Introduction

This peer educators’ guide for Shuga series 3, represents a new approach to HIV prevention and education. Those of you already familiar with Shuga series 1 and 2 will recognise the focus on people rather than HIV. In this age of mobile technology, what we need to know about HIV is readily available. What is more difficult to figure out is our own personal role in reducing the risk for becoming infected with HIV.

What is more difficult than thinking about HIV is how we feel about HIV. We may avoid acknowledging how we feel because of fear, shame, or the hurt we still feel from the loss of those we loved to HIV and AIDS. Educational theory tells us that to learn, we need to feel our subject and not just think about it. Shuga is extraordinary in its ability to make us feel so many things, even when we don’t want to. You might be surprised to know that many people go through their entire lives trying not to feel. Men in cultures around the world are taught not to show their emotions, and the easiest way not to have them. Feeling, however, may be one of the most important protective factors to help us effectively understand and reduce our risk for HIV. Feeling is what makes us human. Empathy, one of the most important of our emotions, helps us to understand what it is like to live a life with HIV, inspiring us to reach out to those who have HIV with love, care, and support.

What you will experience in the eight peer-education sessions ahead is not a blame game. It is not meant to make you feel bad or afraid. Rather, the sessions ahead acknowledge the existence of HIV in our lives and takes HIV as an opportunity to find out more about ourselves and how we are living our lives together. There is an old saying in the field of HIV prevention that gets far too little attention in this age of technical interventions: You have to love yourself to use a condom. It means that you have to want to protect yourself; you have to believe that your life matters. The truth of the saying is backed up by evidence that links self-esteem with levels for risk of any kind of harm. The higher your self-esteem, the lower your risk for harm. Learning to love ourselves to the extent that we would never take the slightest chance of allowing any kind of harm to come our way, is far more difficult than learning information about a virus like HIV. Becoming the kind of person committed to protecting everyone’s lives, our own and even those of strangers, requires a far greater understanding and practice of love of ourselves and others than the HIV epidemic indicates we are currently engaged in.

Simply put, the focus of this guide is not on the virus or the many intersecting and related challenges that complicate our lives. It is on you. Looking honestly at ourselves is an enormous challenge requiring far more courage than reviewing facts about the virus and its modes of transmission.

While information about HIV is indispensable, it is not enough to prevent new HIV infections.
What matters is if and how you use it. In the intersection where HIV meets our lives, all the information we need about HIV is available. What matters is what we know about ourselves. How you use the information about HIV depends on you. We think YOU deserve at least as much attention as HIV receives. Probably more. That’s why this guide and Shuga are about you.

The content of this guide builds upon nearly three decades of work by Dr. Jim Lees and Mr. Joachim Jacobs of the University of the Western Cape in South Africa and Ms. Laura Myers. Long-ago, they moved away from the “War on AIDS” approach that still dominates the world’s response to HIV, seeing that in the many battles against the virus, we were not building a vision of what we were fighting for. To Jim and Joachim and to the thousands of university students, school children, and families they have taught, the epidemic is about the quality of our human relationships. The virus is an opportunity to make them better. Do we tell the truth to each other? All the time? When it really matters? Do we love ourselves enough? Is our love for ourselves strong and rich enough that we do not look to others to help us feel good about ourselves, falling prey to someone who will take advantage of our vulnerability, mistreats us, or just leaves when the sex is over? Do we have each other’s backs or do we take what we want from each other? Do we treat each other with the love, care, and respect everyone deserves? Or do we disregard the human hearts, hopes, hurts, and dreams that lie underneath the skin we are so eager to touch? Tough questions. Important questions.

This peer educators’ guide is also a result of a long weekend spent with a great group of Nigerian students studying in South Africa. The students spoke eloquently about the conflicts and contradictions in their worlds: young people who are not meant to have an opinion or talk about sex with their parents; the need young people have to speak honestly, openly, and in non-judgemental ways with adults about sex and relationships; the absolute overexposure to sex in their everyday lives via advertising, fashion and the internet. They spoke about their own fears of being stigmatised and embarrassed if they were to find out they had HIV. And they spoke of the need to ‘make HIV real’ for young people so that they can gain a sense of their own risk. Finally, they spoke of the need for young people to find their own voices and speak with each other about these difficult but important subjects so that they can learn to better navigate their own sexual desire.

We all have experiences. We all have stories. Sharing our stories is how we learn. Sadly, fear, gossip, and accusation have undermined our ability to talk easily and openly about HIV, sexuality, and even of how we feel about ourselves. This is a deadly silence that keeps us from learning from each other. It is a silence expressed publicly and a silence held in our most intimate of moments together. The places we are silent are often with those we care about the most and are meant to protect: our families, our friends, and with our partners. It is easy to talk with strangers about HIV and related subjects. It is another thing to talk with those closest to us. As a peer educator, it is your challenge to find your voice in all situations no matter who you are with, for it is your voice and your heart that is expressed that can save lives, help others find their own way, and bring positive change to the world. Silence is a risk factor. Breaking the silence is protection.

In all three series of Shuga, characters make decisions that affect their lives and others. Some of the characters are truly likeable, others act in a way that we may not understand or agree with. Each of the characters represents a story we can explore together, try to understand, learn from, and use to learn about ourselves. Some of the
Characters have ambitions. Some have already decided who they want to be on the inside. Making the decision of who we want to be on the inside and what we want from the world on the outside, is perhaps the most crucial decision we can make to protect ourselves. In the absence of that decision, in the absence of setting our internal goal, we are far more easily swayed and distracted. People with clear goals are less likely to behave in ways that increase their risk for harm. What Shuga shows us is the importance of personal, internal goals, goals about who and how we will be in the world.

Within the eight sessions you will be building your own personal rules for how to be in the world and in relationships. Declaring your own rules today saves you from trying to figure out who you want to be - and consequently what you want to do - in the heat of the moment when it may be too late. Deciding on your own rules today will guide your decisions in future situations, decisions that are too often clouded by sexual desire, alcohol, and other factors like failing to recognise how unique you truly are and to see the wonderful gifts you have to offer the world.

This guide will help you build your capacity to lead groups of young people on journeys where they understand their own lives, decisions and behaviours better because of HIV and are consequently in a better place to navigate the many risks of our time, HIV and beyond. It is important to keep in mind that their journeys begin with your journey. It is important that you do your own personal and emotional work first so that you can better guide young people with their own. Their success depends upon the extent to which you are willing to honestly reflect on how you have been in the world, define who you want to be and commit to your own vision for yourself. We hope that you and the young people you will accompany on this journey will no longer fear HIV, pretend it does not exist or think that it cannot touch you. We hope you will learn from HIV and become a better human being, capable of better, richer, kinder, more compassionate, caring and connected relationships because of HIV. We hope you will become Human being Inspired by a Virus, inspired to greater heights of awareness and deeper levels of love for yourself and others.

Finally, there is one more thing to be said. We can do this. We can sort out HIV. Africa has had many challenges in the past, some of them horrific and long-lived. And we survived. HIV is only one of many challenges African people face today and it is neither the most immediate nor the most threatening for many people. What we hope you will learn from Shuga and this facilitators’ guide is that if we use HIV to learn rather than fighting it, we just may be in a better position to deal with the many simple and complicated challenges that define our age.

16 August 2014

Dr. Jim Lees
Mr. Joachim Jacobs
Ms. Laura Myers
This guide will not spend time going through the many basic facts about HIV. If there are concepts you do not understand, you can search the web for quality resources including facts, films and the latest statistics that will help you in speaking with your peers. We recommend three websites in your search. The first is Avert, which runs one of the best informational websites in the world: www.avert.org. The second, www.unaids.org, will give you latest trends and up to date statistics on local impact. Shuga has its own website, www.shuga.tv which has information about the series and extra resources about HIV, living positively, sexual assault and more. We recommend that you use and share these sites regularly in your peer education activities.

To facilitate the smooth running of your sessions remember to create your session timelines before each session begins. You should decide on how you will present the sessions and estimate how long each activity should take. We are intentionally not giving you minute-by-minute lesson plans in this guide. Rather, we are encouraging you to own what is in this guide, think about it, talk about it with other peer educators and figure out how it relates to your own life and the lives of the young people who will participate in your sessions. Make the knowledge yours. Own it. And put your own stamp on what you do with the contents of this guide. You are not a machine, you are a human being with a heart. Find where the sessions fit in your heart and work from there (of course with a liberal use of your mind!).

In your peer education sessions, do not be afraid to raise difficult questions or to make mistakes. Think of the sessions not as information that you are delivering but as a journey you are taking with everyone in the room, a journey of trying to figure HIV out and figuring ourselves out as part of that journey. If all goes well, you will be learning just as much, if not more than, your participants with each session. It is the great luck of all peer educators!
When Femi returns from Nairobi to Lagos to help his old friend, Ekene, put on a big music event, a long-standing secret upsets their friendship. Ekene did not know that his girlfriend, Foye, used to date Femi. When he realises this, Ekene turns to his ex-girlfriend, Sophie, for comfort. We also watch Sophie’s involvement with the business man and know for certain that they have not used condoms and see her try to exchange sexual favours with her teacher for a better grade. Do any of these young people think about HIV? Would they behave as they do if they knew that both the older businessman and Femi are HIV positive?

**SERIES 3 EPISODE 1**

**HIV & Me**

When Femi returns from Nairobi to Lagos to help his old friend, Ekene, put on a big music event, a long-standing secret upsets their friendship. Ekene did not know that his girlfriend, Foye, used to date Femi. When he realises this, Ekene turns to his ex-girlfriend, Sophie, for comfort. We also watch Sophie’s involvement with the business man and know for certain that they have not used condoms and see her try to exchange sexual favours with her teacher for a better grade. Do any of these young people think about HIV? Would they behave as they do if they knew that both the older businessman and Femi are HIV positive?

**MATERIALS FOR THE SESSION**

Name tags for all participants | Worksheets for each participant | Copies of personal risk assessment survey form for each participant | Identical recording sheets for each participant | Newsprint paper | Board markers | Copy of the DVD with episode 1 | DVD player or laptop and projector | A4 paper
Introducing the Theme
Introduce your session, which is about understanding our own sense of just how much we think we are or are not at risk for HIV. How we think about our own risk for HIV directly relates to the level of caution we take around sex. We know that for many young people, ‘hooking up’ with someone for sex is the norm. Expectations and obligations are built around sex. If a woman accepts a drink from a man at a party or a club, does the man expect sex from her? Is she obliged to provide it? Some young women use their sexuality as a way to access things they might not be able to afford. This is not a new thing or restricted to Nigeria. It angers young men without resources to share and contributes to a sense that women are something to conquer or possess. “What do you tell a woman to get into her pants?” asked a young man. “Anything you have to.” You might have laughed at this answer, but it is not a joke, but a sad and frightening indication of risk for HIV in a context where the desire for ‘skin-on-skin’ typically outweighs responsibility for keeping one’s self and one’s partner safe.

The biggest contributor to HIV transmission among young people is that many people’s ‘perception’ of their own risk for HIV has little to do with their actual behaviours. They think because someone they are having sex with is beautiful, comes from a ‘good family’, is not thin, is young or is smart means that person does not have HIV and there is no need to practice safe practices. The danger is that we fool ourselves and think we are invincible, untouchable and will live forever. These are the false stories we tell ourselves that put us at risk for HIV.

NOTE TO PEER EDUCATORS
This session will require participants to reflect on their own thoughts about risk. It is important to create a safe space for participants to do this. With your participants, prepare rules and a short statement about the need for confidentiality and anonymity in order for the creation of safe spaces where young people are able to have the conversations about HIV and themselves that they are longing for and need to prevent HIV infections.

DIFFUSION QUESTIONS
After playing the episode, discuss with your group:

1. How do you feel right now?
2. What stands out to you from this episode?
3. What do you think of the different characters that we’ve met and the actions they took? What choices were involved?
4. Why do you think Sophie didn’t use condoms with her sugar daddy?
5. What makes it difficult to use condoms? What makes it easier? (You might want to chart these answers for everyone to see.)

Activity 1: Risk Levels for Characters
Let’s take our cue in episode one from the sexual relationships we already know of. Ask your group to chart out ‘who is sleeping with whom’ on paper for all to see. Then, discuss the risk levels of the individual characters. Have the participants rank them into categories of “High Risk”, “Moderate Risk”, “Low Risk” or “No Risk”. This task will allow your participants to get to know the different characters and how each are connected in a ‘sexual network’ of sorts.

Activity 2: Personal Risk Assessment
How we think about our own risk for HIV directly relates to the level of caution we take around sex. Where do we begin? By looking at ourselves. The first step in making HIV real is to recognise our
own HIV risk. This activity will provide you with an opportunity to explore just that.

Hand out the “Personal Risk Perception Survey” to participants. Explain to participants that this assessment is for themselves and that is it their decision if they want to share their results with others, including the facilitator. Tell them they do not need to put their name on it. Ask participants to complete the survey as honestly as possible and by themselves.

When participants complete their surveys, warn them that this is not a formula they should use to become more relaxed about the need for safe practices. There is no ‘total score’ that will somehow keep them ‘safe’. Rather, the focus should be on why each question is important and how they relate to everyone’s risk for HIV. As a group, then, you can take your participants through each question and discuss the importance of each. You might want to ask participants if there are any questions they would have answered differently in the past, or if there are questions they would like to answer differently in the future.

You can suggest that the participants keep their Personal Risk Perception Survey and refer to it from time to time to see if their answers may be changing through time. While there is no scale that fits participants into categories of ‘safe’ or ‘unsafe’, looking at how their answers change through time is an important part of understanding how our own actual risk changes as we change – sometimes for the better, sometimes for the worse.

Finally, you might want to bring out these Personal Risk Perception Surveys again after you have completed all 8 sessions of this guide so that your participants can see how and where they have changed.

**Activity 3: Reflection**

Ask participants to reflect on the exercise. Use the following questions to spark conversation:

- How did this session make you feel?
- Do you feel any differently about HIV risk in general?
- What do you think about the Personal Risk Perception Survey?
- What can we do to reduce our HIV risk?

**Thanks and Closing Ritual**

Be sure to thank everyone present for their participation and remind them that we can only learn and change if we are willing to work together and share as we have done today. Bringing the HIV epidemic to an end depends on each one of us and begins with each one of us. It cannot happen if we do not find the courage to speak together. Remind them that we should no longer fool ourselves into thinking HIV cannot touch our lives. For the most part, people do not intend to get HIV. But ignoring its existence is a bad strategy for protection.
Personal Risk Perception Survey

Do you think you are at risk for HIV? What follows is a series of questions that can give you some indication of what is involved in preventing our own HIV infections and understanding our own risk. The questions are meant to increase your awareness about the many different parts of our lives that we need to pay attention to if we are to be safe. Please do not put your name anywhere on this page.

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<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<tbody>
<tr>
<td>1</td>
<td>How committed are you to a goal for your life?</td>
<td>I don’t have a goal</td>
<td>I wish I had a goal</td>
<td>I am working on finding my goal</td>
<td>I am doing well and like the direction I am headed</td>
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<tr>
<td>2</td>
<td>How free are you at expressing what you feel?</td>
<td>I don’t even know what I feel</td>
<td>I wish I had the courage to speak up</td>
<td>Sometimes</td>
<td>Usually I say what I need to say</td>
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<td>3</td>
<td>How many people are you currently having sexual relations with?</td>
<td>4 or more partners</td>
<td>3 partners</td>
<td>2 partners</td>
<td>1 partners</td>
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<td>4</td>
<td>Is your partner having sexual relations with people besides you?</td>
<td>I know there are more partners than me</td>
<td>I am suspicious that there are others</td>
<td>Maybe has others</td>
<td>Probably only with me</td>
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<td>5</td>
<td>How would you rate your self-esteem or sense of your own worthiness?</td>
<td>Non-existent</td>
<td>Low</td>
<td>Average</td>
<td>High</td>
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<td>6</td>
<td>Have you ever lied to someone just to have sex with them?</td>
<td>Regularly</td>
<td>Many times</td>
<td>A few times</td>
<td>Once</td>
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<td>7</td>
<td>How trustworthy are you?</td>
<td>Not trustworthy at all</td>
<td>A little trustworthy</td>
<td>Somewhat trustworthy</td>
<td>Very trustworthy</td>
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<td>8</td>
<td>If you had HIV, would you tell your sexual partners?</td>
<td>No its not their business</td>
<td>Yes, but only if I fall really ill</td>
<td>Yes but only if somebody forces me to do it</td>
<td>Yes but only if they are easy contactable</td>
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<td>9</td>
<td>How much do you believe in gender equality?</td>
<td>Women will never be equal to men</td>
<td>Women are less than men</td>
<td>Women should be treated with respect</td>
<td>Women are on the same level as men</td>
</tr>
<tr>
<td>10</td>
<td>Do you feel a sense of belonging, that you are really a part of a group or family and that people want you there?</td>
<td>No, never have</td>
<td>Sometimes</td>
<td>Occasionally</td>
<td>Most of the time</td>
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<tr>
<td>11</td>
<td>How much control do you have over your life?</td>
<td>None</td>
<td>A little</td>
<td>More than a little</td>
<td>A lot of control</td>
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<td>12</td>
<td>Do you drink alcohol before you have sex?</td>
<td>Always</td>
<td>Regularly</td>
<td>Sometimes</td>
<td>Never</td>
</tr>
<tr>
<td>13</td>
<td>Do you use drugs before you have sex?</td>
<td>Always</td>
<td>Regularly</td>
<td>Sometimes</td>
<td>Never</td>
</tr>
<tr>
<td>14</td>
<td>When a friend is feeling hurt or sad, do you feel it as well?</td>
<td>Never</td>
<td>Sometimes</td>
<td>Occasionally</td>
<td>Regularly</td>
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<td>15</td>
<td>Would you help a stranger pick up a package of food that spilled while crossing the street?</td>
<td>Absolutely not. I probably would not even notice.</td>
<td>It depends on who the person is</td>
<td>It depends on the circumstances – how dangerous it is for me</td>
<td>Only if nobody else is willing to help</td>
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<tr>
<td>16</td>
<td>Do you like to help others?</td>
<td>Never. Others are not my concern.</td>
<td>I seldom help others</td>
<td>I occasionally help others</td>
<td>I regularly help others</td>
</tr>
<tr>
<td>17</td>
<td>Be honest, do you have a big ego?</td>
<td>Yes! I confess!</td>
<td>It depends on the people around me</td>
<td>It depends on the circumstances</td>
<td>Not really</td>
</tr>
<tr>
<td>18</td>
<td>Have you ever tried to hurt yourself?</td>
<td>Yes, and I did harm to my body</td>
<td>I struggle with these thoughts</td>
<td>I sometimes think about it</td>
<td>I thought about it once</td>
</tr>
<tr>
<td>19</td>
<td>Have you ever intentionally tried to hurt someone else?</td>
<td>Yes, and I succeeded</td>
<td>Yes, but I did not succeed</td>
<td>I have thought about it</td>
<td>Not seriously, really</td>
</tr>
<tr>
<td>20</td>
<td>Do you ever feel like there is something broken inside you?</td>
<td>All the time</td>
<td>Most of the time</td>
<td>Some of the time</td>
<td>Seldom feel that way</td>
</tr>
<tr>
<td>21</td>
<td>Do you like yourself?</td>
<td>No. Just the opposite, actually.</td>
<td>Seldom</td>
<td>Some of the time</td>
<td>Most of the time</td>
</tr>
<tr>
<td>22</td>
<td>When you do have personal problems, do you try and fix them?</td>
<td>No. I keep problems to myself and don’t think about them</td>
<td>I believe it will get better by itself</td>
<td>I deal with it only if I have time</td>
<td>I deal with it only if it gets bad</td>
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<tr>
<td>23</td>
<td>I know someone who has HIV and we talk openly about him or her having it.</td>
<td>I don’t really care about knowing somebody with HIV</td>
<td>No, I don’t know anyone with HIV</td>
<td>I have been introduced to somebody with HIV</td>
<td>I know somebody but have not spoken to the person</td>
</tr>
<tr>
<td>24</td>
<td>What is your track record of practicing safe sex?</td>
<td>I don’t worry about being safe</td>
<td>I seldom practice safe sex</td>
<td>I occasionally practice safe sex</td>
<td>I regularly practice safe sex</td>
</tr>
<tr>
<td>25</td>
<td>Have you used sex to get attention or things from anyone in the past?</td>
<td>Always</td>
<td>Regularly</td>
<td>Occasionally</td>
<td>Never</td>
</tr>
</tbody>
</table>
What an episode! Some of the characters’ lives are starting to unravel. Sophie’s daytime liaison with her older lover, Solomon, soon takes a turn for the worse after she discovers that he is HIV positive and is taking antiretroviral treatment. After confronting Solomon, Sophie goes to tell her ex-boyfriend, Ekene, that he and his current girlfriend, Foye, need to get tested. Meanwhile Ekene and Foye begin to discuss their previous relationships, but don’t quite manage to share everything. Ekene ruins yet another chance with the club and let Femi down. We can see Femi’s secret on his face. What must he be feeling inside? We also meet a young married couple, Malaika and Nii, whose differing views about their marriage soon turn to conflict. The episode closes with Sophie and Ekene testing for HIV together. Words. People are saying lots of words. But what’s really going on inside them?
Introducing the Theme

Begin with a review of group rules. Do any of the rules need to be edited or added? Are they being followed?

Introduce today’s theme, honesty in relationships and sharing about sexual histories: the sexual network

A ‘sexual network’ consists of people who are connected to each other sexually, often without realising it. You can describe a sexual network like a spider’s web of sexual contact, with imaginary lines connecting people who have (or have had) sex together. These sexual ‘links’ allow HIV to spread from one person to another—the more partners involved, the bigger the network and the higher the HIV risk. Because HIV is most infectious during the first six weeks of infection, if someone acquires HIV and has sex with another without a condom, it can easily spread to others in the sexual network.

Often people may not think about how their current partner may have had other partners before them or even at the same time. Explain that if you or your partner has other sexual partners, even if this is done in secret, it raises one’s risk of HIV by adding more connections within your sexual network (as one’s sexual partner may have other sexual partners too).

If someone in your sexual network were to become HIV positive, the virus could continue to spread to their partners and their partners’ partners. Using condoms protects against the risk that comes with being part of a sexual network, but people are generally less likely to use condoms, the longer a relationship continues. It is thus important to use condoms unless you have both been tested for HIV, have discussed your respective HIV statuses with each other and agreed not to have unprotected sex with other people. Sexual networks can be avoided when two partners choose not to have sex with anyone but each other.

Sexual Histories

Ekene was upset to discover that Foye had been involved with Femi in the past. Anyone who begins a relationship brings their ‘sexual histories’ with them. Because of the risks to your health that can result from being connected to a sexual network, it’s important to talk about your ‘sexual history’ with a new partner. Talking about your previous experiences and relationships and what you have learned from them is a good way to develop trust.

NOTE TO PEER EDUCATORS

Set clear guidelines around sharing personal stories. No one should be compelled to share what they prefer to remain private. At the same time, it is by finding ways to share our stories that we learn from each other. You should be sensitive to the fact that some people will want to keep their personal feelings private, rather than share with the group. This is okay and should be respected. As you will see when people share their feelings, many people do have wounds and struggles in their hearts. Few, however, are able to find safe places to talk about what is inside them. By the same token, participants who do share should be kept to a time limit. Your session could be undermined by someone telling a long story about themself that does not focus on the intent of the session.

Remember, to facilitate smooth running, remember to create your session timeline before beginning.

MATERIALS FOR THE SESSION

Name tags for all participants | Worksheets for each participant | Newsprint paper | Board markers | Copy of the DVD with episode 2 | DVD player or laptop and projector | A3 paper | Old magazines | Scissors | Coloured paper | Stickers | Glue | Markers | Colour pencils
Because of the risks to your health that can result from being connected to a sexual network, it’s important to talk about your ‘sexual history’ with a new partner.

and openness in a relationship as well as be more informed about your sexual network. Of course, people may fear that revealing too much might have a negative impact on their relationship, while others may insist on sharing everything.

Invite your group to discuss what kind of information they think is important to share with a new partner. Also guide a discussion about what can result from two people in a relationship who keep secrets from each other instead of communicating honestly.

HIV Prevention is Everyone’s Responsibility

When X and Y are talking, X accuses Y of having sex without a condom. That scene provides an opportunity to discuss with your group how HIV prevention is everyone’s responsibility. X seems to blame Y, seemingly forgetting that she should also take action to protect herself and her partners. Instead of blaming others for the spread of HIV, we all need to take greater personal responsibility for what happens during sex and whether we take action to protect ourselves and our partners.

Activity 1

After playing episode two, discuss with your group:

1. What was this episode about? Do you think it accurately showed what happens in relationships?
2. It seemed as if Sophie’s friends weren't very critical about her lifestyle and her sugar daddy in particular. What do you think? How could her friends have been better friends to her?
3. What do you think of how Sophie responded when she discovered Solomon was HIV positive? How do you imagine she felt in that moment?
4. It seemed as if HIV wasn’t real to Sophie until she saw Solomon’s ARVs and wanted to find out more. Why do you think she didn’t think about HIV before?
5. What do you think made it possible for Sophie to find the courage to tell Ekene that he should get tested?
6. What kinds of secrets do people sometimes
If a partner asked you how many people you’ve slept with, would you tell the truth? How much detail about your relationship history would you share? What would being honest and open make available to your relationship?

**Activity 2: ‘Tell it like it is’ role-play**

1. Ask participants if they think it is a good idea to disclose the number of sexual partners that a person has had in the past.
2. Ask why this disclosure might be important and explain the concept of sexual networking and the risks associated with this network.
3. Ask for two volunteers from the group to come to the front to participate in a role-play.
4. Assign characters to the role-players, where they are in a committed sexual relationship.
5. Ask the participants for their opinion about whose responsibility it is to bring up their sexual history first.
6. Once you have agreed, assign that character the role of introducing their sexual past into a discussion.
7. The other character should respond as they wish. Allow the role-play to run for a few minutes.
8. Discuss how this was handled with the rest of the participants. Ask them what the impact of such disclosure might be on a relationship.
9. Then assign the other character the role of asking about their partner’s sexual history. The other character should respond as they wish. Allow the role-play to run for a few minutes.
10. Discuss how this was handled with the rest of the participants. Ask them what the impact of this kind of questioning might be on a relationship.
11. Ask the participants why many couples are unable to communicate effectively about sex, sexual histories and sexual health?
12. If time allows, then you can divide the participants into pairs and they can practice this disclosure and questioning themselves.

*Activity adapted from: ‘Intersexions Interactions: A guide to facilitating participatory interactive workshops based on the TV drama series ‘Intersexions’.*

**Activity 3: Reflection**

Ask your group to take out their journals (or hand out writing materials if they don’t have). Remind them that journaling is a personal activity and doesn’t have to be shared with others. Ask them to write their reflections on the following questions:

1. Are you part of a sexual network? If so, how might this affect your sexual health?
2. Thinking about your present or future relationships, how would you start a conversation about sexual histories? What would you ask? What would you share?

Invite participants to share their ideas if they are willing to do so.

**Thanks and Closing Ritual**

Again, be sure to thank everyone present for their participation and remind them that we can only learn and change if we are willing to work together and share as we have done today. Bringing the HIV epidemic to an end depends on each one of us and begins with each one of us. Remind them that we should not fool ourselves into thinking HIV cannot touch our lives. Being honest with ourselves about our behaviours and sexual networks is a true beginning to preventing new HIV infections. But it is only a beginning. We must take those new understandings and apply them to our lives. We must learn to walk the talk of HIV prevention.
The episode begins with Sophie and Ekene getting tested for HIV, which Ekene is noticeably anxious about. We find out that both Sophie and Ekene have multiple concurrent sexual partners. They agree that Ekene must tell Foye to get tested because of the possibility she may have been exposed to HIV.

Nii tells Malaika how much he loves her and apologises for ‘last night’, suggesting they go out for dinner. When he has to cancel the dinner for work reasons (or so he says), Malaika decides to join Sophie at the club. Unexpectedly, she runs into Nii, who gets angry and takes her home.

The same night at the club, Princess accepts a gift from Solomon. Her sister has not yet discovered that Princess remained in Lagos and has hooked up with her former lover. Sophie has already told Solomon she will no longer have sex with him and he instructs his driver, Osaro, to show her out.
Femi and Ekene get a second chance at the club, and Ekene tries to tell Foye what has happened. He fails. Thinking Ekene has done what he promised, Sophie mentions testing to the unsuspecting Foye and she is shocked. The scene ends with Ekene getting a slap in the face by Foye.

Sade’s son, Weki, is coming into focus. Good things are happening in his life. He is asked to apply to the football academy and he really likes a girl. At home, we discover that Weki has HIV, that his mother has died and that Sade promised his mom to take care of him. Sade does not want Weki to play football. She is worried about him and watches his every move. She does allow him to take his girlfriend to her club, but all that is interrupted when we see that his girlfriends’ father is Solomon from whom she never asked permission to go to the club.

By the end of the episode, Weki gets good news that impresses his adoptive mother, Sade, but this news doesn’t soften her strict attitude towards him. Meanwhile, Sophie and Ekene go to get tested for HIV and soon realise they need to tell Foye, who they have also put at risk. However, Ekene is reluctant to reveal his recent infidelity. Will he do the right thing? Back at home Malaika is beaten by her husband for embarrassing him in front of his boss.

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**MATERIALS FOR THE SESSION**

- Name tags for all participants
- Worksheets for each participant
- Newsprint paper
- Board markers
- Copy of the DVD with episode 3
- DVD player or laptop and projector
NOTE TO PEER EDUCATORS

It will be beneficial for peer educators to keep lists of personal rules created in each session. These lists can grow and be used to enrich each future session you facilitate. You might think about copying a growing master list of personal rules that you could distribute to participants after they have created their own. Here is a list of ten personal rules you can use to stimulate this session if you are struggling to get it going. Do NOT share this list before the participants have had a chance to create their own.

1. I will always take care of my health, including knowing my HIV status.
2. I am the kind of person who tells the truth.
3. I will not rely on others to feel good about myself.
4. I will not make others feel bad about themselves just so I can feel good about myself.
5. What may or may not have happened to me in the past is not who I am. I am who I choose to become.
6. I will not accept a relationship partner who lies to me or abuses me in any way.
7. I believe in love and will do all I can to strengthen a true, loving relationship with my partner.
8. If I find out that I have HIV, I will tell my partner and those who love and care for me.
9. I will not use my physical power to force anyone into having sex.
10. I will not lie to someone to get sex.
11. I will have sex whenever I want to, but only with a condom.
12. I will only have sex with someone who is willing to commit to having a relationship where we do not see other people.
13. I will not have sex if I do not want to or if I am feeling pressured to have sex.

Introducing the Theme

Develop your own introduction to the theme for your session. It is important to focus on reasons and intentions.

Reason and intentions: in this session we go back to the idea of decision making as part of HIV prevention. HIV prevention efforts have focused on decision making for years. Will you have sex? Will you use a condom? Will you take a drink? In this session, we would like to explore the bigger decisions behind all the smaller everyday decisions we need to make about so many things, including love, sex, relationships, money and how we are in the world. Building on our theme of being honest about our sexual histories and networks, have we made those bigger decisions about who we are and who we will be with others? Have we created our own personal rules for our lives and our relationships? Today is a chance to think about these deeper decisions and to create your own life and relationship rules.

Activity 1

Before watching the film, build on the idea of ‘personal rules’ you have just introduced by asking participants to share two or three personal rules for relationships and for remaining HIV negative if they do not have HIV, or for not transmitting HIV to anyone else if they are HIV positive. This activity is just to make sure they understand the notion of personal rules, not to move deeply into them yet. If your group is having trouble getting started, use some of the personal rules in your master list that you have prepared copies of for later distribution.

Activity 2

View episode 3.

Activity 3

Keep participants together as a single group...
and ask them to identify the personal rules each character in the episode may or may not have created to guide their decisions around their lives and relationships. What rules could the characters have made that would have resulted in very different consequences? You can go character by character. Write the participants’ responses on newsprint and post on the walls.

**Activity 4**

Instruct participants to form groups of 3 to 5, separating men and women. In these groups, participants should begin creating two sets of personal rules: one for who they will be and how they will live their lives (eg, how committed are they to speaking the truth; to valuing themselves; to being kind to others). The second set of rules are for relationships (eg, who will they agree to go out with; how will they know if and when they will allow the relationship to proceed; how do they want their partner to behave; what behaviour of their partner is unacceptable and should be grounds for ending the relationship; how will they handle sex with a partner). These are suggestions and should not in any way limit the participants in the creation of their personal rules.

Remind the participants that creating a set of personal rules now will guide all the decisions they need to make about their lives and relationships in the future. It is difficult and even dangerous to travel though life without clear standards of what you will expect of yourself and others. Making these kinds of decisions in the heat of the moment can actually be dangerous. For example, if someone decides that they are the kind of person who will always protect themselves and their partners, whether or not to practice safe sex is never a question. It was answered long ago. The question is then just “Am I the kind of person who can remain true to my decisions?”

**Activity 5**

Bring all the participants back to one large group. Ask participants to create their own list of personal rules from the lists developed during the small group task. When they are done, ask participants to share some of their personal rules in the larger group.

As you end the activity section of this session, inform participants that you would like them to continue creating and refining their lists of personal rules in each of the 5 Shuga sessions to come. Hand out the master list of personal rules you have been creating and refining from previous sessions.

**Reflections by Participants on the Session**

Get participants to reflect on the exercise. Use the following to spark conversation.

- How did they find the exercise?
- In what way has this session caused them to think about their own life differently?
- In what way has this session caused them to think about relationships differently?

**Thanks and Closing Ritual**

Be sure to thank everyone present for their participation and remind them that we can only learn and change if we are willing to work together and share as we have done today. Bringing the HIV epidemic to an end depends on each one of us, and it begins with each one of us. Remind them that we should no longer fool ourselves into thinking HIV cannot touch our lives. For the most part, people do not intend to get HIV. But ignoring its existence is a bad strategy for protection.
This is an emotion-packed episode, opening with the image of Malaika putting on her make up in the morning after being beaten by her husband. We follow her through the day when Sophie discovers her bruises and takes her to the chemist to get birth control pills. Though Nii wants a child, Malaika does not want to get pregnant with him at this moment. Late in the episode, Nii discovers the birth control pills Malaika has hidden and in his anger beats and rapes her.

Foye continues to struggle with the news that her boyfriend has cheated on her with her best friend and that she must get an HIV test. Femi shows great empathy toward her by supporting her through the process of testing. In the meantime, Sophie has one of the best lines of the episode when she chastises Ekene for his cowardliness for not telling Foye what he did and that she must get tested, saying, “You can’t be playing Russian Roulette with other people’s
lives, especially when you claim to love them.”

Femi continues to try to support Foye for her HIV test. You can see the emotion on his face when she tells him he cannot understand what she is feeling because he does not have HIV. “I am really scared,” she tells him. When Foye tests negative, she tries to turn a hug with Femi into something more intimate. When he pushes her away, she attacks him, accusing him of thinking she is ‘dirty’ because she had a test. This is the point when he finally tells his good friend and former lover that he has HIV. Her response: she walks away. Later in the club when he tries to talk with her, Femi’s response is, “I can’t do this right now. I need time.”

Weki is back in this episode, with Sade still telling him she is trying to protect him but she is close to her wits end. His response is to tell Sade that his mother “already killed me when she gave birth to me with it [HIV].”

MATERIALS FOR THE SESSION
Name tags for all participants | Worksheets for each participant | Newsprint paper | Board markers | Copy of the DVD with episode 1 | DVD player or laptop and projector
Introducing the Theme

Develop your own introduction to the theme for your session. As in all sessions, remember to focus on reasons and intentions for what you have chosen to do. You might need to remind your participants that you would like them to hold off on their theme-related comments until after they have viewed the episode.

The following could be used for your session introduction: The bulk of HIV prevention speaks about the virus. There is value in exploring the experience of people having HIV. To ‘walk in their shoes’ and understand what they feel and how they experience life. Creating empathy for people with HIV can reduce the stigma associated with the disease and those living with it. While we need people like Femi to share their status and help us understand HIV better, those of us who do not have HIV have not yet created the social and family environments where people living with HIV feel safe to reveal their status. This is all part of the complex silence that accompanies HIV. Breaking through that silence requires not simply the courage to speak but the courage to care openly about people living with HIV and to create a world where they are not afraid to speak. Remember also that having to hide one’s HIV status can compromise someone’s health, keeping them from getting the emotional care and support they need and can even cause them not to seek medical care for fear of being found out.

Activity 1

View episode 4

Activity 2

In a general discussion, ask participants to talk about how Femi and Weki experience the world. How do they feel when people talk about HIV? When they hear stigmatising attitudes? When they fall in love?

Activity 3

In small, mixed-gender groups, have participants discuss:

1. Their biggest fears around testing and finding out they have HIV
2. Their biggest fear around telling someone they have HIV
3. How they would feel and react if someone they cared about revealed they have HIV

Activity 4

Have the participants remain in their small groups. Give each participant a piece of plain paper. Have each participant draw a small circle in the centre of their page. Around that circle ask them to draw another circle. Around that circle draw 4 more circles. When the circles are drawn, ask them to label the inner circle “me”. Proceeding outward, label each circle as follows: “partner”, “family”, “close friends”, “others” and “community”. Now ask them to each, working on their own, decide who they would tell if they found out they had HIV. Outside the circles, make a list of who they would not tell.

When the circles are drawn and names complete, let the small groups work together again and take turns talking about who they put where and why. How would they like each person they will tell to respond? What do they expect them to do?

Activity 5

This is perhaps the most important part of the activity. Have the participants look at their lists...
of the people they would not tell their HIV status to. Have them identify what those people must do, what must change about them in order for the participant to tell them their HIV status.

Reflections by Participants on the Session

Get participants to reflect on the exercise. Use the following to spark conversation.

- How did they find this session – how did it make them feel?
- In what way has this session caused them to think about the issue of HIV risk differently?
- In what way has this session caused them to think about relationships differently?
- Ask the participants to identify new items they will add to their personal rules lists.

Thanks and Closing Ritual

For many participants this may be a very emotional session. You want to make sure that everyone is ok and will be fine when they leave. Take care to close the session by going around and letting each person in the group share what they are feeling and what they will take away from the session. Focusing on what positive lessons your participants will walk away with will help them cope with any difficult feelings they may be having. Remind them that HIV prevention and responding to those we love who have HIV demands that we have the courage to have conversations that can sometimes be difficult and even painful. But it is not these conversations that threaten our health and well-being. It is not having them.

Example of Worksheet for Activity 4
Tobi and Princess are joyful in their new found love, while Malaika and Nii’s marriage lurches deeper into crisis. Weki and Sade’s relationship deteriorates, and Femi and Foye try to sort through their difficulties. Malaika takes drastic measures in an attempt to terminate her unexpected pregnancy.

MATERIALS FOR THE SESSION
Name tags for all participants | Worksheets for each participant | Newsprint paper | Board markers | Copy of the DVD with episode 5 | DVD player or laptop and projector | A4 paper
Introducing the Theme

Develop your own introduction to this theme for your session. Again, focus on reasons and intentions. Also remind your participants that you would like them to hold off on their theme-related comments until after they have viewed the episode. To assist you in preparing for the session consult the health and human rights website for selected links on gender-based violence. In addition use the UNICEF training manual for trainers (www.un.org/unicef-training_of_trainers) and Population Council literature review (www.popcouncil.org/upload/pdfs/AfricaSGBV) as internet resources to obtain information on the various aspects of GBV.

Activity 1

View episode.

Activity 2

Divide the group into small groups based on gender - males in separate groups and females in separate groups. Depending on the size of your large group you might have the group divided into groups of 5–7 members per group.

Ask each of the groups to create a role play based on characters from the episode. The male participant groups should develop their role play from a man’s perspective. For the male groups the focus should be on playing out what is going on inside the man’s head. In their role play men should integrate the following:

- How did the man feel when he was being violent?
- How did other people respond to him when he was violent?
- What is his interaction like with other people and women in general?

The female group should develop their role play from a woman’s perspective. For the female groups the emphasis is on what is going on inside the woman’s head. The role plays should not be on what they think the woman should do, but on the woman’s perspectives they are trying to portray. They should integrate the following in their role play:

- What is the woman’s history?
- How does she feel when the abuse is
happening?
• How does she cope with the abuse?
• What did close friends say to her when she shared the experiences of violence?

Each group should be given time to perform their role play to the rest of the groups and have time for questions and discussions.

Reflections by Participants
Allow your participants to finish their role plays and come out of character. Use your observations of the role plays and understanding of the dynamics of power to facilitate a discussion on the following:

• Insights and learning
• In what way has this session caused you to think about the issue of GBV differently?
• In what way has this session caused you to think about relationships differently?
• Does marriage change the rules around sexual consent?

In what way has this session caused you to think about the issue of Gender-Based Violence differently?

Thanks and Closing Ritual
Be sure to thank everyone present for their participation and remind them that we can only learn and change if we are willing to work together and share as we have done today. Encourage your participants to become active advocates for GBV by joining GBV prevention network organisations. A great example is the GBV Prevention Network for countries in the Horn, East and Southern Africa (preventgbv.africa.org). Membership to the network is free.
Malaika is physically OK but in hospital. Nii tells her he was ‘so worried’ and that she has made him so happy because she is pregnant. His feelings change when the doctor alerts him that Malaika tried to terminate the pregnancy. Do you remember the look on his face? When she meets later with Sophie, Malaika tells her she is scared but believes things will work out. Sophie asks, “Is that before or after he kills you?” At the end of the episode, Nii climbs into bed with Malaika and puts his arm around her. She gazes in the opposite direction. What must they both be feeling?

Weki finally tells his girlfriend that he has HIV. In response she says, “My dad also has HIV. Do you see me avoiding him? Don’t worry.” Weki’s long struggle with his overprotective guardian, Sade, finally ends when she says he can go to the Lagos football academy. On his application form, she tells him to check ‘no’ on the question that asks if he has any health conditions.
Princess gets a job modelling. Solomon who arranged the job for her tells her she will be a super model. In a conversation in bed, Tobi asks her if she slept with the man to get the job. She protests, but he persists and says, “You know the kind of things babes do to get jobs.” Sophie finally discovers Princess remained in Lagos.

Ekene and Femi are out in a bar. Femi resists Ekene’s offer to drink. It leads Femi to tell his old friend that he has HIV. You can see the surprise in Ekene’s face and body. He finally comes around and says he is there for Femi. Femi confesses that “It is hard having to lie to a friend about something this big.”

There is a small scene when Foye is asked on her radio show whether she would date, marry and have children with a man who has HIV. Her reply: “Honestly, I don’t know.”

MATERIALS FOR THE SESSION
Name tags for all participants | Worksheets for each participant | Newsprint paper | Board markers | Copy of the DVD with episode 6 | DVD player or laptop and projector | Small slips of paper | A4 paper
NOTE TO PEER EDUCATORS

In this session, participants will be identifying human qualities necessary for good, mutually satisfying and healthy sexual relationships. As you lead this session with various groups of participants, build a master list of the identified qualities just as you have been doing with the personal rules identified by participants. You may want to refer to or even distribute your list within your sessions. Some of the human qualities that might appear on the lists include: responsiveness, kindness, tenderness, responsibility, knowledgeable, thoughtful, strong, vulnerable, loving, caring, empathetic, compassionate, trustworthy, careful, communicative, able to listen, emotional.

Introducing the theme

If we are going to figure out HIV, we have to talk about sex. Sex, however, is about a lot more than body parts and how to use them. Evidence shows that telling young people to remain abstinent is ineffective. By the same token, evidence also shows that talking about sex and condoms does not increase young people’s sexual activity. The intent of this session is to talk about sex differently. This means talking about the emotional part of sex, not the mechanical parts. What would people say if they honestly told us how they feel after sex? Men often feel good, in part because for some men, having sex increases their status with others and their self-esteem. Do their female partners feel equally good? More than one woman has said ‘no’!

Research has shown that when couples learn to communicate about sex within their relationship, when they are able to discuss what they like and feel, the quality of their sex lives and their relationships improve. With the improved quality of sex, both partners report a reduced desire to spend time with other lovers, therein reducing the risk for the spread of HIV. This session is about love and having great sex!

Introduce the theme of love and great sex by telling participants that when it comes to love and sex, we need to talk about much more than body parts. Let them know that if we were all having really great relationships with our partners, maybe the desire to have lovers on the side might not be so great. Is it possible that home cooking, as it were, can be the best cooking in town? But how do we experience sex? What makes sex good and what makes sex not so good? That is what this session is about.

Activity 1

Show the episode.

Activity 2

For this task, participants will remain in a single group. Ask participants to quickly map who in the movie is having sex with whom. Make a list on newsprint in front of the room. After this is done, let the participants go through each character and discuss the quality of their sex lives and the quality of love between the various sex partners. The discussions will be subjective and give you, as a peer educator, an indication of how people in your group experience and think about love and sex. It is important to have participants comment on the mutuality (or lack thereof) present in each sexual encounter or relationship. By mutuality, it cannot be that one partner feels great after the sexual experience and the other feels used, ignored or simply bored. Mutuality requires far
more than the connection of body parts. This and the necessity of mutuality for great sex to occur is what this session explores.

**Activity 3**

With participants remaining in a single group, read the following three quotes from the Bible, the Koran and from Lord Rama:

From the Bible, Corinthians 13: 4 – 8

Love is patient, love is kind. It does not envy, it does not boast, it is not proud. It is not rude, it is not self-seeking, it is not easily angered, it keeps no record of wrongs. Love does not delight in evil but rejoices with the truth. It always protects, always trusts, always hopes, always perseveres. Love never fails.

From various sections of the Koran

Love is: earned, rewarded, steadfast, not obsessive, intimate, true sacrifice, does not corrupt, purity, brotherhood, fair, a Devine sign, does not decay.

From Lord Rama

Find a guy who calls you beautiful instead of hot, who calls you back when you hang up on him, who will lie under the stars and listen to your heartbeat, or will stay awake just to watch you sleep...wait for the boy who kisses your forehead, who wants to show you off to the world when you are in sweats, who holds your hand in front of his friends, who thinks you’re just as pretty without makeup on. One who is constantly reminding you of how much he cares and how lucky his is to have you.... The one who turns to his friends and says, ‘that’s her.”

After reading the three quotes, divide the group into smaller gender-specific groups of 3 to 5 people each. Ask the small groups to come up with their own lists of the human qualities they believe are necessary for mutually good love and mutually good sex to exist. Put another way, what are the human, internal qualities they would like to have in their ultimate partner that will support a mutually great relationship. You can give them two examples: honesty and respect.
Activity 4

When the lists of human qualities have been completed, have everyone return to a single group. Let each group report in the order they wish, but keep two master lists going on newsprint for everyone to see: the qualities identified by women and those identified by men.

Ask for reflection and comment on the two lists by the participants. Are there differences between men’s and women’s lists?

Activity 5

Hand out a small piece of paper to each participant. Ask participants to write a single number between 0 and 10 (10 being the best) relating to a question they will be asked. Tell them to indicate their gender on the paper but not to indicate their names. Tell them that they should fold their paper in half the moment they have written the number. The question is: Please write a number between 0 and 10 on your paper that indicates what you believe to be the quality of the sex you have. 0 indicates you don’t have sex. 1 indicates it is very bad. 10 means it is the best.

After participants have written their numbers, collect the slips of paper and record them by gender on newsprint in front of the room. Ask for reflection and comment by the group on the findings. Again this has been a difficult conversation, but hopefully a good one for everyone present. Looking honestly at ourselves and our relationships is not always easy, but it is always important.

Reflections by Participants

Allow participants to reflect on the exercise.

- In what way has this session caused them to think about the issue of sex and sexuality differently?
- In what way has this session caused them to think about relationships differently?
- Ask participants to identify any new personal rules for themselves or their relationships they may now want to add to their lists as a result of this session

Thanks and Closing Ritual

Be sure to thank everyone present for their participation and remind them that we can only learn and change if we are willing to work together and share as we have done today. For the most part, people do not intend to get HIV. But ignoring its existence is a bad strategy for protection.
Sophie and Ekene go for their 3-month HIV test. Tobi tries to patch things up with Princess, but she is arguing with Sophie and preoccupied with Solomon, the older man who was previously pursuing her sister, Sophie. Weki tells the soccer team that he has HIV and shares the story about how he got the virus from his mother. Malaika’s husband says that they should celebrate and buys cake for the two of them. Sophie’s HIV test is negative.
Theme
This guide will not spend time going through the facts and impact of HIV on Nigeria and the world. Rather, it is everyone’s responsibility to search the web for quality resources including facts, films and the latest statistics that will help you in successfully navigating the reality of HIV in our lives. It is irresponsible to sit back and let information about HIV find its way to you. You must make the move. The internet makes this easy. It is also important to know the local resources at everyone’s disposal. You never know when you, a friend or a family member may need testing, treatment, crisis counselling or just someone to talk to. In this session we will address internet and local resources as well as review two very important aspects of HIV prevention and response.

Activity 1
View episode 7.

Activity 2
Discuss with participants the kinds of information and resources characters in the episode had and could have made use of throughout the series. Present and review the internet-based resources spoken of in the introduction to this peer education guide, including:

- www.avert.org
- www.shuga.tv
- www.unaids.org

As an example of the information that can be found on the internet, look up “Window Period” on a website prior to the session and be ready to show how you found information about Window Period, where you found it and what you found. You can see what MTV’s Staying Alive site has to say:

Window Period
This is the term that describes the 6-8 weeks that follow the moment of infection. During this time, HIV tests cannot detect the virus because it takes time for the human body to make the antibodies which try to fight the virus. Thus, even though the virus is present in the blood, it is “undercover” so to speak and may not be picked up with HIV testing. During the first six weeks after infection, a person is highly infectious, meaning that having unprotected sex with someone else during this time has a high chance of infecting him/her. This means the newly infected person does not appear sick and even if he/she goes for an HIV test, the test results would be negative.

Activity 3
Ask participants to do a community-mapping exercise of the local community to resources they are familiar with for the following specific service needs:

- Survivors of rape
- HIV testing
- GBV
- Local health clinics providing antiretroviral drugs
- HIV help line
- HIV counselling
Safe houses for survivors of GBV

When the whereabouts of these services have been identified, ask participants to reflect on obstacles to access to these services and resources identified above and list these on newsprint paper.

Activity 4

This final activity is in preparation for Session 8, the final Shuga episode of the season and this peer educators’ guide. It is based in the experience around the world that many people have questions they would really like to ask about HIV but are afraid to ask for fear of embarrassment. In this activity, begin by telling your participants that there are no ‘stupid’ questions about HIV. Let them think about what they might have always wanted to ask about HIV but never have. Pass a piece of paper around to each participant and ask them to write their questions on the paper but not their names. Let them know that this is their opportunity to ask whatever they want to know. Give them time to read and write, and collect the papers when they are done, letting them know that in Session 8 you will be answering these questions.

An alternative to Activity 4 would be for you to keep an anonymous ‘question box’ at each of the sessions which people could put their questions into whenever they wish. It is important to remember, however, that with asking for questions, you have the responsibility to answer them all.

Reflections by Participants

Allow participants to reflect on the exercise.

- What has been your experience of searching for information about HIV and how has it changed because of this session?
- In what way has this session caused them to think differently about the issue of sharing information about a person’s HIV status?
- In what ways does the ‘information’ we need to prevent HIV go beyond information about the virus itself?

Thanks and Closing Ritual

Again thank everyone present for their participation and praise them for the work they have done in the last 7 sessions. Let them know that there is only one session left and that you are looking forward to ‘pulling it all together’ with them in that session.
The most important theme in this episode for the purpose of this session is whether it is possible for Solomon to pass the HIV in his body to a sex partner through unprotected sex. We know that Sophie is HIV negative but that Princess tests HIV positive. Solomon is identified as the source of Princess’ infection. Is this right?

**MATERIALS FOR THE SESSION**
- Name tags for all participants
- Worksheets for each participant
- Newsprint paper
- Board markers
- Copy of the DVD with episode 8
- DVD player or laptop and projector
- A4 paper
NOTE TO PEER EDUCATORS
The most important rule for you as peer educators is to never answer a question that you do not actually know the answer to. While we know that it is a global phenomenon that people in authority positions including teachers feel their position demands that they know the answer to all questions. It is a matter of pride. Yet a wrong answer about HIV can cause risk to a life. You need not be perfect as a peer educator, but you must be honest. If someone asks a question that you do not know the answer to, your best response is, "What a great question. Even I do not know the answer to this, but I do know it is an important question. Please give me until our next session and I will find the answer in the meantime." Of course, you can and should allow others to answer the question if there are those who think they know the answer, but you are the ultimate fact-checker and must do your research to verify accuracy.

Theme
HIV demands we ‘get it right’. Getting it right means getting our facts straight (using our brains) and having our hearts in the right place. Education understands we need both our heads and our hearts to learn. We cannot just think about HIV, we must feel about it as well if we are to understand its importance in our lives. One of the wonderful things about the Shuga series is that it allows us to experience HIV on a feeling level through the many different characters. Through these characters we access HIV in a different way than we do through text books and informational lectures.

Activity 1
In the full group, discuss getting our heads right. In the last session, we explored various internet and local resources that provide information and support around HIV. Now it is up to you to use the case of Solomon to help your participants understand that even those who are ‘meant to know’ make mistakes and don't always get it right. In this case, the characters in the episode believe that Solomon is the cause of Princess’ HIV infection. Is this correct? We see that he takes his ARV’s properly and that he seems to have pretty good health care. He is taking care of himself. Is he likely to have passed on HIV?

As a peer educator, you should prepare for this discussion by finding the answer to this question on a reliable internet site. The short answer is, because Solomon is taking his ARV medications properly, the viral load in his blood and semen is most likely undetectable. The chance that he can transmit HIV to Princess is low. If he misses his daily doses, however, and if the medications begin not to work for him, he can transmit HIV to another through unprotected sex. So while it is unlikely that Princess got HIV from Solomon, there is a chance. The questions to be discussed are:

- Would you take that chance?
- Do you think Solomon had a responsibility to tell Sophie and Princess that he had HIV, particularly because he was practicing unsafe sex with both of them?
- How would you feel if someone did to you what Solomon did to both these girls?

Activity 2
This final activity is about our hearts. You could say something like this:

Do you ever wish you could see into someone else’s heart to see what they’re really feeling? Do you know what is in your own heart? At the end of episode 1, Ekene sits waiting for an HIV test. Yes, he was worried and he was also reviewing his life.
Did this HIV scare make him think about who he is and what is important to him? About what he really wants? Would it make you ask important questions about your own life? Many people get scares that cause them to look at their lives with new eyes. These encounters with their own mortality allow them to see what is important and vow to follow a new path. Sadly, most forget what they have learned after a few weeks, a few months or maybe a year or two, settling back into their old ways. They forget their vows. How many times have you said to a higher power, “if you just get me through this situation, I promise to do this or that,” and then forgotten your promise when you made it through the tough time? Ekene had a chance to take an honest look at his own life and decide who he wants to be in the future. Do you know what you really want for your life? What kind of life you really want to live? Who you really want to be? HIV knowledge is important, and self-knowledge just as important. Do you know what is really in your heart? Do you know who you would like to be and what you would like to contribute to the world? HIV brings a new day to all of us and prompts us to ask new questions. Asking them and seeking honest answers is part of HIV prevention and it is part of the opportunity engaging with HIV brings us. You can see we come full circle here, not fighting HIV but using our hearts and minds to focus on developing ourselves in ways that significantly reduce our risk for becoming infected with HIV.

While HIV prevention has focused on what we call ‘head knowledge,’ the facts and figures of HIV, what has made these 8 sessions different is our focus on heart knowledge. It is what is in our hearts that determines what we will or will not do with HIV knowledge. Remember what we said in Session 1: You have to love yourself to use a condom. The unresolved wounds in our heart can increase our risk for HIV. If someone feels poorly about themselves, sad, hurt, or lonely, these factors can lead them to look for solutions outside themselves, and those solutions can sometimes bring harm. Like spending the night with a stranger because you need to be loved, even if you know it is only for the night and it is not real. Or you drink to cope with your wounds and in doing so set yourself up for more wounds.

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In this activity, we will reflect on what is in our hearts. Provide the craft materials and start the exercise by giving the following instructions:

Take an A3 size piece of paper and fold it in half. On the left side, draw your heart as it is today, using colour, pictures, anything you find, to represent what is in that heart. When participants have completed drawing the heart they have, instruct them to draw the heart they would like to have on the right side of the paper. Again, let them use any material available to express what is in that heart. Don’t worry if the room gets noisy during this exercise!

When both drawings are complete, ask if there are participants who are willing to share what they have drawn and perhaps discovered about themselves. Let them stand and explain what is in both hearts if they wish. Most importantly, instruct them to identify those parts of their existing hearts that put them at risk of HIV and those parts of the hearts they wish to have that will protect them. You can chart these factors on paper that everyone can see.

Bring this activity and session to an end by letting participants know that by drawing the hearts they wish to have, they have set real goals for themselves. We often think of goals as physical ownership or achievements. But our internal goals for our hearts, who we want to be and the emotional lives we dream of living are just as important as those external goals. Maybe even more important. Encourage your participants to make their dream hearts real and remind them that having a goal in life, even an emotional one, reduces our chances of getting HIV.

After you have discussed the contents of people’s heart drawings, there is one step left before you close the exercise.

- How did it feel to draw your hearts?
- What do you need to do to create and keep the heart that you wish to have?
- What help do you need from others?
- In what way has this session caused you to think about the issue of HIV risk differently?

Thanks and Closing Ritual

As this was your final session, allow plenty of time for participants to talk about what the eight sessions have meant to them. Be sure to praise them for their work and be honest about how you have grown and what you have learned about yourself and about HIV because of your time with them.

Example from a Previous Hearts Workshop Reflection