



# SWAZILAND INTEGRATED TEEN CLUB CURRICULUM

TEEN CLUB INSTRUCTIONAL MATERIAL  
FOR ADOLESCENTS SEXUAL AND  
REPRODUCTIVE HEALTH AND HIV CARE

2017

---





# SWAZILAND INTEGRATED TEEN CLUB CURRICULUM

TEEN CLUB INSTRUCTIONAL MATERIAL  
FOR ADOLESCENTS: SEXUAL AND  
REPRODUCTIVE HEALTH AND HIV CARE

2017

---

This publication is made possible by the generous support of the American people through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) with the U.S. Agency for International Development (USAID) under the Cooperative Agreement Strengthening High Impact Interventions for an AIDS-free Generation, number AID-OAA-A-14-00046. The information provided does not necessarily reflect the views of USAID, PEPFAR, or the U.S. Government.

## AIDSFree

The Strengthening High Impact Interventions for an AIDS-free Generation (AIDSFree) Project is a five-year cooperative agreement funded by the U.S. Agency for International Development under Cooperative Agreement AID-OAA-A-14-00046. AIDSFree is implemented by JSI Research & Training Institute, Inc. with partners Abt Associates Inc., Elizabeth Glaser Pediatric AIDS Foundation, EnCompass LLC, IMA World Health, the International HIV/AIDS Alliance, Jhpiego Corporation, and PATH. AIDSFree supports and advances implementation of the U.S. President's Emergency Plan for AIDS Relief by providing capacity development and technical support to USAID missions, host-country governments, and HIV implementers at the local, regional, and national level.

## Recommended Citation

Strengthening High-Impact Interventions for an AIDS-free Generation (AIDSFree) Project. 2017. *Swaziland Integrated Teen Club Curriculum: Teen Club Instructional Material for Adolescents—Sexual and Reproductive Health And HIV Care*. Arlington, VA: AIDSFree Project.



## AIDSFree Swaziland

RHUS Office Park  
Karl Grant Street  
P.O. Box A507  
Swazi Plaza H101, Mbabane  
Swaziland

This publication is made possible by the generous support of the American people through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) with the U.S. Agency for International Development (USAID) under the Cooperative Agreement Strengthening High Impact Interventions for an AIDS-free Generation, number AID-OAA-A-14-00046. The information provided does not necessarily reflect the views of USAID, PEPFAR, or the U.S. Government.

## Acknowledgments

Many people contributed to the success of the development and compilation of this curriculum. It was not an easy job, since different philosophies came into play.

Our gratitude goes to all who collaborated to see the completion of this work. They are from many organizations and individuals and they all played many roles. To all those who assisted in diverse ways we say "*siyabonga*."

Those who were in the forefront of activities were: Fikelephi Mazibuko and Sibongile Wusumani, both from Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), Dr Lydia Mpango (JSI/EGPAF), Nobuhle Mthethwa (SNAP), Allison Bailey Hughey (CHAI). Further acknowledgments go to the Sexual Reproductive Health Manager, Phumzile Mabuza, Zandile Masangane, ASRH Focal Person, Zodwa Gamedze from Baylor Clinic; Sibusiso Mahlalela (SACRO) and Sakhile Tsabedze (FLAS), who all provided valuable inputs in the development of this curriculum.

We wish also to express our most profound gratitude to the Director of EGPAF, Dr. Mohammed Ali Mahdi, and his able Technical Director, Dr. Caspian Chouraya, for their approval of the project and the inspiration they provided. Our special gratitude goes to Muzie Yende, EGPAF Communications Officer, for editing and formatting this document. Finally, we thank the Government of the United States of America and its agencies, the U.S. Agency for International Development and the U.S. President's Emergency Plan for AIDS Relief, for sponsoring the development of this curriculum.



# CONTENTS

---

Abbreviations and Acronyms.....	vii
Foreword.....	ix
How to Use this Curriculum .....	xi
Section 1: Introduction to Teen Club .....	1
Section 2: Teen Club Lessons.....	12
Part 1: Knowledge and Skills .....	13
Unit 1: Knowing Self and Knowing Others.....	13
Unit 2: Sexual and Reproductive Health and Rights .....	21
Unit 3: HIV and AIDS .....	33
Part 2: Physical and Social Wellbeing.....	63
Unit 1: Hygiene, Nutrition, and Permaculture .....	63
Unit 2: Life Skills .....	74
Unit 3: Sexual and Reproductive Health Issues.....	103
Unit 4: Stigma and Discrimination .....	134
Part 3: Emotional and Spiritual Wellbeing .....	141
Unit 1: Emotional Health in Adolescence.....	141
References and Source Documents.....	155
Web Resources .....	157
Appendix 1: Membership Form.....	159
Appendix 2: Confidentiality Agreement Form.....	161
Appendix 3: Introduction to Soldier Time.....	163
Appendix 4: Soldier Time: Small Group Team Building.....	165
Appendix 5: Soldier Time: Adherence Facts .....	167
Appendix 6: Soldier Time: Build My Team .....	171
Appendix 7: Soldier Time: Daily Routines.....	173
Appendix 8: Soldier Time: Boarding School .....	175
Appendix 9: Soldier Time: Disclosure .....	177
Appendix 10: Soldier Time: Travel Away from Home.....	179
Appendix 11: Soldier Time: Friends.....	181
Appendix 12: Soldier Time: Unexpected Home Visits.....	183
Appendix 13: Soldier Time: Challenges and Solutions.....	185

Appendix 14: Soldier Time: Basics Review Questions and Outstanding Questions.....	187
Appendix 15: Soldier Time: Planning for the Unexpected or Unusual .....	189
Appendix 16: The Rights of the Child.....	191
Appendix 17. Directory of Social Services.....	193



# ABBREVIATIONS AND ACRONYMS

---

ALHIV	adolescents living with HIV
ASRH	adolescent sexual reproductive health
ART	antiretroviral therapy
BIPAI	Baylor International Pediatric AIDS Initiative
CHAI	Clinton Health Access Initiative
CSE	comprehensive sexual education
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
FGC	female genital cutting
GBV	gender-based violence
HIV	human immunodeficiency virus
HPV	human papillomavirus
HSV	herpes simplex virus
IPPF	International Planned Parenthood Federation
LGBT	lesbian, gay, bisexual, and transgender
NGO	nongovernmental organization
OVC	orphans and vulnerable children
PMTCT	prevention of mother-to-child transmission
SCSS	Schools as Centres of Care and Support
SRH	sexual and reproductive health
SRHR	sexual and reproductive health rights
STI	sexually transmitted infection
UN	United Nations
UNICEF	United Nations Children's Fund
WAS	World Association for Sexual Health
WHO	World Health Organization



# FOREWORD

---

It has been the aspiration of the Ministry of Health and many collaborators to produce a psychosocial support curriculum comprehensive enough to be used by the various Teen Clubs that were formed in Swaziland to respond to child survival and adolescent growth and development needs. This document has been created to serve the purpose.

It is meant to be a comprehensive psychosocial support curriculum that can be used by the Teen Clubs for their life skills education and psychosocial support activities. The Ministry of Health, the Ministry of Education and Training, and nongovernmental organizations (NGOs) working in the country have collaborated to bring about awareness among policymakers and policy implementers. The resulting initiatives have raised life skills education and psychosocial support to a very high level.

This has happened at the formal and informal education levels. We hope that the people who use the curriculum will execute their duties so effectively and efficiently that within a few years the Kingdom of Swaziland will see a significant growth in its human development activities. It is also our hope and prayer that certain synergistic effects will combine with our efforts to manifest this growth and development so that the nation can achieve the United Nations Development Group's proposed Sustainable Development Goals and Vision 2022.



# HOW TO USE THIS CURRICULUM

---

This curriculum is designed to guide facilitators of Teen Clubs in a program to provide psychosocial support for its members, including both HIV-positive and HIV-negative adolescents. The activities, both educational and recreational, are meant to complement school-based education. The intended users are Teen Club facilitators and also Teen Leaders. While the curriculum is in English, facilitators and participants can also work in siSwati as needed.

The curriculum accompanies a package of resources including the Leader's Resource, Teaching about contraception, posters, and handouts. The curriculum includes both information for facilitators/Teen Leaders and lesson plans/activities. The material goes through a sequence of lessons with information, games, and activities designed to help children and teenagers boost their skills and prepare to grow into productive, healthy adults.



# **SECTION 1: INTRODUCTION TO TEEN CLUB**

---

*The purpose of Teen Club is to empower adolescents to build positive relationships, improve their self-esteem, and acquire life skills through peer mentorship, adult role-modeling, and structured activities—ultimately leading to improved clinical and mental health outcomes and a healthy transition into adulthood. In the Swazi context, Teen Club events are usually held on Saturdays and are hosted by health facilities with a specific catchment area. The Teen Club meetings are characterized by a variety of games, drama/theater activities, sports, and art sessions. Educational components—including topics on HIV education, disclosure, adherence, life skills, and goal-setting—are also incorporated into the Teen Club events on certain days.*

## Teen Club Basics

### What is a Teen Club?

- A Teen Club is a peer support group and information-sharing forum for children and adolescents.
- Its mission is to provide a safe, welcoming, and nurturing environment for children and adolescents to build strong supportive relationships, increase their self-esteem, and develop and reinforce good habits. Together, teens and adult mentors strive to help improve the potential for teens' healthy transition into adulthood.

### Why are Teen Clubs necessary?

With the changing interactions enabled by modern technology, it has become essential that other activities complement the teens' schoolwork. Creating a Teen Club can help ensure more healthy interactions with other teens. Research has shown that involvement in organized activities provides unique developmental benefits for children and adolescents.

### Activities

Activities at monthly meetings include large group games, drama sessions, crafts, discussions, and other activities. Educational components are incorporated in Teen Club events, including topics on HIV, sexual and reproductive health, coping with stigma and discrimination, life skills, and goal-setting.

### How should the Club be structured?

Teen Clubs are open groups. Teens can join at any time during the year, as long as they meet the criteria for participation. It is recommended that the Teen Club activities be scheduled so that teens do not miss classes at school. The meeting schedule should also accommodate participation by teens who have responsibilities at home, or who have to travel long distances to reach the Teen Club venue.

### The goal of a Teen Club

The goal of a Teen Club is to empower teens to share life experiences with one another. The club aims to provide a safe, fun, and productive place where teens engage, connect, and discover their true potential. A club will have a Teen Leader who is in the same age group as the club members. In some cases, this might also be a slightly older teen, or a youth. In addition, an adult health care worker (this might be a nurse, nurse assistant, or counselor) will serve as the Teen Club Facilitator or Manager.

It is known that some organizations exist principally to support adolescents living with HIV (ALHIV) (see Directory of Social Services). The Kingdom of Swaziland's Ministry of Health strongly advocates for Teen Clubs whose members include *both* HIV-positive and -negative youth. The organization of each club will depend on the membership of the club.



With ALHIV teen clubs, over time, as more children thrive on antiretroviral treatment and successfully make the transition into adolescence, the Teen Club membership might increase substantially. Managers will need to implement strategies to ensure quality support if the Teen Club grows to include more than 40 members. This might include breaking the club into different groups that meet at different times, training more facilitators to handle different groups on Club Days, or other strategies to help the site cope with the number of participants.

### What are the criteria for teen participation?

- The participants should be 8 years or older.
- Each adolescent member should know his/her HIV status (ALHIV Clubs).
- ALHIV members should be receiving HIV care at the affiliated health center or clinic, and not elsewhere (ALHIV Clubs).
- Parental or caregiver permission to participate must be secured.

### Club registration

It is critical that the Teen Club leaders keep a record of all teens that join the program. The leader will be supplied with registration forms. The information will be helpful when the leader needs to contact members—for instance, during unscheduled time or special events, or if they fail to attend teen club meetings as expected. (See Appendix 1.)

### Confidentiality

Maintaining confidentiality is an important element of the Teens Club program. Teen Club leadership must provide a safe environment for teens to learn and to share with one another and with mentors. Everyone must maintain confidentiality and should never disclose or discuss teens' status with anyone in the community. The Teen Club leadership will be compelled to sign a confidentiality agreement at the start of their assignments within the Teen Club (see Appendix 2).

Some rules to keep in mind:

- No photos, camera-phones, or videos should be allowed at any Club meeting (ALHIV clubs).
- Teens and mentors should avoid telling anyone about others they attend meetings. This includes teens, staff, volunteers, and teen club mentors.
- Visitors, volunteers, and clinic staff should wait for teens to greet them in the community.
- Staff, mentors, and volunteers should not discuss teen club members with family, peers, and friends, even if they are unlikely to know who the teens are.
- No friends or siblings should be allowed to join or visit the Teen Club.
- All visitors and staff should sign the confidentiality agreement. All visitors and staff should be thoroughly briefed on goals of the club, the importance of confidentiality, and must agree to sign the "Confidentiality Agreement."

Teen club members should make a verbal confidentiality agreement, and they should be reminded about this every time they meet.

### Working with teens

- It is important to be open and nonjudgmental when working with adolescents. Teens will not learn as much if they are afraid to talk openly or honestly.

- At this stage in development, adolescents often challenge authority, which can be interpreted as being disrespectful or as “rude.” Some adults may be annoyed. Challenging authority is quite common adolescent behavior. You can use it as an opportunity to engage adolescents in further discussion.
- It is important to create reasonable and rational boundaries, since adolescents still need limits and mentors at this point in their life.
- Honesty is critical to this relationship. If teens push you past your comfort zone and you cannot answer them honestly, then it is best to tell them “I don’t feel comfortable answering that honestly to you.” But do *not* lie to them. Respect and trust are important in establishing a therapeutic relationship with teens.

**Tip:** If people approach the group and want to join you, just tell them “It is by invitation only. I did not choose the participants so I cannot offer you an invitation. I am sorry, but you cannot join us.” *Do not* tell any passersby or visitor that the participants are living with HIV.

## How to get started?

The following general recommendations will help you get started:

1. Find a safe meeting place.
  - You will need a safe environment where teens can meet and have activities in an undisturbed space.
  - It is important to meet in a place where passersby cannot interfere with the activities.
2. Choose a regular meeting time and place.
  - Sometimes it is easy to remember days such as “the first Saturday of each month.”
  - If teen clubs are coordinated with clinic appointments, it is best to follow a 4-week schedule so medication refills and teen club meetings are coordinated to minimize transport cost for teens (ALHIV Clubs).
3. Identify facilitators and Teen Club leaders.
  - Ideally at least one male and one female adult are needed to facilitate the activities at each meeting. The facilitators should be people who care about teens and want to help them grow into healthy adults. They do not need to be health care providers, but should have a reliable contact for referrals or complicated questions.
  - At least two teenagers (one male, one female) should be identified as Teen Club leaders. The leaders should not merely be figureheads, but should be assigned substantial responsibilities that develop their leadership roles. Ideally, Teen Club leaders should be selected by their peers, and ratified by the facilitators. Clear term limits are also desirable.

Check in on arrival.

Respect each other and all staff members.

No fights.

Help keep the clinic clean.

Do not bring any guests (even family or friends). Only teen club members are allowed to the teen club.

Maintain confidentiality for yourself and all Ariel club members. Do NOT disclose others’ status or Ariel club attendance to others.

Do not mess up the place.

Be punctual.

4. Establish ground rules.
  - At the first teen club meeting, teens should be guided to create rules for their group.
  - Make sure the rules that are selected are reasonable and enforceable.
  - Review rules at the start of each meeting.
5. Develop a lesson plan for each meeting.
  - Before each meeting day, Teen Club leadership should meet to review the topic and activities planned for the upcoming club meeting.
6. Manage time efficiently.
  - Start activities as early as possible in the morning so that club members can return home early.
7. Register and check in Teen Club members at every meeting.
  - All Teen Club members should complete a registration form (Appendix 1) with their name, address, and phone number.
  - In addition, it is recommended that the Teen Club leadership maintain a register in which attendance records can be maintained. This will facilitate following up adolescents who may be experiencing adherence issues, and/or who may be missing their clinical visits.
  - On each meeting day, ensure that Teen Club members indicate their attendance by signing in. Never allow anyone to sign on behalf of others.
8. Put in place strategies to identify Teen Club members.
  - Club activities very often attract other children and teens who may want to join in on the activities. It is important to put in place strategies to ensure that the confidentiality of the children and teenagers living with HIV is protected. Consider the following:
  - Giving Teen Club members tokens, passes, pins, or badges at registration, after disclosure of HIV status has been confirmed.
  - Making notes in the Teen Club members' passbooks to confirm their enrollment.
9. Order and organize supplies for each Teen Club meeting.
  - Pens
  - Lined note papers
  - Flipchart paper
  - Cardboard
  - Scissors
  - Pencils
  - Game supplies (such as drums for songs, draft boards, jump ropes, etc.).

## Effective Teaching

Effective teaching entails knowledge of the subject matter and of the participants, as well as effective teaching methods that are age-appropriate. Subject matter knowledge can be classified into the following categories, and instructional materials created to deliver the teaching:

- **Factual knowledge:** The basic elements that teen club members must know to be acquainted with a subject matter or solve problems in it. For example, "Ligusha is a kind of vegetable."

- **Conceptual knowledge:** The interrelationships among the basic elements within a larger structure that enable them to function together. For example, "Ligusha contains iron and so is nutritious."
- **Procedural knowledge:** How to do something; methods of inquiry, and criteria for using skills, algorithms, techniques, and methods. For example, the recipe for cooking ligusha.
- **Metacognitive knowledge:** Knowledge of cognition in general as well as awareness and knowledge of one's own cognition. For example "I have anemia so if I eat ligusha my health may improve."

It is highly recommended that teachers seriously recognize the **affective domain**, which deals with **values and attitudes** and incorporate strategies for inculcating values and attitudes within the instructional strategies used in the lesson plans.

*Effective facilitators tend to:*

1. Have well-managed instructional environments
2. Provide participants with the maximum opportunity to learn
3. Maintain an academic focus
4. Have high, rather than low, expectations of what participants can achieve
5. Are business like and work-oriented
6. Show enthusiasm
7. Use strategies to keep participants on task, motivated, and productive
8. Impose structure on the content to be covered
9. Present new material in a step-by-step manner
10. Employ direct (explicit) teaching procedures
11. Use clear instructions and explanations
12. Use a variety of teaching styles and resources
13. Frequently demonstrate appropriate task-approach strategies
14. Monitor closely what participants are doing
15. Adjust instruction to individual needs, and re-teach where necessary
16. Provide frequent feedback to participants
17. Use frequent questioning to involve participants and check for understanding
18. Spend significant amounts of time in interactive whole-class teaching, but also use group work and partner activities when appropriate.

## Identification of Participants Who Have Special Education Needs

Since you are involved with a number of participants in this kind of informal education, it is also worthwhile to understand those who participate in the sessions. Adult leaders guiding these Teen Clubs need to be conversant with some of the issues that may arise—for example, the occasional discovery that a teen has a special need. It is, therefore, important that you have a little knowledge of how you may identify a child with a special need and be able to refer the teen to an appropriate agency for remedy. Here is a chart indicating the general and specific categories of participants with special needs.

## Different Types of Special Needs

General Category	Specific Category	Description
<b>Participants with specific cognitive or academic difficulties</b>	Learning disabilities	Difficulties in specific cognitive processes (e.g., perception, language, memory, or metacognition) that cannot be attributed to such other disabilities as mental retardation, emotional or behavioral disorders, or sensory impairments
	Attention-deficit hyperactivity disorder (ADHD)	Disorder marked by either or both of these characteristics: (a) difficulty focusing and maintaining attention, and (b) frequent hyperactive and impulsive behavior
	Speech and communication disorders	Impairments in spoken language (mispronunciation of certain sounds, stuttering, or abnormal syntactical patterns) or language comprehension that significantly interferes with classroom performance
<b>Participants with social or behavioral problems</b>	Emotional and behavioral disorders	Emotional states or behaviors that are present over a substantial period of time and significantly disrupt academic learning and performance
	Autism	Condition marked by varying degrees of impaired social interaction and communication, repetitive behaviors, and restricted interests; a strong need for a predictable environment also commonly observed
<b>Participants with general delays in cognitive and social functioning</b>	Mental retardation	Condition marked by significantly below-average general intelligence and deficits in adaptive behaviors (i.e., practical and social intelligence)
<b>Participants with physical or sensory challenges</b>	Physical and health impairments	Physical or medical conditions (usually long-term) marked by one or more of these three characteristics: limited energy and strength, reduced mental alertness, or little muscle control
	Visual impairments	Malfunctions of the eye or optic nerves that prevent normal vision even with corrective lenses
	Hearing loss	Malfunctions of the ear or associated nerves that interfere with the perception of sounds within the frequency range of normal speech
	Severe multiple disabilities	Presence of two or more disabilities, the combination of which requires significant adaptations and highly specialized educational services
<b>Participants with advanced cognitive development</b>	Giftedness	Unusually high ability or aptitude in one or more of these areas: general intellectual ability, aptitude in a specific academic field, creativity, visual or performing arts, or leadership

## Importance of Psychosocial Support

The purpose of this document is to help facilitators to provide juveniles and children the necessary psychosocial support to help them function effectively in these turbulent times in the world and in Swaziland. The medium through which this support comes is through Teen Club activities that are both educational and recreational. The efforts of the Teen Club activities will complement the formal educational civic educational activities as well as life skills curriculum. Psychosocial Support is one of the pillars of the Inqaba Schools as Centres of Care and Support (SCSS)<sup>1</sup> that the Ministry of Education and Training is incorporating into the primary schools development plans. Global research has shown that addressing children's social and emotional health has a beneficial impact on their academic performance, retention, and progress.

A 2010 report, *The Situation Analysis of Orphans and Other Vulnerable Children and Youth in the SADC [Southern African Development Community] Region* found that although access to school has improved across the region, a number of barriers remain to be addressed. Many children are still not in school; many begin school late, repeat grades, or leave without completing five years of primary education. Factors that contribute to poor educational indicators include food insecurity, violence and sexual abuse against girls, corporal punishment, the need to care for sick relatives, teenage pregnancy, and early marriage. Children and youth interviewed for the situation analysis identified education as key to their psychosocial health and long-term success, and reported that they prioritize education more highly than their caregivers do.

The Ministry of Education and Training, the United Nations Children's Fund (UNICEF), and other stakeholders have collaboratively implemented the Schools as Centres of Care and Support (SCCS/CSTL) program since 2006. This program seeks to ensure that every school in Swaziland delivers child-centered, quality teaching and learning; and provides care, support, and protection to every child, with the active involvement of parents, communities, and stakeholders. The program further supports education systems to respond to the challenges facing children, thus improving enrollment, retention, and achievement—education outcome linked to the internationally endorsed Millennium Development Goals.

Psychosocial support is one of the pillars of the Inqaba SCCS program, which the Ministry of Education and Training is incorporating into the primary school development plans. In Swaziland, the impacts of HIV and AIDS, drought, violence, and food insecurity can reverse the positive gains made to attain quality teaching and learning, in many cases destroying local structures that traditionally supported individuals and communities. The impact of the triple threats on individuals in Swaziland will depend on their resiliency, the support they receive from others and their exposure to disturbing events.

The safe spaces, sense of community, and leadership offered through Teen Club activities are designed to provide vulnerable children and ALHIV with support in the face of challenges and help them grow into healthy adults.

---

<sup>1</sup> "Schools as Centres of Care and Support (SCCS)" is an initiative of the Ministry of Education and UNICEF in collaboration with the Media in Education Trust (MiET). This program seeks to reduce the impact of poverty and HIV on children and their associated school communities, by introducing a comprehensive, integrated, and targeted school-based model of care and support.

## Importance of Activities

### Key principles for bringing activities to life:<sup>2</sup>

1. **Be enthusiastic:** Lead with enthusiasm and create an enjoyable, energetic environment. ***The really important ingredient is the atmosphere that you create*** and the excitement, enthusiasm, and energy with which you lead the games. **Your spirit and sense of fun are infectious!** If you are motivated, full of energy, and excited about the activities—the participants will be too!
2. **Be creative:** The simplest everyday object can form the basis of interesting, fun activities—with a good imagination the possibilities are endless! Adapt the activities and use materials to suit your context. Bring together activities that are popular and resources that are available locally. Think outside the box—integrate ideas and activities that you know Teen Club participants will engage with.
3. **Be encouraging:** Encourage participants throughout! Tell them that they are doing well: clap for them; cheer them; celebrate what they do—no matter how simple the activity. We are all able to go on to achieve more when we feel affirmed and encouraged—this is even more true for Teen Club participants! **Whatever their age or ability, create an environment where they feel like Teen Club stars in their own way!**
4. **Be engaging:** Try to engage all the participants at all times. Try to ensure that you are creating activities where participants are constantly involved and actively participating. **Everyone is valued and everyone needs to be an active part of the whole lesson.**
5. **Be inclusive:** All teens have the right to participate in Teen Club, whatever their ability, disability, gender, ethnicity, or religion. Never assume that certain participants won't be able to enjoy or participate in the lesson—assume that all participants can enjoy the benefits of participating; and adapt your lesson to ensure that everyone has the opportunity to join in. The barriers to participation are very often in our minds and the way we think about and manage the lesson—not usually in the lesson itself. Try to create an environment where all teens can participate together as equals.
6. **Be responsible:** Being responsible means being a good role model to members, and aiming to always work in ways that respect them and their rights. Treating others with respect and creating a safe environment for participants in is a key responsibility of a Teen Club facilitator.

## Preparation for Lessons

It is recommended that the Teen Club coordinator or an adult help the teen facilitator to prepare a lesson plan for each lesson. Part 1, Unit 3, Lesson 3 (Decisionmaking) is a prototype of a lesson plan. The lesson on Spiritual Health should be handled by an adult. All other lessons can be prepared with the information provided, and materials can easily be developed and handled by any Teen Club leader with the assistance of an adult using the following lesson plan guide and the prototype lesson plan referenced above.

This curriculum uses a Madeline Hunter Lesson Plan Template, shown below. It is based on the following seven steps, followed by closure of the lesson:

1. Objectives
2. Anticipatory set
3. Teaching process—input

---

<sup>2</sup> Adapted from the Kings Volunteer Games, 2014.

4. Teaching process—modelling
5. Teaching process—checking for understanding
6. Guided practice—activities and exercises
7. Independent practice—seatwork, activities, and exercises
8. Closure, or conclusion.

Understanding these components will add to an understanding of how to plan a lesson.

### **1. Objectives**

Before preparing the lesson, the facilitator should have a clear idea of the teaching objective; the purpose of the day's session; why the participants need to learn the topic; what they will be able to "do" as a result of the lesson; and how they will demonstrate learning as a result of participating in the session.

Objectives have several facets; there are objective(s) specific to lesson content, student behavior, and instruction (or result of the lesson).

*Content objective:* What, specifically, should the student be able to do as a result of the teaching?

*Behavioral Objective:* This is a performance objective that specifies:

- What the participant's new skill is, and why this skill is important in behavioral terms
- Skills and concepts that the facilitator will impart to the participants
- The "stuff" related to this lesson that participants need to know to be successful teens.

**2. An instructional objective** is a picture of the participants after instruction. Instructional objectives expand upon performance outcomes by specifying the conditions under which performances or behaviors will occur during practice and assessment, as well as any criteria that learners must meet (indicating that specific knowledge, skills, and attitudes have been learned).

### **3. Anticipatory set**

In this step, the facilitator considers how to invite, engage, and direct the students during the lesson:

- What is the objective and purpose of this lesson?
- How will you activate their prior knowledge and experience to help them relate to today's lesson? (Sometimes this step is called a "hook" to grab the participants' attention).
- What actions and statements will you use to relate student's experiences to the objectives of the lesson?
- How will you keep the students' focused?

### **4. Teaching process—input**

This step specifies the facilitator intends to teach, the information the participants need to get, and the way the information will be delivered

### **5. Teaching process—modelling**

This step provides physical input to the lesson. At times the facilitator will use visual techniques, being careful to match the visual to the verbal. The teens need to see an accurate example of the product or process being taught. Modelling shows the group how to do a particular thing; and remember, a picture is worth a thousand words. Give examples, do demonstrations if possible, or show videos or pictures.

### **6. Teaching process—checking for understanding**

Avoid asking participants "Do you understand?" Instead, ask questions to check understanding.



## 7. Guided practice—activities and exercises

In this step, participants practice the concept or skill in class, while the facilitator is present and can monitor their understanding. The facilitator leads the students through the steps necessary to perform the skill or demonstrate knowledge.

## 8. Independent practice—seatwork, activities, and exercises

This time, the students work on their own without the facilitator's assistance. It may be in class or outside the classroom. Occasionally, the facilitator might give homework.

## 9. Closure/Conclusion

This is review or wrap-up of the lesson. For example, the facilitator could say "Tell me what you have learned today." The facilitator then guides participants to summarize the essential learning that took place during the session. After that, the facilitator informs the group about the next session's topic.

### Note:

Facilitators should decide if all the recommended steps are necessary or not. The lesson design can be formal, informal, or intuitive. **Lesson design is one way a facilitator might plan a lesson. Only the facilitator can decide whether this is an appropriate plan for a particular lesson.**

### Prerequisites:

- Participants have been diagnosed.
- A clear objective is in mind.
- A task analysis has identified the critical attributes of the learning.

**The following may be situations in which the facilitator might choose to use all the steps just described:**

- New learning
- The facilitator is not familiar with participants' abilities, background, or experience
- Participants don't catch on as readily as most
- Learning requires high thinking levels
- Learning is at a high degree of difficulty
- Learning is remedial.

**The following may be situations in which the facilitator might not choose to use all the steps just described.**

- Review, maintenance, practice
- Building on previous learning (transfer)
- Participants are operating at an independent level
- Participants are using the inquiry method
- Previous student performance indicates that not all steps are needed
- Lesson is extended over more than one day.

## Soldier Time Activities

For a Teen Club dedicated to only ALHIV, it is recommended that facilitators include between 15 and 20 minutes of **Soldier Time** activities to strengthen adherence habits. These Soldier Time activities were adopted from the Baylor International Pediatric AIDS Initiative (BIPAI) Malawi Teen Club Curriculum. Soldier Time activities are explained in the appendices, beginning with Appendix 3.

# **SECTION 2:**

# **TEEN CLUB LESSONS**

---

# PART 1: KNOWLEDGE AND SKILLS

---

## Unit 1: Knowing Self and Knowing Others

### Lesson 1: Knowing Self

**Overview:** This optional lesson provides a look into how we view ourselves and how others view us. It is also a model for opening up the lines of communication with others. It serves to show how we become increasingly more open to others as we get to know them and share information about ourselves.

**Educational Goal:** The goal of this lesson is for the participant to better understand themselves and how others see them.

**Objectives:** After this lesson, the participants will:

- Understand how the Johari Window works (cognitive)
- Respond to the value of understanding oneself better and how others view one (affective).

**Teaching Strategy:** The strategy for the Johari Window is to take the participants through the various quadrants of the grid shown below in Figure 1. They begin to gain insights to how they view themselves, but also how they reveal more than they know to other people. They begin to have a better appreciation for what other people feel and see. Use the class as an example of how we reveal only certain things about ourselves initially, but as time goes on we open up, we reveal more about “who” we really are. As class members provides feedback to one another, they start to see themselves through the eyes of the other classmates. As time goes on and they bond, they become more and more open.

### Lesson Plan

**Motivation:** This lesson will show you a simple but true concept of how we view ourselves and how others view us. It will help us to be open to the insights of others and be more open about who and what we are.

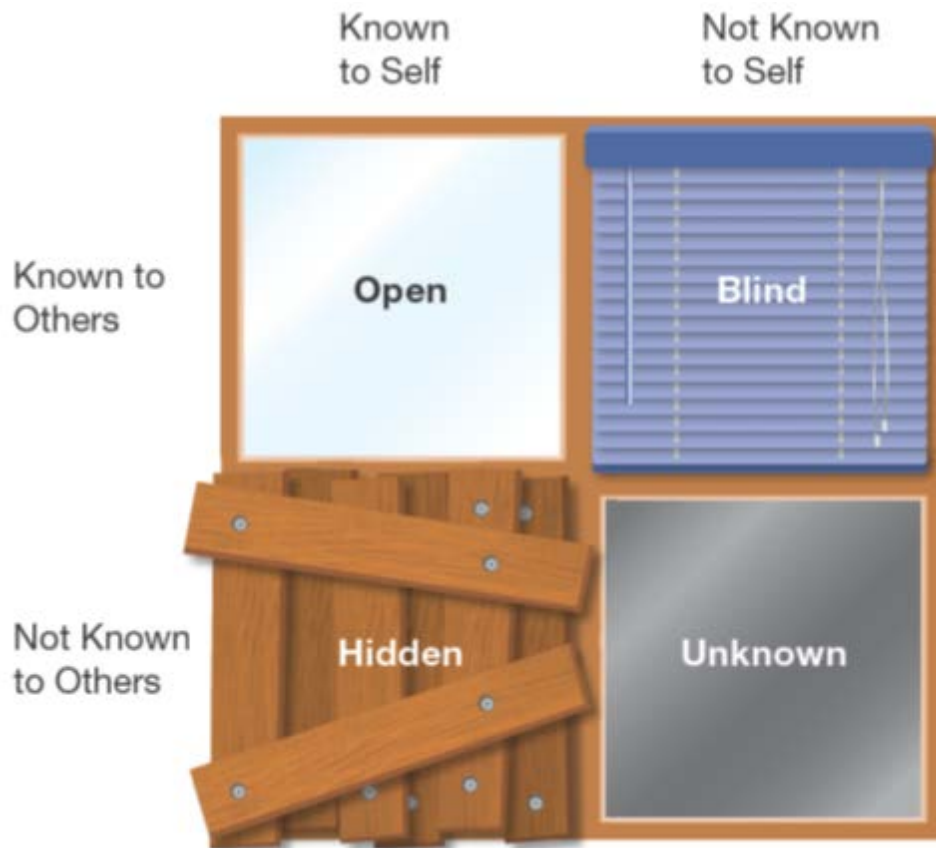
**Overview:** We will slowly walk our way through the concept of the Johari Window and discuss how it applies to ourselves.

### Background on the Johari Window

The Johari Window is a model for getting and giving feedback. It is a communication model, and we can see it working in the classroom, on the job, and at home. Two psychologists, Joseph Luft and Harry Ingham, originally developed the window.

Let’s draw a window with four windowpanes. These windowpanes represent our personality. Let’s take a look at each windowpane and see if it makes sense.

## The Johari Window



The "arena," the open pane in the upper left, is the information that you know about yourself and that others also know. It is the obvious things: race, name, height, weight, and so on. It is those things that you told others when you introduced yourself to the class. It is also the feelings that you have shared during the "Thought for the Day" and the lessons on learning styles, communication process, and personality. It is all of that information that you wanted other people to know. This is an area that is very open for all to see. As time goes on will you tell and reveal more about yourself to the class? Why?

The hidden area contains all that information that we don't want others to know about us. It's that closet of feelings, insecurities, and not-so-great experiences. It's the private information.

The blind spot is the information that others know about you, but you don't know about yourself. A funny example is the female student whose roommate told her she snores. She didn't think she did, but the roommate knew she did. What are some things that people have said about you that you didn't know?

There are also positive things such as being a good listener or talker. We may feel that we are not a good listener or talker, but our friends may feel differently.

The unknown area contains information that you don't know and others don't know. It could be abilities and potentials that you have not discovered about yourself yet. For example, you might be a great salesperson or customer service representative, but for now you don't know whether you have that ability or not.

Information can move from one pane to the next as you develop mutual trust, share hopes and dreams, and find similarities and things in common. We get over our differences and start to trust each other as classmates and teammates. It is the same way on a job with other coworkers. As time

goes on and we begin to trust each other, we start to tell more and more information about ourselves. We start to expand the arena or open pane in the upper left. Look back at the first day, how open were you? Not much—only what you needed to say. So your window might have looked like that first pane.

As we started to relax and feel more comfortable, we shared more information about ourselves. Our arena became bigger.

### Activity

Print out 3-5 copies of the following JOHARI Window Worksheet. Take it to 3-5 people you work whom you can trust to give honest yet supportive feedback. With each person, fill out one sheet. Make sure you both agree on the Open/Free Area items. Ask for their thoughts on your Blind Area. Then share, if you feel safe, items for the Hidden Area. For the Unknown Area, ask them to share some thoughts or insights on untapped potential you might have that has not yet fully emerged.

When all the sessions are complete, combine all the findings in one master form and then list three actions you can take that will address the significant issues raised during this exercise. Once your actions items are decided, loop back with the people who gave you the data and share with them your action plan. Make sure to make any necessary adjustments based on their comments. To insure that those who gave you feedback see the value of their participation, ask them to let you know when they see you making progress on your plan.

## Lesson 2: Recognition of Attitudes, Beliefs, and Values of Self and Others

### Objectives:

At the end of this lesson, participants will:

1. Learn to see another person's point of view
2. Develop skills for empathy.

The facilitator tells this story to the participants. Some girls in Sibongile's grade four class were taking turns at skipping. Sibongile watched them closely and decided she would like to have a turn too. She asked to join in but Sindie said, "It's too hard for you." Sibongile had an intellectual disability. This meant she sometimes took longer to learn things. She was also not as well coordinated in sports as the other girls. "Come on. Let me have a turn," said Sibongile. "Anyone can have a turn," said Lindiwe. "Have your turn after me." So Sibongile tried to skip over the rope, but it got caught at her feet. "Try again," a few of the girls said. "You have to jump just as it hits the ground." Sibongile tried again. They gave her extra tries because she was learning. On the last try, she managed two skips in a row. "You did it," said Lindiwe. Sibongile was really proud. "I did it!" she said. "And you helped me."

### Learning to see another person's point of view

The facilitator explains to participants that learning to see another person's point of view is important for getting along with others and building positive friendships. Understanding others helps participants know what to do in social situations and is the basis for developing caring and responsibility. It's not always easy for participants to see the point of view of someone who is different from them. Being different could mean having a disability, coming from a different country, being a different age or gender, or having different values and interests. Participants who are seen as different may be left out of activities. They may face discrimination because others think they are not

as good, as talented, or as important as they are. Discrimination can have very negative effects on participants' self-esteem and mental health and wellbeing.

### Skills for empathy

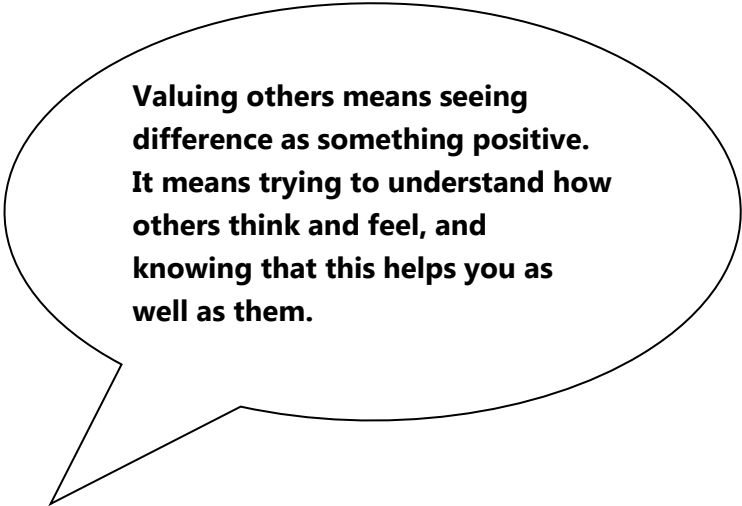
Taking others' needs into account involves values of caring, compassion, and acceptance of others. It also involves emotional skills for empathy. Learning to empathize with another person means learning to "walk in their shoes." It means being able to recognize and value their feelings and needs, even though they may be different from your own. Skills for empathy develop over time and include:

- Recognizing your own feelings
- Recognizing others' feelings
- Listening to others' opinions
- Thinking what it would feel like if you saw the situation their way
- Thinking how you can respond in a caring way
- Doing something to help.

Some participants find it easy to tune into feelings. Others need more guidance to learn empathic skills. Adults have an important role in supporting participants to learn kindness and empathy.

How to support participants to accept and include others:

- Teach participants that there is nothing wrong with being different and that each of us is different to somebody else.
- Teach participants that everyone has a right to be respected.
- Help participants develop skills for positive friendships and cooperative play.
- Have parents and caregivers of participants with special needs talk to the staff at their participants' school about how to support their strengths and encourage other participants to include them.



**Valuing others means seeing difference as something positive. It means trying to understand how others think and feel, and knowing that this helps you as well as them.**

## Lesson 3: Decisionmaking

### Objectives:

At the end of this lesson, participants will:

1. Know the steps to decisionmaking
2. Understand how to assess decisions made.

**Materials Needed:** Worksheets

### Activity

The facilitator asks a volunteer to tell the group about how the person decided to travel to the meeting venue. What factors did the person consider? The person is likely to talk about alternatives like walking, taking a taxi, or taking a bus. That is a decision making process. However, there are bigger decisions to make—for example, which career should I pursue? The topic is meant to teach participants how to take decisions. The lesson entails two phases: *describing* the steps to decision making; and having students *work on scenarios* involving decision making.

#### 1. Steps to decisionmaking

The decision making process involves seven steps:

1. Define your problem.
2. Gather information and resources. What information do you need? Where or what people are possible resources?
3. List options.
4. Weigh, compare options.
5. Make a decision.
6. Make a plan of action.
7. Evaluate the decision.

#### 2. Think/discuss: Why do you think your decision was the best choice?

Discuss the types of decisions and the seven- step process to decision making. Explain that decisionmaking starts with vision. To set career and personal goals, you must take some time to think about the knowledge you have of yourself and visualize what you want your life to look like.

Group participants into four teams. Then:

- Give each team the decision-making scenarios.
- Each team uses the seven-step decision-making process to work through the decision-making scenarios.
- Each group will illustrate their decision and its outcome on a sheet of chart paper.
- Each group then presents their decision and results to the class.
- Brainstorm as a class and record on the board: Kinds of information needed to make a decision about educational choices and Kinds of information needed to make a decision about career choices.
- Subsequently, have each student identify a problem and work through the seven-step decision making process.

## Decisionmaking Points to Remember

1. You can always change your mind about a decision you've made.
2. There is probably no one right choice; and few decisions are totally wrong.
3. Deciding is a process, not a static, one-time event. We are constantly re-evaluating in light of new information. A decision may not have the consequences you expected, so you can start the process over again.
4. When it comes to a career decision, remember you are not choosing for a lifetime; in all probability, you will have several jobs during your working life. Choose for now and don't worry whether you'll enjoy it 20 years from now. The workplace is constantly changing and you will need to change with it.
5. There's a big difference between decision and outcome. You can make a good decision based on the information at hand, and still have a bad outcome. The decision is within your control, but the outcome is not. All decisions have the element of chance and risk.
6. Think of the worst outcome. Could you live with that? If you could live with the worst, then anything else does not seem that bad.
7. Indecision is a decision not to decide. There are probably risks involved in not deciding, in not taking action.
8. Try to avoid either/or thinking; usually there are more than two options. Be imaginative and creative.
9. You may want to consult others for information, but eventually you must make up your own mind. Sometimes it may be a good idea to consult more than one source so that your information is not biased.
10. Listen to your inner voice; trust your intuition. What feels right? If you are making a decision that can have long time consequences, take your time. Don't rush and make an impulsive decision.

### Scenario

A not-so-popular student has invited you to a sleepover at a birthday party on Friday night. You have accepted the invitation and are planning to attend. On Wednesday, you are invited to a boy-girl party for the same Friday night by one of the most popular participants in your school, someone you have hoped to become friends with. After talking with your friends, you realize that most of them will attend the boy-girl party. Your parents have told you it is your decision, but that you should attend the party you responded to first. You really want to be a part of the popular crowd. What do you do?



# Steps to Decisionmaking Activity Worksheet

Name \_\_\_\_\_ Date \_\_\_\_\_

1. Define your problem. \_\_\_\_\_

---

---

2. Gather information and resources.

a. What information do you need?

---

---

---

b. Where or who are possible resources?

---

---

---

3. List your options. (You might not have four options.)

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

4. Weigh and compare the positive and negative aspects of your options.

	Positives	Negatives
a.		
b.		
c.		
d.		
e.		
f.		

5. Make a decision.

---

---

---

6. Make a plan of action. (What can you do to get the best possible outcome?)

---

---

---

---

---

---

---

7. Evaluate the decision. (Are you happy with the outcomes of your decision? Do you need to make some changes in your plan? For this activity, why do you think your decision was the best choice?)

---

---

---

---

---

---

---

Additional Thoughts/Notes

---

---

---

---

---

---

---

### ***Conclusion***

*In this lesson we have discussed decisionmaking, and we have learned that there is a seven-step process in making good decisions. The steps are: 1) defining the problem; 2) getting the information we need; 3) listing the options; 4) comparing and prioritizing options; 5) making decisions; 6) planning what do; and 7) evaluating the decision we have made.*

## Unit 2: Sexual and Reproductive Health and Rights

### Lesson 1: Gender Roles and Norms

#### Objectives:

After this lesson, participants should:

1. Understand what gender is
2. Know the difference between sex and gender
3. Know what gender roles are
4. Understand how gender roles are learned.

What is gender and why is it important? "Gender" is a concept used to refer to roles for women and men. In other words, what our culture, religion, community, family, and friends expect from men and women.

The facilitator should:

- Ask participants to write down what they do at home as chores
- Ask two female and two male participants to say what they have written
- Let the group discuss this.

The WHO defines gender as "the socially constructed roles, behaviors, activities and attributes that a given society considers appropriate for men and women."

This discussion will show that from an early age, girls and boys often are encouraged to behave differently and do different things. There are often many gender-specific roles and tasks assigned to girls and boys.

#### Gender Roles

Girls	Boys
Expectations: <ul style="list-style-type: none"><li>• To be nurturing and "nice"</li><li>• To clean up</li><li>• To learn how to cook</li><li>• To wash dishes</li><li>• To buy food at the market</li><li>• To draw water by the well or river</li><li>• To care for younger siblings</li></ul>	Expectations: <ul style="list-style-type: none"><li>• To defend themselves and their families</li><li>• To be strong and competitive</li><li>• To go to school</li><li>• To have the skills they need to feed their families and they are older</li><li>• To have a job later in life to provide for their families</li></ul>

In other words, girls are expected look after themselves and others as well, while boys often get caught up in fights, since they are expected to be "strong" and "brave."

Typically, men or boys do most work outside the home—for example, working at the farm. While these examples may not seem important, they can strongly affect how a person feels about him- or herself later in life. Men may be made to feel less "manly" if they help with child care or want to work as a nurse. Women may be made to feel that they are not "smart enough" to have high-power jobs. People may also be discriminated against on the basis of gender. For example, many women may earn less money than a man for doing the same job.

"Sex" refers to the biological and physiological characteristics that define men and women.

Gender may also be the basis for violence. Expectations and gender roles may influence violence toward women and girls. Boys and girls need to know that everyone has the RIGHT to safety, and no one has the right to hurt someone else, whether male or female.

Abuse can take the form of physical, verbal, or sexual violence. Even if someone is very angry, they never have the right to hit or hurt someone else. A man does not have a right to hurt or hit his wife if he is angry, dinner is late, the children are crying, he is drunk, or for any other reason.

A woman has a right to safety, including if the man is her husband. Girls and boys also should learn that both men and women have a right to make decisions about sexual experiences.

The facilitator should examine the traditional dances in Swaziland. Let the children say which dances girls take part in and which one boys take part in.

The facilitator then lets participants know that in many societies, the roles assigned to men and women are very different and separate. However, in a growing number of societies, these roles are becoming less separate, with men and women sharing responsibilities. For example, women have a right to full and equal protection by law, and should not be discriminated against on the basis of sex. However, in some societies, women may be the person working outside the home and earning money for the family, and some men may do much of the household work historically done by women. While men and women are biologically different, it is important to respect that they have the right to succeed at anything they choose to do, and that many of their roles can overlap.

**Unfortunate consequences of gender roles:** Gender roles and norms can expose girls to increased risks of violence, neglect, and abuse. The things you are exposed to and are involved in as boys and girls within your communities determine how you see yourself and how society perceives you.

Activity Influenced by Gender Norms	Gender Norm/Roles/Attitudes
Distribution of chores within the family/community	Boys usually outside the house, e.g., farming
Career choices	Men may be made to feel less “manly” if they help with childcare or want to work as a nurse. Women may be made to feel that they are not “smart enough” to have high-power jobs.
Remuneration when employed	Many women earn less money than a man for doing the same job.
Risk of experiencing violence	Girls at greater risk of physical, verbal or sexual violence
Cultural practices	Traditional dances for girls different from boys

The roles that boys and girls play are different and separate, but this is slowly changing in many societies as women and men learn to share responsibilities.

Raising awareness among both boys and girls about gender roles and stereotypes within society can help teens to fight these roles and stereotypes as they grow. We can help teens to recognize gender stereotypes within their society and encourage them to discuss how these stereotypes may affect them. By discussing this issue with members of the opposite sex, teens can learn how gender stereotypes make them feel and help them to challenge stereotypes that may be harmful.

In this lesson we have learned that "gender" is a concept used to refer to roles for women and men and these are influenced by our cultures. We have also discussed several examples of gender roles and understand that gender is different from sex. Understanding this will help us interact positively with our peers.

## Lesson 2: Human Rights

**Objectives:** The purpose of this lesson is to:

1. Increase understanding of human rights
2. Improve understanding of human rights as related to all children (18 and under), youth, and those living with HIV.

Most teens will have limited knowledge of the United Nations Declaration of Human Rights and the United Nations Convention on the Rights of the Child. Engage teens to discuss the theme as they work on small group activities. Encourage each teen to participate in the activity at least once. Ask adult staff to assist if needed.

### Activity

**Materials Needed:** "Wants and Needs" Cards, scissors. These are provided in the activity section of the lesson. Cut them for the activity.

#### I. Introduction (5 min)

The facilitator gives an introductory presentation on human rights and their relationship to HIV. The presentation should cover basic human rights concepts: what they are, why they are important, and, their relationship to people living with HIV, particularly youth. The facilitator should explain to the group that all children (18 and under) have the same rights. These rights are listed in the UN Convention of the Rights of the Child. Almost every country has agreed to these rights, including Swaziland. All these rights are connected to each other and all are equally important (i.e., the right to food, water, and shelter, etc.). The facilitator discusses the rights of the child with participants.

**What Rights? Summary of the UN Convention on the Rights of the Child, (Swaziland Children's Protection and Welfare Act)**

<b>Article 1—Definition of a child</b>	A child is recognized as a person under 18, unless national laws recognize the age of majority earlier.
<b>Article 2—Non-discrimination</b>	All rights apply to all children without exception. It is the State's obligation to protect children from any form of discrimination and to take positive action to promote their rights.
<b>Article 3—Best interests of the child</b>	All actions concerning the child shall take full account of his or her best interests. The State shall provide the child with adequate care when parents, or others charged with that responsibility, fail to do so.
<b>Article 4— Implementation of rights</b>	The State must do all it can to implement the rights contained in the Convention.
<b>Article 5—Parental guidance and the child's evolving capacities</b>	The State must respect the rights and responsibilities of parents and the extended family to provide guidance for the child which is appropriate to her or his evolving capacities.
<b>Article 6—Survival and development</b>	Every child has the inherent right to life, and the State has an obligation to ensure the child's survival and development.
<b>Article 7— Name and nationality</b>	The child has the right to a name at birth. The child also has the right to acquire a nationality and, as far as possible, to know his or her parents and be cared for by them.
<b>Article 8— Preservation of identity</b>	The State has an obligation to protect, and if necessary, re-establish basic aspects of the child's identity. This includes name, nationality and family ties.
<b>Article 9—Separation from parents</b>	The child has a right to live with his or her parents unless this is deemed to be incompatible with the child's best interests. The child also has the right to maintain contact with both parents if separated from one or both.
<b>Article 10—Family reunification</b>	Children and their parents have the right to leave any country and enter their own for purposes of reunion or the maintenance of the child-parent relationship.
<b>Article 11—Illicit transfer and non-return</b>	The State has an obligation to prevent and remedy the kidnapping or retention of children abroad by a parent or third party.
<b>Article 12—The child's opinion</b>	The child has the right to express his or her opinion freely and to have that opinion taken into account in any matter of procedure affecting the child.
<b>Article 13—Freedom of expression</b>	The child has the right to express his or her views, obtain information, make ideas or information known, regardless of frontiers.
<b>Article 14—Freedom of thought, conscience and religion</b>	The State shall respect the child's right to freedom of thought, conscience and religion, subject to appropriate parental guidance.
<b>Article 15—Freedom of association</b>	Children have a right to meet with others, and to join or form associations.
<b>Article 16—Protection of privacy</b>	Children have the right to protection from interference with privacy, family, home and correspondence, and from libel or slander.
<b>Article 17—Access to appropriate information</b>	The State shall ensure the accessibility to children of information and material from a diversity of sources, and it shall encourage the mass media to disseminate information which is social and cultural benefit to the child, and take steps to protect him or her from harmful materials.
<b>Article 18—Parental responsibilities</b>	Parents have joint primary responsibility for raising the child, and the State shall support them in this. The State shall provide appropriate assistance to parents in child-raising.

<b>Article 19—Protection from abuse and neglect</b>	The State shall protect the child from all forms of maltreatment by parents or others responsible for the care of the child and establish appropriate social programs for the prevention of abuse and the treatment of victims.
<b>Article 20—Protection of a child without family</b>	The State is obliged to provide special protection for a child deprived of the family environment and to ensure that appropriate alternative family care or institutional placement is available in such cases. Efforts to meet this obligation shall pay due regard to the child's cultural background.
<b>Article 21—Adoption</b>	In countries where adoption is recognized and/or allowed, it shall only be carried out in the best interests of the child, and then only with the authorization of competent authorities, and safeguards for the child.
<b>Article 22—Refugee children</b>	Special protection shall be granted to a refugee child or to a child seeking refugee status. It is the State's obligation to cooperate with competent organizations which provide such protection and assistance.
<b>Article 23—Disabled children</b>	A disabled child has the right to special care, education and training to help him or her enjoy a full and decent life in dignity and achieve the greatest degree of self-reliance and social integration possible.
<b>Article 24—Health and health services</b>	The child has a right to the highest standard of health and medical care attainable. States shall place special emphasis on the provision of primary and preventive health care, public health education and the reduction of infant mortality. They shall encourage international cooperation in this regard and strive to see that no child is deprived of access to effective health services.
<b>Article 25—Periodic review of placement</b>	A child who is placed by the State for reasons of care, protection or treatment is entitled to have that evaluated regularly.
<b>Article 26—Social security</b>	The child has the right to benefit from social security including social insurance.
<b>Article 27—Standard of living</b>	Every child has the right to a standard of living adequate for his or her physical, mental, spiritual, moral and social development. Parents have the primary responsibility to ensure that the child has an adequate standard of living. The State's duty is to ensure that this responsibility can be fulfilled, and is. State responsibility can include material assistance to parents and their children.
<b>Article 28—Education</b>	The child has a right to education, and the State's duty is to ensure that primary education is free and compulsory, to encourage different forms of secondary education accessible to every child and to make higher education available to all on the basis of capacity. School discipline shall be consistent with the child's rights and dignity. The State shall engage in international cooperation to implement this right.
<b>Article 29—Aims of education</b>	Education shall aim at developing the child's personality, talents and mental and physical abilities to the fullest extent. Education shall prepare the child for an active adult life in a free society and foster respect for the child's parents, his or her own cultural identity, language and values, and for the cultural background and values of others.
<b>Article 30—Children of minorities or indigenous populations</b>	Children of minority communities and indigenous populations have the right to enjoy their own culture and to practice their own religion and language.
<b>Article 31—Leisure, recreation and cultural activities</b>	The child has the right to leisure, play, and participation in cultural and artistic activities.
<b>Article 32—Child labor</b>	The child has the right to be protected from work that threatens his or her health, education or development. The State shall set minimum ages for employment and regulate working conditions.

<b>Article 33—Drug abuse</b>	Children have the right to protection from the use of narcotic and psychotropic drugs, and from being involved in their production or distribution.
<b>Article 34—Sexual exploitation</b>	The State shall protect children from sexual exploitation and abuse, including prostitution and involvement in pornography.
<b>Article 35—Sale, trafficking and abduction</b>	It is the State's obligation to make every effort to prevent the sale, trafficking and abduction of children.
<b>Article 36—Other forms of exploitation</b>	The child has the right to protection from all forms of exploitation prejudicial to any aspects of the child's welfare not covered in articles 32, 33, 34 and 35.
<b>Article 37—Torture and deprivation of liberty</b>	No child shall be subjected to torture, cruel treatment or punishment, unlawful arrest or deprivation of liberty. Both capital punishment and life imprisonment without the possibility of release are prohibited for offences committed by persons below 18 years. Any child deprived of liberty shall be separated from adults unless considered in the child's best interests not to do so. A child who is detained shall have legal and other assistance as well as contact with family.
<b>Article 38—Armed conflicts</b>	States Parties shall take all feasible measures to ensure that children under 15 years of age have no direct part in hostilities. No child below 15 shall be recruited into the armed forces. States shall also ensure the protection and care of children who are affected by armed conflict as described in relevant international law.
<b>Article 39—Rehabilitative care</b>	The State has an obligation to ensure that child victims of armed conflicts, torture, neglect, maltreatment or exploitation receive appropriate treatment for their recovery and social reintegration.
<b>Article 40—Administration of juvenile justice</b>	A child in conflict with the law has the right to treatment which promotes the child's sense of dignity and worth, takes the child's age into account and aims at his or her reintegration into society. The child is entitled to basic guarantees as well as legal or other assistance for his or her defense. Judicial proceedings and institutional placements shall be avoided wherever possible.
<b>Article 41—Respect for higher standards</b>	Wherever standards set in applicable national and international law relevant to the rights of the child are higher than those in this Convention, the higher standard shall always apply.
<b>Article 42—Awareness</b>	States Parties undertake to make the principles and provisions of the Convention widely known, by appropriate and active means, to both adults and children.

Icebreaker (in small groups) \_\_\_\_\_ 15 minutes

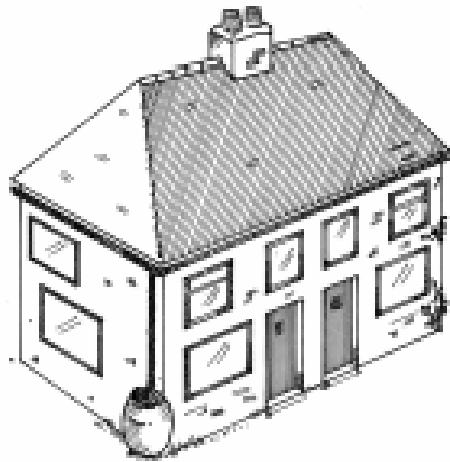
The goal of this icebreaker is for everyone in the group to learn each other's names. If you know of a quick icebreaker or game to lead, GO FOR IT. Otherwise, you may do the "Body Spelling" icebreaker: Each participant will write their name in the air first with their finger, then with their head, and finally with their butt.



Activity: Wants and Needs \_\_\_\_ 30 minutes

Use the Wants and Needs cards below for this activity.

Wants and Needs Cards: Essential Needs and Desirable "Wants"



Decent shelter



The freedom to practise your own culture, language and beliefs



A personal computer



Clothes in the latest style



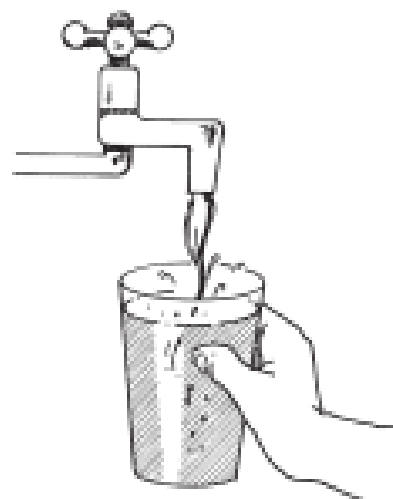
Clean air



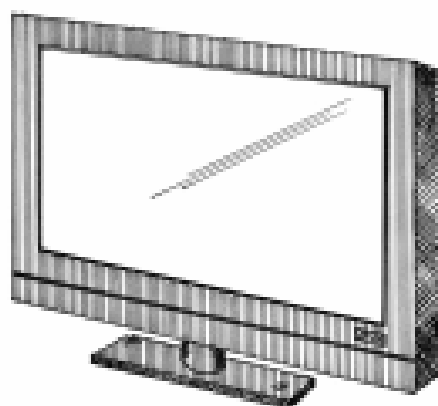
Protection from abuse and neglect



Nutritious food



Clean water



A television set



A bicycle



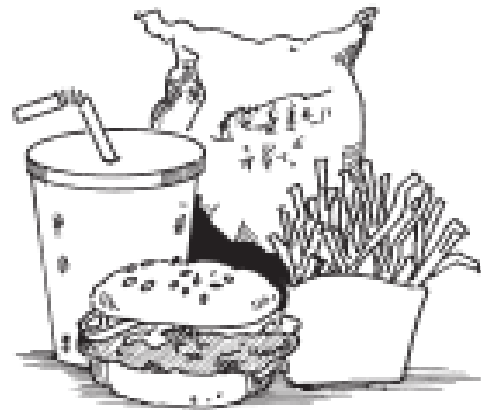
The opportunity to express your opinion and be listened to.



Medical care when you need it



Your own bedroom



Fast food



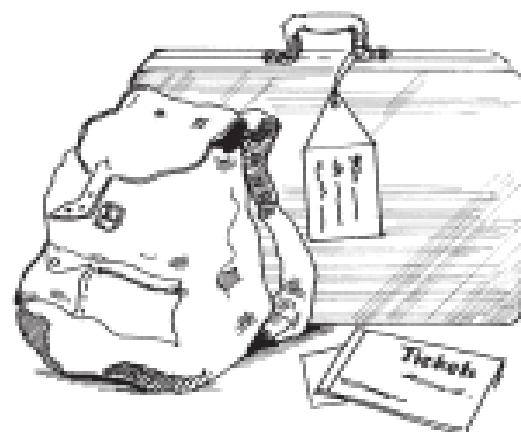
Protection from discrimination



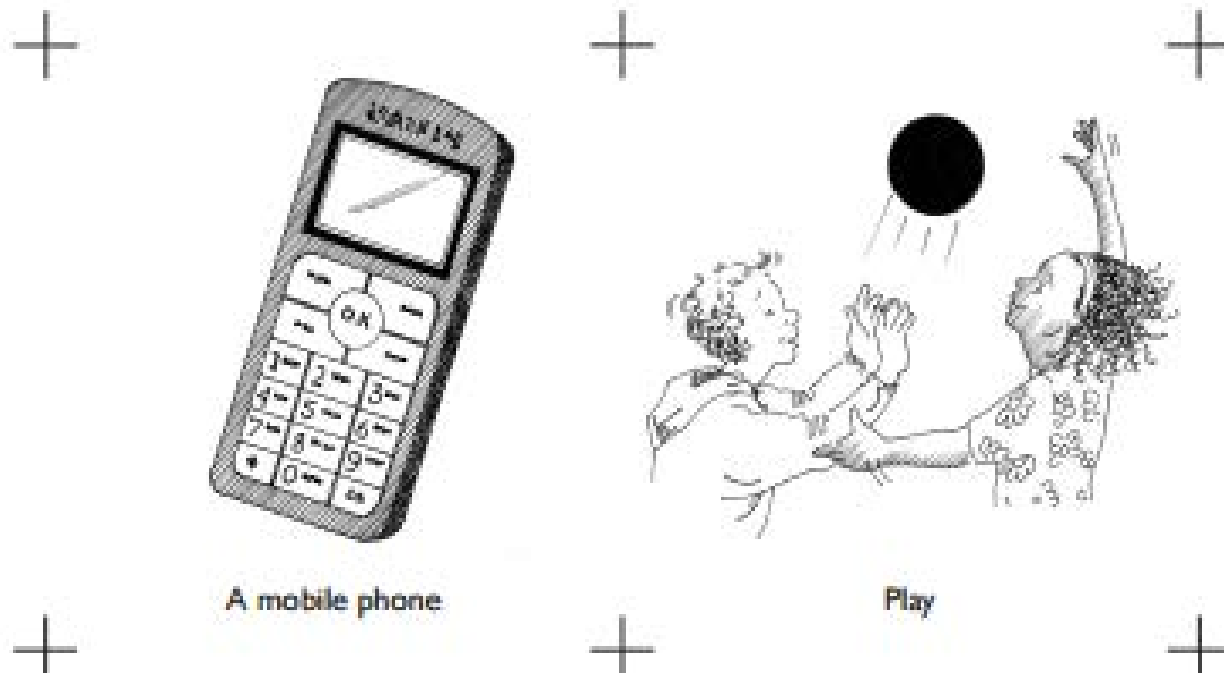
Education



Money to spend as you like



Holiday trips



**Step 1:** In your small group, distribute a set of 20 wants and needs cards. At this point each group is to imagine that a new government is being set up in their village, town, or city. The government wants to provide all young people with the basic things that they want and/or need. The cards include the wants and needs that the government is willing to provide. The teens must then as a group come up with four additional rights that are specific to being HIV-positive, whether it be freedom from discrimination, right to privacy, or another human right. Volunteers may want to help the teens fill out these cards.

**Step 2:** Once all groups are done, the facilitator should announce to the group that the new government can no longer afford to provide all 24 things on the list and they must as a group cut 8 of the items from the list. These 8 items are then put into a pile labeled "wants."

**Step 3:** After the groups have cut their 8 items, have the facilitator announce that the government is now asking them to cut 6 more items to add to the wants list. In the end, each group should have 10 items remaining for the "needs."

**Step 4:** Choose one or two members from your group who will present on two or three of your remaining needs cards and provide justifications for each.

Group Presentations/Discussion \_\_\_\_\_ 30 minutes

Each group will present on 2 or 3 of their remaining needs cards and they will explain why they chose them. After each group has presented the facilitator should ask the following discussion questions:

- Which items were most commonly eliminated in the first round? Why?
- Was the second round of cuts more difficult than the first? Why?
- Did your group have any disagreements over which items to cut? Which ones and why?
- What rights are especially important for People Living with HIV and AIDS?
- What is the difference between wants and needs?
- Which items on the list were wants and which ones were needs?

In this session we have discussed human rights and understand the difference between rights and wants. We have also discussed the UN convention on the Rights of the Child and how this has a bearing on the child living with HIV. Swaziland has agreed to these rights, and it is important that all adolescents understand the rights of adolescents.

## Lesson 3: Rights of the Child

**Objectives:** The purpose of this lesson is to:

1. Reinforce what was learned in lesson 2
2. Describe what Swaziland has done on the rights of the child
3. Explain that children and teens also have their rights.

The facilitator asks participants to describe the difference between wants and needs. They also discuss what rights are.

It is important for teenagers to know their rights. Teens must know that they are in charge of their actions and bodies. There are copies of the Rights of the Child in simple English language in Appendix 16.

In Swaziland, the Ministry of Health has combined the Convention on the Rights of the Child (1989), the African Charter on the Right and Welfare of the Child (1999), the Children's Protection and Welfare Act (2012), and the Swaziland Constitution (2005) to compile a simple list of rights of the child; see Appendix 16.

### Young People's Rights

With these rights come responsibilities. These responsibilities include the responsibility to respect the rights of others. Other responsibilities come with other rights; for example, while they have the right to access to education, children have the responsibility to study hard and attend school regularly.

The facilitator introduces the "What is right" activity and all participate in it.

#### **Participants and teenagers have many rights, including the right to:**

- Keep their body safe
- Know comprehensive information about their body, how it is changing, and how to keep it safe and healthy
- Not have sex if they do not want to
- Stop any sexual relationship at any time, even if the person is a boyfriend or girlfriend
- Make decisions about with whom they want to engage in protected sex
- Be free from abuse, neglect, or inhumane treatment
- Have privacy and the make decisions that do not intrude on others
- Plan to have participants in their activities
- Decide NOT to have participants
- Decide when and to whom they marry—or if they want to marry at all
- Have access to education
- Have their own opinion and voice it in a respectful way
- Agree or disagree
- Have a safe place to live free of violence and danger

## Rights of the Child activity

### What is right?

The facilitator instructs participants to sit in a circle.

From the Rights of the Child Activity Sheet below, the facilitator reads the scenarios in any order, asking the participants to indicate if they think each scenario **is right** or **not right**. **They should also indicate why.**

The facilitator discusses with participants the rights of the child that corresponds to each scenario. Refer to Appendix 16 for a simple version of the rights of the child. This can be printed out, or a copy can be obtained from the Ministry of Health.

THE RIGHTS OF THE CHILD ACTIVITY SHEET	
Right	Not Right
Sibongile's parents let her choose whether she wanted to take French or Portuguese lessons.	Sisana has a hard time getting into her school because she needs to use a wheelchair and there are no ramps at her school.
Sebenele's parents pack her a healthy lunch every day.	Siphiwe draws on pages of books she borrowed from the school library. Now the other children will not be able to read these books.
Musa puts the classroom toys away when he has finished playing with them so nothing gets broken.	At Jabulani's school the Zondle only serves weevil-ridden beans at lunch.
Tenetile chooses her own friends to play with.	Fanyana cannot play with his friends because he has too many chores at home; the other children can do their chores and still have time to play.
Sipho's father walks him to school to make sure he gets there safely.	Sifiso makes fun of Vusi because he stutters when he speaks.
Nomsa can visit the doctor if she is feeling ill.	Nomonde is telling her classmates what she thinks about the story but Sabelo interrupts her several times to say he thinks she is wrong.

### Conclusion

In this session we have discussed and emphasized the importance of teenagers knowing their rights.

We have also discussed the rights of young people. Teens must know that they are in charge of their bodies and actions—and with these rights come responsibilities. These responsibilities include the responsibility to respect the rights of others.

## Unit 3: HIV and AIDS

### Lesson 1: The Nature of HIV

**Materials:** Chalkboard, flipchart or whiteboard; small pieces of paper; markers, pens, and adhesive

**Methods:** Discussion

**Duration:** 1½ hours

1. **Objectives:** At the end of the lesson participants should be able to: Describe HIV and AIDS
2. Show how HIV infection leads to AIDS
3. Write in full the terms HIV and AIDS
4. Demonstrate why HIV cannot be cured
5. Explain to anyone when AIDS was first defined.

### Activity

#### Step 1

Depending on the facilities available at your Teen Club venue, find a way of displaying the picture below.

Ask participants the following questions:

Does the boy in the picture look healthy?

Could this boy be HIV-positive? Discuss this issue with the participants. The boy could look very healthy but could be sick. He could have many types of diseases, none of which would be diagnosable using the naked eye. Draw a conclusion with the participants. Among the conclusions will be that unless one tests to find out whether one has HIV or not, there is no way of knowing if anyone has HIV.

Refer to Children and adolescent flipchart for  
HIV testing for a copy of the picture. Flipchart

number 7



## Step 2

1. Hand out three small pieces of paper to each participant.
2. Ask each participant to write a statement he or she has heard about HIV or AIDS.
3. Wait for 7 minutes.
4. Collect the pieces of paper and give them out to the participants at random.
5. Divide the group into two. Each group should select a leader who will present the outcome of their discussion.
6. Give out a flipchart sheet to each group with the following headings: AGREE, DISAGREE, and DON'T KNOW.
7. Ask both groups to come to agreement on where each statement should be placed. This should take 15 minutes.
8. When the groups are done, ask each group in turns to present their decisions to the whole group of participants. Group members must be able to explain why they made their choices.
9. Play the role of a moderator in any discussion of the issues raised by the statements and where they were placed.

## Step 3

Now present the following facts to the whole group and refer to their decisions during the activity.

1. HIV is a virus. It cannot grow or reproduce on its own. Before it can make a new copy of itself the HIV virus must infect the cells of a person. It multiplies within the cells of the person destroying the person's defense against infections. The person begins to become unwell and as more cells are destroyed the infections becomes more severe. When these infections become very severe and frequent we can say this person has got AIDS.
2. Thus the HIV virus is the virus that causes AIDS but HIV is not the same thing as AIDS. If somebody is infected with HIV the person can live a healthy life, if the person has access to antiretroviral (ARV) treatment. If this treatment is taken well (adhered to) the infection will not progress to AIDS.
3. There is no cure for AIDS and HIV can infect anyone. The full meaning of the term HIV is **human immunodeficiency virus**. The name comes from the fact that it weakens the body's immune system.
4. The term AIDS was arrived at a meeting in September 1982 in the United States of America after scientists suggested the term at a meeting in Washington DC in July of 1982. In Swaziland HIV was first reported in 1986. The term AIDS stands for Acquired Immune Deficiency Syndrome.

HIV	AIDS
This is a virus that attacks the body's defense system (soldiers)	Severe condition caused by untreated or poorly managed HIV infection
If you have HIV you will not necessarily look or feel sick	You will certainly look and feel very <b>sick</b>
If you are HIV-positive are able to carry out your daily normal activities	You cannot carry out your daily activities

Before you bring this lesson to an end, ask volunteers from the group to answer the following questions:

1. What is HIV?
2. Can you tell us the difference between HIV and AIDS?
3. Is there a cure for AIDS?
4. What does HIV stand for?



5. What is AIDS?
6. In which year was AIDS first defined?
7. In which year was the first AIDS case diagnosed in Swaziland?

Inform participants that the next lesson will be on how one can become infected with HIV.

## Lesson 2: How Infection is Spread

**Materials:** Activity Sheet 1, handout, markers, newsprint

**Duration:** 1½ hours (or could take several sessions)

**Objectives:** At the end of the lesson participants should be able to:

1. Explain the ways in which HIV can be spread
2. List the four body fluids that transmit HIV
3. Explain how HIV can be transmitted to young people, children, and babies
4. Understand that risky sexual behaviors put young people at risk for HIV and other sexually transmitted infections (STIs).

### Introduction

The facilitator tells this story:

*The other day, I had a very serious headache and did not understand it, so I went to the clinic. Sitting beside me on the bench was a young woman about the age of 20. She was carrying a child who was about six years old. While we sat together and took our turns and people entered the consulting room to see the doctor, a conversation broke out between me and the young woman. She told me how she discovered after the child had been sick several times that the child had HIV. She explained that she did not visit any antenatal clinic when she was pregnant and had delivered the baby at home. She was advised to go for an HIV test. She went for test and was told she was HIV-positive herself.*

Ask participants to explain possible causes of the infection.

### Activity

#### Step 1

Listen to their views. Allow discussions and debates as to how the woman's child could have been infected with HIV. While the discussion and debates are going on, list the possible causes of the infection on the flipchart or chalkboard, as they come out in the discussion.

Pass around **Handout 1** to the participants and go through how one gets infected with HIV. If printing out the handouts is not possible, the facilitator can write this on the chalkboard or flipchart.

## Handout 1: How We Get Infected with HIV and How HIV Progresses to AIDS If There Is No Treatment

### HIV (Blood-Borne Process)



## Step 2

After this discussion session, hand out Activity Sheet 1 (see below) to all participants and ask each participant to complete the items on it. After about 15 minutes, review the responses with participants and write them on the chalkboard or flipchart under the title "HIV transmission routes." Ensure that participants are clear as to the routes of transmission.

### HIV Transmission

If a person is infected with the HIV virus, the virus stays in the body or in the body fluids. To infect another person, the infected body fluids have to get inside this other person's body. If the body fluid just gets onto the person's body, without getting inside it, the person is not likely to be infected. It is normally when the skin is broken, cut, or irritated that the body fluid may enter the skin and have access to the bloodstream. The skin is normally a protection to many other viruses apart from the HIV virus. When the body fluids are infected, HIV can enter the bloodstream through the linings of the vagina or the anus, particularly if there are sores, a cut, or irritations.

Have participants examine how much they know about HIV transmission by taking the quiz below.

Instruct them to put a tick in the box beside the **activity** or **behavior** that could make any body fluid flow from an infected person into someone else's body to cause an infection.

Then from the chalkboard or flipchart pick from the list of ways one can get infected with HIV.

1. Breastfeeding
2. Vaginal intercourse
3. Oral intercourse
4. Blood transfusion
5. Anal intercourse
6. Organ transplant
7. From mother to baby at birth
8. Drug injection with contaminated needle.

Let participants understand that some body fluids are responsible for transmitting HIV. These are:

1. Blood, including menstrual blood
2. Semen and pre-seminal fluid
3. Vaginal fluids
4. Breast milk
5. Other body fluids containing blood (however, this is rare).

### Step 3

To test participants' understanding of how HIV is transmitted, ask them to do the quiz below.

Quiz: What Body Fluids and Behaviors Spread HIV?			
BODY FLUID		ACTIVITIES OR BEHAVIORS	
1	<input type="checkbox"/> Blood	<input type="checkbox"/> Holding hands	<input type="checkbox"/> Anal intercourse
2	<input type="checkbox"/> Saliva	<input type="checkbox"/> Breastfeeding	<input type="checkbox"/> Organ transplant
3	<input type="checkbox"/> Urine	<input type="checkbox"/> Hugging	<input type="checkbox"/> Sharing a toilet
4	<input type="checkbox"/> Blood products	<input type="checkbox"/> Vaginal intercourse	<input type="checkbox"/> Holding hands
5	<input type="checkbox"/> Semen	<input type="checkbox"/> Kissing	<input type="checkbox"/> Eating in a restaurant
6	<input type="checkbox"/> Feces	<input type="checkbox"/> Dancing	<input type="checkbox"/> Visiting a hospital
7	<input type="checkbox"/> Tears	<input type="checkbox"/> Oral intercourse	<input type="checkbox"/> Sleeping in the same room
8	<input type="checkbox"/> Vaginal fluids	<input type="checkbox"/> Blood transfusion	<input type="checkbox"/> Eating together from the same plate
9	<input type="checkbox"/> Breast milk	<input type="checkbox"/> Sharing <i>Sinkwasembila</i>	<input type="checkbox"/> Sharing drinking glasses
10	<input type="checkbox"/> Sweat	<input type="checkbox"/> Sharing Needles, Syringes or other Injection Drug Equipment	
11	<input type="checkbox"/> Pre-seminal fluid	<input type="checkbox"/> Sharing headphones or telephones	
12	<input type="checkbox"/> Vomitus		

### Activity/exercise (Answering questions)

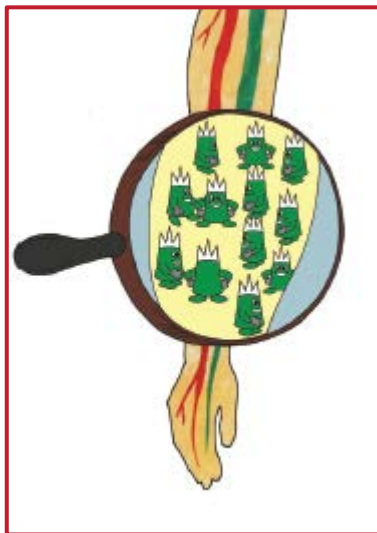
Ask participants to split in to two groups. Let them discuss the factors listed below and decide if these activities are NO RISK, LOW RISK, or HIGH RISK for getting infected with HIV. Give each group three cards—white card for NO RISK, green card for LOW RISK and a red card for HIGH RISK. Read out each behavior loudly and each group raises a card in response to the behavior read out—RED, WHITE or GREEN. Discuss each behavior with the participants coming out with clear reasons why the behavior is HIGH, LOW, or NO RISK.

1. Having sex after being drunk or using drugs: **HIGH RISK**. It is high risk because you will have no control and will not use condom while having sex.
2. Blood transfusion: **NO RISK**. Blood is being screened for HIV before given to a person.
3. Having many sexual partners (boyfriends and girlfriends): **HIGH RISK**. For sure, having many sexual partners increases the risk of getting HIV. Most HIV cases in our country come through having sex with many people.
4. A teenager with HIV gets pregnant and is not on ARVs: **HIGH RISK**. She will transmit HIV to her partner and child. Accessing ARVs and using condom is compulsory in this case to prevent transmission to the child and partner.
5. Taking care of people with HIV: **NO RISK/LOW RISK**. However, it's good to take precautions—for example, using gloves to dress any open wound, and having no direct contact with blood.
6. Deep kissing: **NO RISK/LOW RISK**. If there is no open wound in either person's mouth, there is no risk of getting HIV.
7. Mosquito bites: **NO RISK**. There is no proof of anyone getting HIV from mosquito bites. HIV cannot live in the mosquitoes.
8. Standing next to someone with HIV, hugging him/her: **NO RISK**. Cannot transmit HIV.

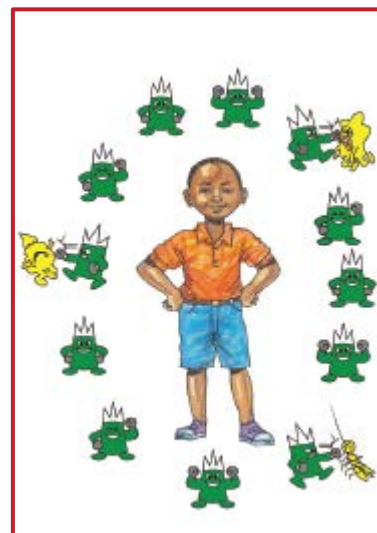
9. Having sex with someone WITHOUT using condom: **HIGH RISK**. You don't know whether your partner has been infected with HIV or not. Not using condoms will leave you in high risk of getting HIV through genital fluids.
10. Oral sex: **HIGH RISK**. A condom is still needed to prevent transmission and this is still high risk.
11. Anal sex: **VERY HIGH RISK**. There is very high risk of bleeding and being infected with HIV through the intestine.
12. Using Vaseline to lubricate the condom: **HIGH RISK**. Condoms can be very elastic, and any lubrication oil will cause chemical reactions and create tiny holes in the condom. This is serious enough to get HIV. Only water-based lubrication can be used.
13. Using the communal toilet: **NO RISK**. There is no risk of getting HIV at the community toilet/bathrooms.
14. Using the same razors: **HIGH RISK**. The previous user may be infected with HIV and there may be blood on the razor.
15. Faithfulness, both partners tested for HIV, both testing negative, have disclosed the results to each other, and only have sex with one another: **NO RISK**.
16. Infected with genital disease or STIs: **HIGH RISK**. The wound caused by a genital disease is the perfect place for HIV to spread to another person.
17. Using the same glass of water with people with HIV: **NO RISK**. HIV is not transmitted through breath, social contact (hugging, touching), or saliva.
18. Two HIV-positive people having unprotected sex: **HIGH RISK**, because there are different strains of HIV that can be transmitted, and the virus transmitted could be the resistant type of HIV. This can make you start getting very sick even if you are on ARVs, since they will not help you if you have a resistant virus.

### Understanding HIV further

Let participants examine the pictures below and tell what is happening to the bodies of the persons in the picture.

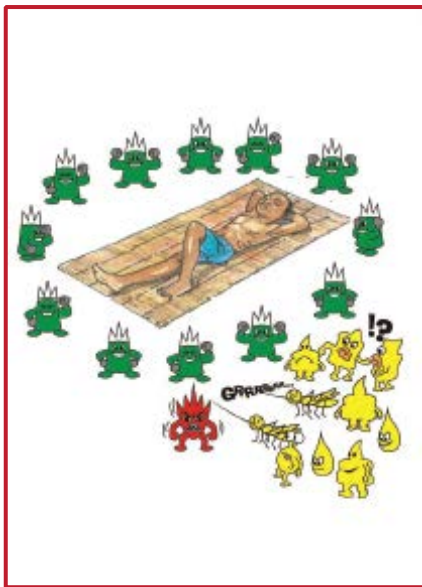


Flipchart numbers 9 and 10

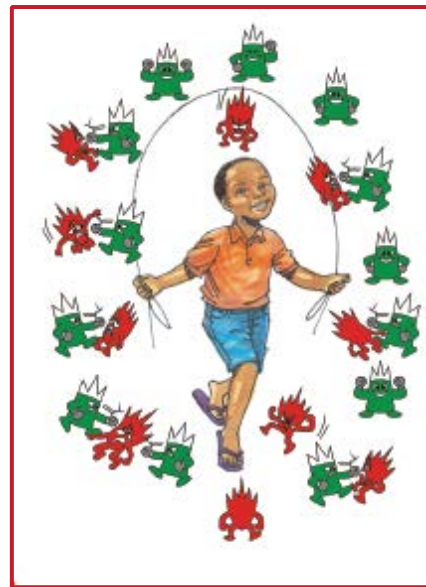


### What are CD4 (also called soldier) cells and how do they work in the body? (Flipcharts 9 and 10)

CD4 cells are found in the blood and are part of the body's immune system. They help the body to fight infections. These are the *green* soldiers you see. The instrument on the hand you see is called a hand lens. It makes things look several times bigger. In the laboratory when your blood is tested, a microscope is used to see these soldiers.



Flipchart numbers 11 and 12



### What does HIV do once it enters the body? (Flipcharts 11 and 12)

Once HIV enters the body (the yellow cells), it enters CD4 cells (the soldier cells that help the body to fight infections) and uses the infected CD4 cells (the red cells) like a "factory" to make more HIV viruses. These viruses are then released into the blood to infect more CD4 cells. As the HIV reproduces, it eventually kills the CD4 cells. When a person is first infected, the virus creates many copies of itself. The viral load (a measurement of the number of viruses in the bloodstream) is very high and the number of CD4 cells decreases. A person is very likely to pass the virus to another person during this early infection. In adults, the immune system is able to fight the virus for some time (often 5 to 10 years). During this time, the viral load is lower than in early infection, but HIV can be found in the blood. The number of CD4 cells gradually decreases over time.



Flipchart numbers 13 and 14



### How does illness begin? (Flipcharts 13 and 14)

Eventually, the immune system is no longer able to fight the virus, the number of CD4 cells becomes very low, and a person can become sick with infections that the body used to be able to fight. In children vertically infected with HIV (infected through birth), the virus acts differently than in adults. Though children may have a high CD4 count, they often get very sick quickly from HIV infection. Though there are many CD4 cells, they are not yet mature, so they don't act as efficiently as adult CD4 cells. If children with HIV are not treated, about half of them will die before the age of 2 years.

## **What is a viral load test?**

A viral load is a blood test that measures the actual number of copies of HIV in the blood. When the viral load is high, a person is more likely to pass the virus to another person, to have a low CD4 count and to fall sick and it may take a very long time to recover.

## **Conclusion**

Summarize the lesson by making the following observations.

We can see that, to a great extent, carefulness in situations we have control over can prevent us from contracting HIV. From what we have discussed, for most of us, what we can control is the way we can get infected with HIV or spread HIV. We can easily avoid getting infected with HIV or spreading HIV by following the advice we receive during these Teen Club activities.

## **Lesson 3: How to Prevent Infection and Spread of HIV**

**Objectives:** At the end of this lesson participants should be able to say:

1. How to prevent getting infected with HIV
2. How to take action to prevent getting infected with HIV.

**How can someone prevent or decrease the risk of HIV transmission? Discuss these with participants.**

- Know your HIV status.
- Abstain from sexual intercourse. Always use a condom when having sexual intercourse.
- Avoid sexual intercourse with people who are significantly older or who offer gifts in exchange for sexual intercourse (cross-generational sex). This is because the older person has probably had many sexual encounters and different sexual partners, which might put you at high risk of getting infected with HIV, even if the person looks well and healthy.
- Wear gloves when coming in contact with body fluids.
- ALWAYS use unused, new needles or razors, if needed.
- Using prevention of mother-to-child transmission (PMTCT) care.
  - PMTCT includes helping women plan their pregnancies and avoid pregnancy if they do not desire to become pregnant.
  - Using PMTCT care will give a woman/teenage girl an opportunity to go for HIV testing if she doesn't know her HIV status.
  - PMTCT also includes care of women during pregnancy, including use of antiretroviral medications (ART), safe delivery, and healthy infant feeding, and continued care of mothers, babies and families throughout their lives.

**How can you know if someone is HIV-positive?**

- Get pictures for two different people (one who is healthy and one who looks sick). Then ask the participants: which of this two people is infected with HIV? Engage them in a discussion. The conclusion is that you cannot tell if a person is HIV-negative or -positive by merely looking until that person goes for an HIV test and has disclosed the results.
- The ONLY way to know if you, or someone else, is HIV-positive is to go for an HIV test. You CANNOT tell if someone is HIV-positive by simply looking at them.



### What body fluids contain HIV?

- Blood
- Semen and vaginal fluids
- Cerebrospinal fluid (CSF), the fluid around the spinal cord and brain
- Breast milk.

### What body fluids DO NOT contain HIV (when there is no blood present in the fluids)?

- Urine
- Tears
- Saliva
- Sweat.

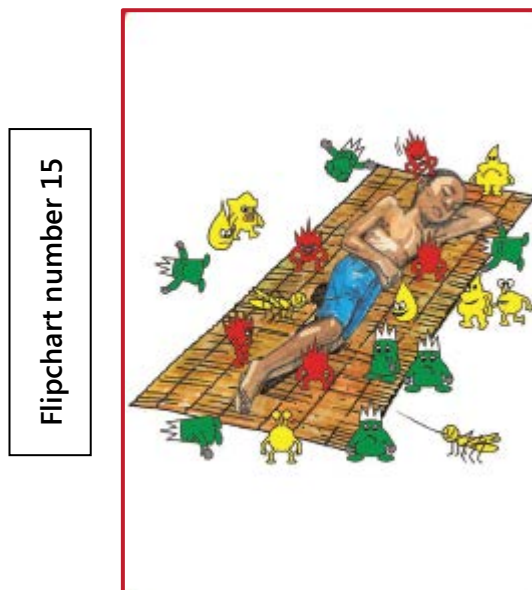
## Lesson 4: Treatment of HIV infection

**Objectives:** At the end of the lesson participants should be able to:

1. Tell what ART stands for
2. Describe ways in which HIV is treated
3. Describe possible side effects of treatment.

### Introduction

Ask participants to describe what they see in the picture below (Flipchart 14). This is the same picture that was in lesson 3.



The boy in the picture is sick. The yellow germs have entered the body and are giving way to the red enemy soldiers (HIV-infected CD4 cells) to attack the body, and the green soldier cells are reducing.

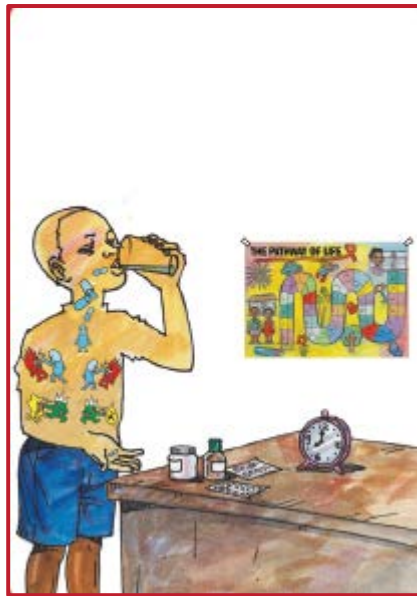
- What can help their friend to recover and be able to play and go to school again?
- Bring in flipchart pictures 16, 17, and 18. Then discuss further.

### What is ART?

- ART stands for antiretroviral therapy.
- ART is a combination of antiretroviral medications, or ARVs, that work together to make the HIV "sleep" and prevent the HIV from making new virus copies and from "destroying" the CD4 cells.



Flipchart number 15



Treatment is very important. How does a person living with HIV stay healthy? The **MOST** important thing is to start treatment as soon as possible after testing HIV-positive, take the ART at the right dose, at the right time, **EVERY DAY** to keep the virus from “waking up.” People living with HIV should also do the same things that those living without HIV should do to stay healthy: avoid smoking, drugs, and alcohol; exercise; eat a balanced diet; and seek care when sick. As you can see below, obtaining treatment and adherence to treatment improves your health and makes you strong again. The blue figures are keeping the red enemies away, and the boy in the picture can now sit up on his own.

Flipchart number 16



**What happens when a person misses doses of ART?** Each time a person misses a dose of ART, the virus can wake up. When the virus wakes up and there is still some medicine in the blood, the virus can make small changes in itself, called mutations, to help it to resist the ARVs. If enough of these changes occur, the ART can stop working. This is called resistance. Once the HIV virus becomes resistant, even if a person takes the ART as instructed, the virus stays awake. If a person develops resistant HIV, the ART that he/she takes has to be changed to ARV medicines that work in a different way, and can make the virus sleep.

Missing just **ONE DOSE PER WEEK** can lead to resistance.

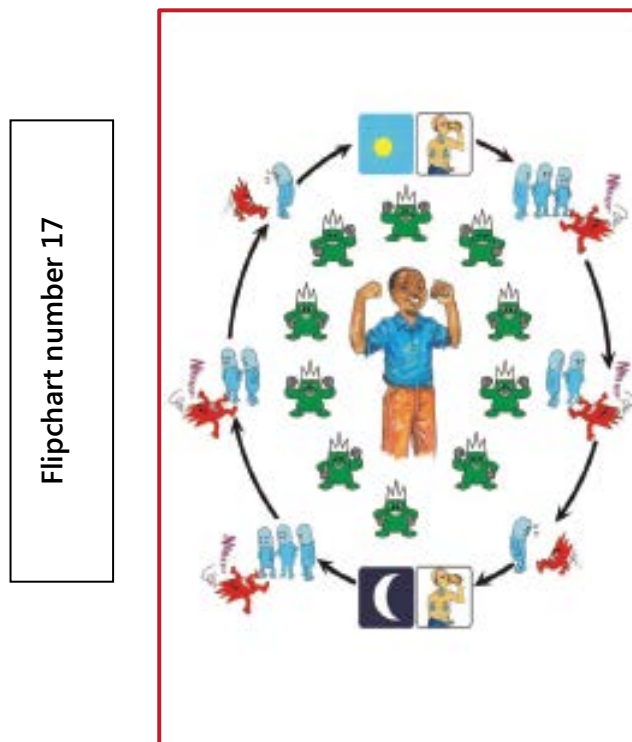
**Why does ART stop working in some people who take the medicines perfectly?**

HIV is constantly trying to “outsmart” the ART. Over time, mutations will likely happen, even if the ART is taken very well. This usually only happens after many years on the same ART medication. The goal of HIV treatment is to take ART at the right dose, at the right time, EVERY DAY, so that one combination of medicines lasts as long as possible.

Can a person living with HIV do the same things in life as a person who is not living with HIV? **YES!**

People living with HIV can finish school, get a good job, get married, have a family, and do whatever else they dream of! It is true that people living with HIV have the extra challenge of taking ART every day, attending clinic visits, paying attention to their body and going to the clinic if they are feeling sick. But this should not keep them from succeeding in their plans for the future.

- Bring in flipchart picture number 17 and discuss that picture, and let participants come up with a plan on what to do if this happens to them.



## ART and Side Effects

ARVs may have side effects, as shown in the table below.

### Side Effects of ARVs

System Affected	Symptoms Experienced	Preventions	What To Do If this Occurs
Gastrointestinal	Nausea, vomiting, abdominal pain, diarrhea, headaches, especially at the beginning of the treatment		Drink oral rehydration solution, if it is available in your home, or drink lots of fluids
Central nervous system	Tiredness, dizziness, impaired concentration, drowsiness, vivid dreams	Generally resolve after 2-4 weeks. Avoid alcohol as this may worsen symptoms Take dose at bedtime to minimize side effects.	
Peripheral nerves	Numbness, pins and needles, burning sensation of the limbs		
Allergic reaction	This could present as fever, rash, headache, sore throat, cough, shortness of breath		Must report this to the nearest health facility
Liver	Yellowing of the eyes/skin (Jaundice), abdominal pain, fatigue, skin itchiness, drowsiness, restlessness, confusion	Avoid alcohol and other drugs that can affect the liver.	
Skin/nails	Nail discoloration	None. This usually resolves on its own.	NONE
Muscles	Muscle pain Shrinking of lower limbs and buttocks, accumulation of fat around the abdomen, enlarged breasts	Keep well hydrated. Take regular exercise.	Must report to the nearest health facility
Blood (Anemia)	Pale skin Lining of the eyelids and the nail beds may look less pink than normal Tiring easily Shortness of breath Rapid heart rate	Eat a balanced diet, iron-rich foods like green leafy vegetables, egg yolks, red meat, potatoes, and tomatoes.	Must report to the nearest health facility

### Conclusion

Early detection of HIV is important so that treatment can begin very early and you can get or stay well.

ART is a combination of antiretroviral medications, or ARVs, that work together to make the HIV “sleep” and prevent the HIV from making new virus copies and from “destroying” the CD4 cells.

Consistent (daily) adherence to treatment is **very important** to make sure the infection is controlled.

## Lesson 5: Adherence to Treatment

**Objectives:** At the end of this lesson, participants should be able to:

1. Explain what adherence is
2. Explain the significance of adherence
3. Describe situations when adherence may be more difficult
4. Identify ways of helping overcome the challenges to good adherence
5. Describe what support may be necessary to achieve good adherence.

### Lesson Plan

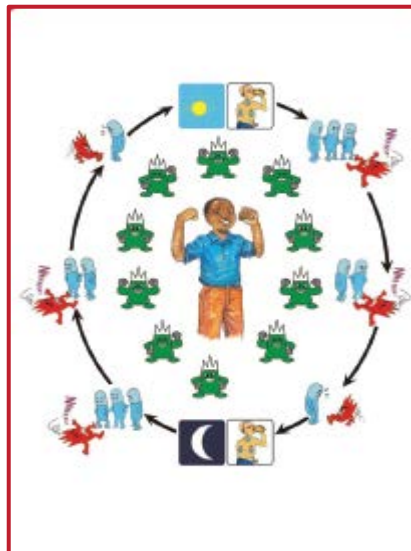
I see, and I will take the advice. Yes! Yes! Yebo!

Adherence is very important!  
Attend scheduled clinic visits and take medicines as directed. Take the right dose at the right time. everyday

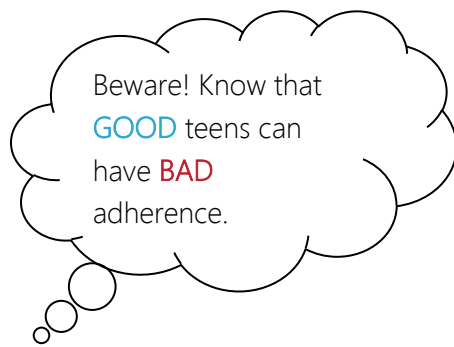
### Introduction

See this picture again (Flipchart 18). The boy started treatment was able to get up and is now ready to go back to school. What does this tell us about treatment?

Flipchart number 18



- Why are the little ones decreasing in number as the day goes by?
- What does that mean to one who is taking medication?
- Why is it important to continue taking your medication as advised by your doctor or nurse?



### Adherence and adolescence

Adherence is one of the biggest challenges for anyone living with any chronic illness.

Teenagers with chronic diseases around the world struggle with adherence during the adolescent years. Adherence to ART is even more complicated, because it requires near-perfect administration of medication to avoid developing resistance.

Adolescence is a time of emotional, physical, and cognitive growth and change. As teens transition from childhood to adulthood, they face challenges with personal responsibility, friendships, relationships, and life plans. Adding HIV and adherence to ART, to this already challenging time makes these years often much more difficult.

### Why is adherence important?

To understand adherence, you need to understand:

1. How HIV works in the body, and 2) how ART works to help the immune system control the virus.

Children and teens need to understand both of these ideas when they learn of their HIV status. This can help them understand why they need to adhere to medication. The disclosure process is discussed next, in the disclosure section (Part 1, Unit 3, Lesson 6). Adherence to ART, clinic appointments, and treatment when sick is critical to staying healthy while living with HIV.

HIV can become resistant to ART very quickly, especially if only a few doses of ART are missed (just one or two missed doses per week lead to the highest risk of developing resistance). With a limited number of drugs available in Swaziland to treat HIV, good adherence is very important to allow the ART to work well for many years before needing to switch to new drugs. By working with teens to problem solve difficulties, you can help them achieve good adherence, and stay healthy using the same ART for many years.

Approach adherence counselling with teens cooperatively, as a team of PROBLEM SOLVERS. Help teens to identify individualized ways to improve adherence and develop a strong team of support at teen club to allow for group sharing and support.

Adherence can be challenging. As with all challenges in life, some people will find adherence easier than others. Please remember that teens who have difficulty with adherence are not bad people, they do not want to "die," they are not trying to make your job more difficult, and they are not "just being rude."

There are many reasons that people have trouble taking their medication or attending clinic. Often teens have less control over these situations. Common situations that make adherence difficult include lack of family support, lack of stable home environment, moving homes frequently, lack of money for transport and side effects of the ARVs.

During the teenage years, it is normal for teens to want to be like their peers. They may become angry or sad that they have to live with HIV, and they might become “tired” of drinking medicine all the time. Most teens will have these feelings to some degree at some point during their adolescence. Teen Club works to support teens who are coping with these situations. However if these feelings become too strong and teens are unable to cope with them, they will need referral for more intensive evaluation and treatment at the clinic or hospital.

It is very common that even teens who understand the basics of HIV and ART still struggle with adherence. Also, teens who have good adherence for many years may struggle with adherence when they face different challenges or changes in their lives. Never assume that you know how someone is doing with adherence. You must ask them about adherence directly AND also about any changes going on in their lives, and discuss them every time you meet, because situations change quickly and often!

DO NOT threaten teens or tell them they are going to die if they don’t take their medication. Most teens have seen many family members and friends die of HIV, and many of them struggle with knowing they have a disease that cannot be cured. It is unlikely that threats will help them. **TEENS WANT TO LIVE!** They are trying their best to adhere to a difficult medication regimen and stay healthy and strong.

Work WITH teens and not against them. Create a cooperative relationship. DO NOT create an argument or fighting relationship. DO NOT set them up to fail or try to trick them.

When doing adherence counseling with teens:

- Ensure that they understand why they are taking the medication.
- Always praise their EFFORT and ATTEMPTS at good adherence. Do NOT praise them only when they have good adherence, but DO praise them when they are trying hard. Teens will often strive to please you and get your praise. If you only praise them when they have good adherence, then they may not be honest about their challenges with adherence because they want you to be happy with them.
- Have reasonable expectations and expect that they will miss doses of medication sometimes. Discuss and find out when they are most likely to miss their medication. Do they most often miss in the mornings? Evenings? Weekdays? Weekends? Holidays? When?
- Work with the teen to help the TEEN identify which methods may help them the most to remember to take their medication. The counselor should offer suggestions, but should NOT make the final decision and should NOT tell the teen what to do. They should help the teen decide what will work for him/her.

### Some example situations:

Teens that miss morning doses: Talk about the specific details of their morning routine and determine when in that routine they can take their medication by attaching it to a daily activity that doesn't change. Ask the teens if they think that will help them. See examples.

#### Special situations that make adherence more challenging than usual and need dedicated problem-solving counseling:

- Boarding school
- Receiving unexpected visitors at home for weddings, funerals etc
- Traveling to a relative's home for the holidays where routines are different
- Traveling to a family home where no one knows that the teen has HIV
- School holiday
- Unexpected stays away from home due to lack of transport money, minibus breakdown, etc.
- curious friends who ask questions about why you are taking medicine every day
- religious traditions, especially fasting.

### Misinformation about ART and its effects on adherence.

Misinformation can lead to inconsistent adherence. Make sure teens understand that:

- ART in Swaziland does not need to be taken with food.
- While fasting, you should continue to take your ART even without food. Take with a sip of water only, but do NOT skip doses due to fasting.
- ART does not HEAL or CURE HIV.
- ART must be taken for life.
- ART decreases the chance of transmitting HIV but *does not* make the chance of transmission zero.

### Some problem-solving ideas

Every teen will have their own way to remember their medication. The role of the counselor is NOT to tell the teen how they are going to remember their medication, but to help teens identify for themselves which technique is going to help them remember their ART.

Below is a list of different techniques that teens have identified as ways that have worked to help them remember their medication. This list is only some suggestions. Teens will give you many more ideas on how they remember their medication. This is just a place to start. If one method is tried and does not work, try another. Also, always suggest that teens decide on two methods so that if one fails, they have a back-up plan to remind them.

### Adherence tips from teens

- Use an alarm clock or a watch: Set a daily alarm on your phone for both morning and evening dose times.
- Hang a drawing of something that reminds you to take your medicine (your chosen job when you grow up, like a soldier, nurse, driver, or a picture of a clock) where you will see it at ART time.
- Tie something on the door handle so you can see it when going out to remind you.
- Put the medicine bottles by your tea cup/sugar.
- Take ART when taking the chickens in and out.
- Build a strong team at home that helps you remember.
- Take ART before leaving your bedroom in the morning and before sleeping at night.
- Disclose to an adult at boarding school, after assessing and ensuring their trustworthiness.

- Identify a friend or family member who can help remind you about your medication.
- Listen for the call to prayers like the muezzin in the mosques.
- Use a timetable or calendar to make tick after taking morning and evening doses.
- Place the bottle of medication in your shoes or on your school clothes before sleeping, so you remember your dose in the morning, and then move the bottle to your bedclothes or into the beddings so you will find it in the evening.
- After taking the morning dose, put the medicine bottle where they keep plates in the home, so you see it when you are eating.
- Make sure participants truly understand why they are taking their medicines.
- Attach taking medicines to other routines that happen every day (dressing in the morning, fetching water, sleeping).
- Use many of these clues in your daily routine so that if you miss one, you can use another.

## Discuss with participants

### Adherence ideas for boarding school/college

Make an adherence plan before starting boarding school/college. Have a meeting with teens who are just starting boarding school and teens who are currently in boarding school. Have teens share experiences and ideas on how to adhere to medications.

Help teens plan what to say when a friend asks they are taking medication.

Adherence ideas for boarding school:

- Put ART in a small plastic pharmacy bag instead of keeping the bottle.
- Put ART in bag used for toiletries.
- Change ART time to a convenient hour at school. This may require taking ART at a completely different time than you take it at home. That is ok. The routine is different, so the time needs to change.
  - Ensure that teens know that they can take medicine within three hours of their dosing time if they forget.
  - If the schedule is very complicated, the teens may need to adjust the schedule slightly to be sure to take the medication—perhaps 6:30 in the morning and 7 in the evening as an example.
- Keep ART supply (bottles or bags) in a safe place, maybe locked in the suitcase. Take out a week's supply at a time.
- Keep one dose with you at all times.
- Have a prepared story to tell curious children if they see you taking your medication.
- Consider saying, "It is for my heart problem or kidney problem or spleen." Always tell the same story.

The goal for HIV treatment is to make the length of time that ART is effective as long as possible by taking the ART at the prescribed dose at the appropriate times. Missing just **one to two doses of medication per week** will allow the virus to develop resistance most quickly, so the medications will no longer work to "put the virus to sleep."

Some teens will have problems adhering to ART despite all of your efforts. This can sometimes make counselors and medical staff feel angry and frustrated, which is a natural human response, but we cannot lose hope for these teens. Remember that teens WANT TO ADHERE TO THEIR MEDICATION and stay healthy. Often they have many life challenges that make adherence more difficult. Always review the different methods for good adherence and help teens think of new ways that can help them



remember their medicine. Refer teens to clinic or other resources in the community to address underlying problems that challenge them.

## Activity

### Adherence facts (Yes and No Questions)

**Time:** 45-60 minutes

**Supplies:** Adherence statement sheet (see statements below)

- Facilitator may provide incentives like sweets, pens, and pencils for the club members who give correct answers.

### Goals:

1. Answer important questions that participants have about adherence
2. Create a forum for peer-to-peer information-sharing and advice-giving
3. Teach participants critical information in a non-traditional format
4. Challenge participants to think deeply and make plans and strategies about adherence.

### Instructions:

1. Draw two big circles on the flipchart or chalkboard and label these circles YES and NO. Alternatively, the facilitator draws the circle on the floor. Find a way of designating one corner of the room a YES corner and the other a NO corner.
2. Explain the rules to the group:
  - The facilitator will read a statement aloud and teens will have 30 seconds to think about the answer.
  - There is no talking or consulting with friends during this time.
3. Start the game. The facilitator will say, "We are going to read some statements and it's your job to answer YES and NO to each question and explain your answer."
  - The facilitator will read one statement at a time (see the 18 statements listed below).
  - Teens will move to the sign that represents their answer.
  - One person each for the YES and the NO groups will be chosen to explain the answer.
  - Have the teens debate the different answers until they convince everyone to the correct answer. Support the discussion and only become involved if they need help convincing someone of the correct answer.

## Adherence Statements

1. **STATEMENT:** ART in Swaziland (current regimens and future regimens starting later in 2011) can be taken without food.  
**ANSWER:** YES: ART does not need food to work. ART can be taken *with or without* food. Do not SKIP DOSES because there is no food in the house. Take the ART. Good nutrition is important, but food at the time of taking ART is not necessary. **Also emphasize that ART can be taken while fasting.**
2. **STATEMENT:** It is important to take ART at the correct time.  
**ANSWER:** YES: You need to take ART at the time it is due, so it can work correctly.
3. **STATEMENT:** It is ok to share ART with other people because they don't have to wait so long at the hospital.  
**ANSWER:** NO. You should NOT share ART or any medication with other people.
4. **STATEMENT:** If I am 2 hours late for my medication, I should still take it?  
**ANSWER:** YES. This should not happen every day, but on the few days you forget and remember within 3 hours of your usual time, you can still take it. So if you usually take it at 6AM, then until 9AM you can still take it. If you notice that you are forgetting every day, then you need a new way to remember, or you should think about changing the time of your medicine to a time that's easier to remember.
5. **STATEMENT:** It is a good idea to carry one or two doses of ART with me at all times.  
**ANSWER:** YES: This is good planning to try to avoid missed doses if you forget or arrive home late. Some teens may disagree and say that others will find it and find out they are HIV-positive. Talk with them about how to disguise it in a plastic bag, instead of the ART bottle, or by putting it inside something else.
6. **STATEMENT:** HIV is the same as AIDS.  
**ANSWER:** NO. HIV is the virus that infects the body and kills the CD4 cells. AIDS is the condition that develops when HIV has destroyed the immune system and makes the immune system weak. When the immune system is weak, you fall sick and have many infections.
7. **STATEMENT:** Teenagers with HIV should not help at the house or at the school because they are sick.  
**ANSWER:** NO. Such special treatment is not needed when you are well. Most of the time, people with HIV are quite healthy and are able to work, study, and care for themselves and their families.
8. **STATEMENT:** Children with HIV should not study too much at school because they don't need to learn.  
**ANSWER:** No. When people take ART well, they stay well and will need a good job. Good jobs require a good education.
9. **STATEMENT:** A friend who is also taking ART can be a good reminder for you to take ART.  
**ANSWER:** YES. Knowing someone who also takes ART will help you to remind one another.
10. **STATEMENT:** If you usually get three bottles of ART from the clinic, but this month you only got two bottles, then you should quickly leave clinic before anyone notices, because now you have less medicine to take.  
**ANSWER:** No. Make sure you have all of the ART you were expecting and that all the bottles look ok before leaving the clinic! You need to always make sure you have everything you need to stay healthy.

11. **STATEMENT:** Young people with HIV can stay healthy, finish school, get jobs, marry, and have a family.  
**ANSWER:** YES. By taking good care of ourselves and of getting the ART we need, attending clinic, and taking ART correctly, we will keep the virus sleeping, and we can get on with our lives and do whatever we choose.
12. **STATEMENT:** If many people at home are taking ART, it is ok to take from any bottles.  
**ANSWER:** NO. Do not share bottles because the medication may be different and the number of pills or the strength of the medicine may be different. It is important to always take only your own medicine.
13. **STATEMENT:** At the clinic, the nurses do the pill count so they can give patients trouble.  
**ANSWER:** NO. Pill counts help us to know if you may be having difficulties in taking your medicine so we can help you solve the problem to make sure the virus stays asleep.
14. **STATEMENT:** CD4 tests tell how much virus is awake in the body.  
**ANSWER:** NO. CD4 tests count soldiers. Viral load tests give a measure of virus that is awake in the body.
15. **STATEMENT:** finishing LA therapy for malaria and finishing tuberculosis (TB) meds for six months is as important as taking ART correctly.  
**ANSWER:** YES. Malaria and TB are just as dangerous as HIV, and without treatment they can make you very sick; people can even die of untreated malaria or TB, so medication must be completed.
16. **STATEMENT:** Teenagers should be the only ones responsible for remembering their medication and not have any help.  
**ANSWER:** NO. We all need a support team to help us, because it's so difficult to remember ART all the time. Though teens often can remember many doses on their own, it is remembering *every* dose that is most important. We should all build a strong team to help us.
17. **STATEMENT:** It is a good idea to ask the nurse or doctor if the medication you receive from the pharmacy is different from what you expect.  
**ANSWER:** YES. Sometimes medications come in different packaging so it looks different, and sometimes people make mistakes. *So if you have a doubt, you must ask!*
18. **STATEMENT:** When you have vomited after taking ART and it is just within 30 minutes and you see the pills in your vomit, it's ok to take another dose.  
**ANSWER:** YES. If it is within 30 minutes, you should take another dose of ART, but if it is after 30 minutes, do NOT drink it again because the drug has already started working in your body.

**NOTE:** In the process of the activity, give the club members some incentives for giving out correct answers, such as sweets, pens, pencils, and rulers.

### Conclusion

- Daily adherence to treatment is **very important** to make sure the infection is controlled.
- Missing just **one to two doses of medication per week** will allow the virus to develop resistance most quickly, so the medications will no longer work to "put the virus to sleep."
- Adherence is taking your ART medication, at the right dose and at the right time, *every day*.

## Lesson 6: Disclosure of HIV-positive status

### Objectives:

At the end of this lesson, participants should know how to:

1. Decide the best time to disclose HIV status
2. Perceive that disclosure is a process
3. Apply recommendations when disclosing status
4. Decide to whom disclosure may be made
5. Prevent accidental disclosure.

How can you disclose your HIV status? Disclosure is a process.

### What is disclosure?

Disclosure is when one person tells another person about having HIV, or when a person is informed of their own status.

When discussing adolescents, we are often talking about two different situations with disclosure:

- Disclosure TO the adolescent: The process of telling a child or adolescent that they are infected with HIV.
- Disclosure BY the adolescent to others: The decision by an adolescent to reveal their HIV status to someone else (family, friends, sexual partners, and so on).

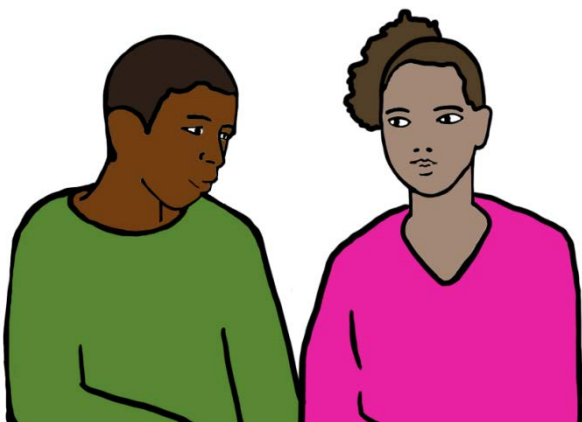
### Disclosure of one's HIV status: Introduction

The facilitator asks volunteers to tell the group how they got to know their HIV status. Listen to about four to five stories and tell participants that what follows is about how to decide to disclose one's status, and when to decide to do so.

### Disclosing your HIV status<sup>3</sup>

Deciding to disclose one's HIV status is a challenge faced by everyone living with HIV. Disclosure is not a one-time event; it is a lifelong process. It is up to *you* to decide with whom you want to share your status, when to tell them, and how much of your story you want to tell. When you are ready to disclose, remember that you are not alone. There are people who can support you.

### Why should I tell someone I am living with HIV?



Telling people you care about and who care about you can help them to support you and your health. It may remove the stress of keeping a secret, boost your self-esteem, and lead to healthier relationships, especially with your sexual partners, and also reduce the risk of spreading HIV.

### Who should I tell?

Before telling someone, ask yourself if that person is important enough in your life to know your status and be trusted to keep your confidence. It is important that

he or she is nonjudgmental and is going to be supportive of you. Remember, you do not have to tell everyone your entire story all at once.

---

<sup>3</sup> Adapted from aids.gov 2009, AIDSmeds 2010, Project Inform 2011.

If you are in a romantic relationship, you have to decide when to disclose. If you are engaged in sex, disclosing your status to your sexual partner can help you both make decisions to protect each other. Later, when you are older, if and when you and your partner want to have a baby, disclosure is very important to prevent the transmission of HIV to your children.

### How should I tell them?

Be sure you feel ready to tell the person you trust. It is okay to feel nervous, embarrassed, or even scared. Give yourself time to figure out when and where to tell them. Pick a place where you feel comfortable and have privacy. Stick to the facts about HIV. By educating yourself beforehand, you can be ready to answer their questions, and know where you can both seek additional support.

### What happens next after you have disclosed?

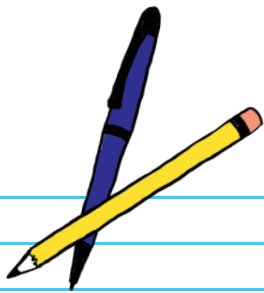
Everyone will react differently, but no matter what their response is, be proud of your decision! You are strong and a warrior! There are some risks associated with disclosure, like abandonment and violence. If you are afraid of how someone may react, or if someone has hurt or threatened you, talk to your health care or community care provider about protective services and/or support groups available to you. If you choose to disclose to a person who may become violent, disclose in the presence of someone else, such as your health care provider or someone else you trust who knows your status.

### Where can I get help?

It is important to remember you are not alone. There are people who can help support you at your clinic and in your community. Your health or community care provider can link you to a peer support group. Talking to other young people who have gone through this process will help you with your own disclosure.

### My Disclosure Journal<sup>4</sup>

Who knows my HIV status?



---

---

---

Why do I want to tell someone about my HIV status? Whom do I want to tell?

---

---

---

Why would I want to keep my HIV status private, to myself? Whom do I not want to tell?

---

---

---

---

<sup>4</sup> Adapted from Robinson et al. 2006.

What would I say if someone asked me about my HIV status?

---

---

---

How would I tell someone I have HIV?

---

---

---

Have I ever told anyone about my HIV status? What happened? What would I do next time?

---

---

---

What do I want to talk about only with my health care provider?

---

---

---

What do I want to talk about only with my family?

---

---

---

What do I want to talk about only with my peers/friends?

---

---

---

What do I want to keep to myself and not share with anyone?

---

---

---

Disclosure is one of the biggest challenges faced by teenagers. They have to decide who among their friends, family, and boy/girlfriends can be trusted to know their status. Teenagers want help to think of ways to identify who is trustworthy; practice how they would tell someone about their status, and be supported if the response isn't what they expect. As they begin to embark on romantic relationships, disclosure of their HIV status adds complexity to these new relationships.

#### Note:

- A debate was held in one of our Teen Clubs where the participants and adolescents stated clearly that they want to be involved in the discussions about whom to tell about their status.
- They also mentioned that it is their right to have a say in their care, and not let their parents and caregivers make decision for them.
- From the debate, it was clear that some participants are not very sure of their HIV status, because their parents did not tell them the truth about why they are taking the medication.

#### Possible BENEFITS of disclosure:

- Someone can help you remember your medication.
- You can talk freely with this person.
- You can keep people you love safe by telling sexual partners, making good decisions about your sexual life and, if you chose to have sex, always using condoms.

#### Possible CHALLENGES of disclosure:

- People may react in unexpected ways to the information.
- Someone may not be as trustworthy as you thought and might tell others about your status.
- People may discriminate against or stigmatize you.
- The person you tell may be trustworthy, but could accidentally disclose to someone else.

Summarize as follows:

#### Key points to remember

1. Use different techniques and watch out for clues to judge the trustworthiness of a friend or someone you would like to disclose your status to. For example:
  - Sharing a less important secret to see if the person can be trusted
  - Listening to what they say about HIV and people living with HIV.
2. After you disclose your status, there could be a number of different responses from your friends, or boy/girlfriends.

Your friend/boy or girlfriend could be:

  - Open, loving, and caring
  - Sad, disappointed, and worried
  - Violent
  - Untrustworthy and unable to keep this information to him/herself
  - In relationships, your boy/girlfriend may decide to leave the relationship.
3. You do not have to disclose alone. You can bring a friend or a family member who knows your status if you need help.
4. Disclosure makes discussions/negotiations about safer sex e.g. condom use easier for both partners in the relationship.
5. In all relationships with your friends, especially romantic and sexual relationships, deciding the right time to disclose is usually difficult. Late disclosure could make your boy/girlfriend feel betrayed.

Things to know as teens disclose to others:

- Remind teens that not everyone in authority is trustworthy.
- Help teens anticipate possible responses that may happen from different people, like a romantic partner, friend, facilitator, family, etc.

- Remind teens that like adults, children and teens have the right to keep their HIV status private and confidential.
- Emphasize that knowing someone else's HIV status is an honor and a privilege, and the person who knows the status must respect the other person's secret and trust.

It is important to remember that everyone has the right to keep his or her HIV status private and confidential. This includes children and adolescents. No one is forced to disclose his or her HIV status to another person. Children are not forced to disclose their status to schools, facilitators, or boarding schools.

*All people have the responsibility to keep themselves and others safe. Knowing your status, not touching other people's blood, and always having safe sex is everyone's responsibilities.*

Sometimes it is important to keep your HIV status a secret. Teenagers living with HIV need to be ready for questions about their medicine and have their response planned in advance so they are not taken off-guard. At boarding school, they may be asked by friends to share their medicine, and they should be ready to tell their friend something like, "No, sorry, I cannot share my medicine with you because it's for my heart condition. It wouldn't be good for you and I need it."

They should choose a medical condition that is rare and lifelong. For example, they should not choose asthma, because other children at the school may have asthma and may want some medicine to share in case they have an asthma attack. Also, they should not say something like "headache," because no one has a headache every day, and others will want to share when they have headache. They should also not choose TB, because many children know that TB medicine is taken for less than a year.

Also, if the teenager chooses to make up a lie, he/she must stick to it. They should not change medical problems every day, because that will raise suspicions and curiosity among peers. Certainly teenagers are generally not encouraged to lie, but this is one exception.

Teens should also understand that knowing someone else's HIV status is an honor and a privilege, and those who know must respect the other person's secret and trust. No one should ever threaten to disclose someone else's status. Teenagers and adults should all know that no matter how angry you are at someone, you cannot tell other people's status if you have been told in confidence. For example, if two girls who have HIV and know each other's status get into a fight at school, they cannot disclose one another's status to other people because they are angry. Disclosure of HIV status is very personal and confidential. If someone trusts you with that secret, you should be honored to be a trusted friend and always protect his or her confidentiality.

Sometimes even a well-considered decision to disclose does not go well as planned. It is important that teens recognize that unexpected responses are possible. Teens should think about the possible responses to some of the commonly asked question. This will allow ALHIV to also plan their response. They may need extra support if things do not go as planned. There is no correct answer about whom to disclose to or when to disclose. Also, there is no need to have all the answers when you are supporting ALHIV. Support them as they face the difficult task of making decisions about whom to disclose to and when to disclose. ALHIV want to know that they are not alone making this difficult decision about the disclosure of their status. They realize that there is no easy answer, but they can learn from and support one another.



## Activity

### Disclosure Talk Show

**Outcomes:** This activity can be used to:

1. Answer important questions that participants have about disclosure
2. Promote openness and discussion on certain areas of the topic that could be difficult to talk about
3. Create a forum for peer-to-peer information-sharing and advice-giving
4. Teach participants critical information in a non-traditional format.

**Description:** The talk show is modeled after popular talk shows on television, such as morning show. The audience is the participants and staff. A facilitator plays the role of host. There are a number of special guests, which could be either actual guests from outside the program, or participants from inside the program, depending on the topic and focus of the show.

The activity space is arranged so that the audience faces the stage where the guests are sitting. The host (facilitator) may decide to dress up in a special outfit for the show and have a prop for a microphone. The host introduces the special guests and then proceeds to interview them. The host will alternate between pre-prepared questions and questions from the audience. This format is a powerful medium for promoting openness, dialogue, and rich information-sharing. Participants can submit questions in advance or even during the show, without disclosing themselves, so that they can get their question asked without fear of embarrassment.

**Required materials:**

- List of pre-prepared questions and questions submitted by participants
- Chairs for the guests
- Microphone prop (make it out of paper)
- Optional: decorations markers, paper, tape.

**Preparations:**

1. Prior to the talk show, you must identify who your special guests will be and invite them to participate. Be sure to explain exactly what they will be doing. Review the most important or challenging questions you will be asking, and give the guests a chance to practice answering the questions in advance.
2. Before the show, the facilitator should explain what it is and what the topic will be. The entire group, including the guests, should be given a small piece of paper and a pen to write down any questions that they have before the show begins. Remind the group that they should NOT write their names on the paper, so that they can submit their questions anonymously. The facilitator should review these questions before the show starts. That way, the facilitator has time to prepare for the list of questions, and also to do research if specific information is needed to answer a question.
3. Prepare the questions on a sheet of paper or cards.
4. Make a poster that says "Talk Show" on it and hang behind the stage area.
5. Set up the activity space so that all participants are seated facing the stage area. Arrange a number of chairs (if possible) for the special guests to sit on.
6. The host may want to dress up in a fun outfit and have a microphone prop.

**Short guide to facilitating this activity:**

1. Get the audience excited with a big warm welcome for the host.
2. Introduce the Talk Show and its intended objectives. Make the following points:

- Our talk show is all about getting honest and real answers to important questions.
  - Our special guests have experience and stories to share. But so do you—our audience.
  - We will be asking questions of our guests, fielding questions from our audience, and even asking questions to our audience.
  - This is your chance to ask the question that has been hard to ask. Feel free to speak.
3. There may be questions that nobody is willing to answer at first. In these cases, you may have to ask some leading questions to get the conversation going. Alternatively, you might want to try to answer the question yourself. In this case, it is recommended to speak in terms of “what I’ve heard from other teenagers” as opposed to personal experience.
  4. This type of activity has the potential to open up some very serious topics and discussion for the participants. Toward the end of the activity, meet in small groups again for a brief discussion led by the Teen Leaders. These small group discussions are important to see what everyone is thinking/feeling and provide appropriate closure of the activity.
  5. There may be certain questions that require information you do not have during the show. Make a commitment to the group to research the answer and come back to them. Alternatively, ask for one or more volunteers from the support group members to search for the answer and report back to the group at the next meeting.
  6. It is recommended to supplement the list of questions you get directly from the participants with questions the staff create. Choose appropriate questions based on what you know about the group as well as what topics have been of particular interest to them, which will produce lively conversation.

IMPORTANT: Do not give advice in response to questions that are seeking advice. This activity is meant to empower participants, not to tell them what to do. As a role model, you can have a powerful impact on the participants’ behavior and potentially on their decisionmaking process. Remember, we are attempting to provide critical information for the participants to make more informed decisions. For example: *my boyfriend is pressuring me to have sex with him, should I?* Your job is not to answer the question, but to help the young people decide for themselves based on all the information they have learned and the group discussion.

#### How to use this activity with specific topics:

##### *Sample topic: Disclosure*

1. Seek out participants who have had both positive and negative experiences with disclosing their status.
2. This topic can also lead into valuable discussions about stigma.
3. Consider questions such as:
  - What is disclosure in our local language?
  - Why doesn’t everyone disclose their status to everyone else openly in our community?
  - Why do people choose to disclose their status?
  - Why is it important to disclose your status to others?
  - If we were considering disclosing our status, who are people we would consider disclosing to? Why?
  - How can you know if it’s good time to disclose one’s status to friends, boy/girlfriend, facilitator, other participants?
  - Why is disclosure potentially so challenging in our community/culture/country?
  - What are major concerns about disclosing your status to friends?
  - Has anyone had successful experience with disclosure that they want to share? What did you do to make it successful?

- How do you know when it's okay to tell a friend about your status?

Summarize by stating the importance of disclosure and touch on these points:

- Why should a person disclose?
- Disclosure is a process, not a one-time event.
- Disclosure improves your adherence in a way.
- Not adhering to your treatment will make you feel and look sick, and people will then know that you are HIV-positive even if you don't want them to.



# PART 2: PHYSICAL AND SOCIAL WELLBEING

## Unit 1: Hygiene, Nutrition, and Permaculture

### Lesson 1: Personal hygiene/self-care

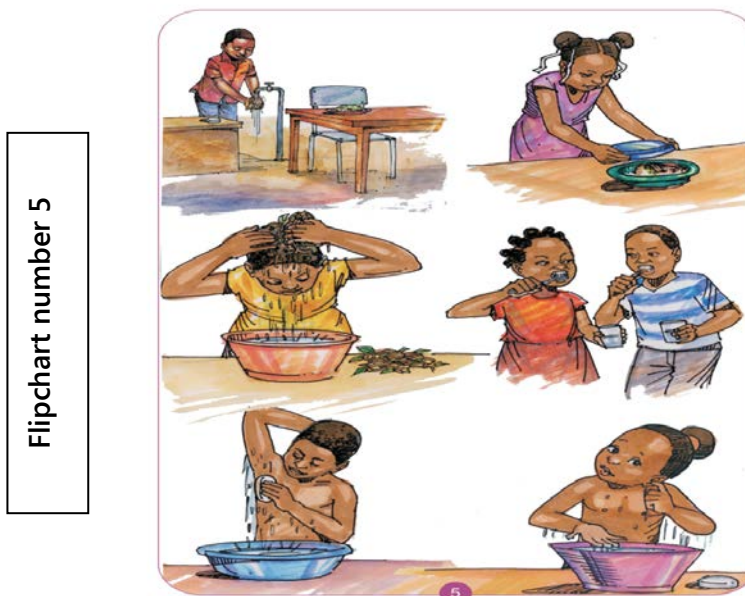
#### Objectives:

At the end of this lesson, participants should understand how to:

1. Take care of their bodies
2. Actively take care of their teeth
3. Maintain their clothes, particularly underclothes
4. Take care of their hair.

#### Introduction

- Get two volunteers (a boy and a girl) to demonstrate in turns how they take their bath at home.
- Let the group give them feedback on how they have done it.



Ask the group to look at the picture and discuss the scenes in the picture below (Flipchart 5).

Good **personal hygiene** is one of the most effective ways to protect ourselves, and others, from illness. This means washing your hands, especially, but also your body. Good habits can help control body odour and bad breath.

Keeping your body clean is an important part of keeping you healthy and helping you to feel good about yourself.



Caring about the way you look is important to your self-esteem. This topic gives you some ideas on looking your best. You don't need to wear the latest designer clothing to look good. There are other things you can do that are much more important for your "image."

## Smelling clean



Have you ever walked into a classroom full of kids when all the windows are closed?

According to the experts young kids may sweat but they don't start having body odour (BO) until they reach puberty. That's when special sweat glands under the arms and around the genitals roar into full production pouring out sweat, which smells!

### **OK, so what is the smell that is coming from the little kids?**

#### *Clothes*

Even if you're not heavily into sweating, clothes can get stained, dirty, and generally grubby, so you need to change them often.

Underclothes are right next to your skin and collect dead skin cells, sweat, and possibly other unmentionable stains. Overnight, bacteria start to work on these stains, so your clothes do not smell as nice on the second day of wearing.

Stay away from cigarette smoke, because the smell will get into your clothes and hair. Ask your family not to smoke in the house or the car.

If you have to wear a school uniform, then take it off as soon as you get home and hang it up to air before you wear it the next day.

### **Change underclothes often.**

#### *Shoes*

You spend a lot of time on your feet and your shoes are very close to the place where a very large collection of sweat glands live—your feet!

Sweat gets into your shoes, and then bacteria arrive, which love the moist leather or fabric so much that they tell all their friends to come round and party!

- If you have one pair of shoes for school, then try to get them off as soon as you get home so that they can be exposed to fresh air and dry out overnight. (As you get older, somewhere outside the house is a good place!)
- If you have more than one pair, then use them on alternate days to give them a better chance of drying out.
- **Keep your shoes clean by brushing, polishing, or washing.** They will look better, last longer, and be less likely to smell.

#### *Feet*

### **Wash your feet well at least once a day.**

Dry them carefully, especially between the toes. If the towel is too thick to get in between your little toes, then use a dry face washer (keep it for your feet only).

If you go swimming a lot or use public showers, you need to be particularly careful to wash your feet and dry them well. It is a good idea to wear thongs on your feet too. Lots of other people walk in bare

feet in these places, and you can easily pick up fungal infections or other problems for your feet, such as warts!

### Using "smell nice" products

If you are a bigger kid you may want, or feel you need, to start using a deodorant or anti-perspirant under your armpits. Some people have problems with perfumes, which can be a trigger for headaches, asthma, or hay fever, so don't spray them around in the washroom or change-room.

**Remember: nothing smells better than clean skin. Perfumes are not a good substitute for a shower or wash.**

You may want to use special innersoles in your shoes, which can be taken out and washed, making the shoes smell less.

You may want to use foot powder or talcum powder on your feet and inside your shoes. This can help too.

Most sneakers or running shoes will survive being washed by hand or even in the washing machine.

### *Hair*

The hair follicles (openings in the scalp that the hair grows from) produce oil which keeps the hair smooth. You also have sweat glands in your scalp, and dead skin cells come off the scalp. The oil, sweat, and dead cells all add together, and can make hair greasy and look dirty unless you wash it regularly.



To keep your hair clean:

- Wash regularly with shampoo or soap (cheap ones are often as good as very expensive ones).
- Massage your scalp well. This will remove dead skin cells, excess oil, and dirt.
- Rinse well with clear water.
- Conditioner is helpful if you have longer hair, since it makes the hair smoother and easier to comb, but hair doesn't need to have conditioner.
- Use a wide-toothed comb for wet hair, since it is easier to pull through.

### *Teeth*

- You should brush your teeth twice a day—after breakfast and before you go to bed.
- During the day, fill your mouth with water and swish it around to get rid of anything sticking to your teeth.

### Conclusion

A quote by Dr. Dlamini says:

"With a clean body, clean hair, clean clothes and shoes, you will feel good and your friends will be happy to be near you. Keep your fingernails and toenails short and clean too."

## Lesson 2: Nutrition (Eating well, Eating Disorders, non-communicable diseases)

**Objective:** At the end of the lesson, participants will be aware of:

1. The food groups
2. How the food groups function
3. Which types of food in Swaziland make up the food groups
4. The importance of eating well
5. Why good nutrition is important for HIV patients.



### Introduction

Ask participants to make comments on the picture above. If their comments do not include the following questions ask the participants to tell you the following:

- What are the boy and girl doing?
- Why do they have to do this?
- How many times is it ideal to eat a day?
- Write their responses on a flipchart or a chalkboard.

Reiterate the fact that it is important to eat a balanced diet that includes a variety of foods from all the food groups so that you get all the nutrients you need. Your body needs 45 nutrients to grow, have energy, and stay healthy.

The 45 nutrients we need in our diet are:

Carbohydrates (3 types)	Proteins (8 types)	Fats (3 types)
Minerals (14 types)	Vitamins (16 types)	Water

The types of food we eat are grouped according to their basic function in the body. By functions we mean the way the body uses food or the role that food plays in developing a healthy body. If we understand these functions, it is easier to plan a balanced diet; a diet that provides the body with all it needs to be healthy and to grow well. All we have to do is choose foods from each of the three basic food groups, and then we can be sure that a meal is balanced. In the lesson we will find out which foods belong to each group and how those foods are used in the body. We will also look at some examples of simple, balanced meals.

See the picture below.



## The Three Types of Food Groups

The picture has three groups of foods: body-building foods, energy-giving foods and protective foods.



### Body-building foods

Examples of body-building foods are meat, chicken, cheese milk, birds, grasshoppers, fish, eggs, beans, groundnuts, emanyamane, and tindhwa.

The functions of body-building foods

- Promoting growth
- Repairing damaged tissues
- Building up tissues
- Helping in the formation of strong bones and teeth.

### Energy-giving foods

Examples of energy-giving foods are mealie meal, wheat, potatoes, cassava, sorghum, sweet potatoes, rice, pasta, oil, butter, margarine, chocolate, honey, sugarcane, bread, cakes, biscuits, sweets, and emathapha.

The functions of energy-giving foods in the body are to:

- Provide the body with heat
- Give the body strength and power to work
- Prevent feelings of hunger (because these foods are digested slowly).

### Protective foods

Examples of protective foods are spinach, cabbage, pumpkin leaves, avocados, carrots, lettuce, tomatoes, oranges, lemons, pine apples, granadillas, imbuya, sibhadze, emahala, inshubaba, umdzayi, ligusha, chuchuza, emantulwa, tincozi, emanumbela, and umfofo.

The functions of protective foods in the body are to:

- Protect the body against infections and diseases
- Provide healthy skin, hair, and teeth

- Ensure growth and development
- Help the digestion, absorption, and release of energy from food
- Add bulk to the diet and thus prevent constipation.

### Activity

1. List the three basic food groups.
2. Name at least three examples of foods that belong to each group.
3. Explain the meaning of function of each group.

**Cut out pictures from magazines and glue them onto cards. Sort the pictures into the three basic food groups and then choose foods from each group to make balanced meals.**

Choosing our meals according to three food groups is the simplest way of achieving good nutrition. When the lesson was introduced, we identified the five essential nutrients, and two other substances that the human body needs. The picture below shows us the types of food we need to eat to obtain the various nutrients, while the table that follows shows details about the essential nutrients every person needs to stay healthy.



Nutrient sources and functions in the human body

Nutrient	Source	Function
<b>Proteins</b>	From animals: meat, chicken, fish, milk, cheese, eggs, grasshoppers, tihlwa (flying ants) and emanyane (caterpillars). Plants: beans (jugo beans and soya beans), peas, nuts (peanuts and pecan nuts), umngomeni (mung beans), and tinhlumaya (cow peas).	Make new tissues so that the body can grow and replace dead cells. Repair tissues which are damaged through illness or accidents. Provide energy when there is not enough fat or carbohydrate in the diet.
<b>Carbohydrates</b>	Mealie meal, rice, cassava, sorghum, potatoes, sweet potatoes, pasta, emathapha, sugar, honey, jam, chocolate, sugarcane, bread, cakes, biscuits, and sweets.	Supply the body with heat and energy. Satisfy hunger because they are bulky and cheap. Maintain the correct glucose level in the blood.

Nutrient	Source	Function
<b>Fats</b>	<p>Sources of this nutrient are fats and oils. Fats are solid at room temperature but melt into liquid when heated. Oils are already liquid at room temperature. Both fats oils are found in a number of plant and animal foods:</p> <p>Animal sources: butter, lard, dripping, egg yolk, milk, cream. Cheese, oily fish, and fatty meat.</p> <p>Plant sources: margarine, groundnuts, peanut butter, palm oil, coconut oil, sunflower oil, and avocados.</p>	<p>Provide the body with energy (they are a more concentrated energy source than carbohydrates).</p> <p>Keep the body warm by forming layers under the skin that keep in body heat.</p> <p>Prevent feelings of hunger because they are digested slowly.</p>
<b>Vitamins</b>		
<b>Vitamin A</b>	Oily fish, egg yolk, milk, cheese, liver, kidney, green leafy vegetables, carrots, pawpaw, watermelon, tomatoes, mangoes.	Aids growth and development. Helps to keep the cornea of the eye healthy.
<b>Vitamin B1 (Thiamine)</b>	Bread, whole-wheat flour, whole-wheat cereals, meat (offal, pork), potatoes, milk, eggs, yeast, marmite, vegetables, and fruit.	Aids the continuous release of energy from carbohydrates. Help the normal functioning of the nervous system. Helps to stimulate the appetite. Aids the continuous release of energy from carbohydrates. Help the normal functioning of the nervous system. Helps to stimulate the appetite.
<b>Vitamin B2 (Riboflavin)</b>	Cheese, egg yolk, offal, Marmite, yeast, dark green vegetables (okra, spinach, chuchuza, sibhadze, and umdzayi).	Helps the body use carbohydrate in the production of energy. Helps to keep the skin and eyes healthy.
<b>Vitamin B3 (Niacin)</b>	Whole-wheat cereals, bread, yeast, Marmite and meat (offal, pork).	Aids the release of energy in food.
<b>Vitamin C (Ascorbic Acid)</b>	Citrus fruits (oranges, lemons, grapefruits, limes), guavas, pawpaw, pineapples, tomatoes, green leafy vegetables (eaten raw), lettuce, cabbage, and spinach.	Helps to prevent infection. Keep blood capillaries, bones, and teeth healthy. Helps wounds heal.
<b>Vitamin D (Calciferol)</b>	Oily fish, butter, margarine, eggs, milk, cheese, and sunshine.	Makes teeth and bones stronger.
<b>Vitamin E (Tocopherol)</b>	Wheat-germ oil, green vegetables, and peanuts.	Prevents weakening and rupture of the walls of red blood cells.
<b>Vitamin K (Menaptone)</b>	Liver and leafy green vegetables such as lettuce, cabbage, and spinach	Helps blood to coagulate and prevents excessive bleeding and bruising.
<b>Minerals</b>	Generally, minerals are needed to build bones teeth, and to regulate and control the composition and balance of all body fluids. They form part of every cell in the body, such as muscle cells, liver cells and brain cells.	The body needs several different minerals in small quantities, and each has a special role to play in the body.
<b>Calcium</b>	Milk (fresh, evaporated and dried), yoghurt, cheese, eggs, white fish, canned fish, green vegetables and cereals.	Calcium is vital for the development of healthy bones and teeth. Helps the working of muscles and the normal clotting of the

Nutrient	Source	Function
		blood.
<b>Phosphorus</b>	Main sources: Eggs, milk, cheese, white fish, beef, cabbage, potatoes, white bread, whole-wheat bread, Marmite and peanuts.	Combines with calcium to build strong, healthy teeth and bones. Keeps fluids regular. Helps to produce energy from food.
<b>Iron</b>	Red meat, liver, kidney, corned meat, milk, egg yolk, spinach, raisins and other dried fruit ( prunes, apricots), cocoa and chocolate.	Needed for the formation of red blood cells (hemoglobin).
<b>Iodine</b>	Seafood (fish, shellfish), drinking water and iodized salt.	Vital for the correct functioning of the thyroid gland, which is found at the front of the neck.
<b>Sodium (Salt)</b>	Salt and any food containing salts.	Helps keep body fluids regular.
<b>Chlorine</b>	Common salt.	Prevents muscle cramps, helps with the formation of gastric juice.
<b>Fluorine</b>	Tap water, tea, and seafood.	Builds strong teeth, helps prevent dental decay.
<b>Water</b>	The sources of water are drinks (water, tea, coffee, cool drinks, milk, fruit juices), soup, fruits (watermelons, oranges, lemons), and leafy green vegetables.	Builds body tissues. Brings about chemical changes in the body. Removes waste substances from the body. Helps with the digestion, absorption, and release of energy from food. Regulates body temperature Helps with the flow of all body fluids, such as blood. One of the main constituents of body cells.
<b>Cellulose</b>	Cellulose makes up the structural framework of vegetables, fruits (skins and pips) and cereal grains (including the cell walls that cover starch grains), and is found in beans, peas and nuts.	Help food move down the digestive tract and in this way prevent constipation Provide bulk which delays hunger.

### HIV and AIDS and Nutrition

HIV attacks the immune system. In the early stages of infection a person shows no visible signs of illness, but later many of the signs of AIDS will become apparent, including weight loss, fever, diarrhea, and opportunistic infections (such as sore throat and TB).

Thus, keeping a good nutritional status is very important from the time a person is infected with HIV. Nutrition education at this early stage gives the person a chance to build up healthy eating habits and to take action to improve food security in the home, particularly as regards the cultivation, storage, and cooking of food.

Good nutrition is also vital to help maintain the health and quality of life of the person whose HIV infection has progressed to AIDS. Damage to the immune system from HIV infection leads to other consequences, such as infections that cause symptoms like fever and diarrhea. These infections can lower food intake because they both reduce appetite and interfere with the body's ability to absorb food. As a result, the person becomes malnourished, loses weight, and is weakened.

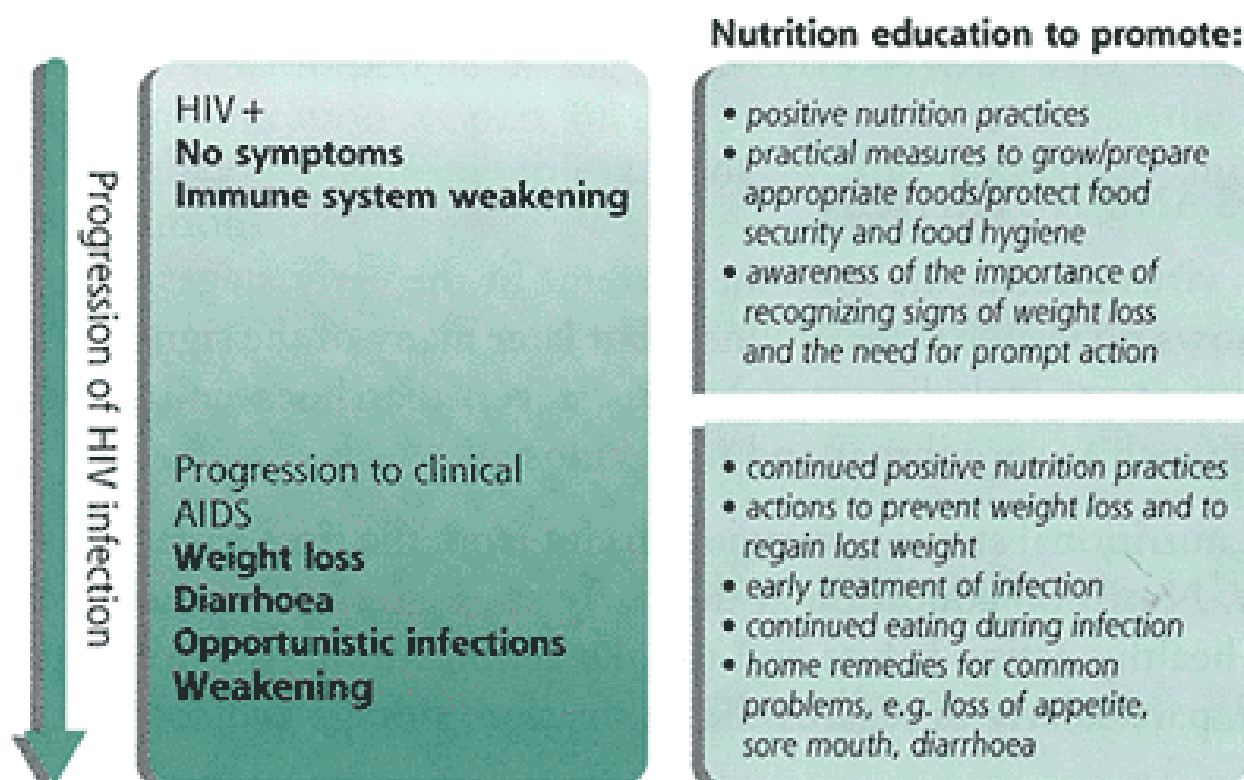
One of the possible signs of the onset of clinical AIDS is a weight loss of about 6–7 kg for an average adult. When a person is already underweight, a further weight loss can have serious effects. A healthy

and balanced diet, early treatment of infection, and proper nutritional recovery after infection can reduce this weight loss and diminish the impact of future infection.

Those on medication need to be especially careful. For example, a person may be receiving treatment for the opportunistic infections and also perhaps combination therapy for HIV. These treatments and medicines may influence eating and nutrition. Good nutrition will reinforce the effect of the drugs taken.

When nutritional needs are not met, recovery from an illness will take longer. During this period, the family will have the burden of caring for the sick person, paying for health care, and absorbing the loss of earnings while the ill person is unable to work. Good nutrition can speed recovery. Also, it can help to extend the period when the person with HIV and AIDS is well and working. The picture below shows nutrition strategies for different stages of HIV infection.

### The Role of Nutrition Education as HIV Infection Develops



### Healthy and balanced nutrition is important for people living with HIV and AIDS

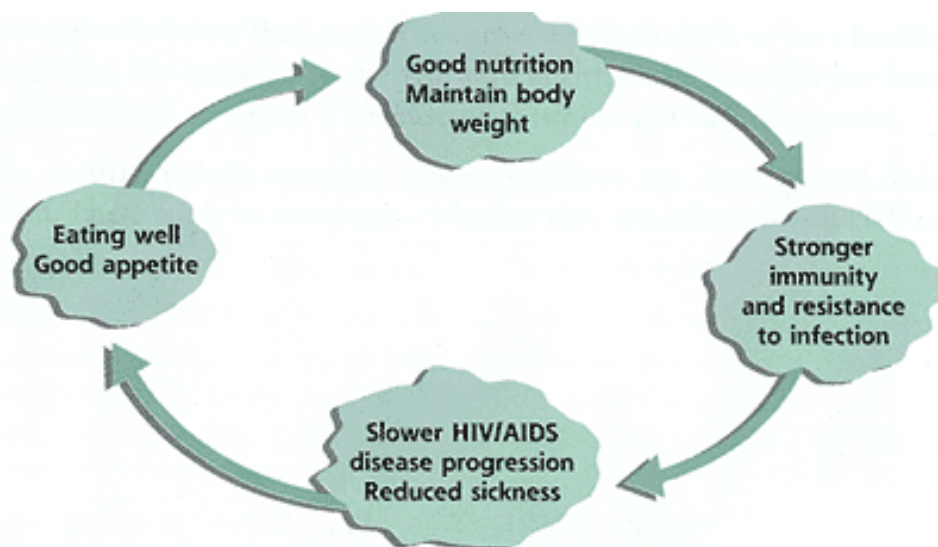
Nutritional care and support promote wellbeing, self-esteem, and a positive attitude toward life for people living with HIV and AIDS and their families.

Healthy and balanced nutrition should be one of the goals of counseling and care for people at all stages of HIV infection. An effective program of nutritional care and support will improve the quality of life of people living with HIV and AIDS, by:

- Maintaining body weight and strength
- Replacing lost vitamins and minerals
- Improving the function of the immune system and the body's ability to fight infection
- Improving response to treatment
- Keeping HIV-positive people active, allowing them to take care of themselves, their family and children.
- Keeping HIV-positive people productive, able to work, grow food, and contribute to the income of their families. (See the picture on the following page.)



## Relationship between Good Nutrition and HIV and AIDS



Source: Adapted from Piwoz and Prebel 2000.

### Activity

1. Match the minerals in List A with their main sources in List B

List A	List B
Iron	Salt and all salted foods
Calcium	Seafood, iodized salt, and drinking water
Iodine	Offal, red meat, green vegetables, and dried fruit
Sodium	Milk, cheese, canned fish, and green vegetables
Phosphorus	Tap water, tea, and seafood.
Fluorine	Eggs, milk, cheese, white fish, beef, cabbage, potatoes, white bread, whole-wheat bread, Marmite, and peanuts

2. Form two groups and let each group undertake this activity. The group chooses a leader who presents their plan.

During the lesson we talked about balanced meals, using the three food groups to guide us. Plan a balanced lunch, making sure that all the nutrients are provided in the meal.

### Conclusion

Foods are divided into three basic groups: body building, energy-giving, and protective foods. By choosing foods from each of these groups, we can plan a balanced meal and ensure that we maintain a balanced diet. The body needs all five different nutrients (carbohydrates, proteins, fats, vitamins, and minerals), as well as water and cellulose, because each substance is required for one or more different special functions. These seven substances are found in a wide range of foods. To make sure we get all the nutrients our bodies need, we should eat a varied diet—one that includes many different types of food.

## Lesson 3: Permaculture

### Objectives:

1. Learn to make use of own resources to grow food
2. Create food security.

Permaculture is a way of living that makes the most use of our resources, such as soil, water, energy, plants, animals, and other resources. Permaculture can help you in many ways but here we'll concentrate on food. This approach grows food more efficiently than today's conventional farm work. It aims to provide a "permanent" food source by making good use of all spaces, both horizontal and vertical, above and below ground.

Permaculture can help you to provide your own healthy food for a low price. Eating healthy does not require a lot of money, but does take some planning. Many foods are stigmatized because they are locally grown, but many of these foods are actually very good, even better, for our bodies than the foreign varieties that we buy. Many processed sweets and treats (crisps, cheese puffs, buns, chips, biscuits etc.) are not nutritious for our bodies. Growing food at home saves money and improves health. Permaculture gardens also provide a model to other people on how to improve their lives and health in a simple way. When neighbors see how much food you are harvesting for yourself, they may be interested to help themselves in this way too.

How to get started. Talk about easy ways to get started that do not require much, if any, money.

- Most things that you eat have seeds inside which you can use to grow a new plant. Tomato plants are a good example. A few seeds in the soil can produce many small tomato seedlings in just a few days. Pumpkins and beans are the same.
- Fertilizer can be made in your garden by piling up or digging a hole and layering anything organic (from nature) such as kitchen scraps, crop residues, trimmings from plants or trees, soil, leaves, grass, manure, etc. This will create an organic fertilizer, called compost, that has a wider variety of nutrients than store-bought inorganic fertilizers. Compost is better than inorganic fertilizers, because it feeds and repairs the soil, strengthening the microorganisms, so that plants can grow healthy on it. Compost is also free and holds water so the plants can drink for longer than without compost. Fertilizer isn't as good as compost; it only feeds the plants, but harms microorganisms, is expensive, requires fossil fuels (oil) to make, and damages the soil so that it is more prone to droughts and floods.
- Annual crops like maize must be planted anew each year. This can be difficult, takes a lot of time, and doesn't always produce the most nutritious food. Foods like maize, cabbage, and Irish potatoes are tough on the land because they require many nutrients from the soil, and they must be replanted each season (annuals). Planting an assortment of crops makes it easier to have food available year round. Inter-planting with legumes (plants such as peas and beans) that provide the soil with nitrogen) help to feed the soil.
- Perennial crops are good to plant because they produce food year after year. Beans are a legume and also a perennial vine that can grow on your wall, up trees, or in fields for many years. Other vegetables and fruits are easy to grow; and very little space is needed to grow a small garden of indigenous varieties such as eggplants, pigeon peas, papayas, or cassava.
- Animals require more care and responsibility. Some organizations in the area help people learn to raise small animals and support them. Encourage teens to investigate opportunities in their area. Animals, like legumes, can be helpful to provide nitrogen (from manure) for the soil, as well as nitrogen (from protein) for us!

### Accessing nutritious food

Sometimes people say that it is too expensive to eat nutritious food. But often it is less expensive if nutritious foods at home are used and money is not wasted on soft drinks and biscuits. Teens should be able to:

- Name some snacks from the market that are both healthy and available to them for the cost of a pack of biscuits, bananas, ground nuts, avocados, mangos, and so on.
- List foods that participants can avoid, and replace other foods (like chips, crisps) as healthier options. List sources of protein that are inexpensive—beans, soya, groundnuts, eggs, insects, etc.
- Plan a few foods they would be able to grow at home: beans, tomatoes, pumpkins, spinach.
- It isn't just about what we eat but what we choose NOT to eat. Avoiding regular sugar drinks or chips can also help keep us healthy. Teens should be able to talk about what things they can stop eating, or eat less often, to make room for healthier foods in their diet—and to save money.

### Conclusion

Maize is just one of many foods. Since we already learned that we need to eat a variety of foods, missing only one does not mean we cannot continue eating well. Food security in Swaziland is an issue everyone can relate to. The conventional agriculture industry tries to grow food for the whole year in just a few months. This does not have to be, and we can change to a new unconventional, healthy agriculture! Many foods can grow all year long because of the type of climate Swaziland enjoys in some places. Growing and eating local foods is a very wise thing for personal health, not only for food security. It provides a model that other people can copy to improve their own health.

## Unit 2: Life Skills

### Lesson 1: Kinds of life skills

**Objectives:** After this lesson, participants should be able to:

1. Identify the different types of life skills
2. Classify the different life skills.

### Introduction

Write the WHO definition of life skills on a chalkboard or a flipchart. And ask the participants to translate the definition in siSwati. Ask some of the participants to write their siSwati definition on the chalkboard or flipchart. With the whole group, analyse what life skills involve.

What are life skills?

*"Life skills are abilities that help us to adapt and behave positively so that we can deal effectively with the challenges of everyday life." (WHO)*

Life skills can be classified this way:

- **Life skills:** Decision making, goal-setting, problem-solving, coping with stress, coping with emotions, negotiating, friendship, interpersonal relationships, empathy (concern for others), critical thinking, creative thinking, resisting peer pressure, assertiveness
- **Livelihood skills:** Time management, getting a job, interview, computer skills, cooking, driving
- **Learning skills:** Reading, reporting, numeracy
- **Technical/health skills:** Cleaning teeth, using condoms, managing road safety, giving oral rehydration
- **Outcomes of life skills:** Teamwork, self-esteem, learning from each other, confidence.



The most important life skills are grouped into five related areas. They are called the core skills: see the list in the table below.

#### Five Core Life Skills and Examples of Life Skills Activities

Life Skill	Example of Skill Activity
<b>Decision making and problem-solving</b>	A group of children decide with the educator to give up smoking and help others do the same. They set goals to encourage themselves and each other and try to think what problems and benefits may come about once they stop. A group of older boys shout at and threaten two girls. The girls have to work out whose help to seek if this happens again.
<b>Critical thinking and creative thinking</b>	A girl is able to assess the risks involved in accepting an invitation from a male stranger for a lift across the town. A young person is able to think about different future job options and to consider how to work toward these options.
<b>Communication and interpersonal relationships</b>	A child is able to discuss problems with parents or an appropriate adult. A child is able to resist peer pressure when his friends ridicule his refusal to drink alcohol.
<b>Self-awareness and empathy</b>	A young woman develops an awareness of her sexual feeling and how these feelings can "take over" sensible decisions. This awareness helps her avoid situations where she might risk unsafe sex. A group of children think about how they can help a disabled child who is alone a lot.
<b>Coping with stress and emotion</b>	A child learns how to cope with the conflicting pressures of needing to work and wanting to study. A boy learns to cope with the anger he feels toward his abusive father.

#### Conclusion

Life skills are abilities that help us to adapt and behave positively so that we can deal effectively with the challenges of everyday life. This is important for all ages.

Critical and creative thinking to solve challenges and cope with emotions and stress is important every day.

## Lesson 2: Gender-based violence

### Objectives:

After the lesson, participants should be able to:

1. Identify types of violence that are gender-based
2. Discover how the United Nations regards violence
3. List the types of gender-based violence common in Swaziland
4. Name and be able to contact the agencies that deal with gender-based violence in Swaziland.

### Introduction

Before the lesson, the facilitator looks for a copy of the *Times of Swaziland* or the *Observer* and cuts out a story on the maltreatment of a woman. It could be battery, assault, murder, rape, or another kind of abuse. Discuss the story with participants. Bring out the aspects of the story that are not good. Then proceed to discuss the topic.

The world we live in is characterized by violence against women. This is present in many forms all over the world. There are types of violence like wife battering, sexual assault and abuse, female genital mutilation, and rape, in war and peacetime. Gender-based violence is the fate of millions of women all over the world and these are affecting their productivity both in the homes, communities and places of work.

### Concept of gender-based violence

The UN General Assembly made a declaration on the elimination of violence against women in 1993. In adopting the 1993 declaration on the elimination of violence against women, the UN defined gender-based violence as "Any act of violence that results in physical, sexual, or psychological harm or suffering to women; including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life."

Women are vulnerable to this violence at all stages of life. They are threatened by female infanticide, incest, child prostitution, rape, partner violence, psychological abuse, sexual harassment and harmful traditional practices such as forced marriage.

There are different types of gender-based violence, which occur at different levels like within the family and community.

- Domestic violence, which typically occurs when a man beats his female partner, is the most prevalent form of gender-based violence and this occurs within the families and inside the homes.
- Violence against women within the general community includes battery, rape, and sexual assault, forced treatments and the exploitation and commercialization of women's bodies.

Gender-based violence (GBV) occurs all over the world regardless of income, class, or culture. It would be difficult to find one woman who at one time or the other in her lifetime had not been afraid merely because she was a woman. People who are displaced, migrants, refugees, or those living under foreign occupation can also be the victims of GBV.

GBV affects both the physical and psychological part of a person, thus it can affect the way people interact with others in the future.

### Levels of gender-based violence

The facilitator discusses the three levels of GBV with participants. These are the home or family level, the community level, and the state level.

- *Violence within the home:* domestic violence is the most common form of GBV. It occurs when a man beats his female partner. Psychological abuse always accompanies physical abuse, and the majority of women abused by their partners are abused many times. The facilitator asks the participants if they know of cases in homes in their communities. They give instances.
- *Violence against women within the general community:* Types of physical, sexual, and psychological violence occurring within the general community include battery, rape, sexual assault, sexual harassment, and intimidation in school or at work. The facilitator asks the participants to give instances. In Swaziland, the most common instance of community GBV when some drunk men harass women on the bus.
- *Violence against women perpetrated by the state:* Physical, sexual, and psychological violence are too often tolerated by some countries that prioritize custom or tradition over the respect of fundamental freedom. In some countries, the rise of religious fundamentalism is extremely disturbing as regards women's right to their economic autonomy and their freedom of choice. Give the example of north-eastern Nigeria, where Boko Haram abducted a number of girls from a secondary school.

### Types of gender-based violence

- *Commercial sexual exploitation:* In some developing countries,, girls are made to prostitute under the guise of sex tourism. Sex tourism, according to UNICEF, happens when rich men from developed countries travel on holiday to places like Brazil, the Dominican Republic, and Thailand to have sexual dealings with children of between 13 and 15 years. This act is a violation of the legal rights of children, and it is a real violence against women.
- *Rape:* Forcing anyone into sexual intercourse against her or his will is rape. It is a violent, terrifying, and humiliating assault. Rape is a common form of GBV. Most rapists are known by those they attack, and they are often the victim's father, partner, neighbor, a date, or another household figure. Rape is considered a crime against a person. In some societies, like India, the rape of a girl is thought to bring shame on her family. The family may consider marrying the girls to her rapist as the only way to recover her honor. In some cases, the girl is condemned to prostitution.
- *Female genital cutting or female genital mutilation:* Female genital cutting (FGC) is a traditional practice that involves cutting or altering the female genitalia as a rite of passage or for other socio-cultural reasons FGC is practiced in 28 African countries and in about 20 Middle Eastern and Asian nations.

The practice, according to doctors, can also be associated with the spread of the HIV virus through cuts and abrasions in scar tissue left by the cutting, during intercourse and childbirth. It is also associated with lack of orgasm or sexual gratification, and with depression.

### Causes of gender-based violence

The causes of GBV are many and varied, depending on the types of violence. Traditional attitudes toward women around the world help continue the violence. In places where women are seen as subordinate to men, GBV is common.

Financial insecurity is another cause of GBV. Still another cause is the image created by society in which a man is viewed as being strong, educated, creative, and clever, while a woman is the opposite of all these traits. The way parents bring up their children, which create disparity between boys and girls, also is a source of GBV in later life. When a boy grows up knowing that he is not supposed to wash his own clothes, cook, or help in the house, and marries a woman who comes from a home where duties are equally shared between girls and boys, this can create tension that might lead to violence.

### Effects of gender-based violence

Gender-based violence can affect those who experience it for a long time. The effects of GBV pose danger to a woman's reproductive health. A woman who experiences domestic violence and lives in an abusive relationship with her partner may be forced to become pregnant or have an abortion against her will; or her partner may knowingly expose her to a STI.

A child who has undergone or witnessed violence may become withdrawn, anxious, or depressed on one hand; on the other hand, the child may become aggressive and exert control over younger siblings.

Boys usually carry out the aggressive form of behavior and as adults, may beat their spouses. Young people are especially at risk and this can have lasting consequences for their sexual and productive health. The costs can include unwanted pregnancies, STIs, physical injury, and trauma.

Participants at the 1995 Fourth World Conference on Women in Beijing adopted a platform for action, which declares that "violence against women is an obstacle to the achievement of the objective of equality, development and peace."

In Swaziland it is known that GBV occurs often and the government is concerned about it. Local agencies like the Swaziland Action Group Against Abuse (SWAGAA) and the police are actively fighting it.

### Conclusion

Gender-based violence is against the law. There are different types of GBV and these can occur from within a family and even within community. Domestic violence, violence in the community like battery, rape and exploitation and commercialization of women's bodies are examples of GBV. Gender-based violence can happen to anyone irrespective of income, class, or culture. In cases of GBV, the police, SWAGAA, and other organizations can be of assistance.

## Lesson 3: Communication

### Objectives:

By the end of the lesson, participants should:

1. Understand what communication involves
2. Develop the skill of communicating in a proper manner
3. Understand nonverbal communication cues
4. Respect the opinions, and beliefs of other people.

Keys to good communication:

- Listening carefully when another person is speaking
- Trying to understand what the other person is saying
- Saying "excuse me" before interrupting
- Making eye contact with speaker
- Paying attention to what you are saying with your body language
- Saying what you mean: for example, do not agree to do something if you know that you cannot do it or will not do it
- Speaking respectfully
- Remembering that everyone has a right to his or her own opinion
- Asking questions that bring answers other than "yes" and "no." Ask, "What kinds of music do you like?" NOT "Do you like reggae?"

The facilitator informs participants that communication skills are critical to a successful life. Teens who are able to effectively communicate with their peers and their elders normally have successful family relationships, school, and/or work performance, relationships with their peers, and interactions with their health care providers.

### Communication between adults and teens

The facilitator discusses with the participants the observation that teens often do not have enough life experience to practice and improve their communication skills. They can be intimidated by adults and afraid to ask questions that might seem silly or childish. Teens may also be afraid that adults will just tell them what to do without listening to what they want or what they have considered. Teens also like to act as if they know more than they do in front of their friends. Adults can help teens develop their communication skills by modelling good communication and showing that it is okay to ask questions. Adults who interact with teens have a good opportunity to shape communication behavior during day-to-day interactions.

Teens want to be treated like adults and not like children. They do not want to be told what to do.

This is often challenging for health care workers and for parents, who often still see teens as children and want to tell them the "right" thing to do to keep the teen safe and healthy.

Often, communication with teens can become confrontational or adversarial, like a fight or disagreement. This should be avoided. You don't want to play power games with teens because at this stage developmentally, they are pushing their limits. Teens still need guidance from adults in their lives, but they desire independence. Frame questions and challenges in such a way that they don't have to be "wrong" or "give in." Make decision making a more cooperative process. Remember that it isn't about winning or being right.

Teens should practice communication with adults about important issues through role-plays or drama. Being able to talk to adults, without fear, will boost self-esteem and confidence.

### Communication between teens

Teens often have a hard time seeing perspectives that are not their own. Help teens learn to see and respect others' opinions by role-playing. In a non-threatening environment like Teen Club, teens can practice communicating a strong opinion to another teen. Then have them switch sides and argue the opposite side. They can rehearse any simple communication.

This is a good opportunity to practice how to respond to surprising reactions. Teens can practice how to respond to questions about their status or their medication, or rude comments they encounter from other teens. They can also practice what they will do if someone has an unexpected reaction when disclosing their status to someone else. Encourage teens to state their opinions and feelings directly and clearly in a non-confrontational manner. This can be done by having them listen to the other person without interrupting and responding with "I" statements rather than "You" statements. For example: "I feel that people living with HIV have the same rights as all people and should not be stigmatized" rather than "You always treat people with HIV differently." This can avoid putting anyone in a defensive position.

Any teamwork activities that involve cooperation are good opportunities to practice effective communication.

## Conclusion

Effective and respectful communication as peers or with elders will ensure better relationships in the family, at school and/or work, and with the health care providers. Listening and body language are important our day-to-day communication and interactions with others and their communication with us.

## Lesson 4: Independence

(Independence encompasses confidence, self-esteem, dealing with peer pressure- alcohol and substance abuse, and social and cultural events.)

### Objective:

By the end of the lesson, participants should understand:

1. What it means to think independently
2. How to act independently
3. How to respect others' freedom and why this is important.

### Activity

The facilitator informs participants that this lesson is mostly activities. This is because this topic deals with attitude and understanding and how to exercise independence needs practice. The facilitator decides on the activity he or she likes.

#### Activity 1. Icebreaker/Name Game (10 minutes)

The goal is for everyone in the group to learn each other's names. For example, you can do the "Names and Adjectives" icebreaker: Participants must think of an adjective to describe a personal attribute or how they are feeling. The adjective must start with the first letter of their name, for example, "I'm Temave and I'm Tired" or "I'm Wame and I'm Wonderful." As they say this, they can also mime an action that describes the adjective.

If you would like to do a different icebreaker, please do so.

#### Activity 2. Friendship Activity (20 minutes)

**STEP ONE:** Ask the teens to think of a person whom they consider a good friend or even a best friend. Ask each teen to answer the following question aloud, trying not to repeat the same quality twice:

"\_\_\_\_(Name)\_\_\_\_is my good friend because he/she is \_\_\_\_ (Quality)\_\_\_\_"

- Write all the qualities mentioned on a piece of flipchart paper.

**STEP TWO:** Give the teens the following task:

- Work together to list (and agree on) five qualities wanted in a close friend. Rank the qualities from "1" for the most important to "5" for the least important.

**STEP THREE:** Hold a discussion using the following guidelines:

1. Was it easy or difficult to decide on which five qualities were most important? Why?
2. How did your group decide which quality was most important?
3. Was there much disagreement?
4. What were some of the other choices in your group?
5. Which qualities are especially difficult to find in a friend?
6. What desirable qualities do you bring to a friendship?
7. What qualities would you like to develop in the future?

### Activity 3. Peer Pressure Role-Plays (80 minutes)

**STEP ONE:** Facilitator reads scenario to group:

*Group 1:* A boyfriend and his girlfriend are together. The girl is HIV-positive and has disclosed her status to her HIV-negative boyfriend. The boy is afraid that if he and his girlfriend don't have a child together they will never be seen as adults, and pressures his girlfriend to have unprotected sex with him. The girl has decided for herself that she doesn't want to risk exposing her partner or potential child to HIV. Perform a role-play showing this situation and how the girlfriend can respond to the pressure from her boyfriend.

*Group 2:* A group of secondary school participants are at a club. They are dancing and having a really good time together. One of the participants takes out some alcohol from under his or her jacket. He or she starts drinking and tries to get others to drink too. He or she says that there is more to drink outside and tries to pressure others to join him or her in drinking. Some of the participants agree. Show how the other(s) who do not want to drink alcohol could handle this situation.

*Group 3:* Some friends are chatting outside. One of their friends comes up to them and joins them. After a few minutes, this person takes out some *insangu* (a.k.a., dagga, marijuana, cannabis, zole) and lights it up. He or she asks the others to join him or her. They all resist for a while, but then some of the group members also smoke. One person refuses to smoke. Now, the group pressures this person to join them. Show what the person should do to resist this peer pressure.

*Group 4:* A group of friends are hanging out near the shops. They are talking about how bored they are. One of them suggests that they go into one of the shops and steal some sweets. Some of the friends agree and are excited about doing something on this boring day! As the group walks to the shop, one of them is really afraid and does not want to participate in stealing from the store. Create a role-play showing what this person might do to resist the peer pressure.

*Group 5:* Two friends are living with each other in the same house at SOS Children's Village and both of them are taking ARVs. One of the friends decides that it is not necessary to take his/her medications since he/she feels healthy and strong. This friend then tries to get the other friend to spit out the pills with him/her when their house mother is not looking. Create a role-play showing how the other friend can resist his/her friend's peer pressure.

*Group 6:* There's a girl at school who has a sugar daddy and is always boasting about having new clothes and a lot of airtime. One day, the girl with a sugar daddy tries to hook up her best friend with one of her sugar daddy's guy friends. Even though the best friend wishes she had all the nice clothes and airtime that the girl with a sugar daddy has, she doesn't think the situation is safe. Create a role-play showing how the girl can resist her friend's peer pressure.

**STEP TWO:** Ask for volunteers to act out scenario

**STEP THREE:** Group discussion

Start by encouraging everyone to participate in the discussion. There might not be time for every member to answer every question, but do the best you can. Suggested questions for the discussion are listed below. Feel free to add/delete as you feel necessary!

Was the way in which the other(s) resisted peer pressure realistic? Would the resistance demonstrated actually work in the situation? Is this a common situation in our communities and among our peers? Are there other ways that the situation could be resolved?



#### Activity 4. Large Group Session and Wrap-Up (30 minutes)

Please sit with your group in the classroom. Groups can volunteer to either read their list of friendship qualities or perform their skit, though every group may not have a chance to perform. Allow a couple minutes for discussion after each presentation/skit.

### Conclusion

Our attitude and understanding help us interact with friends and peers whose behaviors we like and even some behavior we may not agree with.

We should be respectful of their freedom of choice but at the same time be able to make good choices independently as individuals.

Teens should not be drawn into wrong choices due to pressure from their peers.

### Lesson 5: Assertiveness versus Aggressiveness

#### Objectives:

Following this lesson, participants should understand how to:

1. Learn how to be assertive
2. Differentiate between being assertive and being aggressive
3. Learn to communicate in an assertive manner without being aggressive
4. Practice assertive communication by being an active listener and using "I messages."

### Introduction

Since these days teens have smartphones, ask two participants to find out the meaning of independence and assertiveness from their dictionary or the internet. Discuss the meaning of each of the words and also discuss how related the two words are. Explain that this lesson is also about developing an attitude and a value.

Children and youth face many conflicts at home and at school. Is there a better way to respond to conflict than our usual 'fight or flight' response? Children hurt others or hurt themselves when they do not know how to manage conflict in their lives or respect the needs of others. For example, about 160,000 children may stay home on any given day because they are afraid of being bullied. Some learners avoid eating places, toilets, and hallways because of their fear of a possible conflict with a bully.

Now more than ever, it is important to equip teens with the communication tools and problem-solving skills to stay safe, maintain healthy relationships, and be well. The lesson is to teach teens and children the difference between aggressive, passive, and assertive behaviors, and to practice active listening and using "I messages."

#### Materials:

- Flipchart
- Handouts on assertive communication using "I messages," active listening, and homework (see below)
- Facilitator references (see below).
- Markers

**Methods used:** Class discussion, role-play, and interactive participation



## Activity

### Behavior and responses to conflict

Time: 45-60 minutes

#### 1. Conflict and our Responses to Conflict (5 minutes)

**Fight or flight** is a natural response to conflict. Animals who feel threatened or trapped respond by getting away or fighting to survive. People have learned that fighting is not always the most effective way to handle conflict.

#### 2. Three Types of Behavior (10-15 minutes)

##### **Aggressive behavior**

Aggressive behavior is hurtful.

Have the group define aggressive behavior and give examples:

- Verbal or physical threats or actions
- Fighting
- Bullying
- Gossip.

##### Passive behavior

Passive behavior is avoiding the problem and letting someone be disrespectful to you.

Have the group define passive behavior and give examples:

- Ignoring
- Not saying anything
- Letting the other person get what he/she wants.

##### Assertive behavior

Remind the group of the definition of assertive behavior and give examples.

Assertive communication is how you can let others know about your needs and wants, and at the same time consider the needs and wants of other people. You stand up for your rights while respecting the rights of other people. It is a win-win situation.

*Teen Club Discussion:* Which behavior is the most likely to gain friends? Aggressive, passive, or assertive?

#### 3. Practicing Assertive Communication (15-30 minutes)

##### **Active Listening**

Ask the class to review the hand out on active listening. Divide into pairs and have one person speak for one minute, the other person listens, then they switch roles.

- What did it feel like when the other person was listening to you actively?
- What did it feel like to be the listener?

##### **I Messages**

Review the handout on "I messages."

With the same partners (or change partners), have the group practice the example for "I messages." Then switch roles and try another situation. The pairs may draw situations to use.

# Handout: Assertive Communication Means Using I Messages

## What is an "I message"?

Use "I message" to intervene when there is a relationship problem (examples: teasing, gossip, horsing around, arguing, being rude, and lying). This is a solution-focused, respectful way of letting the person know of your concerns and what you want to see happen.

- Use eye contact
- Tell the person: *"I have a problem..."*
- Describe the problem or behaviour in a non-threatening way. *"When you do this... I feel..."*
- Tell the person how you feel about the problem. *"I feel..."*
- Then ask two questions: 1) *"If you continue this behavior, will it make our relationship better or worse?"* and 2) *"Do you want our relationship to get better or worse?"*

## What can I say to a person if I have a concern?

Practice the following examples of "I messages":

- *"I have a problem and need to talk to you."* (Wait for response.)
- *"When you argue with me after I ask you to stop, it makes me feel frustrated."* (Wait for response.)
- *"If you continue to argue after I ask you to stop, will it make our relationship better or worse?"* (Wait for response.)
- *"Do you want our relationship to get better or worse?"* (Wait for response.)

## 4. Group Discussion (5 minutes)

- What are some circumstances when this is a helpful way to communicate a problem?
- How did you feel when you told the person about the problem?
- How did you feel when you were told about a problem behavior?

## 5. Closing (10 minutes)

- Summarize main points
- Hand out copies of and explain the homework, **"Active Listening and I Messages"** in the table below.
- Close by reading this quote from Oprah Winfrey.

*"Often we don't even realize who we're meant to be because we're so busy trying to live out someone else's ideas. But other people and their opinions hold no power in defining our destiny."*

## Lesson 5 Facilitator Reference: Types of Behavior

Types of Behavior	What does this look or sound like?
<b>Aggressive Behavior</b>	<ul style="list-style-type: none"><li>• Verbal or physical threats or actions</li><li>• Fighting</li><li>• Bullying</li><li>• Gossip</li><li>• Engaging in hurtful behavior</li></ul>
<b>Passive Behavior</b>	<ul style="list-style-type: none"><li>• Ignoring</li><li>• Not saying anything</li><li>• Letting the other person get what he or she wants</li><li>• Letting others disrespect you</li></ul>
<b>Assertive Behavior</b>	<ul style="list-style-type: none"><li>• Letting others know about your needs and wants</li><li>• Considering the needs and wants of other people</li><li>• Standing up for your rights while respecting others</li></ul>

## Lesson 5 Handout: Assertive Communication Means Being an Active Listener

Traits of an Active Listener	What does this look or sound like?
Encouraging	<ul style="list-style-type: none"><li>• Use neutral words to help the other person say more about the situation and how they feel.</li></ul>
Reflective	<ul style="list-style-type: none"><li>• State in your own words what you hear the other person saying, including their feelings and needs.</li></ul>
Understanding	<ul style="list-style-type: none"><li>• Listen carefully and clarify anything that is not clear. Ask nonjudgmental questions.</li><li>• Use eye contact. Your body language and gestures need to show that you are interested and listening.</li><li>• Give the person time to speak. If you ask a question or make a statement, wait for a response.</li><li>• Give the person your undivided attention.</li><li>• Focus on what the person is saying without interrupting, correcting, advising, or telling your own story.</li></ul>

## Lesson 5 Handout: Homework Assignment

Instructions: Use active listening and I messages away from the group and write about your experiences. Try your skills on a friend, an adult, and a family member.

Homework: Active Listening and I Messages			
	Experience 1	Experience 2	Experience 3
Who?			
What?			
Where?			
When?			
How?			
Why?			
What happened?			
How did you feel?			

## 6. Feedback Practicing Assertive Communication (15-30 minutes)

### Discussion Questions:

What did you learn about using active listening?

What did you learn about using I messages?

How can you use these skills?

Modern Swazi society wants children and teens to be assertive and stand up for their rights without being disrespectful. Teaching teens to be assertive and self-confident, as opposed to being aggressive or submissive, contributes to their social and emotional development.

Children and teens who are aggressive blame, name call, threaten, or fight with their peers. They are combative because they often lack social skills. These children need to learn better ways to interact with others or they will continually have difficulty developing positive relationships.

On the other hand, if children and teens are submissive, they may become targets for bullies. These children need to be taught that it is okay to say "no" if a child or adult attempts to harm them with words or deeds. They need to be able to identify their feelings, learn how to express themselves, and believe that they have rights. The more children trust and value themselves, the more likely they are to be able to avoid bullying.

### How can participants learn to be assertive?

1. Explain that assertiveness means being strong, but fair, in interactions with other people. For example: there are differences between being aggressive, submissive, and assertive.
  - **Aggressive** (being mean): "Give me that book or you're going to get it!"
  - **Submissive** (being weak): "You can have my book. I don't need it."
  - **Assertive** (being strong): "I'm reading this book now. You may have it when I'm finished."
2. Have group practice looking a bully in the eye and saying "No!" with a strong voice. They could also state what they want. For example, "No, I want you to leave me alone," or "No, I need to do my work."
3. Explain that they have a choice of how to respond to another person's comments or to situations.
4. Teach participants how to ask for something. For example, "May I have that book when you're finished?" and how to respond to requests in a polite manner, "You may have it after me."

### "I" Messages

Teach participants that if they are physically threatened or feel afraid, they need to tell an adult. However, encourage them to work out other relationship problems themselves. Explain that the use of "I messages" helps them deal with their difficulties in an assertive way. It may be necessary to provide a lesson on identifying feelings prior to teaching the following "I message" format:

- **I feel...** (state the feeling)
- **When you...** (describe the action)
- **Because I...** (say why)

Optional last sentence: **I want/need/would like you to...** (say what would make things better). For example, "I feel angry when you take my book without asking, because I don't do that to you! I need you to stop taking my things."

Explain that when participants begin a statement with "I" rather than "You," they are standing up for themselves and are being assertive rather than mean or aggressive. Tell them that sending an "I message" is a way to let others know how they feel. An "I message" does not judge, attack, or cause annoyance like a "You message."

Then, place the "I" message format on the board and have the participants form "I" messages in response to some of the following situations:

- A child is ignored at the Zondle ("I feel sad when you won't talk to me because I thought we were friends.")
- A child is told he/she must give up his snack or be beaten up. ("I feel angry when you threaten me because that's not how we are supposed to act at school.")
- A child's friend is disturbing him in class. ("I feel frustrated when you keep bothering me because I can't get my work done.")
- A child told a friend that his dad gets drunk a lot and the friend told all of the other children about it. ("I feel disappointed that you told people about my dad's drinking because I thought I could trust you!")
- A child was purposely tripped and the other children laughed. ("I feel embarrassed when you laugh at me because nobody likes to be made fun of.")

Examples with the optional last sentence:

- A child is left out of play. ("I feel unhappy when you won't let me play because I let you play when you ask. I want to play with you.")
- A child has been called a bad name. ("I feel mad when you call me that because I don't call you or anyone else bad names. I need you to stop it!")
- A child loaned a classmate a coloring pencil and he/she would not return it. ("I feel upset when you won't return my pencil because I got it for my birthday and it's special to me. I would like you to give it back.")
- A child is teased about being a slow participant. ("I feel discouraged when you tease me about getting bad grades because I am trying to do my best. I want you to stop making fun of me!")

Have two puppets demonstrate "You" and "I" messages. For example, if Vusi told a lie about Mduduzi cheating, a "You" message Mduduzi might say is, "You are a stupid liar! I didn't cheat!" Then have a puppet respond to the same situation with an "I" message. Mduduzi could say, "I felt terrible when I heard that you said I cheated, because I would never tell a lie about you!" You could have the other puppet respond with, "I'm sorry I told that lie. I was just angry because you were playing with someone else. I'll tell those kids you didn't cheat."

You may also want to divide the participants into pairs and have them practice saying "I" messages concerning problem situations you have observed. Afterwards, state that an "I" message can be used to express positive feelings, as well. For example, "I am so excited about getting to play with you after school because we have a lot of fun together."

Remind the participants that being agreeable and letting other participants have their way at times is also a necessary skill. For example, if a child's friend seems to want to talk about something important, the other child could put aside his/her thoughts and just listen. Being flexible is desirable, since the "I feel... when you... because I..." format will not fit all situations. There are different kinds of behaviors.

Being assertive rather than aggressive or submissive takes practice and effort. Understanding each other is easier if we actively listen.

Helping youth learn to make assertive, confident statements about their feelings and desires will enhance their peer relationships and help create a more positive atmosphere everywhere they go. These communication tools and problem-solving skills will enable teens stay safe, maintain healthy relationships, and be well.

## **Lesson 6: Leadership**

### **Objectives:**

After completing this lesson, participants will be able to:

1. Identify different leadership styles and when each may be most effective
2. Given situations requiring leadership, identify the most appropriate style for the situation.

**Materials Needed:** This lesson includes several activities.

### **Activity 1. Introduction (10 minutes)**

Teens will be given an opportunity to learn and discuss the characteristics they expect from a good leader. Divide teens into small groups.

### **Activity 2. Icebreaker (in Small Groups) (10 minutes)**

The goal of an icebreaker is to learn each other's names and help the teens get comfortable with each other. Be creative! Feel free to invent your own!

### **Activity 3. What type of Leader are YOU? (15 minutes)**

Ask the teens to volunteer examples of times when they've done any of the following:

1. Got others to go along with an idea
2. Directed others (such as a brother or sister) to perform a specific task
3. Got others to help do something (such as solve a problem, complete a task, etc.)
4. Encouraged or convinced another that he/she could achieve a goal (such as win a game, raise money, or pass a class).

### **Discussion (5 minutes)**

- Ask the teens whether they've ever considered these activities as leadership. They are!
- Discuss other examples of good leadership. Discuss how leadership is about applying the right skills at the right time for the right purpose.
- In the next activity you will discuss three different leadership styles and times when each is good and bad.

### **Activity 4. Leadership Styles (30 minutes)**

There are many leadership styles but there is no one "right" style. Instead, a leadership style can be considered GOOD or BAD depending on the situation.

The most common classification of leadership styles are Autocratic, Democratic, and Laissez-Faire.



## Descriptions of leadership styles

Leadership style	Description	When this style is good	When this style is bad
<b>Autocratic</b>	Leader decides alone and announces it. Sometimes this leader tries to sell this idea to others.	In an emergency or when the group has little experience in the area being worked on, and there isn't enough time to explain. For example, you need to conduct a fundraising activity, the leader has experience, but the committee members do not.	A team has to solve a problem that needs everyone's cooperation.
<b>Democratic</b>	The leader presents a decision or suggestion which is open to being changed after discussion. This type of leader is more cooperative and might also join the group in identifying the problem, diagnosing causes, and considering alternatives.	The group has some experience in area being worked on, but may need some guidance. This style is also good when there is no clear-cut answer but the leader has valuable knowledge to contribute.	The group is very experienced in area being worked on. Rather than participate, the leader should facilitate the group in reaching decision.
<b>Laissez-Faire</b>	The leader presents the problem and leads the decisionmaking process without participating in it. This type of leader is more like a facilitator.	The team has experience in the area but little experience working together as a team. They need someone who is impartial to guide them through the process. For example, in a group of business execs who refuse to compromise because each thinks they know it all, a good leader encourages team building rather than joining the argument.	The group does not have the knowledge required to solve the problem; or in an emergency where there isn't enough time for discussion.

### Discussion (5 minutes)

Discuss situations in which each of the three leadership styles can be good and bad. Ask the teens how they can use these leadership styles in Teen Club. Re-emphasize that there is no "right" or "wrong" style of leadership. It's situational. Most good leaders use a combination of these approaches and vary them

to meet the situation. The key is to know when to use each method for the best results. Example: Groups involved in school and community service work best under a leader who involves them in the process and is group-centered—this is a combination of Democratic and Laissez-Faire styles.

### Activity 5. Acting Out Leadership Styles (60 minutes)

Make sure to allow plenty of time for this last activity. The teens will now be given an opportunity to act out what they've learned about leadership. Divide the group into two. Assign each group one of the following situations to act out:

1. Teen Leaders want to improve Teen Club members' adherence.
2. Teen Leaders want to convince adult staff to allow a famous hip-hop artist to perform at the next monthly meeting.
3. Teen Leaders want to ensure that as many Teen Club members as possible attend the next monthly meeting.
4. Teen Leaders involved in a major fundraising project need to ensure that each team member will carry through with his or her part of the project.

Give the two groups 20 minutes to develop a three-minute skit that demonstrates each of the three leadership styles (1 minute per style). Remind them that this activity is also an exercise in good leadership. Encourage them to select a leader among the group.

Reconvene the full group once time is up and have each group present their skit. While each group performs, it is up to the rest of the group to guess which leadership style is being demonstrated. Follow up each performance with the following questions:

Which leadership styles did you observe? Which leadership style worked best for each situation? Why? What was it like working together in your group to create the skit? In what other areas can you be a leader during Teen Club? Overall, what leadership style(s) work best for a Teen Leader?

If time allows, reconvene the large group and ask one group to perform their skit. Again, give the audience an opportunity to guess the leadership style being demonstrated.

Make the following points:

There are many different styles of leadership. No style of leadership is "right" or "wrong." Effectiveness depends on the situation. Leaders should adapt their style to the situation and group.

If applicable, have a Teen Club staff member announce that Teen Leader nominations will take place at the next Teen Club. He/she should advise the group to choose wisely based on what the group has learned about leadership today. The Teen Club staff member should also list the specific requirements for a Teen Leader.

*Leadership qualities for teen leaders include:*

- Good listener
- Active and involved
- Confident with humility
- Good self-esteem
- Motivated
- Leads by example
- Punctual
- Positive attitude
- Empowers others

- Creative
- Respectful
- Zero-transmission lifestyle
- 100% (or nearly so) adherence levels\*.

*\*95% adherence is needed for Teen Leaders to set a good example.*

Ask if there are any questions about the Teen Leader election process before dismissing the group.

## Lesson 7: Problem-Solving

**Objectives: After this lesson, participants should:**

1. Be able to list reasons why problem-solving skills are important
2. Be able to handle challenges in life
3. Develop some problem-solving skills.

### Why problem-solving skills are important

Everybody needs to solve problems every day. But we're not born with the skills we need to do this—we have to develop them.

When solving problems, it's good to be able to:

- Listen and think calmly
- Consider options and respect other people's opinions and needs
- Find constructive solutions, and sometimes work toward compromises.

These abilities are highly valued in both social and work situations – they're **skills for life**.

Teenagers can learn skills and strategies for problem-solving and sorting out conflicts by ourselves. If we have these skills, we feel better about ourselves. We are more independent and better placed to make good decisions on our own.

**Examine the problem-solving worksheet at the end of the lesson. Complete it as you go through the steps.**

### Problem-solving: six steps

Often you can solve problems by talking and compromising.

The following six steps for problem-solving are useful when you can't find a solution. You can use them to work on most problems.

When you're working on a problem, remain calm.

**1. Identify the problem:** The first step in problem-solving is working out exactly what the problem is. Then put it into words that make it solvable. For example:

- "You've been using other people's things a lot without asking first."
- "I noticed that the last two Saturdays when you went out, you didn't call us to let us know where you were."

**Focus on the issue**, not on the emotion or the person.

**2. Think about why it's a problem:** Describe what's causing the problem and where it's coming from. It might help to consider the answers to questions like these:

- Why is this so important to you?
- Why do you need this?

- What do you think might happen?
- What's the worst thing that could happen?
- What's upsetting you?

**3. Brainstorm possible solutions:** Make a list of all the possible ways you could solve the problem. You're looking for a range of possibilities, both sensible and not so sensible. Try to avoid judging or debating these yet.

Try to come up with **at least eight possible solutions**.

Write down all the possibilities.

**4. Evaluate the solutions:** Look at the solutions in turn, talking about the positives and negatives of each one. Consider the pros before the cons.

After making a list of the pros and cons, cross off the options where the negatives clearly outweigh the positives. Now rate each solution from 0 (not good) to 10 (very good). This will help you sort out the most promising solutions.

The solution you choose should be one that you can put into practice and that will solve the problem.

If you haven't been able to find one, go back to step 3 and look for some different solutions. It might help to talk to other people, such as other family members, friends, and facilitators, to get a fresh range of ideas.

Sometimes you might not be able to find a solution that makes you happy.

**5. Put the solution into action:** Once you've decided on a solution, plan exactly how it will work. It can help to do this in writing, and to include the following points:

- Who will do what?
- When will they do it?
- What's needed to put the solution into action?

**6. Evaluate the outcome:** Once you put the plan into action, you need to check how it went.

There might be hiccups or obstacles along the way, so you'll need to give the solution time to work. Also note that not all solutions will work. **Sometimes you'll need to try more than one solution.** Part of effective problem-solving is being able to adapt when things don't go as well as expected.

Ask yourself the following questions:

- What has worked well?
- What hasn't worked so well?
- What could I do differently to make the solution work more smoothly?

If the solution hasn't worked, go back to step 1 of this problem-solving strategy and start again. Perhaps the problem wasn't what you thought it was, or the solutions weren't quite right.

As indicated on the previous page, think of a problem and use this worksheet to analyze and solve the problem. Use the last column to rate how you think you have analyzed the problem. Rating: 1 lowest—10 highest.

# Problem-Solving Worksheet

1. The problem is:

2. Possible solutions	3. Positives (pros) and negatives (cons)	Rating 1–10
	Pros	
	Cons	
	Pros	
	Cons	
	Pros	
	Cons	
	Pros	
	Cons	
	Pros	
	Cons	
3. The solution		
4. What to do		
5. Date of review		

## Conclusion

Everyone has to practice problem-solving every day. It is important for us to remember to listen and think calmly, consider our options and respect other people's opinions and needs, be constructive and work toward a compromise. Practicing the six steps discussed today, solving problems without conflict, will be a lot easier.

## Lesson 8: Goal-setting and planning

### Objectives:

At the end of this lesson, participants will know how to:

1. Set a goal
2. Stay on course during your strive toward the goal
3. Assess achievement of the goal.

### Materials needed:

Activity sheet on goal setting

### Why is goal setting important?

Goal-setting is a powerful process for thinking about your ideal future, and for motivating yourself to turn your vision of this future into reality. The process of setting goals helps you choose where you want to go in life.

All top-level athletes, successful businesspeople, and achievers in all fields set goals. Setting goals gives you long-term vision and short-term motivation. It helps you focus, and helps you to organize your time and your resources so that you can make the very most of your life.

By setting sharp, clearly defined goals, you can measure and take pride in the achievement of those goals, and you'll see forward progress in what might previously have seemed a long, pointless effort. You will also raise your self-confidence, as you recognize your own ability and competence in achieving the goals that you have set.

### Step 1: Setting Lifetime Goals

The first step in setting personal goals is to consider what you want to achieve in your lifetime (or at least, by a significant and distant age in the future). Setting lifetime goals gives you the overall perspective that shapes all other aspects of your decision making.

To give a broad, balanced coverage of all important areas in your life, try to set goals in some of the following categories (or in other categories of your own, where these are important to you):

- **Career**—What level do you want to reach in your career, or what do you want to achieve?
- **Education**—Is there any knowledge you want to acquire in particular? What information and skills will you need to have in order to achieve other goals?
- **Family**—Do you want to be a parent? If so, how are you going to be a good parent? How do you want to be seen by a partner or by members of your extended family?
- **Artistic/talent**—Do you want to achieve any artistic/talent goals, e.g., soccer player, artist (musician, actress)?
- **Physical**—Are there any athletic goals that you want to achieve, or do you want good health deep into old age? What steps are you going to take to achieve this?
- **Pleasure**—How do you want to enjoy yourself? (You should ensure that some of your life is for you!)
- **Public Service**—Do you want to make the world a better place? If so, how?  
**Note:** for older age groups, encourage three or four participants to discuss how they would like to make the world a better place.
- **Financial**—How much do you want to earn, by what stage? How is this related to your career goals?

- **Attitude**—Is any part of your mind-set holding you back? Is there any part of the way that you behave that upsets you? (If so, set a goal to improve your behavior or find a solution to the problem.)

Spend some time brainstorming these things, and then select one or more goals in each category that best reflect what you want to do. Then consider trimming again so that you have a small number of really significant goals that you can focus on.

As you do this, make sure that the goals that you have set are ones that you genuinely want to achieve, not ones that your parents, family, or employers might want. (If you have a partner, you probably want to consider what he or she wants—however, make sure that you also remain true to yourself!)

Let three or four participants discuss their future goals using the Activity Sheet below.

### Activity on goal setting

Name \_\_\_\_\_ Date \_\_\_\_\_

#### What will the future bring?

**Directions:** Answer each of the following questions about your future.

#### What do you want to achieve one year from now?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### What do you want to achieve five years from now?

A qualification from a school \_\_\_\_ Which? \_\_\_\_\_

A diploma/bachelor's degree ? \_\_\_\_\_ From \_\_\_\_\_

Subject \_\_\_\_\_

A job? \_\_\_\_\_

Occupation \_\_\_\_\_

Be an entrepreneur? \_\_\_\_\_ What business? \_\_\_\_\_

#### Salary range

Have children? \_\_\_\_\_ How many? \_\_\_\_\_

Own a car? \_\_\_\_\_ How do you buy it? (loan, hire purchase, cash?)

Help in the community? \_\_\_\_\_ How will you help? \_\_\_\_\_

## Step 2: Setting Smaller Goals

Once you have set your lifetime goals, set a year plan of smaller goals that you need to complete if you are to reach your lifetime plan.

Then create a six-month plan, and a one-month plan of progressively smaller goals that you should reach to achieve your lifetime goals. Each of these should be based on the previous plan.

Then create a daily To-Do List of things that you should do today to work toward your lifetime goals. If you wish to apply for a course in a high institution, go for an application form, complete the form, and return it before the application closing date.

At an early stage, your smaller goals might be to read books and gather information on the achievement of your higher-level goals. This will help you to improve the quality and realism of your goal-setting.

Finally review your plans, and make sure that they fit the way in which you want to live your life.

## Staying on Course

Once you've decided on your first set of goals, keep the process going by reviewing and updating your To-Do List on a daily basis.

Periodically review the longer-term plans, and modify them to reflect your changing priorities and experience. (A good way of doing this is to schedule regular, repeated reviews using a computer-based diary.)

Useful way of making goals more powerful is to use the SMART mnemonic. While there are plenty of variants, SMART usually stands for:

- **S** – Specific
- **M** – Measurable
- **A** – Attainable
- **R** – Relevant
- **T** – Time-bound.

For example, instead of having "visit Sibebe" as a goal, it's more powerful to use the SMART goal "visit Sibebe by December 31, 2017." Obviously, this will only be attainable if a lot of preparation has been completed beforehand!

- The following broad guidelines will help you to set effective, achievable goals:

It's also possible to set goals that are too difficult, because at the time, you might not appreciate either how difficult it is to achieve them, or you might not understand quite how much skill you need to get the best result (such as climbing Sibebe, which requires a lot of training and getting yourself fit).

## Achieving Goals

When you've achieved a goal, take the time to enjoy the satisfaction of having done so. Understand the benefits of achieving the goal, and observe the progress that you've made toward other goals.

If the goal was a significant one, reward yourself appropriately like patting yourself on the back, shouting YEBO! YEBO! I have done it, give yourself a thumbs-up. All of this helps you build the self-confidence you deserve.

With the experience of having achieved this goal, review the rest of your goal plans:

- If you achieved the goal too easily, make your next goal harder.
- If the goal took a disappointingly long time to achieve, make the next goal a little easier.



- If you learned something that would lead you to change other goals, do so.
- If you noticed you are lacking in some of your skills despite achieving the goal, decide whether to set goals to fix this.

## Conclusion

Goal-setting is an important method of:

1. Deciding what you want to achieve in your life
2. Separating what's important from what's irrelevant, or a distraction
3. Motivating you
4. Building your self-confidence, based on successful achievement of goals.

Successful people, irrespective of their profession, set goals. In setting goals we should have a positive mind-set, prioritize what we want to achieve, and make goals realistic by using the SMART (**S**pecific, **M**easurable, **A**ttainable, **R**elevant, and **T**ime-bound) principle.

## Lesson 9: Entrepreneurial skills

**Objectives:** At the end of this lesson we should be able to do the following:

1. Define entrepreneurship
2. Identify entrepreneurial skills
3. Distinguish between an entrepreneur and a small businessperson
4. Identify steps to take to become an entrepreneur.

### Materials:

Activity sheet: Entrepreneur quality characteristics

### What is entrepreneurship?

The facilitator asks participants if they know what the following are in Swaziland:

1. Summerfield Botanical Garden Hotel
2. Nandos
3. Galito's
4. Junior Achievement
5. LOLUTE.

Depending on where your Teen Club is situated, you may not have answers to all these questions from your participants. The participants are most likely to know about Nandos and Galito's. Engage them in a discussion. Ask questions like: What is the difference between Nandos and Galito's? Which one was established first? Why would you go to buy chicken from Nandos and not Galito's?

For those who know about Summerfield, try to dig out from participants the difference between Summerfield and The George Hotel in Manzini or the Lugogo Sun in Ezulwini. What the facilitator is driving at is this:

The participants should be able to say that Nandos and Galito's are similar, but Galito's is new and has introduced products that Nandos does not have. Summerfield is a new resort, has a botanical garden, and is built on water. The innovations introduced by Galito's and Summerfield are what entrepreneurship is about.

The facilitator informs participants that entrepreneurship is a process of starting new businesses, generally in response to opportunities. Entrepreneurs pursue opportunities by **changing**,

**revolutionizing, transforming, or introducing** new products or services. The facilitator encourages participants to translate the words *transforming* and *revolutionizing* into siSwati.

### What do entrepreneurs do?

The facilitator tells participants that generally entrepreneurs create something new, something different. They search for change, respond to it, and take advantage of it.

From the beginning, an entrepreneur is engaged in assessing the opportunity for a new business and then dealing with the basic things to start the business. They:

- Explore the opportunities in their environment
- Gather information
- Identify potential opportunities
- Identify things that make this new business idea better than the current businesses around.

Then, armed with this information, the entrepreneur develops business ideas, looks at competitors, and explores financing options.

After looking at what can be gained from the proposed business and assessing the likelihood of pursuing it successfully, the entrepreneur goes on to plan the business.

Only after these start-up activities have been completed is the entrepreneur ready to actually launch the business. To start the business, the entrepreneur must set goals and strategies, decide on which technology to use, and develop marketing plans, financial-accounting systems, and cash flow management systems.

As soon as the business starts, the entrepreneur's attention switches to managing it. What is involved with actually managing the entrepreneurial venture?

When one manages a business, one:

- Makes decisions
- Establishes action plans
- Analyses external and internal environments
- Evaluates performance and makes needed changes.

For the business to succeed, the entrepreneur must manage people. This process includes:

- Selecting and hiring
- Appraising and training
- Motivating
- Managing conflict
- Delegating tasks
- Being an effective leader.

Finally, the entrepreneur must manage the venture's growth, including such activities as developing and designing growth strategies, dealing with crises, and exploring various avenues for financing growth.

What is the difference between entrepreneurial ventures and small businesses?

Some key differences that distinguish the two are described in the table below.

Entrepreneurial ventures...	Small business...
Are organizations or businesses created by entrepreneurs?	Is independently owned, operated, and financed; has fewer than 100 employees.
Pursue opportunities, and are characterized by innovative practices	Doesn't necessarily engage in any new or innovative practices.
Have growth and profitability as their main goals	Has relatively little impact on its industry.

To be entrepreneurial means that the business must be **innovative**, seeking out new opportunities. Even though entrepreneurial ventures may start small, they need to grow. Some new small firms may grow, but many remain small businesses.

### How do you become an entrepreneur?

Swaziland has put in place many avenues for young people to develop entrepreneurial skills. Junior Achievement, Swaziland, TechnoServe, School Age Youth Entrepreneurship (SAYE), LULOTE, and the Ministry of Education and Training are collaborating to instil in young people the entrepreneurial skill that will help the nation to increase employment rate and therefore reduce poverty.

A young person can also begin as a small businessperson and end up creating a new approach to a known business practice.

### What characteristics do entrepreneurs have?

- They want to achieve.
- They have a strong desire to be independent.
- For them, money shows success and accomplishment, but is not normally their only goal.

It has been observed that entrepreneurs generally have the following characteristics: they are independent, responsible, goal-oriented, self-confident, creative, and willing to take calculated risks.

After all the discussions, this session concludes with the following activity.

### Important traits for a successful entrepreneur

Discuss the various traits/characteristics of successful entrepreneurs with the participants, making sure each understands their meaning.

Depending on the facilities, you have you may print out the activity sheets, write this on a flipchart or copy it on a chalkboard.

Ask the participants to rate how important each quality trait is.

After the participants complete the activity discusses it with them by comparing their decisions with the ratings given in the table below.

### Characteristics of Successful Entrepreneurs

Most important for success	Important for success	Least important for success
Perseverance (18)	A willingness to take risks (4)	Ability to lead effectively (20)
Desire and willingness to take the initiative (15)	A high level of energy (1)	A willingness to tolerate uncertainty (8)
Competitiveness (14)	An ability to get along with employees (9)	A strong desire for money (7)
Self-reliance (11)	Versatility (17)	Patience (13)
A strong need to achieve (3)	A desire to create (5)	Being well organized (10)
Self-confidence (16)	Innovativeness (19)	A need for power (12)
Good physical health (2)		A need to closely associate with other people (6)

## Activity Sheet: Handout on Entrepreneur Characteristics

Rate the traits below in terms of how important you think they are for entrepreneurial success.

A "1" would indicate that you believe the trait is *relatively unimportant*.

A "2" would indicate that you believe the trait is *somewhat important*.

A "3" would indicate that you believe the trait is *very important*.

Not Important 1	Somewhat Important 2	Very Important 3	Quality or trait
1	2	3	1. a high level of energy
1	2	3	2. good physical health
1	2	3	3. a strong need to achieve
1	2	3	4. a willingness to take risks
1	2	3	5. a desire to create
1	2	3	6. a need to closely associate with others
1	2	3	7. a strong desire for money
1	2	3	8. a willingness to tolerate uncertainty
1	2	3	9. an ability to get along with employees
1	2	3	10. being well organized
1	2	3	11. self-reliance
1	2	3	12. a need for power
1	2	3	13. patience
1	2	3	14. competitiveness
1	2	3	15. desire and willingness to take the initiative
1	2	3	16. self-confidence
1	2	3	17. versatility (ability to do many things)
1	2	3	18. perseverance (sticking at something difficult)
1	2	3	19. innovativeness (willingness and ability to do something untried)
1	2	3	20. ability to lead effectively

*Source:* Adapted from *Entrepreneurship* by William B. Jennings, Canadian Foundation for Economic Education, 1985.

In this lesson, we have discussed entrepreneurship: a process of starting new businesses, generally in response to opportunities. Entrepreneurs pursue opportunities by changing, revolutionizing, transforming, or introducing new products or services. Being an entrepreneur involves assessing opportunities for business, starting the business, and managing people. We have also learned qualities/characteristics of successful entrepreneurs.

Through organizations like Junior Achievement, Swaziland, TechnoServe, SAYE, and LULOTE, Swaziland has put in place avenues to support young people to develop entrepreneurial skills.

## Unit 3: Sexual and Reproductive Health Issues

### Lesson 1: Physical development

**Objectives:** After this lesson, participants should have learned:

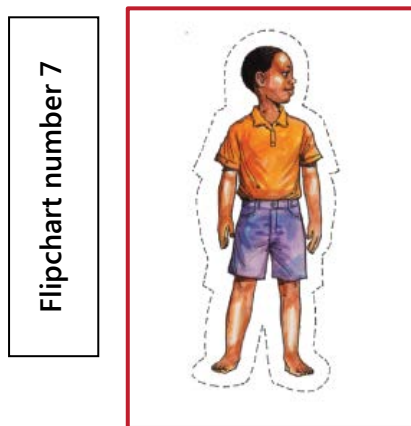
1. The physical development of teens
2. Changes that occur at each stage of development

**Materials:**

Flipcharts 4, 27, 28, 29

The ages 10 through 13 years are often referred to as early adolescence. These years are an exciting time of many varied and rapid changes. Children grow taller and stronger, and also start to feel and think in more mature ways. They begin to turn into adults.

Early adolescence 10–13



Flipchart number 7

**Physical development:** Adolescence is a time of change throughout the body. A growth spurt usually occurs near the time of puberty. Girls begin to develop breasts and start their periods. Boys grow facial hair. Both boys and girls grow pubic hair. Boys may lag behind girls in height during these years, but they usually end up taller. The picture above shows how a young boy now looks like an adult. Rapid body changes as puberty is in full swing. The person may be very moody. Teens wonder if they are going to be normal. They are very sensitive to their changing body and often measure their physical appearance and skills against idealized images. This is especially true of girls, who tend to be less satisfied with their body image and most constantly want to lose weight.

**Psychological changes:** Adolescents begin to develop a sense of who they are and begin to develop relationships with non-family members. Teens begin to show concern for their body as rapid changes occur; shyness, blushing, modesty, and the need for privacy.

Mid- and late adolescence

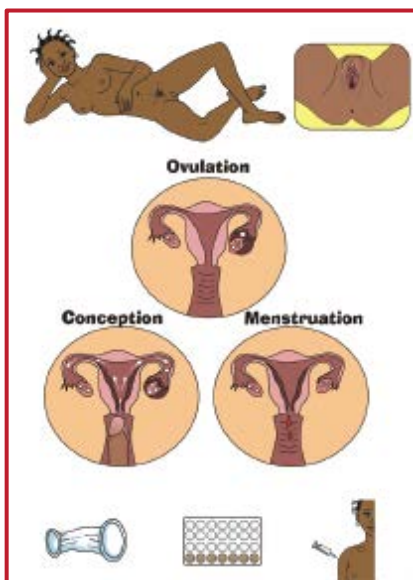
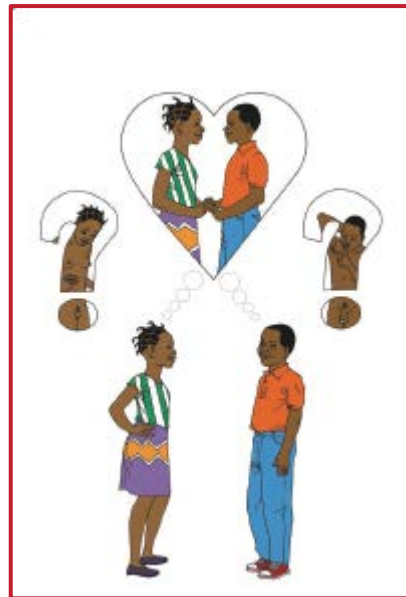
The majority of changes associated with puberty have taken place. Adolescents at this age are very concerned with their physical appearance and believe that others are also concerned. Greater time is invested in grooming, exercising, and experimenting with new images such as makeup and clothing styles. This is done with the purpose of developing a satisfying and realistic body image. At late adolescence, however, teens are less concerned about their body as puberty ends.

The teen begins to have increased concerns about their own sexual attractiveness with a movement toward heterosexuality, and some have concerns about attraction to same sex. Teens develop tenderness toward the opposite sex, with frequently changing relationships. Sexuality is a major preoccupation for the middle adolescent. They develop clear sexual identity and are very

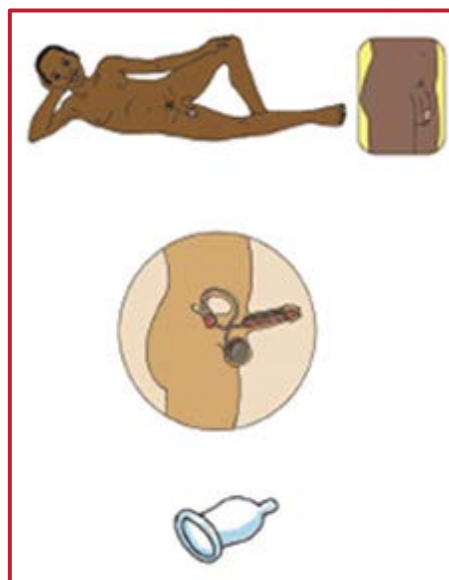
concerned about serious relationships. In late adolescence, both boys and girls develop clear sexual identity and are very concerned about serious relationships and develop the capacity for tender and sensual love.

The pictures below show their physical capabilities.

Flipchart number 27



Flipchart numbers 28 and



Since the next lesson is

on puberty, we will reserve some of our observations for that lesson.

### Conclusion

Boys and girls undergo important physical and emotional changes during adolescence. During this time of growth, their bodies and minds prepare for their lives as adults.

## Lesson 2: Puberty

### Objectives:

1. Be aware that every human passes through this stage
2. Know that changes occur in the body during this period
3. These changes affect behavior
4. A lot of care is needed during development in this period.

In every culture, there are many words for the male and female body parts and the sexual processes of the body. It is important that everyone know the medical terms AND the commonly used words.

Initially, you may need to use the more common terms to teach the medical terms and to make sure that everyone understands what is meant by them. By using the medical terms described in the two tables below, we can try to avoid the embarrassment that is often associated with more commonly used words.

### Definitions and body parts

#### Male

Male Body Part	Description
<b>Penis</b>	Male genital
<b>Scrotum</b>	Sack that contains the testicles
<b>Testes or testicles</b>	Glands that produce sperm and sex hormones
<b>Erection</b>	When the penis fills with blood and becomes erect
<b>Ejaculation</b>	When semen is released from the penis
<b>Sperm</b>	Male reproductive cells
<b>Semen</b>	Liquid that contains sperm

#### Female

Female Body Part	Description
<b>Labia</b>	Skin folds on the outside of the vagina
<b>Vagina</b>	Tube-shaped opening that leads from outside the body to the cervix
<b>Uterus or womb</b>	Organ that supports a baby when a woman is pregnant
<b>Ovaries</b>	Two small glands that produce eggs and sex hormones in girls
<b>Cervix</b>	Opening of the uterus to the vagina
<b>Breasts</b>	Glands that produce breast milk in women
<b>Menses or period</b>	Monthly release of blood from uterus if no fertilized egg is present
<b>Egg</b>	Female reproductive cell

### What is puberty?

Puberty is the period during which changes occur when girls and boys transition to become women and men. The sexual maturation that happens in boys and girls during the adolescent years enables them to have children themselves. Physical changes occur within the body, as well as emotional development and changes in the way they think as their brains also mature.

### When does puberty occur?

Each person is different. There is no specific age where suddenly puberty begins. Generally, puberty starts at a younger age in girls than in boys. In general, girls begin puberty between 8 and 13 years and boys between 10 and 15 years. Other factors can also determine when puberty starts. Poor nutrition and chronic illness like HIV can make puberty start at an older age. Adolescents with HIV often enter puberty later than adolescents without HIV (see the Table that follows).

What changes happen in both girls and boys?

- Increase in height (a teenager's height will increase ~15–20 percent during adolescence)
- Increase in weight (almost doubles)
- Acne (pimples) on face and sometimes the back
- Mood changes
- Increased sweating
- Appearance of hair in genital area and underarms.





## Changes in Boys and Girls during Puberty

Girls	Boys
A growth spurt usually starts around the age of 9. Teens get tall most quickly about 1 year after the beginning of breast development.	Usually the first change to occur in boys is enlargement of the testicles, which usually happens between the ages of 10 and 12 years.
Breast development is usually the first change to occur in girls. This usually starts between the ages of 8 and 12 years.	Pubic hair is usually next to appear (anytime between 10 and 15 years).
Pubic hair first appears around the age of 11. Breast growth usually starts before the appearance of pubic hair, but sometimes this is reversed.	About 1 year after testicular growth starts (usually between 10 and 13 ½ years), the penis begins to lengthen and thicken. The first ejaculation usually happens around this time as well, but may not happen until as late as 15. Sometime between 10 and 14 years, boys will begin to have ejaculations at night, often known as "wet dreams." Often the boy will have no memory of this, but will only wake up to find his shorts and sheets are wet. This is a completely normal process. This occurs during the time when the testes are preparing to release sperm. Wet dreams can continue for several years, but usually decrease in number and usually will stop altogether.
Menses can occur anytime between 10 and 16 years. Periods usually start 6 months after the growth spurt (often 12-13 years). Once menses start, a girl/woman can become pregnant.	The voice begins to deepen and hair appears in the armpits and on the chest about 2 years after pubic hair appears. Gynecomastia (breast development) occurs in more than 50% of boys. It usually occurs between 14 and 15 years and usually goes away within 6 months to 2 years.

**Menses:** Every month, a woman's body prepares the uterus for the possibility of becoming pregnant. The lining of the uterus grows thicker with blood, which provides nutrition to a baby if the woman becomes pregnant. Every 4-5 weeks, an egg is released from an ovary. If sperm from a man is present and the egg is fertilized, it will implant into the lining of the uterus, and the woman becomes pregnant. If the egg is NOT fertilized, the woman's body releases the uterine lining. This release of the uterine lining is what we call menses, or periods. A small amount of blood is passed out of the body through the vagina for 3-7 days each month. The cycle then repeats.

In the first year, menses are often irregular. They can be shorter or longer, heavier or lighter, and different each time. They usually do not happen every 28 days, but may vary. This is all normal as the body settles into a rhythm.

Some women have abdominal pain in the week before and at the very beginning of their periods. Unless the pain is severe, this too is usually normal and is due to the chemicals being released as the body gets ready to release the uterus lining. Some women may also be more emotional or moody around the time of their period.

## Conclusion

This is a period when boys and girls need to be very careful about how they behave. If they can abstain from sex, this is the better option. However, if they must have sex, then they must protect themselves.

## Lesson 3: Sex and Consequences

### Objectives:

After this lesson, participants will:

1. Demonstrate an understanding of the sexual pressures among teens
2. Create personal approaches to questions about sexual behavior
3. Apply basic skills of logic and reasoning to these questions.

### Materials:

1. Paper, pens, pencils
2. Sexual Pressures Key Words handout.

### Introduction

Adolescence is a tough period for children sexually. By grade 6 they are beginning to explore their own sexuality and sexual identity. They are often confused by and unprepared for a society filled with sexual messages, pressures, and dangers:

They feel pressure to laugh at sex jokes even though they are embarrassed by them.

Television glorifies sex, but children in the primary school are still a little scared by it.

They may not want to engage in the latest “booty dancing” craze at the next school dance—but they feel pressure from their friends.

Boys pop girls' bra straps in the hall. Girls aren't sure whether to be glad someone is flirting with them or whether to be offended.

On the internet, kids can access pornographic sites or sexually suggestive and sexually stimulating conversations with “friends,” whom you may not even know, on the social networks/media.

### Activity

#### 1. Where do teenagers draw the line?

- How do they develop a healthy respect for their own sexuality and the sexuality of others? What is appropriate?
- How do they say no to pressure?
- When are they in danger?
- What are the boundaries?

The Sexual Pressures exercise teach teenagers how to establish boundaries, respect themselves, and respect others in a world filled with sexual messages, pressures, and dangers that are sometimes confusing and difficult to navigate. Negative peer pressure may lead a teen to an early sexual debut. Teens should use the skills taught during the lessons on independence and assertiveness for to defend themselves on such occasions.

Explain that the purpose of this exercise is to help the teenager face these issues and begin a dialogue with their parents/caregiver. They will look at how they want their parents to talk to them about sex. This is a chance for them to set the rules on what is talked about and how. This assignment particularly looks at how issues such as personal behavior and emotions are addressed. The moral issues around sex are probably some of the hardest for young people, as well as their parents, to discuss and address. Children can begin to learn how to face sexual pressures by opening the dialogue.

## 2. Formulating Questions and Answers

- Teens will divide into groups of 4 to 5.
- Teens should be directed to begin mini-discussions addressing sex and morality issues, such as a person's emotions, temptations, and behavior. Their task is to record key questions that are derived from these discussions. Groups should have at least 8 to 10 questions to present to the class.

Sample Questions:

- What is the difference between love and sex?
- What are some ways to express love without sex?
- What are some things to think about before you decide to have sex?
- What are some feelings someone might have after having sex?
- How do you deal with peer pressures?
- What are some things that might tempt someone to consider having sex?
- Does dancing promote sex? Does dress promote sex?
- What do you think is sexual harassment?
- What is date rape? (Situation where a girl is forced to have sex against her will by a friend following a friendly invitation for a date/lunch out/doing homework together, fetching water together etc.)

Teens need to focus on the emotional impact of sex and the types of temptations that are out there.

The next step is for the groups to formulate and record answers to the questions they have developed. The teens' questions will most likely have been answered according to their feelings. If access to research materials is available, have the teens also research answers to the questions to validate the ones they have written.

Finally, while working in their groups, teens can define the key vocabulary words addressing the topics around sex. See the copy of the facilitator's version with definitions below. Use the Sexual Pressures Key Words as the worksheet for the vocabulary exercise.

### Sexual Pressures Key Words

- Love
- Sex
- Tease
- Flirting
- Temptation
- Harassment
- Rape
- Contraceptives
- Sexually Transmitted Diseases (STD)
- AIDS
- Emotional
- Moral.

#### Facilitator's definition of key words:

- **Love:** an intense emotional attachment.  
**Context:** A feeling of intense **desire and attraction** toward a person with whom one is disposed to make a pair; the emotion of sex and romance. A deep, tender, ineffable feeling of affection and solicitude toward a person, such as that arising from kinship, recognition of attraction qualities, or a sense of underlying oneness.

- **Sex:** The property or quality by which organisms are classified as female or male on the basis of their reproductive organs and functions. Females or males considered as a group.  
**Context:** The sexual urge or instinct as it manifests itself in behavior – activities associated with sexual intercourse.
- **Tease:** To annoy or make fun of someone persistently.  
**Context:** To arouse hope, desire, or curiosity in without affording satisfaction. A preliminary remark or act intended to whet the curiosity.
- **Flirting:** To make playfully romantic or sexual overtures.  
**Context:** Flirting is a playful behavior intended to arouse sexual interest.
- **Temptation:** The act of tempting (arousing desire) or the condition of being tempted.  
**Context:** The desire to have or do something that you know you should avoid. Temptation is the act of influencing by exciting hope or desire.
- **Harassment:** To irritate or torment persistently.  
**Context:** Harassment is a feeling of intense annoyance caused by being tormented. This tormenting is caused by continued persistent attacks and criticism. Sexual harassment is a form of discrimination.
- **Rape:** To force another person to submit to sex acts.  
**Context:** Rape is the crime of forcing another person to submit to sex acts, especially intercourse. It is the act of seizing and carrying off by force (abduction) and/or abusive or improper treatment.
- **Contraception:** The prevention of unwanted pregnancy.  
**Context:** When using contraception, you are using a device, drug, or chemical agent that prevents conception.
- **Sexually Transmitted Infection or STI:** A disease, such as genital herpes, gonorrhea, HIV or chlamydia, whose usual means of transmission is by sexual contact.  
**Context:** Individuals can catch an STI only from an infected sexual partner. Therefore, the more partners they have, the greater their risk of coming in contact with an infected person. People should know that it is easy to contract during intimate sexual contact and STIs such as gonorrhea and syphilis can be transmitted through oral sex. So, you do not need to be engaged in sexual intercourse to contract one.
- **AIDS:** A serious (often fatal) disease of the immune system transmitted through blood products especially by sexual contact or contaminated needles.  
**Context:** A severe immunological disorder caused by the retrovirus HIV, resulting in a defect in cell-mediated immune response that is manifested by increases susceptibility to opportunistic infections and to certain rare cancers, especially Kaposi's sarcoma. It is transmitted primarily by venereal routes or exposure to contaminated blood or blood products.
- **Emotional:** Of or relating to emotion.  
**Context:** When someone is readily affected with or stirred by emotion. Arousing or intending to arouse the emotions of a person. Pertaining to, or characterized by, emotion; excitable; easily moved; sensational; as, an emotional nature.
- **Moral:** Concerned with the judgment of the goodness or badness of human action and character.  
**Context:** Exhibiting goodness or correctness of character and behavior. Morals are rules or habits of conduct, especially of sexual conduct, with reference to standards of right and wrong.

### 3. Role-Play: "Parent Talk"

Each group will choose two to three participants from their group to role-play a "parent talk" about sex. One to two participants will play the "parent(s)" and the other the "child."

The teens will then role-play a parent/child talk about sex by using the questions their group discussed. This talk can take the approach of the child asking the parent questions or parent to child. Teens should try to play both scenarios.

It will be important that this talk is looked upon as somewhat serious. What we want participants to learn from this exercise is how they would like their parents to address and respond to questions about sex.

After each role-play activity, have the rest of the class discuss only what was effective about the talk they just experienced. Do not allow participants to give negative feedback or critique role-play activities. These effective points might be the way a question was asked or answered, body language, or the approach used. Write these points on the board. After all of the groups have had a chance to perform, go over the points you have written down with the class. Have them write these points down for their personal notes.

Suggest to your participants that they use the list of questions and the key points to help them discuss the issue of sex with their parents.

#### Adaptations:

Groups of younger participants may focus on three key questions that relate to sex and the morality issues around sex. These questions can derive from group discussion. After groups have come up with supported answers to these questions, they can then choose to role-play their parent talks expressing the group's findings. With some group discussion, sum up effective parent talk tactics used.

Have older participants take this assignment to a different level. Those participants who did not get to role-play the parent talk will now role-play a "student to student" talk. One student will take the role of sharing information with their peer, and the other the role of receiving that information. Participants will learn how this talk is different from the parent talk.

#### Discussion questions:

1. How do you want parents to address sex issues with you?
2. How is talking about sex with your parents different from talking about sex with your friends?
3. What do you think it means to be sexually responsible?
4. Is being sexually responsible cool or not cool?
5. Why do some teens have sex?

During adolescence, one has developed the characteristics of an adult without the experience that the adult normally has gone through. The teen is ignorant about many things. Teens such as members of the Teen Clubs need to be careful so they can avoid danger.

### Lesson 4: Relationships (dating, cross-generational sex, concurrent relationships)

**Objectives:** After this lesson, participants should:

1. Understand the nature of various types of relationships
2. Understand that during conception and pregnancy, some factors can affect the baby in negative ways
3. Develop skills to prevent dangers during relationships.

#### What is a relationship?

A relationship is a connection or association between two or more people or groups. Relationships exist between family members, between friends, between coworkers, between boyfriends/girlfriends, between husbands and wives, between patients and doctors, between teens and mentors, and others.

We will look at how relationships change through the different stages of adolescence. Special focus will be given to romantic relationships and what factors make a healthy relationship. The table below summarizes changing relations that teens may have and events associated with them.

### Changing Relationships among Teens through Adolescence

Type of Relationship	Implications for Adolescence
<b>Early Adolescence</b>	
<b>Friendships</b>	At this stage, girls and boys usually prefer to have friendships with peers of the same gender. Girls want to be friends with their fellow girls and boys want to be friends with their fellow boys. Early adolescents often do not share interests with peers of the opposite sex, so are usually not interested in spending time together. If they do have a friend of the opposite sex, they may not want to be seen with that friend because they may be teased by their same sex friends. At this age, most teens are not yet interested in having boyfriends or girlfriends.
<b>Opposite Sex</b>	During these years, boys and girls are competitive with the opposite sex. The boys want to show that they are better than the girls and the girls want to be better than the boys. Sometimes boys and girls are told that they shouldn't excel at certain tasks because only boys or girls should be good at it. We should encourage teens of both genders to excel at many different challenges. As teens at this stage of development observe the relationships around them, they are starting to develop their own ideas about roles and behaviors in relationships.
<b>Relationship to Elders</b>	At this stage, the early adolescents are easily excited by almost any activity at Teen Club. They love the attention they get from mentors/HCWs. Adolescents at this stage are eager to please the elders in their lives.
<b>Mid-Adolescence</b>	
<b>Friendships</b>	At this stage, adolescents will have friendships with both peers of the same gender and peers of the opposite gender. The teens will come to depend much more on their peers for information and support than on anyone else, including parents or guardians.
<b>Opposite Sex</b>	At this stage, boys and girls start to become interested in romantic relationships. They start to become conscious of the way they look and want to look attractive to the opposite sex. They may start to explore romantic relationships. This is when patterns of healthy or unhealthy relationships can begin. At this stage, they are curious, and may start to experiment with kissing, touching, and sex. Culturally, they are advised not to "play" with the opposite sex. The language used may not be clear. For example, girls are told not to play with boys instead of being told not to have sex with boys. No explanations or reasons are given. At this point in development, they are mostly experimenting, but are likely to engage in high-risk behavior such as failure to use condoms. It is important to use clear language and explain issues including reasons why people choose to have sex or to abstain from sex, and how to use condoms and family planning to have safer sex if they choose to have sex.

Type of Relationship	Implications for Adolescence
Relationship with Elders	During mid-adolescence, teens start to depend more on peers for guidance than on guardians or other adults in their lives. Sometimes these relationships are confrontational, because teens desire and earn independence. Strong good role models are important during this stage.
<b>Late Adolescence</b>	
Friendships	During late adolescence, adolescents form strong, close friendships that often persist for many years, even for their entire lives often develop. These relationships can be with same or opposite sex friends.
Opposite Sex	At this stage, girls and boys are thinking about serious romantic relationships. They are thinking of marriage as well as the possibility of having families. Adolescents are more interested in real issues about relationships. Most of them want to have healthy relationships; however, they may still need guidance on how to achieve this.
Relationship to Elders	As teens move into late adolescence, the many confrontations with elders that likely occurred during mid-adolescence start to resolve as teens become more confident in the people they are becoming, and have less need to test the boundaries. Strong, positive role models are still very important.
Family Relationships	Relationships with our families are some of the first relationships we develop. Roles and relationships among various immediate and extended family members are different in every family. Though many people have traditional families with mother, father, brothers, and sisters, many others have different family structures. Some teens live with elder brothers and sisters, some live with grandparents, some live with one parent and/or step-parent, some may live with extended family members such as an aunt/uncle or cousin and others are heads of households. There is no “normal” family, and the relationships that we have with the people we live with are important to our wellbeing. Families should create safe support systems with love, support, and guidance as we grow up, but sometimes relationships with our families can be challenging.

Teens often want to be treated like adults and to make their own decisions. Adults in their lives often want to help teens to avoid mistakes and bad decisions. This can cause frustration for the teens and for the adults. Encouraging teens and adults to discuss their feelings and actions can help decrease the tension that can develop.

It is important know that for teens living with HIV, conflicts can about ART can occur with guardians. For some teens, guardians are very involved and sometimes are seen as “interfering” by adolescents. Other teens have no support from guardians, who tell teens that they are “now grown” and should take care of things themselves.

Helping both teens and guardians understand their roles, responsibilities, and perspectives in managing ART is very important.

Helping teens to understand their guardian’s perspective and desire to help them take ART may allow them to capitalize on this opportunity for assistance and support.



For teens whose guardians provide no support, it is important to help guardians understand that despite their teen's sometimes-difficult behavior, they still need the guardian's help. Help guardians understand that teenagers are still maturing and cannot shoulder the full responsibility for management of life-saving treatment on their own; and they should work with teens to find ways to help them. Consider a combined teen club intervention where guardians and teens both attend and together create adherence strategies together.

Ensuring that guardians have a good understanding of HIV and ART is critical to ensuring that they understand the importance of their role in the teen's life. With good communication, parents, guardians, and other relatives can be important sources of support for teens as they grow into responsible adults.

Many teens living with HIV are single or double orphans and live with extended families. These family members may not understand HIV, and may reject or stigmatize these ALHIV by treating them differently from other children in the family. The teens may need to hide their HIV status from others living in the house. This can be very stressful.

Increasing knowledge and awareness among guardians about HIV transmission and risks in routine activities of daily family life can decrease the family's fear and help them to allow adolescents to participate fully in family life. Patient education sessions at ART clinics can help to address stigma by increasing knowledge about HIV and transmission. These topics may also be addressed at Teen Club guardian sessions. Developing teenagers' resiliency to cope with stigma in their homes and communities can help them while continued work to decrease stigma in the community, school and family continues. Linking teens to community-based support services, including social services or supportive adults in the community, can also help them.

### Healthy Romantic Relationships

Healthy relationships:

- Require respect for oneself and for the other person.
- Recognize that each person in the relationship is a partner and brings his or her own special skills or qualities to the relationship. While men and women may have different roles, it is important for each person to recognize and appreciate the contributions each makes to the relationship. Neither the man nor the woman is better.
- Allow both people to continue to grow and develop.
- Make a person feel safe. In a healthy relationship, neither partner is forced into doing things he or she does not want to do (having sex, having children, etc.) by the other partner. Abusive behavior, physical, sexual, or verbal/emotional, is never a part of a healthy relationship. If a person finds him- or herself involved in an abusive relationship, he or she needs to seek help. Every person has the right to end a relationship at any time if that relationship is no longer healthy, even if the other person does not agree. Good communication is also an important part of a healthy relationship. People need to be able to share their expectations, values, beliefs, wants and needs. Open discussions about HIV status depends on good communication.

Sexual activity does NOT always need to be part of a romantic relationship with the opposite sex. Many couples will decide to wait until marriage or until they feel more ready for the responsibilities that come with sex. In a healthy relationship, if one partner is not ready for sex, the other partner will respect their decision. Many people will delay sexual intercourse until they are comfortable enough to disclose their HIV status to their partner.



Teen Club offers an opportunity for adolescents to discuss the many issues that are involved with romantic relationships in a safe, open environment. They are able to find out what the other gender is “really thinking.” By discussing gender differences and gender and sexual rights, boys and girls alike can work toward building healthy relationships based on respect for one another.

### Behavior, Pregnancy, and Risks to Fetal Development

All teens should consider the risks inherent with having sex, including getting pregnant. Family planning (discussed in the next section) provides protection against pregnancy, but it must be used correctly. If a young woman does become pregnant, many factors, including certain behaviors, can affect the unborn child. Although the womb provides protection, the foetus remains indirectly connected to the outside world through its mother. Several factors that are linked to the mother can harm the foetus:

- Poor nutrition
- Use of alcohol
- Smoking
- Use of certain prescription or over-the-counter drugs
- Use of recreational drugs such as cocaine, sedatives, and narcotics
- X-rays and other kinds of radiation
- Ingested toxins, such as lead
- Illnesses such as HIV, German measles, syphilis, cholera, smallpox, mumps, malaria, or severe flu.

### Fetal Alcohol Syndrome

Mothers who drink heavily during pregnancy may have babies with fetal alcohol syndrome. Babies with this syndrome may have problems such as small head size, heart defects, irritability, hyperactivity, mental retardation, or slowed motor development. Fetal alcohol syndrome is incurable.

### Cross-Generational Relationships

Intergenerational relationships are social and family relationships between members of different generations. This may be a relationship between an older man and a child or any younger person. It may also be a relationship between an older woman and a younger child or any younger person. Such relationships tend to have many benefits for both the older and the younger person. However, when sex is involved, such a relationship tends to have certain dangers. This is referred to as cross-generational sex.

The facilitator explains what dangers there are and these dangers are discussed. The issues may be:

- Not being able to negotiate for safer sex
- Early sexual debut on the part of the younger person.

The facilitator allows the group some time to discuss the consequences of some of these dangers. They include the risk of STIs, acquisition of HIV, and pregnancy.

### Concurrent Sexual Relationships

This is when one person has sexual relationships with different people around the same period. This also has very serious dangers. The risk of STIs is one, as well as acquisition of HIV. Apart from the risks of contracting diseases, this kind of relationship also may create conflict and disagreements.

Teens form and are part of different types of relationships: with family or guardians, friends, and romantic partners. The nature of these relationships change as teens grow older. Some kinds of relationships, including cross-generational and concurrent relationships, put teens at risk of STIs

including HIV, as well as pregnancy. So teens, especially ALHIV, need to ensure that their relationships are healthy. People in healthy relationships respect one another, and enable one another to grow and change. ALHIV need to be sure that their parents or guardians understand their needs, so that they can support the teens the right way (such as helping to maintain daily ART regimens), and also so that the parents and guardians don't feel afraid or worry about the safety of their other family members. Teens can use Teen Club sessions to discuss concerns about their relationships and explore ways of improving the situation.

## Lesson 5: Family Planning

### Objectives:

After this lesson, participants should be able to:

1. Identify various methods of family planning
  2. Assess the advantages and disadvantages of each method
- On the flipchart or the board, write the different family planning methods (see Activity 1, Step 4 below), and list the six questions below to ask about each method.
    1. How does this method prevent pregnancy? (Does it provide a barrier between sperm and the egg? Does it prevent ovulation?)
    2. What are the advantages of using this method?
    3. What are the disadvantages of using this method?
    4. Does this method protect against STIs, including HIV?
    5. How does a woman/man use this method?
    6. Can a partner participate in use of this method (such as going with a partner to get it, paying for it, reminding/encouraging a partner to use it, helping insert it or put it on)?
  - Obtain brochures on the various methods of contraception from a local drug store, health department, or other family planning organizations.

### Activity

#### Part 1

1. Remind teens of the risks of sexual behavior: unintended pregnancy and infection with STIs, including HIV.
2. Emphasize that abstinence, or avoiding sexual intercourse, is always the most effective way to avoid sexual risks. Also state that using contraception, including condoms, correctly and consistently will reduce the risks substantially for those who have sexual intercourse.
3. Review the points in the *Leader's Resource, Teaching About contraception*, and make certain to mention the following:
  - a. Do not assume that anyone or everyone has had vaginal intercourse just because we are discussing contraception. This is information that you may need now or later.
  - b. It is important to minimize risks when you do have sexual intercourse. The best way to do that is to use contraception, including condoms.
  - c. Individual values about having sex and using contraception differ and that is okay.
4. Ask teens to name as many methods of contraception as they can. List their responses and add any that are omitted:
  - a. Abstinence
  - b. Condoms

- c. The female condom
  - d. Oral contraceptives
  - e. Diaphragm
  - f. Emergency contraception
  - g. Intrauterine device or IUD
  - h. Contraceptive implant
  - i. Injectable contraception (Depo-Provera)
  - j. Tubal ligation (female sterilization)
  - k. Vasectomy (male sterilization).
5. Ask teens which methods can be purchased over the counter, or without a doctor's prescription. Put a star beside those and display samples. (Over-the-counter methods include male and female condoms, foam/cream/jelly and vaginal contraceptive film. Abstinence, rhythm, and withdrawal might also be classified as over the counter, because they do not require a doctor's prescription.)
  6. Display the remaining methods. Point out that they require a physical examination and a prescription from a physician or nurse. Ask teens about the two categories of contraceptives:
    - a. Which ones are most effective?
    - b. Which ones do most teens use? Why?
    - c. How would you feel about buying the over-the-counter methods?
    - d. How would you feel about going to see a health practitioner for prescription methods?
    - e. Discuss the questions for a few minutes to get a sense of the group's attitudes about the various methods.
  7. Beginning with the prescription methods, describe how each method works, using the anatomy illustration or pelvic model to demonstrate placement of the diaphragm and to indicate where/how sterilizations are performed. After you describe a method, ask the six questions listed on newsprint or the board.
  8. Make it clear that many adults do not know how most methods of contraception work, so teens who do not know a lot of information should not feel embarrassed.
  9. Ask for reactions to each method and encourage them to express any concerns. Correct misinformation regarding: how a method affects its user, physical discomfort associated with a method, impact on future fertility and so on. Suggest that teens talk further about any of the methods with a parent, another adult they trust or someone at their community health clinic
  10. Answer any questions and explain that the remaining methods will be covered in the next session.

## Part 2

1. Repeat Steps 7, 8, and 9 with the non-prescription methods.
2. Conclude the activity using the Discussion Points.

## Discussion Points:

1. What contraception myths have you heard that we have not covered here (such as douching)?
2. What stories have you heard about prescription methods of birth control? Over-the-counter methods?
3. Many girls who are having sexual intercourse wait until they suspect they are pregnant before they go to a family planning clinic. Then they ask for a pregnancy test. Why wouldn't they go earlier to get contraception? How would you counsel a friend who was having sexual intercourse without using contraception or condoms?
4. Which, if any, of these methods make the most sense for teens to use? Why?

5. How important is it for a male to be involved in his female partner's use of contraception?
6. How do you feel about a girl using a method of contraception even if her partner does not agree with it?
7. How many teenagers talk to their parents about contraception? Why is that so?
8. Is family planning safe for teenagers? (Yes.)

All reversible forms of family planning are contraceptive options to consider for adolescents. They should be discussed with a family planning provider, who can work with the adolescent to decide together on the best method of family planning.

Permanent methods of family planning including sterilization with tubal ligation or vasectomy are not options for adolescents.

Adolescents should be advised to use **dual contraception**, as all women should—with condoms and a second family planning method. Adolescents may use Depo-Provera injections, oral contraceptive pills, progesterone implants (Norplant or Jadelle) or IUD (if providers are comfortable with insertion). All of these methods should be used **WITH** condoms. Using the above information, we can be reassured that while these concerns are common and reasonable, providing comprehensive sexual and reproductive health information is an important part of keeping young people healthy.

Sex is a difficult topic to discuss with teens. Most people who work with adolescents are uncomfortable addressing these issues in the beginning. It is important to remember that as mentors and health care workers, we must provide information in a nonjudgmental manner. We must set aside our personal beliefs. We may not believe that a 15-year-old should have sex, but it is not our decision. Facilitators can help teens to carefully consider decisions about having sex, and to think through the “good” and “bad” surrounding their decision, but ultimately they will make the decision themselves. By providing accurate, nonjudgmental, accessible information, you can help them make their own informed decision and can keep them safe if and when they do ultimately decide to have sex. We should not fear that by telling teens about sex we will encourage them to have more sex; the research shows just the opposite—that telling teens about abstinence and family planning and condoms can influence them to decide to have sex for the first time at an older age and with fewer partners. You should be proud of yourself for accepting the challenge to provide accurate information to teens and to help them stay healthy and safe.

### Family Planning Fact versus Myth

Replace myths with these facts about sexual and reproductive health (SRH), including family planning:

- **MYTH:** Condoms can be washed and reused.  
**FACT:** Condoms can only be used **once**.
- **MYTH:** Contraceptives will make you sterile and never able to have children.  
**FACT:** Only permanent sterilization with tubal ligation or vasectomy are permanent. All other forms of family planning are reversible.
- **MYTH:** If you stop monthly bleeding from Depo-Provera injections then you are sterile.  
**FACT:** Depo-Provera injections will **NOT** make you sterile. The average time it takes for regular periods and fertility to return depends on the type of injectable used. Regular periods return after 5-10 months after the last injection and 3-18 months after removal of implants. Contraceptive pills and IUDs do not cause infertility either.
- **MYTH:** If you use condoms you don't need to use other forms of family planning  
**FACT:** All people should use **DUAL CONTRACEPTION**. If using only condoms, 15 percent of women fall pregnant every year, but condoms are important to prevent transmission of resistant HIV and other STIs. Condoms with a second contraceptive method protect against pregnancy and STI.

## SRH Questions

Examine the questions and answers carefully to build your knowledge further.

1. What form of family planning also decreases the chance of sexually transmitted infections?  
**ANSWER:** Condoms.
2. What types of family planning are safe for adolescents who decide to have sex?  
**ANSWER:** Injections with Noristerat (NST) or Norigynon, pills, implant/Jadelle, IUCD-Lupu. In addition to all this, condom use is advisable.
3. What types of family planning are NOT ACCEPTABLE for adolescents?  
**ANSWER:** Permanent sterilization with tubal ligation or vasectomy is NOT for adolescents.
4. Name some sexually transmitted infections.  
**ANSWER:** Gonorrhea, Chlamydia, Syphilis, HIV, Herpes, and human papillomavirus (HPV).
5. Do adolescents who decide to have sex have a right to family planning services?  
**ANSWER:** YES, adolescents have a right to access family planning services. It can sometimes be difficult for teens to access these services because of lack of privacy or confidentiality, or due to unwelcoming attitudes at the clinic, but they have the RIGHT.
6. Where can adolescents access family planning services?  
**ANSWER:** Government family planning clinics, Family Life Association Swaziland (FLAS), health centers, hospitals, and other possible sites.
7. If you have an ulcer or rash in your genital region and it heals itself should you still go to the clinic?  
**ANSWER:** YES! The infection, if untreated, can stay in the body and cause possible problems in the future with illness or infertility.
8. What STI causes a burning rash?  
**ANSWER:** Herpes.
9. Do NST injections cause infertility?  
**ANSWER:** NO! When the medicine is working some women stop having their monthly periods. That is completely normal.
10. If you are having sex for the first time can you get pregnant?  
**ANSWER:** YES!!! Once a woman starts her periods she can become pregnant.
11. If you wash after having sex can you prevent pregnancy?  
**ANSWER:** NO. To prevent pregnancy, do not have sex, or use both family planning and condoms if you decide to have sex.
12. If you and your partner both have HIV, do you have to use condoms?  
**ANSWER:** YES, to prevent other STIs and re-infection with possibly resistant HIV.
13. Why should you NEVER buy medicines from the market that people say will stop pregnancy?  
**ANSWER:** Because no one knows what these medicines are and they could be very dangerous or even deadly and make you sick. Go to the hospital to for any medicine.
14. Is it possible for a woman with HIV to have a baby without HIV?  
**ANSWER:** YES.
15. Do people living with HIV have the right to have a family?  
**ANSWER:** YES.
16. Do people who are not married have a right to use family planning?  
**ANSWER:** YES.

If there is time, play the TRUE and FALSE PREGNANCY GAME.

## True and False Pregnancy Game

*Tell the group that you have a game about avoiding pregnancy. Place a "TRUE" and "FALSE" sign at opposite ends of the room and read the TRUE/FALSE statements below. Tell the teens that if they think the statement is true, they should move toward the TRUE sign, and if they think statement is false, they should move toward the FALSE sign.*

*Before revealing the answer to each statement, choose one member from each side to explain why he/she agrees or disagrees with the statement.*

You cannot get pregnant if...

1. You have not begun menstruating.

**FALSE.** Eggs may be released into the uterus before menstruation starts.

2. You are having menstrual bleeding.

**FALSE.** When girls start menstruating, their cycles are irregular, and eggs can be released into the uterus at different times.

3. You have intercourse standing up.

**FALSE.** You can get pregnant in any position.

4. You urinate right after sexual intercourse.

**FALSE.** Urine passes through the urethra, so it does not remove any sperm in the vagina.

5. You cleanse your vagina after sexual intercourse.

**FALSE.** Sperm reaches the uterus very quickly and will not be removed by vaginal cleansing.

6. You are under 12 years old and too young to get pregnant.

**FALSE.** Eggs can be released as early as 9 years old.

7. A male pulls his penis out of the vagina before ejaculating.

**FALSE.** Some sperm can be released even prior to ejaculation.

8. You are having sexual intercourse for the first time.

**FALSE.** Any time you have intercourse, you can become pregnant.

9. You have sexual intercourse with a man who assures you that you will not get pregnant.

**FALSE.** If a man releases sperm into your vagina, he cannot control whether it will cause you to become pregnant or not.

10. You should use a medically prescribed/recommended contraceptive method to regulate your fertility.

**TRUE.** In most cases, if a medically prescribed/recommended contraceptive method is used PROPERLY, it prevents pregnancy.

Point out that ALL the statements about avoiding pregnancy were false except for the last one.

Check if there are questions about the statements or about becoming pregnant. Emphasize that it is natural to have sexual or romantic feelings. However, when deciding to have intercourse, one must be aware of the risk of pregnancy. This decision is very serious.

In this lesson we have identified various methods of family planning and discussed the advantages and disadvantages of each method. We have also discussed facts and myths about family planning to assist us make good choices. Family planning is safe for all adolescents.

## Lesson 6: Sexually Transmitted Infections (STIs)

### Objectives:

After this lesson, participants should know how to:

1. Identify sexually transmitted infections
2. Prevent sexually transmitted infections
3. Seek treatment for sexually transmitted infections.

### Materials:

Poster/flipchart on STIs

Sexually transmitted infections, or STIs, are a group of diseases that are passed from one person to another through sexual intercourse/genital contact. Spread of most STIs can be prevented by correct use of condoms, but they do not work 100 percent of the time.

A person who thinks he/she has a STI, should immediately go to clinic for evaluation and treatment. Sexual partners should attend clinic also, even if they have no complaints because they also need treatment. If STIs are left without treatment, people can become sick, sometimes develop scarring, and may be unable to fall pregnant in the future. If a person living with HIV has an STI, it can make him/her more likely to pass HIV to his/her partner. If a person is HIV-negative, having an STI can make him/her more likely to become infected with HIV.

**Chlamydia and gonorrhea:** Chlamydia is caused by a bacterium, *chlamydia trachomatis*. Gonorrhea is also caused by a bacterium, *Neisseria gonorrhea*. Most people with chlamydia and/or gonorrhea infections do not have symptoms, but may have a discharge from the vagina or penis, or a burning pain when passing urine. If untreated, these infections may cause pelvic inflammatory disease (PID) in women and eventually lead to infertility. Both infections can easily be treated with antibiotics. A patient with symptoms or a contact with someone who has symptoms should be treated for both infections. The picture on the following page shows you one of the symptoms of gonorrhea in males.



Chlamydia



Gonorrhea



**Genital Herpes:** Herpes infection is caused by a virus, herpes simplex virus (HSV). There are two types of herpes infections. HSV 1 usually causes painful sores on the lips or in the mouth. HSV 2 usually causes painful sores on the vagina or penis, and may cause pain when passing urine. HSV infection is lifelong and cannot be cured. Pain and lesions may come and go. Herpes can be treated with medicines if you go to the doctor as soon as any pain starts.

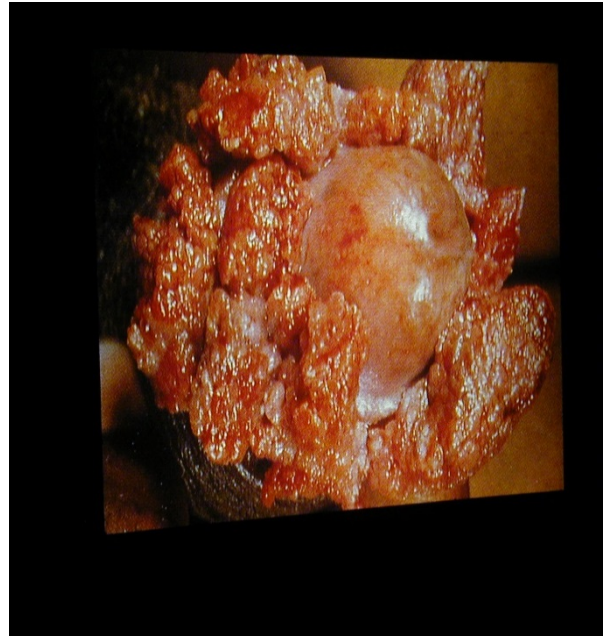
Herpes in a woman and a man





**Genital warts:** Genital warts are caused by the virus human papillomavirus (HPV). Many people are infected with HPV but have no symptoms. Other people develop warts on the vagina or penis, or around the anus. In some people, HPV may cause cervical or penile cancer. Genital warts can be treated with medicine or by removing the warts. It is important to go to family planning clinic for cervical cancer screening for women with visual inspection with acetic acid, or VIA. There is a vaccine that can prevent HPV infection that may be available in Swaziland in the future.

**Figure 1 Genital warts in a man and a woman**



**Syphilis:** Syphilis is caused by a bacterium, *Treponema pallidum*. Symptoms usually start with a firm, painless ulcer (sore) on the vagina, penis, anus, or mouth. If not treated, after the sore disappears, a rash may appear, especially on the hands or feet. If still not treated, the rash will disappear and the person may not have symptoms for many years. But many years later, the bacteria can cause many problems and may cause death. In the early stages, syphilis can easily be treated with antibiotics. Later stages require a longer course of antibiotics. Syphilis can be passed from a mother to her unborn child, and can cause serious problems, even death, in the baby. This picture below demonstrates a typical symptom of syphilis in a woman and a man, and also shows a symptom of syphilis in a newborn.



Syphilis in a man **Trichomoniasis:** Trichomoniasis is caused by a parasite, *Trichomonas vaginalis*. Women usually have a frothy vaginal discharge that does not smell good. They may also have pain when passing urine or when having sexual intercourse. Men usually do not have symptoms, but may have pain when passing urine, or a small amount of discharge. Trichomoniasis can be treated with medicine.

**Hepatitis B:** Hepatitis B is caused by the hepatitis B virus. Early in infection, some people may not have any symptoms; others may have a mild illness with fever, abdominal pains, feeling tired, nausea, or vomiting. Some patients develop severe disease with abdominal pain, jaundice (yellow color of the skin/eyes), and dark urine. In most people, the body is able to kill the virus. In a few others, the virus can stay in the body forever (chronic infection) and cause problems in the future. There are no medicines to cure hepatitis B, but there is a vaccine that can prevent the infection.

**Chancroid:** Chancroid is caused by a bacterium, *Haemophilus ducreyi*. Chancroid usually causes painful sores on the vagina or penis and swelling of the lymph nodes in the groin. Chancroid can be treated with the same antibiotics that are used to treat gonorrhea/chlamydia infections.



**Chancroid**

**Human immunodeficiency virus (HIV):** HIV is a virus that causes AIDS if untreated. HIV infection is lifelong and cannot be cured. At the time of infection, symptoms may include fevers, fatigue, sore throat, and body pains. Most people infected from sexual intercourse may have no symptoms for many years. If a person is unaware of his/her HIV infection and does not get treatment, eventually the immune system becomes weak and he/she will become sick with a variety of illnesses.

### Conclusion

In this lesson we have identified sexually transmitted infections, or STIs, and discussed how to prevent them. We have also learned that it is extremely important to seek early treatment for any symptoms of STIs. Sexual partners of adolescents with STIs also need treatment. **Consistent condom use** will reduce the risk of contracting STIs.

## Lesson 7: Sexual and Reproductive Health Rights

**Objectives: At the end of this lesson, participants would be able to:**

1. Define in simple terms what reproductive rights are.
2. Identify the agencies that promote reproductive health rights.

Sexual and reproductive health and rights, or SRHR, is the concept of human rights applied to sexuality and reproduction. It is a combination of four fields that in some contexts are distinct from each other, but less distinct or not at all in other contexts. These four fields are sexual health, sexual rights, reproductive health, and reproductive rights. In the concept of SRHR, these four fields are treated as separate, but are intertwined.

Distinctions between these four fields are not always made. Sexual health and reproductive health are sometimes treated as synonymous to each other, as are sexual rights and reproductive rights. In some cases, sexual rights are included in the term sexual health, or vice versa. Not only do different NGOs and governments use different terminologies, but different terminologies are often used within the same organization.

Some of the notable global NGOs that fight for SRH and rights include IPPF (International Planned Parenthood Federation), ILGA (International Lesbian and Gay Alliance), WAS (World Association for Sexual Health—formerly known as World Association for Sexology), and the International HIV/AIDS Alliance.

Reproductive rights are legal rights and freedoms relating to reproduction and reproductive health. The World Health Organization defines reproductive rights as follows:

**Sexual rights** embrace human rights that are already recognized in laws of countries, international human rights documents, and other international agreements. These include the right of all persons, free of coercion, discrimination, or violence, to:

- Receive the highest attainable standard of health in relation to sexuality, including access to SRH care services
- Seek and impart information in relation to sexuality
- Receive sexuality education
- Have respect for bodily integrity
- Have a free choice of partner
- Decide to be sexually active or not
- Have consensual sexual relations
- Have consensual marriage
- Decide whether or not and when to have children
- Pursue a satisfying, safe, and pleasurable sexual life.

Do you know about the 1995 Beijing Conference on Women? Go and read about it. This conference established that human rights include the right of women freely and without coercion, violence, or discrimination, to have control over and make decisions concerning their own sexuality, including their own SRH.

At the 14th World Congress of Sexology (Hong Kong, 1999), the WAS adopted the Universal Declaration of Sexual Rights, which includes 11 sexual rights:

1. The right to sexual freedom
2. The right to sexual autonomy, sexual integrity, and safety of the sexual body
3. The right to sexual privacy
4. The right to sexual equity
5. The right to sexual pleasure
6. The right to emotional sexual expression
7. The right to sexually associate freely
8. The right to make free and responsible reproductive choices
9. The right to sexual information based upon scientific inquiry
10. The right to comprehensive sexuality education
11. The right to sexual health care.
12. This Declaration influenced the Yogyakarta Principles developed in Indonesia in 2006, especially on the idea of each person's integrity and right to healthy sexuality, including SRH.

In Swaziland and most African countries, the issue is not discussed much. However, it is good to know that there are debates on sexual orientations. Some people believe they are GAY, some think they are LESBIAN. Still some people think they are BISEXUAL, and still some think they are TRANSGENDER. This has given rise to the issue and debate on lesbian, gay, bisexual and transgender (LGBT) issues and debates. The facilitator may explain the meaning of the terms.

**Bisexual:** a person who has significant romantic, emotional, physical and sexual attractions to members of both sexes. The frequency, intensity, or quality of attraction is not necessarily directed toward both sexes equally.

**Gay:** a man whose primary romantic, emotional, physical and sexual attractions are to other men. This term can also be used to apply to lesbians, bisexuals, and on some occasions, be used as an umbrella term for all LGBT people.

**Lesbian:** a woman whose primary romantic, emotional, physical and sexual attractions are to other women.

**Transgender:** used both as an umbrella term and as an identity. Broadly, it refers to those who do not identify or are uncomfortable with their assigned gender and gender roles. As an identity the term refers to anyone who transgresses traditional sex and gender categories.

The topic may not be discussed further, depending on the participants.

## Activity

### Introduction

In this activity you will work to identify health in its holistic sense, and to think about the factors affecting health. After that, we will develop our knowledge of the rights of the child. We will be able to understand the link of rights with responsibilities, and understand their role in contributing to achieving these rights. We will also understand the role of parents and others (care providers and duty officers) in availing the requirements and environment suitable for applying these rights, and in encouraging us to exercise them. We will also be able to define SRH and infer the rights linked to it, and we will grasp the importance of sex education and its benefits. We will also focus on advancing our understanding of the right to diversity, difference, and non-discrimination, proceeding from our way of life. Respect for and appreciation of diversity and difference constitute one of the basic principles of working together from the rights standpoint.

### Rights and Duties

Our approach proceeds from the four principles that form the foundation of the Convention on the Rights of the Child (CRC) and reflect its spirit: **participation**, the **best interest** of the child, **non-discrimination**, and **life and growth**. We focus on the role of children in contributing to and working for realization and enjoyment of their rights.

### Exercise

**Object of the exercise:** To enable adolescents to define health and understand its principal components.

**Duration:** 30 minutes.

**Tools:** Papers, flipchart, pens. **Techniques:** Brainstorm session, written participation.



## Steps

1. We begin with the following question as starter for the work: What is health? And how do we obtain good health? We listen to the answers, write them on the board, and explain that we will develop our knowledge of the concept of health in the steps that follow.
2. We write on the board a definition of health and ask: What does this expression mean for you, and how do you explain it?
3. We explain: So that you can better answer this question, you will walk to where is hung on the wall three large papers on which are written various phrases: physical health, psychological and emotional health, social health. Each of you will write a phrase or word in each column.
4. After completing the writing, we ask a volunteer to read the answers in each column. From the answers we infer together the components of health and some of its influencing factors.
5. We summarize the holistic view of health and focus on the importance of integrating the physical and psychosocial aspects of health in order for the human being to feel well.

## Conclusion

The facilitator should emphasize the key messages:

1. To be well and to enjoy health means to be active and feel comfortable, and to be on good terms with people we care about (family, facilitators, friends), and feel satisfied with ourselves.
2. There are many things that make us feel good and make our health better. Among these are:
  - Taking in good nutrition
  - Making sure that we are clean
  - Taking care of our bodies and protecting them from harm
  - Doing activities that are fun and teach us new things
  - Having friends that we like and they like us
  - Exchanging feelings of respect, confidence, and affection with people we care about
  - Expressing our sexuality in healthy ways.

Sexual rights are part of human rights. Knowing these rights will help us defend ourselves when peers and older people try to deceive us and make us get involved in things that are dangerous for us.

## Lesson 8: Comprehensive Sexuality Education

### Objectives:

After this lesson, participants will:

1. Know the skills to make responsible choices about sexual relationships
2. Know how to develop positive attitudes and values
3. Know how to develop values and attitudes necessary for HIV prevention
4. Appreciate gender equality.

UNESCO identifies the primary goal of sexuality education as that “participants and young people become equipped with the knowledge, skills and values to make responsible choices about their sexual and social relationships in a world affected by HIV.”

The International Planned Parenthood Federation (IPPF) defines a rights-based approach to CSE as “to equip young people with the knowledge, skills, attitudes and values they need to determine and enjoy their sexuality-physically and emotionally, individually and in relationships.”

Sexuality education provides young people with the knowledge, skills, and efficacy to make informed decisions about their sexuality and lifestyle. Comprehensive sexuality education (CSE) emphasizes a holistic approach to human development and sexuality.

Both definitions view sexuality within the context of emotional and social development. They recognize that providing information alone is not enough. Young people need to be given the opportunity to acquire essential life skills and develop positive attitudes and values. CSE is an approach that recognizes and promotes human rights; knowledge, values and skills necessary for HIV prevention; and, gender equality. Evidence has shown that CSE that is scientifically accurate, culturally and age-appropriate, gender-sensitive, and life skills-based can provide young people with the knowledge, skills, and efficacy to make informed decisions about their sexuality and lifestyle.

Many international agreements have in various ways tried to promote comprehensive sexuality education. They include:

- The Convention on the Rights of the Child
- The International Covenant on Economic, Social and Cultural Rights
- The Committee on the Elimination of Discrimination against Women (CEDAW)
- The Convention on the Rights of Persons with Disabilities
- The International Conference on Population and Development (ICPD).

All the above agreements affirm the right of all children and adolescents to receive SRH information, education, and services in accordance with their specific needs.

## Activity

### Sex and Sexuality: Understanding the Difference

**Duration of Lesson:** 45 minutes.

**Summary:** This activity uses brainstorming, a short writing exercise, and small and large group discussion to help participants understand the differences between the terms "sex" and "sexuality;" explore the different components of their sexuality; and identify different messages and sources that have influenced their learning about sexuality.

### Procedure

1. Tell participants that today they will be learning about the meaning of some very important words—words that they have probably heard of before. Write the word "SEX" on the board or on a piece of flipchart paper. Ask the participants to share any thoughts, ideas, and/or feelings that come to mind. Record students' responses to this brainstorm activity.
2. Praise the participants for sharing and helping you create such a big list. Tell them that you are going to ask them to do this activity again, but this time with another word. Write the word "SEXUALITY" on flipchart paper. Again, ask the participants to share any thoughts, ideas, and/or feelings that come to mind. Record participants' responses. Praise the participants for sharing and helping you create this second list.
3. Hold a large group discussion with participants around the following questions:
  - Do you think these two words mean the same thing? If not, how do they differ?
  - Where do we learn the associations we have for these two words? Ask participants to give you specific examples.
  - How do these associations affect how youth feel about sex and sexuality?

4. Clarify for participants that "sex" and "sexuality" are actually two different words. You may want to use the definitions below to explain the differences.

**Sources of Sexual Learning:** These include parents, friends, religion, culture, media, environment, law, school, facilitators, books, etc.

**Facilitator's Note:**

You may want to have specific magazine clippings, a television spot, a written law or school policy, or a book to provide examples of how we learn and are influenced about our sexuality.

1. Tell participants that you will be asking them to think about some questions about sexuality. Give each student a large index card or piece of paper to write answers to the questions you will be asking them. Tell them they can respond to the questions with any ideas, places, feelings, or people that enter their minds.
2. Read each question listed below and give participants a minute or two to record their answers in one of the four corners of the index card. Participants can write their names in the middle of the cards.
  - Where do young people like you learn about sexuality? Give at least three examples.
  - What are some of the early messages (from birth to five years old) you received about your sexuality?
  - In thinking about the definition we learned today about sexuality, name three ways that you are a sexual being. (These three ways should have nothing to do with sexual intercourse; remember that sexuality encompasses much more than sexual intercourse).
  - What advice would you give to teens your age about sexuality?
3. After the participants have completed their index cards, ask them to pair up and share their answers to any two of the four questions with a partner. Give them about two to four minutes to discuss their answers. Select some of their responses to each question and record them on the blackboard. Clarify any misinformation. Make some generalizing statements based on student responses about:
  - Where people learn about sexuality
  - Different ways that youth can be sexual
  - The types of advice (or messages) they would give to other youth.

Indicate that everyone has different experiences and opinions. Inform participants that they will continue to learn and experience their sexuality throughout their lifetimes.

4. Ask participants to think of one adult with whom they could share what they learned about. Encourage them to explain what they have learned with an adult they trust.

## Conclusion

Ask for volunteer(s) to summarize what was discussed in the lesson. Be sure the following points are reinforced:

- "Sexuality" is different from "sex." Sexuality is a much broader term, has many components, and includes much more than sexual intercourse. Everyone is a sexual being. Sexuality begins at birth and ends at death.
- People begin learning about sexuality from birth. People learn about sexuality from a variety of sources—their family, their community, their faith, friends, and the media—to name a few. It's important to question and think critically about the different messages we receive about sexuality, especially those messages from the popular media.



- People have different feelings and opinions about sexuality. We have seen that even when people grow up near each other and share a similar culture or faith, they may have different values about sexuality.
- Today's session helps us to be aware of the many differences we have about sexuality. It's important for each of us to show respect for people and opinions that are different from our own, particularly as we learn more about sexuality in the lessons ahead.
- Our sexuality is a normal and healthy part of our lives.

## Lesson 9: Adolescent Pregnancy and Maternal Mortality

### Objectives:

After this lesson, participants will:

1. Realize the dangers of adolescent pregnancy
2. Know the truth about pregnancy
3. Understand that they must obtain skills to avoid getting pregnant too early in life.

Adolescent pregnancy is a common, life-threatening reality of many adolescent girls in the world. It affects multiple aspects of the life of a teenage girl including health, education, and future employment and earning, and the family of both the girl and her community. Most adolescent births occur in developing countries.

The HIV gender gap begins early in Swaziland, with girls between the ages of 10 and 14 infected at almost twice the rate of boys at that age. Teen pregnancy is also high in Swaziland. This combination—high HIV rates and high pregnancy rates among teen girls—puts babies at particularly high risk for HIV infection through mother-to-child transmission. Sexual relationships between adolescent girls and adult men have contributed to this dire situation.

Swazi girls who are considered orphans and vulnerable children (OVC) are more likely to engage in sexual intercourse at a young age. According to the Swaziland Ministry of Health, 9 percent of OVC girls younger than age 15 have had sexual intercourse, compared to 6.4 percent of non-OVC girls. This is a significant issue in a country in which 1 in 4 children is an orphan, and many more are classified as vulnerable because of family death, poverty, or abuse.

## Sexual Behavior: True or False

Read the statements and decide if they are true (T) or false (F). Mark your answer in the box on the right.

		T or F?
1	Masturbation is harmful.	
2	If a girl does not bleed the first time she has sex, it means she is not a virgin.	
3	It's the man's role to initiate sex.	
4	People can make love and have orgasm without having sexual intercourse.	
5	Masturbating frequently is a problem.	
6	Many women do not have orgasm from vaginal intercourse alone.	
7	The first time a woman has sex it will hurt.	
8	Masturbation helps people learn and understand their body's response to sexual stimulation.	
9	Someone who is homosexual wants to have sex with anyone of the same gender.	
10	Once a man becomes sexually excited, he cannot control himself and must ejaculate.	
11	The easiest way to know how to please your partner is to talk about what he or she likes and what feels good.	
12	You can acquire an STI from oral sex.	
13	Many men will lose their erection during sexual experience at some time in their lives.	
14	If a man has a big penis his partner will feel more pleasure.	
15	A woman who loves sex a lot can't be trusted to be a faithful partner.	
16	The right age to have sex is 18.	
17	If a man can't keep vaginal intercourse going long enough the woman will not have orgasm.	

## Answers to the Sexual Behaviors: TRUE or FALSE

1. **False:** Masturbation is not harmful; rather it is safe and a good way to learn about one's own body. However, it is a personal choice. Most people masturbate, but some people choose not to, and some are not comfortable with the idea.
2. **False:** Some bleeding is caused by the tearing of the hymen. However, the hymen can easily stretch or tear during normal physical activity or sports and can be stretched open by fingers or tampons. The absence of a hymen or bleeding does not mean a girl has had sex.
3. **False:** In many cultures, men have the role of initiating sex and women are supposed to be more passive sexually. However, this pattern reflects certain cultural attitudes about gender roles; in fact women can also initiate sex. Even those women who follow traditional gender roles often develop an indirect way to communicate their desire for sex to their partners.
4. **True:** Making love can also consist of many behaviors (caressing, kissing, massage, manual stimulation). People may reach orgasm from touching or rubbing each other without engaging in intercourse.
5. **False:** There is no problem with masturbating frequently. The only time masturbation can be considered a problem is if it gets in the way of other things the person should be doing or if the person is disturbing other people or otherwise causing harm to themselves.
6. **True:** Most women do not reach orgasm from vaginal intercourse alone. Rather, they reach orgasm through stimulation of the clitoris. Women are more likely to have an orgasm if they (or their partner) stimulate the clitoris directly before, during, or after vaginal intercourse.
7. **False:** The first time a woman has sex it may or may not hurt. To minimize discomfort or pain, partners should take time to explore each other's bodies and become fully aroused before penetration, so that the woman's vagina is well lubricated. If the woman feels nervous or afraid, the couple may want to wait.
8. **True:** Masturbation is one of the best ways to learn about and understand how one's body responds to sexual stimulation. It can help women and girls learn how to reach orgasm.
9. **False:** Every person, whether heterosexual, homosexual, or bisexual, is sexually attracted only to certain people. Sexual attraction is based on many factors.
10. **False:** Some men believe that if they are really sexually excited, they have to have an orgasm, but this is not true. Stopping may cause some discomfort, but the discomfort will diminish on its own. Anyone—male or female—can stop at any point in a sexual experience.
11. **True:** Every person has his or her own preferences concerning what is sexually arousing. Rather than guessing what one's partner likes or finds pleasurable, it is quicker and more reliable just to ask her or him. Communication is one key to having a positive sexual relationship that is pleasurable to both partners.
12. **True:** Oral sex can result in the transmission of various STIs, including herpes, gonorrhea, human papillomavirus (HPV, or genital warts), syphilis, chlamydia, hepatitis B, and chancroid, and HIV.
13. **True:** Many men will have this experience at some point in their lives. It is normal and nothing to worry about. Anxiety about it can make it more likely to recur.
14. **False:** A large penis does not give a woman more pleasure during intercourse. Although women differ, most women say that it is what the man does, not his size that matters. In fact, a very large penis may be uncomfortable or even painful for a woman.
15. **False:** Enjoying sex is natural for men and for women. A person's enjoyment of sex has nothing to do with his or her trustworthiness. The idea behind this statement, that women should not like sex, reflects the double standard that it is acceptable and expected that men, but not women, like sex. This idea is unfair, inaccurate, and a stereotype.
16. **False:** There is no right age to have sex. Each person has to determine when he or she feels ready to have sex. The readiness depends on a person's level of maturity, relationship, values, and feelings. Countries have laws about the age at which a person is considered old enough to be able to consent to sex.
17. **False:** Vaginal intercourse does not lead to orgasm for many women, regardless of how long the man continues; more often, women reach orgasm as the result of direct stimulation to the clitoris. Honest communication between partners will help both partners find sexual activity pleasurable.

## Conclusion

Adolescent pregnancy is a common and life-threatening reality in Swaziland. It affects many aspects of the life of a teenage girl, including health, education, and future employment and earning, and the family of both the girl and her community. Orphans and vulnerable girls are especially at risk from early pregnancy and the consequences of unprotected sex.

HIV infections in girls between the ages of 10 and 14 occur at almost twice the rate of boys at that age. This combination—high HIV rates and high pregnancy rates among teen girls, especially OVCs—is leading to mother-to-child transmission of HIV. This lesson assists adolescents to obtain skills and make good choices so as to avoid getting pregnant too early in life.

We have also discussed myths and truths about sexual behavior. Sex is a natural act and should be pleasurable, but teens should be sure that if they have sex, they do it safely, *every time*, to avoid HIV, other STIs, and early pregnancy.

## Unit 4: Stigma and Discrimination

### Lesson 1: Definition and significance

#### Objectives:

After this lesson, participants will be able to:

1. Identify what stigma is
2. Explain the significance of stigma in everyday life
3. Describe situations when stigma may be felt strongly.



Source: Understanding and Challenging HIV Stigma: Toolkit for Action (International Center for Research on Women, 2003).

Print out this picture and display it on the wall or chalkboard. Ask volunteers in the group to comment on it. Discuss their comments together. They may identify some discrimination or even stigma. Ask the participants to try and define stigma in either siSwati or English. Then compare it with the definition below.

## Definition

To stigmatize someone is to identify or label people who are thought to be shameful or different from the socially acceptable norm.

People can be stigmatized for many reasons. Some examples include:

- Being sick with TB or HIV
- Being pregnant before being married
- Being albino
- Not finishing school
- Being short.

Stigma may happen intentionally by saying or doing something hurtful, or unknowingly by our body language, word choices, or facial expressions.

## Significance

Stigma can have a serious effect on someone's life. After discrimination has occurred, it is difficult to "undo." It is particularly hurtful when discrimination comes from both adults and peers. Some facilitators, medical staff, church leaders, politicians, counselors, guardians, and others who are meant to be leaders in a teen's life may show prejudice toward teens because they have HIV or someone thinks they might have HIV.

Stigmatized people may be passed over for opportunities for education, good jobs, or travel; or they may be denied basic human rights such as good food and shelter. When constantly faced with stigma, children may lose their self-confidence and fail to develop to their full potential.

Teens may have many different reactions to stigma depending on the teen, the situation and who is stigmatizing them. They may feel: shock, anger, sadness, worry, embarrassment, fear, confusion; loss of friendship, trust, hope, or self-esteem; or rejection, isolation, or other feelings. Stigma can be an important contributor to poor emotional health, and can make adherence to medications more difficult.

## Conclusion

Stigma involves identifying or labeling people who are thought to be shameful or different from the socially acceptable norm. People who are stigmatized, whether because they are HIV-positive, have a teen pregnancy, or for another reason. Stigma has serious consequences, and teens must understand that stigma can make their lives more difficult.

## Lesson 2: Stigma and discrimination in life situations

### Objectives:

After this lesson, participants will begin to:

1. Identify causes of stigma most often faced by HIV-positive adolescents
2. Feel prepared to overcome instances of stigma they may face.

### Activity

#### My Supporters

#### Participant goals:

1. Identify the people who give them support in their own lives.

2. Become aware of stigma toward people living with HIV and think about what it would be like to lose support during a time of need.
3. Commit to supporting people living with HIV.

#### Key messages:

- In life, everyone needs supporters. We must build our Support Team with family, positive friends and others to help us stay strong in life.
- Stigma and discrimination exist toward people with HIV. Sometimes when a person has HIV their supporters leave them, making them feel alone and helpless.
- We do not have to be afraid if someone is HIV-positive. We must support them and teach others to do the same.

Participants: 10–40

Time: 20–45 min

#### Activity overview:

Participants define what support means and discuss who gives them support in their lives. In small circles, one participant at a time stands in the middle and falls with the eyes closed and leans against the other participants, who support him or her with their hands. Participants discuss stigma and discrimination against people living with HIV and the importance of social support.

#### Stigma at school:

- Teachers tell us that sometimes children refuse to sit with another child if they think they have HIV. Other children have been called “AIDS boy” by the entire school upon arriving every morning.
- Facilitators and students alike often question children at boarding school when they go to take their medications. This often puts more attention on them and affects adherence to medications.
- Some children feel that the special treatment they receive from teachers, who are often trying to “help,” often puts them in a difficult situation. For example, excusing them from group punishments even though they had participated in the “crime” or excusing them from routine chores because they are “weak or sick” makes them different than their peers and often alienates them from their friends.
- Some teachers assume that because a child is an orphan then she must have HIV, which is not always the case. Sometimes children feel that if their teachers are aware of their status, the teachers assume the participants have had sex, and judge them because of that belief.

#### Stigma at home:

- Sometimes families isolate children living with HIV from others by making them use their own plates or their own bed due to misinformation about how HIV is transmitted. You cannot get HIV by sharing plates or cups or by sharing bedding.
- Families may also treat a child living with HIV differently from the rest of the family by excusing them from doing chores. This can cause resentment from siblings.

Stigma does not only happen with intentional actions. If we are not careful, we may stigmatize a person without even realizing it. We must always be aware of the way that we speak and the words that we use as some words or phrases we think are harmless may be very stigmatizing.

#### Step 1: Introduction

- Explain to the participants: “In this game, we are going to practice supporting each other. Are you ready to play the game My Supporters?”

- Explain that they are going to be doing an exercise that requires everybody's focus and attention. "We need to be very careful when we play this game. Safety is most important."
- Select 10 volunteers to come forward to model the activity. Instruct the group to stand in a small circle and stand in the middle of the circle, tell the participants that you are going to ask them to physically "support" you and keep you from falling to the ground as you fall toward them. Be clear that everyone who is near you should help to catch you (have at least three people catching the person in the middle)—work together to support the person in the middle of the circle while the person is gently falling on different sections of the circle.
- Instruct the supporters not to push the person in the middle, but to cushion him/her and gently guide them back and forth inside the circle.
- Give each person a chance to feel what it is like to help to support you so it is not a surprise when the first participant falls.

### Step 2: Set Up

- Divide participants into teams of 10-15 people. One coach is needed to supervise each circle, and if there is only one coach, run one circle at a time.
- Arrange each group in a very close circle such that shoulders are touching and there are no gaps between participants.
- Explain: "Each participant will now have the opportunity to stand in the middle of the circle and be supported by his/her teammates. The person in the middle will stand very straight, as if they are a tree, feet glued to the ground and with their arms folded across their chest, hands on their shoulders."
- After participants have a turn, ask them how it felt to be in the middle.

### Step 3: Discussion

Once all willing participants have had the chance to be in the middle of the circle and fall, ask all the participants to return to their seats and begin a large group discussion. Ask participants:

1. What did it feel like to be in the middle, the one being supported?
2. What did it feel like to be one of the supporters?
3. Now let's think about life. Who are the people in your life that act as supporters for you?
4. In what kind of situations in your life do you get help from these people?
5. Does everybody need supporters? (In life, everyone needs supporters.)
6. How do the four ways to stay strong relate to this? (We must Build Our Support Team with family, good friends, and others in order to stay strong in life.)
7. Ask young people to think of a time when they were treated differently from others, in a way that made them feel bad. Ask anyone who has experienced similar situations to share, and then ask the teens to share other experiences they have heard of, and how this made them feel. Explain that some of the examples are stigma, and discuss what stigma is.
8. Acknowledge their resilience, and then ask them how they have coped. Acknowledge each coping mechanism.

### Step 4: Support for Teens like Me

Explain: "This represents the ideal way that family and friends should take care of each other when we need support. Now, let's imagine that you are the person in the middle. Do you need extra support from friends and family?" **(Yes.)**

- What kinds of support do you think you need? (Emotional support, home-based care, financial support, etc.)



## Conclusion

People need support in situations at home, at school, and even in the community.

Stigma can happen in ANY situation. It does not require that a teens' HIV status be KNOWN. Stigma often occurs based solely on a person's suspicions. Teens will be eager to share their experience with stigma with you if they trust you.

## Lesson 4: Coping with Stigma and Discrimination

### Objectives:

After this lesson, participants will know how to:

1. Identify ways of dealing with challenge that comes with stigma
2. Identify what support may be necessary to handle stigma.

To cope with the challenges of stigma, it is important for Teen Club members to understand their rights and to clearly understand the facts about HIV and their status. Teen Club members should know their rights so they can make sure that these rights are not violated. We can help Teen Club members to identify situations when they should stand up for themselves. They should know about HIV and how it is and is not transmitted. Though they may not always be able to change stigma, they will not believe the misinformation that often accompanies it.

Teen Club members can find support from reliable, trustworthy adults in their lives, and from their peers at teen club who are also living with HIV. Some Teen Club members may choose to join organizations that work to fight stigma in their communities.

Sometimes Teen Club members may become sad or frustrated if they experience stigma in their homes, schools, or communities. This is a normal response, but we need to make that sure teens can cope. Also we must monitor for any danger signs (see Emotional Health section in Part 3).

Support: We can help support teens to cope with stigma within our communities, schools, churches, hospitals, and homes. We need to work to treat everyone equally and without discrimination. Though it is impossible to change everyone at one time, it can be our goal to slowly teach people information that will help them eliminate their fear and treat people without stigma.

We can encourage people not to treat themselves differently and self-stigmatize. We can help participants to build their self-esteem so that they can fully participate in their friendships, school, and community. To help teens build their self-esteem, show them that we believe in them by being engaged, listening to them, and talking to them. Also, help them believe in themselves by creating opportunities for success in everyday life. Participants rise to our expectations. Let them know that you expect them to perform to the best of their abilities. Be observant and point out good things they are doing in their daily lives. In our own relationships with teens, we can do A LOT more. Teens depend on their friendship for most of their needs during these teenage years, but strong, trustworthy mentors play an important role in their lives as well. What if this mentor is you? What do you need to do?

- **Be honest.** Teens want accurate information and they want to know that you can be trusted. NEVER LIE. It is OK to say that you may not know the answer to a question. It's important to be able to share with them in a way that makes you comfortable.
- **Be attentive and observant.** In addition to listening to what things teens may say to you, notice small changes in their behavior and attitudes, or in their interactions with other teens, that may be a sign of changes in their lives.



- **Be empathetic.** Being empathetic does not mean feeling sorry for a person; it means to know what it's like to walk in their shoes. Empathy means understanding and sharing someone's thoughts and feelings else without that person having to tell you those thoughts and feelings directly.
- **Give accurate information.** Young teens know more than you think they do. We often fear talking to teens about sensitive information like relationships, sex, family planning, and other difficult topics, but we must realize that they will find their answers one way or another. If it's not from you, you cannot guarantee that it is accurate. If teens ask questions, provide them with accurate information, or take them to someone who can give correct information, so they are not forced to depend on less reliable sources.
- Find areas to offer support. Remind teens that they have no reason to feel guilty.
- Help the teen understand that often people who say bad things or are mean simply do not understand the facts, and may be afraid of what they do not know.
- Emphasize that getting into fights does not help, and can make things worse.
- Remind teens of the support they have at home, teen club, clinic, family, friends, and wherever their support may be.

## Conclusion

To cope with stigma, it's important for adolescents living with HIV to understand their rights and to clearly understand the facts about HIV and their status. Adolescents can play important roles in support of their peers.



# PART 3: EMOTIONAL AND SPIRITUAL WELLBEING

---

## Unit 1: Emotional Health in Adolescence

### Lesson 2: Emotional health and its importance

#### Objectives:

After this lesson, participants should be able to:

1. Discuss the emotional behavior commonly shown/experienced by adolescents
2. Plan how to deal with the stress and storms of the period
3. Learn to identify and address dangers to emotional health.

Between the ages of 10 and 19 years, teens' bodies and minds go through a lot of changes. They have changes that are physical, emotional, cognitive (how they think), and social.

You will recall that in one of our lessons we discussed physical development. It is normal for teens to feel unsure about the changes that are happening. They may feel more stress than before. They may feel pressure to do well in school, and feel pressure from their friends to try or do different things. They may be forced to make decisions that they do not feel ready to make. Sometimes, stress and anxiety can become more serious. Teens may become so sad or worried that it interferes with their usual life and activities. It is important to identify ways to help teens who are facing challenges with their emotional health.

Stages of adolescence and what to expect in each of these stages: As you will notice, the stages overlap in years. All teens do not develop on exactly the same schedule. This is a process of development over time.

#### Early adolescence (10–13 years old)

- Friends become very important now. Teens start to separate some from family.
- Patterns of behavior develop now. This is a good time to establish good behaviors. For example, now is a good time to develop patterns and routines with ART adherence and make decisions about future plans for relationships and sex.

#### Middle adolescence (14–16 years old)

- A lot of development and maturation of the brain happens during these years. In particular, the part of the brain that contributes to decisionmaking and emotional control develops during these years (the pre-frontal cortex of brain).
- Risk-taking behaviors are common during this time as teenagers practice using this newly developing part of their brains.

#### Late adolescence (17–19 years)

- Pressing desire for more freedom
- Learning more goal-oriented behavior
- Emerging adults who plan for the future.

## What is emotional health?

**Emotional health** describes a person's ability to cope effectively with everyday challenges and feelings. Everyone will at some time be challenged by stress, worry, sadness, anger or other strong emotions. Being able to cope well with these emotions is an important skill. Mentors and guardians can help teens learn how to cope with emotions.

Some examples of issues that all teens may worry about:

- Are the changes in my body normal?
- Do my friends like me?
- Should I start having a boyfriend/girlfriend?
- How can I do well or better in school?
- Do my guardians love me, even when I make mistakes?

Some examples of other worries that teens living with HIV may have:

- Will anyone love me if they know I am HIV positive?
- Can people tell that I have HIV because of some problem like a rash, my height, or other physical signs?
- I am bored and tired of taking medicine every day. Do I really have to take them?
- I am afraid of falling sick or dying.
- My family and friends keep dying from HIV.
- I want to be like my friends and not have to worry about HIV.
- How do I tell friends, family and/or boyfriend/girlfriend that I have HIV?
- What do I do if someone finds out I have HIV?

All of these concerns are NORMAL and common. Teens must learn to identify these feelings and learn to cope with them.

## Activity

This will take 20–30 minutes.

Depending on resources at the venue, you may print out the anger thermometer for each participant, or you can ask them to draw it for the exercise. Explain that they will need a big thermometer. The next page has the picture of the thermometer.

## Anger Thermometer

You will use an anger thermometer to learn what your anger is like at different stages, how it changes, and how it grows.

On the anger thermometer, a "1" represents no anger at all. You are perfectly calm. A "10" is the maximum. You couldn't be any angrier. To use the thermometer, think about what you are like at a "1" and at a "10". These two should be easy to figure out. A "10" might involve shouting, fighting, punching walls, or any other form of aggression (everyone's reaction is a bit different).

After you figure out these two extremes, start thinking about what comes in between. What do your "3," "5," and "8" look like? Try thinking about thoughts, feelings, and behaviors for each number. Some people might start tapping their foot and looking at the ground. Someone else might become argumentative, or start to feel insulted or hurt by innocuous comments. These are the behaviors that

will tip you off, and let you know that your anger is beginning to build. Rank how you have experienced anger on the thermometer. A "10" should be the angriest you can imagine and a "1" should be when you are completely calm. Describe how you reacted, how you felt, and what the consequences were.

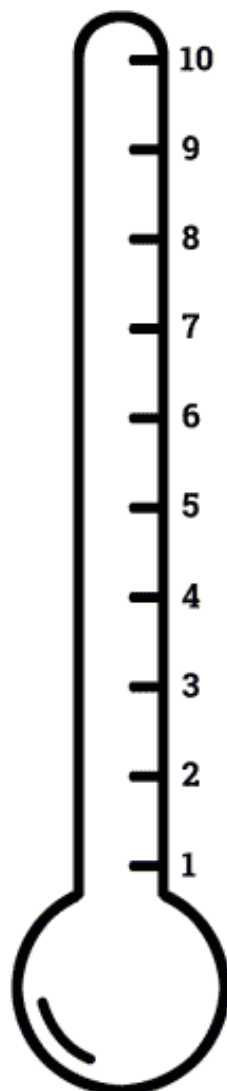
After the exercise, it is important for the facilitator to discuss with participants how to try and remain calm when one is angry. If you've ever struggled with anger, you are probably familiar with the feeling of regret that follows an outburst. You promise yourself: "I'll never let that happen again." But then, it happens again. And again. Anger takes away our ability to think rationally. After your anger fades, you regain the ability to think clearly, and you regret what your angry self said or did.

But here's the thing: *Anger isn't always a bad thing*. When controlled, anger helps us. Anger drives us to make changes to bad situations; it pushes us to stand up for our rights; and it protects us if our lives are threatened. The problem isn't *having* anger; it's having *too much* anger, and expressing it in an ineffective way.

### Conclusion

Anger management teaches us to deal with our anger in a healthy way. Like the name implies, it teaches us to *manage* our anger, not extinguish it. Anger management begins with practicing self-awareness—learning to take a step back and see your anger before it takes over your mind. Next, once you've learned to catch your anger early, you'll learn techniques to control it.

#### Anger Thermometer



## Lesson 3: Normal Feelings and Danger Signs in Adolescence

### Objectives:

After this lesson, participants should be able to:

1. Identify feelings that are normal as an adolescence
2. Realize when certain feelings indicate there is something wrong
3. Be aware of where to go to for assistance.

### Normal feelings in adolescence

All people experience feelings of sadness, anger, confusion, happiness, loneliness, and frustration. These feelings also occur during adolescence. During puberty, chemicals in teens' bodies, called hormones, are very active. Hormones cause physical changes in the body. Some of these physical changes include breast development, the appearance of body hair and pubic hair, voice changes in boys and menstrual periods in girls. The same hormones also affect the way teenagers feel. They may make teens feel "moody." Moody means that emotions can change quickly and unpredictably. They may feel sad now, and feel happy five minutes later. Sometimes they may feel sad or anxious without being able to say why. Normally, these feelings last for only a short while. They should always last less than a few days. These emotions can be frustrating to both the teen and the guardian, but they are normal. Teens will have more control over their emotions as they grow older.

### Danger Signs

When sad or worried feelings last longer than a few days, this may be a danger sign. Danger signs are any behavior or feelings that would concern a guardian or caretaker. Go immediately to the hospital for care if you identify a DANGER SIGN. These include:

- Not wanting to spend time with family and/or friends
- Not enjoying activities that used to make them happy
- Always wanting to sleep
- Not being able to sleep
- Feeling like you want to hurt yourself
- Feeling like you want to die, or that it isn't worth living anymore
- Feeling like you want to hurt others
- Losing your appetite, or wanting to eat too much.



If you look at these pictures, who do you think is happy? Which of them is likely to exhibit the danger signs in the box above?

Everyone, including teens, should know that if someone says that they might hurt themselves or kill themselves, it is an EMERGENCY! Sadly, suicide is a common cause of death among young people around the world. If someone tells you they are thinking about or planning on killing themselves, you must take them seriously. Do not ignore them! A trusted adult must be told immediately, and the teen should be referred to the hospital for more help. Teens must know that they **MUST SEEK HELP**, even if they promised their friend that they would not tell anyone. The teen's life may depend on it. If he/she cannot go to the hospital immediately, then find someone who can help. Also ask the teenager to make a "contract" for safety with you -Ask them to promise you that they will not hurt themselves. Make them say the words out loud to you.

### Conclusion

Adolescents, like all people, experience feelings of sadness, anger, confusion, happiness, loneliness, and frustration. These can be influenced by the same hormones that cause physical changes during the teen years. However, extremes of these feelings (especially wanting to harm yourself or someone else) are not normal. If you feel these things, you *must* seek help. It is important to know the danger signs in our behavior and seek medical attention.

## Lesson 4: Mental Health

### Objectives:

After this lesson, participants should:

1. Be able to define mental health
2. Understand what stress is
3. Know how to develop strategies for reducing stress
4. Identify the attributes of depression and anxiety disorder.

What is mental health?

When you go through the definition of mental health, **identify coping with stresses of life**. Ask participants to form two groups. Tell them to discuss the causes of stress at the following places or situations:

- School
- Home
- Relationships
- Changes at puberty.

They appoint a reporter to report to the larger group of participants.

After this, discuss the consequences of stress with participants. Ask a question like, "When you are under stress, what happens to you?" Teens may come up with a list of issues, possibly including:

- Worrying
- Muscle tension
- Sleeplessness
- Fatigue
- Poor concentration
- Getting unnecessarily angry.

Ask them to describe the circumstances and discuss them.

Teens should seek help if they think they have a stress problem.

**More serious situations can arise out of stress, and cause depression and anxiety disorders. Participants should understand these conditions, and that if they occur, they need to seek help immediately.**

### Depression

Depression is a health problem that occurs when normal feelings of sadness, hopelessness or despair last too long and are so severe that they interfere with daily life. People with depression are not able to do the usual activities of their life like going to school or work, cooking and cleaning, caring for family members, playing sports, chatting with friends and family, or carrying out other normal activities. Depression can be treated with counseling, and sometimes medication. If it is not treated, depression can be very serious.

### Anxiety Disorder

Everyone worries sometimes. Feelings of worry can be due to an upcoming exam, illness, a fight with friends or guardians, or other concerns. If the worries become so strong that they interfere with daily life, then these worries can indicate an anxiety disorder. For example, if someone worries so much about an upcoming exam that they are unable to do their chores, talk with friends or attend other



classes, then this is a disorder that needs medical help. Anxiety can be very serious if not treated. However, it can be treated with counseling, and sometimes medication is needed.

Some people may have both anxiety and depression at the same time.

Why is emotional health so important? To achieve all of our goals in life, and to achieve and sustain good health, we need both physical and emotional health. Without emotional health, we will struggle with many of the other challenges in our life. People with poor emotional health:

- May have more difficulty taking ARVs on time every day
- May have a difficult time making decisions
- May make risky decisions about substance abuse, such as alcohol, tobacco or drugs
- May have trouble succeeding at school or at work
- May feel so hopeless that they consider hurting themselves.

To help prevent emotional health problems in teens, you can help them with some advice:

- *Being tolerant:* Teens should not expect themselves to be perfect. No one is perfect. Teens can learn from mistakes and then try to avoid making the same mistakes in the future.
- *Exercising:* Daily physical exercise can improve emotional health and build confidence.
- *Having support:* Identifying people in their lives who can support them (family, friends, other Teen Club members) is important. These people can help them cope with problems and stresses.
- *Staying in school:* Study hard in school.
- *Staying "clean and sober":* Avoid drugs and alcohol, which make emotional health worse.
- *Finding healthy outlets:* Find new ways to express emotions. Some people express themselves well through writing their thoughts in a journal, writing stories or poems, talking to trusted friends or family, drawing, singing, dancing, making music or many other ways.
- *Taking part:* Participate in activities that make them happy. Some ideas include football, art, music, netball, church, singing or others.
- *Knowing when to seek help:* Always know when to ask for help. Talk to someone if you feel that you cannot cope on your own and they can help you.

Remind participants that an important strategy for improving their emotional health is to avoid drugs and substance abuse. What are the consequences with taking alcohol and using other drugs? Ask if anyone wants to be called **sidzakwa**?

Overuse of drugs and alcohol can cause:

- Problems with memory and learning
  - Distorted perception
  - Trouble with thinking and problem-solving
  - Loss of concentration
  - Increased heart rate and anxiety
  - Problems with memory, judgment, and perception—all necessary to do well in school, sports, other activities, and daily living
  - Problems with motivation, which affects performance in all areas of life
  - Risk of some cancers and respiratory problems
  - Reduced resistance to disease
  - Potential reduced effectiveness of medications, including ART, and worsening of side effects
- Interference with adherence, which can lead a person who once did well on treatment to become very ill.

The facilitator should indicate that stress can be reduced by the following activities:

1. Eating a balanced diet
2. Sleeping adequately and having a regular bedtime
3. Taking exercise and playing sports
4. Reading a book, listening to music
5. Managing our time well for the activities we are expected to do.

### Conclusion

All human beings need GOOD mental health to survive the demands of this modern life. This also means avoiding drugs and alcohol overuse. It is vital that adolescents identify coping mechanisms to deal with stresses of life before depression and anxiety develop.

## Lesson 5: Dealing with grief and loss

### Objectives:

After this lesson, participants should know how to:

1. Obtain skills for dealing with grief and loss
2. Tell the difference between grief and loss
3. Identify normal grief reactions.

The facilitator asks participants what they know about death.

Some of the answers could be:

- Though death may occur through natural courses, it is often caused by witchcraft.
- Dead people join the ancestors, are closer to God, and can intercede on behalf of the living
- The death of a person may result in loss among relatives and friends.
- Generally, there is a mythical aura around death, and people do not want to talk about death or the dead.

### Dealing with grief and loss

These days, deaths occur frequently, and children and teens are trying to cope with difficult circumstances and are often facing some sort of loss. Different cultures have different ways of dealing with loss. In Swaziland it is believed that it is not good to talk with children about people who are dead, because this will make relatives and friends feel sad.

It is important to remember that children and teens need to talk about things, so that they can make sense of them and understand that things that have happened are not their fault.

Let us start by dealing with some common question adults have about grief and loss, and how to work with our friends who suffered a loss.

### Why is grief and loss an important issue in children's lives?

Grief and loss are common themes (things) in the lives of children facing a number of difficult situations. Children may lose a parent or sibling (perhaps because of AIDS or violence); they may lose their home or family and community (if they are displaced or moved because of poverty); they can experience the loss of freedom and childhood (if they are forced to be a soldier in conflict); they may have to endure loss of opportunity and hopefulness (if poverty prevents them from going to school). Children cope with death or loss in different ways.

There are some similarities—many children do not grieve a loss openly, and they don't show their pain or sadness. They often act as they think the adults around them want them to, and hide their feelings.

### What happens when children are grieving?

Grief can be an outward expression of love. Children's responses to grief will be different depending on their ideas and thoughts of death, their relationship with the person who has passed away, how the death happened, and the ability of caregivers to communicate and share with children emotionally.

Crying is a very healthy form of expressing grief, and children should never be discouraged from expressing their feelings in this way (i.e. they should be allowed to cry).

Ask children what they know about how people react to death of a person close to them. The following may be some of the things they say.

### Common and normal grief reactions

#### Feelings

- Sadness and yearning
- Anger
- Guilt and self-blame
- Anxiety
- Loneliness.

#### Behavior

- Sleep disturbances and nightmares
- Restlessness or over activity
- Increased levels of crying
- Social withdrawal
- Cognitive reactions
- Disbelief
- Always thinking about the deceased and the feelings that they are still around
- Problems with concentration and memory
- Depressive thoughts.

### How can children and teens cope with grief and loss?

Take time and opportunities to look at and think about shared memories of the lost person.

It is important to allow yourself to grieve, and provide a safe place for the expression of feelings of grief. We can do things like celebrate special memories and anniversaries (yearly events, such as birthdays, day of the death, etc.) We can also share feelings of grief with adults and friends while participating in an activity or ritual.

### Tips for dealing with grief and loss

- Maintain a close relationship with an adult.
- Talk naturally and truthfully about death.
- Realize that death is a natural part of life. Everyone dies, but we do not know when a person is going to die. Some die when they are young and some when they are old, but once we are dead we cannot come back to life.
- Know that it is normal to worry about death and to feel sad when someone dies.
- Know that in your heart and mind you will always remember the person who died.
- Do not blame yourself for the person's death.
- Talk to someone else if you need to.

This process helps you to talk and share feelings of grief, which helps you to understand and accept loss.

### The Four Tasks of Grieving

1. Accepting the reality of the loss
2. Experiencing the pain of grief
3. Adjusting to (getting used to) an environment in which the deceased (one who died) no longer exists
4. Withdrawing (taking away) emotional energy (to do with feelings) from the relationship with the deceased, and reinvesting in (putting new energy into) new relationships.

### Conclusion

Adolescents often find themselves in difficult circumstances, and may cope with the loss of more than one family member or friend. Different cultures have different ways of dealing with loss. Although In Swaziland, it is believed that it is not good to talk with children about people who are dead, adolescents need a time to talk about things, so that they can make sense of them and understand that things that have happened are not their fault.

## Lesson 6: Spiritual health

### Objectives:

After this lesson, participants should:

1. Be able to explain spirituality
2. Realize how spirituality is connected to our everyday life
3. Discover why spirituality and health are connected
4. Begin practicing ways to gain confidence in the event of adversity.

### Introduction

Remind participants that people go to church, the mosque, the synagogue, the temple, the Inyanga, for many reasons. Ask participants why they think people visit all the places mentioned above. Wait for answers from participants. Even if it gets into a discussion, spend about 15 minutes on this. Again, spend a few minutes reflecting on the word spirituality. Ask participants what they realize. Ask them to express themselves in any language.

You will discover that the concept of spirituality is difficult to define, and so is spiritual health—challenging to define, develop, and maintain. But this aspect of wellness **should not be underestimated**. An individual with high levels of spiritual wellness will experience increased physical,

social, and emotional health. When you are HIV-positive or have any illness, adherence to treatment will make you healthy in spirit or body.

While organized religion and prayers can certainly be part of spiritual health, they are not all that should be considered. Spiritual health can also consist of more broad concepts, such as hope, purpose, and peace.

Some common things that fall within the category of spiritual health include belief in a supreme being, unity with a greater force, a guiding sense of meaning and value, an organized religion, balance, and introspection.

High levels of spiritual health can improve overall health. For example, people experiencing a life-changing event may deal with their situation in a more positive manner if their levels of spiritual health are high. In other words, *people can become more resilient by properly addressing their spiritual health.*

### Spirituality

Let us try to understand what spirituality is. Spirituality is unique to each individual. Your “spirit” usually refers to the deepest part of you, the part that lets you make meaning of your world. Your spirit provides you with the revealing sense of who you are, why you are here, and what your purpose for living is. It is that innermost part of you that allows you to gain strength and hope.

For some, spirituality may be equated with traditional religions such as Christianity, Islam, or Swazi Traditional Religion. For others, it may mean growing through your personal relationships with others, or through being at peace with nature.

Different individuals may interpret spirituality in different ways. There is a uniqueness and originality in the way that we perceive the concept. However, what does become clear is certain elements of spirituality are universal and applicable to everybody. Spirituality does not only apply to the religious person, but to every individual, irrespective of religious affiliation. Because of this universality, there is a need for sensitivity when discussing this very personal concept.

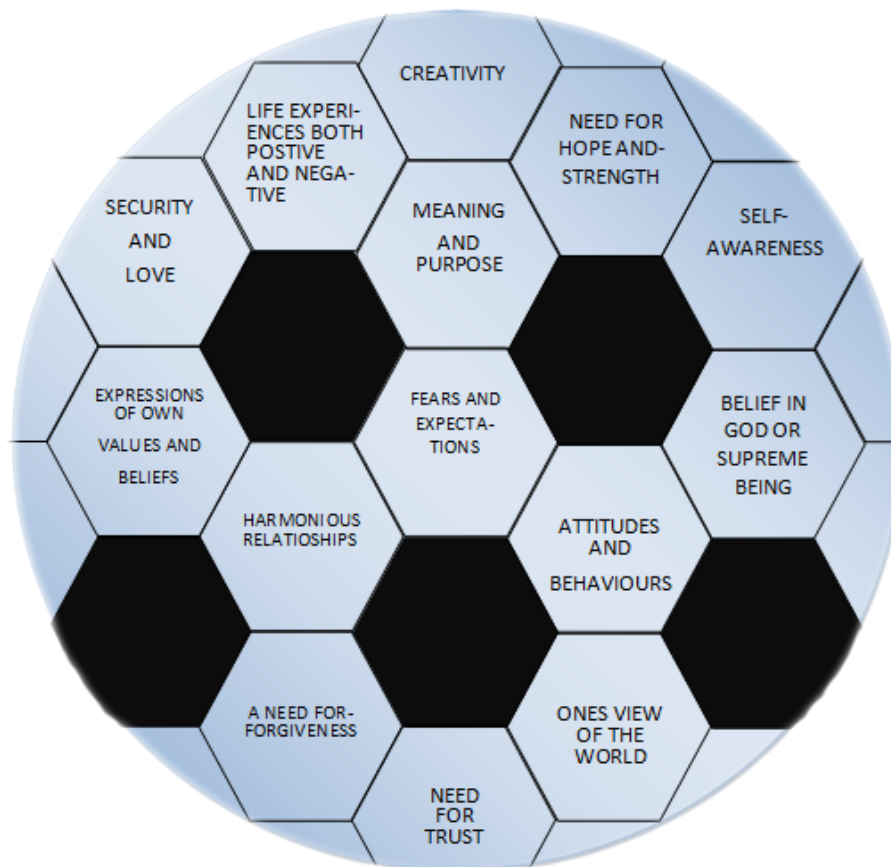
Culture, values, and beliefs affect the way an individual perceives spirituality. One author defines spirituality this way:

Translated in siSwati it will read:

Now let us try to understand spirituality by using an analogy.

The football provides an analogy for spirituality. Let us consider that spirituality is made up of many component parts (patches) all stitched together to make the person (ball). The synthetic patches each represent a different aspect of spirituality. Each aspect is attached and interrelated to the next, because they are stitched tightly together. All the patches share the same importance and cannot function in isolation. The football can be burst and/or punctured, requiring repair. This happens in both daily life and the spiritual life, when occasionally circumstances occur that knock the air out of us. These events are usually unexpected and beyond our control. Often the person is left asking the question “Why?” and searching for some meaning or purpose in the event. The football takes many kicks during the match—and here the match represents the arena of life, and the ball represents our spirituality or the individual. See our football on the following page.

## Spirituality: a "football" of many parts



Source: McSherry, W. 2006. *Making Sense of Spirituality in Nursing and Health Care Practice: An Interactive Approach*. London: Jessica Kingsley.

The analogy of spirituality as a football shows the complexity of the concept, which involves many dimensions.

Life is often depicted as a journey or pilgrimage. Sometimes the route and the scenes are beautiful. Yet there are times when the mountains are steep and difficult to ascend, and no sooner does one conquer one peak than another, higher and steeper, appears on the horizon. Life and spirituality are like this for most individuals. At one period in time a person may be experiencing hardship and conflict that may come as illness, disease or bereavement (**the steep slopes**). Yet there are many occasions when a person experiences joy and happiness, life is running smoothly and calmly, and everything seems to fall into place with little effort (**the scenic routes**). This analogy suggests that life can be difficult, and that at some point events may occur that confront, challenge, and test us. It is during this journey that a person's spirituality is shaped and developed. This raises the notion that **spirituality can be developed**. It has been suggested that spirituality changes and evolves across a lifespan. Our spirituality is not completed overnight, nor does it remain the same. Rather it changes. It is the spirit's ability to adjust and change to situations, either religious or secular, that will ultimately shape an individual's spirituality.

Having examined spirituality, let us go into how this affects or interacts with health and wellbeing. The table below explains spiritual needs that interact with our health and wellbeing. In column 1 are needs that everybody has. Column 2 explains what the need is. The facilitator can read this out loud and let individuals interpret it in siSwati.

## Spiritual Needs that Affect Health and Wellbeing

Need	Explanation
Meaning and purpose	We all have a desire and need to identify some meaning in our lives and existence that will help to generate motivation or purpose, which will lead to a sense of fulfilment. This search is undertaken both in health and during times of illness.
Love and harmonious relationships	Without the intimacy and comfort gained by sharing with others—e.g., a spouse, partner, or close friends—we can feel isolated, alone, and deprived of touch, security, and love. These are all important needs that require personal contact and involvement with people. However, can we generate the same experience through close contact with animals and creation? Several participants have observed that relationships are not always harmonious, and that individuals can grow and learn from <i>all</i> experiences.
Need for forgiveness	At times life can be troublesome, and conflicts do emerge. However, unresolved anger and guilt can lead to loss of physical, psychological, social, and spiritual wellbeing. Therefore, to maintain an equilibrium, there is a need to try and resolve conflict in life and, at times, seek forgiveness.
Need for a source of hope and strength	Spirituality is often referred to as a source of inner strength and hope. Personal beliefs, values, and attitudes can bring hope in other people, the future, or a religious concept such as life everlasting. Conviction and commitment to these beliefs and values can give individuals the strength they need.
Creativity	The ability to find meaning, expression, and value in aspects of life such as literature, art, music, and other activities, which originate from the creative nature of individuals, provides expression and meaning as well as a means of communication. Creativity can be inspirational, elevating people's emotions and feelings to the beauty present in creation.
Trust	Individuals can become isolated and neglected when deprived of trust—whether of an individual, family, friends, or society—the world at large. Trust is a prerequisite for establishing friendships and therapeutic relationships. This implies, by extension, that trust is fundamental to existence and communication. Trust leads to a sense of value, self-worth, and acceptance by others.
Ability to express one's own beliefs and values	In life there is a fundamental need to express one's own beliefs and values. This need is endorsed in many modern societies. The inability to express one's personal beliefs and values can lead to frustration and eventually, hostility.
Maintain spiritual practices	As we progress through life, we can develop and nurture certain spiritual practices. These practices may originate from within a religious framework, such as daily prayer or attendance at church services or the synagogue, mosque, temple, or visiting <i>Inyanga</i> . However, an individual may have grown spiritually through a weekly walk in the countryside or by taking part in sports. During periods of illness or hospitalization, it is important to ensure that such practices are continued where possible.
Express one's own belief in God or deity	An important dimension of spirituality, for some individuals, is the belief in a God or supreme power or being. This may be a belief in a God who is creator of the world. However, for some people, the supreme being or deity may be their work or recreational activity. This individual approach to God or the idea of a deity requires a flexibility.

After examining the contents of the table, we should now look at specifically how we can maintain our spiritual health as young people. A person's spiritual health is tied to good habits and self-discipline, which shape the person's story as it unfolds. Many people pray, worship, or meditate. To maintain spiritual health, one should give oneself time to undertake certain activities:

- Reflecting on your past and present and allow this recollection to feed your dreams for the future
- Reading about others whose life stories inspire health and hope
- Writing, noting what factors encourage and discourage you
- Note what needs to be forgiven
- Take note of where joy and frustration, restlessness, and peace reside
- Relate to a trusted other, making room for mediation along the way
- Associate with those who encourage, love, support, and draw the best out of you
- Maintain relationship with those who need and trust your service
- Relax by enjoying nature, music, art, or a meal
- Exercise the body
- Relish silence
- Resist blame, intransigence, and addictive behavior
- Remember to express gratitude, humility, hope, and hospitality.

### Conclusion

Your "spirit" usually refers to the deepest part of you, the part that lets you make meaning of your world. Your spirit provides you with the revealing sense of who you are, why you are here, and what your purpose for living is. It is that innermost part of you that allows you to gain strength and hope. This is influenced by the culture we come from. Addressing spiritual needs can improve your health and wellbeing, and there are many activities an adolescent can do to develop and maintain a good spiritual state of health.



# REFERENCES AND SOURCE DOCUMENTS

---

- Aullette-Root, A., Boonzaier, F., and Aulette, J. 2014. *South African Women Living with HIV: Global Lessons from Local Voices*. Bloomington, IN: Indiana University Press.
- Baylor International Pediatric AIDS Initiative. 2012a. *Baylor College of Medicine- Malawi Teen Club Curriculum Part 1:Content*. Lilongwe: Baylor College of Medicine-Malawi Teen Club.
- Baylor International Pediatric AIDS Initiative. 2012b. *Baylor College of Medicine International Pediatric AIDS Initiative - Malawi Teen Club Curriculum Part 2: Activities: A resource for Groups working with Adolescents Living with HIV*. Lilongwe: Baylor College of Medicine- Malawi Teen Club.
- Baylor International Pediatric AIDS Initiative. 2012c. *Botswana Teen Club Lesson Plans for Life Skills Education with Adolescents Living with HIV*. Gaborone: Baylor College of Medicine International Pediatric AIDS Initiative.
- Brummelhuis, H., T, and Herdt, G. (Eds.). 1995. *Culture and Sexual Risk: Anthropological Perspectives on AIDS*. Australia: Gordon and Breach.
- BSIP. (2007). *Protecting Our Youth Club Manual: For in-school Peer Educators* Mbabane: BSIP.
- Colombia University. 2012. *Adolescent HIV Care and Treatment: A Training Curriculum for Health Workers*. New York: Colombia University Press
- Colton, T., Allread, V., Abrams, E., Schoeneborn, A., Thome, B., and Fayorsey, R. 2012a. *Adolescent HIV Care and Treatment- Participant Manual*. New York: Colombia University Press.
- Colton, T., Allread, V., Abrams, E., Schoeneborn, A., Thome, B., and Fayorsey, R. 2012b. *Adolescent HIV Care and Treatment: A Training Curriculum for Health Workers*. New York: Colombia University Press
- Dane, B., O, and Levine, C. (Eds.). 1994. *AIDS and the New Orphans: Coping with Death*. Westport,CT: Auburn House Paperback.
- Daniel, B., and Wassell, S. 2002. *Assessing and Promoting Resilience in Vulnerable Children (Vol.1)*. London: Jessica Kingsley.
- Drotar, D. (Ed.). 2000. *Promoting Adherence to Medical Treatment in Chronic Childhood Illness: Concepts, Methods, and Interventions*. Mahwah,NJ: Lawrence Erlbaum Associates.
- Elizabeth Glaser Pediatric AIDS Foundation. 2000. *Ariel Club Curriculum: Until no Child has AIDS*. Pediatric AIDS Foundation.
- Fasick, A., M. 2011. *From Boardbook to Facebook: Children's Services in an Interactive Age*. Santa Barbara, CA: Libraries Unlimited.
- Greene, K., Derlega, V., J, Yep, G., A, and Petronio, S. 2003. *Privacy and Disclosure of HIV in Interpersonal Relationships: A Sourcebook for Researchers and Practitioners*. Mahwah,NJ: Lawrence Erlbaum Associates.
- Haberland, N., and Rogow, D. (Eds.). 2009. *It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education*. New York: Population Council.
- Halstead, J., M, and Reiss, M., J. 2003. *Values in Sex Education: From Principles to Practice*. London: Routledge Falmer.
- Hollen, C., V. 2013. *Birth in the Age of AIDS: Women, Reproduction, and HIV/AIDS in India*. Stanford, CA: Stanford University Press.
- Killian, B., Nicolson, G., and O'Neill, V. 2013. *Module 3: Child and Youth Development*. Intrepid Printers.
- Kings Volunteer. 2014. *The No Equipment Phase Resource Guide*. Kings Volunteer.
- Mckim, M., K. (2005). Resilience in Children, Families and Communities: Linking Context to Practice and Policy. *Canadian Psychology*, 46(4), 260.
- McSherry, W. 2006. *Making Sense of Spirituality in Nursing and Health Care Practice: An Interactive Approach*. London: Jessica Kingsley.
- Medicine, B. C. O. 2012a. *Baylor College of Medicine-Malawi Teen Club Curriculum: Part 1*. Malawi: Baylor College.
- Medicine, B. C. O. 2012b. *Baylor College of Medicine International Pediatric AIDS Initiative - Malawi/teen Club Curriculum: Part 2*. Malawi: Baylor College.

- Mitchell, C., Hough, A., Rochat, T., and Jewitt, L. 2013. *Module 4: Care and Support of Children at Risk*. Intrepid Printers.
- Ormrod, J. E. 2003. *Education Psychology: Developing Children*. New Jersey: R.R Donnelley and Sons Company.
- SADC. 2011. *Regional Conceptual Framework: For Psychosocial support for Orphans and Other Vulnerable Children and Youth*. SADC Region.
- Stanton, T. (Ed.). 2004. *HIV/AIDS and Information*. London: ASLIB-IMI.
- Stolley, K., S, and Glass, J., E. 2009. *HIV/AIDS*. Santa Barbara, CA: Greenwood.
- Swaziland Home Economics Association. 1998. *Home Economics For Life 1*. Manzini, SD: Macmillan Boleswa Publishers.
- Swaziland Ministry of Health. 2010. *Children and Adolescent Flipchart for HIV Testing, Disclosure and Adherence Counselling*. Mbabane: PEPFAR.
- Taylor, R., D, and Wang, M., C (Eds.). 2000. *Resilience Across Contexts: Family, Work, Culture, and Community*. Mahwah,NJ: Lawrence Erlbaum Associates.
- UNESCO. 2009. *International technical Guidance on Sexuality Education*. Paris, France: UNESCO.
- Van Den Akker, O. 2012. *Reproductive Health Psychology*. Chichester, West Sussex, UK: Wiley-Blackwell.
- Wirth, L., A, and Breiner, J. 1997. Jeopardy: Using a Familiar Game to Teach Health. *Journal of School Health*, 67(2), 71.
- Yogyakarta. 2007. *Principles on the Application of International Human Rights Law in Relation to Sexual Orientation and Gender Indentity*.

# WEB RESOURCES

---

Training Curriculum on Sexual Pressures: <http://www.discoveryeducation.com/facilitators/free-lesson-plans/sexual-pressures.cfm>

Training Curriculum on STIs: <http://www.cdc.gov/std/training/picturecards/std-interview-card-fronts-2007.pdf>

Information on STIs: <http://www.avert.org/std-pictures.htm>

Training Curriculum: Syphilis: <http://www.cdc.gov/std/training/picturecards/congenital-syphilis-classic-skin-rash.pdf>

Worksheet on Anger Management: <http://www.therapistaid.com/therapy-guide/anger-management/emotions/adolescents>

The Yogyakarta Principles 2006: <http://www.yogyakartaprinciples.org/>

Anger Thermometer: <http://www.therapistaid.com/content/0001.pdf>

Tip Sheet for adolescents: <http://www.adolescentwellness.org/teen-igrow/>

Teacher's guide on needs and wants: <http://projecttrust.org.uk/wp-content/uploads/2014/12/Human-Rights-Treasure-Hunt-Wants and Needs Cards.pdf>



# APPENDIX 1: MEMBERSHIP FORM

---

## MEMBERSHIP REGISTER

Support Group Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Date of Birth: (dd/mm/yy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Sex: ☐ Male ☐ Female

Physical Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ART Status: ☐ On pre-ART ☐ On ART

Date Joined Support Group (dd/mm/yy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### For Children

Disclosure Status: ☐ Disclosed ☐ Undisclosed

Orphan Status (if applicable): ☐ Single Orphan ☐ Double Orphan ☐ N/A

**If parent/guardian is available, provide details below.**

Name of Parent/Guardian: \_\_\_\_\_

Contact Details for Parent/Guardian:

\_\_\_\_\_

\_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# APPENDIX 2: CONFIDENTIALITY AGREEMENT FORM

---

## Sample Confidentiality Agreement

We appreciate your interest in volunteering with \_\_\_\_\_ Club! The staff and volunteers at \_\_\_\_\_ Club have been entrusted with very private and personal information about the children and the teens in order to provide the best care that we can. This information is not to be shared with others. It is never to be shared with other teens, parents/guardians, and visitors or outside individuals or organizations.

When discussing specific teens with staff, make sure that you do so in a professional manner and in a private manner. Never discuss details about the teens and children in public areas.

No photos, videos, camera-phones, or any other media capture of image or voice of teens are allowed at the program. No details or experiences about the participants or the program should be shared on any public social networking site including, but not limited to, Facebook, LinkedIn, MySpace, twitter, etc., or any other public mode of communication.

If a teen reports any abuse (sexual, physical or neglect, emotional) or suicidal thoughts, immediately report this to the leadership at the teen club so the teen can get the help they need IMMEDIATELY. Please list your name, contact information and sign below that you agree to the above confidentiality agreement if you chose to volunteer with our Ariel club.

Name (Last Name, First Name):

Title/Position:

Institution:

Contact Number:

Sign below to agree with the confidentiality statement:





## APPENDIX 3: INTRODUCTION TO SOLDIER TIME

---

SOLDIER TIME happens during **every** lesson. It is special time dedicated to tackling the challenges and building skills and knowledge to succeed at good ART adherence. Soldier time is done in small groups of 10-20 teens with one facilitator. The size of the group depends on the number of teens and the number of adult leaders at your Teen Club. Fewer teens with each mentor is best.

On the first meeting, introduce the **SOLDIER TIME**:

***You may say:***

At every Teen Club meeting we will have a special time dedicated to SOLDIER TIME. Soldier Time will be 15-20 minutes focused on tackling the challenges and building skills and knowledge to succeed at good ART adherence. We will meet together at EVERY Teen Club. Adherence to ART is crucial to remaining healthy, and it is a very big challenge in our lives every day. We will spend time together discussing and sharing ideas and making plans to help one another remember to take medicines well so we stay healthy. Today we will practice the SOLDIER TIME song and next when we meet we will form our SOLDIER GROUPS. *As a Teen Club, we need a song or cheer that you will always use to signal the start of and end of Soldier Time. Every Teen Club can create its own SOLDIER TIME song.*



# APPENDIX 4: SOLDIER TIME: SMALL GROUP TEAM BUILDING

---

## Create Small Groups

Depending on the size of your Teen Club and the number of adult volunteers you have, you may start with one or two small groups. Groups should have 10-20 teens and one adult leader.

1. Make the groups by their age groups: youngest, middle, and oldest groups; or two groups, younger and older; or, if many teens and more than four reliable staff members, then make four different age groups.
2. Have the groups meet together
3. Have the leaders write down the NAME, AGE, SCHOOL GRADE, and ART CLINIC for all teens in the group.
4. Everyone agrees on group name.
5. Practice the SOLDIER SONG.
6. Play a favorite name game from last month's meeting.
7. Play a favorite team-building game from last month.

**REMIND TEENS that this is their SOLDIER TIME group. Whenever it is SOLDIER TIME they should meet in this group.**

**WHAT IS YOUR GROUP NAME?** \_\_\_\_\_



# APPENDIX 5: SOLDIER TIME: ADHERENCE FACTS

---

## ACTIVITY

Adherence facts (Yes and No Questions)

(See Part 1, Unit 3, Lesson 5 for background material on adherence.)

Time 45-60 minutes

# people: Large group

Supplies: Question sheet

### Goals:

1. Answer important questions that participants have about adherence.
2. Create a forum for peer-to-peer information-sharing and advice-giving.
3. Teach participants critical information in a non-traditional format.
4. Challenge participants to think deeply and make plans and strategies about adherence.

### Instructions:

1. Draw two big circles 10 meters from each other on the ground.
2. Label these circles YES and NO (or put signs on the ground, YES and NO, in different areas in a classroom).
3. All teens should stand in the middle part between the circles or the middle of the classroom.
4. Once all the teens are in position, explain the rules to the group. Start by saying: "To stay healthy we all need to follow the advice of the medical team. When we are living positively we need to adhere to appointments, medication regimens, and laboratory testing. This is hard work, especially when life gets busy as we get older with friends, family, chores, boarding schools/secondary schools, and other complications.

"To have good adherence we need to KNOW correct information about WHY we take medicines, attend appointments, and have monitoring. And we also need help on HOW to take/remember to do these things. We are going to read some statements and it's your job to answer YES or NO to each question and explain your answer." Then explain the rules:

- The facilitator will read a statement out loud and teens will have 30 seconds to think about the answer.
  - There is no talking or consulting with friends during this time.
  - After 30 seconds the facilitator will say "GO" and you must run to the YES or NO circle that is the answer to their question. One person will be chosen to explain the answer.
5. Answer any questions about how to play the game.
  6. Start the game:
    - The facilitator will read one statement listed below.
    - Teens will move to the sign that represents their answer.
    - One person each for the YES and the NO groups will be chosen to explain the answer.
    - Have the teens debate the different answers until they convince everyone to the correct answer. Support the discussion and only become involved if they need help convincing someone of the correct answer.

## ADHERENCE STATEMENTS

- **Statement:** ART in Swaziland (current regimens and future regimens starting later in 2011) can be taken without food.  
**Answer:** YES: ART does not need food to work. ART can be taken with or without food. Do not SKIP DOSES because there is no food in the house. Take the ART. Good nutrition is important, but food at the time of taking ART is not necessary. **Also emphasize that ART can be taken while fasting.**
- **Statement:** It is important to take ART at the correct time.  
**Answer:** YES: You need to take ART at the time it is due so it can work correctly.
- **Statement:** It is OK to share ART with other people because then they don't have to wait so long at the hospital.  
**Answer:** NO. You should NOT share ART or any medications with other people.
- **Statement:** If I am 2 hours late for my medication, I should still take it.  
**Answer:** YES. This should not happen every day, but on the few days you forget and remember within 3 hours of your usual time you can still take it. So if you usually take at 6AM then until 9AM you can still take it. If you notice that you are forgetting every day then you need a new way to remember or talk about changing the time of your medicine to an easier time to remember.
- **Statement:** It is a good idea to carry one or two doses of ART with me at all times.  
**Answer:** YES: This is good planning to try to avoid missed doses if you forget or arrive home late. Some teens may disagree and say others will find it and find out. Talk with them about how to disguise it in plastic bag, not the ART bottle or by putting it inside something else.
- **Statement:** HIV is the same as AIDS.  
**Answer:** NO. HIV is the virus that infects the body and kills the CD4. AIDS is the condition that develops when HIV has been allowed to destroy the immune system and makes the immune system weak. When the immune system is weak you fall sick too often from many infections.
- **Statement:** Teenagers with HIV should not help at the house or at school because they are sick.  
**Answer:** NO. Such special treatment is not needed when you are well. Most of the time people with HIV are quite healthy and able to work, study, and care for themselves and their families.
- **Statement:** Participants with HIV should not study too much at school because they don't need to learn.  
**Answer:** NO. When people take ART well, they stay well and will need a good job. Good jobs require a good education.
- **Statement:** A friend who is also taking ART can be a good reminder for you to take ART.  
**Answer:** YES. Knowing someone who also takes ART will help you to remind one another.
- **Statement:** If you usually get three bottles of ART from the clinic, but this month you only got two bottles, then you should quickly leave clinic before anyone notices because now you have less medicine to take.  
**Answer:** No. Make sure you have ALL of the ART you were expecting and they all look ok before leaving the clinic! You need to always make sure you have everything you need to stay healthy.
- **Statement:** Young people with HIV can stay healthy, finish school, get jobs, marry, and have a family.  
**Answer:** YES. By taking good care of ourselves, attending clinic, and taking ART correctly, the virus sleeps and we are able to get on with our lives and do whatever we choose.
- **Statement:** If many people at home are taking ART it is ok to take from any of the bottles.  
**Answer:** NO. Do not share bottles as the medication may be different and the number of pills or strength of the medicine may be different. It is important to always take only your own medicine.
- **Statement:** At the clinic the nurses do the pill count so they can give patients trouble.  
**Answer:** NO. Pill counts help us to know if you may be having difficulties in taking your medicines so we can help you problem-solve to make sure the virus stays asleep.
- **Statement:** CD4 tests tell how much virus is awake in the body.  
**Answer:** NO. CD4 tests count soldiers. Viral load is a measure of virus that is awake in the body.
- **Statement:** Finishing therapy for malaria and finishing TB meds for 6 months is as Important as taking ART correctly.

**Answer:** YES. Malaria and TB are just as dangerous as HIV and without treatment can make you very sick and people can even die of untreated malaria or TB so medication must be completed.

- **Statement:** Teenagers should be the only ones responsible for remembering their medication and should not have any help.

**Answer:** NO. We all need a support team to help us as it's so difficult to remember ART all the time. Though teens often can remember many doses on their own, it is taking *every* dose that is most important. We should all build a strong team to help us.

- **Statement:** It is a good idea to ask the nurse or doctor if the medication you receive from the pharmacy is different from what you expect.

**Answer:** YES. Sometimes medications come in different packaging so it looks different and sometimes people make mistakes. *So if you have a doubt, you must ask!*

- **Statement:** When you have vomited after taking ART and it is just within 30 minutes and you see the ART in your vomit, it's OK to take another dose.

**Answer:** YES. If it is within 30 minutes, you should take another dose of ART, but if it is after 30 minutes, do NOT drink it again because the drug has already started working in your body.





# APPENDIX 6: SOLDIER TIME: BUILD MY TEAM

---

## Build My Team: My Neighbors

(See Part 1, Unit 3, Lesson 5 for background information about adherence.)

Sing **Soldier Time** song while Soldier Time Groups gather together.

*Each group member will need a pen/pencil and a small card/paper for this game.*

### **SAY**

1. Divide your paper into four squares by writing horizontal and vertical lines from one end to the other in the middle of your paper.
2. Put your name in the center of your card.
3. *In the upper left corner/square*, write your two reasons why adherence is *hard* at home.
4. *In the upper right corner/square*, write two possible solutions to the two reasons adherence is hard at home from question 3.
5. *In the lower left corner/square*, write two things that makes your adherence *easy* at home.
6. *In the lower right corner/square*, write if there are people in your "team" of supporters at home who help you to remember your medicine. Who are they?

**Rule: No consulting others while writing on the cards.**

When everyone finishes, tell them they have 4 minutes to "mingle" with the group *without talking*! Without talking, they are to read the upper left corner/square of the other group members' cards. Before time is up, they must find one or two people who have challenges most like them.

They should then stand together and discuss for a few minutes. Have someone from each "mingle" group who has similar challenges present to the larger group what challenges they face. When done with the first question, they are to mingle again, this time reading the upper right corner/square of the cards. They then find the one or two people most like them and discuss. Again have a group discussion. Repeat with the lower left corner/square and lower right corner/square information.

### **Debrief with your SOLDIER TIME group:**

- Discuss how we can work with strong team members at home, whether or not they are taking ART, to create a support team to help us have good adherence.

Then describe the family routines that can remind you to take your medication (e.g., meals, fetching water, letting chickens in/out, waking up and getting ready for bed, etc.)



# APPENDIX 7: SOLDIER TIME: DAILY ROUTINES

---

(See Part 1, Unit 3, Lesson 5 for background on adherence.)

## **Daily Routines:**

Sing Soldier Time song while Soldier Time Groups gather together.

**SAY:** Today we are going to discuss our daily routines and how we can use them to help us remember our ART.

- What five things do we always do every morning immediately after waking up?
- What five things do we always do every evening before going to bed?

Agree as a group on activities in the morning and in the evening. Report them in the order they are done.

- Ask a volunteer to repeat them at the end so everyone remembers.
- If you have large paper or boards, write them down.

Next, how can these routines help us remember ART?

- In these routines, where/when/how can we/how do we remember to take our medication?
- List 3 ways our routines can help us in the morning and in the evening.
- If time allows, discuss routines on special day. For example, How are things different on weekends? Holidays? At boarding school? On a trip?

How can teens remember during these special days? **Discuss.**



# APPENDIX 8: SOLDIER TIME: BOARDING SCHOOL

---

(See Part 1, Unit 3, Lesson 5 for background material on adherence and details on adherence in boarding school.)

## **Questions and answers**

**Sing Soldier Time song while Soldier Time Groups gather.**

### **SAY:**

Today we will share different situations that may occur when someone goes to boarding school. Together you will share information to help students find possible solutions to challenging situations. Even if you are not going to boarding school, you can use this information when traveling or with visitors, or you may have good ideas to help your friends who are at boarding school.

As a group we are going to “brainstorm,” which means to come up with as many possible solutions as we can think of. We have 4 questions. Are you ready?

### **Questions:**

1. Why is it hard, and how is it different, to take ART at boarding school compared ART at home?
2. What ideas do you have to overcome the challenges and differences you listed in number 1?
3. What will you say when another student asks you about the meds you are taking?
4. What are the positives and negatives of having a treatment partner at boarding school?

Ask each question. Encourage many answers, ideas, and suggestions from the teens. Record answers if paper and pens are available. If there are no pens/paper, just remember as many as possible. After the questions have been answered, have each teen mention two new ideas they liked from today’s discussion, or ideas they may use to help them remember their ART.



# APPENDIX 9: SOLDIER TIME: DISCLOSURE

---

(See Part 1, Unit 3, Lesson 6 for background material and discussion on disclosure.)

## **Pair work**

**Sing Soldier Time song while Soldier Time Groups gather.**

**Greet one another, then**

## **SAY:**

Today we will work in pairs. Have everyone break up into two person pairs. We have four questions to discuss with your partners [see the questions below]. Pay close attention to the answers your partner gives because you will need to report answers to the whole group. I will ask a question. Next you will have 3 minutes to discuss with your partner.

Ready? Let's practice: What is your favorite food and why? You have 3 minutes to discuss.

After 3 minutes, call "TIME. Now you need to switch partners. Ready? Find a new partner quickly. Go...."

When participants have found partners, say, "Now, with your new partner, we have another question: If you are given a chance to meet the Prime Minister, Dr. Sibusiso Dlamini, what two things will you ask him? You have 3 minutes.

After 3 minutes, call, "Time. Switch partners."

Continue with the four adherence questions. Remember to change partners after each question. Have one person from each group share answers before moving to the next question.

## **Questions to discuss:**

1. What do you do when your caregiver is away and you are staying with someone who doesn't know your status? How do you remember to take your medicine?
2. How can telling your family and friends about your HIV status and your ART make adherence easier?
3. How can telling your family or a friend about your HIV status and your ART make adherence more difficult?
4. How do you decide who to disclose to when you are trying to get some help with your adherence?





# APPENDIX 10: SOLDIER TIME: TRAVEL AWAY FROM HOME

---

(See Part 1, Unit 3, Lesson 5 for background material on adherence.)

## **Small Group Work**

**Sing Soldier Time song while Soldier Time Groups gather together.**

**Greet one another, then**

### **SAY:**

Today we are going to identify the challenges and possible solutions teens face when they travel. Travel may be to relatives' homes, church camping, weddings, educational visits, holidays, or any other outing.

How the activity works:

PREP: Each group leader must write the three questions below on separate papers/flipcharts.

### **Questions:**

- You are traveling to your auntie's house for the school holiday. How can you remember to take your ART?
  - Write two ways to remember to take ART when you are away from home in a place where nobody knows that you take ART.
  - What will you say when another student/friend/facilitator asks you about the meds you are taking during the outing?
1. Make three different stations and place one question at each station. Place a pen/marker/pencil there for teams to use at the station.
  2. Divide your SOLDIER TIME GROUP into three groups.
  3. Place one group at each of the three stations.
  4. Each group starts at one paper and writes their answers on the paper.
  5. After 5 minutes, rotate clockwise to the next station.
  6. All teams should go to each paper once.
  7. Everyone gathers to review, with one person presenting each paper's question and the answers or solutions that club members have written there.
  8. Debrief participants on the challenging situations and solutions they developed for travel away from home.



# APPENDIX 11: SOLDIER TIME: FRIENDS

---

(See Part 1, Unit 3, Lessons 5 and 6 for background material on adherence and disclosure.)

## **Discussions in groups of three people**

**Sing Soldier Time song while Soldier Time Groups gather together.**

**Greet one another, then**

### **SAY:**

Today we are going to discuss our friends' role in our adherence to ART.

- Form groups of three people each.
- I will give you a question that you should discuss and at the end, one person from your group will discuss your question and solutions to the whole group.
- During our whole group discussion other people may have more information to add.

### **Questions:**

- How can friends be helpful in improving our adherence?
- How can the same friendships disturb our adherence?
- How can you communicate to remind a friend that it's time to take the medication without raising the attention of other friends around?
- How can you take ART when your friends are around if you aren't ready or don't want to disclose your status to them?
- One of your friends says many bad things to you about people who are HIV-positive. This is a difficult situation. How would it make you feel? What can you do?



# APPENDIX 12: SOLDIER TIME: UNEXPECTED HOME VISITS

---

(See Part 1, Unit 3, Lesson 5 for background material on adherence.)

Write the questions [see below] on small pieces of paper. Make one set for each team. Group two soldier teams (or more if needed) together for this activity

- Put each set of questions in a box—one box for each team. Also have an answer box—one for each team.
- Divide the group into teams A and B or more.
- The teams should form a line equally distant (about 5-10 meters) from the question boxes on their right and answer boxes on their left:
- Question box-----5 meters-----Group-----5 meters-----Answer box.
- Show the teams the question boxes (labeled A, B or more, one box for each team).
- Show them the answer boxes (labeled A, B or more).
- The teams should be standing in their place between the question boxes and answer boxes.
- The challenge for the teams is to send the first person in the line to run and pick a question from the box and then run back to the team to discuss the question. Together they write the answers on the back of the question paper. Then the next person in the line runs to place the answer into the answer box. That person runs back to the group and tags the next person who runs to the question box, and they repeat until all of the questions are answered.
- Gather all the teams by the ANSWER BOXES to review the answers.

## Questions:

- How can you take ART when there is a wedding at home? Give three ways.
- How can you still take ART when you are sharing your bedroom with your relatives who come to visit? Write three ways.
- You are just coming from school and you are told that your aunt arrived few hours ago and had occupied your bedroom. What can you do to access your ART from the bedroom? Give three ways
- It's a school holiday; all your cousins have come for a one-week holiday and are always with you chatting. How can you take ART every morning and evening? Write three ways.
- There is a funeral for a relation and there are people all over the house. How can you take ART?

There are overnight prayers at your home, and people will start arriving around 6:45 p.m., and you always take your ART at 7:00 p.m. What can you do?



# APPENDIX 13: SOLDIER TIME: CHALLENGES AND SOLUTIONS

---

(See Part 1, Unit 3, Lesson 5 for background material on adherence.)

## **Group Discussions**

**Sing Soldier Time song while Soldier Time Groups gather together.**

**Greet one another, then SAY:**

**Divide your SOLDIER TIME GROUP into 2 to 4 smaller groups.**

- Give them sheets of paper and pens and ask them to write the top five challenges they have faced in adhering to their medications.
- After 5 minutes, each team must switch their paper with another group. Now teams must write solutions to the challenges that the other teams have written.
- Select representative from each team to present the results. Other groups can provide alternative solutions and ideas.





# APPENDIX 14:

## SOLDIER TIME: BASICS REVIEW QUESTIONS AND OUTSTANDING QUESTIONS

---

**ART Basics Review Questions. Everyone should know at least these basics!**

### **Group Discussions**

**Sing Soldier Time song while Soldier Time Groups gather together.**

**Greet one another, then SAY:**

Adherence basics: Together as a team, answer the following questions about ART

- **Q:** How long do you take ART?  
**A:** For your whole life, forever.
- **Q:** When do you take your ART?  
**A:** Check with your medical team, usually every morning and every evening.
- **Q:** If you forget to take your ART as usual at 6 a.m., can you take it later?  
**A:** Yes, you have 4 hours (again, check with medical team because some clinics say 3 hours, but this is important for teens to know, since they should take these missed doses if they are only a few hours late).
- **Q:** Is it ok to ask people to help you remember your ART?  
**A:** YES! The more help the better. It is a sign of strength and teamwork to recognize that you should use all of the tools that you have available.
- **Q:** Do you need to take ART with food?  
**A:** No. You should take ART even if there is no food or tea in the house or if you are fasting.
- **Q:** Should you stop taking ART if you are taking medicine for malaria? Should you stop taking ARV medicine if you have your period?  
**A:** No. You should not stop drinking your medicine. You can take them all together.

Does anyone have questions about ART that they do not know the answer to? Write them down and find the answers by the next Teen Club (you can task the kids to find the answers, but the leader must also work with Teen Club leadership to obtain accurate answers for next months and report back to the group as well as checking the teens' answers.



# APPENDIX 15:

## SOLDIER TIME: PLANNING FOR THE UNEXPECTED OR UNUSUAL

---

### Planning for the unexpected or unusual

Planning for the unexpected or unusual: Sometimes things happen that we do not expect. How can you plan ahead so you are ready? Discuss the scenarios and brainstorm possible solutions or share experiences that you have had.

- You went to your brother's house on the other side of town and you cannot find transport home for the night and need to sleep there, you did not bring any ART with you. What can you do to avoid this problem in the future?
  - If you travel regularly to your brothers, you could leave two doses of ART there for emergencies.
  - Always carry 2 ART pills with you for unexpected emergencies (in a small medication bag).
- A girl at boarding school, someone you don't know very well, has a headache, and she noticed that you took medication the other day; can you share with her one of your medications for her headache? What will you say?
  - Do NOT DISCLOSE to someone that you do not know well and that you do not trust completely.
  - Make it a convincing lie. Plan your answer BEFORE someone asks. "Sorry. I take medication for my heart condition so I cannot share it with you." Make sure you always say the same thing to all kids because you don't want to have many stories.
- There is a wedding and many people are coming to stay at your house and share your room. They do not know your status. How can you prepare so you are able to still take your medication?
  - Take out enough pills for the days that they will be visiting.
  - Put the pills in a small medicine bag inside of your handbag or with your school books or wrap it in a shirt/trousers or place in your mother's room or in another safe place where you can get to it even though there are many people.

To take the medicine just take your handbag and walk outside where you can have a moment to get one pill and drink it.



## APPENDIX 16: THE RIGHTS OF THE CHILD





## APPENDIX 17. DIRECTORY OF SOCIAL SERVICES

Organization	Activity	Physical Address	Telephone
<b>Bantwana</b>	Aims to capacitate schools as points of intervention for delivery of a full range of essential and comprehensive services. These include nutrition, basic health care, psychosocial support, education, economic strengthening, HIV prevention, and child protection.	Nkoseluhlaza Street, 3rd Floor Liqhaga Hse, Manzin	25052848
<b>Baylor Children's Foundation Swaziland</b>	Conducts a program of high quality, high impact and highly ethical pediatric and family HIV/AIDS care and treatment, clinical research, and health professional training in Swaziland.	Cnr Somhlolo and Sigwili Streets, Kent Rock, Mbabane	24040214
<b>Cabrini Ministries</b>	Promotes the wellbeing of individuals and families through comprehensive integrated health care, childcare, education in Ngcamphalala, Mamba, and Gamedze chiefdoms with some activities in Shongwe, Mkweli and Nceka, and social services to the most poor and vulnerable.	St. Phillips Mission Mhlathuze, Lubombo Swaziland	2343.4944 /268.7602.2476
<b>Clinton Health Access Initiative</b>	Works on the issues of HIV, malaria, and childhood diseases, as well as expanding human resources for health, increasing access to health care and improving the efficiency of the health commodity marketplace.	4th Floor, Lilunga House, Somholo Road, Mbabane	7825 4356/ 2404 7173
<b>Church Forum on HIV and AIDS</b>	Coordinates the response of faith-based organizations to HIV and AIDS.	Plot 522 Coates Valley Tenbergen Street Manzini	25057035
<b>Compassionate Swaziland</b>	Provide integrated HIV prevention, Sexual and reproductive health education and information to adolescent boys and girls.	KaSchiele Road, Lutheran Church Compound, Mbabane	24043042
<b>Elizabeth Glaser Pediatric AIDS Foundation</b>	Supports the government of the Kingdom of Swaziland to prevent HIV infections and reduce HIV-related morbidity and mortality among women, children, and families.	Karl Grant Street, Mbabane	24048081
<b>Emavulandlela Scouts Association</b>	Provides lifetime education for young people.	Dlanubeka Building, Second Floor	
<b>Family Health International</b>	Dedicated to improving lives in lasting ways by advancing integrated, locally driven solutions, currently implementing the Community Based Livelihoods Development for Women and Children in Swaziland (CBLD) program. This is a year cooperative agreement with USAID.	Momentum Office Park, Somholo Road, Mbabane	2404 1986
<b>Family Life Association</b>	Provides SRH services to the people of Swaziland, including youth.	Mbabha Street	25053082

Organization	Activity	Physical Address	Telephone
<b>of Swaziland</b>			
<b>Girl Guides Association</b>	Carries out HIV awareness and prevention campaigns at a small scale. They write poems on HIV and recite them during regional and national camps. They advocate for abstinence and teach life skills to their members.	Regional Education Office Nhlangano	76118805/ 76279327
<b>Imbali Foundation</b>	Empowerment of Swazi girls using tradition and spirituality as a strength	Lozitha	76060300
<b>Junior Achievement</b>	Empowering Swaziland's Youth with marketable and practical skills in business and entrepreneurship so they can prosper and build a growing economy.	MITC Campus St Michaels Road, Manzini	25056504
<b>Khulisa Umntfwana</b>	Seeks to stem the tide of teenage pregnancies and children wasting away before reaching their prime through advocacy for children and young people living with HIV and AIDS, conducting behavior change educational campaigns during national events such as Umhlanga and Incwala, and conducting parenting workshops.	c/o King's Office Premises, Lobamba	2416 2619
<b>LUSWETI</b>	Dedicated to the creation and provision of innovative social behavior change communication programs. Our efforts are focused on bringing social change to society ensuring that the majority of people in the country will be practicing positive behavior with respect to HIV, health and development.	Tungoil, Mahlanya, Old Manzini- Mbabane Road, Malkerns	25282139
<b>Manzini Youth Care</b>	Provides holistic Christian care in meeting the basic needs of food, shelter, education, training, and life skills for marginalized young people at risk through poverty.	Bosco Study Centre Office no. 2 Southern Distributor Road Opposite Metro	2505 6963
<b>Moya Centre</b>		Next to Malandela Mahlanya	25282043
<b>Medicins Sans Frontiers</b>	Reduces mortality and morbidity linked to HIV and TB in the Shiselweni region and contribute to the control of the epidemic improving population health.	Plot 392, Lukhalo Street, Dalriach East, Mbabane	76146678/ 76057098
<b>Pact, International</b>	Pact aims to build and strengthen the capacity of local civil society organisations to implement effective and efficient HIV prevention, and impact mitigation activities.	Nkhotftotjeni Building, 1st Floor Cnr. Dzeliwe and Msakato Str. Mbabane	Office 268.2404.5579/ 1748 Mobile 2687692.0294
<b>Khulisa Umntfwana</b>	Seeks to stem the tide of teenage pregnancies and children wasting away before reaching their prime through advocacy for children and young people living with HIV and AIDS, conducting behavior change educational campaigns during national events such as Umhlanga and Incwala, and conducting parenting workshops.	c/o King's Office Premises, Lobamba	2416 2619
<b>LUSWETI</b>	Dedicated to the creation and provision of innovative social behavior change	Tungoil, Mahlanya, Old Manzini-	25282139



Organization	Activity	Physical Address	Telephone
	communication programs. Our efforts are focused on bringing social change to society ensuring that the majority of people in the country will be practicing positive behavior with respect to HIV, health, and development.	Mbabane Road, Malkerns	
<b>Manzini Youth Care</b>	Provides holistic Christian care in meeting the basic needs of food, shelter, education, training, and life skills for marginalised young people at risk through poverty.	Bosco Study Centre Office no. 2 Southern Distributor Road Opposite Metro	2505 6963
<b>Moya Centre</b>		Next to Malandela Mahlanya	25282043
<b>Medicins Sans Frontiers</b>	Reduces mortality and morbidity linked to HIV and TB in the Shiselweni region and contribute to the control of the epidemic improving population health.	Plot 392, Lukhalo Street, Dalriach East, Mbabane	76146678/ 76057098
<b>Pact, International</b>	Pact aims to build and strengthen the capacity of local civil society organisations to implement effective and efficient HIV prevention, and impact mitigation activities.	Nkhotftotjeni Building, 1st Floor Cnr. Dzeliwe and Msakato Str. Mbabane	Office 268.2404.5579/ 1748 Mobile 2687692.0294
<b>Population Services International</b>	Making it easier for people in the developing world to lead healthier lives and plan the families they desire through marketing affordable products and services.	Nkhotftotjeni Building, 1st Floor Cnr. Dzeliwe and Msakato Str. Mbabane	24049847/ 9718/ 7907/ 911776022936
<b>Swaziland Association for Crime-Prevention and the Rehabilitation of Offender (SACRO)</b>	Works under the Ministry of Justice to facilitate the rehabilitation of offenders and advocate for a fairer Juvenile justice system	Trelawney Park Stanly Street Plot 1241 Manzini	2 505 2172
<b>Association of Students Against Drug Abuse and Trafficking</b>	SADAT combats drug abuse and human trafficking.	St. Mary's High School Lobamba	76115858/ 24161145
<b>Southern Africa HIV and AIDS Information Dissemination Service</b>	Mission is to be a center of excellence that promotes effective and ethical development responses to Sexual Reproductive Health and Rights, HIV (including PMTCT and TB through advocacy, communication and social mobilization.	Safaids, LaMvelase Building, Amicaal Offices, Cnr Sandlane and Nkoseluhlaza Street, Manzini	25053140
<b>Save the Children Fund</b>	Mission is to inspire breakthroughs in the way the world treats children, and to achieve immediate and lasting changes in their lives.	Jojo Street, Msunduza Road Mbabane	24044719

Organization	Activity	Physical Address	Telephone
<b>Sihpilile Maternal and Child Health</b>	Aims to improve maternal and child health and nutrition through the implementation of a community-based Mentor Mother program.	Gwamile VOCTIM, Matsapha	Office 7608 9230 Mobile 7671 8152
<b>Swaziland National Youth Council (SNYC)</b>	Advocates and coordinates social, health and economic youth programmes and activities. Programmes and activities of SNYC include Lobbying and Advocacy, Employment Creation, Health Related Programmes.	Plot#33 Mphakatsi Road, Malunge Township, Mbabane	24041414/ 24044850
<b>Super Buddies Club</b>	Super Buddies aims to facilitate the creation and sustenance of peer education platforms and advocate for children and youth protection through the provision of user-friendly services in Swaziland.	Ridge street, next to Annadale School, Mbabane	24048228/ 76154342
<b>Swaziland Action Group Against Abuse</b>	Committed to engaging communities in fighting GBV through prevention, care and support, and access to justice.	ERF Lot 126, Esser Street, Manzini	25057514/ 25052899
<b>Swaziland Network of People Living with HIV/AIDS</b>	Aims to improve the quality of life of people living with HIV and AIDS in Swaziland through capacity strengthening of member organizations to work together for a shared vision.	Save the Children Building, Jojo Street, Mbabane	24042578
<b>World Vision Swaziland</b>	Addresses problems on food insecurity (mainly through agriculture), water shortages, education, HIV and AIDS, health, infrastructure development, and economic development, in the process changing lives of the poor.	Ning Office Park, Somhlolo Road, Mbabane	24041125
<b>Young Heroes</b>	The Young Heroes program gathers funds from sponsors to distribute to Swazi orphan children under the age of 18.		



**AIDSFree Swaziland**  
RHUS Office Park  
Karl Grant Street  
P.O. Box A507  
Swazi Plaza H101, Mbabane  
Swaziland