

My Future

My Future

My Future is My Choice



**Extra Curricular Life Skills Training Manual
For Adolescents 13 to 18 Years of Age**

“Protecting Our Peers From HIV Infection”

**The Youth Health and Development Programme
Government of the Republic of Namibia and UNICEF
Programme of Cooperation 1997-2001**

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Table of Contents

	Page No
I. Notes to Facilitators	3
II. Acknowledgements	9
Session 1. Getting To Know Each Other	10
Session 2. How Does My Body Work?	15
Session 3. HIV/AIDS, STDs, and Risks Reduction Behaviour	25
Session 4. Decision-Making: Choices & Consequences	36
Session 5. Inter-personal Communication	42
Session 6. Our Values	49
Session 7. Showing You Care (Emotions)	54
Session 8. Saying No	60
Session 9. Alcohol, Drugs and Young People	66
Session 10. Our Future	74
ANNEX ONE: Facilitator Volunteer Service Agreement and Facilitators' Terms of Reference	82
ANNEX TWO: Administrative Duties, MFMC Facilitators	84
ANNEX THREE: Assessing Adolescent Friendly Services	85
ANNEX FOUR: Sign-Up Package	88
ANNEX FIVE: Support Materials Control Form	93
ANNEX SIX: Participants Session Attendance Form, Session Evaluation Form, and Information and Session Completion Form	95
ANNEX SEVEN: Pre-Post Test Knowledge Quiz	98
ANNEX EIGHT: MFMC Graduate's Action Plan Form	99
ANNEX NINE: Report - Feedback - Request Form	100
ANNEX TEN: Male & Female Reproductive Organs	101

I. NOTES TO THE FACILITATORS

Namibia became independent on 21 March 1990, bringing freedom and equality to all Namibians. Independence means that we are responsible for our future. HIV/AIDS is a very serious threat to our nation, especially to the youth. If we take responsibility for ourselves and our future, if we think about the choices we make, we can overcome this danger, and build a strong and peaceful Namibia.

What is **My Future Is My Choice**?

My Future Is My Choice is a ten session programme which aims to give young people the information and life skills they need to make decisions about their future. One of the greatest threats to Namibia's future is the HIV virus that causes AIDS. **The focus of My Future Is My Choice** is to protect young people from getting infected with HIV and STDs.

Young people need to be able to think for themselves and take responsibility for their future. They need to be responsible for their own development. Young people have the courage and confidence, and with the skills and a supportive environment, they will be able to protect their future.

My Future Is My Choice aims to:

- * prevent young people from becoming infected with HIV and dying from AIDS
- * provide young people with facts about sexual health, pregnancy, STDs and HIV/AIDS
- * provide young people with the skills to delay sexual intercourse
- * improve the communication between boys and girls, between friends, between young people, their parents and their community
- * improve the decision making skills of young people
- * provide young people with the skills they require so that they can make informed decisions about their sexual health
- * provide young people with the information and skills required to face peer pressure around the use of alcohol and drugs

My Future Is My Choice (MFMC) was developed by the Ministry of Basic Education and Culture and the Ministry of Youth and Sports in partnership with the United Nations Children Fund (UNICEF) and the University of Maryland School of Medicine. The Ministry of Health and Social Services and the National Youth Council, as well as many other government departments and non-government organisations (NGOs), like the Catholic Church, are active partners supporting the implementation of the My Future is My Choice under the GRN-UNICEF Youth Health and Development Programme (YHDP).

What makes MFMC different from other Projects?

NOTE: The information below is very important and should be used when you are introducing MFMC to principals and other decision makers in your community.

My Future is My Choice...

- focuses on developing life skills.
- develops and strengthens problem solving skills and builds up young peoples self esteem.
- is aimed at promoting positive behaviour change and social skills empowerment.
- is a participatory activity.
- is based on extensive research and has been shown to be effective.
- encourages avoidance and protection from HIV/AIDS, STD's and unwanted pregnancy.
- gives information about values and provides young people with the skills to delay sexual intercourse
- provides young people with the skills they need to be able to say no to unsafe and/or unwanted sexual relationships.
- gives information about how to avoid substance abuse (drugs and alcohol).
- gives information about relationships and gender issues.
- has varied and interesting topics, ie: information on "how does my body work" and skills for "planning for my future".

What is My Role as a Facilitator?

As a "volunteer" facilitating for the Youth Health and Development Programme you need to be committed to empowering young people (See: ANNEX ONE for a sample of your "Service Agreement" and your "Terms of Reference"). **It is NOT your role to tell young people what to do.** Your role is to ask the kinds of questions that will allow young people to see and analyse the results of their past and future behaviours. You should also help them to see how they can make decisions that will protect their future. As a facilitator you must create an environment when you train where young people feel free to speak and grow. To do this you need good communication skills. You also need trust and respect among members of the group.

Another important role for the facilitator, when facilitating in a school, is to **gain approval from the principal** to run MFMC at the school. It is important that you ask the school **to delegate at least one contact teacher** for the activity. Both a male and female teacher would be preferable. **The contact teacher(s) should be kept informed of the progress of the MFMC training sessions.** They should have records of the learners who signed up and completed MFMC. They should be kept informed of the follow-up activities which graduates plan for fellow learners.

It is important that you tell the principal that the training materials focuses on HIV/AIDS prevention, which includes teaching about correct condom use. If a principal refuses to have the condom demonstration in their school, you can still do the other activities and arrange for the participants to get a condom demonstration from their local clinic or from a representative from the Ministry of Health & Social Services.

If a principal (or parents) does not want a condom demonstration you can also:

- remind the principal that the leading killer of young people is AIDS.
- indicate that condoms are the only option for sexually active young people who cannot or will not stop having sexual intercourse.

- explain that the Programme teaches responsible condom use and access to information is a right for young people, and an urgent priority for sexually active young people.
- provide copies of the research data to the principal which indicates that over 50% young Namibians 15 to 18 years of age are having sexual intercourse, and that HIV exists within the school population and/or community.
- ensure that the Regional YHDP Committee is aware of the constraint and ask for their assistance.

How does “My Future Is My Choice” work?

People learn best by doing things. They learn even better when what they are doing is fun. **My Future Is My Choice** should be fun for the participants and the facilitators. It is an interactive programme that requires the participation of all the people attending the training. **My Future Is My Choice has been shown to reduce adolescent risk behaviours.**

My Future is My Choice is designed for young people aged 15 to 18. The course is a group activity, and the group should be a maximum of 22 boys and girls together. **The minimum is 20 in the group.**

According to the Mid-Term Review of the YHDP, facilitators will be should be able to sign up 13 and 14 year olds as a separate group. In many schools some 19 and 20 year olds want to sign up. Facilitators can make exceptions to the 15-18 rule, as long as the participant is serious about attending the course.

It is recommended that 13 and 14 year olds should be a separate group, 15 and 16 year olds should be the participants for one group, and 17 and 18 year olds be the participants for another group.

This separation is based on research, which has shown that there are many different developmental experiences between the 13, 15 and 18 year olds. It is believed that 13 - 14, 15 - 16 and 17 - 18 year olds are natural peer groups. **In addition, it allows the facilitators to stress different HIV prevention messages, as many more of the 17 and 18 year olds will be sexually active than the 15 to 16 year olds, while few of the 13 and 14 year olds will be sexually active.** Therefore, **the older group needs more focus on "safer sex", while the majority of the younger group will need more information which will help them to delay sexual intercourse.**

When working with out-of-school youth, there is **age limitation is 25.** It will be more difficult to have the group members being similar in age.

How long is My Future is My Choice?

There are 10 sessions. Each session will take you about 2 hours. Some sessions might be a little longer. *There should be a duration agreement between the facilitators, his/her supervisor and the school/venue.*

You can do MFMC in 5 weeks: 2 sessions a week.

You can do MFMC in 3 weeks: 4 sessions the first week (Friday free) and 3 sessions the 2nd & 3rd weeks.

You can do MFMC over 3 weekends: 5 days, 2 sessions each day, with a 1 hour break between each session.

You can do MFMC in 3 days: 3 courses the first day, 4 the second day and the last 3 courses

on the third day. This apply only to out of school youths and holiday training

The MFMC Activities:

The sessions are divided into different activities. They are:

- Let's Play:** Game to teach skills in a fun way or to make people relax.
- Let's Do:** Activities to practise what they have learned and/or small group work.
- Let's Talk:** Question and discussion time. Discussing and asking questions is very important for young people as this helps them to think critically.
- Closing Circle:** A relaxing exercise and/or closing discussions on each session.

Essential Activities

Some activities are marked with an E, it means that the activity is Essential and a very important part of the curriculum, all learners must take part in the E activity. Others are marked with a T which means you should do them if there is time. These activities, like some of the games, are not as important if you are running short of time. You may skip some of these only if there is not enough time! **Remember** that the essential activities are often very difficult and emotional so the participants need fun, light activities in between. *A small booklet with additional "energisers" is available for facilitators to use when required.* You will need to determine from each individual group how fast you can go.

Using the Manual

Please follow the manual in the order it was written. This is vital because the different activities and sessions are designed to fit together and information from one activity is need before the next.

Please make sure the participants get the opportunity to **role play in their first language the new skills they learn** - ie. negotiating safe sex - this is very important!

There are many **F. Note: shaded boxes** through-out each session. Some boxes provide "**background information**" which the facilitator may need during that activity. Some boxes provide "**technical information**" or answers to specific questions in an activity. Some boxes "**ask facilitators**" to discuss certain issues or ask additional questions during an activity.

It is of **vital importance** that facilitators review the boxes prior to introducing the activity.

It is very important that "*background information and technical information*" be presented in the "*facilitator's own words*" rather than read from the manual. Reading from the manual will make the participants think that you "do not know" the information and this will affect your credibility as a facilitator. **As a facilitator it is your responsibility to study the MFMC manual.**

Session 10 is a very important session. Young people who graduate are asked in this session to develop plans for passing on the key information they have learned to their peers. They should also discuss and plan activities, such as the formation of clubs, role play and drama which they can use for peer education and community mobilisation.

Accessing Adolescent Health Services:

Facilitators **must** contact the local health unit and inform them that the training activity is going on in the school or community. You should also find out about the availability of condoms, and assess the attitude of the health workers towards young people and condoms (*A sample of the Assessment Form is found in ANNEX THREE with instructions on how to do the assessment*).

This is very, very important. You cannot tell young people to visit the local clinic for STD services or free condoms if you have not gone there first to assess the service being provided at the health unit.

Signing Up Participants:

In the past, rather than having young people volunteer for MFMC, they were assigned by principals to attend the programme. It is strongly suggested that the facilitator be allowed access to schools to advertise the MFMC session programme and then sign-up volunteer participants. Each person who signs up for the course will be given a *Information Booklet* for their parents and a *Consent Form* which should be signed by their parents. **(The need to sign the consent form only applies to day students and out-of-school youth [if possible]. Please note: your Regional YHDP Committees may revise this process to fit your region).** Additional information on the Sign-up Process and copies of the forms are found in ANNEX FOUR and should be reviewed and studied by facilitators and master trainers.

Completing Each Session's Forms:

It is important that facilitators fill in at each session the Participants Session Attendance Form. If this form is not filled in correctly, including the required signatures, the names, gender, ages of the participants and dates of each session, etc., you will NOT be eligible to receive any incentives from the YHDP.

After each session, the facilitator needs to ask three participants to volunteer to stay behind for five minutes to complete the **Session Evaluation Form**. They are asked what activities worked well and what activities they had problems with. They are also asked to suggest improvements to the session. After completing the three questions on the form, they are to write their names and sign the form.

The Session Evaluation Form also contains a **Facilitator's Notes** section. Under each session the facilitator is asked to report some information, usually on a specific activity, under this section of the Session Evaluation Form. Facilitators need to make sure the Session Evaluation Form is completed after each session with all of the required information. The information that is required can be found in the F. Note after the Closing Circle of each session.

The Information and Session Completion Form is used to verify that each session has been completed. A responsible adult needs to be identified to counter-sign with the facilitator after each session is completed. Samples of all of these forms are found in **ANNEX SIX**.

Other Administrative Duties:

As noted above, the MFMC requires a number of support materials. Each participant is provided with a work book, note book and pen. Facilitators need flip chart paper, markers, chalk, tape, Prestik, etc. as well as the various reporting forms used by the programme. Facilitators need to request some of the support materials in advance of the training course and during the training course and at the end (i.e. when the number of T-shirts and certificates has been verified, etc.) In order to facilitate this process a **Support Materials Control Form** (Samples of a blank and completed form are found in ANNEX FIVE) has been developed.

The form is completed by the facilitator, who indicates what support materials are requested, the quantity, and the date they are required. The form is sent through the facilitator's supervising master training, who signs and dates the form, and passes it on to the Regional YHDP Committee (most probably to the senior master trainer). [In some case, where facilitators have access to the Regional YHDP Committee, it may be possible to go directly to the committee to collect the supplies.] The senior master trainer or committee member signs and dates the form when they receive it.

When the requested support materials are sent out, their quantities are indicated and the person sending out the materials signs and dates the form. The form travels with the materials to the master trainer, who signs and dates the form when they receive the items. The master trainer again signs and dates the form when they issue the items to the facilitator. The facilitator writes down on the form the quantity of items that he/she has received and initials against each item. The facilitator then signs and dates the form. A copy of the form is then left with the facilitator, another copy is left with the master trainer and the original is sent back by the master trainer to the regional committee. The process has a number of steps that are required due to the cost of these supplies and the need to account for them. The system will require some practise and planning on the part of the facilitator, the master trainer, and the responsible person in the regional committee, to make sure the required support materials are received on time.

At the end of the first session, the facilitator is required to conduct the **Pre-Post Test Quiz** (sample of the form is found in ANNEX SEVEN). Each participant needs to complete this Pre-Test Quiz which has 10 true or false questions. The same quiz (as a Post-Test) is conducted again in Session 9. The facilitator needs to consolidate the quiz results and provide information on the scores to the Monitoring, Evaluation and Training Technical Committees of the Regional YHDP Committee.

In ANNEX NINE there is a sample of the **Report - Feedback - Request** Form. This form can be used by facilitators when they want to report to, provided feedback on a question they have been asked about, or request support from their supervising master trainer, their regional YHDP committee, or the national partners. It can also be used by MFMC graduates to report on activities of their AIDS Awareness Club as outlined by their Action Plans.

Please see Annex 2 for a complete list of all essential administrative duties of My Future is My Choice facilitators.

Implementing MFMC is a volunteer activity and the Ministry of Basic Education & Culture, the Ministry of Youth & Sports, the Ministry of Health and Social Services, the National Youth Council, the YHDP NGO partners, and UNICEF would like to thank you for your commitment to protecting your peers and the next generation from HIV and AIDS.

Good Luck and Have Fun!

II. ACKNOWLEDGEMENT

On behalf of all the partners we greatly appreciate the efforts of the following Ministries working in the regions. In particular, this programme would not be possible without the partners from the Ministry of Basic Education and Culture, the Ministry of Youth and Sport and the Ministry of Health and Social Services.

We also would like to express our thanks to the Windhoek Intersectoral School and Health Committee, the Research subcommittee members, and the Curriculum subcommittee members for their hard work and insights into the process. We are grateful to the learners and school principals and teachers who have participated in the development of this programme.

We would like to recognise that the material for many of the sessions is not original. The source for the development of a number of the sessions has been researchers and health educators from the University of Maryland School of Medicine who produced the FOCUS ON KIDS curriculum, which is published by Educational Training Resources. Staff members of the Maryland programme have been active participants in the development of this programme. Another major source for session activities is the STEPPING STONE curriculum. This programme, credited to Alice Welbourn, is a training package on HIV/AIDS, communication and relationship skills. Stepping Stone is published by ACTION AID.

Special thanks goes to Ms. Nancy Terreri of UNICEF for initiating the development of this manual.

The Members of the Curriculum Committee [1997] (Ministry of Basic Education & Culture, Ministry of Youth & Sports, Ministry of Health & Social Services, NIED, the University of Namibia, the University of Maryland, UNICEF)

This training manual was revised in September 1998, based on feedback from facilitators and learners, which was gathered by the Ministry of Basic Education and Culture. A national workshop involving facilitators, master trainers and national experts reviewed the material and revised the ordering of sessions and activities as well as deleted and added activities.

The revised version was reviewed in February 1999 at a National Workshop by users, trainers and technical experts. The revised ten session version from that review was finalised at a National Training of Trainers Workshop in early March 1999. The editing, the new reporting forms and the primary technical inputs for the revision process were developed by the YHDP team in UNICEF Namibia and special thanks goes to Paul Peters and Julia Faldt for their contributions and Libet Maloney, Efraim Iipingene, Carmen McPherson, Patrick Devos, Lishan Wodageneh and Maria Ruhunga for their technical support.

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We would also like to thank the Swedish Government for their financial support for the MFMC Life Skills Project.

We hope that all those who go through the My Future Is My Choice course will be inspired to live a bright future!

Session 1 GETTING TO KNOW EACH OTHER

- Objectives**
- ◆ to get to know each other.
 - ◆ to make ground rules.
 - ◆ to create trust among each other.

E1	Let's Play: Getting To Know You	20 minutes
E2	Let's Do: Our Group Rules	20 minutes
E3	Let's Play: Trust Game	20 minutes
E4	Let's Talk: Expectations	30 minutes
T5	Let's Play: Lifeboat	20 minutes
E6	Closing Circle	10 minutes

Activity 1 -- Let's Play: Getting To Know You (20 minutes)

Aim: To get to know each other. Each young person says why he or she signed up for the programme.

What you need: A ball of paper or anything easy to throw.

What to do:

1. All participants should stand in a circle and say their names and where they are from.
2. Tell the group that it is important that people are open and share their ideas and that their opinions will be respected.
3. Ask all the participants to think of one reason why they signed up for MFMC. Give an example like 'I wanted to know more about HIV', etc.
4. Say a person's name and throw him/her the ball. That person says why he/she joined the training.
5. He/she then says someone else's name and throws the ball to them. That person says why they joined the training. Remind the participants to give different reasons.
6. Everyone must have a chance and before the game is over, the facilitator should say why he/she joined the programme.
8. Ask all the participants to remember their own reason why, so that at the end of the programme you can discuss and review it again.
9. Tell the youth about the goals of My Future Is My Choice. **(The goals are to give young people information on relationships, sexual health, and risk behaviours and to give them new skills for positive decision making and responsible behaviour).**

Activity 2 – Let’s Do: Our Group’s Rules (20 minutes)

AIM: To make rules for the group.

What you need: Poster board, pens and tape.

What to do:

1. Ask the participants to think about when their peers create rumours about other people. Ask them what happens when someone spreads a rumour

F. Note: The aim is for the participants to understand that rumours can hurt people, and that the group should agree that what is discussed in some sessions should be private and kept in the group, and not shared with other people.

2. Say that because you will discuss private things you must have some rules. Suggest some rules like: being on time, respect for other people's views, politeness, not judging others, giving everybody a chance to speak, not telling others what your group talked about.
3. Put a big piece of paper on the floor in the middle of your circle. Ask the group to suggest rules.

F. Note: The facilitator will need to explain the schedule of the sessions again. It should be made clear to all of the participants that there is no way they can change the following three rules:

- a) **A participant must attend 5 sessions to be entitled to receive a badge.**
 - b) **A participant must attend 9 sessions to be entitled to receive a certificate.**
 - c) **A participant must attend all 10 session to be entitled to receive a T-shirt.**
4. See if everyone agrees to the rules that are suggested. If they do, then it should be written down.
 5. Ask the group to look at all the rules together when they are finished. Make sure that everyone understands them. Each participant should then write down the rules in their note book.
 6. The facilitator and each participant should sign the page in their notebook as well as the poster/paper with the rules on it. Say that everyone, facilitator as well, must follow the rules. You should remind each other to follow the rules.
 7. Ask someone to look after the poster/paper with the group rules. This person should bring the poster/paper to every session in order to remind everyone about the rules.

Activity 3 – Let’s Play: Trust Game	(20 minutes)
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AIM: To build trust between the participants.

What to do:

1. Ask all participants to stand together in a circle.
2. A volunteer should stand in the middle of the circle with closed eyes. He/she should fall backwards, sideways or forwards, keeping their eyes closed. The participants in the group must *safely catch the person*. Everyone should have a turn to be in the circle

F. Note: Please remind the participants to consider the safety of the members of the group. To be able to do this game right, the person has to be SAFELY CAUGHT when falling!
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3. Each participant needs to have two or three quick goes, before someone else gets in the circle. It can feel quite scary at first, but should be perfectly safe, provided that the group works together.

Discussion and Feedback:

- * Ask the participants to explain how they felt when they were falling backwards.
- * Ask them to think about whom they trust.
- * Point out the importance of trust in the group, because members will be talking about personal things.
- * Ask each person to think about what trust means. Remind them that this is a very important issue, especially when young people get into relationships.
- * Ask them to think if they can or would trust their future or current partner. This is an issue that the participants should think about throughout the programme.

Activity 4 – Let’s Talk: Expectations	(30 minutes)
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AIM: To find out from the participants what they expect from My Future Is My Choice.

What you need: Flip chart, Koki-pen, Prestik

What to do:

1. Ask participants to take a page out of their note book and write down one thing they expect to get out of the training programme.
2. Collect the pages and read them out to the group. They should be written on a flip chart paper, and displayed and referred to during each session.

Feedback and Discussion:

- * Discuss with the participants their expectations.
- * Highlight some of the expectations that will be met by the training.

F. Note: You should advertise the up-coming and important sessions. Remember to make references back to the initial expectations when you cover them in other sessions.

Activity 5 – Let’s Play: Lifeboat

(20 minutes)

AIM: To create a sense of needing each other for support and comfort; to break down gender barriers and the physical space people create between each other when they are strangers.

What to do:

1. Gather the participants into a group and tell them to pretend to be swimming in water.
2. The facilitator will call out a number - for example 3 - which is the number of people who can get into a life boat.
3. The participants must quickly form a group of this number. They do this by hugging each other, to ensure they do not fall out of the life boat.
4. Participants who don’t get into a group, because it already had the number of people called out, “drown” and must leave the circle. Groups larger than the number called out by the facilitator are said to “sink the lifeboat” and the members drown as well.
5. The numbers are called out until only a small group remains and they are the survivors of the shipwreck.

Activity 6 -- Closing Circle

(10 minutes)

AIM: To reflect on what the participants have learnt.

F. Note: Hand out the **Pre-Post Test Quiz** (sample in **ANNEX SIX**) and ask each participant to complete the ten questions. Remind the group that they do not have to put their name on the Quiz Form and that they will complete the same Quiz again in Session 9. Once all of the participants have completed and handed back the Quiz, continue with the steps below.

What to do:

F. Note: Explaining The Question Box (Plastic Bag): Show the young people the question box or plastic bag. Explain that during each session they can write down any questions that they want answered, or request additional information about the subjects covered in the session. These questions or requests should be put in the box/bag and will be answered by the facilitator at the next session during the review activity.

1. Tell the participants that the time is finished and ask them to stand in a circle.

2. Ask the person next to you to stretch his/her right arm into the middle of the circle and say something he/she learned today.
3. Ask the next person to put her/his right hand on top of the hand already in the middle, and say something he/she learned that day.
4. Go around the circle until all the participants have their right hands placed in a tower on top of one another, and everyone has said something that they have learned.
5. Ask 3 people to volunteer to stay behind for 5 minutes to say what they thought about this session. Explain that you will ask for comments at the end of every session and that each time you will select new people to volunteer.

F. Note: Make sure that the 3 evaluators complete the questions and sign the **Session Evaluation form** (Sample in ANNEX SEVEN).

Under **Facilitator's NotesB Session Evaluation Form**, please indicate the scores for the Pre-Test Quiz (*5 participants with question 4 True and 1 false, 3 participants with question 5 false and two true, etc.*)

The **“Revised”** Pre-Post test Quiz answers are : 1:False 2:True 3:True 4:False 5:True
6:True 7:True 8:False 9:True 10:True

6. Thank everyone for coming. Arrange a time and place for the next session. Ask them to remind each other to come on time.



Session 2 HOW DOES MY BODY WORK?

- Objectives**
- ◆ to up-date knowledge on reproductive health.
 - ◆ to learn about our physical and emotional development.
 - ◆ to learn about the consequences of early pregnancy.
 - ◆ to learn about contraceptive choices.

TI	Let's Play: Broken Telephones	10 minutes
E2	Review Session 1	10 minutes
E3	Let's Talk: What is Reproductive Health	30 minutes
T4	Let's Do: Information About Reproduction	25 minutes
E5	Let's Talk: Consequences of Early Pregnancy	15 minutes
E6	<i>Let's Talk: Contraceptive Choice</i>	<i>20 minutes</i>
E7	Closing Circle	10 minutes

What You Need: Flip chart, markers, chalks, hand out drawings of reproductive organs.

F. Note: This session should address the participants' knowledge gaps around reproductive and sexual health.

The session should be interactive, and the participants should be given time to discuss the many myths about pregnancy and sexual practises which they and their peers share.

They should also talk about their feelings around sex, the pressures put on them by peers, boyfriends/girlfriends, and traditional and modern culture.

It is important that they understand that they are living through one of the most rapid periods of their own physical development, and that it is OK to be confused about relationships and sex, and to be full of emotions like sexual desire while struggling with the responsibilities of "growing up" and becoming "an adult".

Activity 1-- Let's Play: Broken Telephones (10 minutes)

AIM: To show what happens when people talk about other people.

What to do:

1. Sit in a circle. Whisper a story with names and places to the person next to you. Make it a story that will interest the group.

F Note: For example: "did you hear that John and Maria are talking about going out and John says he never had a girlfriend before...".

2. Ask that person to whisper the story to the person sitting next to him/her.
3. The last person should tell the story out loud. Compare it to the story you told.
4. Ask some other people to tell the story as they heard it.
5. Each youth may tell a story if you have time. Remind them it must be a good story (not for example saying "so and so is ugly" etc.)

Talk about:

1. What happened to the message? Why?
2. Does this ever happen in everyday life?
3. What are some of the problems when people talk about others?
4. What can we do to stop these problems?

F. Note: The telephone game shows us how information/messages change when we pass them on from one friend to another. This is especially true with technical information, like information about reproductive health, like pregnancy or sexually transmitted diseases (STDs).

Activity 2 -- Review Session 1

(10 minutes)

F. Note: You should have checked the Question Box/Bag for any questions and be prepared to respond to them. Ask the participants if there are any questions from the first session.

1. Ask the group to think about the issue of trust. Remind them that this is very important, because today's session is about a sensitive issue. Tell them that you know that some of them may be a bit shy, and may be afraid to ask questions. Also remind them that you know that many of them like to think that they "know every thing about sex" and will not want to show to the group that they "don't know." *This is typically the case for the boys, who often like to think they are more experienced and knowledgeable than girls. Remind participants that girls' bodies have a "reproductive clock" - their menstruation cycle - which requires them to know how their bodies works. Therefore girls are also quite knowledgeable.*
2. Let the group know that, as much as possible, they will be providing information to each other and correcting each other's misinformation. Everyone should get a chance to talk.
3. Remind the group of their rules. Review the key ones, like punctuality, trust and privacy.

Activity 3 – Let's Talk: What is Reproductive Health? (30 minutes)

AIM: To give information about reproductive health.

F. Note: What is Reproductive Health? Reproductive health is the complete physical, mental and social well being in all matters relating to the reproductive system. Reproductive health implies that people are able to have a satisfying and safe sex life, and that they have the capacity to reproduce and the freedom to decide if, when and how often to do so.

What to do:

1. The facilitator should ask for one or more volunteers to explain how a baby is made. The other participants should be asked to raise their hands if they wish to help the person out, or to question or clarify any information.
2. The facilitator should write down the key terms and points on the flip chart or blackboard. This summary shall be reviewed by the group.
3. After the discussion, the facilitator should put up a flip chart drawing of the male reproductive organ and another flip chart of the female reproductive organ - see **ANNEX 13**. Facilitators should put masking tape over the text and participants should write on the tape with lines drawn to the key parts. Participants should volunteer to name the parts and come up and write in the names. The group should ensure that what they write is correct.
4. Ask the young people to discuss the “English slang” versions of the private parts of your body, as well as the different vernacular words in their mother tongue.

F. Note: Most of your participants will not be using English when they are with their peers. When boys and girls are in a relationship, they will need to be able to talk to each other about their bodies and reproductive health.

They will need to be able to use the correct or most descriptive vernacular for many of these parts. This can be difficult because of cultural taboos which consider many of these words as “rude words”, but it is important that they practise saying these words. You should expect a lot of shyness, embarrassment and laughter. You need to remind them that it is important that they are able to use the correct words. You should also remind them that their parents and elders will not be happy to hear them saying these words, so that they should be sensitive to this and remember that the purpose of the exercise is to give them the skills they may need to protect their health.

F. Note: **Some Background Information for the Facilitators is found below which can be referred to during the discussion:** The same background information is contained in the Participants Work Book, including the drawings in **ANNEX TEN of the male and female reproductive organs**.

Some Background Information:

- * One drop of **semen** holds thousands of sperm. If semen spills inside your partner, she can get pregnant, even if it's the first time you have sex.
- * If two people have **sex without a condom** and if one of them has had unprotected sexual intercourse with other people, and his penis contacts her vagina directly or his semen spills inside of her with no protection, they can spread a sexually transmitted disease (STD).
- * The **male's sex parts are the scrotum and the penis**. The scrotum contains the sperm that fertilises the egg that is inside the girl. If the egg is fertilised by the sperm, it grows into a baby.
- * The penis is normally limp, but when the male is sexually excited, the penis becomes firm or hard. This is called an **erection**.
- * The **sperm** travels in a small amount of liquid called **semen**. It goes from the scrotum through some

little tubes inside the male's body to his penis. Eventually the semen, with the sperm in it, leaves the penis. The majority of sperm leaves the penis during ejaculation (orgasm). **Ejaculation** is not the only time that the sperm comes out of the boy. Some semen and sperm leave the penis prior to and after ejaculation.

- * Each time a boy has an orgasm he will release about one teaspoon of semen that contains millions of sperms. It only takes **one sperm to fertilise an egg**. Most girls produce one egg (some more) once a month. There are about 10 days in the month when the egg could be fertilised by the sperm, depending on when the girl has ovulated (released her egg from her ovaries) and when she has had unprotected sexual intercourse. Sperm can stay alive inside a girl for three days, some time even longer.
- * The girl's sex parts are her **vagina**, her **uterus** where the baby grows, and her **ovaries**. The ovaries contain the eggs, but once each month, one or more eggs are released and travel down the fallopian tubes to the uterus.
- * The **uterus** is the place where the baby will grow if the egg becomes fertilised. The egg just waits in the oviduct or uterus to be fertilised. The uterus develops a soft lining made of tissue and blood that will protect and feed the egg if it becomes fertilised.
- * It is difficult to know exactly when a girl releases her egg (**ovulates**). Once the egg is released it can survive, waiting to be fertilised, for a few days or more (depends on the girl and the level of her reproductive hormones). If the egg is not fertilised it will be passed out of her body during her menstrual period.
- * The **menstrual period** is when the blood and tissues, which were the soft lining of the uterus, are passed out of the girl's body because the egg was not fertilised. As part of her reproductive cycle a girl menstruates once a month. Sometimes because of stress and other factors a girl may not menstruate. If a girl is pregnant, she will not menstruate.
- * The menstrual cycle ('the period') is usually 28 days, but it can be longer or shorter. Most women have their period every 21 to 35 days, and bleed for about two to eight days. The cycle is counted from the first day of the bleeding to the last day before the next bleeding. When the menstrual period is over, the uterus waits for the next egg to be released from the ovary. While waiting, the uterus builds up a new lining. Generally the next egg is released about two weeks after the girl's last menstrual period. Because girls develop and mature at different ages, there is no fixed age when she should have her first period.
- * **During sexual intercourse** the man puts his penis into the woman's vagina. Sperm are released from the male's penis before, during, and after his ejaculation. These sperm swim up inside the girl's vagina, into her uterus, and up to her fallopian tubes looking for an egg to fertilise.
- * **The sperm can wait in the uterus or fallopian tubes for over three days.** If the girl's egg is released from her ovaries into her fallopian tube a day or two after sex she can still become pregnant even though no egg was waiting when she had sexual intercourse.
- * **A girl can become pregnant the first time that she has sex.** She is just as likely to become pregnant as a girl who has had sexual intercourse many times before. It is just as easy for the sperm to find her egg.

- * **The boy does not need to put his penis all the way into her vagina** and nor does he need to ejaculate **for a girl to become pregnant** because before and after ejaculation (and even if ejaculation does not occur), some semen will be released. A teaspoon of semen contains millions of sperm and only one sperm is needed to fertilise the egg.

Some Review Questions (optional - depending on the level of knowledge in the group):

- Q:** What has to happen for a girl to become pregnant?
A: A girl becomes pregnant when a boy's sperm fertilises a girl's egg.
- Q:** What is ejaculation?
A: When the boy is sexually excited and releases his sperm and semen.
- Q:** How many sperm are in a teaspoon of semen?
A: When a boy ejaculates, he releases about one teaspoon of semen which contains millions of sperm.
- Q:** How many sperm are needed to fertilise an egg?
A: Only one sperm is needed.
- Q:** Are sperm and semen released only during ejaculation?
A: No, some semen and sperm are released before and after ejaculation or even if ejaculation does not occur.
- Q:** Does a boy's penis need to be inside a girl's vagina for her to become pregnant?
A: No, a boy's penis does not need to be right inside in the girl's vagina in order for her to become pregnant.
- Q:** Can a girl become pregnant the first time she has sex?
A: Yes, a girl can become pregnant the first time she has sex.

Activity 4 – Let's Do: Information About Reproduction (25 minutes)

AIM: To think about and discuss what they learned about reproduction, their feelings about the changes their bodies have undergone, and emotional changes accompanying these changes in their bodies.

What to do:

1. Break the group into one group of boys and one group of girls. Find a place where the two groups can talk without disturbing each other.
2. **The girls should discuss** the feelings they had about their first menstruation, i.e. if they got information about these changes and who gave it to them. They should discuss what their parents said ('you are a woman now...' etc.) and what their friends said ('you can get pregnant' or 'you should have a boyfriend', etc.) and how these comments made them feel.

They should talk about how they felt when their breasts started to develop, about how they felt if their friends bodies were developing, or if they themselves were developing faster.

They should talk about how their relationships with boys started to change (or how they were told to change their relationships) as their bodies started to change.

The boys should discuss the feelings they had about their first erection or wet dream and whether they had been informed about these changes and who gave them the information.

They should discuss what their father and mother said as their voices started to change and when body hair started to grow.

They should discuss what their friends said as their bodies started to develop ('you can get a girl pregnant', 'you should have a girlfriend', etc.) and how this made them feel.

They should talk about how their relationships with girls started to change as their bodies started to change and if they faced peer pressure about sex.

3. After fifteen minutes, the groups can come back together.

F. Note: The information discussed in the smaller groups is for the smaller groups. The full group discussion **should focus on sources of information and differences of messages for girls and boys.** The role of peer pressure about sex, linked to physical development and having the wrong information, should be issued. The problem of lack of information about feelings (sexual desire, etc.) should also be discussed.

Discussion:

- a) Ask both groups who gave them the most correct information about the development of their bodies.
- b) Ask them why they think it is a different source (or the same) for boys and girls.
- c) Ask them why they think girls and boys get different information about their sexual roles (girls - stay away from boys, and boys - go and prove you are a man).
- d) Ask them to think about where this information comes from and if they think it is the kind of information they will give to their children when they are parents?

F. Note: The Facilitator should record the sources of information identified by the participants on the Session Evaluation Form, under the Facilitators Reporting Section

Activity 5 – Let’s Talk: Consequences of Early Pregnancy (15 minutes)

AIM: To make the participants aware of the consequences of early pregnancy.

What to do:

1. Ask the group if any of their friends have been pregnant. Ask the participant(s) to tell their friend’s story to the group.
2. Allow the participants to ask the story teller(s) questions.
3. Have the group “brain storm” a list of the consequences. Record the list on a flip chart.

F. Note: Below are some possible “consequences” of teenage pregnancy that can be discussed if the group does not mention them.

The information below is contained in the Participants’ Work Book.

- * **family problems** -angry parents, girl gets thrown out of the home, sent back to live with the grandmother, parents fight blaming each other for not providing information, etc.

- * **education problems** - girl and boy get expelled from school, girl and boy lose the opportunity to finish education as they have to support their family.
- * **health problems** - hard on the girl's body, especially if the pregnant girl has not finished her own growing. The growing baby needs a lot of energy and many special vitamins that it will take from the pregnant girl even if she needs them.

Teenage pregnancy can also cause **anaemia**. Anaemia means that you don't have enough iron in your blood, that there is a shortage of haemoglobin in the blood. If a girl gets anaemia from pregnancy she needs to take iron supplements. A poor diet, a lot of bleeding during menstruation, infection and illness can also contribute to anaemia. Common symptoms of anaemia are headaches, dizziness and extreme tiredness. To prevent/cure this, one can eat iron rich food like meat, liver and green leafy vegetables or get iron tablets from your doctor.

A teenage mother will not feel as well during and after her pregnancy as a grown woman who becomes pregnant would. The baby suffers too, if it does not get all of the food that it needs from the girl, it may be born very weak and small or very early. Small babies are much, much more likely to be very sick, to die, or to be weak and sick their whole lives.

A young girl's hips (pelvis) are not as wide as a mature woman's pelvis. This makes it difficult or impossible for the girl to have the baby through her vagina. She is much more likely to need an operation and have the baby removed from her stomach, than a mature woman is. If the girl is not able to have the operation soon enough she may die or the baby may die or become crippled.

Pregnancy in early years may also lead to **infertility**. This is called secondary infertility. It happens if the medical treatment is improper, and causes an infection, which in this case often leads to infertility.

Suicide could be a consequence, as the girl does not know how to deal with the problem and fears the reaction of parents, school, etc. and takes her life due to shame, fear, confusion, etc.

Death from illegal abortion, which girls attempt in desperation or under pressure from peers. This involves taking various substances, often rat poison, or putting objects up the vagina, or hitting the stomach in the hopes of inducing an abortion. (Difference between an abortion and miscarriage is the time of pregnancy. After 12 weeks it is called a mis-carriage when the foetus is aborted.)

Activity 6 – Let's Talk: Contraceptive Choice	(20 minutes)
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AIM: To determine the level of general awareness of contraceptive method.

F. Note: In advance of Session 3 some issues on HIV and STDs will be mentioned. This exercise is not aimed at teaching participants about the different contraceptive methods. The aim is to emphasise that only condoms can prevent HIV and STDs infections as well as pregnancy.

What to do:

1. Ask the participants to brainstorm on the types of contraceptives they are aware of.
2. List the methods on a flip chart. Explain that additional information on contraceptive choices can be obtained at the local health unit.

3. Ask the group why sexually active young people should only be using condoms as their contraceptive choice. Strongly remind the participants that only condoms can prevent HIV infection, STDs and pregnancy.

F. Notes: Below is some information on the four main kinds of contraceptives, which include:

- a) barrier methods;
- b) methods that prevent the ovary from releasing the egg;
- c) creams/foam/jellies; and
- d) methods that prevent the fertilised egg attaching to the uterus.

Remind the participants that abstaining from sexual intercourse (“abstinence”) is the best method for preventing pregnancy and STDs and HIV/AIDS.

CONDOMS: The condom is a barrier method and prevents the semen from entering the vagina, anus or mouth. When the condom is used correctly and consistently, it is highly effective against STDs and pregnancy. Condoms should be kept out of the sun and in a dry place. Condoms are provided free at government health units.

- Use a condom every time you have sexual intercourse.
- Store condoms in a cool dry place.
- Do not reuse condoms.

The female condom is larger and fits inside the woman's vagina. Female condoms are expensive and only available at select pharmacies.

Condoms are the only way to prevent HIV and other STD's.

F. Note: Remind participants that none of the following contraceptives will protect you from getting HIV/AIDS or STDs! Never have sexual intercourse without using a condom!!

Contraceptive Choice is about Family Planning. When you are thinking about contraceptive choice, you need to be counselled by a Health or Family Planning professional so that you can make an informed choice about your reproductive health and family planning options. *For young people who are not at a stage in their life when they are planning a family, the only informed contraceptive choice should be the consistent use of condoms.*

THE DIAPHRAGM: A small rubber cup that is placed inside the vagina at the cervix. It blocks the sperm from going in to the uterus. It does not prevent contact between the penis and the vagina.

Advantages: There are virtually no health risks associated with using the diaphragm. The diaphragm causes no physical, chemical or hormonal changes in a woman's body. It is about 98% effective against pregnancy.

Disadvantages: It is possible to have an allergic reaction to the rubber or spermicide. Using the diaphragm (especially if left in too long) may contribute to vaginal infections, bladder or urinary tract infection.

The diaphragm should not be used during your period as this may increase your risk of Toxic Shock Syndrome (use condom or foam instead) The diaphragm may be felt during intercourse. **The diaphragm does not protect you against STD's including HIV.**

BIRTH CONTROL PILLS: (The Pill, Family planning pills, Oral contraceptives). The hormones in the girls body tells the ovaries when it is time to release the egg. With birth control pills we can prevent pregnancy by stopping the hormones from telling the ovaries to release the egg, which means that the egg will not get out from the ovaries, so the sperm cant reach it and fertilise it.

Advantages: Birth control pills are highly effective against pregnancy, when used consistently and correctly. The reduced risk of Pelvic Inflammatory Disease (PID), an infection of the uterus, tubes or ovaries. The pill makes your period regular, with less flow and cramping. Pills do not interrupt lovemaking and provide protection every day of the month. Some pills also prevent spotting.

Disadvantages: When you start taking the pill, you might experience some side effects like: breast tenderness or fullness, mild headaches, spotting, breakthrough bleeding, mood changes and yeast infection. Most of these symptoms will go away after a couple of months as your body adjust to the hormone changes, but if they do not, go see your doctor for advise, maybe you can try another brand of the pill.

The pills should be taken at about the same time each day to work best. Missing 2 or more pills greatly increases the risk of pregnancy. **The pill does not protect you against STDs and HIV.**

DECO-PROVERA: Contraceptive injection of time release hormones, which, like birth control pills, prevents the release of the egg(s).

Advantages: Very effective. One injection prevents pregnancy for at least 3 months. No one else can tell if you are using it and it does not interfere with sexual intercourse.

Disadvantages: Changes in menstrual bleeding, headaches, stomach pain, dizziness, decreased sex drive, mood swings. Requires another injection every 3 months. **Deco-provera does not protect you against STDs including HIV.**

FOAMS, CREAMS AND JELLIES: Spermicides contain chemicals which kill sperm and act as a barrier between the cervix and sperm.

Advantages: There are virtually no health risks involved with using vaginal spermicides. Spermicides are very effective if used with condoms. Spermicides add lubrication during intercourse.

Disadvantages: They are expensive and hard to find. None of these are very effective in preventing pregnancy by themselves, but some are useful if used along with the other barrier methods. Spermicides must be used consistently to be effective. It is possible to have an allergic reaction to the spermicide. **Spermicides do not protect you against STDs including HIV.**

INTRAUTERINE DEVICE (IUD): Prevents the fertilised egg from attaching to the uterus. It is known as the loop or the copper-T. It is a tiny coil that is inserted by a doctor or nurse into the uterus, and is left there for a year or more.

Advantages: Can be inserted after childbirth and be used through to menopause.

Disadvantages: There are some health risks with the IUD. It should not be chosen as a contraceptive if the woman has not had a baby yet because of the increased risk of contracting an STD. This contraceptive is more effective if the couple also uses one of the barrier methods or a foam/cream/jelly

at the time of intercourse. Bleeding and spotting may occur between periods and more cramps and pain may occur during periods. Severe cramps and pain may be present for the first three to five days after insertion. **The IUD does not protect against STDs including HIV.**

F. Note: Remind the group that **abstaining** from sexual intercourse is the safest and surest way to avoid pregnancy, HIV, and STDs. If you do decide to have sexual intercourse, **ALWAYS** use a condom. Young people can visit a health clinic with questions and problems about sex and contraceptives. Just be aware that some health clinics are not as youth friendly as they should be, as health workers are parents as well and are concerned about young people being sexually active. It can be easier to visit the clinic if you bring a friend with you, just keep your courage and do not let this stop you from going to the clinic.

Activity 7 -- Closing Circle

(10 minutes)

AIM: To relax.

What to do:

1. Sit in a circle. Say that the session has come to an end and explain that this has been a session with a lot of information. Note how much knowledge and experience the group has shared. Ask the participant to your right to share with the group “one new thing which I have learnt today is...” Then ask the next person to speak. Go around the circle, finishing with yourself, so that everyone has made a contribution.
2. Remind the group that it is important to the question box/bag to get any additional information they may need.
3. Arrange a time and place for the next session, before saying goodbye.
4. Remember to ask for three volunteers to stay behind for a quick session review. Make sure they complete and sign the Session Evaluation Form.

F. Note: You need to complete the **Facilitator’s Notes** section of the Session Evaluation Form. Under this session, Session Two, you are asked to report on the “sources of information on reproductive health.” This is from Activity Four in this Session.

Please ensure that you use carbon paper when completing the Session Evaluation Form and that the original copy is sent through your supervising master trainer to your Regional Youth Health & Development Programme Committee.



Session 3 HIV/AIDS, STDS and RISK REDUCTION BEHAVIOUR

- Objectives**
- ◆ To assess young peoples’ knowledge of HIV/AIDS & STDs.
 - ◆ To correct and up-date young peoples’ HIV/AIDS & STDs information.
 - ◆ To help young people understand their level of personal risk and the steps they can take to reduce this risk.

T1	Let’s Play: Taking Risks Game	15 minutes
E2	Review Session Two	10 minutes
E3	Let’s Talk: Young People, HIV & STDs	40 minutes
T4	Let’s Play: The Transmission Game	25 minutes
E5	Let’s Do: Prevention - the Choices!	20 minutes
E6	Closing Circle	10 minutes

Activity 1—Let’s Play: Taking Risks Game	(15 minutes)
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AIM: To talk about “risk taking” and what it means.

<p>F. Note: Someone who takes “risks” is a person who knows that there is a possibility of something “negative” happening from a specific activity but they still decide to do the activity.</p>

What to do:

1. The facilitator needs to prepare in advance three sheets of paper where YES is written on one, NO on the other and MAYBE on the third. Place the three signs on the wall. Make sure there is enough room for the members of the group to get around each sign.
2. Explain to the group that you are going to read out a number of statements and each participant has to decide if they agree (yes), disagree (no) or if they are unsure (maybe) about the statement. Based on their decision, they should move to the sign that corresponds with their decision.
3. Explain that a few members from each group will be asked to say why they agreed, disagreed, or were unsure about the statement.

Sample Statements (facilitators can make up their own):

- a) I will take a drink offered to me by a stranger in the bar/shebeen/cuca shop.
- b) It is OK to hitch-hike from one place to another.
- c) I believe my new sexual partner when he/she says that 'she/he always uses a condom'.
- d) I think it is OK to walk home alone from the club at night.
- e) I always use a condom when I have sexual intercourse.
- f) I always walk with peers after dark.

F. Note: When participants are asked to justify their decisions, you will find that they will say that either they have done the activity in question without any negative consequences (known to them), or that they were unable to make a decision based on such limited information. The disagree group will, in most case, refer to the risk involved.

Feedback Points:

At the end of the exercise ask the participants who think they are ‘risk takers’, to stand on one side of the room and those who consider themselves ‘non risk takers,’ to stand on the other.

1. Ask the risk takers to think about anyone who has convinced them to change their risky behaviour.
2. Ask the non-risk takers to think about whether anyone has convinced them to take ‘a risk’.
3. Ask one male and one female in each group to say who got them to change their behaviour (there is a good chance that friends will be the answer for most of the young people).
4. Ask the whole group to think about ‘why we easily believe what friends says rather than adults.’ Tell them that they will discuss this question later in the session.

Activity 2 -- Review Session 2

(10 minutes)

The facilitator should have reviewed in advance the questions from the question box/bag. You should select two or three of the main questions and ask for volunteers from the group to answer the questions. Any clarifications should then be added by the facilitator.

The facilitators should then ask the following questions to the group:

- a) Why should young people be aware of reproductive health?
- b) Why is it important that young people should question the source of information about sexual reproductive health?

F. Note: While having a partner, it is important to talk openly about the consequences of not using contraceptives, and the decisions about what contraceptive method you should use.

Activity 3 – Let’s Talk: Young People, STD’s, HIV and AIDS (40 minutes)

AIM: To go from the known to the unknown on information about STD’s, HIV and AIDS among the group and fill in any gaps in the group’s information.

What to do:

1. Tell the group that they will only be filling information gaps in this exercise. Tell them that they do not have to take notes, as this information is contained in their participant work book.
2. The facilitator will have a number of questions that he/she gives to the group. The participants should try to provide as much information as they can.
3. The facilitator should identify incorrect information, and ask the group to try and correct it. If they are unable, then the facilitator should correct.

4. If the facilitator is asked questions that you are unable to answer, be honest with the group, and say that you do not know, and will find out for the next meeting. This is a much better strategy than trying to pretend to answer the question and possibly lose your credibility with the group.
5. Give all of the participants a chance to participate. You will realise quite early which participants have the most knowledge, so you should ask the “quiet” participants to contribute to the discussion.

Questions:

- a) What are Sexually Transmitted Diseases?

F. Note: Diseases that are transmitted during sexual intercourse (vaginal, oral and anal) are called Sexually Transmitted Diseases (STDs). STDs are serious, sometimes painful, and can cause a lot of damage. Some STDs infect your sexual and reproductive organs.

- b) Name as many STDs as you can.

F. Note: The most common STDs are: chlamydia, chancroid, genital warts, gonorrhoea, Hepatitis B, herpes simplex, syphilis, and HIV which becomes AIDS. The germs or virus that cause these diseases are all very small and we cannot see them.

- c) How do you get an STD?

F. Note: STDs are spread during unprotected sexual (vaginal, oral and anal) intercourse (review if the participants are unfamiliar with these terms). Some STDs may also be transmitted by the infected mother to her child during pregnancy (such as syphilis and HIV) and at childbirth (such as gonorrhoea, chlamydia and HIV). HIV and hepatitis B can also be spread by sharing of needles, by receiving infected blood or by use of unsterilised equipment for surgery, including circumcision.

- d) What happens if you don't get treatment when infected with an STD?

F. Note: You can give STDs to your sexual partners. Your reproductive organs (the penis, the testicles, the vagina or the womb) can be damaged and men and women may no longer be able to have children. A pregnant woman can give an STD to her baby. The baby can die before or shortly after birth, due to syphilis. The eyes of the baby may be infected at birth, leading to blindness. Persons with genital sores and discharge will become easily infected with HIV or pass the virus easier on to others during sex.

- e) What should you do if you think you have an STD?

F. Note: If you think you might have an STD, get treatment. Don't just hope the STD will go away. It won't! The symptoms may go away but the disease is still there. All hospitals, health centres, clinics and private doctors can treat STDs. No matter where you get treated, your case will be kept confidential. You may feel embarrassed about having an STD. It may be hard for you to go to a doctor or clinic for help. But you must get treatment for the STD, even if it is a hard thing for you to do. It is the only way you will get well. Most STDs, except HIV, warts, herpes and hepatitis, can be treated with antibiotics. To kill STD germs, do exactly what your health worker tells you to do. Be sure to use all your medicine. Also, **you must tell your sexual partner(s)**. If they aren't treated, they can spread the STDs. They might even infect you again! If you have an STD, don't have sex until your treatment is completed and all the signs are gone. You should also bring your partner along to the clinic, so that you both get tested so that if you have any diseases can get treatment.

Below are some symptoms that may be signs of that you are infected with an STD:

<p>Women:</p> <ul style="list-style-type: none">- An unusual discharge and smell from your vagina.- Pain in your pelvic area-the area between your stomach and sex organs.- Burning or itching around your vagina.- Bleeding from your vagina in between your regular period.- Pain deep inside your vagina when you have sex.- Fever <p>Men:</p> <ul style="list-style-type: none">- A drip or discharge from your penis.	<p>Both Women and Men:</p> <ul style="list-style-type: none">- Sores, bumps or blisters near your sex organs, rectum or mouth.- Burning and pain when you urinate (pee).- Need to urinate (pee) often.- Swelling in your groin-the area around your sex organs.
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f) Can you protect yourself from STDs?

F. Note: Not having penetrative vaginal or anal sexual intercourse, oral sex (sucking the male or the female sex organs) is the best way to protect yourself from STDs. Use a condom for vaginal, anal and oral sex. Condoms will protect you from STDs when used correctly.

g) What does HIV stand for?

F. Note: Human Immune Deficiency Virus.

h) Why is HIV an STD?

F. Note: Because it can be spread through penetrative sexual (vaginal, oral and anal) intercourse.

i) Where is HIV found in the body?

F. Note: It is found in the body fluids: blood, semen (sperm), vaginal fluids. These are called our body fluids. Nearly all Namibians with HIV/AIDS got infected by having unprotected (no condom) sexual intercourse, because during sexual intercourse there is an exchange of body fluids.

j) What other ways can HIV transmitted?

F. Note: HIV can be transmitted from a mother to her child, during pregnancy or childbirth or during breastfeeding. One out of every three babies born to an HIV positive mother, will be infected. It can also be spread through blood transfusions of infected blood, which is very rare in Namibia. It can also be spread through needle injections, ear piercing and razor blades when these are shared between an infected person and a non-infected person. Use of unsterilised equipment for surgical procedures (including circumcision) can also result in infection. HIV is spread only by people and not by animals or insects.

k) How does the virus get into a person's body?

F. Note: The lining of the end of the boy's penis and the girl's vagina are a special kind of skin called mucous membranes. Like our mouths, they are moist and more delicate and have more holes than other skin. That's why they can be hurt or cut easily. That also means that mucous membranes are more easily infected than other kinds of skin. If a person has HIV, the virus can be transmitted when it comes into contact with a mucous membrane.

If someone has any little cuts or bruises in their skin or mucous membranes, it is very easy for HIV or STD germs to enter their bodies through the breaks in the skin. These breaks in the skin can be microscopic, which means you cannot see them with your eyes.

How people have sexual intercourse increases the risk of getting HIV. If a girl is not ready for sex and her vagina is dry, it will hurt for her and it is also not as enjoyable for the boy. Also, if she is bleeding and if the boy or the girl has HIV or STD germs, they are much more likely to infect each other than they are if the girl's vagina was wet. Therefore, forcing a girl to have sex or having sex before a girl is ready is dangerous for the both boy and girl. A virgin having sex for the first time is especially likely to become infected if her partner has HIV.

l) Can you tell if a person has HIV?

F. Note: No you cannot tell by looking at a person if they have HIV. People can look healthy for more than 10 years. During this time they can spread the virus to other people through unprotected sexual intercourse. The only way to find out if you or your partner has HIV is to have an HIV test. This is done at a hospital or clinic and should involve being counselled about HIV infection. The test requires you to give a sample of blood that is tested for the antibodies your body produces to fight HIV. HIV attacks your immune system by infecting the cells that produce the antibodies for fighting off infection. The virus destroys these cells while it reproduces millions more of itself.

INFORM THE PARTICIPANTS THAT ACCORDING TO STATISTICS, 1 OUT OF EVERY 5 NAMIBIANS HAS HIV, WHICH MEANS THAT 2 OUT OF EVERY 10 PARTICIPANTS IN THE GROUP COULD BE INFECTED WITH HIV.

m) What is AIDS?

F. Note: AIDS stands for **Acquired Immune Deficiency Syndrome**. It is caused by HIV. It is acquired, meaning that you get it when HIV has weakened your body's immune system. Your immune system protects your body from diseases and fights off infections. AIDS is called a syndrome because it is a situation where your body is suffering from a number of "opportunistic infections", including tuberculosis, pneumonia, diarrhoea, and skin cancer. It is the combination of infections that eventually weaken your body and causes a person to die, as the body no longer has any immune system left to fight infection.

n) Is there a cure for AIDS?

F. Note: There is no cure for AIDS. There is no vaccine to prevent you from getting HIV. The only thing you can do is to abstain from sex or make sure you use a condom when having sexual intercourse. There are a number of drugs which when combined together can reduce the amount of HIV in a person's body. They boost up the immune system so it can fight off the opportunistic infections it is suffering because of AIDS. They seem only to work for about half of the people they have been tested on and many of these who were getting better have become sick again as the virus mutates (changes) to get around the fighting qualities of the drugs. These drugs are very difficult to obtain because they are very expensive and would cost over N\$ 70,000 a year for one person. They would have to be taken for many years, maybe for the person's whole life if the drugs continue to work. So unfortunately, because of costs and questionable effectiveness, people who are suffering from HIV in most countries in the world will continue to die from AIDS. **REMEMBER - TRADITIONAL HEALERS CANNOT CURE HIV OR AIDS.**

Activity 4 – Let’s Play: The HIV Transmission Game (25 minutes)

AIM: To increase awareness of how HIV and STD’s can be spread, and how the spread can be stopped. It also analyses the risk you take whenever you decide to have sex without having enough information about whether your partner is HIV negative or not.

What you need:

The facilitators need to prepare in advance 25 (or the number of participants) small pieces of paper. One piece of paper should be marked with an ‘X’. Two pieces of paper should be marked with ‘C’. On three other pieces of paper write ‘refuse to shake hands’. On the remaining pieces papers write ‘follow the instructions given to you’.

What to do:

1. Randomly distribute a piece of paper to each participant, telling them to keep the information on it secret.
2. Gather the participants in a group. Make sure each person has a pen or pencil. Ask each participant to shake hands with *three* other participants. They should all write down the names of the people they shook hands with on their piece of paper.
3. Gather the group together again and ask them to sit in a circle. Ask the person with the ‘X’ on his/her piece of paper to stand up. Then ask everyone who shook hands with this person to stand up. Now tell the group to pretend that the ‘X’ person’ was infected with HIV, and the three people who shook hands with ‘X’ had unprotected sexual intercourse with ‘X.’ (**Remind the participants that this is only pretending and that HIV is not spread through handshakes.**)
4. Now ask the three people if any of them had a ‘C’ on their piece of paper. If they did, that means they used a condom, so they did not get infected and can sit down.
5. The ones standing should then list the names of the three people they shook hands with (slept with). These people should stand up. Anyone in this group with a ‘C’ card can sit down again.
6. Those standing should then name the names on their cards, etc. until no other participants are called to stand up. At the end only the people who used a condom (‘C’ cards) and those with the “do not shake hands” instructions which meant “abstain from sex” should be sitting.

F. Note: You may find that some people without a “C paper” or a “do not shake hands” are also sitting. This happens when the group does not move around enough when doing the hand shakes and the same three people shook hands as a group. You may find that even those who were told not to shake hands, under peer pressure, did shake hands – ‘slept with’ someone.

Discussion and feedback:

F. Note: The game shows how easily the virus can spread among sexually active people. It shows that you should always use a condom when you are not certain if your partner has the virus or not. When you have sexual intercourse with a person, you are having sexual intercourse with all of the past partners of that person.

Anyone can get HIV regardless of sex, age, creed, religion, culture, profession, education, ethnic origin or residence. No one is safe!

Ask the participants the following:

- a) How did the 'X'- person feel when they found out they were HIV infected?
- b) How did the other participants feel towards the 'X' person?
- c) Why is it difficult not to participate in an activity that everyone else is doing?
- d) How did the people who discovered they had used a condom feel?
- e) As person 'X' didn't know he or she was infected, how could we have known ahead of time? (I.e. The past "risky" sexual behavior of the person. Gone together for an HIV test, if negative then you need to go for a second test after 3 months [window period] and practise safe sex during this period, before having sexual intercourse without using condoms).

Activity 5 -- Let's Do: Prevention - The Choices	(20 minutes plus!)
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AIM: To look at the choices for preventing HIV infection and to practise the correct way of using a condom.

What you need: Wooden model penis (one for each participant in the group) and at least three condoms for everyone in the group.

What to do:

1. Ask the group if they know the ABCs of HIV prevention. Ask someone to explain and clarify any misunderstanding.

A = Abstinence: Abstaining from penetrative sexual intercourse is the best way to avoid being infected with HIV. For half the participants this is the choice they have made, and they need support and skills so that they can continue to delay sexual intercourse. Young people are under a lot of peer pressure to become sexually active and just telling someone to "say no" to sexual intercourse is not enough. They need information and reasons to be able to convince their peers that they have a right to their choice.

B = Be Faithful: This is mostly a message for adults. This message requires that you and your partner have at least two HIV tests each, at least 3 months apart and that you are both completely faithful once you start having the HIV tests. This is not a good message for young people, since many will be experimenting with relationships, and will often have at least two sexual partners before getting married. This method requires both partners to be 100% faithful.

C = Condoms: If you are having penetrative sexual (vaginal, oral and anal) intercourse, you should be using a condom. You need to use a condom correctly every time you have sexual intercourse. More than half of the young people in Namibia are having sexual intercourse, and less than half of these use condoms. Young people need to either stop having penetrative sexual intercourse (you can continue to have safe sex, like mutual masturbation, touching, rubbing, etc.), abstain completely from sex, or use a condom.

Research indicates that once sexually active, it is difficult to stop having sexual relations as sex is enjoyable. The number one option for sexually active young people is consistent condom use (always use a condom every time). Masturbation is a normal behaviour and the safest form of sex.

Again, just telling young people this information is not enough. They need easy access to condoms. They need the skills to be able to convince their partner(s) that they need to use condoms every time and they need to know how to effectively use a condom.

F. Note: Remind the participants that if they do not follow A, B or C, it will take them to D which = Death.

D = Death: This is a reality, and young people need to accept that if they have sexual intercourse and they do not use condoms, they are putting their lives at risk. They need to admit to themselves and their peers that HIV is in their school and community, and that 2 or more out of every 10 of their friends could already have the virus. The only options are to delay having sexual intercourse, to stop having sexual intercourse, or to use a condom every time they have sexual intercourse.

Talking About Condoms: Talking about using a condom with a partner is not easy, especially with a casual partner. It is difficult for partners in a relationship to bring up the subject of HIV, but if you care about yourself and your partner you must. Boys and girls may want to bring pregnancy up instead, which is also a big risk for sexually active young people, when discussing condom use with a partner. Research has shown that girls are waiting for boys to discuss and provide condoms when they are in a sexual relationship.

Condom Demonstration:

F. Note: Discuss how the group feels about demonstrating condoms. **Remember** to tell the participants that condoms do not promote sexual activity. MFMC participants, as peer educators, should have the practical experience with opening, putting on and disposing of condoms, even if they are not sexually active. Condoms are about caring in a relationship. Condoms need to be used correctly in order to be effective. Everyone should be relaxed about condoms, if someone is too shy to participate, encourage them to join in but don't force them to.

What to do:

1. The facilitator needs to demonstrate the correct way to put the condom on. Go over the following points as you show the participants how to use a condom:
 - * Check the expiry date on the condom. If old, don't use it.
 - * Check that the package is not open. If open, don't use it.
 - * Open the package with your fingers, remember to push the condom down to make space to tear the plastic, do not use your teeth or a sharp object.
 - * Hold the condom at the tip. Make sure it is like a hat, with the tip coming through the rolled up edges.
 - * The penis should be erect before the condom is put on.

- * Keep the tip squeezed, this keeps air out of the end of the condom, and creates a space for the semen.
- * Roll the condom down on the erected penis.
- * You are now ready to have sexual intercourse.
- * After intercourse, the male should hold on to the rim of the condom (so the condom does not stay inside the woman) while the penis is still erect, and withdraw the penis from the vagina. Then he can take it off, being careful not to spill any semen.
- * Tie a knot, wrap it in toilet paper and put into the dustbin (do not try to flush it down the toilet).

Have the participants practise putting the condom on the wooden practise penis. Make sure that both the males and females are doing this correctly. Try to make them feel comfortable with the activity.

Discussion and feedback:

Condom use is about caring for your partner. It is important over the next seven sessions that the young people get an opportunity to role play “discussing condom use”. This should be done as male and female together in the participants’ local language.

It is also important that ***girls learn how to assist boys with putting on condoms.*** This can make condom use part of the sexual play between a couple. It can also help the girls to determine if their partner has put on the condom correctly.

Condom Game:

This is done as a race and is timed by a watch. It requires a timekeeper and a judge. This is done in teams of two people - one boy and one girl work together. The boy holds the wooden penis in the correct position. The girl is required to put the condom on the penis correctly and then remove the condom correctly and tie it into a knot.

The timekeeper says “start” and the judge is responsible to see that the procedure is correct, including the removal of the condom from the package. Once the knot is tied in the condom, the timekeeper stops the count and then records the time. Speed is not the main factor in the race because a mistake in the procedure will disqualify the couple. This is an optional game, which can be done if there is enough time.

F. Note: Addressing some common condom questions:

Condoms do not "get lost" in the vagina. If the boy does not take out his penis when it is still semi-hard, the condom can slip off in the vagina. If this happens, the condom can be removed from the vagina and will not get “lost” inside.

You have feeling with condoms, as doctors use the same rubber for gloves that they wear to perform delicate operations. You can show participants, by putting two fingers in the condom, how they can feel individual hairs through the rubber.

You can also do the air (blow-up) and water (fill-up) tests to talk about water and air molecules as ***proof the virus can not pass through the condom.***

You should also ***talk about the myth of “penis cancer”.*** Condoms do not cause penis cancer or any other disease of the penis. There can be some mild irritation caused by friction or an allergic reaction to the spermicide in the condom. The friction is caused by poor placement of the condom (not put on tightly when penis is hard). The allergic reaction is very, very rare and can be addressed by changing brands of condoms.

Some common condom questions (continued):

Two condoms are not better than one. Two condoms used together do not give you double protection. The friction caused by the two condoms rubbing together can cause one of the condoms to break. Using two condoms at the same time increases your risk of condom failure.

The **spermicide or lubricant on the condom is a water-based lubricant.** It is, in most case (see above) harmless to your health and touching it will not harm you. Do not put oil-based lubrication on a condom, like Vaseline, as this can cause the condom to fail.

How to Get Hold of Condoms (For Discussion)

Free condoms should be available from the local health clinic. The government policy is that ten condoms are to be made available per person, per visit, on request, at the clinic or hospital, and there is no official age restriction.

Condoms are available at most pharmacies and many shops. Traditionally condoms have been considered as the man's responsibility, but today more women feel responsible for getting hold of condoms.

Make sure to check the expiry date on the outer package and don't buy condoms where the date has expired.

Keep condoms in a cool, dry place. Condoms may be damaged if left in the glove compartment of a car or carried in a hip wallet for long time.

Activity 7 -- Closing Circle

(10 minutes)

AIM: To relax the participants and provide some closing to the session.

What to do:

1. Sit in a circle.
2. Explain that this has been a session with a lot of new and very important information. **Remind everyone how much knowledge and experience that was already available among them about STDs, HIV, AIDS and prevention methods like condoms.**
3. **Remind the group that condoms are a sensitive issue, and that many adults believe that having knowledge about condoms and access to condoms will increase sexual activity among young people. This belief is not true and it has not been proven by research done around the world, including Namibia. This fact does not stop adults from having this belief and it is important for the group members to act in a responsible manner with condoms.**
4. Remind the participants that if they took any condoms they should not use them as water balloons or leave them lying around in the community.
5. **Remind the group that today was only a start. Condoms are part of a caring relationship and young people need to practise how to negotiate condom use with their partner when they can no longer abstain from sexual intercourse. They will also need to practise accessing condoms in the community.**

F. Note: Tell the participants again that free condoms should be available from the local health clinic. The government policy is that ten condoms are to be made available per person, per visit, on request, at the clinic or hospital, and there is no official age restriction.

Explain that you have visited the clinic/ hospital and found out what the situation is in their area. Explain if there are any MFMC stickers at clinics or if any MFMC badges have been distributed to service providers in the area. Provide the information on the clinic(s), centre(s) and/or institution(s), and names of the service providers if possible, to the participants.

6. Remind the group that they can write down any questions about the session and put them in the Question Box/Bag.
7. Remember to ask for three volunteers to stay behind for a quick session review. Make sure they complete and sign the Session Evaluation Form.

F. Note: You need to complete the Facilitator’s Notes section of the Session Evaluation Form. Under this session, Session Three, please indicate if you were able to do the condom demonstration. How many condoms were used? What was the participants’ reaction to them?

Also indicate if you were able to provide the participants with any information from your “Adolescent Friendly Health Services Assessment”?

Please ensure that you use carbon paper when completing the Session Evaluation Form and that the original copy is sent through your supervising master trainer to your Regional YHDP Committee.

F. Note: **HIV and AIDS data** is constantly changing. In 2001, the United Nations Co-sponsored Programme on HIV/AIDS (UNAIDS) reported that Namibia had the one of the 7th highest levels of HIV infection in the World. They reported an “average” infection rate of 20%, or one in five Namibian’s between the ages of 15 and 49 being HIV infected.



Session 4 DECISION-MAKING: CHOICES & CONSEQUENCES

- Objectives**
- ◆ to review our decision-making skills.
 - ◆ to learn decision-making.
 - ◆ to improve critical thinking and problem solving.

T1	Let's Play: Folding Paper	10 minutes
E2	Review Session 3	10 minutes
E3	Let's Talk: Are You at Risk?	20 minutes
E4	Let's Talk: How You Make Decisions	20 minutes
E5	Let's Do: Making Decisions	30 minutes
E6	Let's Do: Practise Decision-Making	20 minutes
E7	Closing Circle	10 minutes

Activity 1 -- Let's Play: Folding Paper

(10 minutes)

AIM: To see how easy it is for different people to see things in different ways.

What you need: Four pieces of A4 paper and four scarves for blindfolds. If there is no blindfold, ask some volunteers to cover the 'blind' person's eyes with their hands.

F. Note: Remind everyone that this is not a competition. The activity is to show how people interpret the same instructions in different ways.

What to do:

- 1 . Ask for four volunteers to sit in front of the other participants where everyone can see them.
2. Ask each volunteer to put on a blindfold or to keep their eyes shut! Nobody is allowed to ask any questions during the exercise.
3. Hand each volunteer a piece of A4 paper.
4. Then ask participants to do the following without looking:
 - * Fold the paper in half.
 - * Tear off the bottom right hand corner of the paper.
 - * Then fold the paper in half again.
 - * Tear off the lower left-hand corner.
5. Then ask all four volunteers to open their eyes and unfold their pieces of paper. Let everyone see. It is very unlikely that all four pieces of paper will have been torn in the same way.

F. Note: This exercise shows how simple instructions can be understood differently by different people. Remind the participants that we often think we are saying something clearly to someone, only to discover later that what we meant and what they have understood were different! Even when everyone follows the instructions correctly, the results can be very different.

Activity 2 -- Review Session 3**(10 minutes)**

Review the questions from the question box/bag. The participants should first be asked to answer the questions. Any clarification should then be added by the facilitator.

Then ask the following questions to the group:

- a) Why is it important to understand that everybody is at a risk of getting HIV?
- b) Why is it important to know how to use a condom correctly?

F. Note: If young people are having vaginal intercourse, anal intercourse, and/or oral sex then they need to be using condoms. Anyone who is having penetrative sex is at risk of getting HIV infection. In Namibia, one out of every five young people is already infected with the virus. How will the other four stay uninfected?

Activity 3 -- Let's Talk: Are You At Risk?**(20 minutes)**

AIM: To discuss the participants understanding of risk from HIV.

What to do:

1. Ask the questions below to the group.
2. The facilitator should have one volunteer write out the answers on a flip chart paper.

F. Note: The common group answers to the following five questions have to be recorded in the **Facilitator's Notes** Section of the Session Evaluation Form for this session.

3. The facilitator should go over the answers with the group and provide the correct information.

F. Discussion Note: Briefly discuss the implication of the answers. Either there is a sense of being at risk among the group (why did they sign up for MFMC?) and/or a sense that their peers (in and out of school) are not aware of their personal risk of HIV/AIDS.

Questions:

- a) How many of your peers are having/have had sex? (Record the most common answer.)

F. Notes: Namibian facts: 50% (5 out of 10) for 15 year olds, 60-70% (6 to 7 out of 10) for 16 to 17 year olds, 80% (8 out of 10) for 18 year olds.

- b) Do you know the difference between HIV and AIDS? Explain.

F. Note: HIV is a virus that destroys your immune system. You can have HIV for years while looking healthy. During this time you can pass on the virus to other people. You have AIDS when you are sick with a number of different diseases (syndrome) because your immune system has been destroyed by HIV.

c) How many of your peers are using condoms?

F. Note: Namibian facts: 10 to 50% (1 to 5 out of 10) depending where you live and what access you have to condoms. This number is increasing!

d) Do you know anyone who is HIV positive or who has died of AIDS?

F. Note: The “average” infection rate in Namibia is 20%, or one in five Namibians between the ages of 15 and 49 being HIV infected.

e) Why do girls get infected with HIV more easily than boys?

F. Note: A vagina gets damaged easier than a penis, and that increases the chances for the virus to get in. Sperm can stay inside the girl for 3 days, and if it is infected it may find access into the body. Young girls who are having older sexual partners are more at risk if they are not using condoms, because these old partners may have had many other partners and are more at risk of having HIV. When a girl loses her virginity or if she has sex when she is not ready or willing, she is likely to experience bleeding which increases her chance of infection.

Activity 4 – Let’s Do: Difficult Decisions

(20 minutes)

AIM: To discuss the process for making decisions.

What to do:

F. Note: Remember to include in the discussion some questions about where and from who they got the information, who helped in making the decisions, were they always the right decisions, etc. Difficult decisions should be about sex, relationships, school, friends, drugs, alcohol, violence etc.

1. Ask a few participants (maximum - 2 male & 2 female) to give examples of decisions that they made with another person, (ie. sex, relationships, school, friends, alcohol, violence etc.) Was it easy? **How one makes these types of decisions should be discussed with the group.**
2. Ask other group members to volunteer examples of sex or alcohol use decisions they have made alone. Was it easy (for example, HIV, STD, or pregnancy test)? **Discuss among the group.**
3. **Discuss with the group** why sexual decisions are harder if they are done between two people.

Activity 5 -- Let's Do: Making Decisions

(30 minutes)

AIM: To review the decision making process and practise better decision making.

F. Note: Decision-making: *When you are trying to make up your mind on what you want and what is best for you, you must choose the best alternative.* Decision-making is strongly influenced by our self-esteem. When we value ourselves as special, unique and as important members of the society, then we have high self-esteem and we are able to think independently and make wise decisions. When we were children, our decision making was based on the moral values we received from our parents. As young people, we begin to judge for ourselves, and our decision making becomes based more on our own views of situations. Factors that influence our decision making process are peers, family, society, culture, education, attitudes, traditions, and experiences.

F. Note: Remind the participants that there are many ways to solve a problem. Think about the options/choices and good things and bad things (the consequences) that happen because of each choice. It is important to be able to think of as many options as possible, even if they may not be very practical. Making the “right choice” is what is important! Some “consequences” kill!

Activity 6 – Let’s Do: Practise Decision-Making (20 minutes)

AIM: To practise making decisions in sexual situations.

F. Note: Remember that when doing the role plays the participants should speak in the language they use when talking with their friends.

What to do: Divide the group into pairs. If possible they should be one male and one female. Where there is not an equal number, then make pairs of the same sex (two males and two female pairs).

1. The male and female pairs should role play “A”. The male/male or female/female should role play ‘B’’. Each person would try and provide reasons for their choices/decisions (for or against).
 - A) Your partner wants you to have sex without a condom, to prove your love.
 - B) You are not ready for sex but your friends are pushing you to start having sex.
2. After about five minutes they should change roles with the person who was saying NO now trying to convince the other person.

Feedback and Discussion (10 minutes):

- * Why does your partner think you don’t trust him/her when you say ‘we should use a condom’?
- * Why do you feel that you want to or that you have to please your friends?

Activity 7 -- Closing Circle (10 minutes)

AIM: To relax.

1. Everyone sits in a circle.
2. Practise a physical relaxation technique for 5 minutes with the youth.
 - a) Ask everyone to close their eyes.
 - b) Have them inhale and exhale through their nose.
 - c) Take them from their feet to their heads relaxing part by part, only breathing.
 - d) In a soft voice, ask them to slowly open their eyes
3. Thank everyone for coming and set the time and place for the next meeting.
4. Remember to ask for three volunteers to stay behind for a quick session review. Make sure they complete and sign the Session Evaluation Form.

F. Note: You need to complete the **Facilitator's Notes** section of the Session Evaluation Form. Please ensure that you use carbon paper when completing the Session Evaluation Form and that the original copy is sent through your supervising master trainer to your RYHDPC.

Under this session, Session Four, please provide information on the participant's answers to the **five questions** in Activity Three. Write down the common answers provided by the group.



Session 5 INTER-PERSONAL COMMUNICATION

- Objectives**
- ◆ to understand communication.
 - ◆ to understand how we communicate.
 - ◆ to say what you want to say!

T1	Let's Play: A Knotty Problem	10 minutes
E2	Let's Talk: Review Session 4	10 minutes
E3	Let's Talk: Effective Communication	20 minutes
E4	Let's Do: Saying What You Mean	30 minutes
E5	Let's Do: Friends and Peer Pressure	20 minutes
E6	Let's Talk: Me and My Parents	25 minutes
E7	Closing Circle	05 minutes

Activity 1 – Let's Play: Knotty Problem	(10 minutes)
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AIM: To show that if you have a problem, you are best the one to solve it.

What to do:

F. Note: Make sure to leave time for discussion.

1. Ask two people to volunteer to be 'experts'. Ask them to go away from the group until you call them back.
2. Form a circle and hold hands all the time and tie the group into a knot.
3. Call the 'experts' back and tell them to put their own hands behind their backs. Tell the group to only do what the experts tell them to do. The group must hold hands all the time.
4. The experts shall untie the group in three minutes. They can move around the knotted circle of people, but cannot touch anyone. Call stop after three minutes.
5. Ask everyone to let go of their hands. Make a new circle with the experts and the facilitators. Everyone must hold hands.
6. Tie yourselves into another knot. See how long it takes to untie yourselves without the help of the 'experts' just talking among the group (about 20 seconds?).

Feedback and discussion:

- * Who are the experts in reality (doctors, teachers, police, social workers, priests, etc.)? Can they solve your problems? Can friends? Can your parents? Can they provide important information or advice? Who helps you to solve your problems?

Activity 2 – Let's Talk: Review Session 4	(10 minutes)
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1. Review the Question Box/Bag. Ask the participants to answer the questions. Clarify if there are any difficulties.
2. Ask the participants to answer the following questions:

* What does P.O.W.E.R. stand for?

F. Note: Make sure that they clarify the key elements of decision making = P.O.W.E.R.

* Is it harder to make a difficult decision by yourself or with someone else? Why?

Activity 3 – Let’s Talk: Effective Communication (20 minutes)

AIM: To discuss what body language means and the importance of not giving mixed body and verbal messages.

F. Note: Inter-personal communication involves two or more people, i.e. speaker and listeners and it is a two way process. It is a basic skill and forms the basis of all relationships. The quality of communication often determines the quality of a relationship. We communicate to give information, express our feelings, solve problems/arguments/conflicts, to show that we care, etc.

Effective Communication involves:

Verbal Communication: One person talks and others listen and react. The conversation can be informative, in the form of questions, a negotiation, statements, or open ended questions, instructions, etc. and the situation can be formal or informal. In relationships communication is usually informal. A speaker, to clear up misunderstandings of what is said, may ask questions to gain information and may repeat in a different way (paraphrase) what was said. Speech problems, too long sentences, mumbling, speaking too softly, hearing problems, listeners interrupting the speaker, loud external noises, etc. may all hamper proper communication.

Listening: The listener must listen and give attention to all that is said, *without interrupting* the speaker and afterwards to react relevantly. Many people may listen, but not know what the full message is. Some people react to only half of what is said. There are people who listen “selectively”, who miss much of the message and only focus on points relevant to him or her.

Non-verbal or body language: Non-verbal language is that which gives meaning to what is said and includes such things as tone of voice, using silence, frowning, smiling, grimacing, gesturing, body posture, touch, distance between persons, etc. Body language can be easy to read, but at the same time easy to misinterpret.

What to do:

1. Ask the group to think about why communicating with their friends is easy. Write their reasons on the flip-chart and discuss the similarities and/or differences between their reasons and the information under “verbal communication”.
2. Ask why good listening is an important part of effective communication.
3. Ask what “non-verbal” or “body” language is. Ask the participants to demonstrate their answers.
4. Ask the group to give some examples of when boys and girls do not understand each other. Is this because of weak communication (i.e. weakly saying no), poor listening, confusing body language or a combination of them all?

F. Note: The way you look at someone, or how people stand or sit can make a big difference to communication. It can show power between people, e.g. teachers standing up while their pupils are sitting down, elders sitting on chairs while others stand up or sit below them, shopkeepers behind their counters while customers wait to ask them for goods.

We communicate and listen as much with our bodies as with our words. Some people's body language is very strong and angry, some is friendly and warm. Other body language is very weak, submissive. We say a lot with our bodies!

Activity 4 -- Let's Do: Saying What You Mean

(30 minutes)

AIM: To know the difference between passive, aggressive and assertive ways of communicating with someone.

What to do: Ask the participants to act out the following emotions: passive, aggressive or assertive.

1. Make a circle.
2. As a group discuss and role play passive, aggressive and assertive communications.

F. Note: There should be a short role play (2 minutes maximum) after each explanation. After discussing each term, ask for a boy and girl to volunteer. Ask the boy to role play the "examples" (e.g. passive, aggressive, assertive) in response to the girl insisting that "**if he loves her he should have sexual intercourse with her**".

Passive means to communicate in a "weak" way. You are unclear and you are afraid to address the issue or problem. You are not strong with your opinion and you do not want to upset or disappoint the other person. You have confused body language that shows you are weak, timid, undecided, and have a low self-esteem.

Passive examples: talking quietly - giggling nervously - looking down or away - sagging shoulders - avoiding disagreement - hiding face with hand, etc. (for role play).

Aggressive means to communicate in a way that threatens to punish the other person if your feelings, opinions or desires are not accepted. You try to "dominate" the other person, and insisting on your rights while denying their rights. Only your ideas, words, opinions, thoughts are correct. You have threatening and forceful body language.

Aggressive examples: shouting - demanding - saying others are wrong - leaning forward - looking down on others - wagging finger or pointing at others - threatening (for role play).

Assertive means to communicate in a way that does not seem rude or threatening to the other person(s). You are standing up for your opinions, ideas, feelings, or rights without endangering the rights of others. You are telling someone exactly what you want in a way that makes it clear that these are your ideas, words, opinions and thoughts and you believe them to be correct for you. You have strong and steady but non-threatening body language.

Assertive examples: know what you want to say, say "I feel...", be specific, use "I" statements, look the person in the eye, don't whine or be sarcastic, use your body language too, i.e. stand your ground (for role play).

3. After the role plays have been completed discuss (10 minutes):

- * Which approach do you think worked best? Why?
- * How can you change yourself? What can you do if you think you are being passive or aggressive in your relationship?
- * Can we practise being assertive at school, at home and in shops?

4. Ask the participants to get into pairs and role play using assertive ways of communication (five to ten minutes). The role play should involve one partner trying to convince the other partner to have unprotected sexual intercourse or to use drugs or alcohol. After about five minutes they should switch roles and partners.

F. Note: Participants should be encouraged to practise being assertive at the market or shops, with friends, on public transport or at any time when you feel that your needs are not being met. It is not just for use with a partner!

Activity 5 Let's Do: Friends and Peer Pressure (20 minutes)

AIM: To look at peer pressure and how we deal with it.

What to do:

1. Separate the girls and boys into separate groups.
2. Give them a marker and a flip chart paper.
3. Ask them to talk in their groups about the following questions. Ask them to write their answers down on a flip chart. (This should take 10 minutes).

Questions (Facilitator to write up on a flip chart):

- a. Is peer pressure positive or negative advice/information/rules? Why?
 - b. Can you avoid peer pressure and remain "popular" among your friends?
 - c. Is peer pressure the main reason for having sexual intercourse?
 - d. Is there any peer pressure not to have sex? Why?
 - e. Is there any peer pressure to use a condom (protection) when having sex? Why?
4. Bring the group together. Put up each group's flip chart on either side of the question flip chart. Read out the answers and focus your questions for the group around why the answers may be different or the same between the boys and the girls.

Activity 6 -- Me and My Parents

(25 minutes)

AIM: To talk about reproductive health and communicating with parents.

What to do:

Below are some sexual topics. Ask the group if they ever talked about any of these subjects at home with their parents, and if not, to whom did they speak about them or learn about them? Some “background information” is provided on a number of the subjects. The same information is included in the Participants Work Book.

F. Note: Record the responses on a Flip Chart: If parents discussed, indicate yes, and the number of participants indicating yes (or use a percentage estimate - half the group = 50%). If parents not mentioned a subject, then list the “other sources of information” for that subject. Please note: This information should be reported on the **Facilitator’s Notes** section of the Session Evaluation Form.

a) **Menstruation**

b) **Childbirth**

c) **Masturbation**

F. Note: Masturbation means giving yourself sexual pleasure by touching and rubbing your own sexual organs; penis, vagina, breasts and other parts of the body which are sexually sensitive. ‘Rubbing of’ is another expression or ‘Skommel’ in Afrikaans which is a commonly used by young people.

d) **Touching**

F. Note: Petting is also called ‘love play’ and that is when you have sex but without penetration. It can be kissing and striking each other, massaging and masturbating each other (mutual masturbation).

Touching is also an issue of sexual abuse, when young children should be warned by parents about inappropriate touching as protection from possible sexual abuse.

e) **Wet Dream**

F. Note: A wet dream is when a guy has an orgasm when sleeping. This usually happens when they are going through puberty. It is normal and they can’t really do anything about it.

f) **Childhood Sex Play**

F. Note: Childhood sex play is when children start trying out their sexuality with play. It can be when they are with friends and they play that they are a mother and father, and touch each other and even play that they are having sexual intercourse.

g) **Condoms** (*Record if information from parents was positive or negative.*)

h) **Sexual Intercourse**

i) **STDs**

j) **HIV or AIDS**

k) **Homosexuality**

F. Note: Some boys are attracted to boys and some girls are attracted to girls. This is what you call homosexuality. Homosexuals, or gays or lesbians, are often discriminated against because many people believe it is not right to be attracted to the same sex. Gay, lesbian, bisexual and transgendered people should be respected as having the same rights as any other individuals.

i) **Abortion**

F. Note: Abortion means the loss of the foetus. This can happen on its own, or when you have surgery to remove the foetus. This means the pregnancy is over. Abortion can only be done during the first three months of pregnancy, the earlier the better. After three months, the loss of the baby is called a mis-carriage. Abortion is illegal in Namibia, but it is legally provided if the woman or the unborn baby is facing a health risk, or if the pregnancy happened as a result of rape.

m) **Rape**

F. Note: Rape is when you are forced to have sex against your will, through physical force or emotional intimidation. Rape is sexual assault and is usually committed by someone a person knows, whether a friend, classmate, boss, teacher or a well known figure in the community.

n) **Sexual Harassment**

F. Note: Sexual harassment is when someone embarrasses, humiliates and makes you feel uncomfortable on the basis of sex. It can, for example, be a taxi driver, a classmate, a boss, or even someone in a bar who makes sexual remarks or sexual jokes which make you feel uncomfortable.

o) **Abstinence**

F. Note: In this case abstinence means “not to have sex”.

Discussion:

Ask the group the general question as to why it is easier to talk to friends about sexual questions than with parents. Ask them if they would want their parents to talk to them about sexual issues.

F. Note: Ask, and add to the **Facilitator’s Notes** in the Session Evaluation Report, the number of participants who would like their parents to talk about sexual issue with them.

Activity 7 -- Closing Circle

(5 minutes)

AIM: To relax.

What to do:

1. Explain that this has been a session with a lot of new information. Say that you would now like to end the session with a reminder of how much knowledge and experience we have shared.
2. Remind participants that for their homework they must use the “I” statement at least two times between

now and the next session.

3. Arrange a time and place for the next session.
4. Remember to ask for three volunteers to stay behind for a quick session review. Make sure they complete and sign the Session Evaluation Form.

F. Note: You need to complete the **Facilitator’s Notes** section of the Session Evaluation Form. Under this session, Session Five, you are to report on **Activity Six “Me and My Parents”** and indicate for questions (a) to (o) whether parents talked about the subject to participants, the number of participants, and, where no parents talked about an issue the other sources of information. Also list at the end of the form, the number of participants who want their parents to talk openly to them about sexual issues.

Please ensure that you use carbon paper when completing the Session Evaluation Form and that the original copy is sent through your supervising master trainer to your RYHDPC.

Sample reporting format: If you draw a vertical line through the **Facilitator’s Notes** box, you should report your answers like this:

Facilitator’s Notes: In each session the facilitator is asked to fill in some information on one of the activities in the session. Please check the “Closing Circle” if you are not clear on what activity you should be reporting on for this session. The information from the activity should be written in the spaces below.	
a) Yes, 10 out of 22	b) Yes, 4 out of 22
c) No, sisters, friends	d) Yes, 13 out of 22
e) Yes, 7 out of 22	f) Yes, 2 out of 22
g) No, teachers, friends	etc...



- Objectives**
- ◆ to talk about values and risky behaviour.
 - ◆ to think about our values and our behaviour.

T1	Let's Play: House on Fire	15 minutes
E2	Review Session 5	10 minutes
E3	Let's Do: What Are Values?	15 minutes
E4	Let's Play: Value Voting	25 minutes
E5	Let's Do: Choosing Our Values	25 minutes
E6	Let's Talk: My Important Values vs. My Behaviour	20 minutes
E7	Closing Circle	10 minutes

F. Note: Values can be described as goals or purposes in a person's life, based on a philosophy of life. Values are the principles, morals and ethics that guide a person in deciding what is right or wrong. Each society has values and norms that prescribe how members of the society should behave. Attitudes are ideas people form which are based on their values and they express verbally or through their behaviour. **Personal values** are based on beliefs, morals and religion and can change over time. People's values differ and people should learn to tolerate and show respect of other people's values.

Activity 1 – Let's Play: House on Fire **(15 minutes)**

AIM: To help young people make some choices about their values.

What you need: A piece of paper and pen for each participant.

What to do:

1. Tell the participants to imagine that they wake up at night and their house is on fire.
2. Ask each participant to write down one thing they would try to save before running out.
3. Give them a few minutes to write down their answers.
4. Form a circle and ask a volunteer to read out what he/she would save. Ask all the other participants who wrote down the same thing, to move to where the volunteer is.
5. Ask someone who did not move, to say what he/she would have saved. Ask the participants who wrote down the same thing to move. Have at least three more participants to do the same.
6. Have the participants sit back down in the circle and discuss:

Discussion and feedback:

1. Ask the group why they think girls and boys were saving different things?
2. Ask the group why some saved "things" rather than "people"?

3. Ask the group why many of them valued the same things (stereos = music)? If they were adults and it was their house would they have valued different things, like their children over their stereo? Why?

F. Note: Remember that values are beliefs, principles or standards that a person feels are important. Your values are what you think is right and what you think is wrong. Your values are things that are important to you. Also note gender differences. Boys and girls are socialised into different roles. Boys may value “virginity” in a wife while they want his girl friends to be “easy.”

Activity 2 -- Review Session 5

(10 minutes)

The facilitator should first review the questions from the Question Box/Bag. The participants should be asked first to answer the questions. Any clarification should then be added by the facilitator.

The facilitators should then ask the following questions to the group.

- a) Why is good communication important, especially in any relationship?
- b) Why is it important that young people say what they really mean, and not give mixed messages, especially when talking to the opposite sex about their feelings?

Activity 3 – Let’s Do: What Are Values?

(15 minutes)

AIM: To make it clear among the group what the term values means.

F. Note: Values are “important” beliefs, principles or standards. For example: “I value education, it is important for me”, “ I value my relationship”, “I value what you say”, etc.

What to do:

1. Break the group into two mixed groups. Give each group a flip chart and pen. Ask each group to discuss what they think their values are, and then write their values down on the paper.
2. Ask the groups to select from their list the four most important values and identify them by marking a star beside them.
3. After five minutes, the groups should come together. Each small group should put up their flip chart side by side, on one wall. The participants should review what the other groups have written.

F. Note: Some Values ...

- | | |
|---------------------------------|--|
| - Helping my family | - Finishing secondary school |
| - Preparing for my future | - Respecting my parents |
| - Getting married | - Living by my religion |
| - Being artistic or creative | - Making money |
| - Being popular with my friends | - Getting a good job |
| - Being good in sports | - Having children |
| - Making new friends | - Having my own car |
| - Staying healthy and alive | - Remaining a virgin until I get married |

Discussion and Feedback:

1. Ask the group if it was hard for them to agree on important values. Ask them why?
2. Ask the group if girls and boys have different values, and if they do, why?
3. Ask the group if they think that a person's values change over time, and why this might be the case.

Activity 4 -- Let's Play: Value Voting

(25 minutes)

AIM: To think about what you believe and why.

What to do:

1. With a piece of paper you need to mark one place in the room as the "agree" area, one place as the "disagree" area and third place as the (undecided) area.
2. Read out one of the sentences below. Ask members of the group to move to the area that best reflects their beliefs. Do they agree, disagree or are they undecided about the statement? Ask one or two participants in each area to explain why they agree, disagree or are undecided.
3. Choose **only 4 statements** for the exercise.
 - You should not have sex before marriage.
 - It is all right to have sexual intercourse as long as you use a condom.
 - It is all right to lie for a friend, so that he/she will not get in trouble (for example, if a girl cheats on her boyfriend).
 - If you know something might put your life at risk (i.e. having unprotected sexual intercourse) you would not do it.
 - It is OK to have sex with your friend's partner.
 - Being popular is very important
 - Girls should do what their boyfriends or husbands ask them to do.
 - If you know your parents would not approve of an action, you should not do it.

F. Note: *Please note that many of the previous statements are not correct.* They are put forward to make the participants think about their values and beliefs, where they came from, and that people have different values. Each person needs to be able to sort out and to be clear about their personal values, beliefs and feelings. To do this, you must not think of how or what others feel, you should only think about yourself and how these values, beliefs and feelings support you.

Feedback and discussion:

1. Why do members of the group have different opinions on the above statements?
2. Are your own opinions based on your own values?
3. Where do your values come from?

Activity 5 -- Let's Do: Choosing Your Values

(25 minutes)

AIM: To examine and discuss your own values on relationships.

What you need: Flip chart, koki-pens

F. Note: Please record the four most important values for girls and the four most important values for boys in the **Facilitator's Notes** section of the Session Evaluation Form.

What to do:

1. Make a group of boys and a group of girls. Give each group a flip chart.
2. Ask the groups to list the four most important values they would want their life partner to have. They should discuss and agree what is most important, they should try and list at least five.
3. On a second sheet, they should discuss and agree on at least three values they would not want their life partner to have. They should discuss and debate and then come to an agreement on these values.
4. The whole group should gather after ten minutes and put up their flip charts. A reporter from each group should then read out the most important and then the least important values.

Feedback and discussion:

- * Were there similarities and differences in what girls and boys said was most important? Why?
- * Why are there similarities and differences in what girls and boys said are the least important?
- * Do different values influence the way people behave in a relationship?

F. Note: Gender differences come out in this activity. Boys and girls often have different social values. It is important that the boys listen very closely to what the girls are saying. Boys and girls are given different social roles as they grow up. These are only "roles" and can change as values do change over time. It is important for boys to realise that they can be caring partners too!

Activity 6 – Let's Talk: My Important Values Vs My Behaviour (20 minutes)

AIM: To help the group to think about what they consider important and how their behaviour may be taking them in the opposite direction.

What to do:

1. This is a group discussion. The facilitator has some questions for the group to discuss.
 - a. Is living a long life important?
 - b. Is having a good loving relationship important?
 - c. What behaviours threaten these values?

F. Note: Drinking, smoking, having unsafe sex, drinking and driving, fighting, using drugs, etc.

- d. Why do we do these behaviours if we value our lives?
- e. What role do friends play in changing our values or making us forget them?

F. Note: Peer pressure: for sexual intercourse, to drink and smoke, to steal, to fight, etc.

- f. What can we do to be true to our values? What can we do as a group of friends?
- g. How is it easier to be true to your values?

F. Note: Choosing friends/peers who share your values, having family support, having strong religious beliefs, having good decision-making skills, having high level of self esteem, etc.

Activity 7 -- Closing Circle

(10 minutes)

AIM: To relax.

What to do:

1. Sit in a circle.
2. Explain that this has been a session with a lot of thinking and that **thinking about values is something which will go on throughout a person's life**. Young people need to think of the steps they must take to get safely to where they want to be in the future.
3. Remind the group **that life is full of choices** and they need to think a bit more about their "long term future". Remind them that **being true to your values is important**, and with peer pressure this can be difficult.
4. Remind the members that **as a group they are there to support each other**, and by having gone through MFMC together they all now have a special relationship with each other. **They are a peer support group.**
5. Arrange a time and place for the next session.
6. Remember to ask for three volunteers to stay behind for a quick session review. Make sure they complete and sign the Session Evaluation Form.

F. Note: You need to complete the **Facilitator's Notes** section of the Session Evaluation Form. Under this session, Session Six, you are to report on **Activity Five – "Choosing Our Values"**. Please record the four most important values for girls and the four most important values for boys.

Please ensure that you use carbon paper when completing the Session Evaluation Form and that the original copy is sent through your supervising master trainer to your RYHDPC.

Session 7 SHOWING YOU CARE

- Objectives**
- ◆ to talk about gender roles and male-female communication.
 - ◆ to talk about trust and respect in relationships..
 - ◆ to explore choices for safe and satisfying relationships.

T1	Let's Play: Cat & Mouse Get Away	10 minutes
E2	Review Session 6	10 minutes
E3	Let's Do: Talking About The Opposite Sex	20 minutes
E4	Let's Play: Relationships & Communication	25 minutes
E5	Let's Do: What Do You Want in a Relationship	20 minutes
E6	Let's Talk: Showing You Care	25 minutes
E7	Closing Circle	10 minutes

Activity 1-- Let's Play: Cat & Mouse Get Away (10 minutes)

AIM: To encourage participants to be informal and relaxed

What to do:

1. Ask the group to form a circle holding hands. Make space between the participants large enough to let someone pass through.
2. Ask two participants to act as cat and mouse.
3. The mouse stands in the circle, the cat outside the circle.
4. The mouse should start running around the circle passing under the arms of the participants.
5. The cat should rush after the mouse until it catches the mouse. **The participants may prevent the cat from catching the mouse, by lowering their arms up and down.**
6. The game can be repeated by several other "cat" and "mouse" pairs.

Activity 2 -- Review Session 6 (10 minutes)
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The facilitator should first review the questions from the Question Box/Bag. The participants should be asked to answer the questions. Any clarification should then be added by the facilitator.

Then ask the following questions to the group:

1. Ask the participants why values are important.
2. Talk about why values are important in relationships.

Activity 3 – Let’s Do: Talking About the Opposite Sex (20 minutes)

AIM: To make the participants more aware of gender differences.

What you need: 2 flip chart sheets of paper for each group

F. Note: Please record the answers of the female and male groups in the **Facilitator’s Notes** section of the Session Evaluation Form.

What to do:

1. Divide the boys into one group and the girls into another group.
2. Ask the girls to identify three reasons why it is great being a woman. Ask them to write each reason down on a flip chart. They should then identify three reasons why they would want to be a man and write them down on the same flip chart.
3. Ask the boys to identify three reasons why it is great to be a man. Ask them to write each reason down on a flip chart. They should then identify three reasons why they would want to be a woman and write them down on the same flip chart
4. After 10 minutes (or less if the assignment is completed), have the two groups put up their flip chart(s) with the answers side by side on a wall.

Discussion and feedback (10 minutes):

1. Compare and discuss the answers. Focus on both the similarities and differences (girls about boys and boys about girls, etc.).
2. Find out why there are (or are not) major differences between the boys’ and the girls’ answers.
3. Ask them where they think “gender roles” come from?

F. Note: Some roles are natural - a girl can have a baby- but most are social. For example, a boy should be a doctor because men can make decisions while a girl should be a nurse because girls care. It is all right for girls to cry openly but not for boys. These are social rules that change as society develops.

Activity 4 – Let’s Play: Relationships and Communication (25 minutes)

AIM: To have the participants compare their attitudes about sexual relationships.

What to do:

1. With a piece of paper you need to mark one place in the room as the “agree” area, one place as the “disagree” area and third place as the (undecided) area.
2. Read out one of the sentences below. Ask members of the group to move to the area that best reflects their opinion. Do they agree, disagree or are they undecided about the statement?
3. Ask two or three participants from each position to explain why they agree, disagree or are undecided.

Statements (choose four):

- a) It is common for girls to ask their boyfriends for sexual intercourse.
- b) It is normal for boys to force their girlfriends to have sexual intercourse.
- c) Girls who do not have sexual intercourse with their boyfriends will lose their boyfriends to girls who will have sexual intercourse.
- d) It is the responsibility of the girl to insist on the use of condoms in a sexual relationship.
- e) Boys should be responsible for providing condoms.
- f) For boys, sexual intercourse equals love in a relationship.
- g) A girl who carries condoms is a “loose” girl.
- h) It is difficult for boys and girls to talk openly about sexual intercourse and condom use.

F. Note: By the middle of this session, Session Seven, it should be clear to the participants that boys and girls can and need to talk openly about sex in their relations. The ability to communicate openly and assertively between males and females is one of the most important skills the participants should gain from this training course. Awareness that there are different “understandings” of roles and behaviour in relationships between males and females, which have to “change”, and that this change can come about through open discussions between boys and girls, is another important lesson for the participants. The facilitator should try and assess, based on which participants are agreeing, disagreeing, or undecided on the questions above, if there has been any change in attitudes, especially among the male participants. If there has not been any noticeable change the facilitator should raise this issue with the group.

Activity 5 -- Let's Do: What Do You Want in a Relationship (20 minutes)

AIM: To make the participants think about the reasons why they have relationships, and to clarify the different motivations between boys and girls.

What to do:

- 1. Prepare the questions below, in advance, on a flip chart.
- 2. Ask the participants to form a girls' group and boys' group.
- 3. Ask each group to answer the following questions on their flip chart (10 minutes):
 - a) Define safer sex.

F. Note: Safer sex is not only using a condom when having penetrative sexual intercourse, it can also be touching, caressing and kissing and fondling breasts and sexual organs, licking and sucking body parts. **REMEMBER** that licking and sucking your partner's private parts without using a condom is **NOT** safer sex.

- b) Is trust important in a relationship? Why?

- c) Would you accept your partner cheating on you? Why?
- d) What other qualities do you value in a relationship?

F. Note: For example: honesty, trust, respect, humour, commitment, etc.

- e) What qualities attract you to a member of the opposite sex?

F. Note: For example: looks, popularity, physical appearance (the body), money, car, school performance, common interest, etc.

- 4. Have the two groups come together and put up their flip chart answers side by side. The whole group should look at the answers.

Discussion (10 minutes):

- 1. Do boys and girls see love and sex differently? Can there be a love relationship without sex?
- 2. Why do boys and girls value different things in a relationship? Does this ‘wanting something’ (“**wants me for my car**”, “**wants me for sex**”, “**wants me for my colour**” “**wants me for my money**” etc.) from a partner affect what you really value in a relationship (**trust, respect, caring, communication, etc.**)? Can we change this?

Activity 6 – Let’s Talk: Showing You Care

(25 minutes)

AIM: To learn from each other what it means to “show you really care”.

What to do:

- 1. Ask the participants about the difference between love and infatuation. Have the group explain:
 - Commitment
 - Trust
 - Love
 - Compassion
 - Respect
- 2. Ask the participants how they think they can gain trust from someone.
- 3. Ask the participants how one can show compassion and commitment for someone.
- 4. Ask them how their friends show that they love them.
- 5. How do they know when they are loved? How does it feel?
- 6. Ask them how their friends show that they trust them. How does someone know when they can trust someone?
- 7. Ask the group to explain the difference between love and sex:

F. Note: Love and sex: Some points...

- * Love involves caring for the other person and their feelings.
- * Love involves commitment.
- * Love means making safeguards regarding sex.
- * Sex is only one part of a relationship, Safe sex means you care!
- * A relationship can survive without sex, but not without love.
- * The lack of love in a sexual relationship leads to satisfaction purely on a physical level, regardless of the other persons feeling or enjoyment.
- * Relationships begin with sex. There is nothing else to the relationship, just sex. This is because when a relationship starts with sex it is very difficult to build trust, love and respect.
- * If there is a very solid base of trust and friendship, before sex, then love and respect comes naturally.

Activity 7-- Closing Circle

(05 minutes or until it is finished...)

1. Thank everyone again for coming. Remind the group that although the boys and girls did some activities partly as separate groups, it is only through open communication between males and females that the fight against HIV and AIDS can be won.
2. Ask each member of the group to mention one thing that they have learnt today.
3. Remind everyone of the time and place for the next meeting and say you look forward to seeing them all again there.
4. Remember to ask for three volunteers to stay behind for a quick session review. Make sure they complete and sign the Session Evaluation Form.

F. Note: You need to complete the **Facilitator's Notes** section of the Session Evaluation Form. Under this session, Session Seven, you are to report on **Activity Three – “Talking About The Opposite Sex”**. Please record the three reasons girls are glad to be girls and the three reasons girls would like to be boys. Also record the three reasons boys are glad to be boys and the three reasons boys would like to be girls.

Please ensure that you use carbon paper when completing the Session Evaluation Form and that the original copy is sent through your supervising master trainer to your RYHDPC.

Sample reporting format: If you draw a vertical line through the **Facilitator’s Notes** box, you should report your answers like this:

Facilitator’s Notes: In each session the facilitator is asked to fill in some information on one of the activities in the session. Please check the “Closing Circle” if you are not clear on what activity you should be reporting on for this session. The information from the activity should be written in the spaces below.	
Girls As Girls	Boys as Boys
1. Mothers	1. Bread winner, etc
2. Caring, etc	2. etc
3. Etc	3. etc
Girls As Boys	Boys as Girls
1. Be the boss, etc	1. Have babies, etc
2. Etc	2. Etc
3. Etc	3. Etc



Session 8 SAYING NO

- Objectives:**
- ◆ to learn that ‘no’ means “NO!”
 - ◆ to practise saying “No” to HIV infection.
 - ◆ to look at the consequences of risk behaviour.

T1	Let’s Play: Yes/No Game	05 minutes
E2	Review Session 7	10 minutes
E3	Let’s Do: Saying No	30 minutes
E4	Let’s Play: Helping to Delay Sex	25 minutes
E5	Let’s Do: When No is No; When No is Not Yes	20 minutes
E6	Let’s Talk: Putting it All Together - Making Choices	20 minutes
E7	Closing Circle	10 minutes

F. Note: With the 15-16 age group there should be more emphasis on developing skills for delaying sexual intercourse. For the 17-18 age group, the focus should be on preventing “unprotected” sexual intercourse. In each group, some participants will be sexual active and some will not be sexually active. The aim is for all of them, males and females, to be able to say NO to behaviours that put them at risk. This is not limited to sex, being able to say NO to alcohol is also very important.

Activity 1 -- Let's Play: Yes/No Game (5 minutes)

AIM: To show the different ways we use the words yes and no.

What to do:

1. Ask participants to form two groups. The groups must stand in a line and face each other. It’s very important that the participants look each other in the eyes.
2. One group is the ‘yes’ group. They can only say ‘yes’. The other group is the ‘no’ group. They can only say ‘no’. *It is very important that it is said in the participants’ own languages.*
3. Each group needs to show the other group that what they say is true. They should use assertive body language and facial expressions, but they can only use the one word: “Yes” for the yes group and “No” for the no group.
4. After 1 minute the groups should change words, the ‘yes’ group now says ‘no’ and the ‘no’ group says ‘yes’.

F. Note: The Yes - No part of the activity should go on for only 2-3 minutes.

Discussion and feedback:

- * Ask participants to say how they felt doing this exercise.
- * Ask them to talk about body language, if people stood in friendly or aggressive ways.
- * Explain that laughter is also an important way to show what you mean. Laughter can make everyone feel equal and happy. It can also hurt someone (i.e if you laugh at them).

Activity 2 -- Review Session 7

(10 minutes)

1. Review the Question Box/Bag. Ask volunteers to try and answer the questions.
2. Review the following questions from the last session:
 - * Give 2 examples of how to show you care without having sexual intercourse.
 - * Give 2 examples of how you can be forced to do something you don't want to.

Activity 3 -- Lets Do: Saying No

(30 minutes)

AIM: To learn how to say “No!” and to mean it.

F. Note: Review for the Group: together with **decision-making skills** and **communication skills**, young people also need to have the **negotiation skills**. The **negotiation skills** includes the ability to use argument to persuade someone to do something, e.g. to delay sexual intercourse, or the use a condom, etc. All of these skills are partly combined together and also require **practical skills**, which mean such skills as how to use condoms.

What to do:

For every reason to say “no”, someone will find a reason to push you to say “yes”. In this role play the participants learn how to oppose peer pressure.

1. Divide the group into pairs, if possible one boy and one girl in each.
2. Assign two role play scenarios to each pair. Have them do one scenario where one of them is negotiating ‘saying no’. In the next role play scenario that person should be trying to convince the other person to say “yes”. Each role play should go on for 2-3 minutes. The role plays should be done in the language they speak with their friends.
3. It should be helpful for the person who is saying “no” to try and use the **P.O.W.E.R. Model** when “negotiating”. The facilitator could give the following example:
 - Identify the “**problem**” (boyfriend wants to have sexual intercourse without a condom).
 - Determine the “**options**” (you can have or not have unsafe sexual intercourse).
 - **Weight** the options (possible to get pregnant and/or HIV and/or a STD).
 - **Elect** the best option, (no sexual intercourse without a condom, non-penetrative safer sex possible and offered as an option if no condoms are available, or no sex of any kind at all).
 - **Reflect** on the out come (boyfriend agrees or does not agree which means he does not care about you).

Role Play Scenarios (go around the room and assign two to each pair):

- * The boy tries to convince the girl that she wants sexual intercourse and is only afraid of the possible consequences.

- * The boy is sexually excited and therefore expects the girl to give him sexual intercourse. Anything else (i.e. masturbation), he does not consider to be sex.
- * The girl thinks that because the boy wants to use a condom, he thinks she has a disease.
- * The girl/boy argues that because everyone else is having sex (or drinking alcohol), so you should as well.
- * The girl/boy argues that if you do not want to drink alcohol you are a boring person.
- * The boy/girl suggests that this is your only chance to have sex with him/her (with out a condom) so you should take the chance (and the risk).
- * The boy/girl tries to convince you to smoke dagga.
- * The boy tries to convince the girl that he can't use a condom because he feels no pleasure.
- * The girl/boy tries to convince the other person that they should break into a house.
- * The girl/boy tries to convince the other person that they should beat up a person.

Discussion and feedback:

What are the best ways of avoiding being pressured to do something you do not want to do?

F. Note: Having the correct information and the POWER model will help you make the right decision. Young people must also have the assertiveness to make the argument and stick to the right decision. **It is also important that you think ahead and do not to put yourself in the wrong situation or place.**

Activity 4—Let's talk: Helping to Delay Sex (25 minutes)

AIM: To give young people ideas on how to convince their partners to delay sexual intercourse.

F. Note: Please record the response which the girls and boys listed on their groups flip chart for “delaying sexual intercourse” in the **Facilitator's Notes** section of the Session Evaluation Form.

What to do:

1. Ask the boys to form one group and the girls to form another group.
2. Tell them to brain storm and make a list of all the reasons they know, or have heard of, or believe in, which would help to delay sexual intercourse. They should write down the reasons as responses to the sentence: “I want to have sexual intercourse with you”... sample response: “No, I don't want to get pregnant”... etc.. **(This should take ten minutes.)**
3. Have the groups come back together. The boys should form one line the girls should form another line across from them. Remind the group to use the correct body language. Where possible they should use the language they speak with their friends when doing this activity.

- * start with one girl saying to the boys; “I want to have sex with you”...
- * one of the boys needs to reply with one of the responses from their list...
- * ask the girls if it was a convincing reason, or would they need more discussion.

Repeat with a boy asking “I want to have sex with you”, and the girls reading off one of their replies. Discuss as above.

4. Repeat until the reasons have been used up or until you have only five minutes of time left.

Discussion and feedback:

Have an open discussion about the response lines on how they were presented and how the discussions went. Focus the discussion on the importance of being able to say no and that it is a person’s right to be able to delay sexual intercourse until their “time is right”.

F. Note: Remind the group that *few people get prepared to say “no” to sexual intercourse*. Most males and some females **‘get prepared to have the person say yes’** (by buying gifts, telling them they love them, trying to get them drunk, forcing themselves on the them, etc.).

Activity 5 -- Let's Do: When No is No and When No is Yes (20 minutes)

AIM : To understand when no is NO and when no is YES!

What to do:

1. The girls should form one group and the boys should form a second group.
2. Tell both groups that they will have five minutes to prepare. The girls should prepare a role-play situation where the girl is saying NO! to her boyfriend (**acted by a girl**) and the “boyfriend” knows she means NO! (Two minutes long).

The boys should prepare a role-play situation where the girlfriend (acted by a boy) is saying no but it sounds like yes. (Two minutes long).

3. Ask the girls to do their role play.
4. Ask the boys to discuss with the girls how and when a NO could mean a YES to a boy.
5. Ask the boys to show their role play.
6. Have the girls discuss with the boys how to be sure that the girl is really saying YES. Boys must learn to respect girls’ true feelings.

F. Note: Remind everyone that communication skills, including body language, is very important to know what is REALLY being said. The only way to be sure is TO ASK your partner. Remind the group that there are a many ways to say yes and no. Remind them that they need to practise saying NO, and in a way that it is clear that it means NO! Remind the group that it is very important to say what you want to say assertively and that it is important to stand by your values.

Role Plays: (5 minutes of the 20)

- * Have the group get into one male and one female pairs (if not enough, then the male/female will have to play the other part) and have each pair role play with the girl playing the “boy” and the boy playing the girl and practise “saying no and meaning no” and saying no and sounding like yes.

Activity 6 -- Let's Talk: Putting It All Together - Making Choices (20 minutes)

AIM: To review what we have learnt.

What to do:

1. Form a circle.
2. Ask the participants to name three reasons for saying “yes” and three reasons for saying “no.”
3. Let them discuss it and explain why you should be clear in what you say (include body language) and say what you want (in sexual relationships, in love relationships, when faced with peer pressure, etc.).

F. Note: Remind the participants that if they remain true to their values and continue to practise their decision making, communication and negotiating skills, then it will be their choice alone if, and when, they want to have a “**responsible**” safer sex relationship.

Activity 7 -- Closing Circle

(10 minutes)

Aim: To relax.

1. Thank everyone for working so well together on such a hard session.
2. Arrange a mutually convenient time and place for the next session.
3. Remember to ask for three volunteers to stay behind for a quick session review. Make sure they complete and sign the Session Evaluation Form.

F. Note: You need to complete the **Facilitator’s Notes** section of the Session Evaluation Form. Under this session, Session Eight, you are to report on **Activity Four – “Helping To Delay Sex”**. Please record the responses which the girls and boys listed on their groups’ flip chart for “delaying sexual intercourse”.

Please use carbon paper when completing the Session Evaluation Form. Your original copy should be sent through your supervising master trainer to the RYHDPC.

Sample reporting formate: Draw a vertical line through the **Facilitator’s Notes** box and report your answers like this:

<p>Facilitator’s Notes: In each session the facilitator is asked to fill in some information on one of the activities in the session. Please check the “Closing Circle” if you are not clear on what activity you should be reporting on for this session. The information from the activity should be written in the spaces below.</p>	
Girls	Boys
1. Don’t want to get pregnant	1. Will ruin my education
2. Afraid of HIV	2. Do not love you
Etc	etc



Session 9 ALCOHOL, DRUGS AND YOUNG PEOPLE

- Objectives**
- ◆ to talk about alcohol and drug use & abuse
 - ◆ to think about risk behaviours
 - ◆ to learn self-assessment skills

T1	Let's Play: Acting Drunk	10 minutes
E2	Review Session 8	10 minutes
E3	Let's Do: Alcohol, Drugs and Your Peers	30 minutes
E4	Let's Talk: Use and abuse - The Health Risks	25 minutes
E5	Let's Play: Peer Pressure and Substance Abuse	20 minutes
E6	Let's Do: Self-assessment and Risky Behaviour	20 minutes
E7	Closing Circle	05 minutes

F. Note: The drugs commonly abused by Namibian users are Alcohol, Nicotine, Cannabis (dagga, marijuana), and Mandrax. People have been arrested with Cocaine and there is information that LSD and Ecstasy are available in some cities but as of 1998 no confiscations or arrests for these substances had been made by the Drug Enforcement Unit.

According to the Drug Enforcement Unit, alcohol is the most commonly abused substance. The following statistics demonstrate the problem:

- * 51% of adults smoke tobacco and/or abuse alcohol
- * 9.5% abuse alcohol on a daily basis (defined as being drunk)
- * 30% abuse alcohol over weekends
- * 7.5% of the Namibian population are chronic (long term) alcoholics
- * 2.8% of adults use dagga
- * 1% of adults use Mandrax

Substance abuse by young Namibian adults 17 to 30 years of age:

- * 75% of all alcohol abuse cases are among young adults
- * 75% of out-of-school youth indulge in substance abuse
- * 8.2% of out-of-school youth use dagga
- * 3.3% of young adults use mandrax

Substance abuse by adolescents and children 13 to 16 years of age:

- * 21% of 13 year olds actively participate in alcohol abuse
- * 33% of 14 to 16 year olds abuse alcohol
- * 17% of school children smoke cigarettes (addicted to the drug nicotine)
- * 7% of school children use dagga
- * 5.3% use traditional brews
- * 3.8% use Mandrax
- * 3% use inhalants

Activity 1 -- Let's Play: Acting Drunk

(10 minutes)

AIM: To show that alcohol can affect your mind.

What you need: A piece of cloth as a blindfold, or a t-shirt.

What to do:

1. Ask for 2- 3 volunteers. Put the blindfold on one volunteer and turn that person around several times.

2. Ask the volunteer to walk slowly in a straight line.
3. Tell the rest of the group to be completely silent. They must not say anything or touch the ‘blind’ person.
4. The ‘blind’ reaches the other side. Compare how close he/she is to where he/she wanted to go. This is the usual effect of excessive drinking. Ask him/her to take the blindfold off.

Discussion and feedback:

Talk about other effects on your body and brain when you are drunk. What positive and negative effects do the participants think alcohol have and why?

Activity 2 -- Review Session 8	(10 minutes)
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1. Review the questions in the Question Box/Bag. Ask the group to answer the questions. The facilitator should, if needed, back up the answers with additional information.
2. Ask the group the following question: When a girl says no, why do some boys still think she said yes?

Activity 3 – Let’s Do: Alcohol, Drugs and Your Peers	(30 minutes)
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AIM: To make the participants aware of the drugs in their community.

What you need: Flip chart paper, markers and tape.

What to do:

1. Ask the participants to break into two groups. Have them list all the drugs (tobacco and alcohol included) that they know are used by their peers.

They can use this format on their flip chart paper:

Drugs Used By Peers	Positive Effects	Sources of Information on Positive Effects	Negative Effects	Sources of Information on Negative Effects

2. Ask them to list down the positive and negative effects of the drugs and all the different sources of information on these “positive” and the “negative” effects of the substances.

F. Note: Some drugs are tobacco & nicotine, alcohol & spirits, cannabis, hashish, mandrax, glue, ecstasy, cocaine, amphetamine (speed). Less well-known or used in Namibia are crack, acid/LSD, heroin, opium, magic mushrooms, etc.)

3. Bring the groups together. Each group should put up their flip chart and the full group should review both flip charts for any difference. The differences should be marked with a star (*).

Discussion and feedback (20 minutes of the 30 minutes)

1. Ask them who they believe most when they hear about the positive and the negative effects of these substances and why they believe them.
2. Ask the group what the difference it is between use and abuse.

F. Note: Use means “in moderation”. If you get “drunk” on alcohol that is abuse. If you are dependant on a substance, like “I need a cigarette”, this addiction and dependency is abuse.

3. Ask the group if they know anyone who had problems from using any of these substances (alcohol, mandrax, dagga, etc).
4. Ask the group why, with the negative effects their friends and peers have experienced, many of them want to use and abuse these substances.

F. Note: Please record the consolidated information from the flip charts under the **Facilitator’s Notes** section of the Session Evaluation Form.

Activity 4 – Let’s Talk: Use and Abuse - The Health Risks (25 minutes)

AIM: To explain the health risks associated with the substances.

What to do:

1. Review the substances listed in the previous activity.
2. Ask the participants to explain in-depth the health and other risks (unsafe sexual intercourse, being arrested, expelled from school, etc.) associated with the use of the substances. Provide additional information, where required, on the substances.

F. Note: Please note that the information below is included in the participant’s **Work Book**. Please ask the participants **not** to use their Work Books during this activity. Remind them to review the information after the session.

ALCOHOL:

- * It is the most commonly abused drug in the world. It is the **most abused substance in Namibia**. After AIDS (and AIDS related illnesses), heart disease and cancer, the fourth biggest health problem in Namibia. Contributes to many social problems, including the abuse of women and children, violence, murder and accidental death.
- * Alcohol is a depressant. It is a drug that depresses the control of the nervous system.
- * *Low dosage:* relaxation, self-confidence and sociability.
- * *High dosage:* impaired judgement, loss of coordination, loss of memory, mood swings, violence.
- * *Long term:* dependency, emotional depression, overdose, vomiting, damage to the brain (destroys brain cells), damage to stomach, damage to the liver, damage to the central nervous system, damage to heart and damage to the lungs.

- * Drinking during pregnancy can effect the development of the unborn child.
- * Other risks: sexual impotence, accidents (drinking & driving), unwanted/unsafe sex and the consequences (HIV, STDs, pregnancy), violence, crime, anti-social and destructive behaviour.

31 to 59 years of age

- * 9.5% abuse alcohol on a daily basis (defined as being drunk)
- * 30% abuse alcohol over weekends
- * 7.5% of the Namibian population are chronic (long term) alcoholics

17 to 30 years of age:

- * 75% of all alcohol abuse cases are among young adults

13 to 16 years of age:

- * 21% of 13 year olds actively participate in alcohol abuse
- * 33% of 14 to 16 year olds abuse alcohol

TOBACCO AND NICOTINE:

- * Smoking is very dangerous for adolescents (especially for girls) because their bodies are still developing and changing, and the 4000 chemicals in cigarette smoke affects this process.
- * Adolescents can become addicted to cigarettes by smoking only one cigarette a day.
- * The earlier smoking is begun, the greater the risk of one or more of the following effects:

Coughing, cancer (including lung, mouth, uterus cancer, among others), heart disease, increased heart rate and blood pressure, loss of the sense of smell and taste, frequent colds and reduced lung function.
- * Smoking during pregnancy can effect the development of the unborn child.

13 to 16 years of age:

17% of school children smoke cigarettes (addicted to the drug nicotine)

CANNABIS:

- * Also called dagga, ganja, marijuana, etc.
- * Cannabis is usually smoked in a rolled paper cigarette (joint) or from a pipe and sometimes mixed with tobacco.
- * It has greenish/brownish colour and looks like crushed leaves.
- * The short-term effects include relaxation, euphoria, giggling, hallucinations, increased heart and pulse rate.
- * It can cause memory loss, paranoia, anxiety, panic, thirst, hunger, red eyes, dry mouth.

- * Controlled substance: transportation, selling and use classified as criminal activities which can lead to arrest, fines, probation and/or time in prison.
- * Over the long term: risk of lung, mouth cancer (and other cancers), heart and lung disease, and a reduced sperm count (i.e. male infertility).

31 to 59 years of age

- * 2.8% of adults use dagga

17 to 30 years of age:

- * 8.2% of out-of-school youth use dagga

13 to 16 years of age:

- * 7% of school children use dagga

MANDRAX:

- * Real name is methaqualone, it can come in light and dark blue capsules or scored tablets.
- * It is sometimes crushed and smoked with cannabis.
- * It is very easy to get addicted to mandrax.
- * It slows down the central nervous system. Small doses relieve tension and cause temporary memory loss.
- * Large doses give blurred vision, slurred speech, loss of feeling for time and space, slowed breathing and loss of sensibility for pain.
- * Long-terms effects include memory loss, a damaged liver, depression, anxiety, headaches, slurred speech and disturbed sleep.
- * An overdose causes unconsciousness, coma or death.
- * Used with alcohol, mandrax is very dangerous.
- * Controlled substance: transportation, selling and use classified as criminal activities which can lead to arrest, fines, probation and/or time in prison.

31 to 59 years of age

- * 1% of adults use Mandrax

17 to 30 years of age:

- * 3.3% of young adults use Mandrax

13 to 16 years of age:

- * 3.8% use Mandrax

SOLVENTS/INHALANTS:

- * For example: Glue, gas, lighter fluid, petrol, paint thinner, etc.
- * Glue is the most common form of solvent abuse. Method of inhalation is from a plastic bag or container. It is usually a group activity.
- * Solvent abuse can cause: hallucinations, headaches, coughing, vomiting, stupor, drowsiness, slurred speech, personality changes, rashes around nose and mouth, coma, damages to the brain, the liver, kidneys and spleen, cancer and death.
- * Death can occur after the first attempt to sniff.
- * Signs and symptoms are: a flush face, intoxicated behaviour, ulcers around the mouth, strong smell of solvent and personality change.

13 to 16 years of age:

- * 3% use inhalants

PREGNANCY AND SUBSTANCE USE:

- * Drug use during pregnancy is very dangerous.
- * The risks associated with drug use during pregnancy include:
 - child addictions
 - low birth weight, which affects how able a baby is to stay healthy
 - development delay
 - increased possibility of miscarriage
 - higher possibility of Sudden Infant Death Syndrome

Activity 5 – Let’s Play: Peer Pressure & Substance Abuse (20 minutes)
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AIM: To practise saying “No!”

What to do:

1. Divide the participants into groups of four or five.
2. Use the language the members of the group use with their peers. They should do a role play where half the group is trying to convince the other half, using peer pressure, to drink and/or to smoke dagga. Remind those saying “NO” to try and use the P.O.W.E.R. Model.
3. After 5 minutes the people who were arguing for the use of the substances should shift to another group. There they will take the opposite position (against using substances) and the people who stayed in the same group will try and convince them, using peer pressure, to use the substances.

Discussion and feedback (10 of 20 minutes)

- * How many were convinced to start using the substances? Why?

- * If you get into a situation where your peers are trying to pressure you into using substances, what are the main counter arguments which can help you?
- * If you start using a substance, when will you know that you have started abusing the substance?

Activity 6 – Let’s Do: Self-assessment and Risky Behaviour (20 minutes)
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AIM: To determine our past level of risk to substance abuse and risky behaviour.

What to do:

1. Make two groups, one group of girls and one group of boys.
2. They should talk about their past experiences of risky behaviour with alcohol and/or sexual behaviour and the role of substances and friends in the behaviour (both positive and negative).

<p>F. Note: Remind the participants that there is a strong relationship between substance abuse, especially alcohol, and HIV infection, STD infection and adolescent pregnancy.</p>

<p>For the older <u>age group 17 to 18</u> it is important that they talk about their peers (or their own) non-use and/or misuse of condoms and whether alcohol played a role in that kind of risk situations.</p>
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<p>For the <u>15 to 16 age group</u> they should focus the discussion on how to avoid risky situations, especially in the girls group.</p>
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3. Get the groups together in one large group.

Discussion and feedback (10 of the 20 minutes):

- * Was the use/abuse of substances linked to or contributing to high risk behaviour?
- * What were some of the high risk behaviours?
- * What roles have friends played in substance use/abuse and risk behaviours?
- * What roles have family members played in substance use/abuse (positive or negative role models)?

Activity 7 -- Closing Circle	(05 minutes or however much time you need)
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AIM: To close the session

1. Form a circle. Thank the group for the hard work and honest participation.
2. Remind the group that the answers are among them and that they have proved again that they know how to make the “right choices”.
3. Remind the group of the Question Box/Bag.

4. Congratulate the group for attending nine sessions of the course, and remind them, that those who attended all nine sessions are entitled to receive a “My Future Is My Choice” Certificate.
5. Encourage everyone to make the very last and very important session, Session 10, which is all about peer education. Confirm the time and place for the last session.
6. Distribute the **Pre-Post Test Quiz** (sample in ANNEX 6) and ask the participants to take their time and complete the Quiz and hand it in before they leave. Consolidate the results on the Session Evaluation Form of Session 10.
7. Remember to ask for three volunteers to stay behind for a quick session review. Make sure they complete and sign the Session Evaluation Form.

F. Note: You need to complete the **Facilitator’s Notes** section of the Session Evaluation Form. Under this session, Session Nine, you are to report on **Activity 3, “Let’s Do: Alcohol, Drugs and Your Peers”**. Please record the consolidated information from the flip charts on substances being used, their positive and negative effects and the sources of information on the substances. Please use carbon paper when completing the Session Evaluation Form. Your original copy should be sent through your supervising master trainer to the RYHDPC.

Sample reporting format: Draw **three** vertical lines through the **Facilitator’s Notes** box and report your answers like this:

<p>Facilitator’s Notes: In each session the facilitator is asked to fill in some information on one of the activities in the session. Please check the “Closing Circle” if you are not clear on what activity you should be reporting on for this session. The information from the activity should be written in the spaces below.</p>				
Substances Used By Peers	Positive Effects	Sources of Information on Positive Effects	Negative Effects	Sources of Information on Negative Effects
Alcohol	makes you confident	friends, parents	hang-over, vomiting	friends



Session 10 OUR FUTURE

- Objectives**
- ◆ to make a personal plan for the future
 - ◆ to learn about follow-up activities

T1	Let's play: Make it personal	10 minutes
E2	Review Session 9	10 minutes
E3	Let's Talk: Reaching Your Peers	35 minutes
E4	Let's Do: Reaching Your Community	20 minutes
E5	Let's Do: Making Plans	35 minutes
E6	Closing Circle: Following Up	10 minutes

Activity 1 – Let's Play: Make it Personal	(10 minutes)
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AIM: To warm up the participants for their last and very important session.

What to do:

1. Form a circle with the participants.
2. Ask each participant to think of one message (or one word) that they would pass on as important information to a friend (i.e. "always use a condom", etc.).
3. Explain to the group that they should start moving the circle in one direction and everyone must move their body the same way (for example shuttle feet). The participant behind the facilitator should shout out their message and then change the style of movement (for example jumping). All the participants must then jump and shout out the message for at least 2 a circle, then the next person behind should shout out their message and change the dance style until everyone in the group has shouted and danced a message.
4. Have the group sit down and catch their breath. Remind the group that they have mentioned some very important messages, and in this last session of MFMC they will be thinking about how they can reach their friends and peers with these messages, which can save their lives.

Activity 2 -- Review Session 9	(10 minutes)
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1. Review any Questions from the Box/Bag. Ask the participants to answer the questions. The facilitator will provide, if needed, any additional information.
2. Ask the participants what they think the difference is between substance use and substance abuse?
3. Ask the participants if they think that "just" telling someone to "stop" what they are doing (smoking, drinking, using drugs) will get the person to stop. Why?

Activity 3 – Let’s Talk: Reaching Your Peers

(35 minutes)

AIM: To discuss how to reach out to your peers with your new HIV/AIDS prevention knowledge.

What to do: The facilitator needs a volunteer to write down the comments on the flip chart, as the group will need to review their points when developing their plan.

F. Note: The questions and information in the activity is included in the Participants Work Book. They should use their Work Books during this activity.

In this activity the group needs to think about who is a peer, what information and help a peer needs and how to reach him/her. Young people living in hostels have a ‘captured audience’ and their response will be different from the students who are at day schools. For young people out of school, those who are working can think about reaching young people where they work. Those young people who are not working, can think of a number of activities for the different places were they hang out.

1. Ask the group if they are clear on what a peer is.

F. Note: A peer is someone who is the same age and has similar interests or behaviours as. For example, the members of a sports team, etc.

2. What is the difference between a peer and a friend?

F. Note: A friend is someone who knows you very well, cares about you and will stands up for you, etc. Friends are also able to forgive you when you make mistakes.

3. All of the group members have close friends who are not involved in MFMC. Have they been passing on the information and skills to their friends? Have they been thinking about how they will share their new knowledge and skills after they graduate from MFMC?

4. When doing peer education, there are a number of important factors to remember:

* You should be a ‘real’ peer to the person you educate. What does this mean?

F. Note: This means that doing peer education with your friends is the easiest form of peer education, because you have a lot in common with your friends and they trust what you say more than a casual friend (a peer) at school or in the community.

* If you are still a virgin, can you convince someone your age and gender who is having sexual intercourse, to stop having sexual intercourse because they might get HIV?

- Is that the right message?
- What kind of peer would they believe?

* What do you know about your peers’ knowledge, attitudes and practises?

- Are they having unsafe sexual intercourse?
- What do they know about HIV and AIDS?

- What do they know about condoms?
- Are they abusing substances?
- Is it important to know what they think?
- How would you find out?

F. Note: This could be done through a group discussion, a debate, a panel discussion, a drama with questions and answers at the beginning and end, through some kind of research, like developing a simple questionnaire with questions about reproductive health and HIV. See **ANNEX TEN** for more in-depth information on research methods that can be used by young people. The same information is included in the MFMC Participant Work Book.

When doing research, the best kind of questionnaire is the ones where the person who fills it in does not have to put down their name. This way they are more honest in their responses.

- * Once you know about your peer's behaviour, what do you do with this information?
 - If, for example, most of your peers are not having sexual intercourse, do you give them some information on how to keep saying no and delaying sexual intercourse, or are you at least telling them about condoms?
 - Maybe you do a bit of both?
 - What about those peers who are having unsafe sex or abusing alcohol?
 - How do you reach them and with what kind of messages do you give them?

F. Note: MFMC graduates will find it easy to do peer education with their friends.

To reach the ones who are just peers, who are the most at risk, they may have to get organised. Perhaps the graduates will want to start an AIDS Awareness Club. Once a group or club is established they need 'cool' messages, then they can try and recruit the "higher risk" peers into the club. This may not work if the club only talks about abstaining or delaying sex, as sexually active peers will not be interested in the club messages.

4. The group should brainstorm what girls and boys do when they are not in school.

- * Where are they 'hanging out'?
- * What are the popular recreational activities, at the school and in the community?
- * Are there any ways they could organise HIV awareness activities at these places? If so what kind of activities?

5. What activities do they think their friends would be interested in (sports, role plays, drama shows, debates, discussions, games or competitions, etc.)?

- * How would they organise these activities?

6. Are there any clubs or organisations in their school or community, which are involved in AIDS awareness activities (drama clubs, youth NGO's, etc.), or could become involved?

* Does the school/community have an AIDS Awareness Club and is it active?

F. Note: If there is an AIDS Awareness Club, find out if any of the learners are already in the club. If there are members in your MFMC course, ask them to explain the activities of their club.

7. Would any members of the group be interested in **forming an AIDS Awareness Club**?

Some ideas on how would this be done:

- * call a meeting
- * elect a leadership committee
- * review the groups' sexual behaviour and HIV/AIDS information
- * plan a survey of your peers' sexual behaviour and knowledge regarding HIV
- * develop some role plays to address knowledge gaps
- * distribute HIV information materials and condoms
- * create some dramas based on your peers' risky behaviours
- * organize group discussions, panel discussion, debates on HIV/AIDS issues
- * develop programmes for club members to reach other students in the school and/or young people out-of-school in the community with role plays, discussions, dramas, peer education, condom promotion, etc.

F. Note: Once Session 10 has been completed in a school/community, it is hoped that a few graduates will reinforce the existing **AIDS Awareness Club (AAC)**, or start one up, and that after each training course a few of the new graduates will join the club. Additional information for AIDS Awareness Clubs can be found in the **Handbook for AIDS Awareness Activities for Clubs**.

It is the responsibility of facilitators to report on, and support the AACs by providing information materials and some training to the club executive and members.

Activity 4 – Let's Do: Reaching Your Community (20 minutes)

AIM: To make the participants think about how they can reach their community.

What to do:

1. Have the participants break into two mixed groups. Each group should have a number of flip chart papers and a marker.
2. Ask each group to list all the services that are available for young people in their community (health clinics, private doctors, sports field, churches, discos, etc.).
3. They should list what they get from the services (i.e. from a pharmacy they get condoms, from the sports field they get exercise or recreation, etc.).
4. Once they have written their list, they need to review each service and determine if they are 'youth friendly'? They can put a YF (for Youth Friendly) beside the services on their list which are youth friendly.

F. Note: This means that the ones marked with YF, are easy to use, and get access to. Remind the participants that local health unit may be easy to use when they are sick, but what about when you need a condom? This should be the “youth friendly” criteria.

4. Briefly discuss who makes decisions in your community, especially the decisions about youth.

- * Try to list down these groups, organisations, institutions or individuals.
- * They should then indicate if they are youth friendly.

5. After putting the flip chart papers on the wall, gather back into one group.

Discussion and feedback:

- * The discussion should just focus on what is different on the two lists of services (both the services and the one which were marked as “youth friendly”).
- * There should be a discussion if there was a different understanding of what services are youth friendly.
- * The groups, organisations, institutions and influential individuals should be compared and their ‘youth friendly’ ratings discussed by the group.

F. Note: Remind the participants of the *assessment of adolescent friendly health services* that you carried out. If any health units, centres or institutions were given MFMC logo stickers and their staff MFMC badges, remind the participants that they should use these services.

Ask the group to remember to inform other young people about using the friendly services. Explain that the services are suppose to be adolescent/youth friendly and that their cooperation and collaboration with ‘adults’ will help to make the services even more friendly for themselves and their peers.

This is something that is easier to do if the participants have the support of their school or community or if they form an organisation under their school or in their community, like an AIDS Awareness Club. Adults are more inclined to listen to letters and requests that come from a formal organisation, like an AIDS Awareness Club, rather that requests coming from an individual person. By getting organised and forming a club, group, organisation or association, young people are then given formal recognition and access to other forums or organisations in the community.

Ensuring access to services is the key objective. This is very important for sexually active young people to have easy access to condoms, or they will not be able to put their knowledge into practise and to protect their future.

Activity 5 – Let’s Do: Making Plans

(35 minutes)

AIM: To identify some activities the participants could do with their friends and to make a ‘personal action plan’ for each participant to graduate with.

What to do:

1. Ask the group to give some suggestions about what kind of plans they could develop.

- * an individual plan and/or a group plan
- * it should have activities and dates when they plan to complete the activities

2. Ask the group to ‘brain storm’ some of the activities that they could do as individuals and as a group.

F. Note: Write down on a flip chart the suggested “individual” and “group” activities.

Sample Individual activities: Peer counselling, peer education, poster drawing, story writing/telling, poetry, leading group discussions, quizzes, panel discussions, debates, doing volunteer work at clinic, act as a big brother or big sister to an orphan, etc.

Sample Group activities: Forming an AIDS Awareness Club or remobilising an existing club, doing role plays, doing drama, doing sports (volleyball), doing songs, doing community activities like big walks, organising group discussions, panel discussions, debates, competitions, shows, providing youth friendly services in the community for a health clinic, distributing information materials and condoms.

3. **Each person should then spend ten minutes to think about and write down briefly a individual “Action Plan”.** Once completed you should put the plans up on the wall.

- * Their “Action Plan” should be for three months.
- * The with at least one activity a week, collect ten condoms from the health clinic and distribute them to ten peers, etc.), and these activities can be repeated each week.

F. Note: Some examples are: Organise a debate on the benefits of abstinence at the local primary school, creating a drama based on your peers risk behaviours, talking to five peers about HIV transmission, visiting the health clinic and offering your assistance, handing out information materials on HIV/AIDS, handing out condoms to friends, discussing how to say “No” with some young adolescents, be a role model to other young people, etc.

4. Ask the group to review each others plans and:

- * look at numbers of activities and the time frame for completing each activity;
- * compare if “their plan” is too ambitious or not ambitious enough;
- * try to identify at least two activities found in most of the plans.

F. Note: During this process the facilitator should identify three or four common activities found across most of the plans like “peer education”, etc.

5. Ask the group about the “common” activities.

- * Ask the group if they think some of these things could be done better as a group rather than as individuals.
- * Ask four participants to add to their action plans the assignment of organising some group activities (the common activities) among the graduates/participants.

F. Note: Suggest that if there is a drama or an AIDS club existing in the school/community, the graduates should consider joining/re-mobilising the existing clubs, especially the AIDS Awareness Club, rather than starting a MFMC club.

6. Tell everyone to clap hands and cheer for the hard work and commitment.
7. Ask everyone to collect their Action Plans off the wall and copy their final plan onto the *MFMC Graduates Action Plan Form* (sample found in **ANNEX TWELVE**) and into their MFMC Participant Work Book copy of the *MFMC Graduates Action Plan Form*.

F. Note: This form should be signed by the facilitator and the carbon copy should be sent to the Regional YHDP Committee through your supervising master trainer.

Activity 6 -- Closing Circle

(10 minutes+)

1. Thank everyone for working so hard and so well together and encourage them to follow through with their Action Plans and become active “peer educators”.
2. Give them with the Regional YHDP Committee address and contact names. Tell them that the committee would like some feedback on the implementation of their action plans. Ask them to write the Contact Information in their MFMC Participant Work Book.
3. Explain that you also want to hear from them and that they can contact you (provide address if possible, or refer to the Contact Teacher) for additional materials like posters, leaflets, etc.
4. Remind them that you *may* be able to provide some additional training on activities for AIDS Awareness Clubs, but only on request of the club with support of the school/community.
5. Handout the Certificates and T-shirts (try and arrange for the Principal, Contact Teacher, local Health Worker or even a Committee Members to officiate).

F. Note: You may have to arrange for a special Graduation Session, if you have not asked for a guest in advance or ordered your certificates in advance. To make sure you account for the T-shirts, you should order them after you complete Session Nine.

6. **Remind the graduates who want to discuss joint action plans that they should meet right now and set a date and time for an organisational meeting.**

F. Note: This could also be the session where you have the Graduation Party.

7. Ask three participants to volunteer to complete the final Session Evaluation Form. Please ensure they complete the three questions and sign the form.

F. Note: You need to complete the **Facilitator's Notes** section of the Session Evaluation Form. Under this session, Session 10, you are to report on the Post Test Knowledge Quiz results from Session Nine. If possible, please indicate the difference in scores from Session One.

You will also need to submit your Participants Session Attendance Form, your Information and Session Completion Form and a RFR Form which indicates the four or five main "peer education" activities which your graduates indicated in their Work Plan's.

You should be use carbon paper when adding to or completing these forms. The original copy should be sent through your supervising master trainer to the RYHDPC.

Copies of the MFMC Graduates' Action Plans should be kept by the facilitator. The information in the plans should be used for following up with the graduates at the schools and community.

Additional/Optional Last Activity: Let's Play: Pat on the Back

What you need: A4 papers for each participant, pens, tape.

What to do:

1. Each member takes a piece of paper and tape.
2. Stand in a circle.
3. Put your piece of paper on your back.
4. Walk around and write on each participants paper one good thing you learnt from ,or about him or her.
5. Come back in the circle.
6. Now everyone should read one statement from their back out aloud. Everyone must have a turn.
7. Thanks and good-bye for now.



ANNEX ONE

**YOUTH HEALTH DEVELOPMENT PROGRAMME (YHDP)
Master Trainers (MT) and Facilitators Volunteer Service (YHDP-MTFVS Form)**

1. The Regional YHDP Committees (RYHDPC) acknowledges the young person (named below) has agreed to serve as a volunteer in our operational region. He/she will serve as a volunteer worker, not as an employee and may, depending on his or her dedication, level of activity and hard work, be entitled to receive some allowances for training, facilitation, accommodation, meals and transport. The volunteer is expected to undertake activities in support of the YHDP as described in the _____ Terms of Reference (TOR). **The RYHDPC may de-select the volunteer from the programme if he/she does not fulfill his/her Terms of Reference.**
2. I _____ have the full understanding that I undertake to serve as a volunteer _____ not as an employee. I agree to follow my Terms of Reference as provided to me. I agree to receive any allowances for my active participation as decided upon by the RC and in accordance with the programme guidelines. I further pledge to account for all funds I am given responsibility for. I also agree that if my performance is not satisfactory I can be de-selected as a volunteer by the RYHDPC.

Signature by: _____ **Signature by:** _____

Name: _____ **Name:** _____

Title: _____ **Title:** Regional YHDP Committee Chairperson
(Facilitator or Master Trainer)

Date: _____ **Date:** _____

Committee Members:

Witness

Signature: _____

Name: _____

Title: _____

Date: _____

The RYHDPC should make two copies (2) of this document. The original should be placed in a “volunteers” file with the RYHDPC. One copy should go to the volunteer. The 2nd copy should be placed in an individual file for the volunteer. This individual file will provide the information on the volunteer’s performance which will be used as an objective measure for supervision purposes.

Youth Health & Development Programme
My Future is My Choice Facilitator
Terms of Reference

I understand my role as a Facilitator is:

1. To undertake an assessment of young people's access to adolescent friendly health services in your working area.
2. To complete the Assessment Form and establish a working relationship with the local health service providers to support the MFMC graduates.
3. To organize opportunities for young people to sign-up for MFMC and assist teachers, youth officers and regional YHDP committee members in the selection of participants.
4. To provide quality participatory facilitation of the MFMC sessions. This requires planning of each MFMC sessions and ensuring that the resource materials and resource persons are available when needed.
5. To record the session attendance of MFMC participants, including the sex and age of each participant and the date each session was conducted.
6. To ensure that the Session Evaluation Forms are completed correctly and submitted to my supervising master trainer or the RYHDPC on a regular basis.
7. To provide on-going support to the peer education activities of MFMC graduates.
8. To provide on-going support to MFMC graduates for school and community based HIV/AIDS awareness activities, like group discussions, debates, role plays and inter-active drama.
9. To assist MFMC graduates in reinforcing and remobilising their school based or community based AIDS Awareness Clubs.
10. To be prepared to meet with other facilitators in the region at least once per year.
11. To be prepared to compile any additional reports on MFMC activities and other peer education activities which are undertaken, and to submit the report to the supervising master trainer.
12. To be responsible for collecting support and training materials, as identified by master trainers, from specified locations and keeping records on the use of these materials.
13. Be responsible for accounting for refreshment funds or any other funds allocated/received by me from my supervising master trainer or RYHDPC member.
14. Be willing to carry out any other related activity as determined by the RYHDPC.

ANNEX TWO

Administrative Duties MFMC Facilitators

Please discuss these steps with your Master Trainer or SMT!

Before the Session:

1. Assessing youth-friendly services – relationship building – *please ask your supervisor if this has been done in your area.*
2. Principal/community approval
3. Contact teacher selection
4. MFMC Sign-up, Participants sign-up form (PSUF)
5. Parental consent (optional)
6. Ordering supplies, Support Material Control Form (SMCF)

During the Session:

1. Participants Session Attendance Form (PSAF)
2. Pre and post test quiz
3. Use of MFMC materials
4. Session evaluation form (SEF), keeping track of sessions
5. Information and session completion form (I SCF)

After the Session:

1. Returning materials, Support Material Control Form (SMCF)
2. Accounting of Refreshments/Transportation, Consolidated Refreshment/ Transportation Receipt Form –Please discuss with your supervisor.
3. Post activities – consolidation of individual participants' action plans, function as resource person for participants after the training, maintain relationship with school and contact teacher

Other forms to be familiar with:

- Report-Feedback-Request Form (RFR)
- Contact Teacher Form
- Facilitator Evaluation Form (to be completed by supervisors)

Remember: Carbon Paper is Your Friend!!!



ANNEX THREE

Assessing Adolescent Friendly Health Services

Facilitators should assess the clinics, shops, centres and institutions which provide condoms (as an indicator of reproductive health services) in the area where they are implementing My Future is My Choice (MFMC). Facilitators must discuss the assessment with their master trainer before it is done. It is possible that assessments may have already been completed within an area, requiring no action on the part of the facilitator. The most important part of this exercise is to give facilitators the information about condom availability and adolescent friendly health services so that they can pass it on to their MFMC learners. The information gathered in this exercise is to be shared with the responsible government agencies.

Part One – To be completed by facilitators

An **Assessment of Adolescent Friendly Services** form has been developed for this exercise. See below.

Directions: Assess the services by having one boy and then one girl (ie. both should be 15 or 16 years of age) enter at different times (say one hour apart) at the clinic, shop, pharmacy, centre and/or institution to try to get free condoms or to buy a condoms. The people in the clinic, shop, centre or institution should not know that the young people using the service are doing an assessment. You should record your findings on how the young people were treated on the Assessment form. The original Assessment Form should then be sent to your Regional YHDP Committee.

Part Two – To be completed by Master Trainers

Participant Observation: Sometimes when you visit a service and ask the people working there how many young people use their service they will often say “plenty” or “quite a few”, etc., as they will not have any exact numbers. One way to determine if the service is being utilized by young people is to spend a day or two observing the clinic, centre and/or institution. This means placing yourself (or another volunteer) outside or inside the institution and then record the number of young people (male and female) who enter the facility. Please note that this technique is not very effective with shops. There is a space on the “**Follow-Up**” **Assessment of Adolescent Friendly Services** form (see page 33) to record information from this activity.

Part Three – To be completed by Master Trainers

Official Visit: Once the assessment has been done, master trainers should "officially" visit the clinic, shop, centre and/or institution. They should complete the “**Follow-Up**” **Assessment of Adolescent Friendly Services** form (see page 33) during this visit. During the visit, master trainers should explain what MFMC is, that MFMC will be implemented in the area, and that there may be an increase in the demand for condoms from young people. You should then ask for information on about how many condoms the clinic, shop, centre and/or institution clinic gives out/sells per month to young people. They do not have to be able to give you an exact figure, an estimate is fine, and you should explain that this figure is being used by the YHDP as a *baseline* figure for measuring the effectiveness of our programme this year.

You should then ask them if they believe they are providing a youth friendly service (information on HIV/AIDS, STDS, contraceptives, pregnancy, reproductive health, etc). You can then provide some feedback on the **Assessment of Adolescent Friendly Services** and the **participant observation** data on the clinic, shop, centre and/or institution. (**Note:** For shops the discussion should be specifically about access to condoms).

For the clinics, shops, centres and/or institutions that were assessed as being adolescent friendly, you should

congratulate the management of the clinic, shop, centre and/or institution. You should ask them if they are willing to keep closer estimates of the number of young people using their services and receiving condoms. You should ask if the clinic, shop, centre and/or institution would be willing to put-up a My Future is My Choice (MFMC) sticker at the entrance of their building and at the offices or locations where adolescent friendly services are being provided. If they are willing, this should be indicated on the **“Follow-Up” Assessment of Adolescent Friendly Services** form, including the number of stickers requested, and the number of stickers you provide to them.

Ask if the management members of the clinic, centre and/or institution if any of the staff would be willing to wear MFMC badges to indicate that they are adolescent friendly and can be approached by young people for information on reproductive health and access to condoms. Stress that it is important that individuals who agree to wear the MFMC badge make a commitment to provide the required services. (**Note:** As there are many service providers in a clinic, centre or institution, it is important to ask for the commitment of the management that all the service providers who wear that MFMC badge understand that they are asking young people to approach them for information on HIV/AIDS, STDs, reproductive health and access to condoms). You should indicate on the **“Follow-Up” Assessment of Adolescent Friendly Services** form the number of MFMC badges you have given out to the clinic, centre and/or institution (or the number you require to deliver at a later date). You should then request the names of adolescent friendly individuals at the clinic, centre and/or institution. Explain that you will be providing these names to the young people who will be going through the MFMC courses you will be facilitating.

You should explain to the clinic, centre and/or institution that some young people may be regularly collecting or asking for free condoms and that these same individuals may then be re-distributing (or even selling) these condoms to their peers. Explain that they should not be upset by this practise because it means that the condoms are getting into the community and to the young people who need them. Also discuss if the clinic, centre and/or institution would like to have young people come in and collect condoms which they could distribute to their peers in the community. You should also explore if the clinic, centre and/or institution would like some MFMC graduates to work with the clinic, centre and/or institution as peer educators or peer counsellors.

Please arrange for monthly follow-up visits with the clinic, centre and/or institution to discuss their on-going support and involvement in the GRN-UNICEF Youth Health and Development Programme. You should also collect the estimates on your indicators (number of young people visiting the clinic, number of condoms given out or sold, etc.) during these follow-up visits.

Part Four – To be completed by the Regional YHDP Committee

The Regional YHDP Committee, through their MOHSS members should be responsible for visiting the "unfriendly" clinics, shops, centres and/or institutions and discussing with the management how they could become more adolescent friendly. A *YHDP Report/Feedback/Request (RFR) Form* should be completed on this visit and copied to the regional and national partners responsible for the clinic, shop, centre and/or institution.

ANNEX FOUR

MFMC Sign Up Package

In some regions participants have been identified by principals. As most regions are now allocating one or two youth facilitators from a specific community to cover one school and the out-of-school youth in the same community, the YHDP programme would like to suggest that facilitators also “advertise” for participants to sign-up for MFMC. This should improve commitment. This advertising could be done by arrangement with the school(s), youth office(s), centre(s) and institutions where the facilitator is active.

The YHDP has developed the following package and process of signing up participants:

A. Advertising

(1) Sign-up Info. Posters: An A3 size poster has been developed and is being provided to the RYHDPC. The poster(s) should be put up a week in advance of the sign-up date. The location could be at a school (say the dining hall) or at a youth office or centre (**sample below**).

B. Sign-up

(1) Safer Sex Flyer: Large quantities of this flyer should be available and given away by the facilitator to interested young people.

(2) Sign-up Form: This form is used to sign-up participants for the programme. As the courses are divided into the 15-16 age group and the 17-18 age group, the facilitator may be able to have two courses at the same time (two session for each age group spread over five weeks) (**sample below**).

(3) Paper MFMC Caps: These are given out to each young person who signs up for the course, to be a walking advert for the programme.

(4) Parents MFMC Information Book: This booklet should be given out to young people who have signed up for the course to be given to their parents. It can also be given out to principals, teachers and other opinion leaders.

(4) Parents Consent Forms: For day students and out-of-school youth (depends on the region). It should be given out by the facilitator for the parent/guardian to give their consent (**sample below**).

(5) AIDS in Our Community - Namibia Version of the Soul City Magazine: To be given to the potential participant as part of the information package they take home to their parent or guardian. It can also be given out to principals, teachers and other opinion leaders.

C. Samples of Incentives (for/on display)

(1) MFMC Badge: Used by committee members, TOT/Senior Master Trainers, Facilitators, Youth Friendly Service Providers, and Participants as an advertisement of the MFMC Life Skills activity. This will be given out to participants who complete FIVE SESSIONS.

(2) MFMC Certificates: These will be given out at the end of the course for those participants who complete 9 MFMC sessions.

(3) MFMC T-shirt: These will be given out to participants who complete 10 sessions.

Sign Up for



SIGN UP INFORMATION

Location:.....

Date:.....

Time:.....

Contact: _____ at _____ on _____

Address: _____ Phone: _____

MFMC LIFE SKILLS SCHEDULE

Ages	<i>15-16 ages</i>	<i>17-18 ages</i>
Days		
Time		
Location		

Protecting Our Peers from HIV Infection
GRN/UNICEF Youth Health and Development Programme

Youth Health and Development Programme
My Future is My Choice
Participants Sign Up Form (YHDP-PSUF)

MFMC Course Schedule		
Ages	15-16	17-18
Days		
Times		
Place		

SIGN-UP LIST

(Please Compare Session Attendance List to the Sign up List)

No.	Names	Signature	Names	Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				

Protecting the Next Generation from HIV and AIDS
GRN/UNICEF Youth Health and Development Programme

Youth Health and Development Programme
My Future is My Choice
HIV/AIDS LIFE SKILLS TRAINING COURSE

Request for Parent or Guardian Consent

Dear Parent(s)

My Future is My Choice is a co-sponsored programme of the Ministry of Basic Education and Culture, Ministry of Youth and Sport, Ministry of Health and Social Services which has been developed in cooperation with the United Nations Children's Fund (UNICEF). It has been implemented since the middle of 1997 across Namibia. This year the Programme plans to go to scale and reach 40,000 young people between the ages of 15 - 18 years' old.

The aim of this programme is to give information and teach life skills to young people so they are able to make responsible choices and to secure for themselves a future which is free of unwanted pregnancies, sexually transmitted diseases, HIV/AIDS and alcohol/drug abuse.

The "My Future is My Choice Life Skills Training Course" will be conducted at the following location/place/venue _____, starting on, _____ by a trained facilitator, Ms/Mr. _____.

It will take place every _____ and _____ afternoon from _____ to _____.

The topics that will be discussed with the group are:

- Understanding my peers
- How does my body work?
- HIV/AIDS and risk reduction behaviour
- Decision-making
- Communication skills
- Exploring values
- Saying "NO" to sex
- Alcohol and drug abuse
- Planning our future

Your child, _____, has indicated that he/she wants to participate in this training course. We would like your permission for your child to participate in the training course. We believe that your support for this activity demonstrates to your child that you care about their future. We would like to ask you to please complete the attached form and have your child return it to the My Future is My Choice Contact Teacher, Regional Youth Officer or My Future is My Choice Facilitator before the date of _____.

If your child stays with you, will you please make sure that he/she attends each of the 10 sessions. In case he/she is really sick on a day the programme runs, will you please send a message to the school.

Yours sincerely,

Chairperson, Regional YHDP Committee/ Principal/ MFMC Contact Teacher

Youth Health and Development Programme

**My Future is My Choice
HIV/AIDS LIFE SKILLS TRAINING COURSE**

“Parent or Guardian Consent” Form

PERMISSION FROM PARENT(S)

I/We, _____ parent(s) / guardian of _____

(name of learner/out-of-school youth)

give permission that he/she may attend the programme at the school/venue on the days as indicated.

I/We shall do our best to make sure that he/she attends every session.

Signature(s) of parent(s)/guardian

Date

ANNEX FIVE

Youth Health and Development Programme

My Future is My Choice

Support Material Control Form_(YHDP-SMCF)

Request	Facilitator --->	Master Trainer--->		Committee Member/SMT
Name of Person Requesting			Name of Person Receiving Request	
Location and Address of Person Requesting			Location and Address of Person	
Date of Request			Date Request Received	
Date Materials Needed				
Signature			Signature	
Receipt	Committee Member/SMT	Master Trainer		Facilitator
Name of Person Issuing Materials			Name of Person Receiving Materials	
Location and Address of Person Issuing Materials			Location and Address of Person Receiving Materials	
Date Materials Issued (MT Receive/Issue)			Date Materials Received	
Signature			Signature	

Items (Please write in the item - i.e. notebooks, pens, work books, badges, certificates, , sign up posters, Parents Info. Booklet, paper caps, stickers, etc.)	Quantity Requested	Quantity Issued	Quantity Received	Initial Receipt

Comments:
Please make **two copies** of this Form (use carbon paper). **The original**, after the materials have been delivered to the facilitator by the MT/SMT, should be returned to the Regional YHDP Committee by the MT/SMT, and put on file. The facilitator and MT/SMT should each keep a copy (on file). **Note:** Facilitators will have to use this form at least twice for every course they undertake in a year.

Youth Health and Development Programme

My Future is My Choice

Support Material Control Form_(YHDP-SMCF)

Request	Facilitator	Master Trainer			Committee Member/SMT
Name of Person Requesting	Paul Peters	John Mtopa		Name of Person Receiving Request	Sharon Shilongo
Location and Address of Person Requesting	Damara Sr. Sec. Sch. c/o MYS Box 474 Omaruru	c/o MYS Box 474 Omaruru		Location and Address of Person	YHDP Office c/o MBEC, Box xxxxx Swakopmund
Date of Request	06/04/99	10/04/99		Date Request Received	14/04/99
Date Materials Needed	30/04/99	25/04/99			
Signature	PPeters	JMtopa		Signature	SShilongo
Receipt	Committee Member/SMT	Master Trainer			Facilitator
Name of Person Issuing Materials	Sharon Shilongo	John Mtopa		Name of Person Receiving Materials	Paul Peters
Location and Address of Person Issuing Materials	YHDP Office c/o MBEC, Box xxxxx Swakopmund	c/o MYS Box 474 Omaruru		Location and Address of Person Receiving Materials	Damara Sr. Sec. School c/o MYS Box 474 Omaruru
Date Materials Issued (MT Receive/Issue)	18/04/99	26/04/99	29/04/99	Date Materials Received	29/04/99
Signature	SShilongo	JMtopa	JMtopa	Signature	PPeters

Items (Please write in the item - i.e. notebooks, pens, work books, badges, certificates, , sign up posters, Parents Info. Booklet, paper caps, stickers, etc.)	Quantity Requested	Quantity Issued	Quantity Received	Initial Receipt
Note Books	20	20	20	PP
Pens	20	20	20	PP
Participants Work Book	20	20	20	PP
Sheets of Flip Chart Paper	40	50	50	PP
Tape	1	1	1	PP
Black Markers	2	2	2	PP
Session Evaluation Forms	26	26	26	PP
Male Reproductive Organs Poster	1	0	0	---

Comments: Reproductive organ posters out of stock. Expected next month. Please draw them. Extra flip chart paper provided. SS

Please make **two copies** of this Form (use carbon paper). **The original**, after the materials have been delivered to the facilitator by the

MT/SMT, should be returned to the Regional YHDP Committee by the MT/SMT, and put on file. The facilitator and MT/SMT should each keep a copy (on file). **Note:** Facilitators will have to use this form at least twice for every course they undertake in a year.

ANNEX SIX: Facilitators, please note that the three forms contained in this annex, the Participant Session Attendance Form, the Session Evaluation Form, and the Information and Session Completion Form must be filled out at every MFMC session.

**Youth Health and Development Programme -- My Future is My Choice
Participant Session Attendance Form (YHDP-PSAF)**

REGION _____ CITY OR
TOWN _____

NAME OF SCHOOL _____ NAME/SIGNATURE OF
PRINCIPAL _____

LOCATION OF TRAINING _____ NAME / SIGNATURE OF SITE
CONTACT _____

FACILITATOR'S FULL NAME _____ SUPERVISING MASTER
TRAINER _____

No	Full Name of Participants (Please print)	F/M	Age	Grade	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	Total Sessions Done	Signature Refreshment Receipt
					Date	Date	Date	Date	Date	Date	Date	Date	Date			
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																
13																
14																
15																
16																
17																
18																
19																
20																
21																
22																

Conditions of the YHDP Programme (1) Participants should be between 13-18 years old (up to 25 for out-of-school youth). (2) They can be all in-school or out-of-school. (3) A group should not be larger than 22 and must have a minimum of 20 participants to start the sessions. (5) After the programme has started, no new participants should be admitted to the group. (6) If a participant decides not to finish the programme, s/he must tell the Facilitator. (7) Only participants who attended nine sessions qualify for certificates. (8) Only participants who attended ten sessions qualify for a T-shirt.

YOUTH HEALTH & DEVELOPMENT PROGRAMME
Information and Session Completion Form (YHDP-ISCF)
For “My Future is My Choice” Implementation

1. School/Venue Information:

- 1.1 Name of school/venue:
- 1.2 Address:
- 1.3 Telephone No:Fax No:
- 1.4 Name of principal/venue supervisor:
- 1.5 Names of contact teacher/ youth officers:

2. Facilitator Information:

- 2.1 Name and surname:
- 2.2 Ministry/NGO:
- 2.3 Postal address:
- 2.4 Telephone No: (w) (h)

3. Report on MFMC Sessions

Session	Date	Time	Signature Facilitator	Signature Principal , Contact Teacher, Venue Supervisor, Youth Officer	Comments
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

4. Declaration by Principal or Contact Teacher/ Venue Supervisor/ Youth Officer and Facilitator:

We hereby declare that:

- 4.1 All information given on this form is correct.
- 4.2 The parents/guardians of school participants have agreed in writing that they may participate in the program.
- 4.3 All conditions for presenting the programme are adhered to.

Signature: Principal, Contact Teacher, Venue Supervisor, Youth Officer:.....

Signature: Facilitator:

Date:.....

ANNEX SEVEN: Facilitators, please note that this quiz must be given at the end of Session 1 and again at the end of Session 9.

YOUTH HEALTH AND DEVELOPMENT PROGRAMME

**“REVISED” PRE + POST TEST QUIZ
“My Future is My Choice”**

No.	Statement	True	False
1.	You can have HIV through mosquito bites.		
2.	You can get HIV, the AIDS virus, the first time you have unprotected sexual intercourse.		
3.	People with HIV can look healthy for more than 10 years.		
4.	A boy’s penis needs to be inside a girl’s vagina for her to become pregnant.		
5.	HIV can be transmitted from mother to child through breastfeeding.		
6.	The only way to know you have HIV, is to get yourself tested.		
7.	STD’s increase the chances of getting HIV.		
8.	Traditional healers can cure HIV or AIDS.		
9.	You can get 10 free condoms per visit at a local health clinic or hospital.		
10.	The most common route for HIV infection is through sexual intercourses.		

Age		School/Venue	
Sex		Region	

Pre test		Post test	
----------	--	-----------	--

Date:

FACILITATOR NOTE: This test should be conducted in *Session One* and again in *Session Nine*. The Group Scores should be consolidated and forward to your supervising Master Trainer.

NOTE: This is a revised quiz. **DO NOT** mix the results of the revised test with the results from the old quiz when you are compiling.

ANNEX EIGHT

My Future is My Choice

Graduate's "Action Plan"

My three Month Action Plan:

I _____ being of healthy body and mind, do hereby declare my
(Print Full Name)

intention to achieve the following Action Plan on or before _____
(Date at the End of the three Months)

Under my Work Plan I will complete the following activities:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Graduate Signed: _____ Date: _____

Witness Signed: _____ Date: _____

Witness Name: _____ Witness Title: _____

Location: _____

Please use carbon paper and make a copy. The facilitator will use the copy to follow up on the graduate. A consolidated report on the activities planned by the course graduates (based on their work plans) will be sent to the Regional YHDP Committee by the facilitator. The committee will use the report to plan for additional technical and material support.

ANNEX TEN

Male reproductive organs

HOW THINGS LOOK ON THE OUTSIDE

Pubic hair Grows around the penis after puberty.

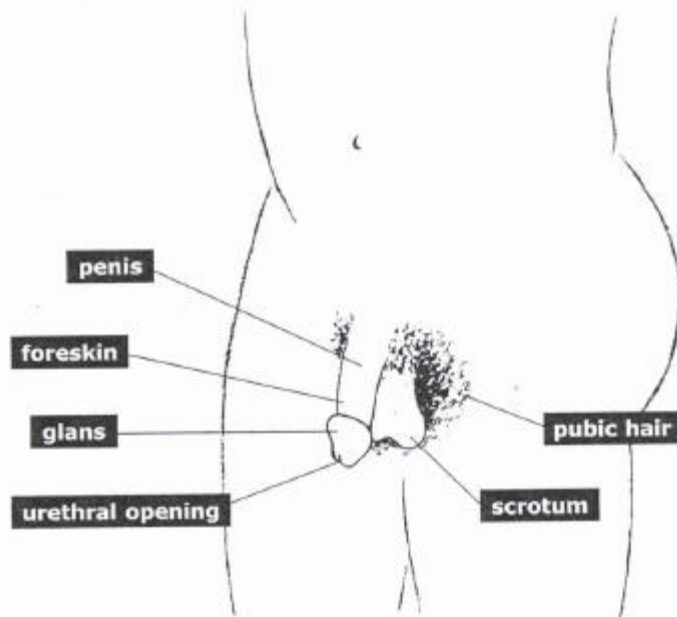
Penis Made up of spongy tissue. Normally soft, but fills up with blood and becomes stiff (erect) when a man is sexually excited.

Foreskin Small piece of skin which covers the glans. It is removed when a man is circumcised.

Glans Head of the penis. Sensitive to touch.

Scrotum Sac that holds the two testicles.

Urethral opening Opening through which urine and semen pass. Unlike women, men have the same opening for urine and sexual fluids. It is not possible for urine to pass through the urethra at the same time as semen is being ejaculated.



HOW THINGS LOOK ON THE INSIDE

Urethra Tube through which urine and semen (including sperm) pass out of the body.

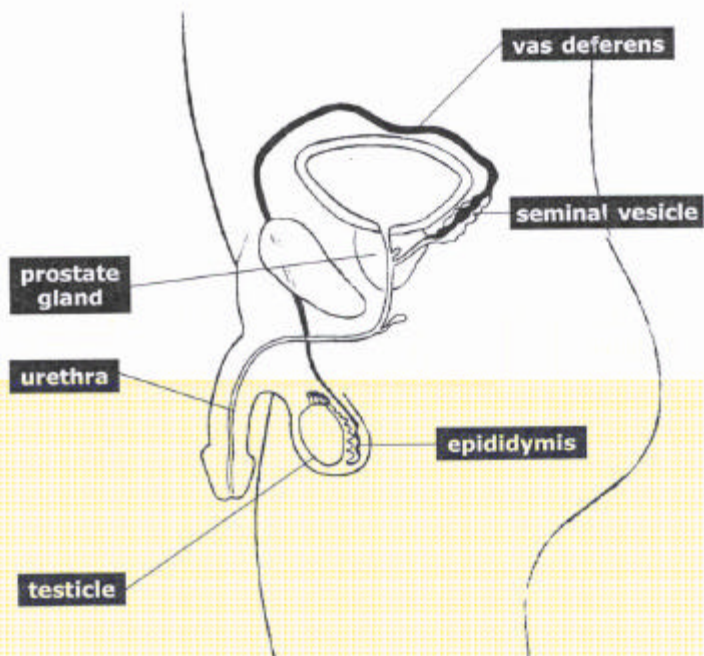
Vas deferens Tube that carries sperm from the testicles to the urethra before the man ejaculates.

Seminal vesicle Small sac at the back of the prostate gland where the thick milky fluid in semen is produced.

Prostate gland Small gland which produces a thin fluid that forms part of the semen.

Testicles Glands (which feel like two small balls) which produce sperm and the male sex hormone.

Epididymis Area where sperm are stored in the testicles.



Female reproductive organs

Pubic hair Grows around the vulva after puberty.

Vulva The different parts of the vulva make up the woman's outside reproductive organs:

Outer labia Two folds of skin which protect the vulva.

Inner labia Two smaller folds of skin which lie between the outer labia.

Clitoris Small bump at the top of the inner labia, filled with nerve endings. It is very sensitive to touch. Stimulating the clitoris can be pleasurable and lead to orgasm.

Urethral opening Small opening below the clitoris through which urine passes out of the body

Vaginal opening Opening below the urethral opening and above the anus. It leads to the vagina, cervix and uterus. It is through the vaginal opening that menstrual blood passes out of the body, the penis may enter during sex, and babies are born.

Anus Opening between the buttocks and below the vulva. Faeces (body waste) leave the body through it.

Vagina A moist tube of muscle, normally about 8cm long, which connects the vulva to the inner reproductive organs. It is very flexible. It secretes slippery mucus during sexual arousal.

Cervix Mouth of the uterus, connecting it to the vagina. It has a very small opening and is kept moist by mucus. A woman can feel her cervix by putting two clean fingers into her vagina and reaching up and forward. The cervix feels round, hard and smooth, with a small bump in the middle.

Uterine (fallopian) tubes Two tubes that connect the uterus to the ovaries. An egg is released from one of the ovaries each month, and passes along a uterine tube into the uterus.

Ovaries Two glands, one at the end of each uterine tube, which produce eggs and female sex hormones.

Uterus (or womb) Hollow sac of muscle, shaped like an upside-down pear, where an embryo develops into a baby during pregnancy.

The vagina and cervix are the **lower reproductive tract**.

The uterus, uterine tubes and ovaries are the **upper reproductive tract**.

HOW THINGS LOOK ON THE OUTSIDE



HOW THINGS LOOK ON THE INSIDE

