

# My Dreams! My Choice!

A FACILITATOR'S GUIDE FOR EMPOWERING GIRLS AND YOUNG WOMEN IN ADOPTING POSITIVE BEHAVIOR



**DREAMS TOOLKIT FACILITATOR'S GUIDE FOR  
20- to 24-YEAR-OLDS**





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The 2020 updates include the following enhancements:

- Segmenting the content by age band and resequencing to transform the single manual into three separate age appropriate manuals for 10-14 year olds, 15-19 year olds, and 20-24 year olds respectively;
- Seamlessly integrating the following **OGAC Developed 9 – 14-year-old Sexual Violence and HIV Prevention modules** in the DREAMS Toolkit manual for the 20-24 age band;
  - **3.3 When Consent is Missing, the Answer is “No!”**
- Reformatting to create a more print-friendly version tailored to the needs of the community facilitators delivering the Toolkit.

The toolkit was adapted and developed from different other existing and evidence based toolkits, including ‘SASA! Preventing Violence against Women’ by Raising Voices, ‘Go Girls’ ‘Engaging Community Leaders to Provide a Safe and Supportive Environment for Adolescent Girls and Young Women: A Tool for Facilitating Dialogue’ and ‘African Transformation: The Way Forward: Malawi’s Facilitators Guide’ Toolkits by Johns Hopkins Center for Communication Programs, ‘Stepping Stones’ by Alice Welbourn, Medical Research Council, ‘SKILLZ Girl’ by Grassroot Soccer, ‘Health and Life Skills Curriculum’ by Population Council, and many others.

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Maintaining the original content, the Bantwana Initiative of World Education Inc. updated the toolkit in 2020 with the following enhancements:

- Segmenting the content by age band to create age appropriate sequences for 10-14, 15-19, and 20-24 age bands;
- Seamlessly integrating the SGAC Primary Prevention modules;
- Reformatting to create a more print-friendly version tailored to the needs of the community facilitators delivering the Toolkit.

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# Introduction

## Welcome Facilitators to the DREAMS Toolkit Facilitators Guide!

There are many efforts in Malawi that are being done to empower adolescent girls and young women (AGYW) in order to end gender — based violence (GBV), reduce their risk of contracting HIV and unplanned pregnancies. However, there are still increasing numbers of early pregnancies, school drop-outs and early marriages.

The toolkit has therefore been developed and adapted from other evidence proven manuals including Go Girls! Stepping Stones, and SASA with the aim of reducing vulnerability among AGYW and increase their safety. The toolkit focuses on AGYW by equipping them with skills and knowledge to deal with expectations, behaviours and attitudes that put them at risk and make them vulnerable. The toolkit also provides a safe and fun learning experience for the girls as they work towards becoming Determined, Resilient, Empowered, AIDS — free, Mentored and Safe!



## Using the toolkit

The sessions in this toolkit provide an easy step by step guidance to facilitators as you deliver the age-appropriate content to your participants. There is a different sequencing and content for different ages 10-14, 15-19, and 20-24. For easy delivery, facilitators should first familiarize themselves with the content by going through each topic before it is delivered. At the end of each session, there is a facilitator's comment box in which the facilitator should assess how the particular session was and what could have been done better to improve on the next session.

Each session has been outlined as follows:

- Session title
- Time required
- Learning objectives
- Materials and preparation needed for the session
- Opening activity which acts as a warm up activity
- Recap session to remind participants what was covered in the previous session
- Introduction of the learning objectives aims at helping participants understand what will be done in the current session
- Activities with step-by-step instructions (usually two main activities per session although some may have three).
- Reflection session to reinforce learning.
- Closing activity at the end of the session to end the day on a high note
- The sessions also have:
  - A box of facilitators' notes
  - A box of tips for facilitators
  - Expected learning outcomes
  - Participants' assignment/ reflection point
  - Energizers
  - Facilitators' comment box

## Materials and resources needed

Different materials have been mentioned that will be necessary for participants' learning process. This will help to make learning easy and enjoyable for the participants. Some of the materials include:

- Markers and flipchart papers that are needed for most sessions.
- Notebooks/ diaries or journals for participant's personal reflection.
- Handouts are needed for some sessions. These need to be prepared before the actual session that they will be used in. If enough copies will not be available for all participants, try to at least have a few copies that you can pass around for participants to share.
- Male and female condoms and dummies for condom demonstrations.

## Information needed

Before the session, it is important to thoroughly read and have all the information needed for referrals or to be able to give additional information. Specific referral information that will be needed is for:

- Contraceptive methods
- HIV testing and counselling

Proper arrangements should also be made with speakers/ guests who are to come into some of the sessions to talk to the girls

## What if people want to be paid for their time?

During the recruitment of the participants, it should be made clear that participants will not receive money when participating. During the first session, the facilitator should remind participants that their involvement in this program is voluntary and they will not be paid. However, participants will gain many non-monetary benefits including skills and knowledge that will reduce their risk of vulnerability.

## Know your audience

This toolkit targets AGYW aged 10-14, 15-19, and 20-24 with age-appropriate content. Each age band has a specific content and sequencing – make sure you are using the right content for each age band.

It is also important to use more pictures and symbols when writing on the flipchart and to use simple language for the girls that have lower literacy levels. Be sure that the instructions are clear before starting any activity.

## Know your training toolkit

Be prepared!

Read and familiarize yourself with the content in the toolkit. Remember that this is just a guiding toolkit. It is not a rule book. Be prepared for challenges.

Every training experience has the potential to bring challenges. The best way to prevent challenges is to be prepared.

Know the material and practice facilitating the activities with a friend or another facilitator

## Group size

The ideal group size should be between 20-25 girls.

With a smaller group, everyone will have a chance to contribute and actively participate in all aspects of the activities.

It is also easier to ensure all questions are answered and there is full understanding of all issues by the group.

## Assess time needed

Sessions in this toolkit are designed to last for 1 hour 30 minutes maximum, but may run shorter or longer depending on the facilitation skills and nature of discussions.

Sessions were designed for this time length and ideally should be delivered in whole.

## Facilitate the sessions in order

Sessions were designed to complement and build on the content covered in prior sessions, so it is best to facilitate sessions in order.

## The Participatory Learning Approach (PLA)

The toolkit uses PLAs as the learning methods for participants.

These methods encourage learning to take place by actively engaging the participants through every aspect of the session.

It also promotes active participation of participants in the issues and interventions that shape their lives. It helps to unlock participants' ideas not only on the nature and causes of the issues that affect them, but also on realistic solutions.

In participatory learning, participants actively contribute to teaching and learning, rather than passively receiving information from facilitators. The approach encourages participants to share information, learn from each other, and work together.

Participatory learning ultimately provides people with a framework of skills that they can use in any situation to explore issues and take action.

By using these approaches participants are expected to:

- Become actively engaged in the learning process and more likely to remember and share new information
- Take responsibility for their own understanding
- Retain knowledge and understanding.
- Gain social skills by learning with others.
- Develop key critical thinking skills and life skills to become creative thinkers, reflective learners, team players, self-managers, independent enquirers, and effective participants.
- Develop their communication skills to change their behaviour and negotiate their relationships positively and safely.

- Develop confidence to use a range of communication skills effectively in order to reduce their risk of vulnerability.
- Increased motivation and improved interpersonal skills.

Examples of the participatory methods used in the toolkit include:

- **Group work** - where participants are supposed to carry out an activity either as a whole group, or divided into smaller groups of 3, 4 or 5 people. In other instances, participants are expected to work as pairs. The facilitator is expected to go round the groups, to assist participants where possible.
- **Brainstorming** - this is a process of generating ideas from the group around a specific topic or area of interest. All participants are encouraged to say out their ideas as they occur to them. All ideas are noted down and are not criticized. Only when all ideas are exhausted, participants are then allowed to analyze, discuss, or critique the aired ideas and build on them.
- **Case studies** - this is when fictional stories are presented to the participants for learning purposes.
- **Learning songs and games** - these have also been used to enhance learning. Facilitators are also encouraged to influence participants to initiate such songs and games. This will also help participants in building their confidence and initiative taking.
- **Sculpting** - this is where participants create a desired image out of another person/ or people's body. During the process, the people sculpting are not allowed to use any words but rather shape the other person to portray the message that they want to be relayed. For example, to show a dancing person/ image, the sculptor will have to twist and turn the person being sculpted into a dancing position i.e. use of hands, feet, head and the whole body structure should show that particular image of a person dancing.
- **Role plays** - participants are expected to assume different characters and act out a situation. In coming up with the role plays participants should be encouraged to answer the following questions through the 5 Ws to create scenarios.
  - **What** is happening in the role plays?
  - **Where** is it happening?
  - **When** is it happening?
  - **Why** is it happening?
  - **Who** is involved?

### The art of facilitation

Facilitation is an art! It contributes to the learning and development of individuals through a wide range of approaches. It seeks to assist a group of individuals to discuss issues, identify and achieve goals and complete tasks in a mutually satisfactory and participatory manner.

Facilitation deviates away from the traditional directive teacher - learner/ student approach. Rather, the process of facilitation is a way of providing leadership

without taking supremacy. A facilitator provides clarification to confusing issues, summarizes and organizes the ideas and tests for consensus. There are various good qualities of a facilitator and these include:

- Sees participants as experts with information and skills to share, rather than seeing herself/himself as the only expert in the room
- Encourages participants to learn from each other, and thinks of him/herself as guiding the process rather than thinking of the participants as empty bowls coming quietly to be filled with knowledge from the facilitator
- Believes people learn by doing, experiencing, practicing and feeling, rather than by memorizing and recording information
- Is organized but flexible in changing methods based on participants' need
- Is enthusiastic about the topic and participants
- Keeps promises to the group – to let participants speak, take a break, etc
- Is patient and a good listener
- Can deal with emotions if necessary
- Has fun
- Does not talk down to the participants
- Listens and observes
- Is organized and prepared
- Is open, approachable and patient
- Encourages participation from all participants
- Reacts positively to all contributions from participants
- Periodically repeats/sums up important points
- Asks questions to clarify what participants have said
- Builds on participants' knowledge and experiences that they share
- Is aware of participants' reactions and energy level and modifies activities to respond to this
- Is flexible
- Does not judge others
- Does not lose sight of objectives and stays on task

### Reminders for the facilitator

- Read the entire manual before beginning the training.
- Know all of the sessions before delivering the sessions and have materials prepared beforehand.
- Adapt the activities and group discussions to make the sessions more appropriate to the age and education level of the group.
- Think about and plan for any issues that might arise during more “difficult” sessions.
- Have a “parking lot” for issues that arise during a session, but that are not relevant to the session objectives. Come back to them during the reflection or simply explain at the end of the training that it was important, but outside of the topic of the training.
- End sessions on a positive note, with a clear take-away message. When appropriate, identify next steps or possible solutions to the problem.

- Check to make sure you are not speaking more than the participants. If you find that you are doing most of the talking, encourage participants to answer each other's questions, for example if someone asks a question, open discussion to the participants with the inquiry, "Does anyone have an answer to that question?"
- The way you hold your body will help effectively facilitate the group. For example, looking attentively and nodding makes them feel their contribution is important. Looking away can effectively tell the person not to talk or participate. Always face the person to whom you are speaking.
- Have fun!

### Talking about sensitive issues

Many of the issues raised in this manual are linked to sex, relationships, violence and HIV which require the facilitator and participants to discuss sensitive issues. Some facilitators may feel that by talking about sex and contraception with young people they are encouraging young people to have sex. Research shows that on the contrary, talking with adolescents about these topics and giving them the facts and consequences encourages them to delay sex and to consider abstinence. However, facilitators should not assume that participants are not having sex.

Some tips for letting the participants know you are at ease talking about these issues:

- Accept the slang terms. Don't be afraid to ask what they mean if you don't know.
- Say you don't know if you don't. Tell them you will come back with an answer to their questions; talk to a health care provider or other expert who can give you the correct answer and report back.
- Be nonjudgmental. Stick to the facts and do not share your own opinions and values.
- Do not answer personal questions about your own sexual experience. If the question comes up, let participants know that your role as a facilitator is not to discuss your own experience.
- Be comfortable. Thoroughly review these materials and discuss them with other facilitators in your organization so that you will be at ease when discussing these matters with the participants
- Be ready and prepared to give girls referrals for services that they may identify as a need when going through this toolkit, including where they can get help if needed. Planned group field trips to health facilities or other important services could be a good way to identify where girls can easily walk in to their community services.



## Handling emotions

Participants may get emotional during the workshop. Facilitators need to react sensitively and effectively when a participant becomes visibly upset during a session so that she feels safe and not embarrassed. This will also help the group to move past any awkwardness or discomfort.

Some ways for a facilitator to deal with an emotional situation are:

- moving the discussion away from an upsetting topic and
- moving on to a new topic, or taking a break.

They may have doubts about themselves or may feel uncomfortable talking about issues related to sex with their peers. The discussion / activities may remind them of their own uncomfortable situations they've been in before the workshop, at home or at school.

If a participant is upset by an activity, a facilitator should try to talk to her in private to find out why the person is uncomfortable.

The facilitator should not force the upset participant to talk about what's upsetting her. Listen to what the participant is saying. It is important to provide her with understanding, support and assistance. Do not attempt to tell the participant how she feels or how you think she should feel. Assure her that it is ok and normal to feel upset.

*Please note: You should be prepared to provide a participant who has been abused with contact information for psychosocial counselling. You should have this information on hand before the first session.*

*Emphasize to the participants that you are available to talk if they need to. The girls should also be encouraged to make friends with other girls in the group, and to also identify a person who would be a mentor outside the group. The person may be from their school, community or church or mosque.*

# Building Your Dreams

*It also works with participants to examine and set goals that they want for their future and hope to achieve from participating in the sessions. The module further helps the girls to recognize their supporters, analyze and identify their safe spaces - both at school and community; and existing support networks within their reach.*

## Session 1.1 – Introductory Session

# Expected Outcomes for Module 1

*At the end of module 1 participants are expected to:*

1. Know and build relationships with other group members



## Session 1.1

# Introductory Session

## Learning Objectives

- At the end of the session participants will:
- Feel welcomed in the group
- Know more about the program
- Know each other in the group

## Materials and Preparation

- Flipchart
- Markers
- A ball

## Opening Activity

Welcome participants to the program and thank them all for coming.

Let them know:

- Your name
- The overall objective of the program, which is to nurture, support and raise a generation of adolescent girls and young women who are optimistic, knowledgeable, have strong and supportive social capital, health care connections and the efficacy to use risk reduction strategies as they transition from adolescence to adulthood.
- The program is for six months and that they will be talking about different issues such as unintended pregnancy, HIV and other social issues that they have to deal with daily.

**Tip:**

Make them start to feel comfortable and free. Assure them that this is a safe space for them and everyone is there to learn. They are free to ask any question since no question is dumb or silly!

## Introduction of the Learning Objectives

- Facilitator to read the objectives for the day's session.
- Help the participants understand the objectives by explaining what they mean.
- Ask if there is any question and clarify where they do not understand.



## Activity 1: Getting to Know Each Other

(20 minutes)



**Description:** Group Activities

**Aim of Activity:** For Participants to Know the Other Team Members

### Activity 1.1: Who are you?

#### Instructions

1. Tell the participants that they will play a game called, "Who are you?"
2. The first person will have to say their name and then turn to her neighbour and ask her, "Who are you?"
3. Next, the second person before saying her name will have to turn to the first person, tell the group who that person is, then introduce herself and ask the third person, "Who are you?"
4. The third person should introduce both the first and the second person before introducing herself.
5. The game will keep on going up until the last person. As others have done, the last person will have to introduce every person in the room before she mentions her name.
6. When the last person has mentioned everyone in the room, ask participants to quickly say their own name, age and what they do for a living (i.e. they are students, they do business or stay at home).

### Activity: 1.2: Walk Around the Room/ Space

#### Instructions:

1. Ask participants to clear the space off any obstacles that might injure them and explain to them that they are going to do an activity called person to person.
2. Ask participants to walk around the room in any direction they want.
3. At random intervals the facilitator should shout 'person to person'.
4. Participants should then get to the nearest person (make pairs) and briefly say their names and one thing that they like to do.
5. Keep on playing the game until the participants get to introduce themselves to as many people as possible.
6. Let the participants come back to a circle and introduce 2- 3 people they interacted with.

#### Reflection Question

Ask participants:

- Why is it important for us to know one another?

## Activity 2: Overview of the Group



(20 minutes)



**Description:** Whole Group Activity

**Aim of Activity:** To understand what the group is all about

### Instructions

1. Let the participants sit down whilst still maintaining a circle.
2. Give them a very brief overview of the program, basic schedule and logistics of the program, including:
  - Where and when the group will be meeting.
  - That each meeting will include interactive activities of approximately one and a half hours in length.
  - Explain that the activities are participatory and ask for and encourage the participants to talk, share, discuss, have fun and play.
  - Explain the goal of the program.
  - Remind participants that their involvement in this program is voluntary and they will not be paid.
3. Give time for the group to ask questions.

### Note to the Facilitator:

Please emphasize that the program is about helping girls to be:

**Determined:** Become girls who are strong minded and assertive

**Resilient:** To be tough spirited girls who are focused on achieving personal goals

**Empowered:** To gain life skills that will reduce ones vulnerability

**AIDS- free:** To reduce one's risk of contracting HIV through utilization of life skills gained

**Mentored:** To be encouraged, guided and motivated by one another and others beyond this group

**Safe:** To be girls who are safe from any risks that may make them vulnerable and marginalized

The program is on voluntary basis and no one should expect to be paid for her participation. However after going through all the sessions participants are expected to gain a lot of skills and knowledge that will help them reduce their vulnerability and risks.

### Reflection Questions:

- Why is it important for us to meet as girls?
- How can such meetings help us reduce our vulnerability?



## Activity 3: Creating Ground Rules



(30 minutes)



**Description:** Group Work

**Aim of Activity:** To set rules that will guide the group

### Activity 3.1: Playing a Game without Rules

#### Instructions

1. Ask the participants to choose any game they want to play as a group (such as netball, football).
2. Then divide them into two teams (could be in equal or unequal groups).
3. Give them the ball to use for the chosen game and the facilitator should act as an umpire/ referee.
4. Without any discussions or strategies, ask the participants to play the game.
5. During the game, the facilitator should give out scores, penalties and cautions to the teams in any way she wants.
6. After playing for a little while stop the game and have a discussion based on the following reflection questions:
  - What was happening in the game?
  - What are the consequences of what was happening in the game?
  - What could be done differently for the game to be played fairly?
  - How can the use of rules improve the game?

### Activity 3.2: Game with Rules

#### Instructions

1. Tell participants that now they are going to play another football game and you will observe all the rules.
2. Divide the participants into two equal groups.
3. Ask participants if they are familiar with any rules of the game that they would want to be observed in the game.
4. Allow each team to strategize.
5. Let the participants play the game whilst observing on all the agreed rules. Then ask the following reflection questions
  - What was happening in this game?
  - How has the game improved since the introduction of the rules?
  - How did the provision of the rules help?
6. Ask, based on the games that have been played:
  - Why is it important to have rules in a group?
  - Why should this group also have ground rules?
  - How will these rules help us?
  - What are the consequences of not following ground rules in a group?

### Activity 3.3: Brainstorming Ground Rules for the Group

#### Instructions

1. Let participants know that the team is going to brainstorm on the ground rules that they think will be necessary for the group for participatory teamwork.
2. The rules should be compiled, agreed on and recorded on a flip chart. Allow a participant who can read and write to be listing down the rules.
3. After the ground rules have been listed down, allow every participant to write/ draw her sign on the ground rules paper to show her commitment and agreement to the rules.

#### Note to the Facilitator:

Emphasize to participants that:

Ground rules are the rules of conduct that members of the group agree on before proceeding with group meetings. They therefore act as guiding principles. These are created to make the participants feel safe, equal and protected at all times.

Some of the ground rules that should be included are:

- Equal participation
- Time management (starting and ending on agreed times).
- Treating each other with respect
- No one is allowed to look down on someone else because of her feelings, opinions, or experiences
- Listening
- Allowing one person speak at a time (no giggling and interruptions as someone else is speaking)

#### Tip:

The list of ground rules should always stay posted and participants should be reminded of them before beginning each session.

### Closing Activity: My name is... and I love to....

- Let participants stand up and make a circle.
- Ask everyone to think of something she loves doing and an action that goes with it (e.g. playing football, cooking, dancing).
- One person then steps forward and says "My name is..... And I love to.... (With an action) then steps back.
- Everyone else steps forward together and repeats what the person did and said with the same expression, intonation and actions. Each person including the facilitator takes her turn at introducing herself in this way.

**Note to the Facilitator:**

Emphasize the following to the participants:

- You are available if they need to talk or help with issues that are affecting them
- The program can only have an impact on their lives if they are available and take part in the activities

**Key message to the participants:**

Let the participants know that the goal of the DREAMS Toolkit and the training sessions is to enable girls gain skills, knowledge and self-efficacy to live a productive life, free from HIV, empowered to take action and report insults and abuse and to pursue one's dreams.

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

**Facilitator's general comment box about the session:**

**What went well?**

**What could be improved?**



**I made a mistake, but my  
mother encouraged me to fight on**

### *Victoria Bamusi*

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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 in 2013-2014 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 in 2014, 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 initiative targeting teen mothers.

### Discussion Questions:

1. What is it that made Victoria 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

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





## MODULE 2

# Your Body, Your Health

In order to empower adolescent girls and young women to take care of their health, they first have to understand the different health issues that may affect them.

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 2.1 – Preventing Pregnancy

Session 2.2 – Condoms

Session 2.3 – How to Use a Condom



# Expected Outcomes for Module 2

*At the end of Module 2 participants are expected to:*

1. Continue building on their behaviour skills by:
  - Team playing
  - Continuing to take initiatives e.g facilitating learning songs and games
  - Interacting with other group members
  - Building openness and ability to talk about the processes in the body
  - Openly talk about condoms and condom use
2. Have increased knowledge on the following:
  - Contraceptives and where to access them
  - Know the step by step of how to use male and female condoms
  - Distinguish facts and myths surrounding condoms
  - Understand consequences of not using condoms

## Session 2.1

# Preventing Pregnancy

## Learning Objectives

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

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

## Materials and Preparations

- Flipchart
- Markers
- A ball
- Examples of contraceptives available
- Have all the contraceptives to show to the participants

### Tip:

Be sure to know pros and cons of each method available in Malawi. If you're more comfortable having a nurse lead this session, and you know one who is able to come, invite them to lead the discussion with participants.

## Opening Activity

Ball Up—Let a participant facilitate.

## Recap

- Tell participants to be in pairs.
- In their pairs, girls should share what they remember from the previous session.
- Participants should also answer the following question in their pairs: why is it important for them as girls to avoid unplanned pregnancies?

## Introduction of the Learning Objectives

- Participants to stand in a circle.
- If they are able to read, participants should loudly read the learning objectives together.
- Ask the participants to share their understanding of the objectives.
- Facilitator to clarify the objectives.

- Let them know that this week's session will focus on contraceptive methods. There will be three activities that look at this issue. Even though many participants 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.

## Activity 1: Understanding the Different Types of Contraceptives

### Activity 1.1: What are Contraceptives?



(10 minutes)



**Description:** Group Discussion

**Aim of Activity 1.1:** For participants to think about why some people may or may not use contraceptives

#### Instructions

1. Ask participants to share what they have discovered or heard about contraceptive methods as per assignment from the previous session.
2. List down all the answers on a flip chart paper.
3. After all the answers have been exhausted, lead a discussion based on the following questions:
  - Why do some girls not practice abstinence?
  - Why do some girls who are sexually active not use contraceptives?
  - What are reasons that some boys don't practice abstinence?
  - What are the reasons that some boys who are sexually active don't use contraceptives?



**Energiser:** Ask one participant to facilitate

### Activity 1.2: Contraceptive Methods



(40 minutes)



**Description:** Lecture or guest speaker

**Aim of Activity 1.2:** For participants to understand the different types of contraceptive methods

**Instructions:**

1. If you were able to get a guest speaker to come, give them this time to talk about the benefits of abstinence and different contraceptive methods. Or you can use this activity below.
2. Ask participants to listen and consider which method they think would be best when deciding to start having sex.

**Note to the Facilitator:**

Emphasize to the participants that there are different types of family planning methods and are grouped into two broad categories, namely, modern methods and traditional methods. Modern contraceptive methods are further categorised into three subgroups: short-term methods (condoms, the lactational amenorrhoea method (LAM), and contraceptive pills), long term methods (injectables, implants and IUDs) and permanent methods (female and male sterilisation).

Traditional methods consist of periodic abstinence, withdrawal, and various folk methods.

**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 with 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**

The benefits of condom use include safety when used correctly and consistently, low or no cost, protection from both pregnancy and STIs, and are widely available 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 and 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 of contraceptive pills

Benefits of taking the pill include improved menstrual cramps, lighter periods, some pelvic inflammatory disease (PID) protection.

**Disadvantages of using the pill include** 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 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 of LAM:** It is a natural way that your body prevents you from getting pregnant.

**Disadvantages:** it can only be used immediately after giving birth. It does not protect against HIV and STIs. You must exclusively breast feed.

## 4. 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 of natural contraceptive**
  - They are safe, and no cost and it is easily discontinued and no need for medication.
- **Disadvantages:** It does not protect you from STI's or HIV, you must be willing to abstain at certain times of the month, it requires you to pay close attention to your cycle and track all the days, this can be very difficult.

## 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 of contraceptive injection
- **Benefits** of injectable birth control include its safety and convenience, uterine cancer prevention, safety with breastfeeding and lack of estrogen.
- **Side effects** may include 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 of an IUD include

- Giving a woman long-term pregnancy prevention measures.
- They are safe when used during breastfeeding
- Fertility is easily restored following removal
- Gives one an option if hormonal birth control is not desired since some do not contain hormones.



### 3. Contraceptive implant

- Contraceptive implants are small rods about the size of a matchstick which are put under the skin in the inside 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.
- **The benefits of the Implant method of birth control** are numerous and include easy fertility restoration following its removal, safe to use during breastfeeding, does not contain estrogen, long-lasting and does not require daily medication.
- The **disadvantages** include 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
  - 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 in Female sterilization
  - 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.
- **Benefit of Vasectomy:**

- Having a vasectomy has many benefits including its permanency, does not include use of hormones and does not affect a man's erection.

**Tip:**

If the participants are slow to ask questions about each method, either have them write their questions down on paper or think about the questions that are common to girls/ women in the community and ask the questions for them.

**Note to the Facilitator:**

Explain the following to the participants:

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 Injectables 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



**Energizer: to be facilitated by any participant**

## Activity 2: Where to Access Contraceptives



(20 minutes)



**Description:** Group Discussion

**Aim of the activity:** For participants to know where they can access contraceptives in their community

### Instructions

1. Let the participants be in a circle.
2. Ask participants to mention any place within their communities where they can access family planning services.
3. List these on a flip chart.

**Tip:**

Service Centres include:

- District Hospitals
- Health Centres
- Family Planning Association of Malawi (FPAM)
- YONECO
- Banja La Mtsogolo (BLM)
- Youth Centres
- Other organizations within the communities

### Reflection Questions

- 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?

## Closing Activity

The facilitator should initiate any song or game.

**Note to the Facilitator:**

Remind the participants about the benefits of abstinence and that it's the only 100% effect method for preventing pregnancy. Explain that although pregnancy is normal, having children by choice, not by chance, is best for the mother, the baby, the family and the nation. Be sure that everyone understands what the different methods of family planning are that are available and where they can access them in the community.

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

**Participants' assignment**

Remind participants to reflect in their journals.  
Help the participants who cannot read and write in their journal reflections.  
Participants should go and find out if there are any more places where people can access contraceptive methods that have been left out.

**Facilitator's general comment box about the session:**

**What went well?**

**What could be improved?**

## Session 2.2

# Condoms

## Learning Objectives

At the end of the session participant 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

## Materials and Preparation

- Flipchart
- Markers
- Three signs written on paper that say:
  - Myth
  - Fact
  - Not sure

## Opening Activity

Ask one participant to facilitate an activity.

## Recap

- Participants to stand in a circle and ask the following as reflection points:
  - What are the advantages of using contraceptives for them as girls?
  - How can the use of contraceptives help them achieve their set goals?

## Introduction of the Learning Objectives

- Let the participants read the objectives together.
- Ask 1-2 participants to share their understanding of the objectives.
- Facilitator to clarify the objectives.
  - *Let the participants know that the session will focus on condoms. The condoms are a key prevention technique not only for STIs but also for pregnancy and HIV. It is important to know the different facts and myths about them so you can be fully informed.*

## Activity 1: Myths and Facts on Condom Use



(20 minutes)



**Description:** Game

**Aim of Activity:** To dispel any myths participants may have about using condoms

### Instructions:

1. The activity will be done through the game ‘in the pool, out of the pool’
2. Have participants make a circle, it should be big enough so that participants can move forward and not run into each other.
  - Every time facilitator shouts in the pool, participants should jump into the circle and every time the facilitator shouts out of the pool, participants should jump out of the circle. Play the game twice.
  - After the second round, stop the game and tell the participants that you will be reading out either facts or myths about condoms. When they hear a statement and think it's a fact, they have to jump into the circle, and when they think it's a myth they should jump out of the circle.
3. After each statement, if there is disagreement among participants, discuss until the group comes to a consensus.
4. Let participants know that a number of statements are going to be read about condoms, some are true, a fact, and some are false, a myth and they will need to decide which it is.
5. After the game ask the following reflection questions:
  - What would you tell someone about condoms?
  - How can using condoms reduce our risk of HIV infection and unplanned pregnancy?

### Note to the Facilitator:

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.

Being able to distinguish facts and myths around condoms is incredibly important. There are many stories that are spread about condoms but most are not true. The important thing to remember is that when used consistently and correctly they are 98% effective in preventing HIV, other STIs and pregnancy.

## Myths and Facts about Condoms

Condoms are only effective if you use two at once.

**Myth**–You should never use more than one condom at a time as this increases the chance for the condom to break.

Condoms last forever.

**Myth**–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.

**Fact**–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.

**Myth**–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.

**Fact**–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.

**Myth**–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.

**Fact**–there are two types of condoms male and female condoms.

Condoms can give you HIV.

**Myth**–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.

**Myth**–Everybody, no matter what their status, should use condoms to protect themselves from disease.

Only one condom can be used at a time one is having sex.

**Fact**–You can only use one condom at a time for effectiveness.



## Myths and Facts about Condoms

People who use or carry condoms are loose and promiscuous.

**Myth**—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



(30 minutes)



**Description:** Pair Work—Role plays

**Aim of Activity:** To understand reasons why girls do not use

### Instructions

1. Ask participants to walk around the room/ space.
2. Then shout 'be in pairs!' Participants should pair up with the nearest person that they are standing close to each other.
3. In their pairs, they should discuss the reasons why girls of their age use or do not use condoms. They should prepare to present their discussions in a role play.
4. Participants should therefore rehearse at least one reason why people use condoms, and one reason why people do not use condoms.
5. Call everyone back in the main group.
6. Ask for the first pair to role play one scenario i.e. why people use condoms.
7. The next pair should therefore role play on why people do not use condoms. Keep alternating the role plays like that until all the participants have had a chance to present their reasons.



**Energizer:** Ask for a volunteer to facilitate

## Activity 3: Consequences for Not Using Condoms



(20 minutes)



**Description:** Group Work

**Aim of activity:** For participants to understand the risks of having unprotected sex

### Instructions

1. Ask participants to stand or sit in a circle.
2. Tell them that you are going to do an activity called '2 seconds rule'
3. In the activity a participant will be expected to hold a ball for two seconds only
4. In those two seconds, the participant will have to say any consequence of not using condoms when one is having sex.
5. Once someone has given their idea or their two seconds is over they need to pass on the ball to the next person
6. Keep passing the ball until you have exhausted all the consequences.
7. After the activity ask the participants the following reflection questions:
  - What would be your decision regarding condom use if you were to have sex today?
  - How risky are you from the consequences discussed above?

### Tip:

Let participants do individual personal reflections, those that are willing to share let them go ahead and those that are willing to reflect in their journals allow them to do so as well.

### Note to the Facilitator:

Make sure that the participants include the following consequences. If they do not mention them let them know.

- One may contract STI's from having sex with an infected partner.
- One may get pregnant if not using other contraceptives.
- Lack of peace of mind for fear of contracting STI's or getting unplanned pregnancies.

## Closing Activity

Participant to initiate a song/ dance or a game.

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

### Participants' assignment

Participants to go and find and if there are any more myths around condom use.

Tell participants that the next session is a condom demonstration. Tell them to think of any question that they may have on condom use.

### Facilitator's general comment box about the session:

**What went well?**

**What could be improved?**

## Session 2.3

# How to Use a Condom

### Learning Objectives:

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

- Use male and female condoms correctly
- Understand sexually transmitted infections (STIs) and why they need protect them

### Materials and Preparations

- Flipchart
- Markers
- Make handouts on the step by step process of condom use
- Male condom for each participant
- Female condoms for each participant
- Wooden penis or bananas for each participant
- One empty clear bottle for the female condom demonstration

## Opening Activity

### Number Game

- Let the group make a circle, hold hands and they should all look at the ground.
- The group will be expected to count numbers 1-10, with a person saying a number at any time.
- However, only one participant will be expected to mention one number at a time until the group reaches counting up to 10.
- If at any point two or more participants mention a number at the same time, the game should start all over.
- Ask participants 'why it is important to follow instructions?

### Recap

- Let participants be in a circle.
- When facilitator says fact any participant should quickly say out any 1 fact about a condom, and when facilitator says myth, any participant should say any myth that she can remember.
- For the game to be exciting, the person speaking should not use more than five seconds per chance.

### Introduction of the Learning Objectives

- Facilitator to read the objectives creatively.
- Let participants share their understanding of the objectives.

- Facilitator to clarify the learning objectives.
  - *Let the participants know that this week's session will be a continuation of the previous session and will focus on how to correctly use both male and female condoms. There will be two activities that look at this issue. Most people assume that they know how to correctly use a condom, but there are some tricks to it that make it safer and are important to learn, especially to prevent the condom from breaking. By knowing how to correctly use a condom can cut down one's risk of STIs and unplanned pregnancies.*

## Activity 1: How to Use a Male Condom



(40 minutes)

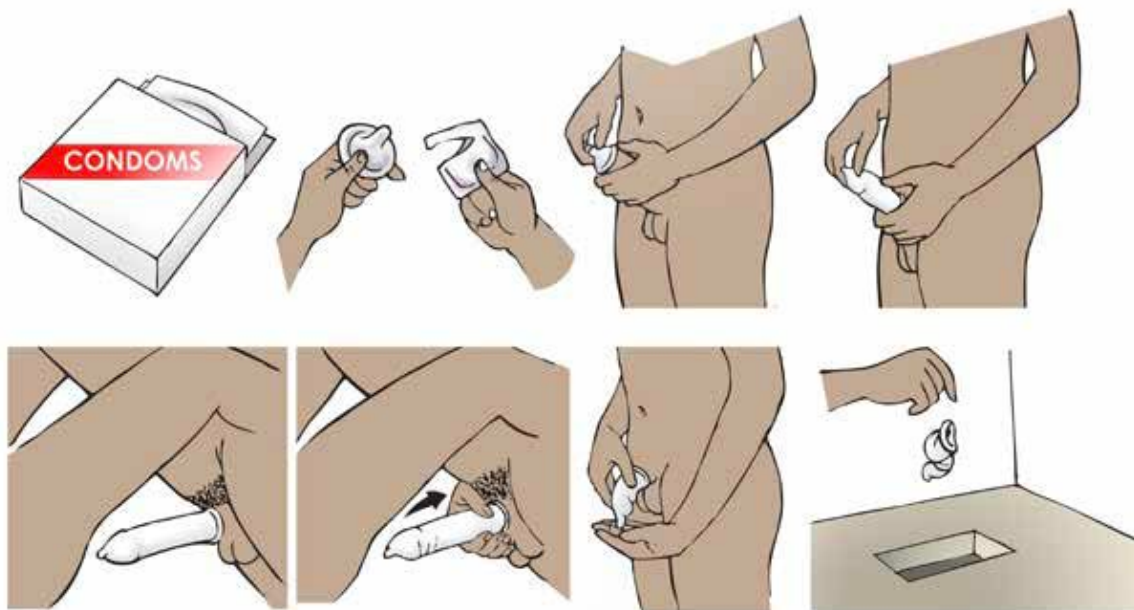


**Description:** Demonstration

**Aim of activity:** For participants to increase their knowledge on the proper/correct way of using a male condom

### Instructions

1. Facilitator should first demonstrate on the step by step process of using the male condom.



**Step 1:** Inspect the condom by checking the expiration date and making sure that there is still air inside the packet. Do not use if there are any tears or it is past the expiration date.

**Step 2:** Carefully open the condom package by pushing the condom to one side. Do not use your teeth or fingernails to open the package. There is usually one side of the packet that has jagged edges, this will make it easier to tear open.

**Step 3:** Squeeze the tip of the condom.

**Step 4:** As soon as the penis is hard, place the condom on the tip of the erect penis. While holding onto the tip, unroll the condom down the shaft of the penis all the way to the base. (If the condom will not unroll, it is probably on inside out – start again with a new condom as there may be sperms on it). Either the male or the female can do this step.

**Step 5:** Ensure the condom is covering the entire shaft of the penis.

**Step 6:** After sex, withdraw the penis immediately after ejaculation. Hold the condom at the base of the penis and withdraw from the vagina while the penis is still erect.

**Step 7:** Tie a knot on the condom to prevent spilling.

**Step 8:** Carefully dispose of the condom. You can throw it in the pit latrine so that animals or small children do not find it. If you do not have a pit latrine, wrap it in tissue and put it in the dustbin, do not use flush toilets as it will get stuck.

2. After the participants have observed the process, hand out a condom to each participant and a dildo or banana and lead the group through the correct way to put on a condom. Use the points below for discussion at each step of the demonstration.

## Facilitators' guiding notes on condom demonstration

### 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 be able to get pregnant and, 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—help everyone to feel how the condom feels lubricated inside the still-sealed wrapper, the air bubble that is inside the packet, and where to find the expiration date.



**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. You may need to add here an explanation about the importance of foreplay in enabling a woman to feel properly aroused.

**How many times can you use a condom?**

Once only. 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 it is a good time to have an HIV test and then 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 cannot 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.

**Note to the Facilitator:**

Warn the participants that:

- 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.
- Do not reuse the condom. Use a new condom for each act of sexual intercourse.
- Condoms should never be used more than once.
- Lubricated condoms should be used for sex and must be put on before any genital contact.



**Energizer:** Ask any participant to initiate any song/ dance or game

## Activity 2: How to Use a Female Condom



(40 minutes)



**Description:** Demonstration

**Aim of Activity:** To have participants acquire skills on how to use a female condom

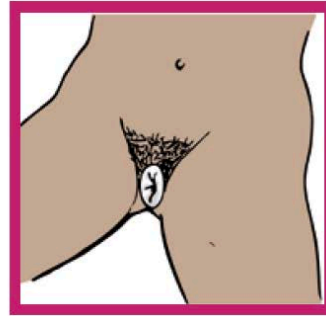
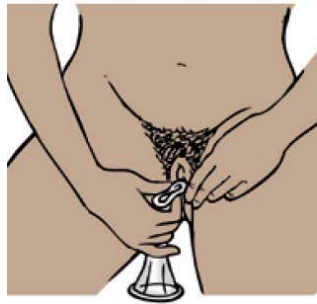
### Instructions:

1. Lead a condom demonstration in front of the group using a female condom and the clear bottle. Follow the steps below.

**Step 1:** Wash hands thoroughly and then inspect the condom by checking the expiration date and making sure that there is still air inside the packet. Do not use if there are any tears or it is past the expiration date.

**Step 2:** Use your fingertips to delicately smooth down the package to make sure that the lubricant is evenly distributed throughout the package. A woman should make sure that there are two rings felt inside the condom. One ring should be larger than the other.

**Step 3:** On the packet, show the participants where the place to open is, indicated by a small arrow. Push the condom to one side of the packet and tear it down the side.



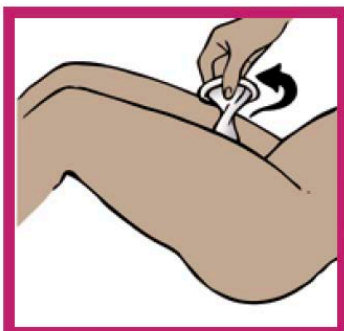
**Step 4:** Find a comfortable position. To insert the female condom inside the vagina, a woman has to get into a comfortable position. A woman can squat, or place one leg up over a chair or stool.

**Step 5:** Explain that in order to insert it a woman has to squeeze the inner ring in the middle, so it looks like a figure eight using your thumb and index finger and push it as far as it will go into her vagina. The outer ring stays on her vulva outside the vagina. Show this by inserting the condom into the empty bottle/dummy.



**Step 6:** Once inserted the woman should pull out her finger. Make sure that the outer ring is hanging at least an inch outside the vagina.

**Step 7:** When ready, the woman should help the man in inserting his penis. It is important to guide it into the condom to avoid it going next to the condom instead of inside the condom.



**Step 8:** During sex it's important to make sure the outer ring is not pushed inside. If it is going inside or there is a squeaky noise during sex, it is a sign that more lubricant is needed.

**Step 9:** After sex, and when the man has removed his penis, the woman should grasp the outer ring firmly, and then twist it. This will keep the semen to remain inside. Then pull it out.

**Step 10:** The used condom should be properly disposed of.

2. After the condom demonstrations, ask the following reflection questions:

- 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?



### Key message to the participants:

Emphasize to the participants that:

- 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.

## Closing Activity

Ask a participant to initiate an activity.

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

**Note to the Facilitator:**

Warn the participants that:

- 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.
- Do not reuse the condom. Use a new condom for each act of sexual intercourse.
- Condoms should never be used more than once.
- Lubricated condoms should be used for sex and must be put on before any genital contact.

**Participants' assignment**

Participants should be assigned to start observing communication behaviours in the following types of relationships:

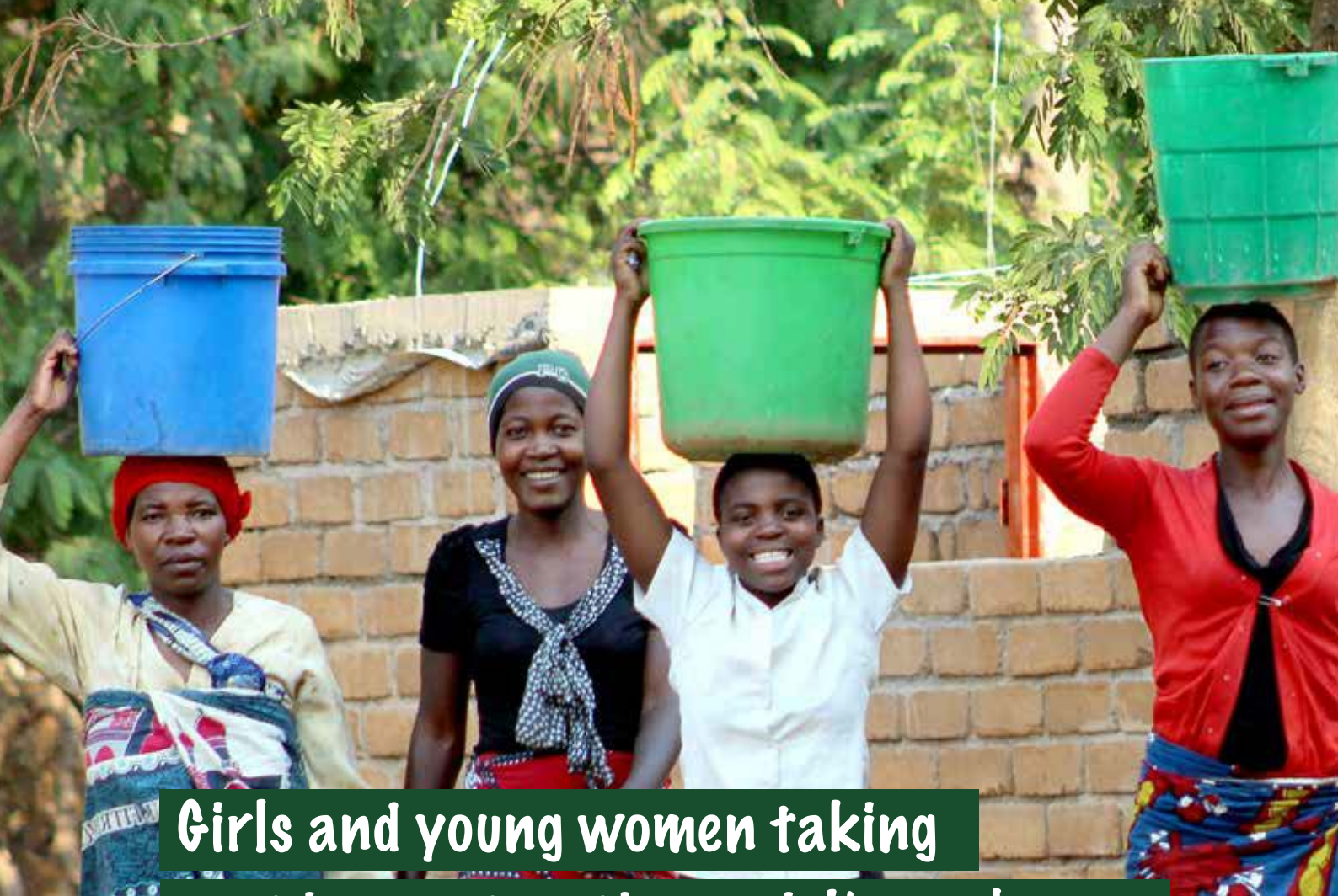
- Teacher—student communication
- Parent—child communication
- Peer—peer communication
- Boy—girl communication

**Facilitator's general comment box about the session:**

**What went well?**

**What could be improved?**





## 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 group is also providing sanitary pads to girls.



The new block comprises of five shower rooms and five toilets. Namwiyo Primary School has over 20 mothers, most of whom have been rescued from forced marriages.

“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.

### 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

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

A group of young girls in school uniforms are standing outdoors in front of a brick wall. One girl in the center is smiling, while others look on with various expressions. They are wearing blue and white uniforms. The background shows a brick wall and some foliage.

## MODULE 3

# Communicating with Others

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 them with the skills to stand up for themselves as well as react appropriately when others may be manipulative or aggressive towards them.

Session 3.1 – Behavioural Communication I

Session 3.2 – Behavioural Communication II

Session 3.3 – When Consent is Missing, the Answer is “NO!”

Session 3.4 – Gender-Based Violence

Session 3.5 – Sexual and Reproductive Health Rights

# Expected Outcomes from Module 3

*At the end of Module 3 participants are expected to:*

1. Continue building on their behaviour skills by:
  - Being comfortable to using proper eye contact, voice, body language, “I” statement and space when communicating with others
  - Having sound decision-making skills
  - Taking initiatives e.g facilitating learning songs and games
  - Interacting with other group members
  - Being open when communicating with others
  
2. Have increased knowledge on the following:
  - The different types of behaviours used when communicating with others
  - How some behaviours may put one at risk
  - The importance of making sound decisions
  - What consent means, what sexual relationship violence is, and how consent and relationship violence are connected.

## Session 3.1

# Behavioural Communication 1

**Learning Objectives**

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

- Know different types of behaviours associated with communication
- Relate how the different types of behaviours may put or reduce one from risks and vulnerabilities

**Materials and Preparations**

- Make copies of pictures of the different types of behaviours e.g. attacking, aggressive and avoiding
- Markers
- Flipcharts

## Opening Activity

- Divide participants into groups of four
- Let each group do their own song/game

**Reflections Questions**

Ask participants:

- How did you come up with your activity?
- How did you agree as a group to do that particular activity?
- For those that suggested the activity, what skills did they use to convince the other group members?

**Recap**

- Let the participants be in a circle.
- Ask the participants to say what their observations are on the way people communicate in different relationships.

**Introduction of the Learning the Objectives**

- Let one participant read the objectives loudly.
- Ask them to share their understanding of the objectives with the whole group.
- Clarify the objectives: *Emphasize that 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.*

## Activity 1: Attacking, Avoiding and Manipulative Behaviours



(30 minutes)



**Description:** Group Work

**Aim of Activity:** For participants to know and understand the different types of behaviours

### Instructions

1. Have a participant divide the group into three groups.
2. Assign to each group one of these behaviours (attacking, avoiding or manipulative).
3. Use the guide on the different types of behaviours provided below to explain what each of these words mean.
4. In their groups they should then discuss the behaviour they have been assigned. Give the participants the following questions to guide their discussions
  - 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?
5. After the participants have finished their discussion, tell them that they are going to do an activity called sculpting or producing still body images.
6. Each group will have to choose at least one characteristic of the behaviours they identified and sculpt an image. Give them five minutes to rehearse on building their image.
7. Let the participants know that after showcasing their sculpture, you will ask the image to come alive. At this point, the sculpture/ image will have to role play the scene on what is happening.

### Tip:

The sculpting activity involves having a person being sculpted (to produce a statue like) and sculptors- those producing an image by moving the person around and putting them in the position they want them to be in during sculpting. No talking is allowed. The person to be sculpted has to stand still and let other participants work on her to produce the desired image.

8. Once all the groups have rehearsed, choose one group to show their image to the whole group and ask the following questions to the observers
  - What is happening in the sculpture/ image?
  - Why do you say so?

- What do you think is the kind of behaviour that is being portrayed in the sculpture/ image?
  - Ask the image/ sculpture to come alive and show the group what is happening in the image through a role play. After a few minutes, ask the participants to stop and continue with the reflection questions.
    - How do you react if someone who is communicating to you portrays such kind of behaviours?
    - How does it feel when you are the one portraying such kind of behaviour when communicating with others?
9. Let the other groups show their images and also ask them the questions above.
10. After the discussion, ask participants to do a mental reflection by answering the following question:
- Of the three behaviours, which one do they relate more with?

#### Note to the Facilitator:

Remind the group that everyone uses some of these approaches some of the time. Often they may be the easiest way of dealing with a situation in the short term but in the long term there can be problems, for example if someone is usually passive people come to take them for granted, if they are usually manipulative, people may come to dislike and avoid them.

#### 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
- Sarcastic
- Revenge (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/ giving in to the will of others-hoping to get what they want without actually having to say it-leaving it to others to guess or letting them decide for them. Passive behaviour includes:

- Avoiding 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 tend 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 & pleading
- Making others feel guilty
- Emotional blackmail
- Crying
- Offering something e.g. food
- Conditional on support in completely different areas



**Energizer:** Let a participant facilitate any song/game.

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



(40 minutes)



**Description:** Pair Work

**Aim of Activity:** For participants to understand how the different behaviours may increase one's risk and vulnerability

### Instructions

1. Participants should get into pairs.
2. In their pairs participants will have to 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 them or the people around them were at great risk because of the behaviours discussed above.
3. Once participants have agreed on their scenario, let them rehearse.
4. Remind them about the use of the 5 Ws when coming up with their role plays (who, what, why, where, when).
5. After the rehearsals, call the group back to make a circle.
6. Choose a pair to show their role play. After each role play ask the questions below. Time allowing let more pairs show their role plays
  - 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?
  - Did the use of the things mentioned above help in relaying the message?
  - 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?
7. 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?

## Closing Activity

Ask one participant to lead.

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

### Participants' assignment

Participants should be assigned 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

Participants should also observe themselves when they portray any of the behaviours and when someone communicates to them whilst portraying any of the behaviours?

### Facilitator's general comment box about the session:

**What went well?**

**What could be improved?**

## Session 3.2

# 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 to sit in a circle.
- Allow participants to share their observations on people's communication behaviours?
- In the different relationships who do you think is/ was utmost risk or more vulnerable?

### Introduction of the Learning Objectives

- Ask for a volunteer to read the objectives loudly.
- Ask all 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 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. Show them the illustration of an assertive person.
4. 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?



## 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. A person is assertive when she is able to:

- Stand up for what is best for her
- Make sure other people understand what she needs or want
- Openly and honestly express her ideas and feelings without fear or shame
- Respect other people's rights and ideas
- Listen to other people

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
- Has high self esteem
- Confident
- Take a stand
- Accepts responsibility
- Admits mistakes
- Maintains self-control
- Uses open and receptive body language

Some of the negotiation skills and steps include:

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

Advantage of assertiveness is that people are able to maturely address and solve issues as they come and are also able to create a respectful environment for everyone.

**Energiser: ask for a volunteer to facilitate any song or game**

## Activity 2: Practising Assertive Behaviours



**(50 Minutes)**



**Description:** Pair Work

**Aim of activity:** for participants to start rehearsing on using assertive behaviours (voice, eye contact, space, body language and “I” statement)

### Instructions

1. Ask the 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 OK 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 be able to earn a lot of money. I may even be able to build a new house for you. Watipatsa 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 they 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 5 Ws).
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 message to the 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

- Participants to stand in a circle.
- Ask for one volunteer to start the game (person 1).
- Person 1 turns to her neighbour (person 2) on her right and say 'I want sugar'.
- Person 2 to respond 'what' to person 1.
- Person 1 responds 'sugar'.
- Person 2 turns to her neighbour (person 3) and says 'sugar'.
- Person 3 responds 'what' to person 2.
- Person 2 also says 'what' to person 1.
- Person 1 responds 'sugar' to person 2.
- Person 2 also responds 'sugar' to person 3.
- Person 3 turns to person 4 and says 'sugar'.

The game will have to go on like that until all participants have participated.

### Tip:

As the game goes clockwise participants will be using the word 'sugar'  
As the game goes anticlockwise the response is 'what'.

***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).



Facilitator's general comment box about the session:

**What went well?**

**What could be improved?**

## Session 3.3

# When Consent is Missing, the Answer is “No”!

## Learning Objectives

At the end of the session, participants will:

- Know what consent means, what sexual relationship violence is, and how consent and relationship violence are connected
- Work on building discernment skills for recognizing when consent is present and when it is missing.

## Materials Needed:

- Newsprint
- Markers
- Tape to post newsprint

### Note to the Facilitator:

Throughout this session, we talk about romantic relationships. In different countries, people talk about these types of relationships in different ways. They sometimes call this dating, going out, going together, etc. They may call the other person in the relationship a boyfriend, girlfriend, partner, etc. We have labeled them generically as romantic relationships, but encourage you to label them in a way is appropriate for your cultural context.

The following discussion about relationships may bring out various reactions from the youth, ranging from embarrassed giggles to expressions of anxiety. It is important to gauge the maturity level of your audience and talk about this sensitive subject in a way that is appropriate for their maturity level. Please note that same-sex romantic relationships could come up in your discussions with the youth in your program. One way to handle this is to talk about relationships in a generic way that doesn't define whether it is same or opposite sex. The concepts that are presented in this module are relevant to all types of relationships. We recommend that, at the end of this module, facilitators provide all participants with information on the following topics: contact list for police, legal assistance, physical health services, mental health services, HIV services, family planning services, and other social service agencies in their area. Providing these resources to all participants avoids singling out those who you think may have specific risks. In addition, these are resources that they can use in the future or share with others, even if they themselves are not currently in need of such services.

Due to the nature of this module, young people may also disclose sensitive issues to facilitators, including disclosures of abuse – this requires active follow-up and referral. Facilitators must take action to address the needs of youth who may report abuse; including helping them get services when appropriate. Facilitators must report any incidents to the appropriate authorities, as required by law. We recommend that facilitators have available a list of resources/referral for: police, legal assistance, physical health services, family planning services, mental health services, and other social services including post-violence care. It is also critical that you assess the context within which you are working in order to know where to go (and where not to go) for sensitive issues such as violence.

The program is on voluntary basis and no one should expect to be paid for her participation. However after going through all the sessions participants are expected to gain a lot of skills and knowledge that will help them reduce their vulnerability and risks.

## Opening Activity

1. Facilitator SAYS: Today we are going to talk more about relationships – including sex in relationships. The topics we cover will include something called sexual consent, as well as violence in relationships. As we cover these topics, we will talk mostly about romantic relationships. These are relationships where you and the other person consider yourself to be more than friends. This could be a relationship that is serious, such as a relationship in which two people are seeing only each other; or casual, meaning that two people are just starting to get to know each other or spend time together. People in these relationships might do formal activities together that are planned in advance or they might go to more casual gatherings together that may be with a small group. Just like all the relationships you have with classmates, friends, relatives, teachers and others, romantic relationships can be healthy or unhealthy.

Talking about romantic relationships may not be important to your current situation, but it will be in the future as you have these types of relationships. We want you to be prepared to handle issues you may face in the future. It can also be helpful in case you need to help a friend face these same issues.

## Activity 1: Sexual Consent



(20 minutes)



**Description:** Group Brainstorms and Discussions

**Aim of Activity:** For girls understand consent and the 4 C's of sexual consent

**Activity 1.1:** Definition of Sexual Consent

### Instructions:

1. Facilitator SAYS: As you develop romantic relationships you will experience many different feelings and reactions. It is always important to decide what relationships are healthy and make you feel safe, as well as those that may make you uncomfortable. Over time in a romantic relationship, both partners may feel they want to experience more physical expressions of their feelings for each other. That is a normal reaction to a romantic relationship. But one critical aspect of this development in a romantic relationship is the issue of consent. Consent is related to what behaviours you and your romantic partner determine are acceptable for both of you, not what one romantic partner wants to do and the other does not. Physical intimacy in the form of hugging, kissing or having sex should not happen without consent. One very important reality is that no physical expression of your feelings for one another should occur without complete consent. Kissing, hugging, or sex should never happen unless BOTH people want to engage in those physical activities. This is called "Sexual Consent". If someone engaged in physical intimacy in the form of hugging, kissing or having sex without clear consent, that is wrong. If sex happens without clear consent, or someone is forced to have sex, it is sexual violence.

When making decisions about sex, it is always helpful to think about what is right for you before you are in a situation where you have to decide quickly. You can think about what limits or boundaries you want to keep. By boundaries, I mean knowing what you are okay with doing and what you are not OK with. But, it is not enough to just decide what the limits or boundaries are – there has to be communication about the boundaries between you and the other person in a relationship. This communication about boundaries is the starting point for consent.

Consent means to give permission or to agree to something. When it comes to sexual situations, consent means that all people involved have agreed to and are comfortable with engaging in a specific sexual behaviour (e.g., kissing, touching, having sex). It also means that each person listens to and respects the other person when they say what they don't want to do. We are going to spend a little time focusing on the 4 C's of sexual consent. In a healthy

relationship, people do not pressure each other to do things they don't want to do. When consent is missing, the answer is NO!

### Activity 1.2: If you don't have all 4 C's of consent, you should STOP!

#### Note to the Facilitator:

1. As you go through this conversation with the participants, post prepared newsprint sheets; each describing in brief one of the 4 C's.
2. Print on newsprint the following brief descriptions of the 4 C's which will be more fully explained in the following activity.
3. Post the newsprint to introduce the 4 C's to participants, knowing that there will be much more narrative description to follow.

#### Tip:

Please post the following bullets on newsprint to lead the discussion.

### IF YOU DON'T HAVE ALL 4 C's OF CONSENT, YOU SHOULD STOP!

1. Free from COERCION or FORCE
  - Coercion takes away a person's ability to consent.
  - An adult having sex with a child is coercion.
  - Coercion can involve using a position of power over the other person to get them to do something sexual.
  - Any time the COERCION "C" occurs, the answer is "no."
2. CLEAR
  - The person knows what sexual act he/she is giving consent to.
  - The absence of "no" does not mean "yes." Only "yes" means "yes."
  - Each person in the relationship is equally responsible for clearly giving and receiving consent.
  - When this CLEAR "C" is missing, the answer is "no".
3. CONTINUOUS
  - Being in a romantic relationship requires clear and continuous communication.
  - Consenting to one behaviour—like kissing—does NOT mean the person automatically agrees to any other sexual behaviour.
  - Consenting to a behaviour once does not mean consents to that same behaviour at another time!
  - When this CONTINUOUS 'C' is missing, the answer is "no."
4. CONSCIOUS
  - This means one needs to be fully awake, alert, and understand what is being asked in order to give consent.

- Consent CANNOT be given if a person is asleep or intoxicated due to the influence of alcohol or drugs.
- If either individual in the situation is not CONSCIOUS, the answer is “no.”

### Note to the Facilitator:

The following discussion will further explain the 4 C's of consent. Take time to go through the information below to explain to participants all aspects of consent.

### Instructions:

1. Begin conversation about consent based on the summary presented on the newsprint, while bringing in more details from the narrative below.
2. Facilitator SAYS: (as you go over what is on the newsprint): The first C is that consent must be free from Coercion or Force. Sometimes one person tries to use pressure to get the other person to do something sexual that they do not want to do. You may have heard this being called sexual Coercion. This aspect of consent may not be obvious, even to the person who is being pressured.

Let us go through some examples of how someone might pressure or coerce another person to do something sexual. For example, they could ask over and over again, or encourage the other person to use alcohol or drugs to lower their resistance.

Can you think of other types of pressure or coercion?

3. Post pre-prepared newsprints with a few examples of the kinds of pressures used in sexual coercion, then add what the participants say (see Pressure chart below).
4. Facilitator SAYS: Let's talk about the kinds of pressure that might occur if one individual wants to convince another to do something they don't want to do. Look at the list below.
5. Go through the Pressure newsprint.
  - Pressure
    - Wearing someone down (asking over and over or begging)
    - Threatening to use force
    - Threatening to end the relationship
    - Name-calling
    - Yelling
    - False promises and lies
    - Tricking
    - Use of guilt
    - Intimidation
    - Using their power over the other person (e.g., a teacher withholding good grades)
    - Humiliation, making someone feel less than human



- Offering a gift that may be of interest to the child, but carries expectations of sexual activity that the child does not want to do
  - Examples:
    - “Please, please do not make me stop. . .” “If you love me, you will have sex with me”.
    - “I will buy food for your family and purchase your school materials if you have sex with me”.
6. Facilitator SAYS: Does anyone have other examples of pressure that might occur in this situation?
- Allow a few minutes for participants to respond and note the answers on the newsprint.
7. Facilitator SAYS: Now let’s talk in more detail about the 4 C’s of Consent.

#### Note to the Facilitator:

Move to the newsprint with brief bullet points on it, and discuss each “C” in more detail. After discussing each “C” make sure the participants don’t have any questions about it before moving on to the next “C”.

8. Free from COERCION or FORCE
- Coercion and force take away a person’s ability to consent.
  - Coercion involves using verbal or physical pressure to get someone to do something sexual that they do not want to do. (Like asking over and over again to wear the other person down; catching someone alone and not allowing them to leave; or threatening to hurt them or someone else they care about).

#### Note to the Facilitator:

It is important for you to know the age of consent in your country. But also critical to understand that age of consent does not necessarily mean that is the age when a young person should have sex. They need to be ready developmentally, in a safe relationship, and give consent as this discussion explains.

- An adult having sex with a child is coercion. Very young children are not able to consent to have sex because they may not understand what is being asked of them. Older children may understand, but the adult has more money and power than the child, so even older children may not feel that they can say no. Because of this, an adult having sex with a child is against the law in most countries.
- Coercion can involve using a position of power over the other person to get them to do something sexual (examples: a teacher saying they will give a learner a good grade if the learner does something sexual with

him/her; an uncle saying he will tell a child's parents that he/she has been bad if they do not do something sexual with him; an adult offering gifts or other benefits to entice the person to do something sexual that they wouldn't do without the gift; convincing a person who has a cognitive disability and does not understand sex to do something sexual). Consent HAS NOT been given if the other person is too afraid or feels that their circumstances are too desperate to say "NO", or they can't understand the concept of sex or consent.

- Force means physically making the other person do something sexual, or using a weapon on them to get them to do something sexual.
- Any time the COERCION "C" occurs, the answer is "NO."

#### 9. CLEAR

- The person knows exactly what sexual act he/she is giving consent to. If someone gives consent to holding hands or kissing, it does not mean he/she is willing to do anything else.
- The absence of "NO" does not mean "YES." Only "YES" means "YES".
- Each person in the relationship is equally responsible for clearly giving and receiving consent.
- When this CLEAR "C" is missing, the answer is "NO".

#### 10. CONTINUOUS

- Being in a romantic relationship requires clear and continuous communication.
- Consenting to one behaviour—like kissing—does NOT mean the person automatically agrees to any other sexual behaviour. Consent must be asked for and given at every step.
- Consenting to a behaviour at one time does not mean that the person consents to that same behaviour at another time!
- When this CONTINUOUS "C" is missing, the answer is "NO."

#### 11. CONSCIOUS

- This means one needs to be fully awake and alert to give consent.
- Consent CANNOT be given if a person is asleep or under the influence of alcohol or drugs.
- If either individual in the situation is not CONSCIOUS, the answer is "NO."

#### 12. Facilitator SAYS: We have all been in situations, not necessarily sexual situations, where we ended up doing something we did not want to do because we felt pressure.

Think of a situation where you ended up doing something you did not want to do. How did that make you feel?

#### 13. Facilitator SAYS: It is important to remember the feelings of the other person who would be hurt by this kind of pressure. The first "C" is that consent must be free from Coercion. This means that no one involved used pressure, alcohol

or drugs, or their power to get someone to do something sexual. Consent has not been given if the other person is too afraid to say no.

The second “C” is that consent must be Clear. This means that the person knows exactly what sexual behaviour he or she is agreeing to, and they clearly state with words that they are consenting to that specific behaviour.

Sometimes people assume consent for the wrong reasons – for example, they assume if a girl is dressed a certain way (e.g., wears a short skirt), she is consenting to sex. What someone wears, where they walk, or how they act has nothing to do with consent. The only thing that is CLEAR consent is a CLEAR “YES”.

- Q. If someone stays silent and does not say anything, does it mean they agree and give consent?  
No! Only “YES” means “YES”. Remember, ‘when “YES” is missing, the answer is NO!
- Q. If someone says, “I don’t know if we should,” or “maybe later,” does that mean they agree and give consent?  
NO! Again, only “YES” means “YES”.

#### Note to the Facilitator:

Check in to make sure participants understand this step. Answer any questions. Continue to the third “C” for Continuous.

14. Facilitator SAYS: The third “C” is that consent must be Continuous. It does not just happen once. Both people in a romantic relationship need to continuously talk together and listen to each other to give or receive consent EVERY TIME the issue of sexual behaviour arises. There are three key things to remember with this “C”:

- Consenting to one behaviour, like kissing, does NOT mean that a person automatically agrees to any other behaviour, like sexual intercourse.
- Consent must be asked for at every step. If the other person does not agree to a behaviour at any point, consent is not present and you should stop!
- Consenting on one occasion does not mean a person consents on any other occasion. Each person has a right to decide if and when he/she will engage in a behaviour. A person can consent or agree to kiss on one occasion, but not want to kiss at another time. It does not matter if the behaviour happened a few hours ago, last week, or six months ago. It does not matter if two people have only been seeing each other a week or if it is a long-term relationship. If the other person does not agree to a behaviour on any occasion, consent is not present and you should stop!

**Note to the Facilitator:**

Check in to make sure participants understand this step. Answer any questions. Continue to the fourth “C”—Conscious.

15. Facilitator SAYS: The fourth “C” is that both people involved must be Conscious. One needs to be fully awake and alert, and cannot be intoxicated, to give consent. Consent has NOT been given if someone is asleep, passed out, or is otherwise physically or cognitively disabled and not capable of giving consent. Consent has NOT been given if someone said yes at one time but then at a later time—even just minutes later—is asleep or passed out.

**Note to the Facilitator:**

Check in to make sure participants understand this step. Answer any questions. Summarize the 4 C’s of consent.

16. Facilitator SAYS: If ALL 4 C’s of consent are NOT present, you should stop and there should be no sexual activity! Not just 1, or 2, or 3 -- ALL 4 C’s MUST be present to have consent. Asking for and receiving consent shows that you have respect for both yourself and your partner. And remember, when consent is missing, the answer is NO!

## Activity 2: Consent Check



(20 minutes)



**Description:** Group Brainstorms and Discussions

**Aim of Activity:** For girls listen to situations and identify if consent was present

### Instructions:

1. Facilitator SAYS: We are going to do an activity called Consent Check. We will read some situations out loud and then decide whether the 4 C’s of Consent have been met.

**Note to the Facilitator:**

You may want to ask for volunteers to read the consent scenarios, if this is appropriate for the language/reading level in the context. If the names in the situations below don’t make sense for the areas where you work, feel free to change them.

Allow several participants to respond to each question. Explain or summarize. If students say things that are off-base, redirect to what would have been appropriate in the situation.

## 2. Facilitator SAYS (or has participant read): Situation #1

Joseph and Rose have been seeing each other for a few weeks. One day when they were walking together, Joseph then grabbed Rose and kissed her. He thought that she was probably okay with this since she clearly likes him and they are walking alone together. He told her that because he cares about her so much he was going to buy her a ticket to a concert that he knew she wanted to attend.

- Facilitator SAYS: Let's go through the 4 C's. Did Joseph have the 4 C's of consent (Free from Coercion, Clear, Continuous, and Conscious)?

NO. First, there was coercion, because Joseph physically grabbed Rose to kiss her without knowing if she was OK with being kissed. Second, the consent was not continuous. Rose only consented walking alone with Joseph. She did not consent to him touching her or kissing her. It does not matter that she agreed to be alone with him. Let's talk about how this could have gone differently.

- Q1. What should Joseph have done differently?

Facilitator SAYS: Joseph should have asked Rose if it was OK to kiss her. Then he should listen to and respect her answer.

- Q2. In the situation where Joseph did not ask Rose & went ahead and kissed her, how could Rose respond?

Facilitator SAYS: If Rose did not want to kiss Joseph, she could use CLEAR communication and tell him "NO, I don't want you to kiss me." She could also use this as an opportunity to suggest that they talk about their boundaries and what each of them is comfortable doing and not doing. If she feels uncomfortable or he persists, she could leave the situation if she thinks that she can safely do so (e.g., if she is in a place where it is safer for her to walk alone than to continue to walk with him). If she feels unsafe with Joseph after this interaction, she could talk to a trusted adult.

Even if Rose does want to kiss Joseph, and decides to go ahead and kiss him, she could still use this as an opportunity to suggest that they talk about their boundaries and what each of them is comfortable doing and not doing.

- Q3. If Rose does tell Joseph no, how should he respond?

Facilitator SAYS: Joseph should apologize for thinking that Rose was okay with kissing just because they were walking alone, and also for physically grabbing her. He could say, "That was wrong of me and I am sorry" and tell her that he will always check in with her about what she is and is not comfortable with and will respect her boundaries.

## 3. Facilitator SAYS (or has participant read) Situation #2

Isaac knows that Ebony has wanted to date him for a long time, but he does not like her in that way. One night they were spending time with a bunch of people at a friend's house (the friend's parents were not home). Ebony offered Isaac some beer and he decided to drink it. For the rest of the night, Ebony kept giving Isaac more alcohol. She said it was to "loosen him up," so he would have a better time. That night Ebony grabbed Isaac and started kissing him.

- Did Ebony have the 4 C's of consent?

Facilitator SAYS: NO! Ebony used coercion—specifically, she used alcohol to "loosen him up," which made it so that Isaac was unable to consent. Let's say you are at a friend's house and one of your friends is drunk and you see him or her kissing and then leaving with someone. What could you do to help them stay safe?

Facilitator SAYS: Alcohol impairs our judgement. It makes it very hard to think clearly and make healthy, safe decisions. We might do things—including putting ourselves in potentially dangerous situations—that we might not otherwise do when sober. In this situation, you could pull your friend aside and talk to him or her. You could talk to the other person, too and if you feel comfortable, you could explain that someone who is intoxicated cannot give consent and that they could get into trouble if they take advantage of the drunk person's state of mind. If you need to, you could get some of your other friends to help you.

## 4. Facilitator SAYS (or has participant read) Situation #3

Migdalia and Victor have been in a romantic relationship for a few weeks. When they were at a community gathering together, Victor leaned over to Migdalia and said, "Other girls that we know show that they like their boyfriends by kissing them and having sex—do you not like me? You never do anything I want you to do, and I do not want to have to tell everyone that you are not fun or nice. But I will." Victor then put his hand on Migdalia's thigh. She froze. She was too scared or nervous to say anything even though she did not want to kiss or have sex with Victor.

- Did Victor have the 4 C's of consent? What should he have done differently? How could Migdalia respond in this situation?

Facilitator SAYS: NO! Victor did not have consent. Victor used coercion. He pressured and threatened Migdalia, and she was too scared to say no even though she did not want to kiss or have sex with Victor. If Victor likes Migdalia as a girlfriend, he should have asked whether she wanted to kiss instead of trying to coerce her into it. Then, he should have listened to her and respected her boundaries. In this situation, Migdalia could say that she is not ready to kiss or have sex. She could then get away from Victor and talk to another friend or trusted adult at the community gathering to remove herself from Victor's pressure.



## 5. Facilitator SAYS (or has participant read) Situation #4

Grace's best friend is Patience, they are 13 years old. They walk to school together, go to the market together, attend village events together, and spend time with each other's families. Patience's older brother Robert is 19 years old. Robert has known Grace for many years, but recently he has noticed that Grace has changed; she is growing from a girl into a young woman and he wants to spend some time alone with her. One afternoon when she goes to meet Patience at home, she finds Robert outside the house and he asks her to sit with him under a tree. He moves very close to her and puts his arm around her shoulder. At first Grace is not afraid because she has known Robert for so long. But when he begins to tell her how much he likes her and wants to kiss her, she is shocked. She had never thought of Robert in this way before, and does not want his attention. He says that he cares about her would like to give her a new cell phone that he knows she wants. She immediately stands up, moves away from Robert and tells him that she does not want that kind of relationship with him. Without giving him a chance to respond Grace goes into the house to find Patience.

- Facilitator SAYS: Did Robert have consent?

Facilitator SAYS: NO! Robert did not have consent. Grace used her Refusal Skills to protect herself from a situation where she felt sexually unsafe. What if Grace had said yes, is this consent? In this situation it is NOT consent, because Grace is too young to give consent and Robert is an adult. He has much more power than because of this and so this situation is coercive Grace both because of his age and his offer of a gift for sexual favors.

## 6. Facilitator SAYS (or has participant read): Situation #5

Miriam is 17 years old and has just finished secondary school. Her mother needs help earning money to support Miriam and her four younger brothers and sisters since her mother's job doesn't pay enough to cover their rent, school fees and food. Jobs are scarce, but Miriam is able to find one at a local tailor shop working for Mr. Banda, a man who is well respected in the village and that she had known since she was a little girl. She is very happy to find the job that will help her mother and family. After a few weeks learning the job, Mr. Banda begins to give Miriam special assignments that sometimes means she has to stay at late at work after other workers go home for the day. She is happy for the extra work but soon she begins feeling uncomfortable around Mr. Banda because he pays her so much attention. Then one evening when she is working late he sits beside her at her work station, puts his arm around her shoulders and tries to kiss her. She immediately stands up and says she needs to go home. But Mr. Banda tells Miriam that if she wants to keep her job she will have to be nice to him, kiss him and do what he asks her to do. She thinks about her family and how much they need the extra money she is earning and does not know how to respond to Mr. Banda.

- Facilitator SAYS: Did Mr. Banda have consent?

Facilitator SAYS: No, Mr. Banda did not have consent. As her boss, he was in a position of power over Miriam and used threats and coercion to try to get her to do what he wanted her to do. What if Miriam had said yes? Is this consent? In this situation it is NOT consent because Miriam works for Mr. Banda and he has power over her ability to earn money. Also, he is an adult and she is not. Because of this, the situation is coercive. What could Miriam do in this situation? She could talk to her mother or another trusted adult.

- Facilitator SUMMARIZES: You did a great job applying the 4 C's of consent to these situations. Remember, it does not matter if you are a boy or a girl, older or younger, have less power/status than the other person, or are wearing something that other people do not approve of. EVERYONE in EVERY SITUATION has a right to set their own boundaries and have them respected.

## Activity 3: Relationship Violence



(20 minutes)



**Description:** Group Brainstorms and Discussions

**Aim of Activity:** For girls to be aware of types of violence that can occur in relationships, understand their rights to be free of them, protect themselves from them when you can, and where to get help if it happens to them or their friends

**Activity:** Saying NO

**Instructions:**

- Facilitator SAYS: We have talked a lot about romantic relationships. These are a natural part of growing up and they should be fun, but they should also be safe. We do not always have control over what other people do. Sometimes people engage in unhealthy and unsafe behaviour—including forcing or pressuring someone into sexual activity—no matter what that other person says or does. This is wrong and a crime!  
Unfortunately, in many countries around the world, both girls and boys report that their first experience having sex was FORCED or COERCED. Forced sex is a very serious type of sexual violence, and it has many health and emotional risks. Studies about this have shown that when young people experience sexual violence, they are less likely to use condoms consistently later in life, more likely to get HIV and other sexually transmitted infections (STIs), more likely to have multiple sexual partners, have early pregnancies, have sex while under the influence of alcohol or drugs, among other negative health and emotional outcomes.

Now we will discuss the types of violence that can occur in relationships so you can be aware of them, understand your right to be free of them, protect

yourself from them when you can, and where to get help if it happens to you or a friend.

2. Facilitator SAYS: To begin our discussion let's focus on what we mean by relationship violence, including sexual violence.
  - Relationship violence is the use of physical, sexual, or emotional violence within a romantic relationship. It has the potential to result in injury, death, unwanted health outcomes (pregnancy and disease) or emotional harm.
  - Relationship violence can occur in person or electronically (such as through text messages and e- mail).
  - It can occur in any romantic relationship, including both casual and serious, and may occur with a current or past boyfriend/girlfriend. It can even occur after people are married.

We are going to review some examples of relationship violence that fall under the categories of physical, sexual and emotional violence.

#### Note to the Facilitator:

Prepare a piece of newsprint with the three types of violence at the top and the examples already on it. Leave some room at the bottom of each column in case participants come up with additional examples.

Physical Violence	Sexual Violence	Emotional Violence
<ul style="list-style-type: none"> <li>• Scratching</li> <li>• Hitting</li> <li>• Pushing</li> <li>• Pinching</li> <li>• Choking</li> <li>• Spitting</li> <li>• Shaking</li> <li>• Biting</li> <li>• Grabbing</li> <li>• Pulling hair</li> <li>• Throwing things at the other person</li> <li>• Using a weapon on the other person</li> </ul>	<ul style="list-style-type: none"> <li>• Forcing someone into sexual contact (e.g., kissing, touching, sex) by holding them down, hurting them</li> <li>• Coercing someone into sexual contact by threatening to hurt them or other people they care about</li> <li>• Having sexual contact with someone who is passed out or very intoxicated</li> <li>• Having sexual contact with someone who is too young to give permission (consent)</li> <li>• Using pressure or alcohol/drugs to get someone to do something sexual</li> <li>• Showing your private parts to someone without permission</li> <li>• Showing someone sexual pictures or images that they do not want to see</li> <li>• Taking sexual pictures of someone without permission</li> </ul>	<ul style="list-style-type: none"> <li>• Calling the other person bad names</li> <li>• Criticizing the other person's beliefs or opinions, rather than discussing in a respectful way</li> <li>• Refusing to let the other person see or talk to other people</li> <li>• Spreading rumors about the other person</li> <li>• Not letting the other person make their own decisions or trying to "control" them</li> <li>• Intentionally humiliating the other person in public or private</li> <li>• Threatening to do something bad to the other person, their family members, or their friends</li> <li>• Making the other person feel like everything bad that happens is his/her fault</li> </ul>

### 3. Romantic Relationship Safety Tips

- Before you go out, think about your own limits regarding sexual contact. It is your body, your choice. Set your limits. And then clearly communicate those boundaries to your partner. It is easier to think about your boundaries when you are by yourself and not in an intense situation.
- Do things in groups. If you are going out with a boyfriend/girlfriend or spending time with someone, do it in a group until you know them very

well. If you do go alone, make sure you go somewhere public where lots of other people are around.

- Tell someone (a parent, a trusted adult, a friend) the 4 W's when you go out: WHO you are going with, WHERE you are going, WHAT you are doing, and WHEN you will be home.
  - If you have a cell phone be sure to have it with you, charged, and with enough minutes available to call a friend, parent or trusted adult if you are in a situation where you need help.
  - Avoid drugs/Avoid alcohol and be very careful if you decide to use alcohol after becoming of legal age to consume it. It is best to avoid drugs both because it is not legal and because of the negative effects they have on your health and judgement. If you decide to drink alcohol, it is best to wait until you are of legal age, and even then you should be very careful with drinking. This is because drugs and alcohol can compromise your ability to make healthy, safe decisions and to escape dangerous situations. For example, if you go to clubs when you are older, never take a drink from someone (non-alcoholic or alcoholic) unless you closely watched them pour the drink.
  - Remember that you do not “owe” anyone anything! Even if your boyfriend/girlfriend buys you a gift or a meal, you do not have to do anything sexual with them.
  - Trust your instincts. If something is making you uncomfortable, get out of the situation as soon as you feel it safe to do so. In a situation where you feel unsafe, it is not wrong to say you feel sick and need to go, or you need to use the restroom and then leave.
4. Facilitator SAYS: Do you think any other tips should be added to this list of tips for romantic relationships? Why do you think these tips are important?
- Allow several participants to respond. If no one says the following, point them out:
  - Make sure you know your boundaries and your boyfriend or girlfriend does too. This will decrease the chance that there will be a miscommunication about consent and decrease the chance that someone will take advantage of you, pressure you, or force you to do something that you don't want to.
5. Facilitator SAYS: Remember – no matter what a person does or does not do, if they are a victim of sexual violence, it is NEVER their fault. So, if they forget to follow these tips and someone forces them to have sex, it is the person who did the forcing who is to blame. If someone has some drinks and becomes a victim of sexual violence, it is still not their fault – it is the person who was sexually violent who is at fault.

You cannot control what other people do. We hope that this knowledge and these tips help to keep you safe. However, if you or someone you know is ever a victim of violence, there are organizations and people that can help you.

**Note to the Facilitator:**

Due to the nature of this module, young people may disclose sensitive issues to facilitators that require follow-up and referral. We recommend that facilitators have available a list of resources/referral for: police, legal assistance, physical health services, family planning services, mental health services, and other social services including post-violence care. It is also critical that you assess the context within which you are working in order to know where to go (and where not to go) for sensitive issues such as violence.

**Closing Activity**

1. Thank participants for their participation.
2. Provide the following session summary:
  - Always remember that you deserve to have safe and healthy relationships free from violence and coercion. It is your decision if and when to have sex. As you remember and practice the information we've discussed about healthy and unhealthy/unsafe relationships, the meaning of consent and how to have control over your decisions and your body, and preventing violence you will be empowered to help determine your own safe and healthy future.

**Participants' assignment**

Think about what you want your limits or boundaries to be. Practice communicating these boundaries, using your Refusal Skills and saying "NO" to things you do not want to do. Talk with a close friend, a parent or trusted about those boundaries and skills. Also, talk to trusted adults about what they think.

**Facilitator's general comment box about the session:**

**What went well?**

**What could be improved?**



## Session 3.4

# Gender-Based Violence

## Learning Objectives

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

- Understand the effects of violence against women
- Know where to report violence against women
- Learn where to go for help and support

## Materials and Preparations

- Flipchart
- Markers
- A list of services for women who have been abused and steps women can take to report abuse

## Opening Activity

- Participant or facilitator to facilitate any song or game that advocates against any form of abuse.

## Recap

- Ask participants to get in a circle.
- Ask participants to pair up with their friend/ buddy and they should share their reflections on how some of the relationship with men and boys can put them at risk of contracting HIV and other STIs? And why?

## Introduction of the Learning Objectives

- Facilitator to read the objectives loudly.
- Ask participants to share their understanding of the objectives.
  - Clarify the objectives and let participants know that it is important to think about the effects that this type of violence can have on an individual and throughout the community as well as knowing where someone can go for help.

## Activity 1: Abuse and Violence



(30 minutes)



**Description:** Group Work

**Aim of the Activity:** For participants to understand the different types of abuse and violence that exist

**Instructions**

1. Read the definition below so that everyone is on the same page. Explain that often when this abuse is committed against a woman / man just because they are male or female, it is called gender-based violence. Ask if anyone has other definitions they'd like to consider.
  - Abuse is any type of cruelty or violence against another person. gender-based violence is a form of abuse against a specific group based on gender role expectations and assumptions.
2. Explain that there are four categories of abuse and violence: emotional, economic, physical and sexual. Often people only think of physical abuse but the others are just as important to address.
3. Divide the group into four and assign each group with one of the forms of violence.
4. Ask the group to brainstorm forms of violence and abuse that they have seen or heard about on their assigned category. Some examples are below if the girls get stuck.

**Examples of Emotional and Psychological Abuse:**

- Insults ("You're so ugly," or "You're so useless,")
- Being put down in front of others
- Forbidding a partner to leave the yard/house or from seeing family and friends
- Wanting to know everything a partner does
- Offering no help with work in the home
- Preventing a young woman partner from speaking with other men
- Hurting something or someone she loves to punish and scare her
- Not caring about a partner's health/well-being
- Making a partner know you have other partners
- Telling a partner you don't love her
- Yelling, throwing things and threatening violence.

**Examples of Economic Abuse:**

- Refusing to support your child
- Taking a partner's earnings
- Not sharing the money in the home fairly
- Having to give all your earnings to a partner
- The partner not letting you decide what to spend money on

**Examples of Physical Violence:**

- Slapping
- Beating
- Pinching
- Hair pulling
- Threatening/attacking a partner with a weapon or locking a partner in a room

**Examples of Sexual Violence:**

- Forcing a partner to have sex or do something sexual that they do not want to do.

5. Make sure to bring up the point that many men say it is abuse when their partners do not do the domestic work at home such as cooking, ironing and cleaning. It is very important to challenge this and say that when they talk about emotional abuse they are referring to unfair treatment. Is it fair that only women should be expected to cook and clean when the men also eat at home?
6. After they have brainstormed, allow the groups to choose one example from their list and come up with a role play.
7. Present the role plays to the whole group. After they have ended, ask the characters to stay in role for a few minutes while you invite the larger group to ask the characters questions which they should answer in a role play.
8. Some questions to ask the abused are:
  - How does it feel to be in that situation?
  - What was your fear?
  - Why didn't you speak up?
9. Some of the questions to ask the abuser are:
  - How does it feel to abuse another person?
  - What motivated you to abuse the person?
10. After they have answered the questions, allow the characters to swap their roles. When they finish role playing, ask them the following question:
  - How did it feel to be in the other person's shoes?
11. Time allowing let as many role plays as possible be performed. They should also swap roles too. After all the role plays are done lead a discussion based on the following reflection questions:
  - What can a person do to help herself or help others they know are being abused?

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

## Activity 2: Effects of Violence



**(30 minutes)**



**Description:** Pair Work

**Aim of Activity:** For participants to explore the long- and short-term effects that abuse in relationships may lead to

### Instructions

1. Explain that, although you recognise that men and women can both hurt each other, men are much more powerful than women in society and so the impact of men's abuse of women is much greater. For that reason, you are going to focus on situations in which women are abused by men.

2. Ask members to divide into four groups. They should reflect on the consequences that may follow violence and abuse for both the victims and the perpetrators, the ones committing the abuse.
3. Each group should have a piece of flipchart paper and draw a line down the middle to divide it into two. On one side they should record all the consequences for women/victims of physical violence and on the other side the possible consequences men/perpetrators may face if they abuse women.

### Note to the Facilitator:

#### The consequences of violence

While facilitating this exercise it is important to make sure members consider the immediate consequences in terms of their feelings and for the relationship, as well as help-seeking actions, possible punishments and the long-term implications of those punishments.

**Consequences for women/victims may include:** physical injuries, depression, anxiety and fear, difficulty sleeping, being frightened of it happening again, hating him, divorce or leaving the relationship, death, taking another boyfriend who loves her, reporting abuse to the police and getting a protection order, reporting to the family, unintended pregnancy and HIV infection.

**Consequences for men/perpetrators may include:** feeling guilty, feeling bad about himself, fear that he will be punished, arrested and possibly jailed with implications for school completion and working life, divorce/ relationship splitting up, losing her love, becoming more jealous, embarrassment caused by the family becoming involved, being shunned by family and friends.

4. Ask the group to come together and for the groups to report on their discussions. Ask if anyone knows what the laws are around rape, abuse, and domestic violence, where a man beats his wife.

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



## Activity 3: Where to Go for Help

(10 minutes)



**Description:** Group Work

**Aim of Activity:** For participants to know the services available and the laws that exist to protect them if they are to be abused

### Instructions

1. Explain that the activity is to explore places where people can go to seek help whenever they face or the people around them face any type of abuse.
2. Ask for a volunteer to write down the places that are being mentioned by the participants and ask participants to call out any place they think someone may be able to go for help.
3. With each place mentioned, participants should be able to explain the specific services such places offer to the abused people.
4. Lead a discussion with group and discuss why it's important for people to know the places where help can be accessed and how to report abuse.

#### Note to the Facilitator:

Violence against women can also speed up the onset of AIDS for HIV positive women as it places physical, emotional and economic stress on the woman. In order to prevent HIV infection among women the power imbalance between women and men must also be addressed. Be sure that all participants know where someone can go for help and where to report violence.

Some of the places where one can go to report abuse cases include:

1. The Victim Support Unit (Police).
2. Local organizations i.e YONECO.
3. Community gate keepers i.e mother groups, youth leaders, chiefs, T/A etc.
4. School authorities.

### 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 journals about the risks of being in an abusive relationship. They should talk to their supporters about the issues of abuse and how to escape it if they are ever abused, or being abused.

Facilitator's general comment box about the session:

**What went well?**

**What could be improved?**



## Session 3.5

# Sexual and Reproductive Health Rights

## Learning Objectives

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

- Learn about human rights and their responsibilities
- Understand more specifically about sexual and reproductive health rights

## Materials and Preparations

- Flipchart
- Markers
- A ball

## Opening Activity

### Game: 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, 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 participant who can read and let her read the objectives. loudly / or the facilitator can read to the group.
- Ask participants their understanding of the objectives.
- Facilitator to clarify the objectives and answer any questions that might arise.
  - *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 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.
- Further explain that 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 also 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!**

**More Examples of Human Rights****1. 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.

**2. Right to be protected from harmful practices.**

- Some traditional practices are bad for one's health and against one's rights, such as early and 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.

**3. Right to be as healthy as possible and to be able 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.

**4. Every person has the right to privacy and confidentiality.**

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

**5. Every person has the right to be free from abuse and exploitation.**

- No one, including your 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.

**6. Every person has the 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.

**7. Every person has the 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.

**8. Every person has the 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 own views.

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

## Activity 2: Sexual and Reproductive Health Rights



(20 minutes)



**Description:** Group Work and Role Play

**Aim of 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 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 about sexual and reproductive rights to the participants.

#### Sexual and Reproductive Health and Rights (SRHR)

- SRHR is a 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 rights**

- Embrace 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
  - Seek and impart information in relation to sexuality
  - Receive sexuality education
  - Have respect for bodily integrity
  - Have a free choice of partner
  - Decide to be sexually active or not
  - Have consensual sexual relations
  - Have consensual marriage
  - Decide whether or not and when to have children
  - Pursue a satisfying, safe and pleasurable sexual life

**Sexual health is**

- Sexual health is a state of physical, emotional, mental and social well-being related to sexuality: 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).

**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.
  - Have the right to the highest attainable standard of sexual and reproductive health.
  - Have the right to 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).

**Reproductive health**

- A state of complete physical, mental and social well-being and 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:
- The rights of men and women to be informed and to have 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,
- The right of 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).

**Harmful Sexual and Reproductive Health Practices**

- Harmful practices are those that can endanger the lives and wellbeing of children especially the girl child and young people, individuals and couples leading to diseases, disability or even death include the following:
  - Initiation practices
  - Wife inheritance
  - Hiring of a man for sex and conception (known as fisi)
  - Use of traditional herbs to induce labor
  - 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) violation?
  - How can such violation affect you as girls and young women?
  - 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?



Some of the places girls and young women can report SRHR Violation can include:

- The Police—especially victim support unit
- The school—teachers and head teacher
- Community gate keepers—chief, mother groups, youth leaders
- Local community based organizations (CBOs)
- Other organizations like YONECO
- One Stop Centre's in district hospitals

## 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.***

### Key message to the participants:

Girls are particularly vulnerable to sexual rights violations, but advocating for our sexual rights (and other human rights) can bring positive change.

### Participants' assignment

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

### Facilitator's general comment box about the session:

**What went well?**

**What could be improved?**



**Assertiveness—**

**Tough times teach resilience**

### *Nellie Inasi*

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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 grandmothers’ proposal for early marriage?
4. What characteristics are you admiring in Nellie?
5. If you were Nellie, what else would you have done differently in trying to avoid grandmothers’ 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 towards achieving your goals?
- What are the targets, goals and actions that you are setting and taking after what you have learnt in Module 3?



## MODULE 4

# HIV and You

*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.*

Session 4.1 – HIV Knowledge

Session 4.2 – HIV Testing

Session 4.3 – Disclosure and Stigma

Session 4.4 – Support and Living with HIV

# Expected Outcomes from Module 4

*At the end of Module 4 participants are expected to:*

1. Be open in discussing 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 4.1

# HIV Knowledge

### 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

### 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 copies of “Basics about HIV and AIDS” Fact Sheet for all participants, found at the end of these instructions. Alternatively, you could also bring any other resource material on HIV and AIDS that your organisation have. Do not distribute until the end of the session.

## 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 one participant to read the objectives loudly.

- Ask the other participants to share their understanding of the objectives.
- Clarify the objectives and let participants know that this week's session will focus on the immune system and information on HIV. There will be two 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 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.

**Facts and Myths****1. Dry sex increases the risk of HIV infection**

**Fact** - 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.

**2. A condom can easily break inside the woman's body**

**Myth** - Condoms go through many rounds of testing and if used correctly, there is little chance that they will break inside a woman.

**3. HIV can be contracted through saliva**

**Myth** - There is very 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.

**4. HIV can be transmitted through used needles**

**Fact** - 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.

**5. Circumcised men have less of a chance than non-circumcised men contracting HIV.**

**Fact** - 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.

**6. Oral sex does not involve a risk of contracting HIV**

**Myth** - Oral sex still has risk. There may be cuts in a person's mouth that HIV can enter through.

**7. Breast feeding can transmit the virus from the mother to the child**

**Fact** - There is HIV in 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.

**8. There are condoms on the market with holes so that people get infected with HIV**

**Myth** - 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.

**9. ARVs can cure HIV and AIDS**

**Myth** - 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, but if they stop taking medication it will come back as once a person has HIV, it never fully leaves their body.

**10. Circumcised men can contract HIV**

**Fact** - 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.

**11. HIV can be transmitted by mosquitoes**

**Myth** - HIV cannot live inside a mosquito so it is not possible to get HIV from a mosquito bite.

**12. There are certain herbs that can protect you against HIV when put in the women's vagina**

**Myth** - 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.

**13. HIV cannot be cured**

**Fact** - There is no cure for HIV, only medication to help reduce quantities of HIV in the body.

**14. 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**

**Fact** - 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.

**15. You can't get HIV from your partner when she or he loves you and when you trust her or him**

**Myth** - Anybody can be HIV positive. Unless you test together with you 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.

**16. If used correctly and consistently, condoms prevent HIV infection**

**Fact** - 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.

**17. Forced sex increases women's risk for HIV infection**

**Fact** - 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.

**18. Only gay people can get HIV**

**Myth** - Anybody can get HIV. HIV does not discriminate and can infect men, women and children, no matter who they are.

**19. Having sex with a virgin cures HIV**

**Myth** - 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.

**20. When a person has HIV you can't tell by looking at them**

**Fact** - 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.

**21. Female condoms are less effective than male condoms**

**Myth** - 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.

**22. Pulling out the penis before ejaculation protects the woman from contracting HIV**

**Myth** - HIV may have already been passed to the woman through pre-ejaculation and there is no guarantee that by pulling out the penis, then the body fluids will not enter the vagina. You should always use a condom to protect you and your partner.

**23. HIV positive women are advised to breast-feed their babies because of the health risks for the baby of not breast-feeding**

**Fact** - Breast feeding 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, no water, no porridge, only breast milk until when he is six months old), and the mother is taking ARVs, then the child has a very high chance of survival.

**24. Social norms that accept male infidelity put women at risk for HIV infection**

**Fact** - 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.

**25. A female condom can be washed and reused**

**Myth** - No condom can be reused. A new condom should be used for every act of sex.

**26. A woman using any method of contraceptive cannot get infected**

**Myth** - 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.

**27. A baby could contract HIV if the umbilical cord is cut with an infected razor blade**

**Fact** - 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.

**28. Adolescent girls are just as likely as their male peers to be infected**

**Myth** - 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 as well as to have sugar daddies, which 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 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 round 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 "Basics about HIV and AIDS" Fact Sheet for detailed information and answers for each of the questions.

## Activity 3: Tasso Game



(10 minutes)



**Description:** Group Game

**Aim of 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 them 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?

#### Note to the Facilitator:

Distribute the “Basics about HIV and AIDS” fact sheet to all participants 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 as young women. 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.

#### 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.

## 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

To find out and visit where people get HIV testing within their area.

Tell participants to bring three different little items (e.g little stones, beans or maize seeds) to the next session. These items will have to represent these three answers 'yes', 'maybe' and 'no'.

### Facilitator's general comment box about the session:

**What went well?**

**What could be improved?**

# Basic Facts about HIV and AIDS

## Key Terms

**HIV:** This is 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:** A 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:** What keeps you healthy? It consists of different cells in your body that fights 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.

**Antiretrovirals (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, a cancer; bacterial pneumonia and others.

## 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, then vaginal sex, 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-to-man) as well as heterosexual partners (man-to-woman).
  - Oral sex is practiced between heterosexual partners (man and woman) and same-sex partners (man-to-man and woman-to-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 to two in every 10 cases (10–20%).
- During breastfeeding—about two in every 10 infants born HIV negative to HIV-positive mothers not taking ARVs will become HIV positive before age 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 or ascertain that they are indeed infected by signs and symptoms.
- An HIV test is the only way to ascertain one's HIV status. A person that is HIV negative and has reasons 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.

### **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**

### **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 health-care professional will share the result with you and explain what it means.

### **Benefits of HTC**

- 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 health-care 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**

- It is important to be aware 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. This is called a discordant couple.
- 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 and, in the process, reducing the chances of transmitting HIV to their partner(s).

### **What are Antiretroviral (ARVs) Drugs?**

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.

### Benefits of ARVs

- ARVs strengthen the body's defense 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

### 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 onto 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 out of 100 do not get the virus from their mother.
- This risk for both mother and child is reduced even more if the HIV-positive woman starts ART early (within six weeks of becoming pregnant) and continues on ART after delivery and through breastfeeding—like any other HIV-positive person that is on ART.



**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.

## Session 4.2

# HIV Testing

## Learning Objectives

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

- 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

- Paper
- Pens
- Flipchart
- Markers
- A list of testing locations to refer participants to

## Opening Activity

- Facilitator to facilitate any song

## Introduction of the Learning Objectives

- Participants read the objectives silently.
- Let them share their understanding of the objectives.
- Facilitator clarifies the objectives and let participants know that this week's session will focus on the importance of HIV testing.

## Activity 1: Taking Risks



(10 minutes)



**Description:** Individual Reflection, Followed by Paired Listening

**Aim of Activity:** To help participants to reflect on their own behaviour with regard to risk-taking in life in general

### Instructions:

1. Facilitator to prepare the participants in advance. Ask them to bring three different little items such as little stones, beans or maize seeds. These items will have to represent these three answers 'yes', 'maybe' and 'no'.
2. Ask the participants to find individual spaces and they should sit/ or stand.
3. Explain to the participants that you are going to read out a number of statements and each participant has to decide if they agree (yes), disagree(no)

or if they are unsure (maybe) about the statement. The three little items will represent these answers. Based on their decision, they should place the items accordingly to correspond with their decision.

### Note to the Facilitator:

Explain that when people have problems or seem confused, or scared, we like to have clear, simple answers to things. However, we have seen how our lives are full of uncertainty and that easy solutions are rarely available. Explain that this exercise will help us to think about how we handle risk in general in our own lives.

### Sample Statements

- I am generally a risk-taker.
  - It is ok for me to have sex with my boyfriend.
  - The power to use a condom is always left with my partner.
  - I always use a condom every time I have sex.
  - I know my HIV status.
  - I know the status of the people that I have slept with.
  - Have you ever had an HIV Test?
  - When did you have your most recent HIV test?
  - Have you engaged in behaviour resulting in blood to blood contact (e.g. tattooing, piercing).
  - Have you ever had sex?
  - Have you ever had a sexually transmitted infection?
  - Have you been the victim of rape, sexual abuse?
  - Have you ever had unprotected sex?
  - Do you consistently and correctly use condoms every time you have sex?
  - Do you have a steady or main sexual partner?
  - Have you ever had sex with a person who had HIV or another sexually transmitted infections?
  - Have you or your sexual partner(s) had other sexual partners in the past year?
  - Have you ever had sex with a male partner who has had sex with another partner?
4. Call everyone back into the full circle. Lead a discussion based on the following reflection questions:
- What are your thoughts in general about risk-taking behaviour and any ways in which it may affect our responses to HIV and AIDS.
  - Why is it important to know ones risks in relation to HIV contraction?

**Key message to the participants:**

Everyone is at risk of contracting HIV. However, some people are more at risk than others. Your responses to the above questions may determine your risk of contracting HIV.

**Activity 2: Testing for HIV****(30 minutes)****Description:** Role Play

**Aim of Activity:** For participants to understand the process of HIV Testing

**Instructions**

1. Ask for two groups of volunteers to prepare and perform a role play demonstrating the HIV testing and counselling process, one where a girl goes alone, and one where she goes with her partner for couples testing.

**Role Play 1**

Young woman aged 15–19  
Outpatient nurse  
HTC provider

**Role Play 2**

Young woman aged 15–19  
Young woman's partner  
Outpatient nurse  
HTC provider

- **Plot 1:** Assume that the young woman does not know her HIV status and has a steady boyfriend whose HIV status she does not know; she decides that she should go for an HIV test. She is pregnant but she does not know it yet.
  - **Plot 2:** The young woman and her partner have discussed going for an HIV test and have decided to test as a couple. The young woman has tested before on her own but her partner has never been tested.
2. Give the groups five minutes to prepare and then ask them to perform for the larger group.
  3. Lead a discussion with the whole group based on the following questions:
    - What motivated the young woman to go for an HIV test?
    - What other services does she have access to as a result of HIV test?
    - What are her feelings about getting an HIV test?
    - What are some of the benefits to testing with your partner?
    - How might she have discussed with her partner about testing together?
    - What challenges does she face and what enables her to overcome the challenges?
    - What decisions did she take after going for HIV testing?
    - Overall what have we learnt from this role play?

4. With support from the resource person, lead a larger discussion around HIV testing and counselling using the notes below.

### Note to the Facilitator:

#### HIV Testing and Counselling

##### What is HTC?

- HTC is a voluntary and confidential counselling session and blood test that involves the screening of one's blood to determine one's HIV status. Blood is taken from a small prick on the person's finger and then placed on the test strip to create the results.
- When HIV infects a person, it provokes the 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 and it is reliable. The test and screening process take only a short time before the results are known, and a health-care professional will share the result with you and explain what it means.
- You can also go for couples counselling and testing where you and your partner go to the health facility together and are counselled and tested as a pair. This is a way for both you and your partner to learn your status together. You can then make plans on how to stay healthy together.

##### How does HTC reduce HIV risk?

- Part of HTC is counselling that allows you to assess your risk with a professional and talk through ways to reduce it. Ideally, counselling should take place both before and after taking an HIV test. The counselling provides you with basic knowledge about HIV and AIDS and enables you to have sufficient information to make healthy choices.
- HTC also helps to reduce risk because by knowing your status you can take the appropriate steps to protect yourself and your partner.
- If you are positive, for example, you can monitor your HIV viral load through tests at the health facility and be sure to take ARVs while using condoms to protect your partner(s). If you are negative you can confidently take steps to remain that way by using a condom and learning your partner's status as well.

##### Benefits of HTC

- An HIV test provides you with the "freedom of knowing" your HIV status. Not knowing one's HIV status can cause people to worry and have anxiety about their 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 health care provider will discuss with you strategies for protecting yourself and possibly refer you to other services such as ART and PMTCT.

**Discordancy**

- It is important to be aware that two people in a sexual relationship can have different HIV statuses from one another, i.e. one can be HIV positive while the other is HIV negative. This is called a discordant couple.
- It is possible for either a man or woman to be the HIV positive partner. This holds 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 treatment, adhering to that treatment to reduce their viral load and, in the process, reduce the chances of transmitting HIV.

**Activity 3: Barriers and Facilitators to HIV Testing****(30 minutes)****Description:** Group Work

**Aim of Activity:** To help participants understand the reasons why adolescent girls and young women go or do not go for HIV testing

**Instructions**

1. Ask participants to break 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 AGYW to test for HIV. What can be done to promote these factors?
  - Discuss the factors that make it difficult for AGYW 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 AGYW 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.

#### Note to the Facilitator:

- Emphasise 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

- 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

In your journals reflect on the following question:  
Why is HIV testing important in your life as an adolescent girl / young woman.

#### Facilitator's general comment box about the session:

**What went well?**

**What could be improved?**



## Session 4.3

# 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

## 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. Mention to the girls who went for HIV testing that no one is interested to know their status, unless if they are ready to share the results willingly.
- 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

Let the participants or facilitator read the objectives.

- Ask 2-3 participants to share their understanding of the objectives.
- Clarify the objectives and let them know that this week's session will focus on disclosure and stigma

## Activity 1: Disclosing Your Status



(40 minutes)



**Description:** Pair Work

**Aim of 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?"
  - Write some of the ideas down on a flip chart to keep as a reminder during the session.

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

2. Ask participants to arrange chairs into two rows facing each other, or just ask participants to sit in two lines, facing the person across from them.
3. Explain that you are going to ask three questions after each question one of the lines will move down two people, so that everyone is facing a new person, the two at the end will go around to the beginning of the line and face those two people.
4. Ask the following questions, changing partners after each one.
  - What might the difficulties be in disclosing to family members?
  - If one of your family or friends has told you they are HIV positive, how would you react? If somebody has not told you that, how do you think you would react?
  - If someone discloses their status to you, what are some important things you think you should let them know and say to them to make them feel safe and accepted?
5. Once they have had time to discuss, divide the group into pairs and read the following scenario.

### Mphatso's story

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

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

## Activity 2: Understanding Stigma



(30 minutes)



**Description:** Group Game

**Aim of 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 her the paper saying, I just tested HIV positive. My family is threatening to kick me out of the house. Tell her 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 her in the middle of the circle. To be able to find this person she has 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 her, because no one has a supportive statement on her 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 girl in the middle. When she approaches those that have been tapped, they must think of a statement that is supportive of her situation and then after saying it, join her 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 woman approaches them. Tell the group to open their eyes.
8. Restart the activity and continue until several participants are in the circle with her.
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 around the following reflection questions
  - For the participant in the middle:
    - How did you feel at the beginning of the activity? (Her responses could include: powerless, ashamed, etc.)
    - What made you feel that way?
    - How did you feel toward the end of the game? (Her responses could include: relieved, powerful, understood, etc.)
    - What made you feel that way?
  - Ask the other participants:
    - How did you feel rejecting the girl in the middle? (Responses could include: powerful, bad, guilty etc.)
  - Ask all participants:
    - How did you feel when you or others started joining her?
    - Did this change the power dynamics in the group?
    - This was an example of someone being treated badly by her family because of her HIV status and feeling rejected by the community. Can you think of other circumstances that may cause someone to be rejected by the community?
11. Ask the group to share examples of when they have seen people experience stigma related to HIV or AIDS.

## Closing Activity

- Kambuzi kali m'nkhonde mee!

### Reflection Questions:

- How did you (the one playing hyena) feel for not being allowed to be part of the circle?

- How does it feel when the people around you do not include you in the different activities that are happening?

***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.

#### Facilitator's general comment box about the session:

**What went well?**

**What could be improved?**

## Session 4.4

# Support and Living with HIV

## Learning Objectives

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

- Know the truth about living with HIV.
- Support people living with HIV.
- Interact with a person living with HIV.

## Materials and Preparations

- Make sure participants bring their Journals.
- Invite a person living with HIV to come and talk to the participants. (Make sure that the person is free enough to share her life experiences with living with HIV).

## Opening Activity

- Ask a participant to facilitate.

## Recap

- Ask the participants the following reflection questions:
  - How many were able to interact with any persons living with HIV?
  - How did it feel interacting with the person?
  - Has anything changed since this interaction? How has it changed?

## Introduction of the Learning Objectives

- Let the participants or facilitator read the objectives.
- Ask 2-3 participants to share their understanding of the objectives.



## Activity 1: Living with HIV

(25 minutes)



**Description:** Group Game

**Aim of 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 below. 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.

People who have HIV have been immoral	<b>False</b>	People living with HIV (PLHIV) are just like you and me. 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	<b>False</b>	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.
PLHIV must take their ARVs every day	<b>True</b>	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	<b>False</b>	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	<b>True</b>	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 (this is often called 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	<b>True</b>	When you start taking ARVs they lower the amount of virus in your body (viral load) which allows the number of CD4 cells, 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	<b>False</b>	Just because one person is positive in a couple 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, 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	<b>False</b>	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	<b>False</b>	All people are equal and have to be treated with the same respect. They all have to enjoy their rights despite living with HIV.

3. After the game allow the PLHIV to talk to the participants.
4. Allow participants to ask questions that they may have.
5. Also ask the participants the following question:
  - How will knowing the truth about living with HIV help your interacting and associating with PLHIV?



## Activity 2: Supporting Those Who Are Living with HIV

(45 minutes)



**Description:** Group Work

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

### Instructions

1. Have the participants pull out their journal and write about someone they know who is HIV positive, they can be alive or they may have passed on. They don't need to write the name of the person. Make it clear that this is private for themselves.
2. They should reflect on the questions below.
  - What are some challenges you think this person has faced because they are HIV positive?
  - What things have changed in their life since they became positive?
  - What things have remained the same since they became HIV positive?
  - What actions does this person take to remain healthy?

- Are they treated differently now that they are HIV positive? If yes, why do you think that is?
3. After about four minutes ask the girls to come back together and share with the group some of the things they had reflected on. Make it clear that they should not use any names or anything that may identify the person, but just speak broadly.
  4. Break the group into four smaller groups and ask them to talk more 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?
  5. Bring the groups back together and have them present what they have discussed to the larger group.
  6. 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

- To be initiated by the facilitator

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

### Participants' assignment

Participants to reflect in their journals about the session on PLHIV.

Facilitator's general comment box about the session:

**What went well?**

**What could be improved?**



## 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+ youths 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.”

\*Crescencia is a pseudonym used to protect the owner of the story

### 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 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 learnt in Module 4?
- How has this new information and skills affected your attitudes and behaviours?
- 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 learnt in Module 4?

**MODULE 5**

## **Financial Literacy: AFLAYOUTH**

*Before moving to the next session in this toolkit deliver the sessions in the AFLAYOUTH Financial Literacy Training Manual: My Money, My Plans.*

*When you are done with the financial literacy, then come back to finish up the DREAMS toolkit.*





## MODULE 6

# Social, Power, and Gender

*The significant impact of discriminatory social norms and practices on AGYW 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 fueling the spread of HIV amongst AGYW. The girls and young women will reflect on the types of sexual relationships that they engage in, the types of male partners and strategize on how to deal with sexual advances.*

Session 6.1 – Understanding Power

Session 6.2 – Social and Cultural Expectations in Relation to Gender

Session 6.3 – Relationships with Male Partners

# Expected Outcomes from Module 6

*At the end of Module 6 participants are expected to:*

1. Continue building on their behaviour skills through:
  - Good interaction skills
  - Active participation by all participants
  - Initiative taking
  - 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 lives' 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:
  - Understand the different types of power
  - Reflect upon some of the gender, social and cultural expectations and how they affect girls and young women
  - Know that they have sexual and reproductive health rights

## Session 6.1

# Understanding Power

## Learning Objectives

At the end of the 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 be in pairs with their 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 one participant to read the objectives.
- Ask one participant to share her understanding of the objectives
  - *Clarify the aim of the session and let the 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.*

## 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

### Note to the Facilitator:

Let the 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.

### 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:

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 recognize 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—means 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—means the power that one person or group uses to control another person or group. This control might come from direct violence or more indirectly, from the 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.

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 3 will present on “Power over”.
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 behaviours 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 to have power within?
  - How can you develop your own power within?

#### Note to the Facilitator:

Emphasize to the participants that:

- 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.



**Energizer: Ask a participant to facilitate**

## Activity 2: Feeling Powerful and Powerless



**(45 minutes)**



**Description:** Group Discussion and Pair Work

**Aim of 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 show case their role plays.
10. After each role play ask the following reflection questions:
  - 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?
  - How can assertiveness help girls 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 to start thinking about the concept of gender and the issues surrounding it.



Facilitator's general comment box about the session:

**What went well?**

**What could be improved?**

## Session 6.2

# Social and Cultural Expectations in Relation to Gender

## Learning Objectives

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

- Know the concept of gender
- Reflect on the gender expectations for men and women
- Relate how some of these expectations may make girls to be at risk and and vulnerable

## 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

## 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

- Let one or all the participants read the objectives.
- Ask them their understanding of the learning objectives.
  - Clarify the objectives and let the 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 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 any 1 thing 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 a male and a female characteristics and capacities.

#### Examples include:

##### Males

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

##### Females

- Women have long hair
- Women contribute more to household chores
- Women to 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

- Testicles in males
- Men have a penis
- Generally, males have deeper voices than females

##### Females

- Females have ovaries
- Females have vagina
- Females get pregnant
- Females can breastfeed their babies

## Activity 2: Roles and Expectations



(40 minutes)



**Description:** Brainstorm–Group Work

**Aim of Activity:** For participants to understand the effects of gender expectations on girls and young women

### 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 each other's place so as to 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. 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 include:

#### Women

- Have to cook
- Wear dresses
- Be beautiful
- Takes care of the sick
- Are emotional
- Have to stay up until their partners come home at night
- Are nurturing
- Have to prepare bath water for their partners
- Should be sexually available.
- Are not supposed to express their opinions
- Sweep the house
- Look after the sick
- Are responsible for raising children
- Get married early

#### Men

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

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 (girls) human beings?

## Activity 3: She Did Something Different



(15 minutes)



**Description:** Story and discussion or presentation by local woman

**Aim of 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, below:

#### 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 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 message to the participants:

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

### Participants' assignment

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

### Facilitator's general comment box about the session:

**What went well?**

**What could be improved?**



## Session 6.3

# Relationships with Male Partners

## 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 girls at risk and make them vulnerable
- Reflect on the effects of sexual relationships with older men

## 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

- Participants to be in pairs.
- In their pairs, participants to share how some of the gender expectations might have put them at risk i.e. to contracting HIV, or abused because they are girls.

## Introduction of the Learning Objectives

- Let one of the participants read the objectives loudly.
- Ask them their understanding of the learning objectives.
  - Clarify the objectives and let the 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 at risk.

## Activity 1: Identifying Relationships Between Males and Females



(10 minutes)



**Description:** Small Group Work

**Aim of 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 Activity:** For participants to identify different types of sexual relationships that girls have and the reasons why girls have such type of relationships

### 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.
3. List down all the answers on a flip chart.
4. Divide the participants into 3 small groups labeled A, B, & C.
5. Next, ask the girls to rank the top three types of people that girls 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 have sexual relationships with type of persons who ranked #1.
  - Group B–Why do girls have sexual relationships type of persons who ranked #2.
  - Group C–Why do girls 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.
8. After the presentations, lead a discussion based on the following reflection questions:
  - 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?
  - How do social/ cultural/ gender expectations influence girls to be involved in such kind of relationships?
  - How do gender expectations make girls 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 & Reflections

**Aim of Activity:** For participants to understand the effects of intergenerational relationships on girls

### 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.

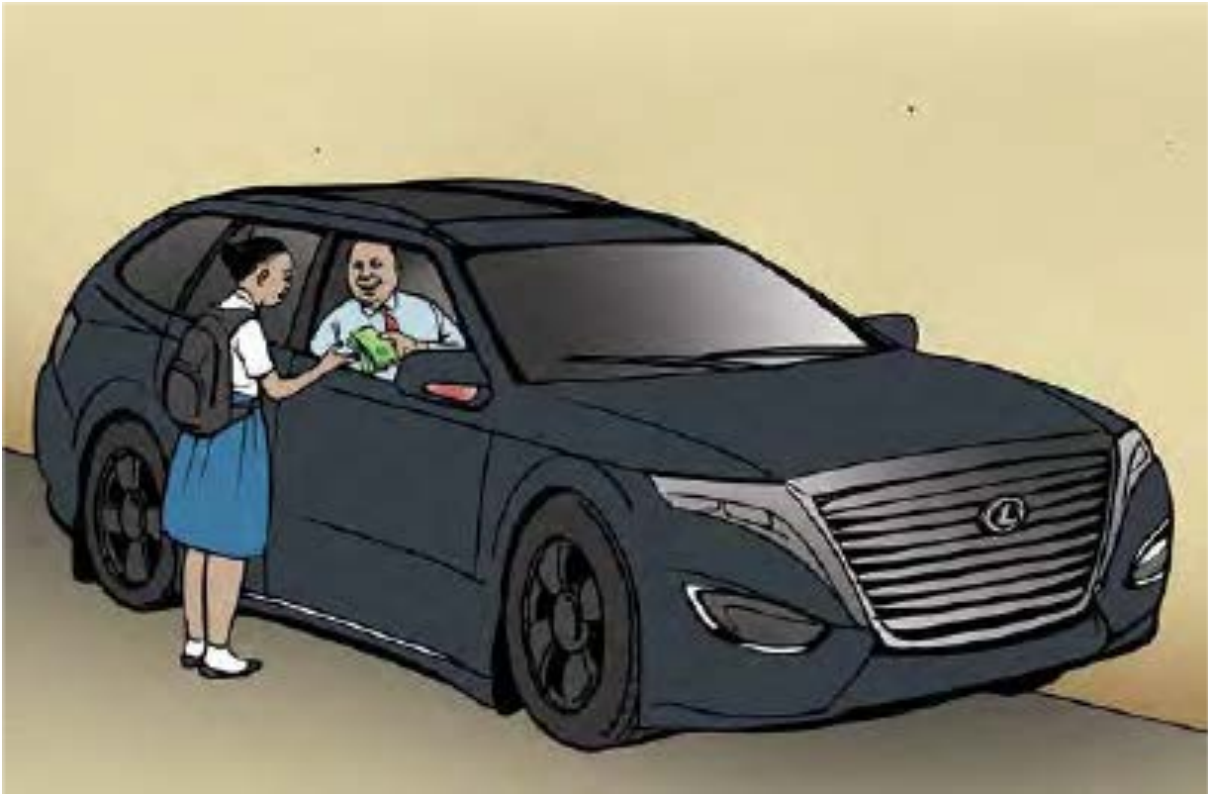
When I was in Form Four, Kondwani asked me for my hand in marriage. I had to tell my mother that I had a boyfriend, which was very difficult. We sat down and discussed the proposal. I decided that I wanted to continue my studies. I turned him down and explained that I wanted to finish school. Because 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).

### Tip:

After reading Misozi's story, take the participants through the story again by going through each paragraph.

1. Identify the two characters as Misozi and Kondwani, let them take centre stage.
2. 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.
3. 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?

- How do such relationships with older men make girls fail to achieve their own goals?

### Tip:

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

**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 to reflect in their journals about the risks of sexual relationships between girls and older men.

### Facilitator's general comment box about the session:

**What went well?**

**What could be improved?**





**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 enroll 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 enroll 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 enroll into a college?
5. What big lesson are you learning from Zephania?

## 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 learnt in Module 6?
- How has this new information and skills affected your attitudes and behaviours?
- 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**

# Financial Literacy: AFLAYOUTH

*Before completing the training, deliver the sessions in the AFLAYOUTH Financial Literacy Training Manual:*

- *My Enterprise*
- *Reflecting and Next Steps*





# APPENDICES

## Referral and Linkage Procedure & Ticket Template

### If a client needs a referral ticket, follow this procedure:

When a client is found needing another service not currently being given, they will need to be referred to another site or organization and given a referral ticket. The referral tickets will be in triplicate to ensure the referring organization can keep one copy, the client can keep one and the District AGYW Coordinators located at the DAC receive one copy.

1. After the client is registered, fill out the top part of the referral ticket detailing the client #, which should correspond to the number assigned in the register, date, client age and sex as well as the age and sex if their partner is also being referred.

\*The name is left off for privacy in the instance that the referral ticket becomes lost.

2. Fully fill out the top half of the referral ticket information for who is referring (name and title) and for what services you are referring the client for.

3. Also list the name of the organization you are referring the client to, where the services are and any contact information of other providers that can help the client find and access the service.

4. Tear out the referral ticket(s) and give to the client explaining that they need to take the ticket with them to their appointment for them to easily access the services they need.

5. If the client needs more than 1 referral for different services, for example they are referred for PSS, VSU and Social Welfare Office, they will need 3 separate referral forms so they can hand them in to the 3 separate service delivery places that they visit.

6. Assure the client that their referrals are confidential and not shared with anyone in the community.

**Referral & Linkage Ticket**

Client Number: \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_\_ Age: \_\_\_\_\_ Sex (M/F): \_\_\_\_\_

If a couple is referred, provide partner: Age: \_\_\_\_\_ Sex (M/F): \_\_\_\_\_

**Person Referring**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Referred For**

Service: \_\_\_\_\_

**Referred To**

Organization: \_\_\_\_\_

Location: \_\_\_\_\_

Contact Name, Phone

&amp; Hours of Operation: \_\_\_\_\_

Date Referral Received (dd/mm/yyyy) : \_\_\_\_\_

Organization Receiving Referral : \_\_\_\_\_

Person Receiving Referral: \_\_\_\_\_ Title: \_\_\_\_\_

Confirm Service(s) Provided:

Health Services	Check Here	Social/Community Services	Check Here
Adherence Counseling		Condoms and/or Lube	
ANC/PMTCT		Economic Strengthening/ Village Savings and Loans	
ART Clinic		Household Case Management	
Clinic/Mobile Post Violence Care		Police/ Victim Support Unit	
Condoms and/or Lube		Social Welfare/ Child Protection	
Family Planning		Support for Education	
HIV Testing and Counseling		Support Groups (All)	
Mental Health Services		Vocational Training	
Nutritional Support		Youth Clubs (Radio, Girls, Teen, In-school)	
Sexual & Reproductive Health / STI		Other Social:	
TB Screening and Treatment			
Voluntary Medical Male Circumcision			
Other Health:			

Provider Comments :



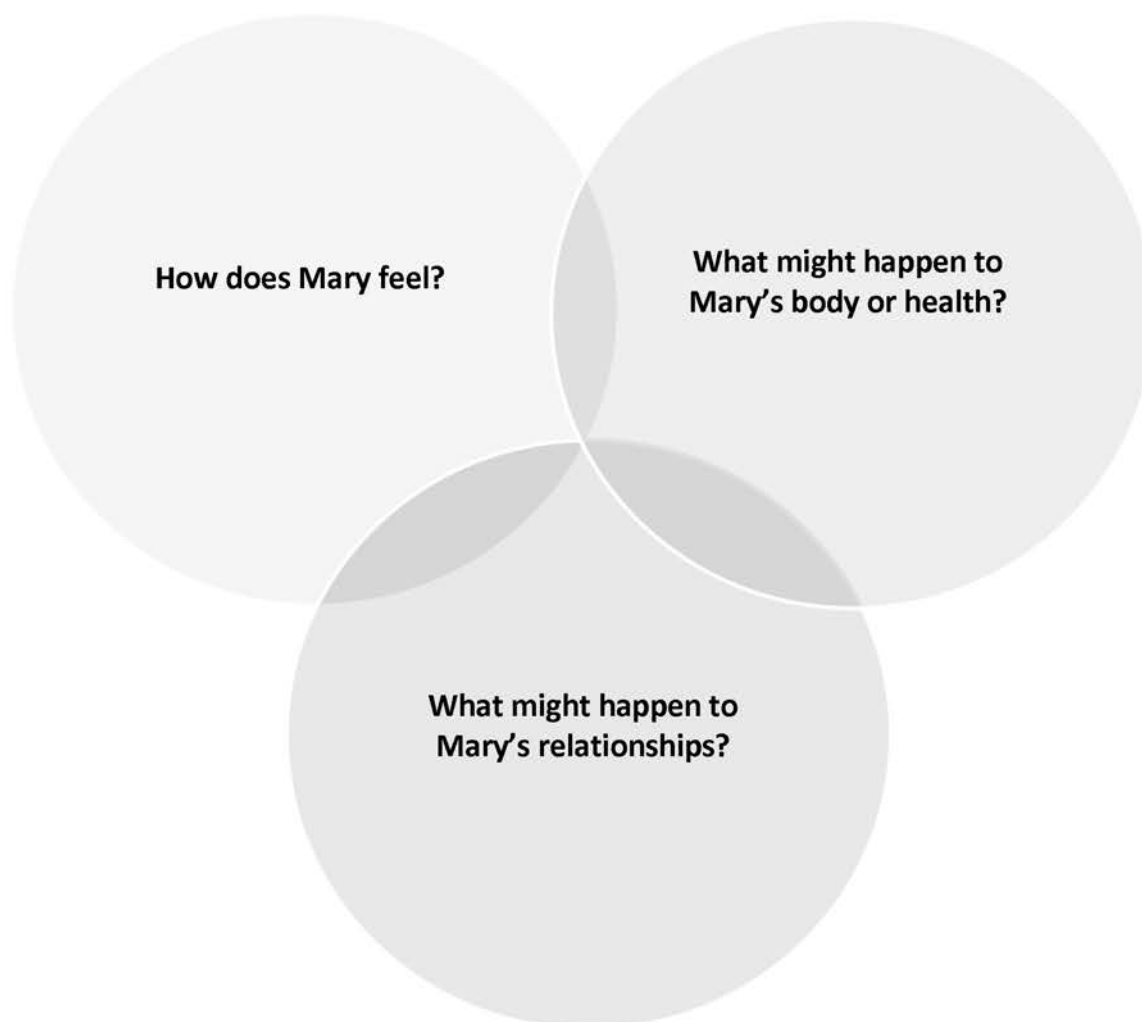


## OGAC Developed 9–14-year-old Sexual Violence and HIV Prevention Module “Appendix C”

### Mary and Victor Activity I Newsprint #1

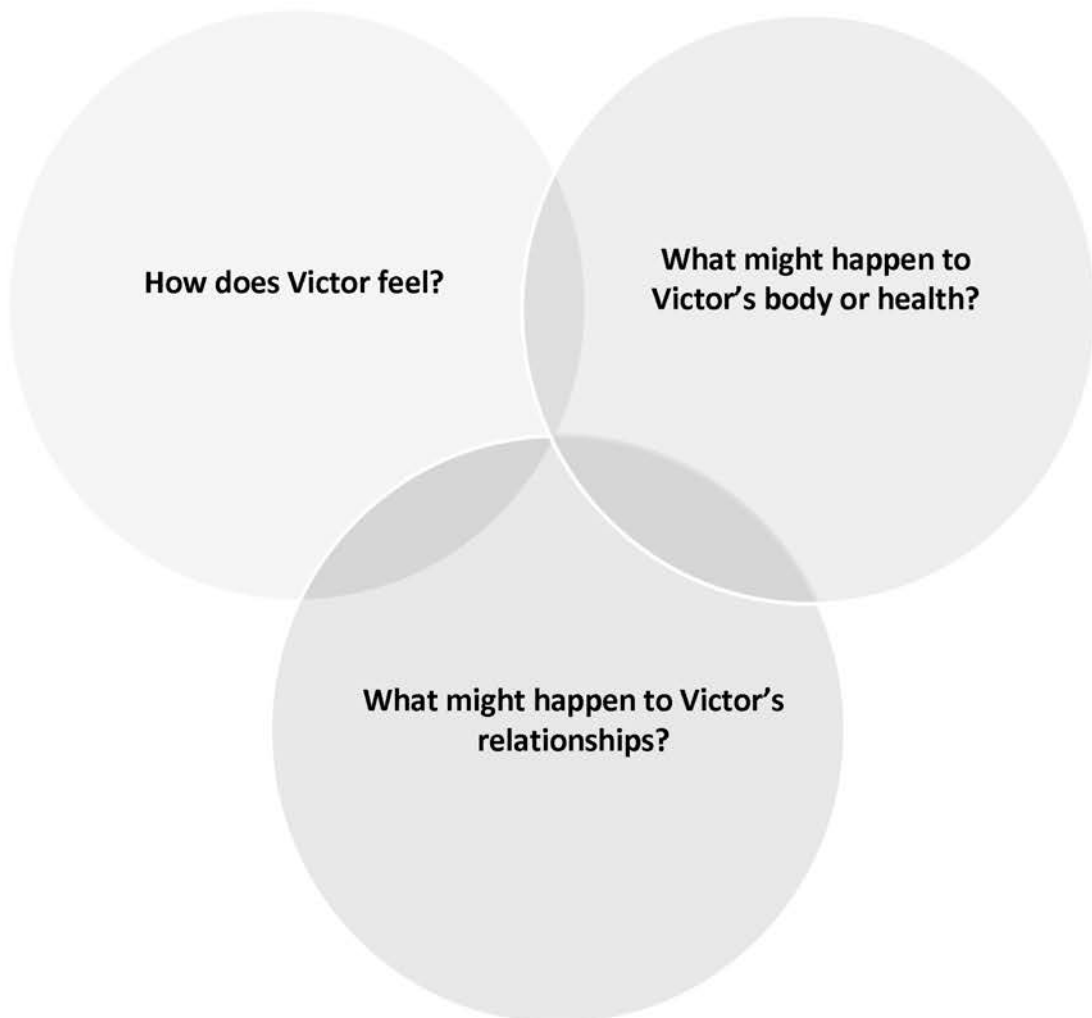
#### GROUP 1: MARY – THE FOLLOWING DAY

The next day, Mary feels sick from the beer she had at the dance. She remembers what happened with Victor—she had sex with him. Answer the questions by filling in the circles.



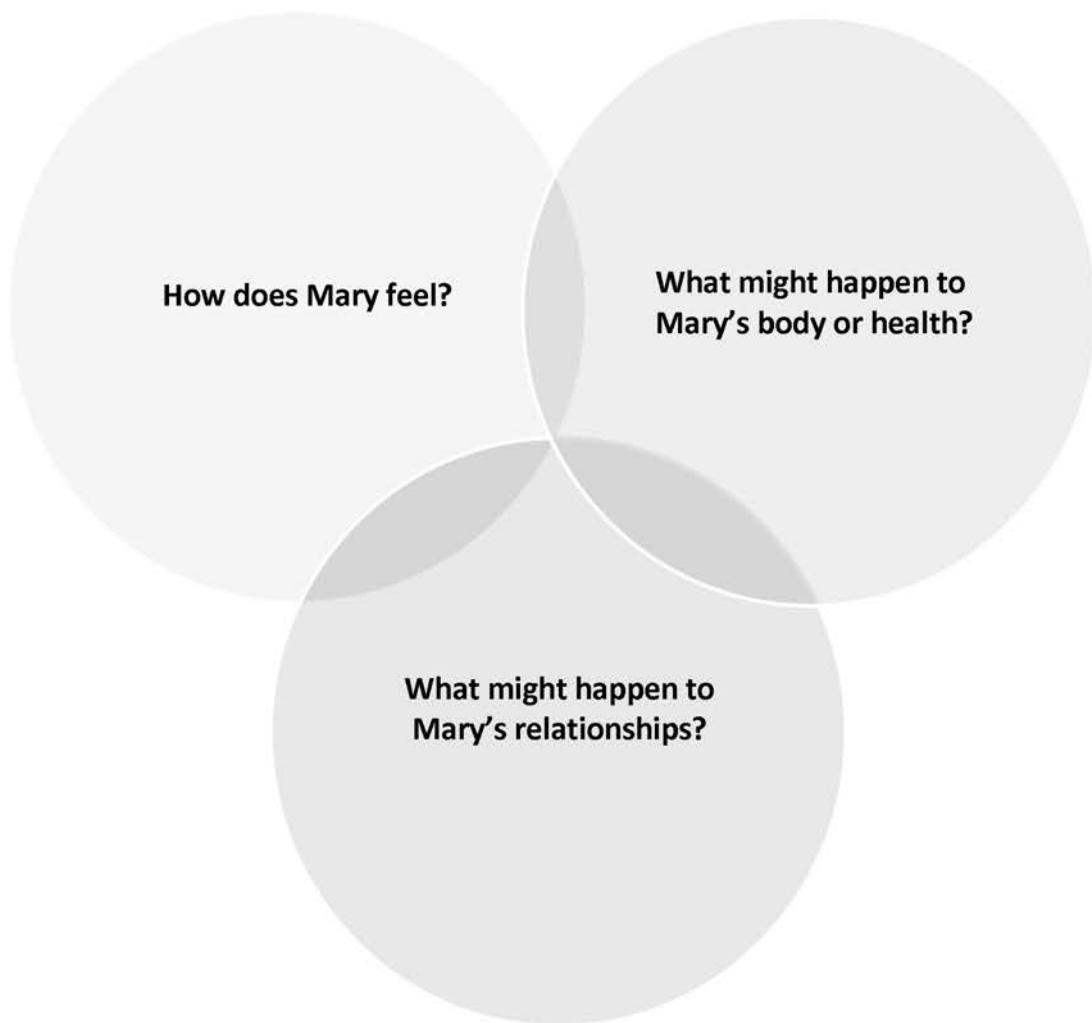
**Handout: VERSION 1****GROUP 2: VICTOR – THE FOLLOWING DAY**

The next day, Victor feels sick from the beer he had at the dance. He remembers what happened with Mary—he had sex with her. Answer the questions by filling in the circles.



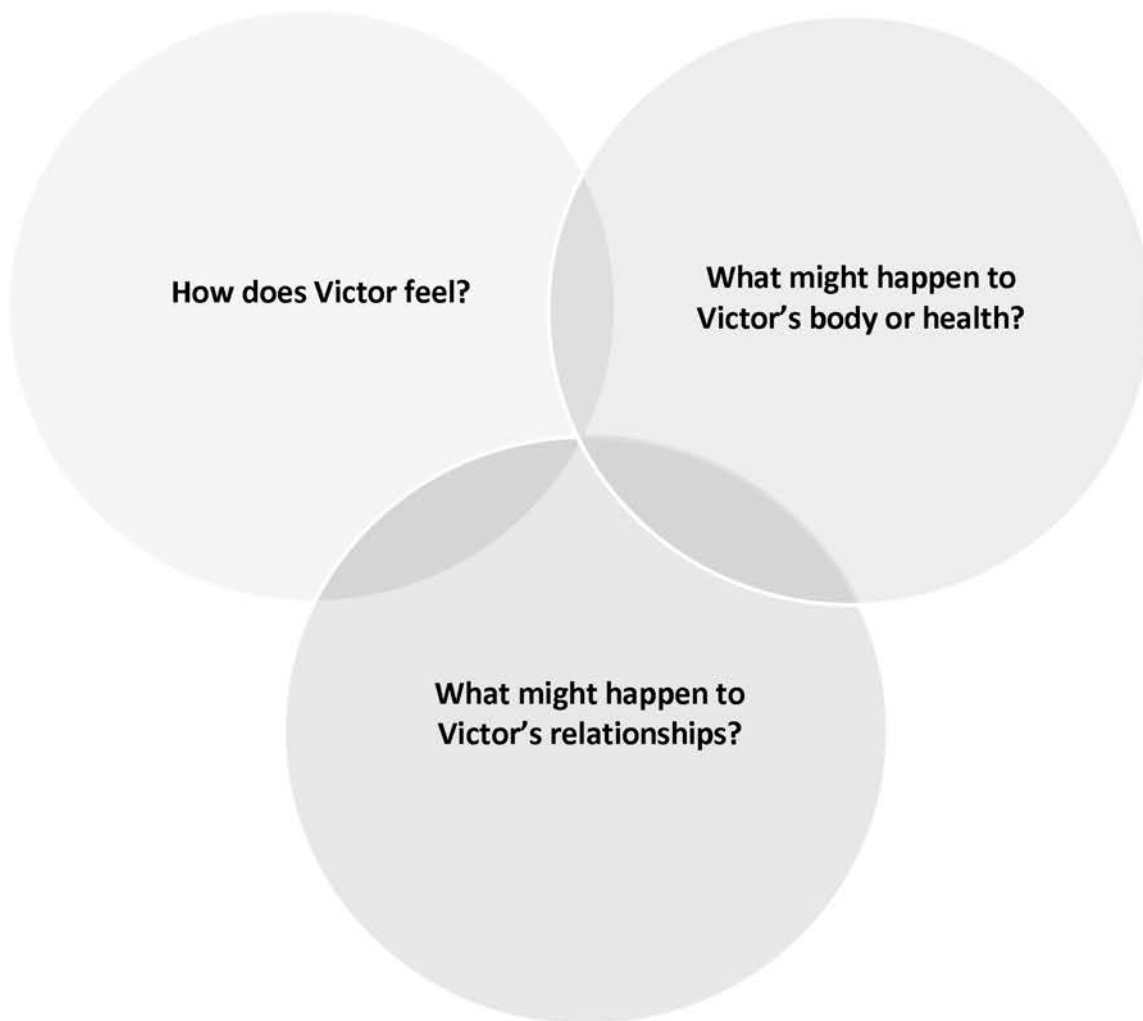
**Handout: VERSION 1****GROUP 3: MARY – A MONTH LATER**

Mary's period is late. She meets Victor after school and tells him. Answer the questions by filling in the circles.



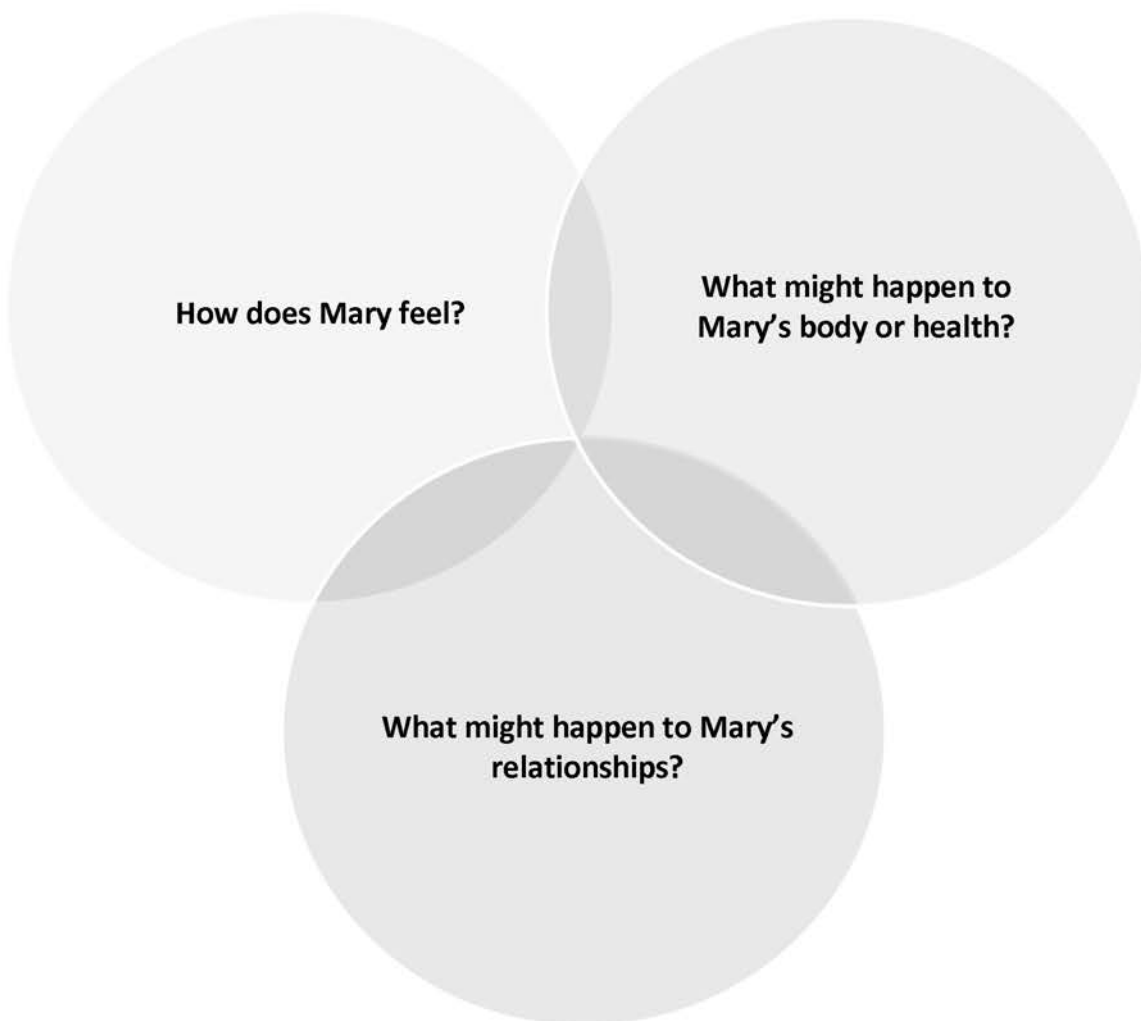
**Handout: VERSION 1****GROUP 4: VICTOR – A MONTH LATER**

Mary's period is late. She meets Victor after school and tells him. Answer the questions by filling in the circles.



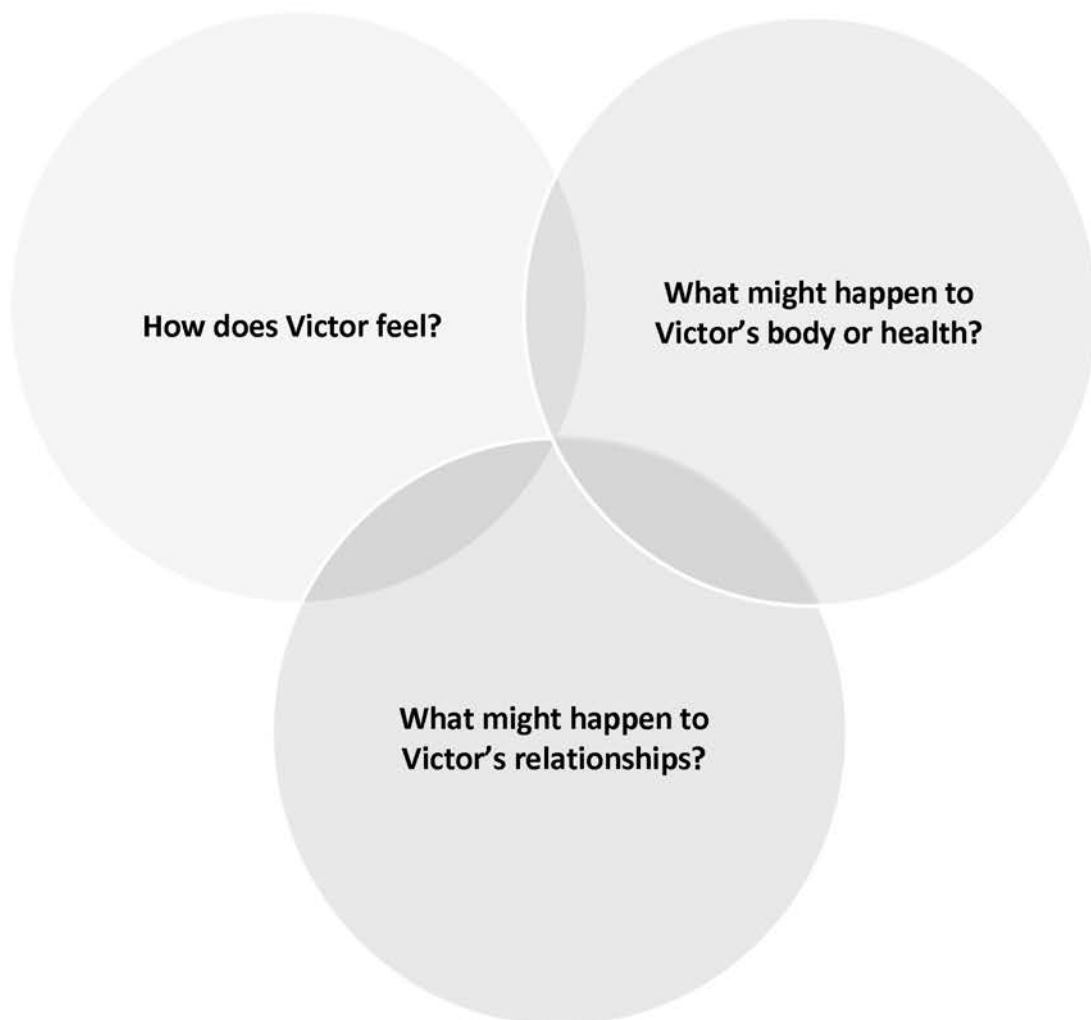
**Activity I Handout Version 2****GROUP 1: MARY – THE FOLLOWING DAY**

The next day, Mary feels sick from the beer she had at the dance. She remembers what happened with Victor—she did not have sex with him. Answer the questions by filling in the circles.



**Handout: VERSION 2****GROUP 2: VICTOR – THE FOLLOWING DAY**

The next day, Victor feels sick from the beer he had at the dance. He remembers what happened with Mary—he did not have sex with her. Answer the questions by filling in the circles.

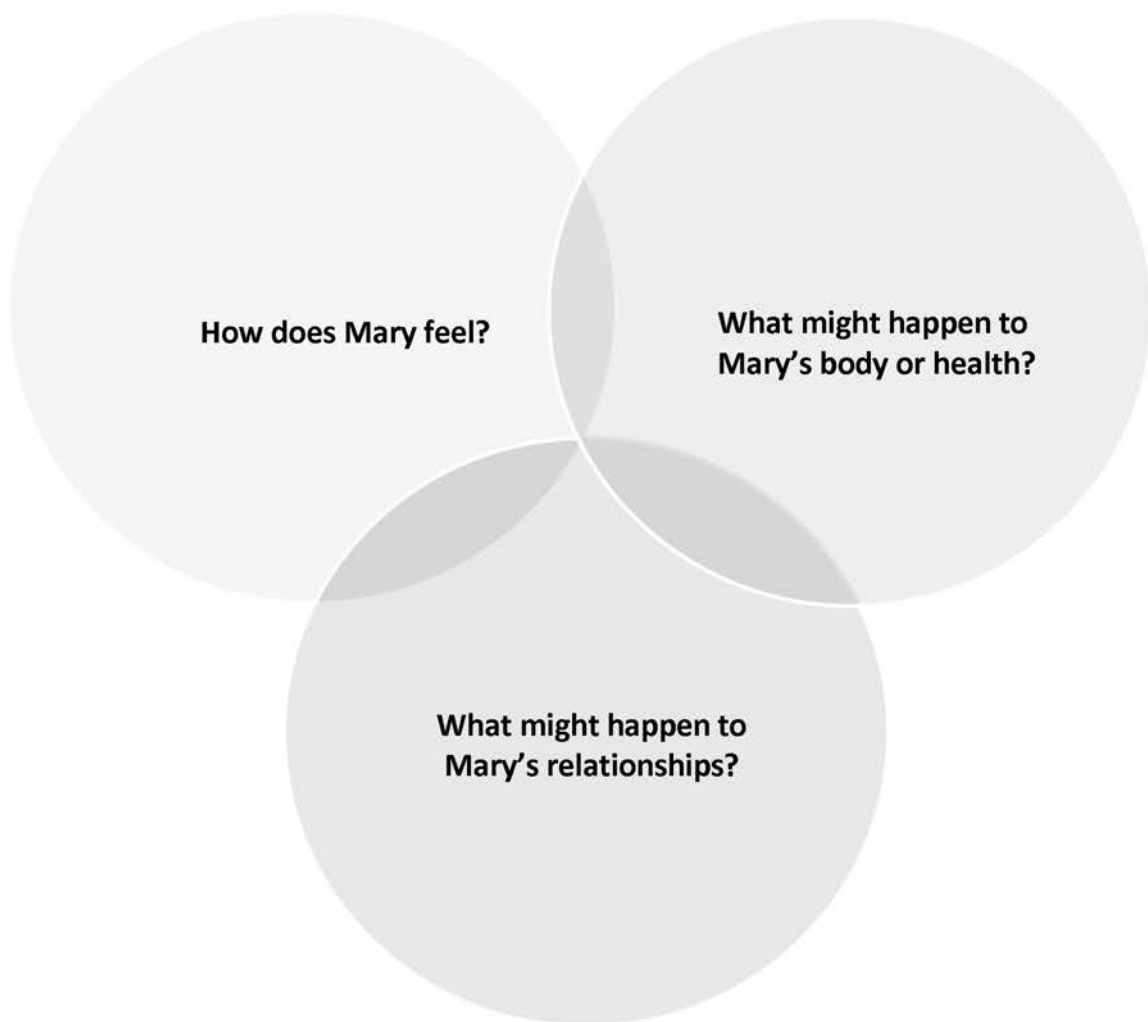




**Handout: VERSION 2**

**GROUP 3: MARY – A MONTH LATER**

Mary and Victor meet up at a party. They have not really talked since the night at the dance. Answer the questions by filling in the circles.



**Handout: VERSION 2**

**GROUP 4: VICTOR – A MONTH LATER**

Mary and Victor meet up at a party. They have not really talked since the night at the dance. Answer the questions by filling in the circles.



### WHEN SAYING “NO” – SAY IT LOUD AND CLEAR

- 1) Say “NO” with Words – use a LOUD and CLEAR voice to say “NO!”



- 2) Say “NO” with BODY LANGUAGE – use body language and your words to say and show what you mean!



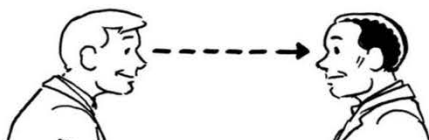
Use your hand(s) to signal, “STOP” and create space between you and the other person!

- 3) SAY “NO” WITH YOUR BODY POSITIONING



Stand FIRM and upright planting your feet solidly – you can place your hands on your hips!

- 4) SAY “NO” with your EYES



Make direct eye contact with the person whom you are speaking to.

5) Say “NO” with your FACIAL EXPRESSIONS



Use serious facial expressions that show you are serious.

Saying “NO” with words, and Saying “NO” forcefully!

- No! I am not ready to have sex yet!
- No! I do not want to have sex!
- No! I do not want to touch you there!
- No! I am not going to have sex with you!
- No! I really mean “NO”!
- No! I do not want you to touch me there!
- No! I am not ready for our relationship to be that physical!
- No! I want to finish school before I start having sex.
- No! I want to stay abstain, for now.
- No! I am not ready for sex yet.
- No! I want to protect myself by not having sex.
- No! Reaching my future goals is more important than having sex right now.
- No! I want to avoid HIV and other STIs.
- No! I have my whole life to experience sex. I am too young right now.
- No! I am not ready to be a parent yet.

## Put Your Refusal Skills into Action

### SAY "NO"

1. **Facilitator SAYS:** BE FORCEFUL and MAKE A REFUSAL STATEMENT by using the word "NO;" also use body language, body positioning, your eyes, and your facial expressions to say "NO."

#### Examples:

- a. "No, I don't feel comfortable with this."
- b. "No, let's stop before we go too far!"
- c. "No! I am not ready to have sex yet!"

### "Avoid a Situation"

2. **Facilitator says:** BUILD THE RELATIONSHIP IF APPROPRIATE. END THE RELATIONSHIP OR LEAVE IF NECESSARY.

#### Leave the Situation:

- a. "I do not want to do this and I don't think it is healthy for you to do it either. I am going to leave now."

#### Relationship Ending:

- b. This relationship is not going to work; you do not respect my decisions about my body."

### "Get out of the Situation"

3. **Facilitator SAYS:** END THE SITUATION QUICKLY. Suggest an alternative activity to get out of the situation.

#### Examples:

- a. "You know what, I have to go."
- b. "Let's do something else or I am going to leave."

**Handout: Role-Play Activity II****MOVING TOO FAST!**

**Background:** For this role-play, you will imagine that you are at a party with some friends and notice that a person you really like is there. Later in the night, this person comes over and starts flirting with you. The two of you are having fun together but then he/she suggests you go somewhere to be alone. You think, “Wow, this is moving too fast... I’m not ready for this...”

**Directions:** Fill in the “You” lines, using clear NO statements, alternative actions or a combination of both to **AVOID** the situation.

**Setting the Stage:** You are at a party with some friends and notice that a person you really like is there. Later in the night, this person comes over and starts flirting with you. The two of you are having fun together but then he/she suggests you go upstairs to be alone. You think, “Wow, this is moving too fast... I’m not ready for this...”

**Your Partner:** What’s going on? Why aren’t you coming with me?

**You:**

---



---

**Your Partner:** We’re just going to leave to talk...

**You:**

---



---

**Your Partner:** But it is loud here and I really want to get to know you better.

**You:**

---



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**Handout: Role-Play Activity III****ONE AFTERNOON**

**Directions:** Fill in the “You” lines, using clear NO statements, alternative actions or a combination of both to **GET OUT OF** the situation.

**Setting the Stage:** You have been going out with your partner for a couple of months now. You have selected a personal rule about sex: you will have sex only if a condom is used. You have talked with your partner about sex and have told him/her about your personal rule. One Saturday afternoon the two of you are alone and start making out. Things start to get serious so you tell your partner to get a condom. Your partner doesn’t want to and starts giving lame excuses...

**Your Partner:** Let’s do it without a condom, just this once.

**You:**

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**Your Partner:** Oh come on, you know you want to.

**You:**

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**Your Partner:** Maybe you don’t love me as much as I love you.

**You:**

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## DREAMS TOOLKIT FACILITATOR'S GUIDE FOR 20- to 24-YEAR-OLDS

