

Supporting community action on AIDS in developing countries



OUR FUTUREPreparing to teach sexuality and life-skills

An awareness training manual for teachers and community workers

Acknowledgements

The 'Our future' sexuality and life-skills education package includes:

- Preparing to teach sexuality and life-skills
- Teaching sexuality and life-skills
- 'Our future': three supplementary books for learners in grades 4-5, 6-7 and 8-9.

These materials were developed through a project started in 2003 which involved the Ministry of Education, Zambia, the International HIV/AIDS Alliance, Planned Parenthood Association of Zambia (PPAZ), Young, Happy, Healthy and Safe (YHHS) and teachers and learners in grades 4 to 9 from 13 schools in Chipata District, Eastern Province, Zambia.

We would like to acknowledge the commitment and talent of all these stakeholders in the design and production of the 'Our future' package.

This teachers' and community workers' manual was developed at the start of the project and tested and revised in three training workshops with teachers from Chipata district. The willingness of the core trainers and workshop participants to explore sensitive issues with honesty and care was instrumental in giving us the courage and tools to address the reality of gender and sexuality and their relation to sexual and reproductive health in the manual.

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Sexuality unveiled

Engulfed in myths, beliefs, culture Involved in the engulfing Teacher, initiation advisors, pastor, parent – worse still, child Yet all at risk

Dim may be the light Yet clear is the message Sexuality education – a must!

Arise, stake holders!
Break the barriers
Be active in the breaking
Teacher, initiation advisor, pastor, parent – even you – child
Teach sexuality education
Initiate sexuality education
Preach sexuality education
Impart sexuality education
Learn sexuality education
Sexuality education – indeed a must!

A poem written by Mrs Daphne Tembo, Teacher at Hillside Basic School, Chipata District, Zambia



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Preparing to teach sexuality and life skills

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Introduction

Why was this manual written?

The HIV prevalence rate in Zambia is around 17% of the population with higher rates in urban areas and along transport routes. Heterosexual transmission is responsible for 90% of HIV infection. Mother to child transmission results in around 25,000 HIV positive babies each year. At current levels of HIV prevalence and in the absence of treatment, young persons in Zambia face a 50% life-time risk of dying of AIDS ¹.

HIV infection is affecting the education sector badly. There are many orphans and children are dropping out of school or attending sporadically because of poor or sick parents. There are teacher shortages because teachers are dying or too ill to teach every day. The school is a high risk environment for HIV for teachers and pupils.

However, HIV is preventable, treatment is becoming more available and schools represent a great opportunity to take action in the community. Schools reach more young people nationally than any other structure. Teachers are educated and respected in the community and the Ministry of Education has a national structure for in-service training, monitoring and supervision which reaches every community.

Education is a powerful ally in the fight against HIV and AIDS. Teachers, education staff at all levels and teacher union leaders can play a crucial role within the school system to combat the spread of the infection and contribute to care and mitigation of its impact. Students can become leaders and a force for change in their own households, the lives of their peers and in the wider community when they are supported by adults who recognise the tremendous resource they offer.

The Ministry of Education has made great progress in training teachers and developing materials to teach pupils about HIV, sexuality, gender and life skills in all grades. With the changing curriculum, teachers are

expected to work with communities to teach children essential life skills, including sexual safety.

Before teachers can teach their pupils about HIV, sexuality, gender and life skills, they need an opportunity to explore their own values, hopes and fears, knowledge and skills related to this area of life. HIV and AIDS affects us all and our personal and professional lives affect each other.

This manual outlines a process and activities to provide this opportunity to teachers. It is intended as a contribution to the education sector strategy and is the result of collaborative work with trainers, teachers and sexual and reproductive health experts in Zambia.

The activities in the manual equip teachers with a stronger understanding of sexuality, gender, sexual and reproductive health and HIV and AIDS and the self-awareness, values and skills to play an effective role in HIV prevention, care and mitigation in their schools and the community. This includes providing supportive, positive role-models, creating a safe environment, reducing stigma and discrimination and teaching sexuality and life skills effectively.

This manual is part of the 'Our future' series which comprises:

- Preparing to teach sexuality and life skills a trainers' manual designed to prepare teachers and others for teaching sexuality and life skills by exploring gender and sexuality issues in their personal and professional lives.
- Teaching sexuality and life skills a guide to teaching sexuality and life skills education and using the 'Our future' pupils' books.
- Our future: Sexuality and life skills education for young people – 3 school books for pupils in Grades 4-5, Grades 6-7 and Grades 8-9.

These materials are aimed at teachers and anyone else interested in teaching sexuality in the community; for example, peer educators, health practitioners, traditional and religious leaders and parents.

¹ UNAIDS/WHO AIDS Epidemic Update: December 2006

Introduction

What does the manual cover?

Session 1: Setting the scene

In this session, participants get to know each other, express their hopes and fears and make an agreement on how they want to work together. They gain a common understanding of the terms sexuality and life skills.

Session 2: Growing up in the past and now

In this session, participants recall and share their experiences of growing up and thinking about sexuality. They reflect on how times have changed for young people and their hopes and fears for the future of young people.

Session 3: What are we doing now and what more can we do?

Participants explore their roles and responsibilities in protecting and promoting the sexual and reproductive health of their pupils and young people and fellow teachers and colleagues. They look at challenges and ways to address them.

Session 4: Gender norms in our lives

This session focuses on gender and vulnerability, their effect on our sexual well-being and how we can support each other to enjoy equitable gender relationships.

Session 5: Sexuality, HIV and AIDS and life skills

In this major session, participants use participatory learning activities to explore key issues in their own lives and how they can apply the lessons learned from this to their work with young people. Issues include sexual and reproductive issues, attitudes and values and life skills.

Session 6: Learning from children about their needs

In this session participants make a plan to use some of the activities they have experiences to learn more about their pupils' hopes, fears and needs.

What are the objectives of the training?

The participants will:

- become familiar with the role of schools within the national AIDS strategy
- analyse the causes and consequences of the high risk of HIV infection for pupils and teachers in Zambian schools and their role in addressing the problem
- be motivated to take responsibility for their own and their pupils' sexual and reproductive health
- reflect on their own experiences with sexuality and gender as they were growing up, the changes that have occurred in the environment since that time and their impact on young people
- identify strategies for coping with change and ways to overcome challenges of teaching sexuality and life skills in schools
- use a range of interactive learning activities to reflect on their own lives in relation to sexuality, gender and sexual and reproductive health and how it connects with their role as teachers
- increase their awareness of their own feelings and values around SRH, gender and sexuality and how these might affect their teaching
- practise a range of life skills in relation to sexuality and gender
- make a plan of action to learn from pupils about their concerns, needs and interests in relation to sexuality and life skills and how these can best be met at school.

How can we use the manual?

Teacher training schools, provincial, district and zonal trainers, schools and external trainers can use the activities in the manual in a flexible way, depending on their needs, resources and time available. For example:

- If time and funds are available, trainers could cover all the topics in a 6-day workshop in a training college, school or local venue.
- Schools could allocate a regular time for in-school training and facilitate the topics over a period of time until they have covered the manual.
- After experiencing some of the activities, teachers may want to facilitate them with their pupils. This helps them to understand pupils' needs. Simpler versions of many, but not all of these activities are also found in the 'Our future' pupils' books.

Introduction

It is important to follow this initial preparation training with a training for teachers to practice the interactive methodologies used in teaching sexuality and life skills to their pupils and in using the 'Our Future' pupil's books.

What approach and methodologies does the training use?

The training uses an adult interactive learning approach. Participants engage in experiential learning activities to explore their own lives and how they impact on their work as teachers. Participants discuss how they can use and adapt the activities for working with pupils and the community. The facilitators share their own perspectives and experiences where it will help participants to grasp a point or feel more comfortable. The facilitators ensure that participants are protected from harm in the ways listed below.

Making sexuality education safe

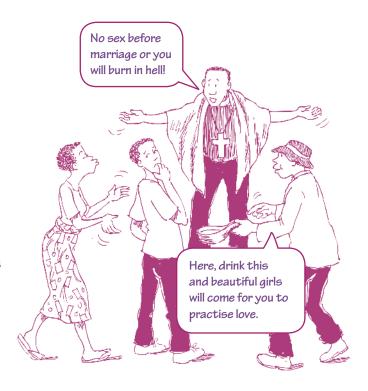
When we work on sexuality education with people of any age, it is vital to think about the ethics of our activities and to protect everyone involved from any possible harm. It is particularly important when we work with young people because we have more power to make them engage in activities that may harm them. We need to sensitise community leaders, parents, health workers, religious leaders and young people about sexual and reproductive health needs and get the agreement of key community members, teachers and young people before starting sexuality lessons with pupils.

The points below apply to learning about sexuality for all age groups. We must:

- do some participatory activities to find out about participants' hopes and fears and agree on how we can work together safely before starting the lessons
- explain the purpose of doing each learning activity.
 Tell participants that you are not assuming anything about anyone's sexual lives, experiences or HIV status. Explain the benefits of talking more openly about sexuality in order to better take action to improve sexual and reproductive health
- ensure that the learning activities do not result in any participant being sexually harassed, bullied, punished or exposed in public for any ideas or behaviour that they talk about in the sessions

- never disclose personal information about a participant without their permission
- encourage participants to talk about things that happen to 'people like themselves' or to unnamed friends rather than disclose personal sexual information
- aim to ensure as much as possible that participants are not offended, upset or worried by the questions and activities
- together map sources of information, counselling and other services in the local area so that we can refer people who need help during or after the training.

Throughout this manual we have provided a few examples of participants' responses to some of the activities from our workshops. These are shown as examples only. They are not the 'right answers'. Some may be right and others may need to be challenged. Encourage your participants to be creative and free to come up with their own ideas.



Activity Introduction



Aim

To get to know each other and introduce the participants to the agenda, objectives and process of the workshop.



What is covered in this activity?

- Introductions
- Pre-training questionnaire on knowledge and attitudes about sexuality, gender and HIV and AIDS.
- Discussion around participants' hopes and fears related to this workshop and presentation of the workshop's objectives, agenda and approach
- Definition of how we want to work together
- Formation of support groups and guardian angels



Time

2 hours



Materials

- 'True-false' statements on knowledge and attitudes about sexuality, gender and sexual and reproductive health, including HIV and AIDS. See Handout: True-false questionnaire on page 9
- Workshop objectives and agenda

How to do it

Completing the questionnaire

- 1 If possible, distribute and ask each participant to complete the 'true-false questionnaire' before the workshop starts. Ask people to sit apart from each other and not to include their names so that the answers are anonymous.
- 2 Collect the completed statements.

Introduction

1 Ask participants to introduce themselves by telling the group the name they wish to be called using an adjective beginning by the same letter as their name. For example, 'Happy Harry' and 'Gentle Gill'. This helps people remember each others' names. Ask participants to mention their school, class and responsibilities for HIV and AIDS work.

Hopes, fears and objectives

- 1 Divide the participants into pairs and ask them to discuss their hopes and fears for the workshop. Ask them to think of one hope and one fear per pair.
- 2 In plenary list the hopes and fears of each pair.
- **3** Put up the objectives on a flipchart and match the hopes with the objectives of the workshop (see page 5).
- 4 Discuss and try to resolve the fears.
- **5** Distribute the workshop objectives and agenda and explain the approach of the workshop.

Example of hopes and fears

Hopes

- To learn new methodologies on how to teach life skills and sexuality
- To meet a challenge
- To be given certificates at the end

Fears

- Will I be able to follow the contents of the workshop?
- How information on sexuality will be received by the community?
- Of the families left behind, will they be in good health?

How do we want to work together

1 Ask participants to think of how they want to work together to achieve the objectives of the workshop. List on flipchart or ask groups to draw pictures on flipchart to show their points. For example, they could draw an ear to show 'listen to each other without interrupting'.



Activity Introduction



Examples of how people would like to work together

- Respect other people's views
- Observe punctuality
- No mini-meetings

2 Put up the lists or pictures, discuss and agree on the points with the group and leave in on the wall to remind participants or to add to as the workshop goes on.

Support groups

- 1 Explain the idea of support groups to reflect every evening on the day's work. Group members will provide support to each other and feed back their thoughts to the plenary each morning. The following questions can help the support groups to structure their feedback:
 - What did you learn and enjoy today?
 - What did you find difficult and challenging?
 - What are your suggestions for improving the sessions when we hold the course again?

Guardian Angels

- 1 Explain that each participant will have a person in the group who is their 'guardian angel'. This person will look out for their welfare and be there to share feelings or counselling.
- 2 Stand in a circle and ask each participant to turn to the person on their right. This person is their guardian angel.

☑ Facilitator's tips

- It is important to respect each other and not be judgmental. However, we also need to challenge ideas that are not helping us and our pupils to stay happy, healthy and safe and enjoy our rights.
- We cannot guarantee confidentiality in a group so we need to think carefully about what personal information we disclose about ourselves and others. It is safer to talk about some experiences as if they happened to another un-named person or 'people like us'.
- We are all sexual beings affected by the HIV epidemic. It is good to work together as equals to respond to HIV and AIDS rather than see ourselves as higher or lower than others.
- Any of us in the group might be living with HIV, with or without knowledge of our status. We should assume that some of us are living with HIV and take care to talk in ways that include and do not discriminate against those of us with HIV.
- Ask participants to take responsibility for different aspects of the workshop, such as food and accommodation, health, entertainment and time-keeping.



Handout True-false questionnaire

Please circle your own opinion as to whether or the statement is true or false. If you are uncertain do not circle anything. Answers are on pages 84-87.

It's wrong to teach pupils about sexuality because it will encourage them to have sex.	TRUE	FALSE
The groups with the highest HIV prevalence rate in Zambia are women aged 30-34 and men aged 35-39 years.	TRUE	FALSE
Women can only orgasm after several rounds.	TRUE	FALSE
When a woman says no to sex, she wants a man to persuade her.	TRUE	FALSE
People who raise issues of gender equality bring confusion and makes things worse for families.	TRUE	FALSE
Masturbation is a good practice for young people because they can relieve their sexual feelings safely.	TRUE	FALSE
An HIV negative test result means that you have not been infected with the virus.	TRUE	FALSE
Many women will only learn that they have an STI if their partner tells them.	TRUE	FALSE
Teaching children assertiveness skills will make them unruly.	TRUE	FALSE
If women have a problem with gender, they should tell men what to do about it.	TRUE	FALSE
Young people should not be given condoms because they will think they can have free sex.	TRUE	FALSE
Anal sex is only practised by homosexuals.	TRUE	FALSE
It is the role of a man to propose sex.	TRUE	FALSE
A man cannot rape his wife.	TRUE	FALSE
People should practise safer sex with or without knowing their HIV status.	TRUE	FALSE
The vagina gets loose after childbirth so dry sex improves friction and pleasure during sex	TRUE	FALSE
Women don't enjoy sex if they don't feel the semen in the vagina.	TRUE	FALSE
Women are happy if their husbands have girlfriends because it gives them a break from sexual duties.	TRUE	FALSE
Many women don't enjoy sex because they fear pregnancy.	TRUE	FALSE
Health providers can help to prevent transmission of HIV from HIV positive mothers to babies.	TRUE	FALSE
A person can get HIV from oral sex.	TRUE	FALSE
A person can get HIV from wet kissing.	TRUE	FALSE
Vaseline is a good lubricant for condoms.	TRUE	FALSE
Spermicide protects against HIV and STIs.	TRUE	FALSE
Women have more responsibility for HIV prevention because they are more vulnerable and better at controlling their sexual feelings.	TRUE	FALSE

Activity What is sexuality and what are life skills?



Aim

To understand the meaning of the words 'sexuality' and 'life skills' in relation to participants' lives.



What is covered in this activity?

Analysis of the terms sexuality and life skills and demonstrating their importance in our lives through role-play



Time

1 hour



🔇 Materials

Flip chart and pens

How to do it

- 1 In small groups, divided by sex and age, explore the meaning of the words sexuality and life skills.
- 2 Feedback in plenary.
- **3** Prepare a role-play to show how life skills can help us to express our sexuality safely.
- **4** Ask groups to show their role-plays one by one and for each ask the audience to identify the points about sexuality and life skills and write them on a flipchart.
- **5** Ask participants what they have learned from the session and how they will use what they have learned.

Young people expressing their sexuality through their dress and dance



After the dance...



Facilitator's tips

- Sexuality is a key part of being human and affects people throughout their lives, from birth to death. It is about our bodies, feelings and behaviour as males and females. It includes issues related to gender, sex, sexual orientation, pleasure, relationships and reproduction. We can express our sexuality through our thoughts, beliefs, desires, fantasies, attitudes, values, behaviours, roles and relationships. We express it in the way we walk, talk, dress, dance, sing and enjoy being with people of the same and opposite sex. It includes all the ways that we enjoy expressing ourselves as sexual beings. Our sexuality is influenced by a wide range of factors - social, political, biological, psychological, cultural, economics, religious, legal and historical.
- Sexuality is different from sexual intercourse, which is the act of a man putting his penis into the vagina or anus of a woman or man and 'having sex'.
- Help participants to understand that sexuality is much more than sexual intercourse. Encourage them to think of all the ways that they can enjoy their sexuality safely. Encourage them to think of role-plays that do not focus only on sexual intercourse.
- Life skills are all those skills that help us to live a safe, happy and healthy life. They are skills relating to ourselves as individuals, our relationships with others and how we manage situations in our lives. Life skills include self esteem and awareness and skills for critical thinking, communicating, negotiating, assertiveness, decision-making, taking responsibility and solving problems.

SESSION 2 Growing up, in the past and now

2.1

Activity The situation in our schools



Aim

To analyse the reasons why schools are a highrisk environment for HIV for both teachers and pupils.



What is covered in this activity?

School as a high-risk environment for HIV



Time

1 hour



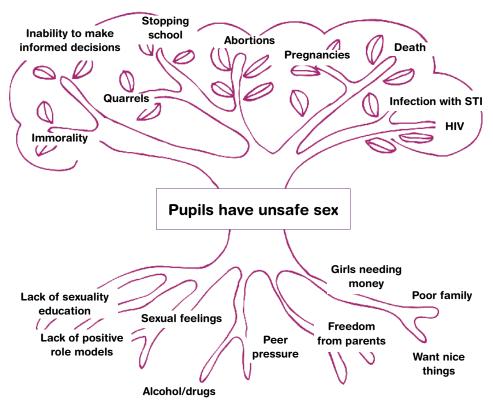
Materials

Flip chart and pens

How to do it

- 1 Explain that research shows that schools are a high-risk environment for HIV transmission for both teachers and pupils in Zambia. In this session, we are going to use five different learning activities to analyse the causes of this situation.
- 2 Divide the participants into five groups. Give each group one of the following methods to illustrate how schools are a high-risk
 - A 'causes and consequences tree' showing reasons for risk and consequences.
 - A map of school and surroundings showing risky places and events.
 - A letter to an 'agony aunt' in a newspaper from a pupil who is concerned about the risk of HIV at school.
 - A role-play showing a risky situation in school.
- 3 In plenary, ask each group to present and explain their findings. Discuss and summarise the findings.
- 4 Ask "What did we learn and how will we use it?"
- 5 Help the group to make a summary on a flipchart of the reasons for risky situations and put it on the wall to work with later.

Example of the 'causes and consequences tree' diagram





✓ Facilitator's tip

To make the 'causes and consequences tree', ask participants to draw a tree on flip chart paper. Write 'Pupils have unsafe sex' on the trunk of the tree. The group then think of all the reasons for this risk and write them on the roots of the tree. Put everyone's ideas - do not edit them. They then think of all the consequences of the risk situations and write them on the leaves of the tree.

Activity The situation in our schools

Example of a risk map



Facilitator's tip

For the map, ask participants to draw a map of the school and its surroundings and mark on it all the places where teachers and pupils may be at risk of HIV infection. The risk might be sex between pupils, pupils and teachers or people outside school. Risky places could be inside or outside school or on the way to school. Encourage people to draw the reality of the risks.

Example of a letter to an 'agony aunt'

Chibamu MB School Sub-Post Office Chikungu CHIPATA

07 August 2007

Dear Aunt,

Greetings in the name of our Lord!

I am worried about what is happening at our school. There are so many things pupils and even our teachers do which could make us get HIV. Aunt, during night entertainment, pupils go together with their teachers

Aunt, during night entertainment, pupils go together with their teachers and do immoral things together I'm sure they hide in long grass and misbenave while the lights are off. Sometimes they had in long grass diseases or even HIV compations will get one of these sexual and do immoral triings together. I'm sure they will get one of these sex. playgrounds are also full of broken glass and when playing games there are playgroungs are also tull of broken glass and when playing games there are another.

another

another

Aunt, I am so afraid that one day I will also get HIV and my friends will all die Aunt, I am so atraig that one gay I will also get HIV and my triengs will all gie to his to learn property.

Aunt, I am so atraig that one gay I will also get HIV and my triengs will all gie to his to learn property. too big to learn properly.

Aunt, please help me! Should I leave school?

Your worried niece. Taonga

▼ Facilitator's tip

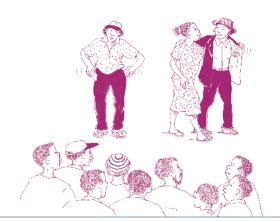
Ask participants to imagine that they are a pupil and write a letter to an adult concerning worries about HIV. The letter should describe the situations that make the pupil worried.

Activity The situation in our schools



Facilitator's tip

The role-play should show the real situations that pupils and teachers meet in school. Encourage participants to show the reasons for those situations through the role-play. After the role-play, ask the actors to stay in their characters while participants ask them questions to find out why they behaved as they did. This is called hot-seating. It is a very good way to understand the different reasons why people have unsafe sex.



Example of a role-play

Role-play

The role-play was developed by Zambian teachers to show how teachers and pupils might be at risk of HIV infection at school. The role-play showed a girl pupil who had a boyfriend in school, a 'sugar daddy' outside school and a teacher who was proposing sex to her. The girl came from a poor family and was using the money from the sugar daddy to buy food and clothing, the boyfriend to help her with assignments when she was too busy with domestic work to complete them, and the teacher to give her good grades. The hotseating of the characters revealed the causes of unsafe sex listed below.

Causes of risk

- Teachers are having sex with pupils
- Men are richer and more powerful that girls whether boyfriend, sugar daddy or teacher
- Teachers and older men believe girls to be HIV free or that they can cure STIs by having sex with a virgin
- Sex with pupils is free they don't demand money

- Young girls are very loving and do not criticise teachers like older women do
- Girls are taught to obey and 'respect' boys and men
- Girls need money
- Mothers may encourage girls to try to marry the teacher or get help from him

Consequences

- Pupils and teachers contract STIs and HIV
- Girls get pregnant, they may have abortions and die
- Most girls would stop school they would end up in early marriage
- It leads to divorce

Solutions

- Pupils must have enough knowledge on sexual and reproductive health
- Pupils need to acquire life skills for them to make informed decisions
- Teachers must stop abusing their pupils

Activity Our own growing up



- To help participants to think about how they were helped or hindered in expressing their sexuality safely as they were growing up.
- To identify how participants would like things to be the same or different for this generation of children.



What is covered in this activity?

- Experiences of growing up
- Sexuality life-line
- Hopes for this generation of children and their experiences of growing up



Time

1 hour



Materials

- Flip chart and pens
- A list of questions see box below

How to do it

- 1 The night before distribute a list of questions to the participants. Explain that the aim of these questions is to help participants think back over their lives and remember what happened to their bodies and minds as they were growing up.
- 2 Divide the participants into groups of older men and older women, younger men and younger women. Give people time to share any thoughts that they wish to share in their groups.
- 3 Ask each group to create one sexuality life-line showing the good and bad experiences for people like themselves. The path can go up for positive and down for negative experiences.
- 4 Once this is done, ask each group to discuss the question: Thinking about the time you were growing up, what would you like to be different for your own children?
- 5 In plenary, share the life-lines and ideas about the things that they would like to remain the same and the changes that people would like to see in their own children's experience of growing up.
- 6 Ask: "What did we learn and how will we use it?"



Facilitator's tips

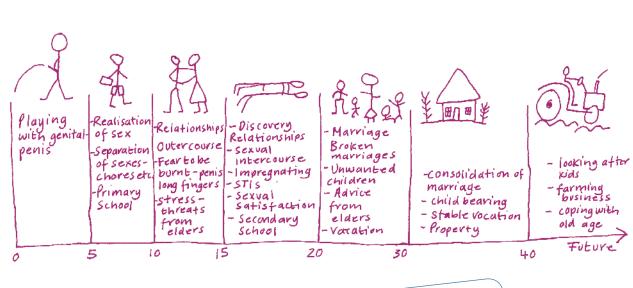
- Some participants may feel upset about memories of their own growing up. Give people time to get mutual counselling in their support group or from their guardian angel or a facilitator if they need it.
- Ask group members not to mention the names of people who shared experiences shown on the lifeline in plenary without their permission.
- Participants may prefer to draw their own lifelines and then go into pairs with a person they trust to share them. You can then ask a general question "What did you learn from reflecting on your growing up?" rather than asking people to present their life-lines.

List of questions

- What did you look like, how did you feel about your body?
- What activities did you do through the day?
- What changes did you notice happening in your body and how did you feel about them?
- What did you know about these changes? How did you learn about this?
- Now think of yourself growing up year by year
- When did you notice that boys and girls were different?
- When did you start to be interested in the opposite sex?
- What messages did you get about this and who from?
- What were your good and bad experiences?

Activity Our own growing up

Example of a sexuality and gender life-line by male Zambian teachers





Examples of things that participants would like to remain the same and of the changes that people would like to see in their own children's experience of growing up

- Advice from elders about looking after yourself sexually and abstaining Good things to keep
- Advice from church about abstinence before marriage, fidelity within marriage, looking after your wife and children, satisfying your wife sexually and all children having equal loving from mothers and fathers.

- Children should have accurate information about sexuality as they grow up. Elders should not use fear generated by false information to Changes
 - The practice of pulling the labia minora should stop it is painful and
 - Young people should have information about how to plan their pregnancies so that they do not have unwanted children through their
 - Young people should have knowledge of how to protect themselves from STIs and HIV before they become sexually active.
 - Girls should be taught about menstruation before they start their periods.

2.3

Activity Thinking back¹



Aims

- To engage participants in thinking more personally about gender and sexuality in their own lives;
- To listen to each other's point of view and think how gender affects our feelings and sexual lives.



What is covered in this activity?

- Gender
- Sexuality
- Self-awareness
- Listening skills



Time

1 hour



Materials

Flip charts paper and pen

☑ Facilitator's tips

Depending of the number and sex of the participants the ideal division would be to have the following groups: young men, older men and young women, older women. However you might not be able to make four groups and this doesn't matter for the activity.

How to do it

- 1 Divide participants into groups by sex and age
- **2** Ask the groups to discuss the following questions and to record their responses on flip charts.
 - (a) What do you remember about boys when you were at school?
 - (b) What do you remember about girls when you were at school?
 - (c) What do you think you most needed to know about sex?
 - (d) What do you think you most wanted to know about sex?
 - (e) What were some of your greatest dreams or hopes about sex as a teenager?
 - (f) What were some of your greatest fears about sex when you were a teenager?
 - (g) What messages did you receive about sexuality when you were growing up?
- **3** Put up the flipcharts and ask groups for any clarifications or explanations. Discuss the common ideas and differences between the groups. Ask:
 - What can we learn from this that will help our young people to grow up safely?
 - Do you think that your pupils today have the same thoughts and feelings as you did? What is the same and what has changed?
 - How easy was it to follow the messages from the elders? What would have helped us?
 - What did we learn and how will we use it?



Examples of some responses from our workshop

=xamples of some respondes from our workshop		
Young men	Older men	Women
What do you remember about boys when you were at school?		
Fondling girls	Boys becoming aggressive towards girls, e.g. touching breasts and buttocks	Boys used to propose love
What do you remember about girls when you were at school?		
Staying in isolation from boys	Girls developed shyness, became submissive, etc.	Writing love letters with flowers to the boys

¹ Jill Lewis (2003) Gendering prevention practices: A practical guide to working with gender in sexual safety and HIV/AIDS awareness education, Nikk Publications

Activity Thinking back

Summary of what we learnt

Men and women had a lot of similarities in their memories of sexuality at school.

Both men and women:

- remembered wanting and needing to see and touch the genitals of the opposite sex, know how to have sexual intercourse and orgasm, to practice sex and know whether they could satisfy their partner
- hoped and dreamed of having a good boyfriend or girlfriend who would support them and of having free sexual intercourse with them
- feared getting caught in sexual activity, embarrassment, being suspended, having unwanted pregnancies and contracting an STI
- were told not to have sex before marriage by grandparents, elders, guardians, teachers and priests
- peers discouraged girls from having sex but encouraged boys because of the pleasures they experienced.





These memories remind us of our youth and the great interest, feelings and urgency we felt about our sexuality. We need to acknowledge this when we support young people to stay safe, rather than acting as if they can just stop their sexual feelings by reading or playing football.

Young people need correct information on their developing sexuality. They need to know that their sexual feelings are good and normal and they need to be supported to manage them safely and happily. They need to become aware of the impact of their behaviour on each other and on their ability to achieve their dreams.

Activity How times have changed for our children



Aims

- To analyse the ways in which growing up is different for our children compared to the time that we were growing up.
- To analyse the impact of these changes on young people's lives.
- To agree how we can help young people to grow up happy, healthy and safe in their sexual lives.



What is covered in this activity?

- Past and present sexual and reproductive health issues
- Strategies for supporting young people



Time

1 hour



Materials

Flip charts and pens



How to do it

- 1 Divide the participants into the same sex and age groups as in activity 2.3.
- 2 Ask each group to make and complete a grid based on the following example:

How things were when we were growing up	How things are for young people now	Positive impact of changes	Negative impact of changes
There were no condoms	Condoms are available	Fewer STIs and pregnancies	More STIs and pregnancies because condoms not used every time.

- 3 Ask participants to discuss the following questions and to write their answers on a flip chart:
 - (a) What are the things that are different for young people growing up now compared to our time?
 - (b) How do these changes affect young people positively and negatively?
 - (c) What can we do to help them manage these changes well?
 - (d) How can we help young people to develop into responsible and fulfilled sexual human beings in these changing times?
- 4 In plenary ask each group to present their grids and responses.
- 5 Summarise and add any ideas that have not been mentioned.
- 6 Ask, "What did we learn and how will we use it?"



Facilitator's tips

Each generation tends to think that their generation was better than the new generation and not to recognize positive changes. Encourage people to think about positive and negative impacts of change rather than focus on only negative changes.

Summary of learning from the session

The groups thought that there are both positive and negative impacts as a result of the changes in the environment, culture and lives of young people.

Some of the changes affecting young people are:

- They are maturing physically earlier but marrying later. This means that they have strong sexual feelings and a normal desire to express them, but not within the accepted boundaries of marriage.
- Young people receive messages about sexuality from more people than previously. They get different messages from family, initiation advisors, school, people who travel to the city, media and peers.

Activity How times have changed for our children

It is difficult for them to sort out what is right from these messages.

- Poverty is worsening in Zambia and many young women and some men take sexual risks just to eat. Also young people see and desire new ways of living which require money, for example, fashionable clothes. They get frustrated and practice risky behaviour to acquire this lifestyle.
- AIDS is a new and fatal disease that is killing many young people in Zambia. Because young people are marrying later, they are likely to have more than one sexual partner and be more at risk from HIV and STIs (which can cause infertility). Girls marry older men who are more likely to have HIV infection because they have had more sexual partners than young men.

What can help young people to grow up happy and safe?

We can all help to improve our lives through strengthening the good things in our culture and changing or stopping the harmful practices.

The group thought that:

- Education should include the strengths and limitations of all the safer sex choices.
- We need to involve men in change so that they recognise the benefits of changes in gender relations and culture.

 Adults need to recognise that unless they act in a responsible way and uphold young people's rights, they will not respect them.

Young people need:

- Clear and full information about body changes in puberty, sexuality, conception and how to protect themselves from pregnancy, STIs and HIV; and their rights.
- Opportunities to learn about and practice virtues and explore values and attitudes about sexuality and gender.
- High self-esteem so that they believe that they are worth protecting.
- Communication skills so that they can talk about sexual matters in a good way.
- Goal setting, problem-solving and decision-making skills so that they can make and act on good decisions.
- Health services which provide for their SRH needs without being judgemental.
- Friends, family and communities who protect and support them as they grow up, make them feel good about themselves and help them to make good decisions and avoid harmful sexual situations.
- Mobilised communities who explore their culture and situation and make changes that enable young people to stay happy, healthy and safe.



Workshop examples of some responses by the female group

Our time	Now	Positive impact	Negative impact
Marriages arranged by parents	Self initiated marriages	Less forced early marriage. Marriages are happier	More divorces
Did not know puberty signs	They know at an early age	Are able to refuse sex because know dangers	Earlier sex
High payment of damages and dowry	Low damages and dowry charges	Young men can marry earlier	More sex outside marriage because costs are less
No knowledge of rights	Knowledge of rights	More reporting of rape and punishment for rapists	Less beating so less fear of punishment for sex

Activity Our hopes and fears for the future



Aims

- To help participants to think about their hopes and fears for the future for the children in their community, including their own.
- To help participants to plan well and take steps which enable them to fulfil their hopes and support children to achieve a good future.



What is covered in this activity?

- Exploring hopes and fears for the future.
- Planning for a good future.



Time

1 hour

Summary of learning in our workshop

We all have hopes for our children, both for their own well-being and also so that they can support us in old-age. There are key steps in their lives that can help them to achieve a good future. If we give them support and protection as they grow up we can help them to make good decisions and avoid the dangers that face them.



Facilitator's tips

- It is better to have groups of at least 3 people to make the role-play easier. If you have too many groups to present to plenary, you could pair up the groups so they present to each other.
- You can ask participants to make drawings of their ideal and worse future instead of role-play, if they prefer.

How to do it

- 1 Explain that in this activity participants are going to think about their hopes and fears for their children and about what kind of future they wish for them. Ask them to keep in mind that we are concerned about sexual and reproductive health so they need to include this aspect in their role-play.
- 2 Ask each participant to say one hope that they have for the future of their children.
- **3** Ask each participant to say one fear that they have for the future of their children.
- 4 Divide into groups, if possible putting people who have similar hopes together.
- 5 Ask each group to think about the best possible future for their children that they can imagine and to create a role-play to illustrate it.
- 6 Now ask each group to think about the worst possible future that they can imagine for their children and to create a role-play to illustrate it.
- 7 Ask each group to think of what steps they could take to support their children to reach their good future.
- 8 Ask each group to present in turn their role-plays, presenting first the worst scenario and then the best. Ask the groups to stay in the middle after they have performed while their role-play is being discussed.
- **9** For each group ask firstly to the group, then to all participants, in the worst scenario role-play, what steps could they and others have taken to reach the best scenario future?
- 10 Ask what impact the best and worst future for their children will have on their own lives.
- 11 What did we learn and how will we use it?



An example from our workshop

	Boys	Girls
Ideal future	Complete school Get a good job Marry a hard-working woman Have healthy children	Complete school Marry a kind, rich man Fertile Hard-working woman
Worst future	Has no job Steal and go to prison Become a drug addict Die of AIDS	Has an abortion and dies Dies of AIDS Marries a poor, violent man Infertile

3.1

SESSION 3 What are we doing now and what more can we do

Activity The role of teachers in sexual and reproductive health



Aim

To share experiences on our activities and achievements to date and what more we would like to do to help our students to grow up happy, healthy and safe.



What is covered in this activity?

Developing good relations between teachers and students and activities to support their growing up



Time

1 hour



Materials

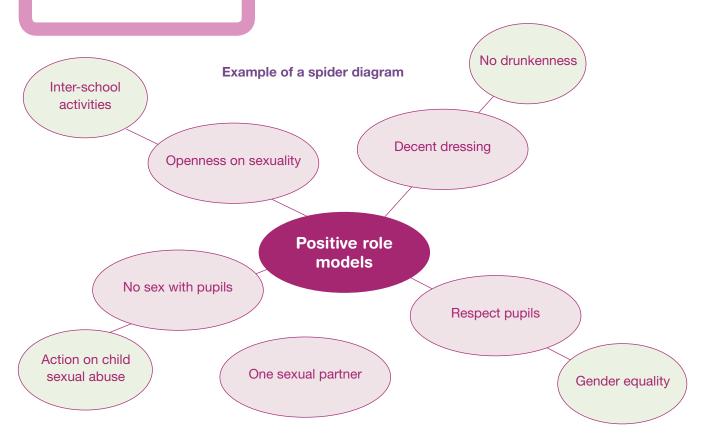
Flip chart paper and pens

How to do it

- 1 Divide the participants into four mixed-sex groups and allocate one of the following topics to each group:
 - Teaching students
 - Providing positive role-models
 - Creating a more enabling environment
 - Counselling students and providing support to children affected and infected with HIV and AIDS
- **2** Ask each group to use a spider diagram to facilitate their discussion of the question "What are we doing now to help our students to grow up happy, healthy and safe in relation to their sexuality, SRH and HIV?"
- **3** Using a different colour marker, ask the groups to add to the diagram the answers of the question "What more would we like to do to help our students to grow up happy, healthy and safe?"
- 4 Invite each group to present its diagrams in plenary and discuss them. Invite all participants to add their experiences and ideas to each other's diagrams.
- 5 What did we learn and how will we use it?

☑ Facilitator's tip

Encourage groups to stick with their specific topic in both what they are doing now and what they would like to do.



3.1

Activity The role of teachers in sexual and reproductive health

Examples from our workshop Group What are we doing now? What more would we like to do? Teaching Life skills, for example Survival skills, for example, decision-making. brick-laying and tailoring Integration of HIV into Provide career guidance subjects Training teachers, Anti-AIDS clubs administrators and peer educators in SRH and HIV. Rights of children Teachers providing positive role Have one sexual partner Inter-school guizzes and models debates Decent dressing Take action on child abuse Openness on sexuality Show gender equality Respect pupils and their rights Supporting children affected Psycho-social counseling in Provide nutrition and free and infected by HIV and AIDS local language. tuition Identify and send children Income generating activities affected to DAPP and for affected families. ZECAB Accessibility of free drugs Creating enabling environments Literacy classes in the More health services at community school level School health and nutrition Gardens, orchards, poultry Sensitisation on HIV in the Classroom and materials community. for counsellors and literacy classes. PAGE family open days

Teachers can use this information to develop a plan for their school and apply to the MOE and NGOs for funding.

SESSION 3 What are we doing now and what more can we do

Activity What challenges do we face in teaching pupils about sexuality and life skills?



Aim

To identify the challenges and constraints to teaching sexuality and life skills in schools



What is covered in this activity?

- Sexuality
- Life skills
- Challenges of teaching life skills



Time

1 hour



Materials

Flip chart paper and pens

How to do it

- 1 Give out four small pieces of paper to all participants and ask them to write one challenge on each piece of paper in big letters.
- 2 Put all the pieces of paper on a table or on the floor and cluster them so that similar challenges are together. For example, challenges about culture.
- 3 Discuss each challenge to agree on what it means and how to state it.
- 4 Make a list of the challenges on a flipchart under cluster headings and invite participants to add any others.
- 5 Ask 'What did we learn and how will we use it?'
- 5 Summarise and explain that the next session will look for strategies to address the challenges.



Facilitator's tip

In step 1, encourage people to write down any challenges that come into their heads and put all the papers in the middle before you discuss them. This ensures that all the ideas come out.

Examples of challenges and difficulties

Challenges to sexuality education are related to culture and attitudes of pupils, teachers and communities; pupils do not trust teachers; lack of teacher training, learning materials and integration into the syllabus; and poor level of resources in schools leading to large classes and overworked teachers.

- Elders feel that sexuality teaching in schools goes against acceptable traditional norms.
- Cultural values do not permit free discussions about sexuality in mixed sex and age groups.
- Interference from religious leaders who do not agree with teaching about sexuality before marriage or with condom use.
- Some pupils are shy or egocentric.
- Some community members have mixed feelings about sex education.
- Reaction of boys towards sexuality is challenging; they become very excited.

- Unavailability of appropriate and relevant materials by grade.
- SRH is not yet integrated into syllabus and so it is difficult to put on timetable.
- Too much work for the teacher to accommodate all the required materials.
- Language barriers.
- Pupils are not taught SRH at home. Hence they are not ready to mention actual names of genital organs or see it as an insult.
- Teachers and pupils are not used to the interactive approach and methodology.
- Qualified teachers to teach the subjects are lacking.
- Teachers have inadequate knowledge or negative attitude to sexuality education.
- Teacher-pupil relationships raise suspicion of sexual involvement.
- Large class sizes often more than 50 pupils make it difficult to teach.

Activity Problem solving



Aim

To use the Margolis Wheel to think of all the possible strategies for addressing the challenges to teaching sexuality identified in the previous session.



- Sexuality education
- Challenges
- Problem-solving skills



Time

1 hour



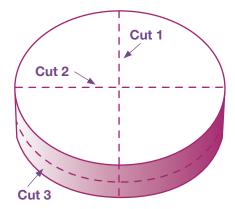
Materials

Flipchart paper and pens

How to do it

Warm-up game

- **1** Ask participants to draw a picture of a round cake in their notebooks.
- **2** Ask participants to divide the cake into 8 pieces using only 3 cuts of the knife.
- **3** Share ways that people achieve this.
- 4 Ask what they have learned about problem-solving.



Solution to cutting the cake

Margolis wheel

- Explain that the aim of this activity is to find solutions to the challenges of teaching about sexuality identified in the previous activity. Ask each participant to choose one of these problems so that everyone has a different problem.
- 2 To find solutions they are going to form a 'Margolis Wheel' where some people ('clients') present a problem and others ('consultants') give their ideas on how to solve it. Everyone will have ε chance to be in both roles.
- 3 Ask people to take a few minutes to think about how they will explain their problem to their consultants.
- 4 Divide the participants into two groups. Make one group the consultants and the other the clients.
- **5** Ask the consultants to take their chairs and make a circle in the middle of the room with the chairs facing outwards.
- Ask the clients to take their chairs and place them in front of the consultants so everyone has a partner.



- 7 Explain that the clients now explain their problem to their consultants and the consultant has 3 minutes to suggest solutions. The client should write down the solutions.
- 8 Clap your hands after three minutes and ask the clients to stand up and move to the chair on their left. They now face a new consultant and again get their suggestions for 3 minutes.
- 9 Repeat two more times.

Activity Problem solving

- 10 Change places so that the consultants become clients and visa versa and clients move one place to the right and meet different consultants.
- **11** Repeat the activity.
- **12** Ask each person to write up all the suggestions that they were given by their consultants. In groups with the same cluster heading, write on a flipchart all the suggestions for that cluster.
- 13 Ask each group to present their findings and discuss. Combine, revise or remove suggestions to make them more practical and manageable.
- **14** Ask each group to make a grid showing which activities they want to carry out immediately, soon and later to address the challenges.

- **15** Ask each group to present their grids.
- **16** Ask 'What did we learn and how will we use it?'

Facilitator's tips

We used the terms 'consultant' and 'client' because people enjoy seeing themselves as consultants. Use suitable terms for your group, but be sure that you acknowledge that everyone has the ability to find solutions to problems. It is not just higher status people telling lower status people what to do. A good consultant helps clients to find their own solutions.

Example of learning developed as an action plan

Participants generated a lot of ideas for addressing the challenges, which were put into action plans for their school and the project, summarised here as a chart.

Objective	Activities
Community, including cultural	Sensitise the community, headmen, religious leaders and parents about sexuality and life skills using role-plays, drama, poems, songs and the radio.
and religious leaders accept	Invite parents, initiation advisors, indunas and religious leaders to discuss the dangers of unsafe sex and attend and facilitate workshops in sexuality education.
sexuality and life skills education	Use outreach programmes and train peer educators to teach community members about sexuality and the life skills of awareness, assertiveness and critical thinking.
	Involve community members in pupils' homework. Teach pupils to be assertive and defend their rights.
	Invite health staff to talk to pupils and teachers so they see the need for sexuality and life skills education.
Common messages on	Sensitize parents on sexuality, especially new entrants, perhaps by having workshops during PAGE meetings.
sexuality are	Include parents in the MOE school programmes on the radio
taught at home and at school.	Incorporate traditional good elements of culture in teaching and work with the community to change harmful practices.
Boys and	The head talks about the new topic and its importance in assembly.
girls are able to accept and discuss sexual matters comfortably	Pupils, teachers and parents agree on acceptable language to use for body parts, including English and local languages.
	Teach sexuality and life skills regularly and slowly so that pupils get used to what they term as 'insults'
	Encourage girls by holding debates on sexuality topics, giving girls roles to play regularly and facilitating same sex discussions and activities at first.
	Teachers should treat boys and girls equally, including giving leadership roles.

Activity Problem solving

Objective	Activities
Teacher-pupil relationships are protective and	Sensitise teachers, pupils and the community on the teachers' role in teaching sexuality and life skills and the harm caused by sexual relationships between pupils and teachers.
parental	Encourage pupils to report teachers who approach them in a sexual way.
	Develop a code of conduct and impose strict measures for teachers who sexually approach or abuse pupils.
	Call pupils to a public space like the staff room where all can see rather than a private office or house.
	Divide leadership roles equally between boys and girls.
	Be gender sensitive and treat all the pupils equally, regardless of sex.
There are sufficient trained	The ministry and NGOs should train all teachers in pre-service and in-service training using experienced and qualified people.
teachers who	Trained teachers can train the rest of the teachers in their school.
accept sexuality	Motivate trained teachers to train others by giving incentives.
and life skills education	Ask the Provincial or District Education Officer to address teachers and pupils together and through the media on the importance of the topic.
	Talk about sexuality and its importance in staff rooms and outside school.
Sexuality and life skills lessons	Request CDC to ensure that SRH is well-covered in the national syllabus. Work with NGOs to support SRH teaching.
are taught in and out of the	Teach across the curricula by including it in all subjects. Design the SRH curriculum to fit the core subject timetable.
core curriculum lessons	Look for spaces where teachers can teach SRH as a stand-alone topic. Teach SRH the first minutes before lessons everyday.
	Use existing monitoring systems to ensure high quality and appropriate lessons.
Teachers are able	Train teachers to use interactive methodologies and see their benefits.
to use interactive	Use materials that give step-by-step guidance on how to use them.
methods	Share tips with other teachers on how to manage interactive methodologies in large classes with poor facilities.
	Select methodologies that teachers and pupils are comfortable with, for example: role-play, drama, miming and stories help to make sexuality and life skills real.
	Give group work using work cards for pupils to discuss freely.
	Promote clubs where children can learn because it reduces shyness and builds confidence in them.
There are	Divide into small groups according to age and give each group materials for their level.
sufficient materials for all	Involve pupils, teachers and the community in writing and designing local SRH materials such as pictures and stories.
grades	Use core subject materials that include sex education topics because they are graded for their respective classes.
	Request funds for sexuality and life skills materials.
	Request that CDC provides books on sexuality and life skills for all grades.

Activity Taking responsibility¹



Aim

- To look at who is responsible and who takes control in sexual situations.
- To look at how the actions of many people in the community and environment play a role in enabling or hindering young people's sexual and reproductive health.
- To look at how we can all take more responsibility for our actions.



- Sexuality
- Gender
- Personal responsibility
- Enabling environments



1 hour



Materials

Flip chart with the four points written on it (see right)

How to do it

- 1 Ask the group to develop a drama building on the role-plays performed in previous sessions showing a sexual situation with a bad consequence. The drama should show clearly a number of characters who have some responsibility for the situation.
- 2 Ask them to perform the drama.
- 3 Tell the characters to stay in the front in role. They should keep quiet and listen to the audience first and then answer any questions in role.
- 4 Ask the audience:
 - Who was acting responsibly at the time of the sexual event?
 - Who was in control of the situation?
 - Which different people were responsible for the situation overall?

Don't say anything yourself until the audience have mentioned all the characters. Add any that you think have some responsibility.

- 5 Invite the audience to 'hot seat' the characters. This means to ask them questions about what they felt and thought during the drama as their character and to explain why they behaved as they did.
- 6 Explain that often when we have done something that went wrong, we make excuses and try to find someone else to blame. We don't want to admit our responsibility for the problem and try to do something about it. When we do this, we are not in control of the situation.
- 7 Ask each character in the drama to stay in role and one by one tell the audience the following four points:
 - I acknowledge what part my actions (mention actions) played in the problem.
 - 2 I accept my part of the responsibility (mention your part) for it.
 - **3** I will act in the following ways (mention ways) to make things turn out as well as possible for everyone.
 - I will think about how I can avoid doing it again and change my behaviour (mention ways).
- 8 Ask:
 - What do you think about this 'four point plan'?
 - How will you use it in your own life?
- **9** The group could re-play the drama to show everyone behaving responsibly and things turning out well.
- 10 What did we learn and how will we use it?

Activity Taking responsibility

Facilitator's tips

- If you see that participants are putting all the responsibility on certain characters and not acknowledging the responsibilities of others, ask them to think about the roles that each character played one by one and challenge them to see responsibility more broadly.
- Try to create a drama which has a range of characters including young people, older people in the community, service providers and policy makers. This helps people to see the importance of action at individual and community level, but also supported by an enabling environment.





Example of a drama from our workshop

Martina is a 14-year-old school girl in Basic School Grade 9. She comes from a poor family.

Martina has a boyfriend called Fred, who helps her with her homework because she has too many domestic chores to do to finish it. Fred wants to have sex with her and manages to obtain some condoms for protection. Martina is also going out with an older man, Simon, who gives her money to buy food for her mother and essentials for school.

One day the teacher calls Martina to his room and asks her if she will be his special girl because he finds her so beautiful. Martina's mother is pleased with this attention, hoping that the teacher will marry her daughter and help the family. She encourages Martina. Martina agrees and asks the teacher to use condoms but he refuses. He promises her high grades in her schoolwork.

A teacher called Martha comes into the teacher's room and sees what is going on. She wonders what to do about it but decides she shouldn't offend him because she is his junior.

Martina's mother's neighbour sees what is going on and noisily tells Martina's mother to stop her daughter going around with men. Martina's mother shouts back and the neighbour gives up and goes home.

Another teacher, on a spot inspection, asks Fred to show what he has in his bag. She finds condoms and immediately suspends him for bad behaviour. Martha sees what is happening and doesn't really agree with it but keeps quiet because the other teacher is so aggressive.

After some time, Martina starts vomiting and her mother finds out she is pregnant. She sends Martina to a woman who can end the pregnancy. Martina becomes very ill.

Summary of what we learned from this activity

We learnt that we often blame young people, especially young girls, when they become pregnant or get STIs or HIV. We say that they are immoral and deserve the consequences. We stigmatise and punish them. And yet, many of us are contributing to the problem, either directly by having unprotected sex with young people or indirectly by refusing to give them the information, services and skills they need to stay safe. If everyone concerned fulfilled their responsibilities, many more young people would grow up happy, healthy and safe.

Activity Gender boxes



Aims

- To reflect on how we are expected to behave as men and women and how this affects our lives.
- To reflect on the reality of our gender roles and experiences.



- Sexuality
- Gender roles
- Expectations and reality of gender roles



1 hour



Materials

Flip chart paper and pens

How to do it

- 1 Explain that our sex is about our biological make up. Women are born with breasts and a vagina; they make eggs and have the ability to bear and suckle children. Men are born with a penis and testicles, they make sperms and have the ability to penetrate and impregnate women.
 - Gender is about the roles and responsibilities that society has decided belong to men and women. It tells us how we are expected to behave and how our relationship with people of the opposite sex is supposed to be. Gender is different in each society because it is created by society. For this reason, gender can change and adapt to new circumstances. Also many people do not follow their society's gender roles all the time. This activity helps us understand old and new gender roles more clearly and how they affect our lives in good and bad ways.
- 2 Divide participants into single sex and age groups.
- 3 Ask each group to draw on flipchart an ideal person of the same age and sex as themselves. They should dress the person in an ideal way and show them doing something that shows they are a good woman or man. Ask them to draw a big box around the picture so that the man or woman is in a box.
- **4** Ask groups to draw or write around the body all the different ways an ideal woman/man is expected to be in terms of sexual and social life. (Think also of proverbs and songs) How should they behave, what should they say and do?
- **5** Ask for a male or female volunteer to come into their gender box and say or act one of the qualities or behaviours in the box. Ask people:



- What are the good and bad results of this quality or behaviour for the person in the box? For others?
- What is the reality in the lives of real males or females in relation to this behaviour? Ask the person in the box to jump out of it and say or act the reality.
- What happens when the person is outside the gender box? What are the good and bad results? What do people say?

Repeat with the other behaviours and qualities and do the same activity with the gender box of the opposite sex.

6 Ask people what they learned and how they will we use it in their lives.

4.1

Activity Gender boxes

✓ Facilitator's tips

- Encourage participants to include norms related directly to sexual and reproductive life, not only economic and social life.
- Invite participants to think about how gender norms are changing, comparing their grandparents', their own and younger people's expectations of gender.
 Also think about to what extent the gender norms are 'myths' rather that the reality of what men and women actually do and say.
- This activity is not about judging people for not keeping to gender norms. It is about thinking about the benefits and harms of existing gender norms and how we might want to change them. It is looking at why we remain in a box which harms us and how we can get out of it; or why we are forced to jump out of a box which benefits us and how we can get back to it.

Summary of what we learnt from gender boxes on our workshop

Gender norms and practices can have both positive and negative effects on the lives of males and females, couples, families and communities. We can strengthen helpful norms and practices and change those which are harmful.

Sometimes we talk about stereotyped gender roles and norms as if they are fixed and everyone follows them all the time. They then become myths. In reality they are changing through the generations and many men and women do not in their everyday lives always behave according to the 'myths'.



SESSION 4 Gender in our lives

Activity Balance of power



- To understand what gives men and women power and what takes power away from them.
- To look at how imbalances of power affect all our lives.
- To find ways to make power between men and women more equal.



What is covered in this activity?

Gender and cultural values



Time

1 hour



Materials

Sticks and pieces of paper



Facilitator's tip

Encourage participants to include things directly related to sexual and reproductive life as well as the underlying causes of power or lack of it.

How to do it

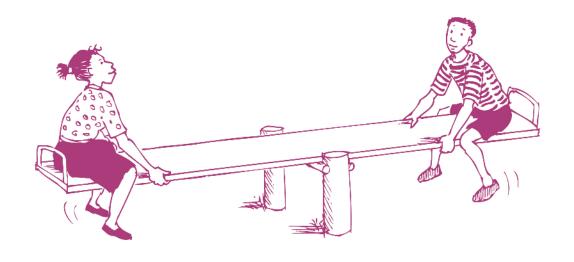
Warm up

- 1 In a circle ask people to make themselves as small as possible. Then go round the circle with each person making the smallest sound they can.
- 2 Now, ask everyone to make themselves as large as possible. Go round the circle with everyone making a big sound.
- 3 Ask: What does this activity make us think of in life? (It is like female and male behaviour.)

Main activity

- **1** Ask everyone to think of a time when they felt powerful because of their gender and share this with their neighbour. Ask for 3 or 4 examples.
- 2 Ask everyone to complete the sentence "To me power means..."
- 3 In mixed groups, explain that we are going to look at the things that make men and women feel powerful and powerless in their sexual and reproductive lives.
- 4 Give each group a stick to make a line like a see-saw and some pieces of paper.
- 5 On one end of the see-saw put a drawing of a woman and on the other a man.
- 6 Ask the women to work at the women's end of the see-saw and the men at the men's end.
- 7 Ask the women to write all the ways that women gain power in sexual and reproductive life on pieces of paper and all the ways that they lose power.
- Place the ways women gain power under the stick, pushing it up and all the ways that women lose power pushing them down. Ask men to do the same at their end.
- 9 Discuss: What are the similarities and differences between the things that increase power for men and women and the things that reduce it?
- **10** Move the pieces of paper with things which are true for both men and women to the middle of the seesaw.
 - Where does the balance of power lie for men and women like them?
 - What effect does this balance have on sexual and reproductive well-beina?
 - How can men and women work together to increase their collective power and to make the balance more equal?
 - What can men and women do individually to increase their power and to make the balance more equal?

Activity Balance of power



Summary of learning from our workshop

Many of the factors that influence power are the same for males and females. This means that men and women can work together to increase power for everyone. For example, both men and women want to avoid HIV infection and they have sex together. This should result in co-operation to practice safer sex.

Common sources of power may also mean that there is a competition between men and women if the sources of power are scarce. For example, men may try to control jobs and family income because there are not enough for everyone.

Examples from our workshop

- What increases power for men and women?
- Income, education, health and stable family life. Knowledge about SRH.
- Virtues such as responsibility, caring and trust. Skills such as problem-solving, decisionmaking, assertiveness and communication.
- Environment which recognizes and enforces

- What decreases power for men and women? Poverty, lack of education and lack of a
- Unplanned pregnancy, STIs, HIV and AIDS and forced marriage decrease power for men and
- Cultural, gender and economic factors in the environment which make it more difficult to enjoy sexual and reproductive health.
- For example, men are expected to have sex whenever they need it and women are expected to submit to men's needs for sex.

SESSION 4 Gender in our lives

Activity Gender and vulnerability



- To understand the meaning of the term vulnerability and look at the factors which make men and women vulnerable to HIV in Zambia.
- To look at the relationship between vulnerability, responsibility and power.



What is covered in this activity?

- Vulnerability
- Power relations
- HIV
- Listening skills



Time

1 hour



☑ Facilitator's tip

Explain that this activity is not intended to imply that all men or all women behave in the same way. It is intended to bring out common behaviours and to show that men and women have common risks and different risks, but both are vulnerable to HIV infection.

How to do it

Values clarification

- 1 Explain that you are going to discuss a statement that was in the pre-workshop questionnaire. People have different views about this statement and we want to understand these more clearly.
- 2 Read out the statement and ask people to go to one side of the room if they agree with it and the other if they disagree with it. People who are not certain should stay in the middle of the room. "Women have more responsibility for preventing HIV than men because they are more vulnerable and they are more able to control their sexual feelings".
- 3 Ask people in their groups to discuss why they agree or disagree with the statement.
- 4 Ask each group in turn to share why they agree or disagree with the statement. The other group should listen actively and really try to understand the reasons.
- 5 Ask if anyone wants to change sides and if they do, why.
- 6 In the big group, explain the information below to the group.

Vulnerability tells us why some people in some places at some times are more likely to get infected with HIV than others. It helps us to understand the reasons behind the risk of HIV infection. The factors that determine vulnerability include:

- Likelihood of being infected if we have sex with a person with HIV. This relates to our bodies - how we are made and how healthy we are.
- Level of exposure to risk: This relates to the prevalence of HIV in different groups in the community and the number and type of sexual activities between people.
- Choices available to deal with the risk, for example abstinence, having mutually faithful partners, HIV testing and using condoms.
- Knowledge, values, skills, support and resources that people have to make safe choices and maintain their health.
- People's motivation to use these abilities to make safe choices.
- Pressures to take risks.
- 7 Draw a grid on the flipchart, like the one on page 34 but with empty cells. Explain that for each factor, think of all the ways that this factor affects men and women differently and the ways that it affects them in the same way.
- 8 Ask:
 - What have we learned from this discussion?
 - Does anyone now want to change sides on the values clarification?
 - How will we use what we have learned?

Activity Gender and vulnerability

Factor	Men	Women
Likelihood of being infected if exposed to HIV	 Uncircumcised men at higher risk than circumcised men if circumcision done hygienically. 	 Dry sex or tears in the vagina increases risk of infection. Higher biological risk because infected semen stays in large area of vagina wall for a longer time than vaginal fluid on the small head of the penis. Young women at high risk because immature vagina and cervix more easily infected.
	Men and women	
	 Untreated STIs increase risk of HIV infections so do not seek treatment early. Poor immune system increases risk 	on. Women do not always have signs of STIs
Level of exposure to risk	Generally tend to have unprotected sex with more sexual partners than women.	 Women who have sex with older men who have had more partners are at higher risk of HIV. This may be in marriage to an older man or exchanging sex for goods with better off men who tend to have more partners.
	 If a man or woman has a regular partner (in marriage or outside it) who has HIV or gets HIV without either knowing, they are at high risk because they are likely have frequent, unprotected sex. If people have unprotected sex with two regular partners who also have two partners over the same time period, the risk is higher. This is because if one of them is newly infected the viral load will be high and easily transmitted to the other partner. 	
Choices available	Abstinence, fidelity, male or female condoms, non-penetrative sex, HIV testing, STI treatment.	
	 Higher confidence because expected to make sexual decisions and be dominant. Some have economic power. 	 Lower confidence because men expected to make sexual decisions and women trained to be submissive Lower economic power than men, more likely to sell sex and not insist on condom use
	 Knowledge, virtues and skills – depends of skills for men and women. 	on access to information and communication

Activity Gender and vulnerability

Factor	Men	Women	
Motivation to make safe choices	 Men may believe they are entitled to sex, will be ill without it and they are not able to control their feelings. May expect women to control them (but make it difficult to do so). Global focus on women's vulnerability leads some men to believe that they are not at risk from HIV. Negative consequences of sex may not be obvious or immediate. Men can deny a causing pregnancy. Men might not like using condoms. Most men and women are concerned to predict the using the difficult to use the maintain their fertility. Many men and women find it difficult to use the maintain their fertility. 	test because of stigma and fear of finding	
	 Many men and women find it difficult to use condoms in long-term relationships Many men and women would like a happy, pleasurable sexual life but need a menabling environment to achieve this. 		
Pressure to take risks	 Men may feel under pressure to have different sexual partners and refuse to use condoms to prove that they are men to their peers. 	 Poverty pressures women to sell sex. Married women are pressured to always be available for unprotected sex and not to ask for condom use. 	
	Sexual desire is a strong pressure to have sex.		
HIV prevalence	 Older men aged 35-39 have a higher HIV prevalence than women of same age. 43% of men living with HIV are in Zambia 	 Young women aged 15-19 years have six times higher HIV prevalence than men of same age 57% of women living with HIV are in Zambia 	

Activity Challenging stigma and discrimination



- To feel how it is to be stigmatised and to stigmatise others.
- To understand how important it is to support each other when we are stigmatised.
- To understand the impact of stigma and discrimination generally and in relation to SRH and HIV.
- To identify ways to challenge and reduce stigma and discrimination in class.



What is covered in this activity?

Stigma and discrimination - the impact and ways to challenge and reduce it



Time

2 hours



Materials

Flipchart and markers

How to do it

Circle game

- **1** Ask people to explain what the words stigma and discrimination mean and come to the definition. Stigma is when people look down on another person as being bad in some way. They give them negative labels and don't value them. Discrimination is when a person or people are treated differently, often unjustly, because of things like illness, disability, gender, race, occupation or religion. The stigma may stop someone from having opportunities. It is the action we take when people are stigmatised.
- 2 Stand in a circle.
- **3** Ask people to go in the middle if they have been discriminated against because... (For example, 'because they are short').
- 4 Those who have been discriminated against in this way, hug, look at each other and then at the rest of the group. They are not alone!
- 5 Ask people to think if they have ever discriminated against someone for this reason and why.
- 6 Repeat. Tell people that they do not have to go in the middle if they do not wish to; they can just keep quiet.
- 7 Discuss how it feels to be discriminated against and how people felt during the game. What did people learn from the game?

Sharing experiences of discrimination

- 1 In pairs, describe: A time when one of you felt discriminated against. How did you feel when it happened?
- 2 Encourage people to listen to each other carefully.
- 3 Feedback the feelings to the whole group. Talk about how feeling like this would affect our SRH.
- 4 Repeat, this time telling each other: A time when you discriminated against another person. The reasons why you discriminated against
- 5 Come together and share the reasons for discriminating against people.

Summary of learning from circle game

- We are discriminated against for many reasons, including our age, sex, appearance; behaviour, work, race and religion.
- If we are supported by others with the same experience of stigma, we feel more comfortable because we are not alone. We feel motivated to stand up against those who discriminate against us.
- Stigma does not just apply to HIV and SRH but to all things in life.
- We should challenge and reduce stigma and discrimination in our schools and the community.

- 6 Discuss how this affects SRH.
- 7 In pairs, discuss a time when you discriminated against a pupil in school.
 - What was the reason?
 - What effect do you think it had on the pupil?
- 8 Come together and share situations where pupils are discriminated against. the reasons for this and the effect on the
- 9 Discuss what we have learned from this and what we can do to reduce stigma and discrimination in our schools and the community.

Activity Challenging stigma and discrimination

Summary of learning from our workshop

When we are stigmatised and discriminated against we may feel an outcast, a nobody, an object, useless, lonely, humiliated, in pain, angry or stupid. These feelings reduce our self-esteem and confidence. Stigma affects our behaviour, physical well-being and productivity and we may not take care of ourselves. Stigma has an impact beyond the individual - our families and the community suffer when one person is discriminated against.

Stigma and discrimination make it very difficult to prevent HIV and support those affected.

- People with HIV are denied the right to go to school, have a job, a partner and children.
- Those of us with HIV or suspected of having HIV are afraid of discrimination. Because of this, we may avoid an HIV test, safer sex or treatment.
- Mothers may avoid feeding their babies in a way that reduces the risk of HIV transmission in case people suspect they have HIV and stigmatise them.
- Stigma causes anxiety and distress and this can affect the health of people with HIV.

We often discriminate against people because of fear. For example, we fear people who behave in an unpredictable manner, who might make us ill, who reduce our chance for a better life or who make us feel stupid. People with HIV may be discriminated against because they need long periods of health care and nursing. This often leads to less resources for the rest of the family.





We may discriminate against young people because they are poor, orphans, there is HIV or AIDS in the family, they are girls, they fall pregnant or they are less clever. We need to recognise the reasons why we stigmatise so that we can act to protect ourselves and the stigmatised person and challenge stigma to reduce its harmful effects.

Ways to prevent stigma and discrimination

- Teach lessons on challenging stigma and discrimination in class.
- Challenge pupils and teachers who discriminate against pupils or teachers for any reason. Reward pupils who challenge stigma.
- Be aware of your pupils who are having problems and give them extra support.
- Be aware that many of us may have HIV without knowing it because we have not taken an HIV test. The people who have taken a test are more courageous and responsible that those who stigmatise them.
- Treat those of us with HIV as we would all like to be treated. Involve everyone in activities and support those of us with HIV to share our experiences and teach others if we wish.
- Speak out against any forms of discrimination against anyone, for any reason. Be courageous and do not follow the crowd in discriminating against young people, poor people, those who haven't been to school, women, those who sell sex and those of us with HIV.

Activity Visualising change



Aim

- To experience our physical capacity to change.
- To explore what men and women would like to see changing for each sex.



What is covered in this activity?

- Gender
- Sexuality
- Experiencing our ability to change



Time

1 hour



Example from our workshop

- It would be wonderful if all men understood how to give their partners pleasure.
- It would be wonderful if all men stopped beating their partners.
- It would be wonderful if all women could earn their own money and stop harassing men for it
- It would be wonderful if all women could use female condoms to prevent unwanted pregnancy, STIs and HIV.

How to do it

- 1 Ask everyone to stand in a circle with as much space as possible between them.
- 2 Ask everyone to think of the smallest sound they could make. Go round the circle swiftly, hearing one small sound after another.
- 3 Ask everyone to think of a very large sound. Go round the circle swiftly, hearing one large sound after another.
- **4** Ask everyone to go into a position where they make themselves physically as small as possible. Holding those positions, ask everyone to make their small noises.
- **5** Back in the standing circle, go round the circle with each person, one after the other, making a very large, expansive gesture - which makes him or her bigger with their large noise.
- 6 Ask what people experienced and what they have learned from this activity.
- **7** Go round the circle and ask each person to end this sentence. "It would be wonderful if all men could..." Then repeat, this time with. "It would be wonderful if all women could..."

✓ Facilitator's tips

- In this activity men experience smallness and guietness and women experience taking up space and assertion. There is a momentary sense of stepping outside the gender boxes for men and women.
- This activity allows for men to reflect in public on men as well as women, and women to reflect in public on women as well as men. This allows for criticisms as well as praise for each sex to be spoken by both men and women. Make sure that the activity is done in a positive way, not as a chance for men and women to accuse and blame each other.
- Make a note of the praises and criticisms. Give participants an opportunity to give feedback on their feelings about any critical statements while the person who made the statement listens. You might want to have a session on any that people feel strongly about.
- The wishes that people agree on could be used as objectives for change. You could then have a session on action planning to reach the objectives.

Summary of learning from our workshop

It is motivating for men and women to express their wishes for change in gender behaviour, because they can act as objectives for action if everyone agrees with them. However, some people may feel hurt or angry about statements and we need to allow a space to discuss these in a helpful way.

SESSION 5 Sexuality, SRH and life skills

5.1

Activity Joys and problems in our sexual lives



Aim

To identify and explore the parts of our sexuality and sexual lives which give us happiness and those that worry or hurt us.



What is covered in this activity?

Positive and negative aspects of sexuality and sexual life



Time

1hour



Materials

- Pieces of paper and crayons or pens
- Handout for activity

Summary of learning from our workshop

The drawing activities helped participants to identify and share the things that give them happiness and the things that worry them about sexual life and prioritise them for action. It increased understanding between males and females.

Males and females had many common joys and problems and some differences. Men tended to show more interest in sexual intercourse and women in more romantic activities before intercourse. This may be to do with what they are expected to be interested in rather than the reality. Women tended to show rape as a problem more than men and draw more pictures about children.

How to do it

- 1 Divide into single sex and age groups. Give out pieces of paper and crayons to each person in the groups.
- 2 Ask people to draw on each separate piece of paper things to do with sexuality and sexual life for people of their age and sex. These could be happy or sad things.
- **3** Ask people to arrange the pictures in the centre of the group and talk about them.
- **4** Ask them to put happy pictures to one side and problems to the other side and make a list of the happy things and problems on flip chart.
- **5** In the big group, share the lists and any pictures that people are happy to share.
- 6 Ask:
 - What are the similarities and differences between the different groups?
 - What do the similarities and differences tell us about how we can work together to improve our sexual and reproductive health?
- 7 In the same groups, discuss each problem and make three piles:
 - Problems we want to tackle now
 - Problems we want to tackle soon
 - Problems we want to tackle later

List the answers in three columns on flip chart and present to the plenary.

- 8 Which problems does everyone agree need tackling now? Which problems do all the females agree need tackling now? All the males?
- 9 Ask what we have learned from the activity and how we will use it.

☑ Facilitator tips

- Reassure participants that the drawings do not have to be 'professional', they only have to show an idea and the drawer can explain to the group what they represent.
- Explain that people will share their lists of joys and problems and any pictures that they wish to share. Explain that we are thinking about sexuality widely and not just sexual intercourse. They do not need to focus on drawings of different sexual styles for example, but they could draw a picture to show that variety helps us to enjoy sexuality.
- Explain that no group has to share pictures with the other groups if they do not want to. They can just share their lists of joys and problems.
- When sharing ideas, ask participants to remember the guiding rules and listen in a respectful and non-judgemental way. Only challenge if, for example, a group depicts enjoying a harmful practise, for example, rape.

Activity What is love?



Aim

To understand what we mean by love and how we show love in different types of relationships and how we would like people to show love to us.



What is covered in this activity?

- Perception of love
- Loving relations



Time

1 hour



Facilitator's tips

- Give some examples to show what you mean by behaviours, good qualities and virtues.
- If time is short, you might want to select 2 or 3 of the couples only.
- Set a time limit on the discussion the most important behaviours will come out quickly.

How to do it

- 1 Explain that in this activity, we will discuss in plenary the words that we use for love in our languages, how we would show love in different types of relationships and how we would expect people to show their love for us.
 - What words do we have in our different languages for 'love'?
 - Do we have different words for different kinds of love or do we use the same word, depending on whom we are talking to?
- 2 Divide into 2 groups of mixed men and women (to do role-plays on parent, teacher and child) and 6 single sex groups (to do role-plays on friend of opposite sex, boyfriend or girlfriend, husband or wife).
- **3** Ask each group to take one of the following relationships:
 - Parent and child
 - Teacher and pupil
 - Two friends of the opposite sex, without any sexual relationship between them
 - Two friends of the same sex
 - Boyfriend and girlfriend where there is a sexual relationship
 - Husband and wife.

4 Discuss:

- What behaviours and good qualities or virtues would I show so that this person knows that I love them?
- What behaviours and qualities would I expect them to show me?
- 5 Prepare two role-plays to show:
 - What is the best, most loving relationship that you can imagine with that person?
 - What is the worst, least loving relationship that you can imagine with that person?
- 5 Present the role-plays to plenary and identify the behaviours, good qualities and virtues which show love in each of them. Write them on flipchart paper. Discuss:
 - Which qualities are common to both people in the relationship?
 - Which qualities are different and why?



Activity What is love?

Example from our workshop

People involved	Qualities (1) shows (2)	Qualities (2) shows (1)	
Two friends of opposite	Adviser	Show sympathy	
sex in non-sexual	Caring	Kindness	
relationship	Respectful	Kiss	
Man (1) Woman (2)	Show empathy	Smiles	
	Qualities both show		
	Understanding		
	Honest		
	Trustworthy		
	Gifts/financial support		
Husband (1) and wife (2)	Caring	Smiles	
	Tolerance		
	Qualities both show		
	Faithful		
	Forgiveness		
	Honesty		
	 Satisfying each other sexually 		
	Gifts/financial help		
	 Understanding 		
Guardian (1) and child (2)	Correct the child	Child should admit a mistake	
	Providing needs	 Child should appreciate any 	
	 Motivate the child through 	effort from guardian	
	praises and gifts	Trusted	
Teacher (1) and pupil (2)	Correct pupil	Admit mistakes	
	Honest	 Respectful 	
	Motivating	Obedient	
	 Keep confidentiality 	Assertive	

Summary of learning

We found that men and women have many common behaviours which show love to each other whether in a sexual or non-sexual relationship. This means that we can work together to make happy relationships. We also found that we can have love without sex and also have sex without love. Sex without love is risky if one or both people do not care about themselves or each other.

We found that love is a very important and touching idea and more talking about love and looking for ways to increase it is key to staying safe and happy in our sexual lives. We should talk less about biology and problems and more about love!

Activity Self-esteem



Aim

- To understand the importance of selfesteem in our own lives and those of our pupils and children
- To learn how we can raise our own selfesteem and those of our pupils and children



What is covered in this activity?

Self-esteem



Time

1 hour



Materials

Flip chart paper and pens

How to do it

- 1 In pairs, ask participants to discuss:
 - One thing that I like about myself in relation to my own sexual and reproductive life.
 - One thing that I would like to improve in relation to my own sexual and reproductive life.
 - One thing that I do well in teaching about sexuality and life skills.
 - One thing that I find difficult and would like to improve in teaching about sexuality and life skills.
 - One way that I increase the self-esteem of my pupils.
 - One way that I reduce the self-esteem of my pupils.
- 2 In plenary, ask each person to share one of their thoughts.
- 3 Put up six flipchart papers each headed with one of the six points above. Ask each pair to team up with another pair and summarise their answers to each point on the headed flipcharts.
- 4 Ask participants to look at the flipcharts during break.
- **5** Ask participants what they have learned from the activity.

Facilitator's tips

- Give people permission to not share their answers on the questions on their own sexual and reproductive life if they wish.
- If people have not yet started teaching sexuality and life skills, select another topic, perhaps just HIV and AIDS.
- Set a time limit on the pair work.

Summary of what we learned in our workshop

Self-esteem is very important for all of us. If we have high self-esteem, we value ourselves and expect others to treat us well. We believe that we can achieve our goals and have love for others because we love ourselves.

As teachers, we can help all our pupils to have high self-esteem by praising them, treating them with respect and helping them to develop through positive suggestions for improvement. Girls in particular need praise and respect because they are often bullied and put down and this lowers their self-esteem. This makes them more vulnerable to SRH problems.







Teachers suggested these ways to increase pupils' self-esteem

- Sharing experiences about my own growing
- Giving examples of people that have
- Giving them tasks to perform
- Being a role model
- Encouraging shy pupils to participate in
- Praising them for completing a task well
- Respecting their privacy and confidentiality
- Helping them to respect their bodies Empowering them with life skills
- Encouraging them to take challenging roles Calling them by their names
- Giving them responsibilities
- Suggesting ways that they can improve in a Positive way

Activity Self-awareness¹



Aim

- To increase our awareness of ourselves and our strengths and weaknesses.
- To help us think about how our personal and professional lives are linked.
- To increase our selfawareness in our relationships with children.



What is covered in this activity?

Perceptions of reality and self-awareness



Time

1 hour



Materials

Plain paper and pens



How to do it

Mime the lie

- 1 Ask participants to stand in a circle
- **2** One person goes into the circle and mimes an action such as sleeping.
- **3** The person who was next to them ask aloud "What are you doing?"
- **4** The person in the middle replies by saying, "I am collecting firewood"
- 5 Everyone will laugh!
- **6** The person who asked, "What are you doing?" goes into the circle and mimes what the first person said they were doing, ie collecting firewood. They mime the lie.
- **7** Her neighbour then asks her what she is doing and she says she is doing something different.
- **8** Go around the circle until everyone has had a go at doing one thing and saying they are doing another.
- **9** Ask: What does this game have to do with sexual health? This game is a good energiser. It gets people in the mood to act and reinforces the importance of talking about the reality of sexual life rather than sexual and gender norms.

Johari's window

- **1** Explain Johari's window and show how it works, using yourself as an example. Show the example on page 44 to explain the window.
- **2** Ask everyone to draw the Johari's window on a piece of plain paper.
- **3** Ask each person to think about it overnight and fill in his or her Johari's window for the next day.
- 4 Put up the Johari's windows the following day and invite people to look at them. While explaining the Johari's window, remind people that the windows will be put up in the room so they should not write things that they wouldn't want other participants to know about
- **5** Ask people what they have learnt about themselves and their pupils from the Johari's window.

Facilitator's tips

Start the activity one evening and finish it the next day, to give people the chance to think about and fill in their own Johari's window.

Activity Self-awareness

Example of Johari's window

Pane 1 is about my public being – it shows what I know about myself and what my pupils also know about me. Pane 2 is about my private being. It shows things that I know about but my pupils do not know.

Pane 3 is my blind spot, it shows things that the pupils know about me but I do not know.

Pane 4 shows hidden things that neither I nor my pupils know at this time.

Things I know and my pupils know about me (Public)

The clothes I like to wear The subject I teach The type of punishments I give

Things I know and my pupils don't know about me (Private)

My history
How my sexual relations with
my partner are going
My dreams for the future

Things my pupils know and I don't know about me (Blind)

How it feels to be punished by me

The effect I have on my pupils' self-esteem.

How I look when I'm running a race.

Things that neither of us know (Hidden)

My creative powers, which I haven't shown yet
How I would cope in a crisis
My HIV status

Summary of what we learned at our workshop

Being aware of ourselves in relation to others is important in linking our personal and professional lives. The more understanding we have of ourselves and how our pupils see us, of our own blind and hidden places, the better we are able to relate to them and teach well. We can also think more about what we know about our pupils, how many assumptions we make about their lives and reasons for their behaviour. If we understand them better, we can support them more effectively with empathy.

S Activity How HIV is transmitted in the community



Aim

- To understand how people are exposed to HIV in the community.
- To know how we can protect ourselves and the impact of our individual behaviour on how HIV spreads in the community.



What is covered in this activity?

- A simulation game. HIV transmission
- Abstinence
- Condoms
- Fidelity
- Feelings about prevention methods



Time

90 minutes



Materials

- Small pieces of paper (number of pieces = number of participants. Make a cross on one fifth of the pieces of paper and fold them so that no-one can see who has a cross)
- 3 plastic bags
- Handout: Key facts about HIV transmission, on page 48

How to do it

Round 1

- 1 Make the same number of small pieces of paper as numbers of participants. Draw a cross on one fifth of the pieces and fold all the papers so no-one can see what is written.
- 2 Put 3 plastic bags, condoms or socks to one side.
- 3 Emphasise at the beginning that this is a game to show how HIV spreads. The roles that people play are decided by chance. The game does not imply that anyone in the group has or hasn't HIV. Remind the group that any of us might have HIV and not know it if we have not had an HIV test. Some people may know that they have HIV infection but prefer not to tell others. So play the game carefully without hurting each other.
- 4 Ask all participants to take a piece of paper, but not to look at it until instructed to.
- **5** Ask participants to walk around the room and when you clap, shake hands with one person and remember their name.
- **6** Repeat so that participants shake hands again with one person and remember their name.
- **7** Repeat once more.
- 8 Ask everyone to look at what is written on his or her slip of paper.
- **9** Ask the people with the 'X' to come forward. These people are those who have HIV infection in the game.
- **10** Ask everyone who shook hands with 'X' on the first round to come and sit in the middle.
- **11** Ask everyone who shook hands with 'X' in the second round or with any of the people sat in the middle, to sit in the middle.
- **12** Ask everyone who shook hands with 'X' in the third round or with any of the people sat in the middle, to sit down.
- **13** Ask:
 - What is the handshake pretending to be? (Sexual intercourse.)
 Stress that you cannot get HIV through shaking hands.
 - How many people have been exposed to HIV through shaking hands?

They have been exposed to HIV but we do not know whether they are infected or not. This is because not everyone who is exposed becomes infected. For example, there are many couples where one person is infected and the other is not even though they have sex without a condom. We can be infected the first time we have sex or the 50th time, but we do not know when.

- **14** Count how many people were exposed on this round of the game.
 - What did the people who were not exposed do to stay safe?
- 15 Point out that HIV can spread unknown through the community because at first, there are no signs or symptoms and the virus remains in the body for life.

5 Activity How HIV is transmitted in the community

Game replay

- 1 Replay the game, but this time participants have a choice to protect themselves from HIV. Ask the participants how they can protect themselves from HIV? Make sure they include:
 - abstinence
 - having sex with one partner who does not have HIV and only has sex with you
 - having sex only using condoms
 - having sex without intercourse (fingertips shake)

Explain that the plastic bags represent condoms; or people can refuse to shake hands with anyone; or the same two people can shake each other's hand three times.

- 2 Ask people to decide on their strategy and prepare.
- 3 Shake up and hand out the papers again, asking people not to look at them.
- 4 Repeat the instructions for the three rounds, emphasising that people should do their own actions, not listen to the facilitator's instructions.
- 5 Repeat as in round 1 to find how many people are infected this time.

- Ask everyone who shook hands with an 'X' on the first round to come and sit in the middle, unless they were wearing a plastic bag.
- Ask everyone who shook hands with 'X' on the second round or any of the people in the middle to sit in the middle, unless they were wearing a plastic bag.
- Ask everyone who shook hands with 'X' on the third round or any of the people in the middle to sit down, unless they were wearing a plastic bag.
- 6 Ask the people who are still sitting on the outside to explain what they were doing during the game.
- 7 Ask the following questions and explain what the answers tell us. Remember that anyone who has a cross is already infected whatever their behaviour but they can prevent infecting another person if they abstain or wear a condom.
 - What was the person who refused to shake hands doing? (Not having sex) Are they infected? (Not unless they had a cross) How did they feel when they were refusing to shake hands? How did others feel when they refused to shake hands? How do they feel now?



Activity How HIV is transmitted in the community

- What was the plastic bag? (a condom) Did the people using the bag become infected? (Not unless they already had HIV) How did the people feel when they shook hands with the bag on? How did people feel shaking hands with them? Did anyone say anything or laugh or go to another person? How do people feel about it now?
- What happened to the two people who shook hands with the same person all the time (having sex with one person who only has sex with you)?
- If they shook hands with a person with a condom they will not be infected.
- If neither of them had HIV and they only shook hands with each other they will not be infected.
- If the person they shook hands with had HIV or they had HIV, both will be in the middle. In real life, one may still not be infected.
- 8 What were the people who touched fingertips doing? They were enjoying sexual activities without intercourse, such as carressing. Did they get HIV? No, because no semen, vaginal fluids or blood got onto the genital organs.
- **9** Ask people to summarise which people did not get exposed to HIV during this game.
 - Anyone wearing a bag over their hand.
 - Anyone who refused to shake hands.
 - Anyone who shook hands with the same person throughout if that person did not have HIV.
 - Anyone who did fingertip shaking.

- **10** Make sure that the participants are all clear about the following statements
 - To be safe when you are having sex only with each other, you should know that you are both free of HIV, or use condoms until you have a test.
 - If your partner has HIV, having sex only with that person will not protect you unless you use condoms.
 - People with the 'X' who used a plastic bag all the time or refused to shake hands, will not have infected anyone or been re-infected.
 - People living with HIV can protect themselves from more HIV and their friends and partners by enjoying sexual activities without intercourse or by using condoms.
- **11** Refer to the handout on page 49 for more information about HIV transmission and prevention.
- 12 Ask: What did we learn and how will we use it?

Learning from our workshop

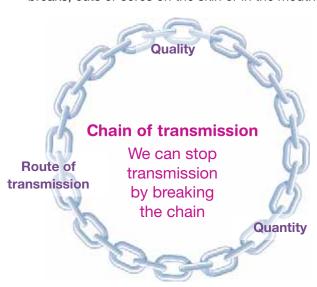
In our workshop, the percentage of people exposed to HIV was 90% in round 1 and 32% in the replay. This means that if many people protect themselves, there is a 58% reduction in HIV transmission in the community.



Handout Key facts about HIV transmission

HIV is transmitted through the passing of infected bodily fluids, into the body and blood of another person. Three things must be present for this to happen:

- 1 There must be a large enough quantity of the virus to cause infection. HIV is only found in large amounts in the blood, semen, vaginal fluids and breast milk of an infected person. A person is most infectious shortly after being infected and when they begin to get sick frequently.
- 2 The virus must be of a high enough quality to cause infection, ie. not damaged by heat, bleach or other chemicals.
- 3 There must be a route for the infected bodily fluid to reach the cells in which it needs to live. It can only enter through the thin, wet skin on the genitals and breaks, cuts or sores on the skin or in the mouth.



HIV is transmitted in the following ways:

- Sexual intercourse (vaginal, anal or oral)
- Transfusion (blood from one person put into another) of infected blood
- Injections with dirty needles or cutting with instruments that have not been sterilised
- Mother-to-child in the womb, when giving birth or whilst breast-feeding.

HIV is **not** transmitted through the following activities:

- Shaking hands
- Kissing (if there is no bleeding in the mouth)
- Touching or hugging
- Visiting and talking
- Caring for a sick person, including feeding and washing them

- Eating together from same plate, cup or chop bar
- Sharing toilets and bathrooms
- Being bitten by mosquitos or other insects.

Ways of protecting ourselves from HIV

- Say "no" to sex until we are in a caring relationship where we can talk about HIV and safer sex.
 Abstinence is the only method that provides 100% protection against sexually transmitted HIV.
- We cannot protect each other by choosing healthy looking partners because we can have HIV for ten years or more without any symptoms. It is important for us all to have an HIV test so we can decide on how to protect each other effectively.
- Although HIV does not transmit every time we have sex, it is possible to get HIV from one round of sex without a condom.
- We should use condoms with all our sexual partners until we have both had an HIV test and know whether either of us has HIV or not.
- If we both test HIV negative and neither of us have sex with anyone else, we can enjoy sexual activities together without risk. If either of us has a lover outside this relationship and we don't know their HIV status, we need to use condoms with both our partners.
- If one or both of us has HIV, we need to use condoms or practice other safe sexual activities so we don't infect or re-infect each other.
- The more partners we have frequent, unprotected sex with, the greater the risk of spreading HIV.
- We need to think before having sex and change our behaviour to minimise risk of HIV infection. Some regard sex as a game to be played like football, but that is a dangerous attitude. We need to enjoy our sexuality safely and talk about it together.
- Condoms can offer 90% protection if we use them correctly every time we have sex.
- Withdrawal of the penis before ejaculation is not safe because the fluid that comes out before ejaculation may contain HIV.
- People can give each other pleasure and love by enjoying sexual activities that do not involved sexual intercourse.
- Masturbation alone or together is safe.

Activity Voluntary counselling and testing



Aim

- To understand the meaning of the HIV test and how to have the test
- To think about the potential costs and benefits of having a test
- To share experiences of going for an HIV test



What is covered in this activity?

- The HIV test
- Benefits and risks of taking a test
- HIV status



Time

1 hour

How to do it

- 1 Refer to the game in the previous session and ask how would having an HIV test benefit any of the players in the game?
 - The faithful couple would know whether they need to use condoms or not.
 - People who want to have children will know whether they need to take action to prevent passing HIV to the baby
 - People who are worried about their HIV status can take action and if they are positive try to live as healthily as possible.
 - For the rest of the players, they should practice safer sex and live positively whether or not they know their HIV status. Knowing their status may motivate some people to practice safer sex carefully and consistently.

2 Ask the participants:

If an HIV test is negative, what does it mean? It means that you do not have any antibodies to HIV in your blood. However, if you were exposed to HIV within the past 3-6 months, you may be infected but have not yet made antibodies. This is the 'window period'. You need to ensure that you are not exposed to HIV for the next 3 months and then repeat the test. If it is still negative, have another test after another 3 months.

If an HIV test is positive, what does it mean? It means that you have antibodies to HIV in your blood and have the virus in your body. It does not mean that you are sick, have AIDS or will die soon. Anti-retroviral drugs (ARVs) are now more widely available and if taken consistently and accompanied by a healthy lifestyle they can enable people to live for many years. It does mean that you can infect other people with HIV if you have sex with them without a condom.

- **3** In pairs, imagine that you are thinking about having an HIV test. Talk together about what might be the benefits and costs. Only share what you want to share about your personal life.
- 4 Invite anyone who wishes to share his or her experience of going for an HIV test.

Facilitator's tips

- Never put pressure on anyone to disclose their experiences with having an HIV test unless they are happy to do so. Remind people that we cannot guarantee confidentiality in a group.
- Now that ARVs are more available, people may feel that the benefits of having the test outweigh the risks of discrimination.

Activity Voluntary counselling and testing





Examples from our workshop: The possible costs and benefits of having an HIV test.

Advantages of going for voluntary counselling, testing and care (VCTC)

- 1 We will know our HIV status and be better able to plan our lives. For example, by practicing safer sex to protect ourselves and others and by making informed decisions about having children.
- 2 It can free our minds from uncertainty. People do not have HIV and have sex only with each other can stop using condoms and choose another contraceptive.
- 3 The counselling helps us to become more aware of our sexual lives and risks and to make a plan to practice safer sex, whether we decide to take the test or not and whether we are positive or negative.
- 4 If we test HIV positive, we can take steps to boost our immune system and stay well. We can begin ART when necessary to maintain our health.

Disadvantages of going for VCTC

These disadvantages mainly happen if we are not well counselled, do not get support, and the community is ignorant about HIV and stigmatises or discriminates against those of us living with the virus.

- 1 Some of us who test positive may not be able to cope with our results in a good way. This is especially true if we are not well counselled, stigmatised, do not get support from our friends and family and access to ARVs. We might suffer from depression and low self-esteem or think about suicide. We may get sick and die earlier because of this.
- 2 Our partner might react badly and beat or reject us. 3 If we test negative, we might believe that we are immune to HIV and go on having unsafe sex. If we are positive, we might feel angry and want to infect others or blame our partner and treat him or her badly. But if we are well counselled and supported, most of us will try to adopt safer sexual behaviour after the results of the test.
- 4 If others learn that we have tested positive, they may discriminate against us and refuse to work with us, or eat, live or socialise with us.

Counselling should be provided both before the test and after the test result comes in. The counselling should be completely confidential. The counsellor has no right to tell anyone the results.

Activity Safer sex salad¹



Aim

To energise people and reinforce safer sex methods



What is covered in this activity?

Safer sex methods



Time

15 minutes

How to do it

- 1 Stand in the middle of the circle.
- **2** Arrange things so that each person sitting down has their own chair and there are no extra seating places.
- **3** Ask people to choose three or four methods of safer sex. For example, abstinence, fidelity, using condoms and having sex without intercourse.
- **4** Go round the circle naming each person, including yourself, with one of these methods in turn.
- 5 Call out one of the safer sex methods. Everyone with that method has to get up and find somewhere else to sit. You also find a place to sit. The person who does not find a new place goes in the middle and calls out the next safer sex method and so on. If someone shouts "safer sex", everyone jumps up and finds another place to sit.

Facilitator's tips

- This game is often played with three fruits, when it is called 'fruit salad'
- You could also ask people to think of three ways to enjoy their sexuality without intercourse.
- Warn people to be careful not to be to rough and hurt each other.
 Take off high heeled shoes.



¹Alice Welbourn (1995) Stepping Stones: A training package on HIV/AIDS, communication and relationship skills, Strategies for Hope

Activity Body mapping



Aim

To increase our understanding of:

- our bodies and how they function
- the words we prefer to use for sexual organs and activities
- the places that we like to be touched for sexual arousal
- what makes sex pleasurable and what prevents enjoyment
- STIs, HIV and pregnancy – how they happen and how we can avoid them



- Sexual desire
- Pregnancy, HIV and STIs
- Danger spots



Time

1-2 hours



Materials

Flip charts and pens

How to do it

Sexual desire

- **1** Divide participants into separate male and female groups. Ask each group to draw a picture of a woman's body and a man's body.
- 2 Beginning with the body of their own sex, ask groups to draw the sexual and reproductive organs on the picture and decide what names to call them.
- **3** Ask them to draw the sexual and reproductive organs on the body map of the opposite sex and decide on names.
- 4 Ask groups to mark on the body maps of their own sex the places that give them pleasure and arouse them sexually when touched. Each person should mark and put their own numbers on the places (to show that different people have different pleasure spots and lovers needs to talk to each other about what they like).
- **5** Now mark on the body map of the opposite sex the places that they like to touch when they are making love with them and which they believe give their partners pleasure.



- 6 Going back to the body map of their own sex, invite them to write or draw around the body map all the other things that make sex a pleasurable activity for people of their sex.
- 7 In a different colour, write or draw all the things that stop sex being enjoyable.
- **8** In plenary, present the body maps and ideas about sexual pleasure. Share:
 - Which places do women and men like to be touched? Where are their 'hot spots'?
 - How much variation was there between individual women and men and between women and men?

- What are the things that make sex pleasurable for women and men?
- What prevents sexual pleasure for women and men?
- How important is pleasure, for a man, for a woman?
- How can this understanding of pleasure help us to be better lovers?
- How does this relate to risk of HIV and unwanted pregnancy?
- How can understanding of sexual pleasure for women and men be used in a good way and in a bad way?

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Activity Body mapping

Danger spots

- 1 Now in a different colour, mark the danger spots on one male and one female body for STIs, HIV and unwanted pregnancy.
 - How does HIV enter the body in a man, in a woman?
 - How does pregnancy happen?
 - Why are condoms the only contraceptive that also prevent STIs and HIV?
 - How do other contraceptives work?
 - What questions or concerns do people have about using condoms or contraceptives?

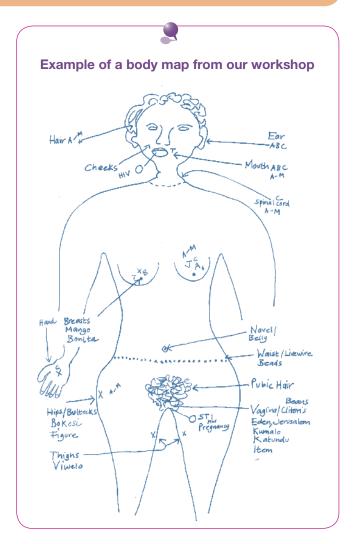


This is a sensitive activity and you may need to help people to open up or to leave them alone to settle down. If some people are not participating, think about whether you need to divide the groups by age.

Do not force people to share their body maps. If they do not wish to do so, just discuss what they learned from the activity in terms of sexual pleasure for men and women and it's importance for SRH and HIV; and then danger spots and how contraceptives work. Make your own body map showing the organs so that you can explain these issues well.

Examples from our workshop of what makes and prevents enjoyment

What makes sex enjoyable	What makes sex not enjoyable
A comfortable and private place	A quarrel not sorted out
Friendship and love between couple	Danger – illicit sex Forced sex
Agree on sexual positions which both enjoy Use contraception and protection Sexy, loving talk Nobody drunk	When you are tired Rough caressing Lack of concentration



Summary of what we learned at our workshop

- Men and women have different hot-spots as individuals and males and females. This can also change from one session to another and over time. Lovers need to learn from each other about what gives them pleasure and what turns them off. There are a number of ways to increase our enjoyment of our sexuality.
- The quality of our relationships with our lovers has a big impact on how much we enjoy sex. Love is an important part of good sex.
- Improving our relationships and our sexual lives can help us to stay safe sexually. We are more able to abstain by enjoying activities other than intercourse; to have sex only with each other and to use condoms.
- There are different safer sex choices to prevent pregnancy and STIs and HIV which can suit us at different times of our lives.

Activity How to enjoy our sexuality safely



Aim

- To identify the risk of HIV transmission in different sexual activities.
- To identify ways that people can express their sexuality safely.



- Sexual activities
- Level of HIV risk
- Safer sex



Time

1 hour

Summary of what we learned at our workshop

- There are many ways that we can enjoy our sexuality safely without having full sexual intercourse. This could be alone or with a partner.
- Partners need to trust each other and agree on how far they want to go before they begin to get sexy.
- If we do decide to have intercourse, we need to use a male or female condom. This means that we need to be prepared with condoms before we start to get sexy.

How to do it

- **1** Ask participants to go into same sex groups of 4-6 people. Give people pieces of paper and pens.
- 2 Ask people to put on the pieces of paper all the different sexual activities that people might do alone or together to enjoy their sexuality and express their feelings. For example, kissing, oral sex, masturbation. Put one activity on one piece of paper.
- **3** Make a line on the ground. Label one end 'high risk' of HIV infection, in the middle, put 'low risk' and at the other end 'no risk'.
- **4** Ask everyone to take one piece of paper with a sexual activity on it and ask themselves:
 - Is this sexual activity high, medium or low danger of HIV infection?
 - What are the reasons that I think this?
- **4** Ask people one by one to place their piece of paper on the line in the place that shows the risk level of their sexual activity. They then explain to the group why they have decided to stand there.
- 5 Ask if other people agree and if not, the reason for their disagreement. Add any information and agree on where the sexual activity should be placed on the line. Move it to the right place if necessary.
- 6 Continue until everyone has placed their paper on the line. If some people have the same sexual activity, they should choose another one until they are all finished. Add any sexual activities that have not been mentioned.

7 Ask:

- What sexual activities can we enjoy that do not put us at risk of HIV infection?
- What level of risk are we willing to live with?
- **8** Ask "What have we learned from this session and how will we use it in our lives?"



See Annex 2 for levels of safety

No bodily fluids involved

Action taken to avoid transfer of bodily fluids

No action taken to avoid transfer of bodily fluids

Activity How to enjoy our sexuality safely – the three boats



Aims

- To learn that we have different choices for avoiding STIs and HIV which may be good for different times of our lives
- To think about the reasons why we might decide to use one safer sex way at this time
- To learn what makes it difficult to practice safer sex and how we can help each other to do this
- To learn how safer sex can help us to reach a good future



1 hour 30 minutes



Materials

Use locally available materials to make the boats, for example, sticks, stones and leaves.

Facilitator tips

Ask people to play roles in this game when they choose which boat to go in. They could be playing themselves but no one will know this because you emphasis that they are playing roles. Otherwise, people may be afraid to go in anything but the abstinence and fidelity boats in case they are judged or people tell others about them. This could put them in danger.

How to do it

- 1 Explain that we are all crossing the 'river of life' to our 'future islands'. In the water there are sexual dangers that can stop us from getting across safely. Ask:
 - What are some of these dangers? Make a note of the dangers and add HIV if no-one says it.
- 2 Explain that there are 'boats' which can help us to cross the water safely to our future islands.
 - Ask: What are some of these boats?
 - Ask: What can help us to protect ourselves against STI, HIV, pregnancy and abortion?
- Add any safer sex option that people miss out. Make sure that everyone understands what abstinence, staying faithful to one partner, sexual playing without intercourse and using condoms and other contraceptives mean.
- 3 Explain the idea of the boats for protection, the crocodiles for danger and the future islands. Mark out the ground to show where the water and the future islands will be.
- 4 Divide into pairs or threes and give each group a boat, crocodile or future island to make on a spot on the ground. Put the future island at one end and the boats spread out on the water with crocodiles in between. People can use whatever local materials they can find to make the boats, crocodiles and islands. People should make:
 - The abstinence boat
 - The condom boat
 - The faithfulness boat
 - An HIV crocodile
 - An STI crocodile
 - A pregnancy crocodile
 - 'Any other dangers that they know of' crocodiles
 - Two or three future islands showing their dreams of a good future which they hope to reach.
- 5 Explain that different safer sex choices suit us at different times, depending on our age, friendships, values, feelings, marriage and childbirth. The important thing is that we practise one of the choices.
- 6 Ask each person to think of a person who they want to role-play in this game. They will be asked to go into one of the boats or stay in the water. They should think of a person of their age who might go into one of the boats or stay in the water. Emphasise that people are not playing themselves. (Some people might choose to play themselves but no-one will know.)
- 7 Now ask everyone to go in their boat or stay in the water.
- Ask people one by one to explain: Why did you choose to go in that boat? Other people can ask them questions. After the explanations and questions ask: Does anyone want to

change boats?

SESSION 5 Sexuality, SRH and life skills

5.10

Activity How to enjoy our sexuality safely - the three boats

- **9** Ask the people in the water, "Why are you in the water?" (For example, a wife who loves her husband and likes having sex with him but she doesn't know if he is faithful).
- 10 The people in the boats try to help the people in the water to get into a boat. For example, they can call the husband and help the couple to discuss the issue.

11 Ask people what they learnt from this activity and



Summary of what we learned on our workshop

- We can protect ourselves from getting HIV through sex by:
 - abstaining from sex
 - enjoying sexual activities without intercourse
 - having sex with one partner who only has sex with us when we have both had an HIV test and we use condoms if either of us has HIV
 - using condoms.
- We may change our choices for safer sex as we go through our lives. What is important is that we practice
 one of them.
- We can help each other to practice safer sex.
- Safer sex can help us to reach our future goals and dreams.

Activity Feel, think, do



Aims

- To learn more about how we feel about sexual situations and how this affects our response to them.
- To learn how we can avoid allowing our own attitudes and values to influence our responses to sexual situations in an unhelpful way in our personal and professional lives.



What is covered in this activity?

- Feelings about sexuality
- Sexual situations
- HIV and AIDS
- Gender and sexual norms



Time

1 hour

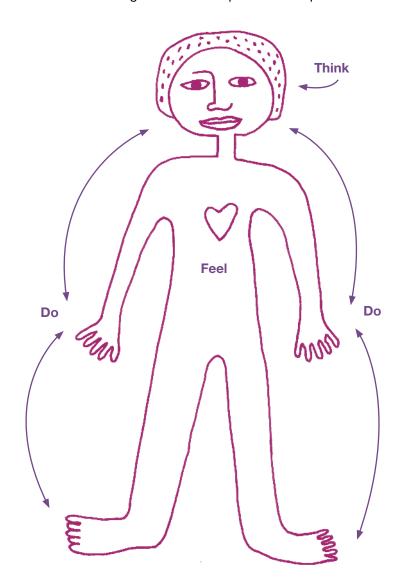


Materials

Flip chart paper and pens

How to do it

1 Draw a picture of a body on flip chart. Ask people where in our body do we feel, where do we think and where do we do? (For example, feelings – heart; thoughts – head and do – hands, feet, mouth, genitals etc). Mark these on the body. Explain that our feelings influence our thoughts and actions in helpful and unhelpful ways. In this activity we are going to learn more about ourselves and how our feelings influence our personal and professional lives.



- **1** Get into groups of four or five. Give each group one of the situations below.
 - As we are getting ready for bed, my long-standing partner says that he/she thinks we should use condoms.
 - I think no one is home and go into my 13 year old daughter's room and find her masturbating.
 - I come into class to find some pupils saying that I have AIDS because I am slim and my husband is a womaniser.

Activity Feel, think, do

- I report a fellow teacher to the headmaster for harassing girl students. He responds "Oh, don't worry that's how he is, the girls are used to him. He doesn't mean any harm and he is such a good teacher"
- I go into my 14 year old son's room to look for something and find a packet of condoms in his drawer with one missing. At that moment, he walks in the door.

Ask participants to read out the situation and then think individually

- What would be my first gut feeling when this happened?
- What would I immediately think?
- What would I immediately do?

Stress that this activity only works if people recognise their first reaction to the situation and are honest in their answers.

- 3 After this, they can start to reflect together on:
 - Why did I feel this way?
 - Did my thoughts match my knowledge of the subject?
 - Was my response helpful?

- **4** Share the responses in plenary and discuss what would be the most helpful response to each situation.
- **5** Ask each person to say one thing they have learnt in this session and how they will use it.

☑ Facilitator's tips

- Encourage participants to be honest about their real feelings and likely response.
- Give more information and new perspectives on the impact of the response and the best response if necessary.

Summary of learning from our workshop

The activity helped participants to be aware of their feelings on sexual issues and how these influence their responses to situations. The discussion showed how feelings can conflict with new knowledge. For example, in the pre-workshop questionnaire all participants thought that masturbation is a good safe sex practise for young people but some would feel disappointed if their child practised it.



Activity Feel, think, do

Example of some responses from our workshop

I go into my 14-year-old son's room to look for something and find a packet of condoms in his drawer with one missing. At that moment he walks through the door.

Feelings	Thoughts	Action	Impact	Best response
I would feel bad	Think that my boy is now	I would beat the boy	The boy may run away	Patience and probing
	promiscuous			Counsel on the good effects and limitation of condoms

I think that no one is home and go into my 13 year old daughter's room and find her masturbating.

Feelings	Thoughts	Action	Impact	Best response
Uncomfortable and disappointed	Sexual feelings are making her crazy	Walkout and close the door. Tell her mother to talk to her	She'll stop doing it	Ask her is she would like to talk to someone about growing up and who would she prefer

I come into class to find some pupils saying that I have AIDS because I am slim and my husband is a womaniser.

Feelings	Thoughts	Action	Impact	Best response
Shocked, embarrassed, unhappy, bad, stressed	It's true, pupils know about my husband's activities and I am probably HIV positive	Punish all the pupils Report it to the head teacher	The culprits are severely punished They hate me now	Prepare sessions on HIV and stigma for the whole school and if possible involve a person with HIV. Have a test.

I report a fellow teacher for harassing girl students. The headteacher responds, "Oh don't worry, that's how he is, the girls are used to him. He doesn't mean any harm and he is such as good teacher."

Feelings	Thoughts	Action	Impact	Best response
Discouraged	I reported to the wrong person; he may be doing the same activity	Sensitise both teachers and pupils on the law, human rights, life skills and the impact of sexual abuse	Behavioural change in both teachers and pupils in school	Interview the teacher and girls separately in the presence of a higher authority

Activity Sexual feelings fishbowl



Aim

To help men and women to understand each other better and to communicate about how to be good lovers.



What is covered in this activity?

Men and women's sexual desires and behaviours



Time

1 hour



Materials

Many pieces of paper

How to do it

- 1 Explain that an increased understanding and communication between men and women about their feelings, desires and worries can help to improve relationships and sexual enjoyment. In most cultures talking about sex is difficult and needs practice.
- 2 Divide participants into a male and female group.
- **3** Ask people to individually think of all the questions they always wanted to ask the opposite sex about their sexual needs, desires, behaviours, bodies, pleasure, how it feels to be the opposite sex and why they behave as they do.
- **4** Ask each person to write their questions on separate pieces of paper.
- **5** Put all the questions in the middle and remove any duplicates, make similar questions into one if possible and remove any that are judgmental or likely to be offensive.
- **6** If there are more than ten questions, choose the most important ones and keep the others in case there is time later.
- **7** Give the women the men's questions and the men the women's questions.
- **8** The men and women's groups then discuss their answers to the questions separately.
- **9** Form a 'fishbowl'. The women sit together in a group facing each other in the middle (as on the picture on the front cover). The men then sit around the outside of the women's group, where they can listen to the women silently without disturbing them.



- 10 Ask the women to discuss their answers to the men's questions with the men listening silently. The men are not allowed to interrupt, ask questions etc., only to listen. If they want to talk about things further, those who wish can meet in the evening.
- **11** Repeat with the men in the middle answering the women's questions.
- 12 Make a note of the answers to the questions and after the session make a list of issues that you need to follow up. This could be to provide more information; to explore the connection between sexual feelings and behaviour and HIV risk further; to affirm helpful and address unhelpful sexual or gender attitudes or to share different perspectives on sexuality and pleasure.
- **13** In plenary, ask participants to tell the group the most important things they have learned from each other.
- **14** How do men and women's feelings about sexuality influence their risk of

Activity Sexual feelings fishbowl

HIV? What helps them to prevent HIV and what makes it difficult? What would they like to change to reduce that risk?

- 15 Ask participants to think about the answers given by the opposite sex after the session and to make a list of points that they want to respond to, not to judge but to understand better or challenge constructively.
- 16 Make a space in the programme to follow-up issues and allow the groups to respond to key points.

Examples of women's answers to men's questions

How do you feel when the penis is entering the vagina?

If a woman is sexually aroused and wants to have sex, it feels good. If she is dry, not interested or being forced it feels very bad emotionally and physically.

What position of sexual intercourse is the best?

Most of us like positions where we can see the face of our partner, we can caress each others' 'hot-spots', the penis goes in deeply and if we want to we can talk. For this reason, dog style is many women's least favourite position, it is too animal-like.

How are your feelings when a man withdraws the penis from the vagina when you're in the process of reaching orgasm?

It is extremely frustrating and we feel pain in our lower abdomen unless we can finish through masturbation.

How do you enjoy oral sex? Does it give you more satisfaction than penetrative sex?

Some of us like oral sex as a change but we also like penetration; it's nice to do one and switch to the other.

Why do you feel shy to ask for sex from your own husband?

Most of us can say we feel sexy because we are educated and we have overcome that traditional upbringing where we are not supposed to ask for sex.

Facilitator's tips

- This is a sensitive activity. Explain how it can help us to prevent STIs and HIV and have happier sexual relationships so that people do not feel as if it's just talking about sex in an immoral way. Tell participants that they are free to keep quiet or sit out if they find it too difficult to talk about some questions or issues.
- Make sure that each group answers the questions as a group with no individual names attached to the different questions. People can protect themselves by saying 'people like us' or 'I knew someone who' rather than disclosing that it is their own experience.
- It is important to follow up on issues where people have harmful ideas or incorrect information and to look for ways to use this increased understanding to improve SRH.

Examples of men's answers to women's questions

How do men feel if not satisfied?

It is rare that men are not satisfied sexually. Usually they disappoint the ladies.

How does it feel to sleep with a woman who uses charms to make vagina dry (dry sex)

Women use herbs to make the vagina dry, which makes it seem smaller and tighter and this helps men to reach orgasm. If the vagina is wet it is difficult to ejaculate because there is no friction.

Why do men like enlarged labia minora?

Men like the labia minora to be elongated because the penis is engulfed and at orgasm held tightly, warmly and nicely. It is a part and parcel of the woman's genitals, it is easy to find the way into the vagina, good to touch, a sign of maturity and a 'real' woman. Without the elongation, there is no delay in penetration and the penis can easily slip out of the vagina.

Do you get concerned if your sexual partner tells you that you don't satisfy her sexually?

If a sexual partner tells us that we do not satisfy her sexually we will feel put down and use herbs to improve our performance. If we don't satisfy our wives, they may have sex with another man and have children who are not ours.

Activity Sexual feelings fishbowl



HIV prevention issues arising from the activity

- Dry sex can put women and men at higher risk of HIV if one or both have HIV. This is because there are more likely to be small cuts in the vagina and on the head of the penis. Also condoms are much more likely to break.
 - Many men and women dislike condoms, especially in marriage where trust is there and
 - Many couples have short rounds of sex up to seven times a night. If a new condom is needed for each round, this makes it expensive and difficult to access enough.
 - There is a male belief that men must satisfy their sexual needs through intercourse whenever they feel aroused. This leads to sex outside marriage and unwanted sex within marriage, which increases the risk of HIV. This can have a negative effect on marriage leading to more partners by males and females.







Some culturally adapted solutions

- Couples can increase friction and pleasure for both
- women exercising their vaginal muscles to make the vagina tighter and give mutual pleasure. choosing positions that increase friction
- drying excessive moisture between rounds.
- Eroticise condoms by taking it in turns to put them on, Find free sources of condoms.
- Reduce the number of 'rounds' by making one round go on longer and having more sexual activity before and after intercourse.
- Enjoy safer sex options that do not include condoms. For example, have HIV tests and if both of you are negative, be mutually faithful and do not use condoms. If one or both of
- you have HIV, enjoy sexual activities without intercourse. Protect yourselves and each other before marriage to reduce
- Masturbate rather than having sex outside marriage. Improve marital relations, enhance sexual enjoyment and negotiate sexual activities so that both partners are able to meet each other's sexual needs.
- Use contraception to remove fear of pregnancy and use condoms and/or an HIV test to remove fear of STI, HIV and pregnancy.
- Be aware that young people often have different ideas to their parents. Some do not see any reason to elongate the labia. They like more variety in sexual activities and have less of a problem with using condoms. We can all adapt to a

Activity Sexual consequences game



Aims

- To understand more about the kind of sexual situations that people like us might become involved in.
- To look at why they happen.
- To see how we can avoid them or make them safer.



What is covered in this activity?

- Sexual situations
- Safety and danger



Time

30 minutes



Materials

Enough sheets of A4 paper for everyone

Facilitator's tips

- People should not read what is on the paper that is given to them. They should keep to the story of the couple they first thought of.
- Make sure that the paper is folded before it is passed onto the next person.
- There will be a lot of laughter when people read their stories. This can be good for reducing shyness in the group.

How to do it

- 1 Explain that we are going to play a game to show the many different ways in which men and women might get together for a sexual encounter.
- 2 Give out a sheet of A4 paper to everyone.
- 3 Explain that a sexual situation is made up of:
 - The people involved
 - How they feel about themselves
 - How they feel about the other person
 - Where they are
 - What is going on around them
 - What they are actually doing together
 - What each wants to happen next
 - Why they want it to happen.
- 4 Explain that you are going to ask a question and each person should write the answer on his or her paper.
- **5** Then they fold it over and pass it on to the next person.
- 6 Then you ask another question, they write the answer and so on until the end.

The questions

- Who is the man? Is he single or married, how old? What does he do? What kind of person is he? Does he have children?
- Who is the woman? Give the same characteristics as the man.
- How does the man feel about himself?
- How does the woman feel about herself?
- How does the man feel about the woman?
- How does the woman feel about the man?
- Where are they and what is going on around them?
- What are they actually doing together?
- What does the woman want to happen? Why?
- What does the man want to happen? Why?
- 7 Then ask people in pairs to read out what they have on their paper. Ask them to discuss:
 - What positive or good things might happen next?
 - What negative or bad things might happen next?
 - How could the man involved reduce the likelihood of negative outcomes?
 - How could the woman involved reduce the likelihood of negative outcomes?
- 8 Ask a few pairs to share their story.

Activity Sexual consequences game

Summary of learning from our workshop

- The questions are useful ones to ask ourselves when we are getting into a sexual situation. People often have different feelings and motivations when they have sex and this can result in hurt and problems.
- The possibilities for reducing risk in a sexual encounter depend on the situation. At times there are no choices and it may be best to get out of the situation.



- Masauso is a chief from Petauke. He is married to two wives and An example from our workshop
- Martha is a 15 year old school girl from Lusaka home for the
 - The man is feeling neglected because his wife has a new baby.
 - The woman is feeling good and wants some fun.

 - The man thinks the woman looks like a prostitute The woman thinks the man is wealthy but too old.
 - They meet in the bush there is no-one around.

 - The woman wants to get pregnant because her husband is They meet by chance.
 - The man made a bet with his friends that he would have sex with 10 women that week.

They may both get what they want - pregnancy and winning the bet.

- They may both get STI or HIV. If the woman gets pregnant her Bad things

 - Her husband may find out and claim damages.
 - The man's friends may not really admire him, they may think is They may feel guilty afterwards.
 - foolish and immoral.

It is difficult to see how these problems could be reduced because How can they improve things? the woman wants a child and will not agree to use a condom.

Activity Anonymous participatory survey



Aim

To learn about our sexual lives, sexual activity and problems in order to assess our needs and strategies for reducing risk.



What is covered in this session?



Time

1 hour



Materials

- Enough slips of paper for the number of people doing the survey multiplied by the number of questions
- A container or bag to collect the slips
- Pens of same colour (enough for all the participants)



How to do it

- 1 Explain why we are doing the survey and how we will do it so that no-one will know what answers people give.
- 2 Give each participant a blank slip of paper for each question, one by one. Participants answer each question on a new piece of paper.
- 3 Participants should write:
 - a ✓ if their answer is Yes
 - a x if their answer is No
 - a "number" if necessary
 - a "#" if they do not wish to answer the question

Assure participants that you will mix up and throw the papers away after each question and no one will know who gave which answer.

- 4 If participants agree, you can ask the males to sit on one side and the females on the other. You can then count and give the results from the males and females separately. This can help both to see more clearly their risks and the changes that they need to make to be safe. The results are still anonymous, unless you have a very small number of people of one sex.
- 5 Ask the first question and clarify the question if required (see questions on page 66).
- 6 When people have finished answering that question, ask them to fold the paper and collect them in a plastic bag (separate bags if counting males and females separately). Shake the bag so no-one can tell who answered what to each question.
- 7 Count and write up the results on a flipchart or the blackboard.
- 8 Put the used papers into another plastic bag. All the papers will be collected in this bag and disposed of in a way that makes participants feel safe.
- 9 Continue asking the questions and counting and writing up the results in this way until you have finished.
- **10** Discuss the survey results with the group.
 - What have we learnt from our survey?
 - What things are we doing that help us to stay healthy and protect others?
 - What action do we need to take to improve our sexual and reproductive well-being and reduce our risk and the risk we pose to others?
- 11 Dispose of the papers.

Facilitator's tips

- It is essential that the survey is completely anonymous and confidential so that participants are not put at risk of harassment or gossip. If confidentiality is not kept, participants will not be willing to give honest answers and the survey will be unethical.
- The advantages of the anonymous participatory survey are that

Activity Anonymous participatory survey

the answers to the questions are anonymous and confidential. They can therefore be more honest about their behaviour. The participants do the survey as a group and immediately see the group answers. There is solidarity.

- There is immediate learning and motivation to maintain or adopt positive behaviours.
- To ensure confidentiality ask participants to sit apart from each other so no one can see what another person is writing.
- Never ask who gave a certain answer, even if it is unusual or not what was asked.
- Give everyone the same colour pens.
- Make sure that every question requires everyone to write something. If the question is not relevant or the person does not wish to answer it, they can write #.

Summary of what we learned on our workshop

- This is a powerful tool for reflecting on our own behaviour and risk of SRH problems as a group.
- We learnt that as a group we have a high risk of unwanted pregnancy, STI and HIV. We are sexually active, many of us have had more than one partner, we do not use condoms very often and most of us do not know our HIV status.
- We learned that there are differences between the sexes in our behaviour, particularly that men are more likely to force someone to have sex and to pay for sex.
- The learning from this activity motivated people to think again about their sexual behaviour and after six months, some said that they had made changes.

Examples of questions and answers

Question	Women (9)	Men (13)
How old were you the first time you had sex?	Age Number 15 1 16 2 17 2 19 2 20 1 21 1	Age Number 7 1 13 2 16 3 17 3 20 2 >20 2
The first time you had sex, did you use a condom or contraceptive?	No 9 Yes 0	No 13 Yes 0
Have you ever had extra marital sex?	No 5 Yes 4	No 2 Yes 11
Have you ever had an HIV test?	No 9 Yes 0	No 12 Yes 1
Did you use a condom the last time you had sex?	No 8 Yes 1	No 11 Yes 2

Other questions were:

- How many sexual partners did you have in the last one year?
- How many sexual partners have you had in your life time?
- Have you ever masturbated?
- Have you ever had an unwanted pregnancy?
- Have you ever had an abortion or helped someone else to have an abortion?
- Have you ever had an STI?
- Have you ever forced someone to have sex against their will?
- Have you ever been forced to have sex against your will?
- Have you ever paid for sex?
- Have you ever been paid for sex?
- Have you ever engaged in oral sex?
- Have you ever engaged in anal sex?

Activity Decision-making



Aim

To practice the life skill of decision-making in a sexual situation



What is covered in this activity?

- Decision-making life skill
- Sexuality
- SRH



Time

90 minutes

Facilitator's tips

- Encourage participants to ask questions in a way that does not judge the individuals or suggest the 'correct' answer.
- Participants should listen carefully to each question as it is asked and to the answers given by the man and woman. The next question should follow on from the last one or take into account what has been said already.

How to do it

A - Making a sexual decision

- 1 Ask people to shut their eyes and individually think about a time when they made a sexual decision. Ask the following questions one by one, leaving enough time for people to answer them in their heads.
 - What did you consider when making this decision?
 - How did you feel?
 - What other factors influenced your decision?
 - How much control did you have?
 - What was the outcome of the decision?
 - If you were to make this decision again, how would you change it?
 - How does your own experience of making sexual and reproductive health decisions affect how you feel about the decisions that pupils take in their sexual lives?
- **2** Ask people to share anything they feel like sharing with the person sitting next to them.
- **3** Ask people what they learnt from the activity in plenary.

B - The steps we take in making a decision

- 1 Present the steps we use when making a decision:
 - What is important to you? What do you hope will be the result of the decision?
 - What choices do you have?
 - Find out as much as you can about each of these choices.
 - What are the advantages and disadvantages of each choice?
 - What do you think might happen if you make this choice in the short, medium and long-term?
 - What are your feelings about each choice? For example, happy, anxious, excited? Which choices best fit your values?
 - Which other people should you think about and talk to before you make the choice? What effect will each choice have on other people?
 - Make your choice after weighing up the good and bad points and your values.
 - Put the decision that you have made into action.
 - What are the consequences of your decision for yourself and others? Do you need to change it?
- 2 Divide participants into two groups, each with a facilitator and give each group one of the following topics:
 - Shall we use a condom or not in our marriage?
 - Shall we have a love affair outside our marriage?
- **3** Ask for two people to volunteer to role-play being the couple making the decision. Give them ten minutes to get into role. Try to make the roles as realistic as possible for the group.
- **4** Ask the rest of the group to think of the questions that they will ask to help the couple make a good decision. The questions should be open and not tell the couple what to do or judge them.

Activity Decision-making

- **5** Call the couple in and tell the participants to take turns to ask their questions with the couple staying in role. Ask the questions to the man and the woman.
- 6 When participants have run out of questions, add any more that are relevant. Ask the couple to leave the group for a few minutes to make their decision.
- 7 Call the couple back and ask them to give their decision and explain the reasons. The rest of the group gives feedback on what they think about it.
- 8 Ask the people from the group what they have learnt about decision-making from the activity and how they will apply it to their own lives.



Some important questions

- Why are you thinking of having sex with this
- If you have sex, what will be your reasons for doing it?
- How are you feeling about yourself?
- What are your feelings for this person? Do you love them? Do they make you feel sexy? How do you know this?
- Have you talked about having sex with this person?
- Will you be able to have sex with them in a private place and take enough time to enjoy it?
- Have you been drinking alcohol or using drugs? If you have, would you still want to have sex with this person if you were not high or drunk? How might you feel about it tomorrow?
- Do you want to have a child with this person?
- If not, how will you avoid pregnancy?
- You may become pregnant anyway. If this happens, what will you do?

- What effect might your decision about pregnancy have on your life?
- Could either of you have an STI, including HIV? How will you know?
- How will you protect yourselves?
- Condoms can break and they are not 100% effective against HIV. What will you do if the condom breaks or slips off? Who will you tell?
- What would important people in your life say if they know you are having sex with this person?
- What will they say if you get pregnant, cause a pregnancy or get an STI or HIV?
- What does your religion say about this sexual relationship?
- Do you feel that it is morally right to have sex with this person? What are the good and bad points about it?
- If you weigh up the points for having sex and against having sex, which weigh most heavily?
- Will you have sex together or not?
- Will you use a condom or not?

Summary of learning from our workshop

- Many of us have sex without thinking clearly about the reasons we are doing it and the possible consequences for us and the people we care about.
- If we are married, we may not think clearly about whether we need to protect each other from STIs, HIV or pregnancy.
- It may feel strange and unromantic to ask ourselves questions about our sexual lives in this way, but it can help us to stay safe and act in a caring and responsible way.

- After the questions, the married couple decided to use condoms until they go for an HIV test together.
- The couple thinking about having an affair decided not to in the end because of the risks of negative outcomes, which would harm their families.



Activity Assertiveness¹



Aims

- To understand the difference between strong (assertive), weak (passive) and fighting (aggressive) behaviour.
- To look at our own behaviour and how it helps or hinders us in our personal and professional lives.
- To practise being strong in different situations.



What is covered in this activity?

- Own behaviour
- Exploring assertiveness, attacking and passivity
- Youth behaviours



Time

1 hour



Materials

Any props needed for role-play

How to do it

A - Role-plays

- 1 Explain that our families teach us how to behave at an early age.

 There are different ways of behaving in a situation, and the way we behave affects whether things go well or badly.
- 2 Show three role-plays of the same situation with one of the characters responding to the situation in three different ways: that is, passively, aggressively and assertively.

 The box shows an example of a situation.

Role-plays

- (a) A husband comes home very late and drunk. He starts to shout at his wife and demand his food aggressively. She looks afraid and submissive, backs away, says that she is very sorry, pleads that she wasn't able to cook because he did not leave her any money for ingredients. He becomes angrier and starts to beat her.
- (b) A husband comes home from work, very late and drunk. He starts to shout at his wife to bring his food. She shouts back that she is heating the water but there is no food because he spent all their money on beer. He starts to beat her and she throws the pot of boiling water over his head.
- (c) The husband comes home very late and drunk and shouts for his food. The wife puts her arm round him and helps him to bed, she encourages him to sleep. Next morning, she gives him breakfast and says how sad she feels when she doesn't see him in the evenings because she loves him and a husband and wife should spend time together. She suggests that he drinks his beer at home with her. He is surprised and pleased with this idea and says that he will invite his friends to their home.
- 3 After each role-play ask participants:
 - What did you see happening in the role-play?
 - How did the people behave? How would you describe it?
 - What was the outcome of the behaviour for both people?
 - What do you think will happen next?
 - Which behaviour would you prefer if you were the woman or the man? Why?
 - Which behaviour brought the best immediate result?
 - Which do you think would be best in the long-term?
 - What other options did the woman have?
- **4** Invite people to come and role-play other ways that the woman might have dealt with the situation, including involving others.
- **5** Ask which strategy people preferred overall.
- **6** Ask people to go into threes and act some role-plays of situations when they behaved in a strong, fighting or weak way. What was the outcome and why? Replay to show a better outcome.

¹Alice Welbourn (1995) Stepping Stones: A training package on HIV/AIDS, communication and relationship skills, Strategies for Hope

Activity Assertiveness

B - Attack and avoid

- **1** Ask people to listen to a list of behaviours that you will read out one at a time from the list in the box below.
- 2 If they think they do something
 - often, they should put both hands in the air
 - sometimes, they should put one hand in the air
 - never, they should keep both hands down. Join in with these actions yourself. Encourage people to be honest!
- **3** Read out some ways of behaving from the list below. After you have finished each of the three types, ask:
 - What do we call this type of behaviour?
 - What words do we have in our own language to describe it?
 - How do we feel about this type of behaviour?
- **4** Ask what people have learnt about themselves from this game.



Most of us use a mixture of these behaviours in different situations and with different people. We may use one type more than the others.

Weak or passive

- Take no action to demand our rights
- Put others first so that we lose
- Give in to what others want
- Remain silent when we disagree or feel unhappy about something
- Put up with anything
- Say sorry a lot
- Hide our feelings
- Do not start something new in case we fail
- Allow others to make all the decisions
- Follow the crowd and giving in to peer pressure

Fighting or aggressive

- Take our own rights with no thought for the other person
- Say we will do something bad to a person to get what we want
- Put ourselves first even though others lose
- Make demands without listening to other people's ideas and needs
- Become angry quickly when others disagree with us
- Shout, push or force people
- Make people feel that they need to defend themselves
- Make people look small so that we look big

Strong or assertive

- Stand up for our rights without putting down the rights of others
- Respect ourselves and the other person
- Listen and talk
- Tell people our thoughts and feelings clearly and honestly.
- Say "I" think and feel.
- Stick to our values and principles
- Match our words to our body language
- Act confident but respectful
- Accept praise and feel good about ourselves
- Accept true suggestions for making ourselves better and learn from them
- Say "no" without feeling bad
- Disagree without getting angry
- Say "I feel angry" in a way that does not harm others
- Ask for help when we need it

Say "I

Activity Assertiveness

C - Assertiveness and young people

- 1 Explain that in this activity we are going to look at how children and young people are expected to behave in our culture and how this affects their ability to be assertive and stay safe.
- 2 Make a list of all the ways that young people are expected to behave with adults, including any proverbs or sayings.
 - Ask: How does this affect young people's ability to grow up happy, healthy and safe?
- 3 Divide participants into four mixed groups. Ask two groups to make a role-play of pupils in school with one group showing a pupil behaving in the expected way and another showing a pupil being assertive.
- **4** Ask two groups to make a role-play of a situation at home with one showing a child behaving as expected and the other an assertive child.
- 5 Perform the role-plays in plenary one at a time and discuss each one. Ask:
 - What did we see happening in the role-play?
 - How was the young person behaving?
 - How were others behaving?
 - Who was in control of the situation?
 - What was the outcome for the young person?
 - What was the outcome for the other person?
- 6 Replay the role-plays where young people were not able to be assertive and invite participants to take on the character of the young person and role-play how they might be assertive in that situation.
- 7 Ask the audience if they think that this is realistic. How might the adults respond? Continue different ways of doing it until the audience either think it is realistic or agree that it is the adults who have to become more caring and respectful to children before things can improve.

8 Ask:

- How can we encourage children to express their thoughts and feelings and be assertive?
- How can we encourage teachers and parents to respond helpfully to assertive behaviour and make a more supportive environment for young people to be assertive? How can we reduce the need for young people to be assertive over their rights.

Facilitator's tips

Help participants to see the difference between being assertive and being aggressive. Assertive behaviour is respectful and polite; the person expresses their thoughts and feelings in a way that does not hurt the other person. The problem is that if society expects children to be seen and not heard, assertive behaviour seems rude. Encourage people to talk about the impact of children being passive and how assertiveness could improve communication and life for everyone.



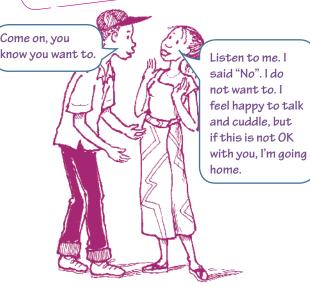
Examples of how children are expected to

behave

- Respect teachers
- Follow how to do it
- Accept correction
- Be ready to learn
- Obedient
- Be able to ask when things are not clear
- Assertiveness in children is seen as disrespect and rudeness by many adults.

Examples of role plays

- (a) All the members of a family treat an orphan as an unpaid slave. They bully him to work from dawn until midnight and he says nothing. He is submissive and obedient, treating all family members with respect.
 - (b) A teacher calls a girl to his room to collect some books and proposes that she should be his special friend. She assertively refuses without being disrespectful.



Handout Assertiveness and negotiation¹

Assertiveness

An 'I' statement is a way of expressing clearly your point of view about a situation. You say how the situation is affecting you and what you would like to see happen. You do not blame or judge the other person, but open up the problem for discussion.

A 'you' statement accuses and blames the other person and suggests negative solutions.

Examples of 'I' statements

When I come home I feel disappointed if the food is not ready and the house not swept. I would like us to discuss how we can arrange things better so this would be possible.

Examples of 'you' statements



You are so lazy, you never keep the house clean, you are always late with my food and the children are always crying. I don't know why I married you. You must start to work harder from now on!

When you come home at night from the bar, I feel disappointed because I would like to see more of you and would like more money for food for the children. I would like us to discuss how we can arrange things better together.



You are always drunk and you never give me any money for food. I don't know why I married you. You must stop going to that bar from now on!



How to make an 'I' statement

The action: "When..."

Make it specific and non-judgemental.

My response: "I feel..."

Keep to your own feelings, do not blame the other person.

Reason: "Because..."

Explain why you feel like this, but not in a way which

blames the other person.

Suggestions: "What I'd like is..."

Say what you would like, but do not demand it of the other

person.

Negotiation

Negotiation is the ability to reach an agreement or conclusion on an issue without giving up one's principles or values. In negotiation, we say what we feel, think and would like; ask for feedback and listen to and empathise with the other person's point of view, and then either refuse, delay or bargain to reach a conclusion. We may agree to give up some of our needs if the other person does the same thing; that it, we compromise.

Example of negotiation

Your husband or wife wants to have sex. You are worried about pregnancy or HIV and would like to use a condom. Your partner does not want to use one.

You could say:

"Then I think that we should forget about sex right now until we can talk it through more and reach agreement."

"Well, I'm not willing to have sex without a condom unless we use another method of contraception and have an HIV test."

"How about if we please each other without having full intercourse until we can talk about it more?"

Activity Reproduction – pregnancy, fertility, abortion



Aims

- To know safe ways to avoid pregnancy
- To understand our choices if we have an unwanted pregnancy
- To know how to protect our fertility



What is covered in this activity?

- Contraceptives and natural family planning
- Abortion
- Fertility



Time

1 hour



Materials

- Flip chart paper and pens
- Samples of contraceptives

Facilitator's tips

- Ask participants to read the sections on contraceptives, pregnancy, abortion and fertility in the 'Our Future' textbooks before this session.
- Read the information in 'Choices

 a guide to young people' on
 these topics or use other resource
 materials.
- Try to obtain samples of the different contraceptives before the session.
- You could also invite a health practitioner to come to the session, show the contraceptives and answer questions.

How to do it

- 1 Explain that in this session we are going to discuss how to look after our reproductive well-being as part of our sexual lives. Refer back to the joys and problems of sexual life session on page X. Ask: "What were the reproductive problems that we raised in our groups?"
- 2 Write the reproductive problems of the groups on flipchart paper and identify the ones that men and women both listed. If there are some that were only mentioned by one sex, ask the other sex is they also think that these are problems.
- **3** Divide into mixed groups and give each group one of the reproductive problems.
- 4 Ensure that unplanned pregnancies (unwanted, too close or too many children); unsafe abortion and infertility are covered. Ask each group to do a causes and consequences tree showing their problem. Ask them to write a solution to each cause on the tree in a different colour.
- **5** Present the trees in plenary.
- **6** Ask participants to identify common solutions to the problems. For example, the use of condoms can prevent STIs (which can cause infertility); HIV (which can be transmitted to babies); and unwanted pregnancy.
- **7** Ask: "What and how can we teach our pupils so that they are motivated to protect themselves from STIs, HIV, early pregnancy and unsafe abortion?"
 - Write a song or perform a role-play to achieve this.
- **8** Ask participants to put all their questions about reproductive health into the question box so that the facilitators can answer them in an evening session.
- 9 Show them the different contraceptives if you have them. Say that condoms are best for sexually active young people because they protect against pregnancy and STIs including HIV. However, young people should know that condoms are 90% safe if they are used correctly every time a couple have sex.



Activity Sexually transmitted infections¹



Aims

- To know the signs and symptoms of infections spread through sex
- To understand the consequences of STIs if they are not quickly treated
- To find out where we can get good treatment for STIs
- To know how to prevent STIs

What is covered in this activity?

- Signs and symptoms of STIs
- Consequences of not treating them quickly
- Treatment
- Prevention



1 hour



Materials

Pieces of paper (a few per participant)

How to do it

The STI song

- **1** Ask participants to write signs and symptoms of STIs on pieces of paper, one symptom per paper. Add any that they miss out. Let each person take one piece of paper.
- 2 Explain that you want to get a rap song going to help people remember the signs and symptoms. You can either teach them the song below or ask them to start a rhythm with clapping and dance and then add words to it.
- **3** Ask participants to stand in a circle and one person to stand in the middle and lead the song.

The clinic can cure That's for sure So don't be shy S-T-I - 1-2-3 S-T-I - 1-2-3

- **4** When you have the beat, ask everyone to imagine how they can chant their sign or symptom in the song to fit the beat. Leave a gap for each person to add their symptom. The leader can point to individuals to sing their symptom.
- **5** Repeat the process, but this time putting on pieces of paper and chanting the consequences of untreated STIs instead of the symptoms.
- 6 Explain that most STIs are curable if the person rushes to the clinic at once and takes all their treatment correctly. Discuss where people can go for STI treatment and what are the good and bad points about each place.
- 7 Ask participants:
- What they have learned about STIs and how they will use it in their lives?
- What are the most important messages to give young people about STIs?



¹ Family Health Trust Zambia (1998) Happy, healthy and safe: Youth-to-youth learning activities on growing up, relationships, sexual health, HIV/AIDS and STDs life skills, Lusaka, Zambia

Activity Sexually transmitted infections

The STI prevention game

1 Ask people to call out the ways that they can protect themselves from STIs.

Don't have sex

Use a condom

Have sex with one un-infected person who only has sex with you

2 Ask people to call out the ways that they could get an STI.

Have sex without a condom
Have sex with more than one person
Have sex with one person who also has sex with
another person

- 3 Play a game to form 7 groups.
- 4 Give each group one of the ways to prevent STIs or to get an STI listed above. Ask one group to role-play the STI germs.
- 5 If you have paper:

Ask each group member to draw a picture on a piece of paper to show the way of preventing or getting STIs that they were given. For example, they could draw a picture of a condom or draw stick figures to show 'saying no to sex' or 'two people having sex only with each other'.

- **6** Ask the STI group to draw pictures showing STI germs on their papers.
- 7 Collect and mix up all the papers.
- 8 Attach one piece of paper showing a way to prevent or get an STI on the chest of each person with the drawing hidden. Attach the STI germs to the rest of the participants with the picture showing.
- 9 Stand in a circle with two of the STI germs people in the middle. Ask six people with hidden pictures to try to cross the circle. The STI attackers try to catch them.
- **10** When they are caught, turn the paper round to see the picture.
 - If the activity shown could give them an STI, the person sits down. If it protects them from STIs, the person continues to the other side. The people caught should look at the picture and explain whether they think they are in danger of STI or not and why. Others can then give their ideas until everyone agrees.
- **11** Continue taking it in turns to be the STI attacker until everyone is either sitting down or safe.



Activity Sexually transmitted infections

Summary of what we learned

STIs are spread by germs that go from a person with an STI to another person during sex.

Sexual behaviour

We can stop the germs getting into our bodies in these ways:

- By not having sex. This is the best way for young people because it is 100 % safe.
- Using condoms properly every time we have sex because they stop the germs going from one person to another 90% of the time. Only condoms protect us from STIs and HIV, no other contraceptive can do this. Do not have sex if there are sores or ulcers from STIs on parts of the body that are not covered by the condom. Some STIs, for example gonorrhea, are spread through oral sex.
- Not doing deep kissing if either of us has mouth ulcers or bleeding gums.
- Only having sex with one person who only has sex with us. The more partners we have, the higher our chances of catching an STI.
- Not having sex with someone if they have rashes, sores or ulcers around their genitals of mouth.
 However, we shouldn't think a person is safe just because he or she has no signs of STIs. The germs could still be living in his or her body.

Hygiene

Wash our private parts every day with clean water, taking care to clean under the foreskin in uncircumcised boys and between the labia in girls. Wash our private parts before and after sex. However, this is not enough to prevent STIs.



Treatment

- Go to a health worker as soon as we notice any symptoms of STIs. This way, we won't make anyone else sick or get infected again ourselves.
- Take all our medicine as instructed and do not have sex before we are cured.
- Ensure that all our sexual partners go for a check up and treatment. Many women and men do not show symptoms of STIs. We have a responsibility to tell our partners to prevent further sickness and re-infection.
- Girls, wipe from front to back (vagina to anus) when you go to the toilet.

Activity Human and children's rights



Aims

- To learn about human rights, including children's rights in relation to sexual and reproductive health
- To learn about the consequences of denying people their rights
- To learn about what we can do to fulfil everyone's rights whatever their age, sex and HIV status



What is covered in this activity?

- Human and children's rights
- Sexual and reproductive health



Time

1 hour



Materials

Handout: Table on human rights and examples – on page 78



How to do it

- **1** Ask participants to explain the meaning of human rights and give some examples. Explain that rights are things that everyone is entitled to regardless of age, gender, ethnicity or wealth because they are human beings.
- 2 List the rights in the chart on the next page, leaving out the examples.
- **3** Divide into 12 mixed sex pairs or fewer if you have fewer participants. Give each pair one or two of the rights and ask them to discuss it and think of examples that are relevant for:
 - (a) people like themselves
 - (b) their pupils.
 - Ask them to prepare two role-plays of these rights being denied to show (a) and (b). Ask them to show things that actually happen in their locality.
- **4** If you have time, show all the role-plays in plenary and for each one suggest ways to ensure that those rights are met.
- **5** Ask what participants have learned from the activity and how they will use it in their personal and professional lives.
- **6** Ask participants to write on the flipchart their examples against each right.
- 7 Distribute the handouts.
- 8 Ask what participants have learned from the session.



Facilitator tips

If you are short of time, ask the pairs to go into groups of two or three pairs, show the role-plays to each other and suggest ways to ensure rights are met. They can then fill in the chart together.

Handout Human rights

Human right	Example
The right to life	The right to refuse sex if a partner will not use a condom
The right to liberty and security of the person	All people have the right to enjoy and control their sexual and reproductive life, for example, not to be forced to have sex or be made pregnant
The right to equality and to be free of all forms of discrimination	People living with HIV have the right to work, to live in their own homes and to go to school
The right to privacy	The results of an HIV test should not be told to another person without the permission of the person having the test
The right to freedom of thought, conscience and religion	Religion and culture should not force people to act against their wishes in their sexual and reproductive lives
The right to information and education	Males and females of all ages should be able to obtain information and education about sexuality, SRH and HIV and AIDS
The right to choose whether or not to marry and to found and plan a family	People should make their own decisions about marriage and not be forced into marriage by parents or others unwillingly
The right to decide whether or not to have children	People should be free to make their own decisions about when and how many children to have and how to space them without partners, religion or culture forcing them to have a child against their wishes
The right to health care and health protection	Young people should be given the services and condoms that they need to protect themselves from HIV
The right to the benefits of scientific progress	People have the right to anti-retroviral treatment for HIV infection and emergency contraception
The right to freedom of assembly and political participation	Young people have a right to form associations to campaign for their rights and demand services. People have the right to campaign for HIV treatment
The right to be free from torture and ill treatment	Young people have a right to protection from sexual exploitation, rape, abuse, harassment and beating

Activity Sexual abuse and rape



Aims

- To understand that sexual abuse and rape is a crime and can result in abusers going to prison
- To know the serious consequences of sexual abuse and rape
- To find strategies for schools to reduce sexual abuse and rape of pupils and young people in the community and put the strategies into action



What is covered in this activity?

- The meaning of sexual abuse and rape
- Sexual abuse is a crime
- Strategies to reduce sexual abuse and its consequences



Time

1 hour



Materials

- Flip chart paper and pens
- 'Our future' books

How to do it

- 1 Think of all the different types of sexual abuse that a child or young person might experience and make a 'word map' on the flipchart. From this, define the meaning of 'sexual abuse' and 'rape'.
- 2 In groups, make stick drawings to show different situations where child sexual abuse happens, including those in the school. Show the situation, what happens afterwards and the consequences of the abuse immediately and later in the child's life.
- 3 Present the drawings.
- 4 Ask: "What have we learned and how will we use it?
- 5 Refer to the solutions suggested on the next page for dealing with sexual abuse in school.
- 6 Make an action plan for the next year to address sexual abuse in your school and community. Describe:

What action?	By when?	By whom?	Resources needed?	With what outcome?



Facilitator's tips

The stick drawings should not show the actual abuse taking place. This is because some people get sexually aroused by pictures of sex with children and this is pornography. The pictures should show the situation, what happens afterwards and the consequences.

Ask participants to read the sections on child sexual abuse in the 'Our future' books.



Activity Sexual abuse and rape

5.20

Ensure that participants understand the following:

- Sexual abuse is when an adult touches a child or young person in a sexual, harmful and unwanted way or has sex or sexual activities with them. It includes rape and sexual activities such as kissing or fondling the breasts or genitals. It is also called 'defilement'.
- It is against the law for adults to engage in sexual activity with a young person under the age of 16 years or with a brother, father or uncle. A person found guilty of this can go to prison.
- Child sexual abuse can cause victims to feel sad and low, and have low self-esteem, risky sexual behaviour and problems with making friends and marrying.
- Children are often afraid to talk about sexual abuse by people they know and family members.

Sexual abuse is a serious crime committed by an adult against a child. It is never the fault of the child or young person. It should always be reported and the abuser brought before the law.

What can teachers, the PTA and peer educators do to prevent child sexual abuse?

- Teach children and young people that it is wrong for adults to touch children's sexual organs or make them have sex. Adults can go to prison for this. Any touch that makes them feel afraid, shy or bad is wrong.
- Teach children and young people that they always have the right to say "No" to any sexual touch or behaviour that they do not like. Child abuse is never a child's fault. No one has a right to ask children to keep sexual activity secret.
- Always listen to a child who reports abusive behaviour. Take it seriously and find out more about the situation, even if it is difficult for you.
- Sensitise teachers to the crime of child sexual abuse and report any teacher who is guilty of it.
 Create positive peer pressure among teachers and pupils to stop child sexual abuse in your school.
- Work with the whole community to let people know the bad consequences of sexual abuse and what Zambian law and human rights say and do about it.
- Encourage people to report child abuse and report the abusers to the police.
- Work closely with your nearest Victim Support Unit and invite them to talk to the community.
- Use drama to show the serious consequences of child sexual abuse and what the school, pupils and community can do about it.



Gill Gordon (2007) Choices: A guide for young people, Macmillan Education, Oxford

Activity Question file



Aim

To encourage participants to ask questions and express themselves openly about topics touched upon in this training



What is covered in this activity?

Reflecting on the training and asking questions



Time

1 hour



Materials

Box/basket for questions



Put out the box at the start of the activity and ask people to put in questions on session topics.

Maren Bodenstein, Gisela Winkler (2005) Teaching about HIV and AIDS, Macmillan Education, Oxford

How to do it

- 1 Put out a box or basket in which participants can put all their questions about sexual and reproductive health. They do not need to put their name on the question. Invite people to write all the questions they have which they haven't had an opportunity to ask or feel shy to ask.
- 2 Read out each question one by one and ask if anyone in the group would like to answer it. Provide correct information where necessary.

Facilitator's tips

- If you do not know the answer to a question, explain that you will find out and let participants know later. Use your resource books and local resource people to find the answers.
- We are learning new things about SRH and HIV all the time. Look for ways that you can get updates on this information.

Example of questions and answers

Is it possible for the unborn child not to be HIV positive as it gets food from the infected mother?

The baby gets antibodies from its mother's blood and these may be sufficient to protect the baby from infection. If the mother has not just been infected and she is not sick, she may have too few viruses in her blood to infect the baby.

In a couple is it possible for one person to be HIV positive and the other HIV negative? Why is this?

Yes, this is quite common. They are called discordant couples. HIV is not transmitted every time people have sex. If the infected partner has a low number of viruses in his or her body fluids and/or the other partner is able to make effective antibodies to the virus, he or she can remain un-infected for some time.

Is it possible for someone who has just been infected today to transmit HIV?

When a person is first infected, they have a high number of viruses in the blood because they have not yet made antibodies to reduce the number and the viruses are not yet hidden in the white blood cells. So a person who has just been infected is more likely to transmit the virus.

SESSION 6 Learning from children about their needs

6.1

Activity Finding ways to learn from our pupils



- To understand the importance of learning about the lives and needs of our pupils and their response to our sexuality and life skills education
- To identify strategies for continuously learning from our pupils



What is covered in this activity?

Continuous learning with pupils - methodologies



Time

1hour

How to do it

- 1 Explain that sexuality and life skills education will only support pupils to grow up happy, healthy and safe if it responds to their needs, talks about the reality of their lives and gets feedback on whether they are able to apply what they have learnt in the class in their lives. In this session we will look at ways to have an ongoing dialogue with our pupils.
- 2 In small groups think of all the ways that teachers can learn from their pupils in order to plan relevant lessons and get feedback on how useful they were.
- 3 Ask each group to present their ideas. Discuss them in detail and agree on what steps each school will take to ensure ongoing learning with pupils.



▼ Facilitator's tip

Suggest some other ideas from the box below if they are not mentioned.

Ways to learn from pupils

- Use the first chapter in the 'Our future' books to learn how your pupils feel about sexuality and life skills education and how they would like it to be taught safely.
- Put a box in the classroom with a slot where pupils can 'post' anonymous questions, letters, stories, feedback from the lessons or suggestions for future lessons. Use some of these in your lessons instead of the stories given in the 'Our Future' books.
- Ask pupils for simple feedback on your lessons straight after the lesson.
 - What did you enjoy?
 - What did you not like?
 - What did you learn?
 - How will you use it?
 - What would you like to learn more about?
- At the start of the next lesson, share experiences of how pupils applied what they learnt.
- Instead of giving pupils stories and role-plays to work on from 'Our future', sometimes ask them to make up stories or roleplays which show their own situations, worries and dreams.
- Give pupils homework from 'Our future' books, which involves them in collecting information from their family or friends about a sexual and reproductive health topic.
- You will find that many of the activities in this manual have been adapted for pupils in the 'Our future' books. Adapt and use the activities in this guide to learn more about your pupils.

Activity Evaluation

- **1** Ask participants to complete the True or false questionnaire again.
- 2 Collect the questionnaires and tally the answers to see whether there has been any change in the answers
- **3** Report the results back to the group and discuss what we can learn from them.
- 4 If some participants are still unclear on any of the answers, explain them using the answers in Annex1. Give this as a handout.
- **5** Distribute the questionnaire below and ask participants to complete it whilst you tally the True or false questionnaire.

Evaluation questions

1 To what extent did we achieve our objectives

	Not at all Completely					
	1	2	3	4	5	
2	2 Name three important things that you learned					
3	3 What was the most useful session and why?					
			,			
1	What was the least	useful session and w	av?			
4	Wilat was the least	userui session and wi	iy!			
				:4 4 ±: O		
5	How would you imp	prove the workshop if	you were to facilitate	It next time?		
6		nat you have learned:				
	in your own life?					
	in your work?					
7	7 How will you share what you have learned with your colleagues, pupils and family?					
8	Please add any othe	er comments				

Annex Answers to activity 1.2 – True-false questionnaire

It's wrong to teach pupils about sexuality because it will encourage them to have sex.

FALSE: Research around the world has shown that teaching young people about sexuality can increase the age at which they start to have sex and increase the use of contraceptives and condoms when they do start to have sex. If sexuality education includes virtues and skills it helps young people to make responsible and caring decisions and manage their sexual feelings safely. There is no evidence to show that teaching young people about sexuality results in earlier and/or more sexual activity.

The groups with the highest HIV prevalence rate in Zambia are women aged 30-34 and men aged 35-39 years.

TRUE: The older people get, the more likely they are to have been exposed to HIV through sex. Because HIV stays in the body for life, there are more people living with HIV in the older age groups. Older men often have more resources with which to support girlfriends.

Women can only orgasm after several rounds.

FALSE: If a woman is feeling sexy before penetration, the couple please each other during intercourse and the round lasts a reasonable time, most women can orgasm in one round. If a round lasts a short time, the man can caress her 'hot spots' whilst he becomes hard again and she is more likely to orgasm on the second round.

When a woman says no to sex, she wants a man to persuade her.

FALSE: Some women may say no initially because they do not want to be judged as too easy or they want to know the person better. But many times, women say no because they do not want to have sex. Men and women should assume that if a person says 'no' to sex they mean it and not force the person to have sex. They can continue to develop the friendship but respect the other person's decision on sexual activity. Men and women should both take responsibility for sexual decision-making and say a clear 'no' or a clear 'yes' and talk together about the good and bad things about having sex together at this time and how to do it safely.

People who raise issues of gender equality bring confusion and make things worse for families.

FALSE: Gender inequality has many negative effects on the family from reducing women's ability to contribute to family well-being and raise children; harmful practices which increase the risk of HIV and child poverty; violence; lack of education for girls and inefficient use of household resources. Community activities that engage men and women in changing harmful gender norms can help to avoid conflict and maximise the benefits of change for everyone.

Masturbation is a good practice for young people because they can relieve their sexual feelings safely.

TRUE: Young people need ways to cope with their sexual feelings without putting themselves and others at risk of HIV, STI, unwanted pregnancy and emotional hurt. Masturbation is pleasurable and reduces sexual tension. It can help young people to understand their sexuality better and enjoy sex when they are mature. Masturbating with a partner is safe as long as the two people are able to satisfy each other without intercourse and no semen, vaginal fluid or blood makes contact with the genitals or cuts or sores in the skin.

An HIV negative test result means that you have not been infected with the virus.

FALSE: The HIV test detects antibodies to HIV in the blood, not the virus itself. The body only makes enough antibodies to show on the test 6 weeks to 6 months after being exposed to HIV. This means that a person could have an HIV negative test result because although they have HIV, they have not yet made enough antibodies to show in the test. This is called the 'window period'. We need to wait at least six weeks after a risky event before having an HIV test and if it is negative, we should have a repeat test after three months or six months without further exposing ourselves to HIV.

Many women will only learn that they have an STI if their partner tells them.

TRUE: Women often do not show early signs and symptoms of STI. Men tend to get signs and symptoms quickly after infection because their sexual organs are on the outside. This means that men who are diagnosed with STI have a responsibility to tell their sexual partners to enable them to go for treatment

Annex Answers to activity 1.2 - True-false questionnaire

quickly and avoid serious illness and complications such as infertility, stillbirths and ectopic pregnancies.

Teaching children assertiveness skills will make them unruly.

FALSE: Assertiveness does not mean being rude, attacking or disrespectful. Assertiveness skills allow children to talk about their feelings, needs and rights in a way that is respectful, polite and helpful. If people think that children and young people should be seen and not heard and should not take part in decision-making, they may use negative terms like unruly. They may fear to lose power and control over the next generation. However, if young people learn democratic skills and contribute to society at an early age, the whole society will benefit.

If women have a problem with gender norms, they should tell men to change.

FALSE: Both men and women have responsibilities to reflect on their culture and society and what needs to change to improve the lives of everyone. It is not only women who are disadvantaged by some gender norms and practices, but also men. Change can benefit everyone and if men and women work together to do this, it is more likely to be successful.

Young people should not be given condoms because they will think they can have free sex.

FALSE: Condom education should include the fact that condoms are between 80-90% safe if they are used correctly and consistently every time a person has sex. Honest and interactive discussions with young people on the advantages and disadvantaged of different options for sexual life as they grow up helps them to make good informed choices. The discussion should include the fact that this information is being given for the future as well as the present. It is part of socialising young people so that they have safe, happy and healthy sexual lives at all stages.

Anal sex is only practised by homosexuals.

FALSE: Anal sex is when a man puts his penis into the anus of a woman or man and moves it up and down until one or both partners have orgasm. Both heterosexual and homosexual people may practise anal sex. They may do it because they enjoy it, to avoid pregnancy or because they believe that HIV is not transmitted during anal sex. HIV is easily

transmitted during anal sex without a condom. Young people need this information to stay safe.

It is the role of a man to propose sex.

FALSE: Some cultures believe this to be true. Others believe that in a relationship, the man or woman is able to propose sex and this can strengthen the relationship. They also believe that women have as much right as men to show a man that they are attracted to him and propose love. The statement above may also be a gender myth. Women may actually propose love in a non-verbal or indirect way by signals in body language, dress, perfume, food or songs. This may be more sexy and appropriate than direct verbal invitations.

A man can rape his wife.

TRUE: No-one has a right to force a person to have sex without their consent and desire, whether in or out of marriage, because no-one owns the body of another person. A man rapes his wife if he forces her to have sex without her consent and against her will. This is a violation of her human rights and a crime in many countries. It also has a very negative effect on the marriage, causing harm to the woman and man and leading to loss of love and friendship. If the rape results in HIV, STI or pregnancy, it can also violate a person's right to life, health; protection from harm and livelihoods.

People should practise safer sex with or without knowing their HIV status.

TRUE: Many of us do not know if we have HIV because we have not had an HIV test. We also do not know the HIV status of the people we have sex with. This is true of married and single people. This means that we need to act as if we and those we have sex with have HIV and practice safer sex every time, in the same way as those who know that they have HIV.

The vagina gets loose after childbirth so dry sex improves friction and pleasure during sex.

FALSE: The vagina can get loose after childbirth and a large amount of fluid can reduce friction to a point where neither partner feels much during sex, especially if the penis is small. Women can strengthen and tighten the vagina wall by squeezing the muscles that they would use if they were trying to stop urine flow in the middle of urinating. Doing this 10 times

Annex Answers to activity 1.2 - True-false questionnaire

each three times a day can strengthen the muscles and give pleasure to the man and woman during sex. The couple can use sexual positions that squeeze the penis more tightly. Dry sex is when the woman uses herbs or substances to dry and tighten the vagina. This can be harmful, if it causes sores or cuts in the vagina or on the penis, because as well as being painful, HIV can enter more easily. If the woman is very wet, she could dry her vulva carefully with a clean cloth.

Women don't enjoy sex if they don't feel the semen in the vagina.

FALSE: A very small amount of semen is released during ejaculation and it is very unlikely that a woman is able to feel this. However, the woman can feel the excitement and contractions of her partner's ejaculation and this can give pleasure.

Women are happy if their husbands have girl-friends because it gives them a break from sexual duties.

FALSE: Women may be relieved that they do not have to frequently service their husbands sexually in exhausting ways. This may be especially true if they are tired from long hours of work, fear pregnancy or HIV and have husbands who do not care for their feelings and needs. However, in other ways they are often unhappy when their husbands have girlfriends. They may be jealous and hurt; fear a loss of love and household resources and worry about HIV or STI.

Many women don't enjoy sex because they fear pregnancy.

TRUE: Pregnancies that are too close together or too many put mothers and babies at risk of poor health, malnutrition and death. They also often prevent mothers from contributing to the household and community in other ways and having a good sexual relationship with their partners. Fear of pregnancy makes women worried and unable to enjoy sex. The use of contraception and fertility cycle methods to plan pregnancies can help a marriage and a family to be happy, healthy and safe.

Health providers can help to prevent HIV transmission from HIV positive mothers to babies.

TRUE: Health workers can test pregnant women and those who plan a pregnancy for HIV. They encourage couples to use condoms to prevent HIV transmission to the mother before, during pregnancy or during breastfeeding. This is very important because when a person is first infected, the amount of virus in the blood is very high and HIV can easily be transmitted to the baby. If a pregnant woman is living with HIV, she can take antiretroviral drugs for her own health and to prevent transmission to the baby during delivery. The delivery can be done in a way that reduces risk of transmission. To reduce transmission during breastfeeding, the mother should either not breastfeed at all or give only breast milk for the first six months and then wean the baby on to other foods.

A person can get HIV from oral sex.

TRUE: A few people have got HIV from licking or sucking their partners' genitals, but this is a low risk compared to sexual intercourse. This is because the HIV in vaginal fluids or semen does not easily go through the thin wet lining of the mouth unless there are cuts or sores. To be safe, people can use a condom or plastic square over the vulva when they are doing oral sex.

A person can get HIV from wet kissing.

FALSE: This is only true if either of the partners have sores, cuts or bleeding in their gums or mouths. Saliva contains very little HIV and also has a chemical, which inactivates HIV. We would have to exchange litres of saliva to have enough HIV to transmit from one to another.

Vaseline is a good lubricant for condoms.

FALSE: Vaseline and all lubricants containing oil weaken the latex in condoms and make them break more easily. If we need more lubrication, we should use water-based lubricants such as KY-Jelly or spit. It is best to ensure that the woman's vagina is lubricated because she is sexually aroused.

Spermicide protects against HIV and STIs.

FALSE: Spermicides contain a chemical that makes the lining of the vagina weaker. This makes it easier for HIV to enter the body.

Annex Answers to activity 1.2 – True-false questionnaire

Women have more responsibility for HIV prevention because they are more vulnerable and better at controlling their sexual feelings.

FALSE: See activity 4.3.page 33. Women are more easily infected when they are exposed to HIV than men, but men are also very vulnerable to infection when they have intercourse with women who are HIV positive. HIV enters the thin wet skin on the tip of the penis and under the foreskin. A woman who is living with HIV was infected during sex with a man. It is men with HIV who make women vulnerable.

The HIV prevalence rate for men and women is not very different – 14% higher in women than men in Zambia. Men are vulnerable because culture accepts that they have more than one partner and if they have the resources, they easily attract partners. Men and women both have sexual feelings and the ability to control them in safe ways such as masturbation or sex using a condom. Men are expected to lead in sexual decision-making and may use their power to force women to have sex. In this leadership position, they are well able to suggest and act on safer sexual options.



Annex The level of risk of acquiring HIV during different sexual activities

HIV can get from one person to another during any sexual activity that allows infected blood, semen or vaginal fluids to enter the body through the thin, wet skin of the vagina, penis or anus, or through broken skin in the mouth or on any part of the body.

There are many different sexual activities that we can engage in to enjoy our sexuality with low or no risk

of HIV. Sexual intercourse when the penis enters the vagina or anus is one of those activities if a condom is used. It is important to understand the level of risk in all possible sexual activities so that we can reduce the risk for ourselves and our partners.

The table below gives the level of risk of different sexual activities.

No risk of HIV	Low risk of HIV	High risk of HIV
Description	Description	Description
These are sexual activities with no risk of HIV transmission because the activities do not involve semen, vaginal fluid and blood in any way.	These are sexual activities which involve semen, vaginal fluids or blood but people take care to prevent any of these fluids getting from one person onto the thin, wet skin or broken skin of the other person. These activities are not 100% risk free because condoms can break, there may be breaks in the skin and people may not manage to completely avoid fluids getting onto the genitals.	These are sexual activities where semen, vaginal fluids or blood from one person go onto the thin, wet skin in the vagina, penis, anus or broken skin of another person.
Examples include	Examples include	Examples include
amples include assage gging asturbating yourself dy-to-body rubbing (not olving the genitals) king sexy xy dancing aring sexual fantasies dy kissing ashing together ing sex toys without sharing em	Masturbating each other (cover cuts on the hands and wash after playing before you touch your own genitals). Open mouth kissing (do not do this if either of you have bleeding gums or sores in the mouth). Vaginal intercourse with a condom. Anal intercourse with a condom and water-based lubricant. Oral sex is kissing or licking each others' genitals. The risk is greater for the person doing this, especially if they have mouth sores or either has untreated STIs. These are also easily transmitted through oral sex. Using a condom or piece of plastic over the vulva and avoiding ejaculation of semen into the mouth reduces the risk of oral sex.	Any contact between blood, semen or vaginal fluid and the thin wet skin of the genitals or anus or breaks in the skin on the body or mouth. Vaginal intercourse without using a condom. Anal intercourse without using a condom. Sharing sex toys without cleaning them between partners. Sex that damages the thin, wet skin in the vagina, head of penis or rectum increases the risk of HIV infection further. Examples include dry sex, rough sex or sex using harsh substances in the vagina.

Annex Acronyms and key resources

AIDS Acquired Immune Deficiency Syndrome

ART Anti-retroviral treatment
ARVs Anti-retroviral drugs

CDC Curriculum Development Centre

DAPP Development Aid From People to People

HIV Human Immunodeficiency Virus

MOE Ministry of Education

NGO Non-governmental organisation

PAGE Programme for Advancement of Girls'

Education

SRH Sexual and reproductive health STI Sexually transmitted infection

VCTC Voluntary counselling, testing and care ZECAB Zambia Educational Capacity Building

Program

All Together Now! Community mobilisation for HIV/AIDS

The International HIV/AIDS Alliance (2006) UK

Choices: A guide for young people

Gill Gordon (2007) Macmillan Education, Oxford, UK

Gendering prevention practices: A practical guide to working with gender in sexual safety and HIV/AIDS awareness education

Jill Lewis (2003) Nikk Publications

Happy, healthy and safe: Youth-to-youth learning activities on growing up, relationships, sexual health, HIV/AIDS and STDs life skills

Family Health Trust Zambia (1998) Lusaka, Zambia

100 Ways to Energise Groups: Games to Use in Workshops, Meetings and the Community
The International HIV/AIDS Alliance (2002) UK

Our Future: Sexuality and life skills education for young people. Grades 4-5, Grades 6-7, Grades 8-9 The International HIV/AIDS Alliance (2006) UK

Stepping Stones: A training package on HIV/AIDS, communication and relationship skills
Alice Welbourn (1995) Strategies for Hope

Teaching about HIV and AIDS

Maren Bodenstein, Gisela Winkler (2005) Macmillan Education, Oxford, UK

Teaching Sexuality and life skills

The International HIV/AIDS Alliance (2007) UK

Tools Together Now! 100 participatory tools to mobilise communities for HIV/AIDS

The International HIV/AIDS Alliance (2006) UK

Understanding and challenging HIV stigma: Toolkit for action

The International HIV/AIDS Alliance (2007) UK

Who is the International HIV/AIDS Alliance?

Established in 1993, the International HIV/AIDS Alliance (the Alliance) is a global partnership of nationally-based organisations working to support community action on AIDS in developing countries. These national partners help local community groups and other non-governmental organisations (NGOs) to take action on AIDS, and are supported by technical expertise, policy work and fundraising carried out across the Alliance. In addition, the Alliance has extensive regional programmes, representative offices in the USA and Brussels, and works on a range of international activities such as support for South–South cooperation, operations research, training and good practice development, as well as policy analysis and advocacy.

Our mission is to support communities to reduce the spread of HIV and meet the challenges of AIDS. To date we have provided support to organisations from more than 40 developing countries for over 3,000 projects, reaching some of the poorest and most vulnerable communities with HIV prevention, care and support, and improved access to treatment.

For more information about our work please visit our website **www.aidsalliance.org**

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