SOCIAL AND BEHAVIOR CHANGE COMMUNICATION

INTEGRATED SESSION GUIDE
FOCUSING ON THE DRIVERS OF HIV/AIDS EPIDEMIC

AGES 10-14 YEARS

January, 2011
SBCC INTEGRATED SESSION GUIDE
FOCUSBING ON THE DRIVERS OF HIV/AIDS EPIDEMIC
AGES 10-14 YEARS

Introduction
The HIV and AIDS epidemic affects all Namibians and devastates individuals, households and societies alike. There is no cure for HIV-infection or AIDS and therefore the best defense against HIV infection is prevention.

Effective prevention programs require accurate knowledge about the drivers of the epidemic, determinants of individual behavior change and underlying factors. It is important to know under what conditions people may be prepared to change their sexual behavior and reduce their risk of contracting HIV.

Experiences in social and behavior change have shown that simply telling people about HIV and AIDS or the drivers of the epidemic may change knowledge, but is not sufficient to affect changes in behavior. Individuals and groups require a safe space in which to discuss risky behaviors and their underlying factors in order to effect behavior change.

This Session Guide focusing on youth ages 10-14 is one of three Guides for ages 10-14, 15-24 and 25-49. The Guides were developed in 2009-2010 at the request of public sector, civil society and private sector implementing partners in Namibia, who urgently required integrated guides that included sessions for specific age groups focusing on the drivers of the epidemic. The Integrated Session Guides consist of participatory sessions that can be implemented by field workers and volunteers in communities, workplaces and clinical settings to generate discussion on the drivers of the epidemic with target audiences.

It is hoped that the Integrated Session Guides will be of use to partners working in the prevention of HIV, and will result in wide-spread discussion for behavior change, contributing to the reduction of HIV transmission and prevalence in Namibia.

Process, Authors, Editors and Reviewers
In 2009, implementing partners approached C-Change Namibia to request interpersonal communication materials focusing on the drivers of the epidemic that could be used by field workers and volunteers. Partners lacked updated materials on the drivers that could be used to generate discussion for behavior change. C-Change Namibia is the chair of the National Interpersonal Communication Technical Working Group (IPC TWG) of the National Prevention Technical Advisory Committee, Ministry of Health and Social Services, Directorate for Special Programs.

C-Change Namibia proceeded to work closely with members of the IPC TWG to develop first drafts of the three Integrated Session Guides for partner use. Guides were developed
SBCC Integrated Session Guide | 10-14 Years

with funding from USAID/PEPFAR. The first draft of the Integrated Session Guide for Youth 10-14 years of age was developed by Ms. Erica Libuku, Social and Behavior Change Technical Advisor from C-Change Namibia and edited by Dr. Elizabeth Burleigh, Chief of Party, C-Change Namibia.

At the request of partners, first draft guides were made available for field use. Following months of use which constituted the field test, C-Change brought together a first group of implementing partners for a detailed 2 day review. Edits were made to the draft of this Guide by Ms. Libuku based on partner comments. A second and final review was then conducted with the remaining partners in a second detailed 2 day workshop. Edits were made on the final Guide by Ms. Libuku and Dr. Burleigh following the final review.

The following organizations and individuals participated in the field tests and review of the three Integrated Session Guides:

- PACT Namibia
- National Association of CBNRM Organizations (NACSO)
- Rhenish AIDS Programme (RAP)
- Change of Lifestyles (COLS)
- Sam Nujoma Multipurpose Centre (SNMPC)
- Chamber of Mines (COM)
- Catholic AIDS Action (CAA)
- IntraHealth
- Lifeline/Childline
- Engender Health
- Catholic Health Services (CHS)
- Anglican Medical Services (AHS)
- Lutheran Medical Services (LMS)
- Churches AIDS Programme for Orphans (CAFO)

Resources
Sessions in this Guide were developed by or adopted from the resources listed below. Where necessary, sessions were adapted to Namibia or modified based on partner reviews.

2. Lifeline/Childline: Session Reggie Mouton, 2009
5. PACT Botswana: Outreach Guide 6-Alcohol Abuse Reduction, 2007
6. MOHSS/DSP National Alcohol and HIV TWG and C- Change Namibia: Alcohol and HIV Picture Code Flip Chart, 2010
7. Ms. Libet Maloney, IntraHealth: MCP Flannelgram Kit, 2010
8. C-Change Namibia: training materials, 2010
9. MOHSS/DSP National MCP TWG, C-Change Namibia, Nawa Life Trust: MCP Picture Code Flip Chart, 2010
11. Society for Family Health: Male Circumcision Flip Chart, 2010

We would like to express our gratitude to these organizations and individuals for prompting the development of the guides, and for their detailed field testing and reviews, and our gratitude to these resources for the inclusion of their sessions into the guides. Without their creativity and generosity, the Integrated Session Guides would not have been possible.
# Table of Contents

Module 1: Self-esteem  .................................................................................................................................. 1

- SESSION 1 – Introduction to self-esteem .......................................................................................... 1
- SESSION 2 – Self esteem assessment ................................................................................................. 3
- SESSION 3 – Factors contributing to high and low self-esteem ............................................................... 5
- SESSION 4 – Positive and negative aspects of self-esteem ...................................................................... 7
- SESSION 5 – Strategies to promote self-esteem .................................................................................. 9
- SESSION 6 – Valuing me ............................................................................................................................ 11
- SESSION 7 – Love chair ............................................................................................................................. 12

Module 2: Delayed Sexual Debut and Abstinence ...................................................................................... 13

- SESSION 1 – Introduction to delayed sexual debut ............................................................................... 13
- SESSION 2 – Saying NO to sex .................................................................................................................. 16
- SESSION 3 – Delayed sexual debut .......................................................................................................... 18
- SESSION 4 – Delayed sexual debut role play .......................................................................................... 19
- SESSION 5 – Abstinence ........................................................................................................................... 22
- SESSION 6 – Strategies for delaying sexual debut .................................................................................. 24

Module 3: Alcohol and HIV  ......................................................................................................................... 26

- SESSION 1 – Reasons for alcohol use ....................................................................................................... 26
- SESSION 2 – Using picture codes to discuss alcohol and HIV ................................................................ 27
- SESSION 3 – Effects of alcohol use on decision-making for young people ............................................. 28
- SESSION 4 – Resisting peer pressure to drink alcohol ........................................................................... 30
- SESSION 5 – The benefits of not drinking alcohol .................................................................................. 32
- SESSION 6 – Strategies to avoid drinking alcohol ................................................................................... 34
- SESSION 7 – Myths and facts about alcohol use .......................................................................................... 36
- SESSION 8 – Physical effects of drinking alcohol .................................................................................... 40

Module 4: Multiple and Concurrent Partnerships ...................................................................................... 41

- SESSION 1 – Introduction to multiple and concurrent partnerships .................................................... 41
- SESSION 2 – Using picture codes to explore MCP and its effects .......................................................... 45
- SESSION 3 – Why people practice multiple and concurrent partnerships ........................................... 47

Module 5: Transactional Sex ....................................................................................................................... 48
<table>
<thead>
<tr>
<th>Session</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>SESSION 1 – Transactional sex and its risks</td>
<td>48</td>
</tr>
<tr>
<td>SESSION 2 – Factors contributing to the practice of transactional sex</td>
<td>50</td>
</tr>
<tr>
<td>SESSION 3 – Using picture codes to explore transactional sex and its</td>
<td>51</td>
</tr>
<tr>
<td>effects</td>
<td></td>
</tr>
<tr>
<td>Module 6: Cross-generational Sex</td>
<td>52</td>
</tr>
<tr>
<td>SESSION 1 – Introduction to cross-generational sex</td>
<td>52</td>
</tr>
<tr>
<td>SESSION 2 – Factors contributing to the practice of cross-generational</td>
<td>53</td>
</tr>
<tr>
<td>sex</td>
<td></td>
</tr>
<tr>
<td>SESSION 3 – Using picture codes to explore cross-generational sex and</td>
<td>55</td>
</tr>
<tr>
<td>its effects</td>
<td></td>
</tr>
<tr>
<td>Module 7: HIV Counseling and Testing</td>
<td>56</td>
</tr>
<tr>
<td>SESSION 1 – Introduction to HIV testing for young people</td>
<td>56</td>
</tr>
<tr>
<td>Module 8: Male circumcision</td>
<td>58</td>
</tr>
<tr>
<td>SESSION 1 – Introduction to male circumcision and its benefits</td>
<td>58</td>
</tr>
<tr>
<td>SESSION 2 – Male circumcision and HIV prevention</td>
<td>60</td>
</tr>
<tr>
<td>Module 9: Condom use</td>
<td>62</td>
</tr>
<tr>
<td>SESSION 1 – Correct and consistent condom use</td>
<td>62</td>
</tr>
<tr>
<td>SESSION 2 – Advantages of condom use</td>
<td>65</td>
</tr>
</tbody>
</table>
Module 1: Self-esteem

SESSION 1 – Introduction to self-esteem

Ages
10-14 years

Objective
• To understand the meaning of self-esteem

Time
Approximately 30 minutes

Materials
Flip chart paper
Markers

Instructions

Step 1
• Ask the participants to brainstorm together the definition of the term “self-esteem”.
• Write the responses on flip chart paper.

Step 2
• After writing down the responses, provide the participants with the definition below:

Definition of self-esteem – Self esteem means how you feel about yourself, how you value yourself, what you think of yourself, your opinion of yourself and how it relates to your perception of what others think or expect of you, such as friends and families.

People with high self esteem may have high regard for themselves. They know that they are worthy of love and respect. They respect themselves.

When people feel worthy of love and respect, they expect it from others. Having high self-esteem does not mean that you never get upset or angry with yourself. Everyone gets frustrated at times. But someone with high self-esteem can accept his or her mistakes and move on.

1 Change of Life Style Project (COLS): Curriculum, 2004
People with high self-esteem (i.e. who like themselves) tend to make healthier decisions than people with low self esteem. They tend to build more friendships and keep their friendships more easily.

**Step 3**
- After ensuring that the participants understand self-esteem, divide them into two groups.
- Give one group a flip chart paper and have them label it at the top “Good Self-Esteem”.
- Give the other group a flip chart paper and have them label it at the top “Poor Self-Esteem.”
- Ask the groups to write down characteristics of someone with good self-esteem or poor self-esteem, respectively.

**Step 4**
- After 15 minutes, bring the two groups back together.
- Ask a volunteer from each group to share their answers with the larger group.

**Step 5**
- Compare participant’s lists with the following points, adding anything to their lists that is missing.
- Hold a discussion on the two lists.

<table>
<thead>
<tr>
<th>Good Self-Esteem</th>
<th>Poor Self-Esteem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confident and secure</td>
<td>Self-doubting insecure, and vulnerable (“I can’t, I’m too ugly, I’m not smart enough”)</td>
</tr>
<tr>
<td>Assertive</td>
<td>Passive</td>
</tr>
<tr>
<td>Actively engaged/participates</td>
<td>Not engaged/does not participate</td>
</tr>
<tr>
<td>Positive attitude</td>
<td>Negative attitude</td>
</tr>
<tr>
<td>High energy</td>
<td>Low energy</td>
</tr>
<tr>
<td>Well-informed opinions and values</td>
<td>Unsure of opinions and values; opinions and values based on others</td>
</tr>
<tr>
<td>Independent thinker and doer</td>
<td>Easily influenced by what others think and do</td>
</tr>
<tr>
<td>Able to say NO to peer pressure</td>
<td>Gives in to peer pressure</td>
</tr>
<tr>
<td>Believes they can succeed</td>
<td>Believes they will fail</td>
</tr>
</tbody>
</table>
SESSION 2 – Self esteem assessment

Ages
10-14 years

Objective
• To conduct a self esteem assessment with each participant

Time
Approximately 35 minutes

Materials
Paper and pencil or pen for each participant
Copies of the self-esteem assessment, below, for each participant

Instructions

Step 1
The self esteem assessment

• Ask the following questions and have participants write “yes” or “no” to each one on their paper, working alone.
• Explain that this questionnaire is confidential and their answers are for their eyes only: Please make sure that you understand the questions.

1. Are you generally calm and relaxed when faced with a challenging situation?
2. After periods of high pressure, do you take time out to relax?
3. Do you generally display a sense of well-being?
4. Do you generally feel full of life – mentally, emotionally and physically?
5. Do you generally approach new tasks with enthusiasm?
6. Do you communicate with others in a straight forward way (a ‘what you see is what you get manner’?)
7. Do you generally expect the best from the world and the people around you?
8. Are you happy to self-reflect and do you acknowledge your achievements as well as your imperfections?
9. Are you happy to engage others at social gatherings and in general you are not threatened by the success of others?

2 C-Change Namibia
10. Are you motivated in your life and do you generally have a clear sense of direction?
11. Are you usually able to accept criticism without feeling angry or insecure?
12. Are you usually able to face challenges reasonably easily?
13. Can you live with most mistakes you might make and also the mistakes of others?
14. Can you make decisions and are you able to consider all options clearly?

**Step 2**

- Tell participants:
  - **If you have answered ‘yes’ to all of the above questions**, then you already have high self esteem and strong self worth.
  - **If you have answered ‘yes’ to eight or more questions**, then you have moderate self esteem which could still benefit from work to strengthen and improve it.
  - **If you have answered ‘yes’ to six or less of the questions**, then you have low self esteem and it would be in your interest to think about ways of improving your self esteem and feeling more balanced and positive.
SESSION 3 – Factors contributing to high and low self-esteem

Ages
10-14 years

Objectives
• To identify and list factors that contribute to high self esteem
• To discuss the effects of low and high self esteem

Time
Approximately 30 minutes

Materials
Flip chart paper or chalk board
Markers or chalk
Tape or prestik

Instructions

Step 1
• Ask participants to list possible factors that contribute to low self esteem and high self esteem.
• Write the factors on a flip chart as they are mentioned.
• See the example, below.
• Do not read the sample list – let participants come up with their own ideas.

<table>
<thead>
<tr>
<th>Some factors that may contribute to low self esteem</th>
<th>Some factors that may contribute to high self esteem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death and loss of loved ones</td>
<td>Positive attitude</td>
</tr>
<tr>
<td>Rejection by friends</td>
<td>Awareness of one’s talents</td>
</tr>
<tr>
<td>Separation from loved ones / Divorce of parents</td>
<td>Feeling a sense of worthiness</td>
</tr>
</tbody>
</table>

3 C-Change Namibia
End of a relationship with a girlfriend/boyfriend | Having friends with positive attitudes.
--- | ---
Failure at school | Set and achievement of one's goals
Pressure and stress from school work, parents and peers | Good performance at school
Competition | Victory on tasks, sports e.tc
Abuse | Affection
Pregnancy | Protecting yourself from risky behaviors

**Step 2**
- Ask participants to list the effects of low self esteem on the individual and those around him or her.
- A sample list is below.
- Do not read the list below – have participants make their own list.

**Effects of low self esteem**
- Anxiety and depression
- Poor performance in school or his career goals
- Tension in a person's relationships
- Can lead to behavior problems such as:
  - Stealing
  - Absence from school
  - Running away from home
SESSION 4 – Positive and negative aspects of self-esteem

Ages
10-14 years

Objectives
• To identify positive and negative things about ourselves
• To identify solutions to the negative things that need changing

Time
Approximately 30 minutes

Materials
A4 paper
Pens or pencils

Instructions

Step 1

The Positive List
• Give each participant a piece of paper and a pen or pencil.
• Ask each participant to write a list of 10 things they like about themselves. This is the "positive list."

Step 2

The Negative List
• Now ask participants to write a list of 5 things they do not like about themselves. This is the "negative list."

Step 3

Sharing lists
• After the participants have completed their lists, form them into pairs.
• Ask the participants to share the things on their “positive list” with their partner.

4 Change of Life Style Project (COLS): curriculum, 2004
Now ask the pairs of participants to share the things on their “negative list” and help each other come up with ideas for changing those things. For example, if a participant says that he or she does not like that he can't perform well in mathematics; a possible solution would be to practice mathematics with friends who perform better.

**Step 4**

**Discussion**

- Say: You will often notice that once people talk about their problems with others and find solutions, they become more self-assured and confident.
- Ask the participants who want to share things on their “negative list” and solutions with the group to do so.
- Then hold a discussion with the group about the session. Ask:

  - Did everyone like the session?
  - What did they learn about themselves?
  - What solutions did they find to the things on their negative list?
  - Do they think they can put those into practice?
  - Did this session help them with their self-esteem?
SESSION 5 – Strategies to promote self-esteem

Ages
10-14 years

Objective
• To strengthen self esteem among participants

Time
Approximately 30 minutes

Materials
Pieces of A4 paper (half sheets)
Tape
Markers

Instructions

Step 1
• Ask participants to stick a piece of paper to each other’s backs with pieces of tape.
• Everyone should then walk around the room writing short positive comments about
the person on the sheets of paper on each person’s back.
• Comments should be short and express any positive thing or feeling they have about
that person.
• There are two rules: the comment must be positive and it must be genuine.

Step 2
• Have participants remove the papers from their backs.
• Each participant then reads three of the statements that have been written about
them, beginning the sentence with “I am…”

Step 3
• Explain how it can be difficult for each of us to accept praise.
• Ask each participant to add one additional positive characteristic or strength about
him/her to the list.
• Have each participant read out the new strength added to the list.

5 Change of Life Style Project (COLS): curriculum, 2004
• Once all participants have read their lists, ask the participants if it was easy or difficult to recognize their own strengths.

**Step 4**

• Hold a discussion with the following questions:
  
  o How did it feel to get positive comments about yourself?
  o Were you afraid people would not have anything good to say about you?
  o Why do some people have trouble saying positive things about others?
  o Are we positive enough in the way we look at others?
  o Why is it important to notice people’s positive qualities?
  o Are we positive enough when we look at ourselves?
  o Why is it important to recognize our own positive qualities?
SESSION 6 – Valuing me

Ages
10-14 years

Objective
• To become aware of one’s personal potential and attributes

Time
Approximately 30 minutes

Materials
Sheets of A4 paper
Pens or pencils

Instructions

Step 1
• Ask participants to think about their own self-esteem.
• Give them each a sheet of A4 paper and pen or pencil.

Step 2
• Ask participants to write down on a sheet of paper three things about themselves that they like.

Step 3
• Ask volunteers to tell the group one of the things they like about themselves.

Step 4
• Explain to the participants that people often focus on the things they least like about themselves, and do not give themselves enough praise for the things they DO like about themselves.
• Explain that everyone has good points, and good self-esteem depends on recognizing those things and feeling good about ourselves.
• Discuss this positive self-esteem with the group.

6 Change of Life Style Project (COLS): Curriculum, 2004
SESSION 7 – Love chair

Ages
10-14 years

Objective
• To promote self esteem among participants

Time
Approximately 45 minutes

Materials
A decorated chair (throw a nice piece of cloth over it or do something else to decorate it)

Instructions

Step 1
• Put the decorated chair in the middle of the circle.
• Everyone should sit in a circle around the decorated chair.
• Ask one participant to come and sit on the decorated chair.
• Everyone should say any positive thing or feeling they have about that person.
• Rules: the comment must positive and genuine.

Step 2
• Participants take turns to sit on the decorated chair.

Step 3
• After all participants have had a chance to be in the chair, hold a discussion with the group and ask the following questions:
  o How did it feel to get positive comments about yourself?
  o Were you afraid people would not have anything good to say about you?
  o Are we positive enough in the way we look at others?
  o Why is it important to notice people’s positive qualities?
  o Are we positive enough when we look at ourselves?
  o Why is it important to recognize our own positive qualities?

7 LifeLine/ChildLine: Session Reggie Mouton, 2010
Module 2: Delayed Sexual Debut and Abstinence

SESSION 1 – Introduction to delayed sexual debut

Ages
10-14 years

Objectives
- To understand the meaning of the term “delayed sexual debut”
- To find out why young people are and are not delaying sexual debut

Time:
Approximately 30 minutes

Materials
Flip chart stand and paper
Marker pens

Instructions

Step 1
- Ask participants what is meant by the term delayed sexual debut.
- Write their answers on the flip paper.

Step 2
- Explain to participants that delayed sexual debut means delaying sexual intercourse until you are married or ready to take informed decisions.

Step 3

---

8 SFH: Peer Educators Training Guide, 2004
• Explain to participants the meaning of informed decision: Informed decision means being old enough to consider all sides of a decision and make a mature choice.
• Explain to participants that they will be asked to consider the decision to have, or not to have sex when you are young.
• Ask participants to make a list of reasons why people DO have sex when they are young.
• The reasons can be written on flip chart paper, or sheets of paper if available.
• Give participants the following examples to get them started:
  o Curiosity about sex
  o Peer pressure to have sex
  o In love with girlfriend or boyfriend

**Step 4**
• Compare the list prepared by the participants with the list below:
  o To stop pressure from parents/guardian and peers
  o To get affection
  o To avoid loneliness
  o To keep a boyfriend or girlfriend
  o To receive gifts or money
  o To rebel against parents
  o To feel like an adult
  o Because it feels good

• Ask them if they want to add more points or not to their list and why.

**Step 5**
• Explain to participants that they will now do some role plays
• Explain that participants will play the roles of boys and girls in the story
• Ask the participants to pretend that they are characters in the story and invent conversations between the people for one minute. (If there are not enough boys, then girls can play the role of boys during the role-play)

**Step 6**
• Choose the story below that is appropriate to your participants.
• Read it aloud, and then have them do the role play for one minute.

**Story 1:**
The young Kacana had never been in love before and felt she would like to marry Simasiku eventually. He loves her as well but is in more of a hurry to have sex. He threatens to find another girlfriend if she doesn't have sex with him. Kacana has decided not to have sex at this stage but to convince Simasiku to delay sex until they are married. **What should she do?**
Story 2:
Ben has become afraid to walk home from school because there is an older boy scaring him. The boy waits for him and offers him sweets and once tried to force him into the bush. The big boy tells Ben he will teach him about sex. Ben does not want to. What should he do?

Story 3:
Selma’s grown up male relative is staying in their house. Sometimes she is left alone with him. She is now afraid because he has begun trying to touch her. He tells her that if she comes in his room he will give her cool drink and if she does not he may beat her. What should she do?

Step 7
- After each role play, ask the other participants to comment on what they have seen. Some questions that can be used to stimulate a discussion are below:
  - What did you see happening in this role-play?
  - What did you think of the way the girl or boy reacted?
  - What do you think of the behavior of the other person?
  - Why do people threaten or try to convince those who don’t want to have sex?
  - What is the best thing to do in a situation like this?
SESSION 2 – Saying NO to sex

Ages
10-14 years

Objective
• To explore reasons to delay sexual debut

Time:
Approximately 30 minutes

Materials
Flip chart stand and paper
Marker pens

Instructions

Step 1
• Explain to participants that we are now going to watch a common situation between two young people in different role plays.
• Explain that as they watch each role play, the group should think about the reasons why young people should delay sexual activities.
• Select volunteers (a girl and a boy) to perform the role plays.

Step 2
• Read the following role plays to the group and ask volunteers to act out each of the situations.
• You can change volunteers for each role play.
• After each role play ends, use questions to explore the situation with the group.

Role Play 1
John is 14 years old and helps his uncle in his shop. His parents are hard-working and hold traditional values. They believe that young people should not have sex before marriage. John is quite shy but would like to have sex because most of his friends say that it is great.

Role Play 2

9 SHF: Peer Educators Training Guide, 2004
Agnes is 13 but appears and acts older. Her sister became pregnant when she was 15 and her parents were very upset. She hasn’t known John very long. She has just finished three classes on AIDS and really doesn’t want to get HIV. She is afraid, however, that she might lose John if she doesn’t have sex with him; however Agnes decided to stick to say NO to have sex with John.

**Step 3**
- Ask the participants to mention the reasons for “Saying NO”
- Compare their answers with the following reasons for “Saying NO” to make sure they have included everything:

**Reasons for saying “NO”**
- There are other forms of affection
- Religious values (don’t approve of sex)
- Not ready (perhaps too young)
- Wait until marriage
- Fear of pregnancy
- Fear of an STD (like HIV)
- Family expectations (not to have sex)
SESSION 3 – Delayed sexual debut

Ages
10-14 years

Objective
• To have boys and girls reflect on and resist pressures to have sex

Time
Approximately 30 minutes

Materials
Flip chart stand and paper
Marker pens

Instructions

Step 1
• Explain that the participants will play the roles of boys and girls in the story.
• Read the story below (or have the participants read it).
• Ask the participants to pretend that they are characters in the story and invent conversations between the people for one minute. (If there are not enough boys, then girls can play the role of boys during the role-playing.)

Role play: The long wait
17 year old Sam has been dating 13 year old Ndapewa for three weeks. Sam wants to have sex with Ndapewa and threatens to break the relationship if she resists having sex with him. Ndapewa feels that she is not ready for sex.

Step 2
• After the role-play ask the other participants to comment on what they have seen.
• Some questions that can be used to stimulate a discussion are below:
  o What did you see happening in this role-play?
  o What did you think of the way the girl reacted?
  o What do you think of the behavior of the boy?
  o What do you think will happen in the future?
  o What is the best thing for a girl to do in a situation like this?

10 PACT Botswana: Outreach Guide 2- Abstinence Promotion, 2007
SESSION 4 – Delayed sexual debut role play

Ages
10-14 years

Objectives
- To prepare girls and boys to respond strongly by saying NO to sex.
- To have boys and girls examine their behavior and honesty with regards to negotiations about sex

Time
Approximately 60 minutes

Materials
Flip chart stand and paper
Marker pens

Instructions

Step 1
- Write down the lines listed below in Step 3 on sheets of paper, flip chart paper or a chalk board but keep them hidden for the first part of the exercise.
- The lines can simply be read if it is impossible to write them down.

Step 2
- Explain to participants that boys will give girls many reasons to try to convince girls to have sex with them.
- This exercise helps girls think of reasons to tell boys why they don’t want to have sex.

Step 3
- Read the following three examples of lines boys use to convince girls to have sex and ask the participants to add points to the list.
  - “If you really love me you would let me.”
  - “What’s wrong with you? Other girls are having sex.”

11 PACT Botswana: Outreach Guide 2- Abstinence Promotion, 2007
o “Don’t you want to know what it is like?”

**Step 4**

Compare the lines suggested by the participants with those listed below and ask whether they are realistic or not:

- “No one has to know.”
- “What are you afraid of?”
- “Don’t you love me enough to have sex with me?”
- “You are grown up now and it is time you tried sex.”
- “It feels really good so you should try it.”
- “If you don’t have sex with me, forget it.”
- “Ignore your parents. You are old enough now.”
- “I promise we will use a condom.”
- “Come on just this once.”
- “Sex feels good and I can make you feel good.”
- “You don’t have to worry about HIV with me.”
- “You are so beautiful and sexy I want you so much.”
- “If you don’t give me sex I am going to make you give it to me.”

**Step 5**

Read the following three examples of reasons girls can give boys as to why they don’t want to have sex.

- Ask the participants to add points to the list.

- “I would prefer to save sex for someone who will love me for life.”
- “Having sex now could put my future at risk.”
- “I love you but I am just not ready yet.”

**Step 6**

Compare the lines suggested by the participants with those listed below.

- Ask them whether they are realistic or not:

- “If you loved me you wouldn’t pressure me to have sex.”
- “Promises are nice but can be easily broken.”
- “I am worried about getting pregnant.”
- “I am not risking sexually transmitted infections and HIV no matter how nice sex is.”
- “If you respected me you would not pressure me to have sex.”
- “I control my body and decide when I am ready for sex.”
- “I believe strongly in God and not having sex until marriage.”
- “It takes more courage to resist sex than to give in.”
- “Having sex now can ruin what we have now.”
- “All it takes is having sex once to get pregnant.”
o “I don’t want to disrespect my parents by doing something behind their backs.”
o “I am curious about sex but it can wait.”
o “I don’t need sex to make me feel good about myself.”
o “We can try other ways to show our love for each other.”
o “I care about the future and you are in my future.”
o “Neither love nor money will convince me to forget my Christian beliefs.”

Step 7
- Ask boys to play the role of boys trying to persuade girls to have sex with them and girls to play the role of girls replying with reasons why they don’t want to have sex.
- They can use the lines discussed or create new ones.
- After each role play ask the other participants to comment.
- The questions listed below can stimulate a discussion:
  
o “What do you think of the way in which the boy approached the girl?”
  o “What do you think of the way the girl responded?”
  o “How realistic was the situation presented?”
  o “What would have been a better way for the girl to respond?”

Step 8
- Summarize the lessons learnt. Some examples:
  
o A simple ”no” often isn’t enough to stop the pressure for sex.
  o It is not easy, but also not impossible, for girls and boys to stay close to each other without sex.
  o A strong love can be stronger than a strong desire for sex.
  o Girls need to be clear and confident when resisting sex.
  o Boys/girls need to be truthful and respectful of girls and boys decisions not to have sex.
SESSION 5 – Abstinence

Ages
10-14 years

Objectives
• To explore the possibility of abstaining from sex after becoming sexually active
• To explore strategies for abstaining from sex

Time
Approximately 30 minutes

Materials
Flip chart stand and paper
Marker pens

Instructions

Step 1
• Explain to participants that sexual relationships often end badly.
• Read them the following story:

  **Story**
  A young girl and a young boy knew each other as friends for four months. They fell in love and though the girl wanted to wait, the boy was very anxious to have sex. She finally gave in. A short time later she found out that he had sex with another girl. She felt very bad and cried and cried. She trusted him and he abused her trust. He broke her heart. She decided to never see the boy again and swore not to have sex again until she got married.

Step 2
• Stimulate a discussion by asking the following questions about the story:

  o Why didn’t the girl want to have sex in the first place?
  o Why did the girl give in?
  o Why did the boy want to have sex?
  o How did the girl feel after the boy was unfaithful to her?
  o What do you think of the girl ending the relationship with the boy?

  

12 PACT Botswana: Outreach Guide 2- Abstinence Promotion, 2007
What do you think of her deciding not to have sex again until marriage (abstaining)?

What will it take for her to avoid having sex until marriage?

Step 3
- Ask the participants to list strategies one can use in order to abstain from sex once a person has had sex at least once already.
SESSION 6 – Strategies for delaying sexual debut

Ages
10-14 years

Objective
- To help participants learn strategies that will help them delay sex

Time
Approximately 30 minutes

Materials
Flip chart stand and paper
Marker pens

Instructions

Step 1
- Split participants into three small groups of about five members (or more participants if the group is large).
- Give each group a different situation; read a story to each group (see the different stories below).
- Ask the groups to analyze their situation and come up with some suggestions to help the two people to delay sex.

Story One
Jerome and Jane have been seeing each other for six months now. They have not had sex yet but find it difficult to control their sexual feelings for each other. Jane has promised herself not to have sex until she is older, and so far Jerome has respected that wish. Jane has been thinking about how much she likes Jerome. One of their friends, who lives on his own, is going to have a party, and they are invited. Jerome says he will bring some beer and that maybe they could stay all night. Jane thinks about her promise to herself but also thinks it would be great fun to be alone with Jerome.

**Story Two**
Edward and Rose are very serious about their relationship and would like to get married when they are older. Rose has invited Edward over to her house for the afternoon. Edward knows that Rose’s parents will not get back until evening. This could be a good time for sex for the first time. Edward has been learning about pregnancy, HIV/AIDS, and STDs, and he is not sure he wants to have sex yet. However, he feels Rose would like to have sex and will probably tease him or tell her girlfriends if he doesn’t.

**Story Three**
Eva met a boy, John, at school. She was attracted to him because he is good looking and a good athlete. He said hello to her after school and gave her a small, beautiful present—for future friendship. He invited her to go for a walk to the river alone. Eva is attracted to him but feels uncomfortable about the situation. However, she must give him an answer soon.

**Step 2**
- After the groups have finished working on their suggestions, have each group present their story and their suggestions how to delay sex to the larger group.
- Discuss these strategies together and come up with a list that the whole group agrees on.

**Step 3**
- Ask the group to come up with a list of some ways to avoid sexual situations and make it easier for them to delay sex.
- Compare their ideas with the following list and discuss:
  - Go to parties and other events only with friends and not alone.
  - Decide how far you want to “go” (your sexual limits) before being in a pressure situation.
  - Do not use alcohol or drugs at all.
  - Avoid falling for romantic words or arguments.
  - Do not give mixed messages or act sexy when you don’t want sex.
  - Pay attention to your feelings. When a situation is uncomfortable, leave.
  - Get involved in activities (e.g., sports, clubs, hobbies, church).
  - Avoid “hanging out” with older people who might pressure you to have sex.
  - Be honest from the beginning by saying you do not want to have sex.
  - Avoid going out with people you cannot trust.
  - Avoid hidden or isolated places where you might not be able to get help.
  - Do not accept rides from those you do not know or cannot trust.
  - Do not accept presents and money from people you cannot trust.
  - Avoid going to someone’s room when no one else is at home.
  - Explore other ways of showing affection than sex.
Module 3: Alcohol and HIV

SESSION 1 – Reasons for alcohol use

Ages
10-14 years

Objective
• To understand why young people drink alcohol

Time
Approximately 30 minutes

Materials
Flip chart stand and paper
Marker pens

Instructions

Step 1
• Ask participants why very young people drink alcohol.
• Write the answers down on a flip chart.

Step 2
• Compare the participants list with the following list and discuss:
  o Pressure from friends
  o Desire to fit in with others
  o To feel like an adult
  o To relax
  o To feel good
  o To avoid problems with reality
  o Bored or lonely
  o Want to experiment
  o Want to be drunk
  o Want to copy drinking habits of parents
  o Hunger

14 PACT Botswana: Outreach Guide 6-Alcohol Abuse Reduction, 2007
SESSION 2 – Using picture codes to discuss alcohol and HIV

Ages
10-14 years

Objective
• To identify the link between alcohol and HIV

Time
Approximately 30 minutes per picture code

Materials
National Alcohol and HIV Picture Code Flipchart

Instructions

Step 1
• Choose the relevant series of picture codes that make a story.
• Ask participants to sit in a circle or in a way they all can see the picture.

Step 2
• Lead the discussion on the picture code by asking the questions on the back of the picture code.
• Show the picture to the participants and start with the general question “What is happening in this picture”?
• Ask other questions to stimulate further discussion.

Step 3
• Wrap up with “talking points”.

15 MOHSS/DSP National Alcohol and HIV TWG and C-Change Namibia: Alcohol and HIV Picture Code Flip Chart, 2010
SESSION 3 – Effects of alcohol use on decision-making for young people

Ages
10-14 years

Objective
- To understand how alcohol affects decision-making

Time
Approximately 30 minutes

Materials
Flip chart stand and paper
Marker pens

Instructions

Step 1
- Have participants make a list of ways that drinking alcohol can affect decision-making.
- Write down their ideas.

Step 2
- Compare their ideas with the following list and discuss:
  - Slows decision-making
  - Makes decision-making difficult
  - Brings out anger and violent urges more quickly
  - Makes it more likely to have sex with a stranger

---

16 PACT Botswana: Outreach Guide 6 - Alcohol Abuse Reduction, 2007
- Makes it less likely to use protection (condoms)
- Could say something you would regret later
- You might get raped
- You might get addicted
SESSION 4 – Resisting peer pressure to drink alcohol

Ages
10-14 years

Objective
• To increase understanding about resisting peer pressure to drink alcohol

Time
Approximately 30 minutes

Materials:
Flip chart stand and paper
Marker pens

Instructions

Step 1
• Ask participants to give examples of things young people can SAY to resist pressure to drink alcohol.
• Ask participants to list ACTIONS young people can take to resist pressure to drink alcohol.

Step 2
• Compare participant’s ideas with the following list of ways to resist drinking, and actions that could be taken.
• Discuss.

Things young people can say:
  o When I am legally old enough, I will drink.
  o My religion doesn't allow it.
  o My parents won't approve.
  o I don't like the taste of alcohol.

17 PACT Botswana: Outreach Guide 6 - Alcohol Abuse Reduction, 2007
o I don't like the effect alcohol has on me.
  o I am happy with myself without alcohol.

Things young people can do:
oc Refuse, say no thank you.
  o Walk away.
  o Avoid the situation.
  o Ignore the offer.
  o Talk to others who are not drinking.
  o Don't go to places where alcohol is served.
  o Attend events where alcohol is served with a friend who doesn't drink.
SESSION 5 – The benefits of not drinking alcohol

Ages
10-14 years

Objectives
- To reflect on the negative impacts of alcohol consumption
- To reflect on the benefits of not drinking alcohol

Time
Approximately 30 minutes

Materials
Flip chart stand and paper
Marker pens

Instructions

Step 1
- Ask participants to list all the negative results of drinking alcohol.
- Write them on a sheet of paper, blackboard or flip chart paper.
- The list may include things like:
  - Reduced performance at school, sport
  - Leads to poor decision making
  - Causes illness of the liver
  - Stealing
  - Rape
  - Feel sick

Step 2
- Ask participants to list all the benefits of not drinking alcohol.
- Write the benefits on a sheet of paper, blackboard or flip chart paper.
- The list may include things like:

---

18 PACT Botswana: Outreach Guide 6 - Alcohol Abuse Reduction, 2007
o One can reach one's goals and fulfill dreams
o One can complete one’s education and do well in school
o One can save money
o Not drinking alcohol can lead to saving a life.
o Reduced risks of sexual transmission.
o Have a better relationship with parents.

Step 3
• Facilitate a discussion on the above mentioned topics with participants
SESSION 6 – Strategies to avoid drinking alcohol

Ages
10-14 years

Objective
• To reflect on the strategies that can help to avoid drinking alcohol

Time:
Approximately 30 minutes

Materials
Flip chart stand and paper
Marker pens

Instructions

Step 1
• Ask participants to list what people who drink alcohol can do to avoid drinking alcohol.
• Write down their ideas.

Step 2
• Compare the ideas listed to the following list:
  o Stop drinking completely
  o Avoid going to places where alcohol is served
  o Drink water or soft drinks during parties instead of alcohol
  o Refuse drinks offered

Step 3
• Facilitate a discussion on the above-mentioned topics with participants

Step 4

19 PACT Botswana: Outreach Guide 6 - Alcohol Abuse Reduction, 2007
• Divide the participants into groups of 5 people
• Have each group of participants prepare a role play on the following:

**Role Play: Resisting pressures to drink alcohol**

- Some participants should take on the role of convincing others to drink alcohol by telling them why they drink and what the benefits and pleasures of drinking are for them.
- Others consider what is being said but offer reasons why they don’t feel comfortable drinking alcohol.

**Step 5**

- Ask participants to discuss what they learned from the role play.
- Some lessons that might be learned include:
  
  o It is not easy to resist pressures to drink alcohol.
  o Being polite but assertive is a good way to resist unwanted offers to drink.
SESSION 7 – Myths and facts about alcohol use

Ages
10-14 years

Objectives
• To correct misinformation about alcohol

Time
Approximately 30 minutes

Materials
Flip chart paper
Marker pens

Instructions

Step 1
• Ask participants to list all the kinds of alcohol that are commonly consumed in Namibia.
• The list should include all alcoholic drinks, including traditional ones.
• Write the list on sheets of paper, flip chart paper or a chalk board if possible.

Step 2
• Divide the participants into pairs.
• Give each pair a copy of the statements listed below.
• Ask them to discuss whether the statement is a myth (not true) or a fact (true), and why they think it is one or the other.

1. Alcohol is not a drug.
2. Alcohol abuse is a disease.
3. Young people are introduced to alcohol by their parents.
4. It is rare for a teenager to be an alcoholic.
5. Alcohol can help people deal with stressful situations better.

---

20 PACT Botswana: Outreach Guide 6 - Alcohol Abuse Reduction, 2007
6. A cup of coffee and a cold shower will sober up a drunken person.
7. Alcohol affects some people more than others.
8. Alcohol abuse tends to run in families.
9. Coolers like *Hunters Gold* have less alcohol than beer.
10. Different alcoholic drinks contain different amounts of alcohol.
11. Young people have fewer health problems caused by alcohol.
12. Alcohol abuse is a major cause of people not taking Antiretrovirals (ARVs).
13. Condoms are more likely to break if put on when drunk.
14. A quarter of teens aged 13-15 reported being “really drunk” once or more in their life.
15. Alcohol abuse always results in physical violence.
16. Half the men who rape women have been drinking alcohol.
17. Young women drinking alcohol are more likely to be raped.

**Step 3**
- Have each pair read a statement and explain why they think it is a myth or a fact.
- Ask the other participants if they agree or not.

**Step 4**
- Compare the answers given by the participants to the following answers, below.
- Explain why the statements are either myths or facts.

1) Alcohol is not a drug.
   **MYTH** - Alcohol is a drug like any substance that affects the mind or body.

2) Alcohol abuse is a disease.
   **FACT** - Alcoholism is a common disease that harms the body and can cause death. It needs treatment like any other disease.

3) Young people are introduced to alcohol by their parents.
   **FACT** - Young people are more likely to try alcohol if they are encouraged to do so by their parents. They are more likely to abuse alcohol if their parents do.

4) It is rare for a teenager to be an alcoholic.
   **MYTH** - 20 alcoholic drinks a week for men and 15 for women is considered heavy drinking. One out of three young men and one out of six young women in Namibia are heavy drinkers. Consuming three beers for men and two for women at one sitting is considered moderate drinking.

5) Alcohol can help people deal with stressful situations better.
   **MYTH** - Alcohol can help people temporarily forget their problems but it won’t make them go away. It can also make things worse by making poor judgments like having unprotected casual sex.
6) A cup of coffee and a cold shower will sober up a drunken person.
**MYTH** - Only time will cause a person to become sober. It takes one hour for the liver to process one drink of alcohol. Drinking water or soft drinks can help by rehydrating the body.

7) Alcohol affects some people more than others.
**FACT** - Body size, amount of alcohol taken and how fast, whether there is food in stomach all influence the affect of alcohol on different people. For example, men will be less affected when drinking the same amount of alcohol as women because their body mass is usually greater.

8) Alcohol abuse tends to run in families.
**FACT** - Children of parents who abuse alcohol are likely to abuse alcohol themselves. Children tend to imitate their parents behavior and may even be encouraged by them to start drinking.

9) Coolers like *Hunters Gold* have less alcohol than beer.
**MYTH** - Coolers may taste more like soft drinks than beer but they have the same amount of alcohol or even more.

10) Different alcoholic drinks contain different amounts of alcohol.
**FACT** - Different brands of beers, for example, contain different percentages of alcohol. It can vary from light beer which contains four percent, to strong beer which contains eight percent. Check labels for the alcohol percentage.

11) Young people have fewer health problems caused by alcohol.
**MYTH** - Young people often feel strong and healthy. Alcohol abuse can slowly deteriorate the liver, kill brain cells, and result in health problems sooner rather than later.

12) Alcohol abuse is a major cause of people not taking antiretrovirals (ARVs).
**FACT** - Alcohol abuse is the third most important reason people stop taking antiretrovirals (ARVs), which usually results in their deaths.

13) When drunk, condoms are less likely to be used or more likely to break.
**FACT** - Alcohol affects judgment and reduces resolve to use condoms. Condoms are more likely to break when awkwardly manipulated while drunk.

14) A quarter of teens aged 13-15 reported being “really drunk” once or more in their life.
**FACT** - Even though alcohol consumption is illegal for young teens, more and more of them are drinking alcohol.

15) Alcohol abuse always results in physical violence.
**MYTH** - Not all alcohol abusers are physically violent. But alcohol tends to encourage violent impulses and reduce the inhibitions that control those with violent tendencies.

16) Half the men who rape women have taken alcohol.

**FACT** - Alcohol impairs judgment and increases the likelihood violent acts like rape will occur. It can make men feel bold and not consider the consequences of their behavior.

18) Young women drinking alcohol are more likely to be raped or beaten.

**FACT** - Women are more vulnerable to being raped or beaten when they drink alcohol because they are usually with men who are also drinking. They may drink to the point where they lose control and are less assertive, increasing their vulnerability.
SESSION 8 – Physical effects of drinking alcohol

Ages
10-14 years

Objective
- To reflect on the physical effect of alcohol on young people

Time
Approximately 30 minutes

Materials
Flip chart paper
Markers

Instructions

Step 1
- Ask participants what are the physical effect of alcohol on young people.
- Write the answers on the flip chart.

Step 2
- Compare the participant's list with the following list and discuss:
  - Brain Damage: Alcohol can cause damage to the brain cells, making the person forgetful or confused.
  - Visual Impairment: Perception may be altered. The person may “see things” or not be able to see correctly.
  - Nausea: Alcohol irritates the stomach lining, causing nausea and vomiting.
  - Liver Damage: Long term use of alcohol can cause serious damage to the liver, ranging from hypoglycemia to cirrhosis to liver failure.

---

21 C-Change Namibia - 2010
Module 4: Multiple and Concurrent Partnerships

SESSION 1 – Introduction to multiple and concurrent partnerships

Ages
10-14 years

Objectives
- To gain better understand of the meaning of multiple concurrent sexual partnerships
- To let the participants understand that they can be on a sexual network and not even know it
- To understand the risks of being in a sexual network

Time
Approximately 90 minutes

Materials
MCP flannelgram kit

Instructions

Step 1
- Explain the term multiple and concurrent partnerships to the participants:

  Definition of MCP
  Multiple concurrent partnerships or MCP means having more than one sexual relationship that overlaps in the same period of time. It can include starting one sexual relationship before another has ended, or having several persons with whom you have sex during the same period of time.

Step 2

---

22 Ms. Libet Maloney, IntraHealth: MCP Flannelgram kit, 2010
• Explain to the participants that flannelgram is an interpersonal communication tool which can be used to generate a discussion on MCP.

Step 3
• Ask participants to sit in a half circle around the MCP flannelgram.
• Each participant should be able to see the flannelgram board clearly.
• Use the following instructions (also on the Cue Card in the kit) to facilitate a session.

Step 4
• Greet your participants politely.
• Introduce yourself and your organization and your position.
• Explain that:
  o you are there to discuss a problem affecting thousands of families in Namibia and across the world.
  o you are there to brainstorm with them about challenges and healthy solutions for individuals and for the community.
  o you are there to discuss new information about HIV prevention.
  o HIV is preventable but only if we ALL change our behavior.
• Say: First we must identify dangerous behaviors in this community that can lead to HIV. I hope everyone will join the discussion because we must change together.

Step 5
• Say the following to participants before you begin to build a network:
  o There are 194 countries on earth.
  o Namibia is fifth in HIV (you may mention the prevalence in the region where you are)
  o After all the education about HIV prevention why are so many people still getting infected?
  o Let participants list their opinions and put them on the flip chart.

Step 6
• Explain that all of what was said is important.
• Explain that many of their reasons are common in low HIV countries also (e.g. prostitution, low condom use, poverty occur in most countries), but in many countries with the same factors HIV is not increasing. Why?

Step 7: The Virus Chart
• Study the Virus Chart carefully before beginning work-You MUST understand it
• Put the Virus Chart on the flannelgram board.
• Explain that the amount of the virus becomes VERY high when it first enters the body because the body has not yet started a defense against HIV. The body is surprised and overwhelmed.
• With very high virus amounts in the body a person can spread the virus VERY easily

****KEY POINTS****

1. It takes 1-3 months for HIV tests to pick up the virus in the blood
2. Therefore a person can test negative YET be the most infectious in his/her life

• Tell a story about a man who has unprotected sex, goes to New Start for a test 2 weeks later and tests negative. BUT HE IS INFECTED
• Remind participants to remember how HIV works as we continue this session.

Step 8: How do sexual networks happen? CREATE THE NETWORK
• Explain to participants that:
  o The sexual risk factor we are discussing today is having more than one sexual partner at the same time.
  o MCP means having more than one partner at the same time
• Ask: Is there a word for MCP in your language or area?
• You will now begin helping participants to understand about networks by creating their own network.
• Put the mannekies on the board.
• Then pose the following questions to the group:
  1. Can you find a man here in the mannekies who you think has more than one sexual partner at the same time?
  2. Can you find a woman here in the mannekies who you think has more than one partner at the same time?
• You then begin the exercise by pinning mannekies unto the flannelboard according to the answers given or make up your own.
• Let the participants continue to build the sexual network.
• Make sure to call on both men and women to add to the network.
• Be creative; make it interesting by naming mannekies.
• Use real life stories occurring in communities.

Step 9
• Once the network is done, remind the group about how the virus works in the body.
• Ask what would happen in the sexual network if someone got infected.
• Have participants select the person who got infected and put a red line on the infected person.
• Then ask volunteers to put more red lines showing how HIV spreads in the network until finished.
• Explain that the virus spreads VERY fast through a sexual network, especially when the first infection is new. It can spread to everyone on the network

Step 10: SOLUTIONS
• Explain that stepping off a sexual network is not easy but IS possible.
• As participants what individuals or the community could do to lower the risk.
• Hold a brief discussion.
• Put the solutions page on the flannel board.
• Describe the 2 different solutions for getting off the sexual network:

  1. Having only ONE partner whose HIV status you know can protect you. NOT HAVING A SECRET LOVER OR MORE THAN ONE PARTNER AT THE SAME TIME.
  2. If you have more than one wife this can also be safe if you CLOSE THE DOOR. No secret lovers or other partners outside of your circle of wives.

• Explain the importance of couple’s communication in relationships to step off the network.
• Explain that condoms should be used if a person cannot step off the network, BUT they only work if used every single time

Step 11: Wrap up the meeting
• Ask participants if they have understood the risks of HAVING MORE THAN ONE PARTNER AT THE SAME TIME.
• If relevant make an appointment for the next group meeting
SESSION 2 – Using picture codes to explore MCP and its effects

Ages
10-14 years

Objective
• To identify the link between MCP and HIV

Time
Approximately 30 minutes per picture code

Materials
National MCP Picture Code Flipchart

Instructions

What are picture codes?

• Picture codes are photos that are used to stimulate a discussion about specific issues like behavior which puts people at risk of HIV infection.
• The MCP Picture Code Flip Chart has a photo on one side of each page showing people in different situations, and on the other side of the page has questions the facilitator can use to stimulate a discussion.
• Underneath the questions are “talking points” or “key messages”. These are summary point that the facilitator can share with participants at the end of the discussion.
• Picture code stories are the same as picture codes except that there are several photos that should be shown and discussed one after the other. They tell a story of people in different situations that make different behaviour choices.

Step 1
• Bring together a group of one to 15 participants for a session.
• Select a picture that illustrates the topic you want to cover.
• Have participants sit in a circle or in a way they can see the picture.
• It is best not to stand in front of the participants like a teacher since the idea is to get the participants to talk about themselves.

MOHSS/DSP National MCP TWG, C-Change Namibia and Nawa Life Trust: MCP Picture Code Flip Chart, 2010
• Lead the discussion by asking questions and not talk too much.

**Step 2**

- Show the selected photo to the participants.
- Start with the general question “What is happening in this picture?” That should be enough to get the discussion started.
- Ask the other questions to stimulate further discussion.
- Don’t hurry. Allow enough time for in-depth discussions.
- Use the information under the “Talking Points” section to answer questions or to make points that haven’t already come up in the discussion.

**Tips on asking questions and involving everyone**

- Skip questions that have already been discussed.
- Ask follow-up questions to encourage participants to offer more detail about the behaviors.
- Try to ask open-ended questions or questions that don’t take a single word answer like “yes” or “no” such as “What do you think about that?”
- Don’t be judgmental or moralistic about the discussion.
- There is no right or wrong answer to the questions the idea is to get participants to think about their behavior choices.
- A good outreach worker is a good listener who is very interested in the answers to the questions.
- Get the participants to relate what is happening in the photos with themselves or people they know.
- Correct any misinformation at the end of the session.
- Don’t let one or two people talk all the time.
- Ask a question directly to a different person each time.
- Re-ask the same question to different people.
- Ask others if they agree with the responses given.
SESSION 3 – Why people practice multiple and concurrent partnerships

Ages
10-14 years

Objective
- To understand why people engage in MCP

Time
Approximately 30 minutes

Materials
Flip chart paper and markers

Instructions

Step 1
- Ask participants to list the reasons why people have more than one sexual partner during the same period of time’ and write the answers on the flip chart paper.

Step 2
- Compare the participants list with the following list and add if something is missing:
  - It is culturally and traditionally accepted
  - Society says that men should have girlfriends or more than one wife
  - Long distance drivers including truckers and migrant workers get lonely
  - Women or girls have sex with several men to get what they want or need
  - Using alcohol and drugs may lead to multiple and concurrent sexual partners
  - Lack of sexual satisfaction in relationships makes people go with others
  - Loneliness in relationships and marriages
  - Peer Pressure
  - Needing a backup partner (a “spare wheel”)
  - Main sexual partners are no longer found attractive.

Step 3
- Hold a discussion about the points on the participants list.

24 C-Change Namibia, 2010
Module 5: Transactional Sex

SESSION 1 – Transactional sex and its risks

Ages
10-14 years

Objectives
- To understand what is transactional sex
- Increase understanding of the risks of transactional sex

Time
Approximately 30 minutes

Materials
Flip chart paper
Markers

Instructions

Step 1
- Ask each group member to say what they think is meant by “transactional sex”.
- If they prefer, they can simply provide an example of the term.
- After getting some possible definitions from group members, clearly explain the definition to the group members:

**Definition of transactional sex**
Transactional sex refers to a sexual relationship or sexual act in which the exchange of gifts, services, or money is an important factor (for example, someone buys a girl a cell phone or gives her lotion or pays her school fees in exchange for sex).

Step 2
- Ask participants to give examples of this type of behavior from their experiences or from their community.
- Discuss the health risks of this behavior, including infection with HIV.

---

25 C-Change Namibia, 2010
• Explain that the person they have transactional sex with may also be having sex with other people, and could be infected with HIV.
• Explain that it is nice to get gifts, but getting nice things is not worth getting infected with HIV.
SESSION 2 – Factors contributing to the practice of transactional sex

Ages
10-14 years

Objective
• To identify factors contributing to transactional sex

Time
Approximately 30 minutes

Materials
Flip chart paper
Markers

Instructions

Step 1
• Ask participant to list why people get involved in transactional sex.
• Write their ideas on flip chart paper.

Step 2
• Compare the participants list with the following to make sure it is complete:
  o Economic reasons
  o Poverty
  o Pride
  o Pressure from parents or peers
  o Fashion

Step 3
• Hold a discussion with participants on the factors they listed.
• Emphasize the risks of trading sex for gifts or services, including getting infected with HIV.

26 C-Change Namibia, 2010
SESSION 3 – Using picture codes to explore transactional sex and its effects

Ages
10-14 years

Objective
- To identify the link between MCP and HIV

Time
Approximately 30 minutes per picture code

Materials
National MCP Picture Code Flipchart

Instructions

Step 1
- Choose the relevant picture code(s) on transactional sex.
- Ask participants to sit in a circle or in a way they all can see the picture.

Step 2
- Lead the discussion on each picture code by asking the questions on the back of the picture code.
- Show the picture to the participants and start with the general question “What is happening in this picture”?
- Ask other questions to stimulate further discussion.

Step 3
- Wrap up with “talking points”.

27 MOHSS/DSP MCP TWG, C-Change Namibia and Nawa Life Trust: National MCP Picture Code Flip Chart, 2010
Module 6: Cross-generational Sex

SESSION 1 – Introduction to cross-generational sex

Ages
10-14 years

Objective
• To understand the meaning of cross-generational sex

Time
Approximately 30 minutes

Materials
Flip chart paper
Markers

Instructions

Step 1
• Ask each participant to provide a definition of the term cross-generational sex.
• If they prefer, they can simply provide an example of the term.
• After getting few definitions from group members then clearly explain the definition to the group member by saying:

  Cross-Generational Sex—this refers to two sexually-involved individuals with at least a 10-year difference in their ages (for example, a 30-year-old man who is in a sexual relationship with a 20-year-old girl).

Step 2
• Ask participants to give examples of this type of behavior from their experience or from their community.
• Discuss the health risks of this behavior, including infection with HIV.
• Explain that the person they have sex with probably also has sex with other people, and could be infected, and could give the infection to them.

28 C-Change Namibia, 2010
SESSION 2 – Factors contributing to the practice of cross-generational sex

Ages
10-14 years

Objectives
To identify factors contributing to cross-generational sex

Time
Approximately 45 minutes

Materials
Flip chart paper
Markers

Instructions

Step 1
• Ask the participant to list why an older person gets involved in cross-generational sex.
• Write their ideas on the paper

Step 2
• Compare the participants list with the following to make sure it is complete:
  o Makes them feel young
  o Pride
  o Culture or social pressure
  o Peer pressure

Step 3
• Hold a discussion with participants on the factors they listed.

Step 4
• Now ask the participant to list why the younger person gets involved in cross-generational sex.
• Write their ideas on the paper.

29 C-Change Namibia, 2010
Step 5
- Compare the participants list with the following to make sure it is complete:
  - Want to have things the older person can give them
  - Culture or social pressure
  - Pride
  - Peer pressure
  - Pressure from parents
  - 3 C’s (cash, cell phone and car)

Step 6
- Hold a discussion with participants on the factors they listed.
- Explain that having sex with an older person puts them at risk for HIV infection
- The older person might have other sexual partners and may be infected with HIV or other infections, and give it to them.
SESSION 3 – Using picture codes to explore cross-generational sex and its effects30

Ages
10-14 years

Objective
To identify the link between cross-generational sex and HIV

Time
Approximately 30 minutes per picture code

Materials
National MCP Picture Code Flipchart

Instructions

Step 1
• Choose the relevant picture code(s) on cross-generational sex.
• Ask participants to sit in a circle or in a way they all can see the picture.

Step 2
• Lead the discussion on each picture code by asking the questions on the back of the picture code.
• Show the picture to the participants and start with the general question “What is happening in this picture”? 
• Ask other questions to stimulate further discussion.

Step 3
• Wrap up with “talking points”.

30 MOHSS/DSP MCP TWG, C-Change Namibia and Nawa Life Trust: National MCP Picture Code Flip Chart, 2010
Module 7: HIV Counseling and Testing

SESSION 1 – Introduction to HIV testing for young people

Ages
10-14 years

Objectives
- To understand the term HCT
- To understand the advantages of HIV testing

Time
Approximately 30 minutes

Materials
Flip chart stand and paper
Marker pens

Instructions

Step 1
- Explain the term HCT by saying: “HCT stands for HIV counseling and testing”.
- Explain that HCT is a service that is offered to a person who wants to know their HIV status.

Step 2
- Explain to participants that young people have the right to voice their opinions about issues that affect their sexual life.
- Explain that even if they are young, people need to be given information and support to help them understand their situation and be involved in decision making about what is best for them.
- Explain that children under the age of 16 cannot be tested without the consent of their guardians or parents.
- But a child who has symptoms of an STI or is pregnant can be tested without the consent of the guardians or parents.

Step 3

- Ask participants to list the advantages of young people knowing whether or not they are HIV positive.
- Write their answers on the flip chart.
- Compare the participants answers with the following list:
  - To experience the relief of knowing the truth rather than being worried and stressed about the unknown.
  - To know how to avoid getting infected with HIV if you do not have it.
  - If you are infected with HIV, having information can improve your life, for example by improving your diet and taking exercise.
  - If you are infected with HIV you can gain the support of others who are HIV+, for example by joining a support group.
  - If you do have HIV, you can be helped to understand how to avoid infecting others.
  - If you do have HIV, you can become a role model by showing that you can live well with HIV.
  - To get your treatment and care early so you don’t get sick.

Step 4

- Hold a discussion about HCT and the advantages of testing for HIV.
Module 8: Male circumcision

SESSION 1 – Introduction to male circumcision and its benefits

Ages
10-14 years

Objectives
• To understand the meaning of male circumcision
• To know the benefits of male circumcision

Time
Approximately 45 minutes

Materials
Flip chart paper
Markers
Visuals of a penis and circumcision

Instructions

Step 1
• Form a group of MALE participants
• Ask participants to brainstorm together the definition of the term “male circumcision”.
• Write the responses on a flip chart paper.

Step 2
• After writing down the responses, provide the participants with the definition below:

Definition of male circumcision:
MC is the removal of the foreskin that covers the head of the penis. (show the visuals of uncircumcised and circumcised penis)

32 SFH: Male Circumcision Flip Chart, 2010
Step 3

- Ask the participants to list the benefits of male circumcision.
- Write responses on the flip chart paper.
- After a few responses, explain to the participants that male circumcision offers 60% protection from HIV infection.
- Explain that male circumcision also offers some protection (not 100%) from the following:
  - Sexual infections
  - Cancer of the penis
  - Urinary tract infection in male infants
  - Reduction of the chances of cervical cancer in female partners
- Explain that male circumcision also offers the following benefits:
  - Prevention of inflammation of the foreskin
  - The inability to retract the foreskin
  - Circumcised men also find it easier to maintain penile hygiene
SESSION 2 – Male circumcision and HIV prevention

Ages
10-14 years

Objective
• To understand how male circumcision can reduce the transmission of HIV and other sexual infections

Time
Approximately 45 minutes

Materials
Flip chart paper
Markers

Instructions

Step 1
• Form a group of MALE participants.
• Explain to the participants in detail how male circumcision works to help to reduce the contracting of HIV and other sexual infections by saying:
  o The inside of the foreskin is soft and moist and is more likely to get a tiny tear or sore that allows HIV to enter the body more easily.
  o The foreskin contains many “target cells” that allows HIV to enter the body easily.
  o Removing the foreskin of the penis removes the “target cells” and makes it more difficult to get HIV.
  o Male circumcision reduces the chance of a man getting infected with HIV by 60%, but not 100%.
  o Even if a man is circumcised, therefore, he still should use a condom.

Step 2
• Ask the participants to list the benefits of being circumcised.

33 SFH: Male Circumcision Flip Chart, 2010
• Write the answers down on the flip chart.

Step 3
• Explain to participants that the male circumcision operation (like all operations) causes temporary discomfort, as follows:
  o Some pain which can be controlled by pain killers
  o Some bleeding
  o Some swelling
  o After the operation a man cannot have sex for 6 weeks until he is healed

Step 4
• Go over the list of benefits again and ask the following questions:
  o Do you think the temporary discomfort of male circumcision is worth the benefits?
  o Why or why not?
Module 9: Condom use

SESSION 1 – Correct and consistent condom use

Ages
10-14 years

Objective
- To understand the importance of using condoms consistently and correctly

Time
Approximately 1 hour

Materials
Flip chart stand and paper
Marker pens

Instructions

Step 1
- Tell participants that you will discuss the term “consistent.”
- Explain that this means “doing something regularly or all the time.”
- Ask participants why they think it might be important to use condoms “consistently” (all the time) if you have sex with someone.
- Write their responses on the flip chart paper and discuss.
- Point out that it is impossible to tell if someone is infected with HIV or another sexual infection by the way they look.
- Explain that the only way to feel safe is to use condoms all the time.

Step 2
- Tell participants that you are going to read some stories that give examples of condom use.
- Read the stories below, one by one.
- After each story ask participants to say whether or not they think the behavior shows “consistent” use of condoms and why.

---

Discuss with the group.

**Story One**
A young man works as a mechanic. He used a condom with a woman he met in a night club. The next week, he met a young girl who sells oranges in the market. He didn’t use a condom because, since she was younger, he thought she was less likely to be infected with HIV.

**Story Two**
A miner had a regular girlfriend while he was away from home. He used a condom with her even though after a few months she suggested that they stop using condoms. Meanwhile, his wife ran into some financial difficulties while he was away and she was forced to raise some money by having sex with three different men. The men paid more money to her for not using condoms.

**Story Three**
A 20-year-old bachelor joined the G4 Company and was sent to Katima Mulilo after basic training. While stationed there, he met an 18-year-old woman. For the first month he used condoms but one day she told him: “If you really love me and want to marry me you would stop using condoms.” He liked her very much but marriage was a long way off for him. Besides, he would more than likely be transferred back to the city in a couple of months. That day, he didn’t use a condom, but for the rest of his stay he did.

**Story Four**
Nangula lived in a village near an Army Base. Her dream was to marry a soldier. She met a soldier and fell in love with him. She made a point of telling him that she was not a sex worker and had no other lovers than him. He thought that this girl was “clean” and so decided that it would not be necessary to use condoms. As it turned out, he was less in love with her than she was with him, and he stopped coming by to see her. Several months later she met another soldier and fell in love again. Condoms were not used this time either.

**Story Five**
Though Jones never discussed it with his wife, she knew that when he was away for several months driving his truck, he would be with other women. Jones did not want to infect his wife with anything infections he got when he had sex with the other women. As a result, he always used condoms whenever he had sex with the other women he met when he was away. He was certain that his wife did not have sex with other men. One time, a woman he had been having sex with for several months wanted him to stop using condoms, but he refused. Another time, he was having sex with a woman he didn’t know very well and the condom broke. He didn’t have another one, so he continued having sex figuring that he was already having unprotected sex with this woman and it wouldn’t make any difference now.
Step 3

- Tell the participants that the correct answer is that NONE of the people featured in the stories used condoms consistently.
- Explain that Jones was the least at risk because he used condoms in all his relationships outside his marriage. However, he did allow himself to have unprotected sex that one time.
- Say that using a condom consistently means using it every time you have sex and not just sometimes. A condom must be used even when drunk.
SESSION 2 – Advantages of condom use

Ages
10-14 years

Objective
• To discuss the advantages of condom use

Time:
Approximately 30 minutes

Materials
Flip chart stand and paper
Marker pens

Instructions

Step 1
• Ask the participants to brainstorm the advantages of condom use
• Go over the participants list explaining the facts related to each one, referring to the list below

• All of these are true:
  o Reduces worry about getting HIV and dying early
  o Protects people from getting an infection, which could keep you from having children some day
  o Reduces the risk of early pregnancy

SOCIAL AND BEHAVIOR CHANGE COMMUNICATION

INTEGRATED SESSION GUIDE
FOCUSING ON THE DRIVERS OF HIV/AIDS EPIDEMIC

AGES 15-24 YEARS

January, 2011
SBCC INTEGRATED SESSION GUIDE
FOCUSING ON THE DRIVERS OF HIV/AIDS EPIDEMIC
AGES 15-24 YEARS

Introduction
The HIV and AIDS epidemic affects all Namibians and devastates individuals, households and societies alike. There is no cure for HIV-infection or AIDS and therefore the best defense against HIV infection is prevention.

Effective prevention programs require accurate knowledge about the drivers of the epidemic, determinants of individual behavior change and underlying factors. It is important to know under what conditions people may be prepared to change their sexual behavior and reduce their risk of contracting HIV.

Experiences in social and behavior change have shown that simply telling people about HIV and AIDS or the drivers of the epidemic may change knowledge, but is not sufficient to affect changes in behavior. Individuals and groups require a safe space in which to discuss risky behaviors and their underlying factors in order to effect behavior change.

This Session Guide focusing on youth ages 15 -24 is one of three Guides for ages 10-14, 15-24 and 25-49. This Guide was developed in 2009-2010 at the request of public sector, civil society and private sector implementing partners in Namibia, who urgently required integrated guides that included sessions for specific age groups focusing on the drivers of the epidemic. The Integrated Session Guides consist of participatory sessions that can be implemented by field workers and volunteers in communities, workplaces and clinical settings to generate discussion on the drivers of the epidemic with target audiences.

It is hoped that the Integrated Session Guides will be of use to partners working in the prevention of HIV, and will result in wide-spread discussion for behavior change, contributing to the reduction of HIV transmission and prevalence in Namibia.

Process, Authors, Editors and Reviewers
In 2009, implementing partners approached C-Change Namibia to request interpersonal communication materials focusing on the drivers of the epidemic that could be used by field workers and volunteers. Partners lacked updated materials on the drivers that could be used to generate discussion for behavior change. C-Change Namibia is the chair of the National Interpersonal Communication Technical Working Group (IPC TWG) of the National Prevention Technical Advisory Committee, Ministry of Health and Social Services, Directorate for Special Programs.

C-Change Namibia proceeded to work closely with members of the IPC TWG to develop first drafts of the three Integrated Session Guides for partner use. Guides were developed
with funding from USAID/PEPFAR. The first draft of the Integrated Session Guide for Youth 15-24 years of age was developed in by Ms. Grace Hidinua, Social and Behavior Change Technical Advisor from C-Change and edited by Dr. Elizabeth Burleigh, Chief of Party, C-Change Namibia.

At the request of partners, first draft guides were made available to partners for field use. Following months of use which constituted the field test, C-Change brought together a first group of implementing partners for a detailed 2 day review. Edits were made to the draft of this Guide by Ms. Hidinua based on partner comments. A second and final review was then conducted with the remaining partners in a second detailed 2 day workshop. Edits were made on the final Guide by Ms. Hidinua and Dr. Burleigh following the final review.

The following organizations participated in the field tests and review of the three Integrated Session Guides:

- PACT Namibia
- National Association of CBNRM Organizations (NACSO)
- Rhenish AIDS Programme (RAP)
- Change of Lifestyles (COLS)
- Sam Nujoma Multipurpose Centre (SNMPC)
- Chamber of Mines (COM)
- Catholic AIDS Action (CAA)
- IntraHealth
- LifeLine/ChilDLie
- Engender Health
- Catholic Health Services (CHS)
- Anglican Medical Services (AMS)
- Lutheran Medical Services (LMS)
- Churches AIDS Programme for Orphans (CAFO)

Resources
Sections in this Guide were developed by or adopted from the resources listed below. Where necessary, sessions were adapted to Namibia or modified based on partner reviews.

8. Ms. Libet Maloney, IntraHealth: MCP Flannelgram, 2010
9. MOHSS/DSP MCP TWG, C-Change Namibia and Nawa Life Trust: MCP Picture Code Flip Chart, 2010
10. Auntie Stella interactive discussions, Zimbabwe
11. C-Change Namibia: training materials, 2009
12. MOHSS/DSP Alcohol and HIV TWG and C-Change Namibia: Alcohol and HIV Picture Code Flip Chart, 2010

We would like to express our gratitude to these organizations and individuals for prompting the development of the guides, and for their detailed field testing and reviews, and our gratitude to these resources for the inclusion of their sessions into the guides. Without their creativity and generosity, the Integrated Session Guides would not have been possible.
# Table of Contents

## MODULE 1: SELF ESTEEM

<table>
<thead>
<tr>
<th>Session</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>SESSION 1 – SELF ESTEEM ASSESSMENT</td>
<td>1</td>
</tr>
<tr>
<td>SESSION 2 – FACTORS CONTRIBUTING TO HIGH AND LOW SELF-ESTEEM</td>
<td>4</td>
</tr>
<tr>
<td>SESSION 3 – ENHANCING SELF-ESTEEM</td>
<td>6</td>
</tr>
<tr>
<td>SESSION 4 – PROMOTING SELF-ESTEEM</td>
<td>8</td>
</tr>
</tbody>
</table>

## MODULE 2: RISKY SEXUAL BEHAVIORS

<table>
<thead>
<tr>
<th>Session</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>SESSION 1 – PERSONAL RISK ASSESSMENT</td>
<td>10</td>
</tr>
<tr>
<td>SESSION 2 – BEHAVIORS THAT ARE RISKY TO YOUR HEALTH</td>
<td>13</td>
</tr>
<tr>
<td>SESSION 3 – THE RISK GAME</td>
<td>15</td>
</tr>
<tr>
<td>SESSION 4 – DRAWING A RISK MAP</td>
<td>18</td>
</tr>
</tbody>
</table>

## MODULE 3: DELAYED SEXUAL DEBUT AND ABSTINENCE

<table>
<thead>
<tr>
<th>Session</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>SESSION 1 – REASONS WHY PEOPLE HAVE SEX, DELAY FIRST SEX OR AVOID SEX</td>
<td>20</td>
</tr>
<tr>
<td>(ABSTAIN)</td>
<td></td>
</tr>
<tr>
<td>SESSION 2 – STRATEGIES FOR RESISTING SEX</td>
<td>22</td>
</tr>
<tr>
<td>SESSION 3 – ABSTINENCE</td>
<td>24</td>
</tr>
<tr>
<td>SESSION 4 – AVOIDING RISK BEHAVIOR TO MAKE DREAMS COME TRUE</td>
<td>27</td>
</tr>
<tr>
<td>SESSION 5 – ASSERTIVE, AGGRESSIVE AND PASSIVE BEHAVIORS</td>
<td>29</td>
</tr>
<tr>
<td>SESSION 6 – SAYING “NO” ROLE PLAY</td>
<td>33</td>
</tr>
<tr>
<td>SESSION 7 – DELAYING SEXUAL DEBUT</td>
<td>35</td>
</tr>
<tr>
<td>SESSION 8 – BENEFITS OF DELAYING SEXUAL DEBUT</td>
<td>37</td>
</tr>
<tr>
<td>SESSION 9 – SAYING NO TO SEX MEANS NO SEX</td>
<td>39</td>
</tr>
</tbody>
</table>

## MODULE 4: MULTIPLE CONCURRENT SEXUAL PARTNERSHIPS

<table>
<thead>
<tr>
<th>Session</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>SESSION 1 – MULTIPLE CONCURRENT PARTNERSHIPS</td>
<td>42</td>
</tr>
<tr>
<td>SESSION 2 – CAUSES AND EFFECTS OF MULTIPLE AND CONCURRENT PARTNERSHIPS</td>
<td>46</td>
</tr>
<tr>
<td>SESSION 3 – FACILITATING THE MCP FLANNELGRAM</td>
<td>48</td>
</tr>
<tr>
<td>SESSION 4 – USING PICTURE CODES TO EXPLORE MCP AND ITS EFFECTS</td>
<td>51</td>
</tr>
</tbody>
</table>

## MODULE 5: CROSS-GENERATIONAL SEX AND TRANSACTIONAL SEX

<table>
<thead>
<tr>
<th>Session</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>SESSION 1 – SEX FAVORS AND OLDER WOMEN</td>
<td>53</td>
</tr>
<tr>
<td>SESSION 2 – USING PICTURE CODES TO DISCUSS CROSS-GENERATIONAL AND</td>
<td>55</td>
</tr>
<tr>
<td>TRANSACTIONAL SEX</td>
<td></td>
</tr>
<tr>
<td>SESSION 3 – FACTORS THAT LEAD YOUNG PEOPLE TO HAVE CROSS-GENERATIONAL</td>
<td>57</td>
</tr>
<tr>
<td>SEX</td>
<td></td>
</tr>
<tr>
<td>SESSION 4 – GIVING SEX IN EXCHANGE FOR MONEY, GIFTS OR FAVORS</td>
<td>59</td>
</tr>
<tr>
<td>SESSION 5 – HAVING SEX FOR MONEY AND FAVORS</td>
<td>61</td>
</tr>
</tbody>
</table>

## MODULE 6: ALCOHOL, SUBSTANCE ABUSE AND HIV

<table>
<thead>
<tr>
<th>Session</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>SESSION 1 – TYPES OF SUBSTANCES COMMONLY ABUSED</td>
<td>63</td>
</tr>
<tr>
<td>SESSION 2 - ALCOHOL LIMITS FOR MEN AND WOMEN</td>
<td>65</td>
</tr>
<tr>
<td>SESSION 3 – INTRODUCTION TO ALCOHOL AND HIV</td>
<td>68</td>
</tr>
<tr>
<td>SESSION 4 – FACTORS CONTRIBUTING TO ALCOHOL ABUSE BY YOUNG PEOPLE</td>
<td>71</td>
</tr>
<tr>
<td>SESSION 5 – USING PICTURE CODES TO DISCUSS ALCOHOL ABUSE AND HIV</td>
<td>73</td>
</tr>
<tr>
<td>SESSION 6 – TALKING TO SOMEONE YOU TRUST ABOUT ALCOHOL ABUSE AND HIV</td>
<td>75</td>
</tr>
</tbody>
</table>

## MODULE 7: MALE CIRCUMCISION

<table>
<thead>
<tr>
<th>Session</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>SESSION 1 – MALE CIRCUMCISION</td>
<td>77</td>
</tr>
</tbody>
</table>

## MODULE 8: CONDOM USE

<table>
<thead>
<tr>
<th>Session</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>SESSION 1 – CONDOM FACTS AND MISINFORMATION</td>
<td>79</td>
</tr>
<tr>
<td>SESSION 2 – CONSISTENT AND CORRECT CONDOM USE</td>
<td>82</td>
</tr>
</tbody>
</table>
SESSION 3– ADVANTAGES AND DISADVANTAGES OF CONDOM USE .......................................................... 84
SESSION 4– DEMONSTRATING CORRECT CONDOM USE ............................................................................ 86
SESSION 5 – ROLE PLAY ON CONDOM USE ............................................................................................ 88

MODULE 9: VOLUNTARY COUNSELING AND TESTING ............................................................................ 89

SESSION 1 – WHY IS TESTING FOR HIV SO IMPORTANT? ......................................................................... 89
SESSION 2 – WHERE CAN ONE GET TESTED FOR HIV? ............................................................................... 91
SESSION 3 — ROLE PLAY ON TALKING TO YOUR PARTNER ABOUT HIV TESTING .................................... 93
Module 1: Self Esteem

SESSION 1 – Self Esteem Assessment

Ages
15-24 years

Objectives
- To define self-esteem
- To conduct a self esteem assessment with each participant

Time
Approximately 35 minutes

Materials
Paper and pencil or pen for each participant
Copies of the self-esteem questionnaire

Instructions

Step 1
- Read aloud the following definition of self esteem and ensure that the participants understand the term.

Definition of self esteem
The term “self-esteem” describes how people feel about themselves. How people feel about themselves influences their actions towards others and what they can accomplish in life.

People with high self esteem have a high regard for themselves. They know that they are worthy of love and respect. They respect themselves.

When people feel worthy of love and respect, they expect it from others. Having self-esteem does not mean that you never get upset or angry with yourself. Everyone gets frustrated at times. But someone with high self-esteem can accept his or her mistakes and move on.

1 Change of Life Styles (COLS): Curriculum, 2004
People with high self-esteem (i.e. who like themselves) tend to make healthier decisions than people with low self esteem. They tend to build friendships more, and keep those friendships easily, etc.

**Step 2**
- Ask participants if they understand the term “self esteem”.
- Ask how someone with high self-esteem acts.
- Ask how someone with low self-esteem acts.

**Step 3**

**The self esteem assessment**

- Ask the following questions and have participants write “yes” or “no” to each one on their piece of paper, working alone.
- Explain that this questionnaire is confidential and their answers are for their eyes only:

1. Are you generally calm and relaxed when faced with a challenging situation?
2. After periods of high pressure, do you take time out to relax?
3. Do you generally display a sense of well-being?
4. Do you generally feel full of life – mentally, emotionally and physically?
5. Do you generally approach new tasks with enthusiasm?
6. Do you communicate with others in a straightforward way (a ‘what you see is what you get’ manner’)?
7. Do you give yourself extra care during times of illness or stress?
8. Do you generally expect the best from the world and the people around you?
9. Are you happy to self-reflect and do you acknowledge your achievements as well as your imperfections?
10. Are you happy to engage others at social gatherings and in general are not threatened by the success of others?
11. Are you motivated in your life and do you generally have a clear sense of direction?
12. Are you usually able to accept criticism without feeling angry or insecure?
13. Are you usually able to face risks and new challenges reasonably easily?
14. Can you live with most mistakes you might make and also the mistakes of others?
15. Can you make decisions and are you able to consider all options clearly?

**Step 4**

- Tell participants:
o **If you have answered ‘yes’ to all of the above questions**, then you already have high self esteem and strong feelings of self worth.

o **If you have answered ‘yes’ to eight or more questions**, then you have moderate self esteem which could still benefit from work to strengthen and improve it.

o **If you have answered ‘yes’ to only six or fewer of the questions**, then you have low self esteem and it would be in your interest to think about ways of improving your self esteem and feeling more balanced and positive about yourself.
SESSION 2 – Factors Contributing to High and Low Self-Esteem

Ages
15-24 years

Objectives
- To identify and list factors that contribute to high self esteem
- To discuss the effects of low and high self esteem

Time
Approximately 30 minutes

Materials
Flip chart paper or chalk board
Markers or chalk
Prestik or tape

Instructions

Step 1
- Ask participants to list the possible factors that contribute to low self esteem and high self esteem.
- Write the factors on a flip chart as they are mentioned.
- See the example, below.
- Do not read the sample list – let participants come up with their own ideas.

Some factors that may contribute to low self esteem
- Death and loss of loved ones
- Rejection by friends
- Separation from loved ones / Divorce of parents
- End of a relationship / Divorce
- Unemployment
- Failure at school or business
- Pressure and stress

Some factors that may contribute to high self esteem
- Friends with positive attitude
- Awareness of one’s talents
- Feeling a sense of worthiness
- Having positive friends
- Victory at tasks, sports etc
- Achievement of one’s goals
- Good performance at school

---

2 C-Change Namibia
<table>
<thead>
<tr>
<th>Competition (losing out)</th>
<th>Winning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse</td>
<td>Affection</td>
</tr>
</tbody>
</table>

**Step 2**
- Ask participants to list the effects of low self esteem on the individual and those around him or her.
- A sample list is below.
- Do not read the list below – have participants make their own list.

**Effects of low self esteem**
- Can cause anxiety and depression
- Poor performance in school or career goals
- Can create tension in a person's relationship
- Can lead to dependency problems

**Step 3**
Conclude the discussions by highlighting the most important factors.
SESSION 3 – Enhancing Self-Esteem

Ages
15-24 years

Objectives
- To identify positive and negative things about ourselves
- To identify solutions to the negative things that need changing

Time
Approximately 30 minutes

Materials
Flip chart paper or chalk board
Markers or chalk
Papers and pens or pencils

Instructions

Step 1: The Positive List
- The facilitator should assure participants that this session will be confidential.
- Ask each participant to write a list of 10 things they like about themselves
- This is their "positive list."

Step 2: The Negative List
- Ask participants to write a list of 5 things they do not like about themselves
- This is the "negative list."

Step 3: Sharing lists
- After the participants have completed their two lists, have them choose two or three things from their “positive list” that they would like to share with other participants if they want to.
- This is voluntary. Not all need to participate.

---

Step 4: Sharing the negative list and finding solutions

- Pair participants into groups of two.
- Ask the pairs of participants to share the things on their “negative list” and help each other come up with ideas for changing those things.
- For example, if a participant says that he or she does not feel they perform well in mathematics; a possible solution would be to practice mathematics with friends who perform better.
- You will often notice that once people talk about their problems with others and find solutions, they become more self-assured and confident.

Step 5: Discussion

- Hold a discussion with the group about the session. Ask:
  - Did everyone like the session?
  - What did they learn about themselves?
  - What solutions did they find to the things on their negative list?
  - Do they think they can put those solutions into practice?
  - Did this session help them with their self-esteem?
SESSION 4 – Promoting Self-Esteem

Ages
15-24 years

Objective
- To enhance self esteem among participants

Time
Approximately 30 minutes

Materials
Pieces of paper large enough to write on
Tape
Markers, pens

Instructions

Step 1
- Ask participants to fix a piece of paper to each other’s backs with pieces of tape.
- Everyone should then walk around the room writing positive comments on the sheets of paper on each person’s back.
- Comments should be short and express any positive thing or feeling they have about that person.
- There are two rules: the comment must be positive and it must be genuine.

Step 2
- Have participants remove the papers from their backs
- Each participant then reads three of the statements that have been written about them, beginning the sentences with “I am...”

Step 3
- Explain how it can be difficult for each of us to accept praise.
- Ask each participant to add one additional positive characteristic or strength about his/herself to the list.
- Have each participant read out the new strength added to the list and discuss.
- Ask learners if it was easy or difficult to recognize their own strengths.

---

Step 4

• Hold a discussion with the following questions:
  o How did it feel to get positive comments about yourself?
  o Were you afraid people would not have anything good to say about you?
  o What does it say about people who cannot write positive qualities about others?
  o Are we positive enough in the way we look at others?
  o Why is it important to look at people’s positive qualities?
  o Are we positive enough when we look at ourselves?
  o Why is it important to recognize our positive qualities?
Module 2: Risky Sexual Behaviors

SESSION 1 – Personal Risk Assessment

Ages
15-24 years

Objectives
- To increase participant’s awareness of their personal risks of HIV infection
- To motivate participants with a risk of HIV infection to change their risky sexual behaviors

Time
Approximately 40 minutes

Materials
Sheets of paper
Pens or pencils

Instructions

Step 1
- Explain to participants that people often do things that put them at risk of getting infected with HIV and other sexually transmitted diseases.
- Unfortunately, people - especially when they are young - tend to think things like HIV infection cannot happen to them.
- For this reason, an individual may be unaware of their personal risks from their behaviors and think they are safe when they are not.

Step 2
- Participants need to sit so that no one can see their paper or their answers.
- Explain to participants that you are going to read a series of questions regarding sexual behavior.
- Explain that the answers to the questions are confidential and will not be discussed.
- Read aloud the following questions slowly, one at a time. Repeat if necessary.
- Have participants mark one point on a piece of paper for each of the following questions to which they answer “yes”. (They can count to themselves if paper is not available or participants cannot write.)

---

1. Have you ever had sexual intercourse?
2. Have you ever had sex without a condom?
3. Have you ever had sex without a condom with a woman (or man) who was not a mutually faithful partner?
4. Have you ever had three or more regular sexual partners during the same month?
5. Have you ever had sex without a condom with a person you just met?
6. Have you ever had a sexually transmitted infection (STI - such as gonorrhea, syphilis or others)?
7. Have you ever had a sexually transmitted infection and not treated it?
8. Have you ever had sex while drunk?
9. Have you ever treated an STI without consulting a health professional?
10. Have you had sex without a condom with more than 10 people during your lifetime?
11. Have you ever had one or more sexual partners in the period of a month and not used a condom every time?
12. Have you ever received money, a service or gift for sex?
13. Have you ever given sex for money, a service or a gift?
14. Have you ever had anal sex without a condom?
15. Do you desire sex more after drinking alcohol?
16. Have you ever had sex with a schoolgirl (or school boy) and not used a condom?
17. Have you ever forced a woman to have sex against her will?
18. Answer yes or no: I do not know my HIV status. (answer yes if you do NOT know your status, or no if you DO know your status)

**Step 3**
- Have the participants add up their total “yes” answers.
- Explain the consequences of the following categories their point totals place them in:
  - **Between 12 and 18 points**: Extremely high risk. Serious consideration should be given to having an HIV test, receiving counseling and changing risky sexual behaviors.
  - **Between 6 and 12 points**: High risk. Consideration should be given to increased condom use and reflecting on behaviour choices.
  - **Between 0 and 6 points**: You are less at risk, but still at risk. Consideration should be given to avoiding risky sexual behaviors.

**Step 4**
- Ask each participant to make a list of things they do that put them at risk for HIV infection.
- Ask them to think of the actions they can take personally to change those behaviors.
• See example, below:

**Example:** One risky behavior might be getting drunk and having casual sex. The behavior change might be to drink less and not have sex when you get drunk or carry a condom when going out to drink.
SESSION 2 – Behaviors that are Risky to Your Health

Ages
15-24 years

Objectives
- Introduce people to the behaviors they practice that could harm their health
- Discuss the negative consequences of these behaviors

Time
Approximately 30 minutes

Materials
Flip chart paper or chalk board
Markers or chalk

Instructions

Step 1
- Ask participants to sit in small groups.
- Give each group a piece of flip chart paper and a marker.
- Ask groups to think about people 15-24 years of age in their community, and list the behaviors they engage in that are bad for their health or that can put them at risk of infection with HIV.
- An example of a list is below. Do not read this list to the participants. Let them come up with their own.

List of risky behaviors ages 15-24
- Unprotected sexual intercourse (no condom)
- Drinking too much alcohol
- Having sex in exchange for money or gifts
- Having sex with a much older person
- Having more than one sexual partner during the same period of time (multiple concurrent partners)
- Experimenting with illegal drugs such as marijuana, cocaine, etc.

Step 2
- Ask each group to present their list of risky behaviors and discuss them as a group.

---

6 C-Change Namibia, 2009
Step 3
  • Ask the group:
    o What are some of the health consequences of the behaviors listed?
    o Could any of the behaviors lead to HIV infection?
    o How could people avoid engaging in these risky behaviors that are harmful to their health?
SESSION 3 – The Risk Game

Ages
15-24 years

Objective
• To learn whether specific behaviors can put one at high, low or no risk in giving or getting infected with HIV

Time
Approximately 60 minutes

Materials
Activity Cards (see below for content) – at least 2 activity cards for each group
Paper, prestik, pens
3 risk cards or pieces of paper saying “High”, “Low” and “No Risk”.

Instructions

Step 1
• Label three cards, one saying “High Risk”, another saying “Low Risk”, and another saying “No Risk”.
• Prepare Activity Cards, writing one activity on each card. Activities are listed below:
  o Having oral sex
  o Deep kissing
  o Having sex with different partners without a condom
  o Having sex with your boyfriend or girlfriend
  o Having casual sex when you are away from home with someone whose status you do know
  o Having sex with a boyfriend/girlfriend who is ten years older
  o Having sex in exchange for money or gifts
  o Having sex when you are on a contraceptive pill or injection
  o Taking care of a relative who has AIDS
  o A mother who is HIV positive breastfeeding her baby
  o Eating or drinking from a cup or plate with someone who is HIV positive
  o Having sex with someone you just met after drinking a lot of alcohol with friends

Step 2

• Stick the three cards High, Low and No Risk up at different corners of the room or different places around the group if you are outside.
• Divide the group into pairs (or fours if you have a large group).
• Give each pair one activity card.

Step 3
• Ask the groups to discuss among themselves whether they think the activity on their card is high risk, low risk or no risk of HIV infection.
• The group should then stick their card on the wall by the risk card they think best represents the risk from that activity.

Step 4
• Group members should remain standing by the risk card where they placed their activity.
• Ask each group to explain their activity and why they put their card in the risk category they selected.

Step 5
• After discussions on why they placed the cards, explain whether an activity is low, high or no risk, referring to the list below:

**Explanation of risk for each behavior**

- Having oral sex is a low risk behavior unless the people performing oral sex and have open wounds. This could spread the virus.
- Deep kissing is a low risk behavior unless the people kissing have open wounds in their mouths.
- Having sex with different partners without a condom is a high risk behavior.
- Having sex with your boyfriend/girlfriend can be a no risk behavior if both of you are tested and faithfully to each other, but it can also be a high risk behavior if you are not tested and are unfaithful to one another.
- Having casual sex when you are away from home with someone whose status you do not know is a high risk behavior for contracting HIV.
- Having sex with a boyfriend/girlfriend who is ten years older can be a high risk practice as often older partners have control over younger partners and decide whether or not to use a condom. Older partners may also have HIV.
- Having sex in exchange for money or gifts is a high risk behavior because one does not know the HIV status of the person he or she is having sex with.
- Having sex when you are on a contraceptive pill or injection is a high risk behavior as contraceptives such as pills and injections do not prevent you from getting infected with HIV.
- Taking care of a relative who has AIDS is a low risk behavior provided that the person taking care takes precautions when handling body fluids of the relative.
A mother who is HIV positive breastfeeding her baby is a **high risk behavior** as a mother can transmit the virus to the baby through the breast milk.

Eating or drinking from a cup or plate with someone who is HIV positive is a **no risk behavior**. One cannot get infected by sharing cups and plates with an infected person.

Having sex with someone you just met after drinking a lot of alcohol with friends is a **high risk behavior** as alcohol reduces inhibitions. When one is drunk they may not use a condom or may use it incorrectly.

**Step 6**

- End the session by summarizing with a discussion for 5 minutes on the activities and risks.
- Go around the circle and ask the participants what is the most important thing he or she learned from this session.
- Review the most important points and emphasize that these risky behaviors do not cover all the possible behaviors which could put one at risk of getting infected with HIV.
SESSION 4 – Drawing a Risk Map

Ages
15-24 years

Objective
- To identify areas in the community where young people could engage in risky behaviors

Time
Approximately 30 minutes

Materials
Paper
Markers in different colour, pencils or pens

Instructions

Step 1
- Divide participants into groups of around 5 people.
- Ideally, the group should be made up of people from the same community.
- If they are not from the same community, they will need to make up an imaginary community based on their experiences.
- Give each group a large piece of paper, markers in different colors, pencils or pens.

Step 2
- Ask the groups to draw a large circle on the map.
- Then have them label the circle “my community”. This can be a real community or an imaginary community.
- Ask groups to discuss and then draw in the circle all of the major physical places in their “community”. This should include the following:
  - Main roads and side roads or paths
  - Lakes, streams, rivers
  - Mountains or hills
  - Main buildings such as stores, churches, government buildings, clinics, hospitals, fuel stations, youth centers
  - Smaller buildings such as stores, bars, shebeens
  - Other places such as sports fields

---

• Houses or house compounds
• Any other structure the group would like to include (kraals, etc.)

Once the “community” maps are done, explain that some places in a “community” are more risky for HIV infection than others. Places that are “Safe” are those where people are not tempted to engage in risky behaviors, while places that are “Risky” are those where people might be tempted to engage in risky behaviors and so could get infected.

• DO NOT READ THIS LIST to the group, but for example:
  o “Safe” places might include: youth centers, sports fields, clinics, hospitals, etc.
  o “Risky” places include: bars, places where people are doing illegal things or looking for sex, and places where you might experience negative peer pressure to engage in risky behavior.

• Let the groups hold discussions and decide for themselves which places are “Safe” and which ones are “Risky.” Ask each group to mark each place on their map as either “Safe” or “Risky”. They could mark those that are “Safe” in one color, and those that are “Risky” in another color.

Step 3
• Ask each group to present their “community” map.
• The group should first describe the “community” and its structure.
• Then the group should explain why they have labeled each place as “Safe” or “Risky”.

Step 4
• When all groups have finished presenting their “community” risk maps, facilitate a group discussion.
• What are the most common “Risky” places in a community?
• Who goes there?
• What can be done to prevent people from going to those places and engaging in risky sexual behaviors?”
Module 3: Delayed Sexual Debut and Abstinence

SESSION 1 – Reasons why people have sex, delay first sex or avoid sex (abstain)\(^9\)

Ages
15-24 years

Objectives
- To explore why people have sex, delay first sex or avoid having sex
- To help participants explore ways of delaying first sex or avoiding having sex

Time
Approximately 50 minutes

Materials
Sheets of A4 paper, flip chart paper or chalk board
Markers, pens or chalk

Instructions

Step 1
- There are many reasons why people have sex. Prepare by writing down the list of reasons below on sheets of paper, flip chart paper or a chalk board but keep the list hidden for the first part of the exercise:
  - To stop pressure from a partner
  - To get affection
  - To avoid loneliness
  - To keep a boyfriend or girlfriend
  - To receive gifts or money
  - To go against their parents
  - To feel like an adult
  - Because it feels good
  - Because they want a baby

---

Because they intend to get married
○ Curiosity about sex
○ Pressure to have sex
○ In love with girlfriend or boyfriend

There are also many reasons why people decide to delay having first sex or avoid having sex. Prepare by writing down the list below on sheets of paper, flip chart paper or a chalk board but keep the list hidden for the first part of the exercise.

○ To avoid complicating a friendship by having sex
○ They feel they can be close without sex
○ Religious values against sex before marriage
○ Not ready for the responsibility
○ Not found the right person
○ Fear of violence or being forced to have sex
○ Fear that a good change relationship won’t last if they have sex and the partner will leave

Step 2

Why people have sex
• Ask participants to discuss and make a list of reasons why people have sex.
• Write the reasons given by participants on flip chart paper, chalk board or sheets of paper if available.
• Once the participant’s list is complete, show the list you made earlier on reasons why people have sex.
• Compare the list prepared by the participants with the earlier list and ask them if they want to add any points to their list or not, and why.

Step 3

Why people delay having sex the first time or avoid having sex
• Now ask participants to make a list of reasons why people delay having sex the first time (delayed debut) or avoid having sex (abstinence).
• Write the reasons given by participants on flip chart paper or sheets of paper if available.
• Once the participant’s list is complete, show the list you made earlier on delaying first sex or avoiding sex to the group.
• Compare the list prepared by the participants with the earlier list and ask them if they want to add points to their list or not, and why.
SESSION 2 – Strategies for resisting sex

Ages
15-24 years

Objectives
- To learn ways to resist having sex
- To encourage participants to practice methods for resisting sex

Materials
Sheets of paper, flip chart paper or chalkboard
Pens, markers or chalk

Time
Approximately 45 minutes

Instructions

Step 1
- There are many ways of resisting having sex. Write down the actions listed below on sheets of paper, flip chart paper or a chalkboard but keep them hidden for the first part of the exercise.
  
  o Decide how much affection you will share before meeting someone (none at all, hand holding, kissing, light touching).
  o Don’t drink alcohol at all or limit the amount you will drink.
  o Be cautious of romantic words or lies told when pretending to be in love.
  o Pay attention to your feelings and leave if you feel uncomfortable.
  o Don’t be too warm and affectionate if you don’t want to have sex.
  o Avoid spending time with those who keep asking for sex.
  o Be honest from the beginning and say you will only have sex after marriage or when you are ready.
  o Avoid going to secluded places especially after dark.
  o Do not accept rides from those who you don’t know and trust.
  o Don’t stay in a house alone with someone you don’t trust if no one else is there.
  o Don’t accept money, a gift or service in exchange for sex.

STEP 2
- Explain to participants that there are ways people can avoid situations where they feel pressured to have sex or are even forced to have sex against their will.

---

• Read the following examples and then ask the participants to come up with other suggestions. Write the list down if possible.

  o Go to parties or events with several friends you know well instead of going alone.
  o Be clear about not wanting to have sex and don’t create false expectations.
  o Do not accept gifts or money because sex will likely be expected in return.

**STEP 3**
• Once the participants have completed their list, show the list you made before the session began.
• Read the list you made earlier and compare it with the one prepared by the participants.
• Ask if there are any points on this list that they would like to add to their list and why.

**STEP 4**
• Read the final list, point by point
• Ask the participants to comment on how realistic each suggestion is and what might be the problems encountered in trying each one.

**STEP 5**
• Once the discussion is over, summarize the discussion and make the following points:

  o There are many pressures to have sex, but these can be resisted.
  o People have to decide for themselves how best they can resist having sex, if that is what they chose to do.
  o Young people are often disappointed when they think they had sex for love and then find out it was not love and break up afterward.
  o Having sex with an unfaithful partner can lead to infection with HIV.
SESSION 3 – Abstinence

Ages
15-24 years

Objective
• To explore the possibility of abstaining from sex after becoming sexually active

Time:
Approximately 60 minutes

Materials
Flip chart paper or chalk board
Markers or chalk

Instructions

Step 1
• Explain to participants that sexual relationships often end badly. Read them the following story:

STORY
A young girl and a young boy knew each other as friends for four months. They fell in love and although the girl wanted to wait, the boy was very anxious to have sex. Even though she had never had sex before, she found him very attractive and so agreed. A short time later she found that he was also having sex with other girls. She felt very bad when she found out, and cried and cried. She had trusted him and thought he loved her, but he did not love her and was not to be trusted. Her heart was broken. She decided to never go out with or have sex with that boy again and swore not to have sex with anyone until she got married.

Step 2
• Hold a discussion by asking the following questions about the story:
  o Why did the girl not want to have sex in the first place with the boy?
  o Why did the boy want to have sex with the girl?
  o Why did the girl change her mind and have sex with the boy?
  o How did the girl feel after she found out that the boy was unfaithful?
  o What do you think of the girl ending the relationship with the boy?
  o What do you think of her deciding not to have sex again until marriage?

Step 3

- Explain that there are different aspects of a person that make a person whole or complete. List these on the flip chart or paper:
  - Emotions (your feelings)
  - Spirituality (your relationship to God or a spiritual power)
  - Beliefs (your values)
  - Body (your physical body)
  - Head (what you think)

- Explain to participants that sexual relationships, especially ones that end badly, can result in preventing a person from feeling whole or complete.
- Explain that a sexual relationship that does not work out may result in a deep hurt caused by rejection, unwanted pregnancy, a sexually transmitted disease or a feeling of disappointing yourself and others.

Step 4

- Ask participants to think how a failed sexual relationship might negatively affect each one of these aspects of a person.
- For example; the negative effect on “Emotions (your feelings)” might be that you “Feel rejected.”
- List the negative effects on each aspects of a person next to the corresponding part.

Step 5

- Once the list is complete, compare the list made by the participants with the following list:
  - Emotions (your feelings) – being unable to love, fear of relationships, feeling jealous
  - Spirituality (your relationship to God or a spiritual power) – being disappointed in God, Bible says no sex before marriage, committed sin
  - Beliefs (your values) - broke a pledge, didn’t live up to parent’s expectations, lost respect of others
  - Body (your physical body) - risked HIV infection, got pregnant, got an STI or HIV
  - Head (your thoughts) - mistrust, now afraid of sex, fear for the future

Step 6

- Stimulate a discussion with participants by asking the following questions:
  - What can a person do to feel better after having a bad experience with a sexual relationship? What can the person do to regain their self-confidence and feel control over their life?
What are the chances someone who has had sex before can manage to abstain and not have sex again before marriage or when they are ready?

What lessons can be learnt from previous sexual relationships?

What are the common disappointments with sexual relationships when they end?

What are the advantages of deciding not to have any more sexual relationships until marriage or when you are ready?

Step 7
• Explain the following steps a person can follow to abstain from sex:

  1. Break off relationships with current sexual partners.
  1. Focus on having friendships without sex.
  2. Put energies into realizing your future goals and dreams.
  3. Keep friends around you who are also not sexually active.
  4. Talk to close friends about your feelings and disappointments with sexual relationships.

Step 8
• Summarize the session by explaining the following reasons to practice abstinence until marriage or when you are ready:

  o Freedom from complicated sexual relationships
  o Freedom from heartbreak and disappointment when the relationship ends after having sex
  o Freedom from unwanted pregnancy
  o Freedom from premature parenting
  o Freedom from STIs
  o Freedom from HIV infection
  o Freedom from worrying about the decision to have sex or not
  o Freedom to explore friendships with no pressure for sex
  o Freedom to trust in a friend who is not only interested in sex
  o Freedom to plan your future and achieve your goals and dreams
SESSION 4 – Avoiding Risky Behavior to make dreams come true

Ages
15-24 years

Objectives
- To encourage young people to plan for the future
- To reflect on how decisions today impact on the future

Materials
A4 sheets of paper
Pencils or pens
Flip chart paper or chalk board
Markers or chalk

Time
Approximately 45 minutes

Instructions

Step 1
- Ask each participant to imagine their life 10 years from now if all their dreams came true.
- They might imagine finishing school, being happily married, having children, owning a car or house, or having a good job.
- Give them each a piece of paper and a pen or pencil and have them write their personal dreams down.

Step 2
- Ask participants to list of things that a young person can do today that might make it difficult for their dreams to come true.
- Write their answers on the flip chart paper or chalk board.
- Compare the list created by the participants with the following list:
  - Get pregnant or get someone pregnant
  - Become infertile from a sexually transmitted disease
  - Get infected with HIV

---

o Drop out of school
o Abuse alcohol or drugs
o Not take school work seriously
o Get married too young
o Get in trouble with the police
o Become infertile from a dangerous backstreet abortion

Step 3
• Ask participants to write on their personal sheets of paper what they intend to do to make sure they achieve their goals and make their dreams come true.
• Give as examples of the following:
  o Have clear plans and dreams
  o Follow the advice of parents, guardians or others who have your best interests at heart
  o Avoid drinking alcohol and taking drugs
  o Refuse to have sex when you are still young
  o Work hard at school
  o Avoid places where older men or women go to meet young people
  o Be assertive when refusing sex
  o Be clear about what you want and need in a relationship

Step 4
• Have those who are willing to share what they have written with the others and discuss.
• Summarize the discussion.
SESSION 5 – Assertive, Aggressive and Passive Behaviors

Ages
15-24 years

Objectives
• To understand the difference between passive, aggressive and assertive behaviors
• To encourage girls and boys to be assertive without being too aggressive when making a sexual decision (for example, to delay sex or to abstain)
• To better understand the disadvantages of being passive

Materials
Sheets of A4 paper, flip chart paper or chalk board
Markers, pens, pencils or chalk

Time
Approximately 50 minutes

Instructions

Step 1
Ask three volunteers to read aloud the definitions below:

Assertive behavior is:
• Telling someone exactly what you want in a way that does not seem rude or threatening to them
• Standing up for your rights without putting down the other person's rights
• Respecting yourself and others
• Listening and talking
• Expressing positive and negative feelings
• Being confident but not “pushy”
• Staying balanced and knowing what you want to say
• Saying “I feel” “I think”
• Being specific and using “I” statements
• Talking face to face with the person
• No whining or sarcasm

• Using body language that shows you are standing your ground, and staying centered

**Aggressive behaviour is:**
• Expressing your feelings, opinions, or desires in a way that threatens or punishes the other person
• Standing up for your own rights but at the expense of others
• Overpowering others
• Reaching your own goals, but at the sake of others
• Dominating behaviours – for example: shouting, demanding, not listening to others, saying others are wrong, leaning forward, looking down to others, wagging or pointing a finger at others, threatening or fighting

**Passive behaviour is:**
• Giving into the will of others
• Hoping to do what you want without actually have to say it
• Leaving it to others or letting them decide things for you
• Taking no action to assert your own rights
• Putting others first at your own expense
• Giving into what others want
• Remaining silent even when something is bothering you
• Apologizing a lot
• Acting submissive - for example: talking quietly, laughing nervously, sagging shoulders, avoiding disagreement, hiding face with hands

**Step 2**

**Individual Assertiveness Assessment (15 minutes)**
• Explain that this exercise is designed to help participants discover how assertive they already are.
• Give each participant a piece of paper and a pen or pencil.
• Read each of the statements below. Repeat if necessary.
• For each of the following statements, ask participants to write an M for most of the time, S for some of the time, and N for never or almost never.

1. I can express my feelings honestly.
2. When I say how I feel, it is not to hurt someone else.
3. I express my view on important things, even if others disagree.
4. I offer solutions to problems instead of just complaining.
5. I respect others’ rights while standing up for my own.
6. I ask my friends for a favor when I need one.
7. I take responsibility for my own feelings instead of blaming others.
8. If I disagree with someone, I don’t use verbal or physical abuse.
9. I can admit when I am angry.
10. I can say "no" without guilt or an apology.
11. I do not do risky things with my friends even if they want me to.
12. I ask for help when I am hurt or confused.

Step 2
- Ask participants to count how many times they wrote down an M.
- Tell participants that the total number of M scores mean the following:

  0 – 4: You need to work hard at being more assertive.
  5 – 9: You are somewhat assertive, but could improve.
  10 – 12: You are good at being assertive and need to keep practicing.

Step 3
- Facilitate a discussion with participants asking the following questions:
  o Why is it sometimes difficult to be assertive?
  o How can being assertive help in a relationship?
  o How can being assertive help in a family?

Step 4

Different words to describe assertiveness, aggressiveness and passiveness
- Ask participants to imagine that aggressiveness, assertiveness, and passiveness are like a seesaw.

  o The aggressive person is at the top, looking down on everyone else.
  o The assertive person is perfectly balanced in the middle and quite comfortable with himself, herself and others.
  o The passive person is at the bottom, looking down at the ground and feeling bad.

- Divide a piece of flip chart paper or chalk board into 3 columns, labeled “Passiveness”, “Assertiveness” and “Aggressiveness”.
- Ask participants to give examples of passiveness, assertiveness and aggressiveness under each column.
- Write down their suggestions.
- Use the following as a guide:

<table>
<thead>
<tr>
<th>Passiveness</th>
<th>Assertiveness</th>
<th>Aggressiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Giving in to the will of others</td>
<td>Telling someone exactly what you want but in a way that does not seem rude or threatening</td>
<td>Expressing your feelings or desires in a way that threatens or punishes others</td>
</tr>
<tr>
<td>Hoping to get what you want without having to say</td>
<td></td>
<td>Insisting on your rights while</td>
</tr>
<tr>
<td>it</td>
<td>Standing up for your rights without endangering the rights of others</td>
<td></td>
</tr>
<tr>
<td>----------------------------------</td>
<td>---------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Leaving it to others to decide for you</td>
<td>Knowing what you need and want</td>
<td></td>
</tr>
<tr>
<td>Being submissive</td>
<td>Expressing yourself with “I” statements say “I feel” not “You…”</td>
<td></td>
</tr>
<tr>
<td>Talking quietly, giggling, looking down or away, sagging shoulders, hiding the face with hands</td>
<td>Looking people in the eye</td>
<td></td>
</tr>
<tr>
<td>Avoiding disagreement at all costs</td>
<td>Standing your ground</td>
<td></td>
</tr>
<tr>
<td></td>
<td>denying their rights</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dominating, shouting, demanding, not listening to others</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Looking down on people</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Saying others are wrong and you are always right</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Blaming, threatening, or fighting with others</td>
<td></td>
</tr>
</tbody>
</table>

**Step 5**
- Facilitate a discussion on the results above, asking the following questions:
  - Do you know people who are passive, aggressive, and assertive?
  - What are the negative results of being passive?
  - What are the negative results of being aggressive?
  - How can someone learn to be assertive instead?
SESSION 6 – Saying “no” Role Play

Ages
15-24 years

Objectives
• To help young people develop assertiveness in non-sexual situations
• To help participants find ways of dealing with peer pressure

Time
Approximately 40 minutes

Materials
None

Instructions

Step 1
• Ask participants to think of a situation in which someone their own age asked them to do something they did not want to do.
• Give a few examples to get started, such as:
  ○ A friend asked you to go and drink alcohol in a nearby bar
  ○ A friend asked you to steal an item in a shop
• Ask two volunteers to act out one of these situations in a spontaneous role play.
• The roles plays should focus on saying “no”.

Step 2
• When the role play is over, ask the audience the following questions:
  ○ What happened in the role play?
  ○ How did the actor say “no” to the person who asked them to do the thing they did not want to do?
• Ask the actor who refused how they felt refusing what the other asked.
• Was refusing easy?
• Ask the actor who was refused how it felt when the person said no.

---

Step 3
- Explain to the group that it is not always easy to say “no”, especially to a friend.
- It is normal to feel confused or to think there is something wrong with you when others are putting pressure on you.
- You can learn different ways of refusing to do something you do not like or do not want to do, while remaining true to yourself and to the things you believe.

Step 4
- Ask the participants to think of different ways of saying “no”.
- List their answers on a sheet of paper.
- Compare those to the following list, to make sure everything was included. Examples of assertive ways of saying no include:
  - You refuse politely
  - You give a reason for your refusal (this doesn’t mean you have to apologize)
  - You walk away from the situation
  - You give an alternative
  - You disagree firmly but calmly

Step 5
- Ask two new volunteers to act out the second situation proposed at the beginning of the activity.
- Ask them to try using a few of the ways of saying “no” that you just discussed.
- You can do more than one role play, if time permits.

Step 6
- Facilitate a discussion regarding the new role play with the group, asking the same questions as before.
- Discuss how well the actors resisted pressure and how well the strategies for saying “no” worked in each situation.
SESSION 7 – Delaying sexual debut

Ages
15-24 years

Objectives
• To discuss the importance of delaying first sex
• To explain that the sooner two people start having a sexual relationship, the more likely the relationship will not last long. The better a couple know each other before having sex the more likely the relationship will last.

Time
Approximately 30 Minutes

Materials
None

Instructions

Step 1
• Read the letter from Martha below aloud or have one of the participants read it aloud.

Martha’s letter to Auntie Maggie

Dear Auntie Maggie

I am a 17-year-old girl and I love my boyfriend very much, but he always wants me to satisfy him in ways which hurt my feelings. My girlfriends tell me that if I want to keep him, I have to have sex with him. I’m worried that he will sleep with other girls if I say no, so should I sleep with him? I also fear that my girlfriends will laugh at me because I don’t want to have sex. They say everyone has sex when they are my age.

Martha

Step 2
• Ask the following questions about Martha’s letter and let the participants discuss.
  o What do you think is Martha’s main problem...?

15 Auntie Stella interactive discussions. Zimbabwe.
• Her boyfriend?
• Her own worries about her boyfriend?
• Her worries about her friends?
• Should Martha be worried about what her friends think?
• Would you or your friends laugh at someone like Martha?

  o Should Martha...
    • Have sex with her boyfriend?
    • Only have sex with him if he threatens to have sex with someone else?
    • Leave him because he doesn't respect her?

Step 3
• Now read the letter from Auntie Maggie to Martha below aloud or have one of the participants read it aloud.

  Auntie Maggie’s response to Martha’s letter

Dear Martha

People should never have sex if they do not want to, and your letter shows that you do not want to. Your boyfriend should not demand sex from you if you are not comfortable with it. You have no obligation to "satisfy him". Even if he says that he has sexual needs, if he really loves you, he will respect your needs. Please remind him that sex can lead to unwanted pregnancy, STIs and all sorts of misery. Do not do what your friends say just to please them. If they are your friends they should respect your decision and support you.

Auntie Maggie

Step 4
• Ask participants the following questions about Aunt Maggie’s letter and discuss.

  o What do you think of Auntie Maggie’s letter...?
    • What advice did she give to Martha?
    • Do you agree with the advice she gave?
    • What will happen next?

Step 5
• Ask participants the following questions and discuss.

  If you or your friends are in a similar situation, what can you do?
  o To help yourself do only what you want?
  o To help your friends do only what they want?
  o To help your girlfriend or boyfriend act responsibly?
SESSION 8 – Benefits of delaying sexual debut

Ages
15-24 years

Objective
To understand the benefits of not rushing into a sexual relationship when you have not yet had sex

Time
Approximately 30 minutes

Materials
Flip chart paper or chalk board
Markers or chalk

Instructions

Step 1
• Explain to participants that there are disadvantages to rushing into a sexual relationship, and there are advantages to waiting.

Step 2
• Give the example below of one disadvantage of rushing into a sexual relationship and then ask participants to add to the list:
  o Example: You do not really know the person well.
• Write their ideas on the flip chart paper.

Step 3
• Compare the participants list with the following list and discuss:
  o You would be at risk of HIV if the person starts and stops many sexual relationships
  o The relationship is not likely to last if you don’t know the person well
  o You may get stuck in a bad marriage if you marry too fast
  o Sex complicates relationships
  o One person maybe in love and the other not really in love
  o One partner maybe pretending to be in love just to get sex

Step 4
- Give the example below of an advantage of waiting before starting a sexual relationship and then ask participants to add to the list:
  - You know your partner well and trust them
- Write their ideas on the flip chart paper.

Step 5
- Compare the list of advantages suggested by the participants with the following list and discuss:
  - Sex is better when there is true love
  - Show respect for yourself and the other person by waiting
  - Decisions of having sex should not only be based on physical attraction
  - You are less likely to be hurt

Step 6
- Summarize the discussions with the following points:
  - Ideally, couples should wait for marriage or until they are ready before having sex.
  - Having sex without a condom because you think you are in love is a risk for HIV.
  - Having sex can make relationships seem more serious than they really are.
SESSION 9 – Saying no to sex means no sex

Ages
15-24 years

Objective
- To better understand the importance of refusing sex and respecting the choice to refuse

Time
Approximately 45 minutes

Materials
Flip chart paper or chalk board
Markers or chalk

Instructions

Step 1
- Ask participants to read the two following stories aloud.
- Explain that the first version is from the point of view of the young man and the second version is from the point of view of the young woman.
- If there are many participants, have them break up into groups to do this exercise.
- Groups should also read both versions of the story.

Young man's version of the story
I invited a girl I had met through a friend to a party and was happy she accepted. When she arrived she looked very sexy. I could see the shape of her body in the dress she was wearing and her lips and nails were bright red. I was really getting turned on when we danced and she moved her hands all over my shoulders and back. After a few drinks I asked her if she wanted to go outside for some fresh air. When she agreed my heart started beating because I thought this meant we would have sex that night. We walked along a road quietly talking and when we were out of sight I pulled her close to me and we started kissing and I touched her breasts and rubbed her body all over. She made a few small noises and pulled away from me a bit. I told her everything was going to be OK and held her hands behind her back. As I pushed her gently down to the grass she told me to “wait.” But I thought why wait, someone might come along at any moment. She kept repeating “no,” “don’t,” “please,” and “wait,” over and over again but I knew it was all part of the game because she didn’t want me to think she was a naughty girl. I didn’t stop because that is what girls say all the time. They pretend to put up a fight but

---

then always give in at the end. She struggled and cried as I lifted her dress up and had sex with her. Since I wasn’t expecting to have sex that night I had no condom. I certainly wasn’t going to miss out on having sex because there was no condom. When we were done she didn’t talk to me and she was angry. I asked her what was wrong but she just fixed her clothes and ran off crying.

Young woman’s version of the story

I met this guy through his sister and since she was nice, I thought he might be nice as well. He was funny and made me laugh. When he invited me to a party I thought I could get to know him a little better. I borrowed a cute dress from a friend and put on some make up. At the party I could tell he thought I was sexy the way he looked at me up and down. I was enjoying talking to him when we went outside for some air and I felt excited when he touched my hand. When we started kissing and touching each other all over I felt tingly inside. I was enjoying his touch and starting to feel hot all over. When he started to be a little rough with me that is when I realized that we should slow down a bit and I asked him to wait. He told me that I was a woman and he was a man and that he loved me. That made me feel funny. I asked him to stop but he kept touching me and pinned me to the ground. Then I got scared. I knew that I was enjoying what we were doing and it could lead to sex but I was not ready to have sex yet with him. I started to cry but it didn’t make any difference to him. He kept touching me and undid his belt and pants. I told him to stop but he smiled and kept going. I couldn’t believe it when he forced my legs open and started having sex with me. I didn’t plan to have sex but never imagined he would force himself on me. I trusted him but he was like all men - just interested in sex. I told him I was angry with him but he just looked at me like I was crazy. Now I am worried about getting pregnant or, even worse, getting HIV from him. I never want to see him ever again.

Step 2
• Stimulate a discussion on the stories by asking the following questions:
  o What went wrong in this situation?
  o How do you think the young man feels about what happened?
  o How do you think the young woman feels about what happened?
  o Why didn’t the young man listen when the young woman said “no”?
  o What could the young woman have done differently?
  o What should the young man have done differently?
  o What will happen next for the two of them?

Step 3
• Ask participants to make a list of things a girl can do to avoid having sex against her will
• Write their ideas on the flip chart paper.
• Compare the participant’s list with the following list:
• Say “no” loudly and clearly.
• Trust your feelings and leave if uncomfortable before it gets to that stage.
• Don’t get drunk or don’t drink at all.
• Make it clear what you will and won’t do (kissing, touching, sex).
• Don’t be alone with a partner until you know him better.
• Find out how your partner feels about the rights of women to control their own bodies.

Step 4

• Summarize the discussion and include the following points:

  • Young women or men have to be clear and firm when refusing sex.
  • Young men and women need to respect each other’s right to refuse sex.
  • Young men and women never have the right to force someone to have sex against their will.
  • Forcing someone to have sex against their will is rape and is against the law.
Module 4: Multiple Concurrent Sexual Partnerships

SESSION 1– Multiple Concurrent Partnerships

Ages
15-24 years

Objectives
- To define the term “multiple concurrent partnerships” and multiple partnerships
- To discuss multiple and concurrent partnerships

Time
Approximately 60 minutes

Materials
None

Instructions

Step 1
- Ask participants to read aloud the definition of “multiple and concurrent partnerships” and the term “multiple partnerships”. below, and make sure they understand the difference.
- Read aloud to participants the following stories one at a time (or have participants read them) and stimulate a discussion by asking the questions after each story.

Definition of the term “multiple concurrent partnerships”
Multiple concurrent partnerships are sexual relationships where an individual has two or more sexual relationships that overlap in time. A sexual relationship is considered to be concurrent if a person reports having two or more sexual partners during the same period of time. One example is when a man has a wife and also another regular sexual partner on the side.

Definition of the term “multiple partnerships”

---

Multiple partnerships is the practice of having two or more sexual partners over a period of time but without an overlap. One example is when a man has a girlfriend, then breaks up with her and has another girlfriend.

**Step 2**

- Read aloud to participants the following stories one at a time (or have participants read them) and stimulate a discussion by asking the questions after each story.

**Story 1**

Two young men are talking about HIV and AIDS. One man is afraid that he might get infected and has decided to only have sex with the girl he intends to marry. The other laughs at him and says that sexual variety is the spice of life and that it is no fun to have sex with only one girl.

- Why do some men like to have many different sexual partners at the same time?
- What is the problem with having many different sexual partners at the same time?
- Why do you think the first man is able to be faithful to one partner?
- What should the second man do to protect himself and his partners?

**Story 2**

A young woman has a boyfriend she loves very much but he is a student and has no money. She also has a sugar daddy who is an older married man. The sugar daddy buys her gifts and gives her money. She doesn’t use condoms with the sugar daddy and she suspects he has sex with other girls as well. Since she gives some of the money to the poor boy friend, he doesn’t object to her having sex with the sugar daddy.

- What is the problem with this situation?
- What should the young woman do to protect herself from HIV infection?
- Will the sugar daddy accept the use of condoms?
- Will the young woman give up her gifts and money?

**Story 3**

Two male friends who have regular partners hadn’t seen each other in a long time and decided to go to a bar together. They were getting a little drunk and started talking to two young women. One of the men decided to go home with one of the girls. The girl confessed to him that she has a regular sexual partner. The man was not carrying a condom nor were there any condoms available at the bar. Though his friend advised him not to, the man decided to have sex without a condom with the girl anyway. The following weekend the man and the girl met again and had sex. In the meantime the man was also having sex with his regular sexual partner. This became a practice and the men had sex with this girl from time to time.

- How does drinking alcohol affect decisions about sex?
• Why do some men who usually use condoms have sex anyway if there are none available?
• What are the advantages of always carrying condoms?
• What is the problem with having sex without a condom with someone you just met in a shebeen and whose HIV status you do not know?

**Story 4**
One Saturday a pretty young girl got nicely dressed and went out to find a man to have sex with, in the hope of getting a little money. She met a man who bought her beer. As night approached, the young woman decided to go home with the strange man. After some kissing and touching she asked him if he had a condom. He said no and they had sex anyway. The man was a married man whose wife lived in the village. The young woman also had a regular partner who she was dating.

• What are the advantages of young girls trading sex for money?
• What are the disadvantages of young girls trading sex for money?
• What should the girl have done differently?
• How would the other sexual partners of the young woman and the men feel if they knew?
• Why do some women depend on men to provide the condoms instead of having condoms or using female condoms themselves?

**Story 5**
A young woman has been looking for a job for a long time without success. She finally gets an offer to work for a man who owns a small business. The man invites her to his house to sign some papers. At his house he tells her that in order to get the job she has to have sex with him. She agrees though she doesn’t want to because she really needs the work. After she gets the job the man tells her that in order to keep her job she will have a regular sexual relationship with him. The young woman learns that the other two women who work at the business are also in the same situation, but since they all want to keep their jobs no one is willing to turn down the man’s offer.

• What other examples are there of men who abuse their positions and power to get girls and women to have sex?
• What can be done to stop men from abusing their positions and power?
• What could the girls have done in this situation?
• How common is it for men to abuse their positions and power to get sex?

**Story 6**
A married taxi driver with three children also has two regular girlfriends. Now and again, he also has sex with female passengers who are not able to pay for taxi rides, including some school girls. He doesn’t like using condoms and refuses to go for an HIV test. His wife is worried that he might infect her with HIV but is afraid to talk to him about it.
• Why are women so interested in having sex with the man?
• Why is his wife reluctant to talk to her husband about HIV?
• What are the advantages of reducing the number of different sexual partners?
• What are the advantages of using condoms if it is impossible to be abstinent or faithful?
SESSION 2 - Causes and Effects of Multiple and Concurrent Partnerships

Ages
15-24 years

Objectives
- To identify reasons why people have multiple concurrent sexual partnerships
- To identify the effects of multiple concurrent sexual partnerships
- To determine ways to avoid having multiple concurrent sexual partnerships

Time
Approximately 45 Minutes

Materials
Flipchart paper or chalk board
Markers or chalk

Instructions
- The facilitator should know the definition of the terms multiple partnerships and multiple concurrent partnerships.

Step: 1
- Divide the participants into groups if the group is too large.
- Read aloud or ask one of the participants to read aloud the following scenario:

Scenario
Tukelo is a young woman who works at a local bank. She has a steady boyfriend with whom she has two children. Tukelo is also seeing and secretly having sex with three other men at the same time.

Step 2
- Ask the participants to discuss the following questions in the groups:
  - What possible problems are likely to arise from such relationships?
  - What are disadvantages of such relationships?
  - Does this happen in your community?
  - How would you deal with such problems in the community?

- Why is Tukelo having affairs with other men other than her boyfriend?
- What social or cultural factors influence the practice of multiple concurrent sexual partnerships in your community?

**Step 2**
- Summarize by explaining that multiple concurrent partnerships are common in communities.
- Explain that these types of relationships are dangerous in that the risk of contracting HIV and spreading it to your partners is very high.
- The practice of multiple concurrent partnerships is also associated with many social and financial problems for individuals and families.
SESSION 3 – Facilitating the MCP Flannelgram

**Ages**

15-24 years

**Objectives**

- To increase awareness among young people on the dangers of multiple and concurrent partnerships
- To identify reasons why people engage in MCP
- To identify the risks associated with MCP

**Time**

Approximately 60 minutes

**Materials**

Flip chart paper and markers
MCP Flannelgram kit with the Cue Card, virus chart and all the characters (mannikes)

**Instructions: taken from the Cue Card**

**Section #1: Before you begin BE READY**

- A good facilitator IS always:
  - Prepared: You have the flannelgram ready to work with and IEC materials ready to hand out.
  - Focused: You are paying close attention to the work and to your participants.
  - Organized: You have done your ground work, organized the venue and participants.
  - Committed: You do not miss arranged sessions and respect their time.

- A good facilitator always:
  - Knows the curriculum: You have PRACTICED the curriculum and the Cue Card.
  - Know his/her epidemic: You have studied the DHS and sentinel surveys and know the results.

**Section #2: How to start**

- Greet your participants politely.
- Introduce yourself and your organization and your position.

---

20 IntraHealth, Ms. Libet Maloney: MCP Flannelgram, 2010
• Explain that you are there to discuss a problem affecting 1000’s of families in Namibia and across the world.
• Explain that you are there to brainstorm with you about challenges and healthy solutions for individuals and for this community.

Section #3: Put your group in the picture: What is today’s topic?
• Explain that you there to discuss information about HIV.
• Say that HIV is preventable but only if we ALL change our behavior.
• Explain that first we must identify dangerous behaviours in the community.

Section #4: Let us begin: Why us?
• Explain that there are 194 countries on earth, and Namibia is fifth in HIV (you may mention the prevalence in the region where you are).
• Explain that Namibia shows a high knowledge level on HIV and AIDS according to the Demographic and Health Survey.
• Ask why HIV is high if knowledge level on the prevention of HIV is also high.
• List participant’s ideas on the flip chart paper.

Section #5: Introduce the virus chart: How does the virus work in the body?
• Study the virus chart carefully before beginning work. You MUST understand it in order to explain it to others.
• Put the virus chart up on the flannel board.
• Explain that the virus becomes VERY high when it first enters the body because the body has not yet started a defense against HIV. The body is surprised and overwhelmed.
• Explain that with very high virus amounts in the body a person can spread the virus VERY easily.

Section #6: How do sexual networks happen? Create the network
• Explain that the sexual risk factor you are discussing is having more than one sexual partner at the same time. Multiple concurrent partnerships or MCP means having more than one sexual partner at the same time.
• Ask if there is a word for MCP in participant’s language or area.
• You will now begin helping participants to understand about networks by helping them create their own sexual network.
• Put the characters (mannikes) on the flannel board. You may first pose questions to the group:
  o Can you find a man here in the characters (mannikes) who has more than one sexual partner at the same time?
  o Can you find a woman here in the characters (mannikes) who has more than one partner at the same time?
- Begin the exercise by pinning the characters (mannikes) on to the flannel board according to the answers given or make up your own.
- Let the participants continue to build the sexual network.
- Make sure to call on both men and women to add to the network and add to the story.

**Section #7: So we have built a sexual network, what about HIV?**

**What if a person in the network gets infected?**
- Remind the group how the virus works in the body.
- Ask them what would happen in the network if someone gets infected.
- Ask them to identify one person who got infected and then put an orange line on the infected person.
- Ask volunteers to put more orange lines showing how HIV spreads on the network until finished.
- Summarize by explaining the following:
  - The HIV virus spreads VERY fast in a sexual network, especially when the first infection is new.
  - HIV can spread to everyone in the network.

**Section #8: How do we step off the network? Solutions**
- Explain that stepping off the sexual network is not easy, but is possible.
- Start by asking participants what they as a community can do to lower the risk.
- Hold a brief discussion.
- Now put the solutions page up on the flannel board.
- Describe the 2 different solutions for getting off the sexual network:
  - Having only ONE sexual partner whose HIV status you know can protect you and NOT HAVING A SECRET OR MORE THAN ONE PARTNER AT THE SAME TIME.
  - If you live with more than one wife, this can also be safe if you CLOSE THE DOOR. No secret or other partners outside of your circle of wives.
- Explain the importance of couples communication in relationships and how that can help you to step off the network.
- Explain that condoms should be used if a person cannot step off the network, BUT they only work if used every single time.

**Section #9: Wrap up the meeting**
- Ask participants if they have understood the risks of HAVING MORE THAN ONE SEXUAL PARTNER AT THE SAME TIME.
SESSION 4 – Using Picture Codes to explore MCP and its effects

Ages
15-24 years

Objective
- To discuss multiple concurrent sexual partnerships (MCP) using the MCP Picture Code Flip Chart

Time
Approximately 30 minutes per photo

Materials
MCP Picture Code Flip Chart

INSTRUCTIONS

What are picture codes?
- Picture codes are photos that are used to stimulate a discussion about specific issues like behavior which puts people at risk of HIV infection.
- The MCP Picture Code Flip Chart has a photo on one side of each page showing people in different situations, and on the other side of the page has questions the facilitator can use to stimulate a discussion.
- Underneath the questions are “talking points” or “key messages”. These are summary point that the facilitator can share with participants at the end of the discussion.
- Picture code stories are the same as picture codes except that there are several photos that should be shown and discussed one after the other. They tell a story of people in different situations that make different behaviour choices.

Step 1
- Bring together a group of one to 15 participants for a session.
- Select a picture that illustrates the topic you want to cover.
- Have participants sit in a circle or in a way they can see the picture.
- It is best not to stand in front of the participants like a teacher since the idea is to get the participants to talk about themselves.
- Lead the discussion by asking questions and not talk too much.

---

MOHSS/DSP MCP TWG, C-Change Namibia and Nawa Life Trust: MCP Picture Code Flip Chart, 2010
Step 2

- Show the selected photo to the participants.
- Start with the general question “What is happening in this picture?”. That should be enough to get the discussion started.
- Ask the other questions to stimulate further discussion.
- Don’t hurry. Allow enough time for in-depth discussions.
- Use the information under the “Talking Points” section to answer questions or to make points that haven’t already come up in the discussion.

Tips on asking questions and involving everyone

- Skip questions that have already been discussed.
- Ask follow-up questions to encourage participants to offer more detail about the behaviors.
- Try to ask open-ended questions or questions that don’t take a single word answer like “yes” or “no” such as “What do you think about that?”
- Don’t be judgmental or moralistic about the discussion.
- There is no right or wrong answer to the questions the idea is to get participants to think about their behavior choices.
- A good outreach worker is a good listener who is very interested in the answers to the questions.
- Get the participants to relate what is happening in the photos with themselves or people they know.
- Correct any misinformation at the end of the session.
- Don’t let one or two people talk all the time.
- Ask a question directly to a different person each time.
- Re-ask the same question to different people.
- Ask others if they agree with the responses given.
Module 5: Cross-generational sex and transactional sex

SESSION 1 – Sex favors and older women

Ages
15-24 years

Objectives
- To understand the terms “cross-generational sex” and “transactional sex”
- To discuss cross-generational sex and transactional sex and their consequences

Time
Approximately 30 Minutes

Materials
Flip chart paper or chalk board
Markers or chalk

INSTRUCTIONS

Step 1
- Ask participants to read the definitions below and make sure they are understood:

**Cross-generational sex:** Young women or men who have non-marital sex with a man or woman who is 10 years or older than themselves.

**Transactional sex:** Transactional sexual relationships are sexual relationships which involve the exchange of sex for money, gifts or services. Those offering sex may or may not feel affection for their patrons.

Step 2
- Ask one of the participants to read the following story aloud:

Litu is being laughed at by her peers in school because her school uniform is very old. Her hair is short and she cannot afford to buy braids or to do her hair like the other girls. A man the age of her father has recently started to offer her a ride home from

22 Auntie Stella interactive discussions. Zimbabwe
school as she usually walks a long distance. Sometimes the man offers her money to buy clothes and buy braids for her hair. One day the men asked Litu to accompany him to his house. Litu agreed and when she got there the man offered Litu food and drinks and asked her to have sex with him. Because of the pressure Litu agreed. Now Litu has a new school uniform nice hair and even a new phone.

- Read the questions below and discuss with participants:
  - What is this story about?
  - Is this situation common in communities?
  - Why did the man offer Litu money and gifts in exchange for sex?
  - What power did she have in the relationship?
  - Do you think they used a condom?
  - What are the consequences of having sex with an older man or woman?

Step 3
- Ask one of the participants to read the second story aloud:

I am a 20 year-old boy. I rent a room near the University because I had to move to the city for school. The rest of my family lives out of town. Sometimes my parents are late in sending me money to pay the rent for the room and buy food. My landlord is an older woman the age of my mother and her husband works out of town. She is a nice lady and sometimes she offers me food. Last month she came into my room and asked me for sex. I was scared that if I say no she will have me thrown out and I won’t have anywhere to stay. This month she came back to my room and asked me to have sex with her and because of the pressure I was so scared and I gave in. I am worried that this will happen again. Signed, Oliver.

- Read the questions below and discuss with participants:
  - What is this story about?
  - Do you think older women sometimes ask young boys to have sex with them?
  - What should Oliver have done to avoid this happening?
  - What are the consequences of this?
  - Should Oliver tell his parents?

Step 3
- Ask participants to list reasons why young people should not have non-marital sex with an older person.
- Write their answers on the flip chart paper and discuss.
SESSION 2 – Using picture codes to discuss cross-generational and transactional sex

Ages
15-24 years

Objective
- To learn about cross-generational and transactional sex using the MCP Picture Code Flip Chart

Time
Approximately 30 minutes per photo

Materials
MCP Picture Code Flip Chart

INSTRUCTIONS

What are picture codes?
- Picture codes are photos that are used to stimulate a discussion about specific issues like behavior which puts people at risk of HIV infection.
- The MCP Picture Code Flip Chart has a photo on one side of each page showing people in different situations, and on the other side of the page has questions the facilitator can use to stimulate a discussion.
- Underneath the questions are “talking points” or “key messages”. These are summary point that the facilitator can share with participants at the end of the discussion.
- Picture code stories are the same as picture codes except that there are several photos that should be shown and discussed one after the other. They tell a story of people in different situations that make different behaviour choices.

Step 1
- Bring together a group of one to 15 participants for a session.
- Select a picture that illustrates the topic you want to cover.
- Have participants sit in a circle or in a way they can see the picture.
- It is best not to stand in front of the participants like a teacher since the idea is to get the participants to talk about themselves.
- Lead the discussion by asking questions and not talk too much.

MOHSS/DSP MCP TWG, C-Change Namibia and Nawa Life Trust: MCP Picture Code Flip Chart, 2010
Step 2

- Show the selected photo to the participants.
- Start with the general question “What is happening in this picture?”. That should be enough to get the discussion started.
- Ask the other questions to stimulate further discussion.
- Don’t hurry. Allow enough time for in-depth discussions.
- Use the information under the “Talking Points” section to answer questions or to make points that haven’t already come up in the discussion.

Tips on asking questions and involving everyone

- Skip questions that have already been discussed.
- Ask follow-up questions to encourage participants to offer more detail about the behaviors.
- Try to ask open-ended questions or questions that don’t take a single word answer like “yes” or “no” such as “What do you think about that?”
- Don’t be judgmental or moralistic about the discussion.
- There is no right or wrong answer to the questions the idea is to get participants to think about their behavior choices.
- A good outreach worker is a good listener who is very interested in the answers to the questions.
- Get the participants to relate what is happening in the photos with themselves or people they know.
- Correct any misinformation at the end of the session.
- Don’t let one or two people talk all the time.
- Ask a question directly to a different person each time.
- Re-ask the same question to different people.
- Ask others if they agree with the responses given.
SESSION 3 – Factors that lead young people to have cross-generational sex

Ages
15-24 years

Objective
- To identify and discuss factors that lead to young people engaging in transactional sex.

Time
Approximately 35 minutes

Materials
Flip chart paper or chalk board
Markers or chalk

Instructions

Step 1
- Divide participants into three to four groups.
- Give each group a piece of flip chart paper and a marker.

Step 2
- Ask the groups to divide their paper into two parts.
- In one part they should then list reasons why young people might have sex with someone who is not their marital partner and is 10 years older than they are.
- In the other part they should list the reasons why an older person might have sex with someone who is not their marital partner and is 10 years younger than they are.
- Give groups some time to complete the exercise.

Step 3
- Ask each group to present the results of their discussion to the other participants.

Step 4

---

24 C-Change Namibia, 2009
• When groups have completed their presentations, hold a general discussion on the reasons why young people have cross-generational sex, and why older people have cross-generational sex.
• Ask "what are the risks to the younger person and older person of this sexual behavior?"
• List participants’ responses on the flip chart paper and discuss.
SESSION 4 – Giving sex in exchange for money, gifts or favors

Ages
15-24 years

Objective
• To discuss factors related to sex in exchange for favours, money or goods

Time
Approximately 30 minutes

Materials
None

Instructions

Step 1
• Ask one of the participants in the group to read the following letter aloud:

Dear Auntie Maggie,

I am a young man in college. My girlfriend attends a local high school. We have been dating for a year now. I want to have sex with my girlfriend but every time I ask she ignores me. I buy her lunch at school and sometimes even give her taxi fare to go home. Still she won't have sex with me. Why can't she even give me a thank you for the things I do for her?

Themba

Step 2
• Ask the following questions and discuss:

  o Do many young men expect sex in exchange for buying things for their girlfriends?
  o Do you think sex is the correct way for Themba's girlfriend to thank him?
  o How else could Themba's girlfriend thank him?
  o If she won't have sex with him, should he stop spending money on her?

25 Auntie Stella interactive discussions. Zimbabwe
Step 3

- Now ask another participant to read the reply from Auntie Maggie, below:

Dear Themba

If you have a girlfriend, you should love and respect her. If you expect her to give you sex in return for gifts and money, you expect her to behave like a sex worker. That shows no respect for her or for you. Sex should be a loving thing and if you are pressuring your girlfriend into it, neither of you will enjoy it very much. Why don’t you concentrate on your studies and wait until both of you are ready to have safe sex? This will doubtless mean waiting a while but will be well worth it.

Auntie Maggie

Step 4

- Hold a discussion with participants. Ask the following questions to get started:

  o What do you think about Auntie Maggie’s response to Themba?
  o What have you learned from this session about sex, love and money?
  o Do you need to change the way you think about sex, love and money?
  o Can you have relationships with people without exchange of sex for gifts or money?
SESSION 5 – Having sex for money and favors

Ages
15-24 years

Objective
• To discuss factors related to sex in exchange for favours, money or gifts

Time
Approximately 30 minutes

Materials
None

Instructions

Step 1
• Ask one of the participants in the group to read the following letter from Rachel aloud:

Dear Auntie Maggie,

I am a 19 year-old girl, doing my grade 12 this year. My father left us when I was 15 years old and my mother died last year. We are six in my family: four younger brothers and a sister. Now that I am the elder person at home, I need to look after them. Sometimes we do not have enough food to eat. I want to finish my grade 12 so I can get a job. One of my friends is making a lot of money by having sex in exchange for money or food. Is it right to ask for money after having sex? I can't think of any other way to earn enough money to buy food and other things needed for the family. My friend has told me that she can introduce me to her good friends.

Please, Auntie, help me to solve this problem,
Rachel.

Step 2
• Ask the following questions and discuss:

  o Do you know many young people who have problems like this?
  o What are they doing to help support their family?
  o Should Rachel try to earn money from sex?

---

26 Auntie Stella interactive discussions. Zimbabwe
How could she earn money another way?

Where can she go to get help with school fees and food for her brothers and sister?

**Step 3**
- Ask another participant to read the reply below from Auntie Maggie.

Dear Rachel,

I understand that you are in a very difficult situation, but having sex for money will only lead to more problems - like getting pregnant, getting HIV or other STIs, or being raped and beaten. It is just not worth it. What you can do is think of all the other ways there are to solve the problem - either to earn money, or to find a person or organization to sponsor you and help to support your brothers and sisters. Try to find someone in your school or community who can give you advice on this. There are many other ways to learn things apart from going to school. Get whatever skills you can, whether you’re paid or not. Find out what organizations are doing projects in your area, and ask if you can help in any way. If there are any books around, read them. Don’t mess up your life by having sex for money. If you have sex when the other person doesn’t care about you, you will always end up hurt.

Auntie Maggie

**Step 4**
- Hold a discussion with participants.
- Ask the following questions to get started:
  - How can people make money besides having sex for money?
  - Who are some of the people and where are places in your community where you could get help?

**Step 5**
- Compare the possible solutions participants have identified with some of the suggestions below:
  - Look for a job while studying part time.
  - Talk to your teacher or community leader.
  - Go to the local youth office in your area and speak to a social worker.
  - Places where one is likely to find support: Ministry of Gender Equality and Child Welfare, Churches, NGOs, Ministry of Health.
Module 6: Alcohol, substance abuse and HIV

SESSION 1 – Types of substances commonly abused

Ages
15-24 years

Objective
• To identify different types of substances commonly abused

Time
Approximately 40 minutes

Materials
Flip chart paper or chalk board
Markers or chalk

Instructions

Step 1
• Ask participants what kinds of alcohol and other substances are commonly abused in their communities.
• Write participants responses on the flip chart paper or chalk board.

Step 2
• Read the types of substances, below.
• Discuss to make sure they understand the meaning of the types.

Types of substances:

Depressants:
  o Depress brain activity, causing sluggishness and disinterest
  o Examples are: alcohol, opium, inhalants such as glue and benzene

Stimulants:
Increase brain activity, causing wakefulness and alertness
- Examples include cocaine, caffeine, crack, tobacco

**Hallucinogens:**
- Modify brain activity by altering the way in which we perceive reality, time, space, sights and sounds. Relieve tension, bring calming and relaxing sensations
- Examples: Ecstasy, marijuana, LSD

**Step 3**
- Ask participants to classify the substances they mentioned in Step 1 into the types of substances discussed in Step 2.
SESSION 2 - Alcohol limits for men and women

Ages
15-24 years

Objectives
• To explain what is meant by “alcohol”
• To understand the daily maximum recommended alcohol intake for men and women
• To understand the body’s ability to process alcohol
• To understand the short term and long term consequences of alcohol abuse

Time
Approximately 30 minutes

Materials
Flip chart paper or chalk board
Markers or chalk
Bottles and glasses to illustrate the alcohol content of various alcoholic drinks (see below)

Step 1
• Ask participants what is alcohol.
• Write their responses on the flip chart paper.
• Now read the definition of alcohol, below, and make sure they understand:

**Alcohol:** The alcohol found in beer, wine and distilled spirits is known as *ethanol, or ethyl alcohol*. It is a molecule made up of carbon, hydrogen and oxygen. Each type of alcoholic drink contains different amount of alcohol (alcohol units).

Step 2
• Ask participants to list the different types of alcoholic drinks.
• Then ask them to say which types are stronger (have more units) than the others.
• Now read the alcohol units in each type of alcoholic drink, below, and correct any errors. Use bottles or glasses with water to illustrate amounts:

**Alcohol units in different alcoholic drinks:**
- Beer 340 ml (dumpy) = 1 unit of alcohol
- Wine 120 ml (about half a wine glass) = 1 unit of alcohol

28 C-Change Namibia, 2009
Cider 340 ml (bottle) = 1.5 unit of alcohol
Spirits 25 ml (1 tot) = 1 unit of alcohol
Tombo Jug (jug) = 3 units

Step 3
- Ask participants what they think is the maximum number of alcohol units a man should drink in a day. Write their answers on the flip chart paper.
- Now ask to list participants what they think is the maximum number of alcohol units a woman should drink in a day. Write their answers on the flip chart paper.
- Read the amounts below and correct any errors:

Maximum recommended alcohol consumption per day:
- Women = 2 units per day
- Men = 3 units per day

- Relate these amounts to the various kinds of alcoholic drinks discussed in Step 2.

Step 4
- Explain the following facts about the body's ability to process alcohol:

Body's ability to process alcohol:
- It takes 1 hour for the liver to process 1 unit of alcohol.
- It takes 3 hours for the brain to recover completely from 1 unit of alcohol.

- Explain that if someone has just one unit of alcohol, he or she is still under the effects of the alcohol up to 3 hours later.
- Ask how long a person would be affected if they drank a lot in the evening. Would they still be affected by the alcohol in the morning?

Step 5
- Ask participants to list the short term effects of drinking alcohol.
- Write their ideas on the flip chart paper.
- Then compare their answers with the list below, and discuss:

Short term effects of drinking alcohol:
- Alcohol impairs your judgment.
- It increases the likelihood of participating in risky behaviours.
- Increases vulnerability to injuries, accidents, unsafe sex, being a victim of a crime or getting into trouble with the law.
- Drinking very large amounts in one session can lead to acute alcohol poisoning, which in turn can result in unconsciousness, a coma, or even death.

Step 6
- Ask participants to list the long-term effects of drinking alcohol.
• Write their ideas on the flip chart paper.
• Then compare their answers with the list below, and discuss:

**Long term effects:**
- Causes serious health problems including alcohol dependence (alcoholism)
- Pancreatic problems
- Liver cirrhosis
- In extreme cases, heavy drinking can result in alcohol poisoning
- Coma
- Brain damage and death
- Many other types of physical and emotional health problems
SESSION 3 - Introduction to alcohol and HIV

Ages
15-24 years

Objectives
• To examine why young people drink alcohol
• To understand when it is acceptable to drink alcohol
• To understand how alcohol affects decision-making

Time
Approximately 45 minutes

Materials
Flip chart paper or chalk board
Markers or chalk

Instructions

Step 1
• Ask participants to list reasons why young people drink alcohol.
• Write their responses on the flip chart paper.
• Compare their responses with the following list, add any that are missing and discuss:
  o Pressure from friends
  o Desire to fit in with others
  o Feel like an adult
  o Relax
  o Feel good
  o Avoid problems with reality
  o Bored or lonely
  o Want to experiment
  o Want to be drunk
  o Want to copy the drinking habits of parents

Step 2
• Divide the flip chart paper into two sections: Reasons and Actions

29 C-Change Namibia, 2009
• Ask participants to list of the reasons a person could give or actions a person could take to resist pressure to drink alcohol.
• Write their responses in the sections of the flip chart paper.
• Compare their responses with the following lists, add any that are missing and discuss:

**Reasons:**
- When I am legally old enough, I will drink.
- My religion doesn’t allow it.
- My parents won’t approve.
- I don’t like the taste of alcohol.
- I don’t like the effect alcohol has on me.
- I am happy with myself without alcohol.

**Actions:**
- Refuse politely but firmly, say “No thank you”.
- Ask for a cool drink instead.
- Walk away.
- Avoid the situation.
- Ignore the offer.
- Talk to others who are not drinking.
- Don’t go to places where alcohol is served.
- Attend events where alcohol is served with a friend who doesn’t drink.

**Step 3**
- Ask participants to list the ways that drinking alcohol affects decision-making.
- and compare them with the following list:
- Write their responses in the sections of the flip chart paper.
- Compare their responses with the following lists, add any that are missing and discuss:

**Ways alcohol affects decision-making:**
- Slows decision-making
- Makes decision-making difficult
- Brings out anger and violent urges more quickly
- More likely to have sex with someone you don’t know
- Less likely to use protection (condom)
- Could say something you would regret later

**Step 4**
- Divide participants into three groups and have each group prepare and act out a role play for the others on one of the following topics:

**Role Play One: Pressure to drink alcohol**
Some participants take on the role of convincing others to drink alcohol by telling the others why they should drink and what the benefits and pleasures of drinking are for them. The others consider what is being said but offer reasons why they don’t feel comfortable drinking alcohol.

- **Role Play Two: Moderate Drinking**
  Some participants take on the role of young people who are pressuring others to drink alcohol. Others take on the role of young people who are reluctant to drink alcohol but do so because they don’t want to offend the others.

- **Role Play Three: Poor decision-making affected by alcohol**
  Some participants take on the role of young people who are drunk and starting to make poor behaviour choices. Others play the parts of their friends who are trying to help them avoid making decisions that they will regret later.

**Step 5**
- Ask participants to say what they learnt from the three role plays. Some lessons that might be learnt include:
  - It is not easy to resist pressures to drink alcohol.
  - Being polite but assertive is a good way to resist unwanted offers to drink.
  - People often don’t want to be told they have drunk too much, but often need help drinking moderately.
SESSION 4 – Factors contributing to alcohol abuse by young people

Ages
15-24 years

Objectives
- To understand terms related to types of alcohol use
- To understand why young people drink alcohol

Time
Approximately 30 minutes

Materials
Flip chart paper or chalk board
Markers or chalk

Step 1
- Explain that there are different types of alcohol use and that each has a term that describes it.
- Write the terms below on a flip chart paper or chalk board, but do not write the definitions.
- Ask participants what they think the terms might mean.
- Write their responses on the flip chart paper.

Step 2
- Read the real definitions for each term, below, correcting any errors made by participants:

Types of alcohol use:
- ALCOHOL USE = Ingestion of alcohol without experiencing negative consequences
- ALCOHOL MISUSE = Ingestion of alcohol, but experiencing negative consequences
- ALCOHOL ABUSE = A continued pattern of alcohol use in spite of the negative consequences
- ALCOHOL ADDICTION/DEPENDENCE = the compulsive use of alcohol and inability to stop drinking regardless of negative consequences.

---

30 C-Change Namibia, 2009
Step 3
- Divide participants into groups.
- Ask groups to list the factors that lead young people to abuse alcohol or become addicted.
- Ask each group to present their factors to the others.
- Compare the group ideas with the list below and round up with a five minute discussion.

- Boredom
- To forget incidents
- Loneliness
- Poverty or feeling of hopelessness
- Worry

- Parents or family members drinking
- Failure to do well in school
- Personal happiness
- Peer pressure
SESSION 5 – Using picture codes to discuss alcohol abuse and HIV

Ages
15-24 years

Objective
• To discuss alcohol and HIV using the Alcohol and HIV Picture Code Flip Chart

Time
Approximately 30 minutes per photo

Materials
Alcohol and HIV Picture Code Flip Chart

INSTRUCTIONS

What are picture codes?
• Picture codes are photos that are used to stimulate a discussion about specific issues like behavior which puts people at risk of HIV infection.
• The Alcohol and HIV Picture Code Flip Chart has a photo on one side of each page showing people in different situations, and on the other side of the page has questions the facilitator can use to stimulate a discussion.
• Underneath the questions are “talking points” or “key messages”. These are summary points that the facilitator can share with participants at the end of the discussion.
• Picture code stories are the same as picture codes except that there are several photos that should be shown and discussed one after the other. They tell a story of people in different situations that make different behaviour choices.

Step 1
• Bring together a group of one to 15 participants for a session.
• Select a picture that illustrates the topic you want to cover.
• Have participants sit in a circle or in a way they can see the picture.
• It is best not to stand in front of the participants like a teacher since the idea is to get the participants to talk about themselves.
• Lead the discussion by asking questions and not talk too much.
Step 2
- Show the selected photo to the participants.
- Start with the general question “What is happening in this picture?”. That should be enough to get the discussion started.
- Ask the other questions to stimulate further discussion.
- Don’t hurry. Allow enough time for in-depth discussions.
- Use the information under the “Talking Points” section to answer questions or to make points that haven’t already come up in the discussion.

Tips on asking questions and involving everyone
- Skip questions that have already been discussed.
- Ask follow-up questions to encourage participants to offer more detail about the behaviors.
- Try to ask open-ended questions or questions that don’t take a single word answer like “yes” or “no” such as “What do you think about that?”
- Don’t be judgmental or moralistic about the discussion.
- There is no right or wrong answer to the questions the idea is to get participants to think about their behavior choices.
- A good outreach worker is a good listener who is very interested in the answers to the questions.
- Get the participants to relate what is happening in the photos with themselves or people they know.
- Correct any misinformation at the end of the session.
- Don’t let one or two people talk all the time.
- Ask a question directly to a different person each time.
- Re-ask the same question to different people.
- Ask others if they agree with the responses given.
SESSION 6 – Talking to someone you trust about alcohol abuse and HIV

Ages
15-24 years and or group of parents and guardians

Objective
• To understand questions young people might ask parents or guardians about alcohol abuse and sex, and possible responses

Time
Approximately 35 minutes

Materials
A4 paper and pens or pencils for each participant
Flip chart paper and markers

Instructions

Step 1
• Tell participants that they will be given a list of questions that young people might ask their parents or guardians about drinking alcohol and sex, and then they need to think of a response.
• Give each participant an A4 paper and pen or pencil, if you want to do this individually. If you want to do it as a group, that is also fine. You can write their answers on a flip chart.
• If there is a large group of participants, divide participants into groups and assign several questions to each group and have them write their answers on a piece of flip chart paper.

Step 2
• Read each of the four questions below (in bold). Do not read the responses yet.
• Each participant or group should think of how they would respond to the question and then write their answers on their piece of paper, or if you do it in a group then you could write their answers on the flip chart.
• Once they are done, have them present their answers for each question to each other.

Step 3

• Now read the answers below to each question, and discuss:

**Question 1: Adults drink alcohol often, so why shouldn’t young people?**

Response: Drinking too much alcohol is bad for your health at any age. Young people are more likely to lose control when they drink than adults because they are not used to it. Boys who get drunk are likely to get in fights and have unprotected sex. Girls who get drunk are more likely to have unprotected sex or even be raped.

**Question 2: What should I do if all my friends are drinking alcohol and they want me to drink too?**

Response: It is possible to drink less alcohol than others and drink lots of water or cool drinks at the same time to avoid getting drunk. The best way to resist pressure to get drunk is to stand by your convictions or avoid drinking at all.

**Question 3: What is the problem with accepting alcohol from people who want to buy it for you?**

Response: Accepting alcohol bought by other people may cause you to drink more than you want to. Men and boys may encourage girls to get drunk so that they will agree to have sex with them, or to get so drunk that they won’t resist if they force them to have sex.

**Question 4: What is the problem of being with people who get drunk even if you don’t drink yourself?**

Response: A person who doesn’t drink any alcohol, but goes to places where other people are getting drunk, can run into problems. Young men may find that drunken people want to beat them, whereas young women may find that they are risking being raped.

**Step 3**

• Stimulate a discussion by asking the following questions:

  o Why is it important that young people communicate with their parents/guardians about the problems of alcohol abuse and sexual risk or any other problem?
  o What is the best way one can communicate with someone they trust about the problems they are facing?
Module 7: Male Circumcision

SESSION 1 – Male circumcision

Ages
15-24 years

Objectives
- To understand the definition of male circumcision
- To assist in the understanding of the health benefits of male circumcision to a man

Time
Approximately 45 minutes

Materials
Flip chart paper or chalk board
Markers or chalk

Instructions

Step 1
- Ask participants what they think is “male circumcision” and how long it takes to heal from the operation.
- Listen to answers, and then read the description of male circumcision below.

Male circumcision and the healing periods
Male circumcision is the surgical removal of the foreskin, the tissue covering the head of the penis. In adult men, a four to six week period is required to fully heal the wound. When circumcision is performed on babies, healing is usually complete after about one week.

Step 2
- Ask participants what they think are the BENEFITS of males being circumcised.
- Write their answers down on flip chart paper.
- Read the benefits below and make sure all have been included:

Benefits of male circumcision
  - The skin on the head of the penis is less likely to get infected.

---

33 C-Change Namibia, 2009
Circumcision reduces the risk of HIV infection with up to 60%.
- The man is less likely to get genital ulcers.
- Male infants have fewer urinary tract infections.
- Male circumcision prevents inflammation of the glans and the foreskin.
- Circumcised men find it easier to clean their penises.

**Step 3**
- Ask participants what they think are the negative effects of the circumcision operation itself.
- Write their answers down on flip chart paper.
- Read the negative effects below and make sure all have been included.
- Stress that these effects are temporary, and only related to the operation.

**Negative effects of the circumcision operation**
- Increased risk of passing HIV to another person if HIV positive men have sex before the circumcision is completely healed.
- Male circumcision can lead to excessive bleeding, but if done by a trained professional this can be controlled.
- There is increased sensitivity of the penis for the first few months after the operation.
- There is some pain which can be controlled by painkillers.
- Sometimes there is an infection after the operation.

**Step 4**
- Explain the following points to participants:

**Male circumcision does not:**
- Male circumcision does not provide 100% protection from HIV infection or sexually transmitted infections.
- Male circumcision does not keep HIV positive circumcised men from infecting others.
- Male circumcision does not replace other HIV prevention methods like condom use, partner reduction, faithfulness and abstinence.
- Male circumcision does not change the man or his partner’s sexual satisfaction.

- Conclude the session by explaining that that male circumcision is currently available in specific public hospitals, and private hospitals can also perform the procedure.
- Stress again that male circumcision does not completely prevent HIV. For this reason, circumcised men still must use condoms every time they have sex.
Module 8: Condom Use

SESSION 1 – Condom Facts and Misinformation

Ages
15-24 years

Objective
• To correct misinformation about condoms

Materials
None

Time
Approximately 40 minutes

Instructions

Step 1
• Explain to participants that some things people believe about condoms are completely false.
• Unfortunately some people don’t use condoms because of this misinformation.
• For this reason it is important to clarify the facts about condoms.

Step 2
• Divide the group into pairs and give each pair a point from the list below to discuss. Do not give them the correct responses yet.
• Give them time to go over their point and decide if it is true or misinformation and why.
• When the pairs are ready, ask them to report back to the larger group.

Step 3
• After getting the response for each point from the participants, give them the correct response by reading the explanation written below each point.

1. **Condoms don't provide protection against HIV.**

   **RESPONSE:** This is misinformation. Condoms, if used properly every time when one is having sex, prevent HIV transmission. Sperm and viruses can’t get through the latex rubber.

2. **Condoms break easily.**

   **RESPONSE:** This is misinformation. Condoms can break, but usually as a result of human error like not putting them on properly because of inexperience or being drunk.

3. **Condoms reduce sensation.**

   **RESPONSE:** It is true that sex with a condom doesn’t feel the same as sex without one, especially when first entering the vagina, but after the condom warms up, it is usually forgotten.

4. **Condoms in Namibia are of poor quality.**

   **RESPONSE:** This is misinformation. Condoms available in Namibia meet international standards and are electronically tested.

5. **Using two condoms increases protection.**

   **RESPONSE:** This is misinformation. One condom is all the protection that is needed. Using two condoms is not recommended and may even increase the chance of breakage.

6. **Condoms are not used because of embarrassment.**

   **RESPONSE:** This is true. People mistakenly think they may be seen as having HIV or being promiscuous if they suggest use of a condom.

7. **Condoms are too small for large men or too large for small men.**

   **RESPONSE:** This is misinformation. Condoms are made of latex rubber and stretch to fit even the largest man. However, if a man feels a condom is too large or too small, he should get a smaller or larger size of condom available in Namibia.

8. **Using a lubricant with condoms increases sensation.**

   **RESPONSE:** This is true. All condoms have some lubricant on them already. Adding more can increase sensation. Just make sure the lubricant is not oil-based.

9. **Men and women both prefer the female condom.**
RESPONSE: This is true. If they try the female condom several times, they prefer it to the male condom because it transmits heat better and the man is less constricted.
SESSION 2 – Consistent and correct condom use

Ages
15-24 years

Objective
• To better understand the importance of using condoms consistently and correctly.

Materials
Flip chart paper
Markers

Time
Approximately 45 minutes

Step 1
• Tell the group that the term “consistently” means “doing something regularly or all the time.”
• Ask the participants why they think it might be important to use condoms “consistently” or all the time.
• Listen to their responses and write them on a flip chart paper.
• Once you have their responses, point out that it is impossible to tell if someone is infected with HIV or an STI by the way they look.
• For this reason, the only way to feel safer from HIV or STIs is to use condoms every time you have sex.

Step 2
• Read the following three stories, below, one by one.
• After each of the stories, ask participants to say whether or not they think the behaviour shows “consistent” use of condoms.
• Write their responses on flip chart paper.

Story A
A 20 year old young man is a college student. He met a young woman at a night club and used a condom when they had sex. The next week, he met a different young woman who is in grade 12 in a nearby school next to his college. He decided not to use a condom when he had sex with her because he thought the girl is young and therefore free from HIV.

Story B
A young woman had a regular boyfriend in town where she leaves. While away for holidays in the north, she met a young man who works at a local bank. She had sex with him and used a condom the first time. A few weeks later she suggested that they stop using condoms when they had sex. The young man agreed since they had known each other for some time. When she returned back to town from her holidays she had sex with her boyfriend without a condom.

Story C
A 20-year-old bachelor joined the police force and was sent to a border location after receiving basic training. While stationed there, he met an 18-year-old woman. For the first month he used condoms with her but one day she told him: “If you really loved me and want to marry me you would stop using condoms.” He liked her very much but marriage was a long way off for him. Besides, he would more than likely be transferred back to the city in a couple of months. That day, he didn’t use a condom, but for the rest of his stay he did.

Step 3
- Once participants have given their responses, tell them that the correct answer is that NONE of the people featured in the stories used condoms consistently.
- The 20 year old bachelor in the police force was the least at risk because he used condoms in all his relationships outside his marriage. However, he did allow himself to have unprotected sex that one time, which is all it takes to get infected.
SESSION 3– Advantages and disadvantages of condom use

Ages
15-24 years

Objective
- To better understand the advantages, disadvantages and facts about condom use

Materials
Flip chart paper or sheets of A4 paper
Markers, pencils, pens
Tape

Time
Approximately 35 minutes

Step 1
- Write “advantages” on one sheet of flip chart or A4 paper and write “disadvantages” on another.
- Tape these on the wall.

Step 2
- Hand out pieces of A4 paper to participants.
- Ask them to suggest some “advantages” of using condoms and write them down on their paper, then stick their paper on the wall under “advantages”.
- When participants are done with “advantages”, ask them to suggest some “disadvantages” of using condoms and write them down on their paper, then stick their paper on the wall under “disadvantages”.
- Stop when all the participants have made suggestions, or when no one can think of any more ideas.

Step 3
- Go over the lists on the wall under “advantages” and discuss with participants.
- Look at the list below and see if anything has been left out. Correct any misconceptions with facts.

Advantages:
- Reduces worry about getting HIV/AIDS and dying prematurely.

• Protects people from getting an STI, which may cause infertility.
• Reduces the risk of facing the responsibility of parenthood resulting from an unwanted pregnancy.
• Can make sex last longer by delaying the male orgasm.
• No penis is too big or too small for a condom.
• HIV cannot leak through condoms.
• Most condoms are lubricated which helps if a woman’s vagina is too dry.

Step 4
• Now go over the lists on the wall under “disadvantages” and discuss with participants.
• Look at the list below and see if anything has been left out. Correct any misconceptions with facts.

Disadvantages and FACTs:
• Condoms reduce sensation. FACT: Condoms do not eliminate sensation, although they change it.
• Condoms are unreliable. FACT: If used correctly and consistently, condoms provide good protection from HIV.
• Condoms are expensive. FACT: Condoms are cheap compared to the cost of treating STIs, unwanted pregnancies and the costs of HIV/AIDS. In Namibia freely distributed condoms are available widely.
• Condoms cause erection loss. FACT: This problem usually stops after you get used to condoms.
• Putting on condoms interrupts the flow of passion. FACT: Have your partner put them on – that helps keep the passion.
• Genital area itches after condom use. FACT: Itching can go away if you wash it with soap and water.
SESSION 4– Demonstrating correct condom use

Ages
15-24 years

Objective
- To provide participants with the opportunity to practice putting on and taking off condoms.

Time
Approximately 40 minutes

Materials
Condoms
Wooden models of a penis.

Instructions

Step 1
- Find a suitable penis model. Ideally a wooden model of a penis is used to demonstrate how a condom is put on. If such models are not available, other similarly shaped objects like a banana or the end of a broom handle can be used.
- If this is not possible the condom can be rolled by one hand down one or two fingers of the other hand.
- Facilitator needs to clarify that a condom need to be put in an erect penis

Step 2
- Explain that those who are sexually active need to protect themselves
- If used correctly, condoms provide excellent protection from HIV, STIs and unwanted pregnancies.

Step 3
- Using your model, demonstrate how to place a condom on it, highlighting the following points:

o Check the expiry date and look for signs of wear such as discoloured, torn or brittle wrappers. Do not use condoms which have passed the expiry date or seem old.

o Tear the package carefully along one side. It is better not to do this using teeth or fingernails to avoid damaging the condom.

o Place the rolled up condom on the top of the penis.

o Hold the tip of the condom between a finger and thumb of one hand (leaving space at the tip to collect the sperm or semen).

o Place the condom on the end of the penis and unroll the condom down the length of the penis by pushing down on the round rim of the condom. (If this is difficult, the condom is “inside-out”. Turn the condom the other way around, take hold of the other side of the tip and unroll it.

o When the rim of the condom is at the base of the penis (near the pubic hair) penetration can begin.

o After intercourse and ejaculation, hold the rim of the condom and pull the penis out before it gets soft. Tie the condom in a knot sealing in the semen or sperm. Dispose of the condom in a safe place. Use a new condom the next time.

Step 4

• Hand out condoms to each of the participants.
• Have each participant practice putting the condom on the model and recite aloud each of the steps as they go.
• Ask the participants who are observing to point out any difficulties or omitted steps.
• If the group of participants is very large, they can be divided up into groups of five and practice.
• Have them report what has happened.

Step 5

• List the most common difficulties encountered.
• Ask the participants to suggest how these problems might be solved. Some common problems include:
  o Trying to roll the condom down when it is “inside-out”
  o The condom is not rolled down all the way
  o The condom is placed crookedly on the model
  o The user is too rough when opening the package or uses teeth to open
  o The air in the tip is not squeezed out
SESSION 5 – Role play on condom use

Ages
15-24 years

Objective
• To improve skills for discussing condom use.

Materials
None

Time
Approximately 30 minutes

Instructions

Step 1
• Ask 2 participants to role play the following scenarios on condom use.
• Change the pair for each scenario.

   Condom Role Play Scenarios
   1) Two boys or girls who are friends are talking. One is in favor of using condoms and the other is not.
   2) A boy is trying to persuade his girlfriend/boyfriend to use condoms. She doesn’t want to.

Step 2
• Each pair performs their role-play in front of the rest of the group.
• After each role-play has finished make sure that you allow the group an opportunity to ask questions. For example:
  o How did the people who did the role-play feel about the character they played?
  o How did the rest of the group feel about the role-play? Did they feel it could have been different?

Module 9: Voluntary Counseling and Testing

SESSION 1 – Why is testing for HIV so important?\textsuperscript{39}

Ages
15-24 years

Objective
• Identify and discuss the advantages and disadvantages of HIV testing

Time
Approximately 30 minutes

Materials
Flip chart paper, or chalk board
Markers or chalk

Instructions:

Step 1
• Ask participants to list the advantages of being tested for HIV.
• Write the reasons on the flip chart or board.

Step 2
• Compare what the participants have identified with the following list below:
  
  o Knowing once status makes one feel better
  o Knowing our status helps us to plan for our future better.
  o Knowing ones’ status help in making changes in our lives that will help us preserve our health and ensure that we live positively longer.
  o It allows for early treatment of HIV and of HIV associated infections like TB or pneumonia.

\textsuperscript{39} C-Change Namibia, 2009
It helps infected people protect others from being infected and to live positively.

**Step 3**
- Ask participants to list disadvantages of being tested.
- Write the reasons on the flip chart or board.

**Step 4**
- Compare what the participants have identified with the following list below:
  - Learning that a person is infected with HIV can be very upsetting.
  - A person who learns he or she is infected with HIV is likely to suffer from feelings of doubt, fear, grief, depression, denial and anxiety.
  - Partners and family members are likely to suffer from the consequences of an HIV-positive test result as well as the infected person; regardless of their status, they are affected.
  - A person who has tested positive for HIV may be discriminated against if others find out.

**Step 5**
- Ask participants to brainstorm the benefits of VCT to the community. Possible answers could include:
  - It encourages discussion on prevention, testing, risk reduction, and living with HIV.
  - It reduces stigma as more people go public about being HIV positive.
  - It serves as a catalyst for the development of care and support services like (aid to orphans).
  - It generally reduces the rate of transmission of HIV.
SESSION 2 – Where can one get tested for HIV?

Ages
15-24 years

Objective
- To identify and map areas where one can go for testing in the communities

Time
Approximately 30 minutes

Materials
Flip chart paper
Markers

Instructions

Step 1
- Divide participants into three to four groups
- Give the paper and markers

Step 2
- Ask groups to draw a large circle on their papers to represent the community
- Ask groups to mark on the community map places in or near the community where one can go for HIV testing.
- Make sure that the list includes:
  - New start centers
  - Clinics
  - Hospitals
  - Mobile testing
  - Private clinics and hospitals

Step 3
- Have groups present their community testing maps to the wider group
- Discuss where one can go for HIV testing

---
40 C-Change Namibia, 2009
• Discuss how far it is and how much it costs for travel
• Can people go to testing easily?
SESSION 3 – Role play on talking to your partner about HIV testing

Ages
15-24 years

Objectives
• To encourage dialogue with partners on discuss HIV testing issues
• To discuss four steps of agreement.
• To role play a VCT scenario

Time
Approximately 60 minutes

Materials
None

Instructions

Step 1
• Explain to participants that there are four steps to agreement that may help you make a decision together with your partner:
• Explain the following steps to agreement and write them on the flipchart:

  Step 1: Say what you feel and want.
  Step 2: Listen to what the other person feels and wants.
  Step 3: Restate your point. Do not get distracted on other points of conflict.
  Step 4: Agree to what each of you will do.

Step 2
• Ask one of the participant to read Mary's story below while the others listen attentively.

  Mary's Story

  My name is Mary. I know my boyfriend, Thomas, has other partners, so I decided to talk to him about HIV and AIDS in order to protect myself. One day, when Thomas was relaxed and in a good mood, I said to him: Thomas, I have been hearing about

---

C-Change Namibia, 2009
HIV and AIDS, and I feel afraid. I want us to protect ourselves from getting it. What do you feel we should do? I listened respectfully to Thomas.

‘What do I feel?’ he said, ‘I think you are trying to cover up the fact that you have other boyfriends!’ His words were painful to me, but I did not get angry. Instead, I restated what I felt and what I wanted. ‘Thomas, I can see you are upset, but we must talk about this. I am afraid and do not want you or me to die. What can we do to protect ourselves?’ I continued to listen respectfully to Thomas’ response.

‘You are just changing the subject!’ he said to me in a loud voice. ‘You have other boyfriends! Next you will be wanting me to use a condom!’ I restated what I felt and wanted and said to Thomas, ‘Because I am so worried about getting AIDS – believe me, I will be faithful! I really want to protect both of our lives.’

While Thomas was listening to me, I suggested what we could do. I said to him: ‘Would you use a condom until we both get tested and make sure we do not have HIV? Then we can talk about what we need to do after that. How do you feel about that?’ Thomas and I finally agreed. ‘I do not like it,’ Thomas said, ‘but I will wear a condom until we know we do not have the virus.’

**Step 3**
- Review the four steps to agreement above once more.
- Divide learners into pairs and ask them to role play the same scenario, this time using the four steps.

**Step 4**
- After the pairs finish role-playing, bring them back together and ask the following questions to the group:
  - What suggestions do you have to make the chances of reaching an agreement more likely?
  - In what other situations could you use these steps to resolve conflicts and problems?
SOCIAL AND BEHAVIOR CHANGE COMMUNICATION

PEER LEARNING GUIDE

FOCUSBING ON THE DRIVERS OF HIV/AIDS EPIDEMIC

This publication is made possible by the generous support of the American people through the United States Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) under the terms of Agreement No. GPO-A-00-07-00004-00. The contents are the responsibility of the C-Change project, managed by FHI 360, and do not necessarily reflect the views of USAID or the United States Government.
**Introduction**

With an HIV prevalence rate of 18.8% among adults 15–49 in 2010, Namibia is one of the hardest-hit countries in Southern Africa (MoHSS, 2010). Most-at-risk populations (MARPs) or key affected populations include male and female commercial sex workers (SWs), clients of sex workers (truckers, miners, seafarers), and men who have sex with men (MSM) among others.

Experiences in social and behaviour change have shown that simply telling people about HIV and AIDS or the drivers of the epidemic may change knowledge, but is not sufficient to affect changes in behaviour. Individuals and groups require frequent interventions targeted at behaviour change and underlying factors of behaviour in order to effect change.

It is hoped that the *Integrated Peer Learning Guide* will be of use to partners working in HIV prevention among men who have sex with men (MSM) and will result in widespread discussion for behaviour change that contributes to the reduction of HIV transmission and prevalence in Namibia. The *Peer Learning Guide* should be seen as an additional resource for program interventions already developed and used by organisations working with the MSM community.

**Process, Authors, Editors, and Reviewers**

C-Change would like to express its gratitude to the National Key Affected Populations Steering Committee under the Ministry of Health and Social Services (MoHSS). The first draft of the integrated session guide for MSM was developed by Mr. Flavian Rhode Social and Behaviour Change Technical Advisor from C-Change Namibia. The guide was further reviewed by Dr. Stephanie van der Walt, Social and Behaviour Change Technical Advisor from C-Change Namibia. Several partners were involved in the development and review of the guide: OUTRight Namibia, Society for Family Health, US Centers for Disease Control and Prevention (CDC), the United Nations population fund (UNFPA), and the United Nations Office on Drugs and Crime (UNODC).

**Resources**

Sessions in this guide were developed by C-Change Namibia; others were adapted to Namibia from resources listed below. Where necessary, sessions were modified, based on partner reviews. C-Change is grateful for these resources. Without their creativity and generosity, this guide would not have been possible.


Engender Health. 2008. *Engaging Boys and Men in Gender Transformation* (Module 3, Session 1; Module 4, Session 1; Module 6, Session 2; Module 7, Session 1; Module 8, Sessions 1 and 2).

Namibia Planned Parenthood Association (Module 8, STI Fact Sheet).


# Table of Contents

**MODULE 1: COMPREHENSIVE KNOWLEDGE OF HIV AND AIDS**

SESSION 1—HIV TRANSMISSION GAME: FLUIDS ................................................................................. 1
SESSION 2—HIV TRANSMISSION GAME: ROUTES ........................................................................... 2
SESSION 3—MODES OF HIV TRANSMISSION .................................................................................... 3
SESSION 4—QUIZ ON HIV AND AIDS, STIs, CONDOM USE, AND VOLUNTARY COUNSELLING AND TESTING .... 5

**MODULE 2: RISK ASSOCIATED WITH ANAL SEX**

SESSION 1—PERSONAL RISK ASSESSMENT ....................................................................................... 9

**MODULE 3: CORRECT AND CONSISTENT CONDOM AND LUBRICANT USE**

SESSION 1—TALKING ABOUT USING CONDOMS AND LUBRICANTS ............................................. 14
SESSION 2—DEMONSTRATING CORRECT MALE CONDOM AND LUBRICANT USE ............................ 16

**MODULE 4: HIV COUNSELING AND TESTING**

SESSION 1—MEN GETTING TESTED FOR HIV ................................................................................... 18
SESSION 2—HIV COUNSELLING AND TESTING FOR COUPLES ........................................................ 21

**MODULE 5: DELAYING SEXUAL DEBUT AMONG YOUNG MEN**

SESSION 1—REASONS WHY PEOPLE HAVE SEX, DELAY FIRST SEX, OR AVOID SEX (ABSTAIN) ........ 23
SESSION 2—DELAYING SEXUAL DEBUT ............................................................................................. 25
SESSION 3—ASSERTIVE, AGGRESSIVE, AND PASSIVE BEHAVIORS ..................................................... 27

**MODULE 6: MALE CIRCUMCISION**

SESSION 1—MEDICAL MALE CIRCUMCISION .................................................................................. 31
SESSION 2—MALE CIRCUMCISION AS AN HIV-PREVENTION STRATEGY ...................................... 33

**MODULE 7: MULTIPLE CONCURRENT PARTNERSHIPS, CROSS-GENERATIONAL SEX, AND TRANSACTIONAL SEX**

SESSION 1—DEFINITIONS OF MULTIPLE CONCURRENT PARTNERSHIPS, CROSS-GENERATIONAL SEX, AND TRANSACTIONAL SEX ............................................................................. 36
SESSION 2—STORIES ABOUT MULTIPLE CONCURRENT PARTNERSHIPS ........................................ 39
SESSION 3—FACTORS THAT LEAD YOUNG MEN TO HAVE CROSS-GENERATIONAL SEX .......................... 42

**MODULE 8: SEXUALLY TRANSMITTED INFECTIONS SCREENING AND TREATMENT**

SESSION 1—STI PROBLEM TREE ...................................................................................................... 44
SESSION 2—LEVELS OF HIV AND STI RISK ..................................................................................... 46
SESSION 3—BURNING QUESTIONS ABOUT STIs ............................................................................... 50
Module 1: Comprehensive Knowledge of HIV and AIDS

SESSION 1—HIV Transmission Game: Fluids

Objective
● To understand which body fluids transmit HIV

Time
Approximately 30 minutes

Materials
● Two large cards, eight small cards (to be prepared ahead of time).
● On one of the large cards, write “Body fluids that transmit HIV” and write “Body fluids that cannot transmit HIV” on the other. (Prepare these ahead of time).
● On each of the eight smaller cards, write one of the following fluids: Semen, Tears, Vaginal Fluids, Blood, Breast Milk, Mucus, Urine, Saliva.

Step 1
● Hand out the eight smaller cards to participants.
● Now place the two large cards side-by-side on the floor in front of the participants.
● Ask participants to place the cards under the heading they think is correct.

Step 2
● Discuss the placement of each card with participants.
● Make sure to clear up any misinformation about the fluids and if they can transmit HIV.

<table>
<thead>
<tr>
<th>Body fluids that can transmit HIV</th>
<th>Body fluids that cannot transmit HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td>● Semen</td>
<td>● Tears</td>
</tr>
<tr>
<td>● Blood</td>
<td>● Saliva</td>
</tr>
<tr>
<td>● Vaginal Fluids</td>
<td>● Mucus</td>
</tr>
<tr>
<td>● Breast milk</td>
<td>● Urine</td>
</tr>
</tbody>
</table>
SESSION 2—HIV Transmission Game: Routes

Objective
- To understand how HIV enters the body

Time
Approximately 30 minutes

Materials
- Two large cards, eight small cards.
- On one of the large cards, write “How HIV can enter the body”, then write on the other “HIV cannot enter the body”. Prepare these ahead of time.
- On each of the eight smaller cards, write one of the following routes: Anus, Penis, Vagina, Penetrated skin, Open cuts and sores, Mouth, Hands, Ears.

Step 1
- Hand out the eight smaller cards to participants.
- Now place the two large cards side-by-side on the floor in front of the participants.
- Ask participants to place the cards under the heading they think is correct.

Step 2
- Discuss the placement of each card with participants.
- Make sure to clear up any misinformation about these routes and if they can allow HIV to enter the body.

<table>
<thead>
<tr>
<th>How HIV can enter the body</th>
<th>HIV cannot enter the body</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anus</td>
<td>Ears</td>
</tr>
<tr>
<td>Penis</td>
<td>Hands</td>
</tr>
<tr>
<td>Vagina</td>
<td></td>
</tr>
<tr>
<td>Torn skin</td>
<td></td>
</tr>
<tr>
<td>Open cuts and sores</td>
<td></td>
</tr>
<tr>
<td>Mouth</td>
<td></td>
</tr>
</tbody>
</table>
SESSION 3—Modes of HIV Transmission

Objective
- To understand the facts and modes of transmission of HIV

Time
Approximately 30 minutes

Materials
Flipchart
Paper
Marker pens

Step 1
- Explain the information below to participants, by writing it on the flipchart paper. (Prepare this ahead of the session and just review with participants.)

For HIV transmission to take place, remember **QQR:**
- **Quality** of the virus must be strong. (We can be sure about quantity.)
- **Quantity** of the virus must be large.
- **Route** of transmission must be available.

**Quality**
- HIV cannot survive outside the human body.
- HIV dies when it comes in contact with heat or air.
- HIV can survive inside a syringe if there is no air (vacuum).

**Quantity**
- HIV can be found in large amounts (quantity) in semen, blood, vaginal fluids, and breast milk.
- HIV can be found in saliva, tears, vomit, faeces, and urine, BUT is NOT enough to be transmitted (unless blood is also present).
- HIV is not found in sweat.

**Route**
- For HIV transmission to take place, the HIV must get into the body’s bloodstream.
- HIV can be transmitted through semen, vaginal fluids, blood contact, and breast milk.
- In Namibia, the main route for transmission is by unprotected sex. There is a high risk of transmission from the penis to the vagina and higher risk from the penis to the anus.
- During sex, HIV can pass from a man to a man and man to woman and woman to man.
- For HIV to enter the body, there needs to be an entry point.
Step 2

- Ask participants to use the QQR method to answer the following questions.
- Quality, quantity, and route should be present for there to be a risk.
  - Can HIV be transmitted through shaking hands?
  - Can HIV be transmitted through hugging?
  - Can HIV be transmitted through kissing?
  - Can HIV be transmitted through mosquitoes?
  - Can HIV be transmitted through using the same wash water?
  - Can HIV be transmitted through sharing cups and plates?
  - Can HIV be transmitted through sharing toilets?
SESSION 4—Quiz on HIV and AIDS, STIs, Condom Use, and Voluntary Counselling and Testing

Objective
- To test participants knowledge of HIV and AIDS, STIs, condom use, and voluntary counselling and testing (HCT)

Time
Approximately 60 minutes

Instructions
- Ask participants the questions that follow. Each has a true or false answer
- Ask participants to explain their answers.
- Facilitators should correct a wrong answer and add additional information, where necessary. The duration of the test will vary, and can be done verbally.

Step 1
HIV and AIDS Quiz: Answer True or False

1. HIV is a virus that causes AIDS.
   - True.

2. When having anal sex, the man on top (insertive or active partner) is not at risk of contracting HIV.
   - False. Both partners are at risk of contracting HIV, there is contact between the anus and the penis therefore both are at risk.

3. HIV can also be spread by kissing.
   - False.

4. You can get HIV by giving blood.
   - False.

5. Someone who has HIV but looks and feels healthy can still infect other people.
   - True.

6. Drinking alcohol can increase the risk of getting HIV
   - True.

7. Mosquitoes can spread HIV.
   - False. The mosquito itself cannot be infected with the human immunodeficiency virus. It cannot spread the virus from one human to another.
8. Sharing needles to inject drugs can spread HIV.
   - True.

9. Using a condom together with a water-based lubricant during sex can reduce the risk of getting HIV.
   - True.

10. You can get HIV from a toilet seat.
    - False.

11. Most people who get infected with HIV become seriously ill within the first 3 years.
    - False.

12. Vaccination can protect people from HIV infection.
    - False.

13. ARVs are a cure for AIDS.
    - False. ARV medication boosts your immune system.

14. Anal sex is safer than vaginal sex.
    - False.

15. There is no risk of HIV transmission during oral sex.
    - False.

**STIs Quiz: Answer True or False**

1. A person can always tell if he or she has an STI.
   - False. People can have STIs without having any symptoms.

2. It is impossible for STIs to enter through a condom if it is properly used and does not break.
   - True. The small particles that cause STIs cannot penetrate latex (male condom) or polyurethane (female condom).

3. With the correct medical treatment, all STIs except HIV can be cured.
   - False. Genital herpes and genital warts cannot be cured, although their symptoms can be treated.

4. You can contract STIs by holding hands, talking, walking, or dancing with men.
   - False. There needs to be sexual contact with an infected partner.

5. The organisms that cause STIs can only enter the body through a man’s penis and a woman’s vagina.
- False. STI bacteria and viruses can enter the body through any mucus membranes, including the penis, vagina, anus, mouth, and in some cases the eyes, or through shared needles.

6. Many curable STIs, if left untreated, can cause severe complications.
   - True. Some complications can lead to death from liver disease or they can lead to heart failure or damage to the brain.

7. People who have an STI should not have unprotected sex because they are more likely to contract HIV.
   - True. This is because having an STI makes a person more likely to contract HIV, especially when the other STI has caused open sores. The inflamed areas act like an open window, allowing HIV to enter.

8. Abstinence or having one faithful sexual partner who is not infected is the only way to avoid getting an STI.
   - True.

9. You can get hepatitis from fingering and licking of the anus.
   - True.

**Condom and Lubricant Use Quiz: Answer True or False**

1. Correct and consistent condoms used with a lubricant use can prevent HIV.
   - True.

2. Putting on a male condom can be sensual.
   - True. You can have fun with your partner while putting on the condom and the lubricant.

3. Wearing two male condoms provides more protection than one condom.
   - False. There is friction between the two condoms, which increases the chances of the condoms tearing.

4. Condoms always cause irritation and pain.
   - False. Very few people are allergic or show a reaction to condoms.

5. Condoms show you care for your partner.
   - True.

6. Male condoms are made of latex rubber.
   - True. Latex is the material used to make condoms.

7. Using male and female condoms at the same time offers you greater protection against HIV and other STIs.
   - False. There may be friction between the two condoms that cause them to tear.
8. Condoms can prevent pregnancy.
   - True.

9. Condoms break often.
   - False. There is only a chance of them breaking if not used correctly with a water-based lubricant.

**HIV Counselling and Testing Quiz: Answer True or False**

1. A positive test means a person has AIDS.
   - False. A positive test means a person has HIV.

2. A man with several male partners who always uses a condom with his casual partners but sometimes not with his regular partner tests HIV negative. He must go back for a test after one month.
   - True. He should test again, but after 3 months. The man’s body may not have reacted to the HIV virus by producing antibodies. The HCT centre tests for the antibodies in the blood.

3. HCT can tell when a person was infected with HIV
   - False. Testing can only tell a person whether or not he or she has HIV.

4. HCT tests for HIV in the body.
   - False. The test looks for HIV antibodies in the body.

5. If a person tests positive for HIV, he will be given drugs to kill the virus.
   - False. Antiretroviral drugs (ARVs) are taken to boost the immune system of a person. ARVs do not kill HIV.
Module 2: Risk Associated with Anal Sex

SESSION 1—Personal Risk Assessment

Objectives
- To increase participant's awareness of their personal risks of HIV infection
- To motivate participants with a risk of HIV infection to change their risky sexual behaviours

Time
Approximately 60 minutes

Materials
Sheets of paper
Pens or pencils

Instructions

Step 1
- Explain to participants that people—and particularly men—often do things that put them at risk of getting infected with HIV and other sexually transmitted diseases.
- Men who have sex with men tend to think things like HIV infection cannot happen to them.
- For this reason, men may be unaware of their personal risks from their behaviours and think they are safe when they are not.

Step 2
- Participants need to sit so that no one can see their papers or their answers.
- Make sure participants understand each question before moving on to the next question.
- Explain to participants that you are going to read a series of questions regarding sexual behaviour.
- Explain that the answers to the questions are confidential and will not be discussed.
- Read aloud the questions that follow slowly, one at a time. Repeat if necessary.
- Have participants mark 1 point on a piece of paper for each question to which they answer "yes." (If paper is not available or participants cannot write, they can count the number of "yes" answers silently to themselves.)
  1. Have you ever had sexual intercourse?
  2. Have you ever had sex without a condom and a lubricant?
3. Have you ever had sex without a condom with a woman or a man who was faithful to you and to whom you were faithful?
4. Have you ever had three or more regular sexual partners during the same month?
5. Have you ever had sex without a condom with a person you just met?
6. Have you ever been the receiver of anal sex?
7. Have you ever had sex in a group?
8. Have you ever had a sexually transmitted infection (STI), such as gonorrhoea, syphilis or others?
9. Have you ever had an STI and not treated it?
10. Have you ever had sex while you had an STI?
11. Have you ever had sex while drunk?
12. Have you ever treated an STI without consulting a health worker?
13. Have you had sex without a condom with more than 10 people during your lifetime?
14. Have you ever had one or more sexual partners in the period of a month and not used a condom every time?
15. Have you ever received money, a service, or gift for sex?
16. Have you ever had sex with someone 10 years older or younger than you?
17. Have you ever given sex for money, a service, or a gift?
18. Have you ever had anal sex without a condom or lubricant?
19. Do you desire sex more after drinking alcohol?
20. Have you ever had sex with a schoolgirl (or schoolboy) and not used a condom?
21. Have you ever forced a man or woman to have sex against his or her will?
22. Answer yes or no: I do not know my HIV status. (Answer yes if you do NOT know your status or no if you DO know your status.)

Step 3
- Have the participants add up their total “yes” answers.
- Explain the consequences for point totals in the following categories:
  - **More than 12 points:** Extremely high risk. Serious consideration should be given to going for HCT, receiving counselling, and changing risky sexual behaviours.
  - **Between 6 and 12 points:** High risk. Consideration should be given to increased condom use and reflecting on behaviour choices and HCT.
  - **Between 0 and 6 points:** Less risk, but still at risk. Consideration should be given to avoiding risky sexual behaviours.

Step 4
- Ask each participant to make a list of things they do that put them at risk for HIV infection.
- Ask them to think of the actions they can take personally to change those behaviours.
- See the example on the next page:
Example: One risky behaviour might be getting drunk and having casual sex. The behaviour change might be to drink less and not have sex when drunk, or carry a condom when going out to drink and use it consistently and correctly.
Module 3: Correct and Consistent Condom and Lubricant Use

Condom and Lubricant Fact Sheet

What is a condom?
A condom is a thin sheath, usually made of latex, that is placed on an erect penis and used during anal, vaginal, and oral sex.

How is a condom used?
A condom holds the semen so no fluid can pass into the anus, vagina, or mouth. The condom is placed on an erect penis before sex. The condom is carefully removed after sex and ejaculation. A condom can only be used once.

How effective is a condom?
A condom is highly effective in the prevention of pregnancy and sexually transmitted infections (STIs), including HIV, if used correctly and consistently during every sexual encounter.

What is a lubricant?
A lubricant is a water-based substance that is put over the condom when it is on the penis and in the anus to allow for smooth penetration.

What type of lubricant should be used with a condom?
Only water-based or silicon-based lubricants, such as K-Y jelly or glycerine, should be used with condoms. Oil-based lubricants such as Vaseline and hair oil should NEVER be used. The oil causes the condom to break.

When should a lubricant be used with a condom?
- Every time you have anal sex.
- Every time you have dry vaginal sex or anal sex with both male and female partners.

What are the advantages of using a condom?
- Protects against HIV and STIs
- Easy to find
- Free
- Easy to use
- Helps with smooth penetration of the penis

What are the disadvantages of using a condom?
- If not properly used with the correct lubricant, a condom may occasionally break or slip off. First put on the condom and then the lubricant over the condom.
- May interrupt sexual activity when being put on if the couple is inexperienced in using a condom and lubricant.
Why use lubricants?

- Lubricants help with smooth penetration of both the anus and the vagina.

What are the possible side effects of using a condom and lubricant?

- There are rarely side effects, but there may be an allergic reaction to the latex that causes burning, itching or swelling.
SESSION 1—Talking About Using Condoms and Lubricants

Objective
To understand the challenges of talking to partners about sex and to build skills related to communication about condom and lubricant use.

Time
Approximately 60 minutes

Materials
Flipchart and markers
Condoms and lubricant

Notes for the Facilitator
At times, participants can be reluctant to participate in role-plays. One way to address this is for you to play one character and allow participants to play the other. You can start the role-play by making a statement. Then anyone in the group can respond to the statement.

Some examples of statements:
- “But I know I’m not infected with any diseases.”
- “What is the point of using lubricants? The condom is already lubricated.”
- “Are you suggesting that I’m cheating on you?”
- “We don’t need a condom; just using lubricant is fine.”
- “But we have never used condoms; why now, all of a sudden?”
- “I don’t trust these government condoms; it does not help using them.”
- “If you help me to use a condom, I will just go somewhere else for sex.”
- “Using condoms and too much lubricant makes me lose all the feeling.”

Step 1
Ask participants to brainstorm all of the things that a man might say when he does not want to use a condom and lubricants, particularly when two men wish to have sex. Write them on the flipchart. Add to this from the list of statements in the facilitator’s notes.

Step 2
Divide participants into groups of three. Explain that there are three roles in each group:
- One person is the man who does not want to use a condom and lubricant.
- One person is his male sexual partner.
- One person is the observer.
Step 3
Explain that the man who does not want to use the condom will use one of the statements on the list, and the man who wants to use a condom should respond with reasons to convince him to use a condom and lubricant. The third person should closely observe what happens and note reasons presented for and against condom and lubricant use. Allow about 15 minutes per role-play.

Step 4
When the first role-play is finished, ask the people in each group to switch roles and try another statement from the list.

Step 5
Once role-plays are completed, ask the questions below:

- When you were the observer, what were the arguments being used against condoms and lubricants?
- What were the best arguments used for condoms?
- What were the best arguments for lubricants?
- What did it feel like being the man trying to persuade your partner to use a condom and lubricants?
- What did it feel like being the man who did not want to use a condom or lubricants?
- If two men want to have sex, what are the advantages and disadvantages of using condoms and lubricants?
- When, during a one-night stand, should you discuss condom and lubricant use?

Step 6
Summary
- It can be difficult to negotiate condom and lubricant use with a partner for a variety of factors, including the fear that the partner may feel you don’t trust him.
- When you are having a single sexual encounter with a partner (one-night stand), condom and lubricant negotiation may be even more complicated.
- It is important to know the benefits of condom and lubricant use and be empowered to discuss it with any sexual partner.
- It is also important to think about the arguments your partner may have against condoms and lubricants and how to respond to them.
SESSION 2—Demonstrating Correct Male Condom and Lubricant Use

Objective
- To provide men with the opportunity to practice handling male condoms.

Time
Approximately 30 minutes

Materials
Male condoms
Models of a penis
Male condom-use pamphlet
Lubricant and tissue paper

Instructions

Step 1
- Find a suitable penis model. Ideally, a wooden model of a penis is used to demonstrate how a condom is put on. If such models are not available, other similarly shaped objects—like a banana or the end of a broom handle—can be used.
- Explain that men need to protect themselves and, if used correctly, condoms provide excellent protection.

Step 2
- Using the model, demonstrate how to place a condom on it, highlighting the following steps:
  1. Check the expiry date and look for signs of wear, such as discoloured, torn, or brittle wrappers. Do not use condoms that have passed the expiry date or seem old. Check whether there is some air in the condom packet.
  2. Tear the package carefully along one side. It is better not to do this using teeth or fingernails to avoid damaging the condom.
  3. Place the rolled up condom on the top of an erect penis.
  4. Hold the tip of the condom between a finger and thumb of one hand, leaving space at the tip to collect the sperm or semen.
  5. Place the condom on the end of the penis and unroll the condom down the length of the penis by pushing down on the round rim of the condom. If this is difficult, the condom is inside-out. Throw the condom away and use a new one.
  6. When the rim of the condom is at the base of the penis (near the pubic hair), apply a water-based lubricant and penetration can begin.
  7. Put the lubricant on top of the condom already on the penis.
  8. Check if the condom is on the penis and that lubricant is applied throughout sex.
9. After intercourse and ejaculation, hold the rim of the condom and pull the penis out before it gets soft. Tie the condom in a knot, sealing in the semen or sperm. Dispose of the condom in a safe place. Use a new condom the next time you have sex.

Step 4
- Hand out condoms and lubricants to each of the participants.
- Have each participant demonstrate correct condom and lubricant use.
- Ask the participants who are observing to point out any difficulties or omitted steps. If the group of participants is very large, they can be divided up into groups of five and practice.
- When they have finished, ask them to report what happened.

Step 5
- List the most common difficulties encountered. Ask the participants to suggest how these problems might be solved. Some common problems include the following:
  - Trying to roll the condom down when it is inside-out.
  - The condom is not rolled down all the way.
  - The condom is not placed properly on the model.
  - The user is too rough when opening the package or uses teeth to open it.
  - The air in the tip is not squeezed out.
Module 4: HIV Counseling and Testing

Session 1—Men Getting Tested for HIV

Objective
To discuss the importance of men getting HIV counselling and testing and its related benefits and challenges

Time
Approximately 60 minutes

Materials
Paper
Markers

Notes to the Facilitator
- Prior to the session, gather information on local centres for voluntary counselling and testing (HCT).
- If possible, arrange for a staff member from the HCT centre to participate in this session and/or arrange for the men to visit the HCT centre.
- Alternatively, arrange for mobile HCT in the community.
- It is also important to be aware of policies and services related to the provision of antiretroviral drugs (ARVs) for people living with HIV.

Instructions

Step 1
- Ask for two volunteers to do a role-play of a man arriving at a health centre to get an HIV test and a counsellor helping the man. One of the actors could be a facilitator; this makes the role-play easier at times.
- Participants should decide what the scene is like, the expression on the man’s face, his behaviour, and the appearance of the counsellor.
- Explain that it takes some time to receive the result of the HIV test, and that this is the man’s first contact with the health centre.
- The counsellor should be friendly and create a friendly conversation with the man.
- When the play gets to the point of giving the test result, stop the scene with a command—for example, “Freeze!”
- It may be helpful to research and understand the procedure at a testing centre to be able to role-play the most realistic situation and process a client will face when going for HCT.
Step 2
- Discuss the following questions with the participants:
  - What do you think made the man want to take the HIV test?
  - How long do you think it took him to decide to take the test?
  - How do you think he will deal with the result?
  - How is he feeling? Is he afraid? Confident? Why?
  - What kind of support does the man need to take an HIV test?

Step 3
- After discussing these questions, ask two other pairs to role-play the same scene, but beginning it just as the test result is given.
- Assign a positive result to one pair and a negative result to the other. Have each pair role-play the counsellor giving the result and the man reacting.
- Do not let the other participants know which pair will act out the positive and negative results.

Step 4
- Once the role-plays are over, ask the group questions:
  - How did the man receive the news about being positive?
  - How did the man receive the news about being negative?
  - Who do you think will be the first person he will talk to about his results?
  - Why do you think the result of the test was positive?
  - Why do you think the test result was negative?
  - What is the man thinking of doing, now that he knows he does not have the virus?
  - What is the man thinking of doing, now that he knows he does have the virus?
  - What support does the man need to disclose his results?
  - What are the benefits of sharing results with your partner?

Step 5
- Finally, ask for two more pairs to role-play what the future holds for the man who receives a positive result and for the man who receives a negative result.

Step 6
- When the role-plays are over, ask the group questions about them:
  - What steps should HIV-positive men take?
  - What steps should HIV-negative men take?
  - What are the expectations of each person for the future?

Step 7
- Wrap-up the discussion with the questions below:
  - Do people know where they can go for HIV counselling and testing?
  - Do they trust it will be done safely and anonymously?
  - How are men who have sex with other men treated when they seek HIV counselling and testing?
What do you think are the biggest factors that stop men from seeking HIV testing?
What can be done to address these factors?
What should a man do if his test result is positive?
What should a man do if his test result is negative?
How can you encourage more men from your community to be tested?
SESSION 2—HIV Counselling and Testing for Couples

Objective
- To consider the advantages and disadvantages of couples testing together for HIV

Time
Approximately 60 minutes

Materials
Flipchart
Markers

Instructions

Step 1
- Divide participants into groups no larger than 10.
- Read one-by-one each of the questions that follow and ask the groups to discuss. Give them 5 minutes on each question.
- Ask each group to write their ideas about each question on flip-chart paper.

Step 2
- Once groups are ready, ask them to present their ideas to the wider group.
- When the groups have finished presenting, read the points below each question to make sure everything has been covered.

What are the advantages of HCT for couples testing together?
- HIV testing for couples ends the worry about being infected, one way or another.
- If infected, couples can plan their life and seek treatment.
- If detected early, couples can get treatment and live longer.
- Waiting too long to get a test can make it harder for treatment to work.
- If not infected, couples can make sure HIV continues to be kept away from their family.
- Couples who plan to have babies are better off having an HIV test before getting pregnant.
- Getting tested increases the chances of having a baby not infected with HIV.
- Getting results right away reduces the stress of waiting and worrying.
- It helps with disclosure through the counselling process.

What are the disadvantages of HCT for couples?
- The advantages far outweigh the disadvantages of being stressed about going for an HIV test.
Why are couples reluctant to go to HCT?
• Couples are afraid of testing together.
• Couples are afraid that they will be abandoned by their partner if positive.
• Couples are afraid of being accused by the other of bringing HIV into the relationship.

What are the advantages of couples going together for testing?
• Going for testing together is a sign of love and confidence in a relationship.
• Testing together can increase courage about facing the results, whether they are positive or negative.
• Trusting each other is important for couples, and a test is the only way to know if a partner is infected.

Why is HCT a confidential service?
• HIV counselling and testing services are confidential and reliable in Namibia.
• Because of the stigma, people usually want their status to remain a secret.
• Hiding HIV status from a partner, if positive, is irresponsible and disrespectful.

How can couples feel more comfortable about couple testing?
• Couples can discuss testing with each other after seeing an advertisement or hearing HCT mentioned on the radio or television.
• Talking about it openly and honestly reduces the fear.
• Couples can go for testing together or go separately, as long as they share the results.

How should you feel about protecting your partner if you were positive and he or she was negative?
• Protecting a partner who is not infected takes discipline and respect.

What is the problem with men being more reluctant to test than women?
• Even when lives are at stake, men can be embarrassed about or afraid of testing.
• Embarrassment and fear can make things worse.
• Men can deny they engage in sexual risk behaviour.
• Men may not realize that sharing test results with their partners shows respect.

Step 3
• Summarize the discussion and make the following points:
  o Couples can be fearful about what will happen if they test together for HIV.
  o They often don’t see the big advantages of early testing.
  o Poor communication between couples makes it difficult for them to discuss testing.
  o Getting tested together and sharing the results can bring couples closer together either way.
Module 5: Delaying Sexual Debut Among Young Men

SESSION 1—Reasons Why People Have Sex, Delay First Sex, or Avoid Sex (Abstain)

Objectives
- To explore why men have sex, delay first sex, or avoid having sex
- To help participants explore ways of delaying first sex or avoiding having sex

Time
Approximately 60 minutes

Materials
Sheets of A4 paper
Flip chart paper
Markers

Instructions

Step 1
- Divide participants into two groups. One group should discuss reasons why people should have sex, and the other should discuss reasons for delaying first sex or avoiding sex. Below are some examples to add on, after the groups have developed their lists. (Make sure you define what the group regards as sex):

Reasons why people have sex:
- Because it feels good
- Because they want a baby
- Because they intend to get married
- Curiosity about sex
- Pressure to have sex
- In love with boyfriend
- Physical urge

Reasons why people delay first sex:
- To avoid complicating a friendship by having sex
- Feel they can be close without sex
- Religious values against sex before marriage
- Not ready for the responsibility
- Have not found the right person
- Fear of violence or being forced to have sex
Fear that a good relationship won’t last if they have sex and the partner will leave

**Step 2**
- Once the participants’ lists are complete, have each group present it to the rest of the group.
- Are there specific reasons why men have sex or would delay sex?
- Ask all participants if there is anything participants would like to add, and why.

**Step 4**
- There are many reasons why people may choose to delay sex, and it is their right to do so.
- It is important to have sex only when you feel you are ready and you are comfortable doing so.
SESSION 2—Delaying Sexual Debut

Objectives

- To discuss the importance of delaying first sex
- To explain that the sooner two people start having a sexual relationship, the more likely the relationship will not last long. The better a couple know each other before having sex, the more likely the relationship will last.

Time

Approximately 60 minutes

Materials

None

Instructions

Step 1

- Read aloud the letter from Paul to Auntie Maggie, or have one of the participants read it aloud.

Dear Auntie Maggie:

I am a 17-year-old boy and I love my boyfriend very much, but he always wants me to satisfy him in ways which hurt my feelings. My friends tell me that if you want a relationship to last, you have to have sex. I’m worried that he will sleep with other guys if I say no, so should I sleep with him? I also fear that my friends will laugh at me if they find out I like boys; they think I have a girlfriend. They say everyone has sex when they are my age.

Paul

Step 2

- Split participants into 3 or 4 groups and ask them to discuss the following questions about Paul’s letter:
  - What do you think is Paul’s main problem?
    - His boyfriend?
    - His own worries about his boyfriend?
    - His worries about his friends finding out he likes boys?
    - Should Paul be worried about what his friends think?
    - Would you or your friends laugh at someone like Paul?
  - Should Paul
    - Have sex with his boyfriend?
    - Only have sex with him if he threatens to have sex with someone else?
    - Leave him because he doesn’t respect him?
Step 3
- Now read aloud the letter from Auntie Maggie to Paul or have one of the participants read it aloud to the groups.

**Auntie Maggie’s response to Paul’s letter**

Dear Paul:

People should never have sex if they do not want to, and your letter shows that you do not want to. Your boyfriend should not demand sex from you if you are not comfortable with it. You have no obligation to “satisfy him”. Even if he says that he has sexual needs, if he really loves you, he will respect your needs. Please remind him that unprotected sex can lead to STIs and all sorts of misery. Do not do what your friends say just to please them. If they are your friends they should respect your decision and support you. You should not feel under any pressure to tell your friends that you have a boyfriend and not a girlfriend until you feel ready and trust them enough to tell them.

Auntie Maggie

Step 4
- Ask the groups to discuss the following questions:
  - What do you think of Auntie Maggie’s letter?
  - What advice did she give to Paul?
  - Do you agree with the advice she gave?
  - What will happen next?

Step 5
- Ask participants to discuss this question: What can you do if you or your friends are in a similar situation?
  - To help yourself do only what you want?
  - To help your friends do only what they want?
  - To help your girlfriend or boyfriend act responsibly?
SESSION 3—Assertive, Aggressive, and Passive Behaviors

Objectives

- To understand the difference between passive, aggressive, and assertive behaviours
- To encourage guys to be assertive without being too aggressive when making a sexual decision—for example, to delay sex or abstain
- To better understand the disadvantages of being passive

Time
Approximately 50 minutes

Materials
Sheets of A4 paper,
Flip chart paper
Markers
Pens or pencils

Instructions

Step 1
- Ask three participants to pick and act out one assertive, one passive, and one aggressive behaviour from the lists below.
- After the short scenes are acted out, ask the participants to read aloud the rest of the lists to participants.

Assertive behaviour
- Telling someone exactly what you want in a way that does not seem rude or threatening to them
- Standing up for your rights without violating the other person’s rights
- Respecting yourself and others
- Listening and talking
- Expressing positive and negative feelings
- Being confident but not “pushy”
- Staying balanced and knowing what you want to say
- Being specific and using “I” statements
- Talking face-to-face with the person
- Using body language that shows you are standing your ground, and staying centred

Aggressive behaviour
- Expressing your feelings, opinions, or desires in a way that threatens or punishes the other person
- Standing up for your own rights but at the expense of others
- Overpowering others
- Reaching your own goals by putting others down
- Dominating behaviours—for example, shouting, demanding, not listening to others, saying others are wrong, leaning forward, looking down on others, wagging or pointing a finger at others, threatening or fighting

**Passive behaviour**
- Giving in to the will of others
- Hoping to do what you want without actually having to say it
- Leaving it to others or letting them decide things for you
- Taking no action to assert your own rights
- Putting others first at your own expense
- Giving in to what others want
- Remaining silent even when something is bothering you
- Apologizing a lot
- Acting submissive—for example, talking quietly, laughing nervously, sagging shoulders, avoiding disagreement, hiding face with hands

**Step 2**

**Individual assertiveness assessment (15 minutes)**
- Explain that this exercise is designed to help participants discover how assertive they already are.
- Give each participant a piece of paper and a pen or pencil.
- Read each of the statements below. Repeat if necessary.
- For each of the following statements, ask participants to write an M for most of the time, S for some of the time, and N for never or almost never.

1. I can express my feelings honestly.
2. When I say how I feel, it is not to hurt someone else.
3. I express my view on important things, even if others disagree.
4. I offer solutions to problems, instead of just complaining.
5. I respect others’ rights while standing up for my own.
6. I ask my friends for a favour when I need one.
7. I take responsibility for my own feelings instead of blaming others.
8. If I disagree with someone, I don’t use verbal or physical abuse.
9. I can admit when I am angry.
10. I can say “no” without guilt or an apology.
11. I do not do risky things with my friends even if they want me to.
12. I ask for help when I am hurt or confused.

**Step 3**
- Ask participants to count how many times they wrote down an M.
- Tell participants that the total number of M scores mean the following:
  - **0–4:** You need to work hard at being more assertive.
  - **5–9:** You are somewhat assertive, but could improve.
  - **10–12:** You are good at being assertive and need to keep practicing.
Step 4
- Facilitate a discussion with participants asking the following questions:
  - Why is it sometimes difficult to be assertive?
  - How can being assertive help in a relationship?
  - How can being assertive help in a family?
  - How can being assertive help in a peer group?

Step 5
- Ask participants to imagine that aggressiveness, assertiveness, and passiveness are like a hierarchy.
  - The aggressive person is the one at the top, looking down on everyone else.
  - The assertive person is perfectly balanced in the middle and quite comfortable with himself or herself and others.
  - The passive person is at the bottom, looking down at the ground and feeling bad.
- Divide a piece of flipchart paper into three columns labelled “Passiveness”, “Assertiveness”, and “Aggressiveness”.
- Ask participants to give examples of passiveness, assertiveness, and aggressiveness under each column.
- Write down their suggestions.
- Use the following table as a guide:

<table>
<thead>
<tr>
<th>Passiveness</th>
<th>Assertiveness</th>
<th>Aggressiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Giving in to the will of others</td>
<td>Telling someone exactly what you want but in a way that does not seem rude or threatening</td>
<td>Expressing your feelings or desires in a way that threatens or punishes others</td>
</tr>
<tr>
<td>Hoping to get what you want without having to say it</td>
<td>Standing up for your rights without endangering the rights of others</td>
<td>Insisting on your rights while denying their rights</td>
</tr>
<tr>
<td>Leaving it to others to decide for you</td>
<td>Knowing what you need and want</td>
<td>Dominating, shouting, demanding, not listening to others</td>
</tr>
<tr>
<td>Being submissive</td>
<td>Expressing yourself with “I” statements: say “I feel” not “you…”</td>
<td>Looking down on people</td>
</tr>
<tr>
<td>Talking quietly, giggling, looking down or away, sagging shoulders, hiding the face with hands</td>
<td>Looking people in the eye</td>
<td>Saying others are wrong and you are always right</td>
</tr>
<tr>
<td>Passiveness</td>
<td>Assertiveness</td>
<td>Aggressiveness</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>---------------------</td>
<td>-----------------------------------------------------</td>
</tr>
<tr>
<td>Avoiding disagreement at all costs</td>
<td>Standing your ground</td>
<td>Blaming, threatening, or fighting with others</td>
</tr>
</tbody>
</table>

**Step 6**

- Facilitate a discussion on the results above, asking the following questions:
  - Do you know people who are passive, aggressive, and assertive?
  - What are the negative results of being passive?
  - What are the negative results of being aggressive?
  - How can someone learn to be assertive instead?
  - Why do you think passive, aggressive, and assertive behaviour is essential when protecting yourself from HIV and other STIs?
Module 6: Male Circumcision

SESSION 1—Medical Male Circumcision

Objectives
- To understand the definition of medical male circumcision
- To understand the health benefits of male circumcision to men

Time
Approximately 60 minutes

Materials
Flip chart paper
Markers

Instructions

Step 1
- Ask participants what they think male circumcision is and how long male circumcision takes to heal.
- Listen to answers and then read the description below of male circumcision and the healing period.

Male circumcision is the surgical removal of the foreskin, the tissue covering the head of the penis. In adult men, a four- to six-week period is required to fully heal the wound. When circumcision is performed on babies, healing is usually complete after about one week.

Step 2
- Divide participants in two groups.
- Ask one group to discuss what they think are the BENEFITS to men being circumcised. Ask the other group to discuss the NEGATIVE EFFECTS of men being circumcised. Ask each group to record their main points on flipchart paper.
- When participants have finished their discussions, ask each group to present their points.
- Use the following lists to add any additional information that participants may not have covered.

Benefits of male circumcision
- The skin on the head of the penis is less likely to get infected.
- Circumcision reduces the risk of HIV infection up to 60%.
- The man is less likely to get genital ulcers.
- Male infants have fewer urinary tract infections.
- Male circumcision prevents inflammation of the glans and the foreskin.
- Circumcised men find it easier to clean their penises.
Negative effects of the circumcision operation
- There is an increased risk of passing HIV to another person if HIV-positive men have sex before the circumcision is completely healed.
- Male circumcision can lead to excessive bleeding, but this can be controlled if the operation is done by a trained professional.
- There is increased sensitivity of the penis for the first few months after the operation.
- There is some pain during healing, which can be controlled by painkillers.
- Sometimes there is an infection after the operation.

Step 3
Explain the following points to participants:
- Male circumcision does not provide 100% protection from HIV infection or sexually transmitted infections.
- Male circumcision is only beneficial to the penetrative male partner during anal sex, not for the receptive male partner of anal sex.
- Male circumcision does not keep HIV-positive circumcised men from infecting others.
- Male circumcision does not replace other HIV-prevention methods like condom use, partner reduction, faithfulness, and abstinence.
- Male circumcision does not change the man or his partner’s sexual satisfaction.

- Conclude the session by explaining that that male circumcision is currently available in specific public hospitals; private hospitals can also perform the procedure.
- Stress again that male circumcision does not completely prevent HIV. For this reason, circumcised men still must use condoms every time they have sex.
SESSION 2—Male Circumcision as an HIV-Prevention Strategy

Objectives
- To increase knowledge of the health benefits of male circumcision for a man and his sexual partner
- To discuss the messages and channels for promotion of male circumcision

Time
Approximately 45 minutes

Materials
Flipchart paper and markers
Prestick or Tape

Note to Facilitators
- Before the session begins, prepare a piece of flipchart paper with the following definition, and then cover it with a blank piece of paper or keep it to one side.
  Male circumcision is the removal of the foreskin that covers the head of the penis.

- Write the following information on the next sheets of flipchart paper and cover them with blank pieces of paper.

  Ways in which male circumcision protects against HIV and STI infection:
  o The skin on the head of the penis becomes less vulnerable to infection.
  o There are fewer HIV target cells.
  o There is less chance of genital ulcer disease.

  Other benefits to male circumcision:
  o There are fewer urinary tract infections in male infants.
  o Prevents inflammation of the glans and the foreskin.
  o Prevents other health problems associated with the foreskin (the inability to retract the foreskin; swelling of the retracted foreskin resulting in the inability of the foreskin to return to its normal position).
  o It is easier to keep the penis clean.
  o Some studies have shown that female partners of circumcised men have less chance of cancer of the cervix.
  o Circumcision may lower the chance of cancer of the penis.
  o Circumcised men have fewer STIs.
**Instructions**

**Step 1**
- Write the term “Male Circumcision” on a blank piece of flip chart paper and ask the participants if they know what it means.
- Write participant responses on the flip chart paper
- Now remove the blank flip chart paper and reveal the definition underneath.
- Make sure everyone understands what male circumcision is.

**Step 2**
- Explain that there is no age limit for male circumcision. Any male can be circumcised as an infant, a child, a young man, or an older adult man.
- Now show the flipchart page you prepared in advance, listing the ways male circumcision protects against HIV and other STIs and explain.
- Then show the flipchart pages you prepared in advance, listing the other benefits and explain.

**Step 3**
- Explain that in some cultures male circumcision is a part of a traditional ritual that shows a boy is a man.
- It is often done in a community setting when boys are young.
- In some cultures, if a boy is not circumcised in this ritual, he will never be considered a man.
- Sometimes, traditional circumcisions are performed under unhygienic conditions. For this reason, Namibia is working with traditional circumcisers to make sure the procedure is well done.
- The safest way to be circumcised is by a trained medical practitioner in a clinical setting. Namibia has trained clinical providers in male circumcision methods.

**Step 4**
- Explain that if a man is circumcised, he must wait six to eight weeks before he can resume sexual activity.
- If he does not wait six to eight weeks, he might increase his risk of STIs including HIV, and more easily transmit HIV or another STI to a partner.

**Step 5**
- Make SURE that participants understand the following:
  - Male circumcision reduces the risk of HIV infection from a man to a man during anal sex, but it does NOT completely protect the men against HIV.
  - Male circumcision offers only a 60% protection to a man against HIV transmission.
  - Male circumcision has no benefits for the male partner that is receptive of anal sex if he is circumcised. Only the penetrative partner has a reduced risk of contracting HIV.
• For this reason, circumcised men still need to use a condom every time they have sex.

**Step 6**

- Divide the participants into two teams and ask them to discuss the barriers to male circumcision. Ask each group to note their main discussion points on flipchart paper.
- After the discussion, ask each group to present back their main points.

**Step 7**

- Now ask the questions below:
  - Do you think male circumcision is important for the prevention of HIV? Why or why not?
  - Do you think that men from cultures that do not traditionally circumcise will go for circumcision?
  - Do you think men will understand that even if they are circumcised, they still need to use condoms?
  - Do you know where a man can go to get circumcised in your area?
  - What can men do to encourage other men to think about circumcision?

**Step 8**

- Emphasize again in closing that the following points:
  - Male circumcision is an important strategy for HIV prevention.
  - However, even though it does reduce the risk of HIV infection from one man to another, it does not completely prevent HIV.
  - Circumcised men must still use a condom every time they have sex.
Module 7: Multiple Concurrent Partnerships, Cross-Generational Sex, and Transactional Sex

SESSION 1—Definitions of Multiple Concurrent Partnerships, Cross-Generational Sex, and Transactional Sex

Objectives
- To define multiple concurrent sexual partners, cross-generational sex, and transactional sex

Time
Approximately 60 minutes

Materials
Sheets of paper
Pens or pencils

Instructions

Step 1
- Explain that this session will explore three issues related to sexual activity:
  - Men and/or women with concurrent multiple sexual partners
  - Men and/or women engaging in cross-generational sex
  - Men and/or women engaging in transactional sex

- Divide the participants into three groups and assign one of the following issues to each:
  - Group 1: Multiple concurrent sexual partners and multiple partners (serial monogamy)
  - Group 2: Cross-generational sex
  - Group 3: Transactional sex

Step 2
- Ask each group to decide on a definition of their term(s).
- If they prefer, they can simply provide an example of their term(s) or they can draw a picture of what they think it is.

Step 3
- Ask someone from each group to share their definition and/or example.
As each group presents its definition, ask participants to provide additional examples.

Check that the definitions are similar to the following, and correct any misconceptions:

- **Multiple concurrent sexual partners**: Applies when a person is involved in more than one sexual relationship during the same period of time—for example, a man who is sexually active with his main partner but also has a boyfriend with whom he has sex.

- **Cross-generational sex**: Refers to two sexually involved individuals with at least a 10-year difference in their ages—for example, a 30-year-old man who is in a sexual relationship with an 18-year-old boy.

- **Transactional sex**: Refers to a sexual relationship or sexual act in which the exchange of gifts, services, or money is an important factor—for example, an older man buys a younger boy a cell phone or pays his school fees in exchange for sex or sexual favours.

**Step 4**

- After the groups have shared and discussed their definitions, ask each group to discuss the following question: *Why does this behaviour put men, women, and communities at risk for HIV?*

**Step 5**

- When they are ready, ask each group to share their response to the question in Step 4.

- Be sure to include the following points if they are not mentioned:

  - **Multiple concurrent sexual partners**: A person is much more likely to pass on HIV if he or she has more than one sexual partner during the same period of time. It is easiest to transmit HIV when a person is first infected because their viral load is high and they are in the window period. Therefore, if someone is infected by one person and has unprotected sex soon after with a second person, that second person will likely become infected too. Multiple concurrent sexual partners connects you to a sexual network.

  - **Cross-generational sex**: When a man has sex with a person who is more than 10 years younger, there is a major imbalance in power. As a result, the younger person may find it difficult to say no to sex or difficult to convince the older person to use a condom and lubricant. The older person has also probably had more sexual experience, and therefore is more likely to be infected.

  - **Transactional sex**: A person who is receiving money, gifts, or services in exchange for sex may find it difficult to say no to sex and may be unable to negotiate condom and lubricant use.
Step 6

- Ask the following questions:
  - Why do you think that men are more likely than women to have multiple concurrent sexual partnerships?
  - Why do you think men are more likely than women to engage in sex with partners at least 10 years younger than they are?
  - Why do you think men are more likely than women to provide gifts, services, or money for sex?
  - What are the reasons for people to become involved in multiple concurrent sexual partnerships, transactional sex, and cross-generational sex?
  - What can you do to protect yourself if you are in one of these relationships?
SESSION 2—Stories About Multiple Concurrent Partnerships

Objectives
- To define the terms “multiple concurrent partnerships” and “multiple partnerships”
- To discuss multiple and concurrent partnerships

Time
Approximately 60 minutes

Materials
None

Instructions

Step 1
- Ask participants to read aloud the definition of “multiple and concurrent partnerships” and the term “multiple partnerships” and make sure they understand the difference. Then have participants read the definition of “bisexual concurrency” and discuss it with participants.

  o **Definition of the term “multiple concurrent partnerships”**

    Multiple concurrent partnerships are sexual relationships where an individual has two or more sexual relationships that overlap in time. A sexual relationship is considered to be concurrent if a person reports having two or more sexual partners during the same period of time. One example is when a man has a wife and also other regular sexual partners.

  o **Definition of the term “multiple partnerships”**

    Multiple partnerships is the practice of having two or more sexual partners over a period of time but without an overlap. One example is when a man has a boyfriend, then breaks up with him and has another boyfriend.

  o **Definition of the term “bisexual concurrency”**

    Bisexual concurrency refers to sexual relationships where a man has two or more sexual relationships that overlap in time with people who are male and female. A sexual relationship is considered to be concurrent if a person reports having two or more sexual partners during the same period of time. One example is when a man has a wife and also other regular male sexual partners.
Step 2

- Read aloud to participants the following stories one at a time or have participants read them. Stimulate a discussion by asking the questions that are listed after each story.

**Story 1**
Two young men are talking about HIV and AIDS. One man is afraid that he might get infected and has decided to only have sex with the girl he intends to marry. The other man laughs at him and says that sexual variety is the spice of life. He says it is no fun to have sex with only one girl, and sometimes to even have sex with boys.

- Why do some men who have sex with men like to have many different sexual partners at the same time?
- What is the risk with having many different sexual partners at the same time?
- Why do you think the first man is able to be faithful to one partner?
- What should the second man do to protect himself and his partners?

**Story 2**
A young man has a girlfriend he loves very much, but he is a student and has no money. He also has a sugar daddy who is an older married man. The sugar daddy buys him gifts and gives him money. He doesn’t use condoms and lubricants with the sugar daddy, and he suspects he has sex with other guys as well. Since he gives some of the money to his girlfriend, he feels it’s ok to have sex with the sugar daddy, even if his girlfriend does not know.

- What is the risk with this situation?
- What should the young man do to protect himself from HIV infection?
- Will the sugar daddy accept the use of condoms?
- Will the young man give up his gifts and money?

**Story 3**
Two male friends who have regular partners hadn’t seen each other in a long time and decided to go to a bar together. They were getting a little drunk and started talking to two guys. One of the men decided to go home with one of the guys. The guy confessed to him that he has a regular sexual partner. The man was not carrying a condom, nor were there any condoms available at the bar. Though his friend advised him not to, the man decided to have sex without a condom with the guy anyway. The following weekend, the man and the guy met again and had sex. In the meantime, the man was also having sex with his regular sexual partner. This became a practice, and the men had sex with the guy from time to time.

- How does drinking alcohol affect decisions about sex?
- Why do some men who usually use condoms have sex anyway if there are none available?
- What are the advantages of always carrying condoms?
• What is the problem with having sex without a condom with someone you just met in a shebeen and whose HIV status you do not know?

Story 4
One Saturday, an attractive young man got nicely dressed and went out to find a man to have sex with, in the hope of getting a little money. He met a man who bought him a beer. As night approached, the young man decided to go home with the stranger. After some kissing and touching, he asked him if he had a condom. He said no, and they had sex anyway. The man he met was married, and his wife lived in the village. The young man also had a regular partner he was dating.

• What are the advantages of young men trading sex for money?
• What are the disadvantages of young men trading sex for money?
• What should the young man have done differently?
• How would the other sexual partners of the young man and the older man feel if they knew?

Story 5
A young man has been looking for a job for a long time without success. He finally gets an offer to work for a man who owns a small business. The man invites him to his house to sign some papers. At his house, he tells the young man that he has to have sex with him in order to get the job. The young man agrees, even though he doesn’t want to, because he really needs the work. After he gets the job, the man tells him he will have to have a regular sexual relationship with him in order to keep his job. The young man learns that the other two men who work at the business are also in the same situation. They all want to keep their jobs, so no one is willing to turn down the man’s offer.

• What other examples are there of men who abuse their positions and power to get people to have sex?
• What can be done to stop men from abusing their positions and power?
• What could the young man have done in this situation?
• How common is it for men to abuse their positions and power to get sex?

Story 6
A married taxi driver with three children also has two regular girlfriends. Now and again, he also has sex with male and female passengers who are not able to pay for taxi rides, including some school boys. He doesn’t like using condoms and refuses to go for an HIV test.

• Why are passengers so interested in having sex with the taxi driver?
• What are the advantages of reducing the number of different sexual partners?
• What are the advantages of the taxi driver using condoms, if it is impossible to be abstinent or faithful?
SESSION 3—Factors That Lead Young Men to Have Cross-Generational Sex

Objective
- To identify and discuss factors that lead to young people engaging in cross-generational sex

Time
Approximately 60 minutes

Materials
Flip chart paper
Markers

Instructions

Step 1
- Divide participants into three or four groups.
- Give each group a piece of flip chart paper and a marker.

Step 2
- Ask the groups to divide their papers into two parts.
- In one part, ask them to list reasons why young men might have sex with someone who is 10 years older and not their marital partner.
- In the other part, ask them to list the reasons why an older man might have sex with someone who is 10 years younger and not their marital partner.
- Give groups some time to complete the exercise.

Step 3
- Ask each group to present the results of their discussion to the other participants.

Step 4
- When groups have completed their presentations, facilitate a general discussion on the reasons why young men have cross-generational sex and why older people have cross-generational sex.
- Ask the question, "What are the risks to the younger person and older person of this sexual behaviour?"
- List participants’ responses on the flip chart paper and discuss.
Step 5

- Ask participants to go back into their groups and list the reasons why young men have sex, the possible risks involved, and what they can do to protect themselves. The table below is an example you can use.

<table>
<thead>
<tr>
<th>Reason to have sex with older person</th>
<th>The risk involved</th>
<th>Protection method to reduce risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being in love</td>
<td>He may be having sex with other men you don't know about</td>
<td>Always use a condom and lubricant when having sex</td>
</tr>
</tbody>
</table>
Module 8: Sexually Transmitted Infections Screening and Treatment

STI Fact Sheet

Sexually transmitted infections (STIs) are passed on from one person to another during sex or sexual contact. Examples of common STIs are syphilis, gonorrhoea, and herpes; there are many others.

**Penile (Penis) Symptoms**
- Discharge (fluid) from the penis
- Pain or burning feeling when urinating
- Urinating more often than usual
- Dark-coloured urine
- Pain during sexual intercourse
- Pain and swelling of the testicles
- Sores, blisters, ulcers, a rash around the penis
- Warts—flesh-coloured, raised growths found on the head or shaft of the penis and on the testicles
- Abdominal pains
- Swelling of lymph nodes (glands) in the groin

**Anal Symptoms**
There are several types of STIs that cause various signs and symptoms in and around a man’s anus. All of the symptoms below can indicate there is an STI present. Any person experiencing one or more of the following symptoms should seek medical help immediately.

- Sores, blisters, ulcers, rash around the anus
- Irritation, discharge, or bleeding from the anus
- Itching in and around the anus
- Pain in anus when passing stools
- Unusual discharge (fluid) from anus
- Discomfort during sexual intercourse

Many STIs present no symptoms. Therefore, if you are sexually active, you should go for regular screening.

Always seek health advice from a health professional. Do not treat STIs yourself.
SESSION 1—STI Problem Tree

Objective
- To understand the causes and effects of STIs

Time
Approximately 60 minutes

Materials
Flipchart and markers
Pieces of paper

Step 1
- It is advised to go through the STI fact sheet with participants before conducting the rest of the STI sessions.
- Divide the participants into three or four small groups. Each group will draw a problem tree.
- Ask the group to draw a tree trunk in the middle of the flipchart paper.
- Ask the group to brainstorm some of the causes of STIs among men who have sex with men. Each of these causes should be depicted as the root of the problem tree.
- The group should then discuss what contributes to these initial causes. For example, if one of the causes is unprotected sex, the group should think about what causes men to have unprotected sex. One may be dislike of condoms, which may be drawn as the sub-root of the original cause.
- Next the group should write down the effects of the STIs as branches of the tree. The group should now identify what contributes to the effects of STIs.
- Once all the groups are finished, all the flipcharts should be put on the wall. Allow participants to look at all the trees posted on the walls.

Step 2
- Gather the group in a circle and discuss the following questions:
  - Did the groups identify the same causes and effects? What causes needs to be most urgently addressed in order to reduce STIs?
  - What have you learned from the exercise? How can you apply this to your own lives and relationships?

Step 3
- STIs are caused by a lot of factors, including a lack of knowledge.
- Many men who have sex with men often don’t realise that they are at risk of contracting STIs or HIV.
- The passive (receptive) partner may not be aware of an STI in his anus. Consult the STI fact sheet for some of the most common symptoms.
- Men may be hesitant and unwilling to test for STIs, as many men don’t access health services. This may lead to a man delaying the care he needs and suffering more serious consequences than he would have experienced if he had sought out care earlier.
SESSION 2—Levels of HIV and STI Risk

Objectives
- To identify the level of HIV and STI Risk of various behaviours and sexually pleasurable behaviours.

Time
Approximately 90 minutes

Materials
- 4 papers with the headings: Higher Risk, Medium Risk, Lower Risk, No Risk (also see resource sheet)
- Each of the sexual behaviours listed below, printed on A4 sheets
- Handout for all participants: Levels of Risk and STI Infection
- Markers and flipchart paper

Step 1
In large letters, write the four headings above on the pieces of paper, one per piece of paper. In large letters, write the following behaviours on pieces of paper, one per piece of paper.

- Abstinence
- Masturbation
- Mutual masturbation
- Vaginal sex without a condom
- Vaginal sex with a condom
- Hugging a person who is infected with HIV or another STI
- Fantasizing
- Body rubbing (squeezing)
- Sharing sex toys
- Deep kissing with tongue
- Dry sex without a condom
- Massage
- Anal sex with a water-based lubricant and a condom
- Anal sex with Vaseline or oil as a lubricant and a condom
- Anal sex using only a condom
- Sharing uncovered sex toys like dildos and vibrators
- Performing oral sex on a man while he is not wearing a condom
- Receiving oral sex from a man while you are not wearing a condom
- Receiving oral sex from a man while you are wearing a condom
- Performing oral sex on a man who is wearing a condom
- Performing oral sex on a woman without protection
- Performing oral sex on a woman with protection
- Licking the anus (rimming)
Step 2
Explain to participants that they are going to do an activity about behaviours that may put people at risk of contracting an STI or HIV. Lay out on the floor the four papers that list four levels of risk. Start with NO RISK, then lay out next to each other LOWER RISK, then MEDIUM RISK, and finally HIGHER RISK.

Step 3
Give out the pieces of paper that list behaviors. Ask one of the participants to read the behaviour on his or her paper and place it on the floor under the correct category: NO RISK, LOWER RISK, MEDIUM RISK and HIGHER RISK of contracting an STI or HIV. Ask participants to explain why they placed the cards there.

Step 4
Repeat Step 3 until all the papers with behaviours have been placed on the floor. Ask participants to review where the behaviours have been placed and discuss whether they are under the correct headings. Then ask the following questions:

- Does anyone disagree with the placement of some behaviour?
- Is there anyone who does not understand the placement of behaviour under a heading?
- Did anyone have difficulty placing the behaviours under headings? Why?
- Distribute the handout to all participants.

Step 5
Discuss the placement of behaviours that are not clear-cut, in terms of their risk. Use the information in the closing and the handout to help you place the behaviours.

Step 6
Ask participants to look at the behaviours in the NO RISK and LOWER RISK categories. Ask the group about some other behaviour that fit in these categories. Emphasise that there are many pleasurable sexual behaviours that involve low or no risk.

Step 7
Finish the activity by emphasising that the risk depends on the context of the behaviour and review the handout.

HIV and STI risk depends on:

- the viral load of the person (amount of HIV virus in the person's body)
- whether the sexual partner is the “giver” or “receiver” of the sexual behaviour
- how weak or strong the people’s immune system is
- if the person has a cut, sore, or openings in the skin where HIV and bacteria for STI infection can enter
- the presence of sores and bloody gums during oral sex
- how correctly and consistently lubricants, condoms, and other protections are used.
# Handout: Levels of HIV and STI Risk

<table>
<thead>
<tr>
<th>LEVEL</th>
<th>BEHAVIOR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No Risk</strong></td>
<td>• Abstinence</td>
</tr>
<tr>
<td></td>
<td>• Masturbation</td>
</tr>
<tr>
<td></td>
<td>• Hugging a person who is infected with HIV or an STI</td>
</tr>
<tr>
<td></td>
<td>• Fantasizing</td>
</tr>
<tr>
<td></td>
<td>• Massage</td>
</tr>
<tr>
<td></td>
<td>• Body rubbing (squeezing)</td>
</tr>
<tr>
<td><strong>Lower Risk</strong></td>
<td>• Vaginal sex with a condom</td>
</tr>
<tr>
<td></td>
<td>• Anal sex with a water-based lubricant and condom—the chances of the condom breaking are higher than for vaginal sex, so it can be placed in another category</td>
</tr>
<tr>
<td></td>
<td>• Performing oral sex on a man who is wearing a condom</td>
</tr>
<tr>
<td></td>
<td>• Performing oral sex on a woman with protection.</td>
</tr>
<tr>
<td></td>
<td>• Sharing uncovered sex toys like dildos and vibrators</td>
</tr>
<tr>
<td></td>
<td>• Receiving oral sex from a man while you are wearing a condom</td>
</tr>
<tr>
<td><strong>Medium Risk</strong></td>
<td>• Performing oral sex on a man who is wearing a condom</td>
</tr>
<tr>
<td></td>
<td>• Performing oral sex on a woman without protection</td>
</tr>
<tr>
<td></td>
<td>• Licking the anus (rimming)</td>
</tr>
<tr>
<td></td>
<td>• Receiving oral sex while you are not wearing a condom</td>
</tr>
<tr>
<td><strong>Higher Risk</strong></td>
<td>• Vaginal sex without a condom</td>
</tr>
<tr>
<td></td>
<td>• Anal sex without a condom</td>
</tr>
<tr>
<td></td>
<td>• Dry sex without a condom</td>
</tr>
<tr>
<td></td>
<td>• Anal sex with Vaseline or oil as a lubricant and condom</td>
</tr>
<tr>
<td></td>
<td>• Anal sex using only a condom</td>
</tr>
<tr>
<td></td>
<td>• Licking the anus (rimming)</td>
</tr>
<tr>
<td></td>
<td>• Sharing sex toys</td>
</tr>
</tbody>
</table>

- No Risk: No contact with infected body fluids, sores or skin rashes. If there is no contact with the above mentioned then there is no risk of HIV or STI infection from an infected person to an uninfected person.

- Lower Risk: There is a possibility of HIV and STI infection when there is failure in the method of protection. Using a condom still carries some risk but because no protective measure is 100% effective.

- Medium Risk: There is a medium possibility of HIV and STI transmission. This can be due to a lack of protection in situations where there is some chance of infection entering another person’s body (such as oral sex without a condom). Or protection is used, but there is a very strong chance that HIV- and STI-infected fluids will enter another person’s body (such as anal sex with a condom).

- Higher Risk: High probability of HIV and STI transmission. This is because no protection is used and there is strong chance of HIV and STI infection entering another person’s body.
**Many factors affect these levels of risk:** The level of risk may vary on these behaviours, based on a range of factors. These include:

- the viral load of the person (amount of HIV virus in the person’s body)
- whether the sexual partner is the “giver” or “receiver” of the sexual behaviour
- how weak or strong the people’s immune system is
- if the person has a cut, sore, or openings in the skin where HIV and bacteria for STI infection can enter
- the presence of sores and bloody gums during oral sex
- how correctly and consistently lubricants, condoms, and other protections are used
SESSION 3—Burning Questions about STIs

Objectives
To understand the basic information about STIs and recognise ways in which individuals can prevent themselves from becoming infected with STIs

Time
Approximately 60 minutes

Materials
- True and false statements
- Nine large A4 papers with an X marked on them
- Nine large A4 papers with an O marked on them
- Enough copies for all participants of the handout: Burning Questions about STIs

Note for Facilitators
To simplify this activity, the facilitator can ask participants to answer the questions themselves without using the participant handout. The advantage is that you would not need to make copies of the questions. The disadvantage is that participants may give answers that are partially correct, which may cause confusion when deciding if team gets points for a correct answer.

Step 1
- Arrange nine chairs three rows deep and three rows wide to form a square. Ask nine participants to sit in the nine chairs. Provide each of them with one of the nine cards with the true or false answer on it.

Step 2
- Divide the other participants into two teams to play Tic Tac Toe (also known as noughts and crosses). One team will be Xs and the other will be Os. Each will take turns determining if the answer is true or false to questions read by the facilitator. If they are right, they get their corresponding X or O in the square. If they are wrong, the other team’s X or O goes in the square. The first team to make three Xs or Os in a row wins.

Step 3
Draw a diagram of the Tic Tac Toe board to show how it should look after a team wins.

Step 4
- Flip a coin to decide which team goes first. That team can decide what square to try first.
The facilitator will ask the person in the square the question. The team will then decide whether they agree or disagree with the answer.

The correct answer is then given. If the team is right, then the person on the square will hold up the X or O. If the team is wrong, then the other team’s X or O is held up.

The teams take turns until one gets three in a row or all the squares have been filled in. Once the game is over, the facilitator passes out the handout so that participants have the answers to each question.

**Step 5**

- STI stands for sexually transmitted infection.
- STIs are a group of infections that are passed from one person to another through sexual contact.
- STIs are most commonly passed through anal, vaginal, and oral sex.
- In order for an infection to occur, one person is infected and passes the infection on to his or her partner.
- The presence of other STIs may also increase the risk of contracting or transmitting HIV.
- It is important to get tested for STIs because you may not have symptoms of the infection and you can unknowingly pass it on to someone else.
Handout: Burning Questions and Answers about STIs

Square 1: What are STIs and how do people get them?

Square 1 answer: STI stands for sexually transmitted infection. STIs are a group of infections that are passed from one person to another through sexual contact. STIs are most often passed via anal, vaginal, and oral sex. Some STIs, including HIV and syphilis, can be passed from a mother to her child during pregnancy, delivery, and breastfeeding. In order for an infection to happen, one person must be infected and pass the infection on to his or her partner.

Correct answer? YES.

Square 2: What are the most serious STIs?

Square 2 answer: Gonorrhoea is the most serious of all the STIs. An infected person must be treated with antibiotics. If left untreated, gonorrhoea can kill you.

Correct answer? NO. HIV infection, which causes AIDS, is deadly. Syphilis can be fatal, but can be treated with effectively with medication. Gonorrhoea and chlamydia, if left untreated, can cause infertility in both men and woman. The human papillomavirus (HPV) is an STI with different strains. Some produce genital warts, some of which can lead to cervical cancer in woman. The presence of an STI increases the risk of becoming infected with HIV.

Square 3: How do I know I have an STI?

Square 3 answer: Men will always know if they have any STI because it will burn when they urinate or they will have blisters on their penis. If these symptoms don’t exist, then the man is okay.

Correct answer? NO. Many people with STIs have no symptoms. When symptoms appear, they may include unusual discharge from the vagina or penis, pain or burning with urination, itching or irritation of the genitals, sores or bumps on the genitals, rashes (including on the palms of the hands and soles of the feet), and pelvic pain for woman (pain below the belly button).

Square 4: How can I protect myself from STIs during sex?

Square 4 answer: Only have sex with an uninfected partners who only has sex with you. If this is not possible or if you don’t know if your partner is infected, use condoms every time you have anal or vaginal sex. For oral sex, place a condom over the penis or cut open a plastic wrap or a condom to cover the vagina or anus. You can also engage in other kinds of sexual activity.

Correct answer? YES.
Square 5: Can someone without any symptoms of STIs still be contagious?

Square 5 answer: Yes, many people who have STIs have no symptoms. But they can still pass the infection on to others. For example, many people infected with chlamydia and gonorrhoea have no symptoms. Individuals infected with HIV may show no signs of infection for many years, but they can still pass the virus on.

Correct answer? YES.

Square 6: What should I do if I think I may have an STI?

Square 6 answer: Go to a clinic and have health worker do a STI test as soon as possible. Do not wait and hope the STI will go away. If you have an STI, it is important to tell your recent sexual partners, if possible, so they can also get treatment.

Correct answer? YES.

Square 7: If I do have an STI, can it be cured?

Square 7 answer: Yes, all STIs can be cured

Correct answer? NO. Many STIs can be treated with antibiotics. However, viruses like HIV, hepatitis B, and genital herpes cannot be cured. Genital warts can be removed, but they can return.

Square 8: If I ignore my symptoms, will the STI go away?

Square 8 answer: All symptoms eventually go away after a while. But if you get treated they will go away faster.

Correct answer? NO. Sometimes the symptoms go away and sometime they stay. Either way the STI remains. If the STI remains untreated it will continue to harm the body.

Square 9: Why are so many men contracting STIs?

Square 9 answer: Many men who are infected do not realise they have an STI. Many people have multiple sex partners but do not use condoms. Many men do not access health services. Because proper diagnosis and treatment is not always available, many people with STIs go untreated and pass the infection on to others.

Correct answer? YES
This publication is made possible by the generous support of the American people through the United States Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) under the terms of Agreement No. GPO-A-00-07-00004-00. The contents are the responsibility of the C-Change project, managed by FHI 360, and do not necessarily reflect the views of USAID or the United States Government.
SBCC INTEGRATED PEER LEARNING GUIDE
FOCUSING ON THE DRIVERS OF HIV/AIDS EPIDEMIC

Introduction

Namibia is one of the hardest hit countries in Southern Africa with an HIV prevalence rate of 18.8% among adults 15–49 in 2010. Most at risk populations (MARPs), also referred to as key affected populations, include commercial sex workers (CSWs), mobile populations and clients of sex workers (truckers, miners, seafarers), and men who have sex with men (MSM). Namibia experiences high levels of population mobility due to the country's historical and current reliance on mining and fishing, as well as seasonal agriculture.

Commercial sex workers are at high risk both for getting HIV and STIs from their clients and for transmitting them to their clients and their non-paying sex partners. Factors that may increase HIV risk among CSWs include:

- a large number of daily clients, increasing the probability of exposure to HIV and STIs
- high frequency of sex under the influence of alcohol or drugs
- loss of control over condom use due to financial and physical coercion or violence,
- having non-client sex partners, both steady and non-steady, with whom condoms are not used, and
- difficult access to HIV and STI facilities due to the illegal and stigmatized nature of sex work

Effective prevention programs among CSWs require accurate knowledge about the drivers of the epidemic, determinants of individual behavior change and underlying factors. It is important to know under what conditions people may be prepared to change their sexual behavior and reduce their risk of contracting HIV.

Experiences in social and behavior change have shown that simply telling people about HIV and AIDS or the drivers of the epidemic may change knowledge, but is not sufficient to affect changes in individual behavior. Individuals and groups require a safe space in which to discuss risky behaviors and their underlying factors in order to effect behavior change.

It is hoped that this Integrated Peer learning Guide for CSW will be of use to partners working in the prevention of HIV among sex workers, and will result in widespread discussion for behavior change, contributing to the reduction of HIV transmission and prevalence in Namibia.
Process, Authors, Editors, and Reviewers
The first draft was developed by Dr Stephanie van der Walt Social and Behavior Change Technical Advisor from C-Change Namibia. The guide was further reviewed by Mr. Flavian Rhode, Social and Behavior Change Technical Advisor from C-Change Namibia. C-Change would like to express its gratitude to these organizations and individuals for prompting the development of the guides, and for their detailed field-testing and reviews:

Abel Shihana: ASWA
Lavinia Shikongo: SFH
Scholastica Goages: TRU
Nelson Goagoseb: TRU and ASWA
Jennifer Gomes: RNRT
Rosa Guguses: RNRT
Shirley Gaoses: Kings Daughter
Elsie Hlahla: SFH Lukas Haifiku: SFH
Christine Achamus: SFH
Kaanduka Nghipandulua: SFH
Johandra Groenewaldt: King's Daughters
Desiree Links: King's Daughters
Tomas Zapata: UNFPA
Gina Tibinyane: ORN

Resources
Sessions in this guide were developed by C-Change Namibia or adapted from the resources listed below. Where necessary, sessions were modified based on partner reviews. C-Change expresses its gratitude for these resources. Without their creativity and generosity, this guide would not have been possible.

AED. Stigma Reduction Curriculum (Module 1, Session 9)
AED and DFID. 2005. Peer Educator Toolkit for Namibia (Module 1, Sessions 6, 7)
AED/Sharp, Ghana. Toolkit for Peer Educators of Female Sex Workers: HIV and AIDS Prevention (Module 1, Sessions 2, 3, 4; Module 3, Sessions 7, 9; Module 5, Session 3; Module 6, Session 2)
AED/T-Marc Tanzania. 2009. Partner Training Guide (Module 1, Session 1)
AED/T-Marc, Tanzania. 2009. Peer Learning Guide for Women Engaging in Sex Work. The Makeover Manual (Module 1, Session 5; Module 2, Session 1; Module 5, Session 4; Module 5, Session 7)
Engender Health. 2008. Engaging Boys and Men in Gender Transformation: The Group Education Manual (Module 1, Sessions 8, 10; Module 2, Session 2; Module 3, Sessions 4, 6; Module 4, Sessions 1, 2, 3, 4; Module 6, Session 1)
NACSO. 2010. Curriculum and Training Tools for Peer Educators on VCT (Module 5, Session 2)
PACT Botswana. 2007. Outreach Guide: Partner Reduction and Protection (Module 5, Session 5, 6)
# Table of Contents

**MODULE 1 – HIV AND AIDS** ................................................................. 1  
SESSION 1 – HIV AND AIDS AND US .......................................................... 1  
SESSION 2 – WILD FIRE GAME ................................................................ 3  
SESSION 3 – HIV LEVEL OF RISK ............................................................. 5  
SESSION 4 – HIGH LEVEL OF RISK .......................................................... 7  
SESSION 5 – SELF ASSESSMENT ................................................................ 9  
SESSION 6 – STIGMA: IN THE RIVER, ON THE BANK ............................... 12  
SESSION 7 – OUR EXPERIENCES AS STIGMATIZER AND BEING STIGMATIZED 14  
SESSION 8 – STIGMA PROBLEM TREE .................................................... 16  
SESSION 9 – THINGS PEOPLE SAY ABOUT PLWHA AND OTHERS ............ 18  
SESSION 10 – HIV STATUS DISCLOSURE ROLE PLAYS ............................. 20

**MODULE 2: SEXUALLY TRANSMITTED INFECTION SCREENING AND TESTING** .... 23  
SESSION 1 – WHEN ILLNESS HITS: SEXUALLY TRANSMITTED INFECTIONS .............................. 23  
SESSION 2 – LEVELS OF STI RISK AND HIV ......................................... 26  
SESSION 3 – USING PICTURE CODES TO EXPLORE STI AND ITS EFFECTS ...... 30

**MODULE 3: ALCOHOL, SUBSTANCE ABUSE AND HIV** ................................. 32  
SESSION 1 – FACTORS CONTRIBUTING TO ALCOHOL ABUSE .................. 32  
SESSION 2 – TYPES OF SUBSTANCES COMMONLY ABUSED ..................... 34  
SESSION 3 – THE RISKS OF ALCOHOL ABUSE AND HIV ......................... 36  
SESSION 4 – PLEASURES AND RISKS ....................................................... 38  
SESSION 5 - ALCOHOL LIMITS FOR MEN AND WOMEN ......................... 41  
SESSION 6 – DECISION-MAKING, ALCOHOL, AND SUBSTANCE ABUSE .... 44  
SESSION 7 – DRINKING ALCOHOL AND CONDOM AND LUBRICANT USE ...... 48  
SESSION 8- USING PICTURE CODES TO DISCUSS ALCOHOL ABUSE AND HIV 50  
SESSION 9 - WHY PEOPLE DRINK AND HOW TO AVOID ALCOHOL ABUSE .......... 52  
SESSION 10- DRINKING ALCOHOL AND USING DRUGS AND GOOD DECISION MAKING 55

**MODULE 4: PREVENTION OF MOTHER-TO-CHILD TRANSMISSION** ............ 58  
SESSION 1 – LIVING POSITIVELY WHEN YOU ARE HIV-POSITIVE ............... 58  
SESSION 2 – PREVENTION OF HIV TRANSMISSION IN INFANTS AND YOUNG CHILDREN 61  
SESSION 3 – THE FACTS: UNDERSTANDING ARVs .................................... 64  
SESSION 4 – MAPPING EXISTING SERVICES FOR PLWHA .......................... 67  
SESSION 5 – ADHERENCE TO ART .......................................................... 70  
SESSION 6 - USING PICTURE CODES TO DISCUSS PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV 72
MODULE 5: CORRECT AND CONSISTENT CONDOM AND LUBRICANT USE .......................... 74

SESSION 1 – TALKING ABOUT USING CONDOMS AND LUBRICANTS WITH YOUR CLIENT .............................................. 74
SESSION 2 – DEMONSTRATING CORRECT MALE CONDOM AND LUBRICANT USE .......................................................... 77
SESSION 3 – FEMALE EMPOWERMENT: DEMONSTRATING CORRECT USE OF FEMALE CONDOM ........................................ 79
SESSION 4 – CONSISTENT MALE AND FEMALE CONDOM AND LUBRICANT USE .......................................................... 82
SESSION 5 – CONDOM FACTS AND MISINFORMATION ........................................................................................................ 85
SESSION 6 – ADVANTAGES AND DISADVANTAGES OF CONDOM USE .................................................................................. 88
SESSION 7 – NEGOTIATING SAFE SEX .................................................................................................................................. 90
SESSION 8 – USING PICTURE CODES TO DISCUSS CORRECT AND CONSISTENT CONDOM USE ........................................... 93

MODULE 6: HIV COUNSELING AND TESTING ......................................................................................................................... 95

SESSION 1 – WHY GETTING TESTED FOR HIV ...................................................................................................................... 95
SESSION 2 – WILD FIRE GAME AND VCT .................................................................................................................................... 98
SESSION 3 – WHERE CAN ONE GET TESTED FOR HIV? ........................................................................................................... 101
SESSION 4 – USING PICTURE CODES TO DISCUSS HIV COUNSELING AND TESTING .................................................................. 103
Module 1 – HIV and AIDS

SESSION 1 – HIV and AIDS and Us

Objective
- To help participants understand their own life and work in relation to the experience of HIV and protecting ourselves.

Setting
Indoors/outdoors

Group size
10-25 people

Time
Approximately 60 minutes

Materials
Paper, prestik, coloring pens

Instructions

Step 1
- The group should be sitting in a large circle.
- Distribute colorful markers and sheets of paper to each of the participants.
- Explain that this learning activity will allow each and all of the participants to share more deeply some of their experiences with HIV and AIDS, and how to prevent the spread of the virus.

Step 2
- Invite the participants to draw their own picture of how they see their own life and work in relation to the experience of HIV and AIDS and preventing its spread.
- The picture should be colorful, meaningful (maybe a garden, maybe a landscape of ideas, maybe a diagram linking different experiences and ways of working), and easy to read and see.
- Allow 5-10 minutes for drawing their life experiences.
Step 3
- Now ask the participants to form into groups of three, preferably with people they do not know very well or are not from the same group or organization.
- Invite them to share (using their pictures) their own life experiences with HIV and AIDS and protecting ourselves.
- Once all of the persons in the groups have finished sharing, ask them to tell the group what they have learned so far in their lives regarding how to prevent the spread of HIV and AIDS.

Step 4
- Ask the participants to post their work on the wall
- Invite them to first do a gallery walk, looking at all of the drawings.
- After they have looked at the drawings for a few minutes, invite each group to describe their work and discussions.
- You may want to invite questions or clarifications that arise.

Step 5
- After all the work has been shared and while you are still standing by the drawings, ask participants some debriefing questions:
  - What was common in most of the drawings?
  - What surprised you in what you saw?
  - What questions did the drawings and discussions raise for you?

Step 6
- Ask the participants to name the key words they heard repeated frequently during the large group sharing. Use those words as a summary and closing for this activity.
SESSION 2 – Wild Fire Game

Objectives
- To show how HIV can spread in a community with unprotected sex

Setting
Indoors/outdoors

Group size
10-25 people

Time
Approximately 45 minutes

Materials to be prepared by facilitator
Small sheets of paper, one for each participant
Draw a small star (*) on one piece of paper and write “C” on five other sheets of paper.

Instructions

Step 1 (Tell the participants that this is a game to show how quickly HIV can spread within a community)

- Give one piece of paper to each participant.
- Tell your peers to walk around the room and shake hands with five other people and then sign or place a unique mark on each other’s paper (If the group contains fewer than 15 people, ask each participant to only shake hands with three people).
- When finished, ask the participants to check to see if they have five signatures on their papers.
- Tell the participants to sit in a circle.

Step 2
- For this game, one participant represented a person who is infected with HIV. Ask the participant to look at their paper to see if there is a star (*) on it.
- Ask the person with the star on paper to stand up.
- Tell the participant standing that for this activity, you will say that (s)he has HIV.
- Tell the group that you cannot tell if someone has HIV simply by looking at the person. Many people who have HIV do not know that they are infected.

Step 3
• Ask the participants if shaking hands can spread HIV. (ANSWER: NO!)
• For this game, we will pretend that shaking hands is the same as having sex with another person. Therefore, the participants are at risk for HIV with anyone they shook hands with.
• Ask the participant with the star paper to read aloud the names of the people who signed his/her paper.
• Ask those people to stand up. Tell the group that all the people standing may now be infected with HIV.

Step 4
• Ask the people standing to read the names of people they shook hands with; ask those people to stand.
• Continue to do this until all the participants are standing. If a person’s name has been called more than once, explain that this person has put herself at risk multiple times.

Step 5
• Now that all the participants are standing, ask them to see if they have a “C” on their paper.
• Tell them that everyone with a “C” on their paper used a condom and lubricant consistently and correctly every time they had sex and, therefore, were protected from HIV and other STIs.
• The people with the “C” can sit down.
• Say that everyone standing had unprotected sex and became infected with HIV.

Step 6
• Ask the group to count how many people have been infected with HIV. Tell the (wo)men standing to sit down. Remind the participants that this is just a game and that HIV is not transmitted by shaking hands or signing someone’s paper.

Step 7
• Ask participants the following questions and discuss:
  o How did you feel as you were waiting to find out if you were infected?
  o How did you feel when you found out you were not infected?
  o How did you feel to be one of the last participants standing?
  o Did the person who in the beginning was infected directly infect every other person?
  o How does this activity help explain how HIV can spread so quickly in a community?

Step 8
• Remind the peers to use condoms and lubricants correctly and consistently during every sexual encounter including with their regular partners to reduce the risk of HIV infection and other STIs.
SESSION 3 – HIV Level of Risk

Objective
- To clear up misunderstandings on how HIV is and is not spread

Setting
On the street

Group size
1 or 2 people

Time
Approximately 30 minutes

Materials
High risk, low risk and no risk cards

Instructions

Step 1
- Tell your peers that you want to discuss different activities that may or may not put them at risk of getting infected with HIV. Explain that different activities carry different risks; some are more risky than others and there are some activities that people think can spread (transmit) HIV but cannot.
- Explain that:
  - HIGH RISK means having sex with a high chance of getting infected with HIV.
  - LOW RISK means having sex with a low chance of getting HIV
  - NO RISK means that the sexual intercourse is safe and there is no chance of getting HIV.

Step 2
- Show her/him the NO RISK card and discuss each of the following activities, and encourage the peer to tell you why (s)he thinks there is no risk for contracting HIV:
  - Sharing phones, toothbrush
  - Touching or hugging
  - Deep kissing with tongues

Step 3
- Show her/him the LOW RISK card and discuss each of the following activities, encourage the peer to tell you why (s)he thinks there is a low risk for contracting HIV:
- Vaginal sex with a condom and with a lubricant
- Anal sex with a condom and with a lubricant
- Oral sex without a condom

**Step 4**
- Show her/him the HIGH RISK card and discuss each of the following activities, encourage the peer to tell you why (s)he thinks there is a high risk for contracting HIV:
  - Vaginal sex without a condom and without a lubricant
  - Anal sex without a condom and without a lubricant
  - Using Vaseline, baby oil, or body lotion with a condom
  - Sharing needles
  - Vaginal sex without a condom with a person with an STI
  - Excessive alcohol use
  - Drug use

**Step 5**
- Ask her/him if she knows anyone who practices any of these high-risk behaviors?
- Ask what could that person do to reduce his/her risk?

**Step 6**
- Ask the peer the following questions?
  - How risky do you think is anal sex with a lubricant but without a condom? (high risk)
  - Why or why not do you think dry vaginal sex with a condom but with no lubricant puts you at risk for HIV and other STIs? (This is risky behavior, because the condom may tear)
  - How risky is having sex without a condom with someone who has an STI? (high risk)
SESSION 4 – High Level of Risk

Objective
- To clear up misunderstandings on how HIV is and is not spread

Setting
Indoors/outdoors

Group size
10-25 people

Time
Approximately 30 minutes

Materials
Make 3 large cards that say HIGH RISK, LOW RISK or NO RISK
Make small cards, each one with a different activity from the lists below

Instructions

Step 1
- Place the three large cards on the floor or table so everyone can see them.
- Explain that:
  - HIGH RISK means having sex with a high chance of getting infected with HIV.
  - LOW RISK means having sex with a low chance of getting HIV
  - NO RISK means that the sexual intercourse is safe and there is no chance of getting HIV.

Step 2
- Pass out the small cards to the participants.
- Ask each participant to look at their cards and think about whether their card shows something that they think is high risk, low risk, or no risk for spreading HIV.
  - Sharing phones, toothbrush
  - Touching or hugging
  - Deep kissing with tongues
  - Vaginal sex with a condom and with a lubricant
  - Anal sex with a condom and with a lubricant
  - Oral sex without a condom
  - Vaginal sex without a condom and without a lubricant
  - Anal sex without a condom and without a lubricant
  - Using Vaseline, olive oil, or body lotion with a condom
o Sharing needles
o Vaginal sex without a condom with an STI
o Excessive alcohol use
o Drug use

- Ask each participant, one at a time, to state what level of risk their card shows and why. The person with the card can ask the rest of the group for help if needed.
- Then, have him/her place the card on top of the risk card, he or she chose.

**Step 3**
- After all the small cards have been placed on the large risk cards, ask if the group wants to move any of the cards to another category.
- Make sure all of the cards are on the right category of risk.
- Discuss any of the ones that are incorrect.

**Answers:**

**NO Risk:**
- Sharing phones, toothbrush
- Touching or hugging
- Deep kissing with tongues

**LOW Risk:**
- Vaginal sex with a condom and with a lubricant
- Anal sex with a condom and with a lubricant
- Oral sex without a condom

**HIGH Risk**
- Vaginal sex without a condom and without a lubricant
- Anal sex without a condom and without a lubricant
- Using Vaseline, olive oil, or body lotion with a condom
- Sharing needles
- Vaginal sex without a condom with an STI
- Excessive alcohol use
- Drug use
SESSION 5– Self-Assessment

Objective
• To help us see how well we are protecting ourselves now and what more we can do to protect ourselves.

Setting
Indoors/outdoors or on the street

Group size
1-25 people

Materials
Self-assessment sheet
Pens/pencils

Time
Approximately 30 minutes

Instructions

Step 1
• Give each participant a self-assessment sheet (below) and pen/pencil.
• Read each sentence on the sheet aloud, slowly, as they follow along.
• Ask participants to mark with a tick (✓) next to each statement that is true for them. Ask them to be honest.
• Make sure to let them know their responses are private.
• Ask participants if they have any questions.

Self-Assessment Sheet

<table>
<thead>
<tr>
<th>Personal Safety</th>
<th>Mark with a tick (✓)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I stay at the hotel/bar where I work when I am with a client</td>
<td></td>
</tr>
<tr>
<td>2. I don’t drink alcohol if I am out with a client</td>
<td></td>
</tr>
<tr>
<td>3. I don’t have sex with clients who have had too much alcohol</td>
<td></td>
</tr>
<tr>
<td>4. I stay away from clients who I think will endanger me</td>
<td></td>
</tr>
<tr>
<td>5. I have talked about condoms with other sex workers</td>
<td></td>
</tr>
<tr>
<td><strong>Condom Use</strong></td>
<td></td>
</tr>
</tbody>
</table>

---

The document provides a self-assessment guide for sex workers, outlining objectives, setting, group size, materials, and instructions. It also includes a self-assessment sheet with statements about personal safety and condom use, along with space for participants to mark their responses.
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6.</td>
<td>I sometimes use condoms when I have sex with my boyfriend</td>
</tr>
<tr>
<td>7.</td>
<td>I sometimes use condoms when I have sex with a client</td>
</tr>
<tr>
<td>8.</td>
<td>I always use condoms when I have sex with a client</td>
</tr>
<tr>
<td>9.</td>
<td>I always use condoms when I have sex with my boyfriend</td>
</tr>
</tbody>
</table>

**Health Facility Visits**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10.</td>
<td>I know of clinics where I can get health services</td>
</tr>
<tr>
<td>11.</td>
<td>I have gone to a clinic for a sexually transmitted infection for treatment</td>
</tr>
<tr>
<td>12.</td>
<td>If I get treatment for a sexually transmitted infection, I always finish it</td>
</tr>
<tr>
<td>13.</td>
<td>I have gone for an HIV test in the past 3 months</td>
</tr>
<tr>
<td>14.</td>
<td>I go to the health facility for checkups even if I have no sign of illness</td>
</tr>
<tr>
<td>15.</td>
<td>I encourage my lover and other sex workers to go to the health facility for checkups</td>
</tr>
<tr>
<td>16.</td>
<td>I go annually for a pap smear</td>
</tr>
</tbody>
</table>

- Explain to participants that the more check marks they have on the sheet, the better protection they have from HIV infection.

**Step 2 (a) Individual**
- Proceed by asking your peer how well he/she thinks they protect themselves from contracting HIV (Not good protection/moderate protection/good protection).

**Step 2 (b) Group**
- Post three signs at opposite ends of the room. One sign should say “Not good protection”, another should say “Moderate protection” and another should say “Very good protection”.
- Ask the participants how well they think they protect themselves from HIV by standing anywhere between or under the three signs.

**Step 3 (a) Individual**
- Ask your peer to tell how he/she will protect themselves better.

**Step 3 (b) Group**
- Ask the participants to sit again in a circle and find a partner.
- Ask each participant to tell their partner about how they will protect themselves better.
Step 4

- Summarize the discussion by telling the participants/peer that we can all protect ourselves better by paying attention to our personal safety, by consistently and correctly using condoms (male and female) and lubricants and by frequently visiting health facilities.
SESSION 6 – Stigma: In the River, On the Bank

Objective

• To better understand the personal impacts of HIV and AIDS.

Setting
Indoors/outdoors

Group size
5 -25 people

Materials
None

Time
Approximately 20 minutes

Instructions

Step 1

• Ask the participants to stand in a line, all facing the same direction.
• Tell the group that they are standing on the bank of the river.
• When you say the words “In the river”, they should take one step FORWARD.
• If however, you say, “On the River”, they should NOT MOVE.
• Additionally, when you say “On the Bank”, they should take one step BACK to the starting point.
• If, however, you say, “In the Bank”, they should NOT MOVE.
• If anyone makes a mistake, they are taken out of the game.

Step 2

• Start the game.
• Give the commands quickly.
• If anyone makes a mistake, ask them to leave the game.
• After a few minutes, stop and discuss.

Step 3

• Note that everyone laughed when the first person made a mistake.
• Ask the person who made the mistake how he or she felt. (Possible answers - embarrassed, angry, stigmatized, bad)

**Step 4**

• Explain that this game shows us that we are “all in the same boat”.
• There is no separation between “us” and “them”.
• We are all facing and living with the HIV and AIDS epidemic.
• Lots of people like to blame or judge others, but one day they may also “fall into the river” and others will judge them.
• Remember HIV affects everyone.
SESSION 7 - Our Experiences as Stigmatizer and Being Stigmatized

Objective
• To have a closer look at situations where we have stigmatized others and where we have been stigmatized.

Setting
Indoors/outdoors

Group size
5 - 25 people

Materials
Flipchart
Markers
A4 papers
Pens or pencils

Time
Approximately 30 – 60 minutes

Notes to the Facilitator
• Prepare two flip charts before the session as follows:
  
  o Flip chart 1: Our personal experience of being stigmatized
    ▪ Think about a time in your life when you felt isolated or rejected for being seen to be different from others or when you saw other people being treated this way.
    ▪ Think about what happened.
    ▪ How did it feel?
    ▪ What impact did it have on you?
  
  o Flip chart 2: Our personal experience of being the stigmatizer
    ▪ Think about a time in your life when you isolated or rejected other people because they were different.
    ▪ Think about what happened.
    ▪ How did it feel?
    ▪ What was your attitude? How did you behave?
Instructions

Step 1
- Ask participants to sit on their own at a distance from other participants but where they can see the flip chart.
- Give them each paper and a pen or pencil.
- Show them flip chart 1.
- Ask them to answer the questions on flip chart 1 and write them down on their papers.
- Explain that this does not need to be examples of HIV stigma – it could be any form of isolation or rejection for being seen to be different.

Step 2
- Ask the participants to return to the circle and invite them to share their stories regarding flip chart 1 in the large group. You should not force anyone to share.

Step 3
- Ask participants again to sit on their own and take a look at the flip chart 2.
- Read out loud the questions from the flip chart and give them a few minutes to reflect.

Step 4
- Ask the participants to return to the circle and invite them to share their stories regarding flip chart 2 in the large group. You should not force anyone to share.

Step 5
- Summarize by asking if participants can see how powerful and hurtful stigma can be.
- Stress that we need to be careful how we treat others. We need to treat them the same as we would like to be treated.
SESSION 8 – Stigma Problem Tree

Objective
- To identify some of the root causes of stigma, different forms of stigma, and how stigma affects people

Setting
Indoors/outdoors

Group size
5-25 people

Time
Approximately 45 minutes

Materials
Flipchart
Markers

Notes to the Facilitator
- On a flipchart, draw a simple tree with roots, a trunk, and branches and leaves.
- Write the word “causes” next to the roots, the word “forms” next to the trunk, and the word “effects” next to the branches and leaves.
- Read and be familiar with the following list of potential causes, forms, and effects of stigma. Do not note them on your tree:

Effects or Consequences of Stigma

Forms of Stigma
Causes
Morality (the view that sex workers are sinners). Religious beliefs. Fear—(of infection, the unknown, of death). Ignorance that makes people fear physical contact with sex workers. Peer pressure. Media exaggerations.

Instructions

Step 1
- Form five groups.
- Ask each of the groups to draw a tree similar to what you have prepared on the flipchart.

Step 2
- Ask the following questions, discuss and list their responses:
  - “Why do people stigmatize other people” (e.g. lack of knowledge)? List responses as the roots (or causes).
  - “What do people do when they stigmatize people” (e.g., name-calling)? List responses as the trunk (or forms).
  - “How do these actions affect the person being stigmatized” (e.g., isolation)? List responses as the branches/leaves.

Step 3
- When groups are done, ask groups to present their answers to each other.
- Check the facilitator’s notes above for any additional causes, forms, or effects that were not mentioned.

Step 4
- Conclude with the following questions:
  - Do you think we should focus more of our stigma reduction efforts on fixing the causes, forms, or effects of stigma? Why?
  - What can be done to address the causes of stigma, and therefore reduce them?

Step 5
- In closing, explain stigma is a major factor isolating sex workers from care and treatment, and prevention of HIV and STIs.
- Stigma is caused by various factors, including lack of knowledge, fear, shame/guilt and the moral judgment of others.
- Stigma has serious effects that can compromise a person’s life.
- However, through education and disclosure, stigma can be reduced.
SESSION 9 – Things People say about PLWHA and Others

Objective
• To identify labels used by people to stigmatize PLWHA and other stigmatized groups.

Setting
Indoors/outdoors

Group size
18-24 people

Time
Approximately 60 minutes

Materials
Flipchart
Markers

Notes to the Facilitator
Set up 6 flipchart stations – blank sheets of flipchart paper on different walls of the room, with a topic at the top of each sheet – PLWHA, Sex Workers, Gay Men and Lesbian women as well as Transgender people, Orphans, Teenage Girls, Foreigners.

Instructions

Step 1
• Divide the participants into six groups, based on the roles assigned to the flipcharts, e.g., All the sex workers together, PLWHA together, etc.
• Ask each of the groups to go to a flipchart station.
• Hand out markers and ask each group to write on the flipchart paper all the things people say about those people in the said group.

Step 2
• After two minutes, ask the participants to rotate.
• Each group must contribute to the new flipchart station and try to add more things people say about those people.
• Continue to rotate the groups until the groups have contributed to all six flipcharts and end up back at their original list.
Step 3
- Ask the participants to walk as a group around the room looking briefly at each of the flipcharts.
- At each flipchart the participants must ask for themselves:
  - How would you feel if you were this person?
  - What are the judgments or assumptions behind some of these labels?

Step 4
- Ask the groups to stand at their assigned labels and ask them to react to these names written on their flipchart.

Examples - Things people say about:

<table>
<thead>
<tr>
<th>PLWHA</th>
<th>Sex Workers</th>
<th>Teenage Girls</th>
<th>Orphans</th>
<th>Gay Men, Lesbian Women, Transgender People</th>
<th>Foreigners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promiscuous</td>
<td>Immoral</td>
<td>Naughty</td>
<td>Beggars</td>
<td>Immoral</td>
<td>Bad smell</td>
</tr>
<tr>
<td>Sinners</td>
<td>Evil</td>
<td>Mischievous</td>
<td>Thieves</td>
<td>Satan’s children</td>
<td>Dangerous</td>
</tr>
<tr>
<td>Naughty</td>
<td>Sinners</td>
<td>Like money</td>
<td>Homeless</td>
<td>Unacceptable</td>
<td>Steal our jobs</td>
</tr>
<tr>
<td>Careless</td>
<td>Promiscuous</td>
<td>Money</td>
<td>Rejects</td>
<td>Sick in the mind</td>
<td>Exploited</td>
</tr>
<tr>
<td>Useless</td>
<td>Sex maniacs</td>
<td>Sex objects</td>
<td>from poor</td>
<td>Need therapy</td>
<td>Willing to do</td>
</tr>
<tr>
<td>They didn’t</td>
<td>Husband</td>
<td>Fashion</td>
<td>families</td>
<td>HIV carriers</td>
<td>anything</td>
</tr>
<tr>
<td>listen</td>
<td>stealers</td>
<td>conscious</td>
<td>Stubborn</td>
<td>Erode our</td>
<td>Poverty</td>
</tr>
<tr>
<td>Death</td>
<td>Lazy to work</td>
<td>Sex objects</td>
<td>Abused</td>
<td>morals</td>
<td>stricken</td>
</tr>
<tr>
<td>sentence</td>
<td>Irresponsible</td>
<td>Love sex</td>
<td>No manners</td>
<td></td>
<td>No morals</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cheap to get</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Step 5
- Conclude the session by explaining to the participants that the judgments used in stigmatizing are often based on views about sexual morality.
- All of these labels show that stigmatization involves depriving others of their humanity through using words that belittle.
SESSION 10 – HIV Status Disclosure Role Plays

Objectives
- To practice providing support to sex workers who disclose their HIV-positive status
- To understand the potential benefits of disclosing one’s HIV-positive status
- To develop empathy for someone who discloses their HIV status

Setting
Indoors/outdoors

Group size
10-25 people

Time
Approximately 60 minutes

Materials
Flipchart
Markers

Instructions

Step 1
- Explain that this activity will allow participants to explore ways to let people know your HIV status and understand the advantages and challenges it can bring.
- Explain that in this activity, everyone will be assumed to be HIV-positive.
- In reality, we may not know another person’s status. That is something everyone has a right to keep confidential.
- However, this activity will help us become more comfortable about talking openly about being HIV positive.

Step 2
- Ask participants to divide into groups of three persons each.

Step 3
- Explain that in this activity, we will take turns asking each person to role-play an HIV positive person telling someone his or her HIV status.
Step 4
- Explain that the first role-play will involve the first participant telling his or her HIV status to a close friend.
- The third person in the group should observe.

Step 5
- After five minutes, ask a new participant in each group to play the role of the person telling his or her HIV status.
- In this role-play, the participant will tell a family member.
- The third person in the group should observe.

Step 6
- After five minutes, ask the third member of the group to role-play the person telling his or her HIV status.
- In this role-play, the participant will tell his or her regular sexual partner.
- The third person in the group should observe.

Step 7
- After all role-plays are completed, bring the participants together to discuss the following questions:
  - What was this activity like for you?
  - What was it like to tell someone about your HIV status when you were HIV positive? How did it feel?
  - Did you find it easier to tell some people than to others? Why?
  - What was it like to have someone a person who is HIV positive tells you their status? How did you react?
  - If you were in this situation in real life, would you really tell someone your HIV status? Why or why not?
  - What are the advantages and disadvantages of telling someone your HIV status if you are HIV positive?
  - What are some strategies a person could use to tell someone their HIV status if they are HIV positive?
  - What are some important things to consider when someone tells you they are HIV positive?
  - How can we encourage sex workers and others to be tested for HIV?
  - What have you learned from this activity? Have you learned anything that could be applied to your own life and relationships?
  - Will you make any changes as a result of this activity?

Step 8
- After asking the questions above, explain to participants that this was only an exercise and does not reflect the participants’ true HIV status.
- In closing, make sure that the following points have been covered:
Knowing your HIV status is a key part of being able to protect yourself and your partners.

When you know your HIV status, you can tell it to your partners and take the necessary measures to protect yourself and your partners from infection or, in the case where you or a partner are HIV-positive, protect yourselves from re-infection.

It is important that you know where you can get tested in your community and share this information with others.
Module 2: Sexually Transmitted Infection Screening and Testing

SESSION 1 – When Illness Hits: Sexually Transmitted Infections

Objective
- To increase understanding about the risk of contracting sexually transmitted infections (STIs) when having sex without a condom and lubricant.

Setting
Indoors/outdoors

Group size
10–25 people

Time
Approximately 60-90 minutes

Materials
Pieces of paper with the five scenarios (below)
Markers and flip chart paper

Instructions

Step 1
- Ask the participants to pair up. Each participant must pick a story.
- One wo/man/ transgender person in the pair will play the sex worker role and the other plays a friend.
- The drama should show precisely how the sex worker explains her/his problem and what the friend tells her/him to do.

Step 2
- Give the pairs 5-10 minutes to prepare for the drama
### Stories

| 1. Abel tells his friend... Last week I spent a night with an awful client. I started to worry because I noticed an open sore on his dick. It didn't seem to bother him, but I was not comfortable with it. I couldn't do anything – we had oral and anal sex, without a condom. |
| 2. Lelanie tells her friend... I've had unpleasant discharge for a while and this month I bled a little between periods. My sister told me to go to the clinic but really I haven't seen any problem. I don't want to spend the money or time. |
| 3. Veronica works in a small local shebeen. She tells her friend... I think I have an infection. It burns when I pee and it is really painful. I don't have enough money to buy medication. You think you can give me some of the medication you bought for yourself last time? |
| 4. Nangula has a boyfriend living around the bar where she works. She tells her friend... We slept together for some weeks but never used a condom. Once we were going to have sex and he asked me to have sex from the back (anal). We did not use any lubricant, now my anus itches a lot. |
| 5. Monica is a transgender woman working in a big hotel located around her community. She tells her friend... People in my community don't know that I have slept with different men for money and sometimes even without a condom. I am not feeling well these days, I even have a discharge from my anus. I cannot go to the clinic, because they will gather that I have more than one sexual partner. |

### Step 3
- Now ask the participants to role play the dramas.
Step 4
- After each drama ask the rest of the participants what they think about what the friend did or said.

Step 5
- Explain to the participants that in all the scenarios, the women should go to the health facility because she may have an infection that is quite risky for her to contract an STI.

Step 6
- Share with the participants some common signs of an STI. An infection can occur without any symptoms either in a man or a woman.

<table>
<thead>
<tr>
<th>Signs on women</th>
<th>Signs on men</th>
</tr>
</thead>
<tbody>
<tr>
<td>• May have no signs or symptoms</td>
<td>• May have no signs or symptoms</td>
</tr>
<tr>
<td>• Unusual amount or type of discharge from the vagina or anus</td>
<td>• Discharge from the penis more yellowish than normal</td>
</tr>
<tr>
<td>• Some bleeding after the menstrual cycle</td>
<td>• Pain or burning when urinating</td>
</tr>
<tr>
<td>• Abdominal pain apart from what is experienced during the menstrual cycle</td>
<td>• Skin rash which may not itch</td>
</tr>
<tr>
<td>• Pain during sexual intercourse</td>
<td>• Sores with or without pain around the penis or anus</td>
</tr>
<tr>
<td>• Itching and burning around the sexual organs or anus</td>
<td>• Blisters that come and go (may be infectious even when blisters do not show)</td>
</tr>
<tr>
<td>• Skin rash which may itch</td>
<td>• Swelling in the groin</td>
</tr>
<tr>
<td>• Sores on and around the sexual organs or anus</td>
<td></td>
</tr>
</tbody>
</table>

Step 7
- Ask the participants to write on a flipchart the names of the health facilities they have easy access to.
- Provide the participants with a referral slip which lists health facilities and types of services available.
- Provide the participants with condoms and lubricants.
SESSION 2 – Levels of STI Risk and HIV

Objective
- To identify the level of HIV and STI risk of various sexual behaviors.

Setting
Indoors/outdoors

Group size
10-25 people

Materials
4 Papers with the headings: Higher Risk, Medium Risk, Lower Risk, No Risk
A4 papers with sexual behaviors written on each one (from the list below in Step 1)
Copies of the handout: Levels of Risk and STI infection for all participants (see below Step 7)

Time
Approximately 90 minutes

Instructions

Step 1
- In large letters write the headings: Higher Risk, Medium Risk, Lower Risk, No Risk on the pieces of paper, one title per piece of paper.
- In large letters write the following behaviors on pieces of paper. Write one per piece of paper.
  - Abstinence
  - Masturbation
  - Vaginal sex without a condom
  - Vaginal sex with a condom
  - Hugging a person who is infected with HIV or an STI
  - Fantasizing about sex
  - Deep kissing with tongue
  - Dry sex without a condom
  - Massage
  - Anal sex with a water based lubricant and a condom
  - Anal sex with Vaseline or oil as a lubricant and a condom
  - Anal sex using only a condom
  - Performing oral sex on a man without a condom
• Performing oral sex on a man with a condom
• Performing oral sex on a woman without barrier protection
• Performing oral sex on a woman with barrier protection
• Licking the anus (rimming)

**Step 2**
• Explain to participants that they are going to do an activity about behaviors that may put them at risk of contracting an STI or HIV.
• Lay out the 4 papers with the levels of risk headings on the floor. Start with NO RISK then LOWER RISK then MEDIUM RISK and finally HIGHER RISK.

**Step 3**
• Give out papers with the sexual behaviors to participants.
• Ask one of the participants to read the behavior on their paper and place it on the floor under the category they feel is correct (NO RISK, LOWER RISK, MEDIUM RISK and HIGHER RISK of contracting an STI or HIV).
• Ask the participant to explain why he/she placed the card there.

**Step 4**
• Repeat step 3 until all the papers with the behaviors have been placed on the floor.
• When all the cards have been put on the floor ask participants to review where the behaviors have been placed.
• Ask the following questions:
  • Does anyone disagree with the placement of some behavior?
  • Is there anyone who does not understand the placement of behavior under a heading?
  • Did anyone have difficulty placing the behaviors under headings?

**Step 5**
• Discuss the placement of behaviors that are not clear cut in terms of their risk.
• Also discuss those behaviors which are under the wrong headings and move them to the correct headings and explain why.
• Use the information in the closing and the hand-out (below) to help you place the behaviors.

**Step 6**
• Ask participants to look again at the behaviors in the NO RISK and LOWER RISK categories.
• Emphasize that there are many pleasurable sexual behaviors’ that involve low or no risk
Step 7

- Finish the activity by emphasizing that the risk depends on the context of the behavior and review the hand-out.
- HIV and STI risk depends on:
  - The viral load of the person (amount of HIV virus in the person's body.)
  - Whether the sexual partner is the “giver” or “receiver” of the sexual behaviour.
  - How weak or strong the people’s immune system is.
  - If the person has a cut, sore or openings in the skin where HIV and bacteria for STI infection can enter.
  - The presence of sores and bloody gums during oral sex.
  - How correctly and consistently lubricants, condoms and other protections are used.

### Handout: Levels of HIV and STI Risk

<table>
<thead>
<tr>
<th>LEVEL</th>
<th>BEHAVIORS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No Risk</strong></td>
<td>• Abstinence</td>
</tr>
<tr>
<td></td>
<td>• Masturbation</td>
</tr>
<tr>
<td></td>
<td>• Hugging a person who is infected with HIV or an STI</td>
</tr>
<tr>
<td></td>
<td>• Fantasizing about sex</td>
</tr>
<tr>
<td></td>
<td>• Massage</td>
</tr>
<tr>
<td><strong>Lower Risk</strong></td>
<td>• Vaginal sex with a condom</td>
</tr>
<tr>
<td></td>
<td>• Performing oral sex on a man with a condom</td>
</tr>
<tr>
<td></td>
<td>• Performing oral sex on a woman with barrier protection</td>
</tr>
<tr>
<td><strong>Medium Risk</strong></td>
<td>• Performing oral sex on a man without a condom</td>
</tr>
<tr>
<td></td>
<td>• Performing oral sex on a woman without barrier protection</td>
</tr>
<tr>
<td></td>
<td>• Licking the anus (rimming)</td>
</tr>
<tr>
<td></td>
<td>• Anal sex with a water based lubricant and condom (the chances of the condom breaking during anal sex are higher than for vaginal sex so it can be placed in higher risk category)</td>
</tr>
</tbody>
</table>
**Higher Risk**
High probability of HIV and STI transmission. This is because no protection is used and there is strong chance of HIV and STI infection will enter another person’s body.

- Vaginal sex without a condom
- Anal sex without a condom
- Dry sex without a condom
- Anal sex with Vaseline or oil as a lubricant and a condom
- Anal sex using only a condom

**Many Factors affect these Levels of Risk:** The level of risk may vary on these behaviors, based on a range of factors, which include:

- The viral load of the person (amount of HIV virus in the person’s body.)
- Whether the sexual partner is the “giver” or “receiver” of the sexual behavior.
- How weak or strong the person’s immune system is.
- If the person has a cut, sore or openings in the skin where HIV and bacteria for STI infection can enter.
- The presence of sores and bloody gums during oral sex.
- How correctly and consistently lubricants, condoms and other protections are used.
SESSION 3 – Using Picture Codes to Explore STI and its Effects

Objective
- To discuss sexually transmitted infections (STIs) using the SW Picture Code Flip Chart

Setting
Indoors/outdoors or on the street

Group size
5-10 people

Time
Approximately 30 minutes per photo

Materials
SW Picture Code Flip Chart

Instructions

What are picture codes?
- Picture codes are photos that are used to stimulate a discussion about specific issues like behavior which puts people at risk of HIV infection.
- The CSW Picture Code Flip Chart has a photo on one side of each page showing people in different situations, and on the other side of the page has questions the facilitator can use to stimulate a discussion.
- Underneath the questions are “talking points” or “key messages”. These are summary points that the facilitator can share with participants at the end of the discussion.
- Picture code stories are the same as picture codes except that there are several photos that should be shown and discussed one after the other. They tell a story of people in different situations that make different behavior choices.

Step 1
- Bring together a group of one to 15 participants for a session.
- Select a picture that illustrates the topic you want to cover.
- Have participants sit in a circle or in a way they can see the picture.
- It is best not to stand in front of the participants like a teacher since the idea is to get the participants to talk about themselves.
• Lead the discussion by asking questions and do not talk too much.

Step 2
• Show the selected photo to the participants.
• Start with the general question “What is happening in this picture?” That should be enough to get the discussion started.
• Ask the other questions to stimulate further discussion.
• Don’t hurry. Allow enough time for in-depth discussions.
• Use the information under the “Talking Points” section to answer questions or to make points that haven’t already come up in the discussion

Tips on asking questions and involving everyone
• Skip questions that have already been discussed.
• Ask follow-up questions to encourage participants to offer more detail about the behaviors.
• Try to ask open-ended questions or questions that don’t take a single word answer like “yes” or “no” such as “What do you think about that?”
• Don’t be judgmental or moralistic about the discussion.
• There is no right or wrong answer to the questions the idea is to get participants to think about their behavior choices.
• A good field worker is a good listener who is very interested in the answers to the questions.
• Get the participants to relate what is happening in the photos with themselves or people they know.
• Correct any misinformation at the end of the session.
• Don’t let one or two people talk all the time.
• Ask a question directly to a different person each time so everyone is involved.
• Re-ask the same question to different people.
• Ask others if they agree with the responses given.
Module 3: Alcohol, Substance Abuse and HIV

SESSION 1 – Factors Contributing to Alcohol Abuse

Objectives
- To understand terms related to types of alcohol use
- To understand why commercial sex workers drink alcohol

Setting
Indoors/outdoors

Group size
10-25 people

Time
Approximately 40 minutes

Materials
Flip chart paper
A4 paper
Markers, pencils or pens

Step 1
- Explain that there are different types of alcohol use and that each has a term that describes it.
- Write the terms below on a flip chart paper or chalk board, but do not write the definitions.
- Ask participants what they think the terms might mean.
- Write their responses on the flip chart paper.

Step 2
- Read the real definitions for each term, below, correcting any errors made by participants:
Types of alcohol use:

- **ALCOHOL USE** = Ingestion of alcohol without experiencing negative consequences.
- **ALCOHOL MISUSE** = Ingestion of alcohol, but experiencing negative consequences.
- **ALCOHOL ABUSE** = A continued pattern of alcohol use in spite of the negative consequences.
- **ALCOHOL ADDICTION/DEPENDENCE** = The compulsive use of alcohol and inability to stop drinking regardless of negative consequences.

**Step 3**

- Divide participants into groups.
- Give each group a piece of paper and pen or pencil or marker.
- Ask groups to list the factors that lead commercial sex workers to abuse alcohol or become addicted to alcohol.
- Ask each group to present their factors to the others. Write their ideas on the flip chart paper.
- Compare the group ideas with the list below.
- Round up the session with a five minute discussion.

<table>
<thead>
<tr>
<th>Makes it easier to work with clients</th>
<th>Personal happiness</th>
</tr>
</thead>
<tbody>
<tr>
<td>It gets you in the mood to find clients</td>
<td>Peer pressure</td>
</tr>
<tr>
<td></td>
<td>Clients expect you to have few drinks with them</td>
</tr>
</tbody>
</table>
SESSION 2 – Types of Substances Commonly Abused

Objective

• To identify different types of substances commonly abused

Setting

Indoors/outdoors

Group size

10-25 people

Time

Approximately 40 minutes

Materials

Flip chart paper or chalk board
Markers or chalk

Instructions

Step 1

• Ask participants what kinds of alcohol and other substances are commonly abused in commercial sex work communities.
• Write participant’s responses on the flip chart paper or chalk board.

Step 2

• Read the types of substances, below.
• Discuss to make sure they understand the meaning of the types.

Types of substances:

**Depressants:**

- Depress brain activity, causing sluggishness and disinterest. Relieve tension, bring calming and relaxing sensations
- Examples are: alcohol, opium, inhalants such as glue and benzene

**Stimulants:**

- Increase brain activity, causing wakefulness and alertness
- Examples include cocaine, caffeine, crack, tobacco
Hallucinogens:
- Modify brain activity by altering the way in which we perceive reality, time, space, sights and sounds.
- Examples: Ecstasy, marijuana, LSD

Step 3
- Ask participants to classify the substances they mentioned in Step 1 into the types of substances discussed in Step 2.

Step 4
- Ask participants if they know someone who abuses substances and what are the consequences?

Step 5
- Ask participants what the consequences are of addiction.
SESSION 3 – The Risks of Alcohol Abuse and HIV

Objectives
• To identify the effects (physical, mental, emotional and behavioral) of alcohol abuse
• To discuss situations in which alcohol consumption increases risk for STIs, including HIV

Setting
Indoors/outdoors

Group size
10-25 people

Time
Approximately 30 minutes

Materials
Sheets of paper and pencils or pens
Flipchart
Markers
Tape

Instructions

Step 1
• Give all participants a piece of paper and a pencil or pen.
• Ask them to write down three ways in which sex workers can have fun. Tell them these can be situations they have experienced or observed in persons around them.

Step 2
• Ask the participants to read their ideas out loud to the group.
• Write the answers on flipchart paper.
• Ask which of the activities are most preferred by men or women.
• If the group has not mentioned it, ask them: “In which of these activities is alcohol or other substance use present?”

Step 3
• Next ask: “Why do people consume alcohol?”
• Write the responses on another piece of flipchart paper.
Possible answers might include “to be accepted,” “to have fun,” “to show who can drink the most,” or “to not look bad in front of friends.” All of these answers relate to what is socially expected of a man and a woman.

Step 4

- Next, ask the participants to list the effects of alcohol consumption (physical, mental, emotional, and behavioral).
- Write the responses on another piece of flipchart paper.
- You can add to the list using information contained in the box below.
- It is important you explain that these effects are not the same for everyone in every situation. They vary, depending on the amount of alcohol consumed, speed or length of time of drinking, the size and weight of the person, etc.

Step 5

- Divide the participants into two groups and discuss how alcohol use can lead to HIV—that is, how can use of alcohol and other substances lead to risky sexual behavior, unprotected sexual intercourse, situations of coercion, etc.? Then, ask each group to share their findings.

Effects of alcohol consumption

<table>
<thead>
<tr>
<th>Physical</th>
<th>Mental</th>
<th>Emotional</th>
<th>Behavioral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nausea, vomiting, loss of balance, numbness in the legs, loss of coordination, reduction of reflexes</td>
<td>Confusion, difficulty concentrating, thought disturbances, loss of memory of what one does while under the influence of alcohol, altered judgment, bad recollections of personal experiences (a bit unclear, obsession, bad dreams)</td>
<td>Feeling of temporary well-being, relaxation, state of exaggerated happiness/sadness/disgust, sensation of being all-powerful and unbeatable</td>
<td>Violent, depressed behavior, difficulty speaking, uninhibited behavior, tearfulness</td>
</tr>
</tbody>
</table>
SESSION 4 – Pleasures and Risks

Objectives
- To reflect on the risks associated with pleasurable activities
- To discuss strategies for reducing risks and harmful effects

Setting
Indoors/outdoors

Group size
10-25 people

Time
Approximately 1 hour and 30 minutes

Materials
Magazines and newspapers
Scissors
Glue
Flipchart
Markers
Resource Sheet: Example Table of Pleasures and Associated Risks and Harms and Protective Factors (below)

Facilitator’s notes
The discussion for this activity is focused on risks related to abusing alcohol and other substances. However, the questions can be easily adapted to the discussion of the risks and protective factors associated with other activities, including sex.

Instructions

Step 1
- Divide the participants into two to three small groups.
- Give each group a piece of flipchart paper.
- Explain that they should list or create drawings of things that give them pleasure.
- Tell them that they can write about or draw images on their paper.
- Allow the groups 15 minutes to create these lists and drawings.

Step 2
- Now, give each group another piece of paper and ask them to divide it into three columns.
Tell them to write the following headings on the columns: “Pleasures”, “Risks/Harm”, “Protection factors”.

- Under the first column, entitled “Pleasures,” the groups should list or draw the things that give them pleasure.
- Under the second column, entitled “Risks/Harms”, the groups should describe the risks or harmful effects associated with these pleasures.
- Under the third column entitled “Protection factors”, the groups should write what a person could do to ensure that the pleasurable activity does not cause harm, or how a person could minimize harm.
- For low-literacy groups, participants can use drawings to identify the risks/harms and protection factors associated with the pleasure they identified.
- Allow the groups sufficient time to fill out their tables.

**Step 3**

- Ask each group to present their tables to the other groups.
- Use the questions below to facilitate a discussion about pleasures and risk and harm reduction:
  
  - Why is it important to think about the risks/harms associated with those things that give us pleasure?
  - Why is it important to think about the protective factors associated with those things that give us pleasure?
  - What is the relationship between alcohol and substance abuse and protection factors?
  - What is the relationship between alcohol and substance abuse and HIV?

**Step 4**

- Summarize by explaining the following points:
  
  - Many of the decisions in our lives come with pleasures and also with risks.
  - A person can make the decision to drink alcohol or use a substance or not.
  - The decision to drink or smoke might bring some immediate pleasures, but it can also involve risks.
  - For example, alcohol can reduce your reasoning power, increasing your risk of accidents and injuries and your vulnerability to violence and HIV/STI infection, while long-term or sustained alcohol abuse can lead to serious health problems.
  - While it may not be realistic to think that people will stop using alcohol and other substances altogether, it is important that everyone be aware of the risks associated with alcohol and substance abuse and feel capable of minimizing the harm it might have on their lives and relationships.
Example Table of Pleasures and Associated Risks and Harms and Protective Factors

Below is an example of how the groups should organize their tables. It also includes a description of the risks and protective factors associated with some common pleasures. If it is helpful, the facilitator can share these with the participants before they create their own tables.

<table>
<thead>
<tr>
<th>Pleasures</th>
<th>Risks/Harm</th>
<th>Protective factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having good times with clients, drinking too much alcohol and then having sex without a condom</td>
<td>Being exposed to contract HIV when having sex without a condom</td>
<td>Taking alcohol responsibly, it should not influence your decision making or condom use</td>
</tr>
</tbody>
</table>
SESSION 5 - Alcohol Limits for Men and Women

Objectives
- To explain what is meant by “alcohol”.
- To understand the daily maximum recommended alcohol intake for men and women.
- To understand the body’s ability to process alcohol.
- To understand the short term and long term consequences of alcohol abuse.

Setting
Indoors/outdoors

Group size
10-25 people

Time
Approximately 60 minutes

Materials
Flip chart paper
Markers
Bottles and glasses to illustrate alcohol content of various alcoholic drinks (see below)

Instructions

Step 1
- Ask participants “What is alcohol?”
- Write their responses on the flip chart paper.
- Now read the definition of alcohol, below, and make sure they understand:

  **Alcohol:** The alcohol found in beer, wine and distilled spirits is known as *ethanol, or ethyl alcohol*. It is a molecule made up of carbon, hydrogen and oxygen. Each type of alcoholic drink contains different amounts of alcohol (these are measured in “alcohol units”).

Step 2
- Ask participants to list the different types of alcoholic drinks in Namibia.
- Then ask them to say which types are stronger (have more alcohol units) than the others.
- Now read the actual alcohol units in each type of alcoholic drink, below, and correct any errors. Use bottles or glasses with water to illustrate amounts:
**Alcohol units in different alcoholic drinks:**
- Beer 340 ml (dumpy) = 1 unit of alcohol
- Wine 120 ml (about half a wine glass) = 1 unit of alcohol
- Cider 340 ml (bottle) = 1.5 unit of alcohol
- Spirits 25 ml (1 tot) = 1 unit of alcohol
- Tombo Jug (jug) = 3 units

**Step 3**
- Ask participants what they think is the maximum number of alcohol units a man should drink in a day. Write their answers on the flip chart paper.
- Now ask participants what they think is the maximum number of alcohol units a woman should drink in a day. Write their answers on the flip chart paper.
- Read the maximum recommended amounts for men and women below and correct any errors:

  **Maximum recommended alcohol consumption per day:**
  - Women = 2 units per day
  - Men = 3 units per day

- Relate these amounts to the various kinds of alcoholic drinks discussed in Step 2.

**Step 4**
- Explain the following facts about the body's ability to process alcohol:

  **Body's ability to process alcohol:**
  - It takes 1 hour for the liver to process 1 unit of alcohol.
  - It takes 3 hours for the brain to recover completely from 1 unit of alcohol.

- Explain that if someone has just one unit of alcohol, he or she is still under the effects of the alcohol up to 3 hours later.
- Ask how long a person would be affected if they drank a lot in the evening. Would they still be affected by the alcohol in the morning?

**Step 5**
- Ask participants to list the short term effects of drinking alcohol.
- Write their ideas on the flip chart paper.
- Then compare their answers with the list below, and discuss:

  **Short term effects of drinking alcohol:**
  - Alcohol impairs your judgment.
  - It increases the likelihood of participating in risky behaviors.
Increases risk of injuries, accidents, having unsafe sex, being a victim of a crime or getting into trouble with the law.

Drinking very large amounts in one session can lead to acute alcohol poisoning, which in turn can result in unconsciousness, a coma, or even death.

Gives the sexual urge, but lowers the performance.

Step 6

- Ask participants to list the long-term effects of drinking alcohol.
- Write their ideas on the flip chart paper.
- Then compare their answers with the list below, and discuss:

**Long term effects:**

- Causes serious health problems including alcohol dependence (alcoholism)
- Pancreatic problems
- Liver cirrhosis
- In extreme cases, heavy drinking can result in alcohol poisoning
- Coma
- Brain damage and death
- Many other types of physical and emotional health problems
- Cause impotence
- Weakens the immune system
SESSION 6 - Decision-Making, Alcohol, and Substance Abuse

Objective
- To reflect on peer pressure and decision-making related to alcohol and substance abuse

Setting
Indoors/outdoors

Group size
10-25 people

Time
Approximately 60 minutes

Materials
Enough copies of Handout: Individual Questionnaire: Decision Making (below)
Pencils or pens
Flipchart
Markers

Instructions

Step 1
- Give each participant a copy of the Handout below, pencil or pen, and ask them to complete it in five minutes.
- For low-literacy groups, read the questions aloud and have them discuss in pairs.
- Invite the participants to share their replies with each other.
- If the group is large, the participants can be divided into smaller groups.

Step 2
- After the participants have shared their responses, use the questions below to facilitate a discussion:
  - Is peer pressure a big factor in why sex workers use alcohol and other substances?
  - Can peer pressure contribute to risky behavior? If so, what kind of risky behavior?
  - How does alcohol abuse influence sex and decisions about sex? Does it help/hurt?
  - What other decisions or behaviors can alcohol or other drugs influence (e.g. driving, work, relationships, violence)?
  - How can you challenge some of the peer pressure you may face to use substances?
How can you challenge some of the client pressure you may face to use alcohol and other substances?

How can you apply this to your lives and relationships?

Some of the comments may include the following:

- In many settings, it is common for men and women to use alcohol and other substances as part of their working environment.
- It is important for individuals to know how to establish limits to alcohol and substance use and to respect the limits of others.
- Some strategies for drinking responsibly include drinking a small amount or not mixing drinks with other substances.
- One should also avoid pressuring those who do not want to drink alcohol or take other substances.

Step 3

- Ask the participants what their understanding of responsible drinking is?

**Guidelines on responsible drinking:**

- Responsible drinking may mean not drinking, such as when a person is sick, taking medications or being driving a vehicle.
- Responsible drinking also means that you did not do anything you had to feel sorry for after drinking. Basically, this means not becoming drunk.

**Hints to help people drink more responsibly:**

1. **Know your limits:** If you do not already know how much alcohol you can drink without losing control, try it out one time at home with your friends present to learn.
2. **Eat food while drinking:** If you eat while drinking that is best. High protein foods such as meat, cheese or ground nuts, help to slow the absorption of alcohol into the blood system.
3. **Sip your drink slowly:** If you gulp a drink for the effect, you are losing the pleasure of drinking. Better to sip your drink slowly.
4. **Accept a drink only when you really want one:** If someone is trying to force another drink on you, tell them "no thank you" or ask for ice in the drink or have a cool drink instead.
5. **Choose quality rather than quantity:** Learn the names of good wines, whiskeys and beers then only drink a small amount of those rather than a large amount of a cheaper type of drink.
6. **Skip a drink now and then:** Have a non-alcoholic drink between the alcoholic ones to keep your blood alcohol levels down.
7. If you must drive a car after drinking, **have your drinks with food, not afterwards.**
8. **Avoid unfamiliar drinks:** Drinks as zombies and other fruit and alcohol drinks can be deceiving as the alcohol is not always detectable, and it is difficult to space them out.

9. **Make sure that drinking improves your relationships rather than hurts them:** Have alcohol as part of an activity rather than as the main focus. Avoid getting drunk and doing something to hurt your relationships.

10. **Use alcohol carefully in connection with other medication:** This includes over-the-counter medication such as cold or cough medicines.

11. **Respect the rights of individuals who do not wish to drink:** It is considered a lack of respect to push people to drink who do not wish to.

12. **Avoid drinking on an empty stomach:** This might produce low blood sugar levels, which can cause dizziness, weakness and mood change.

---

**Step 4**

- Explain the following to participants regarding alcohol units, recommended limits for men and women, and the body’s ability to process alcohol, and discuss:

**Examples of amounts of alcohol units in different alcoholic drinks:**

- Beer 340ml (one dumpy) = 1 unit of alcohol
- Wine 120ml (half a wine glass) = 1 unit of alcohol
- Cider 340ml (one bottle) = 1.5 unit of alcohol
- Spirits 25ml (one tot of alcohol) = 1 unit of alcohol

**The maximum number of alcohol units for men and women per day:**

- Women = 2 units
- Men = 3 units

**The body’s ability to process alcohol:**

- It takes 1 hour for the liver to process 1 unit of alcohol
- It takes 3 hours for the brain to recover completely from 1 unit of alcohol
### Handout: Individual Questionnaire: Decision Making

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Would you feel out of place at a gathering with your client if they offered you a drink with alcohol and you decided not to have one?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Imagine that you are at a gathering where they are serving alcohol and you are drinking, but one of your co-sex workers or client doesn’t want to drink. Would you think badly of them?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Would you defend your client or co-sex worker’s decision not to drink? If you decided to defend him or her, how do you think the other clients or sex workers would react?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Do you believe that to be accepted in your group or by your client you have to do what the group or your client wants?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Do you think that it is possible for a sex worker to do this kind of work without taking alcoholic drinks or other substances?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Can a sex worker feel good about himself or herself even without drinking alcohol or taking other substances?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Can a sex worker feel accepted by his or her client without drinking alcohol?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explain</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SESSION 7 – Drinking Alcohol and Condom and Lubricant Use

Objectives
• To better understand the effects of drinking alcohol on condom and lubricant use

Setting
Indoors/outdoors

Group size
10-25 people

Time
Approximately 60 minutes

Materials
- Doll (locally made, such as a Barbie) with removable clothes and accessories that are placed in a plastic bag. At least four items.
- Oversized rubber gloves
- Sun glasses
- Vaseline

Instructions

Step 1
• Ask for six volunteers and divide them into three couples (pairs)
• Explain to the participants that each pair is a couple (a man and a woman) and they will be asked to put clothes on a doll in one minute

Step 2
• Inform the first couple that each had a tot of gin.
• Ask a volunteer who has a watch with a second hand to time the couple for one minute.
• Hand the couple a plastic bag that has the doll and her clothes inside.
• Tell the couple that they may talk to each other while putting the clothes on the doll
• After one minute, ask the group if the couple was successful in dressing the doll.
• Undress the doll and place her and her clothes and accessories back in the plastic bag.

Step 3
• Inform the second couple that each had two or three toots of gin.
• Each of the couple must wear one oversized rubber glove and sunglasses to represent the effects of the alcohol.
• Ask a volunteer who has a watch with a second hand to time the couple for one minute.
• Hand the couple a plastic bag that has the doll and her clothes inside.
• Tell the couple that they may talk to each other while putting the clothes on the doll.
• After one minute, ask the group if the couple was successful in dressing the doll.
• Undress the doll and place her and her clothes and accessories back in the plastic bag.

**Step 4**
• Inform the third couple that they are DRUNK as they drank the whole bottle of gin.
• The couple must wear oversized rubber gloves on both hands and sunglasses that have been smeared with Vaseline to indicated impaired vision.
• Ask a volunteer who has a watch with a second hand to time the couple for one minute.
• Hand the couple a plastic bag that has the doll and her clothes inside.
• Tell the couple that they may not talk to each other while putting the clothes on the doll since people who are drunk tend not to be able to talk/communicate effectively.
• After one minute, ask the group if the couple was successful in dressing the doll.
• Undress the doll and place her and her clothes and accessories back in the plastic bag.

**Step 5**
• Ask each couple how it felt to try to dress the doll under those conditions.
• Ask what difficulties were caused by having to wear gloves and sunglasses?
• How did not being able to communicate affect the third couples’ ability to dress the doll?
• How could this activity relate to putting on a condom while drinking alcohol?
• Do you think that using drugs could have a similar effect on your ability to practice safe sex?

**Step 6**
• Conclude the session by explaining to participants that this activity showed the effect of drinking on your ability to do things with your hands.
SESSION 8- Using Picture Codes to Discuss Alcohol Abuse and HIV

Objective
- To discuss alcohol and HIV using the SW Picture Code Flip Chart

Setting
Indoors/outdoors or on the street

Group size
1-5 people

Time
Approximately 30 minutes per photo

Materials
SW Picture Code Flip Chart

INSTRUCTIONS

What are picture codes?
- Picture codes are photos that are used to stimulate a discussion about specific issues like behavior which puts people at risk of HIV infection.
- The SW Picture Code Flip Chart has a photo on one side of each page showing people in different situations, and on the other side of the page has questions the facilitator can use to stimulate a discussion.
- Underneath the questions are “talking points” or “key messages”. These are summary point that the facilitator can share with participants at the end of the discussion.
- Picture code stories are the same as picture codes except that there are several photos that should be shown and discussed one after the other. They tell a story of people in different situations that make different behavior choices.

Step 1
- Bring together a group of one to 5 participants for a session.
- Select a picture that illustrates the topic you want to cover.
- Have participants sit in a circle or in a way they can see the picture.
- It is best not to stand in front of the participants like a teacher since the idea is to get the participants to talk about themselves.
- Lead the discussion by asking questions and not talk too much.
Step 2
- Show the selected photo to the participants.
- Start with the general question “What is happening in this picture?” That should be enough to get the discussion started.
- Ask the other questions to stimulate further discussion.
- Don’t hurry. Allow enough time for in-depth discussions.
- Use the information under the “Talking Points” section to answer questions or to make points that haven’t already come up in the discussion.

Tips on asking questions and involving everyone
- Skip questions that have already been discussed.
- Ask follow-up questions to encourage participants to offer more detail about the behaviors.
- Try to ask open-ended questions or questions that don’t take a single word answer like “yes” or “no” such as “What do you think about that?”
- Don’t be judgmental or moralistic about the discussion.
- There is no right or wrong answer to the questions the idea is to get participants to think about their behavior choices.
- A good field worker is a good listener who is very interested in the answers to the questions.
- Get the participants to relate what is happening in the photos with themselves or people they know.
- Correct any misinformation at the end of the session.
- Don’t let one or two people talk all the time.
- Ask a question directly to a different person each time to let everyone participate.
- Re-ask the same question to different people.
- Ask others if they agree with the responses given.
SESSION 9 - Why People Drink and How to Avoid Alcohol Abuse

Objectives
- To understand the relationship between drinking alcohol and using drugs and sexual activity
- To understand how alcohol affects decision-making.
- To understand the strategies that can be followed to use condoms and lubricants correctly and consistently even when drinking alcohol.

Setting
Indoors/outdoors

Group size
10-25 people

Time
Approximately 90 minutes

Materials
Flip chart paper
Markers
Role Play scenarios

Instructions

Step 1
- Ask participants to list reasons why commercial sex workers drink alcohol or take other substances while working.
- Write their responses on the flip chart paper.
- Compare their responses with the following list, add any that are missing and discuss:
  - They work in a bar or other drinking place
  - To reduce shyness to approach clients
  - To be bold enough to deal with clients who refuse to pay the agreed fee
  - To pass time while waiting to find clients

Step 2
- Ask participants to list how alcohol affects their behavior and increases the risk of STIs or HIV.
Write their responses on the flip chart paper.
Compare their responses with the following list, add any that are missing and discuss:
- Makes it harder to negotiate safer sex (using a condom and lubricant)
- Weakens judgment
- Causes people to forget to do things
- Can make clients more angry

**Step 3**

- Divide the participants into three groups and tell them that they will be role playing different scenarios.
- Go to each of the three groups and read their scenarios out loud.
- Give them 5-10 minutes to discuss how they will role play their scenarios.
- Ask one group to come first.
- Have the group conduct the role play they have selected.
- After each role play, ask the corresponding questions, below.

**Role Play One:**
A sex worker is at the bar counter drinking coke. There are men standing at the bar, but they seem to be busy talking and not paying attention to her. She wants to talk to one of them but she is too shy. She takes two tots of gin, warms up, and feels she can now talk to a potential client. She approaches one of the men at the bar with a beer in her hand.

- Discuss the following questions:
  - Why was the sex worker drinking alcohol?
  - Was there any danger to her that resulted from drinking alcohol?
  - If yes, what could have been the effects on her health and sexual behavior?

**Role Play Two:**
Nicola has been having a very nice time at a night club. Her client bought her a lot of beers and took her home for an overnight service. This client was so sweet to Nicola and even offered her some food. At his house he offered her some marijuana to smoke with him. At 6 o’clock in the morning her client woke her up and told her to go. He offered her the money that he owed her. She looked around her and could not remember where she was. When she remembered, she took the N$700 he offered her and put it into her handbag. As she opened her handbag, she sees the six condoms she brought with her. They were all there and she remembers that she has had sex with her client without a condom.

- Discuss the following questions:
  - Why was Nicola drinking alcohol before the overnight service?
  - Could there be any danger that resulted from drinking too much alcohol and using marijuana?
  - If yes, what were the effects on her health and sexual behavior?
Role Play Three:
Claudia has been on treatment for an STI for the past four days. She feels better than she did last week so she is in the bar looking for clients. She is drinking a Savannah and one of her friends walks in and whispers “What’s wrong with you?” You shouldn’t be drinking when you are on STI treatment! You’re killing your business! Claudia ignores her friend’s advice even though she remembers the health care worker's instructions. “While you are taking this medicine, make sure that you do not take any alcohol”. She says to herself: “One drink isn’t going to matter”.

- Discuss the following questions:
  o Why was Claudia drinking even when she was on STI treatment?
  o Was there any danger that resulted from drinking alcohol?
  o If yes, what were the effects on her health and sexual behavior?

Step 4
- After all the role plays are finished, discuss the consequences of drinking too much alcohol or using drugs:
  o The chance of forgetting to use a condom is big when you are drunk or high and it can result in unprotected sex
  o Tearing a condom with your nail when putting it on your client is greater when you are drunk or high, making the condom ineffective.
  o Medicines used to treat STIs are not supposed to be taken with alcohol as it interferes with the absorption of the medicine and will not treat the STI.
  o It is harder to negotiate condom and lubricant use with an unwilling client as it is difficult to be assertive and fully control one’s actions when drunk or high.
  o Being drunk or high may make it difficult to overcome risky behaviors.
  o Drinking weakens the immune system to fight off disease even if one is healthy.
  o Safety from clients?

Step 5
- Discuss the different strategies that can be used so that drinking alcohol or using drugs does not lead to risky sexual behavior:
  o Always carries condoms and lubricants with you.
  o Wear a female condom before drinking alcohol or getting high.
  o Only take soft drinks while on STI treatment.
  o Limit the amount of alcohol you drink while looking for clients.
  o Don’t engage in sex while on STI treatment.
SESSION 10- Drinking Alcohol and Using Drugs and Good Decision Making

Objectives
- To examine why people drink alcohol
- To understand when it is acceptable to drink alcohol
- To understand how alcohol affects decision-making

Setting
Indoors/outdoors

Group size
10-25 people

Time
Approximately 45 minutes

Materials
Flip chart paper
Markers

Instructions

Step 1
- Ask participants to list reasons why commercial sex workers drink alcohol.
- Write their responses on the flip chart paper.
- Compare their responses with the following list, add any that are missing and discuss:
  - Pressure from friends or clients
  - Desire to fit in with others
  - Relax
  - Feel good
  - Avoid problems with reality
  - Bored or lonely
  - Want to experiment
  - Want to be drunk
  - Want to copy the drinking habits of others

Step 2
- Divide the flip chart paper into two sections: Reasons and Actions
Ask participants to list the reasons a sex worker could give or actions that could be taken to resist pressure to drink alcohol.

Write their responses in the sections of the flip chart paper.

Compare their responses with the following lists, add any that are missing and discuss:

**Reasons:**
- I am better at sex work if I am not drunk.
- I don’t like the taste of alcohol.
- I don't like the effect alcohol has on me.
- I am happy with myself without alcohol.
- My religion doesn’t allow it.

**Actions:**
- Refuse politely but firmly, say “No thank you”.
- Ask for a cool drink instead.
- Walk away.
- Avoid the situation.
- Ignore the offer.
- Talk to others who are not drinking.

**Step 3**
- Ask participants to list the ways that drinking alcohol affects decision-making and compare them with the list below.
- Write their responses on the flip chart paper.
- Compare their responses with the following lists, add any that are missing and discuss:

**Ways alcohol affects decision-making:**
- Slows decision-making
- Makes decision-making difficult
- Brings out anger and violent urges more quickly
- Less likely to use protection (male or female condom)
- Could say something you would regret later

**Step 4**
- Divide participants into three groups and have each group prepare and act out a role play for the others on one of the following topics:

**Role Play One: Pressure to drink alcohol**
Some participants take on the role of convincing others to drink alcohol by telling the others why they should drink and what the benefits and pleasures of drinking are for them. The others consider what is being said but offer reasons why they don’t feel comfortable drinking alcohol.
• **Role Play Two: Moderate Drinking**
  Some participants take on the role of people who are pressuring others to drink alcohol. Others take on the role of people who are reluctant to drink alcohol but then decide to drink because they don’t want to offend the others.

• **Role Play Three: Poor decision-making affected by alcohol**
  Some participants take on the role of people who are drunk and starting to make poor behavior choices. Others play the parts of their friends who are trying to help them avoid making decisions that they will regret later.

**Step 5**

• Ask participants to say what they learned from the three role plays. Some lessons that might be learned may include:

  o It is not easy to resist pressures to drink alcohol.
  o Being polite but assertive is a good way to resist unwanted offers to drink.
  o People often don’t want to be told they have drunk too much, but often need help drinking moderately.
Module 4: Prevention of Mother-to-Child Transmission

SESSION 1 – Living Positively When You Are HIV-Positive

Objective
● To better understand the personal impacts of HIV and AIDS

Setting
Indoors/outdoors

Group size
10-25 people

Materials
Handout (below)
Paper
Pens or pencils

Time
Approximately 30 minutes

Notes to the Facilitator
Invite a sex worker that is living positively to share their live experience with the group.

Instructions

Step 1
● Divide participants in three groups.
● Give them each a copy of the handout, below.

Step 2
● Ask each group to study the handout.
● Then ask each group to think of a set of six questions to the person who is HIV-positive, to find out whether or not they are living positively.
● Each group should agree on their six questions and write them down.
Step 3
- In plenary each group should then ask the person living positively to answer their six questions.

HANDOUT
Living positively when you are HIV-positive

Components of Positive living:

1. Physical Health
   Maintaining your physical health through a well-balanced diet, enough exercise, rest, keeping your body free from illnesses or any form of infection and living in a health and clean environment.

2. Mental Health
   Maintaining your mental health. If you have good mental health you have peace of mind, are stress-free and can cope with situations. Mental health demands on-going support from family, friends and colleagues.

3. Spiritual Health
   Maintaining your spiritual well-being. This means that you have someone or something that you believe in and that forms a good support system. Many people believe in many different things and it is important that their belief systems be strengthened.

If you are HIV-positive you should try to keep your body strong. This means you should:
- Maintain a good diet including proteins, vitamins and carbohydrates. Nutritional deficiencies may negatively affect your body’s ability to fight HIV.
- Stay as active as possible, keep fit and sleep regularly. Exercise helps prevent depression and anxiety and can add to a feeling of well-being and contribute to general health and stamina.
- Continue to work, if possible.
- Occupy yourself with meaningful, or at least distracting, activities.
- Socialize with friends and family.
- Talk to someone about your HIV status and illness.
- Use a condom every time during sexual intercourse with clients or boyfriends. Use a lubricant and condom every time during anal intercourse.
- Seek medical attention for health problems and follow medical advice for care including counseling and social services.

If you are HIV-positive you should avoid:
- Alcohol and cigarettes
- Getting other infections, including further doses of HIV
- Using non-prescribed drugs
• Being isolated from other people

The best place for the proper care of people living with HIV and AIDS is where the person gets the most love and emotional support.

Some important points about how to live healthily and positively when HIV-positive:

<table>
<thead>
<tr>
<th>• Take care of yourself</th>
<th>• Get regular counseling</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Maintain your self-esteem</td>
<td>• Seek medical care</td>
</tr>
<tr>
<td>• Keep yourself healthy</td>
<td>• Get more information about HIV and its transmission</td>
</tr>
<tr>
<td>• Eat nutritious food</td>
<td>• Protect others from being infected by you</td>
</tr>
<tr>
<td>• Take adequate rest and sleep</td>
<td>• Spend time with family and friends</td>
</tr>
<tr>
<td>• Get regular exercise</td>
<td>• Be positive, plan for the future</td>
</tr>
</tbody>
</table>
SESSION 2 – Prevention of HIV Transmission in Infants and Young Children

Objective
• To understand what can be done to prevent HIV transmission in infants and young children
• To explore barriers to the effectiveness of PMTCT programs

Setting
Indoors/outdoors

Group size
10-25 people

Materials
Handout (below)
Flipchart paper
Pens or pencils
Tape/prestik

Time
Approximately 90 minutes

Instructions

Step 1
• Ask participants to identify ways that HIV can be prevented from mother to child. Write the response on a flipchart.
• Once participants have offered their suggestion, explain that a comprehensive approach to prevent HIV in infants and young children involves:
  o Avoiding HIV infection in all women
  o Preventing unintended pregnancy in HIV infected women
  o Preventing transmission to infants and young children in pregnant HIV infected women
  o Providing care and support to HIV infected women, their infants and their family
Step 2
- Distribute copies of the handout below to all participants and clarify any questions they might have.

Step 3
- In plenary ask the participants what the challenges are for sex workers regarding prevention of mother to child transmission.
- Write down the responses on a flipchart.

Step 4
- In plenary ask the participants what to help prevent HIV transmission in infants and children.
- Write down the responses on a flipchart.

Step
- Conclude the session by emphasizing that a comprehensive approach is necessary to prevent HIV transmission in infants and children:
  - Avoiding HIV infection in all women
  - Preventing unintended pregnancy in HIV infected women
  - Preventing transmission to infants and young children in pregnant HIV infected women
  - Providing care and support to HIV infected women, their infants and their family

HANDOUT

Preventing HIV infection in Infants and young children

A comprehensive approach to prevent HIV infection in infants and young children includes:

1. **Primary prevention of HIV infection**
   - Avoiding infection in all women and their partners.
   - Since primary HIV infection during pregnancy and breastfeeding are an increase threat to mother to child transmission, HIV prevention efforts should also address the needs of pregnant and lactating women, especially in high prevalence areas.

2. **Mental Health**
   - Ensuring that women and their partners are aware of their HIV status.
   - Making family planning available so women and men can prevent unintended pregnancies.
3. **Prevention of HIV transmission from HIV-infected women to their infants**

- There are three different times when a woman can pass HIV on to her child:
  - Antenatal, when the baby is still growing in the uterus
  - During labor and delivery
  - During breastfeeding

Interventions to prevent HIV transmission from an infected mother to her child involves the use of antiretroviral ARVs drug use, safer delivery practices and infant-feeding counseling and support as follows:

- A number of ARV regimens have been shown to be effective in reducing mother to child transmission of HIV. The choice of ARVs should be made locale based on availability, effectiveness and cost.
- Elective Caesarean section can help to reduce mother to child transmission of HIV. This may or may not be appropriate in resource constrained settings because of limited availability or the risk of complications. Invasive procedures such as an episiotomy may increase the risk of transmission of HIV to the infant. They should only be carried out in cases of absolute necessity.
- Breastfeeding can increase the risk of HIV to the infant by 10%. Lack of breastfeeding, however, can lead to an increased risk of malnutrition or infectious diseases other than HIV. All HIV-infected mothers and their partners should receive counseling that highlights the risks and benefits of various infant feeding options, and guidance in selecting the most suitable option for their situation. When replacement feeding is acceptable, feasible, affordable, sustainable and safe, avoidance of all breastfeeding by HIV-infected mothers is recommended.

4. **Provision of care and support to HIV-infected women, their infants and family**

- Services for HIV infected women, their infants and family can include the prevention and treatment of opportunistic infections, the use of ARVs, psychosocial and nutritionals support, and reproductive health care, including family planning. Children will benefit with improvement in the mother’s survival and quality of life.
- Access to care and support will also increase community support for programs to prevent mother to child transmission and increase the uptake of critical interventions, such as HIV testing.
SESSION 3 – The Facts: Understanding ARVs

Objective
- To consider the advantages and disadvantages of ARV
- To understand the implications of ART in combating the HIV epidemic

Setting
Indoors/outdoors

Group size
10-25 people

Time
Approximately 90 minutes

Materials
Flipchart
Markers
Flipchart on advantages and challenges

Instructions

Step 1
- Ask the group to brainstorm a list of behaviors that will help HIV-positive people living longer (e.g., eat well, take ARVs when appropriate, reduce sex worker stress, lower alcohol intake, stop smoking)
- Review the list and circle any of the comments that involve ART. Tell the participants that they are going to talk more about ART in this session. Before starting, stress the following:
  - There are a lot of important things HIV-positive people can do, both before and after they begin receiving ART.
  - Healthy behaviors such as good diet, exercise, adequate rest, and abstaining from drugs, alcohol and smoking are important habits to adopt before beginning ART and can help delay the need for taking ART medication.
  - Just because a person is HIV-positive does not mean he or she needs ART immediately. However, over time, HIV diminishes a person’s ability to fight off infections. When this occurs, a person will need to start taking ART for the rest of his or her life.
Step 2

- Explain that you are going to help the participants understand ART by having a discussion. Share with the participants the following:
  - A person living with HIV needs to know how strong or weak their immune system is before they can receive ART. The health facility will test your blood to see how many helper T-cells (also called CD4) you have, and also how much virus there is in your blood (viral load test).
  - You will only get ART medication when your helper T-cell (CD4) count reaches 350.
  - ART is several different medications. A person must take all of them, every time, every day for the rest of his or her life for the treatment to be effective.
  - ART does not cure HIV, therefore, the body will need the medications every day in order to stay healthy. Going without medications, even for a short time, is like not repairing the house.
  - If a person does not take his or her medicine, HIV will multiply in the body and continue to damage the immune system – and taking ART in the future will not be able to stop it.
  - It is normal to feel sick for a few weeks when you start taking ART. Your body is getting used to the medicines. When you feel like vomiting, eat something, this helps.
  - ART medicines are very strong. They do not work better if you take more than what the doctor told you to take. In fact, this will make you very ill.
- Ask the participants if they have any questions and answer them accordingly or if you do not know the answer, tell them that you will find out and give them an answer next time.

Step 3

- Divide the group into two teams. Explain to them that starting ART is a big decision and that the groups will be asked to think about the things a person should consider when making a decision about starting ART.
- Provide each group with a sheet of flipchart paper.
- Ask group one to identify the advantages of starting ART.
- Ask group two to identify the challenges of starting ART.
- Allow the groups ten minutes to discuss and write down their answers.
- Bring the groups back together and review their responses. Ensure the following responses are included:

**Advantages:**
  - You can live longer and have a better quality of life.
  - You won’t get sick as often.
  - You will have more time to fulfill your dreams and goals.
  - If you have children, you will see them grow up and experience life.
You will have the opportunity to continue earning a living because you are well.
You will have more time to do things you enjoy.

**Challenges:**
- ART is a lifelong treatment that must be taken every day at the same time and in the same way.
- In the beginning, ART seems complicated.
- Sometimes you have to adjust what you eat and when you eat, according to the medication you take.
- Some types of ART require you take several pills each day.
- Some types of ART may be harmful if taken with other medication or during pregnancy.
- ART can have side effects. Some will go away after a few weeks, while others will need to be addressed by the health worker.
- If you do not take your ART regularly, the medicine will not work anymore. This means that you will have fewer options for ART in the future.
- It is difficult to start taking ART when one has TB.
- Only limited regimens are available in the government health facilities.

**Step 4**
- Conclude the session by emphasizing that ART can bring many benefits to the individual, family and community:
  - Households can stay intact.
  - Decreased number of orphans.
  - Reduces mother to child transmission of HIV.
  - Less money spent to treat opportunistic infections and to provide palliative care.
SESSION 4 – Mapping Existing Services for PLWHA

Objective
- To identify what treatment, care and support services exist for sex workers who are living with HIV and map and list HIV services in the local area

Setting
Indoors/outdoors

Group size
10-25 people

Time
Approximately 30 to 45 minutes

Materials
Flipchart
A4 Paper
Pencils or pens

Instructions

Step 1
- Ask the group to brainstorm all the local services in their area that are part of the treatment, care and support continuum for people living with HIV.
- Write these on the flip chart.
- Make sure all of the following possible sources are taken into account:
  - Government HIV clinic/hospital
  - NGO health center providing HIV care
  - Private hospital (nursing) for HIV care
  - Private doctor treating HIV
  - Other government facility addressing needs of PLWHAs
  - NGO facilities addressing needs of PLWHAs
  - Private hospital (nursing home) addressing needs of PLWHAs
  - NGOs assisting orphans and vulnerable children
  - Pharmacies offering ARVs
  - Laboratory services (e.g., CD4 count, viral load)
  - TB treatment/direct observation therapy (DOT) centers
  - ARV roll-out center
Step 1
- Pediatrician who specializes in HIV treatment
- HIV voluntary counseling and testing (VCT) Centers
- Prevention of Parent-to-Child transmission center (with PPTCT ARV Services)
- Nutritional support centers
- Educational institutions providing services for children infected/affected by HIV
- Care homes for PLWHAs
- Detoxification and de-addiction centers
- Legal services for PLWHAs
- Drop in centers
- CACOC
- Other

Step 2
- Add any items that were overlooked to the participants’ list.
- Assign a colored dot or a number to each type of service delivery point on the list (for example, a government clinic or hospital might be number 1 or a red dot; an NGO health center might be number 2 or a blue dot, etc.)

Step 3
- Now explain to participants that they will draw a map of the services in their area.
- Ask them to draw a large circle on the flipchart. This circle represents the community.
- In this circle have them draw the main physical features of the community such as streets, main buildings, rivers, etc. The map need not be perfect.
- Based on what they know about the services available in their area, ask participants to place the color dot/number of each type of service delivery point (from the numbers assigned at the end of Step 1) on the service delivery point in their community.
- Repeat the same process for all types of services available in their area.

Step 4
- Discuss, asking the following questions, below.
- Tell participants that even though these questions below focus on ARTs, you can use them to discuss any services for PLWHAs (OVC, HBC, etc.):
  - Where are ARV services provided locally?
  - What is the cost for people to travel to these ART services?
  - What is the process involved in accessing those ART services? Registration? How long one has to wait?
  - What are the criteria for one to receive ARV? For example, if I am a person who has been recently diagnosed with HIV infection, and I have a CD4 count of 350, what is the likelihood that I will receive ART at these sites?
  - Will I have to pay for that treatment? If so, what do I do if I have no financial resources?
How are these services linked to each other?
How do I contact these services? Who are the contact people?
Given that demand for ART is higher than supply, how do programs decide who gets access to ART first?
Any stigma and discrimination concerns that need to be addressed?

Step 5

- End the session by explaining that participants could use this same mapping exercise to map a district or region, or use as a referral checklist in their workplace or for coordination purposes.
- Explain that there are now many community locations that provide services for those living with HIV/AIDS. If you don’t know how you to access them, ask a local government representative, health provider(s) and/or NGO, or CBO representatives, who may be able to direct you to available services.
SESSION 5 – Adherence to ART

Objective
- To understand the importance of taking your ARVs regularly

Setting
Indoors/outdoors

Group size
5-10 people

TIME
Approximately 30 minutes

Materials
Computer
Yale School of Medicine DVD Adherence to ART (get from C-Change Namibia)

Instructions

Step 1
- Explain that ART stands for Anti-retroviral Treatment.
- ART includes treatment with ARVs, which is the medicine you take if you need it.

Step 2
- Explain that not everyone infected with HIV needs ART.
- Once someone begins ART, they need to take their medicine regularly and forever. Taking medicine regularly is called “adherence”.

Step 3
- Explain to the participants that you will show them a video on ART adherence.
- The video gives a definition of adherence to ART, it discusses the side-effects of ART and it shows adherence in action.

Step 4
- Show the video clip to the participants and allow some time for asking questions.
- You can also invite a person who is living positively and is on ART, to answer the questions.
- Ask participants how accessible ART medication for sex workers are?
• Ask the participants how accessible and user-friendly ART services for sex workers are in Namibia?

**Step 5**
• Conclude the session by emphasizing the importance of adhering to ARV treatment.
SESSION 6 - Using Picture Codes to Discuss Prevention of Mother-to-Child Transmission of HIV

Objective
- To discuss PMTCT with the SW Picture Code Flip Chart

Setting
Indoors/outdoors or on the street

Group size
1-5 people

Time
Approximately 30 minutes per photo

Materials
SW Picture Code Flip Chart

INSTRUCTIONS

What are picture codes?
- Picture codes are photos that are used to stimulate a discussion about specific issues like behavior which puts people at risk of HIV infection.
- The SW Picture Code Flip Chart has a photo on one side of each page showing people in different situations, and on the other side of the page has questions the facilitator can use to stimulate a discussion.
- Underneath the questions are “talking points” or “key messages”. These are summary point that the facilitator can share with participants at the end of the discussion.
- Picture code stories are the same as picture codes except that there are several photos that should be shown and discussed one after the other. They tell a story of people in different situations that make different behavior choices.

Step 1
- Bring together a group of one to 5 participants for a session.
- Select a picture that illustrates the topic you want to cover.
- Have participants sit in a circle or in a way they can see the picture.
- It is best not to stand in front of the participants like a teacher since the idea is to get the participants to talk about themselves.
• Lead the discussion by asking questions and not talk too much.

Step 2
• Show the selected photo to the participants.
• Start with the general question “What is happening in this picture?” That should be enough to get the discussion started.
• Ask the other questions to stimulate further discussion.
• Don’t hurry. Allow enough time for in-depth discussions.
• Use the information under the “Talking Points” section to answer questions or to make points that haven’t already come up in the discussion

Tips on asking questions and involving everyone
• Skip questions that have already been discussed.
• Ask follow-up questions to encourage participants to offer more detail about the behaviors.
• Try to ask open-ended questions or questions that don’t take a single word answer like “yes” or “no” such as “What do you think about that?”
• Don’t be judgmental or moralistic about the discussion.
• There is no right or wrong answer to the questions the idea is to get participants to think about their behavior choices.
• A good field worker is a good listener who is very interested in the answers to the questions.
• Get the participants to relate what is happening in the photos with themselves or people they know.
• Correct any misinformation at the end of the session.
• Don’t let one or two people talk all the time.
• Ask a question directly to a different person each time to let everyone participate.
• Re-ask the same question to different people.
• Ask others if they agree with the responses given.
Module 5: Correct and Consistent Condom and Lubricant Use

SESSION 1 – Talking about Using Condoms and Lubricants with Your Client

Objective
- To understand the challenges of talking to partners about sex and to build skills related to communication about condom and lubricant use.

Setting
Indoors/outdoors

Group size
10-25 people

TIME
Approximately 60 minutes

Materials
Flipchart
Markers

Facilitator’s notes
At times participants can be reluctant to participate in role-plays. One way to address this is for you to play one character and to allow participants to play the other. You can start the role play by making a statement. Then anyone in the group can respond to the statement. Some statements:

- “But I know I’m not infected with any diseases”
- “What is the point of using lubricants, the condom is already lubricated”
- “Are you suggesting that I’m cheating on you”
- “We don’t need a condom, just using Lubricant is fine”
- “But we have never used condoms, why now all of a sudden?”
- “I don’t trust these government condoms, it does not help using them”
- “If you force me to use a condom, I will just go somewhere else for sex”
- “Using condoms and too much lubricant makes me lose all the feeling”
- “I will pay more for sex without a condom”
Instructions

Step 1
- Ask participants to brainstorm all of the things that a client might say when he does not want to use a condom or lubricant.
- Write them on the flipchart.
- Add to this from the list of statements from the facilitator’s notes, above.

Step 2
- Divide participants into groups of three people each.
- Explain that there are three roles in each group
  - Person A is the client who does not want to use a condom and lubricant
  - Person B is the sex worker
  - Person C is an observer

Step 3
- Explain that person A in each group will use one of the statements on the list and that person B, the sex worker, wants to use a condom and lubricant, and will have to try to respond to the statement person A makes.

Step 4
- Tell the A’s and the B’ to continue their argument as long as it feels right. Person C should listen closely to the conversation and note the arguments being used for and against condoms.
- When they have finished, ask the persons in each group to switch roles and try another statement from the list. Let the group know they have about 15 minutes for this.

Step 5
Once the role plays are completed, ask the questions below:
- When you were person C, what were the arguments being used against condoms and lubricants?
- What were the best arguments used for condoms?
- What were the best arguments for lubricants?
- What did it feel like being person B, trying to persuade person A to use a condom and lubricants?
- How did it feel like being person A who did not want to use a condom or lubricants?
- What are the advantages and disadvantages about using condoms and lubricants, particularly between sex workers and their clients?
- When during a one night stand should you discuss condom and lubricant use?
Step 6

- Conclude the session with the following:
  - It can be difficult to negotiate condom and lubricant use with a client for a variety of factors; including the fear that he may think you are infected or feel you don’t trust him/her.
  - When you are having a single sexual encounter with a client (one night stand), condom and lubricant negotiation may be even more complicated.
  - It is important to know the benefits of condom and lubricant use and be empowered to discuss it with any sexual partner.
  - It is also important to think about the arguments your client may have against condoms and lubricants and how to respond to them.
  - You can get condoms and lubricants from your nearest NAPPA clinic.
SESSION 2 – Demonstrating Correct Male Condom and Lubricant Use

Objective
- To provide sex workers with the opportunity to practice handling male condoms.

Setting
Indoors/outdoors or on the street

Group size
1-25 people

TIME
Approximately 30 minutes

Materials
Male condoms
Models of a penis
Male condom use pamphlet
Lubricant

Instructions

Step 1
- Find a suitable model. Ideally a wooden model of a penis is used to demonstrate how a condom is put on.
- Explain that sex workers need to protect themselves and, if used correctly, condoms provide excellent protection.

Step 2
- Using your model, demonstrate how to place a condom on it, highlighting the following steps:
  1. Check the expiry date and look for signs of wear such as discolored, torn or brittle wrappers. Do not use condoms which have passed the expiry date or seem old.
  2. Tear the package carefully along one side. It is better not to do this using teeth or fingernails to avoid damaging the condom.
  3. Place the rolled up condom on the top of the erected penis.
4. Hold the tip of the condom between a finger and thumb of one hand (leaving space at the tip to collect the sperm or semen).
5. Place the condom on the end of the penis and unroll the condom down the length of the penis by pushing down on the round rim of the condom. (If this is difficult, the condom is “inside-out”. Throw the condom away and use a new one).
6. When the rim of the condom is at the base of the penis (near the pubic hair), apply a water based lubricant and penetration can begin.
7. After intercourse and ejaculation, hold the rim of the condom and pull the penis out before it gets soft. Check that the condom is not broken. Tie the condom in a knot sealing in the semen or sperm. Dispose of the condom in a safe place. Use a new condom the next time you have sex.

**Step 4**
- Hand out condoms to each of the participants.
- Have each participant practice putting the condom on the model and explain out loud each of the steps as they go.
- Ask the participants who are observing to point out any difficulties or omitted steps.
  If the group of participants is very large, they can be divided up into groups of five and practice.
- When they have finished, ask them to report what happened.

**Step 5**
- List the most common difficulties encountered. Ask the participants to suggest how these problems might be solved. Some common problems include:
  - Trying to roll the condom down when it is “inside-out”
  - The condom is not rolled down all the way
  - The condom is not placed properly on the model
  - The user is too rough when opening the package or uses teeth to open it
  - The air in the tip is not squeezed out
SESSION 3 – Female Empowerment: Demonstrating Correct Use of Female Condom

Objective

• To provide sex workers with the opportunity to practice handling female condoms.

Setting

Indoors/outdoors

Group size

1-25 people

TIME

Approximately 30 minutes

Materials

Female pelvic model
Female condoms
Female condom use pamphlet
Flipchart paper
Markers

Instructions

Step 1

• Find a suitable pelvic model.
• Explain that it is important to use a female condom correctly in order to be protected against HIV and other STIs and not to cause pain or discomfort.

Step 2

• Using your model, demonstrate how to insert a female condom, highlighting the following points:

  1. Check the expiry date and look for signs of wear such as discolored, torn or brittle wrappers. Do not use condoms which have passed the expiry date or seem old.
  2. Tear the package carefully along one side. It is better not to do this using teeth or fingernails to avoid damaging the condom.
3. The outer ring covers the area around the opening of the vagina. The inner ring is used for insertion and to help hold the sheath in place during intercourse.
4. While holding the female condom at the closed end, grasp the flexible inner ring and squeeze it with the thumb and second or middle finger so it becomes long and narrow.
5. Choose a position that is comfortable for insertion: squat, raise one leg, sit or lie down.
6. Gently insert the inner ring into the vagina. Feel the inner ring go up and move into place.
7. Place, the index finger on the inside of the condom, and push the inner ring up as far as it will go. Be sure the sheath is not twisted. The outer ring should remain on the outside of the vagina.
8. The female condom is now in place and ready for use with your partner.
9. When you are ready for sex, guide your partner’s penis into the condom’s opening with your hand to make sure that it enters properly. Be sure that the penis is not entering on the side, between the sheath and vaginal wall.
10. To remove the female condom, twist the outer ring and gently pull the condom out.
11. Wrap the condom in the package or in tissue and throw it in the garbage. Do not flush down a toilet.
12. Do not use the same condom with several partners. Use a new one every time.

**Step 3**
- Hand out female condoms to each of the participants.
- Have each participant practice putting the condom on the model and spell out loudly each of the steps as they go.
- Ask the participants who are observing to point out any difficulties or omitted steps. If the group of participants is very large, they can be divided up into groups of five and practice.
- When they have finished, ask them to report what happened.

**Step 4**
- Ask the participants what the benefits are of wearing a female condom and list them on the flipchart paper. Some of the benefits are:
  - It empowers the sex worker to protect herself without having to convince her sex partner to use a male condom
  - It can be inserted before sex so that the sex worker is prepared in advance
  - It can be used without your partner knowing
  - It is an alternative to male condoms and lubricants
  - It can be used when your client refuses to wear a male condom
  - It provides woman with more control over protection of herself against HIV and STIs.
Step 5

- Conclude the session by reminding the participants that only one condom at a time must be used. It should either be a male condom or a female condom, never both, because the condom will break.
SESSION 4 – Consistent Male and Female Condom and Lubricant Use

Objective
- To better understand the importance of using male and female condoms and lubricants consistently and correctly

Setting
Indoors/outdoors

Group size
5-25 people

TIME
Approximately 60 minutes

Materials
Copies of stories, below
Flip chart paper
Markers

Step 1
- Tell the group that the term “consistently” means “doing something regularly or all the time.”
- Ask the participants why they think it might be important to use male or female condoms and lubricants “consistently” or all the time.
- Listen to their responses and write them on a flip chart paper.
- Once you have their responses, point out that it is impossible to tell if someone is infected with HIV or an STI by the way they look.
- For this reason, the only way to feel safer from HIV or STIs is to use male or female condoms and lubricants every time you have sex, even with your regular partner.

Step 2
- Read the following three stories, below, one by one.
- After each of the stories, ask participants to say whether or not they think the behavior shows “consistent” use of male or female condoms and lubricants.
- Write their responses on flip chart paper.

Story A
Gina is 17 years old and working in a hotel. She has a boyfriend and never uses condoms or lubricants when they are having sex. She was invited by a client for a drink. He kept ordering drinks for her and she kept on drinking. Finally he took her to his room. Although she was drunk she asked him to put a male condom on. The client seeing that Gina was too drunk to know if he put a male condom on lied and said that he was wearing one.

**Story B**
Ismelda is 20 years old working at a bar. She is new to sex work business. She is listening to the radio and hears that female condoms prevent pregnancy, STIs and HIV. She got scared but later decides to ask the establishment owner if it's a good idea for her to start using female condoms. The owner explains she doesn't have time to discuss this and that condoms bring bad luck to business. She starts using female condoms with every client anyway to protect herself, but not with her boyfriend.

**Story C**
Lanie is 30 years old and works for the past 5 years as a commercial sex worker. She always uses male or female condoms and lubricants with her clients and her boyfriend. A client offers to pay Lanie N$2000.00 if they have sex without a condom. She tells him that it would be wise to use a condom for his personal health, but the client insists and tells her that he will give her N$3000.00. Although she knows that having sex without a condom puts her at risk, she got persuaded by the man’s assurance that he is family man and she agrees to have sex with him without a condom.

**Step 3**
- Tell the participants that the correct answer are that NONE of the people featured in the stories used condoms or lubricants consistently.
- Explain the importance of using condoms consistently and correctly every time when having sex.

**Step 4**
- Ask the participants to list tips to negotiate safer sex. Make sure they mention some of the following:
  - Have female condoms in place to be prepared and protect yourself in advance.
  - Have male condoms with you in case a client doesn’t have one with him.
  - Do not drink too much or use drugs so you can stay in control and are safe.
  - Take time to discuss using condoms before the client starts warming up for sex.
  - Use creative ways to putting a condom on a client.
  - Keep the condoms nearby so you can reach them easily without breaking the client’s mood.

**Step 5**
- Explain to participants that these tips come in handy when negotiating with anyone with whom you might have sex with.
- Different men have different preferences to sex and so it will require having different convincing skills.

**Step 6**
- Ask the participants to form teams of two.
- In pairs each team will think of a client or partner they might have sex with in the future. They will exchange their view on what they will do to protect themselves by using a female condom or convincing the man to use a condom.

**Step 7**
- Ask the participants to write on flip chart some ideas to convince partners to use a male condom.
- Ask the participants to give feedback in plenary and compare to the list below:

<table>
<thead>
<tr>
<th>Type of man and what you should do</th>
<th>Things you might say or do to convince him</th>
</tr>
</thead>
</table>
| If he is a regular customer, appeal to his kind side | • You're my number one choice and I want us both to be protected.  
• Let's just give it a try, my love |
| If it's a client who is looking for respect, make him feel powerful | • You have the power to keep us both healthy.  
• You'll make it pleasurable for me if you use a condom.  
• My happiness is yours |
| If it's a client who is adventurous, use new and different ways | • I'll try any position you like if you use a condom.  
• My love will pull us through with no worries |
| If the client is a family man, remember the family he loves | • If we use a condom, it will help protect your wife and kids from any infection |

**Step 7**
- Explain to participants that we have talked about using male and female condoms and lubricants correctly and consistently because:
  - Too many women are becoming infected with HIV and other STIs;
  - We must find a solution to this challenge
  - Using female or male condoms and lubricants consistently and correctly is the only way to stay safe when doing most sexual activities.
SESSION 5 – Condom Facts and Misinformation

Objective
• To correct misinformation about condoms
• To increase condom use

Setting
Indoors/outdoors

Group size
4-24 people

TIME
Approximately 40 minutes

Materials
Flipchart paper
Markers

Instructions

Step 1
• Explain to participants that some things people believe about female and male condoms are completely false.
• Unfortunately some people don’t use condoms because of this misinformation.
• For this reason it is important to clarify the facts about condoms.

Step 2
• Divide the group into pairs and give each pair a point from the list below to discuss. Do not give them the correct responses yet.
• Give them time to go over their point and decide if it is true or misinformation and why.
• When the pairs are ready, ask them to report back to the larger group.

Step 3
• After getting the response for each point from the participants, give them the correct response by reading the explanation written below each point.
1. **Condoms don't provide protection against HIV.**

**RESPONSE:** This is misinformation. Female or male condoms, if used properly every time when one is having sex, prevent HIV transmission. Sperm and viruses can't get through the latex rubber.

2. **Condoms break easily.**

**RESPONSE:** This is misinformation. Female or male condoms can break, but usually as a result of human error like not putting them on properly because of inexperience or being drunk.

3. **Condoms reduce sensation.**

**RESPONSE:** It is true that sex with a female or male condom doesn't feel the same as sex without one, especially when first entering the vagina, but after the condom warms up, it is usually forgotten.

4. **Condoms in Namibia are of poor quality.**

**RESPONSE:** This is misinformation. Male and female condoms available in Namibia meet international standards and are electronically tested.

5. **Using two condoms increases protection.**

**RESPONSE:** This is misinformation. One condom is all the protection that is needed. Using two condoms is not recommended and may even increase the chance of breakage.

6. **Condoms are not used because of embarrassment.**

**RESPONSE:** This is true. People mistakenly think they may be seen as having HIV or an STI if they suggest use of a condom.

7. **Condoms are too small for large men or too large for small men.**

**RESPONSE:** This is misinformation. Male condoms are made of latex rubber and stretch to fit even the largest penis. However, if a man feels a condom is too large or too small, he should get a smaller or larger size of condom. These are available in Namibia.

8. **Using a lubricant with condoms increases sensation.**

**RESPONSE:** This is true. All condoms have some lubricant on them already. Adding more can increase sensation. Just make sure the lubricant is NOT oil-based (such as Vaseline) as oil-based lubricants break down the latex.
9. Men and women both prefer the female condom.

RESPONSE: This is true. If they try the female condom several times, they prefer it to the male condom because it transmits heat better and the man feels less constricted.

HANDOUT: Condom and Lubricant Facts

What is a condom?
A male condom is a thin sheath usually made of latex, that is placed on an erect penis and used during anal, vaginal and oral sex. A female condom is made of polyurethane (plastic) and is placed inside of the vagina before vaginal sex.

How is a condom used?
Male condoms hold the semen, so no fluid can pass into the anus, vagina or mouth. The condom is placed on an erect penis before sex. Female condoms hold the semen so no fluid can pass into the vagina. Condoms are carefully removed after sex. Condoms can only be used once.

How effective is a condom?
Both male and female condoms are highly effective in the prevention of sexually transmitted infections (STIs), including HIV, if used correctly and consistently during every sexual encounter.

What type of lubricant should be used with a condom?
Only water-based lubricants such as K-Y jelly or glycerine should be used with condoms. Oil based lubricants such as Vaseline and hair oil should NEVER be used, the oil causes the condom to break.

When should a lubricant be used with a condom?
• During vaginal sex to increase lubrication
• During anal sex to reduce the chance of tearing

What are the advantages of using a male or female condom?
• Protects against HIV and STIs
• Easy to find
• Free
• Easy to use once you practice and know how

What are the disadvantages of using a condom?
• If not properly used with the correct lubricant, a condom can break or slip off.
• May interrupt sexual activity when being put on if the couple is inexperienced in using a condom and lubricant

What are the possible side effects of using a condom?
• There are rarely side effects, but there may be an allergic reaction to the latex that causes burning, itching or swelling.
SESSION 6 – Advantages and Disadvantages of Condom Use

Objective
- To better understand the advantages, disadvantages and facts about male and female condom use

Setting
Indoors/outdoors

Group size
5-25 people

TIME
Approximately 35 minutes

Materials
Flip chart paper or sheets of A4 paper
Markers, pencils, pens
Tape or prestik

Step 1
- Write “advantages” on one sheet of flip chart or A4 paper and write “disadvantages” on another.
- Tape these on the wall or at different locations around the meeting space.

Step 2
- Hand out pieces of A4 paper to participants.
- Ask them to suggest some “advantages” of using male or female condoms and write them down on their paper, and then stick their paper by the paper that says “advantages”.
- When participants are done with “advantages”, ask them to suggest some “disadvantages” of using male or female condoms and write them down on their paper, then stick their paper on the wall by the paper that says “disadvantages”.
- Stop when all the participants have made suggestions, or when no one can think of any more ideas.

Step 3
- Go over the lists on the wall under “advantages” and discuss with participants.
- Look at the list below and see if anything has been left out. Correct any misconceptions with facts.
**Advantages:**
- Reduces worry about getting HIV/AIDS and dying prematurely.
- Protects people from getting an STI, which may cause infertility.
- Reduces the risk of facing the responsibility of parenthood resulting from an unwanted pregnancy.
- Can make sex last longer by delaying the male orgasm.
- No penis is too big or too small for a male condom.
- HIV cannot leak through male or female condoms.
- Most male and female condoms are lubricated which helps increase pleasure or if a woman's vagina is too dry.

**Step 4**
- Now go over the lists on the wall under “disadvantages” and discuss with participants.
- Look at the list below and see if anything has been left out. Correct any misconceptions with facts.

**MYTHS and FACTs:**
- Condoms reduce sensation.
  
  **FACT:** Male or female condoms do not eliminate sensation, although they change it.

- Condoms are unreliable.
  
  **FACT:** If used correctly and consistently, both female and male condoms provide good protection from HIV.

- Condoms are expensive.
  
  **FACT:** Male and female condoms are cheap compared to the cost of treating STIs, unwanted pregnancies and the costs of HIV/AIDS. In Namibia freely distributed condoms are available widely.

- Condoms cause erection loss.
  
  **FACT:** This problem usually stops after you get used to condoms.

- Putting on condoms interrupts the flow of passion.
  
  **FACT:** Have your partner put them on – that helps keep the passion.

- Genital area itches after condom use.
  
  **FACT:** Itching can go away if you wash the genital area with water.
SESSION 7 – Negotiating Safe Sex

Objective
• To improve negotiation skills

Setting
Indoors/outdoors

Group size
10-25 people

TIME
Approximately 60-90 minutes

Materials
Role play

Instructions

Step 1
• The facilitator will read each story below and then two volunteers will role play “what happened next”
• Remind the volunteers that they need to focus on negotiating safe sex.

Story 1
Ronney has been Beline’s client for a while. He tells her how beautiful she is and how much he loves her. Beline starts to have sex with him for free. Eventually she falls in love with him. She starts to have sex without a condom. Beline’s friend tells her that she has seen Ronney with another woman. Beline wants to use a condom until she finds out for sure that he is cheating on her. One night she sees what Ronney was doing. What happened next?

Story 2
A rich man comes to the bar where Lethu works. During his stay at the bar he often talks with Lethu. Today he started to tell her about his sad life. He ordered her drinks and asked her to spend the night with him. They negotiate price and condom use. He takes her to his house and tells her more sad stories. She really feels sorry for him. Now that he sees how bad she is feeling for him he tells her that he wants to have sex without a condom. What happened next?
Story 3
Veronica is a sex worker and decided to start using female condoms, because she can put on the female condom up to 8 hours before intercourse. One night an old client came to buy her services, he was in a good mood, but intoxicated. They went to a guest house her client identified and the client insisted that he wanted sex without a condom. What happened next?

Step 2
- Explain to participants that one person may want to use a condom and another may not.
- Explain that negotiation occurs when the two discuss whether or not a condom will be used before they have sex.

Step 3
- Stimulate a discussion about the story by asking the participants the following questions:
  - What did you see happening in the role play?
  - Can you tell if someone is infected with HIV because of the way they look?

Step 4
- Provide participants this definition of negotiation:
  - Negotiation involves making a decision together.
  - Different options are proposed and discussed.
  - The consequences of different options are also discussed.
  - For example, in the story, the man and the woman decided that the consequences of sex without condoms were much worse than the feeling that sex with condoms might not be comfortable.
  - A solution where both people can benefit is found.

Step 5
- Tell participants that negotiation requires these steps:
  - Each person is able to express her or himself.
  - Each person listens to the other.
  - There is time to discuss opinions and options.
  - Each person is respectful.
  - People recognize the feelings that the other person may be having.
  - People are willing to compromise.
Step 6

- Ask participants to think of a situation in their own lives where negotiation was necessary. Participants can share these situations with others if they feel comfortable.
- Ask them the following questions:
  - Did you use negotiation steps in that situation?
  - Would it have been easy or difficult to have used negotiation steps and principles in that situation?
  - How might things have changed if you had used negotiation steps?

Step 7

- Conclude the session by underpinning that sex workers are good negotiators since they always negotiate with their clients.
- Sex workers need different persuasive methods with clients to make sure they use condoms.
- There are risk free sexual activities that we can use.
- We can build each other's skills and confidence to negotiate safe sex.
SESSION 8- Using Picture Codes to Discuss Correct and Consistent Condom Use

Objective

- To discuss correct and consistent condom use using the SW Picture Code Flip Chart

Setting

Indoors/outdoors or on the street

Group size

1-10 people

Time

Approximately 30 minutes per photo

Materials

SW Picture Code Flip Chart

INSTRUCTIONS

What are picture codes?

- Picture codes are photos that are used to stimulate a discussion about specific issues like behavior, which puts people at risk of HIV infection.
- The SW Picture Code Flip Chart has a photo on one side of each page showing people in different situations, and on the other side of the page has questions the facilitator can use to stimulate a discussion.
- Underneath the questions are “talking points” or “key messages”. These are summary point that the facilitator can share with participants at the end of the discussion.
- Picture code stories are the same as picture codes except that there are several photos that should be shown and discussed one after the other. They tell a story of people in different situations that make different behavior choices.

Step 1

- Bring together a group of one to 15 participants for a session.
- Select a picture that illustrates the topic you want to cover.
- Have participants sit in a circle or in a way they can see the picture.
- It is best not to stand in front of the participants like a teacher since the idea is to get the participants to talk about themselves.
- Lead the discussion by asking questions and not talk too much.
Step 2

- Show the selected photo to the participants.
- Start with the general question “What is happening in this picture?”. That should be enough to get the discussion started.
- Ask the other questions to stimulate further discussion.
- Don’t hurry. Allow enough time for in-depth discussions.
- Use the information under the “Talking Points” section to answer questions or to make points that haven’t already come up in the discussion.

**Tips on asking questions and involving everyone**

- Skip questions that have already been discussed.
- Ask follow-up questions to encourage participants to offer more detail about the behaviors.
- Try to ask open-ended questions or questions that don’t take a single word answer like “yes” or “no” such as “What do you think about that?”
- Don’t be judgmental or moralistic about the discussion.
- There is no right or wrong answer to the questions the idea is to get participants to think about their behavior choices.
- A good field worker is a good listener who is very interested in the answers to the questions.
- Get the participants to relate what is happening in the photos with themselves or people they know.
- Correct any misinformation at the end of the session.
- Don’t let one or two people talk all the time.
- Ask a question directly to a different person each time to let everyone participate.
- Re-ask the same question to different people.
- Ask others if they agree with the responses given.
Module 6: HIV Counseling and Testing

SESSION 1 – Why Getting Tested for HIV

Objective
- To discuss the importance of why we need getting HIV/AIDS counseling and testing and its related benefits and challenges

Setting
Indoors/outdoors

Group size
5-25 people

TIME
Approximately 60 minutes

Materials
Role plays

Notes to the Facilitator
- Prior to the session, gather information on local centers for HIV counseling and testing (HCT).
- If possible, arrange for a staff person from the HCT center to participate in this session and/or for the men to visit the HCT center itself.
- Alternatively, arrange for mobile HCT/outreach in the community.
- It is also important to be aware of policies and services related to the provision of antiretroviral (ARV) for people who have HIV/AIDS.

Instructions

Step 1 Instructions for volunteers and participants
- Ask for two volunteers to do a role-play of a transgender sex worker arriving at a health facility to get an HIV test and a counselor helping the transgender woman.
- Participants should decide what the scene is like, the expression on the transgender woman’s face, her behavior, and the appearance of the counselor.
- The counselor should be friendly and create a rapport with the transgender woman.
Step 2

- Explain to the participants that it takes some time to receive the result of the HIV test and that this is the transgender woman’s first contact with the health facility.
- When the play gets to the point of giving the test result, stop the scene with a command (for example, “Freeze!”).

Step 3

- Discuss the following questions with the participants:
  - What do you think made the transgender woman want to take the HIV test?
  - How long do you think it took her to decide to take the test?
  - How do you think she will deal with the result?
  - How is she feeling? Is she afraid? Confident? Why?
  - Do you think her family or co-workers know that she has come to take an HIV test?

Step 4

- After discussing these questions, ask two other pairs to role-play the same scene, but this time, they should begin just as the test result is given.
- Assign a positive result to one pair and a negative result to the other, and have each role-play the counselor giving the result and the transgender woman reacting.
- Do not let the other participants know which pair will act out the positive and negative results.

Step 5

- Once the role plays are over, ask the group questions about the two role-plays:
  - How did the transgender woman receive the news about being positive?
  - How did the transgender woman receive the news about being negative?
  - Who do you think will be the first person she will talk to about her results?
  - Why do you think the result of the test was positive?
  - Why do you think the test result was negative?
  - What is the transgender woman thinking of doing now that she knows she does not have the virus?
  - What is the transgender woman thinking of doing now that she knows she does have the virus?

Step 6

- Finally, ask for two more pairs to role-play what the future holds for the woman who receives a positive result and for the young woman who receives a negative result.

Step 7

- When the two role plays are over, ask the group questions about the role-plays:
o How is sex workers treated when they seek HCT?
o What do you think are the biggest factors that prevent sex workers from seeking HCT?
o How can you encourage more sex workers to go for HCT?

Step 8
- Wrap-up the discussion by emphasizing that health facilities are safe and accessible for sex workers to go for HCT and it is in the interest of each sex worker to go six monthly for HCT.
SESSION 2 – Wild Fire Game and VCT

Objectives
- To begin to understand the impact of HIV and AIDS in terms of feelings associated with HIV infection

Setting
Indoors/outdoors

Group size
10-25 people

Time
Approximately 60 minutes

Materials
Small sheets of paper, one for each participant
Draw a small star (*) on one piece of paper and write “C” on five other sheets of paper.

Instructions

Step 1 (Tell the participants that this is a game to show how quickly HIV can spread within a community)

- Give one piece of paper to each participant.
- Tell your peers to walk around the room and shake hands with five other people and then sign or place a unique mark on each other’s paper. (If the group contains fewer than 15 people, ask each participant to only shake hands with three people)
- When finished, ask the participants to check to see if they have five signatures on their papers
- Tell the participants to sit in a circle.

Step 2

- For this game, one participant represented a person who is infected with HIV. Ask the participant to look at their paper to see if there is a star (*) on it.
- Ask the person with the star on paper to stand up.
- Tell the participant standing that for this activity, you will say that (s)he has HIV.
- Tell the group that you cannot tell if someone has HIV simply by looking at the person. Many people who have HIV do not know that they are infected.
Step 3

- Ask the participants if shaking hands can spread HIV. (ANSWER: NO!)
- For this game, we will pretend that shaking hands is the same as having sex with another person. Therefore, the participants are at risk for HIV with anyone they shook hands with.
- Ask the participant with the star paper to read aloud the names of the people who signed his/her paper.
- Ask those people to stand up. Tell the group that all the people standing may now be infected with HIV.

Step 4

- Ask the people standing to read the names of people they shook hands with; ask those people to stand.
- Continue to do this until all the participants are standing. If a person’s name has been called more than once, explain that this person has put herself at risk multiple times.

Step 5

- Now that all the participants are standing, ask them to see if they have a “C” on their paper.
- Tell them that everyone with a “C” on their paper used a condom and lubricant consistently and correctly every time they had sex and, therefore, were protected from HIV and other STIs.
- The people with the “C” can sit down.
- Say that everyone standing had unprotected sex and became infected with HIV.

Step 6

- Ask the group to count how many people have been infected with HIV. Tell the (wo)men standing to sit down. Remind the participants that this is just a game and that HIV is not transmitted by shaking hands of signing someone’s paper.

Step 7

- How did you feel as you were waiting to find out if you were infected?
- How did you feel when you found out you were not infected?
- How did you feel to be one of the last participants standing?
- Did the person who in the beginning was infected directly infect every other person?
- How does this activity help explain how HIV can spread so quickly in a community?

Step 8

- Now ask the participants who would like to go for testing?
- Offer the testing to everyone, even those who “wore” condoms.
- Give the folded papers with HIV + or HIV- written on them to those people who want to be tested.
- Tell the participants not to open the papers.
· Wait for several minutes without talking before asking them to open their papers (the waiting represents the waiting time between the test and getting the results)

**Step 9**

· Ask the following questions to generate further discussion:
  
  - For those who had a positive result,
    - What did you think when you saw your results?
    - What support would you need?
    - Would you tell people your results?
  
  - For those who had a negative result,
    - How did it feel to get a negative result?
    - What will you do to stay uninfected?

**Step 10**

· Remind the peers to use condoms and lubricants correctly and consistently during every sexual encounter including with their regular partners to reduce the risk of HIV infection and other STIs.
SESSION 3 – Where Can One Get Tested for HIV?

Objective
• To identify and map areas where one can go for testing in the communities

Setting
Indoors/outdoors

Group size
5-25 people

Time
Approximately 30 minutes

Materials:
Flip chart paper
Markers

Instructions

Step 1
• Divide participants into three or four groups.
• Give the paper and markers.

Step 2
• Ask groups to draw a large circle on their papers to represent the community.
• Ask groups to mark on the community map places in or near the community where one can go for HIV testing.
• Make sure that the list includes:
  o New start centers
  o Clinics
  o Hospitals
  o Mobile testing
  o Private clinics and hospitals

Step 3
• Have groups present their community HCT maps to the wider group.
- Discuss where one can go for HIV testing.
- Discuss how far it is and how much it costs for travel.
- Discuss the accessibility of the health facility for HCT for sex workers.
- What about stigma?
SESSION 4- Using Picture Codes to Discuss HIV Counseling and Testing

Objective
- To discuss HIV counseling and testing using the SW Picture Code Flip Chart

Setting
Indoors/outdoors or on the street

Group size
1-15 people

Time
Approximately 30 minutes per photo

Materials
SW Picture Code Flip Chart

INSTRUCTIONS

What are picture codes?
- Picture codes are photos that are used to stimulate a discussion about specific issues like behavior, which puts people at risk of HIV infection.
- The SW Picture Code Flip Chart has a photo on one side of each page showing people in different situations, and on the other side of the page has questions the facilitator can use to stimulate a discussion.
- Underneath the questions are “talking points” or “key messages”. These are summary point that the facilitator can share with participants at the end of the discussion.
- Picture code stories are the same as picture codes except that there are several photos that should be shown and discussed one after the other. They tell a story of people in different situations that make different behavior choices.

Step 1
- Bring together a group of one to 15 participants for a session.
- Select a picture that illustrates the topic you want to cover.
- Have participants sit in a circle or in a way they can see the picture.
- It is best not to stand in front of the participants like a teacher since the idea is to get the participants to talk about themselves.
- Lead the discussion by asking questions and not talk too much.
Step 2

- Show the selected photo to the participants.
- Start with the general question “What is happening in this picture?”. That should be enough to get the discussion started.
- Ask the other questions to stimulate further discussion.
- Don’t hurry. Allow enough time for in-depth discussions.
- Use the information under the “Talking Points” section to answer questions or to make points that haven’t already come up in the discussion.

Tips on asking questions and involving everyone

- Skip questions that have already been discussed.
- Ask follow-up questions to encourage participants to offer more detail about the behaviors.
- Try to ask open-ended questions or questions that don’t take a single word answer like “yes” or “no” such as “What do you think about that?”
- Don’t be judgmental or moralistic about the discussion.
- There is no right or wrong answer to the questions the idea is to get participants to think about their behavior choices.
- A good field worker is a good listener who is very interested in the answers to the questions.
- Get the participants to relate what is happening in the photos with themselves or people they know.
- Correct any misinformation at the end of the session.
- Don’t let one or two people talk all the time.
- Ask a question directly to a different person each time to let everyone participate.
- Re-ask the same question to different people.
- Ask others if they agree with the responses given.