

Sista 2 Sista

Club

Mentor's Manual



Health
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Supporting the National Health Strategy
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Preface

Ministry of Health and Child Care (MoHCC), Ministry of Women Affairs, Gender and Community Development (MWAGCD), Zimbabwe National Family Planning Council (ZNFPC) and National AIDS Council (NAC) and other partners are contributing to the Health Development Fund (HDF) 2016-2020. With support from DFID, Irish Aid and the Government of Sweden, this programme is implemented within the context of the National Health Sector Strategy (2016-2020).

This programme aims to increase knowledge and utilisation of integrated HIV prevention, SRHR and SGBV services. A component of this programme encapsulated in this manual concentrates on enhancing the self-efficacy and agency of young women to access and utilise these integrated services by empowering them to make responsible reproductive health decisions.

The methodology that has been chosen is one of building group rapport among a group of young women through facilitating meetings in girls only clubs. These clubs, dubbed “Sista2Sista Clubs” will provide an environment where an atmosphere of mutual respect and trust between the Club members can be built, giving them a social support network within their own community that is likely to extend beyond the confines and the lifespan of their Sista2Sista Club.

Recognising that reproductive health choices, and actions in fulfilling the same, are not made in a socio-economic vacuum, this manual moves from providing information on sexual and reproductive health and prevention of HIV as well as sexual and gender based violence, to providing the young women with life skills such as self-awareness, problem-solving strategies, and communication. These skills will enhance the girls’ and young women’s ability in decision making not only about their reproductive health, but for other important life choices. To that end, the manual has been updated and in addition to introducing the girls and young women to the concepts of financial management, social and livelihoods skills are now included.

While it is recognised that changing an individual’s behaviour remains the responsibility of that individual, creating an environment that supports and encourages positive behaviour change requires effort and commitment from a multitude of players. The female Community Health Workers (CHWs) as mentors in the Sista2Sista Clubs are key agents in this endeavour. However, the Club members are also key contributors to building change in their own and their fellow Club members’ lives.

Providing information and education is only one component of changing an individual’s behaviour.

The mentors, working with the support and under the guidance of implementing partner organisations, are aware of this limitation and as a result will draw on the expertise and skills of other organisations located within their communities. These organisations, from faith based entities to health facilities, to law enforcement agencies and support groups, are equipped with diverse skill-sets to assist individuals and communities in changing their behaviour. As a result, Club members who require information beyond the expertise of the facilitator will be referred to these organisations for services.

Working together, these organisations and CBWs will strive to improve the health, skills and capacities of the girls and young women in their communities. In that vein, we would like to thank individuals and organisations that have contributed in any way to the development of this guide.

This manual is an updated version of the May 2013 version and will be used as part of the demand generation tools for community health systems as of 2018.

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List of Acronyms

AGEP	Adolescent Girls Empowerment Programme
AIDS	Acquired Immune Deficiency Syndrome
ALAFA	AIDS Lesotho Alliance to fight HIV and AIDS
ASRH	Adolescent Sexual and Reproductive Health
CHW	Community Health Worker
EMTCT	Elimination of Mother to Child Transmission
FACT	Family AIDS Caring Trust
GIZ	Deutsche Gesellschaft fuer Internationale Zusammenarbeit (GIZ) GmbH
HIV	Human Immuno-Deficiency Virus
HTC	HIV Testing and Counselling
ISP.	Integrated Support Programme for Sexual and Reproductive Health and HIV Prevention
MAC	Matabeleland AIDS Council
MASO	Midlands AIDS Support Organisation
MOHCC	Ministry of Health and Child Care
MoWYA	Ministry of Women and Youth Affairs (MoWYA)
NAC	National AIDS Council
RDS	Regai Dzive Shiri
SGBV	Sexual Gender Based Violence
SRHR	Sexual and Reproductive Health Rights
STI	Sexually Transmitted Infection
UNFPA	United Nations Population Fund
WVZ	World Vision Zimbabwe
ZAPSO	Zimbabwe AIDS Prevention and Support Organisation
ZiChiRe	Zimbabwe Community Health Research
ZNASPIII	Zimbabwe National AIDS Strategic Plan
ZNFPCC	Zimbabwe National Family Planning Council



Sista 2 Sista Club

Mentor's Manual



December 2017



Introduction

You have been selected as a Mentor for a Sista2Sista Club. Congratulations!

This material has been developed specifically to guide and assist you to be an effective mentor to the adolescent girls and young women in your Club. The material will help you learn more about how to mentor, as well as about various themes that you will be responsible for discussing with the girls. All of this material is aimed at helping you help the members of your Sista2Sista Club to be vibrant, confident, self-assured girls and young women who will add value to their communities and their society.

It is important for you to remember that as a mentor you play a very different role in the girls' lives. You are not a teacher and you are not a parent. Similarly, you are not a clinic sister and you are also not a best friend. Your role as a mentor is not to lay down rules and insist that things are done correctly. Also you are not there to allow the Club members to say and act as they like, thinking it is OK. Instead you have the role of guiding and assisting the girls to make informed decisions. You act as a sounding board to their ideas and thoughts. You are an ear willing to listen to their concerns, problems and fears. You are there to point them in the right direction and to walk with them in making that decision, should they ask for your help. You are there to help them grow, as themselves, and not as other people would like to see them. This is particularly important when it comes to guiding girls and young women to reach their full potential. Many people might like to see girls and young women only performing traditional roles, whereas they have potential to be so much more. Your job is to encourage them to achieve this full potential.

The most important component of the Sista2Sista Club is the relationships that will form. There will be relationships between you and the girls and young women that will form and might extend beyond the borders of the Club, and there will be relationships that will form between the girls and young women themselves. Encourage the girls and young women to establish trusting, confidential and caring relationships between themselves. One of the outcomes that is hoped will emerge from this programme, is a community of girls and young women that are supportive of one another, understanding of the challenges that each other face, and are willing to sustain their relationships with one another.



The Structure of this Manual

This Manual is separated into four parts:

1. A short description about the overall programme and your role and position in the programme
2. The Assessment Tools
3. Exercises and guidelines for running a Sista2SistaClub
4. A reporting guide

These four sections work together like this:

SECTION ONE describes the overall programme and your role in the programme as well as answering some questions you may have about how to run the Clubs.

SECTION TWO is dedicated to the Assessment Tools. You have already been trained as a Sista2Sista mentor in the use of these Assessment Tools. The tool asks questions that are specific to the girls and young women with whom you will be working. The purpose of these tools is for you to objectively understand the state or condition of the girls as they commence their Sista2Sista Club journey. The first is to determine the general socio-demographic characteristics of the girls in the club. The second and third are pre and post-assessment tools to assist you in determining the knowledge, skills, attitudes, and beliefs of the girls before and after completing the program. We are sure that as the Club meets, and the relationships between the girls and yourself develop and mature that you will understand the girls' needs more accurately and be able to facilitate sessions to meet their needs using the tools with which you have been equipped.

SECTION THREE of the manual is filled with activities for discussion in the four thematic areas: Self Awareness, Sexual Awareness, Social Awareness and Financial Knowledge. In addition, there is a fifth theme area – Creating the Club Culture – that speaks specifically to building an atmosphere of trust and mutual respect within the Sista2SistaClub. The latter part of this section also provides some guidelines on how to plan and run a Sista2Sista Club, along with some suggested meeting agendas.

SECTION FOUR contains the reporting and assessment format that you are expected to complete after each Club meeting and hand to your supervisor. We suggest that you also keep a copy of this report for your own records so that you can look back and see how things have progressed over the months that you meet with the girls.

Section

01



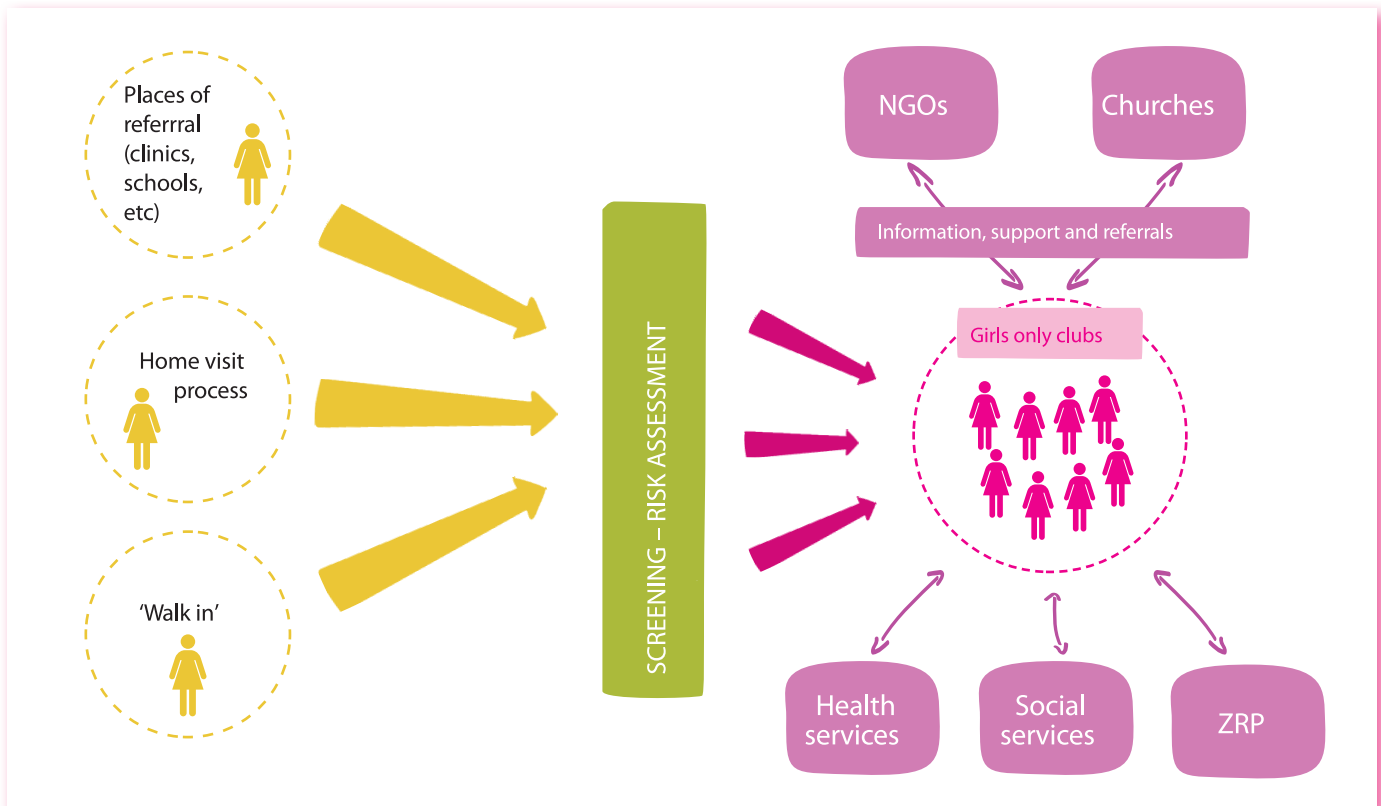
All about the Programme

Why we are here and how does this work?

You have been selected to be a mentor for a Sista2Sista Club. This means that you will be working with girls and young women and acting as a source of information and support for them.

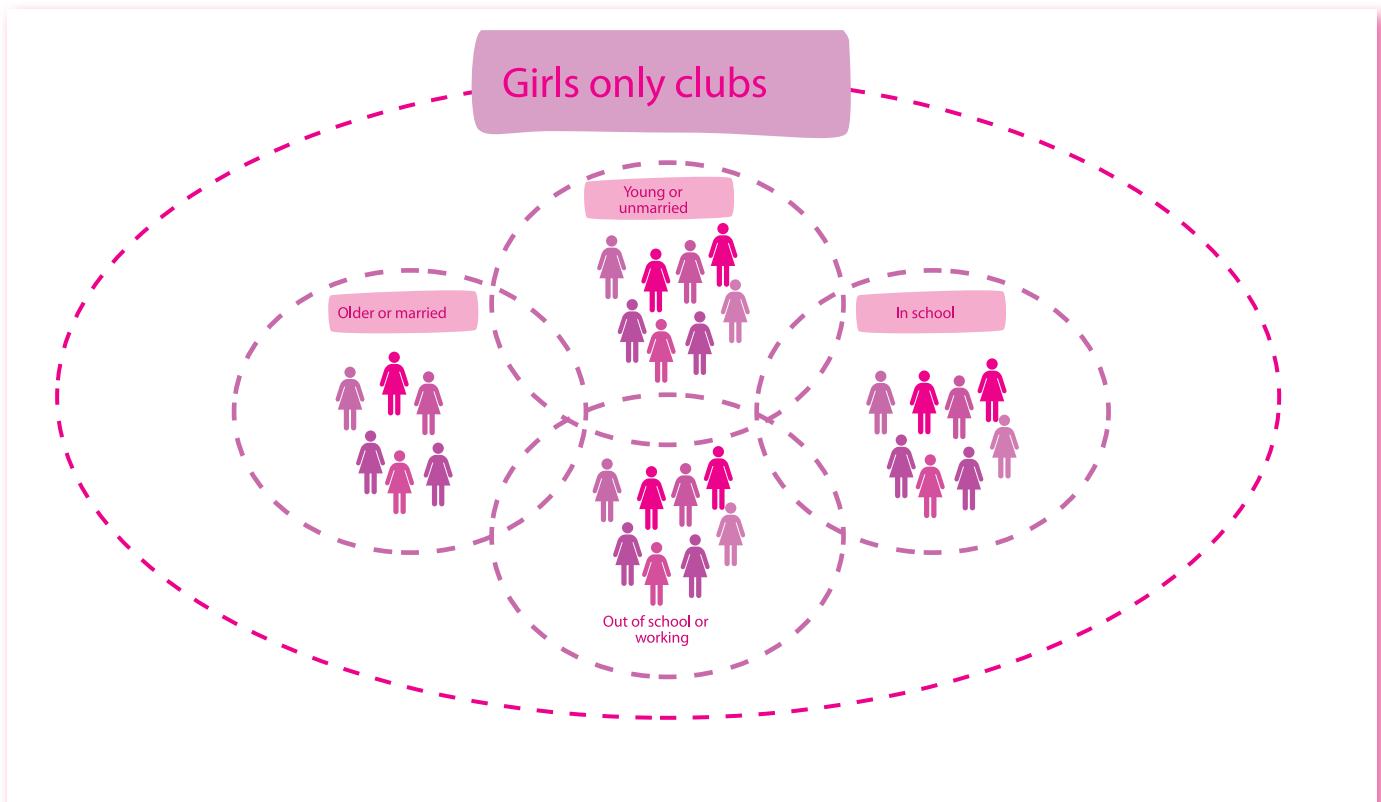
Some of the Club members may be referred to you by other CBWs working in your area; others may be referred to you by other programmes in the area; or by social workers, teachers and nurses that feel that the girl might benefit from being a member of the Club. Still others might be girls and young women that have heard about the Club and are interested in joining. No matter where they come from, the potential Club members will undergo a screening test (risk assessment test) to determine whether they are at risk and if they are at risk, which areas are the most pressing.





Do you see the arrows linking the Sista2Sista Club with the various service providers? These arrows point in both directions. This means that there is a two-way relationship with these service providers, meaning that you can refer Club members to these service providers for additional support or service and that you can draw on these service providers for support in helping run sessions at the Club, for example, by asking them to come and give a short talk to the Club members in one session.

There may be several types of Sista2Sista Clubs, with members of the Clubs being grouped according to their needs. The diagram below suggests that there might be four different types of Clubs each meeting with a different set of members. Some of the circles overlap, meaning that some of the Club members could belong to either group. It is your job as a mentor to make sure that you allocate the girl to the correct group, where she feels the most comfortable and where she will get the most benefit. Disaggregate by age if necessary.



What is a Sista2Sista Club?

There have been several successes in Zimbabwean programmes recently resulting in a reduction of risky sexual behaviour in a number of population groups. However, there are still a number of challenges. The current programme is aimed at overcoming these challenges by providing adolescent girls and young women with a place where they can come together to learn skills and techniques to assist them in overcoming their challenges. It is also envisaged that these Clubs will not only be “training” events but also places where the members of the Club can provide support to their fellow Club members. Whether this support takes the form of emotional, social or physical support is not important. It is more important that the Club members know that they are not facing their problems and challenges alone.

The Sista2Sista Club program will run for 46 weeks, and the Club members will be awarded certificates at the end of the program.

Note: Although the Sista2Sista Club program is designed to run for 46 weeks with one meeting each week, the mentor has the discretion to conduct more than one club meeting a week when this is possible, such as during school holidays. It is important that all the exercises in the manual are covered.

For a participant to be considered to have completed the program and be awarded certificates, she needs to have attended at least 80% of the exercises and sessions, as documented by the register.

Why have a Sista2Sista Club?

The goals of the programme of which this project is a part are to:

- Reduce fertility rates of girls in rural areas,
- Increase access to family planning
- Reduce the prevalence of gender based violence.

These are three areas that can be dealt with together through the Sista2Sista Clubs.

Often when you have a Club or a group of only one gender the members of the group feel more secure to share their feelings, their fears and their challenges. They feel that they can reveal struggles and ask questions that they may not feel comfortable doing within a mixed gender group. Often, members of the group are also more sympathetic and supportive of fellow members that are going through a struggle or overcoming a challenge that they might have already faced. This type of mutual support, from peers, can be very encouraging, and can help positively influence and change a person's behaviour or encourage them to seek assistance.

This is the atmosphere and culture that we hope to create in the Sista2Sista Clubs – one of mutual support and understanding—a place where a member of the Club can speak honestly about her challenges and expect to receive understanding and good advice on how to overcome the challenge. We hope that this culture will move with the girls from within the Club to supporting one another within the community as well.

Who are the Sista2Sista Club members?

The Sista2Sista Club members are girls and young women age 10 to 24 years living in the same community. The Club targets both in school and out of school girls. Recruitment is also done to ensure that vulnerable groups such as people living with HIV, people living with disability, orphans and vulnerable girls, adolescent and young mothers, key populations and out of school girls.

What will the Sista2Sista Club do?

It is envisaged that the Sista2Sista Clubs will act as a place of mutual support and safety for young women who are facing similar challenges and have similar questions about the themes that you will address. The Sista2Sista Clubs will be places of learning where members can safely ask questions about their sexual and reproductive health, about support mechanisms that can help them address challenges that they are facing and where they can seek advice from peers that have faced and overcome similar challenges.

Why does the Sista2Sista Club have a mentor?

You, as the mentor of the Sista2Sista Club will take responsibility for organising the meetings and preparing the exercises that you will present. You will act as the contact person for the Sista2Sista Club in case other girls want to join or in case parents or relatives of the members have questions about the Club. You will also be responsible for reporting on the activities of the Club, and for helping the members of the Club access services or assistance from other service providers in the community.

Being the mentor does not mean being the boss. You will act as a coordinator and as a facilitator. You will help guide the members of the Club, but will not be able to tell them what to do.

Your job as a mentor is about balancing what you know with the needs of the Club members. It is about drawing on the resources that you have been trained in, and other resources within the community, such as counselling services and health advice, and bringing these in to the Club, to assist the girls.

As a mentor Remember:



A mentor does not try to 'fix' or 'lecture' Club members. Rather they share information that will help the girls make their own decisions.

- You will hear a lot of stories from the girls. Remember that often you are only hearing one side of the story. Your role is to hear the girl's side, support her in working through the situation and if necessary guide her to seek outside assistance. It is not your role to judge, to make decisions or to get directly involved in the process.
- You will maintain confidentiality. Elsewhere in the manual we talk about the semi-confidential nature of the Club. The reason it is semi-confidential is that you cannot guarantee that each member will not tell someone about Club events and discussions. However, you can assure the girls that YOU will maintain their confidentiality. This means that you are not allowed to tell anyone what the girls share with you. If you make this promise make sure that you keep it, as the girls will trust you. The girls will share details with you that may sometimes be considered embarrassing, and it is essential that you earn their trust and continue to earn it by never divulging anything that the girls do not specifically ask you to share with the rest of the club or anyone else.
- You will try to get to know the girls as individuals, including those with special needs; try to spend some time with each girl every time you meet, even if you simply ask how their day has been. Be alert in the sessions to listen to and actively hear what each girl is sharing with the Club. Listen to the words that she uses, and the message that she is trying to share with you. If a girl has shared something with you and you have given her advice or a suggestion on how to deal with the situation, make sure that you follow up with her the next time you see her. Ask how she is coping with the situation. Ensure that she is not in company when you ask, as her companions may not know about the situation.
- You will share strategies that the girls and young women can use to overcome the challenges they face. Sometimes the girls themselves will come up with strategies or suggestions. Your role in this case is to quickly assess these strategies to determine if they are appropriate and if not to guide against using them and to adopt another path of action.
- You will ensure that all of the girls and young women feel involved and part of the Club. Some of them may be embarrassed about being asked to join the Club. Some may live in a different area of the community or attend a different school or church and as a result feel excluded from the group. Your role is to build the cohesion between the Club members to create a welcoming and open culture between Club members that is mutually supportive.
- Some of the things the girls and young women share with you might shock or surprise you. It is important that you do not react negatively to this shock and that you remain supportive to the girls and young women. In cases like this it is also important that you have someone to speak to on a regular basis to cope with any negative feelings you might have, and that will be able to give you advice on how to best assist the girls and young women concerned. This is the role of your supervisor. Make regular appointments to meet with her and report on issues within the Club.

But REMEMBER – at all times you must retain the confidentiality of the girls involved, unless they are planning on physically hurting or endangering themselves or someone else.

- You are a role model to the girls and young women. As a mentor of the club, you are required to behave in a way that builds positive attitudes and trust from the club members. For example, if you meet with the Club one day and explain that they should be calm but assertive in their communication, and the following day they see you fighting with your neighbour, they will quickly decide that you do not practice what you preach. If something like this does happen and one of the Club members raises it at a meeting, the best way to deal with it is to explain that you sometimes make mistakes as well and that you will continue to try and implement the lessons you teach. Explain to them that even if they fail once, they can still implement the lessons they learn. Failure once does not mean failure all the time.
- You are not a parent or an aunt or a grandmother to the girls. You are an older companion on their journey of growing up. They attend the Girl's Club voluntarily and are not there to be chastised or punished. The Club is a safe place for them. Be careful in the language that you use in addressing the girls. Do not call them "my children" or "my little ones"; your job is about empowering them to make their own decisions.

Do not be afraid to change your mind when you are in the middle of running sessions, if the need arises. For example, you might be running the communication sessions and were planning on running a session on sexual awareness. You sense a tension in the Club members and after some gentle questioning find out that one of the Club members is dealing with a crisis. You might choose to end the formal sessions at this point and rather deal with the concerns that the Club members have. Remember, the people are always more important than the process.

Engaging People Living with Disabilities

A Behaviour Change Facilitator has two major roles when dealing with people living with disabilities;

1. Mainstreaming disability in the existing programme: identify people living with disabilities (PLWDs), and make necessary referrals to relevant services including HIV Testing Services (HTS), Sexual and Gender Based Violence (SGBV) and make follow ups on the PLWDs to check whether they have accessed referred services.
2. Liaising with disability organisations in the province or district (Identifying the disability organisations and referring people living with disabilities to organisations of disabled people (ODPs))

Involving People Living with Disabilities

- When you first speak to the person, a handshake helps orient her to where you are.
- Use the person's name often, to make it clear when you are speaking to her.
- Speak directly to the person, not to her assistant or companions, and speak normally and clearly. Remember that people with visual impairments do not necessarily get the extra care.
- Use of sign language or sign language interpreter for Deaf person.
- Find out how the person likes to communicate – there are a variety of different ways, including speech, sign language, finger spelling, writing or gestures and body language.
- Even if you are communicating through a sign language interpreter, it is important to remember that you are still talking to the Deaf person. Talk directly to her, not to the interpreter – for example, 'what do you think?' not 'what does she think?'
- Treat people with courtesy and respect. For example, don't leave someone behind by walking off too quickly.
- Treat each person with respect and be sensitive to his / her individual needs and behaviour.
- Different people find different things difficult. Find out each person's preferred way of communicating (how he / she likes to speak and be spoken to, how he / she likes to be touched or not).
- Be sensitive to how you behave and how your actions might cause someone to react – don't panic or respond aggressively.
- People with learning difficulties may take more time to understand or respond to what they hear. Some people may find it difficult to concentrate. It might be helpful to think about the ways you communicate with people who do not have the same first language as you, or who are illiterate. In general:

- ✓ Speak normally and clearly.
 - ✓ Use simple, short words – if you have to think about what a word really means, don't use it.
 - ✓ Use real-life examples and words for real things – people with learning difficulties may find abstract concepts difficult.
 - ✓ Use short sentences and express one point at a time – people with learning difficulties may find it difficult to remember a list of different things.
- People living with disabilities (PLWDs) are generally excluded from SRHR, HIV and AIDS and SGBV information and services since as they are somehow considered not to be sexually active (asexual). The negative attitudes towards people with disability such as stereotyping (retarded, dumb), beliefs that PLWDs have a lesser position in society or that they have a diminished capacity to contribute due to their impairment affect these people's access to healthcare services. As a mentor, you should make sure Club members understand that people with disabilities have the same health care needs as everyone else and need to be supported so that they exercise their right to healthcare.
 - **You should also be sensitive to the needs and realities of PLWDs when conducting activities and exercises.**

Kinds of Behaviour Change

We are asking you to help change others' behaviour in a positive way. But behaviour change is not a simple process – it moves through a range of stages and sometimes can even move backwards!

Remember, your job is to assist the girls to change their own behaviour, it is not to force them to change behaviour or to provide them with the medical or counselling services that they might need. You are part of a larger network of people and organisations that are willing to help. Make use of this network to give the services that you are not able to, or have not been trained to provide.

• Short-term behaviour

Short-term behaviours are those that can be achieved quickly and mostly involve a one-time effort on the part of the individual. For example, deciding to go for HIV testing and counselling during an outreach campaign.

• Long-term behaviour

Long-term behaviour change, on the other hand, requires a person to modify and sustain a particular behaviour over a period of time. Stopping smoking is an example of long-term behaviour change. In deciding to seek help or treatment for STIs or HIV, people will have to modify their behaviour. This is another example of longer term behaviour change.

Learning and change

Helping people to change their behaviour is not just about providing them with knowledge. While information and facts are important, it is also important that people can appreciate the value in changing their behaviour and have the skills to make this happen.

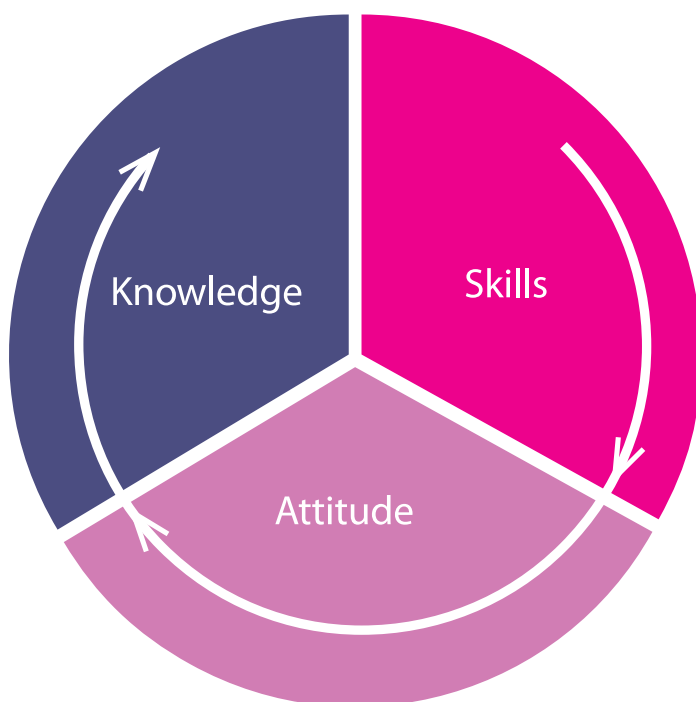
This training course is about equipping you to:

- **Provide information to improve people's KNOWLEDGE**
- **Equip people with SKILLS they need to make the change and help them to adjust to their new behaviour.**
- **Help people adjust their ATTITUDE by showing them the value of change**

These three components work together. Improving a person's knowledge gives them an opportunity to improve their skills, using their new found knowledge. Improving a person's skills can also improve or change their attitude towards a situation. Often, changing a person's attitude leads to them wanting to increase their knowledge. As a result, there is an on-going process of behaviour change.

These three things are provided in a safe environment of the Sista2Sista Clubs. The Clubs provide a semi-confidential environment as well. This means that you request that noone tells others about the stories they hear in the Club, but that you cannot guarantee that this will happen. A semi-confidential environment will encourage the members of the Club to share their concerns and fears, in the hope of learning from others in the Club that have faced similar challenges.

Similarly, learning can cause change and change can cause learning. Your task is to prepare your girls to change behaviour and sustain this change successfully. The impact of learning will be seen in the girl's everyday experiences: do they change their high risk sexual behaviour, do they implement the objectives of the course, and do they become advocates for change?



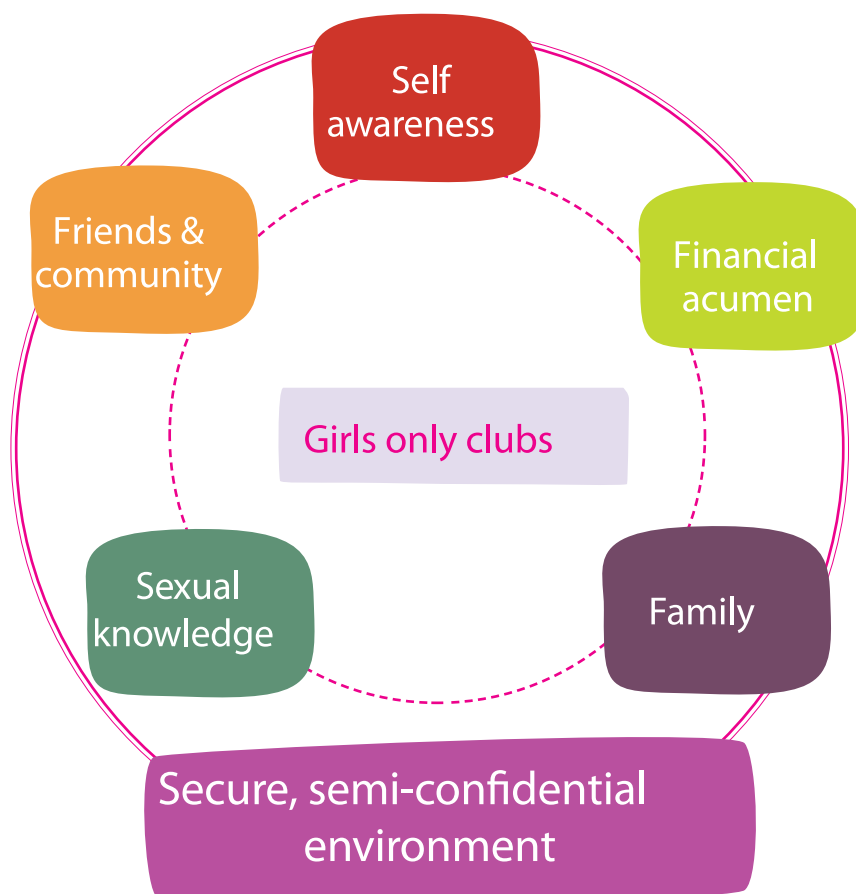
The solution to this lies in the planning of the activities for the learning process. Some of the exercises in the next section focus on increasing levels of knowledge, others focus on changing girl's attitudes and some try to equip the girls with new skills.

Club members are guided through sets of information and scenarios to understand and internalise the core values and attitudes, with an aim of empowering them to make responsible choices. Skills have to be practised for them to be able to capably implement these choices in their daily life. The Club provides an opportunity not only for the girls to practice these skills but also to receive on-going feedback from their mentor and their peers on their attempts to make these choices, in their daily life in between meetings. The aim is therefore to inspire your Club members to gather information, but also to guide them to experience a sense of meaning and density in terms of which choices, about sexual, financial and social behaviour can be made.

The knowledge, skills and attitude of the Club members will be addressed according to certain themes. The goals of the project are to:

- Teach the girls and young women about their bodies and their sexual and reproductive systems.
- Improve the girls and young women's knowledge of continuum of care in Maternal and Newborn Child Health.
- Help the Club members to learn about themselves, their friends and their family.
- Teach the girls and young women to be able to look after themselves and others for whom they are responsible.
- Improve the girls' knowledge, skills and attitudes towards money and financial decision making.

All of this happens within the safe and semi- confidential environment, as illustrated in the diagram below.



Section

02



How to Run the Sista2Sista Club

The contents of this training material cover a number of different themes. The risk assessment tool achieves two results:

1. It shows you which girls are most at risk and as a result are in more need of participating in a Sista2Sista Club.
2. The results of using the risk assessment tool provide you with an idea of which themes are most important to the members of your Club.

To help you to choose the right exercises to meet the needs of the girls, we have designed a simple risk assessment tool. This tool uses the same method that is used in the home visit guide.

In this tool the girls simply answer a number of questions. The answers to the questions are either YES or NO. Some YES answers mean that the person is more susceptible to risk, while other YES answers mean they are less at risk. As a result, we ask you to get the girls to answer all the questions, and then to add one set of NO answers to another set of YES answers. The end total determines whether the girl is a high or low risk Club candidate.

How to use the Risk Assessment Tool

There are two formats for the Risk Assessment Tool. In each the questions are the same. However, in the first format, all of the questions appear in one block. In the second format the same questions are separated into theme areas.

You need to run the Risk Assessment Tool twice. The first time, the assessment tool will help you identify girls in the community that may benefit from the extra support offered by a Sista2Sista Club. The second time the risk assessment tool will help you decide which sessions are most important for your club members.

The first time you run the tool the respondents will be any girls that are interested in becoming members of the club. The second time you run the tool it will be with girls you have already chosen to be members of the Club. You might choose to ask the girls to complete the tool for the second time at the first Sista2Sista Club meeting.

It is important to remember that the assessment tool does not replace your ability to read a situation. No matter the score a girl achieves on the assessment tool, your interaction with her and your knowledge of her personal situation is more important. No tool can replace this level of personal interaction. If you think that the girl would benefit from the support of the Sista2Sista Club, then make that decision.

Explain that the risk assessment tool is simply a list of questions that the girls answer separately and confidentially. No one else will know the answers that they provide. When you hand out the question sheet explain this to the girls that they need to answer all the questions.

They also only need to answer the questions with a YES or a NO. If they are not sure of the answer tell them to answer NO. If you need to you can help those girls that cannot read or write to answer the questions. If they prefer they might want to get a friend to help them answer the questions.

Explain that after they have answered the questions, no record will be kept of their answers.

All of the girls must answer all of the questions with one exception. There are a set of questions that only need to be answered by girls that have financial responsibilities. These girls might run their own business, they might be heads of child headed households, and they might take financial responsibility for their family. Only the girls that have some form of financial responsibility need to answer these questions. If other girls choose to answer the questions, allow them to do so. In the second format one of the themes relates to Education. The girls must answer the questions that are relevant to them – if they are still in school or have finished school.

Here is a section of the risk assessment tool.

Do you run your own business (size does not matter)?	
Do you feel you have a role to play at home?	
If you owe money are you able to meet your debt repayments every month?	
Do you feel confident accessing services at your local clinic such as STI screening, pregnancy testing or family planning services?	
Do you have a boyfriend or are you in a long-term sexual relationship?	
Have you ever had a boyfriend?	
Were you forced to leave school? (Personal or family circumstances?)	
Have you ever been beaten by your boyfriend?	
Have you ever felt emotionally threatened?	

Once a girl has answered all the questions the completed section might look like this.

Do you run your own business (size does not matter)?	Yes
Do you feel you have a role to play at home?	No
If you owe money are you able to meet your debt repayments every month?	Yes
Do you feel confident accessing services at your local clinic such as STI screening, pregnancy testing or family planning services?	Yes
Do you have a boyfriend or are you in a long-term sexual relationship?	No
Have you ever had a boyfriend?	No
Were you forced to leave school? (Personal or family circumstances?)	No
Have you ever been beaten by your boyfriend?	Yes
Have you ever felt emotionally threatened?	No

Your assessment tool looks like this.

	Person1	Person2	Person3	Person4	Person5	Person6	Person7	Person8	Person9	Person10																																									
	Pink No	Pink No	Pink No	Pink No	Pink No	Pink No	Pink No	Pink No	Pink No	Pink No																																									
	Gold Yes	Gold Yes	Gold Yes	Gold Yes	Gold Yes	Gold Yes	Gold Yes	Gold Yes	Gold Yes	Gold Yes																																									
Total																																																			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	
Lower Risk											Higher Risk																																								

To capture a score, you simply count the number of NO answers in the PINK answer blocks and the number of YES answers in the GOLD answer blocks. In the case of the person who answered the questions above, the sheet might look like this.

	Person1	Person2	Person3	Person4	Person5	Person6	Person7	Person8	Person9	Person10																																							
	16	Pink No	Pink No	Pink No	Pink No	Pink No	Pink No	Pink No	Pink No	Pink No																																							
	24	Gold Yes	Gold Yes	Gold Yes	Gold Yes	Gold Yes	Gold Yes	Gold Yes	Gold Yes	Gold Yes																																							
Total																																																	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
Lower Risk											Higher Risk																																						

Now add the scores together and plot the answer on the number line.

	Person1	Person2	Person3	Person4	Person5	Person6	Person7	Person8	Person9	Person10
	16	Pink No	Pink No	Pink No	Pink No	Pink No	Pink No	Pink No	Pink No	Pink No
	24	Gold Yes	Gold Yes	Gold Yes	Gold Yes	Gold Yes	Gold Yes	Gold Yes	Gold Yes	Gold Yes
Total	40									
1	2	3	4	5	6	7	8	9	10	11
12	13	14	15	16	17	18	19	20	21	22
23	24	25	26	27	28	29	30	31	32	33
34	35	36	37	38	39	40	41	42	43	44
45	46	47	48	49	50	51				
Lower Risk						Higher Risk				

Imagine if five girls that had been referred to you answered the questions. The scoring sheet might look like this.

	Person1	Person2	Person3	Person4	Person5	Person6	Person7	Person8	Person9	Person10
	16	12	18	10	11	Pink No	Pink No	Pink No	Pink No	Pink No
	24	18	20	11	17	Gold Yes	Gold Yes	Gold Yes	Gold Yes	Gold Yes
Total	40	30	38	21	27					
1	2	3	4	5	6	7	8	9	10	11
12	13	14	15	16	17	18	19	20	21	22
23	24	25	26	27	28	29	30	31	32	33
34	35	36	37	38	39	40	41	42	43	44
45	46	47	48	49	50	51				
Lower Risk						Higher Risk				

This would show two of the girls are at higher risk than the others. If you are targeting high risk girls only, then these two are possible candidates for the Sista 2 Sista Club.

The Risk Assessment Tool (First Round)

Would you describe yourself as a happy person?	
Would you describe yourself as a confident person?	
Do you enjoy living life?	
Do you enjoy your life?	
Do you have dreams and aspirations for your life?	
Do you regularly attend school?	
Do you feel that you give of your best in your school assignments and homework?	
Do you plan to complete your O or A levels?	
Would you like to study further, after school?	
Have you set a goal for your life? (e.g. To finish school, to travel, to own your own business)	
Do you have a good relationship with your mother?	
Did you pass 5 'O' level subjects if you have already finished school?	
If you did not finish school, do you plan to complete your schooling?	
Do you enjoy going to school?	
Do you have plans to study further?	
Do you still have plans for improving your life?	
Do you have a large group of friends?	
Do you have one or two people that you would regard as your "best friends"?	
Do you have a group of friends that you think are supportive?	
Are you involved in social activities other than school?	
Do you have career plans for when you leave school?	
Are both your parents still alive?	
Do you live with both your parents?	
Do you have a good relationship with your father?	
Do you feel you have a role to play at home?	
Do you feel confident accessing services at your local clinic such as sexually transmitted infection screening, pregnancy testing or family planning services?	
Do you have a boyfriend	
Have you ever had a boyfriend?	
Are you in a long term sexual relationship?	
Were you forced to leave school? (Personal or family circumstances)	
Have you ever been physically beaten?	
Have you ever felt emotionally threatened?	
Have you ever contemplated suicide?	
Are you the only person in your home responsible for younger brothers and sisters?	
Are you sexually active?	
Have you ever performed oral sex?	
Have you ever had anal sex?	

Have you ever felt physically threatened?	
Have you ever been sexually abused?	
Have you ever had sex with anyone in return for money or food or any goods?	
Have you ever been diagnosed with a STI (treated or untreated)?	
Have you ever been forced to have sex against your will?	
Have you ever been pregnant?	

For Girls That Have Financial Responsibilities

Do you earn enough money to meet your needs?	
Do you have your own source of income (a job, a business or a grant)?	
Are you part of a "round" or "mukando"?	
Do you run your own business (size does not matter)?	
If you owe money are you able to meet your debt repayments every month?	
Are you in debt?	
Are you dependent on others for your income?	
Have you ever exchanged sexual favours for income?	
Are you the only person in your home responsible for younger brothers and sisters?	

The Risk Assessment Tool (Second Round)

Self-Awareness

Would you describe yourself as a happy person?	
Would you describe yourself as a confident person?	
Do you enjoy living life?	
Do you enjoy your life?	
Do you have dreams and aspirations for your life?	
Have you ever contemplated suicide?	

Education (for girls in school)

Do you regularly attend school?	
Do you enjoy going to school?	
Do you feel that you give of your best in your school assignments and homework?	
Do you plan to complete your O or A levels?	
Would you like to study further, after school?	
Do you have career plans for when you leave school?	
Have you set a goal for your life? (e.g. To finish school, to travel, to own your own business)	

Education (for girls who have left school already)

Did you pass 5 'O' level subjects?	
If you did not finish school, do you plan to complete your schooling?	
Do you have plans to study further?	
Do you still have plans for improving your life?	
Were you forced to leave school? (Personal or family circumstances)	

Social Relationships

Do you have a large group of friends?	
Do you have one or two people that you would regard as your "best friends"?	
Do you have a group of friends that you think are supportive?	
Are you involved in social activities other than school?	
Are both your parents still alive?	
Do you live with both your parents?	
Do you have a good relationship with your mother?	
Do you have a good relationship with your father?	
Do you feel you have a role to play at home?	
Have you ever been physically beaten?	
Have you ever felt physically threatened?	
Have you ever felt emotionally threatened?	
Are you the only person in your home responsible for younger brothers and sisters?	

Sexual Knowledge

Do you feel confident accessing RH services such as STI screening, pregnancy testing or family planning services at your local clinic?	
Do you have a boyfriend or are you in a long term sexual relationship?	
Have you ever had a boyfriend?	
Are you sexually active?	
Have you ever performed oral sex?	
Have you ever had anal sex?	
Have you ever been sexually abused?	
Have you ever had sex with anyone in return for money or food or any goods?	
Have you ever been diagnosed with a sexually transmitted infection (treated or untreated)?	
Have you ever been forced to have sex against your will?	
Have you ever been pregnant?	

For Girls That Have Financial Responsibilities

Do you earn enough money to meet your needs?	
Do you have your own source of income (a job, a business or a grant)?	
Are you part of a "round" or "mukando"?	
Do you run your own business (size does not matter)?	
If you owe money are you able to meet your debt repayments every month?	
Are you in debt?	

Are you dependent on others for your income?	
Have you ever exchanged sexual favours for income?	
Are you the only person in your home responsible for younger brothers and sisters?	

Rapid Post-Training Assessment Tool

This tool should be administered after the entire Sista2Sista Curriculum has been completed.

Would you describe yourself as a happy person?	
Would you describe yourself as a confident person?	
Do you enjoy living life?	
Do you enjoy your life?	
Do you have dreams and aspirations for your life?	
Do you regularly attend school?	
Do you feel that you give of your best in your school assignments? homework?	
Do you plan to complete your O or A levels?	
Would you like to study further, after school?	
Have you set a goal for your life? (e.g. To finish school, to travel, to own your own business)	
Do you have a good relationship with your mother?	
Did you pass 5 'O' level subjects if you have already finished school?	
If you did not finish school, do you plan to complete your schooling?	
Do you enjoy going to school?	
Do you have plans to study further?	
Do you still have plans for improving your life?	
Do you have a large group of friends?	
Do you have one or two people that you would regard as your "best friends"?	
Do you have a group of friends that you think are supportive?	
Are you involved in social activities other than school?	
Do you have career plans for when you leave school?	
Are both your parents still alive?	
Do you live with both your parents?	
Do you have a good relationship with your father?	
Do you feel you have a role to play at home?	
Do you feel confident accessing services at your local clinic such as sexually transmitted infection screening, pregnancy testing or family planning services?	
Do you have a boyfriend	
Have you ever had a boyfriend?	
Are you in a long term sexual relationship?	
Were you forced to leave school? (Personal or family circumstances)	
Have you ever been physically beaten?	
Have you ever felt emotionally threatened?	
Have you ever contemplated suicide?	
Are you the only person in your home responsible for younger brothers and sisters?	
Are you sexually active?	
Have you ever performed oral sex?	

Have you ever had anal sex?	
Have you ever felt physically threatened?	
Have you ever been sexually abused?	
Have you ever had sex with anyone in return for money or food or any goods?	
Have you ever been diagnosed with a STI (treated or untreated)?	
Have you ever been forced to have sex against your will?	
Have you ever been pregnant?	

For Girls That Have Financial Responsibilities

Do you earn enough money to meet your needs?	
Do you have your own source of income (a job, a business or a grant)?	
Are you part of a "round" or "mukando"?	
Do you run your own business (size does not matter)?	
If you owe money are you able to meet your debt repayments every month?	
Are you in debt?	
Are you dependent on others for your income?	
Have you ever exchanged sexual favours for income?	
Are you the only person in your home responsible for younger brothers and sisters?	

The Risk Assessment Tool (Second Round)

Self-Awareness

Would you describe yourself as a happy person?	
Would you describe yourself as a confident person?	
Do you enjoy living life?	
Do you enjoy your life?	
Do you have dreams and aspirations for your life?	
Have you ever contemplated suicide?	

Education (for girls in school)

Do you regularly attend school?	
Do you enjoy going to school?	
Do you feel that you give of your best in your school assignments and homework?	
Do you plan to complete your O or A levels?	
Would you like to study further, after school?	
Do you have career plans for when you leave school?	
Have you set a goal for your life? (e.g. To finish school, to travel, to own your own business)	

Education (for girls who have left school already)

Did you pass 5 'O' level subjects?	
If you did not finish school, do you plan to complete your schooling?	

Do you have plans to study further?	
Do you still have plans for improving your life?	
Were you forced to leave school? (Personal or family circumstances)	

Social Relationships

Do you have a large group of friends?	
Do you have one or two people that you would regard as your “best friends”?	
Do you have a group of friends that you think are supportive?	
Are you involved in social activities other than school?	
Are both your parents still alive?	
Do you live with both your parents?	
Do you have a good relationship with your mother?	
Do you have a good relationship with your father?	
Do you feel you have a role to play at home?	
Have you ever been physically beaten?	
Have you ever felt physically threatened?	
Have you ever felt emotionally threatened?	
Are you the only person in your home responsible for younger brothers and sisters?	

Sexual Knowledge

Do you feel confident accessing RH services such as STI screening, pregnancy testing or family planning services at your local clinic?	
Do you have a boyfriend or are you in a long term sexual relationship?	
Have you ever had a boyfriend?	
Are you sexually active?	
Have you ever performed oral sex?	
Have you ever had anal sex?	
Have you ever been sexually abused?	
Have you ever had sex with anyone in return for money or food or any goods?	
Have you ever been diagnosed with a sexually transmitted infection (treated or untreated)?	
Have you ever been forced to have sex against your will?	
Have you ever been pregnant?	

For Girls That Have Financial Responsibilities

Do you earn enough money to meet your needs?	
Do you have your own source of income (a job, a business or a grant)?	
Are you part of a “round” or “mukando”?	
Do you run your own business (size does not matter)?	
If you owe money are you able to meet your debt repayments every month?	
Are you in debt?	
Are you dependent on others for your income?	
Have you ever exchanged sexual favours for income?	
Are you the only person in your home responsible for younger brothers and sisters?	

The Assessment Tools

1. The Survey Questionnaire

In this tool the girls simply answer a number of questions about themselves. The survey-questionnaire should be run at the beginning of each club program cycle (See Section 4). This tool is not a scientific assessment of any of the girls' character. It is simply a tool that you use to determine which girls might need support and referral, and which material to emphasize. Remember, this tool does not replace your ability to "read" people. This is a characteristic that makes you a good mentor. Use the tool as a guideline not as a substitute for your observation and understanding of the club members' needs.

2. Pre and Post Assessment Tools

Themes Two to Five of the Sist2Sista Club program have a pre and post assessment tool. The pre and post assessment questions are similar. The pre-assessment tool should be run before the beginning of the specific thematic area and the post assessment should be run at the end of the specific thematic area (find the Survey Questionnaire and Pre and Post Assessment Tools in the Section 4).

The Assessment tools are simply a list of questions that the girls answer separately to ensure anonymity and confidentiality. If you need to, you can help those girls that cannot read or write to fill in the form. If they prefer, they might want to get a friend to help them answer the questions. No one else will know the answers that they provide. When you handout the questionnaire, explain that the participants have the right to fill in or not fill in the questionnaire.

Sista2Sista Club Survey Questionnaire

Questions	Response
How old are you?	Age (Years) <ol style="list-style-type: none"> 10 – 14 15 – 19 20 – 24
What is your religion?	<ol style="list-style-type: none"> Traditional Roman Catholic Protestant (Anglican, Methodist, Baptist) Pentecostal Apostolic Sect Other Christian Muslim None Other
Are you currently attending school?	<ol style="list-style-type: none"> Yes No If no, give reasons
Do you regularly attend school?	<ol style="list-style-type: none"> Yes No Not applicable If no, give reasons:
What is the highest level of education you have attained?	<ol style="list-style-type: none"> No Education Primary education Secondary More than secondary
If you did not complete secondary education ('A' level), do you plan to complete it?	<ol style="list-style-type: none"> Yes No Not sure
If you completed secondary education, do you intend on furthering your studies?	<ol style="list-style-type: none"> Yes No If yes, specify:

Do you have your own source of income?	1. Yes 2. No If yes, specify:	
Who do you live with?	Specify	
Do you have surviving parent(s)?	1. Biological mother only 2. Biological father only 3. Both biological parents 4. No surviving biological parents	
What is your marital status?	1. Never Married 2. Married/ living together 3. Widowed/Divorced/Separated	
How many children do you have?		
Do you use contraception and family planning methods?	Yes	No
If 'yes', what kind?		
Tick where applicable	Yes	No
Do you have a boyfriend?		
Have you ever had a boyfriend?		
Are you sexually active?		
Are you in a long term sexual relationship?		
Have you ever performed oral sex?		
Have you ever had anal sex?		
Have you ever been physically beaten?		
Have you ever been physically threatened?		
Have you ever felt emotionally threatened?		
Have you ever contemplated suicide?		
Have you ever been forced to have sex against your will?		
Have you ever had sex with anyone in return for money or food or any good?		
Have you ever been diagnosed with an STI (treated or untreated)?		
Have you ever been pregnant?		
Do you know your HIV status?		

Planning a Club Session

Remember that you are running a Club with members that might not see one another that often. In some cases, the girls might see one another every day (e.g. at school) but will not have time to chat together. In other cases, Club members might only see one another at these meetings.

However, as a Club you are hoping that the members will support and learn from one another. For this reason, it is important to provide an opportunity for the Club members to reconnect with one another and to allow time for them to tell their peers about any important things that would have happened to them since their last meeting. This also gives the girls and young women a chance to reflect on their lives since the last meeting and provides them with an opportunity to identify anything that they think they might want to share or ask questions about.

What is interactive training? Why do we play games?

Some people think that playing games is childish and a waste of time. Some people think that learning can only take place in a classroom or another formal setting. However, we learn all the time, no matter what the situation, and often as adults, we learn better by **DOING** rather than by **HEARING**.

Remember You should always build in a time for reflection and for “catch up” early on in the Club session. Similarly, because you are trying to build an atmosphere of communication and confidentiality, you should run a session on communication as well. These sessions (reflection and communication) might be the same exercise, or they might be two separate exercises.

Remember You need to positively change **ATTITUDES** and improve **SKILLS**, not just give information. People need time and space to practice new behaviour. They can start by doing this in the games and role plays that you have in these exercises. In many of the exercises there is an opportunity for the girls to actively practice the skills or attitudes that are explained in the lesson. Give them time to practice and exercise these new found skills.



The pages that refer to Club sessions are to allow the girls to make notes that are specific for their own lives. These tasks are not homework, and so do not **HAVE** to be one. Rather encourage the girls to complete these tasks to help them change their own behaviour.

Setting up the environment

Remember that you will be having a conversation with a group of people for about two hours. In this time people can become quite distracted. We have tried to make the sessions as active as possible to avoid this, but sometimes the girls also need time to simply sit and think. Encourage them at this time just to be quiet and to think through the statements you have given them.

Try to ensure that there are no distractions in the venue or limit the number of distractions. This can be difficult if you are meeting in a community setting; but people's curiosity will fade after a few weeks.

There are some things you can do to help you create a better environment for getting the message across. We suggest that before you hold a session that you look at the following things:

1. **Lighting—is it too dark or too bright?**
2. **Warmth—is it too hot or too cold?**
3. **Noise levels—is it too noisy?**
4. **Airflow—is there airflow—too little and the girls will fall asleep.**

In places that are too dark or too hot, people will tend to fall asleep. If it is too cold, people will not be able to concentrate, and where there is no airflow, people will also grow tired quickly. You need to be able to change these things. Or, you need to take them into consideration when working with your group to make sure that you keep their levels of concentration high.

How to write on Flip Charts

Writing on the flip chart should be clear and neat—many people are nervous and write in small letters – the writing should be able to be seen and read by the person furthest from the flip chart. If necessary, pass the flipchart around the group to let all of the girls see and read.

How do I facilitate discussion and answer questions?

A central role of the Club mentorist hat of a facilitator. They simply have to draw conversation from the girls and provide advice and guidance. Ask probing questions. Ask for action oriented steps. Don't dominate the session by being the only person that talks. A person that dominates a session adopts a teaching role and is not a facilitator.

Encourage your group to ask questions by stopping often and asking if the girls have questions. Listen to them state their opinions. Make sure one person does not dominate conversations. Your answers should ALWAYS be correct, or you should say you do not know. You MUST NEVER give an incorrect answer. Answering questions should be a gentle process, where the questioner is encouraged and not diminished.

Issues relating to legislation

You need to be aware of what the law states regarding the health and SGBV issues. Government regulations deal with things like anti-retrovirals, mother to child transmission, male circumcision, access to contraceptives and cervical cancer screening and treatment. Although we have tried to include information that is as up to date as possible, we strongly encourage you to link up with organizations in your community that are familiar with recent government policies and legislation to ensure that the material you put out is as up to date as possible.

Time constraints

Whatever the overall objective you decide on, we would strongly suggest that you do not run more than you think your girls can handle. Even though you have planned for two hours, if after an hour and a half you find that your group are tired, do not try to finish the last thirty minutes. Important information from one training session can easily be lost through trying to facilitate a group that is tired. Rather have a good Ninety-minute session, than a longer session that the girls regret.

Issues of perspective

Given that we are dealing with people, they often have their own ideas and opinions, especially when it comes to issues relating to sexuality and gender relations. It is important to listen to these and to appreciate your Club members for who they are. You may disagree with their opinions and ideas, but the only thing you are allowed to correct them on is FACTS. Only facts are right or wrong. To antagonise someone by aggressively disagreeing with them over an idea or a perception will only serve to alienate you from the group. After such a disagreement nothing you say, even if the girls agree with you, will be taken seriously.



Remember!

You only have a limited amount of time to meet as a club. Plan your Club activities accordingly. If you have agreed to meet for two hours, plan for this. When you are running the session you might realise that you are going to run out of time. In this case, you might choose not to move onto the next session, because you would have to rush through it. Rather end a little early and keep the next activity until the next session.

The challenge for you is to convince your girls to listen to your ideas, opinions AND facts and in this way decide to change their own behaviour.

While a number of the training interventions have been designed to ensure maximum personal input from the girls, their mental “buy-in” is vital to the success of the intervention. To achieve this, you as the facilitator, are encouraged to personalize the material as much as possible, use first person pronouns, (I, we, you), and apply the learning to yourself before asking the girls to apply it to their own families.

In addition, your knowledge of the local environment is vitally important in the interpretation and setting of the material. In other words, make the material applicable to the girls by changing something in the material that makes it more realistic and appropriate for the girls to understand and engage with. You might want to change names to reflect names of girls in the Clubs. You might want to add local place names to make the stories more appealing and real.

It is not your responsibility as a mentor to re-educate girls, but rather to re-inform them regarding the correct information and the importance of protecting their families and communities. In a number of cases, it may not be possible to assign a “right” or “wrong” value to an answer or situation. It will be more important to acknowledge the underlying principle or concern of the girl and acknowledge the possible unspoken fear relating to the issues.

Potential embarrassment

The material relating to HIV and AIDS and reproduction might be regarded as sexually explicit, especially in more conservative settings. This may cause some discomfort and unease amongst the girls. Similarly, some people feel quite embarrassed talking about money. It is important that for effective learning to take place that the girls feel secure in their environment.

One of the most effective ways of transmitting this security is for you to radiate confidence in the training material. If you appear embarrassed by the words and materials used in the training, the girls might also appear uncomfortable with the material and learning objectives, thus hampering their ability to absorb and personalize the information. For this reason, we would encourage you to be more than familiar with the training material, the terminology and issues relating to all of the issues to be discussed.

At all times in dealing with issues of culture, we ask you to be sensitive to the feelings of the girls. It is important for the messages to be heard, but it is also important that this is done in a manner that make the girls feel safe and secure.



Remember

You are in control of the training, not the other way around. Make decisions that are best for the club members at the time. You should never leave the club members in a worse position than when you arrived.

What do I do during a Club Session?

The most important part of the Club sessions happens BEFORE the Club session. This part involves your planning for the exercises. Read through your material. If you need to prepare material, or have cards ready, then do this in advance of the session. Understand the message you are trying to communicate during the session. Try to anticipate some of the questions the girls may ask during the session and how you will handle dealing with these. (You might answer the questions, ask the girls to come up with answers, get the girls to debate the questions that have no right or wrong answer, for example). The more planning you do for your Club sessions, the more successful your sessions will be.

Each session you plan will be different, depending on the needs of your Club members and your own expertise. However, we do have some suggestions as to some standard items that should be dealt with during a Club session.

We think that you will meet a minimum of once a week. In some cases, you might meet more often. We suggest that you have a specific place where you meet and that you make the time that you meet consistent. So for example, we will meet at the church on the first Saturday of each month at 3 o'clock in the afternoon. Or we will meet in this classroom at the school every second Wednesday at five o'clock in the evening.

We think that you will meet for approximately two hours. Again, this might change depending on your own community's circumstances.

The exercises are designed in a way that we think you can run one exercise and all its activities in each session. We have given time estimates for each exercise, but of course these times are guidelines. Clubs with more members are likely to take a longer time to finish a session than smaller Clubs.

Also the ages of the girls might dictate that you need to spend longer on a particular section of the exercise than we have estimated.

With the number of exercises in this manual, we anticipate that you will meet with the girls at least forty-five times. So if you decide to meet with your Club only once a month, you will take slightly longer than a year to complete all the sessions.

In the table on the next page, we suggest how to structure and allocate time within a session.

Reporting

One thing that you will also be required to do is report on your Club’s activities. You should try and take 20 minutes on your own immediately after each session to simply record anything of significance that happened during the session. These notes will help you write up your report.

There are some things that you will need to take special note of:

- Has attendance dropped or increased dramatically? Sometimes outside events (e.g. popular soccer matches, harvest times, elections) can affect the attendance of your session; we need to know if this happens so that we can plan around such events in the future
- Have there been any success stories? When the girls report on successfully implementing something they have learned, always report on this. Recording these stories informs us that the Club is meeting the expected outcomes.
- Are there any issues of concern? Sometimes some of the girls may share things that are of concern, and that you as a mentor are not able to deal with on your own. Refer these as soon as possible to the relevant service providers, so that these issues can be handled in the most appropriate manner.

In each session, with the exception of the first session, we suggest that your session agenda that looks something like this:

Part of the session	Comments	Suggested time
Welcome		2 minutes
Reflection on the previous session What lessons did we learn? Has anyone had an opportunity to practice these? Has anyone had any difficulties in implementing these? Are there any success stories?	<p>This gives an opportunity for the girls to remember what they have been taught, and gently encourages them to put into practice what they have learned. The questions are simply provided here as an opportunity to guide the discussion. You will find that as the Club matures, more girls will share during this section of the meeting.</p> <p>Take an attendance register, but do not make this a school like process. In fact, you can simply ask who is not here today and find out the reason why. Record any absenteeism in your report.</p>	15 minutes

Other news? Does anyone have any- thing else they would like to tell us?	Remember that the most important part of the Club is establishing relationships with one another. Although some of the news might be have been covered in the reflection, this provides the girls with an opportunity to share what is on their minds, what is important to them, concerns theymay have, challenges they might be facing etc. Again, the questions are simply guidelines.	5 minutes
Exercises	<p>We suggest that in the initial stages of the Club formation that the first exercise is a communication exercise to encourage the girls to communicate openly and confidentially, as well as to build Club culture.</p> <p>Both exercises should take up the bulk of the time allocated – about 60 minutes altogether.</p>	60 – 80 Minutes
Wrap Up	<p>This part of the session concludes the Club exercise. It is important that you make sure that any girls that need assistance have the contact details of the person or institution that can help. It is also important that you follow up with these girls BEFORE the next meeting and again at the nex tmeeting.</p> <p>Encourage the girls to complete any exercises in their journal before the next session.</p> <p>Make sure that everyone knows when andwhere the next meeting will be held.</p>	10 minutes

You should be aware that participants will have varying levels of awareness of the different topics and subjects that you will teach. Generally, the awareness levels are:

	<h3>Level 1 – No awareness</h3> <p>Many adolescents are either ignorant or have a “who cares” attitude towards some issues. They are not yet aware enough to change their behaviour and are exposed to high risks as a result. This type of adolescent may be classified at Level 1 of awareness.</p>
	<h3>Level 2 – Some awareness</h3> <p>Young people at level two are those who have some self-knowledge of behaviours but are not ready to take action. Thus, they are exposed to unwanted pregnancy and infections and other risks.</p>
	<h3>Level 3 – Relatively aware</h3> <p>Young people at level three are conscious of health issues and are ready to take action, but do not do so because of factors like peer pressure.</p>
	<h3>Level 4 – Fully aware</h3> <p>Young people in this stage have a high level of knowledge and awareness and have also undergone attitudinal and behavioural changes. Such young people are actively involved in addressing various health issues.¹</p>

¹ German Foundation for World Population (DSW), 2006. Sexual and Reproductive Health Training Manual for Young People, p64

Section

03

The Toolkit

Just like any normal toolkit has a number of tools, this one consists of a number of parts. This toolkit has the following tools:

- **This manual**
- **Assessment Tools (Survey Questionnaire, Pre and**
- **Post-Assessment Tools)**
- **Six erasable marker pens**
- **A cloth**
- **A set of cards (A4 size) for you to cut up.**
- **A set of envelopes to keep the cut up cards in order.**
- **A ball of wool or string.**

In the previous section we explained about the Assessment Tools and you will be trained on how to use these.

How to use the rest of the tools will be explained later in this section.

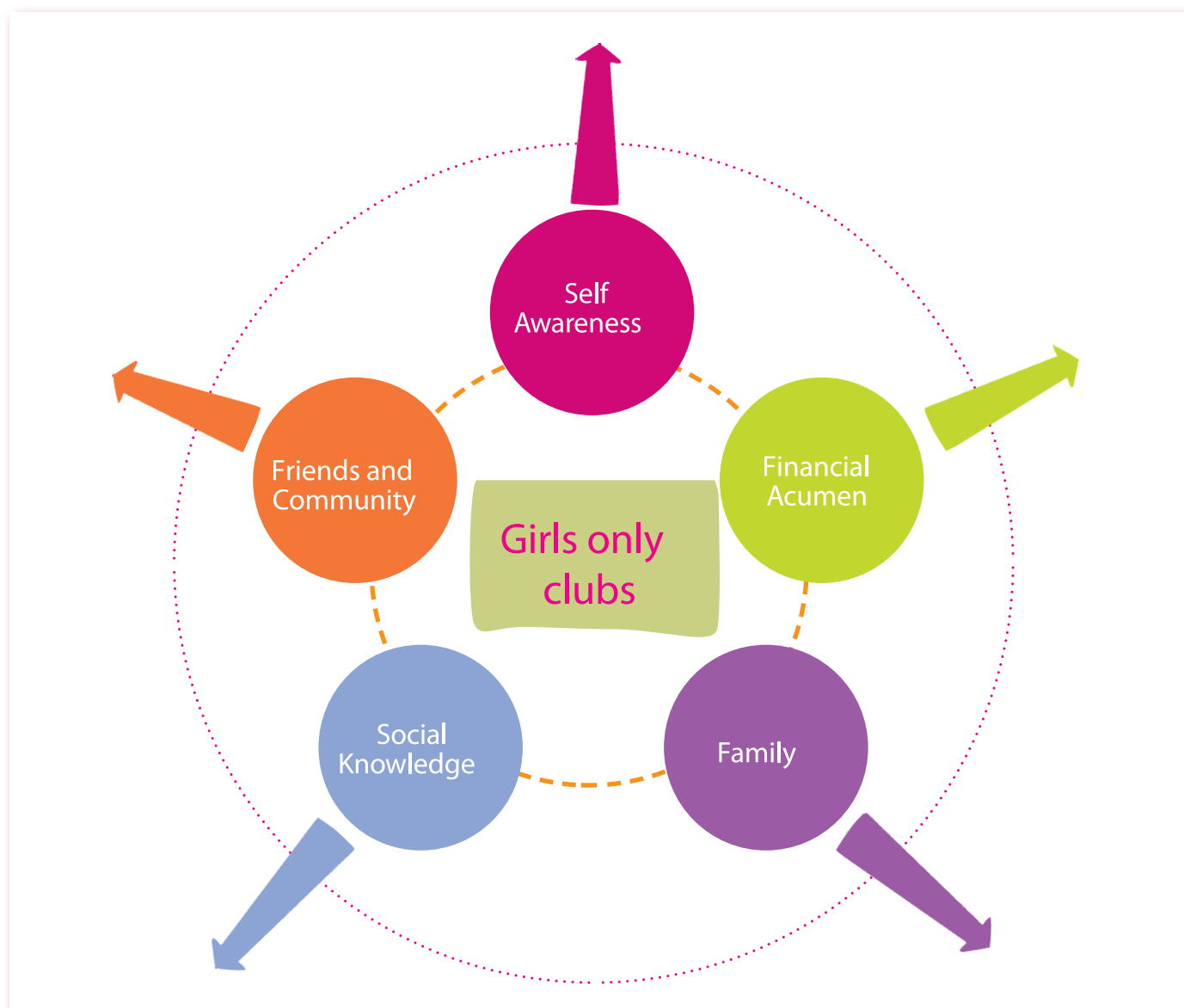


The exercises

As mentioned in the previous section there are five overall themes in this toolkit.

- Creating the Club Culture
- Self-Awareness
- Sexual Awareness
- Social Awareness(Knowledge and awareness of Friends and Community)
- Financial Awareness

We have already spoken about the creation of a safe environment (a Club culture) for the girls. The diagram in the section above illustrated the relationship between the themes that will be covered within the Sista2Sista Clubs. However, it is important to remember that it is not enough for these skills to be learned and attitudes changed only within the Club environment. It is important that all of these lessons are taken out into the “real world” and put to good use in the girls’ own daily lives. In this way the girls learn what works and how to apply the lessons with different groups of people and within different situations.



The exercises in this toolkit are laid out like this. Not every exercise has every section.

Exercise Number and Title	
Purpose	This section tells you why the exercise is important and provides you with some guidance about when to use it.
Objectives	This section tells you what the expected outcomes of the exercise will be.
Time Required	This tells you approximately how long the exercise will take. However, be aware that exercises often take longer with larger groups.
Materials and Other Requirements	This section tells you what other materials you might need to use in exercises. Most of these materials have been included in your toolkit.
Setting	If you need to be outside to run the session or if you need a large room, this section will warn you of this in advance.
Method and Processing	This is the step by step process of how to run the exercise. Processing is a follow on from Method, and it is in this section that the learning often takes place.
Hints, Suggestions and Challenges	<p>In this part we give you some advice of things to look out for when running this exercise, or problems that you might encounter, or suggestions about how to run the exercise slightly differently if you have a different audience.</p> <p>This section also details some insights that you might be able to ascertain from the girls in your Club as a result of this exercise. While the girls may not share everything with you verbally, they may mention things in exercises that are worth noting and addressing in a general fashion in a later session.</p>
Remember This	<p>Use this as a final thought to leave with the girls. Remember you are trying to change behaviour and part of this process is about the girls taking action for themselves.</p> <p>In this section get girls to think about SPECIFIC things they can do. Try to get them to think about actions that they as individuals might be able to take.</p> <p>This section might also identify any homework or actions you as a mentor would like the girls to consider before the next Club meeting.</p>

When you are running your session, do not read the purpose and objectives aloud to the girls. This information is for your benefit. It is your role as a Club mentor to make sure that the girls achieve the objectives outlined in the exercise.

Please remember that although some of the exercises suggest that you separate the girls into two or more groups, many of the exercises can be run with a smaller number of people. They just need to be adjusted a little. With practice you will be able to the exercises with any number of people.



Theme One:

Building a Club Culture

Learning About Your Club and Each Other

This theme highlights the importance of creating a club culture in which the club members build trust and mutual respect and are able to speak openly and learn in a safe environment.

Exercise 1: Get to know yourself

Purpose

This exercise is to introduce the concept of the Sista2Sista Club and the type of information and activities that will be covered during the sessions. This exercise also allows the girls to introduce themselves to one another and to the mentor.



60 Minutes

Objectives

By the end of this exercise, participants will have been introduced to one another.

Setting:

Enough space for group to sit in a circle.

Method and Processing

1. Introduce yourself as well as your role to the girls and welcome them to the Sista2Sista Club. Explain your vision for the Club and thank them for coming. Briefly explain the type of information and activities that will be shared.
2. Ask the girls to get into pairs. If there seems to be a group of girls who know one another and some 'outsiders', you may want to assist with this process to mix up the pairing.
3. Tell them that their task is to introduce their partner to the rest of the group.
4. Ask the girls to decide who of the pair will be first and who will be second.
5. They need to find out the following from their friend before they can introduce them:
 - a. Their name
 - b. Their favourite food
 - c. Their favourite pastime activity (for example, listening to music; reading; watching TV)
 - d. What is their dream job/career?
 - e. What do they expect to get out of being part of the Sista2Sista Club?
6. Have the girls introduce their friend to the rest of the group, making sure to tell them the answers to the questions they would have asked.

Exercise 2: My Sista2Sista Club

Purpose

This exercise serves as a foundation exercise. It is important that members of the Club recognise that they have a level of interdependence. By being a member of the Club, they are giving support to the Club as well as expecting to be supported by the Club when they face troubles or difficulties.



60 Minutes

Setting: Enough space for the group to stand in a circle.

Objectives

By the end of this exercise, participants will recognise the interdependence of the Club members, and how they are connected to one another as recognize the impact of one member of the Club being absent.

Materials

1. Ball of string
2. Name card identifying the respective roles

Method and Processing

1. Ask the participants to stand in a circle.
2. Assign names to each of the participants, according to the name list, by handing out the name cards.
3. Ask the delegates to display the cards with their given names.
4. Give the ball of string/ wool to Shamiso and as you tell the story get the participants to throw the ball of string/ wool to the next character that you mention, while still holding tightly onto the string/ wool. The wool gets thrown between the participants as their characters' names are read out. This creates a web of relationships in the family unit.
5. At the end of the story tell people to keep hold of their end of the string, and to step back as far as they can. This should make the "web" tight.
6. Show how tight the strings are and comment on how connected everyone is – even if sometimes the relationships between people are strained. Everyone is dependent on one another in this unit.
7. Then tell everyone to keep hold of their string, but say that Shamiso leaves the Club.
8. Ask Shamiso ONLY to drop her string.
9. Then ask everyone to try and move further backwards. They should be able to take one or two steps backward.
10. Ask people to make observations about what has happened. Ask what people feel about what they have observed.
11. Point out that as a result of only one person leaving the club, the whole fabric of the club is looser and people are now further apart.

Explain that you are going to read a story. As you read a character's name, the person holding the string must hold onto the string/ wool and throw the ball of string/ wool to the person playing that character. Demonstrate how to do this, as you were trained.

Hints, suggestions and challenges

You have to have at least three people to run this exercise properly. One of these people must be allocated the role of Shamiso.



Remember this

Ask the girls what they can do to improve their communication not only inside the Club, but with the people with whom they interact daily.

Shamiso

Thokozile

Fadzai

Ruvimbo

Ruth

Nothando

Grace

Shamiso's Story

Shamiso was happy and sad at the same time. (Do you ever feel like that?) It was the last day of school and next week they would go off in different directions.

Shamiso thought of all her friends that she was going to see that day.

She had grown up with Thokozile and Fadzai. She had known them since they were crawling around as babies together. Nothando was probably her earliest friend from school. She remembered going to school when she was so young, such a scary adventure. The teacher had asked Shamiso to sit next to Nothando and that was the beginning of a friendship that just lasted.

Ruth, Grace and Ruvimbo were friends from church. Her parents were friends with their parents and whenever there was a social get together, the families just seemed to end up together. Ruth and Grace were twin sisters. Ruvimbo had an older brother that all of the girls thought was wonderful.

Shamiso wondered what the future held for them. She knew that she had plans to become an accountant. She really enjoyed working with figures. Thokozile was similar to her in that line, but Shamiso was worried about her, she did not seem to be enjoying school anymore and had not done as well in her exams as everyone had thought. Nothando was likely to end up a teacher. She loved children and whenever there was a gathering they just seemed to flock to her. Even though they were twins, Ruth and Grace were totally different in their likes and dislikes. Ruth liked anything that she could take apart and Grace preferred working with words. Ruvimbo was probably the cleverest of the group, and Shamiso knew that she hoped to go on to university. Ruvimbo's problem was her parents wanted her to get married.

Shamiso knew that she would continue to see Thokozile and Fadzai, because their families lived close to one another. But she also knew that Thokozile was going to Harare and Fadzai was heading to her cousin in South Africa for a bit. She hoped that they would both stay safe.



Exercise 3: Building friendships

Purpose

Building a Sista2Sista Club is not just about meeting occasionally and learning together. It is also about building relationships between the Club members that will help them to rely on one another outside of the Club itself. This is done through the girls building friendships with one another. But for friendships to last people have to agree on things that make them important. This exercise helps with this process.



60 Minutes

Objectives

By the end of this exercise, participants will be able to communicate their expectations of the Club and to understand other members' expectations.

Materials

- A set of "building block cards"
- Flipchart
- Markers
- A 'Strong Friendship House' poster

Method and Processing

1. Ask participants to brainstorm the different types of relationships they have with people.
2. Explain that there are many different kinds of relationships: with parents, children, friends, community members, church members, employers, etc.
3. Explain that good friendships do not just happen by themselves, but that they need to be BUILT and maintained to be successful. Explain that building a friendship is similar to building a house. It is hard work, and after it is built, it has to be maintained and looked after.
4. Ask the participants to give some feedback about what they think is important in building and maintaining a friendship.
5. As various components of building a friendship are mentioned, write these on your flipchart or on a piece of paper that the group can see.
6. Hand the set of cards to the participants and ask them to assemble a house with the cards and to compare the building materials on the cards with what they thought was important

OR

7. Ask participants to draw a friendship house highlighting what constitutes the foundation, the bricks, the door and the roof. They should compare the building materials with what they thought was important or what they initially mentioned.
8. They must choose the words from the foundation list to determine what constitutes the foundation.
9. They must choose the words from the bricks list to determine what constitutes the walls.
10. Explain that TIME is the door to the house. Without TIME, no friendship will last no matter which bricks are used to build the walls.
11. The participants need to talk to one another to decide which bricks are important to them to build their friendship house.
12. Explain that there is no correct or incorrect pattern for the bricks. The individuals must discuss what they think is important and which bricks support one another.

13. If necessary, let the group see the House of Communication poster to show what a house COULD look like. But explain that the group does not have to copy this pattern.
14. Explain the following and ask participants to give examples from their own lives:

Foundation:

- All of the foundation bricks relate to different types of communication.
- Communication is done in a number of ways; including using body language, emotion, talking and listening.

The bricks:

- Need to be maintained regularly.
- All the bricks are important, without one, there would be a hole in the wall and the house would be weakened. However, you need to choose the most appropriate bricks for the relationship.
- Are there any bricks that the participants think should be included but are not?

The door:

- Time is a central part of each relationship. Without this, there is no opportunity to “get into” or “access” the relationship.
- Some people struggle to find time to spend together. Sometimes all that is needed is a little bit of planning. Some suggestions are:
 - Agree that you will meet together at a certain time during the day or the evening; even it is only for 15 minutes.
 - Do things together that you both enjoy doing.
 - Make time in your day to help one another with normal daily activities.
 - Remember short periods of time together more frequently are often better than longer periods of time infrequently.

The roof:

- All of the building blocks are covered by respect. You need to have respect for another person to have a relationship with them.
- Respect can be shown in different ways including listening to another’s point of view, appreciating what another person does for you, giving another person space and freedom to express themselves and supporting a person when they need support, even if they have not asked for it¹.

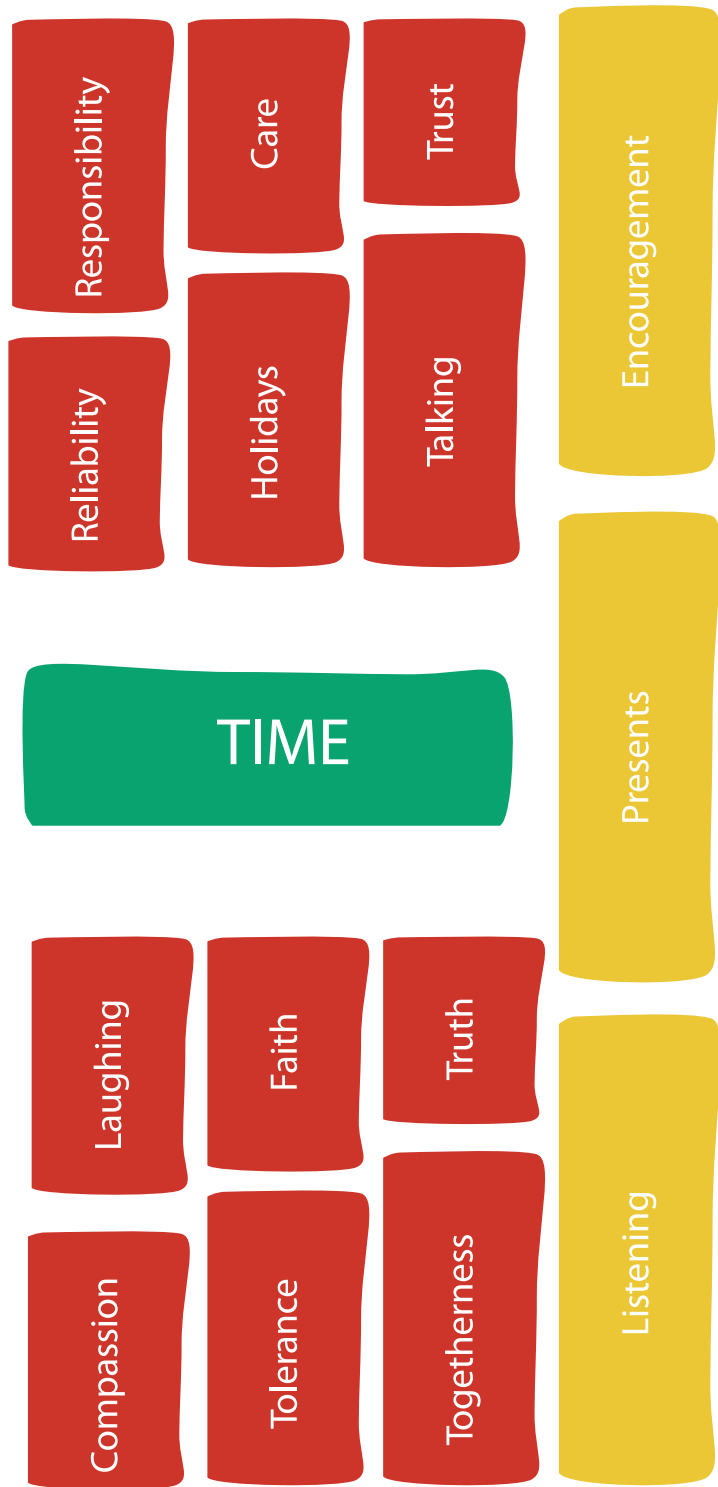
Hints, suggestions and challenges

If you run this exercise in the early stages of setting up a Sista2Sista Club, you will be able to identify some paths that the girls will want the Club to follow as well as some challenges that the Club might face in the future. This exercise can also be used effectively in plotting where members want the Club to go within a certain time frame, so it can be used as a planning exercise for a more established Club.



Remember this

Ask the girls to decide what they can do to make sure that the ‘bricks’ that make up their relationship are maintained.



Exercise 4: Who are we?

Purpose

This exercise encourages the girls to develop a Club identity by adopting a Club name. This allows the girls to identify with the group that represents their interests and values, giving them ownership of the group. It is a good exercise to perform in the first or second meeting of the Sista2Sista Club. For those mentors who might look after two or more Clubs, this exercise also helps them to distinguish between the Clubs.



60 Minutes

Objectives

By the end of this exercise, the Club identities will have been reinforced and have greater investment in the Club

Materials

- Flipchart
- Markers

Method and Processing

1. Ask the girls to explain to you what they understand by the term “values”.
2. Some girls may speak about monetary value, but explain that you are asking about life values.
3. Life values are characteristics or qualities that people use as foundations for living their life. Some life values are; truth, honesty, justice, kindness, hospitality, etc.
4. Ask the girls to think of someone that they admire. Ask the girls to share what they admire about the person. Interpret these characteristics as life values and write these on the flip chart.
5. Explain that you would like the Club to have values that the girls all agree to.
6. Split the girls into pairs and ask the pairs to think of values that they think are important for the Club to represent.
7. After a few minutes, join two sets of pairs together and get the four girls to share the values they have identified and to decide on which values the four girls think are the most important for the Club.
8. If there are enough girls, repeat steps even until all the girls agree on two or three values that the Club should represent. Ensure that these are positive values.
9. When the whole Club has decided on two or three values, write these on the flipchart and split the girls into three or four groups.
10. Ask the groups to create a Club name that describes the chosen values.
11. After five minutes get the groups to share their suggested Club name and ask the girls to choose the name they think best describes the Club.
12. After the girls have settled on a name, ask the girls to create a Club song or slogan that describes their values. The song or slogan can be a rhyme or a poem. Explain that the group will sing the song or shout the slogan everytime they meet as it will be the Club song /slogan.
13. If you have the time and resources, you can also ask the girls to design a logo or picture that best describes the Club and its song/slogan.
14. Split the girls into groups and give each group some paper and pencils/ pens to design their logo. Get the groups to vote on which logo they think is the best to represent the Club.

Hints, challenges and suggestions

To reinforce the Club identity, get the girls to sing or shout their song/ slogan at the end of every meeting. You can also ask the girls to sing or shout the slogan at different times during the Club meeting; for example, during a race between teams, the team that finished first must shout out their slogan to declare that they have completed the task. Use this Club name in the reporting form to your supervisor.

Exercise 5: Ground Rules

Purpose

This exercise ensures that all the girls know and understand how they are to conduct themselves in the Club meetings. The girls themselves decide on the rules and with some help and guidance from you as the mentor, they can agree on what type of behaviour is important.

You can also use this exercise to introduce the concept of the Sista2Sista Club and the type of information and activities that will be covered during the sessions.



45 Minutes

Objectives

By the end of this exercise, participants will have agreed on behaviour that is acceptable within the club

Materials

- Flip chart
- Markers

Method and Processing

1. While the girls are still seated. Ask the girls to imagine playing a game of netball.
2. Ask the girls what would happen if:
 - a. There was only one scoring net for both teams.
 - b. There were three balls in play at once.
 - c. One side has four times as many players as the other.
3. Ask them what they think makes the game fair. The answer is the rules and the fact that everyone agrees to play by the rules.
4. Explain that the same process happens whenever people get together. We decide as groups of people what the rules should be.
5. Ask the girls to mention places where people make rules to monitor behaviour. Some suggestions are: Church – different churches have different ways of doing things; school—we all agree what time school starts and ends; home—each family has a way of doing things; sports Clubs – rules are made as to which teams are allowed to play against one another.
6. Explain to the girls that they are allowed to make up the rules that govern their Sista2Sista Club. These rules need to be agreed to by everyone and should not isolate or exclude anyone.
7. Ask the girls to pair up and to think of four or five rules that they think are the most important for a Club like this.
8. Allow the pairs sometime to discuss this and come up with suggestions.
9. Get feedback from the pairs, making sure that each girl has an opportunity to speak.
10. As the girls give feedback record the rules on the flipchart.
11. Once everything has been recorded, you will need to:
12. Delete duplicated rules

13. Discuss rules that contradict one another

14. Make sure that the following are included:

- Don't repeat what is heard here, outside the Club
- Respect one another's opinion and experiences
- Don't talk when someone else is talking

Hints, suggestions and challenges

You may want to introduce a 'talking stick' that allows only the person that is holding it to talk. The stick gets returned to the mentor when the person has finished talking. The stick can be an actual stick or a rolled up newspaper or something similar. If possible, display this set of rules at every meeting and refer to it on occasions. You might ask the girls to review the rules after a few months, to check that they are still applicable.

Remember this



- Ask the girls to think about the rules they have developed.
- Ask them to think about any rules that they have developed for their own lives.
- Do some of their own rules need revising?



Exercise 6: Bet You Didn't Know This



40 Minutes

Purpose

Sometimes we think we know someone, but they can still surprise us. This exercise builds greater trust within the Club by allowing the girls to share one, unknown thing about themselves. Run this exercise as a communication exercise, when the Club has been established for some time.

Setting:

- Space for the girls to sit individually, and then a space large enough for the group to sit in a circle.

Objectives

By the end of this exercise, participants will

- Understand that even when we think we know someone, there is always the possibility that they have parts to them that we do not know.
- Understand that there are always opportunities to learn about and appreciate other people.

Materials

- Flipchart
- Markers

Method and Processing

1. Explain to the girls that all of them as Club members have come a long way learning about one another. Thank them for the opportunity to get to know them.
2. Tell the girls you hope they have built up a level of trust in one another and explain that you are going to give them an opportunity to share with one another.
3. Ask them to take a minute to think about things that are important to them.
4. Ask them to think of the one important thing that they think everyone will know about them.
5. Then ask them to think about the thing that they think no one will know about them.
6. When they have had time to think about these two things ask them to write them in their exercise book.
7. Ask the rest of the group to identify the known important thing in each girl's life, one at a time. Ask each girl to confirm whether the group has correctly or incorrectly identified the important thing in the girl's life.
8. Explain that this exercise shows how well the group knows each member.
9. Then ask if any of the girls are willing to share the unknown important thing.
10. As the volunteers share these unknown important things, encourage the group to listen sensitively and ask questions about what make this the most important thing in the girl's life. Thank each volunteer for sharing.

Hints, suggestions and challenges

This can be quite an emotional session. You can ask the girls to share a funny thing that no one would know about them, to lighten the mood.

Exercise 7: Can I help you?



45 Minutes

Purpose

The purpose of this exercise is to show the girls how assistance or helpful advice can sometimes be confusing, and how there are other ways to assist people, but they require commitment.

Setting:

Space for the girls to walk around

Objectives

By the end of this exercise, girls will learn that helping people can take a variety of forms and that sometimes too much help can be confusing.

Materials

- Chairs, stones, or stools
- Blindfold

Method and Processing

1. Place the two chairs some distance apart.
2. Ask the girls to stand in one circle surrounding both chairs.
3. Ask for a volunteer.
4. Explain to the volunteer that she needs to walk from one chair to the other, but that you are going to blind fold her.
5. Explain to the girls that they are to keep absolutely quiet and not whisper or say a word while the volunteer is walking from one chair to the other.
6. Take the volunteer to one chair, blind fold her, spin her around three times and face her towards the other chair and ask her to walk.
7. She will likely stagger in the direction of the other chair but will not reach it.
8. Thank the volunteer and let her sit in the chair to recover, but do not remove the blindfold.
9. Ask her how she felt during the exercise, (Alone, isolated, abandoned, scared, etc.)
10. Now explain to the girls in the circle that the volunteer is going to repeat the exercise and they are to shout directions and encouragement to her.
11. Repeat steps 6 – 8 while the girls shout directions.
12. Ask the volunteer how she felt during this exercise. (Confused, overwhelmed, disoriented, etc.) Now explain to the girls in the circle that the volunteer is going to repeat the exercise, but ask for a second volunteer.
13. Explain that the job of the second volunteer is to assist the first volunteer reach the chair by guiding her through words and touch. If necessary, they can even hold hands or one can hold the other's arm.
14. Repeat steps 6–8.
15. Ask the volunteer how she felt during this exercise. (Guided, assisted, confident, self-assured, etc.).

Processing

1. Divide the Club members into smaller groups.
2. Explain that often when we face difficulties we feel we are blindfolded. We cannot see all the facts or solutions because we are blinded by emotions and by the situation. This is where friends who are not blinded can help.
3. Ask them to reflect on the exercise and to discuss the differences in the three exercises. Ask them to think about the following:
 4. Which type of assistance was most helpful?
 5. Which type of assistance do we as a Club give?
 6. What has to be in place to provide the right type of assistance?
7. Get feedback from the groups and summarise.
8. End the session by pointing out that sometimes we think we are helping when we are just shouting from the side-lines.
9. Sometimes we think we are helping and we are just keeping quiet. However, for the third type of assistance to work there needs to be a trust relationship between the people, and the person doing the helping has to know what she is doing. Imagine if she was also blindfolded!

Remember



Encourage the girls to try and offer assistance to their friends, family and Club members, by walking with them towards a solution and not simply shouting advice. Suggest that if any of the girls are facing a problem where they feel they are blind folded; they should ask for help from someone they trust.

Exercise 8: Miscommunication - “Broken Telephone”

Purpose

This exercise is a fun activity that can be used as an energiser that illustrates how a simple message can be misinterpreted. You can use this activity as an energiser or you can use it as an opening exercise for a deeper discussion focussing on communication and the need to understand the whole message.



5 Minutes

5 minutes (as energiser)

30 minutes (as exercise)

Objectives

Miscommunication often results from mishearing or assuming things. This exercise illustrates this in an open manner. The objective of this exercise is to encourage the girls not to easily believe things that they hear (or think they hear); but to scrutinize information and find the source of the information in order to get to the truth.

Materials

A card with a four or five sentence written on it.

Flipchart

Marker

Method and Processing

1. Ask the group members to sit in a straight line and space themselves out.
2. Ask the group members to all face the front.
3. Tell the group that you are going to work with the group members at both ends of the line.
4. Tell them you have a card with a short sentence written on it.
5. You are going to whisper this sentence into the ear of the person sitting at one end of the line. You will not say the sentence aloud. The member will then go to the next person in the line and tell the sentence they heard.
6. The last person to receive the sentence then goes to the flipchart and writes out the sentence they heard.
7. The group will then go backward in the line sharing what each member heard.
8. Show the group the card with the original sentence.
9. See if the group's sentence has anything in common with the original sentence. (**If this exercise is an energiser, end here).**
10. Divide the Club members into smaller groups.
11. Ask them to reflect on the exercise and to decide when they think the message was corrupted.
12. Get some feedback from the groups on this point. They should have already identified the point that the message was corrupted.

Ask the group to think about the following:

- What was the message the last person actually felt?
- Was it anything like the original message?
- What could this person have done to find out the original message?

Ask the group to think about their daily lives;

- When do messages or stories sometimes get confused?
- Do people confuse messages deliberately?
- What are the consequences of this?
- What can your Club members do to make sure they do not add to this confusion?



Remember this

Ask the Club member to think about ways that they can improve their communication skills. How can they express their needs, wants and desires more clearly? How can they improve their listening skills? Ask them to record their thoughts regarding their own communication in their journals. Those who are illiterate can ask a trusted member of the Club to write their thoughts for them.

Exercise 9: Words of encouragement

Purpose

Too often we underestimate our good qualities and things that other people find valuable in us. This exercise addresses this by giving us a permanent reminder of what other people see in us as valuable qualities. Do not run this exercise too early in the sessions of Sista2Sista Clubs; allow time for the Club members to get to know one another.

This is a good exercise to run when the Club members have had enough time to know each other.



45 Minutes

Setting:

A space large enough for the group to sit in a circle.

Objectives

By the end of this exercise, participants will know what their peers see as valuable qualities in them.

Materials

- A piece of paper for each girl
- Pens/ pencils

Method and Processing

1. Explain to the girls that we all have many qualities that make us valuable and worthy.
2. Many times the outside world places enormous emphasis on how a person looks, but we all know that a person is much more than just their appearance.
3. Ask the girls to share what qualities are important to them. Probe their answers to get them to identify good qualities.
4. Explain that too often we don't see these good qualities in ourselves and that this exercise is going to change that.
5. Explain that each of the girls should take something valuable from their Club experience. The most valuable part of the Club should be the relationships that are being built or strengthened between the girls themselves during the Club experience. Explain that these relationships do not have to end simply because the Club has ended, but in fact can get stronger.
6. Ask the girls to sit in a circle.
7. Ask them to open their exercise books on a clean page.
8. Ask them to write their name on the piece of paper AT THE BOTTOM of the sheet.
9. Ask them to put all the pieces of paper in the middle of the circle.
10. Ask the girls to close their eyes and choose a piece of paper from the pile in the centre. Even if they choose their own piece of paper this is OK.
11. Ask the girls to look at the name at the bottom of the piece of paper, and to think about that girl in their group. Ask them to think about the positive qualities that this girl has.
12. Ask them to write one sentence at the TOP of the page describing the positive quality that the girl has. This should be a sentence that encourages them.

Processing

1. When they are finished they are to fold the paper over, so that just their sentence is covered.
2. When everyone has finished writing their sentence, ask the girls to hand the piece of paper to their right.
3. Repeat steps 6-9, until each girl has written in each piece of paper except her own.
4. Collect all the pieces of paper and then hand them back to the owner girl whose name appears at the bottom of the piece of paper.
5. Ask each girl to open their piece of paper and quietly read what is written. Explain that this is a reflection of what the girls in the group think of her, and suggest that each member of the group keep this paper in a special place and read it often.
6. Ask if there are any girls that would like to share some of the contents of their page with the rest of the group.
7. Thank the girls for their active participation in the Club.
8. Make contact with each individual girl, either shake their hand or give them a hug.
9. If it is appropriate, you might want to close this session with a song or a prayer.

Hints, suggestions and challenges

When a girl receives her own piece of paper ask her to just sit quietly until the group has finished and then simply pass on the piece of paper. Tell them NOT to open their piece of paper and read what is written.

Remember this



Suggest that the girls keep this page in their note books and read it from time to time to remind themselves of how special they are.

Theme Two:

Self Awareness

Learning about Yourself

This theme enables adolescent girls and young women to reflect on their lives and future as well as assess their strengths and weaknesses. The exercises explore ways in which girls and young women overcome societal norms that undermine them while building their sense of self in an empowering manner.

Exercise 10: Where am I going?

Purpose

This is an individual exercise for each girl to reflect on their life so far and to think about their future. Be aware that for some girls, this exercise may force them to relive unpleasant memories, and they may need some extra support during this time.



45 Minutes

Setting: Enough space for girls to sit on their own.

Objectives

By the end of this exercise, the participants will understand why they are in their current position, and be able to make plans for the future.

Materials

- Flip chart
- Markers

Method and Processing

1. Explain to the girls that all of us are on a journey called life.
2. Ask them to think of the last time they went on a journey—maybe to the next town, maybe to visit a relative/ friend.
3. What did they do before they left on the journey?
 - They decided where they were going (or maybe someone decided for them), how they were going to get there (what transport they needed), and what they were going to do while they were there. They would have decided what they wanted to see or do. The journeys that we take in life are planned, but often our life is not planned.
4. Explain that this session is divided into two parts:
 - The first part deals with the past
 - The second part deals with the future
5. Ask the girls to open their exercise books on a fresh page and write 'My Journey'.
6. Ask the girls to draw a line similar to the first one on the flipchart and to identify things that they are proud of, that are important to them, and things that have happened to them since birth. Some examples are provided in the Hints section, below.
7. Give the girls 10-15minutes to reflect on this and complete their lifelines.
8. Ask some of the girls to share their lifelines with the rest of the group.
9. Now ask the girls to turn to the next page of their exercise books. Ask them to draw a line similar to the second one on the flipchart and to think about where they would like to be in 5 years' time, and what things they want to achieve by then.

10. Ask the girls to complete this life line as well.
11. If there is time get some of the girls to share their dreams and aspirations with the rest of the group.
12. Suggest to the girls that they take time, when they are at home, to look at their future timeline and to decorate it with pictures that they draw or pictures from magazines or leaves and flowers or words.

Hints, suggestions and challenges

It is important that in completing their past journey that the girls reflect on things that they are proud of. These might include things they have done, or things that have been done for them. These might include achievements at school, the birth of a baby brother or sister, being a bridesmaid at a wedding, etc. Try to make sure they mention positive things, not other events over which they had no control (e.g. death of relatives).

Remember this



The future time line is a guide as to what you would like to achieve in the future. Spend some time

thinking about this before the next meeting, and make changes to it to reflect your dreams and goals.



Exercise 11: I am good but I can get better

Purpose

This exercise allows each girl to conduct an assessment of her own strength and weaknesses. It also allows her to identify areas where she thinks she needs help. As a mentor, when it comes to one-on-one conversations with the girls, this might be an exercise that you ask the girl to share with you, so that you speak directly to the girl's own perceptions and needs.



45 Minutes

Setting: Enough space for girls to sit on their own

Objectives

By the end of this exercise, girls will be able to identify their strengths and weaknesses.

Materials:

- Flip chart
- Markers

Method and Processing

1. Explain to the girls that all of us are good at some things, and in some areas we could improve.
2. Give an example; someone might be very good at sewing, but not so good at cooking. Another girl might be very good at maths, but not so good at reading.
3. Explain that the things we are good at are called our strengths; the things that we are not so good at are called our weaknesses.
4. It is up to us to use our strengths and to work on our weaknesses, but before we can do this, we need to know what they are.
5. Ask each girl to open their exercise book and divide the page into four, like on the flipchart.
6. Explain that in the top left hand corner the girls should write all the things that they are good at doing. These might be practical things like cooking or writing or singing. Or they might be things like they are a good friend.
7. On the top right hand side, the girls need to identify areas where they are not as strong. These things should be written in a positive manner; so ask them to start each sentence with, "I can improve..." Again these might be practical things such as 'I can improve my cooking skills' or they might be social characteristics, 'I can learn to be less shy' or 'I can learn to gossip less about others'. On the bottom right hand side, the girls need to identify people that can help them work on their areas of weakness as written in the top right hand side of the grid. Encourage the girls to identify people that they trust that they can approach for help.
8. On the last part of the grid the girls need to think of things or people that might stop them from improving.
9. When the girls have completed their grids, ask them to group themselves into groups of four or five.
10. Ask each girl in the group to share one area where they think they can improve, who they think can help them to improve and one thing that might stand in their way of improving.
11. Ask the other members of the group to suggest ways that they can approach the person that can help, and to think of ways of overcoming the challenge that might stop their friend from improving.
12. Ask some of the girls for feedback on their own areas of improvement and who they can approach as well as the challenges they might face. They have to share their OWN areas of improvement not someone else in the group.



Remember this

Ask each of the girls to reflect on this grid during the next week and to complete it if they did not have time, or to think of other strengths they have. Encourage them to take action by approaching the person they have identified that can help them improve.

Hints, suggestions and challenges

If you have time, you might ask the smaller groups to choose one of the scenarios and to role play asking for help and overcoming the challenge that has been identified. This exercise might be used by some girls to identify things that they can do as opposed to character traits they can improve. This is fine; as the group matures you might want to run the exercise again.

Notes to Facilitator:

It is very important that each girl has some strong points about themselves. If any of the girls in the Club struggle to complete this section of the grid, you will need to spend some time working with them outside of the Club meetings, building up their self-confidence.

<p>Things I am good at ...</p> <p>I can run fast</p> <p>I am good at cooking.</p> <p>I do well at school.</p>	<p>I can improve on...</p> <p>I am not very good at looking after my younger sister. I lose patience with her very easily.</p>
<p>Someone who can help me improve...</p> <p>My older sister might be able to help me. My mother might be able to help me as well, but she is likely to get angry with me because she thinks I should just do it because it is my duty.</p>	<p>Challenges I might face ...</p> <p>I get angry quickly and lose my patience with my sister. I need to learn to control my temper.</p>

Exercise 12: I love being a girl

Purpose

Women and girls often view themselves as second class citizens of their community. This view is often perpetuated by the girls and young women's own community and society. The implications of this include the fact that girls will often not stand up for their rights, request service or assistance when they need it and thus continue the stereotype. This exercise aims to take one small step towards breaking that mind-set, by asking the girls to identify what makes them special, as girls.



45 Minutes

Setting: Enough space for girls to sit on their own and for short dramas

Objectives

By the end of this exercise, participants will understand that they play a vital and central role in the functioning of family, of community and of society and to identify areas where girls might be judged unfairly simply because of their gender.

Materials:

- Flip chart
- Markers

Method and Processing

1. Split the girls into two groups. One group will be called 'The Sista2Sista Club' and the other group will be called 'TheCommunity'.
2. Instruct each team that they are to adopt the perceptions and opinions of their group name. So 'TheSista2SistaClub' is to think as the Club, and 'The Community' group is to think as ALL of the members of the community, including older people, leaders, and men.
3. Ask that each group prepare a short (5 minute) drama on how each group perceives and views girls and girls' roles within the family and community.
4. Instruct the groups to think about the following questions while they are preparing their drama:
 - What value do girls bring to the family or community?
 - What do girls do that others are not interested in doing?
 - What have they heard their peers (boys and girls) and community members say about girls?
 - What are girls interested in?
 - What do girls do better than others?
5. Give the groups about 15 minutes to prepare their dramas and then present them. Ask the community group to present their drama first.
6. When both groups have presented, ask the girls to divide into groups of four or five people and to answer the following questions:
 - Are the Club views VERY different to the community views?
 - If this is true, what are the implications of this?

- Should the Club or the community change its views? What can the girls do, and how can the girls act to change the perceptions and opinions of the community?
7. Get verbal feedback from the groups.
 8. Remind the Club members that they are all responsible for their own behaviour, and that their behaviour reflects on the opinion of the community towards girls generally. It is important that while their views on the role of girls might differ from the views of the community, leaders and elders in the community still need to be treated with respect.

Hints, suggestions and challenges

It is important to end this exercise on a positive note. While there may be considerable debate in the actual session that might include culture and social perceptions, it is important that the Club members understand that they are valuable as people in their own right.

Remember this



Think about how the community affects how you think about yourself and the role that you have to play in society. Do you simply accept some things or certain roles because that is how you have been told to think? Are there other views that you might want to consider?

In the discussion at the end of the session, what did your group decide could be done to change the community's perceptions of girls and their role? Can you do any of these this week?



Exercise 13: To stay or not to stay

Purpose

Girls often feel a lot of pressure, compared to boys, to drop out of school or to abandon learning new things. This exercise allows the girls to examine the advantages and disadvantages of leaving school. It is important that the opinions of any girls that are part of the group that have already chosen to leave school be heard in a sensitive and non-judgemental manner.



90 Minutes

Setting: Enough space for the girls to split into groups and prepare a drama.

Objectives

By the end of this exercise the participants will understand the pressures to leave school and to assess more confidently the advantages and disadvantages of leaving school. The girls who have already dropped out of school may find an opportunity to consider returning to school or learning a new skill.

Method and Processing

1. Divide the girls into smaller groups. Number the groups; 1, 2, 3, etc.
2. Explain to them that there are always different ways of looking at a situation. If you are involved in a situation it can sometimes be difficult to see another perspective. Give an example that the girls can relate to; fighting with a sibling over a favourite piece of clothing.
3. Tell the groups that you will read a short story about Thokozile's situation.
4. Explain to the girls that each group is going to develop and present their own drama about Thokozile.
5. Assign some of the groups to develop a drama that shows the advantages of Thokozile staying in school.
6. Assign the rest of the groups to develop a drama that shows the barriers Thokozile faces while completing her schooling.
7. Tell the groups each drama should not be longer than three minutes.
8. Give the girls 10 to 15 minutes to prepare a short drama, which should not last longer than 5 minutes. During this time walk between the groups to help them focus their discussion on the advantages of staying in school or barriers to staying in school.
9. Get the groups to present their dramas.
10. At the end of the drama presentations call the groups back into a single group.

Processing

1. On the flipchart divide a page into two columns. At the top of one column write 'ADVANTAGE' and the top of the other write 'BARRIER'.
2. Thank the girls for the dramas and ask them to identify the advantages or barriers that were demonstrated during the dramas.

3. On another flipchart draw the 'barrier river' picture.
4. Point out to the girls that fruit on the tree is all the advantages they have mentioned, and that all the barriers they have mentioned are represented by the river.
5. Point out that there are stepping stones across the river, but the girls need to decide what these stepping stones are (The stones are ways in which Thokozile can overcome the barriers).
6. Ask the girls to get back into their groups and for each group to choose one or two barriers that you have recorded on the flipchart for discussion.
7. Tell the groups that they have to come up with three or four stepping stones as solutions to overcome these barriers.
8. Give the groups 10 minutes to discuss the possible stepping stones and then call the groups back together.
9. Ask some of the group members to share their stepping stones.

Hints, suggestions and challenges

Advantages might include - qualifying for post school study, learning more to help in daily life, keeping friendships, learning about family planning and staying healthy.

Barriers might include – pressure from parents to earn money, pressure from boyfriend or partner, pregnancy, need to look after younger siblings etc.

Stepping stones might include – asking friends to help her study, asking an adult that she trusts to help her keep to her commitment, deciding to continue with school while pregnant, asking teachers for assistance with schoolwork if she feels under pressure, deciding not to be friends with the people that want her to drop out of school.

Remember this



Point out to the girls that if they are facing a choice like Thokozile they might want to think of the fruit on the tree, and to identify stepping stones to overcoming their own barrier river. Emphasize to girls that according to the Zimbabwean Laws girls who fall pregnant while still in school have the right to continue going to school. Girls who fall pregnant also have the right to up to 3 month's maternity leave from school after which they are permitted to return to school and continue their studies. The option of returning to school after pregnancy should be made clear to girls so that they know that they have an option to return to school after they have had their baby.

Thokozile's Story

Thokozile did not know what to do. She felt such pressure. On the one hand she wanted to stay in school and finish her O levels. Her teachers expected this of her, but they did not know the pressure she was under. On the other hand, she felt pressure to leave because of what everyone was saying and what they would think. But they did not know her dreams.

Thokozile did not know what to do. If only she had someone to talk to, to help her think through all the options.



Exercise 14: Communication: three sides to every story

Purpose

It is often said that there are three sides to every story: your side, my side, and the truth.

Miscommunication is often caused by an inability to understand or appreciate another person's viewpoint. Sometimes we are so wrapped up in our own situation, that we can only see things from our point of view. Sometimes our culture or our religious beliefs prevent us from understanding another point of view. Understanding a viewpoint and agreeing with a viewpoint are two different things. This exercise is about understanding that sometimes there is another point of view as well.



40 Minutes

Setting: Enough Space for the girls to sit on their own

Materials:

- Flip chart
- Markers

Objectives

By the end of this exercise, participants will:

- Understand that different perspectives can often lead to different opinions and sometimes to different perceptions of a situation.
- Appreciate that their view of a situation is sometimes not a view shared by everyone else, which requires understanding of different perspectives

Method and Processing

1. Divide the participants into two groups – one to represent younger people and one to represent older people. If there are enough people for each group make a third group of older participants, the grandparents.
2. Ask each group to develop a 'portrait' of how they see or saw themselves as young people. They need to act out this portrait by adopting various poses. One member of each group must narrate or present the "portrait" to the others.
3. To assist them in this task, ask questions about how the social, cultural and sexual lifestyles² of the community might have changed over the years; for example:
 - a. What type of music do people listen to?
 - b. What type of clothes do people wear?
 - c. What types of work do people do?
 - d. What do people do in their pastime?
 - e. At what age do people reach puberty?
 - f. How old are women and men when they marry?
 - g. What age are people when they first have sex?
 - h. Who makes decisions within a marriage?
 - i. How many children does a typical family have?
 - j. What are the roles of men and women in a typical family setting?

2 A person's pattern of sexual behaviour in terms of partners, orientation and sexual activities.

3. Encourage the groups to discuss the questions and to show some of their answers in their portrait.
4. Give the groups about three minutes to plan their scene and then ask them to come together as one large group.
5. Ask the groups to display their scenes, starting with the oldest group first.
6. After the final presentation ask the group:
 - What are some of the similarities and differences between the different generations shown in the portraits?
 - What are some of the changes that have occurred through generations from past to present?
 - What are some of the things that young people and older people disagree on?
 - What are some of the ways in which the younger people could learn from the older generation(s) and what the older group might do to assist members of the younger group?
 - What are some of the positive changes that have occurred through generations from past to present?

Hints, suggestions and challenges

Remind the participants to not only state their views, but to explain them. Be prepared for this tool to reveal differences of opinion about changes that have, or have not, taken place through the generations. Welcome difference of opinion but ensure that these are expressed with courtesy and in the spirit of learning more and supporting one another. Challenge overly simple views, such as that the past was 'all good' and the present is 'all bad'. Encourage the participants to think about things that have stayed the same between the generations, as well as things that have changed. Keep asking them, "Why do you think that?"



Remember this

Remind the girls to pause and reflect in the next week when they are speaking to people from another generation – either older or younger than them. Ask them to try and remember that sometimes a difference in age can lead to a difference in perspective.

Exercise 15: Power Relations

Purpose

Power is often seen in a one-dimensional setting. It is either perceived as being 'good' or 'bad' depending on the situation or perception of the individual. This exercise shows that power can either be positive or negative, and that both types of power can evoke a range of emotions. The exercise also illustrates that power relations are evident in all aspects of our lives.



90 Minutes

Setting: Enough space for groups of girls to prepare a drama and present to the club

Objectives

By the end of the exercise, the Club members will be able to identify the emotions associated with power and how they are affected by these emotions. They will also be able to discuss the effect of these different roles, activities and tasks on relationships between men and women.

Materials:

- Flip chart
- Markers

Methods and Processing

Ask individuals to identify the most powerful person they know personally. (Tell them they are not allowed to mention anyone famous unless they know them personally)

1. Get the participants to consider the following:
 - What do you admire about these people?
 - What do you fear about these people?
2. Divide the flip chart into two columns and write these qualities on the flip chart under the respective headings.
3. Ask the group members to get into pairs.
4. Ask each pair to produce a still image, like a statue. The image will show one person in a position of power and the other in a powerless position. Allow them a few minutes to prepare their statue. Ask the participants to swap around (so that the powerful figure become the powerless and vice versa) and prepare a second statue.
5. When they have prepared both statues, give each pair the opportunity to show both of their statues to the rest of the group. Ask for quick comments about what participants observe. Ask both members of each statue to express what they are feeling in one word (proud, scared or humble).
6. Allow 10 minutes for the pairs to discuss the following before reporting back to the big group:
 - Which of the two positions (powerful or powerless) felt more familiar to you?
 - Can you relate any of the emotions you felt to situations in your lives?
 - What feelings did you feel for the powerless person; and the powerful person (which statues were most appealing to you and why do you think you felt that way?)³

Hints, suggestions and challenges

Be aware that feedback from the group might be emotional. Remind the girls that power is not simply a display of force, but that true power is being ABLE to do something, but choosing not to do it, and choosing to act in a gentler fashion. To lighten up the mood, you can ask the group to vote on the best statue team. They will learn more about this in the session "Different types of power".

Remember this



Ask the girls what they might be able to do to change their own behaviour to encourage those in their family or community who may feel powerless. Ask them also to reflect on times when they themselves feel powerless, and to determine if there is anything they can do to change or avoid these situations.

Exercise 16: Different Types of Power

Purpose

This exercise, as a follow on to Power Relations, explores the different types of power that people hold. Power is often seen as a negative quality because it is often abused. However, power can also be positive. This exercise allows the Club members to differentiate between the different types of power.



45 Minutes

Objectives

By the end of the exercise girls and young women will be able to differentiate between types of power and recognise the roles that these types of power play in their own community.

Materials:

- Flip chart
- Markers

Method and Processing

1. Ask the girls to think of any group of things(e.g. fruit, cars, houses, and people).
2. Point out that even though all of these things together are called by the same name, they are different. Bananas are different to guavas and these are different to pineapples even though they are all fruit.
3. Explain that power is the same. There are different types of power. We often think of power as a negative thing because it is a quality that is often abused by the people that have it.
4. Divide the flipchart into four quarters.
5. Explain to the girls that each of these quarters represents a different type of power.
6. Ask the girls to give examples of 'power'. It is likely that most of the examples provided will relate to 'power over' (See Hints and Suggestions). Write all of the examples that relate to 'power over' in the same quarter.
7. When you have received enough examples, write different examples in the different quarters of the page, and make sure that each quarter of the page is correctly labelled.
8. Divide the girls into smaller groups.
9. Ask each group to think about each of the four types of power on the flip chart.
10. Ask each group to think of a way to mime (acting while using only gesture and movement; no words) an example of each type of power. They can choose an example on the flip chart or think of their own example.
11. Give the groups 10 minutes to think of their four different mimes.
12. Ask the first group to perform their first mime and then ask the audience to guess which type of power was being displayed.
13. Repeat this through all the groups.

14. Then ask the groups to mime their second type of power and ask the other groups to guess which type of power was being displayed.
15. Repeat this though the other groups and repeat again twice for the remaining types of power.

Hints, suggestions and challenges

The four types of power are:

- **“Power over”**–this is the most commonly thought of type of power and relates to one person’s control of another person or group. It is often thought of in a negative sense, but a positive form of power over can be the power of a parent in protecting his or her child.
- **“Power with”** – this is a collective type of power that is found when groups of people with similar goals and aspirations join forces. Think of a group of people trying to pull a large load. Individually they cannot do it, but if they join their power and pull at the same time, then they can succeed.
- **“Power to ”**–this type of power is aimed at achieving an objective. Each individual has the power to make changes to their own life.
- **“Power within”**–this is the inner strength that each person has. This is a person’s belief in their own abilities and in themselves.

Remember this



Amime is a drama or an act where no words are spoken. So in the power mime, none of the girls are allowed to speak.

Remind the girls that there are different types of power, but that any types of power that are abusive or take advantage of other people are simply forms of violence.

Exercise 17: Life Skills

Purpose

This exercise seeks to empower girls and young women with knowledge of life skills that can be applied in improving decision-making and navigating challenges in their everyday lives.

Objectives

By the end of this exercise, participants will be able to:

- Identify critical life skills
- Explore ways to apply life skills in making informed choices and dealing with daily challenges

Activity 17.1: Exploring one's knowledge of life skills



30 Minutes

This activity explores critical life skills.

Materials - Group cards

Life skills are a set of human skills acquired via teaching or direct experience that are used to handle problems and questions commonly encountered in daily human life. Life skills refer to person's ability, competence and social skills to function confidently in a given situation or deal effectively with demands and challenges of everyday life. Life skills promote health behaviours that may reduce early sexual involvement, early pregnancy, risk of STIs, including HIV transmission, and avoid alcohol and substance abuse.

They are designed to empower young people to act positively and effectively when confronted with difficult situations. Furthermore, life skills enable young people to protect their own sexual health as well as that of others.

Method and Processing

1. Ask participants to form three groups.
2. Write the essential life skills on a piece of paper or card.
3. Distribute three cards per group.
4. Ask the groups to discuss the meaning of the life skills on their cards using examples or acting out scenarios where possible.
5. Ask one of the group members to explain very briefly the life skills on their cards, giving examples of how the life skills can be used.
6. Ask other participants to supplement or improve on what was said.
7. Note the key points under each life skill and summarise the main lessons learnt from the activity based on feedback from participants.

The essential life skills are:

- 1. Interpersonal communication skills** - Verbal/Nonverbal communication, active listening, expressing feelings; giving feedback (without blaming) and receiving feedback
- 2. Negotiation skills** - Negotiation and conflict management, assertiveness, refusal skills
- 3. Decision making / problem solving skills** - Information gathering skills, evaluating future consequences of present actions for self and others. determining alternative solutions to problems, analysis skills regarding the influence of values and attitudes of self and others on motivation
- 4. Critical thinking skills** - Analysing peer and media influences, analysing attitudes, values, social norms and beliefs and factors affecting these, identifying relevant information and information sources
- 5. Self-esteem/confidence building skills**
- 6. Self-awareness skills** including awareness of rights, influences, values, attitudes, rights, strengths and weaknesses, self-evaluation / self-assessment / self-monitoring skills, goal setting skills
- 7. Coping skills** - Anger management, dealing with grief and anxiety, coping skills for dealing with loss, abuse, trauma

Activity 17.2: Applying Life Skills to Make Informed Choices Related to Alcohol and Substance Abuse



45 Minutes

Purpose

This activity enables participants to identify the common types of substances and alcohol being taken by adolescents in their community and explore the factors associated with the abuse of these substances and alcohol among adolescent girls and young women. It also enables participants to understand how alcohol and substance abuse increase their risk of getting STIs, HIV or becoming pregnant and to discuss what young people can do to reduce these risks.

Objectives

By the end of this activity, participants will:

- Be able to identify how they can apply life skills in navigating their daily lives, as well as dealing with alcohol and substance abuse

Materials

- Flipchart
- Marker pens
- Tape and scissors or glue

Method and Processing

1. Explain to the girls that they are going to explore ways of applying their knowledge on life skills and how life skills enable them to make informed choices in life as well as deal with alcohol and substance abuse.
2. Many times, girls and young women find themselves under enormous pressure to conform to the standards imposed by their peers, partners, and the outside world. This may include pressure to have sex when not ready; engaging in alcohol and substance abuse, and early childbearing.
3. Ask them to highlight the common social challenges and some risky behaviour in their community, and explore the drivers.
4. List some of the identified challenges and ask participants how they can apply life skills to deal with them.
5. Read the following stories. If your participants have good reading skills, give them the stories to read.

Jonathan is 19 years old. He says: I met this beautiful girl in a bar and we started chatting and drinking together. She was getting drunk and she sat on my lap and she started kissing me and I could not stop because I did not want my friends to think I was not man enough. After kissing for some time, she asked if we could leave and go somewhere private. I was so drunk that when she asked to have sex, we did so without a condom. I did not have the courage to insist on condom use. It all happened so fast. I only realized what I had done when I was sober but it was already too late. I am scared I might have been infected with HIV because I had sex with a stranger without a condom.

Netsai is 17 years old. She says: Here in my community, we have a lot of small bars. Every weekend we just go and hang around there and drink and use different illicit substances. And of course, guys will come and buy alcohol for us and then entertain us. They always expect sex from us because they are spending their money on us. Okay, we feel obligated. We have to go and have sex with them because they are spending their money on us. When we don't want sex, they sometimes get violent. One time, a guy got really violent. He was furious, telling me - "What did you expect after spending all of my money?" He ended up beating me. My face was really messed up and my eye was swollen. I use condoms with some guys and sometimes I do not, especially when I get a good offer, or with a guy that I like a lot. I wish I could negotiate for safer sex but I feel no one would really like me if I said 'no', because I am not that beautiful.

6. Then ask the participants the following questions:

- What is Jonathan doing that is putting him at risk? (Answers: getting drunk/drinking alcohol, having unprotected, casual sex) What is he at risk of? (STIs, HIV, getting a girl pregnant)
 - What is Netsai doing that is putting her at risk? (Answers: getting drunk/drinking alcohol, having sex in exchange for drinks, not using condoms consistently, having multiple sex partners) What is she at risk of? (STIs, HIV, getting pregnant, losing her reputation, violence, rape)
 - Are these situations common in your community? Why or why not? What do others think?
7. Generate a discussion on the risks that you take when you are under the influence of alcohol and substance abuse. **Refer to the notes below.**
8. Based on Jonathan and Netsai's stories, which life skills do you think could have been applied by Jonathan and Netsai in order to make good decisions regarding alcohol and substance use and abuse? How could they have applied these to make informed choices?

(The following life skills allow participants to make informed, responsible choices related to drinking and substance use – **Interpersonal communication, negotiation skills, decision making / problem solving, critical thinking skills, self-esteem, self-awareness and coping skills**).

Note to Facilitator: Try to get at least some of each of the following types of risks:

9. Ask them what they learned from this activity and ultimately how they can avoid alcohol and substance abuse.

Note to Facilitator: Emphasise that everyone has the right to make their own decisions about what they will or won't do and to have their decision be respected. No one should ever pressure someone else to drink or abuse substances.

Facilitator's Information

Physical risks: Having no fear and doing risky things, accidents, driving drunk and crashing, crossing the road without looking, falling over, ripping clothing, passing out in the street, accepting a ride with a stranger or someone who is drunk, getting beaten up.

Sexual risks: Having unprotected /unsafe sex/not using a condom, making wrong or bad decisions about sex, feeling sexual desire, having sex with someone you wouldn't normally sleep with, having sex in exchange for drinks, being raped or forced to have sex, raping someone else.

Social risks: Doing embarrassing things (like peeing in your pants, defecating unexpectedly, sleeping anywhere, or singing and dancing in a drunk way), becoming violent or abusive, fighting with friends or strangers, breaking your relationships, committing crimes, getting in trouble with police or parents, going somewhere with someone you don't know; not studying when you should and failing a test (dropping out of school); losing your values or breaking your own rules.

Financial risks: Losing a cell phone, school bag, purse or wallet or other valuables, gambling, spending money on alcohol or illicit substances that should be spent on something more important.

Physical effects: Nausea and vomiting or throwing up, crying, having a hangover, addiction, alcohol poisoning, drowning in your own vomit, passing out, not remembering what happened; over a long time, liver disease and other health problems; taking an overdose; death.

Theme Three:

Sexual and Reproductive Health Awareness

Learning about Your Body and Sexuality

This theme focuses on aspects of sexual and reproductive health and rights (SRHR). The exercises are designed to enable girls and young women to understand various aspects of sexuality and SRHR in an educating and empowering manner.

Exercise 18: Human Reproductive Anatomy - Ages: 10-14

Activity 18.1: Body Mapping

Purpose

In many settings, especially in families, people are reluctant to speak openly about parts of the body. This can be for cultural reasons or for reasons such as modesty, fear or shame. Often, families also have their own names for various body parts. However, for the girls to fully appreciate their sexuality, it is important they know their various body parts and how their body works. This exercise ensures that all of the girls are aware of the names of the various female and male body parts, and their functions.



20 Minutes

Setting: Enough space for the groups to prepare a drama and present to the Club.

Objectives

By the end of this exercise, participants will have learnt about their own bodies and that of the other gender, using language that they are comfortable with.

Materials

- Outline of a body
- Body part cards

Method and Processing

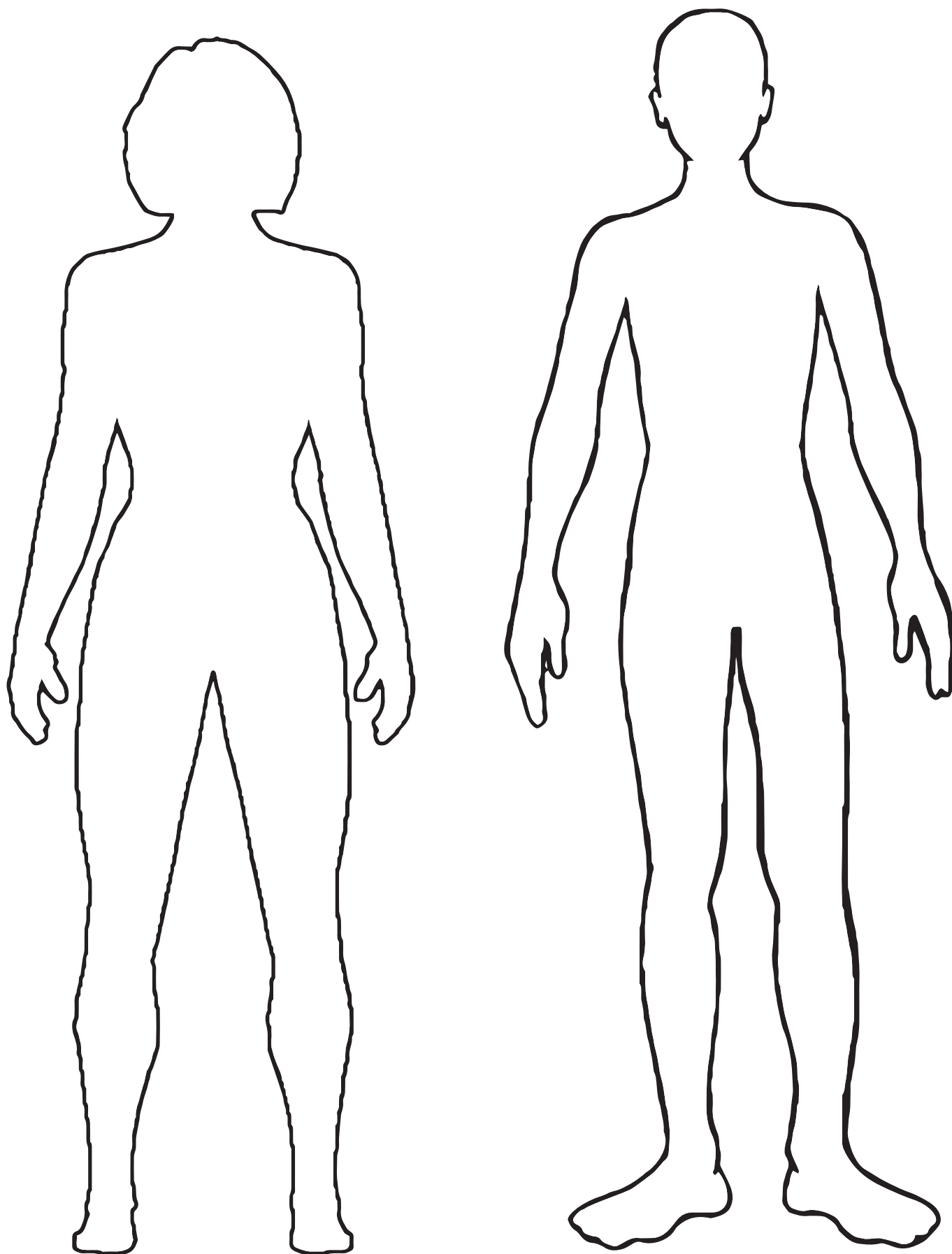
1. Begin by asking participants to sing any song that identifies body parts
2. Begin by encouraging your girls to speak openly about body parts, as the Sista2Sista Club is an environment where they should feel safe with people they trust. Emphasise that they must still speak with respect for their own bodies, the bodies of others, and with respect to their culture
3. Give the card containing the body outlines to the group.
4. Ask the participants to indicate, by shading in the parts of the body that are most often visible and the parts that are most often covered by clothes.
5. Explain that because these areas are covered by clothes, we generally don't talk about them in public. We limit our conversation about these parts to people we trust, including our family members.
6. Ask participants to identify body parts they particularly like, then those which they dislike and to say why.
7. Ask the participants to draw or mention any body part that makes them feel uncomfortable or embarrassed.
8. Keep interacting with the participants and ask them to elaborate on answers from time to time.
9. Hand the body part cards to the groups.

Man	Woman
Penis	Vagina
Testicles	Breasts
Glans	Labia
Scrotum	Clitoris
Cervix	Foreskin

10. Ask the participants to show where these body parts are located on the body outlines.
11. Ask the participants to describe the body parts on the cards using slang or everyday words or phrases. Encourage them to use any words or phrases they know, in any language. As these words are mentioned write them on the flipchart. Once everyone has finished come together and read through the list carefully and slowly.
12. Ask the following questions:
 - a. Were you embarrassed to see, write or hear any of the slang words?
 - b. When do we use slang words and when do we use correct words? Why?
 - c. Do some of the words seem overly harsh or abusive? Which ones?
 - d. What does it mean when people use them?⁴

Hints, Suggestions and Challenges

Explain that this is an exercise to get us more relaxed talking about such topics. Encourage your girls to speak openly about these body parts, in environments where they feel safe and with people they trust. Emphasise that they must still speak with respect for their own bodies, the bodies of others, and with respect to their culture.



Activity 18.2: The Female Sexual and Reproductive System

Purpose

To discuss and understand the parts of the female sexual and reproductive systems and their functions.



30 Minutes

Objectives

By the end of the activity, participants will be able to name the main internal and external parts of the female sexual and reproductive systems while having a visual appreciation on the body parts as well as describe the functions of the clitoris, vagina, uterus, and ovaries.

Setting: Enough space for the groups to prepare a drama and present to the Club.

Materials

- Flipchart paper
- Markers
- Tape and scissors or glue
- Poster: Female Sexual and Reproductive System, External
- Poster: Female Sexual and Reproductive System, Internal

Preparation:

Review the Facilitator Information so that you are able to add to what participants say without reading it as this will bore the participants.

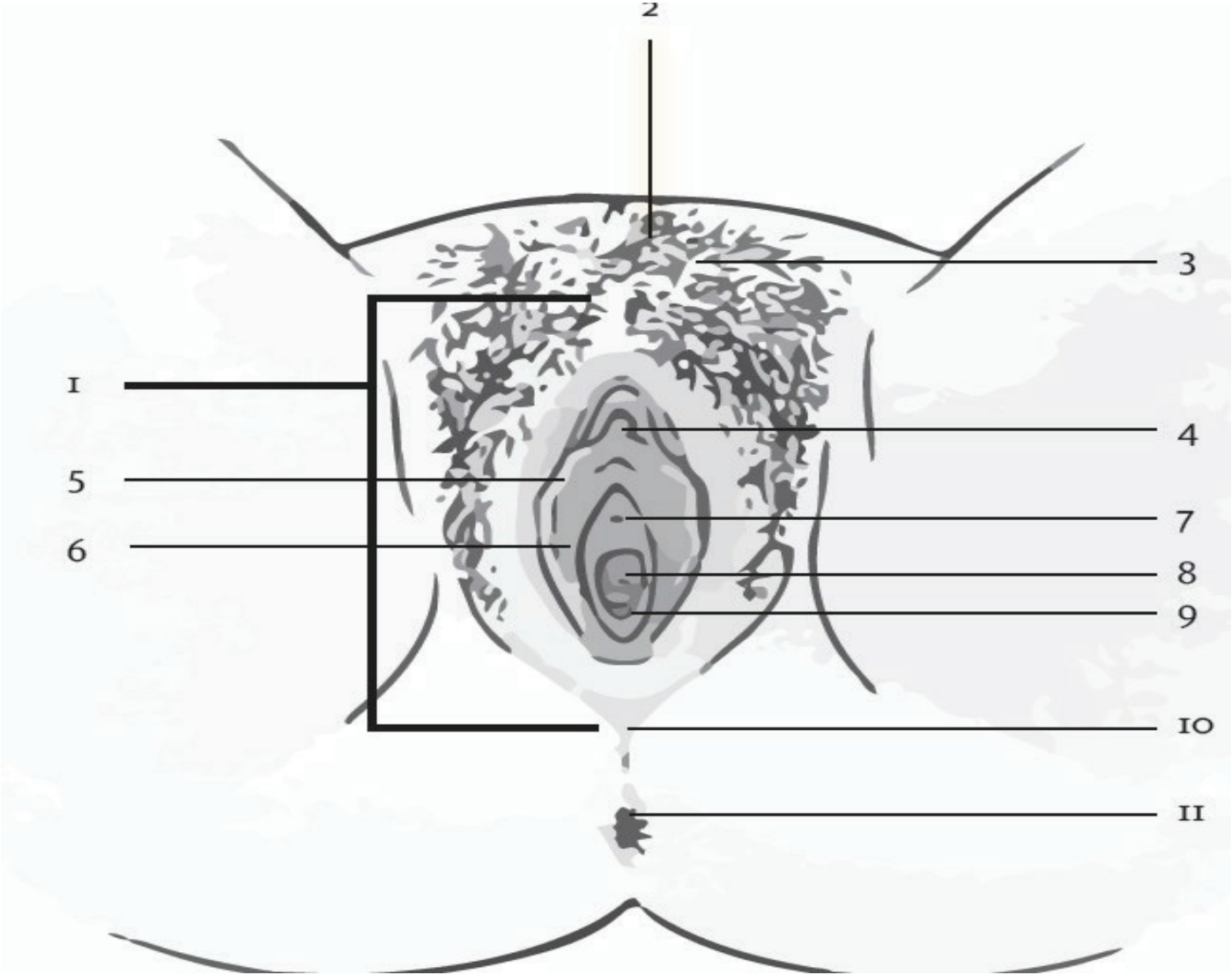
Method and Processing

1. Brainstorm what the word 'reproduce' means. (Answer: to have children or offspring.)
2. Tell them that this activity is about the female reproductive and sexual system. Write the following words onto the flipchart:
 - Vulva
 - Mons pubis
 - Outer lips
 - Inner lips
 - Clitoris
 - Urethral opening
 - Vaginal opening
 - Hymen

Divide participants into groups of four or five. In their groups, they should discuss the words listed on the flipchart paper and label the parts on the picture.

THE OUTER PARTS OF THE FEMALE SEXUAL AND REPRODUCTIVE SYSTEMS

Discuss in your groups and write the names of the body parts in the diagram below.

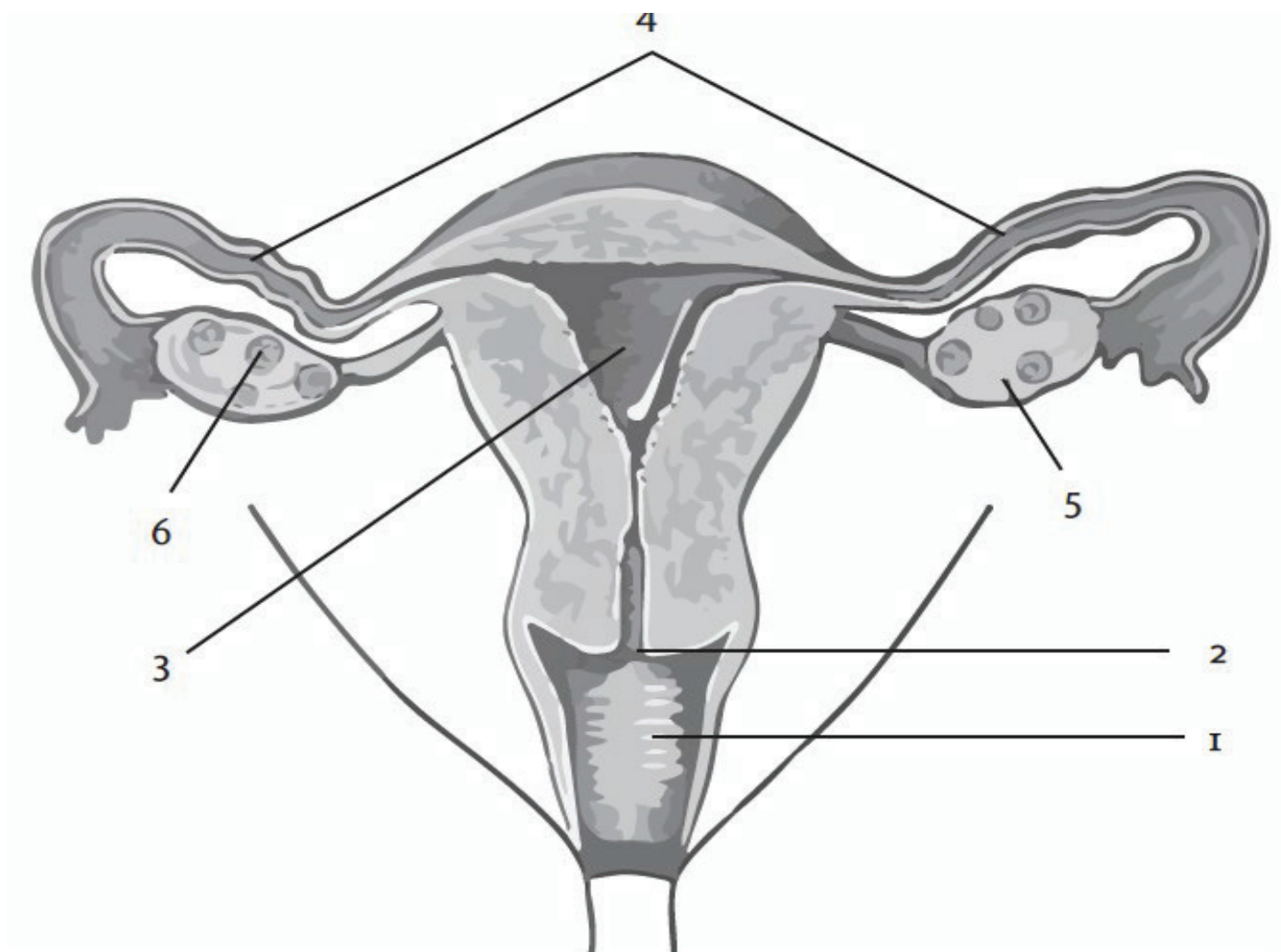


Answer Key:

1. 1.Vulva	7. 7.Urethral opening
2. 2.Pubic Hair	8. 8.Vaginal opening
3. 3.Mons pubis (pubic mound)	9. 9.Hymen
4. 4.Clitoris	10. 10.Perineum
5. 5.Outer lips or labia majora	11. 11.Anus
6. 6.Inner lips or labia minora	

3. Put up the poster of the Female Sexual and Reproductive Systems. Go through each body part and generate a discussion on the functions of each part.

Use the Facilitator Information if needed but **do NOT read** the notes to the participants. Encourage questions as you go through the answers.



Answer Key:

1. 1.Vagina	1. 4.Fallopian tubes
2. 2.Cervix	2. 5.Ovary
3. 3.Uterus	3. 6.Ova

4. Put up the poster of the Female Sexual and Reproductive Systems. Go through each body part and generate a discussion on the functions of each part.

Use the Facilitator Information if needed but do NOT read the notes to the participants. Encourage questions as you go through the answers.

5. At the end of the discussion remind participants that if they have questions that they don't want to ask in front of others, they can put approach you afterwards.
6. Divide the participants into two groups. Tell them that you will ask each group to identify a different body part. Each correct answer will be awarded two points. If a group gets a body part wrong, you will ask the other group, and award one point to them if they get it right. The group with the most points wins the game!

- ☐ **The woman's sexual and reproductive organs are located inside and outside her body.**
- ☐ **The uterus is where a fertilized egg grows into a baby.**
- ☐ **The clitoris is the only organ whose sole function is sexual pleasure.**

FACILITATOR INFORMATION: THE WOMANS' SEXUAL AND REPRODUCTIVE SYSTEMS

Outer sexual and reproductive parts

Vulva is the word for all of the sexual parts on the outside of a woman's body, between her legs. The vulva includes:

The **mons pubis** is the pad of skin and fat over the pubic bone. It protects the internal sexual and reproductive organs. It becomes covered with pubic hair in puberty.

Outer lips (also called labia majora) are the fatty folds of skin on the outside of the vulva. They protect the inner lips and the openings to the vagina and urethra. Hair grows on them in puberty.

Inner lips (also called labia minora) are the hairless folds of skin between the outer lips. They are sensitive to the touch. They swell and become darker during sexual excitement.

Clitoris is the small organ, shaped like a flower bud, at the top of the inner lips, above the urethral opening. It is made of spongy tissue and is covered with a protective hood. The tip of the clitoris is called the glans. It is very sensitive to touch. It fills with blood and becomes erect when a woman is sexually excited. It is the only body part whose sole function is to give sexual pleasure. Touching it and the surrounding area helps a woman to get sexually excited and have an orgasm.

Vaginal opening is the opening between the inner lips that is below the urethral opening and above the anus. The penis enters the vagina through this opening during vaginal sex. Menstrual blood leaves the body and babies are born through the vagina.

Perineum is the area between the vaginal opening and the anus. The perineum expands during childbirth to allow the baby's head to move through the vagina.

Anus is the opening of the rectum behind the perineum. Body waste (faeces) passes through the anus.

Inner reproductive parts

The **vagina** leads from the vulva to the **uterus**. It is moist and self-cleaning so it does not need to be washed out. When a woman is sexually excited, the vagina lubricates; however, it does not have a lot of nerve endings and is not very sensitive. In vaginal intercourse, the vagina receives the penis. If the man ejaculates, the semen passes through the vagina to the cervix.

During menstruation, the menstrual blood leaves the body through the vagina, as does the baby in natural childbirth. The vagina is lined with folds of skin that stretch easily during sexual intercourse and when giving birth.

The **cervix** is the lower end of the uterus. An opening in the cervix connects the vagina and the uterus. Menstrual flow passes out of the uterus through the cervix; and semen passes into the uterus through it. During birth, the cervix stretches open, allowing the baby to pass through. The cervix also protects the woman's uterus by making it impossible for objects such as fingers, the penis, condoms or a tampon to enter the uterus.

The **uterus** is a hollow muscular organ. It is about the size and shape of an upside down pear. The foetus grows here during pregnancy. The endometrium is the lining of the uterus. It thickens with blood and tissue during the menstrual cycle. During menstruation, this lining breaks down and leaves the body.

The **fallopian tubes** are two tubes, one on each side of the upper end of the uterus. They lead outwards towards the ovaries. They are very narrow – only as wide as two hairs (not like in the picture). The fallopian tubes have ends like fingers (called fimbria) that pull the egg from the ovary into the tube. Fertilization or conception (when the egg and sperm join) happens in the upper third of a fallopian tube, near the ovaries. The fallopian tubes are lined with tiny hair-like cilia that move the egg slow down the tube towards the uterus.

The **ovaries** are two organs, the size and shape of grapes, which are found on each side of the uterus near the end of the fallopian tubes. The ovaries produce female hormones (oestrogen and progesterone), store immature eggs, and produce mature eggs.

Other (not part of the sexual and reproductive system)

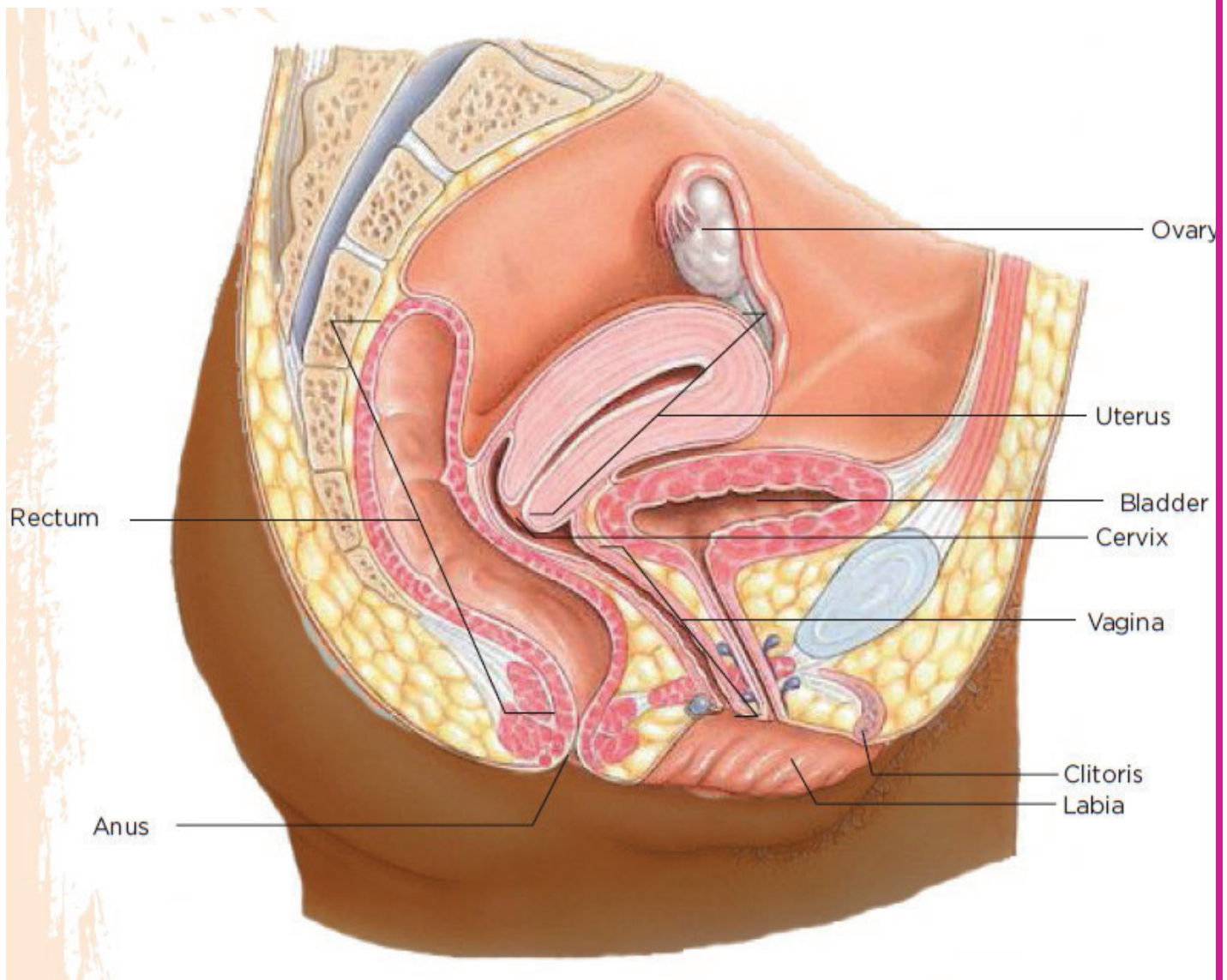
Urethral opening is the opening to the urethra (urinary passage). It lies below the clitoris and above the vaginal opening. It is a short tube that carries urine from the bladder out of the body. It is not a part of the reproductive system but it is found in the vulva.

The **bladder** is the sac that collects and stores urine.

Remember this



Remind the girls that men and women have different reproductive systems. Remind them that these differences should be respected whenever we speak about these body parts. Remind them to speak about body parts with respect for their own bodies and other people's bodies.



Activity 18.3:

The Male Sexual and Reproductive Systems



Purpose

To understand the parts that make up the male sexual and reproductive system, and its function.

Setting: Enough space for the groups to prepare a drama and present to the Club.

Objectives

By the end of this exercise, participants will be able to:

- Name the main internal and external parts of the male sexual and reproductive systems;
- Describe the functions of the penis, urethra, testes, prostate and seminal vesicles.

Materials:

- Flipchart paper
- Markers
- Tape and scissors or glue
- Poster; Male Sexual and Reproductive Systems

Preparation:

- Review the Facilitator Information so that you are able to add to what participants say without reading it as this will bore the participants.
- Before the activity, write the following parts onto separate pieces of paper and place them in a box or bag.

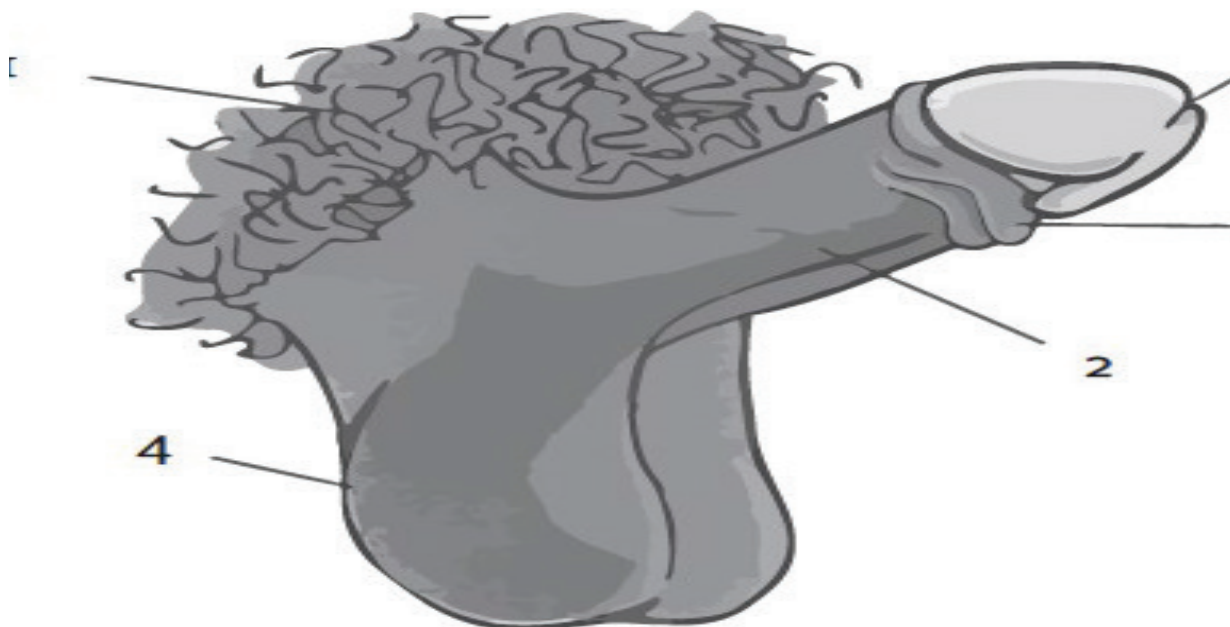
• Scrotum	• Testicles	• Penis
• Urethral opening	• Bladder	• Foreskin

Methods and Processing

1. Put up the posters of the Male Sexual and Reproductive Systems, and ask participants to study it for a minute.

How many parts can they name?

1. Explain that the names of the parts are on pieces of paper. Ask for volunteers to come up and take one piece of paper each. Tell them they will see if they can put the name on the correct part of the male sexual and reproductive systems. They can get help from others if they have difficulty.



Answer Key:

1. 1.Pubic Hair	4. 4.Scrotum
2. 2.Penis	5. 5.Urethral opening
3. 3.Foreskin	

4. Have one volunteer at a time put it in the correct place on the poster. If they have trouble, ask the other participants to help.
5. As each part is labelled, discuss its function. Use the Facilitator Information: The Male Sexual and Reproductive Systems to add to what they say, but **do not** read it.

Note to Facilitator: The answers are shown above just below the diagram.

6. Ask the following questions:
 - Where do the fluids in semen come from? (Answer: The epididymis (sperm), the seminal vesicles (nourishing fluid) and the prostate gland (lubricating fluids).
 - When do boys start ejaculating? (Answer: During puberty.)
 - What happens during an ejaculation? (Answer: The sperm leave the epididymis and move through the vas deferens. The mix with the fluid from the seminal vesicles and then with the fluid from the prostate and then they leave the body through the urethra.)
 - When can a boy start making girls pregnant? (Answer: As soon as he starts ejaculating.)

Facilitator's Information: Male Reproductive Organs

The Male Reproductive Organs

The reproductive organs of the male are those parts that are directly involved in sexual exercise; they consist of the external and internal parts.

External reproductive organs

These are the male organs that are on the outside and can be seen or felt. They comprise the penis, the scrotum and the testes.

The **penis** - The penis is the organ that carries the semen with the sperm during the process of ejaculation. The head or tip of the penis is known as the glans and is the most sensitive part of the penis. The foreskin covers the head of the penis. Usually the penis produces a whitish creamy substance called smegma, which helps the foreskin to slide back smoothly. When smegma accumulates under the foreskin, it causes a bad smell or even infection. It has three functions; urination, sexual pleasure and reproduction.

The **scrotum** - It is a sac of skin containing the testes, found between the thighs. The scrotum protects the testes and helps regulate the temperature of the sperm.

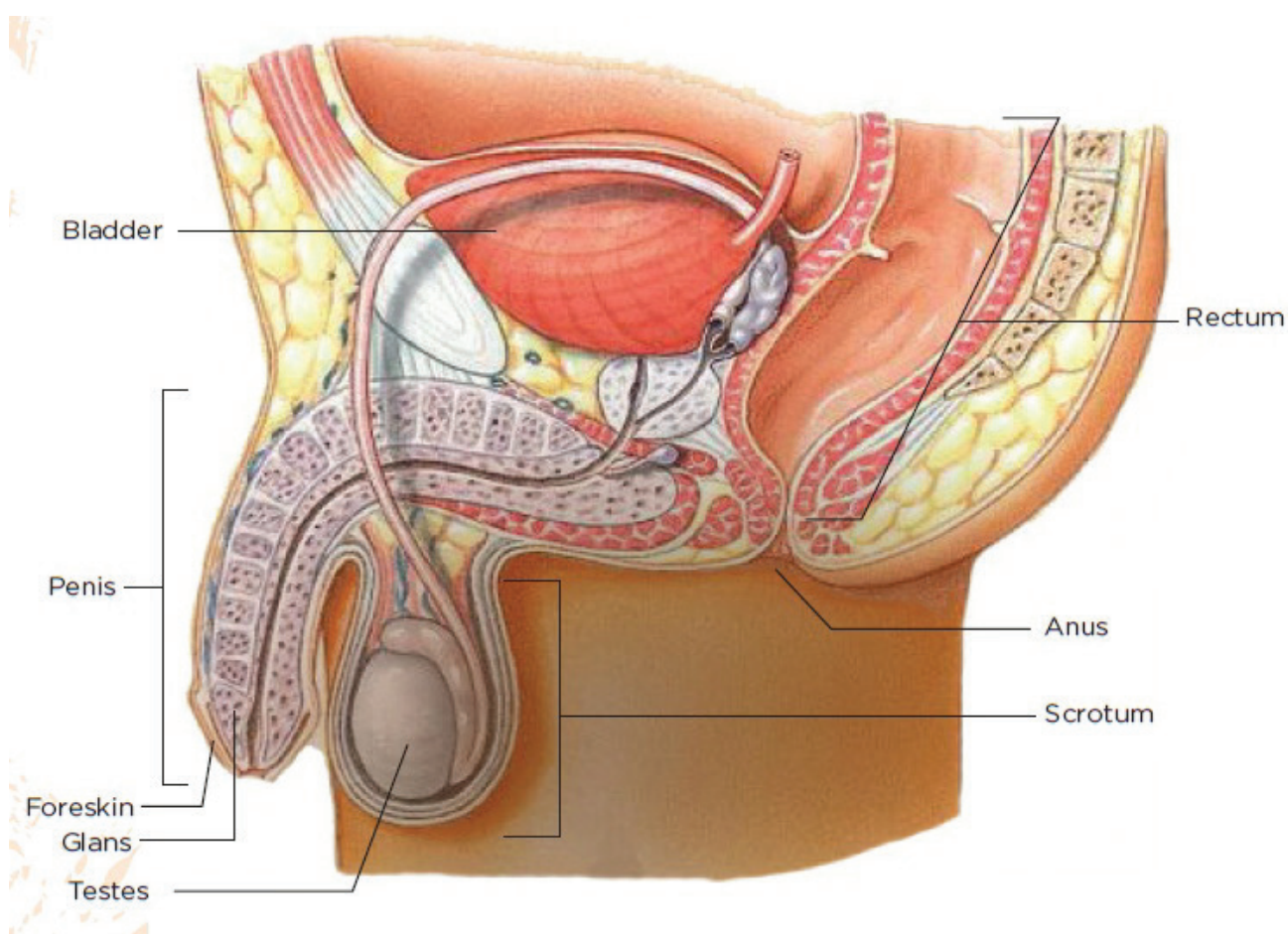
The **testes** (testicles) - They are two sex glands that produce sperm and male hormones. The sperm fertilize the woman's egg to start the process of reproduction.

Internal reproductive organs

The internal male reproductive organs lie within the lower part of the abdomen called the pelvis that is protected by the bones and muscles (see figure above). They consist of the epididymis, the vas deferens, the seminal vesicles, the prostate, and the Cowper's gland.

Prostate

Situated below the bladder, the prostate produces fluid that makes up part of the semen; it helps create a good environment for the sperm in the penile urethra and vagina, aids movement of the sperm and provides nutrients for the sperm.



Hints, suggestions and challenges

This session should enable the girls to decide on local names that are acceptable to use for the different body parts and an opportunity to mention, in discussion, body parts that are associated with sex with which the girls might otherwise have difficulty.



Remember this Encourage your girls to speak openly about these body parts, in environments where they feel safe and with people they trust. Emphasise that they must still speak with respect for their own bodies, the bodies of others, and with respect to their culture.

Exercise 19: Changes during Adolescence

Purpose

This exercise seeks to define adolescence and discuss the physical, emotional and social changes that come with it; to identify which changes are the same for everyone and which changes differ by sex as well as identify ways to cope with feelings during adolescence.



50 Minutes

Setting: Enough space for the groups to prepare a drama and present to the Club.

Objectives

By the end of the exercise participants will be able to list changes that happen in boys and girls and explain ways that they can manage their feelings during adolescence.

Materials

- Flipchart
- Markers
- Tape and scissors or “sticky stuff”

Preparation

Take three pieces of flipchart paper and draw a figure of a boy on one, a figure of a girl on one and both a boy and girl figure on one. Write ‘PHYSICAL’ above the body, write ‘SOCIAL’ on the left side and ‘EMOTIONAL’ on the right side on each poster, as shown:

SOCIAL PHYSICAL EMOTIONAL



SOCIAL PHYSICAL EMOTIONAL



Method and Processing

1. Ask participants to brainstorm what adolescence means.
2. Ask them the challenges / difficulties and excitements of adolescence
3. Write or print the following in large letters on pieces of paper cut in halves or thirds. When you have finished, mix them up so that they are not in order.

May have temporary breast growth
Breasts develop
Sweat glands develop
Growth of facial hair
Genitals get bigger
First ejaculation
First ovulation and menstruation
Hair grows on body, in armpits, and on genitals
Wet dreams
Increase in vaginal and cervical secretions
Become taller and gain weight
Gain in muscular strength
Fat tissue increases
Voice changes
Shoulders broaden and chest gets wider
Hips, thighs and bottom widen
Skin becomes oilier; may get pimples and acne
Moods change quickly
Try to know and understand yourself
Start feeling sexual attraction
Develop own values
Concerned about being normal and fitting in
Start having romantic relationships
Become part of peer groups
Try to look and behave like your peer group
Experience peer pressure
Become more independent from parents and family
Become closer to friends

4. Tell the participants that this activity is about the changes that take place during puberty and adolescence.
5. Post the pictures that you prepared at the front of the room. Divide participants into three groups. Tell them that each group will get pieces of paper that have some changes written on them. One group will focus on changes that happen to boys; another group will focus on changes that happen to girls, and another will focus on changes that happen to both. Each group should categorise the changes into physical, social or emotional.

Give them ten minutes to discuss in their groups. Then ask each group to present to the Club. Discuss the answers, and make corrections when needed(Refer to the Facilitator's Information). Ask them to turn to exercise books and to write the changes in the correct place (under boy or girl; physical, social, emotional).

- Ask the participants if they have any questions about any of the changes. Then ask the following questions:
 - What do you notice about the changes that are different for boys and girls? (Answer: They are all physical.)
6. How do these social and emotional changes make you feel? (Possible answers: Shy, confused, worried, happy, and excited.)

Tell the group that the changes are mostly the same, but that as a group, girls start changing about two years before boys. Individuals will start changing at different ages. Reassure them that this is normal. Then ask the group to brainstorm for positive ways to manage the moods and emotions they experience during adolescence. Make a list of their ideas.

- **Some examples of coping strategies are:**
- **Exercising or doing some physical activity**
- **Eating well**

- **Discussing emotions with family, friends or religious leaders**
- **Listening to music**
- **Laughing**
- **Crying**
- **Doing something you enjoy, like a hobby**
- **Participating in community activities**
- **Reading**

Ask participants to summarize what they learned during the activity. Add any of the following points that are not mentioned.

- ☐ As a group, girls start puberty earlier than boys.
- ☐ Puberty changes do not start at the same age for everyone.
- ☐ The social and emotional changes are the same for girls and boys, but some physical changes are different for boys and girls.
- ☐ These changes can make us feel confused or worried.

There are many different ways to manage our feelings, including talking to adults, friends or others about what we are going through.

FACILITATOR INFORMATION: CHANGES DURING ADOLESCENCE		
BOYS	GIRLS	BOTH
PHYSICAL CHANGES		
May have temporary breast growth	Breasts develop	Genitals get bigger
First ejaculation	First ovulation and menstruation	Hair grows on body, in armpits and on genitals
Gain in muscular strength	Increase in vaginal & cervical secretions	Become taller and gain weight
Shoulders broaden and chest gets wider	Fat tissue increases	Voice changes
Growth of facial hair	Hips, thighs & bottom widen	Skin becomes oilier; may get pimples and acne
		Sweat glands develop
		Wet dreams
EMOTIONAL CHANGES		Moods change quickly
		Try to know and understand yourself
		Start feeling sexual attraction
		Develop own values
		Concerned about being normal and fitting in
SOCIAL CHANGES		Start having romantic relationships
		Become part of peer groups
		Try to look and behave like your peer group
		Experience peer pressure
		Become more independent from parents and family
		Become closer to friends ¹
		The gender roles become more distinct
		Parents become more strict and protective

Exercise 20: Menstruation and Hygiene

Activity 20.1: Menstruation

This activity provides factual information about menstruation, and dispel misinformation.

Materials

- Flipchart paper,
- Marker pens,
- Tape and scissors or “sticky stuff”,



45 Minutes

Method and Processing

1. Write the following stages of the menstrual cycle in large letters on separate pieces of A4 paper and mix them up so that they are not in order.

Menstruation begins.
During menstruation, a hormone from the pituitary gland causes eggs in the ovaries to start to mature.
The follicle (or sac) that holds the maturing egg releases oestrogen hormones that cause the lining of the uterus to start to build up to prepare for fertilization and a baby.
Ovulation - the ovary releases a mature egg.
The egg is pulled into the fallopian tube.
If the egg is not fertilized, the level of hormones goes down causing the lining of the uterus and the egg to disintegrate.
Menstruation begins when blood starts to flow out of the vagina and last for 3-7days. The next menstrual cycle begins.

2. Write the word ‘menstruation’ on flipchart paper. Ask participants: What is menstruation? (Answer: The breaking down of the lining of the uterus.)
3. Tell participants that it is important to know the truth about menstruation and that we will now look at some facts.
4. Ask for seven volunteers to come to the front of the room. Give each volunteer one of the papers that you prepared with the stages of the menstrual cycle on them.

5. Tell the volunteers to hold the papers up in front of them and to stand facing the others. Tell them that these papers show what happens during the menstrual cycle.
6. Ask the participants who did not volunteer to instruct the volunteers to stand in the correct order by telling them which order they should stand in. After they have finished, check the order and make sure it is correct (the correct order is shown above). Then post them in order on the wall and allow the volunteers to sit down.
7. Tell participants that although many eggs may start to mature in step 2, usually only one becomes fully mature.
8. Then ask the participants the following questions:
 - What is the first day of the menstrual cycle? (Answer: The first day of bleeding)
 - How long is menstruation? (Answer: Usually from 3-7 days.)
 - How long does it take the eggs to mature? Point to the third card. (Answer: 10-20 days)
 - How long is it between the beginning of menstruation, card 1 and ovulation, card 4? (Answer: It depends on the woman and on her cycle. It can be from 10 to 22 days long. This is the part of the cycle that can vary a lot.)
 - How long is it between ovulation, card 4, and menstruation starting again, card 7? (Answer: It depends on the woman, but it is usually 12-16 days and is usually the same length in every cycle.)
9. Ask the participants to discuss any local or traditional beliefs and practices related to menstruation (Example: A menstruating girl or woman is unclean; should not prepare food for others; should not go to a place of worship; should be secluded.) Emphasise that menstruation is a completely natural process. There is nothing to be ashamed of or to make fun of.
10. Invite questions and comments from the participants and allow general discussion on issues raised.

Note to facilitator:

Emphasise to participants that once menstruation begins, they can fall pregnant if they have sex. Therefore, they should always use contraception in order to avoid pregnancy if they decide to have sex.

Emphasise that menstruation is a self-cleansing process, through which the vagina keeps itself clean. Lack of information, misconceptions and adverse attitudes to menstruation may however lead to a negative self-image among girls who are experiencing menses for the first time, and can result in a lack of self-esteem as they develop their personality as women. The culture of 'silence' around menstruation increases the perception of menstruation as something shameful that needs to be hidden, and may reinforce misunderstandings and negative attitudes toward it.

Activity 20.2: Personal Hygiene

This activity provides information on good personal hygiene, necessary in our lives to prevent the development and spread of infections, illnesses and bad odours. It also enhances one's confidence for example at work, at church, at school and anywhere else.

Materials

- Toothbrush and toothpaste
- Water and soap
- Towel
- Bi-carbonate of soda (if available)



45 Minutes

Method and Processing

1. Show participants the poster showing outline of a body (refer to body mapping exercise).
2. Ask participant to split into groups and give each 5 minutes to group a topic to discuss among the following:
 - What are parts of the body that are hidden and accumulate sweat and odours? How best can sweat and odour be managed? (When discuss introduce the use of bi-carbonate of soda as a deodorant; take note of hidden areas such as around the ears; back of neck; between toes and so on)
 - Demonstrate how to brush teeth? How often should teeth be brushed? (When discussing introduce the use of herbal methods to clean teeth as a lternatives to toothpaste)
 - What are some parts of the body that grow hair? How can hair be managed for hygiene purposes? (When discussing introduce the removal of hair from arm pits; removal of hair from vaginal area after a menstrual cycle – to manage body odours)
 - What is the correct way of washing the vagina? The external and internal vaginal area (When discussing pay attention to the girl's methods of washing the internal vagina – dispel myths about use of herbs and inserting fingers into the vagina to wash it. Emphasise that the vagina is self-cleaning; emphasis that one should clean the external part of the vagina and anal area but should not insert fingers into the vagina.
 - How do you keep underwear clean? How often should you wash your underwear? What are some of consequences of not washing your underwear regularly? (When discussing emphasis washing underwear after every use. Emphasis on washing 'bra' after every use to avoid odour and infection)
 - Discuss how to use the toilet? How should girls wipe when they are done defecating? What are some of the challenges when girls wipe the wrong way? (When discussing emphasise the wiping from front to back and not pack to front as this causes urinary tract infection when faeces enter the vagina; emphasise handwashing with soap after every use of the toilet)

Demonstrate handwashing with soap or ash. Ask when are the critical times to wash hands with soap (After the use of the latrine/ toilet; before eating or handling food; before and after changing of sanitary wear, before feeding a baby, and so on). People tend to 'forget' to wash their hands after using the toilet or before handling foods and this can lead illness such as diarrhoea and cholera and even death. Tell participants that they should rub and wash their hands for the amount of time it takes them to sing the 'Happy Birthday' song once.

3. Ask the groups to come and give a presentation of what they would have discussed. Guide the group in areas they would have missed.

Demonstrate the use of Bicarbonate of Soda as Deodorant (Use demonstration if available).

- Put about an eighth of a teaspoonful of baking soda in your palm.
- Add about a quarter teaspoonful of water, enough to get it wet.
- Dissolve the bicarbonate of soda into the water (the liquid should feel slippery, since sodium bicarbonate is a base).
- Apply a small amount directly to armpits as a deodorant.
- Then go have a normal active day.
- Discuss the different types of sanitary wear that the women in the community use to ensure good hygiene. Discuss the importance of hygiene during menstruation. Emphasise that different girls and women use different types of sanitary wear, and they should not judge each other for this.

Remember This



Bathing the body includes properly clean the areas that are covered with pubic hair (armpits, private parts), feet and hands (between fingers), hair, inside and behind the ears, inside the nose and the eyes. When discussing their topics, ask each group to use some of the materials you would have brought to demonstrate.

Hygiene during menstruation

Discuss ways to maintain good personal hygiene during their menstrual period. The following methods are some of the ways that can be used (The facilitator should show examples if they are available)

Clean pieces of cloth: These are cut to fit in the panty area by sewing several layers of cotton cloth on top of each other. These must be cleaned thoroughly with soap and water and hung in a sunny place to dry. Clothes should never be shared. A girl should have many pieces of cloth so that she can change them regularly.

Cotton wool: Cotton wool is used as a cushion-like absorber that is placed inside the panty to absorb menstrual blood. It can either be placed directly or wrapped in a clean cloth to avoid it falling out of the panty. The cotton wool itself easily and quickly absorbs menstrual blood. It therefore needs to be changed regularly to avoid leakage.

Pads or sanitary napkins: These are designed to fit the panty area close to the body. They have strips of tape that keep them attached to the panties, and the panties help to hold the pads close to the opening of the vagina. Pads have a plastic lining to minimize the spill of blood. If a woman uses pads, she needs to throw them down a pit latrine, bury them, or burn them after use. They should not be left in the garbage pile or flushed down the toilet. Sanitary pads should be changed every 4 hour's even if the menstrual flow is not heavy.

Tampons: These are small, compressed cotton objects, formed into solid, tube-like shapes, which are pushed up into the vagina during menstruation. The cotton softens as it absorbs the blood that comes into the vagina from the uterus. Attached to the tampon is a strong, soft cotton string, which hangs out of the vagina. Pulling this string removes the tampon. Tampons should be removed every 3-6 hours for a regular menstrual flow. It should not exceed 8 hours as they can cause infection if left in.

A **girl must always wash her hands** before and after changing sanitary wear. Sanitary wear need to be changed often. Emphasise the fact that toilet paper, newspaper, cardboard, etc. are not suitable for managing menstrual flows as they can often cause infections and puts the girls at risk of cervical cancer.

Disposal of Sanitary Wear

Neatly wrap your sanitary wear in paper and ensure that the blood is not exposed. Dispose the sanitary wear in a sanitary bin; garbage bin or burn it. Most public toilets will provide a sanitary bin. At home, make sure you dispose sanitary wear in a safe and hygienic manner. Burning the used sanitary wear is a safe and hygienic option to consider. Sanitary wear should never be flushed down the toilet because it may clog the drainage system.

Note to facilitator: Whatever a girl uses, she should change it frequently to avoid staining or odour. If a girl's panties or clothes get stained with blood, she can soak them in cool, mildly salty water. Hot water will cause the blood to set and remain as a permanent stain¹.

Give out referral slips to the Sista2Sista Club Members where they are needed.



Remember to refer participants to health care workers if they suspect they have hygiene problems that are health-related

Exercise 21: Sex – What’s The Truth?

Purpose

To improve knowledge and understanding about sexuality and healthy sexual behaviours as well as address myths related to sex.

Objectives

By the end of the exercise, participants will be able to

- Understand the difference between sex and sexuality
- Identify sources of information about sexuality
- Identify common myths about sex and offer correct information in place of those myths.



50 Minutes

Materials:

- Flipchart paper
- Marker pens
- Tape and scissors or “sticky stuff”

Preparation:

Write down the true and false statements on pieces of flipchart paper.

Method and Processing

1. Write the words ‘sex’ and ‘sexuality’ on a flipchart and ask participants to explain what they understand by these terms.
2. Use their responses to come up with the following definitions:
 - **Sex is the biology of being male or female. A person’s sex is determined by chromosomes, hormones, or genitalia, and is usually assigned at birth based on genitals. The term ‘sex’ is also used to refer to sexual intercourse.**
 - **Sexuality is much more than sexual intercourse. It is part of who we are as people and incorporates feelings, thoughts, and behaviours of being male or female.**
3. Ask participants to brainstorm all the sources from which they learn about sexuality and to discuss the reliability of these sources. Make sure to include the following examples:

Friends and peers, parents, health workers, teachers, boyfriends and sexual partners, media, social media, youth clubs and organisations and pornography.
4. Distribute the flipchart papers with true and false statements about sex to the participants. Have them read out each statement, then discuss together and sort out the myths or wrong information from the facts.
5. Read the statements in the ‘Sex, What’s the Truth?’ chart below, one at a time. Ask the participants to write down their answer as you read each one. Put up True and False signs and have them stand by the signs according to their answers. Then ask one person to explain their answer. Ask other participants if they agree or disagree and why.

Note to Facilitator: Do this even if the first person gives the correct answer and the correct reason because the exercise brings out incorrect reasoning among other participants that can be corrected. Encourage and affirm those who have the right information. Get as much of the information as possible from the participants themselves and make sure the full explanation comes out by asking questions as needed. Use the information provided below as needed. Continue in this way through all of the statements.

	Sex, What's the Truth?
	<p>Sex is only for the pleasure of men</p> <p>False. Sex is for the pleasure of both men and women. When done correctly and consensually, sex can be enjoyed by both men and women. Women have the right to say 'no' to sex when they do not want to have sex. Women should not be coerced into having sex by their partner when they do not want to have sex. Women should discuss with their partners about ways to make their sexual relationship more enjoyable.</p>
	<p>Masturbation is harmful.</p> <p>False. Masturbation is not harmful. It is a safe way to satisfy sexual desire and is often part of therapy for people who are having sexual problems. However, it is a personal choice. Some people choose not to masturbate and some feel that it is wrong.</p>
	<p>If a girl is a virgin, she will bleed the first time she has sex.</p> <p>False. Bleeding happens when the hymen is torn. Hymens can easily stretch or tear during normal physical activity or sports and can be stretched open by fingers or tampons. So, not bleeding does not mean a girl has had sex before.</p>
	<p>It's the man's role to initiate sex.</p> <p>False. In many cultures, traditional gender roles assign initiating sex to men. However, there is no reason for this. This belief promotes inequality between men and women. Women can initiate sex when they want it. Even those who follow traditional gender roles often have a way to indirectly communicate their desire for sex to their partners.</p>
	<p>Many women do not have orgasms from vaginal intercourse alone.</p> <p>True. Many women, about 70-75%, do not reach orgasm from vaginal intercourse alone. Most women need to have their clitoris stimulated to achieve an orgasm and, often, vaginal intercourse does not stimulate the clitoris enough. Women are more likely to have orgasms if they or their partner stimulates the clitoris directly before, during and/or after vaginal intercourse.</p>
	<p>The first time a woman has sex, it will hurt.</p> <p>True and False. The first time a woman has sex, it may or may not hurt. This may be due to various reasons including the size of her partner's penis; how much a woman is aroused and how gentle her partner is during her first encounter. To reduce any discomfort or pain, her partner should take time to touch her and make sure she is fully aroused and her vagina is very wet before intercourse. Her partner can also start by inserting fingers to gently stretch open the hymen, if the woman has one. If a woman feels nervous or afraid, the couple may want to wait.</p>
	<p>Masturbation helps people learn about their body's sexual response.</p> <p>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 learn how to have orgasms.</p>
	<p>Once a man gets sexually excited, he cannot control himself.</p> <p>False. He may not want to control himself or stop, but all humans, male and female, can always stop at any point in a sexual experience. Some men believe that if they get really sexually excited, they have to have an orgasm, but this is not true. Stopping may cause some discomfort, but it will go away on its own.</p>
	<p>The easiest way to learn to please your partner is to talk to them about what they like and what feels good to them.</p> <p>True. Every person has their own preferences and things which 'turn them on.' Rather than guessing what one's partner likes or finds pleasurable, it is quicker and more reliable to ask them. Communication is one key to having a positive sexual relationship that is pleasurable and satisfying to both partners.</p>
	<p>Most men will at some time lose their erection during a sexual experience in their lives.</p> <p>True. Most men will have this experience at some point in their lives. It is normal and nothing to worry about. Worrying about it can make it more likely to happen again.</p>

	<p>If the man has a big penis, his partner will feel more pleasure.</p> <p>False. Penis size does not mean that the woman will feel more pleasure. Although every woman is different, most women say that it is what the man does, not his size, that is important. In fact, very large penises may be uncomfortable or even painful for some women. Also remember that most women do not have orgasms from vaginal sex alone.</p>
	<p>The right age to have sex is 18.</p> <p>False. Zimbabwe's age of consent is 16, and it is illegal for someone over that age to engage in sexual activity with someone younger than 16. It is also illegal for two people under 16 to have sex. That said, past the age of 16 there is no right age to have sex. It is a personal choice to engage in sex; remain celibate or to wait for marriage. Each person has to decide for themselves when they feel ready to have sex. However, engaging in sex at an early age increases girls' risk of contracting STIs in their lifetime, teenage pregnancy, and contracting HPV, which leads to greater risk of cervical cancer.</p>
	<p>If a man can keep vaginal intercourse going long enough, the woman will have an orgasm.</p> <p>False. As noted before, many women do not have orgasms from vaginal intercourse. For those that do, this statement may or may not be true. For those that do not, it does not matter how long the man keeps going. Honest communication between partners will make sex pleasurable for both partners.</p>
	<p>The use of condoms during sex reduces sensation for men</p> <p>False. Condoms are made with lubrication that serves as an imitation of vaginal fluids. This gives the illusion that the man is having sex without a condom.</p>

6. Ask participants:

- What else have you heard about sex that you aren't sure if it is true or not?
- Why are there so many myths about sex and sexual behaviour?
- How can we make sure that we have the right information?

7. Ask for comments and questions from the participants and discuss these.

8. Ask participants to summarize what they learned from this exercise. Add any of the following points that are not mentioned.

- ☐ Masturbation can be helpful to learn about one's body and to solve sexual problems.
- ☐ A girl may or may not bleed the first time she has sex.
- ☐ Most women need to have their clitoris touched to reach orgasm.
- ☐ To know how to please your partner, talk to them.
- ☐ Most men will at some time lose their erections during sexual experiences.
- ☐ There is no right age to have sex – it will depend on the person's relationship, values, and feelings. But there are also legal ages to consent to sex in each country.
- ☐ If you aren't sure about something you heard about sex or sexuality, check it with a reliable source before you believe it.

Note to Facilitator

Sexuality is much more than sex – it is an important part of who a person is and of life. Sexuality is shaped by the messages and values that a person learns from their family, friends, from society and other influences. Being attracted to someone is part of building friendships and relationships, but attraction does not have to lead to sexual intercourse. Young people need to be comfortable talking about sexuality and learn to be honest with each other about how they feel and what they want in a relationship.⁵

Exercise 22: Pregnancy

Purpose:

This exercise describes how pregnancy happens, consequences of unintended pregnancy and making a choice about pregnancy.



30 Minutes

Objectives

By the end of this exercise, participants will be able to

- Explain how pregnancy happens
- Consequences of adolescent pregnancy
- Understand the importance of making good decisions related to unintended pregnancies.

Materials:

- Flipchart paper
- Marker pens
- Tape and scissors or “sticky stuff”

Preparation:

Find out about the availability of emergency contraception in your community. Is it only available in clinics or can you also purchase it over the counter in a pharmacy? Are there any restrictions on its availability?

Method and Processing

1. Write the following in large letters on ten pieces of paper and then mix them up so they are not in order:
 - Unprotected vaginal sex
 - Ejaculation in the vagina
 - Sperm travel through the cervix into uterus
 - Sperm travel through the uterus
 - Sperm travel up the fallopian tube
 - Sperm meet the egg
 - One sperm enters the egg
 - Fertilized egg is moved down the fallopian tube
 - Fertilized egg reaches the uterus
 - Fertilized egg attaches to the uterus
2. Ask participants to sit and close their eyes. Tell them to think about their future and what they dream about or desire in life. Speaking slowly and pausing for a long time between questions, ask:
 - What are your hopes and aspirations for your life in the next few years? (e.g. education; work; family)
 - What are you dreaming about for your life?
 - What would you need to help you realise your hopes, dreams, and goals in life?
3. After about 2 minutes (don't rush them) say: Picture someone very young discovers that she is pregnant. After about a minute, tell them to open their eyes. Ask them:
 - What would happen to the girl's dreams, hopes and goals?

4. Tell participants that they are now going to learn about how a woman gets pregnant. Ask for ten volunteers and ask them come to the front of the room.
5. Give each volunteer one of the cards you prepared and tell them the process that leads to a pregnancy is written on these cards in steps. Give them two minutes to put themselves in the correct order so the cards describe how a woman gets pregnant. Tell the rest of the participants to silently observe how the group does the task.
6. When the volunteers are in order, ask the others to review the final order and help them to get it correct.

Correct Order:

- **Unprotected vaginal sex**
 - **Ejaculation in the vagina**
 - **Sperm travel through the cervix**
 - **Sperm travel through the uterus**
 - **Sperm travel up the fallopian tube**
 - **Sperm meet the egg**
 - **One sperm enters the egg**
 - **Fertilized egg is moved down the fallopian tube**
 - **Fertilized egg reaches the uterus**
 - **Fertilized egg implants in the lining of the uterus**
7. When the order is correct, post the cards on a chalkboard or wall.
 8. Ask the participants the following questions:
 - How long is it between step 2, ejaculation, and step 3, sperm travelling through the cervix? (Answer: A few seconds.)
 - So if, immediately after sex, you run to the toilet and wash out the vagina, can you get all of the sperm out and not get pregnant? (Answer: No, it's already too late. Once sperm are in the cervix they cannot be washed away.)
 - Can you jump up and down to make the sperm come out of the vagina? (Answer: No, it's already too late – they are through the cervix and on their way to the egg. No amount of jumping will make them turn around!)
 - How long is it between step 7, the fertilization of the egg, and step 10, the egg implanting in the uterus? (Answer: Five or six days.)
 - Is there ANYTHING you can do in those three days (72 hours) after unprotected sex that could help prevent a pregnancy? Probing questions: Have you ever heard of emergency contraception? The 'morning after' pill? (Answer: You can take emergency contraception.)

Emphasise that emergency contraception is the only method you can use to help prevent an **unintended pregnancy after sex. Emergency contraception is the use of high doses of oral contraceptives to prevent pregnancy after unprotected sexual intercourse. It is only recommended for emergency situations. Emergency contraception is only effective when it is taken within 72 hours of unprotected.**

Ask participants to summarize what they learned from the exercise. Add any of the following points that are not mentioned.

- ☐ **An unplanned pregnancy can result from unprotected vaginal sex without protection; from not using contraception correctly every time you have sex; and sometimes because contraception fails.**
- ☐ **The only method you can use to help prevent an unintended pregnancy after sex is emergency contraception**

Ask them if they have heard of any other way to prevent pregnancy after unprotected sex. Dispel all of the myths that they have heard. There is NO other way to prevent unintended pregnancy after unprotected sex.

Also explain that if the couple has unprotected vaginal sex but the man pulls out of the vagina before ejaculating, there is still a chance the woman can become pregnant. The reason is that in most men, a small amount of fluid comes out of the penis before ejaculation. This is called pre-ejaculate or pre-cum and it may have sperm in it from a previous ejaculation.

FACILITATOR INFORMATION: HOW PREGNANCY HAPPENS

Once every menstrual cycle, one ovary releases an egg (ovulation). If the woman has unprotected sex at this time or in the five days immediately before it, she may become pregnant. Once the mature egg leaves the ovary, it begins to travel down the fallopian tube towards the uterus. It only lives up to 24 hours. After the man ejaculates semen into the woman's vagina, the sperm contained in the semen begin to swim towards the egg. They swim up through the cervix, into the uterus and then into the fallopian tubes. This joining of sperm and egg is called fertilization. The fertilized egg then begins dividing its cells as it travels down the fallopian tube to the uterus. When it reaches the uterus, it attaches itself to the lining. This is called implantation. Once implantation has happened, the woman is pregnant.

If the couple has unprotected sex, but the man does not ejaculate, some sperm may still enter the vagina in the pre-ejaculate. The pre-ejaculate or pre-cum is the small amount of fluid that comes out of the penis before ejaculation. Although this fluid, which comes from the Cowper's gland, does not naturally have sperm in it, it may contain sperm from a recent ejaculation or sperm may leak into the fluid before it leaves the body.

Note to facilitator: If participants ask about the following, use the information below to explain. Do not give them a lecture about these topics.



Twins occur in two ways. One, the ovaries release two eggs at once and both are fertilized and implant themselves in the uterus so that two fetuses develop. These are called fraternal twins. The other way is when one fertilized egg splits into two and both develop into fetuses, resulting in identical twins. They are identical because they come from the same fertilized egg and therefore have exactly the same genes.

Ectopic pregnancy happens when the fertilized egg implants itself outside the uterus, most often in a fallopian tube, although it can also implant in the abdomen, on the ovary or in the cervix.

Note to Facilitator: Make sure it comes up that we have a moral obligation to care for our own children. According to the Constitution of Zimbabwe, parents have a legal obligation to provide for their children. The Maintenance Act Chapter 5:09 further makes it possible for the mother to take the father (or the father's family if he is a minor) to court to get child support money. Additionally, men can also claim maintenance from mothers, if the child lives with the father. DNA tests can ascertain paternity which is available in major cities.



Activity 22.2: Consequences of Teenage Pregnancy

This activity explores the health, psycho-social and economic consequences of unintended pregnancy.

Method and Processing

1. Read Janet's Story or get a volunteer to read the story to the group.
2. After reading the story, get the participants to split into 3 groups.
3. Allow each group 5 minutes to discuss one of the following questions:
 - What are the responsibilities of being a mother? Do they believe they are old enough to handle the responsibility of being mothers?
 - How do teenage mothers feel about their family and community's views and attitudes towards them? How can families, communities and peers help teenage mothers cope with their circumstances? (Examples include providing emotional and financial support, encouraging them to further their education etc.)
4. Get the groups to come back together to share their answers with the rest of the participants.



30 Minutes

Janet's Story

Janet was worried. Her period was late and she had been feeling nauseous. She suspected that she may be pregnant, but was hoping that she wasn't. Her boyfriend Tonderai had insisted that they not use condoms the last few times that they had had sex, even though there was risk of getting pregnant. They were both too young to have children, having just turned 16. Janet knew that life would become very difficult if she was pregnant.

Two weeks later, she finally bought a pregnancy test, and her worst fears were confirmed—she was pregnant. Worse, Tonderai was denying responsibility, despite being the only boy she had ever slept with. Janet was afraid of what would happen when she told her parents. What would the community and people from church think? How would she take care of the child? Was her body even ready to give birth?

FACILITATOR'S INFORMATION

Teenage pregnancy can have immediate and lasting consequences for a girl. These consequences are discussed under here.

Health Risks to the Mother

Considerable health risks are confronted by adolescent girls during pregnancy and childbirth.

Teenage mothers are more likely to experience adverse pregnancy outcomes. The health risks include maternal death, illness and disability, including obstetric fistula, complications of unsafe abortion, STIs, including HIV as well as higher morbidity and mortality levels experienced by the children of adolescent mothers. Most of the complications that adolescent mothers face during delivery stem from immaturity of the pelvic bones and of the birth canal. This may be a significant factor in risk associated with childbearing in young adolescents.

Adolescents aged 15-19 are more likely to die from complications resulting from childbirth than older women. There are higher incidences of caesarean section, operative vaginal delivery (both vacuum and forceps extraction) and even obstetric fistulas in adolescents, compared with that of older women. This suggests an increased risk of prolonged and obstructed labour in adolescents.

Hypertension, which occurs mainly among women having their first child, is the most prevalent pregnancy complication that afflicts adolescent mothers. Adolescent mothers suffer from stress and trauma when they realise that they are pregnant and the difficulty they face in deciding who to tell and what to do, as well as the negative response they receive from family and friends.

Complications from pregnancy and childbirth are a leading cause of death among girls aged 15-19 years. Factors contributing to maternal death and illness include physical immaturity, complications from unsafe abortion and lack of access to routine and emergency obstetric care from skilled providers. Other contributing factors include poverty, malnutrition, lack of education, child marriage and the low status of girls. Young adolescents aged 10-14 years are at higher risk of maternal death compared to their older counterparts.

Psycho-Social Consequences

Teenage pregnancy may have psycho-social consequences for the baby. The baby may face neglect from the adolescent mother as the young mother may not be willing or be able to give it the undivided attention it needs. The young mother may also be overwhelmed by the constant needs of the child. Babies born to teens may have weaker intellectual development and lower skill set scores at kindergarten and may also have on-going medical issues and behavioural issues.

Another consequence is school expulsion, with regards to educational attainment. Women who become mothers in their teens are more likely to curtail their education.

Girls who become pregnant are also likely to suffer from stigma, rejection by parents and the man responsible for the pregnancy. Adolescent mothers have nowhere else to go except their parents'/guardians' houses, and increased visibility in the society also means increased stigma. This stigma stems from the relation of teen pregnancy, contraceptive use, HIV and STIs to sexuality. This stigma, during or after pregnancy, can lead to depression, social exclusion, low self-esteem and poor academic performance affecting the prospects of employment in the future. Early childbearing is highly stigmatized and girls report the trauma, fear, shame, and embarrassment of having to reveal an early pregnancy to family, partners and peers.

A pregnant unmarried adolescent might be considered an embarrassment to the clan and is either abandoned or chased away from home, and therefore left with no guaranteed means of support both for the child and for herself. In Zimbabwe, where childbirth outside of marriage goes against social values, unintended pregnancy is likely to be high among unmarried adolescent girls. This may lead to unsafe abortion practices among adolescents.

Teenage pregnancy is also associated with domestic violence and family disruptions. It contributes to gender imbalances by rendering the young mother more economically vulnerable and reliant on male partners, thus exposing them to negative trajectories.

Early pregnancy increases the probability of marriage though most fathers of children born to teen mothers do not marry the mothers. Teen mothers are more likely to be single parents and, if married, are more likely to experience high divorce rates. The adolescent mother may also face rejection from the partner responsible for the pregnancy. Consequently, teen mothers spend more years as single parents, and are more likely to be the sole providers for their children.

Economic Consequences

As a result of little education, adolescent mothers are likely to have fewer skills to find a job. This leads to poverty, especially if the teen mother is already living in squalid conditions.⁶

Activity 22.3

Making Choices about Pregnancy

This activity will allow participants to discuss decision making and to apply the model to a situation in which an adolescent experiences an unintended pregnancy. Participants will also explore choices about pregnancy.

Materials:

- Flipchart
- Markers
- Tape and scissors or “sticky stuff”

Preparation:

Find out about the abortion and adoption laws and procedures and policies in Zimbabwe.



30 Minutes

Method and Processing

1. Explain to the girls that we all make many decisions each day. Explain some of the decisions that you had to make today (what to have for breakfast, what to wear, what route to take to get to this meeting, who to talk to, etc.)
2. Ask the girls to turn to their neighbour and share some of the decisions they have made today. Then ask some of the girls to share some of the decisions that they have made today with the rest of the group.
3. Tell the participants that you will read out some sexual scenarios.
4. Ask them to decide whether the choice the person makes in the scenario is responsible or irresponsible and give reasons.
5. Explain that no one is born “responsible”, but the choices we make in life determine the extent to which we are responsible or irresponsible. It is therefore important that we learn to make responsible choices. Making responsible choices is a skill we learn and practice throughout our lives, and it requires patience and self-discipline.

Sexual Scenario Cards

<p>You meet someone attractive at a function (e.g., party, traditional ceremony, youth meeting) and the two of you leave together.</p> <p>The two of you decide to have sex, but neither of you has a condom.</p> <p>You decide to have sex anyway.</p>
<p>You meet someone attractive at a function (e.g., party, traditional ceremony, youth meeting) and the two of you leave together.</p> <p>The two of you decide have sex together, but neither of you has a condom.</p> <p>Your partner is not so sure anymore, but you manage to persuade them to have sex with you.</p>
<p>Your friend (23 years old) brings her boyfriend home and asks you for a condom.</p> <p>You give her one.</p>
<p>Your friend (13 years old) brings her boyfriend home and asks you for a condom.</p> <p>You give her one.</p>
<p>Your friend's sister (17 years old) brings her boyfriend home and asks for a condom.</p> <p>You give her one.</p>
<p>Your neighbour has no job and four children to look after. Her family are not available to help her.</p> <p>Your boss offers to buy food for her family in return for sex. You choose to say nothing.</p>

6. Explain that we often don't think about these decisions, we simply make them. However, there are decisions that require us to think more seriously about their consequences, and pregnancy is one such issue. There is a process of four steps to help us think through making the decision. Write these on the flip chart.
 - **Stop**
 - **Gather the facts**
 - **Consider the consequences**
 - **Make your decision**
7. Divide participants into groups of four and ask someone to read Sarah's Story. Then go through the decision making steps together.

Sarah's Story

Sarah and Joseph are 16 years old. They have been dating for six months, and they started having sex three months ago. They have been having unprotected sex. Sarah missed her period for two consecutive months, and she took a home pregnancy test, which indicated that she could be pregnant. She then went to a clinic, and it was confirmed that she was pregnant. Sarah's parents are very strict and do not believe in sex or falling pregnant before marriage. On the other hand, Joseph feels he is too young to be a father as he has big dreams. Equally, Sarah desires to fulfil her own dreams.

Imagine that you are Sarah. What choice would you make related to the pregnancy?

What are the **possible consequences** of each choice? Is this really the best choice? Does it suit you and your values? Does it respect others? Are you taking responsibility for your past actions? If not, go back and make another choice. Write the consequences in the spaces below:

Choices	Positive or Good Consequences	Negative or Bad Consequences
1		
2		
3		
4		
5		

8. Challenge participants' thinking as needed to make sure that they fully understand the consequences of each choice. Use the Facilitator Information: Options Available to Pregnant Adolescents to guide you.
9. Ask participants:
 - Were the final decisions of the groups the same or different? Why?
 - What was it like to use this model?
 - Was it difficult to make a final decision? Why or why not?
 - Who can help an adolescent couple decide what to do about an unintended pregnancy?
 - What are the pressures a teen couple might face while making this decision?
 - Who has the right to make the final decision about an unintended pregnancy? (Answer: The pregnant woman or girl has the right to make the final decision because it is her body.)

- Do you think it is important to use a model like this when making big decisions like this one? Why or why not?
 - Why do people sometimes make bad decisions? How can you avoid that?
10. What is different about making a decision with another person, for example, when you are in a relationship? (Answer: You need to consider their needs, feelings, desires and solutions; you may need to compromise.)
 11. Ask participants to summarize what they learned during the exercise. Add any of the following points that are not mentioned.
 - ❑ **When an adolescent girl has an unintended pregnancy, she has several options to choose from, including becoming a single parent, getting married and parenting, putting the baby up for adoption, fostering the baby, and in some limited instances abortion.**
 - ❑ **The pregnant girl or young woman may involve the man or boy who is responsible in the decision, but she will make the final decision.**
 - ❑ **Before making a big decision, you need to think of all the consequences of your options, especially the negative consequences. Also consult a trusted adult such as a Sista2Sista mentor.**
 - ❑ **Making decisions with another person, for example, when you are in a relationship, often requires that both people compromise.**

Facilitator Information

Adolescent Pregnancy: Making a Choice

The options available to adolescents who become pregnant are: abortion, adoption, single parenting, marriage and parenting; and fostering.

Adoption: There are two types of adoption: adoptions in which the mother and others know the identity of the adoptive parents, and adoptions in which the identity of the adoptive parents is not known to the mother.

Marriage and parenting: The couple decides to marry because of the pregnancy. They may be pressured to marry by the girl and/or boy's families.

Single parenthood: Single parenthood is a common choice among adolescents but a very challenging one. Becoming a single parent often limits education, career, and marriage opportunities.

Fostering: Fostering is when someone raises the child until the biological parents are able to care for it. Some people think it is traumatic for both the child and the foster parents when the biological mother or father retrieves the child.

Note: Adoption and fostering can be facilitated through social and child welfare services.

Remember to offer the participants the name and contact details of the nearest service provider such as counsellors and health workers if they need someone to discuss their options related to pregnancy with.

Give out referral slips to the Sista2Sista Club Members where they are needed.

Exercise 23: Family Planning and Contraception

Purpose

This exercise introduces various methods of family planning contraception that can be used to prevent pregnancy and space children. It also covers condom use as a contraceptive method and highlights the dual protection provided by condoms.

Objectives

By the end of the exercise, participants will understand short term and long acting reversible contraceptive methods and will be able to identify the most appropriate method for themselves. Participants will be able to identify counter arguments to excuses for not wearing condoms.

Activity 23.1: Family Planning

Family Planning is often something that is thought of too late in the dynamics of a relationship. However, a spaced and planned family can have incredibly positive benefits to all of the members of the family.

It is also important to realise that family planning is not simply avoiding pregnancy, through condom use. It is also not simply avoiding having children. Family planning includes thinking about the life you want your children to have and planning for this.

Girls will often not think about family planning, for a number of reasons.

This exercise introduces family planning and looks at some of the possible methods of family planning including short term (the pill, condoms) and longer term (implants and injectables). It explores the benefits and disadvantages of different family planning methods.

Materials

- Flip charts and marker pen
- Charts with Advantages and Disadvantages of Contraceptive Methods
- Samples of the following if available; contraceptive pills, male condom, female condom, an IUCD, a diaphragm
- Comparison Chart of Family Planning methods
- Extra paper or card



30 Minutes

Method and Processing

1. Ask the participants to list how many times they eat and drink during one day. Some examples might be; Breakfast, Tea time, Lunch Time, after I come home from work, when I wake up, 10 o'clock etc.
2. As these are mentioned write them down on the left hand side of the flipchart
3. Then ask what they eat and drink at these times.
4. As they mention this, list it on the right hand side of the flipchart
5. When they have finished listing their food, point out that all of the participants spread their eating throughout the day

6. Ask the following questions:
 - a. Why do you eat at different times throughout the day?
 - b. If you had to eat all of this food (point to the right hand side of the flipchart) in one sitting, how would you feel:
 - i. Immediately after finishing?
 - ii. At the end of the day?
7. Summarise by saying that we spread our eating throughout the day to make sure that we have energy for the whole day and so that we don't overload our bodies.

Processing

1. Point out that contraception is critical in avoiding unintended pregnancy and planning a family. Family planning does not mean not having children. Family planning also does not mean not having sex.
2. Family planning simply means deciding how many children you want and then planning when to have them.
3. The purpose of family planning is to make sure you are not (physically, emotionally, socially and economically) overwhelmed by having children before you are ready.
4. Girls and young women can use a number of contraceptive methods to prevent pregnancy. Use the charts to summarize available contraceptive methods. **For children aged 10-15 years, emphasise abstinence.**
5. Point out that some of the contraceptives are short term (the pill and condoms), and have to be used correctly and consistently to be effective. Oral contraception has to be used everyday to be effective, even if the woman does not have sex every day. Other contraceptives are long acting and reversible (implants, IUCD and injectable).
6. Guide the participants in a discussion about the effectiveness, advantages and disadvantages of the various contraceptive methods. Use the chart with advantages and disadvantages for correct information.
7. Based on the discussion, ask the participants to explore which contraceptive methods would be suitable for them.
8. Divide the girls into two teams, 'Pro' and 'Con'.
9. Explain that the 'Pro' team will try and identify all the advantages of using family planning methods. The 'Con' team will try and identify all the disadvantages of family planning.
10. Encourage the girls to think about the advantages and disadvantages for the family as a whole; mother, father, children and baby. Allow the girls five minutes to talk in their teams about their points.
11. Ask the two teams to present their cases one at a time.
12. Discuss the advantages and disadvantages of family planning methods. Use the 'Advantages' and 'Disadvantages' Cards to guide the discussion. You may add any points that might have been left out.
13. Ask the girls why they think girls who are sexually active do not always practice family planning.
14. Ask the girls why they think boys who are sexually active do not always practice family planning.
15. Divide participants into 2 groups and ask them to draw a map of their community, clearly highlighting where they can access contraceptive methods. Have a discussion around the points and then conclude the session by telling them where they can get the various contraceptive methods.

Remind participants that:

Condoms are still necessary to prevent transmission of HIV and other STIs, even if another contraceptive method is being used. Emphasise the DUAL PROTECTION of condoms. Other contraceptive methods prevent pregnancy NOT HIV transmission and STIs.

They should get more information on various contraceptive methods at health care facilities or from health providers.

Advantages of Family Planning

Gives a choice to a woman about whether and when she wants to fall pregnant	Places less strain on the family to provide financially for the child
Improves a woman's health	Limit the size of families by choice
Reduces infant mortality (Death of babies)	Some methods prevent STI infection
Children with fewer brothers and sisters tend to stay in school longer	Reduces maternal mortality (Death of the mother)

Disadvantages of Family Planning

Some methods have to be used consistently to be effective	Some methods cannot be taken while breastfeeding
Some methods require the attention of a medical practitioner	Some methods may affect menstrual flow

Summary Comparison of Family Planning Methods

Duration	Method	Description	Comments
Longer Term Contraception	Norplant Jadelle Implanon	Small, flexible rods or capsules placed under the skin of the upper arm; contains progestogen hormone only	Health-care provider must insert and remove; can be used for 3–5 years depending on implant; irregular vaginal bleeding common but not harmful
	Depo Provera	Injected into the muscle every 2 or 3 months, depending on product	Delayed return to fertility (1–4 months) after use; irregular vaginal bleeding common, but not harmful
	Copper Intrauterine device (IUCD) Copper T 380A Multi-load 375 Cu Progesteset / Levo Nova	A small, T-shaped flexible plastic device containing copper sleeves or wire that is inserted into the uterus	Longer and heavier periods during first months of use are common but not harmful; can also be used as emergency contraception
Short Term Contraception	Lofeminal Duofem Marvelon	Contains two hormones (estrogen and progestogen)	Reduces risk of endometrial and ovarian cancer; should not be taken while breastfeeding
	Ovrette / Secure Micronor Exluton	Contains only progestogen hormone, not estrogen	Can be used while breastfeeding; must be taken at the same time each day. Recommended for feeding mothers.
	Male condoms	Sheaths or coverings that fit over a man's erect penis	Also protects against sexually transmitted infections, including HIV
	Female condoms	Sheaths, or linings, that fit loosely inside a woman's vagina, made of thin, transparent, soft plastic film	Also protects against sexually transmitted infections, including HIV
Emergency Contraception	Positnor 2	Progestogen-only pills taken to prevent pregnancy up to 72 hours (3 days) after unprotected sex	Does not disrupt an already existing pregnancy
Permanent (Sterilisation)	Female	Cutting and tying of the tubes that lead from the ovaries to the uterus	This method of family planning is permanent and you will not be able to have children after this surgery.
	Male (Vasectomy)	Cutting and tying of the tube that carries the sperm from the testes	

FACILITATOR INFORMATION:

OTHER METHODS OF PREGNANCY PREVENTION

The following information about methods that are not suitable for young people is included only in case a participant asks questions about one of these methods. Do not provide information about them to participants if they do not mention them.

Sterilization is a surgery that makes it almost impossible for a man or a woman to have children. Vasectomy or sterilization for a man is a simple operation in which the vas deferens are cut and sealed. After a vasectomy, the man will still ejaculate but the semen will not have sperm in it. Tubal ligation or sterilization for a woman is an operation in which the woman's fallopian tubes are cut and sealed. It does not change a woman's ability to have sex or to feel sexual pleasure.⁸

Fertility Awareness Methods (FAM): Fertility awareness is based on knowing the signs that a woman is ovulating and therefore fertile and could get pregnant. It uses a combination of different methods to monitor these signs (basal body temperature, cervical mucus, position of the cervix and counting the days). It is not recommended for young people because of the level of knowledge required and the fact that it does not protect against STIs or HIV. It is also not very effective—even when used correctly, it is still only 80% effective, and couples must abstain on fertile days.

Withdrawal: Withdrawal is when a man pulls his penis out of the woman's vagina and away from her genitals before he ejaculates. It is less effective than other methods and it does not protect against STIs or HIV.

Remember to offer the participants the name and contact details of the nearest health care facility where they can receive family planning services.

Give out referral slips to the Sista2Sista Club Members where they are needed.

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Activity 23.2: Condom Use

This activity allows participants the opportunity to discuss reasonable counter arguments to excuses for not making use of condoms.

Materials

- Excuses on slips of paper
- Male and female condoms

Preparation:

Write down common excuses that people have for not using condoms on a piece paper (see table with condom excuses).



METHOD AND PROCESSING

1. Ask participants to explore the excuses that people make to avoid using condoms and why they are willing to take the risk of exposing themselves to HIV, instead of protecting themselves.
2. Put the pieces of paper in a hat or plate and tell participants that they are going to pick a paper, read out the excuse and then give a counter argument.

The first set of counter arguments are often similar to, "If you won't wear a condom, then you can't have sex". Explain that this is not a counter argument and is likely not to work in real life.

3. Write their counter arguments on the flipchart paper.
4. After all the pieces of paper have been picked, ask participants to role play the given excuses and counter arguments.
5. Emphasise the DUAL PROTECTION of condoms (protection against HIV or STIs and pregnancy prevention).
6. Demonstrate how to wear the male or female condom to participants using relevant dummies or demonstration devices. (Condom demonstrations should only be done with participants above 16 years of age).

Cards with excuses

I don't know how to use a condom	The condom is not reliable and can be easily damaged
I am drunk and can't put on a condom	Condom can get stuck inside the woman
The condoms are too tight	A condom has virus in it
There is no condom available	There are defective condoms, they break
Don't you trust me?	Buying a condom is embarrassing and is a sign of promiscuity
Condom decreases sexual pleasure / satisfaction It is like eating candy / banana with its cover	Condoms make people more promiscuous
Not one of my friends uses condoms, why should I?	I just want to 'dip' my penis inside for a short time. We don't need a condom for that.

Counter arguments to excuses for not wearing condoms⁹

Note that these counter arguments are only examples. Counters are given based on context and circumstance.

Excuses	Counter arguments
I don't know how to use a condom	No one was born with knowledge on how to do certain things. But you can learn from health workers how to use condoms correctly and consistently.
I am drunk and can't put on a condom	"If you are too drunk to put on a condom, you should not have sex and put me at risk. It's totally irresponsible not to practice safer sex.
The condoms are too tight	There are different condoms to accommodate different penis sizes, and you have to get the right condom that fits your size.
There is no condom available	Some condoms are available for free at most public places (health centres, beer halls, and public toilets), and also available for purchase at various supermarkets, pharmacies and service stations at affordable prices.
"Don't you trust me?"	"Using a condom does not mean I do not trust you". It simply means you care enough to protect your partner and yourself from STIs, HIV and unintended pregnancy. Even if the partner is on another contraceptive method, they are not protected against STIs and pregnancy.
Condoms are unreliable and break easily	If condoms are kept in the recommended environment and used correctly, they are reliable and don't break easily.
"Why should I use a condom, I am not promiscuous"	One can use a condom with a partner and still be faithful. It shows that you are responsible.
"Condoms decrease my sexual pleasure / satisfaction" It is like eating candy/banana with its cover	There are different types of condoms that enhance sexual pleasure (e.g. some are ripped, extra thin and flavoured). Sex is just as pleasurable and arousing when condoms are used.
None of my friends use condoms, why should I?	If all of your friends are risking their lives and future, does this mean you should too? Avoid peer pressure.
I just want to 'dip' my penis inside for a short time. We don't need a condom for that.	You should always wear a condom no matter how long you intend to have sex.

FACILITATOR'S INFORMATION: HOW TO USE A MALE CONDOM²

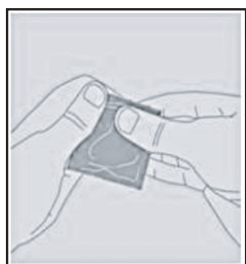
Practice putting a condom on by following these steps:

Check the expiry date on the package. Squeeze the condom package and make sure there is still air in it.

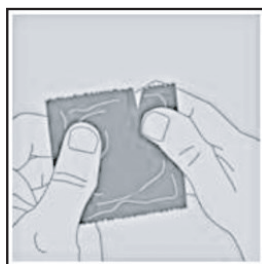
If there is no air, there is a hole in the package. If it is too old or has no air in it, don't use it



Step 1



Step 2



Step 3



Step 4

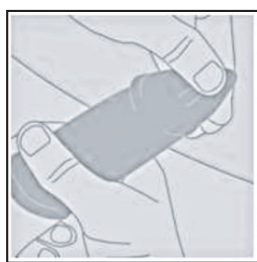
When the penis is hard or erect, carefully open the condom package along the side with the jagged edge (not the smooth side). Do not use your teeth or a sharp object, like a knife or scissors; this could accidentally damage the condom.

Remove the condom and determine the correct side to unroll. Make sure it looks like a hat, with the tip coming up through the rolled edges so it will roll down. If the man is not circumcised, make sure the foreskin is rolled down before putting the condom on.

Tip: To increase the man's feeling when using a condom, put a drop or two of water-based lubricant or saliva in the tip before putting it on. Do not use body lotion, oil or Vaseline – this could cause the condom to break.

Place the rolled condom on the head of the penis and pinch or hold the tip of the condom tightly to remove the air. Leave a centimetre of space for the semen to make sure the condom does not burst or break when the man ejaculates.

While pinching or holding the tip with one hand, unroll the condom all the way down to the base of the penis with the other hand. Smooth out any air bubbles. You are now ready to have sexual intercourse.



Step 5



Step 6



Step 7

After ejaculation and before the penis gets soft, hold the condom firmly at the base of the penis and carefully withdraw from your partner. This prevents the condom from coming off the penis when you pull out and any spilling of the semen.

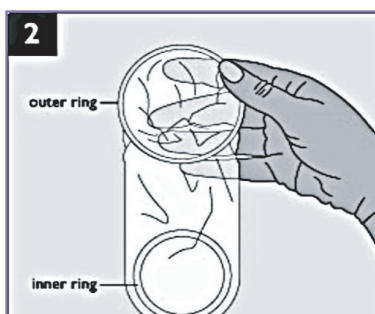
Put it into the rubbish bin or pit toilet. Don't try to flush it down the toilet. Wipe any semen off the penis. Use a new condom every time you have sex.

For the female condom, make sure the points in the information below are mentioned. If they are not, discuss them with the participants.

FACILITATOR'S INFORMATION: HOW TO USE A FEMALE CONDOM³

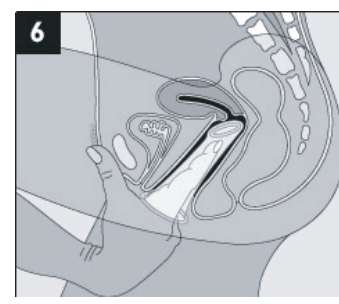
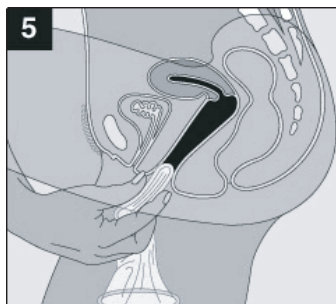
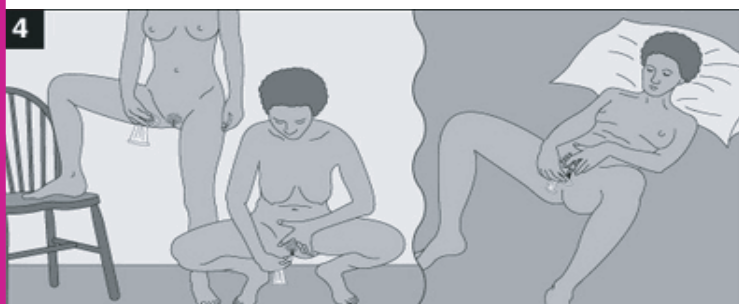
Follow these steps to use a female condom:

1. Check the expiry date on the package. Squeeze the condom package and make sure there is still air in it. If there is no air, there is a hole in the package. If it is too old or has no air in it, don't use it.
2. When you are ready to insert the condom (up to 8 hours before sex), carefully open the package and remove the condom. Tear the package at the notch on the top right – see picture 1. Do not open the package with your teeth or a sharp object like a knife or scissors.

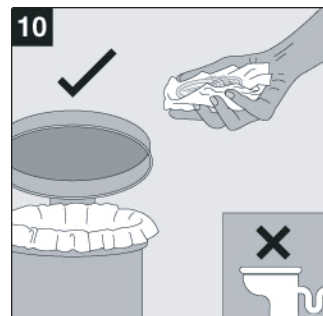
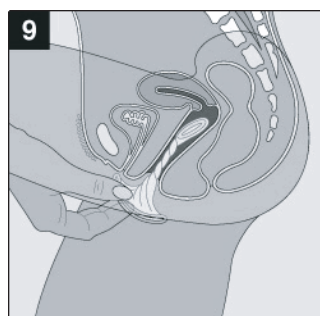


The female condom is a long polyurethane bag with two rings. The outer ring is attached to the edge that opens. The inner ring is loose inside the bag. The outer ring will cover the area around the opening of the vagina. The inner ring is used for insertion and to help hold the condom in place during intercourse. See picture 2 below

3. Hold the condom with the open end hanging down and squeeze the inner ring at the closed end with two fingers so it becomes long and narrow or turns into a figure eight. See picture 3.
4. Choose a comfortable position – raise one leg, sit or lie down. See picture 4.



5. With your other hand, spread the lips open and gently insert the inner ring into the vagina. Place your index finger inside the condom, and push the inner ring up as far as it will go. Make sure the outer ring is outside the vagina and the condom is not twisted. See pictures 5 and 6.
6. The condom is now in place – see picture 7. When you are ready to have sex, guide the penis inside the condom. Be sure the penis does not go to the side of the condom and make sure it stays inside the condom during sex. See picture 8.
7. To remove the condom after sex, squeeze and twist the outer ring to keep the semen inside the pouch. See picture 9. Then gently pull the condom out of the vagina. Throw it away in a rubbish bin or pit toilet. Do not flush it down the toilet.



Reference: <http://www.ripnroll.com/femalecondoms.htm>

Female condoms are not difficult to use and may require some practice to get used to. Women should practice putting the condom in and removing it prior to using it for the first time during sexual intercourse.

Remember to offer the participants the name and contact details of the nearest service provider where they can access condoms. Give out referral slips to Sista2Sista Club Members where they are needed.

Exercise 24:

Improving Maternal and Child Health

Purpose

The exercise aims to illustrate ways in which maternal, newborn and child health can be improved through use of maternal and child health services.

It enables participants to understand the importance seeking modern maternal and child health care services, or integrated health services, in order to improve maternal and child health outcomes.



45 Minutes

Setting: Enough space for the groups to prepare a drama and present to the Club.

Objectives

By the end of this exercise, participants will:

- Understand the importance of seeking modern maternal and child health care services, particularly antenatal care (ANC), institutional delivery, skilled birth attendant, postnatal care (PNC) and immunisation.
- Understand obstetric fistula, its causes and how it can be treated.

Materials

- Card with Fungisai's story
- Child health cards or pictures

Method

1. Read "Fungisai's story: Scenario 1" and generate a discussion based on the following questions.

Fungisai's story: Scenario 1

It is late afternoon, and Fungisai begins experiencing labour pains. She decides to wait for her husband to accompany her to the health facility. When her husband Nqabutho arrives at home towards sunset he rushes her to Mrs Chanakira, a traditional birth attendant in the community. Mrs Chanakira attends to Fungisai during the birthing process in an unhygienic room and uses unsterilized equipment while Fungisai bleeds heavily. Mrs Chanakira tells Fungisai to confess her sins to enable the smooth delivery of the baby. Unable to stop the bleeding, Mrs Chanakira advises Nqabutho that his wife should be taken to a hospital but unfortunately Fungisai and the baby die.

Discussion questions:

- a) What do you think motivated Fungisai and Nqabutho's to consult Mrs Chanakira, the traditional birth attendant and not the health facility?
- b) **What socio-cultural and religious beliefs or practices promote non-use of modern health care services?**
- c) **How could Fungisai and her baby's death have been prevented?**

Read “Fungisai’s story: Scenario 2” and generate a discussion based on the following questions.

Fungisai’s story: Scenario 2

It is late afternoon, and Fungisai begins experiencing labour pains. She decides to wait for her husband Nqabutho to accompany her to the health facility. When he arrives at home towards sunset he rushes her in the direction of the health facility. Along the way, they meet Mrs Gumbukai who suggests that they go and see Mrs Chanakira, an esteemed traditional birth attendant in the community as it is getting dark. They arrive at Mrs Chanakira’s home where she prepares Fungisai for the birthing process. After some time in labour with increasing complications, Mrs Chanakira recognises that she can no longer handle the complications and reluctantly refers Fungisai to a local clinic. It is now night time and so Fungisai’s husband has to look for transportation to take his wife to the clinic. Unfortunately, he cannot access a vehicle or call for an ambulance, and he resorts to using an ox-drawn cart, which takes a long time to arrive at the clinic.

When they arrive at the clinic, the only two nurses available are attending to the women who had booked for delivery earlier and had stayed at the maternity waiting home. Fungisai has to wait for some time before she is served, and she learns that her child is in a breech position. She has to be referred to a District hospital, and fortunately, an ambulance was available to take her there. However, due to prolonged labour at the traditional birth attendant’s house, Fungisai develops “obstetric fistula” (a hole between the vagina and the rectum). This means that she is now incontinent of faeces. Fungisai suffers and feels ashamed even though it is not her fault that she no longer has control over her rectal system. She is rejected by her husband and close family due to her foul smell. Fungisai never registered for ANC when she was pregnant and so she did not know about the maternity waiting home.

Discussion question

a) Why is it important for women to register early for ANC, complete at least 8 ANC visits, deliver at a health facility with a skilled birth attendant, and receive appropriate post-delivery care?

b) What causes obstetric fistula?

c) What are some of the health and social consequences of obstetric fistula?

(refer to Facilitator’s notes, where necessary)

1. Show participants the child health cards (Girls and Boys), and ask if they have ever seen them.
2. Read the story of Rudo and Tendai and follow the discussion questions.

The story of Rudo and Tendai

Rudo and Tendai are neighbours and they both had their first child around the same time. Tendai exclusively breastfed her child for six months whereas Rudo practiced mixed feeding for her son. Tendai always took her child to the clinic for routine immunization and weighing, and followed instructions on infant and young child feeding from the health workers. On the other hand, Rudo did not take her son for immunisation and never received any instruction on child feeding and nutrition. There was a measles outbreak when the children were about three years old, and unfortunately Rudo’s son died.

Discussion questions:

a) What do you think Rudo could have done to prevent her son’s death?

b) Why do you think Rudo failed to exclusively breast feed her child and have the child immunised?

c) What are the reasons why children in communities are not immunised? (Explore; socio-cultural and religious reasons, fears and misconceptions etc.).

d) What actions should families and communities take to ensure that children are properly fed and immunised?

Highlight the importance of immunising children at a health facility and following the immunisation schedule.

Inform participants that maternal death is a notifiable event (has to be reported) within 48 hours of its occurrence.

All suspected maternal and neonatal deaths must be reported to the health facility. As a CBW, you have a responsibility to identify any such cases within your community and report them as soon as possible.



Remember this: Encourage pregnant women to register early for ANC and deliver at a health facility as well as seek post-delivery care. Encourage participants to visit health facilities to familiarise themselves with the ANC services available, e.g. equipment / testing services, staff capacity and regularity of these services.

FACILITATOR'S INFORMATION

Advantages of delivering at a health facility¹⁰

These include:

- a. Being attended to by a skilled health worker
- b. Close monitoring of labour progress
- c. Management of complications e.g. breech delivery
- d. Postpartum care e.g. management of postpartum haemorrhaging
- e. Neonatal care e.g. vaccinations, care of preterm babies

Obstetric Fistula¹¹

Obstetric fistula is a childbearing injury that is usually caused by several days of obstructed labour, without timely medical intervention - typically a Caesarean section - to relieve the pressure. Unattended obstructed labour can last for up to six or seven days, although the foetus usually dies after two or three days. During the prolonged labour, the soft tissues of the pelvis are compressed between the descending baby's head and the mother's pelvic bone. The lack of blood flow causes tissue to die, creating a hole between the mother's vagina and bladder (known as a vesico vaginal fistula), or between the vagina and rectum (causing a recto vaginal fistula) or both. The result is a leaking of urine or faeces or both.

The consequences of fistula are often life shattering: In most cases, the baby dies and the woman is left with chronic incontinence (involuntary leakage of urine or faeces or both), unless she undergoes reconstructive surgery. Because of her inability to control her flow of urine or faeces, she is often abandoned or neglected by her husband and family and ostracized by her community. Without treatment, her prospects for work and family life are greatly diminished, and she is often left to rely on charity.

Causes of fistula

Fistula occurs when emergency obstetric care is not available to women who develop complications during childbirth. Poverty, malnutrition, poor health services, child marriage and gender discrimination are interlinked root causes of obstetric fistula. Poverty is the main social risk factor because it is associated with child marriage and malnutrition and because poverty reduces a woman's chances of getting timely obstetric care. Because of their low status in many communities, women often lack the power to choose when to start bearing children or where to give birth. Childbearing before the pelvis is fully developed, as well as malnutrition, small stature and general poor health, are contributing physiological factors to obstructed labour. Older women who have delivered many children are at risk as well.

How can fistula be prevented?

Making family planning available to all who want to use it would reduce maternal disability and death. Complementing that with skilled attendance at all births and emergency obstetric care for those women who develop complications during delivery would prevent fistula.

Addressing social issues that contribute to the problem - such as early pregnancy, girls' education, poverty and women's empowerment - are important areas of intervention as well.

How can fistula be treated?

¹⁰ Scott H and Dairo A (2015) "Maternal Death Surveillance and Response in East and Southern Africa" Journal of Obstetrics and Gynaecology Canada 2015;37(10):915-921

¹¹ Adapted from German Foundation for World Population (DSW), 2006 "Sexual and Reproductive Health Training Manual for Young People" pg. 65

- Reconstructive surgery can mend the injury. Two weeks or more of post-operative care is needed to ensure a successful outcome. Counselling and support are also important to address emotional damage and facilitate social reintegration.
- When surgery cannot correct the problem, women undergo a procedure called a urostomy, and they wear a bag to collect their urine. If the surgery is successful, women can resume full and productive lives. They can usually have more children, but caesarean sections are recommended to prevent a recurrence of fistula.

Most fistula sufferers are either unaware that treatment is available or cannot access or afford it. In addition, treatment capacity in most areas where fistula is common cannot meet the demand. The key to ending fistula is preventing it from occurring so this backlog of cases will not continue to grow.

Immunisation

Immunisation of children against vaccine-preventable diseases is one of the vital interventions to prevent child morbidity and mortality.¹² It prevents death of children from life threatening illnesses such as diphtheria, tuberculosis, polio, pneumonia, meningitis, Haemophilus influenzae type B, hepatitis B, tetanus, pertussis (whooping cough), measles, rubella and rotavirus. World Health Organization recommends all children be vaccinated against the above-mentioned diseases.

Vaccine Preventable Illnesses¹³

Vaccine	Illness	Description of Illness and Consequence of not Vaccinating
BCG	Tuberculosis (TB)	A disease that typically attacks the lungs. If not treated properly, TB infection can be fatal.
Pentavalent (including DPT)	Diphtheria	A serious disease caused by a potent bacterial toxin. It causes a thick coating in the back of the nose or throat that makes it hard to breathe or swallow. It can be deadly.
Pentavalent (including DPT)	Hepatitis B	A serious infection that affects the liver. It leads to chronic liver disease and puts people at high risk of death from cirrhosis and cancer of liver.
Pentavalent (including DPT)	Haemophilus influenza type B (Hib)	Causes acute respiratory infections, meningitis and other serious diseases almost exclusively in children under the age of 5.
Measles Vaccine	Measles	A highly contagious respiratory disease caused by a virus. Measles causes fever, runny nose, cough and rashes all over the body.
Rubella Vaccine	Rubella	Children whose mothers have rubella during the early stages of pregnancy often contract congenital rubella syndrome (CRS). Children with CRS are born with lifelong disabilities and are at risk for other developmental problems such as congenital heart disease and mental retardation.
Pentavalent (including DPT)	Pertussis	(Whooping cough) A highly contagious respiratory disease, which produces violent, uncontrollable coughing which often makes it hard to breathe. Pertussis most commonly affects infants and young children and can be fatal, especially in babies less than 1 year of age.
Pneumococcal Vaccine	Pneumococcal disease	Causes pneumonia, meningitis, or blood infection. In its worst forms, pneumococcal disease kills one in three people who contract it. Pneumonia is one of the leading causes of child death around the world.
Polio Vaccine	Poliomyelitis (Polio)	Mainly affects children under five years old. Infections can lead to irreversible paralysis.
Rotavirus Vaccine	Rotavirus	The leading cause of severe diarrhoea in infants and young children. Globally, diarrhoea causes more than half a million deaths each year in children under 5.

12 MICS (2014) Final Report, ZIMSTAT

13 UNICEF (2015) Immunization Facts and Figures, World Immunization Week 2015,

Pentavalent (in- cluding DPT)	Tetanus	Mothers and their newborn contract tetanus, an extremely deadly disease, when deliveries happen in unhygienic conditions – especially in remote and areas without access to health facilities. Tetanus can be easily prevented by tetanus vaccines, hygienic delivery and good cord care practices.
Human Papilloma Virus (HPV) Vac- cine	Cervical cancer	A leading cause of death and suffering among women. Cervical cancer is a growing problem increasingly affecting younger women in Zimbabwe and other countries. HPV vaccine to be administered to girls from 10 years of age onwards.

*** Measles and Rubella vaccines are usually administered together as Measles-Rubella (MR) Vaccine.

Child Health cards

For girls

CHILD HEALTH CARD
ZIMBABWE

INFANT FEEDING
Breastfeeding initiated within one hour of delivery
Exclusive breastfeeding for 6 months
Introduction of complementary feeding at 6 months

VACCINATION SCHEDULE
BIRTH, 1 MONTH, 2 MONTHS, 3 MONTHS, 4 MONTHS, 5 MONTHS, 6 MONTHS, 9 MONTHS, 12 MONTHS, 15 MONTHS, 18 MONTHS, 24 MONTHS, 30 MONTHS, 36 MONTHS, 42 MONTHS, 48 MONTHS, 54 MONTHS, 60 MONTHS

GROWTH AND DEVELOPMENT CHART
Height for Age Chart for Girls
Weight for Age Chart for Girls

CARE COMMENTS

For boys

CHILD HEALTH CARD
ZIMBABWE

INFANT FEEDING
Breastfeeding initiated within one hour of delivery
Exclusive breastfeeding for 6 months
Introduction of complementary feeding at 6 months

VACCINATION SCHEDULE
BIRTH, 1 MONTH, 2 MONTHS, 3 MONTHS, 4 MONTHS, 5 MONTHS, 6 MONTHS, 9 MONTHS, 12 MONTHS, 15 MONTHS, 18 MONTHS, 24 MONTHS, 30 MONTHS, 36 MONTHS, 42 MONTHS, 48 MONTHS, 54 MONTHS, 60 MONTHS

GROWTH AND DEVELOPMENT CHART
Height for Age Chart for Boys
Weight for Age Chart for Boys

CARE COMMENTS

Exercise 25: Sexually Transmitted Infections (STIs) 14

Purpose

This exercise aims to raise awareness on how STIs are spread, signs and symptoms of STIs and how they can be prevented, and to discuss the effects and consequences of STIs. It also seeks to dispel the myths and misconceptions about STIs and to discuss proper channels to follow if one thinks he/she has an STI.



30 Minutes

Objectives

By the end of the exercise, participants will be able to:

- Explain what an STI is and how STIs are transmitted.
- Name at least four types of STIs.
- List at least three signs or symptoms of an STI.
- Explain the link between untreated STIs and HIV.
- Name possible consequences of not getting treated when you have an STI.
- Describe what a person should do if they think they have an STI.

Materials

- Flipchart paper
- Marker pens
- Tape and scissors

Method and Processing

1. Write 'STI' at the top of the flipchart paper. Ask the participants: What does STI stand for and how do you get an STI? Write their responses on flipchart paper.

The answer should be 'Sexually Transmitted Infections'

Explain that STIs are usually transmitted through unprotected sex, but some can be transmitted from skin to skin contact alone e.g., herpes and genital warts.

2. Ask the group to brainstorm the following and list their responses on the flipchart paper:

- STIs they know
- Any other names for those infections (slang)

If any of the following are missing, add them: gonorrhoea; chlamydia; syphilis; herpes; genital warts; hepatitis B; pubic lice; and scabies.

3. If someone discovers that they have an STI, who do you think they SHOULD tell first? Why?
4. Ask participants to think about the possible consequences of disclosing an STI infection to a partner. Have participants brainstorm on the gender dynamics related to STI disclosure and treatment among couples or sexual partners.
(Possible consequences of disclosure for women – GBV, rejection, abandonment / marriage breakdown, stigma and discrimination)
5. Encourage participants to also think about the consequences of non-disclosure and discuss ways of increasing couple communication around STIs.

6. Make three signs marked 'True', 'False' and 'Don't Know' and post them side by side on the wall.
7. Point out the signs labelled 'True', 'False' and 'Don't Know/Unsure' that you posted on the wall. Ask the participants to stand up, and explain that you are going to read a statement and the participants should move to the sign that shows how they feel about each statement- if the participants think it is true, they
8. will move to the "True" sign and so on.
9. Read the statements below and give participants time to move. Ask each group why they are standing under that sign.

Processing

1. Give the correct answer and add to the explanations or information given by the participants as needed.
Use the Facilitator Answer Key: STIs – True or False below as a guide to the answers. Give the explanations and additional information as you go through the answers.
2. Ask participants where people can get treated for STIs in their community (including their traditional practices) and identify any places that provide youth-friendly services. If they highlight traditional healers and practices, emphasise the importance of going to health care facilities for STI screening and treatment.
3. Go through the basic facts about STIs and emphasise early detection and treatment of STIs. Remind participants that anyone can get an STI if they have unprotected sex.

Statement	Answer	Explanation
You won't get an STI if you only have oral sex	False	STIs can be transmitted through oral sex. You can get gonorrhoea in your throat, for example. Herpes and syphilis can also be spread through oral sex.
Only people who have lots of sex partners get STIs	False	Anyone who has unprotected sexual intercourse can get an STI, even if you have only one partner.
You cannot get STIs from toilet seats.	True	The germs that cause STIs cannot live in the open air or outside the human body so you cannot get an STI from a toilet seat
Many STIs can be transmitted to babies during pregnancy or birth	True	Many STIs, including gonorrhoea, chlamydia, syphilis, herpes, HIV, and hepatitis B and C, can be passed to a baby during pregnancy or birth. Human papillomavirus (HPV) and chancroid are however not transmitted to babies during pregnancy or birth.
You can have an STI even if you do not have any signs or symptoms	True	In more than half of all cases , a person with an STI has no signs or symptoms that they notice. Because many people do not have signs or symptoms that are noticeable, just looking at their genitals will not tell you if they have an STI or not. However, some people will have signs of STIs that you can see, like sores or warts
Some common signs of STIs on or around the genitals are unusual sores or lumps, itching, pain, pain when urinating, bad smells, and/or an unusual discharge	True	These are the most common signs of having an STI
Women have more noticeable signs and symptoms of STIs than men	False	Women are more likely not to have any noticeable signs or symptoms than men. They may have signs that are inside the vagina or they may have no signs at all

STIs caused by viruses cannot be cured	True	STIs caused by viruses (herpes, genital warts (HPV), hepatitis B and HIV have no cure (however they can be treated/managed). Those caused by bacteria (gonorrhoea, chlamydia, and syphilis) or by parasites (pubic lice and scabies) can be cured.
Passing urine after sex protects you from STIs	False	During sex, the bacteria and viruses that cause STIs enter the body very quickly. Urinating does not eliminate them but can help protect women from urinary tract infections
If you have an STI, you are at greater risk of getting HIV and of spreading HIV to your partners	True	If you have an STI, the skin or mucous membranes of your genitals may have a sore or be inflamed, making it easier for HIV to enter the body. The risk increases if STIs are not treated for a long time. If you have an STI and HIV, it is also more likely that you will transmit the virus when you have sex. In addition, having an STI is a sign that you are not using condoms correctly every time you have sex
STIs cannot lead to cancer	False	Some STIs can lead to cancer. Some types of genital warts (HPV) lead to cervical cancer. Hepatitis B can lead to liver cancer. STIs which are not treated for a long time also increases risks of cancers such as cervical cancer and cancer of the penis
STIs that are not treated can result in problems getting pregnant	True	Untreated STIs can cause infections in the upper reproductive tract of both men and women

FACILITATOR'S INFORMATION

Basic Facts About STIs

How STIs are spread: STIs are spread mostly through unprotected vaginal or anal sex. Some can be spread through oral sex, like herpes, genital warts and gonorrhoea. Some STIs, like herpes and genital warts (HPV), can be spread through skin-to-skin contact of the genitals. Some STIs, like gonorrhoea, chlamydia, syphilis, herpes, HIV, and hepatitis B and C, can be passed to a baby during pregnancy or birth. STIs are passed more easily from men to women than the reverse (because of a woman's anatomy).

Types of STIs: STIs are caused by bacteria, viruses and parasites. The most common STIs caused by bacteria are: gonorrhoea, chlamydia, chancroid and syphilis. They can be cured. The most common STIs caused by viruses are: human papillomavirus (HPV) or genital warts, herpes, hepatitis B and C, and HIV. They cannot be cured, but most can be treated. The most common STIs caused by parasites are: trichomoniasis, scabies and pubic lice. They can be cured.

Signs and symptoms of STIs: In more than half of all cases, STIs do not have any noticeable signs or symptoms. The most common signs and symptoms of STIs are on or around the genitals area: soreness, unusual sores or lumps, itching, pain, pain when urinating, bad smells, and/or an unusual discharge. Women have fewer noticeable signs and symptoms than men, this is because women's reproductive organs are largely internal (inside their body). Because STIs often don't have signs and symptoms, many people are not aware that they have one. So if you have had unprotected sex, you could have an STI and not know it.

STIs and HIV: STIs that cause sores (like chancroid, syphilis and herpes) or inflamed or irritated skin make it easier for HIV to be transmitted. When a person has HIV and an STI, they are more likely to pass the virus to their sexual partners.

Consequences of untreated STIs: Having an STI can be irritating, uncomfortable and very embarrassing. Because of shame and embarrassment, some people do not seek testing and treatment and hope the STI will go away on its own. This can lead to serious problems. When STIs are not treated early, they may cause problems like serious infection of the reproductive system (PID - pelvic inflammatory disease in women, inflammation of the testicles in men), infertility, cervical cancer (from HPV), liver cancer (from hepatitis B and C), serious damage to the nervous and cardiovascular system (from syphilis) and even death (from syphilis and HIV and AIDS).

Preventing STIs: Abstinence or not having sex is an effective way to avoid getting an STI. For those who are having sex, using male or female condoms correctly and consistently is an effective way of reducing the likelihood of getting an STI. There is also a vaccine for hepatitis B.

If you think you may have an STI: Do the following:

1. Go for testing and treatment as soon as you think something is wrong or you notice something that is not right or normal with your body.
2. Tell anyone with whom you have had unprotected sexual intercourse. Both of you must be treated to avoid re-infection.
3. Take all of the medicine given to you by the doctor, even if you feel better. You can start to feel better before the infection is completely gone. Go back for a check-up to make sure the infection is gone, even if you feel better.
4. Traditional medicine is usually not effective in treating STIs.
5. Avoid sex or use a condom each time you have sexual intercourse until you are cured. After you are cured, continue to use condoms to protect yourself from getting another STI.
6. If you get an STI, always tell your sex partners about the infection before you have sex with them and always use condoms. It is illegal to knowingly infect your sex partner with HIV or an STI.

Exercise 26: HIV and AIDS

Purpose:

This exercise will give participants the opportunity to assess their basic knowledge of HIV and AIDS, including HIV transmission, testing, treatment and prevention.



45 Minutes

Objectives:

By the end of the exercise, participants will be able to:

- Demonstrate understanding of the modes of HIV transmission
- Distinguish between what is true and what is false regarding HIV

Materials:

- Flipchart paper
- Marker pens
- Tape and scissors or “sticky stuff” or
- Bag or other container

Activity 26.1: How Much Do You Know About HIV?

This activity is designed to increase participants' knowledge on how HIV is transmitted.

Preparation:

Write the following statements for the game onto slips of paper (**without the answers**) and fold them up. Keep the three categories of statements separate by putting each into a separate bag or container. Label each bag so you know which is which.

Statements about how you get HIV:

- A person can get HIV if they have sex without using a condom. (True)
- A person can get HIV by using needles or razors that were used by someone else. (True)
- A person can get HIV from a mosquito that bit someone with HIV before. (False)
- An HIV-positive woman who is pregnant can pass HIV to her baby. (True)
- An HIV-positive woman who breastfeeds can pass HIV to the baby. (True)
- HIV can be transmitted through witchcraft. (False)
- I can get HIV by being around people who are HIV-positive. (False)
- Condoms can spread HIV. (False)
- A person with a sexually transmitted infection can get infected with HIV more easily. (True)

Statements about preventing HIV:

- Not having sexual intercourse is one way to protect yourself from HIV. (True)
- Using contraceptive injections is one way to protect yourself from HIV. (False)
- Always using condoms correctly with sex partners greatly reduces your risk of getting HIV. (True)
- Pulling the penis out before the man ejaculates is one way to protect yourself from HIV. (False)

- Having sex only with your regular partner will protect you from HIV. (False)
- If a person is not in a high-risk group, they don't need to worry about getting HIV. (False)
- A person doesn't need to worry about getting HIV because there is now a cure. (False)
- There is a vaccine to prevent HIV infection. (False)
- A person taking medicines for HIV cannot spread the virus. (False)
- A pregnant woman who is HIV-positive can take medicine to protect her baby from HIV. (True)
- If a person and their partner both have HIV, they don't need to use condoms. (False)
- Having unprotected sex with a person who looks healthy and fit is safe. (False)

Tiebreaker statements:

- If you have HIV, you will know you have it. (False)
- Getting circumcised will protect a man from HIV. (False)
- An HIV-positive woman can have a baby who does not have HIV. (True)
- HIV can survive outside the body for about a day. (False)
- If you have a negative HIV test, you may still be HIV-positive. (True)
- If you have HIV, you can get infected with HIV again. (True)

Method and Processing

1. Tell the participants that they are going to play a game called 'How Much Do You Know? Have them form four teams. Have each team pick a name and write their names on a piece of flipchart paper in order to keep score.
2. Explain the game to the participants:
 - Each team will pick a statement out of the bag and read it out loud. They will consult with each other **briefly** and decide if the statement is **true or false**. After **15 seconds** you will ask the team for their **final answer**.
 - If their answer is **correct**, they get one point.
 - The team with the most points remaining at the end of the game will win. If there is a tie, there will be tie breaker statements, until one team wins.
 - Ask if there are any questions and clarify as needed.
 - **Note to Facilitator: Keep the time yourself or ask your co-facilitator or someone on another team to keep the time.**
3. Explain that the first set of statements is about how HIV is transmitted. Have the first team pick a statement out of the bag and read the statement out loud. After 15 seconds, ask them for their final answer. Then have the next team pick a statement out of the bag and continue in this way. Praise correct answers. If there are incorrect answers, ask if anyone can explain why it is incorrect. If no one can, explain it. Keeps the game moving along quickly.
4. When all the statements have been taken from the first bag, tell them that the next set of statements is on how people can protect themselves from HIV. Have the next team pick a statement out of the second bag and continue in the same way.
5. After all the statements in the second bag have been answered, see which team has the most points. If you have a tie, tell them that they will now move on to the tiebreaker statements. Tell them that they now also have to **explain their answer correctly to stay in the game**. Any team that gives a wrong answer will be out!



Note to facilitator: Use the Facilitator Information as a guide to the correct answers



6. Go through the tiebreaker statements until there is a winner. If there is still a tie by the end, tell them that you are very impressed – they have so much knowledge of HIV that you can't even declare a winner! If you have a prize, give it to the winning team or teams.

Ask the participants to open their exercise books. Tell them that you will summarize the correct information together

7. Have a participant read the statement on the fact sheet and ask the whole group for the answers. Write the correct answers on flipchart paper. Use the Facilitator Information below as a guide to the correct answers.
8. Ask the participants the following questions to generate a discussion:
9. We listed three ways you can get HIV. Are there any other ways of getting HIV that you heard about?

We listed five fluids that transmit HIV. Are there any other fluids that can transmit HIV? Any that you heard about and you aren't sure if it's true or not?

Note to facilitator: Discuss any things that they bring up and end by emphasizing that if they hear that you can get HIV in any other way – through mosquitoes, curses, witchcraft, living with someone who is positive, etc., it is not true!

Note to facilitator: Have the participants discuss any that they bring up. Emphasise that these are the ONLY fluids that transmit HIV. Tears, saliva, sweat, sneezing and coughing cannot transmit HIV.



- Do you have any questions about how HIV is and is not transmitted?
 - Do you have any questions about how you can protect yourself from HIV?
 - Do you have any questions about any behaviours and whether or not they transmit HIV?
 - If you were explaining to a friend which behaviours are risky and which ones are not, what would you say?
10. Ask participants what the main points of the activity were. Add any of the following points that they do not mention:
- ☐ **HIV can be transmitted through unprotected sex; through the exchange of blood (from sharing needles or other sharp cutting or piercing instruments); and from an infected mother to her baby during pregnancy, birth or breastfeeding.**
 - ☐ **The five body fluids that can transmit HIV are semen, pre-ejaculate, vaginal fluids, blood and breast milk.**
 - ☐ **Any time these fluids are exchanged between people there is a risk of HIV being transmitted.**
 - ☐ **HIV can be prevented by not having sex or by using condoms correctly every time you have sex¹⁵.**

FACILITATOR'S INFORMATION:

BASIC FACTS ABOUT HIV TRANSMISSION AND PREVENTION

HIV stands for human immunodeficiency virus. HIV is a virus that lives in humans and attacks the immune system.

AIDS is acquired immune deficiency syndrome. AIDS is caused by HIV. A person is diagnosed with AIDS when his or her immune system is so damaged by HIV that it is too weak to fight off infections.

Transmission of HIV: The three ways that HIV can be transmitted are:

1. **Through sex without a condom with someone who has HIV (vaginal, oral or anal sexual intercourse);**
2. **Exchange of blood with someone who has HIV (usually from a used needle or something sharp, like a razor); and**
3. **From an HIV-positive woman to her baby during pregnancy, birth or breastfeeding (Maternal to Child Transmission).**

You cannot get HIV from mosquitoes, curses, witchcraft or living or working with someone who has HIV. Mosquitoes do not transmit HIV because HIV does not survive inside a mosquito (it is digested); and mosquitoes take blood from a person when they bite them, but they do not inject blood into the person they bite. So, there is no exchange of blood.

The five body fluids that can transmit HIV are:

1. Semen
2. Pre-ejaculate or pre-cum (the fluid that comes out of the penis when a man has an erection before he ejaculates)
3. Vaginal fluids
4. Blood
5. Breast milk

There is a risk of HIV being transmitted any time these fluids are exchanged between two people. For example, if there is an exchange of semen or vaginal fluids (with someone who is HIV-positive) during sexual intercourse without a condom, or an exchange of blood (with someone who has HIV) from sharing needles or other sharp instruments that have fresh blood on them. A person with a sexually transmitted infection (STI) can get infected with HIV more easily because STIs can cause sores and irritations of the skin that allow HIV to enter the body more easily. STIs also make it more likely that they will pass HIV on to their partners. Therefore, it is important for anyone with an STI and their partners to get treated.

Anyone who exchanges these body fluids can get HIV, whether they are in a high-risk group or not. There is still no cure or vaccine for HIV. However, there are medicines called antiretrovirals that enable many people with HIV to live long, healthy lives. Although medicines for HIV reduce the amount of HIV in the body fluids and therefore make it less likely that the person will transmit HIV, it does not eliminate the risk completely. So a person taking medicine for HIV can still transmit HIV.

Protection from HIV

Not having sex at all (abstinence) prevents the sexual transmission of HIV. If you don't have sexual intercourse, semen, pre-ejaculate and vaginal fluids cannot be exchanged. However, the person may still get HIV from sharing needles or sharp, bloody instruments with a person who is infected.

Condoms are very effective protection when they are used correctly and consistently when you have sex since they prevent the transmission of semen and vaginal fluids. However, other contraceptive methods (including the pill and contraceptive injections) do not prevent the transmission of HIV.

Having only your regular partner prevents the sexual transmission of HIV ONLY IF that partner does not have HIV already and also has no other sex partners. You cannot be completely certain that another person does not have other partners. Many people have more than one sex partner and do not tell their other partners. Having only one partner does reduce the risk of getting HIV

Voluntary Medical Male Circumcision reduces the man's risk of getting infected with HIV by 60%. Circumcised men are still encouraged to practice safer sexual practices – abstinence, correct and consistent use of condoms, being faithful to one partner, etc. A man who is circumcised can still get HIV if not practicing safer sex.

To protect yourself from getting HIV from blood: Do not share needles for injecting or drug use;

Do not get body piercings, tattoos, or get cut or pricked with needles, razors, or other **sharp objects that have been used and not sterilized;**

Avoid direct contact with blood by using gloves or plastic bags.

How to know if a person is HIV-positive

It is impossible to know if a person has HIV by the way they look. Many people who are infected with HIV do not know that they are infected because they feel and look healthy. Many live for years without developing signs or symptoms of HIV infection. The only way for a person to know if they have HIV is to have an HIV test

Encourage the Club members to get tested and access HIV Testing Services.

Remember to offer the participants the name and contact details of the nearest healthcare service provider where they can access HIV Testing Services.

Give out referral slips to the Sista2Sista Club Members where they are needed.

Activity 26.2: Gender Norms and HIV Transmission

Men and women are not equal when it comes to being susceptible to contracting HIV.

This activity will make the participants aware of the same facts of HIV infection. Although many of the reasons are due to the unequal socio-economic status of women in society, other reasons are biological.

Materials:

- A cup
- A bucket
- Two small balls, beanbags, or pieces of newspaper rolled into a ball.
- Male and female reproductive organ posters



45 Minutes

Method and Processing

1. Place the cup and the bucket on the far side of the room.
2. Draw a line on the floor half way across the room.
3. Separate the participants into two teams.
4. Explain that there is going to be a competition.
5. The competition for each team to stand behind the line and to take turns to throw the ball into their "goal".
6. The first team to score five goals wins.
7. Explain that one team has a bucket as a goal and one team has a cup.
8. Do not accept any comments or complaints from the team that has been allocated the cup as a goal.
9. Shout "1, 2, 3, GO!"
10. Cheer both teams as they try to score goals.
11. Congratulate the team that is the first to score five goals.

Processing

1. Ask the participants to sit down.
2. Ask whether they thought the game was fair or not. Now listen to the complaints from the team that had a cup as a goal.
3. Ask why this made it difficult for the one team to score a goal.
4. Point out that when it comes to HIV infection, things are not fair between men and women either.
5. Show on the posters that the area of a vagina and the area of the penis that are exposed during sexual intercourse are very different in size.
6. The area of the vagina is about the size of your hand.
7. The area of the penis is about half the size of your little finger.
8. Explain that when it comes to HIV infection, the area where HIV could gain entry is larger in a woman's body than in a man's.
9. As a result, women are more likely to be infected with HIV than men.
10. Point out that women are also more at risk than men because the semen which may contain the virus, stays in the vagina

for a longer period of time than the penis. This means that the vaginal tissue is more exposed to potential infection than the penile tissue.

11. Ask the participants if men must be the ones to protect women.
12. Point out that some of the ways that women can protect themselves is by being aware of their own HIV status, abstaining from sex, and using a condom correctly and consistently when having sex.

Flipchart: If time allows break participants into smaller groups for five minutes and ask them to discuss what other factors within their community make women more susceptible to HIV than men. Use the following points to guide the discussion.

Remember this

- There is a difference between sex and gender. Sex is about the biology of being male or female. It is based on the biological differences between men and women. Gender is what it means to be male or female in a specific society. It includes how we expect women and men to behave and what we think are masculine and feminine characteristics, abilities, responsibilities and opportunities.
- Remind the participants that they are more susceptible to contracting HIV and other STIs.
- Women, especially young women and girls, are 2-4 times more susceptible to HIV infection because they have a larger exposed area and, in young girls, an immature mucosal surface that is more liable to tearing.
- Girls in the 15-19 age group in sub-Saharan African countries are 5-6 times more likely to be affected than boys of the same age.
- Society keeps girls and women ignorant of sexual matters and they are therefore unable to protect themselves.
- Gender violence, which is prevalent in our societies, increases the risks to women and girls.
- Myths about sleeping with virgins as a cure for HIV and AIDS expose female children to HIV infection.
- Cultures that subordinate women to men increase women's vulnerability as these women do not have control over their sexuality, do not make decisions on when and how to have sex and ultimately lack the space to negotiate safe sex.
- For HIV-positive women, childbirth increases the risk of fast progression to AIDS and opportunistic infections without treatment.
- Poverty and the economic dependence of women on men increase risky behaviour by women, e.g. prostitution. Increased poverty and lack of decision-making about economic resources reduces women's ability to access medical care
- Culture and customary practices, e.g. wife inheritance, some funeral rites that require the widow to sleep with a male in-law, polygamy and arranged marriages, increase women's vulnerability to HIV infection.

Exercise 27: HIV Testing, Disclosure and Treatment

Activity 27.1: Knowing your HIV Status

This activity highlights the importance of HIV testing and knowing one's HIV status. It builds confidence in participants to seek HIV testing services.



45 Minutes

Purpose

This exercise allows the participants to appreciate the importance of HIV testing and knowing one's HIV status in order to benefit from HIV Testing Services (HTS).

Setting: Enough space for the groups to prepare a drama and present to the Club.

Objectives

By the end of this exercise, participants will be able to:

- Understand why it is important to know one's HIV status and access HTS.
- Identify benefits of disclosing one's HIV status.
- Understand HIV treatment and the importance of adherence to Anti-retroviral Therapy (ART).

Materials:

- Flipchart paper
- Marker pens
- Tape and scissors or "sticky stuff"

Preparation:

- Find out where HIV testing is provided in your community.
- Take 4 pieces of flipchart paper and copy the four charts below onto them:

1. If you are HIV-negative and you know it, how will you feel? What will you do? What will happen?		
Feel	Do	Happen

2. If you are HIV-negative but you don't know it, how will you feel? What will you do? What will happen?		
Feel	Do	Happen

3. If you are HIV-positive and you know it, how will you feel? What will you do? What will happen?		
Feel	Do	Happen

4. If you are HIV-positive but you don't know it, how will you feel? What will you do? What will happen?		
Feel	Do	Happen

- Before starting the activity, post the four sheets of flipchart paper you prepared on different walls in order from 1 to 4. They should not be very close to each other.

Method and Processing

1. Tell participants that this activity is about HIV testing and you will be asking them questions related to HIV testing.
2. Ask participants the following questions:
 - How can a person know if they are HIV-positive or not? (Answer: Only if you have been tested for HIV and you received your results.)
 - What is HIV test? What does it measure? (Answer: It is a blood test that measures the presence of antibodies to HIV.)
 - Where can you get tested for HIV in this community?
3. Divide the participants into four groups, numbered one to four. Give each group a marker or pen and direct them to stand by the sheet of paper with their group number. Then give the following instructions:
 - Read what is written at the top of their sheet – for example: ‘If you are **negative** and you **know** it, how will you feel about your status? What will you do? What do you think will happen?’ Then write all the answers you can think of.
4. Ask them to bring the sheets to the front and then sit down. Put up the sheets next to each other on the wall at the front of the room, in order from 1-4.
5. Start with sheet 1, ‘If you are **negative** and you **know** it, how will you feel about your status? What will you do? What do you think will happen?’ Ask group representatives to present their answers and ask probing questions where answers are unclear. For example, if they write that if you are positive but do not know it, you can ‘live your normal life.’ You can ask: How long will you live a ‘normal life’? And so on. **(Note that responses will vary according to age groups; 13 year olds will have different responses from 18 year old e.g. a 13 year old will continue to be abstinent while an 18 year old will continue to use protection during sex.)**

Use the information below to guide the discussion.

Group 1: If you are HIV-negative and you know it,

- How will you feel about your status? [Possible answers: Happy, relieved; feel sure, no wonder or worry about my status; want to stay negative, want to protect myself]
- What will you do about your status? [Possible answers: Use condoms to stay negative, practice outer course (heavy petting, phone sex, hot talk, erotic fantasy, mutual masturbation, massages etc.) or abstain from sexual activities]
- What do you think will happen? [Possible answers: Nothing, if you continue to protect yourself]

Group 2: If you are HIV-negative but you don't know it:

- How will you feel about your status? [Possible answers: Worried, uncertain]
- What will you do about your status? [Possible answers: May use condoms; may take risks, depends on the person]
- What do you think will happen? [Possible answers: Could get infected if you don't protect yourself]

Group 3: If you are HIV-positive and you know it:

- How will you feel about your status? [Possible answers: Feel sad, depressed; worried about passing HIV to partners or your children; fear of being rejected by partner or others]
- What will you do about your status? [Possible answers: Get health care; take medicines when you need them; join a support group, find support; protect your partner, use condoms; tell your partner; protect your baby from HIV if you are pregnant]
- What do you think will happen? [Possible answers: You can stay healthy if you take ARVs; may experience stigma and rejection]

Group 4: If you are HIV-positive but you don't know it:

- How will you feel about your status? [Possible answers: Worried; feel uncertain]
- What will you do about your status? [Possible answers: Infect others; may pass HIV to your baby; won't get health care and medicine to stay healthy and alive]
- What do you think will happen? [Possible answers: Eventually will get AIDS, could die from AIDS-related opportunistic infections]

6. Ask participants to state the benefits of knowing one's HIV status.
7. Then tell them to raise their hands if you think it is better to know your status if you are positive. Ask them: Why do you think it is better to know?
8. Emphasise that it is important to know your HIV status, and you should get tested every 3-6 months if you are sexually active or have had unprotected sex. Couples are encouraged to get tested together so that they know each other's status. Pregnant women should get tested for HIV so that they can take medicine to protect the baby from HIV if they are positive.
9. Ask participants to come up with two or three songs or jingles that promote HIV testing. Get them to vote for the best song and sing it.

FACILITATOR'S INFORMATION: HIV TESTING

How can a person know if they have HIV or not? The only way for a person to know for sure if they have HIV or not is for them to get tested for the virus. A person can have HIV and still feel perfectly healthy. One cannot rely on symptoms to tell if you are infected. The symptoms of HIV are similar to many other illnesses and many people have no symptoms at all for many years.



What is an HIV test? The HIV test is a blood test that looks for antibodies to HIV in the blood.

Where can you get tested for HIV? HIV testing services are usually available at centres called Voluntary Counselling and Testing Centres, which are also known as VCT.

HIV testing services may also be available at clinics and hospitals. Sometimes mobile outreaches are done in communities and people can get tested during the outreach. Additionally, self-testing kits are now available in Zimbabwe.

What happens when you go for an HIV test? When a person goes to get tested, they first see a trained counsellor in private. The counsellor explains the process for doing the test and what the results mean. The test results are always strictly confidential, which means that the counsellor must not reveal the test results to anyone except the person who was tested. HIV tests are voluntary, which means that it is the person's choice to get tested. No one can force them. If they agree to be tested, a blood sample will be taken.

The results will usually be given within an hour or less. When the results are given, the counsellor talks to them about their results, no matter what their status is. The counsellor will allow the person to express how they feel, help them to cope with the news and to make immediate plans, discuss how they can avoid passing the infection to others or be re-infected, and refer them about services so they can stay healthy, get more information and talk to others living with HIV, as needed. If the result is negative, the counsellor will help the person develop a plan to stay negative.

Why do people get tested for HIV?

People get tested to find out their HIV status. People may want to know their HIV status:

- Before having sexual intercourse with a new partner;
- Before marriage;
- Before stopping use of condoms with a partner;
- Before getting pregnant;
- To be able to get care and treatment and protect their partners if they are positive;
- Because they put themselves at risk by having sex without a condom;
- Because they are worried about their status and want to know for sure;
- Because they think their partner may have had other partners and put them at risk;
- Because they are pregnant and want to be able to protect the baby if they are HIV positive;
- Because they don't feel well or the doctor suggested it or because they, their partner or baby have signs of AIDS;
- Because they have to provide HIV test results for an official reason. Nowadays it is uncommon to be asked for an HIV test for employment or a visa. Note that in Zimbabwe, it is illegal to be asked for an HIV test for employment.

Activity 27.2: Disclosure

This activity highlights the importance of disclosing HIV status to a partner / spouse¹⁶, parent(s)/ caregivers and others in general. It seeks to empower participants to develop strategies to facilitate disclosure.

Materials

- Flipchart paper
- Marker pens
- Tape and scissors or Glue



45 Minutes

Method and Processing

1. Split participants into three groups and ask them to answer the following questions in ten minutes:

- If someone discovers that they have HIV, who do you think they **SHOULD** tell? Why?
- If someone discovers that they have HIV, when do you think they will be able to share the news with a) partner, b) parent / guardian, c) other people? Tell the participants to give reasons for their answers.

HIV disclosure is the act of informing someone or people about HIV status. There are many different types of HIV disclosure:

1. Disclosing to a partner/spouse

2. Disclosing to parents or family

3. Disclosing to others

2. Get the group back together and ask participants to present their answers. Generate a discussion from their answers and get an understanding of challenges of disclosure. Do not take too much time on this discussion.

3. Tell the participants that we will look at these questions from two perspectives.

a. Let's first put ourselves in the shoes of a **person who discovers that he / she is HIV-positive and has to make the decision to tell his / her partner about it.**

- What are some possible negative sides of telling a partner/spouse about your status? Why would you decide NOT to tell?

(Possible answers: Fear of rejection or loss of relationship; person may leave you, so why tell them; may be discriminated against because of it; can be beaten, violence; loss of opportunity to have sex; fear that the person may tell others; don't know how to tell; feel embarrassed; relationship is not serious; person has not asked about one's status.)

- What are the benefits of telling a partner/spouse about your status?

(Possible answers: Being honest and open feels good (not hiding who you are); find out if the person really wants to be with you, really likes or loves you, being able to protect the partner from infection).

- Given the benefits and negative sides of telling the partner, do you think persons who discover their HIV status will tell their partner / spouse that they have tested HIV-positive?

4. Facilitate a discussion to identify ways to address challenges associated with disclosure.

5. Tell participants that when disclosing HIV status:

16 Adapted from UNFPA (2016) Comprehensive Sexuality Education Manual for Out of School Young People p. 297 – 301.

- Identify someone that can be trusted or who is trustworthy who can assist with disclosure and talking about HIV-related issues. A trusted person can be a health worker, counsellor,

Think of all possibilities when considering disclosure and plan for those possibilities when disclosing

Remember to offer the participants the name and contact details of the nearest counsellor or health care worker who will be able to assist them with navigating the difficulty of disclosing their HIV status.

Give out referral slips to the Sista2Sista Club Members where they are needed.

FACILITATOR'S INFORMATION:

General information on disclosure

HIV disclosure is the act of informing someone or people about HIV status. There are many different types of HIV disclosure:

1. Disclosing to a partner/spouse
2. Disclosing to parents or family
3. Disclosure of parents' HIV status to children
4. Disclosure of HIV status to an infected child
5. Disclosing to others

Knowing one's HIV status is recognised as an important prerequisite for effective adherence to antiretroviral therapy. Disclosure has also been associated with increased social support, behaviour change and HIV prevention in the long term.

An HIV-positive person has a **responsibility** to tell his / her partner(s). It is their partners' **right** to know so that they can also get tested and seek treatment early.

Benefits of Disclosure¹⁷

- Allows the infected and the affected to cope better with HIV - psychologically adjust to living with HIV
- Increases self-esteem of the HIV-positive person
- Facilitates adherence to treatment
- Works towards reducing stigma, discrimination, and misconceptions and myths regarding HIV
- Family-centred disclosure builds trust in relationships and improves healthy communication between parents and children

Disadvantages of Non-Disclosure

- The HIV-positive person may suffer from depression. In some cases, this may lead to suicide
- The HIV-positive person may miss out on support and care from family members, peers and others
- Inappropriate actions, like refusal to take drugs amongst children and adolescents, and the urge to spread the infection
- Children who have not been disclosed to by parents / caregivers may discover their HIV status accidentally from other sources
- Self-blame and guilt

¹⁷ Adapted from Catholic Relief Services, 2009. Psychosocial Care and Counselling for HIV infected Children and Adolescents: A Training Curriculum, p.181 – 202.

Activity 27.3: HIV Treatment

Purpose

This activity discusses anti-retroviral therapy (ART), a combination of antiretroviral (ARVs) drugs to suppress the HIV virus, stop the progression of HIV disease as well as to prevent onward transmission of HIV.

The activity illustrates the difficulties in adhering to ARV treatment and the importance of adhering to treatment. It also highlights treatment as prevention.



60 Minutes

Materials

- Story of Gertrude and the Vegetable Garden: The Invasion

Objectives

By the end of this activity participants will be able to:

- Understand the role of ART in the prevention and control of HIV and AIDS.
- Identify difficulties in adhering to ART and suggest methods to assist friends and family members living with HIV.
- Understand PrEP and PEP as available options for preventing acquisition of HIV infection among uninfected persons at substantial risk.

Method and Processing

Ask the participants to line up with their backs against the wall.

1. Randomly allocate a two-digit number to each participant to remember.
2. Ask participants to hop two steps forward and add two to their number.
3. Ask people wearing footwear to take a step backward and subtract five from their number.
4. Ask the males in the group to hop three steps forward and add four to their number.
5. The female participants should hop five steps forward and add six to their number.
6. Ask the participants to name a popular artist and sing a line of their favourite song then ask each participants to state their third number (after subtracting five).

Processing

1. At the end of the game ask the participants how easy it was to remember their third number (after subtracting five) while being asked to do all these other things.
2. Explain that taking ART may not be as simple. Ask participants to highlight some of the challenges that people living with HIV experience in taking ART.
3. Discuss what they can do to assist friends or family members in taking their ARV medication.
4. Go through the Basics of TB transmission and explain the relationship between HIV and TB.
5. Explain to the participants that you are going to read a story and then discuss aspects of this story. Ask them to pay attention as you will expect them to answer some questions.
6. Read the story of Gertrude and the Vegetable Garden: The Invasion.

7. Stop where indicated and ask the following questions:
 - a. What should Gertrude do?
 - b. Leave the nest or destroy it?
 - c. Why should she do this?
 - d. What are the implications if she takes the other course of action?
8. After the questions have been answered take a vote to see which part of the story you should read next.
9. Finish the story according to the vote.
10. Explain that in Gertrude's case a small action rescued (or could have rescued) a whole crop of mangos. A small action can also sometimes rescue someone from getting HIV.
11. Gertrude could not do anything to stop the first two wasps from making their nest in her tree, but she could take action as soon as she saw there was a threat.
12. Similarly, someone might not be able to stop being exposed to HIV. Ask participants to think of ways that this might happen. For example:
 - a. Accidental exposure
 - b. Medical personnel getting needle stick injuries
 - c. Rape
13. Explain the following to the participants:

In cases of potential exposure to HIV, it is possible to get medicine to reduce the risk of being infected with HIV. This process is called Post Exposure Prophylaxis (PEP). If you have been potentially exposed to HIV you need to follow the following process:

- a. Go to your nearest service provider within 72 hours of exposure
- b. Get tested for HIV
- c. If you are HIV negative you will be given PEP medication
- d. Take the medication as prescribed

If you are HIV positive it means that you were already HIV positive before the exposure, and getting PEP will not help you. There is another HIV prevention method, Pre-Exposure Prophylaxis (PrEP) in which people who do not have HIV but are at substantial risk take antiretroviral (ARVs) drugs daily to reduce their risk of becoming infected.

Some of the groups at substantial risk of HIV infection include:

- Sero-discordant couples (the HIV sero-negative partner)
- Adolescent girls and young women
- Men and women in relationships with partners of unknown status
- Key populations (including sex workers and men who have sex with men)

PrEP is offered as an additional HIV prevention choice and it is provided as part of combination HIV prevention approaches. It should be taken as prescribed by a health provider. PrEP does **NOT** prevent STIs, pregnancy, or protect one from HIV **after** exposure.

Remind participants that:

- ART prevents HIV from making copies of itself, which greatly reduces the amount of HIV in the body fluids (the viral load). It is not a cure for HIV.
- ART has to be taken every day for life.
- A person who tests positive for HIV should begin ART immediately.
- It is very important to take ART exactly as instructed by health care providers as well as lead a healthy lifestyle.
- If a person has side effects from ART, they should see their health care provider or visit their nearest health centre. They should not stop taking the medications unless told to by the health care provider.

FLIPCHART: Make sure you have information showing the nearest service provider that can offer the participants PEP and / or PrEP.

Gertrude and the Vegetable Garden: The Invasion

Gertrude is Samson, Admire and Tatenda's grandmother. She often visits the family and when she does she loves to take some fresh vegetables with her, to share. These vegetables are grown in her own vegetable garden in the small patch of land behind her house. She has many different types; spinach, corn, carrots, beetroot, sweet potatoes, onions, lettuce, potatoes and butternut.

However, her pride and joy of her vegetable garden is her mango tree. She says the tree was there before she was born and it certainly looks that way. It is tall and broad and its branches spread out across the garden. On hot summer days Gertrude is able to rest in its' shade. And of course, best of all are the mangos! Gertrude loves mangos. She eats them with almost every meal when they are in season and when there is too much she makes her famous atchar, which is so hot her neighbours know only to take a small helping with their sadza.

One afternoon Gertrude was sitting under her tree and listening to the wind blow gently through the branches. She heard a peculiar noise. It was a low buzzing noise. At first she thought she was imagining things, but the more she tried to ignore the sound the more prominent it became. Eventually she stood up and went in search of the noise. It did not take long to realise the noise was coming from the tree – high up in the branches. Gertrude went to her neighbour and borrowed a ladder. She placed it against the tree and climbed up carefully, one rung at a time. Soon she found the culprit. There – between the trunk and a branch was a nest. Not a nice nest with birds that tweet and sing. A horrible nest of stinging wasps. It was very small, as she watched only one or two wasps buzzed backwards and forwards.

Stop HERE...

READ THIS SECTION IF THE VOTE IS TO DESTROY THE NEST

Gertrude clambered down the ladder and found her bottle of poison spray. She carefully covered her mouth and nose and climbed the ladder again. Leaning over to make sure she got the nest first time, she sprayed. The wasps buzzed angrily and one of them landed on her arm. It tried to sting her but the poison was too strong and it died on her sleeve.

Smiling, Gertrude climbed down the ladder, put away the poison and returned the ladder to her neighbour. She went back to sit under her tree, knowing it was safe and she would have another magnificent crop of mangos in the coming summer.

READ THIS SECTION IF THE VOTE IS TO LEAVE THE NEST

Gertrude looked at the nest and thought, "Oh well, there are only two wasps. They can't do too much damage."

Gertrude climbed down the ladder and returned the ladder to her neighbour. She went back to sit under her tree, dreaming of the magnificent crop of mangos in the coming summer.

A few months later, the first mangos were ready to harvest. The air was heavy with the smell of the ripe fruit. Gertrude gently felt a couple of them and plucked them, already imagining the sweet juice on her tongue. She saw a small mark on the skin of the fruit but ignored it and cut open the mango. There, in the middle of the fruit were small writhing maggots.

The nest of wasps had grown over the months and the colony had laid their eggs in the ripening mangos. Now not only did Gertrude have huge nest of wasps to get rid of, she also had no crop of mangos. If only she had taken action, when the nest was small.

FACILITATOR INFORMATION: ANTIRETROVIRAL THERAPY (ART)

Antiretroviral drugs (ARVs) are the drugs used to treat HIV.

Antiretroviral Therapy (ART) is the combination of drugs prescribed by the doctor to treat HIV. It may also include support to take the drugs correctly. HIV is always treated by taking multiple drugs at the same time, which is called **combination therapy**, in form of a **single dose ARV pill**.

Post-exposure prophylaxis (PEP) is a short-term antiretroviral treatment to reduce the chances of HIV infection **after** potential **exposure**, either through sexual intercourse or occupationally.

Pre-exposure prophylaxis (PrEP) is an HIV prevention method in which HIV negative people take antiretroviral drugs (ARVs) daily to reduce their risk of becoming infected.

How ARVs work: There are different types of ARVs that work in different ways, but all of them help to stop HIV from making copies of itself (replicating) within the immune system. If HIV cannot replicate, it is unable to damage the immune system and the person's immune system becomes strong again. This allows the person to remain healthy or to regain their health.

Adherence: Adherence means taking the drugs exactly as the health care worker told them to take them. It also means taking them every day for the rest of one's life. In ART, adherence involves taking medications in the correct amount, at the correct time and in the way they are prescribed, for example, on a full or empty stomach and eating and drinking the right things with the pills. It also means taking medications prescribed to treat other illnesses such as TB.

Some barriers to treatment adherence include:

- Experiencing side effects to ART drugs;
- Stopping taking ART because they feel better;
- Not understanding of the importance of adherence;
- Forgetting to take their medication due to alcohol consumption or for other reasons, like disruptions of daily routines, travel.

FACILITATOR'S INFORMATION: TUBERCULOSIS (TB)

TB is the most common life-threatening opportunistic infection affecting people living with HIV

Tuberculosis (TB) is caused by bacteria (*Mycobacterium tuberculosis*) that most often affect the lungs. TB can also affect other parts of the body, such as the brain, the kidneys, or the spine. TB is curable and preventable. A person with TB can die if they do not get treatment.

TB is spread from person to person through the air. When people with lung TB cough, sneeze or spit, they propel the TB germs into the air. A person needs to inhale only a few of these germs to become infected.

People living with HIV have a compromised immune system and hence are more vulnerable to TB. People who are infected with HIV are 20 to 30 times more likely to develop active TB, hence they are encouraged to go for TB screening. The risk of active TB is also greater in persons suffering from other conditions that impair the immune system.

When a person develops active TB disease, the symptoms (such as cough, fever, night sweats, or weight loss) may be mild for many months. This can lead to delays in seeking care, and results in transmission of the bacteria to others.

Symptoms and diagnosis

Common symptoms of active lung TB are cough with sputum and blood at times, chest pains, weakness, weight loss, fever and night sweats.

Symptoms of TB disease in other parts of the body depend on the area affected .

What should I do if I have been exposed to someone with TB disease?

People with TB disease are most likely to spread the germs to people they spend time with every day, such as family members or co-workers. If you have been around someone who has TB disease, you should go to your nearest health facility for tests.

Remember to offer the participants the name and contact details of the nearest health care service providers that offer additional information on the importance of immediate treatment and adherence to ART, as well as provide HIV treatment services.

Give out referral slips to the Sista2Sista Club Members where they are needed.

Exercise 28: Stigma and Discrimination



30 Minutes

Purpose

This exercise has four activities that enable participants to understand stigma and discrimination, negative attitudes towards HIV, and ways to deal with stigma and discrimination.

Objectives

- By the end of the exercise, participants should be able to:
- Understand various forms of stigma and discrimination, and individuals' attitudes towards HIV.
- Mitigate stigma and discrimination.

Activity 28.1: What is Stigma and Discrimination?

This activity allows participants to reflect on stigma and discrimination, and how they affect people.

Method and Processing

- Ask your participants:
- What is stigma? (Answer: Unfavourable attitudes and beliefs directed toward someone, e.g., condemning others, shaming, blaming, isolating or rejecting, turning our backs on others, treating someone as different, treating others as outcasts, etc.).

What is discrimination? (Answer: discrimination is when someone is treated unfairly as a result of stigma or treated differently because of perceptions or prejudices about that person).

- Ask the group to give examples or experiences of stigma and discrimination, and how stigma affects people. (Participants can share personal or other people's experience, if they are comfortable with this)

- An example of stigma may include:

When an HIV-positive person is discriminated against or avoided or rejected in a community or family because of misconceptions or misunderstandings about HIV and AIDS in that community.

- Discuss the following questions:
- Why is it that some people who have tested HIV-positive may not wish to talk about or disclose their status? [Stigma]
- What do you think causes the reluctance to talk about HIV and AIDS? Why do you think this is so? [Fear]
 - How do the following people experience stigma?
 - An SGBV victim and survivor,
 - A woman with obstetric fistula, or
- A person living with disability.

How do adolescents and young people experience stigma and discrimination when accessing SRH and HIV services?

FACILITATOR'S INFORMATION:

BASIC INFORMATION ON STIGMA AND DISCRIMINATION

Stigma is when we look down on another person as being bad in some way; we assign negative labels to the person (e.g., "promiscuous") and don't value him/her.

Discrimination is the action resulting from stigma when a person is treated differently (e.g., fired from work, kicked out of accommodation or school, stopped from attending meetings, not allowed to use the village borehole).

Stigmatization is a process:

We identify and name the differences in someone

We make negative judgments about a person – "she has been promiscuous;"

We isolate or judge/ridicule the person – separating "him" from "us"; and

The person who is stigmatized (isolated and judged) loses status.

Stigma and discrimination result in great suffering. People get hurt! It is WRONG – it is NOT ACCEPTABLE! HIV stigma hurts people living with HIV and drives the epidemic underground. Those stigmatized become silent and don't disclose their status to others – and as a result spread HIV.

Fear of stigma and discrimination can impact on the lives of people affected and infected by HIV and AIDS, people living with disability, and the adolescents. This shows that stigma can affect the individual, their families, communities and society as a whole.

Remember this:



Remind participants that stigma isolates people, and that a supportive family and a supportive community do not practise stigma. Ask the participants what they can do as a family to reduce stigma within their own home, and within the community.

Activity 28.2: Your attitude towards HIV

This activity enables participants to explore their attitudes towards people living with HIV, and how those attitudes can be a form of stigma and lead to discrimination.

Materials

- Flipchart
- Marker pens

Copy of the story **“Your attitude towards HIV”**



30 Minutes

Method and Processing

1. Read the first episode of the story “Your attitude towards HIV” to the group, or have one of the group members read it aloud.
2. Give a very short time for participants to share their views with one another.
3. Ask the group who should be awarded the chance to participate in the trial.
4. Ask the group to vote and record their votes for each episode on the flipchart (see the table below for guidance).
5. Read the next episode and ask the group to discuss and vote.
6. Read the final episode and ask the group to discuss and vote.

Processing

- Ask the group to break into smaller groups and discuss some or all of the following questions:
- Why the number of votes changed from one vote to the next?
- What was your opinion about the characters in the story?
- How does stigmatization and stereotyping negatively impact on people living with HIV?
- How does this affect their feelings, morale, relationships, and productivity?
- Allow the groups to report back to the big group.

Note to Facilitator: This topic can become very heated, because many people feel very strongly about their opinion. You will have to be very strict with the time in this exercise. Some people may feel that their views were not heard and will want to speak to you after the session. You may want to speak to others in the group after the session, if you think they feel they were treated unfairly.

For many people, HOW a person got infected with HIV is important; it labels them “guilty” or “innocent”?

But, we need to ask ourselves: “What difference does it make how people contracted HIV?” These quick decisions and judgments show us very clearly that we all tend to put people in boxes as we adhere to different kinds of stereotyping.

Remember this:



Ask the participants what they as Sista2Sista Club members can do to reduce stigma within their own homes and community.

Story: “Your attitude towards HIV”

EPISODE ONE

Exciting news! It has just come to our attention that a local donor has volunteered to provide food aid to an HIV positive member of the community for the rest of their life!

However, the project budget can only fund one person's food aid. This panel (the participants) has been asked to make recommendations on who would be the most appropriate person to receive this food aid.

The three potential candidates are:

1) Varaidzo, a sex worker

2) Ruth, a peer educator who works for the Ministry of Health and Child Care

3) Nothando, a domestic worker.

Who should be awarded the chance to participate in the trial? Remember that this treatment could mean an extended life span for the recipient!

EPISODE TWO

Varaidzo is a 20-year-old sex worker who has been selling sex to truck drivers and sleeping with married men in her community for the past 10 years. She was born HIV positive and orphaned at the age of 3.

Ruth, the peer educator, was infected sexually. She is 25 years old and has been subsidizing her low income through working in a bar and is a “small house” (mistress to a married man).

Nothando, the domestic worker, does not really know how she got infected. She only discovered her HIV status two years after her husband's death when she wanted to re-marry and her new husband demanded she goes for an HIV test. She tried to think how this could be possible. It could have been during a tribal ritual when the traditional healer used the same unsterilized razor to cut a number of people. But Nothando's husband died of TB, which could have been AIDS-related, so he might have infected her.

Who should be awarded the chance to participate in the trial? Remember that this treatment could mean an extended life span for the recipient!

EPISODE THREE

Varaidzo is quite wealthy as her parents owned a large herd of cattle which she inherited because she was an only child.

The question is; should Varaidzo not be given preference over Ruth and Nothando because she is a sex worker and inherited her late parents' cattle?

Ruth, the peer educator, does not have any medical aid and due to her HIV status she cannot get a life policy. This means that in the event of her death, her two children will be orphaned with no financial support. In the meantime, to help pay the ever increasing medical bills, Ruth is forced to keep her part time job as a cashier at the bar. Should Ruth be the one who receives the food aid?

Nothando, the domestic worker, has just been paid off because her employers found out that she is HIV+. Fortunately for Nothando, her late husband had taken out a life policy a year before he died. This policy has now paid out five thousand dollars.

Nothando's daughter and son in law have asked her to come and live with them in the city and to invest her money in their very successful business for a very good monthly return. Should Nothando be left to pay for her own food, or should the donor consider her because of her unfair dismissal?

Who should be awarded the chance to participate in the trial? Remember that this treatment could mean an extended life span for the recipient!

The scoring sheet should look like this:

	Varaidzo	Ruth	Nothando
After Episode One			
After Episode Two			
After Episode Three			

FACILITATOR'S INFORMATION:

INTERPRETATION OF EPISODES

The voting may work out like this:

After episode one, most people may choose Ruth, as they will think she could still make a difference in the community. Most of the participants are likely to be negative towards Varaidzo, the sex worker, because they believe that she brought HIV on herself by being a sex worker and that she may even spread the virus.

After episode two, most people may prefer Nothando because she was “innocently” infected with HIV. Ruth is immediately rejected, as she is considered to have brought it upon herself – people assume that she is a sex worker or stripper at the bar.

After episode three, most people may revert to Nothando, because she has money and because they have now realized she was born with HIV. The most important objective of this exercise is to make the participants realize how quickly they judge and that they base their choices on limited information.

Activity 28.3: Dealing with Stigma

This activity opens up the opportunity for the participants to begin developing strategies to deal with stigma within their community.



20 Minutes

Materials:

Four fresh tree leaves

Setting

Logistically it might be better to play this game after a break to allow the facilitator time to hide the objects.

Method and Processing

1. Divide the participants into two groups.
2. Explain that anyone who speaks during the game will be 'disqualified'.
If two people are caught speaking, the team automatically loses. Instructions will be given to each team separately.
3. Call Team 1 together. Explain that they will have to listen carefully because you will give the instructions only once. They should not interrupt while you explain the rules and there will be no talking during the game or the team will be automatically disqualified. Using very obscure language and in a very quiet tone, explain that several articles have been concealed in the room. The objective of the game is to uncover them within the five minutes allotted without talking to anyone.
4. Call Team 2 together in a tight circle and in a whisper; tell them that you have hidden four tree leaves around the room. The team which uncovers the four objects first, wins. Be careful not to let the other team hear.
5. The game is over when Team 2 recovers all the objects. Praise Team 2 for winning. Scold Team 1 for not being able to complete the task. Let a few minutes pass for them to begin to feel the feelings associated with being blamed.

Confess that Team 2 was given answers at the start of the game and that you were only role-playing to illustrate a certain point. You wanted them to feel how it feels to be blamed for not achieving even though the other team had an unfair advantage.

Processing

1. Get both groups to discuss whether there are any "rules" in society that disadvantage certain groups of people including those who are HIV positive.
2. Ask the participants to remember that being HIV positive is not to be associated with blame.
3. Is there anything the group can do to "level the playing field"?

Remember this:



Stigma is undeserved. What behaviours are being changed by the club members to ensure that they are not practising stigma?

FLIPCHART: Ideas for levelling the playing field might include:

- Not isolating someone in the club or the community who is either perceived to have HIV or is HIV positive.
- Supporting a club member who is HIV positive or with an HIV positive family member.
- Learning more about HIV and becoming a source of correct information within the community

Remember to offer participants the contact details of local organisations, health care workers and counsellors who can assist them in further understanding why stigma and discrimination are wrong, and what they can do to overcome stigma and discrimination in their communities.

Give out referral slips to the Sista2Sista Club Members where they are needed.

Exercise 29: The Oversized Pumpkin - Cancer Awareness



30 Minutes

Purpose

This exercise seeks to explain the basic facts about cancer, particularly cervical cancer which is the second most frequent cancer among women aged 15 to 49 years in Zimbabwe. The exercise also aims to explain the benefits of early diagnosis in treatment and prevention.

Materials

- Picture of Gertrude and the vegetable garden
- Cross-section diagram of female reproductive system
-

Objectives

By the end of this exercise, participants will be able to:

- Understand the basics related to cervical cancer and breast cancer and the benefits of early detection.
- Understand the importance of primary prevention of cervical cancer, including screening (VIAC and Pap smear), abstinence, vaccination and being faithful to one sexual partner.

Preparation: Make sure you have read through the Basics of Cervical Cancer, so that you can use this information in the discussion.

Method and Processing

1. Explain that you are going to read a story and ask some questions about it. Ask the participants to listen carefully. Read the story about the Oversized Pumpkin.
2. Using the Female Reproductive Organ poster, show participants where the cervix is located.
3. Ask participants to identify when things started to go wrong. Ask the following questions:
 - a. Did things start to go wrong when Gertrude planted the seeds?
 - b. What about when the pumpkin started to grow?
 - c. Did things take a turn for the worse when Gertrude went away for a few weeks? Why was this?
 - d. Could Gertrude have prevented this from happening? What could she have done?

Processing

1. Explain to the participants that the vegetable garden is like a person's body. It has many different parts and all these parts work together, and keep us healthy.
2. However, there is a disease called cancer. Cancer occurs when normal cells of the body behave differently and start growing and growing and growing.
3. Ask the participants to highlight the different types of cancers that they know (cervical, breast, prostate, liver, lung etc.)
4. Explain that most cancers can be treated if diagnosed early. Just like Gertrude could have treated the pumpkin if she had found the beetles earlier.
5. If cancer is left untreated it can take over the whole body, just like the pumpkin took over the vegetable patch.
6. There is a type of cancer that only affects women– it is called cervical cancer. It is when cells on the cervix continue to grow.

7. Using the cross-section of the female reproductive system, point to the position of the cervix.
8. If it is found early, it can be treated easily, just like Gertrude could have saved the pumpkin if she had spotted the beetles early. Ask participants: How could Gertrude have saved the pumpkin?
9. It is suggested that women seek cervical cancer screening services (VIAC or Pap smear) from a health care provider at least once every three years.
10. Explain what VIAC stands for and the process followed during VIAC. Discuss where VIAC can be accessed. Explain the Pap-smear test and discuss where and how it can be accessed.
11. An HPV vaccine is now available and can be administered to girls from 10 years.

Remember this



Encourage the women participants to schedule an appointment to be examined for cervical cancer. Explain to the male participants that they can play a supportive role in encouraging the women to be examined. Go through the basic signs and symptoms for the other cancers that participants would have identified.

The Oversized Pumpkin

Gertrude is Samson, Admire and Tatenda's grandmother. She often visits the family and when she does she loves to take some fresh vegetables with her, to share. These vegetables are grown in her own vegetable garden in the small patch of land behind her house. She has many different types; spinach, corn, carrots, beetroot, sweet potatoes, onions lettuce, potatoes and butternut. The one thing she does not grow however, is pumpkin. Can you think why? Let me tell you the story...

The morning promised a wonderful day ahead. The rain during the night had left a garden that was fresh looking and sweet smelling. It just invited someone to come and plant, and Gertrude was going to accept that invitation. She headed out to the garden with all her equipment in hand, a hoe, a small trowel, a large fork for turning the soil and, of course lots of seeds. Gertrude planned her garden well and looked after it. After all, much of her daily food came from this garden. If she did not look after it, she would not be as healthy as she was. She weeded and watered and planted and trimmed and pruned and composted and mulched and supported and harvested.

"Mmm, let's see", she said to herself, "Carrots at the front where there is more drainage, and onions over there. Potatoes far away from the onions – they don't like growing near one another. Maize I will put at the back, against the wall so that they don't shade the other plants. What about the pumpkin? Where shall I put that? I know, over there where there is lots of space for it to grow."

Soon, given the warm weather, the rain, and of course Gertrude's care and attention, the garden soon began to flourish. Fresh vegetables were on her dinner table and the tables of her neighbours every night. She was particularly pleased with her pumpkin, and looking forward to harvesting that – it was her favourite. Green shoots soon appeared and the creepers from the plant quickly established themselves.

A few flowers soon indicated that there was going to be a number of pumpkins, but instead only one pumpkin seemed to appear. It was round and smooth, just as it should be. And it grew, and grew, larger and larger. Gertrude, in her garden each day, did not pay too much attention to it. After all pumpkins are known to take up lots of space, and it was her favourite. However, one evening, after returning from a visit to family for a few weeks, she took a walk into her garden and noticed that her beetroot plants had disappeared.

The following morning, she went out to take care of this and realized that her peas and beans were also "under attack". The beetroot plants were still there, but were withered and dry. The pumpkin leaves had shaded them and prevented the sun getting to them. The pumpkin had also grown up the supports Gertrude had placed for the peas and beans and, as a result, the pods for the peas and beans were small and withered. The tendrils of the pumpkin had also made their way into the rows

of spinach leaving them looking wilted. "My goodness", she thought, "I have lost all of my vegetables, but at least I still have the pumpkin".

In contrast, the pumpkin itself looked wonderful. It was big and fat and round, and by the looks of things promised to provide enough pumpkin for Gertrude and all her neighbours. But there was something wrong. "Sniff! Sniff!" Gertrude tilted her head and tried to find out where the smell was coming from. "Sniff! Sniff!" As she bent over the beautiful, round, fat pumpkin, the smell grew stronger and stronger. And it was not a nice, warm, rich healthy smell of a vegetable garden; it was a terrible, rotten smell.

Gertrude turned the pumpkin over, and there, a round brown hole, with beetles crawling in and out told the full story. Taking a spade and whacking the pumpkin revealed the awful truth; the pumpkin had been eaten from the inside out. Gertrude was very disappointed. She looked over her ruined garden, no beetroot, no peas and beans, withered spinach and now no pumpkin. There was nothing left to take to her family and friends.

And from that day on Gertrude never grew pumpkin in her garden again.



FACILITATOR'S INFORMATION

Cancer is a condition where one's body cells grow out of control and form lumps of tissue known as tumours. There are many different types of cancer and they are named after the organ from which it begins. If it remains untreated it can spread throughout the body. It is relatively easy to treat if it is diagnosed early and there are some basic steps that can be taken to reduce risk of cancer.

Basic Information On Cervical Cancer

Cervical cancer is caused by the Human Papilloma Virus which is transmitted mainly through sexual contact and most people are infected with HPV shortly after the onset of sexual activity.

If cervical cancer is found early there is a 100% survival rate.

Who Is at Risk of Getting Cervical Cancer?

Your risk increases if:

- You started having sex at an early age
- You have had multiple sexual partners
- Your sexual partner has had multiple sexual partners
- Smokers (Tobacco use)
- You have other STIs
- Your diet is low on fruits and vegetables
- You have used oral contraceptive pills for a long time
- Immune suppression (for example, HIV-infected individuals are at higher risk of HPV infection and are infected by a broader range of HPV types)

Signs of cervical cancer

Symptoms of cervical cancer tend to appear only after the cancer has reached an advanced stage and may include:

- Abnormal bleeding or spotting from your uterus (Periods last longer than usual and periods are heavier than usual)
- back, leg or pelvic pain
- fatigue, weight loss, loss of appetite;
- vaginal discomfort or odorous discharge; and
- a single swollen leg

How do you guard against cervical cancer?

- Abstain from sexual intercourse
- Delay your first sexual intercourse
- Reduce the number of sexual partners
- Promotion and provision of condoms for those already engaged in sexual activity;
- Go for regular cervical cancer screening, VIAC – to check on the health of your cervix
- Stop smoking
- Circumcised men are less likely to pass on the HPV to their partner

Cervical Cancer Screening and Treatment

The Zimbabwe Ministry of Health and Child Care has an established cervical cancer prevention programme that offers Visual Inspection using Acetic Acid and Cervicography (VIAC) screening and treatment at several of the nation's major hospitals.

The VIAC procedure - VIAC begins by swabbing the cervix with a vinegar-like solution of dilute acetic acid. If abnormal cells are present, the vinegar-like solution turns the abnormal cells white. Next, a camera is used to photograph the cervix. The photo helps identify the presence of abnormal cells. If abnormal cells are identified, the person can receive treatment immediately or can be referred for further examinations and treatment.

Pap Smear is another method of diagnosing cancer early and is available in some health facilities.

The HPV vaccine targets girls before they become sexually active in order to prevent acquisition of the human papilloma virus, a sexually transmitted infection.

Adapted from WHO Fact sheet: Human Papilloma Virus (HPV) and Cervical Cancer June 2016 [available online at] <http://www.who.int/mediacentre/factsheets/fs380/en/> accessed 23/04/17

g and drinking alcohol, and seek medical treatment for stress, high blood pressure, diabetes, high cholesterol, and depression.

Breast Cancer¹⁸

Breast cancer occurs when normal breast tissue cells behave differently and start growing abnormally. Some warning signs of breast cancer are;

- New lump in the breast or underarm (armpit).
- Thickening or swelling of part of the breast.
- Irritation or dimpling of breast skin.
- Redness or flaky skin in the nipple area or the breast.
- Pulling in of the nipple or pain in the nipple area.
- Nipple discharge other than breast milk, including blood.
- Any change in the size or the shape of the breast.
- Pain in any area of the breast

To reduce the risk of getting breast cancer; eat healthy, exercise regularly, avoid taking alcohol, avoid exposure to chemicals that can cause cancer, and breastfeed any children you may have.

Women and men are encouraged to for regular breast examination (mammogram) at the health facility.

Prostate Cancer¹⁹

The prostate is a walnut small shaped gland found in men. The prostate gland surrounds the neck of the bladder and the beginning of the urethra. The bladder stores urine whilst the urethra is the tube that drains urine from the bladder through the penis. Cancer which starts in the prostate gland is referred to as prostate cancer or put simply cancer of the prostate.

Prostate cancer does not have early symptoms and the latter symptoms may include;

- A need to urinate frequently, especially at night; sometimes urgently
- Difficulty starting or holding back urination
- Weak, dribbling, or interrupted flow of urine
- Painful or burning urination
- Difficulty in having an erection
- A decrease in the amount of fluid ejaculated
- Painful ejaculation
- Blood in the urine or semen
- Pain or stiffness in the lower back, hips, pelvis, or thighs

To reduce the risk of getting prostate cancer: exercise more to maintain a healthy weight, maintain healthy diet, avoid smoking and drinking alcohol, and seek medical treatment for stress, high blood pressure, diabetes, high cholesterol, and depression.

It is important to note that most cancers do not have early signs and symptoms therefore it is necessary for people to focus more on behaviours that reduce the risk of getting the cancers.

¹⁸ Centre for Disease Control. Breast Cancer basic information [available online at] https://www.cdc.gov/cancer/breast/basic_info/symptoms.htm accessed 23/04/17

¹⁹ Prostate Cancer Foundation. Prostate Cancer Symptoms [available online at] <https://www.pcf.org/c/prostate-cancer-symptoms/> accessed 23/04/17

Theme Four:

Social Awareness

Learning about your Society and your Place in it

This theme seeks to raise participants' awareness of critical life skills, SGBV, societal norms and harmful traditional practices.

Exercise 30: Sexual and Gender Based Violence (SGBV)

Purpose

This exercise explores Sexual and Gender Based Violence (SGBV), and enables participants to reflect on acts perpetrated against a person's will based on gender norms and unequal power relations. SGBV entails threats or violence and coercion. Such violence can be physical, emotional, psychological and sexual in nature. The activities in this exercise examine various forms of touching and violence. Think about what to do if they or someone they know experiences violence, as well as how to report cases of violence.

Objectives

By the end of the exercise participants will:

- Differentiate between a 'good touch', 'a bad touch' and 'confusing touch'.
- Know the different facets of sexual and gender based violence (SGBV) and give examples
- Be able to act together to address SGBV within the community
- Know about child marriage and explore ways to end child marriage.

Activity 30.1: Good, confusing, and bad touches

This activity enables parents and children to understand good, confusing and bad touches and understand that some victims of sexual abuse are assaulted by family members, relatives or friends.

Materials

- Flipcharts and markers

NB: The issues discussed in this activity apply to both boys and girls.



15 Minutes

Method and Processing

1. Ask: What is a touch? Let participants give examples of touches.
2. Ask one participant to demonstrate examples of touches on themselves.
3. Draw three columns on a chalkboard or flipchart and label them; Good touches, Confusing touches and Bad touches.
4. Ask: What are some examples of good touches, confusing touches, and bad touches?
5. Write the participants' examples of the kinds of touches into their corresponding category on the table as illustrated in the table, 'Kinds of Touches'.
6. Ask participants to highlight the touches that may be "culturally acceptable" but bad, for example, 'kutamba chiramū'. Discuss how these touches may lead to violence, both physical and sexual.

Explain: Some of these touches could be good touches or bad touches depending on the context and intent of the touch, and the relationship between the two people. If someone touches you sexually without your consent, it is a bad touch.

Sexual exploitation usually happens gradually. It starts with a good touch, goes to a confusing touch and into a bad touch. It also usually involves tricks, threats, or treats. Most often it involves a person known to the exploited, even though it also happens with strangers. Many times it can involve a pact of secrecy and it can affect both boys and girls.

Examples of different types of touches

Good touches	Confusing touches	Bad touches
Hugging	Kissing	Kicking
Holding hands	Tickling	Biting
Hair brushing	Handshake with a pinch	Punching
A pat on the back	Backrubs	A pat on buttocks
A doctor's examination		Slapping
Kissing		Pinching
Tickling		Kissing

Key Message: Not all touches are good – if you experience a bad touch, tell someone about it and address the problem before it develops into something more serious.



Explain:

- It is important for parents and children to openly talk about inappropriate touches. A bad touch should be reported regardless of who the perpetrator is; whether a parent, guardian, teacher, or trusted relative as soon as possible because these touches do not normally end there – they can develop into actions such as forced sex. All bad touches should be taken seriously by families and communities.
- In situations where bad touches occur, it is important for parents / caregivers of children to seek child-friendly services and ensure that children receive counselling and support.
- Girls and boys have the right to say 'NO' to anyone who wants to touch them without their consent even if that person is a peer, boyfriend / girlfriend, parent or relative.

Activity 30.2: Sexual and Gender-Based Violence

This activity improves participants' understanding of the different forms of Sexual and Gender-Based Violence (SGBV), and enables them to discuss contributing factors and consequences of SGBV.



60 Minutes

Method and Processing

1. Ask participants what the term 'sexual and gender based violence' (SGBV) means. Participants should provide examples of SGBV.
2. Define the term "gender" by explaining that gender is how society tells us men and women should act and behave, and roles and positions that men and women can have in the society.
3. Depending on the number of participants, determine the number of groups to act out or discuss the different types of SGBV.

Point out that SGBV can be done in a number of ways including:

- a. physical (hurts the body)
 - b. emotional (hurt feelings)
 - c. sexual (sexual abuse)
4. Also point out that violence is not necessarily doing something, but it might also be withholding or NOT doing something.
 5. Engage in a discussion with participants on the causes of sexual and gender based violence in families and communities. These may include societal / gender norms on sexual rights, denial of conjugal rights, views of manhood, lobola or bride price, sexual exploitation of children, and poverty, etc.²⁰
 6. Ask how the victims suffer as a result of violence (e.g. physical violence might result in bruises and cuts and broken bones, emotional violence might result in depression and low self-esteem, etc.). Discuss how SGBV affects the family. Highlight other possible consequences of SGBV such as unintended pregnancy, STIs, HIV, suicide, homicide, divorce, etc.
 7. Read the story "Violence" and ask participants to identify the forms of violence in the story and what they would do if they were Tanaka and Sihle. Make sure the group decides that the incident should be reported, and state why it should be reported and to whom?

Answer: Forms of violence in the story include sexual, physical and emotional. The emotional violence occurred when Mr. Moyo offered the children money and asked them to keep the incident a secret. The threat and risk of being raped pose emotional violence and trauma

Point out that many cases of SGBV are covered up (hidden), and families and communities hardly speak out to protect the victim.

8. Ask the participants what they can do to start speaking out against SGBV in their household and community. Separate this into two categories: How to support the victims and How to prevent or discourage abuse.

FLIPCHART: This can be an extremely emotive session to run. It may bring back unpleasant memories for girls and young women who have been victims of SGBV. As a result, you need to be extremely careful when delivering this session.

Materials

- Flipcharts and markers

NB: The issues discussed in this activity apply to both boys and girls.

It is important that any form of violence MUST be dealt with and reported to responsible authorities (e.g., the Police Victim Friendly Unit and SGBV clinics). In the event of sexual abuse victims may access a package of services including PEP, STI screening and treatment, pregnancy testing and other referrals (refer to the SGBV service-flow process)

Remember this



Ask participants what they can do to reduce the incidence of SGBV in their community.

Violence

Tanaka and his sister Sihle are sent by their mother to get some cooking oil from their neighbour, Mrs Moyo. They usually go to Mrs Moyo's house to play with her children. Upon arrival they are told that Mrs Moyo has gone to the shops, and her husband, Mr. Moyo offers them fruits while they wait for her. As they are eating the fruits, Mr. Moyo starts rubbing Sihle's thighs. Tanaka tries to stop Mr. Moyo but he slaps him on the cheek while he tries to remove Sihle's clothes. Sihle falls on the ground and Mr. Moyo forces himself on her but she manages to fight back. In the process her dress is torn and Mr. Moyo angrily pushes Sihle out of the room. Just before they leave the house, Mr. Moyo offers Tanaka and Sihle some money and asks them not to tell anyone about what happened and keep it a secret.

Source: Adapted from Population Council Zambia, 2013. Adolescent Girls Empowerment Program (AGEP): Health and Life Skills Curriculum

It is important to know that violence in relationships usually comes as the result of increasingly aggressive behaviour. This aggressive behaviour is sometimes excused as being part of a passionate relationship. It is important that girls and young women are equipped with the skills to identify an unhealthy relationship and be able to walk away from it. The following are some signs that you may be in an unhealthy relationship:

Jealousy: Your partner may accuse you of cheating or flirting without any reason, and are always suspicious of where you have been or who you've been with.

Controlling Behaviour: The person demands your time and attention, controls the finances and becomes angry if you show signs of independence. They want to have the final say on what you do and how you do it.

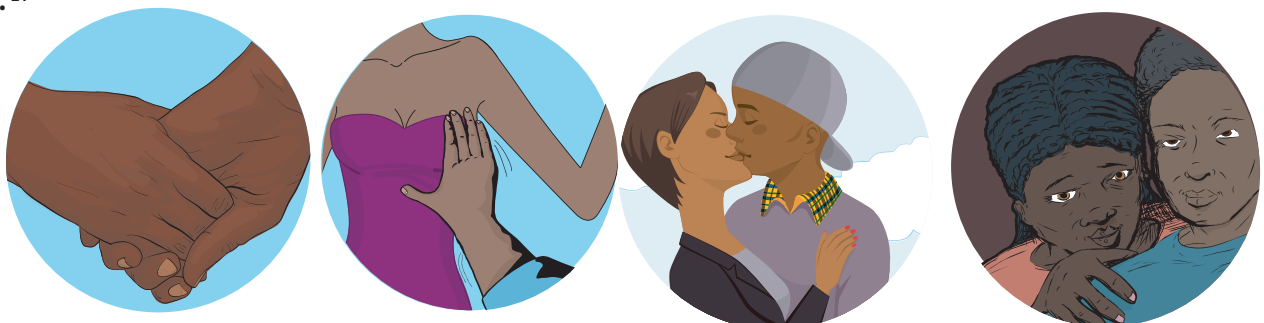
Never Apologises or Admits Fault: The person believes he or she is always right, and justifies his or her actions by blaming you or other people. They believe they are never in the wrong, and they never see any fault or flaws with their actions.

Manipulative: You're told you're crazy or stupid when you express yourself on certain points, and you are made to believe that things are your fault. They also play 'the silent game', ignore you or lock you out as punishment when they don't get their own way. They use your emotions against you and always invalidate what you think or feel.

Erratic Behaviour: The person's moods swing from aggressive and abusive to apologetic and loving after the abuse has occurred. This makes the victim confused, and can lead to them blaming themselves for the unstable moods of the abuser.

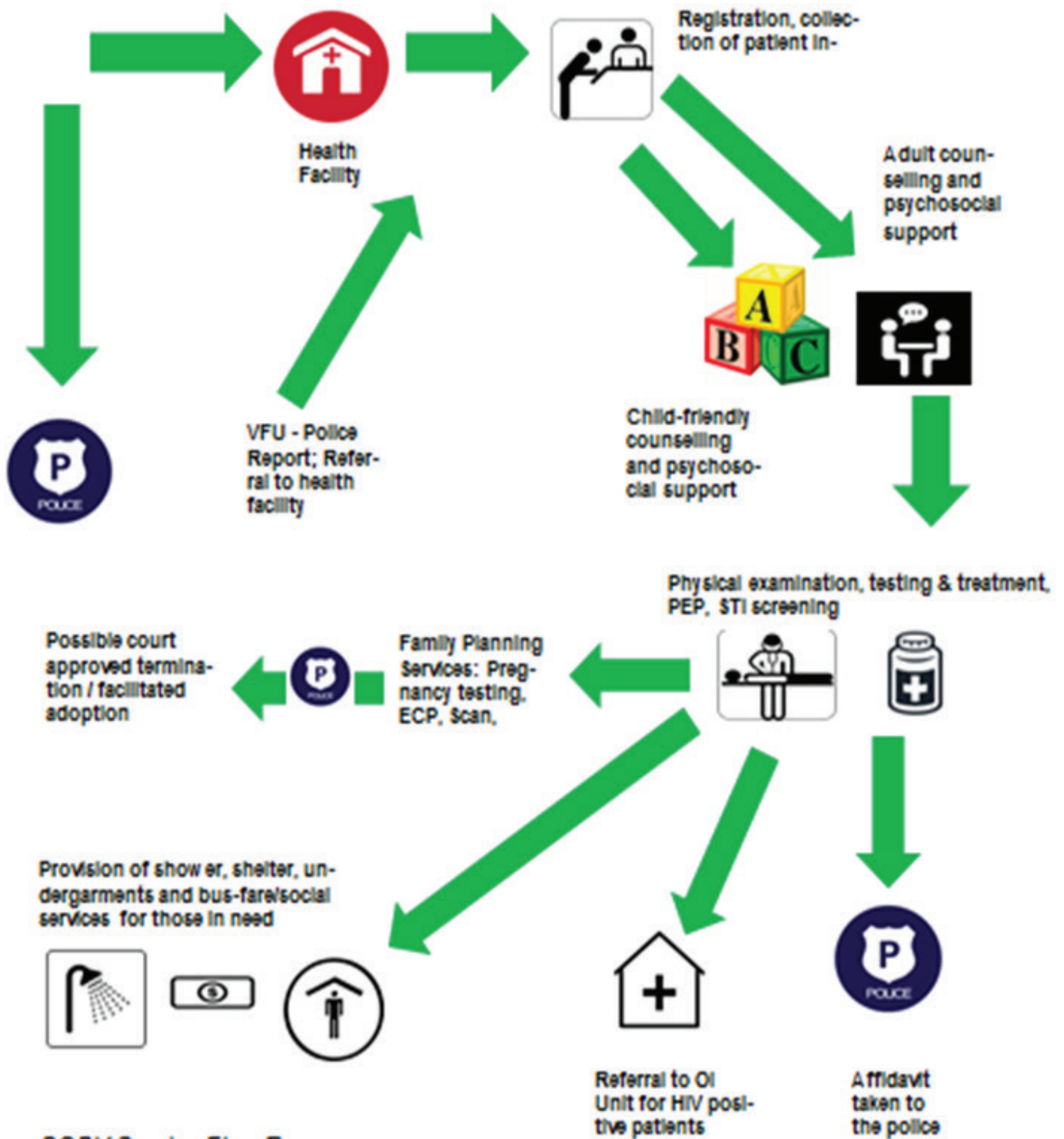
Contradictory: The person may break promises, or say they love you and then turn on you. They can never seem to stick to their principles or promises, and their word is usually meaningless.

If your relationship does not make you feel safe, comfortable and good about yourself, it could be time to leave. If someone abuses you in any way, seek help as soon as possible from the relevant services. Being safe and happy starts with you.²¹



21 Adapted from Tuneme.org. Available at: <https://tuneme.org/sections/relationships/unhealthy-relationships/how-tell-if-youre-bad-relationship/>

SGBV Service-Flow Process³³



SGBV Service Flow Process

FACILITATOR'S INFORMATION

Consequences of SGBV²²

Figure 1: SGBV Service Flow Process

Consequences of Violence against Women and Girls include:

Physical Consequences	Emotional Consequences	Social Consequences	Economic Consequences
<ul style="list-style-type: none"> • Injuries • Chronic or recurring pain • Digestive problems • Limited mobility • Unwanted pregnancies • Sexually transmitted infections (STIs) • Increased tobacco, alcohol and drug use • General poor health and even death 	<ul style="list-style-type: none"> • Low self-esteem • Anxiety and depression • Fear, post-traumatic stress, and panic attacks • Learned helplessness and despair • Identification with the aggressor • Victims vent their frustrations on others • Emotional suffering, including withdrawal, loneliness and even suicide • Mistrust of others • Inability to concentrate 	<ul style="list-style-type: none"> • Short and long term social isolation • Rejection and social stigma • Divorce and broken families • Psychological scars • Increased dependence on the aggressors for economic security • Victims accept violence as an alternative means of conflict resolution and communication 	<ul style="list-style-type: none"> • Loss of income • Loss of jobs • Loss of skills building opportunities • Increased poverty • Impaired judgement over managing money • Inability to provide for dependents

Guidelines related to assisting survivors of rape and SGBV

Survivors of rape and sexual abuse are encouraged to seek health care as quickly as possible.

People that have been sexually violated should visit any service provider closest to them (these include health facilities (clinic or hospital), ZRP Victim Friendly Unit, Legal services). These have been provided with guidelines of providing this services which include the following:

- No decision should be made without the informed consent of the survivor.
- Discussions with client/ survivors should be conducted in private settings, preferably with a person of the same-sex as the survivor (where possible).
- Being a good listener, and being non-judgemental.
- Being patient and not pressing for information the survivor does not want to share.
- Asking only relevant questions.
- Avoiding the survivor having to repeat her story in multiple interviews.
- Refraining from laughing showing disrespect, disbelief or sympathy.
- Never blaming the survivor.
- Prioritising the survivor and staff safety and security at all times.
- By law, all incidents of rape and sexual abuse of children must be report to the police. Always observing the guiding principles of Confidentiality, Safety, Respect and Dignity. By law, rape treatment can be initiated before informing the police. So you can ask for treatment before having to report the rape to the police.

According to the law, nurses can now treat survivors and are authorised to fill out the medical affidavit.

Priorities for referrals are:

1. Health care

- Female survivors will get emergency contraceptives within 72 hours of incident.
- Post Exposure Prophylaxis (PEP) for HIV within 3 days of incident.
- STI Prophylaxis within 5 days of incident.
- Termination of pregnancy in the event of pregnancy after sexual abuse. This termination is done after authority is granted by a magistrate.
- Survivors of sexual violence can access services at a hospital or clinic nearest to them.

2. Psychosocial support

- It's never too late to seek emotional and psychosocial support.
- Helps adult survivor to make decision about reporting to the police.
- Helps survivor to move on.
- Involvement of the Department of Social welfare in cases involving children.
- Cases can be referred for community based counsellors for long term support.
- Assists in finding safe shelter for the survivor.

3. Legal/Justice AID

- Victim Friendly Units – ZRP have been trained on appropriate interaction and treatment of survivors of SGBV.
- Department of social services is called in for cases involving children and vulnerable adults as probation officers.
- Cases of sexual violence can be tried before a victim friendly court.
- Legal aid service organisations can:
 - help survivors through the court process.
 - assist in claiming civil remedies such as damages
 - assist in obtaining protection orders
 - assist minors and other incapacitated persons to assert their rights
 - monitor the court process



Remember to offer participants the contact details of the nearest ZRP-Victim Friendly Unit, health care providers, social services, counsellor etc. Encourage participants to report any cases of sexual and gender based violence. Give out referral slips to the household members and refer them to relevant service providers.

Activity 30.3: Child Marriage²³

This activity examines child marriage, and improves participants' understanding of girls' rights and consequences of child marriage. Child marriage is any marriage, whether under civil, religious or customary law, and with or without formal registration—where either one or both spouses are children under the age of 18.²⁴ It is a form of sexual and gender based violence, and a violation of human rights.

Materials

- Flipchart paper
- Marker pens



30 Minutes

Method

1. Ask participants to call out the first word that comes to their mind when they hear the word 'marriage.' Write these on a piece of flipchart paper. Then ask them what they observe about the words written on the flipchart paper.
2. Ask them what the term 'child marriage' means. Use their responses to come up with the following definition of child marriage:

Child marriage is any marriage of a person under the age of 18.

3. Read Alice's story and generate discussion by asking the questions after the story:

Alice's Story

Three months ago, my parents sat me down and told me I was no longer their responsibility. They wanted me to move out and start a life of my own. When a stranger paid a bride price to my parents, things moved faster than I expected and I had no say in the matter. I didn't choose this life and I'm not happy here. I want to escape but I am afraid my parents won't take me back. Sometimes it is hard to defy our parents because it is disrespectful, but we can't continue to allow them to make choices that are bad for us. It was my wish to finish school and become a nurse but I guess that will never happen because my husband won't allow me to further my studies. Now instead of going to school, I spend the whole day doing chores -- washing dishes, cleaning and cooking. My husband expects me to fall pregnant as soon as possible so that I prove my fertility and be respected as a wife and in-law in a family. Alice, 16 years old

- **Did Alice want to get married?**
- **Why did she get married, if she did not want to?**
- **How does she feel about her marriage? Why?**
- **How does she feel about her future? Why?**

4. Tell the participants to brainstorm all the consequences of child marriage. Ask them for their ideas and write the ones that are immediate consequences under the heading 'Immediate consequences.' Answers may include: Stop going to school, unprotected sexual intercourse, rape, relationship problems and being unhappy (or miserable).
5. For each immediate consequence, ask them: what are the consequences of this (e.g., stop going to school)? If they name one that leads to further consequences (such as lack of job qualifications), after writing it down, ask: And what will happen later because of that? (e.g., unemployment, poverty, dependence on husband).

²³ UNFPA ESARO Comprehensive Sexuality Education Manual p. 384

²⁴ Plan International. Champions of Change, Module 9, p. 5

They may include the consequences listed below (use the ones they give you, you do not need to get all of these answers, but make sure the most significant ones are mentioned):

- Consequences of not going to school: lack of qualifications for work; unemployment; less money for family/greater poverty; financial dependence on husband; unable to leave marriage.
- Consequences of unprotected sexual intercourse or rape: early pregnancy; STIs and/or HIV; problems when giving birth; fistula (tears between the vagina and the bladder or the rectum; death of the young mother; death of the foetus or baby.
- Consequences of having relationship problems: fights and arguments; beatings; injuries; rape or sexual abuse; divorce; single-parenthood.
- Consequences of feeling unhappy or miserable: depression; wanting to commit suicide; running away; living on the street; turning to sex work to earn money.

6. Then ask the participants the following questions:

- Looking at all of these consequences - what is your opinion of child marriage?
- What does the community say about child marriage?
- What does the Zimbabwean constitution say about child marriage? Build on their responses and tell them that the Constitutional Court made a ruling which states that:

‘With effect from 20 January 2016, no person male, or female, may enter into any marriage, including an unregistered customary law union or any other union including one arising out of religion or religious rite, before attaining the age of eighteen (18) years.’²⁵

7. Ask participants to summarise the main things that they learned from this exercise. Add any of the following key messages that they do not mention.

- Child marriage is any marriage of a person under the age of 18.
- Child marriage has many serious consequences for the girl, including unfinished education, early pregnancy, health problems such as STIs, HIV, difficulties during birth that result in fistulas, death of the young mother and/or foetus or baby, intimate partner violence, divorce, financial dependence on husband, and poverty.
- Child marriage is a violation of human rights.

FACILITATOR’S INFORMATION: CHILD MARRIAGE

Causes of child marriage²⁶

The causes of, and risks for, child marriage follow a cycle of harmful causes and effects. Gender inequality – and related violation of girls’ rights – drives child marriage. The effects of child marriage, in turn, further entrench gender inequalities and denial of girls’ rights. There is thus considerable overlap between the harmful impact and the causes of child marriage.

Factors contributing to child marriage include the following:

- Geographic location: Girls from rural areas are more likely to be married as children than their urban counterparts.
- Poverty: Those married before the age of 18 are more likely to live in poorer households and those married later are more likely to live in richer households.
- Low educational attainment: Child brides are less educated than women married after the age of 18 and more likely not to attain more than secondary education.
- Isolation: Child brides often have fewer social connections than girls who marry later.

²⁵ <http://www.kanokangalawfirm.net/landmark-ruling-on-child-marriages-in-zimbabwe/>

²⁶ Plan International. Champions of Change. Module 9. “Living free from child marriage” pg.9

Socio-economic, cultural and religious factors influence gender inequality and norms that perpetuate child marriage.

Some examples of these factors include:

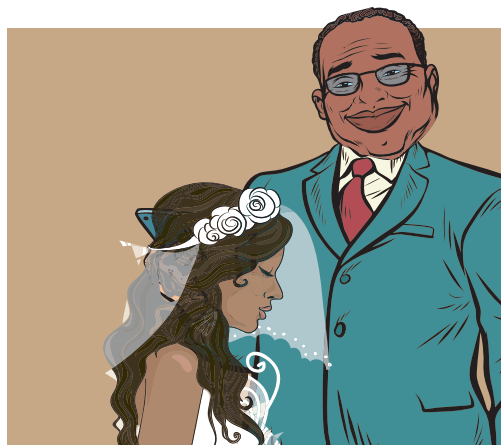
- Poverty, and the economy of marriage (such as bride price and dowry - the potential financial gain (through for example bride price) or cost (through dowry) effect the age that families want to marry girls.
- Norms that devalue girls and see them as a burden - girls' lack of education and decision-making power relative to boys are two indications of their lower social status. This inequality is worsened by early marriage, especially when girls are married to older spouses.
- Girls' sexuality - early marriage is linked with girls' sexuality. In many situations, girls may be forced or choose to marry because they had (or are suspected of having) sex, or because they have gotten pregnant. Often, parents believe that protecting the honour and purity of a young girl once she reaches puberty is an important task, and early marriage is viewed as the most effective way of shielding daughters from undesirable romantic relationships, sex or pregnancy outside marriage.
- Gender-based violence and sexual harassment - girls who experience sexual assault may be forced to marry their rapist as a result of norms that believe that marriage is the only route to repairing "family honour." Such pressures may be further exacerbated if the girl becomes pregnant from the rape.
- Norms of masculinity - in some communities, child brides demonstrate a man's status. These norms promote and normalize older men marrying young girls.
- Traditional and religious norms and beliefs - each community has a system of social arrangements, customs and religious beliefs and practices that influence the timing and nature of marriage. For example, initiation ceremonies and traditional rituals shape the timing and determine reasons for child marriage.
-
- System of patriarchy - cutting across the community norms and practices listed above, the system of patriarchy reinforces the rights of men to make decisions for and control the bodies of women and girls. Norms linked to patriarchal values, and the resulting gender inequalities it perpetuates, underpin many of the contributing causes of child marriage.

Effects of child marriage on rights of girls²⁷

HUMAN RIGHT	Effect
Education	Child marriage often means the end of education for girls. This denies girls the education they need for their personal development, their preparation for adulthood, and their ability to contribute to the family and community.
Income and Economic Well Being	Child marriage limits girls' access to the skills needed to earn income for themselves, and contribute to their families and their communities.
Health	<p>HIV and AIDS: Once married, girls may feel powerless to refuse sex and find it difficult to insist on safe sex practices, including condom use as their husbands are usually older and more sexually experienced. This makes the girls especially vulnerable to HIV.</p> <p>Unwanted pregnancy: Married girls are often under pressure to become pregnant immediately or soon after marriage. A pregnancy too early in life before a girl's body is fully mature is a major risk to mother and baby.</p>
Life	<p>Death during childbirth: Complications of pregnancy and childbirth are the main causes of death among adolescent girls in developing countries.</p> <p>Survival of infants: Babies born to a mother who is under 20 are more likely to die within their first weeks of life than babies born to a mother in her 20's.</p>
Safety and Protection	Violence: Rape resulting in pregnancy is a risk factor for girls forced into early marriage. Girls married before 18 are more likely to report being beaten by their husbands and forced to have sex ('marital rape') than girls who marry later.
Development, Empowerment and Self-Esteem	<p>Social isolation: Marriage often causes girls to be socially isolated, bringing unwanted separation from their friends and family. This further limits girls' access to information and key resources.</p> <p>Development and empowerment: Child marriage robs girls of their childhood, and the opportunity to develop and realize their vision for their own lives and well-being. Child marriage isolates girls from peers and the related sense of solidarity that contributes to girls' power with others to realize their goals.</p>

Remember to offer participants the contact details of the nearest ZRP-Victim Friendly Unit and health care provider. Emphasise that child marriage is illegal, and Club members should report any cases of child marriages to the local authorities.

Give out referral slips to the Sista2Sista Club Members where they are needed.



Exercise 31: Traditional and Cultural Practices

To Keep, to Change, or to Stop



75 Minutes

Purpose

This exercise identifies traditional and cultural practices that undermine sexual and reproductive health and rights of girls and women.

Materials

- Flipchart paper,
- Marker pens, tape and scissors, "sticky stuff", A4 paper

Objectives

By the end of the exercise, participants will be able to:

- Identify the local traditional and cultural practices, harmful and good ones
- Explain the harmful traditional and cultural practices, and why these practices should be changed or stopped.

Method and Processing

1. Prepare three signs with the words 'Keep', 'Change' and 'Stop' in large letters.
2. Write the questions in step 3 on flipchart paper.
3. Tell the participants that this activity is about traditional practices related to relationships, sexuality and reproductive health. Ask the participants to name all of the traditional practices concerning their relationships they can think of, then those related to their sexuality, and finally those related to their reproductive health. Make a list on flipchart paper. Stop after 5 minutes or earlier. **The community may include some of the following – add any that are practised that they did not mention:**
 - Initiation ceremonies
 - Child marriage
 - Forced marriage
 - Dry sex
 - Vagina 'tightening' and labia elongation
 - Virginity testing
 - Lobola or bride price
 - Polygamy
 - Cleansing rituals
 - Wife inheritance
4. Divide the participants into four groups and ask them to identify harmful and good traditional and cultural practices in their area. They should give reasons for their answers. Ask each group to discuss all the questions below:
 - a. What are the benefits of the practices to individuals, families and the community?
 - b. What are the negative effects of the practices to individuals, families and the community?
 - c. Are the benefits and negative effects different for younger and older women and men?

Give them 15 minutes, and assist the groups as needed.

5. Bring people back together. Ask each group to share the key points from their discussions. After each group shares, ask the other groups if they have anything to add and if they agree with what the group said.
6. After all of the presentations have been done, ask:
 - What do you notice about these traditional practices?

Probing questions:

- Which group of people benefits from them the most?
 - Which group of people is most harmed by them?
 - Do any of these practices violate the rights of women and girls? Which ones are violated?
7. Put up the 'Keep', 'Change' and 'Stop' signs you made in three different places in the room where there is space for participants to stand.
 8. Ask participants to decide which practices to keep, change, or stop and they should give reasons
 9. Ask participants what they can do to protect themselves from the harmful practices

Many of the widely practiced traditions such as wife inheritance and pledging increase the risk of HIV infection in girls and women. Empowering girls and women can combat the consequences of harmful traditional and cultural practices.



Remember to offer the participants the name and contact details of the nearest organisation, counsellor, health care provider, and ZRP-Victim Friendly Unit if they have been a victim of practices that are harmful to them.

Give out referral slips to the Sista2Sista Club Members where they are needed.

Exercise 32: Safe Spaces



45 Minutes

Purpose

If members of the Club feel threatened or under pressure, sometimes they simply need a place to go and “be safe”. This might be for as short period of time, or for longer. While the community might have identified, official “safe spots” sometimes the girls of the Club may not be able to access them. Through word of mouth they might have their own spaces where they feel safe and supported. This exercise helps them share these places with you, and helps them assess the safety of these spaces.

Setting:

Enough space for small groups to work independently.

Objectives

By the end of this exercise participants will be able to identify official and unofficial ‘safe spots’ within the community that the members of the Club can access if they need to.

Material

- Pieces of flip chart paper for each group
- Pens or pencils for each group

Method and Processing

1. Ask the Club members to divide themselves into smaller groups. To be a member of a smaller group all the members must live in the same area. If you are from a small community, where everyone lives close to one another, then simply divide the Club into smaller groups.
2. Give each group a piece of flipchart paper and a pen. If you don't have paper and pens, the groups can draw on patches of ground with sticks.
3. Ask each group to draw a map of their community. The map should cover all the main locations in the community that the girls will see or use on a weekly basis. (School, church, market, store, their houses, houses of friends, etc.)
4. The map does not have to be to scale.
5. Give the girls 15 minutes to draw their maps and then ask the groups to present their maps to the Club.
6. After all the groups have presented, give each group three minutes to make adjustments to their map to include things that they might have forgotten and were presented by other groups.
7. Ask the girls to get back into small groups.
8. Draw the following symbols on the flipchart: a tick, a cross and a question mark. If possible, use different colours for these.
9. Explain that the cross represents all the places or areas that the girls feel unsafe in their community. Ask the girls to discuss which places make them feel unsafe and to mark these on their map with a cross.
10. Explain that the question mark represents a place on the map where they can get information, and SRH, HIV and AIDS and SGBV services. Ask the girls to mark on the map where they can access information and services.
11. Explain that the tick represents all the places on the map where the girls feel safe and secure. A place that they know they can go to if they need assistance related to SRH, HIV and AIDS, and SGBV issues. Ask the girls to mark all the places on the map where they feel safe.
12. Ask the groups to share their maps with the Club and talk through all their decisions. Take note of any contradictions – e.g. where one group think they will be safe at a location and another group feel unsafe. Explore whether some locations are safe at certain times of the day but unsafe at other times.

Remember this

- Suggest that the girls remember their 'safe spots' and record them in their exercise books.
- Explain that sometimes when we are under stress we can't always remember information.
- Suggest that it might also be a good idea to record someone's name and contact details in case they need to contact them in an emergency.

Note to facilitator: Physical and social mapping of their immediate community is essential to foster an understanding of where, when, how, and from whom adolescents and young women can gain assistance when they need it. The facilitator should emphasise local and available organisations that offer different types of assistance to the adolescent girls and young women



Remember to offer the participants the name and contact details of the nearest organisations, police stations, and health facilities that act as safe spaces.

Give out referral slips to the Sista2Sista Club Members where they are needed.

Exercise 33: Let me make this clear



40 Minutes

Purpose

Often people restrict their communication styles to weak or passive communication where they just accept what they are told or aggressively argue with the person. Assertive or strong communication conveys a message honestly while respecting the receiver of the message. This exercise will give the participants the opportunity to discuss various communication skills for effective communication.

Setting

Enough space for the participants to work in groups

Objectives

Girls will be able to distinguish between assertive, weak and aggressive communication and will be able to practice these skills.

Materials

- Flip chart
- Markers
- Read the background reading on assertiveness before the session

Method and Processing

1. Ask the girls to choose a partner.
2. Ask one of the members of the pair to make a fist.
3. Ask the other member of the pair to try to open their partner's fist for the next 30 seconds, using any means possible without causing any injuries.
4. Swap the roles between the partners and replay this activity.
5. Ask the girls to report back on their techniques and whether anyone opened their hand.
6. Separate the techniques used into helpful and unhelpful.
7. Group pairs of people together into three or four groups.
8. Explain to the girls that we use different techniques to communicate our needs. Our communication with others can be Weak (You win - I lose), Strong (You win - I win) or Aggressive (You lose - I win). Give your peers examples and help them to distinguish between assertive, non-assertive (passive) and aggressive messages.
9. Demonstrate these three styles by asking for a volunteer. Explain that you need some help with cleaning up the kitchen and that the volunteer is your sister. Turn to the volunteer and demonstrate the following:
 - Weak communication "I really don't think I can do this; I wish I had someone to help me."
 - Aggressive communication "You better help me with this or I will tell Dad about what you did last week."
 - Strong communication "I really need some help with this and it will go quicker with two of us. Please could you help me?"
10. Thank the volunteer and ask her to sit down. Ask the girls to gather in groups of four or five and to quickly discuss the three types of communication.
11. Ask them to identify characteristics of the three examples. See Hints in the section below for answers to guide this discussion.

12. Get feedback and make sure that the girls can clearly distinguish between the three types of communication
13. Ask the girls to pair up and repeat the hand opening game. This time ask them to now use assertive communication to get their partners to open their hands.

Hints, suggestions and challenges

In the opening hands game, some girls may have used physical means (physically trying to get their partners to force open their hands, or even tickling them to get them to relax their grip), some may have used verbal means (from politely requesting to ordering, to threatening). Others may have made promises. Try to draw out the distinctions between the types of means used. If one form has not been used, ask why?

Weak communication never requests it simply states the problem Aggressive communication threatens and orders

- Strong communication identifies the issue, identifies or suggests a solution and requests assistance.

Remember this



Ask the girls to reflect on their own communication styles. Do they use weak, strong or aggressive communication? Do they use certain styles of communication with certain people? Do they need to make changes? Ask them to observe their own behaviour over the next week and make a decision about changing their behaviour.

Exercise 34: Let's communicate



50 Minutes

Purpose

This session builds on the session "Let me make this clear!" In the previous session the Club members were exposed to different types of communication. In this session they will be exposed to the steps to take to develop an assertive communication message.

Objectives

By the end of the exercise, participants will learn and practice the skill of assertive communication.

Setting: Space for the girls to practice and perform short dramas

Materials

- Flip chart
- Read the background reading on assertiveness before the session
- Remember: to successfully complete the session you must have already completed "Let me make this clear" with the club

Method and Processing

1. Welcome the group and reflect on the lessons learned from "Let me Make this Clear". Ask the girls to share the different types of communication and give an example of each.
2. Recap on the differences between assertiveness or strong communication and aggressiveness.
3. Explain that there are four parts to a strong message:
 - "I feel..." Here you describe your feelings or emotions.
 - "When you ..." at this point you describe the action of the person you are speaking to. What did they do to make you feel the way you do?
 - "Because..." Here you express why their action causes you to feel that emotion
 - "And I would like..." here you make a request of the person you are speaking to.
4. Using the examples under hints and suggestions read out the first part of the message and get the girls to make suggestions as to the second part, then read out the third part of the message and ask the girls for suggestions to end the sentence.
5. Ask the girls to break into groups of four or five.
6. Hand each group an "assertiveness role play" card.
7. Tell each group to dramatize the situation. Each drama should not be longer than 3 minutes.
8. They must show a character displaying incorrect behaviour (either aggressive or weak communication) and then another character displaying correct assertive behaviour.
9. Allow groups 10 minutes to prepare.
10. Have the groups perform their plays for the rest of the Club.
11. Ask the girls to remain in their groups for this discussion.

12. Summarise each drama and ask the girls to point out which characters in the other plays used strong communication and which did not.
13. Ask the groups to come up with alternative strong messages that the characters could have used.
14. Make sure that each of these messages processes each of the steps for making a strong message.
15. Point out that there is not necessarily one correct strong message, but there is a correct method of constructing a strong message.
16. Repeat the stages of assembling a strong message.

Hints, suggestions and challenges

Read through the back ground reading on Strong Communication in preparation for this session.

Some examples of strong communication messages are:

- "I feel hurt when you speak to me like that because I tried my best and I would like you to appreciate the effort I made."
- "I feel dirty and used when you treat me like that because I was not raised that way, and I want you to stop."
- "I feel disappointed when you don't keep your promises to me because I regard you as someone that will keep their word, and I want you to only make promises that you will keep."

Remember this

Ask the girls to take note of how they interact with other people in the next week. Ask them to use their exercise book to record when they were weak or aggressive in communicating. Ask them to think of strong messages that they could have communicated. Ask them also to record times when they used strong communication methods.

- "I feel betrayed and hurt when you call me stupid because you don't want me to stay in school and I want you to support my decision to stay in school."

Strong Communication Role Play

A boy at school work is treating you with disrespect. He ignores you when you speak to him.

The nurse at the clinic discusses your medical problems with you in a room with other patients.

Your boyfriend often comes late for a date. When you ask him about it, he always says that it is none of your business.

A potential employer wants you to have an HIV test before she considers employing you.

You are returning faulty goods to a store. The shop owner accuses you of breaking it.

Exercise 35: Refuse, Delay, or Bargain!



60 Minutes

Purpose

The skill of negotiation is as much about knowing when to speak and when to be silent, as it is about knowing what to say and how to say it. This exercise demonstrates that there are various appropriate responses to situations that a girl can use – outright refusal being only one of them.

Setting:

Space to move around

Objectives

By the end of this exercise the participant will be able to defend their opinion, and effectively respond to arguments by refusing, delaying or bargaining.

Materials

- Situation cards
- Cards: REFUSE, DELAY, BARGAIN

Method and Processing

1. Tell the girls that other people will not always agree with them when they are assertive. In fact, they may interrupt you or try to persuade you to do something you don't want to do. Therefore, it is important for you to learn how to respond to these situations.
2. Explain that there are a number of ways that people try to win arguments or convince you to do things. Write the bold words below on the flip chart and provide examples to the girls.
 - Put you down e.g. "You are just afraid"
 - Argue e.g. "Why not? Everyone's doing it."
 - Threaten e.g. "Do it or goodbye. I can hurt you if you don't"
 - No problem e.g. "Nothing will go wrong, don't worry"
 - Reasons e.g. "You owe me. You are old enough now"
 - Getting off the topic e.g. "You have nice eyes. I like you when you are angry"
3. Explain that in all cases when a person is trying to distract them from their assertive message it is important to get back on topic.
4. Ask the girls to split into pairs and then to choose one of the pair as "the arguer".
5. Explain that it is the job of "the arguer" to distract her partner from her message. The situation is that the girl does not want to have a drink in the local bar, and the arguer, her friend, wants her to. The girl has made a suggestion that the two friends simply go home and have a cup of tea.
6. Tell the girls that the girl must experiment with ways to keep the discussion on track while the arguer can use the examples on the flip chart to try and distract her from the argument.
7. Give the girls five minutes to go through this exercise.
8. Ask the girls to share some of the methods they used to keep the discussion on track.
9. After writing the suggestions on the flip chart make sure it includes the following suggestions:

- “Please let me finish what I was saying”
- “Please don’t stop me until I’m finished”
- “That’s fine, but please listen to what I have to say”
- “I know you think ... but let me finish what I was saying.”

10. Explain to your peers that when another person tries to persuade you do something you do not want to do, you could: (Write the bold words on the flip chart and give examples).

REFUSE – Say no clearly, and if necessary, leave.

- No, no, I really mean no
- No thank you
- No, no and I’m leaving

DELAY – Put off a decision until you can think about it.

- I’m not ready yet
- Maybe we can talk later
- I’d like to talk to a friend first and ask their opinion

BARGAIN – Try to make a decision that both people like.

- Let’s do ... instead
- I won’t do that, but maybe we could do
- What would make us both happy?

Explain that these actions follow on from giving an assertive or strong message. After the message, if the process continues, it is time to take action.

11. Ask the girls to divide up into four groups. (1, 2, 3, 4)
12. Hand each group one of the situation cards.
13. Ask each group to develop an assertive message to resolve the situation on the card.
14. While they are developing their messages, place the Refuse, Delay and Bargain cards at different points in the room.
15. When the groups have finished developing their message, ask group 2 to stand at the Refuse sign, ask group 3 to stand at the Delay sign and ask group 4 to stand at the Bargain sign.
16. Ask Group 1 to read out their situation card and to demonstrate their assertive message.
17. Ask groups 2, 3 and 4 to quickly design a drama that will show the action on their card (Refuse, Delay or Bargain) in response to Group 1’s message. Group 2 must show how to Refuse, Group 3 must show how to Delay and Group 4 must show how to Bargain.
18. After all the groups have shown their drama, rotate the groups (Group 3 moves to Refuse, Group 4 moves to Delay, Group 1 moves to Bargain and Group 2 reads the situation card)
19. Rotate through all the groups so that all groups have a chance to demonstrate all types of responses.

Ask the girls to record a situation in their daily life where they have had the opportunity of practising these techniques. Or where they could have practiced them, but were not sure what to do or say. Explain that they can share these experiences with the group later on to help one another.

Remember this



Assertive communication is a learned skill and the participants need to have space and time to be able to practice these skills.

Situation 1

Your friend wants you to skip school with her. She tells you a whole group is going to skip the day's lessons. She says, "You are afraid, aren't you"? You have already received a warning from your teacher for a small mistake and don't want to get another warning. You decide to tell her you don't want to go.

Situation 2

Your boyfriend wants to have sex. You love him but you feel that sex before you are ready is wrong. He says, "You're just scared. If you really loved me, you'd show it." Although you are afraid it will end the relationship, you decide to tell him that you are just not ready.

Situation 3

Your older brother is supposed to pick you up from a friend's house and walk home with you. You meet him but he is staggering and slurring his words. You feel he has had too much to drink and it would not be wise to go with him. He tries to persuade you to go with him to a bar. You decide to tell him that you will not go with him while he is in this state.

Situation 4

You are alone with your boyfriend at his house. It is night and he lives quite a distance from your home on a deserted road. He is usually very gentle and loving but tonight he is more aggressive. He keeps on interrupting you and tries to talk you into having sex.

Refuse

Delay

Bargain

Background reading for strong communication

People who use strong communication state their needs, wants, opinions, feelings and beliefs in direct, honest and appropriate ways: "You win – I win"

People who use weak communication do not state their needs, wants, opinions, feelings and beliefs at all, or state them in a way that makes it easy for others to disregard them: "You win- I lose"

People who use aggressive communication ignore or dismiss the needs, wants, opinions, feelings or beliefs of others, or express their needs or wants in inappropriate ways: "I win – I lose"

Reasons for using weak communication:

- Being afraid of appearing unable to cope
- Being afraid of being seen as negative
- Wanting to please others
- Being lost for words
- Not wanting to create a scene or make a fuss
- Believing that they cannot change anything

Reasons for being aggressive

- Frustration or annoyance
- Other approaches have not worked
- Being under pressure
- Emergencies or stressful situations
- Hiding one's own faults or limitations

Reasons for using strong communication:

- To complete what we need to do (to get results at work and at home)
- To protect our own interests
- To maintain a happy and co-operative home and working environment
- More people's needs can be met
- To lead to a win-win situation

Rule 1: Decide what you want

Take time to decide. Don't rush your decision, even if you are put into a situation that you are not prepared for. Think; breathe deeply; and relax. Decide what you want. Don't let others decide your mood or position.

Remember that strong communication results in a win-win situation (where both parties benefit). This may mean that you do not get all that you want, and perhaps have to settle for slightly less. Decide on what you would like, ideally. This is your ideal. Then decide on the minimum that you would settle for. This is your fall back.

For example, at the last minute, the local tailor changes the design of your dress. Someone else wants the design for your dress and is willing to pay more for the material. An ideal outcome would be for the tailor to agree that you requested the design first, and that you should be given priority. However, this may not be possible and you need to have a fall back. In this case, it could be that you agree that the other party gets the design if the tailor can find you an alternative design that is suitable.

Do not see the fall back as losing. Look at it as gaining in the long term. In the above case, a long-term gain would be, knowing not to trust the tailor, but to use other tailors for your future dresses. This could save you a lot of stress in the long run.

Deciding what you want is the first step in the action towards getting what you want.

Rule 2: Say it clearly and specifically

Don't be vague. Don't hint. Be brief and direct without being abrupt or rude. Indicate to others around you what you want. Clearly stating your requirements helps to ensure that other people understand. Saying what you need or want means that you need to start your statements with 'I'. These are known as 'I – statements' which are specific ways of stating how we respond personally to a situation. They say what we feel and why we feel that way. I – statements help us to defend our rights. I – statements help us to communicate assertively by saying what we really feel. Remember that there is a fine line between making an assertive statement and attempting to impose our values on another person. I – statements allow us to express our wants, needs and feelings in a non-threatening way. An 'I – statement' is an opening to a discussion. It will help lead to problem resolution.

A complete Assertive message will have the following elements:

1. It always starts with "I...."
2. Describe exactly, to the point, what your needs are or what is bothering you e.g. "I do not like it when you are late for an appointment"
3. Explain how you feel, e.g. "It makes me angry"
4. Explain how the other person's behaviour impacts on you, e.g. "It causes me to be late for my other appointments"
5. Suggest alternative behaviour, i.e. "I would appreciate it if you could let me know that you are going to be late so that we can re-schedule our appointment"

We use strong behaviour when we:

- Stand up for ourselves without putting others down.
- Respect ourselves and the other person.
- Say our thoughts and feelings clearly and honestly; say "I" think and "I" feel.
- Stick to our values and principles.
- Match our words to our body language.
- Act confident but respectful.
- Accept praise and feel good about ourselves.
- Accept suggestions for making ourselves better and learn from them.
- Say "no" without feeling bad.
- Disagree without getting angry.

We behave in a weak way when we:

- Take no action to stand up for ourselves.
- Give in to what others want.
- Remain silent when we disagree or feel unhappy about something.
- Put up with anything.
- Say "sorry" a lot.
- Hide our feelings.
- Do not start something new in case we fail.
- Allow others to make all of the decisions.
- Follow the crowd and submit to peer-pressure.

We show aggressive behaviour when we:

- Take action with no thought for the other person.
- Say we will do something bad to a person to get what we want.
- Put ourselves first even though others lose.
- Make demands without listening to other people's ideas and needs.
- Become angry quickly when others disagree with us.
- Shout, push, or physically force people.
- Make people feel that they need to defend themselves.
- Make people look small so that we look big

Exercise 36: How to make a decision



60 Minutes

Purpose

We all make many decisions each day. Many of us often make decisions based on factors that are not that important. However, there is a process that we could choose to follow that would help us assess the important factors and take this into consideration. This exercise takes the participants through this decision making process.

Objectives

The girls will be able to identify opportune times to undertake a decision making process and will be able to implement a three step method of making decisions.

Setting: Space for the girls to practice and perform short dramas

Materials

- Flip chart
- Read the background on assertiveness before the session
- Remember to successfully complete the session you must have already completed "Let me make this clear" with the Club

Method and Processing

1. Explain to the girls that we all make many decisions each day. Explain some of the decisions that you had to make today (what to have for breakfast, what to wear, what route to take to get to this meeting, who to talk to, etc.)
2. Ask the girls to turn to their neighbour and share some of the decisions they have made today. Then ask some of the girls to share some of the decisions that they have made today with the rest of the group.
3. Explain that we often don't think about these decisions, we simply make them. However, there are decisions that require us to think more seriously about their consequences. There is a process of four steps to help us think through making the decision. Write these on the flip chart.
 - **Stop**
 - **Gather the facts**
 - **Consider the consequences**
 - **Make your decision**
4. Ask the girls to help you walk through a decision making process, and to help you make a decision about what to have for dinner. Read more on this step in the Hints and Suggestions section.
5. Tell the girls that you will clap your hands twice, whenever you reach a decision point. Ask them to clap with you.
 - I need to make dinner. (Clap, clap) What do I do next? (Answer – stop)
 - I need to decide what to make. (Clap, clap) What do I do next? (Answer – gather the facts)
 - I have decided what to make. (Clap, clap) What do I do next? (Answer – consider the consequences)

Processing

1. Explain to the girls that you now want them to practice this decision making process as a group, and then later on their own.
2. Explain that you are going to read them Thokozile's story and they must clap twice when they think Thokozile reaches a decision making point.

3. When the girls clap you will stop reading the story and they must help Thokozile make a decision.
4. Read through Thokozile's story.
5. After this, separate the girls into five or six smaller groups. Hand each group a decision making situation card.
6. Ask the girls to read the card and work through the decision making process to make a decision regarding the situation on the card.
7. Give the girls ten minutes in their groups to discuss the situation and move through the process of making a decision.
8. Ask one or two of the groups to present their situation to the whole Club.
9. Ask the group who is presenting to clap twice when they reach a decision making point in the situation.
10. During the presentations stop each of the groups and ask questions relating to their;
11. Gathering of the facts – were there more facts that they could have thought of, more information they should have found?
12. Considering the consequences – were there other consequences that could have resulted from the decision? Should the girls have thought of other situations?
13. Encourage the other groups to contribute to the presenting group's facts and consequences discussion.

Hints, suggestions and challenges

What to have for dinner.

You need to prepare the evening meal for your family. You need to decide what to prepare.

Stop – You don't simply go into the kitchen and start cooking. You need to actually think through this process.

Gather the facts – you need to think about what food you have available in the house to prepare. What other things do you need to think about? Do you have enough time to prepare? Does your family enjoy this meal? Will there be enough of the food for everyone? Do you have guests as well as family? Do you have the skills and knowledge to make this dish? Consider the consequences. What will happen if you make one dish instead of another? What will happen if you make chicken today? That means there may be no chicken available to cook tomorrow. If you make a dish that takes time, it means that you might not be able to watch your favourite show on TV. If you make just enough food and guests arrive, then everyone might only receive a little to eat.



Remember this

Encourage the girls to reflect on their personal situations in the coming weeks and record this in their exercise book. Ask them to record at least one situation where they thought through the process of making a decision. Explain that they don't have to have thought through the situation "on the spot". Even if they have some time to think through making a decision, encourage them to reflect on their process of stopping, gathering facts and reflecting on the consequences of their decision.

Help Thokozile make a decision

Thokozile looked around her market stall. It was a hot day and she had not had many customers. She sat in her chair and thought about what to do. So many things had changed since Shamiso's party. She remembered that night, Thokozile thought it was the last time she was really happy.

Since then, her life had changed.

Well, it was all her decision. She had opted to leave school before finishing her O levels. She had really wanted to finish, but the pressure she had felt to leave was immense. Even her family that was normally supportive of her schooling encouraged her to take the opportunity. Unfortunately, things did not work out as wonderfully as she had thought they would. Now here she was – in a market stall selling vegetables. She had been excellent at maths at school and interested in science. She wondered what else she could have done.

Thokozile had heard about the classes that were running at the school in her area, where older students could enrol and finish their education. She wondered about going back to school. If only she had someone to talk this over with.

What should she do?

STOP HERE and ask the girls what Thokozile should do?

Thokozile had looked into going back to school. She had found out that she needed to get hold of her old school records, and she had learned that there were some costs involved for the books and stationery that had to be bought. She also knew that some classes were in the evening and others in the afternoon. She thought about her market stall and its customers and how the income she received from selling vegetables kept food on her family's table. She thought about her two-year-old son, and how he loved to see her when she came home. She thought about her boyfriend and how they had talked about getting married. And then school--all these things to consider.

Situation 1

You have been dating your boyfriend for some time. The two of you have not had sex. He is not pressuring you into having sex with him, but you still need to make a decision about whether you will have sex with him or not. You want to be prepared to have this conversation with him.

Situation 2

You are working at a local business. You live with your family and walk to work each morning. You enjoy the job you do, and you have no complaints about it. You have been offered another job in another town. It will mean leaving your family and living on your own. You need to make a decision about what to do.

Situation 3

Your best friend has been dating another friend for some time. You see her in town on the weekend with another man. She kisses and hugs him like they are on a date. When you call her, she looks at you and turns away, pretending not to see you. You think she might be cheating on her boyfriend and need to make a decision about speaking to her, or her boyfriend.

Situation 4

You have completed your O levels and did well. You are interested in studying further and might be able to get some sponsorship to do so. You have been offered a position in the company that your Dad works for. You can either study or work. You need to make a decision.

Exercise 37: Friends Wanted

Purpose

We often make friends with people that we see and meet with often. They might be children of our parents' friends or the children that live close to our home. Sometimes at school our friends will be people that have similar interests to ours. We don't often decide what type of people we want to be our friends. This exercise identifies the qualities and roles that we value within a friend.



60 Minutes

Setting: Space for the girls to practice and perform short dramas.

Objectives

The girls will be able to define the boundaries of a friendship and various qualities that they, as individuals, value in friends.

Materials:

Friendship choice cards

Method and Processing

1. Ask the girls to pretend that they have moved to a new country and are alone.
2. Each girl decides she wants to make some friends.
3. Ask each girl to develop a radio advert for the type of person they want to be their friend. Make sure the advert talks to the qualities that each girl is looking for in a friendship.
4. Ask them to jot down the idea in their journal to remind them of their advert.
5. Give the girls a few minutes to think through this process and then ask them to share their adverts with the Club.
6. After all of the presentations divide the girls into five groups and ask them to identify the common themes of the adverts – were all of the girls looking for similar things in friends?
7. Ask the girls to identify the different types of things that they as a group were looking for in friends. Ask them to identify the characteristics that they think are the most important.
8. Explain that because we value our friends, we often do things that they ask us to do. For example, if a friend needed help carrying something heavy, ask the girls what they would do.
9. Sometimes we need to think about what the friend is asking us.
10. Hand out a Friendship Choice card to each group and ask them to decide what they would do if a friend asked them to do this with them. Ask them to follow the three-step decision making process (Clap, clap) in their processing.
11. Ask for feedback from each group and ensure that each group walk through the process of making the decision, and do not just give you the answer of what they would do.
12. Explain that sometimes we are able to tell our friends that we don't want to do what they want us to do. Friends can disagree about things and still be friends.



Remember this

Ask the girls to identify their friends in their exercise book. Ask them to identify the valuable characteristics of each friend. Ask the girls to think about the type of friend that they are – do they display the same characteristics to their friends that they value?

Friendship Choice Cards

It is a hot day and a friend offers you a bottle of beer and tells you that you will feel really good after you have finished it.

A friend is dating an older guy and asks you to come on a double date with her. Her boyfriend will bring a friend as well. She promises that it will be worth your time and effort.

A friend wants to spend the night with her boyfriend, but her parents are strict. She asks you to “cover for her” in case they ask any questions.

A friend appears one morning with a swollen cheek and eye. She says she fell and hit her head on a tree branch, but she has told you before that her boyfriend beats her. She asks you to keep quiet.

A friend teases you about not having had sex. She says you are not a real woman until you have slept with at least three men. She offers to organise something for you, to help you become a real woman.

Exercise 38: Do I want to “Do it”?

Purpose

Often decisions are made in the heat of the moment. This is when emotions are high and we have not got all the facts. We know that this weakens our decision making process. This exercise allows the girls to explore some of the questions that they need to ask themselves before they initiate or continue a sexual relationship. Asking these questions and answering them for themselves, in the safe environment of the Club, allows them to consider appropriate responses and actions.



45 Minutes

Objectives

The girls will be able to consider appropriate responses and actions regarding requests or situations where they are confronted with initiating or continuing a sexual relationship.

Materials:

Friendship choice cards

Method and Processing

1. Explain to the girls that this session is going to be about sex. Sometimes we are uncomfortable about talking about sex, and no one will be pressurised into talking during this session. Explain that a lot of the session will be individual work, but if any of the girls want to speak with you afterwards, you will be available to help.
2. Explain that you know the girls know the three step process of making a decision (Clap, Clap); but that you also know that sometimes we make decisions in the heat of the moment and then regret these decisions.
3. Share with the girls a decision that you made that you regretted. It can be something simple like saying something in anger to a family member, or deciding to not go to a party or occasion.
4. Explain that one of the ways we can avoid regretting decisions is to practice making them in quiet, safe environments like the Sista2Sista Club, where we have time to think through the consequences, and people we trust to speak to, if we want to.
5. Ask the girls to open their exercise books and write down question numbers. All they have to do is write “yes” or “no” next to the question number. Explain that they do not need to write down the questions.
6. Explain that you are going to ask some questions and give them a few minutes to think through the question before they write the answer in their exercise books. Ask the girls to be honest with themselves and explain that no one else will see the answers.
7. Ask the following questions slowly, and if necessary repeat them after a minute.
 - Would my parents approve of me having sex now if they knew?
 - If I get pregnant am I responsible enough to look after the baby, or will I need to ask others for help?
 - Does the man I will sleep with make me feel good about myself?
 - When I am older will I be proud of my sexual activities at this age?
 - If my relationship breaks up, will I be pleased that I have had sex with this person?
 - If I am sexually active, am I doing so freely, without any pressure?
 - Can I talk to my partner freely about sex and his sexual history?
 - Am I 100% sure that my partner has no STIs or HIV?

- Do I know what methods to use to prevent becoming pregnant?
 - Do I know what methods to use to prevent being infected with STIs and HIV?
 - Do I feel safe with my partner?
8. Explain that if any of the girls answered “No” to ANY of the questions, they should seriously consider not entering into or continuing any sexual relationship.
 9. Ask the girls to split into pairs.
 10. Explain that you are going to give them an opportunity to practice “strong” communication about some issues relating to sex.
 11. Ask each group to prepare a short 2-minute role play, to communicate a strong message about their situation.
 12. Allocate one of the following situations to each pairs of girls. Talking to a partner about using a condom
 - Talking to a partner about not starting a sexual relationship just yet
 - Talking to a partner about having an exclusive relationship
 - Talking to a partner about going for HIV testing together
 - Talking to a partner about practicing safe sex
 - Talking to a partner about practicing effective birth control
 - Talking to a partner about his unacceptable behaviour
 13. Allow each pair of girls to perform their role play.
 14. Thank the girls for their performances and remind them that the decisions they make today regarding sex could affect the rest of their lives.
 15. Encourage the girls to think about what their decision should be regarding sex BEFORE they get into a sexually charged situation.
 16. Encourage the girls to communicate with their partners about their decision and about their thinking processes

Hints, suggestions and challenges

If the girls do not have pens or pencils to record their answers, simply ask them to count the “No” answers on their fingers. They do not have to show anyone how many fingers they have raised. This exercise might raise emotions in some girls if they have been forced into sexual relationships. Be sure that before running this session that you have the contact details of individuals or organisations in the community that will be able to help the girls with counselling to walk through these emotions.

Theme Five:

Financial Awareness

Learning about your Money

This theme increases financial knowledge amongst the girls and allows them to have greater control over their finances.

Have the Club members complete this assessment tool before and after conducting the exercises in this theme. This assessment will facilitate the monitoring of the progress that the girls have made.

THEME FIVE-FINANCIAL KNOWLEDGE

PRE AND POST ASSESSMENT

Pre Assessment

Question	Response		
1. Point out the difference between 'wants' and 'needs'			
2. Are you part of a "round" or "mukando"?	YES	NO	
3. Do you run your own business (size does not matter)?	YES	NO	
4. Are you in debt?	YES	NO	
5. If you owe money are you able to meet your debt repayments every month?	YES	NO	
6. Are you dependent on others for your income?	YES	NO	
7. It is okay to stay in an abusive relationship if you are getting gifts and rewards.	Agree	Disagree	Not Sure
8. A sugar daddy or boyfriend can be an appropriate source of income.	Agree	Disagree	Not sure
9. Financial independence significantly reduces a girl's vulnerability and increases her chances of staying healthy.	Agree	Disagree	Not sure
10. Planning, saving and budgeting is for adults.	Agree	Disagree	Not sure
11. Name two steps to saving.			

Exercise 39: Wants vs. Needs



20 Minutes

Purpose

This exercise is a fun way for the girls to understand the difference between what we want and what we need. This understanding is often important to our saving and spending money.

Setting: Space for the girls to practice and perform short dramas.

Objectives

By the end of this exercise, participants will understand the difference between wants and needs.

Materials

- WANTS and NEEDS cards

Method and Processing

1. Place a WANTS card on one side of the room and a NEEDS card on the other side.
2. Ask the girls to stand in the middle of the room
3. Explain that sometimes we think we NEED something but we only actually WANT it. Explain that a NEED is something we have to have to survive but a WANT is something that we would like to have.
4. Explain that you are going to call out various items.
5. Each girl must decide for herself if the item is a WANT or a NEED. Then she needs to run to that card.
6. If she is not sure she must stay in the middle of the room.
7. Call out the items on the list in any order. Feel free to add on your own items that you think of.
8. When there is a division between the girls, ask the girls to explain their different points of view
9. Use these opportunities to explain that sometimes we think something is a WANT, but other people regard it as an essential. Explain that it is OK to have this difference of opinion.
10. Thank the girls for their enthusiasm in the game.

Remember this

Ask the girls to think through a list of things that they would like to spend money on. Tell them to think of the difference between wants and needs

Clothes	Deodorant and sanitary wear	Soap
School fees	Rent	Food
Transport money	Church offering	Cake/chips/snacks
Medicine	Books	Cold drink
Fuel for cooking	Utilities(Electricity, water bills)	Gifts and presents

Exercise 40:

Where does money come from?

Purpose

This exercise allows you to understand where girls get their money and what they spend it on. It can also be used to understand other behaviours that involve resources coming in and going out, such as human resource planning, menu planning, etc. Be aware that not all the girls will be able to participate in this activity as they will have no source of income. You may have to make adjustments to the exercise as needed.



20 Minutes

Setting:

Space for the girls to practice and perform short dramas.

Objectives

By the end of this exercise, participants will be able to

- Identify and track their income and expenses in a simple, visual manner.
- Understand that dependence on one source of income increases their vulnerability.

Materials:

- Flipchart
- Markers
- Picture of trees

Method and Processing

1. Divide the girls into two groups and provide them each with a piece of flipchart paper and a few pens.
2. Ask them to hold the paper horizontally and fold the paper into three and then unfold it again.
3. Ask each group to draw a girl just like them in the centre panel of the paper, and to give this girl a name.
4. On the panel on the left hand side of the girl ask the groups to write the title "Money In" and on the right hand panel ask them to write the title "Money Out".
5. Ask the groups to discuss the various ways that girls like the one they have drawn in the picture, can earn or receive money. Ask them to write the sources of money on the left hand side of the girl.
6. When they have a list of sources of money, ask the groups to identify the three or four most common ways of earning money for their character.
7. Ask the groups to repeat the exercise by identifying ways in which the girl will spend money by recording the expenses on the right hand side of the page under "Money Out".
8. Show the girls the picture of the tree.
9. Confirm with them that they know that for the tree to bear fruit it needs water.
10. Ask if they can identify a source of water for the tree.
11. As they mention a source, tell a story of a person using that source of water to water the tree. E.g. "Ruth really wanted fresh mangos, so every day, she went to the river, filled her bucket and walked slowly to the mango tree. There she would empty the bucket onto the ground around the tree making sure the tree was never thirsty".
12. Ask what would happen if that source of water dried up. The answer is to use one of the other sources.
13. Point out that even if one source of water dried up, Ruth was able to water the tree from other sources
14. Point out that the girls that have multiple sources of income are less vulnerable, just as a tree that has multiple sources of water is less vulnerable to drought.

15. Ask what would happen to the tree if one of the sources of water was poisoned.
16. Point out that it is also important that the water sources are pure and will not make the tree sick. Similarly, the sources of income for the girls must be free from risk for their health and security. (e.g. staying in an abusive relationship because of gifts and rewards; having a sugar daddy-older man as a sexual partner for financial security)
17. Ask the groups to return to their posters and see if any of the sources of income might be “poisoned”.
18. If any of the groups identify a “poisoned” source of income, ask them what the consequences would be of eliminating that source of income.

Hints, suggestions and challenges

This exercise provides insights for the mentor into the financial habits and practices of the girls in her Club. From this exercise she should be able to conduct an initial assessment as to the financial vulnerability of her Club members, and whether any of them are at high risk in other areas of their lives for contracting STIs etc.



Remember this

It is important that the girls begin to track their expenditure, even if it is only a few dollars a month.

Encourage them to use their exercise books to track their expenses and their income.

Exercise 41:

Livelihood and Resilience Building



45 Minutes

Purpose

Livelihood and resilience building are vital aspects of empowering adolescent girls and young women in all aspects of their lives. Securing a means of livelihood for the adolescents and young women is an important step in addressing other related social issues.

Objectives

By the end of this exercise, participants should be able to:

- Explore ways of securing their own livelihood
- Articulate why it is important to secure their own livelihood as much as possible
- Identify potential means of livelihood for themselves

Preparation:

Gather information on local organisations and charities that assist girls with projects for their financial independence and livelihood.

Method and Processing

1. Read Vimbai's story to the participants
2. Ask the participants the following questions:
 - What do they think would have happened to Vimbai if she had not begun her chicken rearing project?
 - Do they know any girls who were in a similar situation? How did their stories turn out?
 - What could these girls have done to change their situation?

Engage the girls in a discussion on the availability of projects to promote their financial independence and livelihood.

3. Refer them to local organisations and institutions that can aid the girls in facilitating their projects.

Vimbai's Story

Vimbai comes from a poor family. Vimbai's parents have always struggled to provide for Vimbai and her three siblings. In spite of marrying a child under the age of 18 being illegal in Zimbabwe, Vimbai's sister Mazvita was traditionally married off to an older man at 16 because the family needed some money. Vimbai is afraid that the same thing will happen to her, since she recently turned 16, and she will not be able to finish school and pursue her career dreams. Vimbai's parents have already informed her that she will be married off to a local business man.

Vimbai confides in Mai Norman, a local CBW, who advises her about an organisation in the area that supports girls and young women at risk. The organisation pays school fees and empowers girls and young women with income-generating and livelihood skills. Vimbai receives \$500 capital and starts her own small poultry-rearing project while she pursues her education.

With the income from selling chickens, Vimbai is able to complete her A-level education and support her siblings.

Note to facilitator: It is important that the participants understand why they should try and find sustainable ways to generate their own income. Unemployment is a major problem in Zimbabwe, and the participants should take it upon themselves to develop projects that will allow them to take more control of their livelihood.

Poverty and financial dependence are directly linked to harmful practices such as wife pledging, wife inheritance and child marriage. All of these practices negatively impact a girl's sexual and reproductive health, as well as her general well-being. Financial independence significantly reduces a girl's vulnerability and increases her chances of staying healthy.

Issues surrounding livelihood are especially important for adolescents who have dropped out of school and girls who are heads of parentless homes. These girls are most vulnerable to practices that are the result of poverty and are detrimental to their health.

Some of the livelihood projects the girls can engage in include:

- Sewing and embroidery
- Chicken rearing
- Micro-credit
- Peer education and assistance.

Give out referral slips to the Sista2Sista Club Members where they are needed.



Remember to offer the participants the name and contact details of local organisations and charities that are assisting adolescent girls and young women with funds and training for projects that create sustainable livelihood, as well as providing funding for the girls' education.

Exercise 42: Money flow

Purpose

This exercise explores money flowing into and out of a person's life. The flow of money into and out of a person's life needs to be controlled in order for it to be used effectively



45 Minutes

Objectives

By the end of this exercise the participants will understand the concept of budgeting and saving.

Materials:

- Flipchart
- Markers

Method and Processing

1. Break the group into smaller groups.
2. Draw a picture of a bucket on the flipchart. Make sure the bucket has a number of obvious holes.
3. Ask the girls what will happen if the situation is left as it is and water is poured into the bucket.
4. The bucket will obviously leak out all the water.
5. Ask what would happen if the bucket were placed under a tap.
6. The conversation should be that the bucket might fill up, depending on how fast the water is flowing from the tap and the size of the holes in the bucket.
7. Ask the groups to think of ways to fill the bucket. Solutions might include – repair the holes, turn on the tap, line the bucket with something, use another tap or bucket.
8. Summarise by pointing out that there are only two ways of filling the bucket – either stopping the water coming out or putting more water in than is coming out.
9. Compare the water in the bucket to money in the pocket
10. There are only two ways to get more money – use less and earn more.
11. Ask the groups to brainstorm about how they as individuals could spend less money
12. Ask the groups to brainstorm about how they as individuals could earn more money.

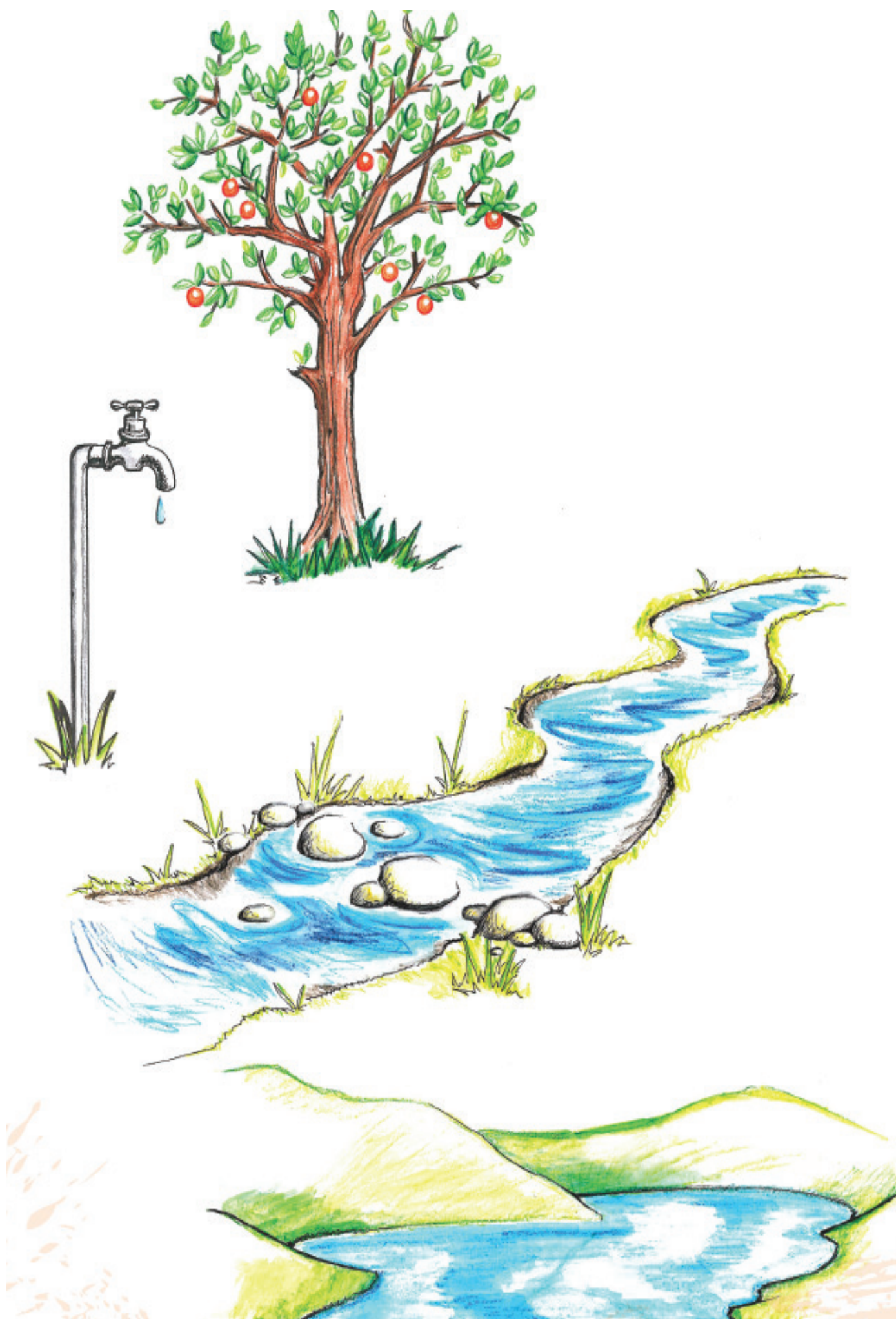
Hints, suggestions and challenges

If you are dealing with a group of girls who are still in school, they will have limited opportunities to earn more money or to look at alternative income opportunities. Adapt the exercise by getting them to imagine that they are older and have these opportunities. The skills are important skills to learn early in life.

Remember this



Finish by asking each girl to go home and look at their own "money bucket". Is there money leaking out somewhere that can be stopped? They can only effectively do this if they are tracking their expenses as explained in the previous exercise.



Exercise 43: The money tree

Purpose

Individuals who are financially insecure are also often financially vulnerable. One way of reducing this vulnerability is to entrench a culture of saving in the individual. This exercise is about beginning that journey towards saving.



60 Minutes

Objectives

By the end of this exercise participants will understand the link between income and expenditure and that uncontrolled expenses can mean financial ruin.

Materials

- Flip chart
- Markers

Method and Processing

1. If you have already completed the exercise of "Where am I going?" ask the Club members to turn to that page in their diaries to refresh their memories about what they want to achieve in their life.
2. Remind the girls that there are all sorts of goals that they can have. These goals could be related to their families, their education, their careers, their health, their financial situation or their faith. Explain that in this lesson you want to concentrate on the financial goals and aspirations.
3. Ask the girls to think of their financial aspirations or goals and give them a few minutes to think this through.
4. Ask two or three of the girls to share their financial ambition with the rest of the Club.
5. Then ask the girls (not just those that answered) what efforts they have been making in ensuring that their goals become reality?
6. Some will say when they have enough money while some may not be sure of when they will achieve this.
7. Let them know that careful use of money now will influence their ability to achieve this goal. One method that they can implement is to begin to save on a regular basis.
8. Tell the girls the story of the tree
 - It starts off as a small seed and grows into a tree.
 - It has roots and branches and fruit.
 - All of these parts grow in relation to one another.
 - Imagine a tree that has lots of fruit and a small thin root. What would happen?
 - Imagine a tree with deep roots but no branches or fruit. What would happen?
9. Explain that money in their life is just like the tree.
 - There are roots – these are income sources – ways that we earn money
 - There are branches – these are savings
 - There is fruit – these are expenses.
10. Divide the girls into smaller groups and ask them to use a page in their exercise books.

11. Show them the picture of the girl/tree.
12. Tell them that they are to duplicate this picture on the paper but they need to think about some things first.
13. Explain that this is a girl just like them.
14. The group needs to discuss what sources of income this girl has and to write these as roots of the tree.
15. Then they need to look to the trunk and the branches of the tree. These are the different ways that the girl can save or invest. They need to write these in as branches.
16. Then they need to think about what the girl spends money on. These are written into the picture as expenses.
17. Ask the groups to present their drawings to the rest of the Club.
18. Make the following observations:
 - If a tree has very few roots compared to the fruit it will not be able to withstand strong winds. Ask the girls what the strong winds might be.
 - If there is too much fruit (too many expenses) the tree may fall over.
 - To make the tree stronger, you can either increase the number of roots which means diversification of income sources or cut away some fruit that is not so important.
 - By implication, this means cutting away of unnecessary expenses. If this is done, the tree will be stronger.

Hints, suggestions and challenges

If the girls are reluctant to share sources of income or what they spend money on, you can ask them to draw on the previous session that spoke about a similar subject.

Sources of income (roots) might include:

- Pocket money
- Doing small jobs for neighbours
- Working part time
- Earning money from a small business

Savings (branches) might include:

- Investment in their own business
- Savings in a bank or post office account
- Savings in a communal society
- Savings in a "round" or "mukando".

Expenses (fruit) might include:

- School expenses
- Personal hygiene items
- Clothes



Remember this

If you spend more than you have, you will never have what you want. Encourage the girls to save for what they want rather than spending money that they don't have to make sure that they 'get it now'. Ask them to spend some time writing down their sources of income, their savings and their expenses in their exercise books.



Exercise 44: Budgeting

Purpose

Being able to look after money is a skill that many people do not learn. Even if a person earns a lot of money, if they are not able to manage their money properly, they will find themselves without any money. This exercise exposes the girls to a basic skill needed to manage money – planning and budgeting.



45 Minutes

Objectives

By the end of the exercise, participants will understand the need for them to plan for the future by managing their resources well.

Materials

- Flip chart
- Markers

Method and Processing

1. Welcome the girls and ask them to open their exercise books and create a budget for school term.
2. Allocate the money to these goods:
 - Exercise books- \$0.25 each
 - Pens- \$0.20 each
 - Pencils - \$0.10 each
 - Rulers - \$0.30 each
 - Mathematical set - \$2.50 each
 - Scientific Calculator - \$10.00 each
 - Plastic covers - \$0.50 each
 - Khaki covers - \$0.45 each
 - "Sellotape" - \$0.50 each
3. Divide the Club into three or four groups.
4. Tell them that each group has to budget for a school and they have \$19.00 to spend.
5. Ask each group to duplicate the page on the flip chart paper in their exercise book
6. Give each group ten minutes to discuss and decide what to spend their money on.
7. Get each group to report on their planning by coming up to the poster and writing their costs on the poster in the grid.
8. Make sure that no group spends more than \$19.00.
9. Tell the group that planning for their own spending should follow the same process.
10. Ask the group if they were a family, living in the same house, what they would need to spend money on each month.
11. Ask them to write these on the flipchart paper on the left hand side of the paper.
12. Ask the group to estimate how much they would spend on each item and to place this value next to the line item.
13. Ask them to add up all the values and show them that this is the minimum amount of money that their family has to earn each month.

14. Identify the figure that that they have mentioned for groceries or food. Ask them to solve the following problem in their small groups:

You have \$30.00 for food and groceries. You decide to go to the shop to buy groceries for the month and have this money in your pocket. When you are at the shop you realise that they have mealie meal and beans on special but you have to buy three bags of each. You only planned on buying one bag of each. If you buy the special offer, you will have enough for two months, but will spend more on food than you budgeted. What do you do?

15. Explain to the girls that even with their own personal shopping they have to make decisions regarding what they NEED to buy and what they WANT to buy.
16. Ask each group to give two examples of NEEDS and two examples of WANTS to show that they know the difference between the two.
17. Summarise the session by pointing out that we need to spend money on our NEEDS first and then on our WANTS.



Exercise 45: The Seven Saving Steps

Purpose

Savings are a vital part of learning to manage money. If we never save money, we will always be dependent on the money that we are earning or that people are giving us at this time.



30 Minutes

Objectives

By the end of this exercise, participants will understand the purpose of saving and will identify seven steps to implement a savings plan.

Materials:

- Flipchart
- Markers

2. Divide the girls into groups.
3. Ask each group to number their members, 1, 2, 3, 4, 5, 6, and 7. Some girls may have more than one number.
4. Explain that most of us do not have enough money to buy everything that we want and need in life. In some cases, we need to borrow money, but then we have to pay this back and we have to pay interest.
5. Another way of buying is to save enough money before we buy something.
6. Explain that there are three reasons we save money:
 - For personal or family expenses, e.g. to buy a present for a friend
 - For emergencies or accidents e.g. to pay for medicine if I get sick
 - For future plans or goals e.g. to pay for college
7. Ask the girls to quickly discuss in their groups the three types of saving and to think of times either their family or someone they know had to save. See if each group can identify at least one example of each type of saving.
8. Show the girls the flip chart you have prepared.
9. Ask the girl numbered "1" in each group to remember the first on the list
10. Ask the girl numbered "2" to remember the second item on the list
11. Repeat until all the items are allocated within each group. Some girls may have to remember more than one item.
12. Explain what each step means – See Hints and Suggestions.
13. Ask each group to come up with a dance or a song that illustrates all seven steps and ask that they verbally repeat all seven steps.
14. Ask each group to perform their dance or their song for the other groups.

Hints, suggestions and challenges

The seven savings steps are

- 1) **Choose a Savings Goal** – in other words decide what you are saving for. Sometimes this will be a short term goal, “I am saving to buy a dress next month”, or a long term goal, “I am saving to pay for school fees”.
- 2) **Make a Savings Plan** – decide how much you are going to save each time you get money. Or you might decide to save each \$1 note you get in change. Or you might decide to save one half of every gift of money that you receive.
- 3) **Know the Difference between Needs and Wants** – spend on needs and limit your spending on wants.
- 4) **Control Spending** – simply agree with yourself that you will not take money to the shops every time you go. Or you will only take enough money to buy the items you plan to buy. Often we spend money because we have it, not because we really want what we end up buying.
- 5) **Think About the Future: Money In and Money Out** – more money out means less money in.
- 6) **Save Regularly!** – don’t just save once, make it a regular part of your life. If you get paid every week, put aside a portion of your weekly money each week for savings. If you only get money on your birthday, agree with yourself that you will save a portion of this money every year.
- 7) **Save in a Safe Place** – this could be an account with the bank or post office, or it might be in a “round”. You might even save money in a safe place at home, that only you know about.



Remember this

Ask each girl to turn to the page in her journal entitled “My Savings Plan”.

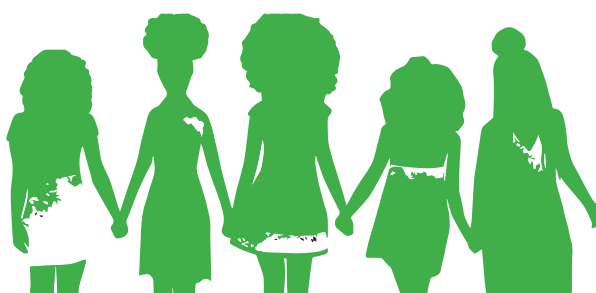
Encourage each girl to go home and to complete this page

Section 04

SECTION 4: REPORTING AND ASSESSMENT

This section contains the Survey Questionnaire the Club Member Assessment Form, a sample of the certificate to be awarded to the Club Members, the Club attendance register sample, monthly referral register, referral slip and assessment register.

The tools contained in this section will allow you to have an appreciation of the Club members' unique individual characteristics as well as assess progress they are making as they attend Club sessions. If you are running several clubs, keep one of these records for each Club to help you remember how much material each Club has covered.



SISTA2SISTA CLUB SURVEY QUESTIONNAIRE

Questions	Response
How old are you?	Age (Years) 1. 10 – 14 2. 15 – 19 3. 20 – 24
What is your religion?	1. Traditional 2. Roman Catholic 3. Protestant (Anglican, Methodist, Baptist) 4. Pentecostal 5. Apostolic Sect 6. Other Christian 7. Muslim 8. None 9. Other
Are you currently attending school?	1. Yes 2. No If no, why?
Do you regularly attend school?	1. Yes 2. No 3. Not applicable If no, give reasons:
What is the highest level of education you have attained?	1. No Education 2. Primary education 3. Secondary 4. More than secondary
If you did not complete secondary education ('A' level), do you plan to complete it?	1. Yes 2. No 3. Not sure
If you completed secondary education, do you intend on furthering your studies?	1. Yes 2. No If yes, specify:

Do you have your own source of income?	1. Yes 2. No If yes, specify:	
Who do you live with?	1. Mother only 2. Father only 3. Both mother and father 4. Other relative (specify)..... 5. Self	
Are both your parents alive?	1. Yes 2. No	
What is your marital status?	1. Never Married 2. Married/ living together 3. Widowed/Divorced/Separated	
How many children do you have?		
Do you use contraception and family planning methods?	Yes	No
If 'yes', what kind?		
Tick where applicable	Yes	No
Do you have a boyfriend?		
Have you ever had a boyfriend?		
Are you sexually active?		
Are you in a long term sexual relationship?		
Have you ever performed oral sex?		
Have you ever had anal sex?		
Have you ever been physically beaten?		
Have you ever been physically threatened?		
Have you ever felt emotionally threatened?		
Have you ever contemplated suicide?		
Have you ever been forced to have sex against your will?		
Have you ever had sex with anyone in return for money or food or any good?		
Have you ever been diagnosed with an STI (treated or untreated)?		
Have you ever been pregnant?		
Have you ever had an abortion?		
Do you know your HIV status?		

Club Member Assessment Form

What month is it?		Who is your Club Mentor?	
What is the name of your Club?			
How long have you been coming to Club meetings?			
What themes have you learned about? Please mark the boxes below.			
Self-Awareness	Sexual and Reproductive Health Awareness	Social Awareness	Financial Awareness
I have MOST enjoyed learning about			
Self-Awareness	Sexual and Reproductive Health Awareness	Social Awareness	Financial Awareness
I have MOST enjoyed these exercises because			
I have LEAST enjoyed learning about			
Self-Awareness	Sexual and Reproductive Health Awareness	Social Awareness	Financial Awareness
I have LEAST enjoyed these exercises because			
Do you have a good relationship with the other Club members?	YES	NO	
Do you have a good relationship with the Club mentor?	YES	NO	
Have you met with any of the other Club members outside of CLUB meetings?	YES	NO	
Since attending Sista2Sista Club, do you now feel empowered to access Sexual and Reproductive Health services such as HTS, STI screening, pregnancy testing or family planning services, and SGBV services etc.?	YES	NO	
If not empowered, why?			
Since attending Sista2Sista Club, do you now feel empowered to talk to peers, partners, parents, health care workers and others about Sexual and Reproductive Health?	YES	NO	
If not empowered, why?			
Having participated in Sista2Sista Club, do you feel empowered to tackle traditional and religious practices that undermine the Sexual and Reproductive Health and Rights of girls and young women in your family and community?	YES	NO	
If not empowered, why?			

Having participated in the Sista2Sista Club, do you feel you have the skills that will allow you to make good financial decisions?	YES	NO
If answer is NO, why?		
As a result of the Club exercises I have made these changes in my life		
If I could change ONE thing about the Club I would change this...		

CERTIFICATE(SAMPLE)



SISTA2SISTA CLUB MONTHLY REFERRAL REGISTER

Part A: Services referred for to be filled out by the organisation making the referral				
Referring Organisation/Facility:		Referring CHW/BCF (Name and Contact Details)		
Please receive (Client Surname):		First Name of Client's Mother/Caregiver (Only for children and adolescents):		
(First Name):				
Sex: M F Marital Status (circle): Married. Single. Widowed. Divorced.		Client Programme ID No (Which could be ANC/PMTCT/ART/BCF Form Number) Please indicate:		
Date of Birth: _____ Age: _____		National ID No:		
Telephone No.:		District:		
		Community/Facility:		
Referred to (site/department/organisation):		Date Referred : Expected Visit Date:		
Circle below the services you are referring this client for. (Multiple Response) If other please specify				
01 Pre-ART registration	12 HIV Rapid Test/HTS	22 GBV Psych-social support	33 Victim Friendly Services (Police, courts)	
02 ART Initiation	13 HIV Couple Test/HTS	23 SGBV services (health services)	34 Legal counsel	
03 ART refill (defaulters)	14 ART official transfer	24 Psycho-social support	35 Educational	
04 ART Decentralization	15 ART reinitiating (LTFU) or	25 Support Groups e.g. CATS	36 Emergency Shelter	
05 PMTCT/Option B+	16 CD4 Count 16FBC Test	26 TB screening/management	37 GBV Shelter	
06 ANC/PMTCT	17 LFT Test	27 Family Planning	38 Youth friendly services	
07 CTX/OI Management	18 U&Es Test	28 VMMC	39 Sista2Sista clubs	
08 Economic Strengthening	19 Viral Load Test/HTS	29 STI –screening /treatment		
09 Emergency contraception	20 DBS-PCR HIV Testing	30 Fistula		
10 Pre-Art Counseling	21 PrEP	31 CARG Enrolment		
11 Enhanced Adherence Counseling	22 Post Exposure Prophylaxis	32 Cancer of Cervix Screening		
40 Other (Specify):				
Tick in the box when feedback is received (to be completed of the carbon copy which stays)			Date Feedback Received:	
Serial No:				
Part B: Services Provided to be filled out by the organisation fulfilling the referral (if at facility tear off and keep in the box for community organization to collect, if at community tear off and return to referring facility/organisation)				
We have seen (client's full name):			Client Programme ID No (Which could be ANC/PMTCT/ART/BCF)	
At (Site/Department/Organisation):				
Circle below the services you have offered this client. If other please specify				
01 Pre-ART registration	12 HIV Rapid Test/HTS	22 GBV Psych-social support	33 Victim Friendly Services (Police, courts)	
02 ART Initiation	13 HIV Couple Test/HTS	23 SGBV services (health services)	34 Legal counsel	
03 ART refill (defaulters)	14 ART official transfer	24 Psycho-social support	35 Educational	
04 ART Decentralization	15 ART reinitiating (LTFU) or	25 Support Groups e.g. CATS	36 Emergency Shelter	
05 PMTCT/Option B+	16 CD4 Count 16FBC Test	26 TB screening/management	37 GBV Shelter	
06 ANC/PMTCT	17 LFT Test	27 Family Planning (IUCD: PPIUCD: IMPLANON: JADELLE, INJECTABLES: Oral contraceptives)	38 Youth friendly services	
07 CTX/OI Management	18 U&Es Test	28 VMMC	39 Sista2Sista clubs	
08 Economic Strengthening	19 Viral Load Test/HTS	29 STI –screening /treatment		
09 Emergency contraception	20 DBS-PCR HIV Testing	30 Fistula		
10 Pre-Art Counseling	21 PrEP	31 CARG Enrolment		
11 Enhanced Adherence Counseling	22 Post Exposure Prophylaxis	32 Cancer of Cervix Screening		
40 Other(specify)				
Comment on services not provided as well as follow up information:				
Name of Service Provider:		Position:	Date services provided:	
PART C: FEEDBACK TEAR OF SLIP (slip to be given to the person referring so that they tick referral as complete)				
Date	Client Programme ID No (Which could be ANC/PMTCT/ART/BCF form number) Please indicate:	Services provided (use code)	Further referral (Y/N)	Place & services referred for

SISTA2SISTA CLUB REGISTER SAMPLE

Mentor Name:.....

Group Name:.....

Year:

Month of reporting:		BCF Name:								Group Name:							
No.	First name and Surname	Outcome Indicator ²						School Status ³		Exercices ⁴				IndvSes ⁵	SanPacks ⁶		
		FP	P	M	AB	H1	H2			Date	Date	Date	Date				
								BS	DS	Ex	Ex	Ex	Ex				
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	

Reference Documents:

Key National Documents

- National Health Strategy for Zimbabwe 2016-2020
- The Zimbabwe National Family Planning Strategy (ZNFPS) 2016-2020
- Extended Zimbabwe National HIV and AIDS Strategic Plan (ZNASP) 2015-2020
- National Adolescent and Youth Sexual and Reproductive Health (ASRH) Strategy II: 2016-2020
- Zimbabwe National Gender Based Violence Strategy 2012-2015
- Standard National Adolescent and Youth Sexual and Reproductive Health (ASRH) Training Manual 2016 Edition
- Zimbabwe Demographic Health Survey 2015
- National Adolescent Fertility Study Technical Report 2016
- National Guidelines on Clinical Adolescent and Youth Friendly Sexual and Reproductive Health Services Provision (YFSP) 2016 Edition
- Training module to compliment the National Adolescent Sexual and Reproductive Health (ASRH) Training Manual for Service Providers
- Zimbabwe Reproductive, Maternal, Newborn, Child, Adolescent Health, and Nutrition Strategy (2017-2021)
- Zimbabwe Maternal and Neonatal Health Strategy 2017-2021
- National Guidelines on Key Interventions to Improve Perinatal and Neonatal Health Outcomes in Zimbabwe
- Zimbabwe National Child Survival Strategy (2016-2020)
- The Zimbabwe Cervical Cancer Prevention and Control Strategy (ZCCPCS) 2016-2020
- Community Systems Strengthening Framework for Health in Zimbabwe 2017

Key Regional Documents

- Population Council Zambia. Adolescent Girls Empowerment Program (AGEP): Health and Life Skills Curriculum (2013)
- German Foundation for World Population (DSW). Sexual and Reproductive Health Training Manual for Young People (2006)
- National AIDS Commission of Malawi (2007) Guidelines for Conducting Community Dialogue, A Community Engagement Tool for Sustainable HIV and AIDS Behavior Change
- EGPAF (2012) Addressing the Social and Behavioral Barriers to PMTCT of HIV Through Community Dialogue, An Implementer's Guide
- Plan International. Champions of Change Modules
- SAFAIDS Behavior Change Manuals for Adolescents
- Tuneme.org- Website resource for adolescents

(Footnotes)

1 UNFPA ESARO Comprehensive Sexuality Education Facilitator Manual. pp54-58

2 Adapted from UNFPA (2016) Comprehensive Sexuality Education Manual for Out of School Young People 242

3 Adapted from UNFPA (2016) Comprehensive Sexuality Education Manual for Out of School Young People pg. 243-244

The original Sista2Sista mentors manual 2013 was researched, developed and piloted by Insight Strategies (www.insightstrategies.net) under contract with UNFPA Zimbabwe.

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ZIMBABWE AIDS PREVENTION AND SUPPORT ORGANISATION

