the participants to come up with either a sculpture (image) or a short role play portraying the different types of power.
 - Group 1 will present on “Power to”.
 - Group 2 will present on “Power within”.
 - Group 3 will present on “Power with”.
 - Group 4 will present on “Power over”.

Explain to the participants that there are 4 types of power:

- **Power to...** is the belief, energy and actions that individuals and groups use to create positive change. ‘Power to’ is when individuals proactively work to ensure that all community members enjoy the full spectrum of human rights, and are able to achieve their full potential. Examples of power to include providing citizen education, leadership development and empowerment.
- **Power within...** is the strength that arises from inside an individual when s/he recognizes the equal ability within all of us to positively influence our own lives and community. By discovering the positive power within ourselves, we are compelled to address the negative uses of power that create injustice in our communities.
- **Power with...** is the power felt when two or more people come together to do something that they could not do alone. ‘Power with’ includes joining our power with individuals, as well as groups, to respond to injustice with positive energy and support. Examples of ‘Power with’ are collective strength, promoting equitable relations, solidarity and collaboration.
- **Power over...** is the power that one person or group uses to control another person or group. This control might come directly from violence or indirectly from community beliefs and practices that position men as superior to women. Using one’s power over another is injustice. Examples of ‘Power over’ include inequality, injustice, force, and coercion.

5. After they have rehearsed, let the groups come together and showcase their activity (remind the participants about the use of the 5 W’s).
6. After each group has portrayed their role play/ sculpture ask the following questions:
 - What is happening in the activity?
 - What kind of power is being portrayed?
 - What are the other kinds of behaviors or actions that depict this kind of power?
 - What are the positive or negative effects of this kind of power on girls?
7. After participants show the power within activity ask the following questions:
 - Why is it important for girls and women in particular to have power within?
 - Why is it important for boys and young men to have power within?
 - How can you develop your own power within?

Key Messages to Participants

- Power can be used positively and negatively.
- We all have power within us, even if at times we don’t realize it.
- Using our power over someone else is an abuse of that person’s rights.
- We can join our power with others to give support.
- We all have power to do something, to act.

Activity 2: Feeling Powerful and Powerless (45 minutes)**Description:** Group Discussion and Pair Work**Aim of the Activity:** For participants to explore personal experiences with power and powerlessness.**Instructions**

1. Draw a line in the middle of a flipchart so that it divides the paper in half long ways.
2. Let participants sit/stand around the flip chart paper in a U-shape and ask for one volunteer to be writing down what will be discussed.
3. Ask them to close their eyes for a minute and think about a time when they felt powerless. Give them a minute or two to think and then ask them to think about a time they felt powerful.
4. After a few minutes have them open their eyes again and ask for volunteers to share some of their experiences in feeling powerless.
5. The note taker should write these situations down on one side of the flipchart with a heading saying “Powerless”.
6. Once there are no more volunteers to share their situations where they were powerless, ask them to then share some of the times that they have felt powerful. Again, the note taker should write these on the other side of the flipchart with a heading of “Powerful”.
7. After the list for both has been created, ask participants to get into pairs and pick one of the situations listed to do a role play. Have half the pairs do powerless situations and half the pairs choose powerful situations.
8. Give them time to rehearse and remind them of the 5Ws.
9. Let the participants then showcase their role plays.

Reflection Questions

After each role play ask the following:

- How did you feel being in a powerless situation?
- How did you feel being in a powerful situation?
- Why is being in a powerless situation dangerous for girls? Why is being in a powerless situation dangerous for boys?
- How can assertiveness help someone shift from powerlessness to being powerful?
- Why do we need power?

Closing Activity

- Ask participants to do the Tabwera kutola mtedza activity. Encourage the participants to portray different types of power as they are performing out the activity.
- Ask participants what are the different types of power experienced in this activity.
- Thank participants for coming and remind them of the date, time and location of the next meeting.

Participants’ Assignment

- Participants should reflect in their journals how they intend to achieve power within as a way of empowering themselves.
- Participants should start thinking about the concept of gender and the issues surrounding it.

Facilitators' general comment box about the session:

What went well?

What could be improved?

Session 15: Social and Cultural Expectations in Relation to Gender

Learning Objectives

At the end of the session participants will be able to:

- Understand the concept of gender
- Reflect on the gender expectations for men and women
- Relate how some of these expectations might make girls vulnerable and place them at risk

Materials and Preparations

- Flipchart paper
- Markers
- Contact a local woman who has accomplished a lot, especially in a field that may usually be reserved for men to see if she can speak to the group. Alternatively, contact a man who currently working in a field that may usually be reserved for women to see if he can speak to the group.

Opening Activity

- Ask one participant to initiate any song or game.

Recap

- Ask two volunteers to share how they have used the different types of power since the last session.
- Ask the participants if they know someone who has ever used power over them and how ~~did~~ they feel about that?

Introduction of the Learning Objectives

- Ask for a volunteer to read the objectives loudly.
- Ask participants to share their understanding of the objectives.
- Clarify the learning objectives.
 - Let participants know that this week's session will be a continuation of the last session and focus on gender, and the gender and social expectations associated with it.

Activity 1: Understanding Gender (10 minutes)**Description:** Group Work**Aim of the Activity:** To provide participants with a better understanding of what gender is versus what sex is.**Instructions**

1. Ask participants to stand in a circle. They should go around the circle and say anything that comes to their mind when they hear the term 'gender'.
2. After everyone has had a chance to say something, ask them what comes to their mind when they hear the term 'sex'.
3. Then let the participants know the following:

Gender refers to the socially defined differences between men and women. The differences are based on widely shared beliefs and norms within a society or culture about male and female characteristics and capacities.

Examples include...

Males:

Men keep short hair.
Real men have to be tough in all situations.
Men have many girlfriends or wives.

Females:

Women have long hair.
Women contribute more to household chores.
Women cover their heads

Sex is biological and refers to the biological differences between males and females, such as the genitalia and genetic differences. The biological differences are fixed and do not change.

Examples include...

Males:

Males have testicles and a penis.
Males have deeper voices than females in general.

Females:

Females have ovaries and a vagina.
Females get pregnant.
Females can breastfeed their babies.

Activity 2: Roles and Expectations (40 minutes)**Description:** Brainstorm–Group Work**Aim of the Activity:** For participants to understand the effects of gender expectations on both girls/young women and boys/young men.**Instructions**

1. Explain the following to the participants:

When girls and boys are born, the community has expectations of them based on whether they are male or female. They will experience the world according to this and be taught (formally and informally) what is acceptable for them as either a boy or a girl. This process is called socialization. From birth, girls are taught to behave in a different way than boys. These roles subjectively assign girls and women a lower status compared to boys and men. As communities and cultures change, so can our expectations about how we should behave simply because we are a boy or a girl. It's important to remember that you can go against what society expects and although it may be difficult at times and people may criticize, it is important to work towards changing these expectations.

2. Ask the participants to form two groups and label them as group A and B.
 - Group A should brainstorm on society or cultural expectations of girls and women and (record it on a piece of flipchart paper).
 - Group B should brainstorm on society or cultural expectations of boys and men (record it on a piece of flipchart paper).
3. After 10 minutes ask the groups to swap places and read what the others have written.
4. Let the two groups come together and add more to each flipchart. Both groups can add to either flipchart.
5. The facilitator or any participant should read the list of gender expectations and ask participants if the list has anything they may have missed when they created their lists

Note to the Facilitator

Some of the gender expectations that might be included on the participants' lists are:

Men:

Cannot cry
Should be doctors
Can be carpenters
Get angry (and this is generally accepted)
Are considered more intelligent
Get the biggest piece of meat
Buy household food
Can move without fear after dark
Are the head of the household
Walk and herd the cows
Are strong
Expect their partners to obey them
Are allowed to play more as children

Women:

Have to cook
Wear dresses
Should be beautiful
Take care of the sick
Are emotional
Stay up until their partner comes home
Are nurturing
Prepare bath water for their partner
Should be sexually available
Should not express their opinions
Sweep the house
Raise children
Get married early

6. After the participants have exhausted all the expectations, have a discussion based on the following reflection questions:
 - Why do you think society gives certain roles and qualities to women and men?
 - Do you think some women feel limited by these roles? Some men?
 - Can these roles change?
 - Can you think of some examples of things girls/women could not do in the past but that are now acceptable for them to do? (Answers could be: wear trousers, go to university, etc.) What about for boys/men?
 - What if you were born the opposite sex—would you like the expectations society has for you? Why or why not?
 - How do these expectations limit our potential as human beings?

Activity 3: S/he Did Something Different (15 minutes)

Description: Story and discussion or presentation by local woman or man.

Aim of the Activity: For participants to realize that just because something is seen as a gender role in society doesn't mean it can't be changed and you should strive for your dreams.

Instructions

1. Share the story of a local person who has challenged gender roles, or read the story of Mayamiko on the next page:

Mayamiko the Pilot

Mayamiko had four brothers and no sister. Her brothers were all performing well at school. However, Mayamiko was performing better than all of her brothers at school. Her brothers felt very uncomfortable about her success at school. They told her that she was only a girl and that the best that could happen to her was to get married and become a housewife. Mayamiko had a goal and dream of becoming an airplane pilot. When she told people in her village what she wanted to do they laughed and said, “Women can’t fly airplanes!” After years of studying and hard work she went to university. At the university she chose a subject that women usually don’t study: aviation. She turned out to be the first woman pilot in the country. Everyone is proud of her success. She is now a very good pilot and serves as a role model for both boys and girls.

2. After the talk by the speaker or reading of Mayamiko’s story, allow the participants to ask questions they may have.
3. If you used the story instead of a guest speaker, ask the group the following questions for reflection:
 - How was Mayamiko/or the role model able to accomplish their goals despite the obstacles they faced along the way?
 - How would the social/cultural expectations have influenced Mayamiko or the speaker to fail achieve their goals?
 - How can some of the social/cultural expectations put girls and young women at risk or make them vulnerable?
 - How can some of the social/cultural expectations put boys and young be unfair and too hard?
 - How does society play a role in achieving or not achieving ones goals?
 - How does setting goals help one achieve their dreams?
 - If given a chance how would you be able to accomplish your own goals?

Closing Activity

- To be facilitated by the facilitator
- Thank participants for coming and remind them of the date, time and location of the next meeting.

Key Messages to Participants

- Every person has power within them to achieve his or her set goals.
- Being male or female cannot stop you!

Participants’ Assignment

- Participants should reflect in their journals about the gender expectations they experience and how they may make them not to achieve or achieve their goals.

Facilitators’ general comment box about the session:

What went well?

What could be improved?

Session 16: Relationships between Males and Females

Learning Objectives

At the end of the session participants will be able to:

- Distinguish the different types of relationships girls/women have with boys/men
- Understand how sexual relationships can put young people at risk and make them vulnerable
- Reflect on the effects of sexual relationships with older men or women

Materials and Preparations

- Flipchart paper
- Markers
- A list of healthy and unhealthy statements for relationships

Opening Activity

- Ask one participant to initiate any song or game.

Recap

- Ask participants to be in pairs.
- In their pairs, ask participants to share how some of the gender expectations might have put them at risk i.e. of contracting HIV or being abused

Introduction of the Learning Objectives

- Ask for a volunteer to read the objectives loudly.
- Ask participants to share their understanding of the objectives.
- Clarify the learning objectives.
 - Let participants know that this week's session will be looking at the different types of relationships that exist between males and females. The session will focus on the sexual relationships and how some unhealthy sexual relationships may put girls in particular, but also boys, at risk.

Activity 1: Identifying Relationships between Males and Females (10 minutes)

Description: Small Group Work

Aim of the Activity: For participants to identify the different relationships that are there between males and females.

Instructions

1. Ask one participant to divide the group into four small groups.
2. In their groups, participants should brainstorm the different kinds of relationships that exist between males and females.
3. Participants should also discuss the expectations in each type of relationship for it to be successful.

4. After their discussions, participants should present their discussions to the whole group.

Note to the Facilitator

Make sure that the types of relationships that participants come up with are at least classified as follows:

- Friendships
- Sexual relationships
- Romantic relationships
- Family relationships
- Work–school relationships

TIP: Keep checking on participants' discussions so that they do not go off track.

Energiser: Ask one participant to facilitate any song or game.

Activity 2: Typical Sexual Relationships (40 minutes)

Description: Small Group Work

Aim of the Activity: For participants to identify different types of sexual relationships that boys and girls have and the reasons why.

Instructions

1. Let participants stand and make a circle.
2. Ask the following question:
 - Which are the most common types of people that are sexual partners for girls in your area? (Make sure that they do not mention any names). The answers could include boys of their age, older men, teachers, business men etc.
 - Which are the most common types of people that are sexual partners for boys in your area? (Make sure that they do not mention any names). The answers could include girls of their age, older women, teachers,
3. List down all the answers on a flip chart.
4. Divide the participants into 3 small groups labelled A, B, and C.
5. Next, ask the participants to rank the top three types of people that girls and boys like to have sex with. This may lead to a discussion, which is fine, but make sure that the discussion moves forward and does not stall.
6. In their groups, participants should discuss the following:
 - **Group A**—Why do girls/boys have sexual relationships with type of persons who ranked #1.
 - **Group B**—Why do girls/boys have sexual relationships type of persons who ranked #2.
 - **Group C**—Why do girls/boys have sexual relationships with type of persons who ranked #3.
7. After their small group work, they should present their ideas to the whole group.

Reflection Questions

After the presentations, lead a discussion based on the following:

- What influences girls to be involved in such kind of relationships?
- How do such relationships put girls at risk of having unintended pregnancies or contracting STIs? What risk do they pose for boys?

- How do social/cultural/gender expectations influence girls or boys to be involved in such kind of relationships?
- How do gender expectations make girls or boys fail to refuse such kind of relationships?
- How do gender expectations influence boys/men to pursue girls into such kind of relationships?

Activity 3: Reflecting on Intergenerational Relationships (15 minutes)

Description: Case Study and Reflections

Aim of the Activity: For participants to understand the effects of intergenerational relationships.

Instructions

1. Read the following story to the participants:

Misozi's Story

My name is Misozi Phoka and I live with my mother and two younger sisters in Chikale. When this all began for me, I was doing form one at the Chikamveka CDSS.

One day while on school holiday, I met a young man at Mthandizi Trading Center by the name of Kondwani. He was handsome and had a nice car. Kondwani worked for a big company in Chikale, so he travelled a lot. When we first got to know each other, Kondwani visited me at school and gave me sweets, chocolates, and even a cell phone. I felt that he was serious about me, and all my friends were jealous. Over time, our relationship developed. Kondwani was 27 years old, and I was 16 years old.

We discussed our age difference, but Kondwani told me not to worry. He said that he would wait for me to finish school before we had sex, and by then I would be old enough. I did not tell my parents that I had a boyfriend. They believed that I was too young to be in a relationship. Rather than being honest with them, I lied to my parents and said that I was going to school, but instead Kondwani took me to his house. After about three months, we started having sex and did not use a condom. Even though we had agreed to have sex only after I finished school, one day it just ended up happening. I felt afraid that if I asked why we had broken our agreement, then the relationship would end and he would be angry. I loved him very much and wanted to stay with him. I trusted him, and he made most of the decisions.

We did not always use condoms, because Kondwani said that the primary sperm were strong and had the potential to make me pregnant and that the secondary sperm were weaker and could not make me pregnant. So, I was ignorant and did not have much information about sex. What I knew was from my own understanding and from talking to friends.

I thought the relationship would end if I refused to sleep with him. Often, when we girls talk together, we say that if you refuse to sleep with your boyfriend, he will leave you and then you will not get all the goodies. Although I loved Kondwani, I was suspicious that he had other affairs. I did not ask him or anyone else about it to confirm my suspicion, though. I have regrets now. Perhaps if I had asked his friends about him back then, they would have told me the truth.

When I was in form four, Kondwani asked me for my hand in marriage. I had to tell my mother that I had a boyfriend, which was very difficult. We sat down and discussed the proposal. I decided that I wanted to continue my studies. I turned him down and explained that I wanted to finish school. Because of this, Kondwani ended our relationship. Two months after our relationship ended, he

called and told me that he had married another woman. I suspected he saw other women while we were together, because I do not think that it is possible to meet someone and marry them within two months.

After finishing Form Four, I pursued a course in travel and tourism, but I started getting sick persistently. Initially, I thought it was just a series of illnesses. I had a persistent cough, and I went to

the clinic and got treatment. Eventually, I decided to go for an HIV test and was found to be HIV positive. I was depressed for three months.

Now, I work for TITHANDIZANE as a peer educator for youth. I talk to young people about abstaining from sex, using condoms, and getting tested for HIV. I use myself as an example of positive living. I take my medication and take good care of my overall health. I also talk to young women directly about getting carried away by gifts from men, saying that it is better to refuse them. I advise other young women that if they are asked out by a guy, especially an older guy, they should not rush into it. They will end up regretting it.

I have now shared my story in many settings, including my church and many youth gatherings. My story has affected many people's lives, including my own uncle and aunt. They got tested, found out that they are both HIV positive, and now take antiretroviral drugs. My own father says he has been profoundly affected by my experience.

My father says, "My message to other parents is that we need to talk to children rather than threaten them. What makes me proud is that Misozi has a job teaching her peers, the young people of Malawi, about HIV and AIDS. That really makes me proud. She has a boyfriend, and they both know each other's HIV status. She hopes to get married and have a child one day, so she can be a parent, too."

2. After reading the story, let participants reflect on the following questions:
 - If you were Misozi, what would you have done differently? (The participants will have to act out their answers instead of just saying them out).
 - How do such relationships with older men make girls fail to achieve their own goals?
3. After reading Misozi's story, take the participants through the story again by going through each paragraph.
 - Identify the two characters as Misozi and Kondwani, let them take centre stage.
 - When you reach a point where the participants feel they could have done something differently they should be allowed to go and do a touch tag to Misozi and act out their idea.

TIP: Participants may also use the questions to reflect in their journals.

- After you have exhausted all the possible answers in all the paragraphs you can proceed with the discussion. The aim of the touch tag in this story is to change Misozi's fate. Could it have been avoided?

Note to the Facilitator

Emphasize to the participants that:

- Relationships between older men and younger women or vice versa can form for many reasons, but they often involve the exchange of money and material goods.
- Young women are more at risk of HIV infection in such relationships, because older men are more likely to have had many sexual partners and are more likely to be infected with HIV.
- Traditional norms around age and gender make it difficult for young women to refuse these relationships, to refuse sex, and to negotiate condom use.
- Societal expectations may pressure men to have multiple partners and to seek out younger girls, in particular for sexual relationships.
- The risk for contracting HIV is high in relationships where couples are of different ages, even when the age difference is as little as five years.

Closing Activity

- Facilitator to initiate any song or game
- Thank participants for coming and remind them of the date, time and location of the next meeting.

Participants' Assignment

- Participants should reflect in their journals about the risks of sexual relationships between girls and older men or vice versa.

Facilitators' general comment box about the session:

What went well?

What could be improved?

Session 17: Sexual and Reproductive Health Rights

Learning Objectives

At the end of the session participants will be able to:

- List basic human rights and their corresponding responsibilities
- Understand more specifically about sexual and reproductive health rights

Materials and Preparations

- Flipchart
- Markers
- A ball

Opening Activity: People, Police and Thieves

- Divide the group into three sections.
- Inform one section that they are the people, the second section will be the police, and the third will be the thieves.
- Tell a story about these three groups of people. Every time you mention the name of a group, this group must stand up and sit down quickly.
- In the story, create connections so that people have to think and pop up and down quickly.
- You can trick participants by appearing to be just about to mention a particular group, but stop just before and alter the plot of your story.

Recap

- Participants to share their diary/journal reflections on risks of abusive relationships.

Introduction of the Learning Objectives

- Ask for a volunteer to read the objectives loudly.
- Ask participants to share their understanding of the objectives.

- Clarify the learning objectives.
 - Emphasize that human rights are about respect for everyone. It does not matter if the person is old or young, a man or woman, a girl or boy or where he or she lives. Everyone has a right to have his or her needs met, to be safe and to have a say in what happens in his or her life.

Activity 1: Understanding Human Rights (20 minutes)

Description: Group Work.

Aim of the Activity: To help participants understand about human rights, and learn what to do if their rights are violated.

Instructions

1. Ask participants to sit in a circle.
2. Ask them to brainstorm on their understanding of human rights.
3. Let them share their answers, and record them on flipchart paper.
4. Ask the participants to also share some of the human rights that they have seen being abused.

Note to the Facilitator

Explain that human rights are about respect for everyone. It does not matter if the person is old or young, a man or woman, a girl or boy, or where he or she lives. Everyone has a right to have his or her needs met, to be safe, and to have a say in what happens in his or her life.

All human rights come with responsibilities. For example:

- With the right to be treated equally comes the responsibility to treat others equally.
- Children have the right to be protected from abuse, cruelty, exploitation and neglect, but they also have the responsibility not to bully or harm others,
- Children have responsibility for their own learning, which includes respecting their teacher and the rules in the classroom.
- Children have a right to a clean environment. They also have a responsibility to do what they can to look after their environment.

Rights and responsibilities are inseparable!**Right to education**

- Every person has the right to go to school and get an education. Everyone should be encouraged to go to school to the highest level possible.

Right to be protected from harmful practices

- Some traditional practices are bad for one's health and are against one's rights, such as early, forced marriage or someone forcing you to have sex against your will. Every person has a right to know about the danger of such practices and to be protected from them.

Right to be as healthy as possible and to access the best possible health care services

- Every person has the right to the best health care possible, safe water to drink, nutritious food, a clean and safe environment, and information to help you stay well.

Right to privacy and confidentiality

- If one tells a medical professional or teacher something that they don't want anyone else to know, then the teacher or medical personnel should respect the person's privacy. However, if someone has been abused, adults may have a duty to inform others who can protect you.

Right to be free from abuse and exploitation

- No one, including parents, relatives or teachers, should physically, sexually or mentally abuse you. The government should make sure that you are protected from abuse and must take action if you experience violence or abuse.

Right to take part in important life decisions

- When decisions are made about one's life, he or she has the right to take part in making those decisions. One's feelings and opinions should be listened to and taken into consideration.

Right to freedom of association

- One has the right to meet friends and form groups to express ideas, as long as no laws are broken. Every person has the right to ask publicly for your rights to be met. Some ways of doing this include meeting with friends and discussing issues or forming groups.

Right to freedom of expression

- Young people have the right to think and believe what they like, as long as it does not harm anyone else. All people have the right to form their own views.

Activity 2: Sexual and Reproductive Health Rights (20 minutes)

Description: Group Work and Role Play

Aim of the Activity: To help participants understand their sexual and reproductive health rights.

Instructions

1. Read the following story to the participants:

Fatsani's Story

Fatsani is 12 years old and really enjoys school. Lately, she has been having trouble in math and her teacher has offered to give her extra help. One day she stayed after school and the teacher grabbed her breast and told her she was turning into a beautiful young woman. Fatsani felt very

uncomfortable but was afraid to speak up to the teacher. She decided she would fail math instead of asking this teacher or any other teacher for help again.

2. Lead a discussion based on the following reflection questions
 - What has gone wrong in the story?
 - Were there any rights that were violated? Why?
 - If you think there were rights violated, which are they?
 - If you were Fatsani what would you have done differently?
3. Instead of the participants just saying out their answers, they will have to act them out. So from the group identify the two characters: Fatsani and the teacher. The two characters will have to take center stage and pretend that they have just finished role playing the story. Now allow the participants who had an answer to the question to go in and do a touch tag to Fatsani, to replace her and act out their answers. Allow as many people as possible to do the touch tag.
4. After the role play explain what sexual and reproductive rights are to the participants.

Session Notes on Sexual and Reproductive Health and Rights (SRHR)

- SRHR is the concept of human rights applied to sexuality and reproduction.
- It is a combination of four fields. These four fields are sexual health, sexual rights, reproductive health and reproductive rights. In the concept of SRHR, these four fields are treated as separate but inherently intertwined.
- SRHR issues extend to the equal opportunities, rights and conditions of all people to have a safe and satisfying sexual life, and to be able to decide over their own bodies without coercion, violence or discrimination.

Sexual Health

- Sexual health is a state of physical, emotional, mental and social well-being related to sexuality. It is not merely the absence of disease, dysfunction or infirmity.
- Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.
- For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

(World Health Organization, Draft Working Definition, October 2002)

Sexual Rights

- Sexual rights are human rights that are already recognized in national laws, international human rights documents and other international agreements.
- These include the right of all persons, free of coercion, discrimination and violence, to receive the highest attainable standard of health in relation to sexuality, including:
 - Access to sexual and reproductive healthcare services
 - Information in relation to sexuality
 - Sexuality education
 - Respect for bodily integrity
 - Free choice of partner
 - Decision to be sexually active or not
 - Consensual sexual relations
 - Consensual marriage
 - Decision whether or not and when to have children
 - A satisfying, safe and pleasurable sexual life

Reproductive Health

- Reproductive health is a state of complete physical, mental and social well-being. It is not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.
- Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Such rights include:
 - Information and access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law
 - Access to appropriate healthcare services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant

(UN Programme of Action adopted at the International Conference on Population and Development, Cairo, 5-13 September 1994, Para 7.2a)

Reproductive Rights

- Reproductive rights usually concern controlling the decisions related to fertility and reproduction.
- These rights rest on the recognition of the basic rights for all couples and individuals to:
 - Decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so
 - Attain the highest standard of sexual and reproductive health
 - Make all decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents

(UN Programme of Action adopted at the International Conference on Population and Development)

Harmful Sexual and Reproductive Health Practices:

Harmful practices are those that can endanger the lives and wellbeing of children, especially the girl child, young people, individuals and couples leading to diseases, disability or even death and include the following:

- Initiation practices
- Wife inheritance
- Hiring of a man or sex and conception (known as fisi)
- Rape
- Battery
- Domestic violence
- Psychological abuse
- Sexual harassment
- Genital mutilation

5. Continue the discussion with the following reflections questions:

- What are some of the consequences of Sexual and Reproductive Health Rights (SRHR) violations?
- How can such violations affect youth?
- Which are some of the unsafe spaces that can perpetrate the violation of SRHR?
- What can you do to make sure your sexual rights are not violated?

- Where can you report any SRHR violation?

Places to Report SHRH Violations:

- Police: especially the victim support unit
- School: teachers and head teacher
- Community gate keepers: chief, mother groups, youth leaders
- Local community based organizations (CBOs)
- Other organizations, like YONECO
- One Stop Centres in district hospitals

Key Messages to Participants

- Girls are particularly vulnerable to sexual rights violations, but boys can also have their sexual rights violated.
- Advocating for our sexual rights (and other human rights) can bring positive change.

Closing Activity

- Facilitator to initiate any song or game.
- Thank participants for coming and remind them of the date, time and location of the next meeting.

Participants' Assignment

- Participants should reflect in their diaries on some of the harmful sexual reproductive health practices that they or the people around them get involved in.

Facilitators' general comment box about the session:

What went well?

What could be improved?

Case Study: I am determined to be independent Zephania Dickson

Growing up in the village, Zephania Dickson nursed an ambition of becoming a teacher. She was motivated by the apparent shortage of teachers in rural areas. “It pains me when I see rural schools, like those in my area, deserted by trained teachers who opt to teach and reside in urban areas,” she complains. Her three unsuccessful attempts to enrol in any of the Teacher Training Colleges since 2011 did not deter her from pursuing a career of some sort “so that I should get empowered and be independent in future.”

It is this drive coupled with admiration of females doing technical work at Illovo Sugar Company in Chikwawa district that influenced Zephania to change a career route. She was convinced that her Malawi School Certificate of Education (MSCE) grades backed by four credits in science subjects and English, were good enough to enrol with a technical college through Technical, Entrepreneurial, and Vocational Education and Training (TEVET).

She says that female technicians at Illovo Sugar Company in southern region district of Chikwawa were her role models.

She is currently pursuing Grade II Motor Vehicle Mechanics at Nasawa Technical College in Zomba and is determined to achieve her vision in life.

“From the start, my vision was to get into college, acquire skills, and secure employment that would make me independent,” says the confident Zephania.

The 22-year-old daughter of a labourer is not daunted and feels at home in the company of 33 boys in the trade that is dominantly a preserve of men. “I had problems to fit in during the first days of the course, but I have settled down very well since I have a vision to accomplish,” she states.

On the challenges that girls are facing, Zephania advises, “Girls should avoid all sorts of temptations, be resilient, resist peer pressure and work towards achieving things that will make them independent in future.” She adds that only if girls work hard now, will they be independent and have all things, including money, that the men are enticing them with.

Discussion Questions:

1. How unique is Zephania in terms of her career choice?
2. What challenges did Zephania encounter in her determination to pursue a career? How did she deal with such challenges?
3. Are these challenges in any way common to you as girls? How do girls in this community react to such challenges?
4. What is it that made Zephania to still fight on, and enrol into a college?
5. What big lesson are you learning from Zephania?

Reflection Guide for Module 4

At the end of this module participants should be able to make personal reflections using the following guiding questions:

- What new information and skills have you learned in Module 4?
- How has this new information and skills affected your attitudes and behaviors?
- What new skills are you adopting from Module 4?
- What are the targets, goals and actions that you are setting and taking after what you have learned in Module 4?

MODULE 5: Violence and School-Related GBV (SRGBV)

Session 18 – Defining Violence and SRGBV

Session 19 – Types of Violence that affect Young People

Session 20 – How to Report Incidents of Violence

This module gives adolescent young people an opportunity to discuss what constitutes violence, and then narrow the focus to school-related gender-based violence (SRGBV). Through this model, they will define violence, draw examples of the violence they have seen in their communities and discuss violence at school.

At the end of Module 5 participants will:

- 1. Continue building on their behaviour skills by:**
 - Identifying trusted adults to share problems with and reports incidents of violence.
 - Practicing reporting incidents of violence and abuse.
 - Communicating with others.
- 2. Have increased knowledge on the following:**
 - The different types of violence that young people face.
 - The effects of violence on young people.
 - The community resources that help young people who face violence.

Session 18: Defining Violence and SRGBV

Learning Objectives

At the end of the session participants will be able to:

- Define violence and recognize the three types of violence: psychological, sexual and physical.
- Define SRGBV and cite examples of SRGBV.
- Examine the possible effects and consequences of violence.

Materials and Preparations

- Flipchart
- Markers
- Make sure participants can refer to following in their Participants' Manual:
 - Examples of Three Types of Violence
 - Definitions of GBV and SRGBV
 - Examples of SRGBV
- Be familiar with the three types of violence (psychological, physical, and sexual). You should be prepared to explain the three types of violence (see Facilitator's notes) in youth-friendly age-appropriate language and give examples (see **Examples of Three Types of Violence** handout).
- Review the definitions for "gender norms" and "perpetrator" and be prepared to describe them in youth-friendly language.
- Have definitions on gender from Module 4 available for reference.
- Be aware of the most common forms of SRGBV in the community where participants live.
- If possible, have a counsellor available. In some situations, participants may have witnessed severe and extreme violence, which can bring up intense feelings.

- Review **Participants Who Have Experienced Violence and Abuse Recap** (see Facilitator's notes). Participants should share their diary/journal reflections on the harmful sexual reproductive health practices that they or the people around them get involved in.

Introduction of the Learning Objectives

- Ask for a volunteer to read the objectives loudly.
- Ask participants to share their understanding of the objectives.
- Clarify the learning objectives.

Note to the Facilitator

Some of the participants might consider the violent behaviours mentioned in this session a normal part of life and not view them as violence. This program is intended to enable participants to question and, ultimately, change what they consider to be violence.

Refer to the ground rules and remind participants about confidentiality and not to mention names. Also, it is not appropriate to gossip about anyone suspected of abusing children. Remind participants that this is a space where everyone can speak freely and confidentially.

Activity 1: Violence (45 minutes)

Description: Group Work

Aim of the Activity: To help participants understand what they think violence is.

Instructions

1. Ask participants to form small groups of three or four people.
2. Give each group a piece of flipchart paper.
3. Ask participants to write the word "violence" across the top of the paper.
4. Ask each group to think about the word "violence" and then draw as many images that come to mind.
5. Ask each group to come to the front of the room and present what they have drawn or written to the whole group.
6. After the presentations, lead a discussion based on the following questions:
 - Do you notice any recurring themes?
 - Are there images or words that appeared in all the presentations?

Activity 2: Three Types of Violence (30 minutes)

Description: Group Work

Aim of the Activity: To help participants understand the three types of violence.

Instructions

1. Explain that violence falls into three categories (psychological violence, physical violence and sexual violence). Refer participants to the *Examples of Three Types of Violence* section in their participant handbook. Have participants read each example.

Session Notes on Examples of Three Types of Violence

Psychological violence:	Physical violence:	Sexual violence:
<ul style="list-style-type: none"> • Making threats • Teasing • Intimidation • Insulting someone • Bullying • Humiliation • Ignoring 	<ul style="list-style-type: none"> • Holding • Punching • Restraining • Kicking • Hitting, including with a switch or whip • Shoving • Throwing something at someone 	<ul style="list-style-type: none"> • Rape • Defilement • Indecent touching and exposure • Sexually explicit language, including sexually suggestive remarks or offers

2. Ask the small groups to go back to the poster they created in Activity 1 and determine what type of violence they drew or described.
3. Instruct the small groups to write the letter “S” beside all types of sexual violence they portrayed, the letters “PHY” beside all types of physical violence they portrayed, and the letters “PSY” beside all types of psychological violence they portrayed.
4. Be sure to point out that psychological violence is the least visible of the three types of violence and participants might not list examples. Be prepared to provide examples of psychological violence.
5. Keep the posters posted in the room.
6. Lead a discussion based on the following questions:
 - Is it possible that one act of violence could actually cross over into two or more types of violence? The answer is yes. For example, girls can be humiliated by teachers in relation to their physical appearance (sexual violence or harassment) as well as their intellectual abilities (psychological abuse)
 - Which type(s) of violence are the most common in your community?

Activity 3: School-Related Gender-Based Violence (45 minutes)

Description: Discussion

Aim of the Activity: To help participants understand SRGBV.

Instructions

1. Write “Gender-Based Violence” on flipchart paper. Refer back to the definition of **gender** from session 4.2.
2. Ask participants to remember when they talked about gender and how people expected them to behave a certain way depending on whether they were a boy or girl. Ask them what they think **gender-based violence** (GBV) means. Record participants’ comments on the flipchart paper.
3. Ask participants to write their definition of GBV. Compare the participants’ version with the definition: **Gender-based violence** is any act that results in, or is likely to result in, physical, sexual or psychological harm or suffering against someone (boy or girl) based on gender-role expectations and stereotypes.
4. Refer back to the drawings from Activity 1. Ask participants which examples could qualify as GBV.
5. Now write “**School-Related Gender-Based Violence**” on flipchart paper. Based on the definition of GBV and the word “school,” how would they define SRGBV? Record participants’ comments on the flipchart paper.
6. Refer participants to the definition of SRGBV in their participants’ handbook.

7. Compare the participants' version with the definition: **School-related gender-based violence** is any form of violence or abuse that is based on gender roles and relationships. It can be either physical, sexual or psychological, or combinations of the three. It can take place in the school, on the school grounds, going to and from school or in school dormitories. This violence can be perpetrated by teachers, pupils or community members. Both girls and boys can be victims as well as perpetrators. Both educational and reproductive health outcomes are negatively affected by gender violence.

Session Notes on Definitions of GBV and SRGBV

Gender-based violence is any act that results in, or is likely to result in, physical, sexual or psychological harm or suffering against someone (boy or girl) based on gender-role expectations and stereotypes.

School-related gender-based violence results in sexual, physical or psychological harm to girls and boys. It includes any form of violence or abuse that is based on gender stereotypes or that targets students on the basis of their sex. It includes, but is not limited to, rape, unwanted sexual touching, unwanted sexual comments, corporal punishment, bullying and verbal harassment. Unequal power relations between adults and children, and males and females, contribute to gender violence. Violence can take place in the school, on the school grounds, going to and from school or in school dormitories and may be perpetrated by teachers, students or community members. Both girls and boys can be victims, as well as perpetrators. Such violence can affect the well-being of students, putting them at greater risk of educational failure through absenteeism, dropping out and lack of motivation for academic achievement. It also impacts their mental and physical health, resulting in physical injury, pregnancy, sexually transmitted infections (including HIV/AIDS) or emotional/psychological ill health.

The three types of school-related gender-based violence— sexual, physical and psychological — overlap, and at times distinctions among them are imperceptible. For example, bullying may be either psychological or physical. Girls and boys who step out of their traditional gender roles can experience all three forms of violence. Girls can be humiliated by teachers in relation to their physical appearance (sexual violence or harassment) as well as their intellectual ability (psychological abuse).

8. Refer back to the drawings from Activity 1. Ask participants which examples could qualify as SRGBV.
9. When reviewing the illustrations, ask what makes these examples of GBV. What makes these examples of SRGBV? Refer participants to the **Examples of SRGBV** section in their participants' handbook. Have participants read each example.

Session Notes on Examples of SRGBV

Girls and boys both experience abuse from peers and teachers through:

Psychological:	Physical:	Sexual:
<ul style="list-style-type: none"> • Verbal harassment • Verbal abuse related to puberty • Bullying or teasing • Abusive language from teachers • Emotional manipulation and exploitation • Labelling someone lazy or stupid based on whether they are boys or girls 	<ul style="list-style-type: none"> • Hitting/Slapping • Caning • Punching • Shaking • Choking • Painful body postures • Excessive exercise drills • Preventing use of the toilet • Exploitive labour 	<ul style="list-style-type: none"> • Rape • Defilement • Groping, touching, etc. • Aiming sexually explicit language at a child • Indecent touching and exposure • Exposing pornographic material to children

Exploitative labour is work that is hazardous to participants' physical, mental or emotional health. Any work that prevents children from attending school is considered against children's right to an education. This includes labour as punishment or running errands for teachers that causes the individual to miss class.

Session Notes on Supporting Participants Who Have Experienced Violence and Abuse

It is expected that some participants will have a very personal connection to violence. Some may have observed or experienced violence at home or school but have never spoken about it with anyone or have accepted it as normal. Others might have experienced sexual harassment or violence in some form but never identified it as sexual violence. Some participants may have been subjected to painful teasing or bullying by peers but never felt comfortable speaking out. And still others might have been cruel or violent to another person and currently have guilty or confused feelings about it. Since violence is so prevalent in many societies, participating in these sessions may bring up deep-rooted pain and suffering. Below are strategies to comfort participants. In addition, have a mechanism in place to support and assist participants in their healing process, such as access to a counsellor, nurse, doctor, religious leader, village elder or someone else who has experience in responding to gender violence.

Actions that do not comfort:

- Do not interrupt, ridicule, or shame the participant.
- Do not criticize or blame the participant.
- Do not interrogate the participant.
- Do not judge the participant.
- Do not ignore the participant.
- Do not minimize or ignore the participant's feelings.
- Do not put the participant in a threatening situation.
- Do not try to distract or divert the participant's attention from his or her own feelings.
- Do not tell the participant how to feel.
- Do not discuss the participant's situation with others.

Actions that comfort:

- Be available immediately to provide the young person with assistance and support.
- Bring the young person to a safe place outside the room, away from his or her peers. Make sure the place is safe and is not seen as a threat to the young person.
- Focus on the young person. Ask what the young person would like to do at that moment (e.g., go home, not participate in the session but remain in the room, not participate in the session and sit outside or in another location within the room, talk to a counsellor or supportive person immediately or the next day, etc.). Help the individual follow through with whatever he or she decides.
- Be non-judgmental. Provide support and information to the individual regardless of personal feelings, beliefs or attitudes.
- Do not overwhelm the individual with information, questions or advice. Do not assume the individual is ready for all the resources or help.
- Listen to what the young person is saying. Provide the young person with understanding, support and assistance. Do not attempt to tell the individual how he or she feels. Assure the individual that it is normal to feel upset.
- Be flexible in order to meet the individual's needs. Be prepared to call in a backup facilitator, call for an extra-long break or call on a co-facilitator should a young person need immediate emotional support.
- Always follow up with the young person. Following up shows you care and are dedicated to his or her recovery and well-being.
- Always have a counsellor or qualified person available to help young people talk privately about their feelings.

Key Messages to Participants

- There are different types of gender violence, and they all have an impact on young people and their mental well-being.
- School-related gender-based violence has been occurring for a long time. In some cases, such as bullying or corporal punishment, participants may have felt that they had no choice but to accept this type of treatment. The POY clubs will provide participants with the skills and tools to help prevent and respond to SRGBV.

Closing Activity

- Facilitator to initiate any song or game.
- Thank participants for coming and remind them of the date, time and location of the next meeting.

Participants' Assignment

- Participants to reflect in their diaries on and SRGBV or violence they have experienced or seen in their communities.

Facilitators' general comment box about the session:

What went well?

What could be improved?

Session 19: Types of Violence That Affect Young People

Learning Objectives

At the end of the session participants will be able to:

- Recognize the different types of violence that young people face
- Recognize the effects of violence on young people
- Discuss how to help someone who has experienced violence

Materials and Preparations

- Flipcharts from previous sessions on violence
- Flipchart
- Markers
- Make sure participants can refer to following in their Participants' Handbook.
 - Scenarios for Types of Violence That Affect Young People
 - Tips for Participants to Report Violence
 - Tips for Supporting a Friend Who Has Experienced Violence
- For Activity 1, use the scenarios in the Facilitator's Notes (below) or adapt these scenarios to make them more relevant to the communities where the participants live and go to school.
- Write the Discussion Questions for Activity 1 on flipchart paper.
- A trusted adult can be a parent, guardian or anyone a young person can go to who is willing to listen and help. You should be prepared to discuss what a trusted adult is. In the next session, participants will identify adults to whom they can go for help.

Recap

- Participants to share their diary/journal reflections on the SRGBV or violence they have experienced or seen in their communities.

Introduction of the Learning Objectives

- Ask for a volunteer to read the objectives loudly.
- Ask participants to share their understanding of the objectives.
- Clarify the learning objectives.

Notes to the Facilitator

A **tattletale** is an informal term used for a person, especially a child, who tells others about another person's secrets or bad behaviour. Use the equivalent word in the local language. It is important for participants not to be afraid to speak up and tell someone when they or someone they know is in danger.

This module uses scenarios to examine violence so that participants may talk about violence in the abstract rather than through their own personal experiences with violence. Be aware that some of the participants may have experienced violence, and this discussion could be uncomfortable for them. Refer to the section *Supporting Participants Who Have Experienced Violence and Abuse* in the last section's Facilitator Notes.

Activity 1: Types of Violence That Affect Young People (1 hour)

Description: Scenarios

Aim of the Activity: To help participants understand the different types of violence that affect young people.

Introduction

1. Ask participants to form small groups of three to four people.
2. Assign each group one of the scenarios from their participant handbook.

Scenarios for Types of Violence that Affect Young People

Scenario 1

My name is Andre and I am 12 years old and much bigger than most young people my age. I am tall and muscular and the older boys hang out with me because I am their size and I am good at football. I like the older boys because they are popular and they know all the older girls in the school.

Last month, an older girl approached me and said I was handsome and that if she were not dating this other guy, Manuel, that she would like me. I was so surprised by her comment and flattered, but I didn't say anything because I am shy around girls. The next day after school I was walking to the football field with all the guys when I noticed that we were taking a different route than usual. Also, the girl who told me I was handsome was walking with us, which was unusual. I didn't say anything to her because her boyfriend, Manuel, was also with us. He is very jealous and easily angered. After a while out of nowhere, I felt someone jump on me and knock me to the ground. I could hear a girl screaming and I felt several fists on my head, back and face. I closed my eyes and hoped that I would live through this. At the end of the beating, Manuel kicked me in the face and told me to never talk to his girlfriend again or he would kill me. Manuel held his girlfriend up close to me so that she was looking right at my bloody face. I was crying and Manuel asked her, "Who is the real man now?"

I could not go to school for a week because my face was swollen. I lied to my parents about what happened. I am so frightened that Manuel will kill me. I go to school alone and walk straight home after school. I have lost all my old friends. I cannot believe I trusted them. I also quit the football team because some of those guys were on the team. They all turned on me. I am so lonely and afraid.

Scenario 2

My name is Samuel and I really like school. My favourite classes are art and writing. Everyone makes fun of me and says I am "like a girl" because I do not like math and science. All of my friends at school are girls. I like being around girls because in my house I am the youngest boy with six sisters. Boys are not fun to play with because they like to fight and pretend they are in a war. When the other boys try to fight with me and I tell them I do not like to fight, they call me names like "sissy" and "coward." I like to study but when I am at school I sometimes cry when the older and bigger boys pick on me. One day I was crying and my teacher asked me why. When I told the teacher why I was crying she said, "Well, you should quit acting like a girl and playing with girls." I do not understand why I should stop playing with girls if we really have fun together.

Scenario 3

My name is Akua. I would like to be a doctor or a teacher when I grow up. I really like school, but it is very hard for me to keep up with my studies. I get up at 4 a.m. every morning because I have to help my mother and sisters with the chores around the house. Sometimes I come to school late because my parents will not let me leave until I have finished all my house chores. When I come in late my teacher makes me stand in front of the class and says very cruel things to me. One day he said to me, "You are stupid. Why do you even come to school? You should go and try to find a husband!" Another day when I accidentally fell asleep in class, he said, "Maybe your head is falling because your breasts are becoming so large?" Everyone was laughing. It made me very mad when he said this, but we are not allowed to speak back to our teachers. I really do not like this teacher or going to his class, but I have to pass his class so I can pass to the next level. Once I told a female teacher and she said, "You should not worry. He is only joking." That did not make me feel better and I still do not want to face the teacher.

Scenario 4

My name is Molly and I am 11 years old. I walk the same way to school every day. It is the only way I can walk to school safely, because in the fields there are sometimes bandits and I am afraid to walk through the fields alone, especially when the crops are high. So, each day I walk past the bus depot and bar to get to school, and each day I am approached by an older man offering to buy me a drink. He says he'll buy me whatever I want and that a schoolgirl needs a special treat from time to time. One day he gave me a pretty perfume bottle and I took it. Last week, he asked me to go on a walk with him after school. I said no, but every day he asks me the same thing, and he is getting more and more persistent. Sometimes he gets close to me, and it is hard for me to get away from him without stepping into the traffic. Tomorrow, I am going to walk through the fields even though I am scared of the bandits, because I am also scared of the man who has been harassing me.

Scenario 5

My name is Muriel. I am very good in all of my subjects at school. My teachers have told me that if I keep up my studies, I will be able to get a scholarship and go to university in the capital. When I told my father and my uncles, they laughed at me and said, "Why would a girl go to university when all you are going to do one day is get married and be a mother?" I would like to get married and have children, but after I go to university. I told my teacher I wanted to move to the advanced math class because the one I am in now is too easy. He told me that it was not a good idea because I am a girl and said, "Girls are stupid in math. You should just take cooking classes." I do not understand why a girl cannot take a better math class or think of going to university. It makes me very sad when I think that I will one day have to quit. I would like to go to university and get married when I am older and ready.

Scenario 6

My name is Kofi. I come from a very large family. Last year my mother passed away and my father is the only one at home. My father is often gone because he sells goods in the market. I am the oldest boy and have to help my father take care of my family. I get up very early in the morning to tend to our garden and to make sure all my brothers and sisters are properly fed. After I am sure that everyone is taken care of I get ready for school, which is very far from my house. It takes me almost an hour to walk to school. Sometimes when I arrive at school, I am already very tired because I have been working since before dawn. My teacher tells me I am a very strong boy and he often makes me go do work in the fields at school, which causes me to miss some of the lessons. When I am present in class, I realize I have fallen behind because I missed the previous lesson. I do not want to go to school to do more work, I want to go to school to learn. How can I tell my teacher that I do not want to miss the lesson to work in the garden? I want to stay in the classroom and learn.

3. Tell participants to have one person in the group read the scenario out loud for the other members of the group.
4. Tell participants to answer the following discussion questions based on what is happening in the scenario.
 - What type(s) of violence is the young person in your scenario experiencing?
 - Do you think he or she is experiencing violence because of being a boy or girl? (What are the gender aspects of this incident of violence?)
 - What are the effects of this type of violence on the person in the scenario? What are some possible consequences of this violence if it goes unchecked? Is this type of violence something that has happened in your school?
 - Has this ever happened to anyone you know? What did he or she do?
 - How could you support the person in the scenario if he or she were your friend?

5. After the groups have finished, they should present a summary of their scenario. Remind participants that it is not necessary to re-read the scenarios, but use the discussion questions to guide them, if needed.
6. Participants should not have trouble coming up with possible consequences of violence, but be sure to mention the following:
 - Trouble concentrating, either in school or in their daily lives.
 - Feeling guilty or thinking the violence they experienced was their fault.
 - Trouble eating or sleeping.
 - Not wanting to go to school.
 - Feeling confused and tricked when an adult abuses them, especially if it is a teacher or someone they trusted.
 - Feeling afraid to be alone with certain adults.
7. Tell participants that when they see acts of violence being perpetrated, they can help the person by telling a trusted adult. The concept of a trusted adult will be further discussed later in this module.
8. Ask participants when they think speaking up and telling a trusted adult is necessary. Point out that it is necessary any time they or someone they know is in danger. Explain that sometimes it may be difficult to tell and they may be afraid of getting called a “tattletale” or experiencing violence themselves. Any time someone is in danger or is being hurt, participants can help by having the courage to tell a trusted adult or help the person tell a trusted adult.
9. Review the *Tips for Supporting Participants Who Has Experienced Violence* (see previous facilitator notes).

Activity 2: Who Can You Tell? (2 hours)

Description: Scenarios

Aim of the Activity: To help participants understand who they can speak to about violence.

Instructions

1. Using the same scenarios, ask groups to come up with a plan for the young person in the scenario. Their plan should include whom the person could tell, where the person should go for help, who could go with the person and how the person can tell a trusted adult.
2. Ask participants to create a role-play, acting out the plan and demonstrating how to tell a trusted adult what happened to the person in their scenario. Ask participants to think of any obstacles the person might face and include suggestions to help the participant overcome them.
 - For example, in Scenario 3, Akua told a female teacher what happened to her, but the teacher did not make her feel better. Akua should go to another teacher or tell another trusted adult until someone helps her.
3. Make sure each scenario is acted out as a role-play, and then come back together as a whole group for the Discussion Questions.
4. Use the following questions to guide the discussion:
 - Whom did the person go to for help? Was the person helpful? Why or why not?
 - Did anyone go with them?
 - Did the young person the scenarios show courage when they told what happened to them?
 - What can we do to help someone who has experienced violence or is afraid to tell someone what happened to him or her?
 - Is there ever a time when you would be afraid that telling will cause you more harm? What could you do?

5. After the discussion, review the *Tips for Reporting Violence* (see Session Notes).

Note to the Facilitator

Tell participants that they should now be able to recognize the different types of violence they or their friends may face. Some of the behaviours they may have previously considered normal should be recognized as violence if the behaviours make them feel bad or have negative consequences.

Tell participants that they do not have to keep their feelings to themselves. It is always better to tell a trusted adult if they think they have experienced violence. There are people who can help them if they experience violence.

It is also important for them to help a friend or classmate if they experience violence.

Remind them of the *Tips for Reporting Violence* and *Tips for Supporting a Friend Who Has Experienced Violence*. Tell participants that reporting violence takes courage and resiliency, but they can support one another to prevent and respond to SRGBV.

Tips for Reporting Violence

- When possible, speak to the perpetrator and tell the abuser that his or her violent behaviour is unacceptable.
- Keep a record of incidents. For example, if anyone hits you or threatens you on the way to school, write down where it happens, the time and the date.
- If a friend has experienced violence, you can support him or her by going with the friend to tell a trusted adult.
- Sometimes adults might dismiss you when you tell them you have been abused. That might make you feel bad, but you should keep trying until someone helps you. This can take resiliency and courage.
- No one should ask you to look at nude or “sexy” pictures, movies, tapes, etc. If anyone asks you to look at anything that makes you uncomfortable, tell a trusted adult.
- If a teacher, principal or anyone at school asks you to come to meet after school or when no one is around, make sure you tell someone where you are going. You should tell your parents, another teacher or a classmate.
- Be careful when accepting gifts or favours from teachers or other adults. Sometimes teachers or other adults could use this to attract you, and it could lead to sexual violence or abuse.
- If you have been abused or experience violence, never blame yourself. It is not your fault. You should talk to a counsellor or trusted adult to help you with your feelings.
- If you or another participant has experienced violence, you should tell someone. You do not have to keep it a secret.
- You should always speak up when you feel as though you are in danger or someone you know is in danger.

Closing Activity

- Facilitator to initiate any song or game.
- Thank participants for coming and remind them of the date, time and location of the next meeting.

Participants' Assignment

- Participants to write down in their journals ways they could support a friend who has experience violence.

Facilitators' general comment box about the session:

What went well?

What could be improved?

Session 20: How to Report Incidents of Violence

Learning Objectives

At the end of the session participants will be able to:

- Identify trusted adults with whom they can share problems or to whom they can report an incident of SRGBV.
- Identify resources in their community to help young people who face violence.
- Practice how to report incidents of violence and abuse.

Materials and Preparations

- Flipcharts from previous sessions on violence
- Flipchart
- Markers
- Make sure participants can refer to Molly's Story in their Participants' Manual
- Read Activity 1 and be prepared to discuss what a trusted adult is and how to identify adults whom participants can go to for help.
- Prepare a list of telephone numbers and organizations for participants to use if they experience violence or abuse. The list should include teachers, social workers, police, church officials or a village chief.
- On a piece of flipchart paper write: My three trusted adults are: _____, _____ and _____.

Recap

- Participants to share their diary/journal reflections on ways they could support a friend who has experience violence.

Introduction of the Learning Objectives

- Ask for a volunteer to read the objectives loudly.
- Ask participants to share their understanding of the objectives.
- Clarify the learning objectives.

Note to the Facilitator

In this session, participants examine violence and learn how to report incidents of violence. They will also role-play saying "no" and learn about assertive communication skills. Be sure to include information on contacting parents and guardians when discussing reporting an incident of abuse or violence.

Activity 1: What Is a Trusted Adult? (1 hour)**Description:** Case Study/Role-play**Aim of the Activity:** To help participants identify adults they can trust.**Instructions**

1. Use Molly's Story in the handout to help participants identify what is a trusted adult.
2. Read the story out loud or have the participants do it as a role-play.

Molly's Story

My name is Molly and I am 11 years old. I walk the same way to school every day. It is the only way I can walk to school safely, because in the fields there are sometimes bandits and I am afraid to walk through the fields alone, especially when the crops are high. So, each day I walk past the bus depot and bar to get to school, and each day I am approached by an older man offering to buy me a drink. He says he will buy me whatever I want and that a schoolgirl needs a special treat from time to time. One day he gave me a pretty perfume bottle, and I took it. Last week, he asked me to go on a walk with him after school. I said no, but every day he asks me the same thing, and he is getting more and more persistent. Sometimes he gets close to me, and it's hard for me to get away from him without stepping into the traffic. Tomorrow, I am going to walk through the fields even though I am scared of the bandits, because I am also scared of the man who has been harassing me.

As I was turning to walk through the fields, I saw one of our village elders. He asked me why I was walking through the fields when all the students had been told to stay on the main road because the fields were unsafe. I was afraid to tell him the reason, but I decided it was better to tell him the truth. It was difficult for me to speak to this respected elder about my problem, but I told him that a man had approached me while I was walking through the bus depot. I told the village elder I was scared and wanted to avoid the man, and that is why I was walking through the fields. The village elder asked me if I had taken any gifts from the man. I admitted that I had. He told me that I should not take gifts from strangers, because sometimes people use gifts to get favours or to trick young girls. He also told me that in the morning he would send his older grandson to accompany me to school. Although I was scared, I was glad that I had told one of the village elders about my problem because he listened to me and offered me help. I feel so relieved now that the situation has been resolved and I can walk to school safely.

3. Ask participants who the trusted adult was in the story. Ask them what makes someone a trusted adult. Answers may vary. Below are some possible responses:
 - Someone they know who will help them if they need help.
 - Someone they can talk to about anything, especially their problems, or if they are feeling scared, confused or uncomfortable.
 - Someone they feel happy being around.
 - Someone who listens to them and cares about their problems.
 - Someone who has helped them before.
 - Someone who would help them solve a problem, be understanding, get help and work to keep them safe.
4. Ask participants how the village elder helped Molly. Ask participants how Molly felt when the village elder helped her.
5. Tell participants that if anyone approaches them or tries to hurt them, touches them in a way that makes them feel scared, uncomfortable or confused, or if they feel that they are in danger, they should tell a trusted adult immediately.
6. Remind participant that not all adults are trustworthy and they should ask any questions about what type of behaviour is not trustworthy if they have any. Explain also that while there are adults who may try to harm them, there are also many adults who will help them. They should go to someone they feel comfortable and secure around. If anyone does anything to them that is not appropriate, they should go to a trusted adult for help.

7. Tell participants to make a list of possible trusted adults in their notebooks. While answers may vary, below are some possible responses: Mother, Uncle, Police Officer, Father, Neighbour Coach, Grandmother, Big brother/sister, Church person, Grandfather, Principal/headmaster, Friend's parent, Aunt, Teacher
8. Go around the room and ask participants who are some of the trusted adults in their lives.
9. Tell participants to choose three people they consider to be trusted adults and write their names in their notebooks. For example: My three trusted adults are: _____, _____, and _____.

Activity 2: What Should Ana Do? (1 hour)

Description: Case Study, Group Discussion

Aim of the Activity: To help participants identify adults they can trust.

Instructions

1. Remind participants of the different types of violence they have discussed. Tell them that they are going to examine one type of violence: sexual violence. They are going to read a letter from a young girl named Ana and discuss what she should do.
2. Read the following letter:

Dear Friend,

My name is Ana and I have a very serious problem. Last week, my teacher asked me to come to his house and help him clean. I did not want to go, but my parents tell me I have to respect my teachers. When I got to his house, he started touching me. I got a very bad feeling in my stomach, and I knew it was wrong. He then pulled me in his bedroom and forced himself on me. I was crying and screaming, but he did not stop. He told me that if I told anyone he would hurt me and fail me in school. I ran all the way home and felt sick. I am afraid to tell anyone because they will say it is my fault. I do not feel like eating or sleeping. I do not want to go to school and see that teacher. Please help me. What should I do?

From,

Ana

3. Tell participants to write a letter to Ana telling her what she should do.
4. After participants have had a chance to write their letters, ask for volunteers to share their letters.
5. Make sure the following points are mentioned:
 - Ana should not be afraid to tell a trusted adult. It was not her fault.
 - No matter what, no one should blame Ana. If the trusted adult is someone other than Ana's parents, someone should contact her parents.
 - The trusted adult will help her by going to the police. Ana was raped by her teacher. Rape is a crime. The trusted adult should look for someone in the police unit who has been trained to deal with sexual violence and abuse. The police will file a report against the teacher.
 - The trusted adult should also take Ana to a hospital or clinic for medical treatment and to collect any evidence needed by the police.
 - The trusted adult should also tell the head teacher. The teacher should not be able to teach in the school anymore. Teachers are in school to help young people, not to hurt them.
 - If possible, Ana should also go to see a counsellor. The counsellor can help her process her feelings and understand it was not her fault. Talking to a counsellor will also increase her courage and help her be more resilient.

6. Conclude with the following points:
 - Teachers and people from school should not ask students to clean their houses. Students go to school to learn, not to clean.
 - Teachers and adults should always protect students. If they ever ask them to do anything that makes them uncomfortable, students have the right to refuse.
 - Students should not be in isolated places at school or walking to and from school. They should always walk with a group or another student. Adults need to ensure children's safety. It is not the student's entire responsibility.
 - If a teacher or anyone asks to look under students' clothes, they should not let that person do it.
 - If a teacher or anyone touches them or gets too close, ask that person to move away. If it happens again, tell a trusted adult.

Activity 3: Practice Reporting Violence (1 hour)

Description: Role Play

Aim of the Activity: To help practice telling someone if they have experienced violence.

Instructions

1. Tell participants that it is not always easy to speak up and report violence. In this activity they are going to practice telling someone if they have experienced violence.
2. Have participants create their own role-plays in which a young person experiences violence or abuse and reports it. Tell them to be sure to identify a trusted adult to whom they report the incident.
3. After participants have had a chance to prepare the role-play, let each group present their role-play.
4. After the role-play, use the following questions to guide the discussion:
 - Who was the trusted adult in the role-play? What did the adult do?
 - What did the actors do well in the role-play?
 - Do you have any suggestions for the actors? For example, was there anyone else they could have told?

Key Messages to Participants

- Remind participants that most teachers and other adults want to protect them from violence and would never do anything to harm them or make them feel unsafe. However, there are some adults who might try to touch them or treat them in a way that is not acceptable. They should never let an adult do anything to them that is harmful. They should tell a trusted adult as soon as possible if they experience any type of violence.
- Tell participants that reporting or telling a trusted adult is not easy. If the first person they tell does not believe them, they should keep on trying until someone does. Point out that no matter what happens, violence and abuse is not their fault. They should never feel ashamed or guilty. If someone tells them not to tell or threatens them or anyone they know, they should tell a trusted adult immediately.
- Tell participants it can be very confusing when adults do something to them that makes them uncomfortable or afraid. Tell participants that the POY club is going to help them protect themselves and prevent violence. Tell them they are also going to practice saying "no" and telling people firmly what they want and do not want.

Activity 4: Referral and Reporting (1 hour)

Description: Brainstorm, Small Group Work, Group Discussion

Aim of the Activity: To help participants understand where to go when reporting violence.

Note to the Facilitator

In this activity, you should explain to participants that referrals describe the processes of how a child/survivor of violence gets in touch with an individual professional or institution about her/her case and how professionals and institutions communicate and work together to provide the victim with comprehensive support. Explain that all organizations involved have specific roles and responsibilities and that they operate at different levels namely; national, regional and community.

Instructions

1. Ask participants to brainstorm possible places where they could refer someone who has experienced violence for help at the different levels. They should only name places where a young person would be well received and not further traumatized. Record their responses on the flip chart. Possible answers include:
 - Police station – women and children’s unit (if one exists).
 - Health center – especially a youth-friendly one.
 - Village elder.
 - Pastor of the local church.
 - Local women’s group.
 - A non-governmental organization or a community-based organization.
 - The PTA or School Management Committee.
2. Next ask participants to divide into small groups of 4 to 5 people and give each a flipchart.
3. Assign each group one of the referral (places) from the previous list and ask them to write down what they think would happen to a survivor of GBV once they have been referred to and reported the abuse to that particular place or organization, including any next steps or actions required by the survivor (e.g., they would be provided counselling, they would be asked to file a police report, they would be given a medical examination, etc.).
4. Ask the groups to come together and share what they came up with. After each group presentation, discuss the following questions:
 - Do you all agree with the steps/actions presented?
 - Is anything missing?
 - What might happen next?
5. After the group discussion, highlight structures below to the participants.

Community Level Structures**Bwalo lothandiza Ochitiridwa nkhanza (Community Victim Support Unit)- CVSU**

CVSUs ensure community safety and security by providing crucial services and referrals to survivors of child abuse and gender based violence. They respond to women and children who experience physical, sexual and emotional violence and/or neglect. They are a critical service in rural and remote areas where other services are not available. CVSUs operate in all traditional authorities and sub-TAs in Malawi, with a goal of reaching all Malawian communities.

Services provided in CVSUs:

- Counselling, advice and psychosocial support
- Referral to other service providers, such as the police, health providers and CSOs
- Mediation and restorative justice
- Reintegration of survivors and offenders into their communities
- Temporary safe haven for survivors of violence
- Delivery of basic first aid to survivors

Community Level Structures

Community Child Protection Workers (CPWs)

Frontline workers by the ministry who are found at community to handle GBV and Child Protection related issues.

Community Based Organizations/Faith Based Organizations:

- Available in hard to reach areas
- Receive cases and refer them to CPWs or other service providers
- Follow up on cases
- Raise awareness
- Provide basic services like counselling, economic advice, education, etc.

Other community structures and gatekeepers

These include child protection committees, mother groups, police forums, male champions, traditional leaders, and religious leaders that:

- Work with other gatekeepers like Angaliba, Anankungwi, Gulewamkulu to modify or eradicate harmful practices and social norms that perpetuate GBV
- Receive GBV cases
- Refer cases

District Level Structures

District Offices- Social Welfare/Gender Offices

These offices exist in all the 28 districts in Malawi and provide the following services:

- Counselling
- Psychosocial support
- Social inquiry
- Court social reports
- Mediation
- Child custody and guardianship
- Case management: intake, assessment, referral, follow up
- Record keeping

One Stop Centres (OSCs) Chikwanekwane

OSCs are aimed at providing comprehensive services to women, child, and male survivors of sexual, physical and gender based violence. At the centres, all the necessary services, including health, social services and police, are provided and coordinated in one place.

Ofesi ya Chitetezo ndi Chinsisi Ku Polisi (PVSUs)

PVSUs exist within the Community Policing Services Branch of the Malawi Police Service. They provide victims of abuse with critical policing services in a friendly setting. PVSUs and police generally provide the immediate emergency response after instances of violence. Therefore, PVSUs are crucial in ensuring the immediate safety and protection of victims as well as providing the initial care and support for survivors. They are responsible for documenting the testimonies of survivors of violence, collecting evidence, apprehending perpetrators and supporting survivors' access to justice. They also facilitate referrals of survivors to clinical, psychosocial, case management and legal services to ensure their long-term care.

District Level Structures

Khoti la ana (Child Justice Court)

Khoti la Ana (Child Justice Courts) are established under the Child Care, Protection and Justice Act of 2010. They are a child-friendly court, separate from the adult justice system, with magistrates and other staff trained to hear cases involving children's interests. There are child justice courts operating in all 28 districts. Six districts, Blantyre, Mzuzu, Zomba, Salima, Mulanje and Nkhatabay, have built fully functional courts with all of the necessary supporting facilities. The act under which child justice courts were established also addresses children in need of care and protection. It stipulates that it is an offence to neglect a child, punishable by up to one year imprisonment for a repeat offender.

National Level Structures

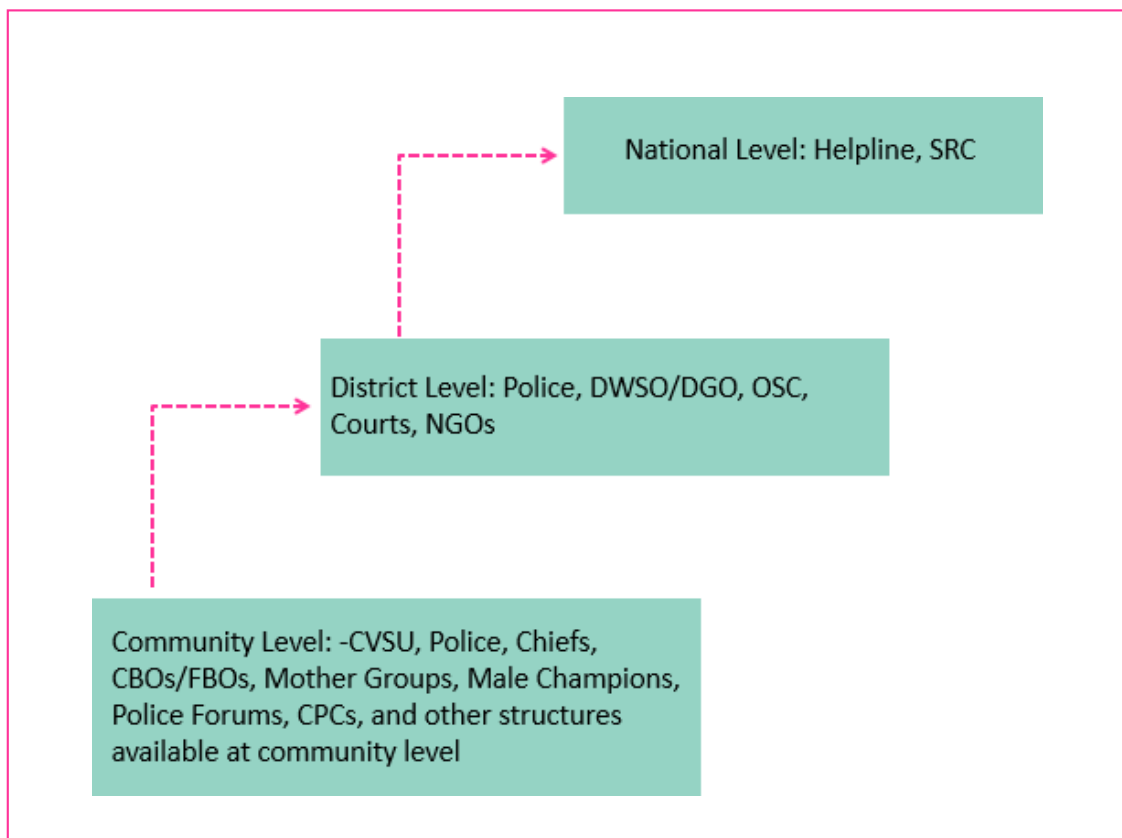
Tithandizane Helpline

The Tithandizane National Child Helpline was established by the MGCDSW in March 2011 and uses the 116 number, a widely recognized short code for all helplines internationally. Free helpline services are available 24 hours per day, seven days a week. The Tithandizane Helpline allows both children and adults to call and seek help, counselling and information. It is also an early referral mechanism for children who have experienced abuse where they, or their caregiver/parent/service provider, will be referred by Helpline counsellors to appropriate services in their local area at the earliest possible opportunity.

Objectives of Tithandizane Helpline:

- Provide accurate and relevant information to Malawians regarding their rights and the services available to them
- Provide psychosocial counselling services to survivors of violence, especially in times of crisis
- Provide survivors of violence and those in danger of suffering violence a free and convenient way to report their cases and receive timely assistance and follow up
- Advocate for the promotion and protection of children's and women's rights at national and international levels
- Increase the early referral of abuse, allowing delivery of necessary services and mitigation against the harmful consequences of abuse

6. Once you have discussed the structures, have participants divide into 3 to 4 groups, give each a flip chart, and have them map the resources and structures at the community level that they are familiar with (e.g., where is the police office, which support organizations work in their area? where is the closest clinic?)
7. Have groups share their maps and discuss with one another.

GBV Reporting System Map:**Closing Activity**

- Facilitator to initiate any song or game
- Thank participants for coming and remind them of the date, time and location of the next meeting.

Participants' Assignment

- Participants should list 3 places they could go to report violence.

Facilitators' general comment box about the session:

What went well?

What could be improved?

Reflection Guide for Module 5

At the end of this module participants should be able to make personal reflections using the following guiding questions:

- What new information and skills have you learned in Module 5?
- How has this new information and skills affected your attitudes and behaviors?
- What new skills are you adopting from Module 5?
- What are the targets, goals and actions that you are setting and taking after what you have learned in Module 5?

MODULE 6: HIV and You

Session 21 – HIV Knowledge and HTC

Session 22 – Disclosure and Stigma

This module focuses specifically on HIV and AIDS. It provides information and risk reduction strategies for participants. Module content includes the importance of condom use, stigma and discrimination, HIV testing, disclosure and living with HIV.

At the end of Module 6 participants will:

1. Be able to openly discuss HIV and AIDS issues.
2. Be able to reflect on their risk to HIV contraction.
3. Feel encouraged to go for HIV testing.
4. Encourage others to go for HIV testing.
5. Speak out against stigma and discrimination towards people living with HIV.
6. Have a deeper understanding of what it means to be living with HIV.

Session 21: HIV Knowledge & HTC

Learning Objectives

At the end of the session participants will be able to:

- Increase their knowledge on the basic facts about HIV and AIDS
- Distinguish between the facts and myths of HIV and AIDS
- Explore the reasons why people go or do not go for HIV testing
- Understand the process of HIV testing
- Weigh the pros and cons of having an HIV test
- Know where to get HIV testing services

Materials and Preparations

- Masking Tape
- Markers
- On three pieces of blank A4 paper, write the words myth, fact and don't know
- Prepare six sheets of flipchart, each with one of the following titles, and hang them on the wall:
 - How is HIV contracted?
 - How can HIV be prevented?
 - What is the difference between HIV and AIDS?
 - What is the effect of HIV on the immune system?
 - What are the symptoms of HIV infection?
 - What are ARVs and what do they do?
- Make sure participants can refer to the “Basics about HIV and AIDS” Fact Sheet in their Participants' Handbook.

Opening Activity

- Ask a participant to facilitate any activity which will allow all group members to participate.

Recap

- Ask participants to answer the following questions:
 - Where would one report cases of gender-based-violence in your community?
 - Why should people report gender-based-violence cases?

Introduction of the Learning Objectives

- Ask for a volunteer to read the objectives loudly.
- Ask participants to share their understanding of the objectives.
- Clarify the learning objectives.
 - Let participants know that this week's session will focus on the immune system and information on HIV. There will be four activities that look at this issue.
 - Preface the session with stating that you know many of the participants already know a lot about HIV and have learnt it in school or through other sources.
 - Explain that it is always important to review though and not everyone may have learnt everything that will be discussed.
 - Review the ground rules and state that anyone can ask questions at any time and nobody should be made to feel like a question is a bad question or something they should have known. If someone is uncomfortable asking a question out loud ask them to write it on a slip of paper and you will answer it at the start of the next session.

Activity 1: Facts and Myths about HIV (25 minutes)

Description: Group Game

Aim of the Activity: For participants to be able to dispel myths about HIV and AIDS.

Instructions

1. Explain to participants that the purpose of the first activity is to get rid of any myths that they might have heard about HIV. There is a lot of information that exists about HIV, and sometimes it is hard to tell what is real and what isn't.
2. Let participants know that a number of statements are going to be read about HIV, some are true, a fact and some are false, a myth. Participants will have to decide which it is.
3. Point to the three signs that have been hung up around the room. Explain that for each statement they should decide whether it is a myth, a fact, or they don't know and then should walk and stand next to the sign of their choice. Tell participants that it is okay not to know or to be wrong, the purpose of this game is to learn more and to make sure that everyone learns together so they can also help the rest of the community to learn.
4. Ensure there are no questions and begin the game. Read the statements at the end of these instructions with any additions that are important for the community.
5. After each statement, if there is disagreement among participants, discuss until the group comes to a consensus.

Note to the Facilitator

Make sure to guide the participants towards a consensus that is correct. Do not allow questions to go unanswered or for the game to end if there is confusion about the facts.

If you are not sure about the questions participants ask, do not guess. Tell participants that you are not sure but that you will get additional information and report back. It is okay to show other community members that you do not know and to openly seek clarification. It will encourage them to do the same. This is a powerful way to be a role model.

If the group displays an unexpectedly low level of knowledge, consider facilitating a follow up training session using the optional activity.

STATEMENT	TRUE OR FALSE?	EXPLANATION
Dry sex increases the risk of HIV infection.	True	Dry sex increases the risk of HIV transmission because without lubrication it is more likely that the vagina, as well as the penis, will have little tears on them from the friction of sex, allowing HIV to enter if a condom is not used.
A condom can easily break inside the woman's body.	False	Condoms go through many rounds of testing and, if used correctly, there is little chance that they will break inside a woman.
HIV can be contracted through saliva.	False	There is very little HIV that lives in a person's saliva, making it almost impossible to contract HIV this way. If there is blood or cuts in the mouth, though, and this mixes with saliva, then it becomes possible.
HIV can be transmitted through used needles.	True	HIV can be transmitted through needles when they are reused. This is because some of the person's blood may be left on the needle and it can then be injected into the next person, passing on the HIV.
Circumcised men have less of a chance than uncircumcised men of contracting HIV.	True	Men who are circumcised have a 60% lower chance of contracting HIV. They should still use condoms, though, as they are still at risk. Circumcision does not lower the risk of woman to contract HIV.
Oral sex does not involve a risk of contracting HIV.	False	Oral sex still has risk. There may be cuts in a person's mouth that HIV can enter through.
Breast feeding can transmit the virus from the mother to the child.	True	There is HIV in the breast milk of a woman who is HIV positive, if she is not taking treatment. The virus in her body can be passed to the baby through the milk while breastfeeding.
There are condoms on the market with holes so that people get infected with HIV.	False	Condoms sold are held to very rigorous standards and undergo extensive testing. None sold on the shelf should have holes or any disease in them. An easy way to check if a condom has a hole is to squeeze the package before opening it. There should be an air bubble in the package, and if that isn't there, do not purchase or use the condom.
ARVs can cure HIV and AIDS.	False	There is no cure for HIV. ARVs can help people to live a healthy, long life, though. When a person takes ARVs, it reduces the amount of virus in their blood; there may be so little virus that a test can't even detect it. If they stop taking medication, though, it will come back because once a person has HIV, it never fully leaves their body.
Circumcised men can contract HIV.	True	Even though circumcised men have a lower risk of getting HIV, they are still at risk and it is important for them to use condoms to protect themselves.
HIV can be transmitted by mosquitoes.	False	HIV cannot live inside a mosquito, so it is not possible to get HIV from a mosquito bite.
There are certain herbs that can protect you against HIV when put in the woman's vagina.	False	There are no herbs or natural remedies that have been proven to help protect against HIV. Some herbs or plants inserted into a vagina actually put women MORE at risk for HIV as it can dry out the vagina, leading to tears and allowing HIV to enter more easily.
HIV cannot be cured.	True	There is no cure for HIV, only medication to help reduce quantities of HIV in the body.

STATEMENT	TRUE OR FALSE?	EXPLANATION
You can get HIV in a car accident, when you are cut and bleeding and come in contact with others who are cut, bleeding and HIV positive.	True	Anytime there is exposed blood, there is a risk for HIV transmission. It can enter through small cuts you might not even know you have. When dealing with someone else's blood, it is a good idea to always wear gloves.
You can't get HIV from your partner when she or he loves you and when you trust her or him.	False	Anybody can be HIV positive. Unless you test together with your partner, there is no way to tell. If you love and trust your partner, it is a good idea to go for couples counselling and testing to learn your status together. You may not always know each other's past.
If used correctly and consistently, condoms prevent HIV infection.	True	Condoms are very effective in preventing HIV infection when used correctly and consistently. They provide a barrier so that the virus is unable to enter the body.
Forced sex increases women's risk for HIV infection.	True	When sex is forced, it often can lead to small rips and tears in a woman's vagina, making it more likely for HIV to enter the body if the other person is HIV positive.
Only gay people can get HIV.	False	Anybody can get HIV. HIV does not discriminate and can infect men, women and children, no matter who they are.
Having sex with a virgin cures HIV.	False	There is no cure for HIV. Having sex with a virgin will not do anything to change your HIV status and may just lead you to infect them.
When a person has HIV, you can't tell by looking at them.	True	There are no outward signs that a person has HIV. The only way to know if someone is HIV positive is to have an HIV test.
Female condoms are less effective than male condoms.	False	Female condoms are just as effective as male condoms when used correctly and consistently. Both provide a barrier that HIV is not able to pass through.
Pulling out the penis before ejaculation protects the woman from contracting HIV.	False	HIV may have already been passed to the woman through pre-ejaculation and there is no guarantee that by pulling out the penis, the body fluids will not enter the vagina. You should always use a condom to protect you and your partner.
HIV positive women are advised to breastfeed their babies because of the health risks for the baby of not breastfeeding.	True	Breastfeeding provides many nutrients and protective factors to a baby. If a mother who is HIV positive breast feeds her baby (this includes exclusive breastfeeding whereby the child is only given breastmilk and no any other food, water, or porridge, until when he is six months old), and the mother is taking ARVs, then the child has a very high chance of survival.
Social norms that accept male infidelity put women at risk for HIV infection.	True	When men have multiple partners or cheat on their wives, they are more at risk of contracting HIV and passing it on to others. Being faithful to one partner, who is also HIV negative, can help to prevent transmission of HIV.
A female condom can be washed and reused.	False	No condom can be reused. A new condom should be used for every act of sex.
A woman using any method of contraceptive cannot get infected.	False	The only method of family planning that protects against HIV is a condom. It is advisable that women requiring additional HIV protection should also use a condom in addition to other family planning methods.

STATEMENT	TRUE OR FALSE?	EXPLANATION
A baby could contract HIV if the umbilical cord is cut with an infected razor blade.	True	Any time infected blood is exposed to a cut (such as when an umbilical cord is cut) there is a risk of infection. All blades used for cutting umbilical cords must be used only once. All reusable hospital equipment, such as scissors, must be cleaned and autoclaved before reusing them.
Adolescent girls are just as likely as their male peers to be infected.	False	Adolescent girls are MORE likely than their male peers to become infected with HIV. This is because of multiple reasons. Women are more susceptible to HIV than men because it is easier for HIV to enter through the walls of the vagina than it is to enter through the penis. Adolescent girls are also more likely than their male peers to have older partners who may be infected and put them at risk for HIV. Some cultural factors also put girls at risk of contracting HIV.

Activity 2: What is HIV and AIDS? (50 minutes)

Description: Group Work

Aim of the Activity: To help participants understand the basic facts about HIV and AIDS

Instructions

1. Introduce the activity and explain that this activity is intended to review and build on the knowledge participants already have about HIV.
2. Explain that they will all be divided into groups and given five minutes to write everything they know on a certain aspect of HIV. They should write their answers down on a piece of flipchart paper and be prepared to present it back to the group.
3. Ask participants to divide themselves into six groups, by counting off from one to six until everyone has a number, and then grouping themselves by number.
4. Assign each group a different flipchart, and give each group a marker.
 - Group 1: How is HIV contracted?
 - Group 2: How can HIV be prevented?
 - Group 3: What is the difference between HIV and AIDS?
 - Group 4: What is the effect of HIV on the immune system?
 - Group 5: What are the symptoms of HIV infection?
 - Group 6: What are ARVs and what do they do?
5. Begin the group work, allowing the groups 10 minutes to work.
6. When they are done writing, let them know that they are going to do a gallery walk. The groups should paste their flipcharts and allow a representative of each group to wait on the flipchart so to clarify things to the oncoming participants.
7. The groups will have to be swapping places: group one goes to group two, group two goes to group three's place and so on and so forth until all groups have been able to go around in all the groups spots to read what the others have written. Ask them to add things that they think the other group may have missed or forgotten.
8. After all is done, let the groups come together, and have them consolidate their ideas, ask questions and make any other comments. Let this be done using the *Basic Facts about HIV and AIDS* Fact Sheet for detailed information and answers for each of the questions.

Note to the Facilitator

Refer participants to the *Basic Facts about HIV and AIDS* fact sheet in their Participants Handbook and let them know they can take that home with them as a reminder of what they have learnt and also to help to explain HIV to their family if they like. Ask them if they learned anything new about HIV today and what they think are some of the best ways for preventing HIV. Remind them that if they still have questions, they can write them on a slip of paper and leave them behind after the session and they will be answered at the beginning of the following session.

Basic Facts about HIV and AIDS**Key Terms**

HIV: The virus that infects the body and takes over cells in your body, breaking down your immune system that works to fight off other diseases.

AIDS: The result of having HIV in your body for a period of time, breaking down the immune system. It is a syndrome that usually results in a person contracting opportunistic infections and becoming very sick if they are not put on treatment.

Immune system: This is what keeps you healthy. It consists of different cells in your body that fight off infection, such as flu, and works to keep bacteria and viruses out of your body.

CD4: A type of cell in your body that is part of your immune system. It is the cell the HIV is attracted to and will enter in order to replicate itself and create more of the virus to enter more CD4 cells in the body.

HTC: The process used for a person to find out his or her HIV status. In most cases, a drop of blood is taken from a prick on the finger and tested to see if there are HIV antibodies in the blood.

Window period: The time between when a person gets infected with HIV and when it will show up on a test. Right after a person gets infected, the body has not had a chance to react to the virus yet and make antibodies, so the test may come out negative, even though the person is HIV positive. This is why it is important to get retested again after three months.

Antiretroviral drugs (ARVs): The medication that HIV positive people take to reduce the viral load in their body. These medications must be taken for the rest of a person's life to help control the virus and keep a person healthy.

Viral load: How much HIV you have in your body. A test is done to measure the amount of the virus in your blood. The higher a person's viral load is, the more likely they are to infect other people and become sick themselves.

Undetectable viral load: When someone is HIV positive, but the test can no longer measure how much virus is in the blood because it is so little. When someone has an undetectable viral load, it makes it more difficult for them to transmit the virus to others.

Opportunistic infections: Other illnesses that are known to be associated with HIV because they take advantage of a person's weakened immune system. Some opportunistic infections include TB, Kaposi's sarcoma, bacterial pneumonia and others.

HIV

What is HIV?

HIV stands for human immunodeficiency virus. This is a microscopic organism that, when it enters the body, destroys the natural protection to diseases.

How is HIV acquired or transmitted?

HIV can be passed from one person to another when the body fluids (blood, vaginal secretions, semen, breast milk) of an infected person come into contact with another person, through openings in the body or cuts and scrapes.

What are the modes of HIV transmission?

The leading cause of HIV transmission in Malawi is unprotected sexual contact between two people, when one of the two is HIV positive.

- Anal sex carries the highest risk, vaginal sex carries the second highest risk, and then oral sex; but all carry risk.
- Vaginal sex is practiced between a man and woman.
- Anal sex is practiced between same sex-partners (man with man) and heterosexual partners (man with woman).
- Oral sex is practiced between same sex-partners (man with man and woman to woman) and heterosexual partners (man with woman).
- Risk is highest if an HIV positive partner has a high viral load, which is a measure of the amount of virus in a person's body.
- The amount of virus in the blood spikes immediately following infection and in the later stages of HIV, as the body's immune system begins to weaken, making it the easiest time to transmit HIV.

HIV can also be passed on from a mother who is HIV positive to her baby. The following are the high-risk moments when HIV can be passed from mother to child:

- While the baby is still in the womb, without the mother being on ARVs, the chances of mother-to-child HIV infection during pregnancy is one in 10 cases (5–10%).
- During labour and delivery, without the mother being on ARVs, the chances of mother-to-child HIV infection during labour and delivery is two in every 10 cases (10–20%).
- About two in every 10 infants born HIV negative to HIV positive mothers not taking ARVs will become HIV positive before 24 months through breastfeeding.
- It is very important for women to begin taking treatment if they are HIV positive and want to have a baby or are pregnant. You can work with your provider to ensure your baby is born HIV negative.

What are some symptoms of HIV infection?

- Many people that are infected with HIV do not show any sign at all for up to 10 years or more.
- You cannot recognize a person that is infected with HIV by the way they look.
- An HIV test is the only way to ascertain one's HIV status. A person that is HIV negative and has reason to believe that she has been exposed to HIV, such as through unprotected sex with an HIV positive partner or a person whose HIV status they do not know, should be tested again in 3 months.

What is the treatment for HIV?

Once you are diagnosed with HIV, you **MUST** start taking ARVs immediately. The Malawi Government recently introduced the Test and Treat Policy, whereby each and every person who tests HIV positive must start taking ARVs immediately. When on treatment, it is very important to take your medication every day and continue doing so for your entire life.

AIDS

When you are HIV positive, your immune system is weakened by HIV and becomes susceptible to many diseases, including TB. Treating these diseases also becomes harder than it is in an HIV negative person.

If nothing is done to contain the reproduction of HIV in your body, you develop a condition called AIDS. When you have AIDS, it means your CD4 cell count is low and you usually suffer from other illnesses that normally your body could fight off. But, because your immune system is too weak, it struggles to defend its self.

HIV Testing and Counselling (HTC)

What is it?

- HTC is a voluntary and confidential counselling session and blood test that involves the screening of your blood to determine one's HIV status. Blood is taken from a small prick on your finger and then placed on the test strip to create the results.
- When HIV infects a person, it provokes the 'soldiers' or antibodies in the body to fight the virus and provide us with protection from diseases. There is technology that can detect whether these antibodies have reacted to HIV in the body, and if this reaction is seen in the test result a person is considered to be HIV positive. This technology is available in every public health facility in Malawi and it is reliable.
- The test and screening process take only a short time before the results are known and a healthcare professional will share the result with you and explain what it means.

Benefits:

- An HIV test provides you with the 'freedom of knowing' your HIV status. Not knowing your HIV status can cause you to worry and have anxiety about your past, current and future sexual relationships.
- By knowing your HIV status, you can make plans to continue to lead a healthy life, whether positive or negative.
- HTC is a gateway to a diverse range of health information and services, such as condoms and other HIV prevention strategies. Depending on the result of your HIV test, a healthcare provider will discuss with you strategies for protecting yourself, and possibly refer you to other services such as antiretroviral therapy and prevention of mother-to-child transmission of HIV.

Discordancy

What is it?

Discordancy, or a discordant couple, is when that two people in a sexual relationship can have different HIV statuses from one another (one can be HIV positive, while the other is HIV negative).

- It is possible for either a man or woman to be the HIV positive partner. This is true even in a polygamous union where one or two partners can be HIV positive, while the others can be HIV negative.

Discordant couples can protect each other by using a condom correctly and consistently and, if the HIV positive partner is on ART, adhering to that treatment to reduce his/her viral load to reduce the chances of transmitting HIV to their partner(s).

ARVs

What are Antiretroviral Drugs (ARVs)?

ARV drugs are a combination of drugs given to people who have been diagnosed with HIV. These drugs suppress multiplication of the virus in a person's body and must be taken daily for the rest of a person's life to help control the virus and keep a person healthy.

How do ARVs reduce HIV risk?

- ARVs do not kill HIV. However, they significantly slow down the multiplication of HIV in the body, which boosts a person's ability to fight off diseases.
- ARVs make a person with HIV less likely to pass on HIV to other people by lowering the amount of the virus in a person's body. The amount of virus detected in a person's blood is known as viral load. Having a low viral load reduces the chances of an HIV positive person passing HIV to their partner(s). With correct and consistent use of a condom, the risk becomes even lower.
- The viral load of an HIV positive person that is on ARVs can reach undetectable levels. This does not mean that they have been cured of HIV, but rather, that the medication has reduced the HIV to a very low level beyond measure. If the person does not adhere to treatment, the viral load will increase again over time.
- ARVs strengthen the body's defence system, thereby reducing one's vulnerability to opportunistic infections such as pneumonia. ARVs do this by slowing down the multiplication of HIV and they are highly effective.
- ARVs help to suppress viral load. This makes it less likely for you to transmit HIV to your sexual partner. If your partner is HIV positive and on ARVs, the risk of her/him infecting you is also reduced. It is always advisable to use a condom, even if you, your partner or both of you are on ARVs.

Adherence to ARVs

For ARVs to be most effective, you must take it correctly and consistently. If you do not, it is possible you might develop resistance. Resistance is a condition whereby the virus is no longer affected by the ARV or, in other words, the ARVs stop working. When this happens, you will need another prescription of drugs that are rare and more expensive. The availability of such drugs is lower.

Prevention of Mother-to-Child Transmission (PMTCT)

What is PMTCT?

Prevention of mother-to-child transmission of HIV (PMTCT) involves a cascade of services provided to HIV positive women to reduce the possibility of transmitting the virus from the mother to the child. The package of interventions might include the following: antenatal care (ANC) services and HIV testing during pregnancy, use of antiretroviral treatment (ART), safe childbirth practices, appropriate infant feeding and testing the child for HIV. HIV positive pregnant women are enrolled into PMTCT programs right away and these services can be accessed from ANC, through a referral from HTC or other points of service at a health facility.

How does PMTCT reduce HIV risk?

- HIV can be passed from an HIV positive mother to the baby while still in the womb, during labour and delivery or during breastfeeding.
- A woman that is HIV negative but gets infected with HIV while pregnant or during the breastfeeding period can also pass the HIV to her baby.
- ARVs reduce the chances of HIV positive pregnant and breastfeeding women passing the HIV virus to their babies.
- Among children born to HIV positive women enrolled in PMTCT, 98% do not get the virus from their mother.

Benefits of PMTCT

- PMTCT protects the health of both the mother and child. Both mother and child are monitored through periodic HIV tests until the child is 24 months old and/or stops breastfeeding.
- Children born HIV positive or otherwise infected during breastfeeding are enrolled on ART programs, thereby increasing their chances of survival.
- PMTCT enables all couples to enjoy their reproductive health rights by providing access to customized health care for the mother and child, appropriate family planning methods after the child is born, and counselling for prevention of STIs, including HIV transmission.
- PMTCT is an entry point for health information and services to the entire family.

Activity 3: Tasso Game (10 minutes)

Description: Group Game

Aim of the Activity: To help participants to reflect upon HIV transmission.

Instructions

1. Cut up enough small pieces of paper so that there are enough for each participant.
2. Mark three pieces of paper as 'positive' (+) and the rest as 'negative' (-) and fold them up.
3. Participants should randomly select one piece of paper each and put it away in a safe place without looking at them.
4. Participants should move around the room shaking hands with as many people as possible.
5. After about three minutes ask participants to form a circle and look at their piece of paper.
6. Ask participants whose paper was marked 'positive' to stand in the middle of the circle. Those that had negative on their paper should remain on the outside of the circle.
7. Next ask participants who were 'negative' but shook hands with a participant who is now in the middle of the circle to join them there.
8. Again ask those still on the outside of the circle to step into the circle if they shook hands with anyone that is now standing in the middle of the circle.
9. This continues until only a few participants are left on the outside of the circle.
10. Explain that this represents a sexual network and how quickly HIV is transmitted.
11. Lead a discussion based on the following reflection questions:
 - What was happening in the game?
 - How do you relate the game to HIV transmission in real life?
 - For the negatives that interacted with positives, did anything change when you interacted with them.

Activity 4: Barriers and Facilitators to HIV Testing (20 minutes)

Aim of the Activity: To help participants understand the reasons why young people do not go for HIV testing.

Description: Group Work

Instructions

1. Ask participants to divide into groups so there are 3-4 people per group.
2. Each group should have a discussion using the questions below and come up with a creative way to present one barrier (and how they will overcome the barrier) and one facilitator to the larger group.
 - Discuss the factors that make it easier for young people to test for HIV. What can be done to promote these factors?

- Discuss the factors that make it difficult for young people to test for HIV. What can be done to address these difficulties?
 - In both questions consider internal and external forces such as how one feels and external is the family, friends or culture, quality of services, confidentiality or distance to health facility.
 - If there was one thing (or two) that would help young people to test for HIV, what would you recommend?
3. Give the groups about 20 minutes and then ask them to return to the larger group and present one barrier and one facilitator they have discussed to the group.
 4. Allow participants to ask questions and lead a discussion around the presentations. Some questions to guide the discussion are:
 - Do you feel that you can overcome some of the barriers to HIV testing?
 - What would make you want to test for HIV?
 - Do you feel supported to test for HIV?
 5. Encourage participants to test for HIV over the next week. Make sure to have a list of locations that they can access HTC services within their community.

Key Messages to Participants

- Emphasize to the group again that protecting themselves from HIV depends on being aware of the facts about HIV as well as the myths.
- By getting an HIV test and encouraging others to also test it helps to reduce the fear that many people have. Testing for HIV is an important step to take in leading a healthy life.
- Use a referral form for participants who might want to go for HIV testing.

Closing Activity

- Thank participants for coming and remind them of the date, time and location of the next meeting.

Participants' Assignment

- In your journals reflect on the following question: Why is HIV testing important in your life as a young woman/young man.
- Also, participants should find out and visit where people get HIV testing within their area.

TIP: Remember, if other issues come up that you are unsure about, do not make up the answers. Tell participants that you will find the information for them and get back to them.

Facilitators' general comment box about the session:

What went well?

What could be improved?

Session 22: Disclosure and Stigma

Learning Objectives

At the end of the session participants will be able to:

- Describe issues involved in supporting PLHIVs to disclose their status
- Have a deeper understanding of the difficulties involved with disclosing someone's HIV status and how to better support people
- Know the effects of stigma and how they can be overcome
- Know the truth about living with HIV and supporting and interacting with people living with HIV

Materials and Preparations

- Prepare two flipcharts, one with the title “Shame” and one with the title “Power.” Set them aside and turn them over
- On small pieces of paper write down the following statements—one per piece of paper until you have one for each participant:
 - That's not my problem. That's your fault
 - I don't care. You're the one to blame
- On one small piece of paper write: “I just tested HIV positive. My family is threatening to kick me out of the house”

Opening Activity

- Ask a participant to facilitate a song or game

Recap

- Provide a brief recap of the previous session, reminding the participants of what was discussed.
- Ask if any of the participants tested for HIV over the last week or if they were able to discuss testing with their families.
- Make sure the participants have no remaining questions on what was discussed the week before, answer any that does come up.

Introduction of the Learning Objectives

- Ask for a volunteer to read the objectives loudly.
- Ask participants to share their understanding of the objectives.
- Clarify the learning objectives.
 - Let participants know that this week's session will focus on disclosure and stigma.

Activity 1: Disclosing Your Status (20 minutes)

Description: Pair Work

Aim of the Activity: For participants to be able to understand why disclosing one's HIV status is important.

Instructions

1. Ask participants to think about and discuss, “Why is it important for a person living with HIV to disclose their status to partners and other family members?”

2. Write some of the ideas down on a flip chart to keep as a reminder during the session.

Note to the Facilitator

If they struggle to come up with ideas, some suggestions are:

- To get support
- So they can decide with their partner how to protect themselves
- So the partner can go get tested if they don't already know their status
- To feel less alone
- To get help with attending clinic appointments and remembering to take their treatment

3. Divide the group into pairs and read the following scenario.

Mphatso's story

Mphatso is 17 years old and has been HIV positive his whole life. He has always been scared to tell his friends because of how they might react. As he has grown up though, he begins to want to share his status with others because at times he feels very alone. Even though his family supports him, he feels like he always has to make up stories to his friends when he has to take his ART or he avoids conversations because he doesn't want anyone to know. He has decided that he is going to tell his closest friend first and then maybe some of his other friends.

4. Have one person play Mphatso and the other person plays his friend. Ask them to role play what it would be like for Mphatso to share his status and how his friend might react.
5. After a few minutes, have participants swap roles.
6. Once everyone has played both roles, bring the group back together and ask two or three pairs to perform for the group.
7. Once they have finished sharing their role plays ask the group to discuss:
 - When you were Mphatso how did you feel?
 - As his friend, how did it feel hearing the news?
 - What techniques worked for Mphatso to disclose his status?
 - What were some good ways to respond to the news?

Activity 2: Understanding Stigma (30 minutes)

Description: Group Game

Aim of the Activity: For participants to understand what stigma is and its effects.

Instructions

1. Ask all participants to stand in a circle and ask one participant to stand in the middle of the circle. Give them the paper saying, I just tested HIV positive. My family is threatening to kick me out of the house. Tell them not to show the paper to anyone.
2. Give all the remaining participants one of the other pieces of paper you have prepared. Again, ask the participants not to show their papers to anyone.
3. Ask everyone making the circle to hold hands, closing in the person in the middle.
4. Explain that the person in the middle has to find support from participants in the circle – those willing to join them in the middle of the circle. To be able to find this person they have to approach participants one by one, reading her statement and then hear each participant's response that they read off of their paper.
5. Let the activity start. In this first round the participant in the middle won't be able to find anyone to join them, because no one has a supportive statement on their paper.
6. Once the participant in the middle has tried to break free for about a minute, stop the activity temporarily and ask all the participants to close their eyes. Explain that a few participants will feel a tap on their shoulder and they should now become supporters of the person in the

- middle. When they approach those that have been tapped, they must think of a statement that is supportive of his/her situation and then after saying it, join them in the middle of the circle.
7. Tap four participants on the shoulder. Remind the group again that participants who have been tapped should use a new, supportive statement when the participant approaches them. Tell the group to open their eyes.
 8. Restart the activity, and continue until several participants are in the circle with them
 9. Play the activity again, this time converting 10 participants into supporters. Then play again, this time converting 20 participants into supporters. In a final round, convert all of the participants into supporters.
 10. After the game, lead a discussion and ask the participant in the middle:
 - How did you feel at the beginning of the activity? (Responses could include: powerless, ashamed, etc.)
 - What made you feel that way?
 - How did you feel toward the end of the game? (Responses could include: relieved, powerful, understood, etc.)
 - What made you feel that way?
 11. Ask the other participants:
 - How did you feel rejecting the participant in the middle? (Responses could include: powerful, bad, guilty etc.)
 12. Ask all participants:
 - How did you feel when you or others started joining them?
 - Did this change the power dynamics in the group?
 - This was an example of someone being treated badly by their family because of their HIV status and feeling rejected by the community. Can you think of other circumstances that may cause someone to be rejected by the community?
 13. Ask the group to share examples of when they have seen people experience stigma related to HIV or AIDS.

Activity 3: Living with HIV (20 minutes)

Description: Group Game

Aim of the Activity: To guide participants to know the truth about living with HIV.

Instructions

1. Have participants stand in the middle of the room and explain that you are going to be reading off statements that are either true or false. If they believe it to be true, they should walk towards the right side, if they believe it to be false; they should walk towards the left.
2. Read the statements on the next page. If there are any disagreements, let the participants explain why they have chosen to stand where they are. Once the discussion has finished give the information that follows it and ask if there are any questions.

STATEMENTS	TRUE OR FALSE?	EXPLANATION
People who have HIV have been immoral.	False	People living with HIV (PLHIV) are just like you and I. Some people are born with HIV. You should not judge someone by her/his status because you may not know her/his whole story.
If you are HIV positive, you will die early.	False	If you are living with HIV, you can live a long and healthy life if you take care of yourself and adhere to antiretroviral treatment.
PLHIVs must take their ARVs every day.	True	Once you start taking treatment, you need to take it every day around the same time of day. If you forget to take it, it may lead to resistance, which means that the medication will no longer work and you will need to take a new kind, which will be expensive and may have more side effects.
You have to be very sick before you start HIV treatment.	False	You should start treatment as soon as you know that you are HIV positive. Talk to your provider about this. The earlier you start treatment, the sooner your body will be able to begin fighting the HIV and keep you from getting sick. When treatment is started early it leads to better outcomes for the person and a healthier life.
Once a person starts treatment they will take it the rest of their life.	True	Once enrolled for treatment, you should remain on treatment for the rest of your life. When you are on treatment, it lowers the amount of virus in your body (the viral load). If you stop taking treatment, the virus levels will increase, which can weaken your immune system allowing other infections to make you sick.
Taking ARVs lowers the amount of HIV in the body.	True	When you start taking ARVs, they lower the amount of virus in your body (viral load), which allows the number of CD4 cells (the part of your immune system that fights infection) to increase. Your provider can test for both viral load and CD4 to check if your treatment is working. You want your viral load test results to be low and your CD4 test to be high.
If one person is HIV positive in a couple that means their partner is HIV positive too.	False	Just because one person is positive in a couple, it does not mean that the other person is also HIV positive. The only way to know if you are positive is to get an HIV test. When one person in a couple is positive and the other person is negative, this is called a discordant couple and either partner may be positive. To protect the negative partner, you should use a condom and adhere to your treatment so that your viral load remains low.
A PLHIV can no longer achieve any goal in life.	False	A PLHIV can achieve any set goal just like any other person. What one needs to achieve her/his goals is just to work towards them.
The people that do not have HIV are superior to the PLHIV.	False	All people are equal and have to be treated with the same respect. They all have to enjoy their rights despite living with HIV.

- After the game, ask the participants the following question: How will knowing the truth about living with HIV help your interacting and associating with PLHIV?

Activity 4: Supporting Those Who Are Living with HIV (20 minutes)

Description: Group Work

Aim of the Activity: To help participants be able to offer support to those that are living with HIV.

Instructions

1. Divide the participants into four groups and ask them to talk about the following and develop a creative way to present what they discuss back to the group (it can be a drawing, a role play or something else that they'd like to do).
 - **Group 1:** What are some ways you can help people with HIV overcome some of the challenges they face?
 - **Group 2:** Thinking about what some of the changes are that people living with HIV have to deal with, how can you help them adjust to these changes?
 - **Group 3:** How can you support people living with HIV to remain healthy?
 - **Group 4:** What are some actions you can take to support people living with HIV so that they are treated the same as everyone else?
2. Bring the groups back together and have them present what they have discussed to the larger group.
3. After the activity ask the participants to do personal reflections based on the following questions:
 - If you were living with HIV, how would you want to be treated?
 - Do you treat those living with HIV any differently? What would you do to improve the situation?

Closing Activity

- Facilitator to initiate any song or game
- Thank participants for coming and remind them of the date, time and location of the next meeting.

Participants' Assignment

- Ask participants to meet up with someone they know who is HIV positive and would welcome a visit. Encourage them to speak with them and talk about what it is like to live with HIV.

Facilitators' general comment box about the session:

What went well?

What could be improved?

Case Study: Living Life with HIV Crescencia*

Crescencia attempted suicide when she discovered that she was HIV positive. Fortunately, she was saved by her brother Ian who at the same time revealed that he was also HIV positive. Crescencia recalls “So I poured some rat poison into a cup to drink. As the cup was about to touch my lips, my older brother, Ian, broke through my bedroom door. He grabbed the poison from my hands and demanded to know what was wrong. I told him everything. Ian revealed that he was also HIV positive and just like me, he did not know how he was infected. He thought that we probably got it from our mother during pregnancy or breastfeeding.”

Crescencia was born in a family of four. Her mother died from HIV-related complications in 2005, and Crescencia is now living with her grandparents. When she was 11 years old, her mother got sick and had been admitted at a clinic. Coincidentally, this was also a time when Malawi was running a national HIV testing campaign. Crescencia recalls how her own health had started deteriorating and she had developed skin rashes. She knew something was wrong. She suspected she could have HIV and therefore decided to get tested.

“I was actually too young to get tested by myself. I was supposed to have a parent or guardian with me but I managed to get tested because it was during a testing campaign period.” She adds, “I was devastated when I got the test results and learnt that I was HIV+. I was in a state of shock.”

Crescencia had heard from a friend that HIV kills. “Learning about my HIV status was like receiving a death sentence. As you can imagine, I had never felt more afraid than this time.”

She confesses that she was very confused with the news and thought the only way for the virus to be transmitted from one person to another was through sexual contact. “I wondered how I could be HIV positive because I was still a virgin. I went home feeling scared and alone. Instead of waiting for HIV to kill me, I decided I was going to take away my own life.”

Later, her grandmother took her to Tisungane Clinic at Zomba Central Hospital for treatment. It was there that she was introduced to Dignitas’ Teen Club. She says “at the Teen Club, we receive regular medical check-ups and medication refills. We also learn about our unique health needs as individuals living with HIV and how to make sure we manage our condition and stay healthy. I have met many friends and have formed supportive relationships.” The counselors teach us life skills. For example, how to face discrimination, deal with depression, and communicating with family members. They also help us think about our future, our education, careers, dating and relationships.

“Participating in Teen Club helped me to cope with the challenges I face as a young person living with HIV. Regular interaction with fellow HIV positive teenagers and developing a support group has reinvigorated my pursuit for positive living.”

“The biggest challenge related to living with HIV is stigma and discrimination from friends and relatives. My grandfather in particular discriminates against me and has openly told me to get out of his house because he does not want to live with an HIV-positive person. I have nowhere else to seek shelter, which is why I still stay in his house.” However, being part of a teen club, has helped her a lot. Being a teen can be challenging but growing while HIV+ is even more difficult. HIV+ youth are susceptible to stigma and are more likely to drop out of treatment.

Crescencia adds that it is important for adolescents living with HIV to have access to quality health care and life skills education. But the main thing is that young people have a safe space to access lifesaving treatment and care for HIV. “Through the Teen Club program, I’ve learnt that I can live

positively with HIV and that I can have hope for my future. HIV is a condition that I will have to manage for the rest of my life but I won't let it stop me from achieving my dreams."

Discussion questions:

1. How can knowing your HIV status help you make informed choices?
2. How does a good support system help people overcome some of the challenges that people living with HIV go through?
3. What are some of the challenges Crescencia and other girls like her are facing because of their HIV status?
4. How would you help Crescencia and other people like her not to feel stigmatized?

Reflection Guide for Module 6

At the end of this module participants should be able to make personal reflections using the following guiding questions:

- What new information and skills have you learned in Module 6?
- How has this new information and skills affected your attitudes and behaviors?
- What new skills are you adopting from Module 6?
- What are the targets, goals and actions that you are setting and taking after what you have learnt in Module 6?

MODULE 7: Your Future

Session 23 – Expanding Choice

Session 24 – Reinforcing Personal Goals

This module is a wrap-up of the training, encouraging the participants to think about their future and reflect upon the goals they had set at the beginning of the program. It addresses the importance of strategizing in order to achieve one's goals and it allows the participants to further reflect upon the information learned in the previous sessions in order to be Determined, Resilient, Empowered, Aids -free, and Safe as they work towards achieving their goals.

At the end of Module 7 participants will:

1. Be able to reflect upon their lives and the future goals.
2. Be able to reset and strategize on how to achieve their goals.

Session 23: Expanding Choices

Learning Objectives

At the end of the session participants will be able to:

- Identify the advantages of staying in school
- Explore the strategies to stay in or return to school
- Explore other opportunities to achieve goals

Materials and Preparations

- Flipchart
- Markers
- Enough pebbles/rocks so that each participant can have three
- Identify names of organizations or people who can help a young person stay in school or return to school

Opening Activity

- Ask a participant to facilitate any song or game.

Recap

- Ask participants to share their experiences on how they or the people around them have supported people living with HIV.

Introduction of the Learning Objectives

- Ask for a volunteer to read the objectives loudly.
- Ask participants to share their understanding of the objectives.
- Clarify the learning objectives.
 - Let the participants know that this session will focus on the importance of staying in school or returning to school if they have left. There will be two activities that look at this issue. There is no shame in having left school already. Sometimes there are circumstances that you have no control over that lead to leaving school. If this is the case though, it is important to assess your situation again and see if you can enrol back in school. Getting an education is one of the best things you can do for yourself. It opens many doors in life and will help in achieving the goals you have set for your life.

TIP: It is important to be sensitive and non-judgemental during this session. It is important for the participants who have left school to feel accepted and supported, from everyone that is present. If they feel supported, they may feel more encouraged to return to school or ask about how to return to school.

Activity 1: Ngachi's Story (30 minutes)

Description: Group Work and Role Play

Aim of the Activity: For participants to recognize the importance of completing school for their future.

Instructions

1. Read the story about Ngachi to the participants:

Ngachi has a goal. She wants to open her own vendor stand so that she can support herself. She wants to sell dried goods and cloth. She also wants to get married and have children.

2. Divide the group into three smaller groups.
3. Ask one group to prepare a role-play of Ngachi staying in school and, after completing school, opening her own vendor stand. The second group should prepare a role-play of Ngachi quitting school at age 13 to open her own vendor stand. The third group should prepare a role play about Ngachi who had dropped out of school, starts up her business and works hard at it that she expands it and opens up more shops.

Scenario 1: Ngachi stays in school

- Ngachi's business is slow to start, but with the skills and knowledge she gained at school (e.g., writing skills, math, etc.) she is successful.
- People respect Ngachi because she completed school and they buy from her stand.
- Ngachi makes many friends while in school and they buy from her stand.
- In school, Ngachi learnt about contraceptives and so she is able to plan her pregnancies and stay healthy to tend her vendor stand.

Scenario 2: Ngachi leaves school

- Ngachi gets pregnant and has a baby.
- Ngachi makes a little money at her stand but she spends most of it on medicine for her baby. She does not have any money left over for herself.
- She misses her friends. Most of them stayed in school.

Scenario 3: Ngachi leaves school and opens up her business

- Ngachi drops out of school.
- She opens up her business, works very hard and later expands it.
- She is able to support her siblings too.
- Later she gets married and is able to help her husband in taking care of their family financially.

4. Let participants come up with their own ideas, but if they can't, below are some suggestions.
5. Let the groups present their role plays to each other.

6. Lead a discussion based on the following reflection questions for Scenario 1:
 - How did staying in school help or hurt Ngachi's goal of having her own vendor stand?
 - What are some other reasons why it is important to stay in school?
 - If you have left school, what are some suggestions for returning to school?
 - What do you think helped Ngachi to be successful in her business?
 - If you were Ngachi, what would be some of your strategies to succeed even after leaving school?
7. Questions for Scenario 2:
 - How does dropping out of school affect Ngachi?
 - How does this situation put Ngachi at risk?
 - What are some other effects of Ngachi dropping out of school?
 - If you were Ngachi, what would you have done differently to avoid this situation?
8. Questions for Scenario 3:
 - What do you think helped Ngachi to be successful in her business?
 - If you were Ngachi, what would be some of your strategies to succeed even if you had dropped out of school?

Activity 2: Choices (35 minutes)

Description: Game - Group Work

Aim of the Activity: For participants to think about how to overcome barriers to achieving their goals.

Instructions

1. Draw a stream on the ground/floor. The stream represents all the challenges/struggles the participants may face in order to achieve their goals (i.e. completing school or setting up or running a business). The aim is to cross the stream. But in order to cross the stream, they will need to pass through the stream/struggles/challenges to reach on the other side (reach their goals).
2. Therefore have the group brainstorm all possible barriers to achieving their goals. Write these barriers on the small pieces of paper and throw them in the stream.
3. Allow one participant to cross the stream at a time. As they are crossing, they should be able to say how they will be able to overcome the challenges/barriers they meet along the way. Some ideas may be: to talk to a trusted adult to support their decision to stay in school, to explain to the family that skills they will gain in school will help the whole family, or to explain to their family how they can still work at home and go to school.
4. Allow as many participants as possible to cross the stream.
5. Lead a discussion based on the following reflection questions after as many participants have crossed the stream
 - What made it possible for you to cross the stream?
 - Why didn't you return or fall into the water?
 - What was your strategy?
 - How can you relate this to your personal life?

Key Messages to Participants

- Emphasize to the participants that they will meet many obstacles in life that can make them fail to achieve their goals, but that should not make them fail to achieve those goals. They need to be focused, Determined, Resilient, Empowered, Aids Free, Mentored and Safe. If they are HIV positive already, they need to adopt healthy living ways and be able to achieve their goals still.

Closing Activity

- Facilitator to initiate any song or game
- Thank participants for coming and remind them of the date, time and location of the next meeting.
- Remind participants to bring their diaries to the next session.

Participants' Assignment

Participants should reflect in their diaries/ journals on the following points:

- Importance of school in a young person's life
- How school reduces one's risks to having unintended pregnancies or getting someone pregnant
- How school empowers young people

Facilitators' general comment box about the session:

What went well?

What could be improved?

Session 24: Reinforcing Personal Goals**Learning Objectives**

At the end of the session participants will be able to:

- Reflect upon their set goals
- Reflect how the training process will help them achieve their goals

Materials and Preparations

- Flipchart
- Markers

Opening Activity

- Ask a participant to facilitate the "Tell us" activity.

Recap

- Let the participants divide into groups of four people.
- In their groups participants should discuss some of the exciting topics that they discovered in the training sessions and how those topics are helping them in their everyday lives.
- Let the groups come together and for those that are willing let them share their discussions with the whole group.

Introduction of the Learning Objectives

- Ask for a volunteer to read the objectives loudly.
- Ask participants to share their understanding of the objectives.

- Clarify the learning objectives.
 - Let the participants know that this week's session is a continuation of the previous sessions on goal setting.
 - The session will focus on revisiting the goals that were set at the beginning of the program and that it will allow the participants to reflect on their goals, and add new goals if they'd like.
 - The session will also let participants reflect upon all the learning process that they have gone through.

Activity 1: Reflecting on the Set Goals (30 minutes)

Description: Individual Work

Aim of the Activity: To allow participants to re-set or strategize on how they will be able to achieve the goals they had set at the beginning of the training sessions.

Instructions

1. Ask the participants to take out their diaries/journals and turn to the pages where they had written down their future goals at the beginning of the program.
2. Ask the participants to choose one of the goals they had set.
3. The participants should then reflect on this goal which they had set based on the following questions:
 - How do you intend to achieve those goals?
 - Are there any obstacles along the way?
 - How do you intend to avoid or deal with those obstacles to achieving the set goals?
 - How will the DREAMS training/POY club help you achieve the goals you set?
 - Who/What resources will help you reach your goal?
 - What specific steps will you take to get to your goal?
 - Do you feel you have more skills and knowledge to reach to such a goal now?
 - Are there any other goals that you would like to add or update?
4. Tell the participants that they are free to set new goals if they have a change of mind about the goals they had set earlier on.
5. Ask for volunteers to present their goals and how they intend to achieve them.

Note to the Facilitator

Emphasize to the participants that it is easier for one to reach their goal with the help from others, either from individuals, groups, or organizations. Such groups of people include:

- Friends
- Parents and guardians
- Community organizations
- Teachers

Energizer: Ask a participant to facilitate a song or game.

Activity 2: Final Reflection (20 minutes)

Description: Whole Group Work

Aim of the Activity: To wrap up the training and reflect on what they have learned.

Instructions

1. Ask participants to sit in a circle for a final reflection session.
2. Lead a discussion based on the following questions:
 - What have you learned in the DREAMS training sessions?
 - How will the training sessions you have gone through help you achieve your goals?
 - Why was it important for you to receive such kind of an intervention?
 - What did you love most about these training sessions?
 - What could have been done differently?
3. Explain to participants that this is the close of the program. Ask participants to take a verbal pledge to use the skills they have learned. If participants agree, ask them to repeat the following, as a large group or individually.

Our pledge as young men and women

I, _____, promise to use the knowledge and skills I learned in this program to make decisions in my life that protect myself, my family and my friends from harm. I promise to work towards achieving my goals.

Key Messages to Participants

- It will be easier to reach your goal if you have plans and steps to get there. Set targets, be focused and you will achieve

Closing Activity

- Facilitator to initiate any song or game
- Thank participants for participating in the program

Facilitators' general comment box about the session:

What went well?

What could be improved?

Case Study: Role-Modelling at a Young Age Patuma Justin

Patuma Justin has defied all odds and vows to stand tall among her peers in Ntaja.

She hails from Chiuja Village, Traditional Authority Kawinga in Machinga, where the majority of girls drop out of school due to early pregnancies, marriage and cultural related factors.

A number of teen mothers and early marriages in Ntaja area have attributed their respective sad stories to a range of factors including orphan status, lack of basic supplies at home, influence of parents, especially grandmothers and cultural issues. Patuma however has chosen to remain different.

“My grandmother has encouraged me to work hard in class since primary school. She has always believed and insisted that marriage is not a solution,” says Patuma.

The 22-year-old is in her third year, of Bachelor’s Degree program in Technical Education at The Polytechnic - University of Malawi.

Patuma is already viewed as a role model in her area where, during college break, she was found teaching at her former secondary school.

“I have gone through a lot but I have told myself not to look back. Growing up with single grandmother was not easy,” the resilient Patuma reveals adding that her parents divorced while she was two years old.

She recalls that fellow girls didn’t like her in secondary school because of her good results but she had the protection of boys.

Like her grandmother, Patuma also believes that girls’ independence will only come through education and self-esteem. She advises the girls to be content with whatever the parents and guardians provide as long as they have the opportunity for education.

Patuma challenges the notion that girls cannot achieve education success nor pursue certain careers because some people feel they are meant for boys. Her dream career was to become an accountant but fate is taking her into different direction.

Discussion questions:

1. What characteristic are you admiring in Patuma?
2. If you were girls living in the same community as that of Patuma, how would you relate with Patuma?
3. Are there girls/young women in your communities that are role models like Patuma? How do you relate with them?
4. What characteristic are you admiring in Patuma’s grandmother?
5. What big lesson are you learning from Patuma and her grandmother?

Reflection Guide for Module 7

At the end of this module participants should be able to make personal reflections using the following guiding questions:

- What new skills are you adopting from Module 7?
- What are the targets, goals and actions you are setting and taking after what you have learnt in Module 7?