

Preventing Risks To Our Future

Facilitator's Guide for Video



KNOW
YOURSELF

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*denotes an activity

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*denotes an activity

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Adolescent Reproductive Health Working Group

Dhaka, Bangladesh

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Note to Facilitators

This guide will help you facilitate a two- to four-hour group discussion, or a one- to two-day workshop using the third package of the "Know Yourself" series, "Preventing Risks to Our Future." The group discussion or workshop will address HIV/AIDS and other sexually transmitted infections (STIs), and prevention of these infections. There is a specially written Question & Answer booklet entitled "Preventing Risks to Our Future: HIV/AIDS and other Sexually Transmitted Infections" for this workshop. Other materials in the "Know Yourself" series cover puberty, conception, and family planning and can be used with this manual.

HIV/AIDS and STIs are sensitive topics and it will be helpful to have the support of parents, community leaders, and service providers before the workshop begins (see Materials for the Facilitator, page 63). You may want to meet with these people before the group discussion or workshop to talk about the workshop content and structure.

The ideal group for a discussion or workshop has:

- Both boys and girls.
- Minimum of 15 participants and maximum of 20.
- At least two facilitators, one male and one female.

Puberty is the period of becoming first capable of reproducing sexually, usually between 8 and 15 years of age, marked by maturation of genital organs, including onset of menstruation in females and sperm production in males, as well as the development of secondary sex characteristics.

Adolescence is the stage of life from onset of puberty to the beginning of adulthood, from approximately 10 to 19 years of age. It is the process of growing up, both physically and emotionally. This transition time between childhood and adulthood can be a challenging time for a young person and for his or her family.

In these materials, "young adolescent" means a person between the ages of 10 and 14. "Older adolescent" means a person between 15 and 19. These ages are meant only as general guidelines – a 13-year-old may be as physically and emotionally mature as an older adolescent; or a 16-year-old may still be immature and more like a young adolescent.

Workshops

A longer workshop of one or two full days will allow the group to do more name games and icebreakers, watch the video, and replay some of the segments as needed for discussions. The group will also have time to do some of the activities during the session, as well as a concluding activity. These activities help participants learn and process the material presented in the videos. The two-day workshop schedule (page ix) includes in-depth discussion of each topic in the video and includes time for most of the activities in this facilitators' guide. The one-day workshop schedule (page x) includes discussion of each topic in the video and several activities from this facilitators' guide.



Using other "Know Yourself" materials

There are four videos with facilitators' guides in the "Know Yourself" series. The other materials in the series can be used in a workshop with adolescents, along with "Preventing Risks to Our Future." Many adolescents do not fully understand puberty, attraction, conception and family planning, and will benefit from seeing and discussing the other adolescent reproductive health (ARH) videos and booklets entitled: "It's My Puberty," "New Feelings, New Passions," and "Preparing for Marriage."

If you are planning a two-day workshop and want to use two videos, use the one-day schedule for "Preventing Risks to Our Future" and the one-day schedule for the other video. Similarly, if you are planning a one-day workshop and would like to show two of the videos, use the 4-hour schedule for "Preventing Risks to Our Future" together with the 4-hour schedule for the other video you would like to show. Review the schedules and make adjustments as necessary before the workshop begins.

Note: In the question/answer sessions, some sample answers are given below each question. These are only examples of things participants might say. The facilitator should not read these answers to the participants. Participants should come up with responses themselves.

All facilitators should go through a training of facilitators on the use of this manual, especially if they are not experienced life skills facilitators.



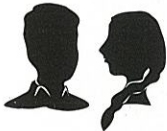
Icons

The following icons are used in this facilitators' guide:



Video (VCR Timecode 00:00-02:32 or VCD Tracks 1 and 2)

The TV icon indicates a video or VCD segment. The timecode or track number for the video segment is given. Be sure that the timer on your video player is set to 00:00 at the beginning of the video, so that you can find video segments easily using the timecodes. If you are using a VCD player, select a track number to get to a particular section of the VCD.



Discussion

The icon of two people talking indicates a discussion guide. The discussion guide gives questions to discuss with the group. Facilitators may choose to add their own questions depending on the needs of the group.



Activity

The icon of gears working indicates an activity. Facilitators may choose from the activities in this guide, and may add other activities for the group.

Video Timecodes or VCD Tracks

Before you start the videotape, be sure that the timer on your video player is set to 00:00 when the videotape is rewound to the beginning. This will make it easier to find particular segments of the video that you want to replay before a discussion.

Video Timecodes	VCD Track	Description
00:00		Beginning of video
00:00-01:34	1	First verse of theme song
01:34-02:32	2	Introduction to adolescent workshop
02:32-02:39	3	Preventing risky behavior
02:39-05:43	4	Premarital sex
05:43-06:56	5	Second verse of theme song
06:56-07:00	6	Preventing disease transmission
07:00-13:14	7	Drug addiction
13:14-13:22	8	Need for support
13:22-18:58	9	Adolescent health services
18:58-19:54	10	Conclusion of adolescent workshop
19:54-22:15	11	Third verse of theme song
22:15		End of video

Suggested Schedules

Workshop (2 days)

The two-day workshop is the preferred schedule to get the most out of the video and activities.

Time (min.)	Activity
DAY 1	
10	Introduction and pretest
15	* Space On My Right OR Balls in the Air
30	* Draw This
10	Hopes and Fears
22	Watch " Preventing Risks to Our Future " video
10	Morning break
8	Replay first part of video (01:34-05:43)
15	Discussion: premarital sex
60	* Roles of Boys and Girls
30	Lunch Break
40	* Love Is OR My Limits
20	Discussion: negotiation and refusal skills
60	* The Right Response OR Let's Have Some Fun
15	Discussion: risk assessment
10	Afternoon break
45	* Consequences
20	Discussion: abstinence and unwanted pregnancy
40	* Consequences of Early Pregnancy OR What We Would Do
DAY 2	
30	* Family Reunion
16	Replay second part of video (06:56-19:54)
60	* Risk Situations
10	Morning break
10	Discussion: preventing disease transmission
60	* Wildfire
30	Lunch break
40	* Myths and Facts OR Rating Behaviors for HIV Risk
30	* Difficult Task
10	Discussion: need for support
10	Afternoon break
70	* Someone Like Me
15	Discussion: key messages
5	Discussion: hopes and fears
10	Posttest
20	*Imaginary Gifts

*denotes an activity

Workshop (1 day)

Time (min.)	Activity
10	Introduction and pretest
15	* Space on My Right OR Balls in the Air
22	Watch " Preventing Risks to Our Future " video
8	Replay first part of video (01:34-05:43)
15	Discussion: premarital sex
10	Morning break
40	* Love Is OR My Limits
20	Discussion: negotiation and refusal skills and risk assessment
60	* The Right Response OR Let's Have Some Fun
10	Discussion: abstinence and unwanted pregnancy
30	Lunch break
30	* Draw This OR Family Reunion
16	Replay second part of video (06:56 19:54)
20	Discussion: preventing disease transmission
40	* Myths and Facts OR Rating Behaviors for HIV risk
10	Afternoon break
60	* Wildfire OR Risk Situations
10	Discussion: need for support
10	Posttest
20	* Imaginary gifts

A full day workshop will allow the group to watch the video and to replay some of the segments as needed for discussions. The group will have time to do many of the activities during the session, as well as a concluding activity.



* denotes an activity

Group discussion (4 hours)

Time (min.)	Activity
10	Introduction
15	* Space on My Right OR Balls In the Air
22	Watch " Preventing Risks to Our Future " video
10	Break
35	Discussions: negotiation skills, risk assessment, abstinence
10	Break
40-60	* The Right Response OR Consequences of Early Pregnancy
30	Discussions: preventing disease transmission, need for support
40-60	* Wildfire Or Myths and Facts OR Rating Behaviors for HIV Risk
10	Conclusion

In a four-hour (half-day) group discussion, facilitators will have time to watch the video and do several activities.

Group discussion (2 hours)

Time (min.)	Activity
10	Introduction
15	* Space on My Right OR Balls In the Air
22	Watch " Preventing Risks to Our Future " video
10	Break
35	Discussions: negotiation skills, risk assessment
10	Conclusion

In a two-hour group discussion, the group can watch the video and discussion it in detail. There won't be time to do extra activities. It's important to start with a name game or icebreaker so that participants get to know each other and become comfortable talking with each other.

*denotes an activity

Part 1:

Brief Guide to Facilitating

Different groups of adolescents will have different needs, skills, and challenges. You've been chosen and trained to be a group discussion leader or facilitator because you know how to work with young people. This guide is based on participatory methods that involve individuals in a process from beginning to end. The process of coming to a conclusion – of examining a question, presenting arguments, listening to different opinions, and considering alternatives – is just as important as the conclusion itself.

Traditional teaching is different from facilitation. A teacher has knowledge to impart to students. A facilitator helps a group of participants – each of whom has a unique perspective and experiences to offer – to gain knowledge and skills through an active learning process. This guide and video encourage you to use participatory activities to help participants learn how to prevent risks for STIs including HIV/AIDS. However, a lot depends on you! You will set the tone of the event, and participants will look to you to guide them through the discussions and activities. You can correct misconceptions and bring accurate content into the process at the right time. A good facilitator:

- Trusts participants and their abilities.
- Is patient and is a good listener.
- Is confident but not arrogant or dominating.
- Encourages discussion.
- Respects others' opinions and does not impose ideas.
- Is organized, but flexible in changing methods and sequences.
- Is enthusiastic about the topic and the participants.
- Keeps promises to the group – to let a participant speak, to take a break, to finish on time.
- Can deal with emotions when necessary.

Body Language

Your body language will help you effectively facilitate the group. For example, looking attentively at someone while they're talking and nodding makes them feel their contribution is important, and encourages them to participate. Looking away from someone or turning away from him or her effectively tells the person not to talk or not to participate. People often feel more comfortable speaking if they're close to the facilitator. During the workshop, try to sit or stand in different areas of the room so that you're close to different participants and encourage them to talk – but always face the person to whom you're speaking.

Group Dynamics

People behave differently in groups than they do in pairs or alone. Some people like to dominate groups and talk a lot; others prefer to say nothing. In this regard, adolescents are the same as adults. As a facilitator, you need to be careful to monitor the group dynamics, and to step in (subtly or more overtly) when necessary, without being intimidating. For example, if someone is monopolizing a discussion, you can smile at the monopolizer and say, "we have listened to you so far, shall we listen to others as well? If we hear some other opinions from the group, you'll get some more ideas to think about." Always remember that adolescents can be very sensitive and emotional. Facilitators should be careful not to hurt participants' feelings.



Avoiding Yes/No Questions

Yes/No questions don't give us much information and don't encourage discussion. Try to rephrase questions to be open-ended to encourage participants to talk and discuss an issue. Open-ended questions often begin with words like "How," "What," "Why," or "Tell me."

For example:

Yes/No question: *Has your mother talked with you about HIV/AIDS?*

Participant dutifully answers "yes" or "no", but we still don't have much information.

Better question: *What has your mother told you about HIV/AIDS?*

Participant: "She told me that... but my friend told me that..." (more information).

Visuals

Using a flipchart or blackboard to write ideas the group comes up with helps the group process. By putting these items in writing, they become the "property" of the group – not just "Sanjeeda's idea" – and group members can refer back to them after the conversation has passed on to another topic. Facilitators can keep written materials posted on the wall throughout the workshop, so that participants can see what they've learned and make the workshop space their own by "decorating" it with the results of their activities.

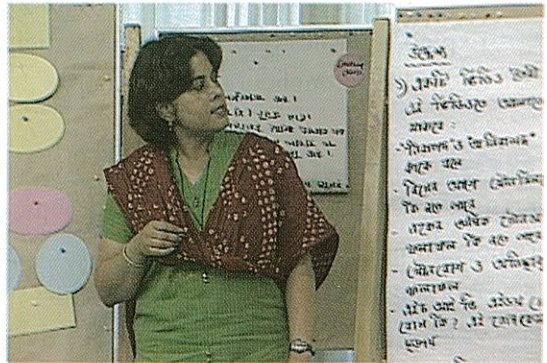
Writing Cards

Many of the activities in this guide ask the facilitators or participants to write on cards, which are then put up on a board or flipchart. Get some cards on light colored paper to use during the workshop (approximately 20cm x 10cm). Cards of these specifications are available and inexpensive.

The Rules of Card Writing are:

- **Write only one idea per card** so that it's possible to group similar ideas together.
- **Write only three lines per card.**
- **Use key words** instead of full sentences.
- If English is used, **use both upper and lower cases.**
- **Write legibly with large, thick letters** so that words can be read from 8m.
- **Follow color and shape codes.** Use different sizes, shapes, and colors of cards to creatively structure the results of discussions.

Make some cards with a brief form of the Rules of Card Writing (just the bold words, above). Explain the rules of card writing to the participants as you pin the cards in a location that will be visible throughout the workshop.



Mini-Dramas

Many of the activities in this guide ask the participants to act out mini-dramas.

The **Rules of Mini-Drama** are:

- **Discuss the situation** in a group.
- **Agree on a story line.**
- **Agree on who does what.**
- **Involve everyone.**
- **Rehearse.**
- **Act out in plenary.**



Make some cards with a brief form of the Rules of Drama (just the bold words above). Explain the rules of drama to the participants as you pin the cards in a location that will be visible throughout the workshop.

Group Work

Groups can work in pairs, same-sex groups, small groups, individually, or in the plenary (whole group).

- Working in pairs is a good way to make ALL participants talk and get to know each other.
- Same-sex groups allow participants to talk with their peers about sensitive topics that they might be unwilling to discuss in mixed groups.
- Small group work is helpful when a workshop has many participants, so that everyone has a chance to talk in a group.
- The plenary is a good place to introduce a topic and to summarize discussions.

Summarizing Discussions

After each discussion of the video or discussion of an activity, facilitators should summarize aloud the main points of the discussion for the participants. During the discussion, facilitators can jot notes on flipchart paper within view of the participants, and use these notes to give the summary. If a participant feels that an issue is missing from the summary, he or she can make the point and request that it be added to the summary.

Variety

Plan ahead and decide which activities you want to do during a workshop. Plan a variety of activities to keep participants energetic, but don't wear them out. Be sure to schedule a break every so often to give participants a chance to use the restroom, drink water, have a snack, walk around, etc.

Non-Literate Groups

Some or all of the participants you work with may be non-literate, in which case you'll need to adapt a few of the activities that require participants to write. When working with non-literate groups, be sure that the instructions are clear before starting. Do not ask more than two or three questions at the end of each activity. Do be sure to capture the group's responses on flipchart paper, to help you summarize their discussion aloud at the end of the activity.

Designing a Workshop

A one- or two-day workshop will be much more helpful for participants than a shorter group discussion. The participants will get more out of the experience if they have plenty of time to discuss the issues presented in the videos and to speak freely. Facilitators should do the shorter sessions only if no other option is available.

Facilitators should think carefully about the participants, and design the workshop to best suit the participants' needs. This guide includes a variety of activities, some of which may not be appropriate for the group of participants with which you're working. Be flexible in your approach, and if you find that things are not going well – for example, participants aren't comfortable talking, the activities are too low energy, there's too much small group work, etc. – adjust the schedule or format of activities, and see if participants' responses improve. If participants are very uncomfortable talking in mixed groups of boys and girls, facilitators may decide to work in same-sex groups to put the participants more at ease.

Sensitive Language

The "Preventing Risks to Our Future" video, booklet, and several of the discussions and exercises in this facilitators' guide use words that may embarrass participants or make them feel awkward at first. It's important for participants to talk about these issues and discuss them, but they may feel uncomfortable using these words. Facilitators should not immediately force the participants to use these terms, but rather let the participants get used to using these words and talking about these subjects as the workshop progresses. This may be the first time the participants have ever used these words in a conversation with an adult or in a group! Some participants may prefer alternative terms (slang, euphemistic or

indirect terms) for the sensitive words that are used in the "Preventing Risks to Our Future" package, which is fine. In fact, these terms may be the only ones they know – they may have never heard the "scientific" words used in this package and may not know their meanings. It is much more important for the facilitators to establish a trusting environment with the participants than to force them to use "correct" terminology. Facilitators themselves may choose to use some slang or indirect terms that the participants use, especially at the beginning of a workshop, to establish rapport. Facilitators should keep in mind that slang terms can lead to miscommunication. As the workshop progresses and participants feel more at ease and open to new ideas, facilitators can gently encourage the group to learn and use the more precise "scientific" terms used in this package.

Arranging the Workshop Space

Arrange the room for the workshop so that everyone can see and hear each other. Each participant should feel that he or she is an equal part of the group. Sitting in a circle or semi-circle during full-group activities is a good way for participants to feel included and important. Before the workshop, check all the video equipment that you plan to use and make sure it works properly. Be sure you have enough of all the materials you want to give the participants. Place a box, pen, and paper in the room for the anonymous question box.

Teamwork

When there are two facilitators, they should take turns leading activities. Facilitating can be exhausting and it's helpful to share the load. Also, it's helpful for one facilitator to step back and watch the group interact while the other facilitator is leading an activity, to become aware of group dynamics and to capture points for follow-up.

Evaluation

Evaluation will help you determine what the participants have learned – both knowledge and skills – and how their attitudes have changed. A brief survey before the workshop starts will also help you know ahead of time what the participants know and feel before they begin the workshop, so that the activities can be best suited to their needs and interests. If you are doing a one- or two-day workshop you can ask participants to complete a brief survey before the workshop begins (pretest), and then respond to another after the workshop ends (posttest). (See pretest on page 65 and posttest on page 67.)

You can also ask participants to evaluate each activity after it's completed by asking them to hold up their hands if they liked the activity. This quick evaluation of an activity lets you know immediately how well the activity worked, and tells the participants that their feedback is important to you.

Be Prepared

It is essential that you spend some time familiarizing yourself with the materials, discussions, and activities, well before the workshop begins. Be sure you watch the video at least once, and that you understand everything that's mentioned in the materials. If you haven't facilitated an activity before, try it out first with co-workers, family, or friends, so that you know how to facilitate the activity.

Try to find out as much as you can about the participants you'll be working with. This will help you design the most appropriate workshop, and choose the best style of language to use with the group.

In this facilitators' guide, there are suggestions for how much time to spend on the individual steps in the activities. These suggested times can help you keep an activity on schedule. Be sure you don't allow one part of an activity, like a small group discussion or rehearsal of a drama, to take so much time that you're not able to finish the rest of the activity, or you have to rush through the discussion questions. All instructions should be shared with participants before each session and written on a flip chart or cards.

Talking about STIs including HIV/AIDS

Sexually transmitted infections including HIV/AIDS are very sensitive topics, and require the facilitator and participants to talk about sex and contraception. Some facilitators may feel that by talking about sex and contraception with young people, they are encouraging young people to have sex. Research shows that, on the contrary, talking with adolescents about these topics and giving them the facts and consequences encourages them to delay sex and to consider abstinence. Facilitators should not assume that participants are or are not having sex. You can tell the participants that most people eventually have sexual intercourse after they are married, so it's important to know about these issues.

Avoid talking about your personal values and your personal experience. Let participants decide for themselves. Say things like, "If a couple goes to a family planning clinic..." or "When two people decide to have sex..." or "One of the problems I've heard about this is..." Try to avoid saying things like, "When you go to the family planning clinic..." or "I don't think you should..." Sharing your personal sexual experience with the group is inappropriate. Help the participants reach their own conclusions by giving them facts about STIs including HIV/AIDS, sex, and contraception, and reinforce the concept that people who choose to have sexual intercourse should act responsibly.

Dealing with Emotions

Participants may get emotional during the workshop. Facilitators need to be able to deal with emotions if they get out of hand, so that the emotions do not escalate and destroy the

group process or cause undue stress for a participant. Some ways for a facilitator to deal with emotions are: moving the discussion away from an upsetting topic, relating an anecdote, moving on to a new activity, or taking a break.

Emotions may surface because two (or more) participants disagree with each other or with a facilitator, or because a participant feels uncomfortable with a topic or activity. If two participants disagree with each other, facilitators should try to help them work through the disagreement by allowing both participants to give their points of view and encouraging participants to find their own solution.

Participants may be upset by some of the topics in the workshop. They may have doubts about themselves or may feel uncomfortable talking about issues related to sex with other adolescents. The discussions and activities may remind them of uncomfortable situations they've been in before the workshop, at home or at school. If a participant is upset by an activity or by content in the workshop, a facilitator should try to talk with the participant (in private) and find out what is uncomfortable and why. The facilitator may suggest that the participant step outside of the workshop space. This allows the participant to separate from the stressful environment and get composed. The facilitator should not force the upset adolescent to talk about what's upsetting him or her in front of peers.



Introduction

Welcome the participants

Introduce yourself briefly. Share some details about the workshop with participants such as the purpose of the workshop, schedule information, location of the restrooms, eating times, etc.



Pretest (for one- or two-day workshops)

Make sure each participant has a pen or pencil. Distribute the pretest (page 65) to participants and ask them to fill it out by themselves – they should not help each other fill out the pretest. Facilitators should collect the pretest before starting the workshop, but should not go over the answers with the participants. The questions will be answered in the course of the workshop.



Activity: Name Games

It is very important that the participants know each other's names and that the facilitators know the participants' names.

- Space on My Right
- Balls in the Air

SPACE ON MY RIGHT

Objective: To learn each others' names

Time: 15 minutes

Materials: None

Steps

1. Participants and facilitators should sit in a circle. Leave an empty chair to the right of one of the facilitators. (If there are no chairs available mark the spot in some way, for example with chalk.) To demonstrate the game, the facilitator calls out the name of one of the participants and asks him/her to come forward to occupy the empty chair. (3 minutes.)
2. Go around the circle and ask each participant to state his or her name.
3. The person with an empty chair to the right then says, "I would like [insert name of a participant] to come sit on my right". That person moves and now there is an empty chair where that person was.
4. The person to the left of the empty chair calls the name of a different person to come sit on his or her right. Encourage everyone to move quickly as the game is more energetic and fun when it is faster.
5. Continue until everyone has moved once. (10 minutes)

BALLS IN THE AIR

Objective: To learn each others' names

Time: 15 minutes

Materials: Three light rubber balls or balls made out of paper and tape

Steps

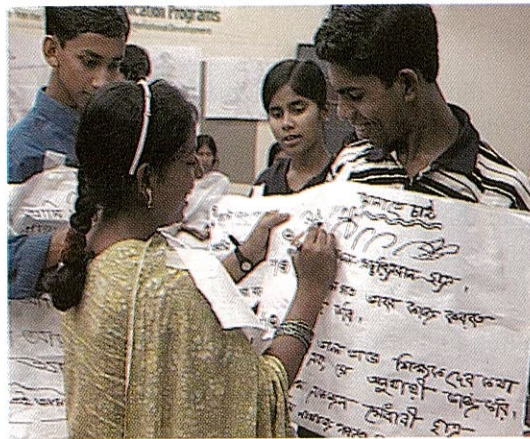
1. Participants and facilitators should stand in a close circle. Go around the circle and ask each person to say his or her name. Tell the participants that a ball will be passed to everyone in the circle and that each person should remember to whom they threw the ball.
2. The facilitator starts by throwing a ball to someone in the circle and saying the person's name while throwing the ball.
3. The person with the ball should throw it to someone else and say that person's name. The third person should throw it to another person and say that person's name, etc., until each person has caught and thrown the ball. The last person to catch the ball should throw it back to the facilitator.
4. If participants are having lots of fun with this activity, facilitators can then start one ball in the pattern, then start a second ball. If the group does well with two balls in the air, start a third ball. Keep going in the pattern.



Activity: Icebreakers

The topic of this workshop, STIs including HIV/AIDS, is very personal. Doing physical activities that require participants to move around and interact with each other will help them feel closer to each other and more willing to talk. Facilitators may choose to do one or both activities.

- Draw This
- Family Reunion



DRAW THIS

Objective: To understand what helps and what prevents good communication

Time: 30 minutes

Materials: Paper and markers or pens

Steps

1. Divide the plenary into groups of five or six people and have each group sit in a line. Tell them that this is a communication game, and that you will tell the first person in the line what to draw. That person will tell the next person, who will tell the next person, etc. until the last person hears and draws the picture. The first team to draw the picture correctly wins. Give the last person in each line a piece of paper and pens or markers with which to draw.
2. Ask the first person in each line only to come forward for instructions on what to draw (look below for an example). Each group will be given the same instructions on what to draw.
3. The first person in each line should then return to his/her team and tell the 2nd person in the line what to draw. The 2nd person should then tell the 3rd person, who tells the 4th person, who tells the last person. The last person draws a picture of what he/she thinks he/she heard.
4. After each round ask the first person in line to move to the back of the line so he/she is now the one who draws the picture. Each person on a team should have a chance to draw a picture. (Steps 1-4 should take 20 minutes.)
5. In plenary, compare the drawings using the discussion questions below.

Discussion (10 minutes)

1. Which team got closest to the original description? How did the drawings compare to the description? What went wrong with the communication? (failure to listen carefully, memory weakness, speaking too quickly, etc.)
2. How can communication be improved?

Notes

An example of a drawing could be:

"Draw two men walking with their bicycles along the left side of a street next to a school. From the opposite direction, two buses are coming towards them, one is a double-decker bus and the other is a regular one, and their numbers are 2 and 5."

FAMILY REUNION

Objective: To build cohesion within the group

Time: 30 minutes

Materials: Family cards

Preparation

Before the workshop begins, make cards with family names. You can use different types of professions, such as Mother Farmer, Father Farmer, Sister Farmer, and Brother Farmer. You can also use names of different animals or fruits. Each family should have four or five members, so if there are 20 participants, there should be four or five different families.

Steps

1. Give each participant one of the cards and ask everyone to walk around the room introducing him- or herself to as many participants as possible. For example, "My name is Anil Das and I am Brother Farmer".
2. When the facilitator calls, "Family reunion!" each participant should find the other members of his or her family and form a family group as quickly as possible.
3. Shuffle the cards and begin again. You should have time for at least 4 rounds as each round takes about 5 minutes.

Hopes and Fears

After the name games and icebreakers, ask participants what their hopes are for the workshop. Write these on a piece of flipchart paper.

Ask participants what their fears are about the workshop, and write these on the flipchart paper. This can also be done anonymously by having participants write their hopes and fears on cards and passing them to the facilitator.

Tell participants that we will come back to their hopes and fears at the end of the workshop. Put the flipchart papers/cards on a wall and leave them up during the workshop.

Anonymous Questions

Tell the participants that if anyone has a question that they want to ask anonymously, they can write it on a slip of paper and put it in the Anonymous Questions box. The facilitators should answer the questions out loud during the workshop.

Part 3:

Video: Preventing Risks to Our Future



(Time needed to view complete video is 22:15minutes)



Tell the participants:

Now we're going to watch a video. The adolescents in this video, like you, came to a workshop to talk about preventing risks, including physical relationships, unwanted pregnancy and sexually transmitted infections (STIs), and HIV/AIDS. These are serious topics that all adolescents have to deal with. The adolescents in the video talked about their feelings and experiences, and made up skits about their lives that we'll watch and discuss.



Video: Preventing Risk Behaviors

(Timecode for Preventing Risky Behaviors video segment, 02:32-05:43 or VCD tracks 3 and 4)

Tell the participants:

Let's learn the first verse of the theme song:

(Timecode for first verse of song, 0:00-1:34 or VCD track 1)

Listen to me my friend, listen intently.

This is not a fairy tale, this is reality - listen carefully.

As you are growing, your body is changing

Some new feelings, new emotions are emerging.

Boys are attracted to girls.

Girls like to tremble at the touch of boys.

But this is not the right time, so let's not have physical relationships



Discussion: Premarital Sex

Tell the participants:

Let's start with the physical changes that we saw people talking about in the video.

If necessary, replay the "Preventing Risky Behaviors" segment of the video before beginning the discussion (timecode 02:32-02:39, or VCD track 3). In the discussion guide following, example answers are given below each question. These are only examples of things participants might say. The facilitator should not read these answers to the participants. Participants should come up with responses themselves. If participants' answers are not at all correct, facilitators may probe further to draw out correct answers.

1. *What did you think about Samia's statement about love with the heart and love with the body?*

Participants give their own responses, there is no correct answer.

2. *What did you think about Farook's statement about affection (holding hands, kissing, etc.)?*

Participants give their own responses. There is no correct answer.

3. *In the skit, why was Rafique sitting alone at the beginning of the first scene when Mizan found him?*

Rafique was waiting for Ripa to walk by on her way home because he wanted to talk with her.

4. *Where was Mizan going?*

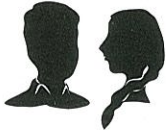
Mizan was going home. His family was out visiting his grandmother and their house was empty.

5. *What did Rafique plan to do?*

Rafique planned to bring Ripa to Mizan's house.

6. *What happened when Ripa came along?*

Rafique asked her to go to Mizan's house with him. He told her he wanted to discuss something with her.



Discussion: Premarital Sex (continued)

7. What did Ripa say when Rafique asked her to go to the empty house?

Ripa told Rafique she would not go to the empty house. She said she did not want to get into a sexual relationship with him.

8. If you were Rafique, what would you do in this situation?

Answers will vary. There is no correct answer.

9. If you were Mizan, what would you do in this situation?

Answers will vary. Encourage participants to think about Mizan's responsibilities in this situation.

10. If you were Ripa, what would you do in this situation?

Answers will vary. There is no correct answer.

11. If Ripa and Rafique are in love, does she have to do everything he wants her to do?

Encourage participants to recognize that Ripa should think for herself and not do something she does not want to do, or that she knows will be destructive, just because Rafique asks her to do it.



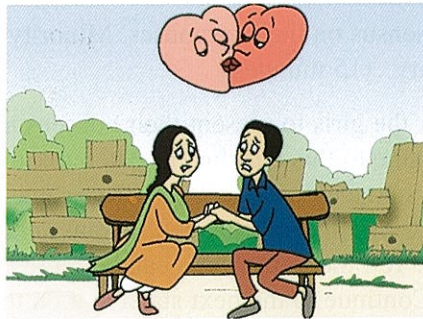
12. If Ripa and Rafique are in love, can he force her to do anything he wants her to do?

Rafique and Ripa should respect each other. Neither should force the other to do something that he/she does not want to do, or that will be bad for him/her.



Activities: Premarital Sex

- Roles of Boys and Girls
- Love Is...
- My Limits



ROLES OF BOYS AND GIRLS

Objective: To examine how socialization of gender roles affect one's behavior in relation to love and sex

Time: 60 minutes

Materials: Copy of questionnaire for each participant and pens

Steps

1. Divide participants into same-sex groups and give them copies of the questionnaire and go over instructions to the exercise. (5 minutes)
2. Ask each group to reach consensus on their responses. Minority opinions can be written on a separate sheet if necessary. (15 minutes)
3. Return to the plenary and ask the girls to present their consensus answer to the first statement, and say why they came to this conclusion. Then ask the boys to present their consensus answer to the first statement, and say why they came to this conclusion. If the two groups disagree, do not force either to change their answers to match, but point out the difference to both groups. Tell them that there can be more than one answer or many opinions on the same issue. Continue to the next statement on the questionnaire. (25 minutes)

Questionnaire

Do you agree or disagree with the following statements?

1. The main purpose for women is to give birth to children.
2. Adolescent girls should help their mothers with household chores so that they learn to become good mothers.
3. Boys should be given more/better food as they work outside of the home.
4. Girls need education to get good husbands.
5. It's okay for boys to help with household chores.
6. A girl should marry the man her parents choose.
7. It's more important for girls to behave in a moral fashion than boys.
8. A girl should be a virgin when she gets married.
9. A boy should be a virgin when he gets married.
10. Boys are boys – it doesn't matter if they do something immoral.

ROLES OF BOYS AND GIRL (continued)

Discussion (*15 minutes*)

1. Can a boy or girl refuse to accept the roles established in the society or by their families? What can happen if they do?
2. Do you think they should question these roles? Why?

LOVE IS...

Objective: To explore what we mean by love

Time: 40 minutes

Materials: None

Preparation

Write the following statements on the board or on a flipchart:

- I love my brother/sister
- I love my parents
- I love my boyfriend/girlfriend
- I love ice cream
- I love football
- I love my wife/husband
- I love [name of popular musician or film star]

Steps

1. Ask participants what is meant by the word "love" in each statement. Which statements express similar types of love? Which statements express different types of love?
2. Facilitator captures responses concentrating on those statements that refer to people with whom you come into contact regularly (relatives, parents, boy/girlfriend). (Steps 1 and 2 should take about 5 minutes.)
3. Ask participants to divide into pairs and discuss three qualities they show to a family member they love (like a brother or sister) and discuss three qualities they expect from the same family member. Groups should write the qualities on flipchart paper and present it to the plenary. Presentations should be no longer than 1 minute. (15 minutes)
4. Ask the same pairs to discuss similarities and differences between love for a close relative and love for a boyfriend or girlfriend. What two qualities would you show to a boyfriend or girlfriend and what two qualities would you expect from them? Write the qualities on flipchart paper. Present findings to the plenary. Presentations should take no longer than 1 minute. (15 minutes)
5. Facilitator should summarize differences and similarities of the findings. (5 minutes)

MY LIMITS

Objective: To consider ways of showing affection and where one should set limits

Time: 40 minutes

Materials: Flipchart paper, markers or pens, tape or pins

Preparation:

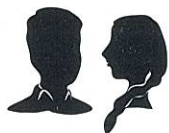
1. Write down some common expressions of affection/emotions on cards. These include: Smiling, locking eyes (looking deeply at someone), winking, writing love letters, holding hands, embracing tightly, holding and lying together, kissing on the cheek, kissing on the lips, having a physical relationship.
2. Draw a picture of a mountain range on flipchart paper. The mountain range should have peaks that are rated 1-10, with the highest peak rated 10. For example, peak 1 should be lower than peak 2.

Steps

1. Show the participants the picture of the mountain. Tell them that this mountain represents sexual feelings.
2. Read out the first of your cards (see Preparation) and ask the plenary where on the picture of the mountain (at which level) this expression belongs. For example, smiling at a person may be rated 1, whereas embracing tightly may be considered a level 5, 6, or even 7. Read out all the cards one by one and attach them at different levels with the help of the plenary. You need not read out the cards in the order they are listed above. (Steps 1 and 2 should take 15 minutes.)

Discussion (25 minutes)

1. Why did you grade the expressions (on the cards) this way? Is it wrong to be attracted to someone or fall in love
2. Which ones according to you are risky behaviors here?
3. Is it important to be aware of your limits? Why?
4. Why did you place this card (read out the card) at level 10?
5. Why do you think level 10 is high risk? What can happen in this case? What can one do to prevent this from happening?



Discussion: Negotiation and Refusal Skills

1. What does "negotiation" mean?

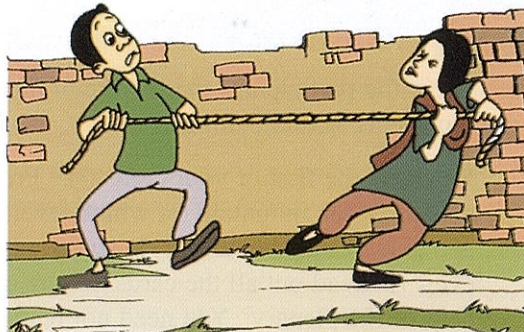
Participants offer suggestions. Negotiation is talking with one or more people to come to terms and reach an agreement. Negotiation can involve offering different solutions and compromising. Negotiation may also mean a "win-win" situation for both or all parties.

2. What are some situations in which you negotiate?

Answers will vary. Negotiation happens in business and at the market (bargaining). Negotiation does not necessarily involve money, for example, negotiation is required in family matters as well. A girl could negotiate to delay marriage by telling her parents she wants to complete her 9th or 10th grade education before getting married.

3. Do you ever negotiate with your family?

Participants offer anecdotes or scenarios. For example, a boy wants to go visit friends, but his father wants him to stay home and do some work. They can negotiate a resolution – maybe the boy does the work and then is allowed to go out visiting, or maybe he makes a short visit and returns to do the work.



4. Do you ever negotiate with your friends?

Participants offer anecdotes. For example, maybe a girl wants to see a film but her friend wants to go to the market, they could negotiate to find a solution.

Tell the participants:

While negotiation is important, some issues are non-negotiable. This means that you refuse and need to get out of the situation. What are some examples of non-negotiable situations? Write these situations on the board or on flipchart paper. Examples include "Your boyfriend want you to go to a friend's empty house" or "Your friends want you to have ganja/marijuana with them".



Activities: Negotiation and Refusal Skills

The following activities ask participants to practice their negotiation and refusal skills.

- The Right Response
- Let's Have Some Fun

THE RIGHT RESPONSE

Objective: To identify ways of responding to different verbal and emotional pressures

Time: 60 minutes

Materials: List of pressure statements (see below)

Steps

1. Ask three people to be "judges" and ask them to sit on one side of the room. Divide the remaining participants into two teams.
2. Tell the participants that this is a competition to find the best answer to different pressure phrases (below). The facilitator will read the phrases and each team will think of the most convincing response to the pressure phrase, using words and body language. Judges vote by clapping a response, and the team with the loudest applause gets a point. (Steps 1 and 2 should take 40 minutes.)

Pressure Statements

- If you don't go with me, I'll tell other people a lie about you.
- Why don't we go to a nice quiet place?
- If you really love me, you will have sex with me.
- Don't you trust me?
- You can't get pregnant if you have sex only one time!
- Condoms are for sex workers, not for us.
- You're not a man until you have sex.
- Using a condom is like eating a sweet with the wrapper on.
- If you don't want to, then go home. We've no place for little kids here.
- We're going to be married anyway, why don't we have sex just this once?
- Aren't you curious?
- They'll never catch us.
- If you don't have sex with me, I will break up with you.
- When you smoke this, you'll feel like a completely new person.
- If you don't go with me to a brothel, how will you know you're able to do it?

Discussion (20 minutes)

1. Which statements were easy to respond to? Which were hard? Why?
2. Did any of the statements make you angry, embarrassed, or confused? Which ones? Why?
3. Brainstorm with the participants to find other "pressure statements". Brainstorming responses should be captured on flipchart paper by the facilitator and discussed.

LET'S HAVE SOME FUN

Objective: To evaluate negotiation and refusal skills

Time: 60 minutes

Materials: Flipchart paper, markers, plain paper and pencils

Preparation

Write the following messages on the flipchart or board:

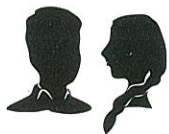
- Nothing bad will happen to you.
- What are you afraid of? Only babies don't smoke.
- No sex, no fun.
- You have nothing to lose.
- Smoke this, it will make you feel at ease.
- All the other guys are going to brothels, aren't you a man?
- I want to be alone with you so we can get to know each other.
- Girls these days all have sex before marriage, why don't you?
- I want to marry you and you can't say no.
- Try it, you'll like it!
- Ice cream is only for little girls.
- You can trust me!

Steps

1. Divide the participants into groups of 4-5 each, and have each group select one of the messages. (5 minutes)
2. Each group should prepare a 3-4 minute mini-drama on the message they chose. The mini-drama may choose to show negotiation, refusal, or giving in. (10 minutes)
3. Have each group present their mini-drama in turn. Observers should state the message that the mini-drama refers to and the method the group used to solve the problem.
4. Ask the group if they think the method chosen was appropriate or not, and if not, what would they suggest? Each team should have about 10 minutes each for the mini-drama presentation and discussion. (Steps 3 and 4 should take 40 minutes.)

Discussion (10 minutes)

1. When your friends invite you to smoke or drink alcohol, what do you do?
2. Where do you think the attitudes towards drinking alcohol come from? Towards sex? Towards drugs?
3. What can you do to prevent problems from occurring?



Discussion: Risk Assessment

1. *What is a risk?*

A risk is the probability of suffering harm or loss.

Tell the participants.

Taking risks is inevitable in life, and sometimes we may not even realize we are taking a risk. Some actions are very risky – like jumping from a very high place, or walking close to a hungry tiger. Other actions are not so risky – like walking down a quiet road or petting a cat.

2. *What are some examples of risks that we take?*

Participants offer suggestions. Virtually anything has some risk associated with it. Taking a bus involves the risk of being in a traffic accident, eating food involves the risk of indigestion.

3. *How do we decide whether or not to take a risk?*

There is some benefit involved – something we want to get – and we take the risk because we want the benefit. Also, we may judge the risk to be very small and not worth worrying about.

4. *What is an example of a risk that we can analyze?*

Participants give examples. Choose one that will work for this exercise. One example is crossing a busy street to go to a tea stall with a friend. Another is having sex with someone who might be HIV positive and not using a condom.



5. *What are the possible outcomes of taking this risk?*

There is always a possible outcome that may be good or bad – no matter how unlikely. For instance, by taking the risk of crossing a street, you may suffer the outcome of being in a traffic accident. You may also enjoy the outcome of NOT being in a traffic accident, and reaching the tea stall safely. In the second example, one possible outcome is that you contract an STI such as HIV, or that the woman becomes pregnant.



Discussion: Risk Assessment (continued)

6. *What is the probability that something bad will happen?*

How likely is it that something bad will happen? If you were to take the risk, what is the worst thing that could happen?

7. *For these examples, can you identify the worst thing that could happen as well as ways you could reduce or prevent the risk?*

Participants brainstorm ideas. In the first example, the risk of being in a traffic accident is reduced when the person looks out for traffic and crosses the street when there are no vehicles close by. In the second example, to reduce the chances of pregnancy and of transmitting STIs including HIV, a couple can abstain from sex, or if they cannot, they should use a condom.



Activities: Risk Assessment

- Consequences

CONSEQUENCES

Objective: To consider the consequences of sex at a young age

Time: 45 minutes

Materials: Copy of story for each participant

Steps – Part 1

1. Give each participant a copy of the story "Rashid and Kabita" to read (see below).
2. Divide the plenary into groups of 5 or 6 and ask the groups to answer the questions posed by Rashid and Kabita below. Answers should be captured on flipchart paper. (Steps 1 and 2 should take 10 minutes.)
3. Return to the plenary to discuss the answers. The facilitator can then summarize the main points of the discussion by highlighting the key points on flipchart paper. (10 minutes)

Rashid and Kabita

Rashid and Kabita have been friends for six months. Their feelings have gotten deeper and deeper until a week ago, they had sexual intercourse without a condom. They knew that there are risks attached to having sexual intercourse and this had helped them not to have intercourse before. Now, after having sex, they are even more worried.

Rashid's thoughts:

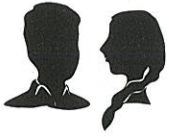
I might get gonorrhea, or even HIV. Kabita might get pregnant and I'll be blamed or forced to marry her. Why didn't I use a condom? But if I had, Kabita might think I have other girlfriends. Maybe Kabita doesn't love me.

Kabita's thoughts:

I might get gonorrhea, or even HIV. Rashid might think I am loose. Rashid might be using me and not really care for me. My family will never forgive me if I get pregnant. If I get pregnant, I'll have to get married and leave school.

Steps – Part 2

4. Participants should now go back to their original groups of 5 or 6 and discuss the following issues and capture responses on flipchart paper. (10 minutes) Kabita has discovered she is pregnant. What are all the possible consequences that could face her? What consequences does Rashid face? Kabita now discovers that Rashid had visited a brothel and had sex with a prostitute who was HIV positive. What are the possible consequences that could face them both? If there is time, have participants act out the scenarios facing Rashid and Kabita.
5. Return to plenary to discuss the answers. Facilitators should summarize the discussions on flipchart paper. (15 minutes).



Discussion: Abstinence

1. What does "abstinence" mean?

"Abstinence" means not doing something or not taking something.

2. When do we abstain from something?

When we don't want to do the thing, maybe for religious or moral reasons or because of family teachings or values.

3. Think of an example of when you abstained from something.

Participants volunteer examples. During a fast, one abstains from food and drink.

4. What is abstinence from sex?

Not having sex.



5. Can a person abstain from sex even if he or she has had sex before?

Yes, abstinence can be practiced by those who have already had sex. You can abstain from having sex for a particular period of time, or for as long as you think it is wise to do so.

6. Why would someone want to abstain from sex?

Participants volunteer reasons – to avoid pregnancy, to avoid HIV, to obey parents, to concentrate on studies, etc.



Activities: Unwanted Pregnancy

- Consequences of Early Pregnancy
- What We Would Do

CONSEQUENCES OF EARLY PREGNANCY

Objective: To consider the physical and social consequences of early pregnancy

Time: 40 minutes

Materials: Flipchart paper and marker

Steps

1. Divide participants into same-sex groups. Ask each group to list on flipchart paper all the social and health consequences of early pregnancy (before the age of 20). To help the participants think of all consequences, facilitators may choose to ask participants to name physical and emotional effects on the mother, physical and emotional effects on the baby, and physical and emotional effects on the father, as well as effects on the families and community. (15 minutes)
2. Move back into plenary and ask each group to report back its responses in turn, and pin them up on the board (see list below for examples of consequences participants may think of). (20 minutes)
3. Ask participants which of the consequences also apply to married women who have children before the age of 20.
4. Ask participants how much they think young couples think about these issues when they want to have sexual intercourse. (Steps 3 and 4 should take no longer than 5 minutes.)

Consequences of Early Pregnancy

Mother:

- Baby may damage mother's vagina during birth, making an opening between the vagina and intestine or urethra, causing urine or feces to leak.
- toxemia (poisoning)
- hemorrhage (bleeding)
- anemia
- infection
- malnutrition
- difficult labor
- damage to sex organs
- shame
- fear
- resentment of baby

CONSEQUENCES OF EARLY PREGNANCY (continued)

- mother may lose her ambition
- may drop out of school
- low birth weight
- early death
- neglect of baby
- parents unable to care for it and provide for it

If mother is unmarried

- may be chased away from home
- may be forced to take a low-wage job to support the baby
- forced into unhappy marriage
- may be rejected by society
- psychologically incapable of looking after the baby
- father may abandon mother with baby

Father

- may have to give up his plans to help support mother and baby
- forced into unhappy marriage
- drop out of school, lose his ambitions
- may be rejected by society
- may be psychologically incapable of looking after the baby
- mother may abandon father with baby

Families

- families may be forced into supporting the young parents and the baby, if mother is injured she also needs care.
- shame in community if couple is unmarried

Community

- community may have extra burden if mother is unable to work and parents are unable to provide for child.

WHAT WE WOULD DO

Objectives: To think about adolescent pregnancy on a personal level

Time: 45 minutes

Materials: Prepared cards, markers or pens of two colors

Preparation

Make one card for each participant as follows. Each participant should receive a card that is color coded according to gender with a line at the top of the card (for example, for the male participants use a blue marker to make a line at the top of each card; for female participants, use a red marker to color code each card.) (10 minutes)

Each male participant gets a blue card with the following information:

DON'T PUT YOUR NAME ON THIS CARD

If my girlfriend became pregnant, I would encourage her to:

- Have the baby
- Abort the fetus with menstrual regulation
- Abandon the baby
- Get married
- Have the baby adopted
- Leave girlfriend

Each female participant gets a red or pink card with the following information:

DON'T PUT YOUR NAME ON THIS CARD

If I became pregnant, I would choose to:

- Have the baby
- Abort the fetus with menstrual regulation
- Abandon the baby
- Get married
- Have the baby adopted
- Leave boyfriend

WHAT WE WOULD DO (continued)

Steps

1. Distribute one card to each participant and ask the participants to respond to the question. (5 minutes)
2. Collect the cards, and divide them up into the girls' responses and the boys' responses and put them on a board where everyone can see them.

Discussion (30 minutes)

1. Were the girls' responses similar to the boys' responses? Why or why not?
2. Were you surprised at how your peers would respond to this situation?



Activities: Risk Situations

These activities examine abstinence in more detail, and reinforce the importance of abstinence from sex for adolescents.

- Risk Situations



RISK SITUATIONS

Objective: To examine situations of risk for sex and develop coping mechanisms for each

Time: 60 minutes

Materials: Flipchart or board, marker

Steps

1. Divide the plenary into 4 groups (mixed groups if possible). Ask the groups to discuss reasons to abstain from sex. One participant from each group should write everything down on flipchart paper or the board as participants offer reasons without allowing other participants to judge or discuss the ideas offered. (10 minutes)
2. Ask the groups to present their reasons in plenary. Each group's presentation should last about 2 minutes. (10 minutes)
3. Now divide the plenary into groups of 3 to discuss what risk situations are if one doesn't abstain. Participants should write their responses on flipchart paper. (10 minutes.)
4. Hang (responses) papers on the wall/board for all to see.
5. Give each group a piece of flipchart paper and ask them to select one risk situation from the full list and offer a method to avoid that situation. Tell them more than one group can select the same situation.
6. Tell the groups to put their solution/method next to the risk situation they have chosen. (Steps 5 and 6 should take 10 minutes.)

Discussion (20 minutes)

1. How do think you would behave if you were in one of these situations of risk?
2. Is it harder for a girl to abstain from sex, or for a boy to abstain from sex? Why?
3. What can lead a person to have sex, even if he or she wants to abstain from sex? (be sure the group mentions: peer pressure, drugs/alcohol, not being true to yourself, low self-esteem, economic pressure)

Notes:

Be sure to give participants clear instructions for each step.



Video: Preventing Disease Transmission

(Timecode for Preventing Disease Transmission video segment, 05:43-18:58 or VCD tracks 5- 9.)

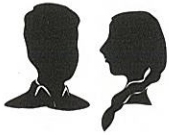
Tell the participants:

Transmission of many STIs, including HIV/AIDS, can be prevented. Now we are going to talk about ways of preventing these diseases.

Let's learn and practice the second verse of the song from the video: (timecode for second verse of song; 05:43-06:56 or VCD track 5).

You are so young, there's still so much to learn.
When you're not ready, sex results in suffering.
You can get HIV/AIDS and other sexually transmitted diseases.
One mistake may cost your life.
So listen and learn, life is precious.
Listen to me my friend, listen intently.
This is not a fairy tale, this is reality, so listen carefully.





Discussion: Preventing Disease Transmission

(Timecode for video segment, 06:56-13:14 or VCD track 6-7.)

In the discussion guide following, example answers are given below each question. These are only examples of things participants might say. The facilitator should not read these answers to the participants. Participants should come up with these responses themselves.

1. What are some infections that can be transmitted through sexual contact?

Participants should name infections they know of. Be sure to tell participants the names of the following STIs if they do not come up in discussion: HIV/AIDS, syphilis, gonorrhea, herpes, chlamydia, trichomoniasis, hepatitis B and C.

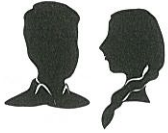
2. What are some of the symptoms of these STIs?

Some of the more common symptoms of STIs are: sores on genitals in both men and women; drops of pus from penis in males, or vagina in females; or lower abdominal pain in women. Refer to the "Know Yourself" booklet "Preventing Risks to Our Future: HIV/AIDS and other STIs". Remind participants that some STIs have no symptoms. If left untreated, an STI can make a person infertile, cause pain or death.

3. What is HIV? What is AIDS?

HIV stands for "Human Immuno-Deficiency Virus." This virus slowly destroys the immune system.

AIDS (Acquired Immunodeficiency Syndrome) is a disease people get when HIV destroys the body's immune system. Normally your body helps you fight off illness. When the immune system fails the body can no longer fight off infections and diseases which means even a common illness can cause death. See the STI and HIV/AIDS booklet for more information on HIV and other STIs.



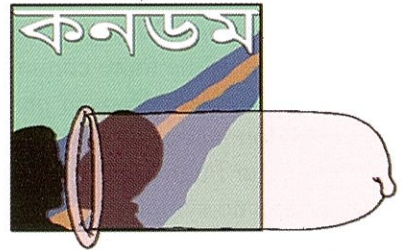
Discussion: Preventing Disease Transmission (Continued)

4. How is HIV transmitted?

HIV is transmitted through sexual contact with an infected person, or through contact with the blood of an infected person – from a blood transfusion if the blood has not been tested or through sharing a needle that was used by someone infected with HIV. An HIV positive mother may infect her baby during her pregnancy, during delivery or through breastfeeding.

5. How can a person know if he or she is infected with HIV?

A person may have HIV and feel perfectly healthy. The only way to know if a person is infected (HIV positive) or not is to have a blood test.



6. Can you tell if a person is HIV positive by looking at him or her?

No! The only way to know if a person is HIV positive is with a blood test.

7. Is there a cure for AIDS?

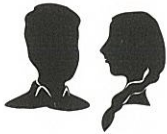
No. At this time there is no cure for AIDS.

8. What are three ways to prevent transmission of STIs, including HIV?

Be sure that every participant knows these three ways of preventing sexual transmission. Abstinence (not having sex), being faithful to one uninfected partner who is also faithful to you, or if these methods cannot be followed, using condoms.

9. Can HIV be spread through sharing eating utensils? Can it be spread through sneezing, coughing, or spitting? Can it be spread by using the same toilet?

No – HIV cannot be spread by any of these routes.



Discussion: Preventing Disease Transmission (continued)

10. If someone is infected with HIV, will he or she show symptoms immediately?

No, not usually. Some people will develop a flu-like illness a few weeks after infection, which goes away after a short while. People living with HIV remain well for many years without any signs or symptoms. It is only when a person develops AIDS that she or he will not be able to fight infections that are usually controlled with a healthy immune system and will look sick.

11. How do HIV and other diseases, like hepatitis B and C, spread through injection drug use?

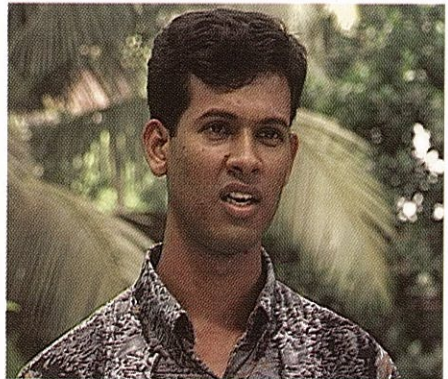
If an infected person injects him- or herself with a needle, then gives the same needle to an uninfected person, there may be some small amount of the infected person's blood on the needle. When the uninfected person uses the bloody needle to inject him- or herself, the infected blood gets in the bloodstream and that person may contract the disease.

12. Why do some adolescents use drugs?

Peer pressure, depression, hopelessness, desire for excitement, to be trendy or in style are all reasons that adolescents might use drugs.

13. What did you think about the rehabilitated drug addict in the video?

Participants' answers will vary, ask them how they felt about what the adolescent said.



14. If he had not been rehabilitated what could have happened?

His future would have been compromised. He wouldn't have completed his education. He would have alienated his family.

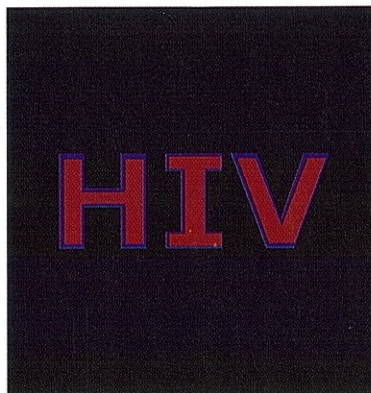
15. With rehabilitation what happened?

He is back on track. He has had a chance to change his future by giving up drugs.



Activities: Preventing Disease Transmission

- Wildfire
- Myths and Facts
- Rating Behaviors for HIV Risk
- Difficult Task
- Tough Decision Mini-Drama



WILDFIRE

Objective: To help participants experience feelings and reactions of a person living with HIV

Time: 60 minutes

Materials: Cards or small pieces of paper

Preparation

1. Prepare 2 cards (or small pieces of paper) for each person.
2. Mark half of the cards with the statement "your test result is positive", mark the other half of the cards with the statement "your test result is negative". Mix the cards up.

Steps

Part 1

1. Ask the participants to stand up and listen carefully to the instructions.
2. Inform the participants that you will be moving around within the group and shaking the hands of as many of them as possible. While doing this, you will lightly scratch the hand of ONLY ONE participant with your middle finger to indicate that he/she had been exposed to the virus. At this point ensure that no one else can identify who that person is.
3. Withdraw yourself from the group but ask participants to continue shaking hands among themselves in a normal way. In the first round, the person whose palm you scratched should similarly scratch the palm of two other people. Similarly, during the second and third rounds of handshaking, those participants whose hands have been scratched should scratch the hands of two other people. (Steps 1, 2 and 3 should take 10 minutes.)

Part 2

4. When three rounds of handshaking have been completed ask the participants to form a circle. Then ask those participants whose palms were scratched to come forward and form an inner circle. Explain that they have been exposed to the virus. Ask them to describe how they feel under these circumstances. Some examples of the responses might be: "nervous", "lost", "scared".

WILDFIRE (continued)

5. Ask them what they would like to do at this point. Suggest to them the possibility of going for a test. What do they need to take into consideration before having the test? Who would they tell the result to and how might they react? How would it feel to be negative? Positive? Those who wish to be tested should then be handed a chit of paper that shows either a positive or a negative result.
6. Now address specifically those who have tested HIV positive. How do you feel about your test results? Responses may include: "alienated", "alone", discriminated against", "scared", "want to lead a healthy life", "there must be some mistake", "hope nobody gets to know about it".
7. Now address those participants whose test result was negative: "How do you feel about your status now?" They also may give varied responses, "lucky", "guilty", "determined always to take precautions", "more willing to support people who are positive". When they have finished with their responses ask them to leave the inner circle and rejoin the outer circle. Those who have tested positive must remain where they are. (Steps 4-7 should take 20 minutes.)

Discussion (30 minutes)

At this point you can open up a general discussion by asking questions such as:

1. When your hand was scratched and you shook hands with others, what was going through your mind knowing now that you might have been infecting someone?
2. Could the participants tell who was positive?
3. Did those whose results were negative trust the results? How many wanted to be re-tested?
4. Was there some way the participants could protect themselves? What about in the future?

MYTHS AND FACTS

Objective: To evaluate knowledge levels of HIV

Time: 40 minutes

Materials: Statements written on slips of paper

Preparation

Prepare 14 slips of paper, each with one of the following statements:

1. A person can get HIV from sitting next to someone who has it.
2. If you do not use a condom while having sex with a sex worker you have had sex with before, you cannot get HIV.
3. An unborn child can get HIV if its mother is infected.
4. If a mosquito bites a person with HIV and then bites someone else, the second person can get HIV.
5. You can get HIV if a person infected with HIV coughs or sneezes on or near you.
6. You can get HIV by using a bathroom and toilet that an HIV positive person has used.
7. You can get HIV from drinking from the same glass as a person who is HIV positive.
8. If a person with HIV cries and their tears come into contact with you, you can get HIV.
9. Donating blood will not give you HIV.
10. People who have sex with many different people and do not use a condom are at risk of getting HIV.
11. You can get HIV if you sleep in the same bed (without sexual contact) with someone who is HIV positive.
12. You can get HIV by hugging a person who is HIV positive
13. A person can get HIV by having sexual intercourse with an infected person.
14. You can tell whether a person is infected with HIV by their appearance.

MYTHS AND FACTS (continued)

Steps

1. Divide the group into two teams. The first participant from one group draws a slip of paper from the container and reads the paper to him/herself. The first participant then says "Myth" or "Fact," depending on how he or she judges the statement.
2. The facilitator then reads the statement aloud and everyone says whether the statement is true (Fact) or false (Myth), and why. Participants can help each other answer. (see answers below)
3. Once the team has come to a conclusion, the facilitator gives the correct answer if groups are wrong.
4. Next the other team's first participant draws a slip and says whether s/he thinks it is Myth or Fact. Teams alternate choosing questions until time is up or the statements have all been read and answered. (Steps 1-4 should take 30 minutes.)

Discussion (10 minutes)

1. How did you know the answer?
2. What are some common sources of information about HIV?
3. Is the information from these sources enough?
4. If you need more information about HIV, where and whom can you ask?

Correct Answers

1. Myth
2. Myth
3. Fact
4. Myth
5. Myth
6. Myth
7. Myth
8. Myth
9. Fact
10. Fact
11. Myth
12. Myth
13. Fact
14. Myth

RATING BEHAVIOR FOR HIV RISK

Objective: To identify the level of risk of HIV transmission from different behaviors

Time: 40 minutes

Materials: 3 posters showing a traffic light or similar symbol, one green, one yellow, and one red; set of index cards, container

Preparation

Hang the red, yellow, and green signs at one end of the room.

Write each of the following action statements on an index card, and put the cards in a container.

1. Abstinence
2. Sharing needles for drug use
3. Sharing razor blades
4. Sharing needles for ear piercing
5. Kissing
6. Getting a blood transfusion
7. Giving blood at an authorized clinic
8. Using a public latrine
9. Shaking hands with an HIV positive person
10. Being coughed on by someone who's HIV positive
11. Going to school with an HIV positive person
12. Sitting at the same desk as someone who is HIV positive
13. Getting an injection from a "quack" doctor
14. A mother who is HIV positive giving birth to a baby
15. Being bitten by a mosquito
16. Swimming
17. Sharing a toothbrush
18. Intercourse with a condom

RATING BEHAVIOR FOR HIV RISK (continued)

Steps

1. Tell participants that this activity will help them identify behaviors that may, or may not, put them at risk of contracting HIV. Behaviors that carry high risk should be put under the red sign, behaviors that are not risky at all should go under the green sign, and behaviors that carry some risk should go under the yellow sign.
2. Ask participants to come up to the container in pairs and take one card. The pair should decide together where the behavior should go.
3. After the card has been placed by a traffic light, ask the pair why they put it under a particular sign. Ask the other participants whether they agree with them, facilitate the discussion where participants are not sure about the level of risk, and correct and clarify any misinformation.
4. Explain the concept of safer sex. Remind the group that the most risky behavior is having intercourse without a condom. Sharing sharp instruments to pierce the body, such as needles or razor blades, is also extremely risky. (Steps 1-4 should take 30 minutes.)

Discussion (10 minutes)

1. How did you feel about these statements and the level of risk attached to them? Do any of them surprise or worry you?
2. Do you have questions about other behaviors or situations that weren't listed today?
3. If you were explaining this information to a friend, what would you explain first and why?

Correct answers:

Abstinence – green; Sharing needles for drug use – red; Sharing razor blades – red; Sharing needles for ear piercing – red; Kissing – green; Getting a blood transfusion – yellow (blood need to be screened to be sure it does not contain HIV); Giving blood at an authorized clinic – green; Using a public latrine – green; Shaking hands with an HIV positive person – green; Being coughed on by someone who's HIV positive – green; Going to school with an HIV positive person – green; Sitting at the same desk as someone who is HIV positive – green; Getting an injection from a "quack" doctor – yellow (injections from unclean needles are risky) ; A mother who is HIV positive giving birth to a baby – yellow (there is a 30-40% chance of an HIV infected mother passing HIV baby during pregnancy, childbirth or while breastfeeding); Being bitten by a mosquito – green; Swimming – green; Sharing a toothbrush – green; Intercourse with a condom – yellow (condoms must be used correctly and consistently to be effective).

DIFFICULT TASK

Objective: To become aware of how some drugs can affect the mind and body

Time: 30 minutes

Materials: Pictures of different drugs that are commonly abused, one or more pairs of old eyeglasses or sunglasses, petroleum jelly, needle and thread

Preparation:

Place a light coating of petroleum jelly on the lenses of old pairs of eyeglasses or sunglasses.

Steps

1. Tell the participants that drugs can be harmful to many parts of the body, and may affect muscle coordination and the ability of the brain to control muscle activity. Show pictures of different drugs that are commonly abused. Opiates such as morphine and heroin slow the reaction of the central nervous system. Drugs that slow body actions are called depressants. Others are called stimulants, and they speed up actions of the body, like amphetamines and cocaine. Stimulants can speed up the body's actions so much that a person has heart failure. Marijuana is a drug prepared from crushed cannabis. When smoked, people may experience a lack of desire to do common tasks or make good decisions.
2. Ask participants to come to the front of the group and perform a simple task – like drawing a picture or threading a needle.
3. Tell participants to think they have now taken Phensidyl. Ask participants to put on the eyeglasses and sunglasses and perform the same simple tasks they did in Step 2. (The lenses should be coated with petroleum jelly. See "Preparation" above.) (Steps 1-3 should take 30 minutes.)

DIFFICULT TASK (continued)

Discussion (10 minutes)

1. Were you able to perform your task easily with or without the glasses?
2. Were you confident that you could perform the task with the glasses on? Why or why not?
3. What were the problems you encountered?
4. How did you feel when you were not able to accomplish your task?
5. How is this activity similar to using drugs?
6. How would you feel if you could no longer do the things you normally do?
7. Do you find any connections between this exercise and taking drugs? In what ways?

Facilitator should record responses and summarize key points at the end of the discussion.

Tell Participants

Drugs affect the mind and body and make even simple tasks difficult to perform. Even easy decisions become difficult to make and the difference between right and wrong is no longer clear.

TOUGH DECISION MINI-DRAMA

Objective: To practice positive skills for minimizing risk

Time: 60 minutes

Materials: Situation cards, flipchart paper and markers or pens

Preparation

1. Make situation cards similar to the following. For each situation it should be possible to come to either a negative ending or a positive ending. (15 minutes)

- A family decides to marry off their daughter (or son) to a young man (or woman). Before the wedding, the daughter (or son) hears a rumor that the young man (or woman) is HIV positive. End the mini-drama with a **positive** outcome.
- A family decides to marry off their daughter (or son) to a young man (or woman). Before the wedding, the daughter (or son) hears a rumor that the young man (or woman) is HIV positive. End the mini-drama with a **negative** outcome.
- A young person goes to spend a school holiday with his or her aunt, uncle, and cousins in a large city. The young person has always enjoyed spending time with the cousins, who have more independence. One day one of the cousins takes the young person to visit a friend, who offers them injectable drugs. End the mini-drama with a **positive** outcome.
- A young person goes to spend a school holiday with his or her aunt, uncle, and cousins in a large city. The young person has always enjoyed spending time with the cousins, who have more independence. One day one of the cousins takes the young person to visit a friend, who offers them injectable drugs. End the mini-drama with a **negative** outcome.
- A group of boys considers visiting a brothel. End the mini-drama with a **positive** outcome.
- A group of boys considers visiting a brothel. End the mini-drama with a **negative** outcome.
- A young couple is in love. The boy's parents go away for an afternoon and he wants to invite his girlfriend over to his house. End the mini-drama with a **positive** outcome.
- A young couple is in love. The boy's parents go away for an afternoon and he wants to invite his girlfriend over to his house. End the mini-drama with a negative outcome.

TOUGH DECISION MINI-DRAMA (continued)

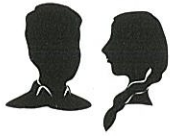
Steps

1. Divide the plenary into four groups. Give each group a situation card. For each "positive ending" group, there should be another group with the same situation but with a "negative ending." Two participants from the plenary will be named time-keepers and will need to keep participants performances on schedule. (5 minutes)
2. Each group should come up with a mini drama that is no more than 5 minutes long. Participants should decide who the characters should be in each situation and who should play these characters to act out the mini-drama. Tell the groups that the mini-dramas can have more than one scene – for example, a scene at school in the morning, a scene at home in the evening, etc. (20 minutes)
3. Ask each group to perform its mini-drama for the plenary. (20 minutes) After each group has performed, ask the discussion questions.

Discussion (15 minutes)

The facilitator should record responses to the following questions on flipchart paper and summarize the discussion at the end of the activity.

1. (For the participants in the role play) How did you feel during the role play?
2. (To the plenary) What happened?
3. What decisions did the young person make that helped him/her?
4. What decisions did the young person make that hurt him/her?
5. What did the other characters do that helped them?
6. What did the other characters do that hurt them?
7. What important decisions did the other characters in the scene make?



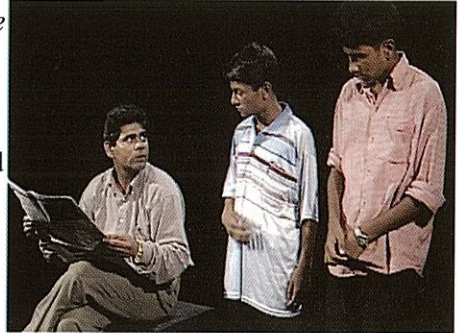
Discussion: Need for Support

(Timecode for video segment on Need for Support, 13:14-18:58 or VCD Tracks 8-9.)

In the discussion guide following, example answers are given below each question. These are only examples of things participants might say. The facilitator should not read these answers to the participants. Participants should come up with these responses themselves.

1. What did you think about the first scene, where the boys talk with the unfriendly health worker?

Answers will vary, probably they thought the health worker was unfriendly. They might have thought the boys were uncomfortable and embarrassed about visiting the clinic.



2. Have you ever had an experience like that? What did you do?

Let participants relay a few anecdotes.

3. What did you think about the second scene, where the two boys visit the friendly STI counselor?

Answers will vary, probably the participants thought the counselor was friendly, approachable, knowledgeable and helpful.

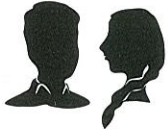


4. What are "youth-friendly services"?

Youth-friendly services are set up to work with young people. Location and hours of operation are convenient for young people, the staff are trained to be friendly and approachable, staff are happy to answer young people's questions, counseling is confidential and supportive, not scolding.

5. Where can you get youth-friendly services?

The participants may not yet know of a place to go for youth-friendly services. However, if one or more participants know of youth-friendly services or providers, they can inform others in the group.



Discussion: Need for Support (continued)

6. Where can you go with questions about the things we've talked about today?

Participants volunteer answers, encourage them to seek reliable sources of accurate information. Share the "Tips to Adolescents for Talking with Adults" (page 73).

7. Who has seen the "Preventing Risks to Our Future: HIV/AIDS and other STIs" Question & Answer booklet? What did you think?

Get participants' responses, encourage them to give their opinions.

8. Have you shared it with anyone? With whom?

Answers will vary.

9. What topics can you learn about in this booklet?

Show participants the booklet. Topics include the male and female reproductive organs, STIs including HIV/AIDS, using condoms, sexual relationships, etc.

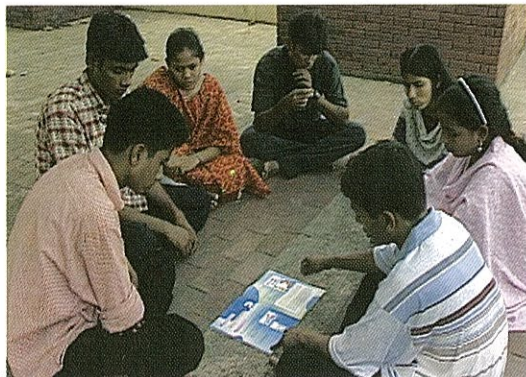
10. How can we help out other adolescents who might need information or health services?

Participants share their opinions.



Activity: Need for Support

- Someone Like Me



SOMEONE LIKE ME

Objective: To enable participants to look at their own attitudes, prejudices, and fears.

Time: 70 minutes (1 hour and 10 minutes)

Materials: Photograph of a girl the participants' age

Steps

Instructions for this exercise will take about 10 minutes.

1. Show the plenary a photograph of a girl and give her a name which is different from any of the participants' names. Tell them, "This is [name]. She wants to join our group. Who would like to sit next to her?" Participants raise their hands.
2. Tell the participants, "However, [name] has asked me to tell you that she is HIV positive. She quite understands if people change their minds. Would everyone still like to sit next to her?" (Steps 1 and 2 should take 10 minutes.)
3. Ask the plenary: Did you have a different reaction once you knew that [name] was HIV positive? Why? What was your main emotion? Facilitator should record participant responses on flipchart paper. (10 minutes)
4. Form 4 groups. Ask participants to talk about messages they get from the media, from religious institutions, and from friends about HIV/AIDS. Which messages encourage negative attitudes? Tell participants to write down on flip paper three of the messages they think are most important. (10 minutes)
5. Ask the groups to do a quick presentation (1 minute per group) on their findings. (5 minutes total)
6. In plenary, the facilitator will go through the messages one by one and discuss how these can affect peoples' attitudes. Examples include: "Only commercial sex workers get HIV/AIDS." The facilitator should correct this myth and highlight risk behaviors (as mentioned on page 30). The facilitator should emphasize that there may be more than one answer to some situations. (15 minutes)
7. Hang up the pieces of flipchart paper in the four corners of the room. Tell participants to quickly run to any of those places and quickly write down anonymously what they found out about their own attitude to HIV/AIDS. (5 minutes)
8. The facilitator should now summarize the activity by bringing up the key points discussed so far. (5 minutes)

Conclusion

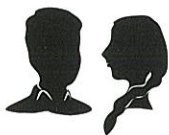
In this workshop, we have talked about sexually transmitted infections like HIV, and how to prevent their transmission. The facilitator may choose to reinforce the key messages of the workshop by teaching the group the theme song from the video and singing the song together, or by doing other activities to reinforce what's been learned.

Tell the participants:

The theme song of the video contains many important messages for the participants to remember (timecode for last verse of song, 19:54-22:15 or VCD track 11).

Your life's journey has just begun, you have many a mile to go.
To live your life, you need the right knowledge.
Short-lived bliss vanishes, but the pain remains.
For a small mistake, you may have to pay with your life.
So, not in errors, not in mistakes, live your life in the right way.
Listen to me my friend, listen intently.
This is not a fairy tale. This is reality. Listen carefully.





Discussion: Key Messages

1. What have you learned in this workshop?

Participants should talk about the main themes of the workshop: responsible behavior, how to negotiate, understanding how to make correct choices, avoiding early pregnancy, transmission of STIs, including HIV, and prevention of these diseases.

2. What are some of the risks for adolescents who have sex?

Adolescents are not emotionally and physically ready to be involved in a physical relationship. If they do get physically involved, they expose themselves to a number of risks including: risk of pregnancy - if a pregnancy goes to term the birth may damage the mother's body, the baby may suffer from malnutrition, father and mother may have to sacrifice their aspirations to take care of the child, the mother may be forced to marry against her will; stigma; sexually transmitted infections (STIs) including HIV.

3. What are some STIs?

HIV/AIDS, syphilis, gonorrhea, herpes, chlamydia, trichomoniasis, hepatitis B and C.

4. How are STIs transmitted?

Sexually Transmitted Infections are transmitted through unprotected sex.

5. What is HIV?

HIV stands for "Human Immuno-Deficiency Virus." This virus kills cells that make up your body's immune system. These cells help your body fight off infections.

6. How is HIV transmitted?

Through unprotected sex with someone who is infected, through sharing a needle with someone who is infected, or from a mother to a child during pregnancy, during birth or breastfeeding, blood transfusion if the donated blood is not screened and is infected with HIV, unsterile medical equipment.



Discussion: Key Messages (continued)

7. How can you tell if someone has HIV?

HIV will only show up in a special blood test several weeks after the time of infection. AIDS symptoms are not usually visible until 5 to 7 years after infection with HIV. You can't know by looking at a person whether he or she has HIV.

8. If people are having sex, how can they reduce the risk of transmission of STIs including HIV?

They can use a new condom every time they have sex. They should ensure that they only have one sexual partner and that that partner has no other sexual partners.

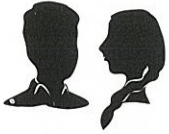
9. If someone uses injected drugs, how can he or she reduce the risk of transmission of HIV?

He or she should use a new needle for every injection or avoid injectable drugs.

10. What is AIDS

AIDS (Acquired Immunodeficiency Syndrome) is a disease people get when HIV destroys the body's immune system. Normally the body helps fight off illness. When the immune system fails the body can no longer fight off infections and diseases which means even a common illness can cause death. See the "Preventing Risks to Our Future: HIV/AIDS and other STIs" booklet for more information.





Discussion: Key Messages (continued)

11. What is the cure for AIDS?

At this point, there is no cure for HIV/AIDS. There are treatments but they are not widely available and are very expensive.

12. How can you get out of a risky situation?

Oftentimes you can negotiate, stall for time to think clearly and creatively, bring up reasons to get yourself out of the situation to the protection of someone you trust.

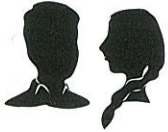
13. Who can you talk to if you have questions about these issues?

Health workers, trusted and knowledgeable adults – parents, teachers, family, etc.

14. How should people who have HIV/AIDS be treated?

People living with HIV/AIDS should be treated respectfully, and should be treated like anyone else.





Discussion: Hopes and Fears

Remind the participants of the hopes and fears that they expressed in the beginning of the workshop (page 15).

1. Were the hopes realized?

Participants' answers will vary. If participants had hopes that were not addressed in this workshop, help them find out how they can get the information they want – perhaps the topic will be addressed in future workshops.

2. Were the fears addressed?

Participants' answers will vary. Try to address any remaining fears.

Posttest (1- and 2-day workshops)

Make sure each participant has a pen or pencil. Distribute the posttest (page 67) to participants and ask them to answer it by themselves – they should not help each other fill out the posttest. Facilitators should collect the posttest and go over the correct answers out loud before the participants leave the workshop.



Activity

- Imaginary Gifts

IMAGINARY GIFTS

Objective: To wrap up the workshop

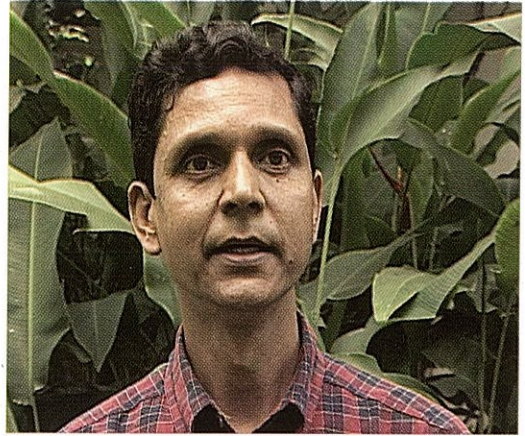
Time: 20 minutes

Materials: Slip of paper and pen for each participant, hat or basket

Steps

1. Give each participant a slip of paper, and ask each to write their name on the paper with the pen, fold the paper, and put it into the hat or basket.
2. Pass the hat or basket around and ask each participant to take out a slip of paper and look at it. Don't tell the other participants whose name you drew.
3. Sit in a circle, and ask each person to think of an imaginary gift that he or she would give to the person whose name they drew. Ask them to also think about how they would present the gift.
4. Ask for a volunteer to start and present his or her "gift" to the person whose name he or she drew.
5. Go around the circle and ask each person to present his or her imaginary gift.

Materials for the Facilitator



The following pages contain materials to help facilitators organize and conduct a group discussion or workshop with young people.

The **Letter to Parents** (page 69) should be modified, photocopied, and distributed to parents of young people before holding a group discussion or workshop. The letter tells parents about the purpose of the workshop and encourages them to allow their adolescent to attend. Similarly, the **Letter to Influential Adults** (page 70) should be modified and sent to community leaders, religious leaders, government officials, etc. to gain their support for the group discussion or workshop. Young people will get more from these materials if their parents and other influential adults support their participation in the group discussion or workshop. The **Letter to Service Providers** (page 71) encourages service providers to create a welcoming environment for young people and to meet the special needs of this population.

Facilitators may consider holding a session with parents and influential adults, to talk about the need for educating adolescents about puberty and sex and to demonstrate the materials that will be used in the workshop with young people. In the **Facilitated Session with Adults** (page 72), facilitators ask adults to recall how they learned about puberty, reproductive health, etc., and encourage them to talk with adolescent about these topics.

Materials for the Facilitator (continued)

Tips to Parents (page 74) gives parents some suggestions for talking with their adolescents about STIs and HIV/AIDS. Facilitators might want to introduce these tips in a facilitated session with adults, and lead a discussion with the adults about talking with adolescents about STIs and HIV/AIDS.

Tips to Adolescents (page 76) gives young people some suggestions for talking with their parents.

The Evaluation pages (pretest, page 65 and posttest, page 67) can be photocopied and distributed to young people in a one- or two-day workshop, to evaluate what they learn over the course of the workshop. Distribute the pretest sometime before the participants watch the video. Be sure to tell the participants that this is not a test, and that they should answer honestly. Collect the pretests and read them to yourself (do not read them aloud or single out any of the participants). Facilitators of a two-day workshop can use the pretests to adjust the workshops to the participants' needs. Questions 2-12 of the pretest help the facilitators get a sense of what the adolescent participants know and don't know. If everyone already knows about one topic, for example, the workshop can spend more time on other topics with which participants are not as familiar. Question 13-15 helps the facilitators know what sources of information the participants have, and Question 16 helps the facilitators know what areas the workshop should cover.

Do not go over the answers immediately, but use the pretest to help tailor the workshop to the participants' needs.

At the end of the workshop, distribute the posttest and have participants answer the questions individually. Collect the posttests and compare the participants' answers to questions 2-12 on the pretest with their answers on the posttest to see what they have learned. Question 16 will help you design the next workshop.



Pretest for "Preventing Risks to Our Future"

Facilitators should photocopy this page and give it to participants at the start of the workshop, before watching the video.

Name: _____ (optional)

1. Are you: ___Male ___Female
2. Can you name two STIs? _____
3. Name one way to prevent transmission of STIs.
4. What is HIV?
5. What is AIDS?
6. What are two ways of transmitting HIV?
7. What are two ways of preventing transmission of HIV?
8. What are three of the possible consequences for adolescents who have unprotected sex?
 - 1.
 - 2.
 - 3.

Pretest (continued)

Are the following statements true (T) or false (F)?

9. You can tell by looking at a person whether or not she is infected by HIV. T F
10. Abstinence from sex is 100% effective at preventing STIs. T F
11. If someone you know offers to share an injection drug
needle with you, it is safe to use it. T F
12. If you use the same dishes as someone who is
HIV positive, you will become infected with HIV. T F
13. Has your mother or father talked with you about STIs and HIV/AIDS?

14. Have you talked with anyone else about STIs and HIV/AIDS? If so, whom?

15. How would it be for you to talk with a health worker about STIs and HIV/AIDS? Would
it be (circle one):

easy

so-so

difficult

16. What questions do you have about STIs and HIV/AIDS?

Posttest for "Preventing Risks to Our Future"

Facilitators should photocopy this page and give it to participants at the start of the workshop, before watching the video.

Name: _____ (optional)

1. Are you: ___ Male ___ Female
2. Can you name two STIs? _____
3. Name one way to prevent transmission of STIs.
4. What is HIV?
5. What is AIDS?
6. What are two ways of transmitting HIV?
7. What are two ways of preventing transmission of HIV?
8. What are three of the possible consequences for adolescents who have unprotected sex?
 - 1.
 - 2.
 - 3.

Posttest (continued)

Are the following statements true (T) or false (F)?

9. You can tell by looking at a person whether or not she is infected with HIV T F
10. Abstinence from sex is 100% effective at preventing STIs. T F
11. If someone you know offers to share an injection drug needle with you, it is safe to use it. T F
12. If you use the same dishes as someone who is HIV positive, you can become infected with HIV. T F
13. Has your mother or father talked with you about STIs and HIV/AIDS?

14. Have you talked with anyone else about STIs and HIV/AIDS? If so, whom?

15. How would it be for you to talk with a health worker about STIs and HIV/AIDS? Would it be (circle one):

easy

so-so

difficult

16. There may be another workshop like this in the future. What topics would you like to learn about in a future workshop?

Letter to Parents

(This page may be modified and distributed to parents.)

This workshop will address the topics of sexually transmitted infections (STIs) and HIV/AIDS. The purpose is to help adolescents learn how to be healthy, both physically and emotionally, as they grow up and become adults. Participants at the workshop will watch a video and look at informational materials (a video and booklets) that were produced by the Adolescent Reproductive Health Working Group. The participants will do some activities to help them learn about and discuss these important topics. The video has scientific information about how babies are conceived and about how STIs including HIV/AIDS are transmitted and how they are prevented. It also portrays what young people are thinking about and some of the problems and situations they are currently experiencing and offers solutions.

Research has found that it is good for young people to learn correct information about puberty and reproductive health including HIV/AIDS and other STIs, and to talk about these topics with adults. Helping adolescents understand the changes that they are going through and their new responsibilities helps them to keep healthy and to make good decisions. Adolescents are naturally curious, and it is better for them to learn correct information about their bodies than to rely on myths or falsehoods that can hurt them.

If you have any questions about the workshop or the materials that will be used (video, booklets, etc.), please contact [name] at [telephone or address]. We look forward to seeing your adolescent at the workshop.

Sincerely,

[Administrator]

Letter to Influential Adults

(This page may be modified and distributed to influential adults.)

Dear Sir or Madam,

[Insert name of school or group that is organizing workshop] will be holding a workshop on [date] at [time] at [place] with adolescents. We sincerely hope that you will be in support of the activity.

This workshop will address the topic of sexually transmitted infections (STIs) and HIV/AIDS. The purpose is to help young people learn how to be healthy, both physically and emotionally, as they grow up and become adults. Participants at the workshop will watch a video and look at informational materials (a video and booklets) that were produced by the Adolescent Reproductive Health Working Group. The participants will do some activities to help them learn about and discuss these important topics. The video has scientific information about how STIs including HIV/AIDS are transmitted and how they are prevented. It also portrays what young people are thinking and some of the problems and situations they are currently experiencing and offers solutions.

Experiences of people and experts working with adolescents have found that it is good for adolescents to learn correct information about STIs, including HIV/AIDS, and to talk about these topics with adults. Helping adolescents understand the changes that they are going through and their new responsibilities helps them to keep healthy and to make good decisions. Adolescents want to know, and it is better for them to learn correct information about their bodies than to rely on myths or falsehoods that can harm them.

If you have any questions about the workshop or the materials that will be used (video, booklets, etc.), please contact [name] at [telephone or address]. Thank you for your interest and support.

Sincerely,

[Administrator]

Letter to Service Providers

(These pages may be modified and distributed to service providers.)

Dear Service Provider,

[Name of school or group] is holding a workshop with young people on [date] at [time] at [place]. The purpose of the workshop is to discuss HIV/AIDS and sexually transmitted infections, including HIV/AIDS with adolescents. At the workshop the "Preventing Risks to Our Future" video will be shown, and participants will have discussions and do activities to learn about sexually transmitted infections (STIs), including HIV. The video and facilitators' guide were developed by people who have expertise working with young people.

As a respected member of this community, we ask that you lend your support to the workshop, and promote reproductive health services for adolescents. Also, we hope that you will be available after the workshop if any of the adolescents or their parents have questions.

As you know, we want our adolescents to be able to make informed decisions about their reproductive health, but they often feel unable to ask sensitive questions of their families and friends. We ask that you make your clinic a place where adolescents can go to ask any questions or get advice on health. We suggest the following actions to attract adolescents to your clinic:

- Find out about adolescents in your community by talking to them about their health needs.
- Discuss adolescent issues with community members, religious leaders, community leaders, and politicians to help them understand the need for teaching young people about reproductive health (puberty, conception, sexually transmitted infections, including HIV). Their support is essential for promoting adolescent reproductive health services at health centers, in schools, and in homes.
- Provide information in your clinic. Have available the "Know Yourself" Question & Answer booklets. Use the "Know Yourself" videos and facilitators' guides to hold a workshop.
- Ensure that all staff in your clinic are trained in counseling skills and are sensitive to adolescent issues.
- Keep adolescent counseling sessions confidential to encourage them to trust service providers and to return for follow-up visits. Keep adolescents' records separate and confidential.
- Offer adolescent services at the adolescents' preferred times – afternoon, after school, or in the evening, when few adults are present.
- Develop a workable space, and if possible offer a separate space at the clinic for adolescents.
- Provide recreation/entertainment at the health center. This will attract adolescents to the health center and help get them into services.

If you have any questions about the upcoming workshop or the materials that will be used (video, booklets, etc.), please contact [name] at [telephone/address]. Thank you for your interest and support.

Sincerely,

[Administrator]

Facilitated Session with Adults

The purpose of the following discussion and activities is to help adults understand the need for talking with adolescents about sexually transmitted infections (STIs) including HIV/AIDS. Facilitators should decide how to coordinate the activity so that the adults feel most comfortable participating.

At first, adults may be resistant to the discussion or shy to talk about these personal topics. As much as possible, facilitators should encourage the adults to be honest about their own experiences and ideas, and not to feel that they must defend themselves.

Start the session with a name game and an icebreaker to put the adults at ease and help them get to know each other. Before presenting the "Preventing Risks to Our Future" video and "Preventing Risks to Our Future" Q & A booklets, facilitators may engage adults in a group discussion to help them think about the following issues:

- Where/how did you first learn about issues of personal hygiene?
- When you were an adolescent, what did you know about the opposite sex?
- Where/how did you first learn what menstruation was?
- Where/how did you first learn what a wet dream was?
- How did you feel when you yourself went through puberty?
- What did you need to know about the opposite sex?
- Where/how did you first learn about sexual intercourse?
- Where/how did you first learn how babies are made?
- What and where did you first learn about family planning?
- What and where did you first learn about HIV/AIDS?
- What and where did you first learn about STIs?

Reassure the parents that talking with kids about sexually transmitted infections (STIs) including HIV/AIDS can be difficult, but it's a necessary part of being a parent. Parents want their adolescents to have the best, to be prepared for their future, and to succeed.

Show the adults the "Preventing Risks to Our Future" video, and lead the adults in some of the discussions and activities for the video.

Facilitated Session with Adults (continued)

Present the "Know Yourself" Question & Answer booklet series to parents and encourage them to look through them and to talk with their adolescents about them. They may find it easier to talk with their adolescents about puberty, conception, STIs including HIV/AIDS, and reproductive health if they have something to read together.

Let the adults know where they can get more information about these topics and about talking with their adolescents (health centers, etc.).

Share the "Tips to Parents for Talking with Adolescents" with the adults (page 74).

Tips to Parents for Talking with Adolescents

Start early to talk with your adolescents about issues of growing up and becoming an adult such as what happens during puberty (menstruation and wet dreams) and about sexual relations. Tell them the facts about HIV/AIDS and STIs or share an informational booklet. Experts suggest that by beginning these conversations early, adolescents do not think the topics are awkward, shameful, or embarrassing. Your adolescents will become used to talking with you and seeking your advice.

Be an askable parent. If your adolescent asks a question, she or he is ready to hear the answer – don't put them off and tell them to wait until they are older for an answer. Reward them by telling them that you are glad they asked their questions.

It is okay for parents not to have all the answers. Most parents have not had sexuality training and may not know the correct answers for some of their adolescent's questions. Help your adolescent to find out the information from a health worker or other reliable resource.

Be aware of the question behind the question and reassure your adolescent. The question he asks may be "What's the oldest that a boy ever had his voice break?" but what he really wants to know is, "Am I normal?"

Trust your adolescent. Your adolescents are a resource to your family, and you need to encourage their potential. Trust them, respect them, and treat them like unique, intelligent human beings.

Meet your adolescent's basic needs. If you do not provide for your adolescents, who will provide for them? Do not let your adolescent get tempted by gifts from strangers. Don't continually compare your adolescent to other adolescents. It is very discouraging for an adolescent to hear parents saying: 'Why can't you be like Sharif? He's so clever!' Treat each adolescent as an individual and let each adolescent realize his or her own potential.

It is okay to be uncomfortable. Many people feel uncomfortable talking about sexual matters. Be careful not to express your discomfort as anger. Your adolescent will not want to come to you again with questions.

Choose some quiet time when you can be alone with your adolescent to talk with him or her. If there are other people listening, your adolescent may not feel comfortable enough to talk honestly with you.

Tell your adolescent about values when you tell them about the facts. Think about your own values and explain your reasons. Telling them "why" you have these values teaches them to think, and helps them learn that although it is normal to have sexual thoughts and feelings, they do not have to act on every impulse.

Tips to Parents for Talking with Adolescents (continued)

Don't be excessively strict. You want to protect your adolescent, but if you are unnecessarily harsh your adolescent will not want to talk with you. Talk with your adolescents so that they understand why you restrict them from doing certain things.

Find positive aspects about relationships to talk about with your adolescents. Talking with them about building a loving and trusting relationship can help them decide what kind of relationship they themselves want.

Have concern for your adolescent's interests and emotions, and encourage them to talk with you about what they are doing. Respect their privacy and their judgment, however, and do not force them to tell you everything.

Get to know your adolescent's friends and their parents.

Allow your adolescent to make choices and accept responsibility. Everyone has likes and dislikes. Young people can learn to be responsible and choose what is best for them. Guide their decisions but do not impose. It is hard to choose friends for your adolescent. They do not choose your friends. Let your adolescent be her- or himself.

Tips to Adolescents for Talking with Parents

Observe your parents' moods, and choose a quiet time when they are in a good mood to talk with them.

Show that you are willing to listen and try to understand your parents' point of view.

Introduce your friends to your parents, so that your parents will know who your friends are and will trust your judgment.

Begin a discussion about sexual matters by talking about some adolescent you've heard about, and try to get the parent discussing.

Ask a relative you trust to talk with you and answer your questions.

Talk to your brothers or sisters about how you can support each other in talking with parents.

Appreciate your parents. It is true that they have to provide the basics but do not take them for granted! They also need love and care from you. Give them a "thank you," "sorry," or "please" whenever necessary.

Sources of Activities

Many of the activities and some of the discussions in this facilitators' guide were adapted from the following sources:

- Carl, Greg and Chaiphech, Nonthathorn. Friends tell friends on the street. Bangkok, Red Cross AIDS Research Centre, 2000.
- Family Care International. Stepping out. Nairobi, Family Care International/Kenya, 1999, p. 87, "Talking with adolescents".
- International HIV/AIDS Alliance. 100 ways to energise groups: Games to use in workshops, meetings and the community. International HIV/AIDS Alliance, 2002, p. 4, "Juggling ball game" [Balls in the air], p. 5, "Space on my right", p. 23, "Presenting gifts" [Imaginary gifts]).
- Peace Corps Life Skills Manual
- UNDP 1st Caribbean HIV and Development Workshop, Facilitators Manual
- UNICEF Uganda. The teenager's toolkit. Kampala, UNICEF Uganda, 2001, p. 97, "Tips on talking to parents".
- UNICEF ESARO. Sara regional lifeskills manual. Nairobi, UNICEF ESARO (in press) p. 113, "Passing the message" [Draw This], p. 70, "How far should I go?" [My Limits], p. 65, "What is Love?" [Love Is..], p.74, "Consequences", p. 147 "What would happen if..." [What we would do], "Consequences of early pregnancy", "Finding the right phrase," [The Right Response], p.19, "Rating the risk" [Rating behaviors for HIV Risk], p. 209, "What do you know" [Myths and facts], p. 130, "Saying no" [Let's have some fun].

