HEALTHY ACTIONS
Advancing Youth Liberia
PSI, 2012
**About this project**

The USAID/Advancing Youth Project is working with out-of-school youth aged 13-35 to provide basic education opportunities including literacy, numeracy, life-skills and work-readiness. The project also provides relevant health information and training as well as opportunities to develop leadership skills and improved livelihoods. EDC is the primary implementing agency for the project, with Mercy Corps and YMCA-Liberia.

EDC is a global nonprofit organization that designs, delivers and evaluates innovative programs to address some of the world’s most urgent challenges in education, health, and economic opportunity. Working with public sector and private partners, EDC harnesses the power of people and systems to improve education, health promotion and care, workforce preparation, communications technologies, and civic engagement. Founded in 1958, EDC’s headquarters are located in Waltham, MA, USA. We also have offices in New York City and Washington, DC, USA. EDC implements projects in over 35 countries.

PSI is a global health organization dedicated to improving the health of people in the developing world by focusing on serious challenges such as a lack of family planning, HIV and AIDS, barriers to maternal health, and the greatest threats to children under five, including malaria, diarrhea, pneumonia and malnutrition. A hallmark of PSI is a commitment to the principle that health services and products are most effective when they are accompanied by robust communications and distribution efforts that help ensure wide acceptance and proper use. PSI's world headquarters are in Washington, D.C., with programs in 69 countries and a European office in Amsterdam.

**Acknowledgements**

Developing the Healthy Actions curriculum would not have been possible without the dedicated leadership of Rena Greifinger (Technical Advisor, Sexual Reproductive Health and TB, PSI), Reid Moorsmith (Country Representative, PSI Liberia), Marilyn Urey (SRH Program Manager, PSI Liberia) and the PSI Liberia Healthy Actions team: Ernlee Bee-Barbu, Sulaiman S. Rogers, William W. Dickson, Madison M. Myers, and Nohn K. Leyah. Special thanks to Thomas Kallon for his support with monitoring and evaluation, Meredith Gaffney for her superb liaison skills, and to Lisa Hartneberger and Simon James of EDC for their ongoing support and enthusiasm. A very special thanks to the dynamic young women that took part in the focus group and pre-testing workshops.
Helpful Resources

We reviewed a handful of resources produced by organizations around the world that provided us with helpful tools, ideas, and language for this curriculum. We greatly appreciate the work of these organizations and would like to acknowledge their indirect contribution to this project.

Grassroots Soccer – YES to Soccer

GIZ – Methods Handbook for Youth Social Work

International Planned Parenthood Federation – Family Planning Handbook

International Sexuality and HIV Curriculum Working Group – It’s All One Curriculum

Gender Roles Equality and Transformation Project (GREAT) – Pathfinder International, Save the Children and Institute of Reproductive Health

Population Services International – Smart Choice Curriculum
**Terms at a Glance**

**Acronyms**

AIDS: Acquired Immunodeficiency Syndrome

ARV/ART: Anti-retroviral/Anti-retroviral therapy

FP: Family Planning

HC: Healthy Competition

HIV: Human Immunodeficiency Virus

IUD: Intrauterine Device

OCP: Oral Contraceptive Pills (Birth Control Pills)

SRH: Sexual and Reproductive Health

STI/STD: Sexually Transmitted Infection/Sexually Transmitted Disease

VCT: Voluntary Counseling and Testing

**Definitions**

ARV/ART: medication given to people living with HIV to keep the immune system strong and control HIV

Confidentiality: the state of being secret. Keeping information confidential means keeping it private and not sharing it with anyone, unless the owner of that information gives permission.

Contraception: Artificial methods or techniques that prevent pregnancy

Immunodeficiency: A breakdown of the immune system

Syndrome: A group of symptoms or collection of illnesses

Virus: An infection or disease; a “bug”
Introduction

Welcome to Healthy Actions Liberia, a program of the Advancing Youth Project. Healthy Actions is a unique, five-day curriculum for out of school youth between the ages of 13 and 35. Delivered by trained health educators in two counties (Montaserrado and Nimba), the curriculum aims to:

- Build knowledge of HIV/AIDS and STIs (transmission, prevention and treatment) and family planning;
- Explore values and develop critical thinking skills surrounding family planning, sex and sexuality, and HIV stigma;
- Develop valuable communication and other life-skills (e.g. talking about sex and family planning, condom negotiation, correct and consistent condom use);
- Spur action (going for HIV counseling and testing and family planning services).

As part of Liberia’s wider Alternative Basic Education Program, specifically designed for youth that have missed the chance to attend formal school at the appropriate age-level, the curriculum utilizes a number of interactive and participatory approaches to build learners’ knowledge, skills and confidence. These approaches include:

- Role-play activities
- Games
- Case studies/scenarios
- Large and small group discussions

Healthy Actions is dedicated to youth involvement in program design and delivery. A group of young learners came together for two meetings during the development of this curriculum. The first meeting was an informal focus group discussion that focused on their knowledge of and attitudes toward HIV/AIDS, condom use, HIV counseling and testing, family planning, teen pregnancy and youth-adult communication. They were also asked about their favorite ways to learn and recommendations for activities. In the second meeting, some of these and other learners were brought together to test out some of the activities, provide feedback and offer suggestions for improvement. This exercise was critical to the development of this curriculum.

In addition to the four county health leads that will be delivering the curriculum, two peer educators will be chosen per site to support program delivery. Peer educators will undergo a comprehensive training following Healthy Actions so that they can continue delivering the curriculum on their own in their schools.

Healthy Actions will launch in January 2013 in 36 schools (18 per county) across Liberia. Classes will meet in the evenings for three hours and conclude with a celebration and HIV counseling and testing day. Our hope is that young people will leave this program with new knowledge, new friends, and the skills and confidence they need to access health services, protect themselves, and advocate for healthy actions among their peers.
Healthy Actions Facilitator Training

In order to orient the facilitators to Healthy Actions, the best thing to do is to practice many of the games and activities found right in the curriculum. This will help them learn the curriculum, get comfortable facilitating, and get to know one another.

Suggestions for facilitator training:
- Briefly conduct all of the Opening Day activities;
- Review quotes for each day to learn the audience;
- Conduct the facilitator training activities provided;
- Assign each facilitator a different activity. The facilitator will be responsible for conducting a very short version of that activity for the rest of the group.

Understanding the Curriculum
Each day will follow a similar structure, with the exception of the first day which will be a shorter session dedicated to introducing the program and getting acquainted. The sessions on days 2-5 will last 3 hours and will include:

Energizers and previous day’s review: A few minutes will be spent on a fun activity that gets the group comfortable and laughing. Then there will be a short review of information covered the previous day.

Four large or small group activities: Activities focus on:
- * Knowledge -- building participants’ knowledge about core subjects (SRH, family planning, pregnancy and HIV/AIDS). E.g. through “true or false”.
- * Attitude -- helping participants think critically and explore their attitudes and values toward certain issues or circumstances. E.g. through “agree or disagree”.
- * Behavior – practicing a certain health or communication behavior. E.g. through role plays.
- * Action – discussing or promoting taking action. E.g. through VCT Day.

Discussion questions: Discussion questions will follow each activity. The questions will spur critical thinking and awareness, plus prepare participants for action taking such as getting an HIV test and finding FP services.

Healthy Competition (HC): Participants will be split into teams for the whole week (though they will move around every day so that, during small group activities, they get to work with different people). Each day, there will be one or two rounds of HC in which the teams get together and compete against one another. The winners will be announced on the VCT day and a prize will be given.

Supporting Information
Text boxes like this will provide supporting information for each activity, including aims, key messages and time needed.

Knowing your audience...
Text boxes like this have quotes from our informal focus group discussions with some learners about their perceptions of HIV/AIDS and family planning. This will help you understand the audience, where they are coming from and how to prepare the activities for the day.
Activity 1: The Facilitator's Role

Aims:
- Facilitators adopt strong facilitation skills and recognize poor facilitation skills.
- Facilitators identify their roles and responsibilities.

Key messages:
- Facilitators act as mentors, not lecturers.
- Facilitators guide, not preach.
- Facilitators maintain discussion, energy and understanding.

Time: 30 minutes

1. Ask facilitators what they think their main roles are and why. The list should include:
   - Provide information.
   - Guide discussions and critical thinking.
   - Listen and advise like a mentor, less like a teacher.
   - Monitor and manage the environment to ensure that everyone has the opportunity to participate equally.
   - Keep discussions on track so that the objectives of the workshop are reached.
   - Clarify, summarize and conclude discussions and activities, making sure that facts are given.
   - Gently, but firmly, correct misinformation.
   - Make sure everyone is having fun and learning.

2. Separate the facilitators into two groups and hand out pens and paper. If flip chart paper is available, use that.

3. Ask one group to come up with a list of everything that facilitators should do and ask the other group to come up with a list of things that facilitators should not do.

4. Invite each group to present their list and ask groups to explain what they have listed. Refer to the list below of facilitator do’s and don’ts, asking participants what is meant by each bullet. Ask for examples, such as what does “losing the conversation” mean?

5. Once you are finished, ask the following discussion questions.
   - What are your strengths as a facilitator?
   - What skills do you hope to gain from this program?
   - What are some challenges that could arise during, and how would you address them?

Facilitator Do’s
- Be patient
- Show that you are a learner too
- Build on participants experiences
- Encourage participation
- Use simple language
- Keep the group on topic
- Be aware of the members of the group
- Be excited about the material
- Plan in advance
- Act responsibly
- Respect and appreciate participants
- Separate personal values from discussion
- Correct misinformation
- Offer to talk privately with participants after the activity

Facilitator Don’ts
- Dominate the group
- Act as a “know it all” expert
- Only talk about yourself
- Take sides in debates and discussions
- User overly technical or complex language
- Lose control of the conversation
- Only pick on or converse with one or two participants
- Appear bored or uninterested in the material
- Arrive unprepared
- Lose your temper
- Criticize participants for their beliefs or values
- Make faces or comments that pass judgment
Activity 2: Building Life Skills

**Aims:**
- Facilitators recognize what life skills are and how to build them.
- Facilitators clarify the life skills that will be taught through Healthy Actions.

**Key messages:**
- Life skills help people deal effectively with the demands and challenges of everyday life.
- Healthy Actions life skills will help young people avoid HIV and unwanted pregnancy.

**Time:** 30 minutes

1. *Read this out loud:* Simply knowing something is not enough to get people to change behavior. They need to know how to change and have the motivation and positive influences to help them do so. Life-skills education teaches people how to adopt healthier behavior.

2. Divide participants into three small groups and ask each group to discuss what they believe are life skills.

3. After five minutes, assign each group one of the following questions for discussion:
   - Who can teach life skills?
   - Where can life skills be taught?
   - How can life skills be taught?

4. Ask groups to report back on their discussions.

5. Discuss the definition of life skills below. How does this definition compare to what participants said?

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**Life Skills** are tools that help individuals to deal effectively with the demands and challenges of everyday life.

They can include:
- Decision-making
- Ability to resist pressure to have sex or use drugs
- Ability to negotiate condom use/safe sex/better health services
- Ability to protect yourself from harm (use a condom, use family planning)
- Avoiding or resolving conflict

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**Healthy Actions Life Skills**
- Avoid risky sexual practices
- Abstain from sex if one does not want to have sex
- Use a condom correctly and consistently
- Be assertive with wants and needs
- Stick to a decision to protect oneself
- Seek reproductive health and HIV services including family planning
- Find trusted adults (both professional and non-professional) to talk to about sexual health
- Go for HIV counseling and testing
- Find and negotiate (demand) quality health services
- Avoid abuse of alcohol and other drugs
- Seek accurate information about HIV/AIDS and sexual and reproductive health
- Communicate with partners and children about sex and sexual health
Tips for Leading Role Plays

- Usually two or more people are asked to take on the roles of certain characters and then act out a scene. Make sure that small groups understand that while two people are acting, the whole group should come together and direct the role play.

- Make sure that no one is forced to act in a role play by other participants; some young people may not feel comfortable acting. However, if a group member only seems to be a little shy or reluctant, encourage her or him – gently, not forcefully – to try acting a role.

- Suggest that male participants play female roles and female participants play male roles.

- Visit small groups as they are creating a role play to make sure that they are developing a scene that is no longer than five to seven minutes.

- Make sure that the group has enough time to practice their role play.

- Create enough space for the performance so that all other participants can see it.

- Encourage the players to speak loudly so that the whole audience can hear the dialogue.

- If the role play goes on too long or seems to get ‘stuck’, ask players to stop and discuss.

A Note on Participants

- Learners will be between the ages of 13 and 35, making age appropriate programming difficult. It is up to the facilitator to gauge where participants are and how appropriate the activities will be for them. Facilitators can get creative, perhaps by splitting up the groups by age, asking older youth to take more leadership roles, or changing the games slightly so that they are more appropriate for the audience.

- Some of these classes will have 50 – 120 learners. These are huge numbers for facilitation. Use your judgment in adapting these activities. If the group is very large, you may not be able to have each small group perform their role-play or feedback during discussions. Just make sure that each person gets an equal opportunity to participate.

- Learners will be men and women. The topics being covered can be difficult to discuss in mixed gendered groups. When possible, encourage men and women to stay together, as they may not have opportunities outside of this safe setting to talk about sex and sexual health. But use your judgment and feel free to split up the groups by gender if you think it is appropriate.
Peer Educator Training

Peer educators will be selected on Day 1 by the facilitators and asked to come one hour early on Day 2 for a brief training. They will also receive a full peer educator training after this program in order to continue facilitating Health Actions in their schools.

Activity 1: Why Peer Education?

**Aims:**
- Peer educators adopt strong facilitation skills and recognize poor facilitation skills.
- Peer educators identify their roles and responsibilities.

**Key messages:**
- Peer educators act as mentors, not lecturers.
- Peer educators guide, not preach.
- Peer educators maintain discussion, energy and understanding.

**Time:** 1 hour

1. Welcome peer educators and congratulate them on committing to this very important job. Explain that as peer leaders, they will gain valuable leadership skills and be role models for their peers. This job comes with responsibility, so this session is designed to help them understand their role and answer any questions they may have.

2. Ask peer educators to answer the following questions in a group discussion.
   - What do we mean when we say peer education? *Possible answers: when people of similar age help guide their peers in discussion and education; when young people become teachers alongside adults.*
   - What are some possible advantages of peer education? *Possible answers: People are more likely to listen to others that are the same age or going through the same situations as they are. Young people are more likely to know about the needs and challenges of other young people in similar situations; rather than health providers or teachers.*
   - What are possible disadvantages of peer education? *Possible answers: Sometimes peers do not have the knowledge or expertise about certain subjects that adult professionals do. This is why it is important that peers and professionals work together.*

3. Read the following definition of peer education.

**Defining Peer Education**

**Peer:** a person who belongs to the same social group as another person; this may be based on age, gender, sexual orientation, occupation, socioeconomic or health status, etc.

**Education:** the development of a person’s knowledge, attitudes, beliefs or behavior as a result of the learning process.

**Peer education:** the process whereby well-trained and motivated young people undertake informal or organized educational activities with their peers (those similar in age, background and/or interests). These activities happen over a period of time, and are aimed at developing young people’s knowledge, attitudes, beliefs, and skills and help them to be responsible for and to protect their own health.

4. Explain that this group of peer educators was hand-selected because of a number of characteristics that make them fit to be a peer educator. This is because you:
   - Are accepted and respected by your peers
   - Are energetic and excited about the program
- Are able to communicate well
- Are a good listener
- Do not judge others
- Want to work to reduce HIV and pregnancy in youth
- Demonstrate care, compassion and respect for people living with HIV/AIDS
- Are confident and show leadership skills
- Can be a role model for your peers

5. Ask peer educators what they think are the main roles of a peer educator and why. The list should include:
- Provide information
- Guide discussions and critical thinking
- Listen and advise like a mentor, less like a teacher
- Monitor and manage the environment to ensure that everyone has the opportunity to participate equally
- Keep discussions on track so that the objectives of the workshop are reached
- Clarify, summarize and conclude discussions and activities, making sure that facts are given
- Make sure everyone is having fun and learning
- Feedback to facilitators questions and suggestions at the end of every day

6. Review the Facilitator Do’s and Don’ts that were devised and discussed in the facilitator training. Hang up the flipchart paper if available. Make sure that each bullet point is discussed and that peer educators are able to articulate their roles clearly.

**Tips for Leading Discussions**

- Discussion should be a focus of every activity. Make sure you leave ample time for discussion, even if it means cutting the activity short (e.g. only having a few groups perform their role plays rather than all.)

- Discussion questions are flexible. Facilitators should feel free to rephrase them and, if needed, look for different strategies to start the discussion on a topic.

- The discussion questions are only the starting point for conversation. Do not move on to the next topic just because a few people have answered it.

- Be sensitive to the differences among the participants (gender, age, literacy, etc).

- When appropriate, share your personal experiences with the participants, especially the changes you are experiencing as facilitator due to exposure to this program. This helps participants open up and talk about their own lives.

- Have an open attitude towards the participants’ opinions, practices and beliefs even if they are not considered “right” or you don’t agree with them.

- Express an interest in the participants’ points of view and listen thoughtfully to their responses and ideas.
DAY 1: Getting to Know You

Activity 1: Gotcha!

**Aims:**
- Participants laugh and begin to get comfortable.
- Participants become more comfortable talking in front of the group.

**Time:** 30 min (each activity should take 5-10 minutes).

**Note to facilitator:** These opening exercises are meant to get participants excited and comfortable so make sure to be silly and relaxed. The more they laugh now, the easier it will be to talk about sensitive issues later.

1. Ask participants to stand in a circle with their shoulders touching.

2. **Read these instructions and demonstrate while you explain:**
   - Hold your left hand out in front of you, as if collecting money.
   - Place that hand in front of the belly of the person standing to your left, still facing up.
   - Now raise your right hand and point your first finger up, as if symbolizing the number one.
   - Turn that finger upside down, and lower it so that it hovers just above the hand of the person next to you. Make sure not to touch their hand, but to stay just above it.
   - When I yell “Gotcha!” you must try to grab the finger of the person to your left, while making sure the person to your right does not grab your own finger. The winners are those that can do both.
   - Be careful and do not elbow each other in the face!

Yell “Gotcha!” and congratulate those who won. Play a few more times, perhaps asking participants to switch their hands or by yelling a word other than “Gotcha” to trick them.

**Activity 2: Taxi Park**

1. Clear an open area so that everyone can move around.

2. **Read this out loud:** Imagine you are in a large taxi park, trying to find the right taxi to take you home. I am going to shout out a category, such as “favorite color.” Everyone must move around the room shouting out their favorite color, like a taxi conductor trying to find passengers. Find others that have the same favorite color as you do, and stand together in a group.

3. Play the game out by calling out “favorite color!” and allowing the groups to form.

4. Once the groups form, go around the room asking each group to share their favorite color.

5. Repeat the game with more categories, one at a time. Use these categories or your own ideas:

<table>
<thead>
<tr>
<th>Number of sisters/brothers</th>
<th>Favorite food</th>
<th>Favorite football team</th>
</tr>
</thead>
</table>
Activity 3: Which do you Prefer?

1. Explain that you will call out two things, such as “Coca-Cola and water.” Whoever prefers Coca-Cola moves to one side of the room, and whoever prefers water moves to the other. Call out the preferences from this list, or add some of your own, watching as the groups move from one side of the room to the other. Make sure you are telling them which side is which.

- Coca-Cola or water
- Singing or dancing
- Motorcycles or cars
- Being with lots of people or being alone
- Chicken or beef
- Trousers or skirts

Activity 4: Partner Interviews

1. Separate participants into pairs. If the group is large, create small groups of 4-6 people.

2. Pairs will interview one another. They will find out their partner’s:

   a) Name  
   b) What they do for fun  
   c) What their hopes and dreams are for the future

3. Explain:

   - Everyone will introduce their partner to the rest of their group with the information they learned.

IMPORTANT INFO

- These opening activities are designed to get participants comfortable with one another and comfortable talking in front of the group. For some, this is easy. For others, it can be very intimidating. The activities are therefore designed to ease participants into the process of speaking out loud.
  - Gotcha has no obligation to talk to anyone.
  - Taxi Park does not necessitate conversation, but some interaction with others.
  - Which do you Prefer helps us learn more about each other.
  - The partner interviews are one-on-one conversations.
  - Finally, the partner introductions necessitate talking in front of the group.

- During these activities, you will start to be on the lookout for peer educators- two youth that you choose to help you facilitate activities throughout the week. They will be selected by the end of this opening day and given some additional training. Characteristics to look out for:
  - Confident speaking in front of the group.
  - Able to facilitate discussion, rather than just answering for themselves.
  - Ability to comprehend and communicate material to others.
  - Listening skills.
  - Positive energy.
  - Ability to show up every day.

- This opening day is very important for setting the precedent for the rest of the week. Focus on group building and finding out the different personalities and resources.

- Participants are going to come on this day with anticipation, excitement, and nervousness, so play these games first before sitting and talking about the program.
Activity 5: Setting Ground Rules

Aims:
- To create ground rules for the week.
- Participants feel more comfortable talking in front of the group and excited about the week.

Key messages:
- This is a safe environment in which participants are free to share their thoughts and opinions with the respect of their colleagues.
- Participants will show up every day and participate fully in discussions.

Time: 20 min

1. Read this out loud: Congratulations on a great first activity! As you can see, we have many people from many different backgrounds in this room. We all have our own types of families, our own dreams and our own experiences. But we also have so much in common and so much to share with one another.

This is going to be a very intense week and we will be discussing a lot of topics, some of which are quite sensitive. It is important that we come up with a list of ground rules – how we expect to be treated and how we expect everyone in the group to behave. This is going to make the week go well and ensure that we all learn a lot and have a lot of fun.

2. Ask the group to come up with some ground rules for ensuring that the week goes well and that everyone is able to participate fully. Use the list below as a guide.

It is very important to continue to ask “why” in this activity. Why is it important to respect each other? Why is it important to turn off your phone? Make sure participants understand each ground rule’s meaning; talk through them slowly.

Common Ground Rules
- Respect each other, even when you disagree.
- Agree to participate actively.
- Respect each other’s privacy and confidentiality.
- Have the right not to participate in any activity that makes you feel uncomfortable.
- Listen to what other people say without interrupting them.
- Do not use statements that put people down or embarrass them.
- Do not come to the workshops if you are under the influence of alcohol or drugs.
- Be on time.
- Turn off your cell phone.
- Come every day.
- Have fun!
1. **Explain Healthy Actions:**
   - New program being delivered to young people in Montserrado and Nimba.
   - Five workshops, each three hours in length, focused on issues like sex, sexual health, HIV, and family planning.
   - We hope that by the end of the week, you and your peers will know more about HIV and preventing pregnancy, where to go to get information and services within your communities, and you will continue to act as leaders and role models for your peers.
   - What is most important to us is that you learn a lot and that you have fun.
   - This program was designed with the help of your peers. They helped us understand the best ways to teach young people about these things, and the areas that we should focus on most. Without them, we could not have put this together.
   - We will meet here in this room every day this week.

**Aims:**
- Participants will learn about the activities for the week.
- Participants feel comfortable and excited.

**Key Messages:**
- Every day will focus on gaining knowledge, skills, and having fun.
- Knowing how to prevent HIV and unintended pregnancy can help you succeed.

**Time:** 10 min

**DAILY SCHEDULE**

**Day 2:** Our bodies and how they work
- Changes during puberty and introduction to reproductive health
- Introduction to pregnancy and how to prevent it

**Day 3:** HIV/AIDS
- Knowing how HIV is transmitted, prevented and treated
- HIV counseling and testing
- Addressing HIV related stigma and supporting people with HIV

**Day 4:** Sex, relationships and sexual health
- Learning about contraceptive methods
- Learning how to talk about sex
- Deciding the right time to have sex

**Day 5:** Communication and action skills
- Building communication skills
- Recognizing forced sex vs. voluntary sex

**Day 6:** VCT Day
- Celebration with local clinics and HIV counseling and testing
Activity 7: Introducing the Healthy Competition

**Aims:**
- To form equal size teams.
- Make up names and cheers.
- Participants understand the goals of the HC.

**Key Messages:**
- Every day will have 1-2 HC activities that can win points for your team.
- Points are won through winning the activity, attendance, and spirit.

**Time:** 20 min

**Extras:**
- Pen and pieces of paper

During the first few activities, decide how many teams you are going to have based on the total number of participants. There should be no more than 10 people on each team. Tear up small pieces of paper equal to the number of participants. Write down the names of common animals on each – for instance, if there are going to be 5 teams of 10 people, write 10 elephants, 10 cows, 10 dogs, 10 cats, and 10 chickens.

1. Hand out one slip of paper to each participant and tell them to keep what is written a secret. Help any participants with reading.

2. *Read this out loud:* When I yell “Go!” you are to start roaming around the room making the noise of the animal on your piece of paper. Find everyone else in the room with the same animal as you do. Stand together in a group.

3. Yell “Go!” and let the participants find their groups.

4. *Explain Healthy Competition:*
   - 1-2 HC activities every day
   - The group that you are with now is going to be your team.
   - You are going to have the chance to earn points that will be added up at the end of the week. The team with the most points wins a big prize on the final day.
   - You can earn points by:
     - Attendance each day (20 points for a full team; 10 points for 1-2 missing);
     - Winning HC activities;
     - Team spirit (cheering, participation, enthusiasm); the facilitators will be watching for team spirit and allocating points every day.

5. Ask the group if they have any questions about Healthy Competition and answer anything that is not yet clear.

6. Give the teams 10 minutes to come up with a team name and cheer or song.

7. After 10 minutes, ask each team to present their team name and their team cheer or song. Make sure everyone is clapping and cheering for one another.

**SCOREKEEPERS**
Designate one person, like a teacher or peer educator, that can keep score every day for Healthy Competition. There will be a designated amount of points for each activity and for attendance, but “team spirit” is vague and up to the facilitators to award points where they see fit. If a team is not doing well in the competition but is really participatory and cheerful, they should get extra points. We do want one winner at the end, but we want it to be close so that participants stay engaged all week and continue to have fun.
PRE-TEST

Hand out the pre-test. You will read the questions out loud to the group and tell them to put a ring around the answer that they feel is best. Each question will be numbered, with multiple choice or true/false questions for them to circle.

Remind participants that this pre-test is completely confidential and anonymous (nobody will know whose is whose). They are not to write their names on it. We do this with the hope that they will answer the questions honestly. We want them to answer with their own opinions, not those of anyone else. This is very important to us, as we want to make sure that the program is teaching the appropriate information.

CLOSING

Make sure to close out the session with a lot of enthusiasm and thanks to everyone for coming. Explain how excited you are to get started tomorrow. Remind them of when to arrive and to please be on time, so that you can get through everything planned and so they can win the ultimate amount of points for their team!

Just before finishing, ask participants to go around within their HC teams and say one thing that they are looking forward to this week.

PEER EDUCATORS

By the end of Day 1, facilitators should have chosen 2 participants to serve as peer educators for the remainder of the week. Peer educators will have the following qualities:

- Are energetic and excited about the program
- Are able to communicate well
- Are good listeners
- Do not judge others
- Want to work to reduce HIV and pregnancy in youth
- Demonstrate care, compassion and respect for people living with HIV/AIDS
- Are confident and show leadership skills
- Can be a role model for peers

Ask peer educators to stay for a half hour after Day 1. Briefly explain what they can expect from the week and confirm whether they are ready to commit to the role:

- Peer educators will help lead activities every day. For most activities, we will break the participants up into groups. Peer educators will roam around supporting different groups.
- Peer educators will be on-hand to help start discussions and keep them going, ask provoking questions, and keep conversations on track.
- Peer educators will keep track of the questions that arise in their groups that and feedback those questions to the facilitators at the end of every day.
- Peer educators will bring excitement and energy to the program every day.
- Peer educators will have the opportunity to go through a comprehensive training after Healthy Actions so they can continue supporting sexual health endeavors in their schools and communities.
DAY 2: Our Bodies and How They Work

On Day 2, peer leaders will arrive one hour early to receive a rapid training. Use the activities highlighted in the Facilitator Training at the beginning of the curriculum.

We asked some learners about their perceptions of pregnancy. Here is what they said...

“It is good for young people to prevent themselves from pregnancy until they finish school and get married because in Liberia, if you have one or two children and the father is not working, you will worry as to how to take care of the children.”

“I get education on HIV and sexual health from listening to the conversation of older people.”

“The young people in my community feel happy to use condoms because they believe it will prevent them from getting pregnant and from getting sickness.”

“My friends are not using condoms; they said it does not satisfy (no sexual satisfaction) them.”

“I never liked using condoms but after learning about HIV and condoms in my class, I started using condom to protect myself from HIV and pregnancy.”

Day 2 Agenda

Energizer...........................................5 min
Day 1 Review.................................... 10 min
The Words We Use..............................20 min
Knowing our Bodies...........................30 min
Pregnancy True or False.................... 30 min
BREAK............................................10 min
Talking about Sex..............................40 min
Sex and Sexuality............................. 30 min
Closing............................................5 min

Remember!

- You do not have to conduct every activity in this guide. Some activities may take longer than the time given, because the discussions become so engrossing. Pick and choose which activities you think are most appropriate.

- It is okay if you do not get through every statement in the True/False and Agree/Disagree activities. Just choose the ones you think are most important and start with those. That way, if you do not have enough time to finish, you know you have covered what is most important.
Activity 1: I Like Everybody Who

**Aims:**
- Participants will learn more about one another, laugh and get comfortable.

**Time:** 5 min

1. Ask participants to form a circle, shoulder to shoulder. Stand in the middle of the circle.

2. **Explain the game:**
   - You begin the game by saying, “I like everybody who” and then say something about yourself. Anything! (e.g. likes the color blue)
   - Everybody that has this in common with you must leave their place in the circle and find a new place to stand quickly.
   - You will also take somebody’s place, meaning one person will be left without a spot in the circle. It is then that person’s turn to say, “I like everybody who” and finish the sentence with something else.
   - Participants they may not go to the space directly to their left or their right.

Activity 2: Day 1 Review

**Aims:**
- Participants recall the names of their team mates.
- Participants recall the ways in which their teams can earn points for HC.

**Time:** 10 min

**Extra:** If the spokespeople are able to name everyone in their team perfectly, challenge them to name everyone in the room for extra points.

Make sure a scorekeeper records scores.

1. Ask participants to find their Healthy Competition teammates.

2. This is the first HC game! Ask for each team to elect one representative from their team. This representative must introduce every participant on his/her team by first name. If he or she can do it without failing, the team earns 10 points.

3. Once you are finished, ask the participants these questions to make sure they remember how the Healthy Competition works. Encourage them to just shout out the answers and make sure to clarify any information that they do not have or cannot remember.

   - What are the different ways that your team can earn points throughout the week?
     *Answers include: By winning the Healthy Competition activity for the day; attendance every day; team spirit; and group spirit.*

   - What are we doing at the end of the week on VCT Day?
     *We will have a big celebration and invite health providers to come and talk to use about HIV counseling and testing and family planning services. HIV counseling and testing will be taking place on-site.*
Activity 3: The Words We Use

Aims:
- Participants will gain comfort to discuss body parts and sex.
- Participants can identify offensive and inoffensive terms.

Key messages:
- This is a safe place to talk about sex and bodies.
- It is important to use words that do not offend people and to be mature.

Time: 20 min

In this activity, you want participants to feel safe and be able to say anything. This means using words that are normally taboo and inappropriate. However, you also want to acknowledge that we shouldn’t be using words that offend others.

1. Divide participants into groups with 5-10 people in each group.

2. Explain:
- Many people find it embarrassing to talk about sex. However, in order to learn about sexual health and HIV/AIDS, we must be able to talk about it in a mature way.
- I am going to say a word out loud. In your groups, come up with a list of words that mean the same thing.
- For instance, if I say the word “money” what are some other words that you know that also mean money?

3. Read the first word from the list below. Give the groups one minute to talk about other words they know for this word.

| Vagina | penis | sex  | breasts |

4. After one minute, ask the groups to choose someone to report back. Remind them not to feel embarrassed; this is a safe space.

5. Ask the following discussion questions after each word is discussed.

Discussion Questions
- Are you embarrassed to say or hear any of these words?
- When do we use “slang” words and when do we use formal words?
- Which of these words is never acceptable to say?
- Which of these words are used to insult people?
- How do people feel when they are insulted with these words?

7. Read this out loud: This week, we are going to be using a lot of words that have to do with the body and sex. It is important that we create a safe environment here, where everybody feels comfortable using and hearing these words, but also knowing which ones are inappropriate.

Tips for Talking about Sex
- Let people use the words they know best so that they feel comfortable talking about sex and its consequences (as long as they agree these words are not offensive).
- Adjust your use of language to your audience. Use the words that they are comfortable using.
- Overcome your own sensitivity to using sexually explicit or vulgar words for this exercise. If you cannot communicate clearly with participants, misunderstandings can occur.
**Activity 4: Knowing our Bodies**

**Aims:**
- Participants are able to identify reproductive health organs and changes during puberty.

**Key messages:**
- Both men and women go through many changes as they grow up.
- They happen at different times for different people.
- Being able to talk about these changes with your own children is very important.

**Time:** 30 min

**Extras:**
- For this activity, you will need the body outlines and pens/pencils.

**Note to facilitator:**
Be sensitive that some participants will have gone through puberty a long time ago, while others may have more recently or are going through it right now. Even if they are older, it does not mean they know how conception works.

1. Separate participants into groups of 5-10 with women in their own groups and men in their own groups. Give each group a worksheet with a human body outline.

2. **Read this out loud:**
   - Today we are going to learn about our bodies and the changes that we go through as we grow up.
   - Some of you have already gone through these changes. Others may be starting to go through them right now.
   - Using pictures and words, locate the places on the body that change as you grow older.
   - Males draw males and females draw females.

3. Give the groups about 15 minutes to draw on the bodies.

4. Ask 2 of the groups to present to the rest.

5. Add anything that is missing and correct any wrong information.

6. Ask the group the following discussion questions.

**Discussion Questions**
- Are changes in men and women more similar or different?
- Why is it important to know about these body changes?
- Why is it important to know how to talk to your children about their bodies and the changes their bodies will go through?
- What are some ways that you know of to start conversations with your children about body changes?

**Changes in girls:**
- Skin becomes oily, sometimes with pimples;
- Hair grows on legs, under arms and in pubic area;
- Breasts grow;
- Hips broaden;
- Weight and height increase;
- Sweating increases and body odor may appear;
- Period or menstruation begins and there is more wetness in the vaginal area.

**Changes in boys:**
- Skin becomes oily, sometimes with pimples;
- Hair grows on legs, chest, face, under arms and in pubic area;
- Shoulders and chest broaden;
- Weight and height increase;
- Sweating increases and body odor may appear;
- Voice deepens and may crack;
- Wet dreams, erections occur;
- Penis and testicles grow.
Activity 5: Pregnancy True or False

1. Divide participants up into their Healthy Competition teams.

2. Explain the activity:
   - Now we are going to learn about pregnancy – how women become pregnant and how they can prevent becoming pregnant.
   - Sometimes it is hard to know what is true and what is not true when it comes to pregnancy.
   - I am going to read a statement out loud to you. In your teams, discuss whether you think the statement is a true or false.
   - When I count to three, one person from each team will hold up the true card or the false card.
   - Don’t shout the answer until I count to three, so that you don’t give it away to the other team.
   - If you are correct, you earn 10 points.

3. Read each statement from the next page one at a time, giving teams time to discuss their answers. Then count to three and make sure each team holds up one sign.

4. After the teams raise their cards, read the correct answer below the statement. Ask one or two people to explain why the statement is true or false. Make sure to give all of the correct information provided, and to ensure that everybody understands before moving to the next statement.

5. Once you have read all the statements, ask these discussion questions.

Discussion Questions
   - Do you think that most young people have correct information about how you can prevent pregnancy? Why?
   - What can you do to help spread accurate knowledge about pregnancy and preventing pregnancy?
   - If you have questions about preventing pregnancy, where can you go for advice?

6. Read this closing: It is very important that you have correct information about how to become pregnant and how to prevent pregnancy, so that you can make healthy choices about your future and share that information with your friends and your children.
<table>
<thead>
<tr>
<th>Statement</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>True or False? If a woman has unprotected sex, but it is her first time</td>
<td>FALSE. Without birth control, a woman can become pregnant any time she has unprotected sex, including her first time.</td>
</tr>
<tr>
<td>ever having sex, she cannot get pregnant.</td>
<td></td>
</tr>
<tr>
<td>True or False? If a man pulls his penis out of the vagina before</td>
<td>FALSE. Pulling out is not an effective birth control method. It is hard for a man to withdraw at just the right time. Also, a small</td>
</tr>
<tr>
<td>ejaculating, she cannot get pregnant.</td>
<td>amount of semen is released before ejaculation and this can get a woman pregnant.</td>
</tr>
<tr>
<td>True or False? If a woman washes her vagina immediately after sex, she</td>
<td>FALSE. Washing does not prevent pregnancy. The only way to prevent pregnancy is to use contraceptives like the IUD, injections,</td>
</tr>
<tr>
<td>cannot get pregnant.</td>
<td>implants and condoms.</td>
</tr>
<tr>
<td>True or False? A woman cannot get pregnant during her monthly bleeding.</td>
<td>FALSE. It is possible to get pregnant during one’s monthly bleeding but this is rare. Usually, women become pregnant while they are</td>
</tr>
<tr>
<td></td>
<td>ovulating. Ovulation is when the egg is released from the ovary of a woman and meets the man’s sperm.</td>
</tr>
<tr>
<td>True or False? If a woman drinks stout or takes penicillin immediately</td>
<td>FALSE. The only ways to prevent pregnancy are to use contraception such as the birth control pill, IUD, implant, injection or</td>
</tr>
<tr>
<td>after having sex, she can prevent pregnancy.</td>
<td>condoms.</td>
</tr>
<tr>
<td>True or False? People can make love and come without having sex.</td>
<td>TRUE. Making love can consist of many behaviors like caressing, kissing, massage and using fingers and hands on the body. People</td>
</tr>
<tr>
<td></td>
<td>may come from touching or rubbing without any sex.</td>
</tr>
<tr>
<td>True or False? A woman can start having babies once she has started</td>
<td>TRUE. Once a woman begins menstruation, which usually starts between the ages of 10 and 16, she is able to bear children. This does</td>
</tr>
<tr>
<td>menstruating.</td>
<td>not mean, however, that she has to. Women can wait until their 30s to have children.</td>
</tr>
<tr>
<td>True or False? Using birth control will make your stomach grow big with a</td>
<td>FALSE. Birth control does not give you tumors or a big stomach. It is very safe.</td>
</tr>
<tr>
<td>tumor.</td>
<td></td>
</tr>
<tr>
<td>True or False? A woman cannot get pregnant after she turns 25.</td>
<td>FALSE. Women in their 30s and sometimes even in their 40s are able to get pregnant.</td>
</tr>
<tr>
<td>True or False? A woman needs to come in order to get pregnant.</td>
<td>FALSE. It does not matter whether a woman comes.</td>
</tr>
<tr>
<td>True or False? If a woman is never able to get pregnant, it may be a</td>
<td>TRUE. Infertility (not being able to get pregnant or to get someone pregnant) can be found in both women and men.</td>
</tr>
<tr>
<td>problem with her body OR her partner’s body.</td>
<td></td>
</tr>
<tr>
<td>True or False? Once a man becomes sexually active, he cannot control</td>
<td>FALSE. Men do not have to ejaculate. Stopping sexual activity can sometimes be uncomfortable if he has an erection, but this</td>
</tr>
<tr>
<td>himself and must ejaculate.</td>
<td>discomfort goes away quickly. Anyone, male or female, can stop at any point in a sexual experience.</td>
</tr>
<tr>
<td>True or False? Many men will lose their erection during a sexual</td>
<td>TRUE. This is normal and likely to happen many times in a man’s life.</td>
</tr>
<tr>
<td>experience at some time in their lives.</td>
<td></td>
</tr>
<tr>
<td>True or False? People are more likely to have unprotected sex if they</td>
<td>TRUE. When someone has been drinking a lot of alcohol, he or she takes more risks. This includes having unprotected sex.</td>
</tr>
<tr>
<td>are drunk.</td>
<td></td>
</tr>
</tbody>
</table>
More Reproductive Health Info

- **What is puberty?**
  Puberty is a time when children are growing and are no longer young children and not yet adults. During puberty the bodies of boys and girls physically change—bodies grow bigger and taller, male and female private parts mature, and hair often starts growing in new places on the body. During puberty, a girl becomes physically able to become pregnant and a young boy becomes physically able to father a child. But, just because they are physically able to become pregnant doesn’t mean that girls and boys are ready in mind and body to have a child.

- **What is ovulation?**
  Ovulation is the when an egg is released from the ovary of a woman. This usually happens around the middle of a woman’s menstrual cycle. A woman can become pregnant if a man’s sperm meets the egg when they have sex. During this period a girl can sometimes see a whitish liquid in her knickers or feel wetness in her private parts.

- **What is an erection?**
  An erection is when the penis stands because it has more blood. Boys and men usually have several nighttime erections. It is normal to wake up with an erection. Boys and men can also get an erection when they are not expecting it during the day, even when they are not thinking about sex. Boys and men cannot control when they have erections. This is a normal part of growing up.

- **What is semen and sperm?**
  Semen is the whitish liquid that comes out of a penis when a man releases (or ejaculates). Semen contains sperm. Sperm is the male sex cell that can fertilize an egg to create a baby. Sperm are produced in the testicles (or balls). There are millions of tiny sperm in each drop of the fluid called semen. When the sperm enters a girl’s vagina during sex, she can get pregnant.

- **What is needed for pregnancy to occur?**
  Although pregnancy does not occur with every act of sex, it is more likely to happen when three things happen: 1) an egg must be present in the tubes that carry the egg to the womb where babies grow; 2) sperm from the male must join the egg to fertilize it; and 3) the fertilized egg must attach itself to the woman’s womb.

- **When is a woman or man “fertile” or able to get pregnant?**
  Being fertile means a woman is able to become pregnant. A woman is fertile for several days in a row of each period—these are the days when she can become pregnant. A woman is fertile for a few days each cycle from her first monthly bleeding until she is older. Men have the ability to father a child from his first release of fluid for the rest of his life.

- **What is a healthy age for a woman to get pregnant?**
  It is healthy for a woman to be at least 18 years old before getting pregnant for the first time. Women can continue having babies in their 30s so there is no rush to get pregnant until a woman is ready in mind and body. This can mean she has finished school, has a loving partner, has enough income to support a family, and has decided that she is ready with her partner.

- **What should a person do if they have unprotected sex, including if the condom breaks, comes off, or gets stuck inside the woman?**
  Go immediately to a health clinic or pharmacy to receive emergency contraceptive pills, which are sometimes called morning after pills. Emergency contraceptive pills prevent pregnancy after unprotected sex. Emergency contraceptive pills can be taken up to 5 days after sex. In some health centers, the provider may also be able to offer post-exposure medicine that may prevent HIV. If the condom gets stuck inside the woman, a woman can reach inside her vagina carefully and pull it out. If this is too difficult, go immediately to a health clinic to have it removed.
Activity 6: Talking about Sex

1. Separate the participants into groups with 4-6 people in each group. Peer educators and facilitators should float between groups.

2. **Explain the activity:**
   - It is not easy to talk about sex. In our culture, parents do not talk to their children about sex.
   - Many young people grow up without the right knowledge and they are not comfortable talking about sex with their partners, their parents or their own children.
   - In this exercise, we will practice those discussions.
   - I will assign each of your groups a person, such as parent, health worker, sexual partner, or child.
   - You are to come up with a role-play that acts out what a conversation would be like with that person, about sex and sexual health. Think about questions you may want to ask, or advice you may want to give that have to do with preventing pregnancy, using family planning methods, changes in the body, etc.

3. Assignments (make up more if you have more groups).
   - Parent
   - Sexual partner
   - Health worker
   - Child

4. Give the groups 15 minutes to discuss with one another and come up with their role-plays. Walk around and help out.

5. After 15 minutes, ask the groups to come back together. Ask 2 or 3 to perform their role-plays.
   - What happened in this role-play?
   - Is this something that could take place in your family or community?

6. Once everyone finishes, ask the following discussion questions.
   
   **Discussion Questions**
   - What do you think about parents and children talking about sex? Is it easy or difficult? Why do you think that is?
   - Why is it important to talk about sex with your children?
   - What are some strategies or ideas that you have to make it easier for parents and children to talk about sex in your family?
Activity 7: Sex and Sexuality Agree or Disagree

1. Clear tables and chairs from the space.

2. Explain the activity:
   - Now we are going to talk about sex and explore our individual values and attitudes toward sex.
   - Point to one wall and call it AGREE and call the opposite wall DISAGREE.
   - I will read a statement out loud. Run to the AGREE wall if you agree with the statement and run to the DISAGREE wall if you disagree with the statement.
   - There are no right or wrong answers. This is about people’s opinions. It is important to respect one another’s opinions and to think for yourself.

3. Read the first statement from the box below.

4. Once everyone has run to the walls, ask 2 people from each side to explain why they agree or disagree. Encourage everyone to share and debate with one another.

5. Continue with the following statements one by one.

   - All young people should remain virgins until they are married.
   - I would not accept my sister if she were a sex worker.
   - I would accept my brother if he was homosexual.
   - It is okay for a man to force a woman to have sex with him if she is his wife.
   - You have to be in love with someone to have sex with them.
   - Giving information to young people about sex will make them want to go out and have sex.

6. Once finished, ask the following discussion questions.

Discussion Questions
   - How do you think people in your community feel about these different statements?
   - How did you form your opinions about sex? For instance, through your parents or peers? On your own?
   - Why might it be important to discuss these kinds of values with one another?
DAY 3: HIV/AIDS

We asked a group of learners about their perceptions of HIV/AIDS and testing. Here is what they said...

“People are not going for HIV testing because they feel afraid that they will die if tested positive, most especially those who have been sleeping around. They will feel if they are tested they will be positive.”

“People are not going for their HIV test because they feel if they are tested positive, they will not have friends and people will keep away from them. They will not want to eat with them because they feel HIV is a disease and they could be infected.”

“HIV is a sickness that does not have medicine to cure it.”

“People in the community think badly about people living with HIV.”

**Day 3 Agenda**

- Energizer..................................................10 min
- Day 2 Review .........................................10 min
- Virus Tag..................................................40 min
- HIV True or False .................................40 min
- BREAK.....................................................10 min
- Challenging HIV Stigma ......................40 min
- VCT Song and Dance..............................30 min
- Closing.......................................................5 min

**Remember!**

- We want these activities to be solutions-focused! That means, trying to steer conversations toward developing strategies together. For instance, if there is a discussion about how hard it is to talk about sex with one’s children, ask the group what they feel they can do to change that.

- Remember that in agree/disagree activities, there are no right or wrong answers. Make sure you are not making anybody feel like their opinion is not valued, even if you yourself do not agree with it.
Activity 1: Extended Greeting

Aims:
- Participants learn each other's names, laugh and feel comfortable.

Time: 10 min.

Note to facilitator:
This exercise is meant to get participants excited and comfortable so make sure to be silly and relaxed. The more they laugh now, the easier it will be to talk about sensitive issues later.

1. Ask the group to stand in a circle and to quickly go around and say their names loud and clear.

2. Explain the activity:
- This is a game to test your memory.
- (Demonstrate greeting someone with a handshake.) When I yell "handshake" everybody must run to the middle of the circle, find one person, yell out their name and give them a handshake. Then, return to your places.
- Yell out “handshake”.
- (Demonstrate a fist bump). When I yell “fist bump” everybody must do the same with a different person.
- Yell out “fist bump”.
- Do the same thing with three other types of greetings (e.g. winking an eye, giving a thumbs up, waving your hand, etc.)
- Yell out the greetings one by one, in random order.

Activity 2: Day 2 Review

Aims:
- Participants recall what was learned on Day 2.
- Facilitators answer any remaining questions.

Time: 10 min.

Note to facilitator:
These are just sample questions. Please use your best judgment from what occurred on Day 2, to review what you think is most important.

1. Ask the group to form a circle once again.

2. Read this out loud: Yesterday we learned about the male and female bodies, pregnancy and preventing pregnancy. Let’s see what you can remember.

3. Ask these questions; ensure participants have all the answers.

What are three changes that girls’ bodies go through? 
Breasts grow bigger, hips grow wider, grow taller, grow hair in the pubic region and underarms, start menstruating, develop oily glands.

What are three changes that boys’ bodies go through? 
Grow taller, voice gets deeper, grow body and facial hair, develop oily glands, have erections and wet dreams.

Name some ways to prevent pregnancy. 
Condoms, IUD, implants, injections, birth control pills.

What do you remember most about yesterday's activities?

Do you have any other questions about what we learned?
Activity 3: Virus Tag

**Aims:**
- Participants will learn about how HIV attacks the body and replicates, and how ARVs work to protect the body from the virus.

**Key messages:**
- HIV is a virus that attacks the immune system.
- Antiretroviral treatment fights the virus, building the immune system back up.
- It is important to know your HIV status.

**Time:** 40 min

**Note to facilitator:**
This game involves running around so make sure that the space is safe for participants. Play outdoors if you can. Clear away any furniture if playing indoors and remind participants to play carefully. To “tag” means to touch ones back or arm lightly. Players should not push or hit. They should not touch anyone in a way that will make them feel uncomfortable.

1. **Read this introduction:** Today we are going to play a game that will teach you about HIV and AIDS.

2. Choose one person to be “it.”

3. **Explain the game:**
- Everyone must try to stay away from “it.”
- If “it” tags you (touches your back or arm), you also become “it” by joining hands and running around together.
- If someone that is part of the “it” chain tags someone else, that person also joins hands with you and the game.
- The last person running freely wins.

4. Yell “go” and start the game.

5. After the game finishes, choose a new “it” and two “liberators.”

6. **Explain the new game:**
- Play again but the “liberators” are not running away from “it” like everybody else is. They are in fact running toward “it.”
- Their job is to free or liberate anybody that is caught by “it”.
- If they tag anyone on the “it” chain, that person is free to run.

7. Play the game until everyone is tagged, or for about 10 minutes.

8. Ask the following discussion questions. Give participants time between each question to think and discuss their answers with one another.

**Discussion Questions**
- In the first game, as “it” grew bigger, what happened? Was it easier or harder to stay away?
- What happened when the liberators came in the second game?
- How do you think this game relates to HIV?
  - When thinking about HIV, what does “it” represent?
  - What do the “liberators” represent?

9. **Explain how this game relates to HIV and ARVs:**
- Everyone running is our immune system. Our immune system is made up of white blood cells and these cells keep us healthy.
- “It” is HIV. It kills our white blood cells and grows.
- The bigger it becomes, the faster it kills our cells, and that is how we become sick.
- ARVs work like the liberators. They attack the virus, and bring our white blood cells back to life.
More on HIV Counseling and Testing

Getting an HIV test in Liberia is simple and free. You do not need an appointment. You don't even have to give your full name. When you go to the clinic, ask for an HIV test. A counselor will meet with you first to talk about the test. You will get a finger prick where they will collect blood. Less than 20 minutes later, they will have your results. The counselor will meet with you again privately to talk about your results and make a plan with you. If you are positive, he or she will plan your treatment and what to do next. If you are negative, he or she will help you plan how you are going to stay negative. Knowing your status will give you great relief!

Being a friend to someone living with HIV

*Help them with adherence:* Antiretroviral drugs are life-saving for people living with HIV and can help people live very long, healthy and normal lives. However, this does not mean that life is always easy. In order for them to work, one must take the drugs every single day, at the same time, for the rest of their life. This is called adherence and can be really difficult. If someone taking ARVs starts to miss doses, or decides to stop taking them for a while and then start again later, the HIV will learn to resist the medication. The medication can stop working. Being a good friend to someone living with HIV means helping to remind them to take their medication, and picking them up when they are feeling down, so that they are motivated to take their medication. It means knowing that you cannot catch HIV from them by hugging them, caring for them, having fun with them and being a good friend. Being a friend also means helping your friends find the support they need. There are many support groups for young people living with HIV in Liberia. In these groups, young people living with HIV come together to meet, discuss what is going on their lives and share their experiences. It is important to correct the myths that are out there and to challenge people when they are spreading rumors or discriminating against people that are living with HIV.
Activity 4: HIV True or False?

**Aims:**
- Participants will improve their knowledge of what HIV and AIDS are, how HIV is transmitted and prevented, and how antiretroviral treatment works.

**Key messages:**
- HIV is the virus that causes AIDS.
- HIV is preventable and treatable but not curable.
- The first step in prevention is knowing your HIV status.

**Time:** 40 min

**Note to facilitator:** This activity presents a lot of information and some of it may be new or complex. Make sure participants understand the answers so move slowly and allow time for discussion and questions throughout the activity. The focus is on everyone learning, not just competition. Make sure participants know why the statement is a true or false. If you cannot get through all of the statements, that is okay. It is better to go through them slowly and make sure everyone understands them.

**Extras:**
- False and True cards.
- A scorekeeper and paper and pencil.

1. **Ask the group:**
   - What does HIV stand for? *(Human Immunodeficiency Virus).*
   - What does AIDS stand for? *(Acquired Immunodeficiency Syndrome).*
   - What does STI stand for *(Sexually Transmitted Infection).*
   - Who can name some STIs? *(Chlamydia, Genital Herpes, Syphilis, Gonorrhea).*

Very good! There are many things that are said about HIV/AIDS and STIs in Liberia. Some of these things are true. Others are false. In today’s Healthy Competition, we are going to see which team knows more about HIV. For every question your team answers correctly, you win 10 points!

2. Divide participants up into their Healthy Competition teams.

3. **Explain the activity:**
   - I am going to read a statement about HIV and STIs.
   - Discuss whether you think the statement is true or false. You need to come to an agreement as a team.
   - When I count to three, one person from each team will hold up the true card or the false card.

4. Read each statement and give teams a minute to discuss.

5. After the teams raise their cards, read the correct answer below the statement. Ask one or two people to explain why the statement is true or false. Make sure to give all of the correct information provided, and to ensure that everybody understands before moving to the next statement.

6. Following the activity, ask these discussion questions.

**Discussion Questions**
- Do you think that young people in your community have correct information about HIV/AIDS and STIs? Why do you think this is?
- What happens if people have wrong information about HIV and STIs?
- If you wanted to convince a friend to take an HIV test, what would you say?
<table>
<thead>
<tr>
<th>Statement</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>True or False? Having HIV is the same as having AIDS</td>
<td>FALSE. HIV is the virus that causes AIDS. When someone becomes infected with HIV, he or she can live a long time and stay healthy, even without drugs. With drugs he or she can live for 20 years without getting sick. But when someone gets sick and lots of illnesses come into the body, that is when the person is diagnosed with AIDS.</td>
</tr>
<tr>
<td>True or False? HIV lives in all of the body’s fluids, including sweat.</td>
<td>FALSE. HIV only lives in the blood, in semen and vaginal fluids and in breast milk. HIV is not in sweat, tears or saliva.</td>
</tr>
<tr>
<td>True or False? If you use a toilet seat that somebody with an STI used, you will get that STI.</td>
<td>FALSE. You cannot get STIs or HIV from sharing a toilet seat with someone that is infected. STIs can only be transmitted through sex – vaginal sex, anal sex and oral sex.</td>
</tr>
<tr>
<td>True or False? Many STIs have no symptoms. You cannot tell if you have them.</td>
<td>TRUE. This is why it is very important to get tested.</td>
</tr>
<tr>
<td>True or False? The most common way that HIV is spread in Africa is through unprotected sex.</td>
<td>TRUE. This includes vaginal sex, anal sex and oral sex and can occur between a man and women, man and man, or woman and woman. HIV is also spread through blood-to-blood contact with an infected person, as in cutting or injections, and mother to her child during pregnancy, childbirth or breastfeeding.</td>
</tr>
<tr>
<td>True or False? If a mother is HIV positive, her baby will definitely be HIV positive.</td>
<td>FALSE. HIV can be spread from a woman to her baby during pregnancy, during birth (through blood-to-blood contact), and through breastfeeding. However, HIV is only passed from mother to baby about 30% of the time, if the mother is not taking ARVs. If she is taking ARVs, throughout her pregnancy and she has a safe delivery in the hospital, she reduces the chances of having an HIV positive baby to only 1%. Many babies are born HIV-free to HIV-infected mothers.</td>
</tr>
<tr>
<td>True or False? If I have HIV, I will die right away.</td>
<td>FALSE. People can live with HIV for many years. With medication, people can live a whole life.</td>
</tr>
<tr>
<td>True or False? Most STIs can be treated.</td>
<td>TRUE. If you do not treat an STI, it can cause infertility or even death. This is why it is so important to get tested.</td>
</tr>
<tr>
<td>True or False? It takes 3 months to receive the results of an HIV test.</td>
<td>FALSE. It takes less than 20 minutes to get the results of an HIV test. What is important to know, is that it can take 3 months for HIV to show up on a test, after infection. So you can test negative but still have HIV. If you have unprotected sex with someone that is or may be infected, get tested 3 months later.</td>
</tr>
<tr>
<td>True or False? It is safer to have sex with one faithful partner than to have many partners.</td>
<td>TRUE. If two people are faithful to one another, meaning they are not having sex with other people at the same time, and they both test HIV negative, they will remain safe from contracting HIV (of course as long as they are not putting themselves at risk in other ways like sharing needles). Being</td>
</tr>
</tbody>
</table>
married or having a boyfriend/girlfriend does not always mean that people are faithful. Since HIV can live in the body for many years before it makes you sick, it is easy to have HIV and not know. It is important to get tested for HIV twice a year if you are sexually active, even if you are married.

True or False? HIV is preventable.

**TRUE.** You can prevent HIV in a few ways:
1) Totally abstain from sex. This means having no sex at all.
2) Use a condom every time you have sex.
3) Have one partner that you are faithful to and who is faithful to you, after you both test HIV negative
4) Avoid blood to blood contact (like sharing razors or needles).
5) A pregnant mother takes ARVs throughout pregnancy and after delivery, and avoids breastfeeding.

True or False? Marijuana can cure AIDS.

**FALSE.** There is no cure for AIDS. There is treatment that helps people live a very long time, but there is no cure and no vaccine.

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**More on HIV Transmission**

- HIV is spread when the bodily fluids (vaginal, semen or breast milk) or blood of an infected person come into contact with those of an uninfected person. During sex, for instance, there is a lot of rubbing and friction. This friction can cause tiny cuts or sores to open up in the vagina or on the penis. These sores are so small that you cannot see them. They create an opening whereby fluids can be exchanged.

- If two people have sex and one is infected with HIV, the other person will not automatically become infected. There is a chance that he or she will stay HIV negative. Equally, not every baby born to an HIV infected mother also has HIV. The chances are about 30%. If the mother is taking ARVs, the chances of passing HIV to her baby reduce to about 1%.

- If two people both have HIV, they still need to use condoms when they have sex with each other. There are different strains of HIV, so two people living with HIV may have two different types of the virus. If someone with virus A contracts virus B from someone else, it can make the medicine ineffective and turn HIV into AIDS much quicker.
Activity 4: Challenging HIV Stigma

Aims:
- Participants will be able to identify HIV stigma.
- Participants will be able to develop strategies to combat HIV stigma and educate their community about HIV.

Key Messages:
- Stigma is driven by ignorance and fear.
- Stigma can keep someone from getting an HIV test, getting care, or disclosing their HIV status which can put many people at risk.
- In order to combat HIV/AIDS, stigma must end first.

Time: 40 min
Note to facilitator: Activities that test participants’ values can sometimes be difficult to facilitate because there are likely to be many opinions. Make sure to remind participants that this is a safe environment where everybody’s opinion is respected, even if people disagree.

1. Start by asking the following discussion questions.

Discussion Questions
- What does stigma mean?
  A deep feeling that one can have which makes one feel disrespected or unloved.
- What happens when people feel stigmatized?
  E.g. feeling isolated, rejected, forgotten; being kicked out of the house the family, fired from work or not allowed in church.
- Is there HIV stigma in your community? Why?
  E.g. lack of information, misunderstanding, fear, moral judgments

2. Divide participants into groups with 5-10 people; Explain:
- I will read a statement from the list below.
- Groups discuss two questions: 1) Why do you think this statement is stigmatizing? 2) What could you say or do to challenge this stigma?
- Then groups will give feedback.

Statements
- People with HIV are dirty and immoral.
- People with HIV shouldn’t be allowed to take part in community gatherings.
- If someone contracts HIV, it is his/her fault.
- People with HIV should be put in jail if they infect other people.

3. After you have discussed all four statements, assign one statement to each group (if you have more than four groups, add some of your own). Groups design a role-play that shows how this stigma might occur, and how you can challenge the stigma and support people living with HIV.

4. Ask 2-3 of the groups to perform their role-plays. After each performance, ask the following discussion questions.
- What happened in this role-play?
- Is it possible to challenge this kind of stigma in your community the way the group did?
- Why is it important to challenge stigma?
- What are some strategies or ideas that you have for how you can help challenge stigma in your community?

5. Read this closing: Because of stigma, people living with HIV are isolated from their homes and communities. Many lose friends and close family members who do not want to be associated with them. Stigma is also the biggest reason that people do not test for HIV. Stigma is mostly driven by fear and ignorance. People that are educated about HIV are not likely to stigmatize. It is your job to educate people about HIV in your community.
Activity 5: VCT Song and Dance

**Aims:**
- Participants are able to articulate the key barriers and facilitators to HIV testing.
- Participants design creative messages to support HIV testing in their community.

**Key Messages:**
- Getting an HIV test is simple and convenient.
- Knowing your HIV status is the first step in preventing HIV if you are HIV negative, and preventing transmission to others if you are HIV+.
- Knowing your HIV status can save your life

**Time:** 30 min

1. Begin by asking the group these discussion questions.

**Discussion Questions**
- Why is it important for people to get tested for HIV?
- What are some reasons that people do not get tested for HIV?
  - Encourage participants to think about psychological reasons (e.g. not knowing they are susceptible to HIV, fear of the result, etc.), social reasons (e.g. fear of being seen taking an HIV test, fear of one’s doctor knowing) and the structural reasons (e.g. not knowing where to go, not able to find a clinic close by, etc.)
- How would you convince a friend to take an HIV test?

2. Divide participants into groups, with 5-10 people in each group.

3. **Explain:** Groups make up a song and dance to convince people of why they should get tested for HIV and where they can go.

4. Give 20 minutes for group work and then have them perform.

**Day 3 Closing**

*Read this out loud:* One of the best things that you can do as young people and as leaders in your community is to educate yourselves and your peers about HIV/AIDS. People that are educated about HIV are less likely to contract it, and more likely to live long and healthy lives if they do contract it. Education also breaks down ignorance, and it is ignorance that leads to stigma and discrimination. It is important to remember that HIV/AIDS is a scary disease and can be devastating to people and their families. However, an HIV diagnosis does not mean that you are going to die. With medicine, healthy lifestyle and lots of support from friends and family, someone living with HIV can live a long and full life. You can live your life just like everybody else, have a job, have a family and have hopes and dreams. It is so important to know your HIV status so that you can stay negative if you are negative, and get the treatment and support you need if you are positive. The first step to helping people get tested is to challenge HIV stigma in the community. Equally important is having safe sex every time you have sex.
DAY 4: Sex, Relationships and Sexual Health

We talked to some learners about sex and sexual health. This is what they said...

“Some of the FP methods treat people badly and it makes other people scared to take FP. A lady living around me has a big stomach that made me think she was pregnant. I was surprised to learn that her stomach was that big as a result of the FP method she is taking.”

“Some young people say flesh to flesh is more enjoyable than using a condom; they said in using a condom you have something on but with flesh, nothing is protecting you. Your flesh touches the flesh of the other person which is more enjoyable.”

“The boys are the ones that are smart in using condoms; the girls are only concerned about sex. The boys use them because they are coming up and need to protect themselves from getting girls pregnant and from sickness.”

Day 4 Agenda

Energizer......................................5 min
Day 3 Review.................................... 10 min
Guess that Method......................... 40 min
Condom Race .............................. 40 min
BREAK............................................10 min
Pregnancy Stories ....................... 30 min
FP Agree or Disagree................. 40 min
Closing...........................................5 min

Remember!

- If you are asking groups to feedback after discussions, it is okay to have one group feedback and then ask the others, “does anyone have anything different or to add?” That way, you don’t spend too much time having people feedback the same exact answers.

- Remember to encourage your participants to share their experiences and advice with one another. If someone asks you a question, but you think others in the group could answer it, put it out to them first before you answer it.
**Activity 1: Who is the Leader?**

**Aims:**
- Participants laugh and get comfortable for the day.

**Time:** 10 min.

1. **Ask participants to stand in a circle and explain:**
   - One person will be sent out of the room. This is the detective.
   - I will then select one of you to be the leader. The leader begins an action, over and over again, like clapping or patting your head.
   - Everyone must copy the leader immediately.
   - From time to time, the leader should change actions and the others must follow.
   - The detective must figure out who the leader is.

**Activity 2: Day 3 Review**

**Aims:**
- Participants recall what they learned on Day 3.
- Facilitators answer any remaining questions.

**Time:** 10 min.

**Note to facilitator:** These are just sample questions. Please use your best judgment from what occurred on Day 3, to review what you think is most important.

1. Ask the group to form a circle once again.
2. **Read this out loud:** Yesterday we learned about HIV. Let’s see what you can remember.
3. Ask these questions and make sure participants have the right answers.

**Name three ways one can contract HIV.**
*Unprotected sex with an infected person; sharing needles with an infected person; mother to child transmission.*

**Explain how HIV attacks the body and how ARVs work.**
*HIV kills the white blood cells, which make up the immune system. That is how sicknesses enter, turning HIV into AIDS. ARVs attack the virus and restore the immune system to good health, keeping people alive and healthy for a very long time.*

**Why is it important to get tested for HIV?**
*Knowing your status keeps you and your partners healthy. If you are HIV negative, it helps you stay negative. If you are HIV positive, it helps you get the treatment and care you need so you can live a healthy life.*

**What do you remember most about yesterday’s activities?**

**Do you have any other questions about what we learned?**
**Activity 3: Guess that Method!**

**Aims:**
- Participants are able to correctly identify different contraceptive methods and how they work.
- Participants feel more confident talking to a health care worker about contraception and family planning.

**Key Messages:**
- There are many types of contraceptive methods that are available to men and women, including young people.
- It is important to talk to a health care worker about these methods and choose the one that is right for you.

**Time:** 40 min

**Note to facilitator:**
- Have a scorekeeper ready.
- Have the products or pictures of products ready.
- The contraceptives on the next page are ordered from most effective to least effective.

1. Ask the group these questions:
   - What does contraceptive mean? *(pregnancy prevention)*
   - Who can name some contraceptives? *(IUD, birth control pill, implants, injectables, emergency contraception, male and female condoms)*

2. Explain the activity:
   - I am going to hold up a contraceptive method. Your HC team has to guess what it is.
   - If you get it right, I will ask you one more question about that method. If you get the second question right, you earn 10 points.

3. Read all of the information about that method to the group before moving onto the next question.

   *If participants do not seem to be able to recognize the contraceptive method at all in Question 1, you can supply them with multiple choices. For instance, you could hold up the picture of the IUD and say, “this is either an implant, an IUD, or a birth control pill”.*

4. Once you are finished, read these discussion questions.

**Discussion Questions**
- What did you learn that was new today about contraceptive methods?
- A lot of people have incorrect information about contraceptive methods. Why do you think that is?
- What are some ways that you can help educate people in your community about family planning?
- Of all the methods we discussed, which are the most effective at preventing pregnancy? Which are the least effective?
**Intrauterine Device (IUD)**
*Question:* How long can an IUD remain inside a woman’s uterus?
*Answer:* The copper IUD can remain for up to 12 years. Once it is inserted, the woman does not have to do anything. It does not contain any hormones.

*More on the IUD:* The IUD is inserted into the woman’s womb. It cannot be seen and does not prick the penis during sex. Any woman, including those who have not had children, can have an IUD.

**Implants**
*Question:* How long do implants work to prevent pregnancy?
*Answer:* Implants work for 3–5 years to prevent pregnancy, depending on the type.

*More on implants:* Implants are put in the upper arm of the woman and last 3–5 years, depending on the type. The implant cannot travel anywhere else in the body. It may cause normal changes in monthly bleeding.

**Injectable Contraception**
*Question:* How often does a woman need to get an injection when using injectable contraception?
*Answer:* For the most common type, Depo, a woman must go see a health worker every three months.

*More on injectables:* Injectable contraception is a shot or a jab that a woman gets to prevent pregnancy. It is very safe to use. A woman may have to wait 6-12 months after removing Depo before she can get pregnant, but other women get pregnant right away. Depo may cause normal changes to monthly bleeding.

**Oral Contraceptive Pills (Birth Control Pill)**
*Question:* How often does a woman need to take the birth control pill for it to work?
*Answer:* A woman must take the pill every day.

*More on oral contraceptives:* Birth control pills are very safe. They do not build up in the body or cause tumors or growths. Many young people struggle to remember to take the pill every day, which can put them at risk for unintended pregnancy.

**Male Condom**
*Question:* What does it mean that condoms offer dual protection?
*Answer:* Condoms are the only contraceptive that, when used correctly during every act of intercourse, prevent HIV/STIs and pregnancy.

*More on male condoms:* Since many people do not use condoms correctly, it is good to use another form of contraception in addition to condoms in order to prevent pregnancy as well as STIs and HIV. Condoms cannot be used more than once and should be stored in a cool, dry place (not a wallet).

**Female Condom**
*Question:* Is it safer to use a male condom and a female condom at the same time?
*Answer:* No. The female condom and male condom should not be used together (and you should never use two male condoms at the same time). The condoms rub against each other and can break.

*More on female condoms:* The female condom is a think lining made of a soft plastic that fits inside a woman’s vagina. It can be inserted up to 8 hours before sex, without seeing a health worker.

**Emergency Contraceptive Pill**
*Question:* How many days after unprotected sex can a woman use emergency contraceptive pills?
*Answer:* A woman can use emergency contraceptive pills up to five days after unprotected sex. However, it works better the sooner it is after sex.

*More on emergency contraception:* Emergency contraception does not work if the woman is already pregnant. While it is becoming more available to all women, it is not as effective to use emergency contraception as your regular form of contraception.
Activity 4: Condom Race

**Aims:**
- Participants are able to correctly put on a condom.
- Participants understand the importance of condom use.
- Participants feel more confident to access and use condoms.

**Key Messages:**
- Condoms are only effective when put on correctly.
- It is important for both men and women to know how to put a condom on.
- Sex with condoms is fun!

**Time:** 40 min

**Extra:** See the box below for more information on condoms

1. Ask participants to get into their Healthy Competition teams.

2. **Explain:**
   - Condoms sometimes fail to prevent HIV, STIs, or pregnancy because they are used incorrectly.

3. Demonstrate how to put a condom on correctly using a penile model, banana or any other prop that you have. Explain every step that you are taking, as well as potential errors.

**How to Put on a Condom**

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

2. Tear the package carefully along one side. Don't use teeth or fingernails. This helps to avoid damaging the condom inside.

3. Make sure that the condom is not in the “inside out” position.

4. Hold the tip of the condom between a finger and thumb of one hand and squeeze out all the air.

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

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

7. After intercourse and ejaculation, hold the rim of the condom and pull the penis out before it gets soft. Tie the condom in a knot sealing in the semen or sperm.

8. Dispose of the condom in a safe place. Use a new condom for any other round.

40 min

(Optional) Blindfold the top two performers and have them compete again. Or, make them spin around in circles to get them dizzy before trying again.
6. Ask these discussion questions. Make sure participants have a chance to think about and discuss their answers before moving onto the next question.

**Discussion Questions**
- What did you find difficult about putting the condom on today?
- Why do you think it may be important for young men and young women to learn about how to put on a condom?
- Does alcohol make using a condom easier or harder? Explain your answer.
- What are some strategies or ideas that you have to make using condoms easier?

**More on Condoms**
- Condoms cannot get lost inside the woman. If the male condom comes off the penis, it can get stuck inside the woman but it is usually easy to remove with one’s fingers. If it is very stuck, go to the clinic.
- Condoms are the only form of contraception that protect against HIV and other STIs.
- Condoms are for all partners, casual and regular. Many STIs, including HIV, do not have symptoms, meaning someone could have one without knowing. Wear a condom every time you have sex.
- Wearing a condom or asking your partner to wear one suggests that you know how to take care of yourself and shows that you know what you want. This can be very sexy!
- You should always use latex condoms. You can find condoms made out of other materials, such as animal skins, but these are not as effective at preventing STIs and pregnancy. Always use latex.
- A condom can stretch to 18 inches round, as big as a football. This means it cannot strangle the penis. Condoms also come in different shapes and sizes.
- It is important for people living with HIV to also use condoms, even if they are having sex with other people living with HIV. It is important that they protect themselves from pregnancy and other STIs, which are more common when someone is HIV positive. Equally, there are different strands of HIV so it is important to protect oneself from contracting a different strand.
- Using two condoms at the same time, either two male condoms or a male and female condom, is dangerous as the friction of them rubbing together may result in one or both of the condoms tearing.
- Only water-based lubricants are safe to use. Any oil-based products like grease, lotion, baby oil or creams can break the rubber. If you don’t have lube, you can use spit.
Activity 5: Pregnancy Stories

1. Ask participants to sit down, either in a circle or in rows.

2. Read this out loud: I am going to read you two stories about pregnancy and after each story we are going to have a discussion.

3. Read the first story.

Story 1

Charlie is 16 years old and has a stall at the market selling electronics. Sarah is also 16 years old. She goes to school but helps out her mother on the weekends, selling bread at the market. Every weekend, Charlie digs up the money he needs to buy bread from Sarah, just so he can talk to her. Sarah likes the attention and finds Charlie to be very sweet. When she is with her friends, she calls him “Charming Charlie” and thinks about what it would be like to kiss him. After the market closes one day, Charlie asks Sarah to take a walk with him. This happens the next Saturday and the next. Sarah and Charlie start to fall in love. One Saturday, Charlie takes Sarah to his home and they have sex. They use a condom, but they both feel uncomfortable because they hadn’t talked about having sex before. Sarah was especially worried. She knew so many girls that had to drop out of school because of pregnancy. She dreamed to be a lawyer and knew that a pregnancy would make that dream very difficult to achieve. She went to the health clinic to learn about family planning. The nurse told her about the many options she has – the pill, injection and IUD. The nurse also told her that she was happy that Sarah and Charlie used a condom, but that it is important to use another form of contraception in addition to condoms, in order to ensure that they are preventing HIV, STI’s and unwanted pregnancy. Sarah returned to Charlie to tell him about what she learned. They had a long discussion about how much they want to continue having sex, but only if it is safe. They decided to continue using condoms, as well as another form of contraception.
5. Read the second story.

**Story 2**

Thomas and Marilyn are new parents of a four month old baby. Marilyn understands that having another baby would mean one more mouth to feed and more chores. But, she is 21 and she is worried that if she does not have another baby soon, she will become too old to have one. Her mother had all four of her children before she was 25 and told Marilyn that after 25 she will no longer be fertile. Marilyn decides to consult the village health worker and is glad that she did! The health worker tells her not to fear. Women are able to have babies well into their 30s. She tells Marilyn that it was smart not to have her first child until she was ready – she was married, finished with school, and she and Thomas had enough money to support the baby. The health worker also advised Marilyn to wait at least two years before trying to get pregnant again. Waiting two years helps her body fully recover and prepare for another pregnancy. It also gives her time to nourish her newborn, spend time with him and save up enough money to prepare for more children.

Thomas took a little more convincing. He was brought up to believe that you are only a man once you have a child, and that the more children you have, the higher your status in the community. He wants to make babies every chance he gets! One night at the bar, Thomas talked to his friend Philip about this. “Oh Thomas.” Philip said. “You think it is manly to have many children? That is just a belief from a long time ago. Being a man means looking after your wife and your children, being respectful and faithful. It means helping your neighbors, and working hard. It means being honest, trustworthy and a good friend. I think you are a great man and I would think that even if you never have children.” Thomas was so happy and surprised to hear his friend’s words. When he went home that night, he talked to Marilyn about what they were going to do to make sure they do not have another baby for two years.

6. Read the discussion questions below.

**Discussion Questions**

- Does this story sound like something that would happen in your community? Why or why not?
- What are some reasons why women should wait to have their first child?
- What are some challenges that young people face in spacing their pregnancy every two years?
- What are some strategies or ideas that you have for healthy spacing of pregnancies?
**Activity 6: Family Planning Agree or Disagree**

**Aims:**
- To explore participants values and attitudes related to family planning.
- Participants feel confident sharing and discussing their opinions.

**Key messages:**
- Everybody is entitled to their own opinion and these should be respected.
- There are no right or wrong answers.
- If you have questions about family planning, find a health worker to talk to.

**Time:** 40 min

**Note to Facilitator:**
Activities that test participants’ values can sometimes be difficult to facilitate because there are likely to be many opinions. Make sure to remind participants that this is a safe environment where everybody’s opinion is respected, even if people disagree.

**Extra:** If you have paper, write Agree and Disagree on two sheets and tape them to the walls.

1. Clear tables and chairs from the space.

2. *Explain the activity:*
   - Now we are going to talk about sex and explore our individual values and attitudes toward sex.
   - Point to one wall and call it AGREE and call the opposite wall DISAGREE.
   - I will read a statement out loud. Run to the AGREE wall if you agree with the statement and run to the DISAGREE wall if you disagree with the statement.
   - I will ask some of you to explain why you agree or disagree. There are no right or wrong answers. This is about people’s opinions. It is important to respect one another’s opinions and to think for yourself.

3. Read the first statement from the box below.

4. Once everyone has run to the walls, ask at least 2 people from each side to explain why they agree or disagree. Encourage everyone to share and debate with one another.

5. Continue with the following statements one by one.

**Statements**
- A woman is not a real woman until she has given birth to a child.
- Only prostitutes and women that sleep around need family planning.
- Only the man should decide when to use contraception and when to get pregnant.
- If the woman does not have a child within the first year of marriage, there is something wrong with her.
- A man will not be respected in his community until he is a father.
- If I have a question about family planning, I know where I can go for answers.
6. Ask these discussion questions.

Discussion Questions

- How easy or hard is it for young couples to talk together about family planning?
- How easy or hard is it for young people to talk to others about family planning?
- What are some strategies or ideas that you have for making it easier to talk about family planning with your families and communities?

Day 4 Closing

Read this closing: Congratulations on getting through another amazing day of learning and fun. We covered a lot of material today and it may seem really hard to remember everything. It is important to find people that you can talk to about family planning and sexual health; particularly health workers that can help you access the methods that you need. Remember that there are many myths and misconceptions about family planning out there. It is important for you to have the facts and to make healthy decisions about your body and your relationships. These days, no woman should ever have pregnancies that she did not plan, and she should never have children that she doesn’t want. There are many options to prevent pregnancy. It just takes finding the right information and communicating with your health care workers and your partners about what you want.
DAY 5: Communication and Action Skills

We asked some learners about how they would communicate with friends about HIV testing and family planning. This is what they said....

“I heard people talking about the HIV test. They said it is free in all clinics. You know I will not do anything to harm you. Myself I have not done my test yet, so let's go do our test and that will help us live among people. I am not saying that you are sleeping around or having too much sex with different men; one can get AIDS through injections or razor blades. I want us to go for the HIV test to know what our status is and if we are negative, we will know how to live by using condoms whenever we want to have sex. If she says in case I am positive, I will say to her that we will ask the doctor for medicine that will help me live and look good. I will not abandon you but will be there for you always.”

“I will say to my boyfriend, 'baby I heard about the HIV test' and I know he will say 'I don't go for that; do you see me like somebody that has HIV?'. I will say 'no papa, but it is good for us to know our status so that we can be on the safe side'. I will not give up. I will say 'baby you know I love you and in order for us to be happy and have healthy children, it is good for us to go do our HIV test.'”

“We are girls and when you as a girl don’t know anything, men will bluff you and you will not be able to talk when other people are talking to you. So it is good for you to go the program and learn about HIV, condoms and family planning.”

Remember!

- Remember, nobody in the group should ever feel pressured to talk about their own personal histories, particularly when it comes to sex. People’s sex lives are private. While some may want to open up, they certainly should not feel pressured to.

- Remember, discussions about sexual coercion and sex for money could be very sensitive for some of the participants who partake in it. Make sure to make everyone feel comfortable and respected, no matter what their life circumstances or choices are.

Day 5 Agenda

Energizer..............................................5 min

Day 4 Review ................................. 10 min

Who Has the Power? ................. 30 min

Sex by Choice or by Force? ............ 30 min

BREAK..............................................10 min

How do we Communicate? .......... 30 min

Talking about Condoms.................... 30 min

Alcohol, Drugs, Goals .................... 30 min

Closing.............................................5 min
Activity 1: Bust a Move

**Aims:**
- Participants get comfortable with the group and have fun.

**Time:** 5 minutes

1. Ask participants to stand in a circle.
2. Choose one person to begin the activity. This person will “bust a move” – a dance move, a stretch, a random motion, anything.
3. The rest of the circle copies the move.
4. Somebody else in the group starts a new dance move and everybody follows.
5. Keep it going for a few minutes.

Activity 2: Day 4 Review

**Aims:**
- Participants recall what they learned on Day 4.
- Facilitators answer any remaining questions.

**Time:** 10 min.

**Note to facilitator:** These are just sample questions. Please use your best judgment from what occurred on Day 4, to review what you think is most important.

1. Ask the group to form a circle once again.
2. **Read this out loud:** Yesterday we learned about family planning and different forms of contraception. Let’s see what you can remember.
3. Ask these questions and make sure participants have the right answers.

**Name three ways to prevent pregnancy.**
*Male condom, female condom, IUD, injectable contraception, oral contraceptives (birth control pills), emergency contraception, implants.*

**Why is it unsafe to wear two condoms at one time?**
*The condoms rub against one another and can break.*

**Describe the steps taken to correctly put on and remove a condom.**
*Check the expiration date; check for wear; open carefully; make sure it is not inside out; squeeze the air out of the tip; roll it carefully down the penis; pull the penis out carefully before it gets soft; tie it in a knot; dispose.*

**What do you remember most about yesterday’s activities?**

**Do you have any other questions about what we learned?**
Activity 3: Who Has the Power?

Aims:
- Participants explore issues of power in relationships.
- Participants identify the differences between healthy and unhealthy relationships.

Key Messages:
- There are often inequalities in power within relationships that can force someone to do something they are not ready to do.
- Nobody should ever feel that they have to have sex or stay in a relationship if they are not happy.

Time: 30 min

Discussion Questions
- Who has more power in this relationship? Why?
- Do you think this is a healthy relationship? Why or why not?
- How does this story relate to issues you see in your own community?
- If you had a friend that told you that he or she was very unhappy in his/her relationship, but didn’t believe he/she could leave. How would you advise him/her?

1. Ask the group: In our society, what groups have power over other groups?

2. Allow participants time to shout out some answers. If they cannot answer, give them some hints:
   - How does gender affect power?
   - How does money affect power?
   - How do politics affect power?
   - How does disability affect power?

3. Read the stories and ask the discussion questions after each.

Story 1
When I turned 20 I really wanted an older boyfriend. I was tired of the boys my age. When I met Henry, who was 40, I was immediately attracted to him. He was mysterious and exciting. Henry wants me to spend all of my time with him. When we go out, he decides where we go because he pays and he says that as a 20 year old, I don’t know enough about the world. He has influenced me a lot. I was never that interested in sports, but he loves football, so I spend a lot of my free time now with him at games or watching sports on TV. After we’d known each other for a few weeks, he said that he wanted to have sex. I wasn’t ready, but I thought that he might leave me if I didn’t. So we started having sex. These days, I hardly see my friends. I don’t do anything that I used to do like read books and go out dancing. But that is what happens when you are in love, right?

Story 2
When I was 21, I fell very ill. I was losing weight, had thrush inside my mouth and was so tired all the time that there were whole days that I did not leave the bed. I finally went to the clinic and was diagnosed with HIV. I was scared. I thought I was going to die. Fortunately, I started on ARVs right away and now I am healthy. I can work and go out dancing with my friends. I feel like a new woman. Last year, I met a man. We started to go out. When we started to get sexual, I told him about my HIV status and he was fine with it. This was such a relief! We are very careful, using condoms every time. But lately, he has been acting differently. He goes out drinking a lot with his friends and often I think he is sleeping with other women. He beats me sometimes. I have thought about leaving him, but every time I try he just says, “Nobody else will ever be with you because you have AIDS. You are lucky to have me. I am the best you will ever have.”
Activity 4: Sex by Choice or by Force?

Aims:
- Participants explore the difference between choosing to have sex and being forced to have sex.

Key Messages:
- Sometimes, it can be hard to recognize when sex is something that is forced or chosen.
- Nobody ever has to have sex and anyone can say no to sex at any time.

Time: 30 min

1. Ask participants these questions:
   - What do I mean when I say sex by choice?
   - What do I mean when I say sex by force?

2. Divide participants up into groups of 6-10 people.

3. Explain the activity:
   - I am going to read some short stories to you about young men and women.
   - For each story, discuss whether the characters are having sex because they choose to, or because one of them feels forced to. Discuss why you feel this way.

4. Read each story one at a time, giving groups about 5 minutes to discuss after each one.

5. Ask the discussion questions below for each story. Make sure to discuss Story 1 before moving onto Story 2 and discuss Story 2 before moving onto Story 3.

Story # 1: Thomas is at a big party with a lot of alcohol, drugs, dancing and girls! Thomas finds a really drunk girl who can barely stand up. She grabs him, to steady herself as she walks by. Thomas takes her into the bedroom and starts kissing her. She kisses him back. He undresses her and says, “Can I have sex with you?” She lies down on the bed but does not say anything. He decides that means “yes” and has sex with her.

Story # 2: Rebecca and George are in secondary school. They have been dating for a few months and are very attracted to one another. They have a long talk and decide that they would like to have sex. Rebecca goes to the clinic to get an implant and George buys condoms. They want to be extra safe so that they can stay in school and not worry about pregnancy or diseases.

Story # 3: Ellen is 15 and lives with her grandmother and three younger brothers. Her grandmother is too old to work and Ellen has to find money for food for the family. She drops out of school in order to sell baskets at the market. An older man starts coming to her market stall every day and buying many baskets. She is so happy to make the money. The man tells her that he has more money to give her, but that she now owes him something in return. He tells her that if she has sex with him, he will keep helping her. Ellen has sex with him.

Discussion Questions
- Is this story similar to something that has happened to people that you know?
- Is there a lot of pressure on young people to have sex? Why do you think this is?
- Is there more pressure on boys or on girls to have sex?
- If a friend told you that she was forced to have sex, what would you advise her to do?
Activity 5: How Do We Communicate?

**Aims:**
- Participants will gain an understanding of good and bad ways to communicate.
- Participants will improve their communication skills.

**Key Messages:**
- Sometimes, it is hard to express yourself clearly.
- Practicing communication is a great way to boost your confidence and help prepare you for life.

**Time:** 30 min

**Note to facilitator:**
Remember to keep role-plays short. They should be no longer than 5 minutes. If they start to get off-track, stop the role-play.

1. **Explain the activity:**
   - Now we are going to talk about how we communicate.
   - Sometimes it is difficult to say clearly what you want or what you don’t want. For instance, it can be hard to say to someone that you do not like the way they are acting.
   - Does anyone have any experiences they would like to share of a time when they didn’t know how to say something?
   - Practicing good communication skills is helpful.
   - I am going to give your HC team a card that has a short scenario written on it. You are to come up with two ways to manage this situation – a positive way and a negative way.

   For instance, the card could say:

   Your best friend asks you if he can copy your exam and says that the teacher will never know, but you do not want to. How do you assert yourself in this situation?

   A negative response would be: “How dare you ask me that. I should beat you up right now just for asking me that stupid question!”

   A positive response would be: “Sorry, I do not believe in sharing test answers. How will you ever learn if you always copy others?”

2. Hand out the scenario cards and give the groups 10 minutes to practice their role-plays. Make sure someone is with each group who can read the cards.

3. Invite the teams back together and invite 2-3 to perform their role-plays one at a time. After each performance, ask the following discussion questions:

   **Discussion Questions**
   - What did you see happening in this role-play?
   - What did you think about the two ways that the group responded to the scene?
   - Do you think that the positive way is realistic? Could you do that if you were in this situation?
   - Why do you think having good communication skills in this situation is important?

4. Give every team 10 points for HC and for their great role-plays.
**Scenario 1**

You dropped out of school during the war but you promised yourself that you would go back. You have dreams to own a business one day. Right now, however, your family needs you selling at the market because you are supporting them. You work with your mother who tells you every day that she is blessed to have you because she has nobody else. You want to tell her that you are ready to go back to school. How will you talk to her?

**Scenario 2**

Every day you play football with your friends. Today, however, you come to play football and your friends are standing around with a bottle of liquor. They are taking big drags of liquor and calling out insulting things to the girls that walk by. They are laughing a lot and stumbling around. They keep telling you to drink the liquor but you don’t want to. They tell you that you are not a real man if you don’t take a drink. What will you say to them?

**Scenario 3**

Every week you hang out at the hair salon with your friends, getting your hair done. Today, a girl walks in and for some reason your friends decide to pick on her. They keep calling her ugly and a prostitute. She runs out crying and they just laugh and laugh. You feel really badly for the girl and don’t know why your friends did that. But they are your best friends and you don’t want to upset them. How will you talk to them?

**Scenario 4**

Your son is 13 years old and he is getting into all kinds of trouble. He is hanging out with older guys and you think that he might be smoking marijuana. He always has red eyes and he is failing at school. You are really worried about him and angry at him for messing up his life. How will you talk to him?

**Scenario 5**

You have two kids, 7 and 9, and they are always fighting. They scream at one another, fight, kick, punch and drive you crazy! All you want to do is hit them and scream at them, but you know that won’t work. How will you talk to them?

**Scenario 6**

Your husband has been coming home drunk lately, having spent all of the money that he makes during the day on alcohol and gambling. He doesn’t bring home any money for food, for the children’s clothes or for school fees and books. How will you talk to him?
Activity 6: Talking about Condoms

Aims:
- Participants will feel more confident using or asking a partner to use a condom.
- Participants will improve their communication skills.

Key Messages:
- Power dynamics and other cultural and social taboos can keep people from using condoms even if they know how important they are.
- Nobody should ever feel uncomfortable talking about condoms with a partner.
- It is important to practice talking about condoms.

Time: 30 min

Note to facilitator:
- This activity may be uncomfortable for some young people, especially since we are asking them to act out discussions about sex.
- See the Supporting Information box below for more information about this activity.
- Check out the Tips for Leading Role Plays at the beginning of the guide.

1. Ask participants these questions:
   - Why do some people like using condoms?
   - Why do some people not like using condoms?

2. Read this out loud: Sometimes, it is really hard for people to use condoms. There are times when only one partner wants to use them, or when someone does not feel confident asking his/her partner to use a condom. Today we are going to practice talking about condoms with our peers and our partners.

3. Divide participants into groups of men and groups of women.

4. Explain the activity:
   - Groups come up with a short role-play that shows a group of friends talking about using condoms.
   - Some of the friends are supportive of condoms while others do not like them.
   - Act out what it would be like for the friends who like condoms to try and convince their other friends to use them.

5. After ten minutes, ask the groups to come back together and to perform their role-plays one at a time. After each performance, ask the discussion questions before moving onto the next performance.

6. If there is time, ask for a volunteer male and a volunteer female to come up to the front and to conduct a role-play about a couple discussing condom use. One partner wants to use them and the other does not.

Discussion Questions
- What was happening in this role-play?
- Does this look like something that would happen among your group of friends?
- Is it common for one person in the relationship to want to wear condoms and the other does not? What usually happens in these situations?
- What are some strategies or ideas you have to support your friends to remember to use condoms every time they have sex?
Supporting Information

Why people like condoms:

- If used correctly and consistently condoms reduce the risk of contracting HIV.
- Condoms prevent re-infection among People Living with HIV (PLHIV).
- Condoms protect people from getting STIs, which may cause infertility.
- Condoms prevent risk of facing an unwanted pregnancy.
- Condoms can make sex last longer by delaying the male ejaculation.
- Condoms make sex less messy.
- Most condoms are lubricated which makes sex more enjoyable. This is especially true when a woman’s vagina is too dry.
- Condoms are widely available in pharmacies, supermarkets and convenience stores. You don’t need a prescription or have to visit a doctor.
- Condoms offer extra protection from unwanted pregnancy when used with another contraceptive method like the pill, IUD or implant.

Why people say they do not like condoms

- Condoms reduce sensation.
- Condoms break often.
- Condoms cost money.
- Condoms cause erection loss.
- Putting on condoms interrupts the flow of passion.

Counter arguments

- Condoms do not eliminate sensation, they only change it.
- If used correctly and consistently, condoms provide good protection against unwanted pregnancy, HIV and other STIs. They very rarely break. Usually when condoms break it is because they have not been put on correctly.
- Condoms are cheap compared to the cost of treating STIs, unwanted pregnancies and HIV.
- Using condoms means that partners care about one another and one another's health. Putting on the condom can be very sexy and part of the passion.
**Activity 7: Alcohol and Drug Effects**

**Aims:**
- Participants will identify the negative effects of alcohol and substance abuse.
- Participants will identify how to use alcohol responsibly.

**Key Messages:**
- Alcohol and substance abuse can lead to poor health decisions, unprotected sex and violence, which can keep you from reaching your goals.
- It is important to learn how to drink responsibly.

**Time:** 30 min

**Note to facilitator:** This activity can be dangerous if not done carefully. Make sure there is enough room. The person spinning should have a guide the whole time, who will lead them while they are spinning and over to the end of the line. People with disabilities or headaches should not participate in this activity.

1. Draw a straight line across the floor using chalk, or by spreading out a piece of rope or string. If you have a large group, split them up into small groups, each with a line.

2. Ask participants to line up at one end of the line.

3. **Explain the activity:**
   - Everyone is to think of a goal they have for the future (e.g. own a business one day).
   - One by one, state your goal out loud so that everybody can hear you, and walk along the line to the other end.
   - Pretend this line is a beam, high up in the air. You must walk one foot in front of the other, keeping your feet on the line.
   - If your foot falls off the line, you are out and it is the next person’s turn.

4. Read the instructions again to make sure everybody understands.

5. When everyone has made it, play again but this time participants must spin around in a circle four times, quickly.

   *Have someone take their shoulders and guide them while they spin, and then guide them to the line so they don’t get hurt.*

6. Once everyone has a turn, ask the discussion questions.

**Discussion Questions**
- What was different about this game when you had to spin around?
- How do you think this activity might relate to drinking alcohol and using other drugs?
- How do you think alcohol and drugs make it harder to reach your goals?
- What do you think it means to drink responsibly?
- What ideas can you share about how to make sure that if you do drink, you do so safely?

**Day 4 Closing**

*Read this:* Good communication is not just a sexual health skill; it is a life skill. As you grow older, you are going to encounter many situations throughout your life – in jobs, education, your family, your sexual relationships, and your peer relationships – where communication skills are going to be important. It is also important to be able to stand up for yourself, such as when you do not want to have sex with someone or you don’t want to drink.
DAY 6: VCT Day

Healthy Competition Winners
Using whatever type of award ceremony you would like, announce the combined scores for all the days of the Healthy Competition and the ultimate winners. Present a prize to the winner team (such as a cake, candies or other small item that perhaps they can share with everyone).

Closing Activity
Thank everyone for an amazing week and talk a little about what the highlights were for you as a facilitator. Remind participants that this is just the beginning of what you hope will be a life filled with good health, positive decision-making and asking questions. For the final activity, explain that everyone will go around the circle and say three things:

- Point to your head and say the most important thing that you learned all week;
- Point to your heart and say one feeling that you are going to walk away with;
- Point to your feet and say one thing that you are going to go and do in your community to promote healthy sexual health and HIV testing.

Post test and evaluation
Before the end of the day, we would like two things from the participants. The first is for them to take the post-test questionnaire which will look much like the pre-test on Day 1. Like Day 1, you will read aloud the questions to the group and have them fill in their answers on their anonymous tests.

The second item is an evaluation of the program and of you as facilitators. This will also be a multiple choice questionnaire that they can fill out as you read questions out loud. Explain to the group how important it is that they give honest feedback about the program because we can change it and improve it for the future.