



iCAN Package Workbook

A Comprehensive Life Skills Package Focusing on HIV,
Sexuality and Sexual & Reproductive Health for Young
People Living with HIV (YPLHIV) and Their Circles of Care.





iCAN Package

Workbook

UNFPA

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Contents

Acknowledgements	4
List of Acronyms & Abbreviations	6
Important Terms & Phrases.....	7
Introduction to the iCAN Participant’s Workbook.....	10
Module 1: iPositive.....	11
UNIT 1: Who Am I?.....	12
UNIT 2: Personal, Family and Community Values	27
UNIT 3: Skills for Healthy Living.....	36
Module 2: iAspire	45
UNIT 4: Planning for a Positive Future	46
UNIT 5: Healthy Relationships, Healthy Future	54
Module 3: iProtect.....	61
UNIT 6: Prevention and Protection.....	62
UNIT 7: My Rights and My Responsibilities	78
Module 4: iAction	83
UNIT 8: Youth Friendly Health Services	84
UNIT 9: Advocacy in Action	91
Course Evaluation – What did we learn?	93
References.....	94

List of Acronyms & Abbreviations Used in this Workbook

ART	Antiretroviral Treatment
CD4	CD4 cells are a type of white blood cell that indicate the health of the immune system and that fight infection. Another name for them is T-helper cells. CD4 cells are made in the spleen, lymph nodes, and thymus gland, which are part of the lymph or infection-fighting system. They have been used to determine when a person with HIV infection needs to start ART.
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
HTS	HIV Testing Services
HPV	Human Papilloma Virus, the virus that causes genital warts and is associated with cervical cancer in women.
IUD	Intrauterine Device, a form of long term contraceptive that must be fitted by a doctor
MHM	Menstrual Health Management
OIs	Opportunistic Infections
PEP	Post-Exposure Prophylaxis
PrEP	Pre-Exposure Prophylaxis
PMTCT	Prevention of Mother-to-Child Transmission
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
TasP	Treatment as Prevention (ARV treatment)
VCT	Voluntary HIV Counselling and Testing
YPLHIV	Young Person/ People Living with HIV

Important Terms & Phrases

This section shares key definitions used in sexual and reproductive health that all YP need to know and share with their peers.

AIDS: Acquired immune deficiency syndrome. AIDS results from untreated HIV. HIV destroys the body's ability to fight off infection and disease, which can ultimately lead to death. Antiretroviral therapy slows down the replication of HIV and enhances quality of life, but it does not remove HIV infection.

ART: Antiretroviral treatment refers to the medicines used to treat HIV. These medicines are usually given in a triple combination of antiretroviral medicine. ART includes the different antiretroviral medicines (ARVs), their dosages, how to take them and when; following an appropriate diet and exercising to support good health.

Adolescent and youth friendly health services (AYFHS): Services that have been designed to suit young people's needs. Providers are trained to deal with young people in a friendly and non-judgmental way. Opening hours may also be varied to suit young people's needs better.

Culture: Culture is 'the beliefs, customs, arts, etc. of a particular society, group, place, or time. It includes perceptions of health, disease and death; family structures; gender relations; languages and means of communication, including through the performing and creative arts; value systems and ways of living together'. In short, culture is defined as ways of living, working and playing.

Discrimination: Discrimination is any arbitrary distinction, exclusion or restriction affecting a person of a specific group of people usually, but not only, by virtue of an inherent personal characteristic or a perceived belonging to a particular group – in the case of HIV, a person's confirmed or suspected HIV-positive status – irrespective of whether or not there is any justification for these measures.

Dual protection: (or triple protection): This refers to protection against both unintended pregnancy and sexually transmitted infections (STIs), including HIV. This term came about because contraceptives that offer reliable protection from unintended pregnancy (pills, implants, and injections) do not protect against STIs, including HIV. A male or female condom offers dual protection but also using an additional birth control method is recommended. Male and female condoms are also referred to as offering 'triple protection' against unintended pregnancy, HIV and other STIs.

Family planning/ contraception: This means an individual or a couple plan the number and spacing of their desired children by using contraceptive methods, as well as getting treatment for involuntary infertility.

Gender equality: Gender equality refers to equal treatment of women and men, boys and girls, in laws and policies and giving them equal access to resources and services. Gender inequality occurs where these factors are unequal.

Gender-based violence (GBV): This can be in the form of sexual abuse, physical violence, economic, emotional or psychological abuse. Although men can experience GBV, it is primarily carried out by men against women and is a key factor in the spread of HIV and STIs to women and girls, as well as in early marriages and early and unintended pregnancies.

Gender: The socially and culturally assigned roles of being male or female. Gender roles are dependent on culture. It is possible to work towards changing the cultural pressures experienced by both males and females in their roles.

HIV: Human immunodeficiency virus is the virus that weakens the immune system, ultimately leading to AIDS, if one does not practice positive living and adhere to antiretroviral therapy.

HTS: HIV testing services.

Integration: How different kinds of sexual and reproductive health (SRH) and HIV services can be linked to improve the health outcomes of the people served. This may include referrals from one service provider to another, as well as providing SRH services within HIV programmes and vice versa.

MTCT: is the abbreviation for 'mother-to-child transmission'. PMTCT means prevention of MTCT by stopping new HIV infections in babies and keeping mothers alive and families healthy. PMTCT is often mistakenly used to refer only to the provision of ARVs for preventative purposes. The terms 'parent-to-child' or 'vertical' transmission, are seen as more inclusive and avoid stigmatising women, acknowledging the role of the male sexual partner in transmitting HIV to the woman and encouraging male involvement in HIV prevention. The term 'elimination of MTCT (eMTCT)' is used to highlight the intention to eliminate all vertical transmission.

Opportunistic infections (OIs): These are infections caused by germs commonly found in the environment but that do not make people with healthy immune systems ill. When the immune system is weakened (by untreated HIV, HIV reinfection, or drug resistance), these germs 'take advantage' and cause illness. This is why they are called 'opportunistic'. They include types of pneumonia; candidiasis; TB and cryptococcus infections.

Outercourse: Means being sexually intimate without having oral, vaginal or anal sex. It is a type of abstaining from penetration, like hugging, kissing, masturbating, etc.

Peer education: is education where the teacher and learner belong to the same age/social group. Youth peer education empowers YP and offers them the opportunity to participate in activities that affect them and to access the information and services they need related to SRH.

Peer educator: Is a member of a peer group (such as another youth) who takes on the role of teacher or educator.

PHDP: Positive health, dignity and prevention aims to replace terms such as 'positive prevention' or 'prevention by and for positives'. It encompasses strategies to protect SRH and delay HIV disease progression, and includes individual health promotion, access to HIV and SRH services, community participation, advocacy, and policy change.

Rhythm method: This is a traditional contraceptive method based on knowing when a woman is ovulating, and avoiding sex for the days around that. For example, if your periods come every 28 days, you will ovulate about 14 days before the start of each period. After you ovulate, the egg can live for about 24 hours. Sperm can live for seven days. If sperm is alive inside you while your egg is also

alive, you can get pregnant. Your fertile days will most likely be from five days before to three days after ovulation. In addition, a girl can observe her vaginal secretions around the time of ovulation – your body secretes a distinct type of secretion when you are most fertile. This method demands that a young woman's cycle is completely regular, and also requires self control from both partners. It is not a reliable method for preventing pregnancy in adolescents and young people. It also exposes both partners to HIV and STIs.

Reproductive health: A state of complete physical, mental and social well-being and not just the absence of disease or infirmity, in all matters related to the reproductive system and to its functions and processes.

Service providers: Refers to anyone who could come into contact with people accessing prevention, treatment and care services. This could include nurses, doctors and counsellors providing HIV Testing Services (HTS) or supportive services.

Sexual and reproductive health services: Include, but are not restricted to: services for family planning/contraception; infertility services; maternal and newborn health services; prevention of unsafe abortion and post-abortion care; menstruation management, prevention of mother-to-child transmission of HIV; diagnosis and treatment of sexually transmitted infections including HIV Testing Services, other reproductive tract infections, cervical cancer, and other gynaecological morbidities; medical male circumcision, promotion of sexual health, including sexuality counselling; and prevention and management of GBV.

Sexuality: Refers to how people experience and express themselves as gendered sexual beings. This can include their knowledge, values and attitudes, behavior as well as cultural practices. Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical and religious and spiritual factors.

Stigma: 'Stigma' is derived from the Greek, meaning a mark or a stain. Stigma can be described as an active process of devaluation that discredits an individual in the eyes of others. Within particular cultures or settings, certain attributes are seized upon and defined by others as disreputable or unworthy. When stigma is acted upon, the result is discrimination that may take the form of either actions or omissions, for example, not wanting someone to be on their team because they are, or are imagined to be, HIV positive.

Vulnerability: Refers to how feasible it is for a person to control their risk of infection with HIV. In many communities women are vulnerable because they are unable to avoid sexual encounters where they cannot negotiate condom use, or that they have not consented to, or into which they have been coerced. However, men and women have different vulnerabilities based on cultural gender norms and expectations. Young people, those with disabilities, those with alternative sexual orientations and many other marginalised groups, experience specific SRH vulnerabilities.

Withdrawal/ pull-out method: This is a method of contraception where the guy pulls out (withdraws) the penis before he ejaculates (cums). This method is not safe for prevention of pregnancy because there may be sperm in pre-cum. This method requires self control from both partners and is difficult for young people to achieve. In addition, it exposes both partners to HIV and sexually transmitted infections and for these reasons is not recommended.

Introduction to the iCAN Participant's Workbook

Welcome to the iCAN Participant's Workbook on sexual and reproductive health for young people living with HIV (YPLHIV), which aims to help address the challenges facing young people across eastern and southern Africa.

The iCAN Package is made up of four core Modules: *iPositive*, *iAspire*, *iProtect* and *iAction*. This workbook contains all the activities described in the iCAN Facilitator's Guide so young people can work through the activities to enable sharing and learning within a workshop or training setting.

iPositive focuses on supporting young people to unpack 'Who Am I?', recognising yourself and your environment, building your self esteem, improving communication skills and decision making capabilities and, most importantly, building a self concept that places your HIV status within the totality of your life in a balanced way. **'HIV does not define me!'**

iAspire builds on the self-awareness explored in the *iPositive* module and focuses on 'Where am I going?' It is critical for all YPLHIV to see a healthy and productive future in front of them, just like all other young people. This module supports YPLHIV to unpack your dreams and aspirations, set life goals and critically look at establishing and maintaining the healthy relationships that will help you get there. **'HIV is just part of my journey!'**

iProtect asks 'How will I get there?' and focuses on empowering you to realise your SRH and rights, take responsibility for your future, your health and that of your loved ones – no reinfection, no onward transmission and avoiding common challenges that can hold back a planned future. **'HIV ends with me!'**

iAction is the final module. It asks 'What can I do?' and urges you to actualise your dreams. One way is to become a champion for change. Every young person living with HIV has something to offer at home, in the community and beyond. **'I can make a positive difference!'**

Fill in the activities as you work through the sessions as individuals or in groups. There are also 'Scribble Spaces' for you to make notes (if you have your own copy of the workbook) as you discuss important issues with your facilitator. You can look back on your notes to remember important information in the future.

Module 1: iPositive





UNIT 1: Who Am I?

TIME: 1 hour 30 minutes

Session Objectives:

- To enhance self-reflection and awareness
- To improved self-esteem.

Draw a picture of yourself in the space provided below. On the left hand side of your picture, write down all of your **STRENGTHS**. Include things that you are proud of, e.g. being kind, friendly, responsible, confident, etc. On the right hand side of your picture, write down things that you feel are your **WEAKNESSES**. Some examples might be: being impatient, easily pressured by friends, having low self-esteem, etc.

What I like best about myself is

.....

What I would like to change or strengthen in my life is

.....

The Journey of My Life: Now draw out your life's journey from birth to now in the space below. Make a note of any events or moments that you feel are important or made a difference along your journey such as: illnesses, or deaths in the family; the birth of new brothers or sisters; age at and events around puberty; when you started taking medicines; first love, first sex (if relevant); first pregnancy; when you knew your HIV status; school successes and failures; abuses along the way; happy and sad incidents, etc.

Think about:

- What gets you down?
- What lifts you up?
- What can you do to stay positive?

Now think about your future:

- What do you dream of being?
- What legacy or footprint do you want to leave behind?
- What would you like to see happening to yourself twenty years from today?
- What would you hope to have achieved by then?

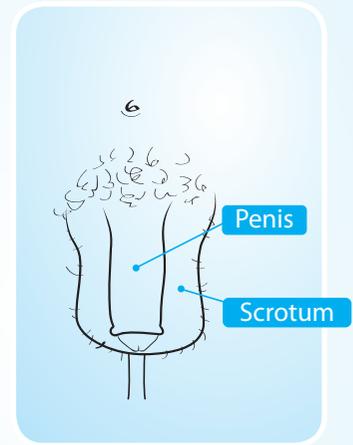
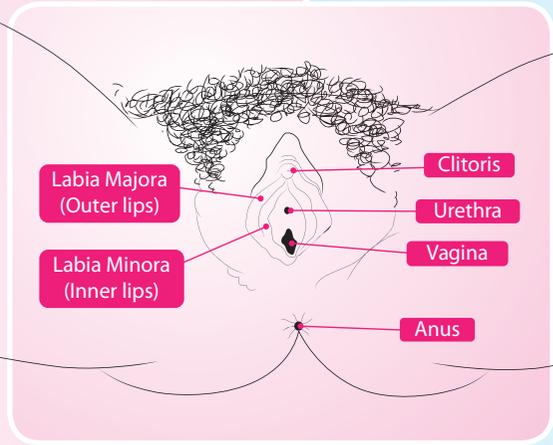
Add all these dreams to your journey of life.

You have a future just like everyone else – you can have dreams and goals and can achieve them. Believing in yourself and being confident are important.

Don't be negative about being positive!



On these diagrams below, insert the names of the various body parts.



attached to the uterus. The eggs travel through these tubes to get from the ovaries to the uterus

where eggs are stored

where women can experience strong physical pleasure - orgasm.

where faeces (poo) comes out of the body and where the penis or fingers enter the body during anal sex

sometimes called the 'lips' around the vagina and urethra

where a baby grows and where monthly bleeding comes from

'mouth' of the uterus. Sperm enters the uterus through the cervix and the baby comes out of the uterus through the cervix.

where urine (pee) comes out of the body

where the penis or fingers enter during vaginal sex and also where a baby comes out of. This is the opening to the cervix and the uterus

- Anus
- Cervix
- Clitoris
- Fallopian tubes
- Labia minora and labia majora
- Ovaries
- Urethra
- Uterus or womb
- Vagina

attached to the testicles. Sperm travel through these tubes to get to the urethra

where faeces (poo) comes out of the body and where the penis or fingers enter the body during anal sex. The male anus is located in the same place as in females

the opening on the end of the penis where urine (pee) and semen (cum), containing sperm, come out. Note that urine and semen do NOT come out at the same time.

the main body part for sex and pleasure. This delivers the sperm that can make a woman pregnant during sex. It's tip may have a foreskin or not, if the man has been circumcised

where sperm are made and stored. Sperm live in a fluid called semen (cum), which is what comes out when a man ejaculates. Semen can contain STIs and HIV

the sack that holds the testicles (balls)

- Anus
- Penis
- Scrotum
- Testicles or balls
- Urethra
- Vas deferens



*MENSTRUATION -
My Scribble Space*

*WET DREAMS -
My Scribble Space*

Think about the physical and the emotional responsibilities that come about when your body changes. Make notes below.

	What does it mean to have your menses?	What does it means to have wet dreams
Physical needs		
Emotional needs		
New responsibilities		



HIV and Body Fluids - My Scribble Space



Puberty (boy 2 man changes)

- Puberty begins when your body is ready – not when you decide. Learn to accept the changes and the timing of it all.

Erections

- All teenage boys get unwanted erections. The best you can do is learn to hide them.

Wet Dreams, Sexy Dreams

- These are really common with teenage boys. You can't do much about them. It is important to ensure good hygiene after a wet dream. Wash out any soiled clothes or sheets and make sure they are properly dried. The chances of passing on HIV infection after a wet dream are slim, but it is good to adopt proper hygiene habits.

Exploring sexuality

- Sexuality includes all the feelings, thoughts and behaviours of being male or female and has physical, psychological, spiritual, social, economic, political and cultural dimensions. Sexuality is a fundamental part of life: it is the expression of who we are as human beings. People express their sexuality from birth to death in so many ways: the way women and men walk, talk, dress, show love to another person, etc. Sexuality is much more than sexual intercourse. You are a sexual being and can express your sexuality, even without having sexual intercourse.

Masturbation

- Nearly all boys begin to masturbate regularly their teenage years. There is a balance that must be learnt to keep this a positive activity in your life.

Sexual attraction

- During puberty, all boys, get a strong interest in other people's bodies. Lust needs to be controlled.

Pornography

- Many boys find a strong attraction to porn during the teenage years which needs to be controlled.
- Pornography shows unhealthy behaviours and actions; it is not healthy to watch pornography as an adolescent.

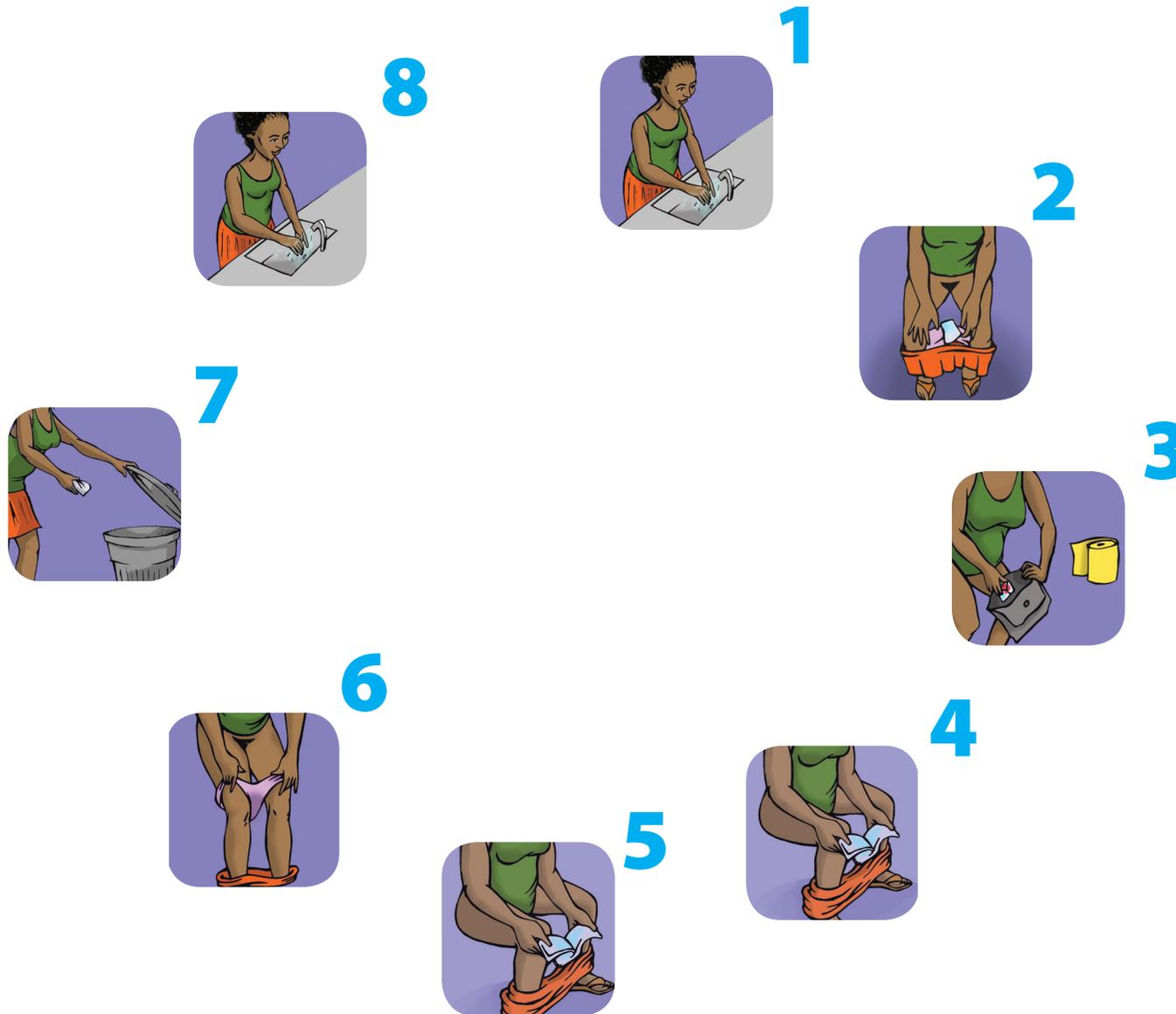
Virginity

- The best 'big picture' choice for your life is to be a virgin when you marry! The choice rests solely with you.

Penis

- Most guys worry their penis is too big or small or thick or thin or straight or bent or long or short or just plain different. Just get over it! We are all different!

How to keep healthy during your monthly period



Menstrual Hygiene

1. Wash your hands.
2. Take off your used pad after two to four hours and your tampon after four to eight hours – or when soaked, if this is sooner.
3. Wrap the pad or tampon in toilet paper, or put it in a plastic bag.
4. Peel the strip off a clean pad, or take the plastic wrap off a new tampon.
5. Stick pad down on your pants (or insert tampon into your vagina).
6. Pull up your pants and tidy your clothes.
7. Put the used pad or tampon into a bin.
8. Wash your hands.

Sexuality

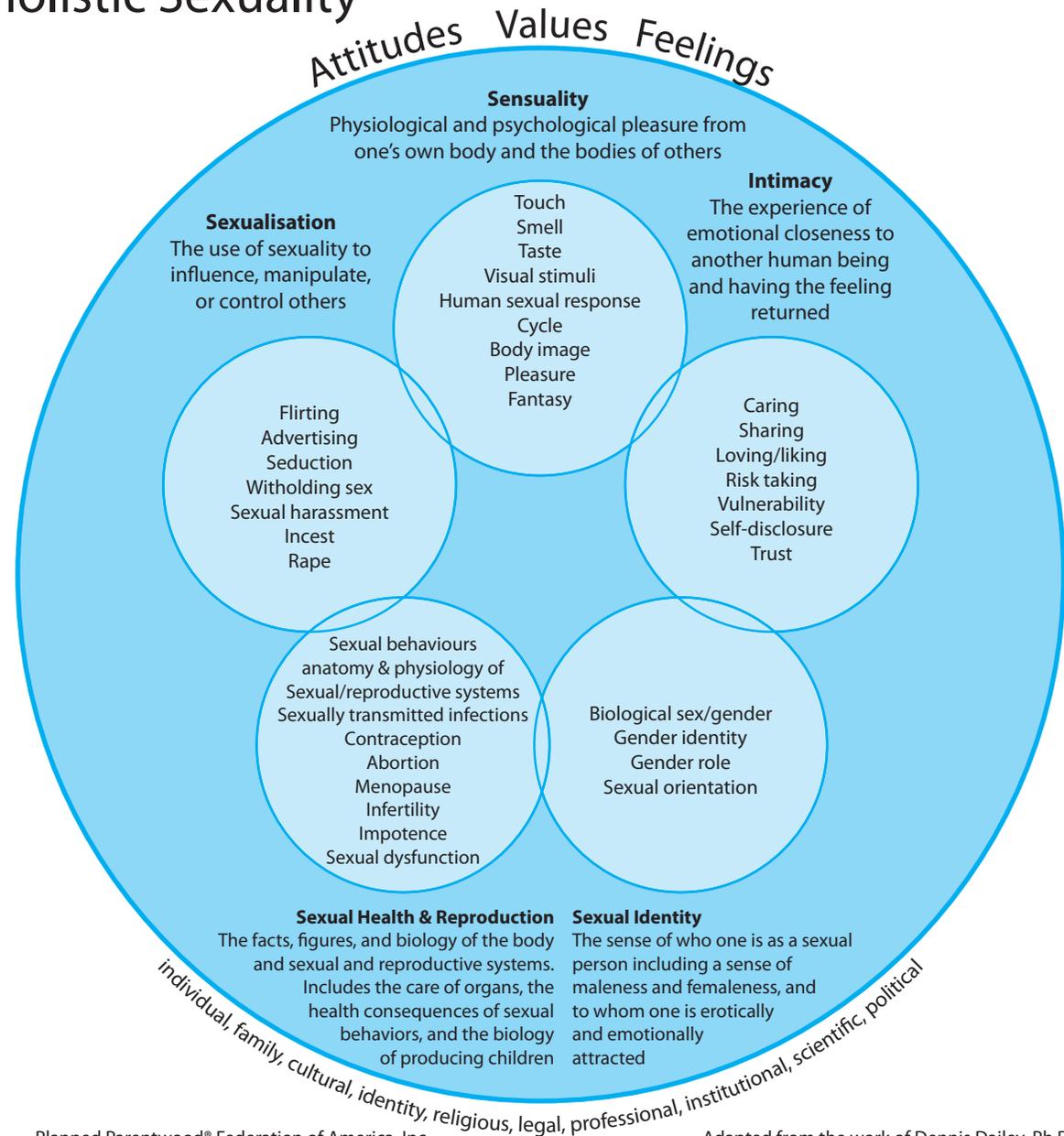
What do we mean by...

Sex?

Sexuality?

'Sexuality is much more than sexual intercourse!'

Holistic Sexuality



Planned Parenthood® Federation of America, Inc.

Adapted from the work of Dennis Dailey, Ph.D.

Falling in Love?

Ciru is 14 years old. She met Alois at the school sports day two months ago and they have become good friends. Lately Ciru has been talking about Alois a lot and feels like she always wants to call him or be with him. Both Alois and Ciru think that they are falling in love with each other. They spend a lot of time doing things together and hug and hold hands a lot. Alois knows that his feelings for Ciru are getting stronger because sometimes when they are together he feels like he would like to kiss her and touch her all over. Ciru too is longing to kiss Alois and to be in his arms – it just seems like the right thing to do.

What do you think is happening to Ciru and Alois?

- How do their feelings relate to their real life experiences?
- What do you think they should do? Why?
- What would YOU do if you were Ciru or Alois? Why?

Don't let your body rule your mind. Use the 3C DECIDE model make better decisions!

The 3C 'DECIDE' MODEL

The 3Cs are Challenge, Choice, Consequences.

D define the problem or the challenge you are facing [CHALLENGE].

E explore the choices that you have.

C choose one of them [CHOICE].

I identify the consequences of this choice [CONSEQUENCE].

D do – act out the choices you have made in your mind.

E evaluate – was this choice the right one? If not select another of your choices and repeat.

What Have I Learned About Me?

1. What is the most important piece of information that you have learnt from the sessions in this unit?
2. Why or how is this information important to you?
3. How does this information help you to develop, maintain or change your behaviour?

Commit!

What commitment are you going to make to yourself based on what you learnt about you, your body, your community and your health? (You will not be expected to share this with the group.)

Write your commitments in the space below.

I commit myself to the following things:

.....

.....

.....

HIV DOES NOT DEFINE ME!

UNIT 2: Personal, Family and Community Values

Understanding Values

What are values?

Values are important things. They tell us what is acceptable behaviour and what is not. They give us guidance on how to behave.

In the space below, write three values that are important to you.

- 1.
- 2.
- 3.

Values - My Scribble Space

Job Possibilities

- | | | |
|---|--|--|
| <ul style="list-style-type: none">● social worker● member of armed forces● pharmacist● athlete● policeman/woman● herdsman● lab technician● lorry driver● teacher● cashier● flight attendant● nutritionist● carpenter● headmaster/mistress● desktop publisher● architect● builder● school teacher● secretary● plumber | <ul style="list-style-type: none">● electrician● office manager● veterinarian● civil servant● salesperson● airline pilot● model● lawyer● bank teller● driver● librarian● hotel worker● chemist● forester● tailor● newspaper reporter● construction worker● musician● shoe repair/making● barber/hairstylist● philosopher | <ul style="list-style-type: none">● taxi driver● artist● computer specialist● bus driver● hotel chef● mason● nurse● food hawker● market woman/man● fashion designer● singer● preacher● jewelry designer● farmer● nurse● administrator● accountant● photographer● insurance agent● factory worker● gardener |
|---|--|--|

I am free to be who I want to be, even if I am living with HIV!

I just want to be like everyone else!

You are having problems with taking your ARVs regularly. Sometimes you just forget; sometimes you just hate that you have to take medicine every day. It reminds you that you're not like your friends. Last time you had your CD4 count, it had gone down a lot and the doctor asked you if you were having any problems, but you said no.

Read through the scenario below and use the 3C Decide model (Challenges, Choices, and Consequences) to come to a decision.

What can you do?

1. What is the CHALLENGE that you are faced with?
2. What are your CHOICES? Think about these and write three of them in the space below.

Choice 1:

Choice 2:

Choice 3:

3. What are the negative and positive CONSEQUENCES of each choice you have written down? Write these in the spaces below.

Choice	Positive Consequences	Negative Consequences
1		
2		
3		

4. What is your decision?
5. Why did you make this decision?
6. How did your values influence the decision you made?

What I do today determines my tomorrow!

The 3 Cs in decision-making

- **Challenge** (or the decision you are facing)
- **Choices** (the decisions you can make to overcome the challenge)
- **Consequences** (of each choice – positive and negative!)

Gender

List the different roles of women and men, girls and boys, in your community in the table below – your workshop facilitator will give you instructions for your group.

Roles of men and boys	Roles of women and girls

*Gender -
My Scribble Space*

*What do people expect of me -
My Scribble Space*

*What I expect of me -
My Scribble Space*

'Gender Expectations Can Change!'

- How does gender affect our sexuality and relationships?
- Does this have an effect on a person's vulnerability or risk of HIV infection?
- If gender roles and expectations are defined by society and people – what can we do to change the way we view gender?

I am free to be who I want to be!

Understanding Community and Culture

Culture - My Scribble Space

Community - My Scribble Space

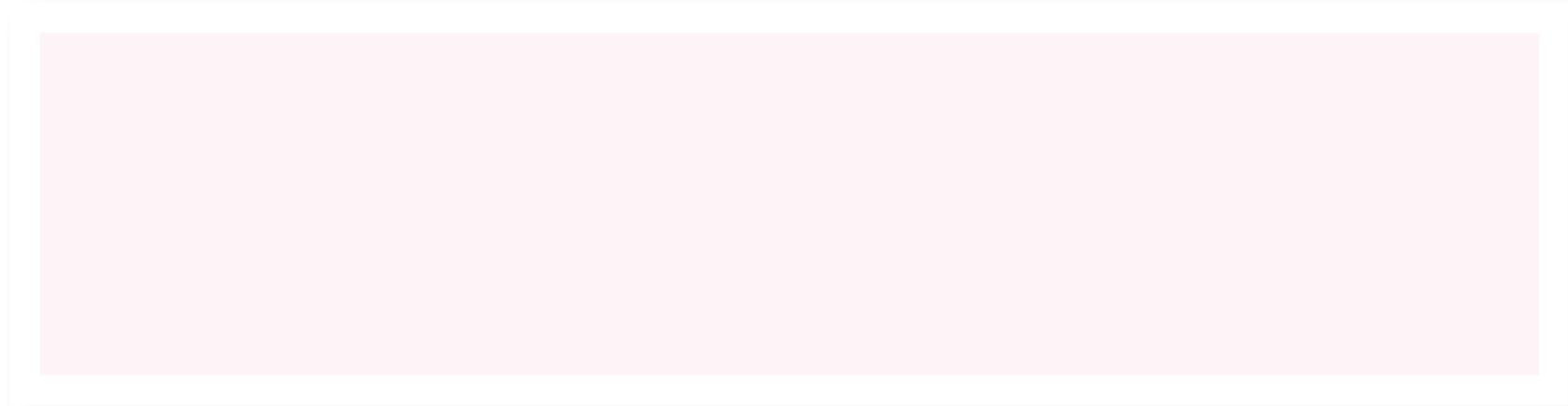
Fill in the boxes below with the most important things that your culture and community expects of you that you don't think have changed very much since your grandparents were alive – as well as the things that have changed a lot. Put a **C** next to culture and a **c** next to community if there are differences.

Things in my culture and community that haven't changed much

Things in my culture and community that have changed a lot

What is your earliest memory of being different? This can be feeling different about anything: skin colour, age, HIV status, body size, sexual preference, cultural background, ethnicity, etc.

Draw a picture or write some words that describe this memory.

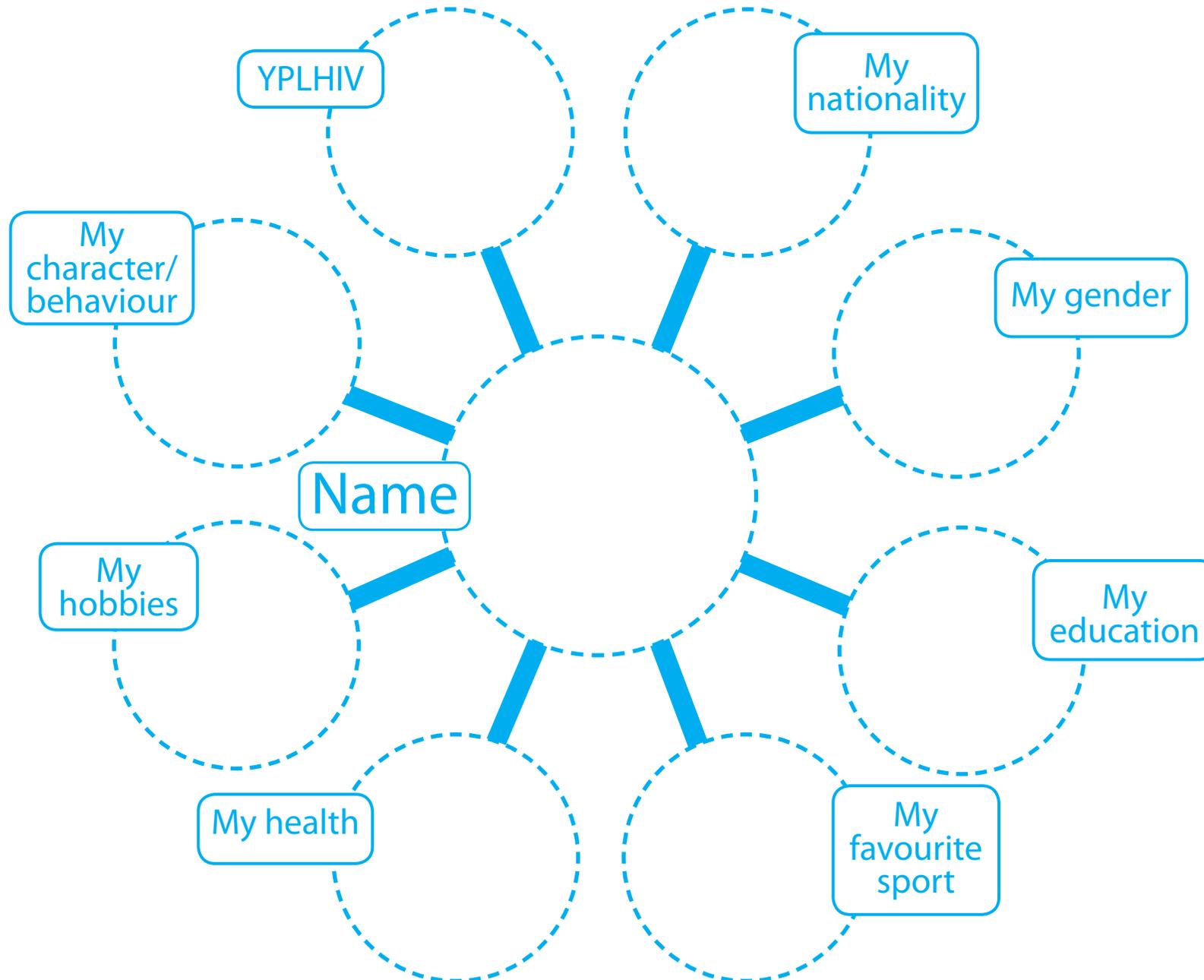


Think about:

1. Who the **messengers** were in the memory (who told you or showed you that you were different)?
2. What **institutions** (schools, church, home, etc.) were involved?
3. What **feelings** you had about this difference?

I am free to be who I want to be, even if I am living with HIV!

In the diagram below, write your name in the centre circle, and a word or phrase that describes your identity in the outer circles – you can write things like your gender, your nationality, your hobbies, etc.



Think about the following questions:

*My Identity & Values -
My Scribble Space*

- Which of the words do you identify with most strongly?
- Why is that?
- Which of the words do others identify you with most strongly?
- How do you feel about that?
- Describe a time when something about your identity turned out to be an advantage.
- Describe a time when something about your identity appeared to hold you back in life.
- Describe a time when you experienced or saw stigma or discrimination and did nothing.
- Describe a time when you experienced or saw stigma or discrimination and did something to address it.

What I do today determines my tomorrow.

What have I learned about values?

1. What is the most important piece of information that you have learnt from the sessions in this unit?

2. Why or how is this information important to you?

3. How does this information help you to change your behaviour?

Commit!

What commitment are you going to make to yourself based on what you learnt about you, your body, your community and your health? (You will not be expected to share this with the group.)

Write your commitments in the space below.

I commit myself to the following things:

.....

.....

.....

HIV DOES NOT DEFINE ME!

UNIT 3: Skills for Healthy Living

Communication for Life

*Communication
- My Scribble
Space*

Glassy-eyed listening	Don't rock the boat listening	Red-flag listening
Too-deep-for-me listening	On-off listening	Open ears –closed mind listening

Title	Description
	Most people think four times faster than the average person can speak. This sometimes works against the listener, as they tend to drift off and start to think about their own personal affairs, concerns and troubles, instead of listening to what the speaker is saying. You can overcome this by paying attention to more than the words and trying to see how the speaker feels.
	For some listeners, certain words make them switch off or get upset and stop listening e.g. condoms, marriage etc. The person tends to tune out the speaker and lose contact with them, failing to understand what that person is saying. The first step to overcoming this barrier is to find out which words are red flags to us personally, and then to try to listen attentively to someone when they are speaking.
	Sometimes we decide too quickly that the speaker is boring, and what is said makes no sense. Often we jump to conclusions and think we can predict what they know or what is going to be said. We decide there is no reason to listen because they will hear nothing new. It is much better to listen and find out for sure whether what the person is saying is true or not.
	Sometimes we look at a person intently, and we seem to be listening although our minds may be on other things or in far places. We drop back into the comfort of our own thoughts. We get glassy-eyed, and a dreamy expression appears on our faces. We can tell when people look this way – and others can also see this in us.
	When we are listening to ideas or problems that are too complex and complicated, we should force ourselves to follow the discussion and make a real effort to understand it. We might find the subject and speaker quite interesting if we make the effort to listen and understand what the person is saying.
	We do not like to have our favourite ideas and points of view judged or challenged. So when the speaker says something that clashes with what we think or believe we may unconsciously stop listening, or even become defensive and plan a counter-attack. Even if we want to do this, it is better to listen and get a good understanding of their views, rather than closing ourselves off.

What kind of person are you?

Answer the quick quiz below, circling a, b or c for each question. Then count the number of a's, b's or c's to learn about your communication behaviour.

1. Your best friend often borrows books but takes a long time to return them. They are asking to borrow your new magazine. Do you
 - a. Lend them the magazine because you do not want to hurt their feelings
 - b. Talk to your friend and explain why you do not want to lend them the magazine
 - c. Tell the friend to get their own.
2. You have met a new girl/boy. You are getting really close and you feel this could be the one. You want to start dating. You feel it is mutual. He or she does not know you are HIV positive. Do you:
 - a. Say nothing, it will come out eventually.
 - b. Test the waters with a few trial questions or leaflets on the subject of HIV. If the response seems supportive, find a quiet place when you are both free and not in a rush and sit down and tell them. You have made back-up plans with your friends to come over should it all go wrong.
 - c. Straight up say you are living positively and there is no problem because you take your medicines and know how to be safe.
3. You have decided that you want to go further in your studies. Your aunt, with whom you live, says that you must find a job to earn money. Do you:
 - a. Give up on your studies and look for a job because your aunt has asked you to.
 - b. Talk to her about why it is important to get an education.
 - c. Argue with her.
4. Your friend tries to get you to go out with a close friend of theirs whom you do not like. Do you:
 - a. Go with the person, because you do not want to disappoint your friend.
 - b. Explain to your friend why you do not want to go out with that person.
 - c. Call your friend names and get mad at them.
5. Your sibling uses your clothes without asking and has lost your favourite jacket. Do you:
 - a. Lock your wardrobe and pretend you lost the key.
 - b. Talk to him or her about their behaviour.
 - c. Pick a fight with him or her and/or take something of theirs you know they really like.

Value yourself and your rights: your rights, thoughts, feelings, needs and desires are just as important as everyone else's; but remember they are not more important than anyone else's, either.

- Recognise your rights and protect them.
- Believe you deserve to be treated with respect and dignity at all times.

Identify what you want and need; and ask for it

- If you are to perform to your full potential, your needs must be met.
- Find ways to get your needs met without sacrificing the needs of others

Acknowledge that everyone is responsible for their own behaviour

- Do not accept responsibility if others react to your assertive statements with anger or resentment. You can only control yourself.

Express negative thoughts and feelings in a healthy and positive manner

- It is ok to be angry, but always be respectful. Say what's on your mind, but protect the other person's feelings. It is important to control your emotions.
- Stand up for yourself when necessary and confront people who challenge you and/or your rights.

Receive criticism and compliments positively

- Allow yourself to make mistakes; ask for help.
- Accept feedback positively – be prepared to say you don't agree but do not get defensive or angry.

Learn to say No

- Know your limits and what will make you feel taken advantage of.
- You can't do everything or please everyone; be OK with that.
- Suggest alternatives for a win-win solution.

Work through the following situations making notes on how you can manage each situation using communication skills, such as assertion messages, listening to understand, speaking to be understood and positive self-talk.

Scenario	Positive Self-Talk	Assertion Message or Other Skill
1. You are meeting your boyfriend/ girlfriend tonight, and your guess is that he/she wants to break up because you are HIV positive and he/s he is not.		
2. Your mother learns that you are living with HIV and starts yelling at you and telling you to leave.		
3. Your friend tells you that he doesn't want to be seen with you now that you are living with HIV.		
4. You are going for a job interview, and you have heard that the employer might ask if you are living with HIV.		
5. Your boss fires you because he thinks he'll lose customers if people find out your status.		
6. You caught someone writing 'AIDS' on your door.		
7. Some of the children at school call you names and won't let you sit next to them.		
8. The nurse asks you to use a separate entrance at the clinic.		

A good relationship starts with good communication!

Talking to parents (and others who care)

Below is a communication checklist. Do you feel comfortable in each situation? Tick Yes or No on each question.

Questions	Yes	No
I am comfortable talking to my friends about sex		
I am comfortable talking to my parents or guardians about contraception		
I am comfortable talking to my doctor, nurse or family planning provider about STIs		
I don't feel embarrassed when my teacher talks about sex, relationships or the reproductive system		
I would be happy picking up and reading a leaflet about sex and contraception.		
I would be comfortable visiting a family planning clinic		
I would be comfortable asking for or buying condoms		
I would be comfortable talking to my partner about safer sex		

Scoring: If you have answered 'yes' to all of the questions, then your approach to communicating about sexual and reproductive health and rights is very mature. If you answered 'no' to any of the questions, think about how you could improve your communication skills.

For each 'No' answer, write at least three suggestions for how you could improve:

Answers to 'What kind of person are you?' (See page 37)

You answered mostly a

You respond to situations in a passive way. You do not assert your own rights and needs. You put others before yourself and give in to what they want. You remain silent when something bothers you.

Passive: not active. A passive person never expresses or shows their feelings and wishes.

You answered mostly b

You respond to situations in an assertive way. You stand up for your rights without putting others down. You respect yourself as well as the other person. You are confident but not pushy. You talk about your feelings. You are able to communicate well.

Assertive: strong and confident. An assertive person says what they want and feel in a respectful way.

You answered mostly c

You respond to situations in an aggressive way. You stand up for your rights without thinking about the other person. You hurt others and you often don't talk about your feelings.

Aggressive: a rude and forceful way of communicating. An aggressive person shouts and puts others down. They are sometimes violent.

Tips on speaking assertively:

Use "I want", "I need" or "I feel", e.g. *I feel strongly that we need to bring in a third party to resolve this disagreement.*

Be empathetic: Recognise the other person sees the situation, e.g. *I understand you are having trouble with the nurse at the clinic.*

Then, express what you need:.. *however, we need to find out what her objections are and see if we can overcome them...*

Overcoming stigma and discrimination

Write down as many effects of stigma and discrimination that you can think of:

*Stigma and Discrimination -
My Scribble Space*

Have you ever made a decision based on being HIV positive?

Why did you make that decision?

I say no to all stigma and discrimination. Any form of stigma and discrimination – on any grounds – is wrong. It is important that we treat everyone fairly and with respect as we expect others to do to us.

I say no to all stigma and discrimination.



*Self-Stigma -
My Scribble Space*

What have I learned about living positively?

1. What is the most important piece of information you have learned from the sessions in this unit?

2. Why or how is this information important to you?

3. How does this information help you to change your behaviour?

Commit!

What commitment are you going to make to yourself, based on what you learnt about you, your body, your community and your health?

Write your commitments in the space below.

I commit myself to the following things:

.....

.....

.....

HIV DOES NOT DEFINE ME!



Module 2: iAspire



UNIT 4: Planning for a Positive Future

Values and Vocation

Remember what we learned about values from Module 1? Write down two that are very important to you.

Write or draw your value areas below.

- 1.
- 2.



From the list below, star or colour in three things that are important to you in choosing a job.

*Vocation -
My Scribble Space*

Helping other people	Earning a lot of money
Having job security (long term job and steady salary)	Adding beauty to the world
Being creative or artistic	Becoming famous
Working when you want/flexibility	Finding adventure
Having a daily routine that changes	Working with people all the time
Having job satisfaction	Learning new things
Being known as a thinker or intelligent person	Influencing other people
Helping to make the world a better place	Working with new technology

Which three jobs might suit you based on the things that are important to you in your job? Listen to others – they can also help you see what you are good at and what suits you, but remember to follow your passion!

Job 1:

Job 2:

Job 3:



YPLHIV can do everything that HIV negative youth can do. Your attitude is very important.

HIV is just part of my journey!

Unpack your fears! Make a note in the table below:

Category	My fears and concerns
Health	
Personal life	
Social life	
Relationships	
Career	

Talking to and supporting each other helps us deal with our challenges, including our fears. Talk to other YPLHIV whom you know, share your concerns and worries and help each other to work through them, find out more information and find ways to deal with them.

HIV IS JUST PART OF MY JOURNEY!

My Dreams and Aspirations

Learning to Dream Big Again: Elizabeth's Story

My name is Elizabeth, I am 18 years old and I am in my final year of school. I found out I was living with HIV when I was 13. At the time I was getting sick a lot and had become very weak.

I started treatment right away and slowly started to get better physically. I was angry though – I kept asking myself why me? Why did this have to happen to me? To start with I was too weak to go to school, then I didn't want to, as I didn't want my friends to find out and I was worried about how far behind I would be with my school work.

The doctor suggested I join a support group for young people living with HIV – he thought it would help for me to talk to other young people in the same situation as me. He was right! We talked about all the things we were scared of, we shared ideas for how to make it easier to take our ARVs and we supported each other when we had difficulties. I became a lot stronger emotionally.

One day, our support group was talking about the things that we wanted to achieve. I hadn't thought about these things for a long time – I was scared, as I thought the things I had wanted to do before I learned I was living with HIV would no longer be possible – I had wanted to go to university and become a teacher, but I thought those dreams were over.

That day though, I realised that all the dreams and hopes I had before were still possible – I could finish school, go to university and become a teacher if I wanted to. I felt so happy that day. I went home and made a plan – our group leader said that making a plan to achieve small steps towards the future I wanted would help me see that it was achievable. My plan included things like making a little purse to keep my ARVs in, buying a diary where I drew a circle each day to remind me to take my pills (when I had taken them, I turned the circle into a smiley face) and going to enroll in school.

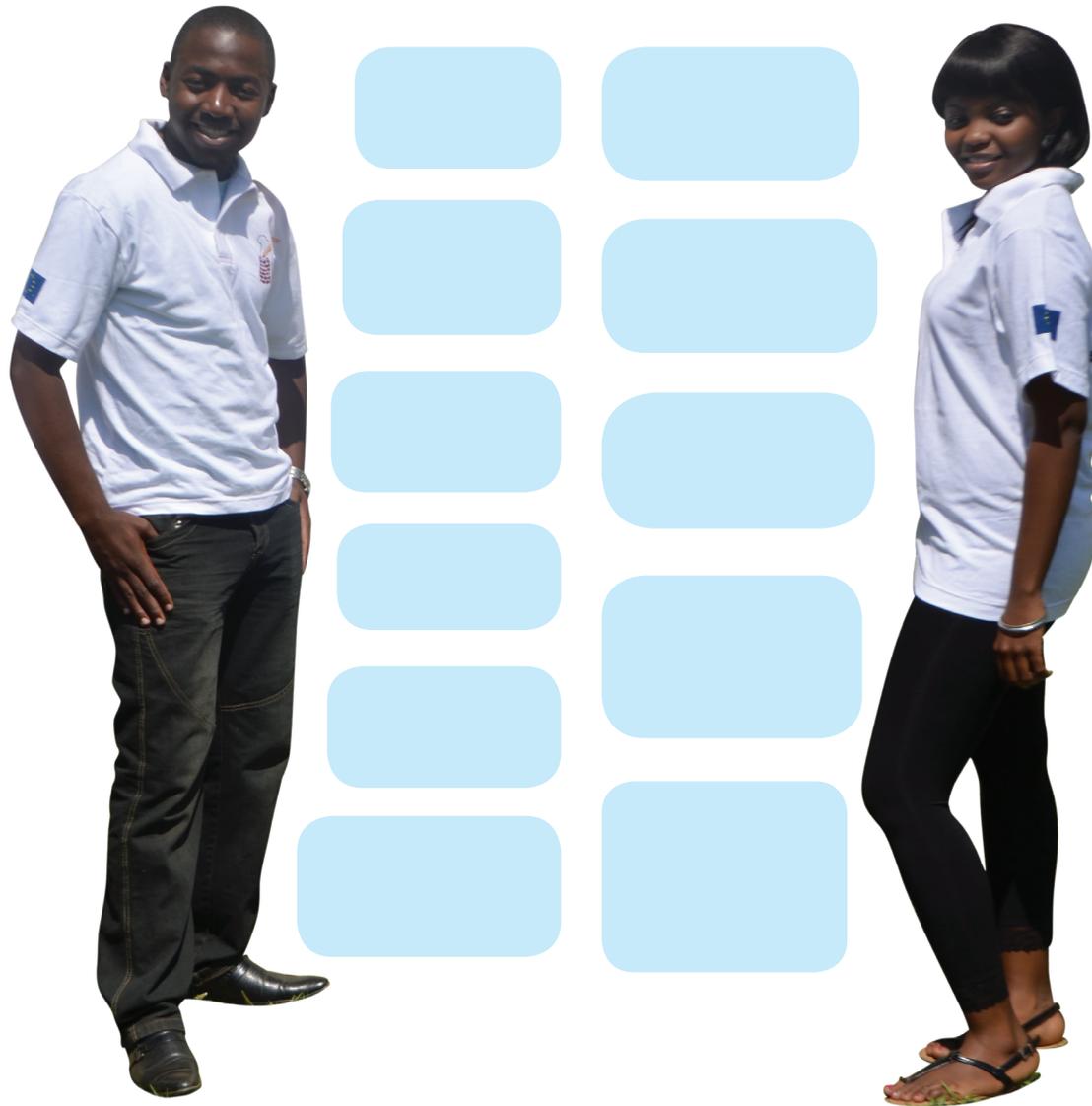
To start with, it was hard to go back to school but I stuck at it and worked much harder than before so that I could catch up. Now, I am top of the class in most of my subjects and my teachers have said that I'll definitely get a place at a good university. I know now that I can achieve all my dreams and aspirations.

- How did Elizabeth feel when she first found out that she was living with HIV?
- Have you ever felt any of those feelings?
- How does she feel now?
- What helped her to feel better?
- How does this story make you feel? Are there any changes you could make to help you feel better and more positive?

The table below has examples of positive and negative influences and situations that you might face.

Category	Facilitating Factor	Potential Barrier
Personal	Having an 'I CAN' attitude to life –being confident that you can do something is the first step to achieving it.	Low self-esteem and low self-confidence – setting small goals and steps and achieving them helps us to feel self-pride again
Family	When your family knows that you are living with HIV and is supportive.	Stigma in the family – encourage family members to attend sessions with your doctor and a support group, they will understand HIV better and be more supportive and open.
Social	Having a personal contact or knowing someone in the profession that you want to join can be a source of great advice – and you may be able to gain work experience with them.	Stigma and discrimination related to HIV or gender can cause barriers or obstacles to realising dreams and aspirations – knowing your rights can help you overcome this barrier.
Health	Living with HIV will give you an incentive to learn about health, HIV and wellness. Become an expert and use your knowledge to help others.	Living with HIV may make it harder to do some jobs, such as those that require long periods away from your home. Taking your medicines exactly as your doctor prescribes and monitoring your health will help ensure that you stay healthy and can manage your condition.
Financial	By knowing what you want to achieve you are in a better position to plan ahead – research well in advance to see what opportunities are available to you.	Not having enough money to go to university or start a business is a barrier faced by many people, not just PLHIV – look for free training courses offered by many organisations (check online too, if you can) and internships offered by businesses to help you gain experience and skills without major costs.

My wish list- my dreams and aspirations: Write out your wish list for your future.



YPLHIV can achieve all the things they want to achieve – **challenges can be overcome and dreams and aspirations realised.**

Never let go of your dreams!

We Can Be What We Want, Who We Want

For goals to be effective – and to help make sure that we actually achieve what we want to achieve by realising them – we should learn to always set SMART goals.

- Specific** – this means that the goal is very clear and simple and focused on one thing.
- Measurable** – this means that there should be a clear way of knowing whether the goal has been achieved or not, or to what extent.
- Achievable** – must be something that realistically can be achieved (not too easy, not too hard)
- Relevant** – is in line with what you actually want to achieve, your passions and what is important
- Time-related** – you must say when you want to achieve it by.



An example of a non-SMART goal might be:
I will take my ARVs more regularly.

An example of a SMART goal would be:
I will take my ARVs immediately after breakfast every day

Setting SMART goals helps us to really think through what goals we want to achieve and how we will achieve them.

<i>In my personal life, I would like to:</i>	
<i>In my social life, I would like to:</i>	
<i>In my family life, I would like to:</i>	
<i>In my community life, I would like to:</i>	
<i>In my professional life, I would like to:</i>	

How can you make these goals SMART?

What our community expects of us!

	Social expectations	Problems
Boys/Men		
Girls/Women		

- Where do you think these different expectations for girls and boys come from?
- Can they be changed?
- Can you think of any examples of social expectations that have changed over time?
- What can we do to change them?

Don't let your dreams be only dreams!

What have I learned about planning for a positive future?

1. What is the most important piece of information that you have learnt from the sessions in this unit?
2. Why or how is this information important to you?
3. How does this information help you to change your behaviour?

Commit!

What commitment are you going to make to yourself based on planning for your positive future?

Write your commitments in the space below.

I commit myself to the following things:

.....

.....

.....

HIV IS JUST PART OF MY JOURNEY!

UNIT 5: Healthy Relationships, Healthy Future

Building Healthy Relationships

Keeping my ship afloat!



There are certain things that keep a ship afloat and moving just as there are certain things that keep a relationship afloat!

- List five things that help make their relationship type successful and write these on the hull (base) of the boat
- List five things that can damage or destroy a relationship and put those words beneath the ship.

*Peer Pressure -
My Scribble Space*

Dating – What do you think about the following questions?

1. What is the best way to ask for a date?

a) phone, b) face to face, c) via a friend, d) letter, e) invite to a party, f) other _____

2. Who should ask for a date?

a) boy, b) girl, c) either, d) friend on persons behalf, e) other _____

3. How soon / when does a person ask for a date?

a) when you only just met to get to know them b) when you have been friends for a while, c) for a special occasion such as a party,
d) other _____

4. Where is the best place to go on a first date?

a) cinema, b) disco/dance, c) party at someone's house, d) school event, e) to play sport, f) for a walk, g) to a bar,
h) on a youth group outing i) other _____

5. What is the best way to get to and from the place you are going for your date?

a) relative or friend can drop you and pick you up again, b) walk, c) use public transport, d) go together, e) meet at the place, f) other

You are your love of a lifetime!

He says...	She says...
Why wait? Everyone else is having sex	I don't care what anyone else is doing. I'm not ready yet. Waiting shows you respect me and my choices so I respect you too
I don't like the feel of condoms	We can't have sex without a condom but we can try other types of condoms till we find one we both like.
I'll pull out in time – don't worry	Pulling out isn't safe. I could still get pregnant. And what about STIs and HIV re-infection?
You say you love me, so why won't you have sex with me?	I do love you but that doesn't mean we have to have sex. There are lots of other ways we can enjoy our love for each other
I don't have a condom – but this one time won't matter	We can't risk it. I could get pregnant this one time – and what about STIs and HIV re-infection?
It kills the moment when I stop to put a condom on	Putting the condom on can be part of having sex – what if I put it on you?
We've been together six months. How long do I have to wait?	It doesn't matter how long we've been together. I'm not ready for sex yet. Respect me by waiting
I'm so turned on – I can't stop now	We have to stop, no matter how turned on we are. No condom, no sex! But we can do other stuff – like use our hands on each other

You should never feel uncomfortable about saying 'no'.

She says...	He says...
I'm on the pill so we don't need to use condoms	Condoms are safer. The pill only protects against pregnancy, not STIs or HIV. We should both go for STI testing before we stop using condoms
Why do you want to use a condom? Don't you trust me?	I do trust you but condoms are the safest way to prevent pregnancy and STIs. We're not ready for children so we can't risk it
I've just finished my period so I can't get pregnant	Women can release new eggs soon after finishing their period – so there's still a chance of pregnancy now
I've never had sex before so I can't get pregnant this first time	That's a myth. You can get pregnant the first time you have sex – it's not worth risking it
Why don't you want to have sex with me – don't you fancy me?	I do fancy you and I respect you – that's why I want us to wait until we're both ready
Only people who sleep around use condoms. Is that what you think of me?	That's not true. People use condoms because they're the best way to prevent unplanned pregnancy and STIs. Using them just makes good sense
I love you and I want to show you by having sex with you	Having sex doesn't show that we love each other. Respecting each other's choices does!
My friend isn't using condoms and she hasn't got pregnant	Some people get pregnant more easily than others. And what about STIs? Your friend is taking a big risk. Encourage her to use condoms – she's just been lucky so far

Overcoming Unhealthy Relationships

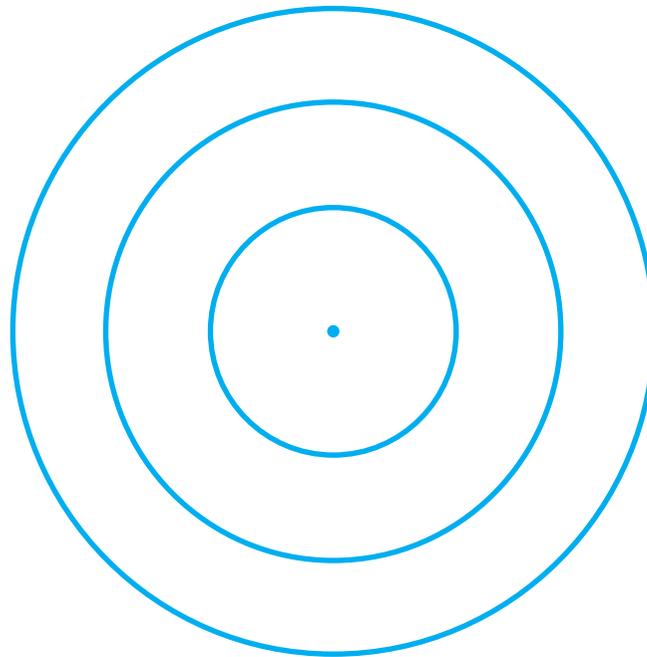
Type of Abuse	Examples	Links to gender inequality
Physical abuse		
Verbal /mental / emotional abuse		
Sexual abuse		

- Can you think of cultural practices in your area that can protect us and stop these things from happening? These can be new or old – remember that culture changes.
- How do these practices avoid such negative relationships or make them better?

Your relationships can only be as healthy as you are!

Why Relationships Today Affect My Future Tomorrow!

Many things can affect our futures. Some of these issues are within our control (it is our decision or choice), some we can influence (get others involved or share information, be proactive) and some are out of our control (participation is forced).



Centre: What I can control about my relationship risk

Middle: What I can influence to reduce my relationship risk

Outer: Issues out of my control on relationships

Make notes in the diagram below as you discuss this with the rest of the group.

Think about:

What are the consequences of not taking more control?

What will happen to your dreams and aspirations if you don't take control?

Knowledge is power!

What have I learned about unhealthy relationships and staying safe?

1. What is the most important piece of information that you have learnt from the sessions in this unit?

2. Why or how is this information important to you?

3. How does this information help you to change your behaviour?

Commit!

What commitment are you going to make to yourself based on what you learnt about healthy relationships and your future?

Write your commitments in the space below.

I commit myself to the following things:

.....

.....

.....

HIV IS JUST PART OF MY JOURNEY!



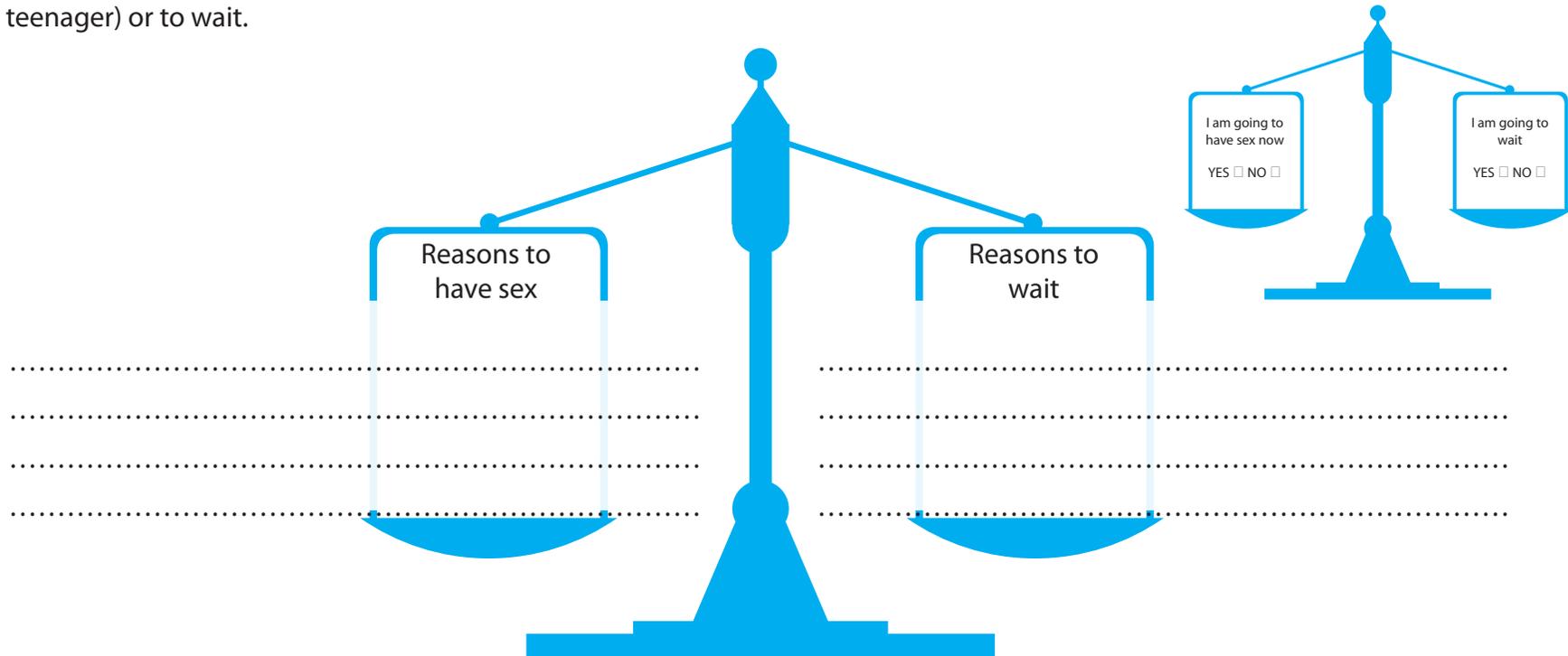
Module 3: iProtect



UNIT 6: Prevention and Protection

Making the Right Choices about Having Sex

The scale below represents two choices young people can make about having sexual intercourse – either to have sex now (as a teenager) or to wait.



Your workshop facilitator will let you know which of the following questions to work on in your group:

1. Brainstorm all the reasons and arguments why a young positive person would say NO to sex now.
2. Brainstorm all the reasons and arguments why a young positive person would say YES to having sex now.

Write your answer on the scale.

Discuss these as a whole group and make notes:

*How Pregnancy Happens -
My Scribble Space*

Are the risk of having sex the same or different for young women and young men?

What are the differences?

*Emergency Contraception -
My Scribble Space*

How long can sperm live after being ejaculated into the vagina?

If, immediately after sex, you run to the toilet and wash out the vagina, can you get all of the sperm out and not get pregnant?

How long is it between fertilisation of the egg and the egg implanting in the uterus?

Is there ANYTHING you can do in those five days after unprotected sex that could help prevent a pregnancy?

HIV ENDS WITH ME!

Use the 3 Cs model (Challenges, Choices and Consequences) to look at the scenario below. Make notes to discuss with the whole group.

Scenario

You and your boy/girlfriend had unprotected sex some time ago. Now you have discovered that you/your girlfriend is pregnant. What should you do as a couple?

What is the CHALLENGE that you are faced with?

What are your CHOICES? Think about these and write three of them in the space below.

Choice 1:

Choice 2:

Choice 3:

What are the CONSEQUENCES of each choice you have written down? Write these in the spaces below.

What is your decision?

Why did you make this decision?

How did your values influence the decision you made?

	Choice	Positive Consequences	Negative Consequences
1			
2			
3			

You are the choices you make; make good choices!

STIs and HIV Reinfection

Who can get STIs?

How are they spread?

How can you avoid them?

What must you do if you have one (or think you have one?)

How do you know if you have one?

Can a person living with HIV get HIV again?

What you don't know CAN hurt you!

HIV Reinfection - My Scribble Space

Condoms used correctly and consistently can protect against most STIs!

Make a list of replies to the common reasons that some young people may give for not using a condom.

Statement	Reply
I'm a virgin.	
I just want to see what it feels like skin to skin. Just once.	
I'll lose my erection by the time I stop and put it on.	
We've been together for two months now. I trust you. Don't you trust me?	
We're married now. Married people don't use condoms.	
We are both HIV positive, what's the problem here?	
I don't have a condom with me.	
I love you. Don't you love me?	

GOLDEN RULES OF MALE CONDOM USE

Learn the following tips on how to use a condom properly:

- Do not take, buy or use condoms if the wrapper is broken or dried out.
- Check the manufacture or expiry date on the packet. Never take or buy a condom that has no date stamp or is more than five years old.
- Use a new condom for every sexual round.
- Do not have 'a little sex first' before putting on a condom.
- Do not cut the condom pack with scissors or rip it with your teeth as this could tear the condom. Find the part of the packet that guides the opening and use your fingers.
- Pinch the end of the condom to leave a space at the tip for the semen before rolling it down on an erect penis. This helps keep the condom from bursting.
- Only use water-based lubricants such as saliva/spit, K-Y Lubricating Jelly®. Do not use lubricants with an alcohol, oil, or petroleum base, such as cooking oil or baby oil or Vaseline®, as these will cause the condom to break.
- Put a small amount of saliva or other water-based lubricant in the inside tip of the condom before putting it on to increase the feeling for the one wearing the condom
- After an ejaculation, the penis must be removed while it is still erect. Hold the base of the condom while you withdraw, making sure not to spill any semen. Tie the end of the condom, wrap it in paper and dispose of it in a bin.
- Store condoms in a cool, dry place. Do not store condoms in the glove compartment of a car, or in a wallet or pocket that is close to the body, as sunlight and heat destroy them.
- Regularly check the expiry date and condition of any condoms that you keep as a precaution and replace when necessary. Follow the same procedures when using a male condom for anal sex.

REMEMBER: If the condom is not on, then the penis doesn't get in! Use a condom every time

GOLDEN RULES OF FEMALE CONDOM USE

- Do not take, buy or use condoms if the wrapper is broken or dried out.
- Check the manufacture or expiry date on the packet. Never take or buy a condom that has no date stamp or is more than five years old.
- Use a new condom for every sexual round.
- Do not have 'a little sex first' before putting on a condom.
- Do not cut the condom pack with scissors or rip it with your teeth as this could tear the condom. Find the part of the packet that guides the opening and use your fingers.
- Hold the small ring (at the closed end of the condom) between your thumb and middle finger.
- Find a comfortable position for inserting the condom – lying down, squatting or standing with one foot raised on a stool, chair or the side of the bath. Squeeze the small ring and put it into the vagina, pushing it as far inside as possible with the fingers. Be careful not to tear the condom with a sharp nail.
- Put a finger inside the condom and push the small ring as far inside as possible. The inner ring keeps the condom in place during intercourse.
- Make sure that the outer ring of the condom (the ring with the open end) is outside the body. The outer ring will lie flat against the body when the penis is inside the condom.
- Be careful to guide the penis into the condom and not to the side of it. If the penis ends up on the side, the condom will offer no protection.
- To use a female condom for anal sex, remove the inner ring of the female condom and place the condom over the erect penis before it is inserted into the anus.
- After the man ejaculates (cums), before the woman stands up, squeeze and twist the outer ring to keep the semen inside the pouch and pull the pouch out.

After using the condom, throw it away safely. The female condom CANNOT be reused. Use a condom each and every time.

Preventing Early and Unintended Pregnancy

PREGNANCY PREVENTION FOR TEENS

There are a number of ways to prevent pregnancy that are recommended for adolescents to use. REMEMBER- no contraception is 100% effective, there is ALWAYS a risk of pregnancy. These are:

- Abstinence
- Outercourse
- The male condom
- The female condom
- The pill
- Injection
- Implants
- Emergency contraception

No method is completely effective, except total abstinence. Therefore there is a risk involved when using any method. Ideally, the choice of a contraceptive method should be made with the involvement of your partner and after thinking about what method is available and you feel confident using correctly and consistently. Only condoms provide triple protection against pregnancy, HIV and other STIs.

Abstinence: means completely avoiding sexual intercourse or any sexual activity. It is an important choice for those adolescents who are not ready for sexual intercourse and its risks of pregnancy, STIs or emotional hurt. But this method does call for self-discipline and respect for each other wishes. The responsibility for maintaining abstinence rests with both partners.

Outercourse: This is any sexual activity between individuals that does not involve vaginal or anal intercourse. Usually it involves rubbing against each other fully clothed and may include mutual masturbation, hugging, kissing or other ways of expressing sexual feelings.

Male condom: the rubber sheath rolled onto the erect penis before intercourse prevents the sperms from entering the vagina. It is more effective if used with a spermicide.

Female condom: this is inserted into the woman's vagina before sex. A ring holds the condom in place during intercourse and catches the mans sperm so that it does not enter the vagina.

The pill – oral contraceptives: these include the combination pill and the mini-pill. The mini-pill is not advised for teenage use. These hormones change the body in a number of ways to prevent pregnancy e.g. to suppress and prevent ovulation and alter the movement of the fallopian tubes.

Contraceptive injections: these work similarly to the pill. There are only two types of injections – one that gives protection for eight weeks and another for twelve weeks.

Implant: this is a small flexible tube about 40mm long that is inserted under the skin of your upper arm. It must be inserted by a trained health professional and lasts for three years. It stops the release of an egg by slowly releasing progesterone into your body. This thickens the cervical mucus and thins the womb lining, making it harder for sperm to move through the cervix, and less likely that the womb will accept a fertilised egg.

Emergency contraception: this is a pill taken within five days of unprotected sexual intercourse but it works best the earlier you take it, so don't delay! It is not meant for regular use, but is especially useful in the following situations:

- Rape
- Failure of the method used (such as a broken condom)
- A single act of unprotected sex.

In some countries, abortion is legal and is an option to terminate an unintended pregnancy.

I make the right choices!

Living with HIV

Taking your medicines exactly as the healthcare worker tells you to is called adherence. What do you do to remember to take your medicines correctly every day? What else could you do? Make notes below:

.....

.....

.....

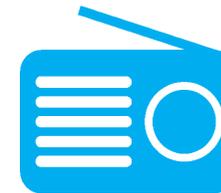
Ways to help you take your medicines correctly



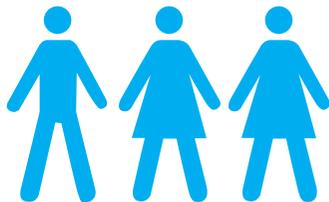
When brushing your teeth every day



When the rooster crows each day and night



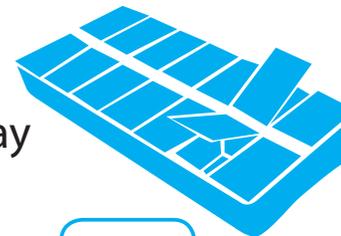
With a radio when a regular programme such as the news or your favourite music show



A friend or family member who reminds you - a treatment buddy

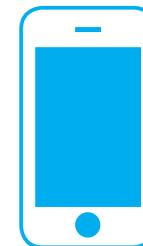


A pill box so you can see what you have taken each day



A calendar to mark and colour each day

An alarm on your phone with your favourite ring tone.



An important part of good adherence is your family and circle of care. Make a list of "People who support me". Think about your family as well as the people outside of your family and in your community.

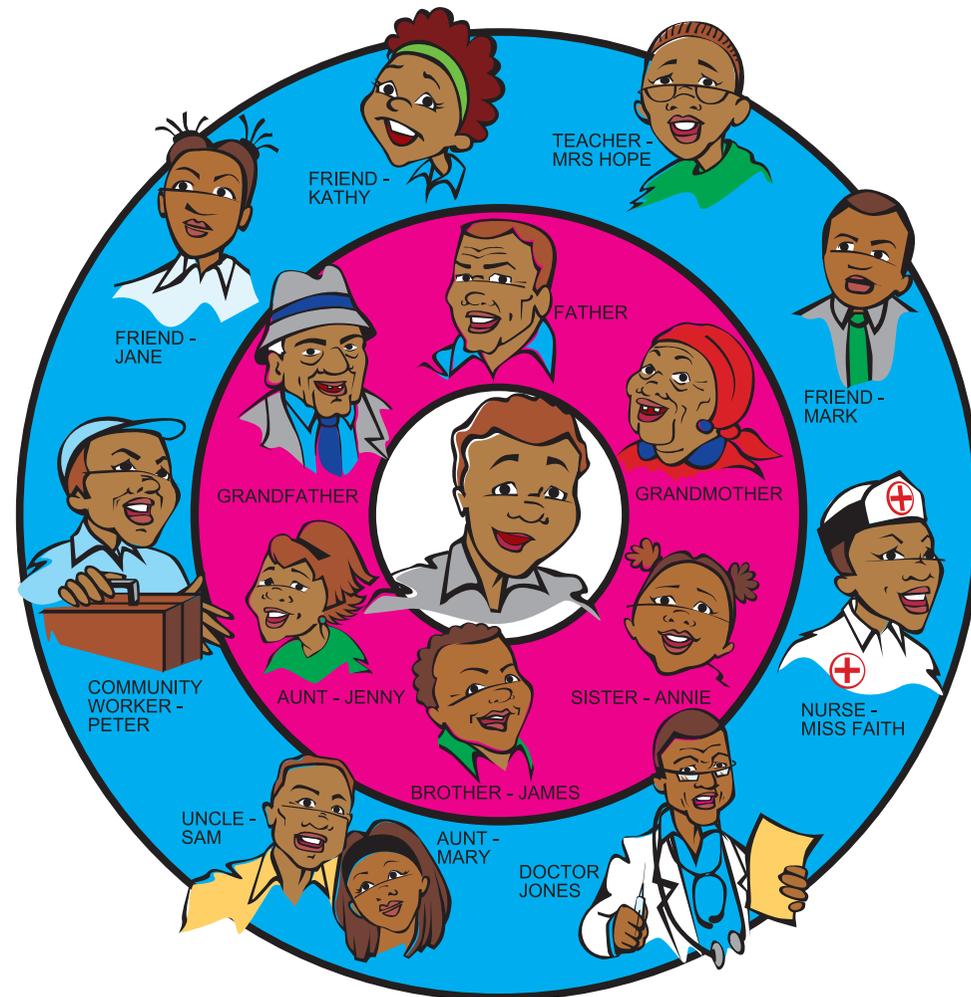
Remember that if you do not take your medicine correctly and consistently every day, the virus can build up in your body and may make you sick.

You can fill in your own individual 'Circle of Care' in the diagram on the next page, drawing in the people who support you. Your Circle of Care may include:

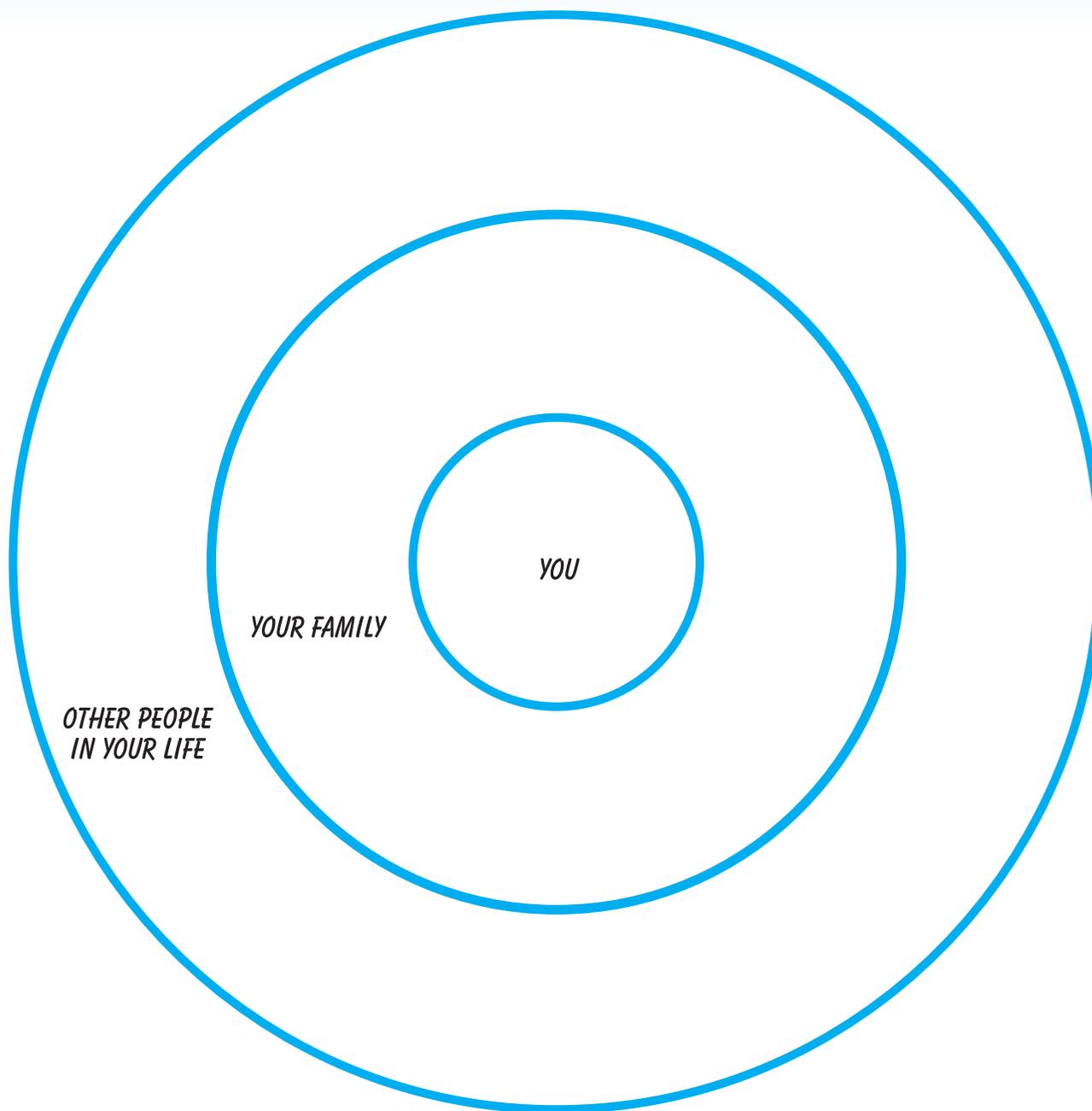
- Parents, family members and caregivers
- Social workers
- Healthcare workers
- Community volunteers
- Support groups for people living with HIV
- Friends, youth and teen clubs
- Teachers
- Religious and traditional leaders
- Any community member who promotes the development of adolescents

Make happiness a habit!

Joseph is 13 years old and here are Joseph's support circles.



My Circle of Care



Substance abuse, including drugs and alcohol

Scenario

Your best friend drinks a lot of alcohol and is often drunk at parties. One weekend at her/his house she/he is really drunk and starts pushing you very hard to drink with her/him. You feel really uncomfortable but do not want to lose the friendship. What do you do?

What happened in the scenario?

How can the role players improve their assertiveness?

When under the influence of drugs and alcohol, decision making is affected, making it more challenging to think clearly and practice safer sex methods, such as using condoms correctly and consistently.

Avoiding Drugs and Alcohol - My Scribble Space

Be a thinker not a drinker!

Preventing Date Rape and Sexual Violence

Chipo's Story

"My mother had gone to South Africa to buy goods to trade, leaving me at home with my 11 year-old sister and our little brother. One day an uncle we had never met arrived and said he had come to see our mother. I gave him food and when my brother and sister had gone to bed, we sat and chatted. He was very kind and seemed concerned that we were on our own. He offered to stay for a while to make sure we were ok.

He would go away during the day and come back in the evening and after the others were in bed, he would bring out some small gift for me – a chocolate, a soft drink, some pens for my school work. One night he brought something that looked and tasted like a soft drink, but after I drank it I started to feel strange: I was dizzy and finding it difficult to talk.

I don't remember much after that. When I woke up, I was in his bed and he was touching me and pushing himself inside me. It was hard for me to work out if it was even real or I was dreaming. I was so weak – I didn't have the strength to push him off me.

I woke up back in my own bed and he was gone. He never came back and when I asked my mother about him she said he was a very distant relative of my father's but she had never met him. I only told her the truth about what happened when I noticed a bad smelling discharge from my private parts. He had given me an STI – but luckily I didn't get pregnant or get HIV. Mother was very angry about it and says she will never leave us alone again.

- What happened in the story?
- How can this be prevented?
- Whose fault was it?

Date Rape - My Scribble Space

What is date rape?

Date rape is when someone you have chosen to go out with makes you have sex when you don't want to, or you do not know that it is happening because you have been drugged.

This can happen if someone:

- Puts a drug in your drink which makes you sleepy (or unconscious)
- Adds (more) alcohol to your drinks so you get very drunk.

Because of being drugged or drunk, you cannot resist. Often you do not remember the experience and cannot identify the rapist.

What can I do to stay safer?

There are lots of things you can do to reduce your risk and stay safer:

- do not get drunk - be responsible
- Never leave your drink unattended, or accept drinks from strangers
- Open your own drinks
- When you are not drinking from it, cover your drink (with your hand or with a drink mat/coaster)
- If you start to feel dizzy or weak, tell someone right away - your drink may have been drugged
- If your drink tastes strange, spit it out immediately
- If you go to a pub or bar, go with a friend - keep an eye on each other and go home together.

Why might I be at risk?

Date rape is commonly carried out against young girls but boys can also be targeted.

Date rape happens most often in places where alcohol is being served. It is harder to notice someone who is drunk or drugged in bars, clubs, pubs or parties.

- If you go to parties or bars you could become a target
- If you are drunk you are less likely to notice someone putting something in your drink

Where can I go for help?

If you have been the target of date rape, get medical help urgently:

- You may need emergency HIV prevention medication or anti-pregnancy contraception
- You may also need counseling
- Speak to an adult you trust and tell them what happened

Remember, whether you know the person who did it or not, it is still rape and is illegal.

What have I learned about prevention and protection?

1. What is the most important piece of information that you have learnt from the sessions in this unit?
2. Why or how is this information important to you?
3. How can this information help you to adopt healthy behaviours and change unhealthy ones?

Commit!

What commitment are you going to make to yourself based on what you learnt about prevention and protection against pregnancy, STIs, HIV-reinfection and abuse? (You will not be expected to share this with the group.)

Write your commitments in the space below.

I commit myself to the following things:

HIV ENDS WITH ME!

UNIT 7: My Rights and My Responsibilities

My Rights and My Responsibilities

*Sexual and Reproductive Health Rights -
My Scribble Space*

Remember: rights come with responsibilities, especially the responsibility to respect and protect the rights and freedoms of others. In addition, YPLHIV, also have a responsibility to disclose their status to healthcare providers and to potential sexual partners.

Positive change begins with you!

Disclosing My Status

Session Objectives:

- Understand disclosure and its importance, especially for healthy relationships
- Understand when, with who and how to disclose

<i>Disclosure - My Scribble Space</i>	Positive Aspects of disclosing my HIV status	Negative Aspects of disclosing my HIV status

HIV is a virus; stigma is a deadly disease!

You have the right to decide if, when, and how to disclose your HIV status.

My Disclosure Checklist:	
Who: What characteristics should the person you disclose to have?	
What: What do you want to tell this person? What information do you need before doing so?	
Where: Where would be a good place to have this conversation?	
When: When would be the best time to disclose?	
Why: Why do you want to disclose?	
Pros of disclosing to this person, at this time	
Cons of disclosing to this person, at this time	

Can an HIV positive person have a happy, healthy relationship with someone who is HIV negative?

Is it possible for one person in a couple to be HIV positive and the other negative?

Is it possible for the HIV negative partner to remain negative? If so, how?

Can a serodiscordant couple have healthy, HIV negative babies?

Can an HIV positive woman have an HIV negative baby?

Serodiscordant means: one partner is infected by HIV and the other is not.

This contrasts with seroconcordant relationships, in which both partners have the same HIV status.

Serodiscordant Relationships - My Scribble Space

Treatment is prevention!

What have I learned about my rights and my responsibilities?

1. What is the most important piece of information that you have learnt from the sessions in this unit?
2. Why or how is this information important to you?
3. How does this information help you to make sure HIV ends with me?

Commit!

What commitment are you going to make to yourself based on what you learnt about your rights and your responsibilities as a YPLHIV? (You will not be expected to share this with the group.)

Write your commitments in the space below.

I commit myself to the following things:

.....

.....

.....

HIV ENDS WITH ME!

Module 4: iAction



UNIT 8: Youth Friendly Health Services

Accessing services

Health Service	Do I attend when I should?	Barriers / reasons for not attending	How can I improve?
Seek medical advice for any unusual symptoms/ illnesses or when unwell			
Routine CD4 counts every six months			
STI checks every six months if you think you may have been exposed			
VIA or pap smears every year			
Routine breast examination (for girls and women)*, if available			
Routine checks of the testicles			
Family planning/ contraception			

*Why Regular Health Checks -
My Scribble Space*

**Breast screenings (at a health facility) and prostate screenings become more important as people reach their forties and beyond – a doctor should advise on how often this needs to be done and when*

Draw a map of the community below, marking all the places (and the people) you can go to and receive help, including different kinds of health care, testing, information, education, counselling, and support.

I CAN MAKE A POSITIVE DIFFERENCE!

Your Health Facility Checklist

General Facility Information		
Name of observer		
Name of facility visited		
Date of visit		
Hours services available		
Time spent at place visited		
Are services available specifically for young people?	Yes?	No?
Are services available for YPLHIV?	Yes?	No?
List any special services available for young people		
Interaction with staff		
Ask a staff member the following question and make notes on their response: <i>Can you please tell us what programmes, services, types of contraceptives and other risk reduction methods you have available for youth here?</i>		
Title of staff member or employee		
Male/female		
Was the staff member friendly?	Yes?	No?
Was the staff member helpful?	Yes?	No?
Did the staff member answer your question?	Yes?	No?
How did the receptionist and/or staff treat you when you asked for information or special services for young people?		
Notes and comments		

Location and Access*Is the facility:*

Located near public transportation?	Yes?	No?
Easy to get to?	Yes?	No?
In or near your village?	Yes?	No?
Near where young people hang out?	Yes?	No?
Located in an area that gives a young person full privacy?	Yes?	No?
Is there a youth section separate from the adult section?	Yes?	No?
Are there any signs to identify services?	Yes?	No?
If yes, what do the signs say?		
Were any of the signs made especially to attract young people for programmes, contraceptives or services?	Yes?	No?
Are all services and programmes found in one place?	Yes?	No?
Is the facility set up in a way that is inviting to youth?	Yes?	No?
What would make the facility more inviting to youth?		
Notes and comments		

Services Provided		
Tick the contraceptives and other services available at the facility:		
Male condoms		
Female condoms		
Oral contraceptives		
Injectables		
Implants		
Emergency Contraceptives		
HIV Testing Services		
PreP		
PEP		
Medical male circumcision		
Pregnancy testing, Antenatal obstetric care and post-natal		
STI testing and treatment and partner notification		
General health check ups		
Info on sexuality, puberty		
Screening for cervical cancer (VIA/ pap smear)		
Immunisations, including for HPV (genital warts)		
Post rape services		
Post abortion care		
Are condoms available for free?	Yes?	No?
If not, what is the cost (and brand) of condoms available?		
Are there any other costs or charges payable for services? Make notes		
Do they have youth-related pamphlets or information on pregnancy prevention, STIs and/or HIV and AIDS in the facility? (If yes, take a sample with you)	Yes?	No?

Overall Impressions

Comment or make notes on the following

How did the rest of the staff treat you?

Were your questions answered?

Did you feel comfortable asking your questions?

Were you provided with what you asked for or needed?

Were staff non-judgmental?

Would you recommend the facility to other young people?

Additional comments

What have I learned about accessing health services?

1. What is the most important piece of information that you have learnt from the sessions in this unit?
2. Why or how is this information important to you?
3. How does this information help you to reinforce or change your behaviour?

Commit!

What commitment are you going to make to yourself based on what you learnt about using and accessing health services? (You will not be expected to share this with the group.)

Write your commitments in the space below.

I commit myself to the following things:

.....
.....
.....

I CAN MAKE A POSITIVE DIFFERENCE!

UNIT 9: Advocacy in Action

My Advocacy Plan

What action?	Why do it?	Who will lead? Who will help?	When can we do this?	Where will it be done

Failing to plan is planning to fail!

What have I learned about advocacy for action?

1. What is the most important piece of information that you have learnt from the sessions in this unit?
2. Why or how is this information important to you?
3. How can this information help you to adopt healthy behaviours and change unhealthy ones?

I CAN MAKE A POSITIVE DIFFERENCE!

Commit!

What commitment are you going to make to yourself based on what you learnt about using and accessing health services? (You will not be expected to share this with the group.)

Write your commitments in the space below.

I commit myself to the following things:

.....

.....

.....

.....

.....

Course Evaluation- What did we learn?

SRHR QUIZ

1. YPLHIV do not need separate SRH services	T F	2. PrEP is a form of contraception	T F	3. Dual protection means wearing two condoms at a time	T F	4. Listening is more than just hearing	T F
5. Disclosure to a potential sexual partner is a caring and responsible thing to do	T F	6. Men can also suffer from gender-based violence	T F	7. Active listening means you know how people will answer a question	T F	8. If an HIV negative person marries an HIV positive person, they will eventually become HIV positive	T F
9. If you look and feel healthy, you do not have HIV	T F	10. Being assertive means being aggressive	T F	11. It is safe for pregnant women to take ARVs	T F	12. Adolescents who give in to peer pressure may have an increased risk for HIV, STIs and unintended pregnancy	T F
13. Young people living with disability do not need information on SRHR because they are not sexually active	T F	14. When a young girl gets pregnant it is her own fault	T F	15. A healthy relationship needs good communication, trust and joint decision making.	T F	16. Girls and boys under 16 are not allowed to access contraceptives	T F
17. Calling a young person stupid or useless is a form of abuse	T F	18. People with STIs are more likely to contract HIV during unsafe sex	T F	19. Young people who are sexually abused need to get medical and psychological support	T F	20. HIV positive women can have HIV negative babies	T F

Answers:
 1.T 5.T 9.F 13.F 17.T
 2.F 6.T 10.F 14.F 18.T
 3.F 7.F 11.T 15.T 19.T
 4.T 8.F 12.T 16.F 20.T

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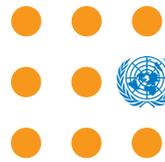
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