

Our Community, Our Solutions.

Study Circles for Adolescent Development



CONCERN
worldwide

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Forward

Growing up should be an exciting time for many adolescents. As children experience the transition from childhood to adulthood many factors can support or hinder this transition. Adolescence provides a time for children to try new things, experiment and even take risks.

In Kenya many adolescents especially those living in urban slums, areas with high HIV prevalence, Arid and Semi-Arid areas lack opportunities to pursue quality education and hence their prospects in life are bleak. They lack recreational facilities and adolescent reproductive health services that they badly need in this stage of their development. Adolescent participation in decisions that affect their lives is limited or lacking or together. They live in the shadow of HIV, unemployment, crime, drug abuse, violations and myriad other difficulties that they have to surmount and have to struggle to find meaning in their lives. Children therefore need a solid education base, supportive peers, adults and communities if they are to successfully undergo this transition into adulthood.

Yet in Kenyan adolescents lay immense creativity and vigour that if well nurtured and unleashed in the right direction has the potential to thrust Kenya into a medium income nation. Through Concern's experience in social transformational approaches we have learnt that the greatest source of support for adolescents is their fellow adolescents. They are familiar with their situation, have the passion and desire to see their own and fellow adolescents' problems resolved. They have a great hope and desire to bring positive change in their lives and that of their community.

It is with this in mind that "**Our Community Our Solutions**" manual has adopted the "Study circles" approach to Life skills. It is a guide for a peer led learning and sharing based on mutual respect; peers engage with their peers and develop key life skills with their peers, with a view to promoting the growth of all for the benefit of their community.

Concern is highly indebted to the many adolescents and youth who continue to hold on to optimism in the face of great challenges. Many are those that have put their time and skills at the services of fellow adolescents, often with little recognition. This manual is dedicated to you.

It is our hope and desire that this manual will enrich and bolster the vision for a prosperous future for adolescents in Kenya.



Wendy Erasmus,
Acting Country Director
Concern Worldwide – Kenya

Background: Community Conversations

Concern Worldwide - Kenya has adopted the socially transformative Community Conversation (CC) approach in 5 slums in Nairobi and 4 Counties in Nyanza in 2010. The approach involves facilitating communities to analyse complex socio-cultural issues associated with HIV mainly violation of rights and high stigma against children affected by HIV and AIDS (CAHA), and high risk sexual behaviour. Once groups have ingested the information and identified local factors increasing vulnerability, they are challenged to generate collective solutions and defining practical action aimed at reaching the agreed changes – a change action plan. The change action plan stipulates the role of all players: community members, parents, guardians and service providers. CC groups then market the change action plan to the wider community, and government departments such as local administrators, Children’s Department, health and education officials to solicit their commitment and spur the implementation of pertinent laws and policies that support change action plans. As a result Concern has observed a fundamental shift in attitude, with communities identifying their own behaviour towards CAHA that has increased stigma and discrimination and put these children at risk of HIV. The communities are also shunning dependency on external solutions and are tapping onto their internal resources to develop and implement improvement plans.

Unfortunately the youth aged 10 to 19 feel uncomfortable in the adult dominated CC groups and have displayed tendencies of boredom with the current manner in which CCs are being implemented. The youth are particularly concerned about the focus on HIV and have requested for inclusion of other subjects that affect them and which have a bearing on HIV such substance abuse; protection from violence; and citizenship and human rights (participation).

In light of this Concern Worldwide: Kenya commissioned the development of a Community Conversation manual specifically aimed at youth aged 10 to 19 years of age (adolescents). This manual aims to address some of the shortcomings found in the conventional CC methodology and gives adolescents opportunity for peer led conversations with an opportunity to give feedback to the larger CC groups at a later stage. The manual will rely on ‘Study Circle’ methodology, which is a methodology that originated in Sweden in the early 19th century to facilitate non-formal adult education, but which has since been adapted for a wide range of settings. Since study circles form the heart of a process for public dialogue and community change, which begins with community-organising and is followed by facilitated, small-group dialogue that leads to a range of outcomes, they can be perfectly adapted as adolescent CC groups. The manual utilises life skills as a lens to address some of the concerns highlighted by the adolescents.

How to use this manual

This manual is divided into three sections – read and understand all three parts before you undertake the formation of a study circle:

Section I outlines the study circle methodology, outlining what a study circle is, how to run a study circle and providing other practical information on the methodology.

Section II contains reference materials related to the following areas:

- Life skills
- Adolescents and participation
- HIV and AIDS
- Protection from violence
- Substance use

The reference material contains information for the study circle facilitator(s). The materials will help with the activities. Therefore, the facilitator(s) should review the reference materials before each session.

Section III contains the activities for the study circle. This part is divided into activities related to:

- Adolescents and participation
- HIV and AIDS
- Protection from violence
- Substance use

Most of the activities use few materials or resources, requiring only flip chart paper and markers. All of the activities can (and should) be adapted to suit the particular circumstances and context in which the training is taking place.

Anything that is in a text box like this is additional information for the facilitator. It gives notes, tips and more reference information that will help with the activity.

Who is this manual for?

This manual can be used by young people, whether in school or out-of-school. The activities should be adapted for ages 10-14 and 15-19. Some of the steps in the activities can be changed or skipped all together if they are considered not suitable for younger participants (note exercises on condom use, sexual practices and the biology of sex). While it is recommended that activities (and the activities have been developed for) be undertaken in mixed sex groups (boys and girls), they can also be run single sex groups.

How should the training be undertaken?

It is important for the circle to be just that – all members to sit in a circle, and guided by a facilitator. The facilitator should be, as far as possible, a member from the group. The members of the study circle are responsible for their own learning, and must play an active role in the entire process.

Read Section I on study circle methodology to get more information on the methodology for the group!

Section I:

**Study Circle
Methodology**

What is a study circle?

A study circle is a participatory and a dynamic process, which is based on the experience and contribution of the participants, called 'members'. It is a flexible learning opportunity, and is completely removed from the formal educational system.

The study circle method uses a small group of about six to twelve members. Such a group works together for a certain period of time on one or more problems or subjects, under the guidance of a group leader/facilitator, who has been identified and accepted by the group members.

The main difference between the study circle method and more conventional training methods is that teaching is not carried out in a "top-down" manner – from trainer to trainees - but rather learning depends on interaction among participants. The work within study circles is built around the participants' search for knowledge according to their own needs, issues and interests. The members regularly meet and work according to a study plan that they often develop themselves. They generally meet once a week for about two to three hours, six to eight times altogether depending on the topic(s).

Three components are essential to the successful implementation of a study circle:

- Experience and skills of the participants;
- A study plan or study materials that have been produced specifically for the study circle, dealing with the issues that are important for the participants;
- A leader/facilitator who guides the work of the study circle.

Aims of a study circle

The purpose of a study circle is to:

- Build on the knowledge of members;
- Make members more aware about the need for change, and what changes are required; and
- Actively involve members in bringing about change in their own communities.

The aim of participants in a study circle is to gain knowledge by sharing and exchanging ideas, experiences, undertaking research, reading and raising awareness about issues in the community.

How does a study circle work?

While each study circle agrees to its own rules, the following are important elements:

- Participants of a study circle meet at least one or more times during a certain period (usually a week). They usually have 'homework' between meetings – to test ideas, to find necessary information, etc.
- There is a study circle leader/organiser who is from the group and helps with organising the study circle. The study circle leader is also responsible for the first and last meeting. The study circle leader assists with the goals and objectives of the circle, prioritising issues and generating meeting plans. He/she sources materials or helps to find experts if needed. He/she also takes minutes and keeps the group together.
- The study circle leader initiates the learning process in a study circle, but as the work of the study circle unfolds, the members themselves decide how and what to learn. The circle leader helps with the evaluation of the work of the study circle.
- Everyone in a study circle is responsible for getting the work done and for achieving the jointly agreed upon goals. Each participant has responsibility to come to the meetings, to complete agreed upon homework assignments, and to implement the agreed upon work plan.

- During the first meeting, the group chooses a topic, sets goals, discusses what result is expected, makes a draft work plan for all meetings, and agrees upon a more detailed plan for the following meeting.
- During the subsequent meetings, the participants follow the plan. It is very important to keep to the agreed upon meeting dates and deadlines – it will help the group reach its goals.
- An essential goal is effective communication among participants. As a result, study circle members sit in a circle, facing each other.

Composition of a study circle

Participants in a study circle must be actively involved in all of the work of the study circle. It is important that the study circle is a small group, about six to twelve participants, including the study circle leader. This allows for the maximum participation of all members. It also ensures cooperation, joint responsibility and more active dialogue. Participants should essentially have common values and have different experiences and bring those experiences to share with the group.

Basic principles of study circles

The following are the basic principles of a study circle:

Free and democratic

These are free and voluntary studies. Participants are not 'pushed' to participate in a study circle. Usually there is a free, relaxing atmosphere instead of very structured lessons typical of a school. Democracy is a very important principle of the study circle method. Everyone has a right to express their opinion and be heard.

Involvement and activity

Everyone is involved and everyone is responsible for the results and for achieving the goals in a study circle. Every participant is active - they find information, share it, try ideas and develop materials.

Planning

Study circles are planned studies. The participants organise their own learning process – a group chooses topics that are interesting to them and sets its goals. Participants as a group also identify anticipated outcomes from their work and agree on a work plan for meetings.

Cooperation and support

Knowledge and competences of other group members is the main source of knowledge in a study circle. If a particular topic is being discussed that needs outside intervention, it is best to invite people from the community (such as teachers, nurses or local government officials) to provide their inputs. Participants support each other. If somebody has a problem, group members are approached first to provide assistance.

Financing

The study circle is developed as a concept with no or very little expense. Participation in the study circle rests on voluntarily work from both the study circle leader and the participants. However, sometimes expenses are unavoidable. For example, study materials might need to be purchased or photocopied. These costs should be shared among the participants and, if possible, kept to a minimum.

Members of a study circle

The study circle leader

The study circle leader plays a very important role. The study circle leader helps to create and develop the learning processes that stimulate and encourage the participants actively to look for knowledge. At the same time, the study circle leader is one of the members in the study circle and is accepted by the participants themselves. He/she works according to agreements with the participants. The study circle leader is not a teacher or a boss but may facilitate some or all of the sessions.

The following are the important aspects of being a study circle leader:

- A crucial part of the study circle process is to decide on the relevant topic areas and issues. It is important to develop a draft list of topics based on research undertaken. This would normally be the responsibility of the study circle leader.
- At the first meeting, the study circle leader should introduce the study circle methodology as well as the suggested topics to be covered. The topics can only be confirmed by the study circle participants themselves at the first meeting. They can give priorities to certain topics and add new topics.

Typical skills and qualities of a study circle leader and/or facilitator include, but are not limited to:

- Good communication and interpersonal skills
- Self confidence
- Self awareness and insight
- Good leadership qualities
- Maturity and common sense
- Integrity
- Non-judgement and open mindedness
- Sensitivity and compassion
- Flexibility and adaptability
- Time commitment and availability

The study circle facilitator

Once the topics are agreed upon, someone is assigned to facilitate each of the upcoming sessions. This could be the study circle leader or another member of the circle, or it can be an external facilitator.

The facilitator's responsibilities include:

- Before each session, the chosen facilitator must prepare for the session by reviewing the meeting notes in the workbook, preparing for the activities, and sourcing additional reference materials, if required. The notes outline the structure and the process for the meeting.
- During the meeting, the facilitator makes sure that everyone feels accepted and respected, and they feel free to state their opinions.
- The facilitator encourages participation, puts the participants' own development in focus, and asks the right questions. He/she emphasises dialogue between the participants and encourages the participants to discuss solutions. He/she helps to develop the team spirit so that the members feel secure and helps to build the participants' self- confidence.
- The facilitator is a resource person when it comes to organising the studies but does not necessarily have to be a subject matter expert. However, he/she should be able to guide the activities and discussion.

The participants

The study circle is built around the participants' search for knowledge. There must be a desire and willingness to learn. All individual members have a responsibility to contribute to and work actively in the group. All study circles encourage cooperation and discourage competition.

Study circle participants help each other and cooperate with each other. This means that all participants share the responsibility equally for whether the objectives are achieved or not.

Coordinating logistics

Topics

The topics/subject areas of study are decided in the group and by the group. That is why the topics in a study circle always concern every one in the group. The topics should be concrete and should use the participants' experiences and knowledge as a basis (the reference section of the manual include pertinent topics members of a study circle can discuss, study circles are encouraged to identify other topics not included in the manual and gathering resources on those topics). When the draft topics have been identified, they are finalised and prioritised by the circle members.

The study circle members decide on their work plan. It is important that everyone in the group comes to an agreement about the work plan otherwise a lot of the meeting time can be spent on irrelevant discussions. Often the planning phase is not a one meeting affair. It takes time but it is very important. A good outcome is the result of good planning and good preparation.

The work plan outlines the objectives and the goals, and the different steps the circle will take to achieve the goals. It also identifies sources of information, and areas where further information will be required and sought.

Venue

The venue should be as close as possible to the homes, schools or work places of the members. It is important to choose a place that is convenient for all and can be reached without spending a lot of time or money. Try to find a quiet place where the circle can meet regularly and where there are few disturbances from the neighbourhood.

The venue does not need a lot of equipment. If it is possible, a flip chart and markers will do. The study circle members including the facilitator should sit in a circle, so that they can see each other during the meeting. Assistance can be sought from churches, other community organisations and schools if a suitable venue can not be found.

Time

The circle decides when and how often they will have meetings. However, meetings should not be longer than two hours and should only be held once or twice a week.

The time in between meetings is necessary to allow for the learning to sink in, to consider the results of the discussions, and also to think about the topic for the next meeting.

Responsibilities

Before beginning the study circle, there are various things that need to be decided upon. For example:

- Who is going to be the study circle leader?
- Who is responsible for the study circle?
- Who will take minutes? Will it be one person each time or will it be rotating?
- Who is responsible for the venue and ensuring that everything is in order when the meeting is starting?
- How will everyone contribute to the development of the study circle?
- How does the circle handle those who miss a meeting? What reasons are acceptable for not coming?

- What should the circle do if one or more participants leave the study circle or just come every now and then?

Again, it might take time to come to consensus on these questions but it is important that all members agree to be bound by the agreement.

Attendance

It is important for all members to come to each meeting. An attendance register should be kept to monitor who is attending.

Checking progress

Ongoing progress can be assessed by checking with participants and reviewing the objectives of the circle. The relevant questions are:

- *Is the circle working according to the work plan?*
- *Are the objectives still relevant?*

In trying to answer these questions, several aspects can be taken into consideration. For example, looking at the members' attendance can give information on whether the study circle is achieving what it should. Also relevant is members' participation at the meetings. If members are not coming and/or are not participating or are focusing on other issues than the agreed upon topics, this indicates that there are challenges that need to be addressed. After the problem has been identified, the circle members should try to solve it. If it is necessary, the work plan or objectives can be revised.

Another way to check on progress is to allow for reflection. It is very important that at the beginning of each session, the members reflect on the previous session and discuss any questions, concerns or outstanding issues. This can be done in pairs at the beginning of each meeting, but important points should be raised in the wider circle for discussion.

Final assessment

Once the work plan is completed, it is very important to assess how well the study circle did in terms of new knowledge and practices gained from being in the course.

Instead of using a questionnaire for 'measuring' progress, a study circle can assess its own achievements by asking:

- *How well did we succeed?*
- *Where did we face obstacles?*
- *What may have caused them?*
- *Which of our experiences can be valuable to other study circles?*
- *What is next? (a consideration for the future)*

Study material

When the study circle has agreed on the topics and developed the work plan, it needs to consider what kind of study material is going to be used. The materials can be borrowed from friends or the library or purchased if necessary. Sometimes, the materials are found on the internet and can be downloaded for free.

A special study circle manual is the first choice in terms of providing guidance to the study circle facilitator(s). A proper manual will contain facts, highlight points for discussions and guidelines for the work in the study circle, covering the agreed upon topics.

If a specially produced manual cannot be produced, it is necessary to develop a self-made study guide, using available materials (such as brochures, pamphlets, scientific reports, parliamentary reports, newspaper, magazine cuttings, etc). Having collected the materials, the study circle

will then proceed by sorting these into a topical chronological order, after which materials are developed according to the meetings planned. Review the materials and consider the following questions:

- *What is the text about?*
- *Do you agree?*
- *What experiences do you have from your point of view?*
- *Do you have other sources with different opinions?*

Discuss the material in the group and arrive at a common conclusion (consensus) about it. A member of the study circle can also bring new materials which could be added to the study circle. However, this material should be prepared in advance by the participant.

The first meeting of a study circle

The first meeting of a study circle is crucial. At this meeting, the study circle members will agree on how the circle will work together, and will establish a working relationship with each other.

1. Introductions

Start the meeting by asking participants to introduce themselves, especially if they do not know each other.

To help break the ice, the study circle leader should introduce himself/herself first and say something that no one else in the group knows about him/her (or use a similar icebreaker)

2. Logistics and responsibilities

The study circle leader should facilitate a discussion the following issues:

- *How will our study circle work? Who will be responsible for what?*
- *Who will be responsible for leading each session? It can be one person or members could take turns to be the facilitator, depending on the topic that is being covered. Write down the facilitator's name on the top of the notes for each meeting.*
- *Where will our study circle meet? The venue should be convenient for everyone, quiet and comfortable.*
- *When will we meet? The circle will need four to ten meetings (or more if there are many topics to cover), each about two hours. Meeting once a week is ideal. It is not a good idea to meet more than twice a week.*
- *How will we handle those who miss a meeting? They might arrive at the next meeting and not know what the circle did the last time. How will we deal with that?*
- *What will we do if someone leaves the circle or just comes every now and then?*

It is important that the agreement is documented (written down) so that it can be referred to as and when needed.

3. Learning in a study circle

The study circle leader should discuss how learning takes place in a study circle and how a study circle operates. Ask the following questions:

- *How should we treat one another, and how should we behave?*
- *What should we do to make sure that each of us learns as much possible from the study circle?*
- *What fears do you have about learning this way? Give participants an opportunity to talk about their fears or worries about this group. Remember that naming the fear is part of the process of overcoming it.*

4. Our objectives for learning about a particular issue

Discuss the objectives for the study circle. The members of the circle will learn better if they are all clear about the objectives for the circle.

Ask everyone in the circle to think about following questions (the leader must ensure that every one understand the questions):

- *Why did you join the study circle?*
- *What is the most important thing you want to learn about this issue?*
- *What do you need from the other circle members to reach this goal?*
- *What do you need to contribute to reach this goal?*

Discuss the answers to each question in turn.

In conclusion, the circle leader should summarise all the points. It is important to note down the objectives and refer to them throughout the process to make sure that the circle is meeting the objectives.

5. Evaluation

At the end of each meeting, members should share their insights about what they learned. The facilitator should ask:

- *What did you learn about yourself?*
- *What did you learn about others?*

Section II:

Reference Materials

What are life skills?

Life skills are defined as the psychological or social skills and abilities that enable an individual to cope with life and its stresses.

The importance of life skills development

Life skills promote positive and adaptive personal characteristics and social behaviour. They equip young people with coping strategies for dealing with choices and behaviour. They help to establish sources of social support and interpersonal relationships and they enhance self esteem, self worth and self-confidence. Life skills aim to assist young people to make positive and informed decisions about their lives and behaviour.

Key types of life skills

The life skills of knowing oneself include:

Self-awareness

Young people have to understand themselves first; their potential, their feelings and emotions, their positions in life and society, their strengths, and their weaknesses. They need to have a clear sense of their own identity, where they come from, and the culture into which they have been born and which has shaped them.

Self-esteem

Self-awareness leads to self-esteem as people become aware of their capabilities and their place in the community. Self-esteem has been described as an awareness of the good in oneself. It refers to how an individual feels about such personal aspects as appearance, abilities, behaviour, growth and their experiences of being competent and successful in what they attempt. Self-esteem is strongly influenced by an individual's relationships with others. Significant adults such as parents, family members, teachers and one's peers can help to develop or destroy a person's self-esteem by the way in which they interact with him/her.

Assertiveness

Assertiveness refers to knowing what a person wants and why, and being able to take the necessary steps to achieve it in the particular context. For example, an assertive girl can say no to the sexual advances of a fellow classmate or an older man; or an assertive boy can convince his parents to let him continue with his education. Assertiveness is related to culture and it is important that young people know how to be assertive in all situations. However, assertiveness with peers may differ from assertiveness with parents, teachers, etc.



Coping with emotions

Coping with emotions involves recognising one's emotions and making decisions that take them into account. Emotions such as fear, anger, and happiness are subjective and may result in impulsive decisions. That is why they can be very unpredictable and often lead to actions which are not based on any logical reasoning. Failing to cope with emotions can therefore easily lead young people into behaviours that they may regret later.

Coping with stress

Stress is an inevitable part of life. Coping with stress is the ability to recognise it, its cause(s) and effects, and deal with it positively. In limited situations, when one is able to cope appropriately with it, stress can be a positive factor since it forces a person to focus on doing something to respond to the stress. However, stress can be a destructive force in an individual's life if he/she is unable to cope with it. Therefore, as with emotions, young people need to be able to recognise stress, its cause and its effects, and know how to deal with it.

The life skills of knowing others include:

Interpersonal relationships

Interpersonal relationships are the essence of life. Relationships can come in different forms. Young people need to know how to react appropriately in each relationship so that they can develop their own potential in their own environment.

Friendship formation

Young people need to be careful when making friends in order to avoid those friends who will negatively influence them. This life skill helps young people to recognise which friendships will be mutually beneficially to their well-being, and helps young people to withstand the pressure of those that are negative and/or destructive.

Empathy

Showing empathy involves putting oneself in another person's shoes, particularly when they are faced with serious problems. Empathy may also mean understanding and internalising other people's circumstances and finding ways to lessen the burden by sharing with them, rather than condemning or looking down on them for whatever reason.



Resistance to peer pressure

This involves standing up for one's own values, beliefs and convictions in the face of conflicting ideas or practice from peers. Friends or colleagues can come up with unacceptable or dangerous suggestions and may put pressure on friends to accept this. It is important that young people are able to withstand peer pressure and do what they think is right for themselves.

Conflict resolution

Learning how to resolve conflicts through non-violence is a crucial skill. Non-violent conflict resolution is connected to interpersonal relations, negotiating skills, and coping with emotions and stress. Conflicts are unavoidable and sometimes necessary but the skills for non-violent conflict resolution ensure that such conflict situations result in understanding without resorting to fighting.

Effective communication

Communication is the essence of human relationships. Therefore, one of the most important life skills is being able to communicate clearly and effectively with others. This may involve learning to listen as well as understand how others are communicating, including what their body language is saying.

Negotiation

Negotiation is an important skill that involves assertiveness, empathy and interpersonal skills, and also the ability to compromise on issues without compromising on one's principles. It involves coping with potential threatening or risky situations. Learning how and when to negotiate is important.

Decision making skills include:

Critical thinking

This is important so that a young person is able to critically analyse information in order to have an accurate basis for making objective decisions, actions and judgments.

Creative thinking

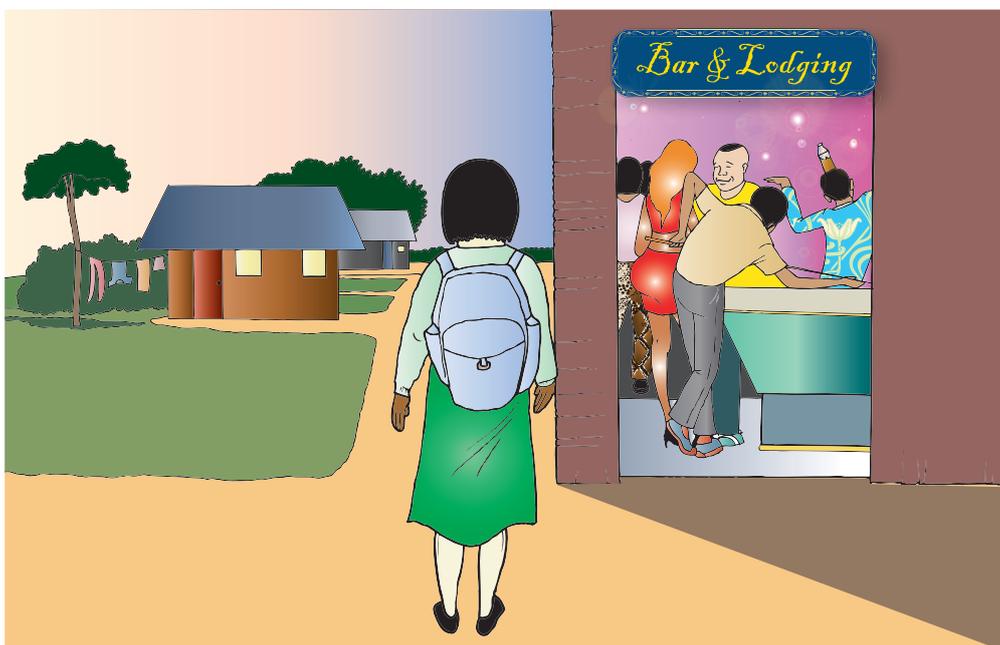
This is important so that when a person finds himself/herself in an unfamiliar situation, he/she is able to make an appropriate choice or decision.

Decision making

This involves evaluating the available choices in view of their possible consequences, and then making an objective and reasonable decision.

Problem solving

It is only through decision making that a person improves their ability to solve problems. Problem solving is related to decision making and requires many life skills. It is only through practice in making appropriate decisions and solving problems that young people can build the skills necessary to make the best choices in whatever situation they find themselves in.



Adolescents and participation

Some important terms for you to know:

Adolescence is the phase in the human life between childhood and adulthood. Adolescence is marked by changes in body, mind, emotions, social life and morality. It is a time of discovery and change. People in adolescence are usually called **youth, young people, adolescents and teenagers**.

Participation is the process by which people influence decision making, which brings about change in them, others, their services and their communities.

Youth participation is involving youth in responsible, challenging action that meets genuine needs, with opportunities for planning and/or decision making that affects others outside or beyond the youth participants themselves.

Politics is the way that people from different backgrounds and with diverse views manage to negotiate their clashing interests in order to solve public problems. In this sense, politics can be everywhere and can involve everyone.

What is 'adolescence'?

Adolescence is the phase in the human life span between childhood and adulthood. Adolescence is marked by changes in body, mind, emotions, social life and morality. It is thus a period of special significance and complexity. It is a time of change – a time for young people to develop new and adult relationships with themselves, others and their bodies.

People in adolescence are usually called 'youth', 'young people', 'adolescents' or 'teenagers'.

Adolescence usually covers a span of about 10 years, from puberty to full biological maturation. Within this time frame, youth are affected by various developmental transformations including physical, emotional, and social changes. With these changes come many responsibilities and privileges that are different from those of childhood or full adulthood. Some young people might experience this as a confusing time in their lives if they do not understand these changes.

The major task of any adolescent is to become 'his/her own person'. Adolescents learn to make choices and commitments, follow through with them, and stand up independently in the world. But it is often a confusing time, with parents, friends and society sometimes encouraging and sometimes discouraging youth to move forward and gain their independence.

In many ways, adults carry on the very same tasks of growth and development themselves, after adolescence. Adults, however, usually have a greater sense of who they are - what they value, what they need, and how best to get what they need - than do teenagers.

The general developmental stages during adolescents are as follows:

Physical changes

Adolescents experience rapid rates of growth and maturation of the reproductive organs and glands. Together, these physical changes accomplish the biological task of transforming a child into an adult. Rapid change combined with wide variation among individuals tends to make adolescents extremely sensitive about their appearance. At no other time in life are feelings about the self (self-esteem) so closely tied to feelings about the body (body image). These physical changes also affect their social relations and emotions. That is why a pimple or being ahead or behind a classmate in physical growth can be so stressful to an adolescent's emotions.

Mental changes

Adolescents develop their abstract thinking capacities. Before age 11 or 12, children think in terms of concrete objects and groups of objects. By age 16, most adolescents have gone from the simple

way of thinking to complex forms of reasoning. They learn to approach a problem systematically. Moral issues become more complex because they understand that two sound rules or principles might conflict. For example, they will understand that in certain situations the values of friendship and honesty conflict.

Adolescents also come to realise that what exists is only one of many possibilities. This is important in facing many choices as they move into adulthood and choose career directions, educational paths and life relationships. Thus, young people need time alone to think about the many possibilities that are before them.

Social changes

Because of their physical and mental growth, adolescents are no longer treated like children. The expectations adults and peers have of them change and their behaviour changes. In other words, their social world changes and these changes lead to the typical traits of teenagers. Some of these are:

- Concern with being popular. A young person is trying to find out how worthwhile he/she is in the eyes of peers. In the young person's mind, having friends means that he/she has been accepted. Teens spend more time with peers because they have similar tastes in music, dress, activities, dreams, and goals.
- Challenging the way things are. Teens will challenge the rules and reason of parents, teachers, and the world. This is part of their intellectual growth, as they try out new ideas and possibilities.
- Express concern about how they look. Young people feel that everyone is looking at them. They are concerned with their physical and hormonal changes. Do they fit in with their classmates and/or peers? Because they can now imagine what other people may be thinking, they feel that everyone is looking at them.
- Having friends that parents may not approve of. Parents may not approve of their new friends. However, young people are busy exploring new relationships and the ideas that these friends may have.
- Influenced by peers. Teens will look to their peers for norms in dress, substance use and sexual behaviours. However, research shows that teens are strongly influenced by their parents in moral issues.
- Belonging is very important. Having friends during early adolescent years is valuable as children are trying to develop acceptable social skills. They are relating to other teens in different ways than when they were younger.
- Need privacy. Teens need time alone to think, as their intellectual capacities increase and they are faced with new ideas and challenges. The changes they are undergoing physically often lead them to a need for privacy.
- Moodiness. With the rapid changes going on in physical, social, and intellectual growth, they may be moody and withdrawn. Their hormonal changes are a great factor in their moodiness.

Challenges during adolescence

The most common sources of day-to-day problems for young adolescents are:

- Problems with peers (including "romances")
- Family issues or problems with parents
- School-related problems or pressures
- Their own thoughts, feelings, or behaviours (feeling depressed or lonely, getting into trouble because of their behaviour)

- HIV and AIDS
- Death of loved ones
- Differences from leaders in the community
- Political and religious intolerance

Young people who live in different places, though, may face different kinds of stressors. Some adolescents live in communities with high rates of crime and violence. Others live in isolated, rural areas. Obviously, they will have different kinds of challenges.

Adolescents react to such problems in much the same ways that adults do. Common reactions are excitement, fear, anxiety, sadness, and anger. The behaviour of an adolescent who is stressed may change, but each adolescent reacts in a different way. For example, some adolescents withdraw from others, some lash out at others, and some actively seek the comfort of others.



Change during adolescence

Adolescence is a time of change – in body, mind and spirit. Physical changes are resulting in adult bodies. Emotional changes are resulting in new thoughts and ideas.

The changes can be big or small, exciting, difficult and painful. Change is necessary and important. Through change, people grow, mature and can bring about new life, character and new beginnings. Change is the process of becoming different.

Accepting change is probably one of the hardest things that a person will have to do. However, it is also one of the most important. Change is difficult because it makes people feel unsettled and out of control, instead of secure and stable.

Often, during adolescence, young people also face changes in the community. The more they grow, the more their status in the community changes; they are required to review their involvement in the community. They are children but also young adults. Adolescents are challenged to think differently about themselves, their role and function in the society. Some take more responsibilities in the community than others.

Young people may play various roles – sometimes willingly, and sometimes unwillingly. For example, young people may be:

- Heading a family, due to the early death of parents,
- Working to provide income for struggling parents,
- Becoming leaders in the community;
- Begging on the streets, or
- Getting married and becoming parents.

Social change – change in the community – can be very positive, when undertaken to create and apply new ideas, strategies and actions to promote the worth, dignity and development of individuals, communities, organisations, institutions, cultures, and societies. Positive social change results in the improvement of human and social conditions. Social change requires active participation and leadership from youth.

Young people: Getting involved

Good citizens are aware of what is going on in their community and society. They have a good understanding of different social and political issues.

Every young person can make a real difference to the world around them; each can contribute something important to their community. The idea for taking change begins with adolescents' acknowledging the challenges and problems they face in the community. The challenges faced by young people could include, for example:

- Lack of recreational facilities, sports fields, libraries, entertainment centres etc.
- Social pressure from adults
- Safety issues
- Child labour
- Poverty
- Environmental challenges such as an unhygienic environment and pollution
- Political pressures

Young people can learn to be part of the solution, rather than being discouraged by the situation and adding to the problem. Young people can have a real impact on events in their community; they can influence what is going on.

Taking action is about creating what ought to be - greater caring, being involved in social justice issues, creating community spirit, changing society for better, and connecting with other young people. This can be achieved by working together; it is being part of something bigger than oneself. It means, as a young person, having both rights and responsibilities that are taken seriously.

A high degree of awareness and understanding is necessary before planning or undertaking any action in the community. Awareness involves observing what is going on, asking questions, listening to other people and groups - young, old, religious, community organisations, political organisations, those in opposition, etc. It is about being aware of what is happening by reading newspapers, listening to the radio and watching the news on television. It also means reflecting on and discussing community matters. Youth can also become aware by:

- Talking to other youth about the issues that they think are of importance in their community
- Walking around their community and recording the good points and bad points
- Taking photographs to highlight issues
- Interviewing members of the community to get their views on various issues
- Talking to their families / friends about their views
- Making a video of their area
- Interviewing local councillors, local leaders or others active in the community

Once the issues have been identified, it will be necessary to prioritise one or two for action. The following questions can help with the prioritisation:

- *What is the most important to the community and why?*
- *What can we realistically do something about and why?*
- *What will provide us with the greatest learning and growth opportunities?*
- *Do we have the time, resources and/or people in the community that can help?*

Once prioritised, various actions can be undertaken to begin to address the issues. These actions are dependent on the specific context of the community, the people involved, and the desired outcomes.

The following are some suggestions for getting involved:

Form youth groups

It is easier for youth to influence and participate in the affairs of the community if they are organised. One way is to form various groups concerned with different issues or interests. For example, youth committees can be established, dealing with such issues as environment, peace, sports etc. A youth council could be established to represent the interests of the youth in a particular area.



All these forums or movements in the area could advise local government and local leaders, make recommendations to the local decision makers, or even challenge the government on matters involving young people.

Building relationships with the community and local leaders or public officials

Youth clubs should ensure that they are known in the community and seen as a positive asset. Youth clubs also need to build relationships with community leaders and/or councillors. Some ways to do this include:

- Find out the names of the local councillors and community leaders and get their contact details
- Invite them to functions organised by the club
- Invite them to discuss an issue or a concern for youth
- Present ideas clearly and listen to their responses
- Promote the work of the club with them and keep up regular contact

Youth participation

Participation is the process by which people influence decision making, which brings about change in them, others, their services and their communities.

Participation is a PART OF LIFE:

- It is not just for a special occasion
- It is for people of all ages
- It must be part of regular, interactive happenings in a person's life
- It is relevant to a person's situation
- It is not just for the selected few. It must be inclusive of all kinds of people, especially those with special needs and those in difficult circumstances
- When people express themselves, they should be reflecting on their reality and life experience

Participation is a PROCESS:

- It is not a once-off event, but is ongoing
- People need to know what the aim and purpose of the participatory process is
- Resources, such as access to information and education about rights, roles and responsibilities, are required
- Time needs to be given to the process- it is talking and listening.
- Briefing and preparation are given as needed.
- As part of the process, people build their confidence and skills in expressing themselves
- It does not 'just happen' – it requires people to be proactive

Youth participation

Youth participation is the involving of youth in responsible, challenging action that meets genuine needs, with opportunities for planning and/or decision making that affects others outside or beyond the youth participants themselves.

Youth participation comes from the principle of inclusion as a human right. All people, including children and young people, have a right to constructive social relations and partnerships with others. Meaningful youth participation involves recognising and nurturing the strengths, interests, and abilities of young people through the provision of real opportunities for youth to become involved in decisions that affect them and others at individual and system levels.

The benefits of youth participation include:

- It can help to ensure that children and young people have a greater understanding of other people's views and therefore thinking about the thoughts and feelings of others.
- It promotes greater trust, respect, tolerance and solidarity with other members and groups in the community.
- Children and young people involved in participation projects have an increased acceptance of people from other traditions, are more likely to challenge stereotypes, have an increased understanding of racism and an awareness of disability. It can be particularly helpful in breaking down the barriers between different groups in society.
- Participation helps to build stronger links in the community – individuals like to participate when it benefits the group as a whole rather than just themselves as individuals.
- Involving young people in community decision making and social action can help build effective community safety strategies. Children and young people are highly focused on safety and have a lot to contribute.

Before engaging youth in any decision making, it is important to ask and answer the following questions:

- *Are adolescents safe and protected?*
- *Is inclusion practiced and equality of opportunity given?*
- *Will the dignity of the adolescents be upheld?*
- *Will the adolescents' participation experience be on-going?*
- *Is the participation 'adolescent friendly'?*
- *Has informed consent been given by parent or families (depending on the age of the youth – older youth can consent directly)?*

Youth participation and citizenship

Many adolescents can be negative about participating in local democracy and politics in general. They feel that they do not have a say in what is going on in government and with governance. The majority of them feel that the local government is only interested in them when it is time for elections – prospective councillors will promise many things and after elections the government does not care.

However, young people can have a greater influence on the affairs of local government. It is a matter of knowing how to go about exerting their influence.

Citizenship is about having real influence over democratic and political structures so as to change things for the better. It is not just a matter of voting in elections every few years. It is about working with others to deal with real issues that affect both youth and others. The ideas and ideals of young people are a very important part of the process.

The participation of adolescents in local government affairs:

- Enables them to make better use of opportunities and participate in decision making
- Develops and/or strengthens opportunities for young people to learn their rights and responsibilities
- Has the potential to encourage and promote youth associations through financial, educational and technical support and the promotion of their activities
- Promotes their social, political, developmental and environmental participation, thereby removing obstacles that affect their full contribution to society and respecting freedom of association
- Takes into account the contribution of youth in designing, implementing and evaluating local, national policies and plans affecting their concerns

Youth and politics

Many young people are afraid to get involved in local government because they feel that they will be involved in politics. In today's world, politics has become a dirty word, and has become detached from citizens. Many people have the feeling that politics 'is not about us.' Battles between political leaders play themselves out in newspapers and on television. The ideas and ingenuity of citizens seem to matter less and less. Politics becomes the domain of government, political parties and the media. Citizens feel sidelined, and disgusted by it all.

The word **politics** has an interesting history. It comes from the ancient Greek word **politikos** which means **of the citizen**. Originally, politics had nothing to do with parties or politicians. It meant the **public relationships between citizens** themselves. Politics was about the ways in which ordinary citizens engaged each other, across lines of difference, on matters of public or common interest. Therefore, using this view, politics has nothing to do with politicians or political parties; rather, politics is the way that people from different backgrounds and with diverse views manage to negotiate their clashing interests in order to solve public problems. In this sense, politics can be everywhere and can involve everyone.

Citizens need to take back politics and make it work for them. When they do this, they discover that they can build power without always having to fight bitterly over it, and in so doing have a positive impact on the world they live in. Learning to think and act politically first means being able to articulate one's interests and needs. Then it means acknowledging that other people's interests are different, making an effort to understand them, and figuring out ways of negotiating and satisfying these different interests in order to achieve a goal of public importance.

By joining other young people in clubs or study circles/groups, adolescents can learn how to do reclaim and 'do politics.' It is unlikely that one young person will be able to influence any decision; youth need to form groups and associations in order to have influence – there is 'strength in numbers.'

Young people and leadership

Sometimes, young people are passive, even though there are events that impact on their lives. However, there are some young people who become leaders and positive examples for the others in their communities. They may be leaders at school, or within the Church or another forum. They look like they are self-confident, can deal with any situation or person and have all the answers.

Others look up to them and wonder 'what has he/she got that I haven't?' However, it is important to realise that anyone can make a good leader. There are certain characteristics that are shared by good leaders:

- Leaders have a game plan for their life
- Personal leaders are absolutely convinced they have a great degree of control over their own outcomes and circumstances
- They are internally both followers and leaders at the same time
- They know that every day of life is a precious gift and strive to continuously become something even better
- They are accepting of risk and responsibility
- Personal leadership is not about comfort zones or the status quo - it is about the passion for continual growth and improvement
- Leaders accept the challenge to make things better
- Leaders take initiative and make decisions
- Leaders know and acknowledge their strengths and weaknesses. They work hard to build on these strengths and use them to drive their life in a positive direction. They also work to correct or at least modify their weaknesses
- Leaders deeply want to give something back to the community as a thank you for the gift of life. This kind of leader wants to impart what they have learned to others to help make their lives more productive and fulfilling. It may be in serving the community, mentoring others, visiting the lonely, teaching a class, or any number of ways to leave a personal endowment of service to the world
- Leaders are not superior to other people. They have simply chosen to make a difference in the world beginning in a small way, and to start this process within themselves. They have consciously decided to first 'become the change' they wish to see in others and in this world

HIV and AIDS

Some important terms for you to know:

Immune system is the body's defence system, which protects it from diseases. The immune system is able to recognise and fight infection, illness and disease. Two important parts of the immune system are:

- **CD4 cells** or Helper T-cells: the leader of the body's defence system.
- **Antibodies**: the flags or signals made by the body's immune system that shows that there is an infection and also provide information on the type of infection.

HIV is short form for Human Immunodeficiency Virus. This virus attacks the immune system and makes it weak. If someone is infected with HIV, the person is said to be HIV positive.

AIDS is short form for Acquired Immunodeficiency Syndrome, an advanced stage of HIV infection. At this stage, various diseases attack the weakened body. These are called opportunistic infections. If a person with AIDS does not get anti-retroviral medicines, the person will likely die.

Viral load is a measure of how much HIV is in a person's body. A person with a high viral load is more infectious (more likely to cause an infection) and more likely to get sick and develop AIDS.

An **opportunistic infection** is an infection that affects a person because of the person's weak immune system. It takes the opportunity of the weak immune system (created by HIV) to invade the body.

Anti-retroviral medicines (ARVs) are drugs used to treat people who have AIDS. They work to decrease the viral load for as long as possible but do not cure HIV and AIDS.

The **window period** is the time between the HIV infection and the appearance of detectable antibodies to the virus. Any HIV test conducted during the window period will give false negative results. This means that although the person is HIV positive, there are not any (detectable) antibodies in the blood. In such cases, the test shows that the person is not infected, when in fact, the person does have HIV. In this period, the person is already infectious and may infect others without knowing it. The window period can last up to three months.

A **virus** is a very small micro-organism (it can only be seen only through a microscope), which invades living cells in a person's body and uses the cell to keep itself alive and make more copies of itself. Viruses cause many common human infections (such as the common cold) and serious illnesses and death (such as HIV, which leads to AIDS).

To be **infectious** means that something is capable of being transmitted from one person to another. HIV is an infectious disease but there are only three ways that a person can become infected: through sex with an infected partner (some activities are riskier than others), through blood (such as by sharing needles and razor blades with someone who is infected) or by an HIV positive mother to her baby (in the womb, at childbirth or through breastfeeding).

Sexually transmitted infections (STIs) are diseases or infections that are passed on through sexual activity. HIV is a sexually transmitted infection (although there are also other ways to get it) and the most common way to get HIV is through unprotected sex.

Stigma is a characteristic or quality which 'discredits' an individual in the eyes of others. This means that people will look at someone and have a negative attitude towards that person because of a certain quality or characteristic, for example, if the person is known to be or is suspected to be HIV positive or is seen to be belonging to an 'inferior' tribe.



What are HIV and AIDS?

HIV is the Human Immunodeficiency Virus. This virus gets access to a person's body in a few ways (see next section) and attacks the person's immune system and makes it weak. If someone is infected with HIV, the person is said to be HIV positive. A person can live many years with HIV without becoming sick, although the person might have some problems and opportunistic infections during that time. Most of these opportunistic infections can be treated with antibiotics and other medicines.

The only way to know if a person is HIV positive is for that person to go for an HIV test and get the results.

AIDS is Acquired Immunodeficiency Syndrome. It is the last stage of HIV infection. At this stage, the CD4 cells in a person's body have been destroyed and there are only a few left (the person has less than 200 CD4 cells) and the viral load is very high (meaning that there is a lot of HIV in the body) and this makes it easier for very serious opportunistic infections to attack the person's body. At this stage, the person is very sick.

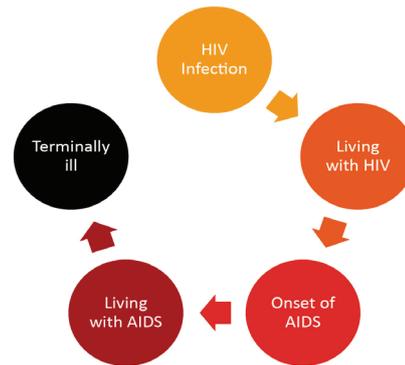
There are drugs available to help to lower the viral load and increase the CD4 cells in the body. These drugs, called anti-retroviral medicines (ARVs), help the person get better but they are not a cure for HIV. A person on ARVs can live for a long time, but the person will eventually die.

How HIV works in the body

The first few weeks after infection

Between one to four weeks after infection with HIV, the virus quickly multiplies, resulting in a lot of the virus in the body. This means the person at this stage has a very high viral load and is very infectious.

During this time, some people feel sick but many people do not have any symptoms. Whether people have symptoms or not, they probably do not realise that they have been infected with HIV. At the same time, their viral load is high and they are highly infectious, meaning that they can transmit the virus to others.



A person who has an HIV test during this period (called the window period) will test HIV negative (as no HIV-specific antibodies are present), even though the person is HIV positive and highly infectious.

Between four to twelve weeks after infection, the immune system begins to recognise the infection and produces HIV-specific antibodies. Once these antibodies have been produced, they will be picked up during an HIV test.

Three months (primary infection)

By three months, the immune system has almost recovered and has destroyed most of the virus in the body. The viral load is low and the person is usually not feeling any symptoms. Unfortunately, the body is not able to completely get rid of the HIV. Although the person is not as infectious as in the first few weeks after infection, the person can still pass on the virus.

If the person goes for an HIV test, the test will come back positive because there are antibodies present in the body.

The minor symptomatic phase

A person can live with HIV without any symptoms for many years. Before a person starts to get sick, there is a lot happening in the body. While there are no symptoms, the viral load is increasing and the immune system is becoming weaker. The person may still feel well or only have minor symptoms such as mild skin rashes, dry skin, cold sores or more regular colds. However, unless the person has been for an HIV test, he/she probably won't think that these symptoms are related to HIV. The person is still infectious at this stage and as the viral load increases, the person becomes even more infectious.

The symptomatic phase

HIV continues to destroy the immune system. At this stage, the viral load is high and the immune system is weak. The person will begin to feel unwell and will have various symptoms. For example, he/she may develop enlarged lymph nodes in the neck, armpits and groin; shingles; skin rashes; diarrhoea; and weight loss.

As the immune system gets weaker, the symptoms get worse. Because the immune system is now very weak, the person is likely to develop life threatening opportunistic infections such as pneumonia, TB, brain infections, cancer, or fungal infections like oral thrush.

During this time, the person is very infectious.

Symptoms of AIDS

AIDS is the end stage of HIV infection. A person has AIDS when his/her immune system is destroyed and there are very few CD4 cells left in the body (less than 200 - a normal CD4 count is between 500 and 1500) while there is a lot of HIV in the body (a high viral load). By this stage, the person is very ill and will probably be in bed, will not be able to eat or drink normally, and will be very thin.

Some symptoms of the AIDS phase are:

- skin rashes and skin conditions
- respiratory infections
- oral and genital thrush
- ongoing diarrhoea
- nausea and vomiting
- wasting of the body and tissue loss
- pains and tingling in hands and feet
- headaches, fits and other neurological conditions
- tiredness, fatigue and weakness
- memory and concentration loss
- mental deterioration and confusion
- other opportunistic infections such as: TB, pneumonia, meningitis, Kaposi's sarcoma (KS) and lymphoma.

Since the person has no working immune system, the person is not able to fight off opportunistic infections and, if not on treatment (ARVs), the person will die.

Anti-retroviral medicines (ARVs)

Anti-retroviral medicines (ARVs) are used to fight HIV, but they do not cure HIV. The purpose of ARVs is to reduce the viral load as much as possible for as long as possible. This results in less of the virus in the body and a stronger immune system. A combination of three different ARVs has the best results. ARV treatment is a lifelong commitment.

In some cases, there are side-effects from the ARVs and these can be different for different people. The side-effects usually get better after a few weeks. It is crucial for people to continue taking their ARVs, despite the side effects. A person can live many years without needing ARVs, and then many years on ARVs. By taking ARVs during pregnancy or at childbirth, an HIV positive woman can reduce the risk of transmitting HIV to her baby.

How HIV is transmitted

HIV is found in all of the fluids in the body of an infected person. Body fluids that contain enough of the virus for infection are:

- Semen;
- Vaginal secretions/fluid;
- Blood; and
- Breast milk.

For infection to occur, the virus must find a way to enter into the bloodstream and get into the good cells and start replicating itself.

The ways that HIV enters into the bloodstream is:

- Sex
- Contact with infected blood
- From mother to child



Sex

The most common method of HIV transmission is through sex with an infected partner.

Of all the things that people can do when they are having sex, some are riskier than others for HIV transmission. Any activity that increases the chance of tearing or bleeding (e.g. female genital cutting) increases risk for transmission of HIV.

High-risk sexual activities include:

- Having sex without a condom
- Having more than one sexual partner, and/or having a sexual partner who has other sexual partners. This creates a sexual network and STIs such as HIV can travel very quickly in the network.

Activities with some risk include:

- Oral sex without using a condom
- Sex with a condom. The risk depends on how the condom is used, its age and type of lubricant used with it
- Monogamy (having only one uninfected partner). The risk depends on the behaviour of the partners because it assumes that both partners are only having sex with each other. If the partners are not using condoms and in fact involved with other partners, or if they do not know their HIV status, then it can have serious consequences.

Low-risk activities include:

- Oral sex on a man with a condom

No-risk activities include:

- Abstinence (having no sex)
- Erotic massage (no exchange of body fluids)
- Kissing
- Hugging (no exchange of body fluids)
- Sexual fantasy.

Contact with infected blood

HIV is also spread through contact with infected blood, if the infected blood manages to enter the blood stream if the infected person. Any equipment that pierces or cuts the skin (such as needles or razor blades) can transmit HIV and other serious illnesses such as Hepatitis.

Drug users can transmit HIV by sharing needles or syringes contaminated by the blood of someone infected with the virus.

Sometimes, getting a blood transfusion transmit HIV, if the blood has not been tested for HIV. Most health services now test the blood that they make available for transmissions.

Mother to child transmission (MTCT)

HIV positive mothers can transmit HIV to their unborn babies during pregnancy (across the placenta), during childbirth and through breastfeeding. This is called mother to child transmission.

HIV testing

The only way to know if a person has HIV is to have an HIV test. Most HIV tests look for HIV antibodies in the blood. HIV antibodies generally take three months to develop so testing during this period will result in a false negative test. This period is called the window period. Importantly, during this time the HIV in the bloodstream is high (high viral load) and the person is highly infectious. Once antibodies have been produced, they will be picked up during an HIV test. It is recommended that a person goes for an HIV test three months after possible risk of infection.

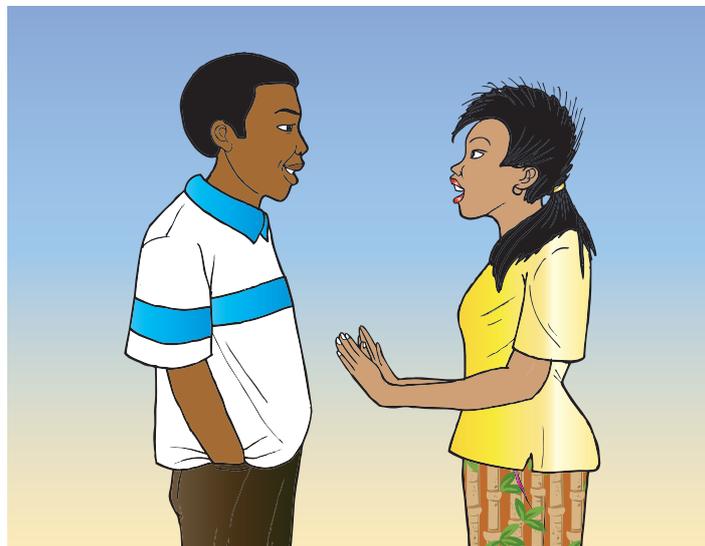
Prevention

The only way to prevent infection is to avoid behaviour that puts a person at risk. Some prevention methods include:

- Abstinence
- Sex with one (uninfected) partner, also referred to as monogamy
- Correct and consistent condom use
- Saying no to drugs
- Preventing mother to child transmission
- Not sharing needles and razor blades and avoiding contact with blood

Abstinence

Deciding not to have sex (abstinence) is a very important way to ensure that a person does not get HIV.



Sex with one partner

Having sex with only one person (for example, a husband and wife only having sex with each other) – as long as that person is also HIV negative and is not having sex with anybody else – will prevent HIV.

Correct and consistent condom use

If it is not possible to abstain or have sex with only one person and/or within marriage(s), using a condom every time and properly also reduces risk of HIV.

A condom is a tube made of thin, flexible material, usually latex, and it is closed at one end. Viruses do not pass through intact latex condoms, even when the condoms are stretched and stressed. It is important to know the correct way to use a condom for it to be effective.

Saying no to drugs

Using drugs reduces people's ability to make good decisions and can be bad for a person's health. This is one of the reasons why using drugs is prohibited by the law. When people use drugs, they might engage in sex with others and not use condoms. It is important to say no to drugs.

Preventing mother to child transmission

Pregnant women can reduce the chances of passing on HIV to their babies. By taking ARVs during pregnancy and childbirth, they can reduce their viral load and reduce the risk of HIV transmission to the baby. These drugs are available from hospitals and health care facilities. In addition, women can learn ways of breastfeeding safely to ensure that HIV is not transmitted to the baby through breast milk.

Not sharing needles and razor blades and avoiding contact with blood

HIV is transmitted by infected blood. If people do not share needles, razor blades and other skin piercing equipment, they will reduce the risk for transmission of HIV. Any contact with blood should be avoided. If this is not possible, a person should always adhere to the universal precautions to avoid infection through contact with infected blood.

Universal precautions are simple standard infection control practices used in the care of all patients and in all situations when assisting someone who is bleeding, to minimise the risk of possible HIV transmission. They include:

- Careful handling of sharp instruments by medical staff or anybody assisting an injured person.
- Use of protective barriers such as gloves, gowns and masks by medical staff.
- Use of gloves and resuscitation pieces when providing first aid.
- Safe disposal of waste and soiled items (e.g. cotton wool, towels used to deal with a bleeding person).
- Use of hygienic blades or knives during circumcision ceremonies. A new blade should be used with each circumcision.

HIV and AIDS-related stigma

Many times, people with HIV and AIDS are stigmatised. Stigma is an attitude to, or belief about, people or groups of people, who are seen as imperfect or a problem. It creates or strengthens divisions in the community.

Stigma is a process. It has about five steps:

- In the first case, differences (such as belonging to a certain clan or family, different than the clan or family in the area) are noted by people.
- This is then seen as negative (the person is from the 'wrong' or 'inferior' group of people).
- A distinction is made between 'us' who do not have this negative attribute and 'them' who do (we belong to a better clan, he comes from an inferior clan).
- The person with this negative attribute is seen as having a lower status (he is from the wrong clan so he is stupid)

- It becomes possible to treat the person badly because the person is different and inferior (he is stupid so we can treat him badly).

HIV/AIDS is stigmatised because:

- It can be fatal and therefore people are afraid of it and the people living with it.
- It is often associated with behaviour which is already stigmatised, such as alleged promiscuity.
- It is seen to be avoidable, and the result of irresponsible behaviour or choices.
- People living with HIV may be a drain on families in poor settings.

Stigma is a serious problem. It impacts on people, communities and society. It can take subtle forms such as neglect and gossiping to outright hostility, avoidance, rejection and isolation. It breaks down the bonds that hold the community together. It results in people feeling bad and shameful (which may lead to withdrawal from society, community). Importantly, it results in the spread of HIV because people are afraid to come forward to test and get help.

Violence

Some important terms for you to know:

Sexual and gender based violence (SGBV) is violence that is aimed towards someone because of his or her sex.

Sex refers to the real or physical and biological differences between men and women. People are born either male or female. For example, women can fall pregnant and breastfeed babies; men cannot fall pregnant and they can only bottle feed a baby. Sex does not change and remains constant.

Gender refers to the ideas that people have about what it is to be a boy/man or girl/woman, and what is male or female behaviour – how people are expected to behave simply because of their sex. For example, men can chew miraa and girls are often not allowed to chew miraa. These are determined by what society considers acceptable for men/boys and women/girls.

Incest is sexual relations between blood-related persons (father/daughters, mothers/sons, brothers/sisters etc.)

Sexual abuse refers to any type of intimate (sexual) physical contact between an adult and a child

Rape (sexual assault) is the use of physical force or threat or coercion in order to obtain sexual relations (oral, vaginal, anal). Rape can be perpetrated by a male or female against a male or female. It can also use inanimate objects.

Sexual exploitation means taking advantage of or involving children or youth in the sexual satisfaction of adults, including activities such as child prostitution and pornography

Sexual harassment is manifested through indecent proposals, obscene words and pressure to have sexual relations, which the other party does not want

Emotional violence is violence manifested through insults, humiliation, threats, lack of affection, etc. The consequences for men/boys and women/girls may be low self-esteem, distrust and emotional insecurity

Physical violence is violence which is expressed through slapping, punching, kicking, shoving and other acts which can provoke injury, endangering the health of a man or woman

Violence against children and young people

Violence against children and young people is any act that results (or is likely to result) in physical, sexual or psychological harm or suffering, including:

- Threatening the violence, whether or not it is carried out
- Coercion, meaning trying to force someone to do something they do not want to do
- Holding people in a place against their will or wishes

Violence is often an a way for people to show that they have power, especially power over others such as younger children, women/girls or family members. For example, a father might punish his son because he believes his son is not behaving with enough respect.

Violence can happen in different places and environments. For example, there is violence that can happen in the family at home, at school and in the community.

Also, violence can be undertaken by various people, such as other young people, adults (teachers, community leaders etc.).

Family related violence (violence at home, sometimes called domestic violence) includes:

- Battering
- Sexual abuse
- Dowry-based violence
- Rape
- Female genital cutting

Community related violence includes:

- Rape
- Sexual abuse
- Sexual harassment and intimidation at work, educational institutions and elsewhere
- Trafficking

Violence at school includes:

- Corporal punishment (physical violence) by teachers against students
- Sexual abuse and harassment of students by teachers and by other students
- Bullying and name-calling
- Physical fights between students

Studies show that the reason why many girls do not go to school or discontinue their schooling is because of the violence they experience there. This is often violence from boys and teachers.

Domestic violence

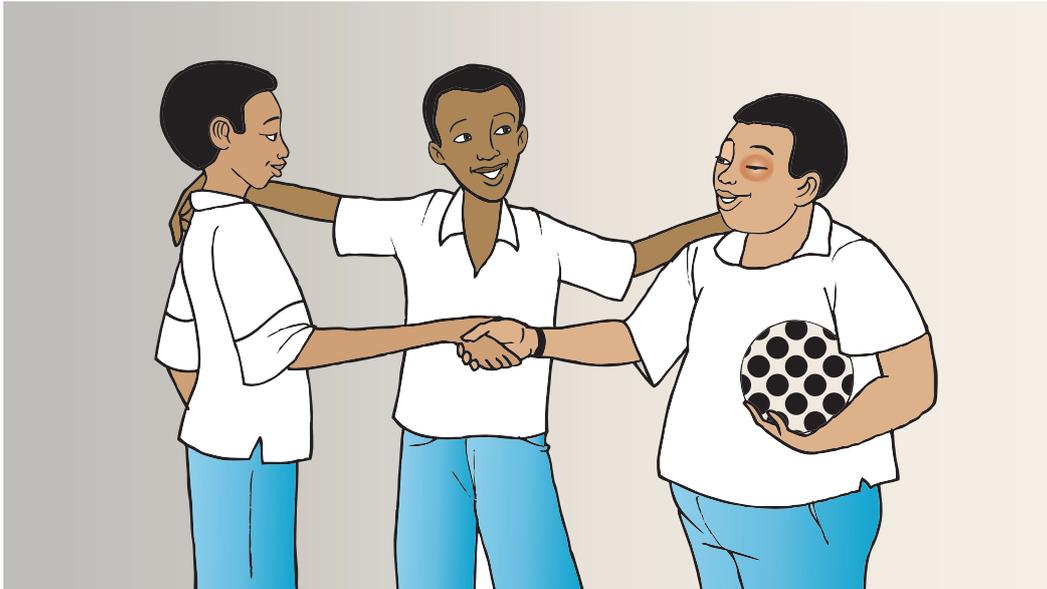
Domestic violence is an example of sexual and gender based violence. Domestic violence occurs worldwide. Often, people do not consider domestic violence as a crime. The problem is that it happens within an environment – the home - that many societies view as private.

But it is important to understand that domestic violence is not a 'private domestic matter' and that all physical, sexual and psychological abuse and discrimination against children is a human rights issue.

Effects of violence

There are many effects of violence. The effects usually vary from situation to situation and from person to person. However, the effects usually cause damage, to the individual, family or community. Effects may include:

- An increased risk of social, emotional and psychological damage
- An increased risk of substance use and abuse and an early initiation into sexual behaviour
- Mental health and social problems include anxiety, depression, hallucinations, memory problems and aggression
- Early exposure to violence is associated with later physical health problems such as liver, heart and lung disease, HIV and other sexually transmitted infections
- Often, those who have experienced violence at home become violent themselves.



Substance use

Some important terms for you to know:

A **substance** is something that, when taken by a person, changes/alters perception, mood, cognition (thinking) and/or behaviour (such as miraa, alcohol, dagga/marijuana/bhang, cocaine, heroin, Kat, downers, prescription tranquilizers, etc.). It can be addictive and potentially dangerous to your physical or emotional health, or the safety and health of others

Addictive/addiction means that a person is dependent (emotionally, biologically or socially) on a particular substance to function. Thus, people who need to chew miraa every day are addicted. If they do not get miraa, they feel miserable, jumpy and angry and they feel physically sick. Only having miraa again can help them to get over their symptoms.

Intoxication is the temporary state that results in changes in a person's alertness, perceptions, decision making, judgment, emotions and/or behaviours due to their use of a substance

Withdrawal occurs when an individual has dependency problems and stops using a substance. This may lead to withdrawal reactions which cause discomfort and pain. The reactions may include: restlessness, insomnia, depression, tremors and chills, and muscle cramps.

Peer pressure refers to the influence exerted by a peer group in encouraging a person to change his or her attitudes, values or behaviour, often negatively, in order to conform to the group.

Common substances

A substance is something that is injected, ingested or inhaled, which contains chemicals that change a person's perception, mood, cognition (thinking) and/or behaviour. The most common substances are alcohol, marijuana (bhang), cocaine, heroine, or miraa, glue and petrol (which are sniffed) and tobacco (cigarettes). These all alter a person's body and mind, and can lead to bad decisions and serious long term effects.

Effects of substance use

The use of these chemicals can have any one or a number of the following consequences.

- They can all be addictive, either physically or psychologically.
- They can all be physically damaging to the body and mind.
- Over time, an addiction will cause a person to compromise his or her values.
- The use of chemicals is expensive and money that should be spent on something else (such as education or food for children) is spent on the substance.
- Their use may cover up deeper emotional problems.
- Their use may be a way of running away from feelings.
- Their use can lead to family problems.
- Their use can lead to problems with the law.
- They can result in risky behaviour, as they impact on decision making capabilities – people may do things that they would not normally do otherwise.

Common substances include alcohol and marijuana (miraa will be discussed separately in the section that follows). While many countries have legalised the use of alcohol, marijuana is considered illegal. However, the distinction between legal and illegal is arbitrary as both of these substances are chemicals which can have serious health and emotional effects on people.

Drinking **alcohol** in large quantities can:

- Affect behaviour, concentration and judgment
- Cause emotional outbursts
- Depress nerve cells in the brain, damaging their ability to respond to events
- Cause breathing problems
- Weaken the immune system, so it becomes easier to get infections
- Cause impotence (failure in a man to get an erection) and infertility
- Produce deformities in unborn babies

Effects of **marijuana/bhang** include:

- Affect thinking, memory and mood
- Speed up the heartbeat and increase blood pressure
- Lower sex drive
- Make you clumsy, so you are more likely to hurt yourself in an accident
- Cause breathing problems

Miraa/khat

Miraa is a leaf that is chewed in various parts of Africa, such as in Somalia and Ethiopia and parts of Kenya. While it may be openly available, it is a dangerous substance, and has been recognised as such by many health organisations in the world. It is potentially addictive and has many effects on people.

People like to chew miraa because it causes mild euphoria and excitement. However, this feeling is temporary and, in fact, the negative effects of miraa use outweigh the happiness caused by it.

The effects of miraa include:

- Individuals become very talkative under the influence of the drug, and may appear to be unrealistic and emotionally unstable
- It induces manic behaviour and hyperactivity
- It results in constipation
- It increases heart rate and blood pressure
- It can lead to insomnia (inability to sleep), weight loss and anxiety
- It makes people feel irritable, angry and possibly violent
- It may cause hallucinations

For long-term miraa users, the impact on their health includes a negative impact on liver function, permanent tooth darkening (of a greenish tinge), susceptibility to ulcers, and diminished sex drive.

Those who use the drug regularly cannot stay without it for more than 4-5 days, feeling tired, and having difficulty concentrating.

Withdrawal symptoms for people who have used miraa for a long time are serious and include:

- Hallucinations
- Mild depression and irritability
- Lethargy, nightmares and slight tremors

There are social impacts also. Miraa is one of the reasons that family's breakdown, with men being unable to perform sexually, taking money that should go into the family to buy miraa, and generally spending a lot of time away from home.

Peer pressure

Often, young people do things because their friends are doing them, and they want to fit in with their friends. Most young people want to belong and be accepted by their friends, and it is easy when a person agrees with what his/her friends are doing. When young people care too much about what other people think about them, they may engage in behaviour that they do not necessarily agree with but do it because their friends or peers are doing it. For example, peers may say that using miraa is exciting and desirable, and a young boy may decide to use miraa because that is what all of his friends are doing.

Peer pressure is very strong and may be difficult to go against. However, by standing up for oneself and not doing things that you do not believe in, most people will respect you more and like you better. However, saying 'NO' takes more strength than just giving in and going with the crowd.



If someone tries to force you to do something, you can do the following:

Refuse – say no clearly and if necessary leave

'No, no, I really mean no'

'No thank you'

'No and I am leaving'

Leave it until you've had time to think about it

'I am not ready yet'

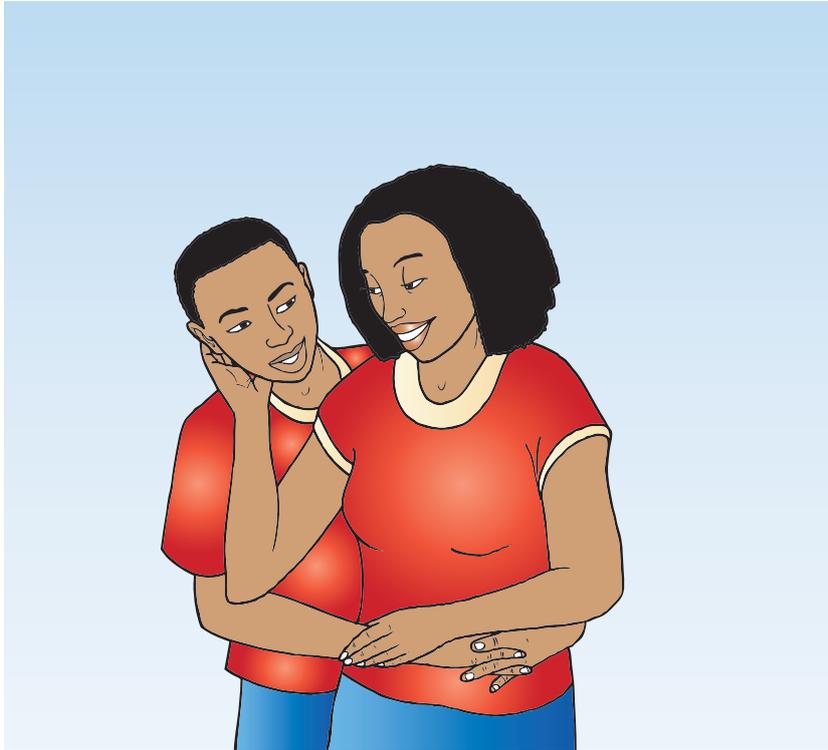
'Maybe we can talk later'

'I would like to talk to a friend first'

Find something else to do that both of you agree on

'I will not do that. Maybe we could play football instead'

'Let us think of another thing to do that we both would enjoy'



Section III:

Study Circle Activities

A. Participation

1. Being an adolescent
2. Community perceptions
3. Our daily routine
4. Young people around the world
5. My right, my responsibilities
6. Privileges and responsibilities
7. Accept or change
8. Personal leadership journey
9. Problems and solutions
10. My community
11. Youth participation and decision making
12. Participating in local government
13. Taking action

B. HIV and AIDS

14. Biology of sex
15. Lets talk about sex
16. Attitudes about sex
17. HIV and AIDS myth or fact?
18. Definition of HIV and AIDS
19. HIV transmission
20. Modes of HIV transmission
21. The three boats
22. Condoms
23. Stigma and discrimination
24. Experiences of stigma and discrimination
25. HIV-stigma
26. The rights of others
27. What's out there?

C. Violence

28. Defining violence
29. My experiences of violence
30. What do I do when I get angry?
31. Problem solving
32. Dealing with conflict
33. From violence to respect in intimate relationships
34. Safe and unsafe

D. Substance use

35. Drugs
36. Effects of miraa/khat
37. Peer pressure
38. Alternatives to drug use

1. Being an adolescent



Goal

To reflect on our own beliefs about adolescents

Materials

Flip chart paper
Tape
Set of statements
Pens/pencils/crayons
Paper
Small mirror
Small box

Suggested time

60 to 90 minutes

Preparation

For Step 1, you need a list of statements regarding the lives of young people and their role in society. Prepare a list with at least 10 statements. The statements should be controversial.

Possible statements about young people (you can use these or come up with your own):

1. *Adolescents are fun and interesting.*
2. *Young people cannot decide anything for themselves.*
3. *Adolescents are not interested in community affairs.*
4. *Adults think adolescents are lazy, troublesome and involved in crime.*
5. *Young people of today will be good leaders.*
6. *Societies think that adolescents are rebellious.*
7. *In olden days, the adolescents were so not so difficult.*
8. *Adolescents of today are more knowledgeable.*
9. *Adolescents do not listen to advice.*
10. *Young people are known to be short tempered.*

For **Step 1**, you also need three sheets of paper. On one piece, write "I AGREE." On another piece, write "I DISAGREE". On the third piece of paper, write "I DON'T KNOW". Stick the three papers on the wall in various sides of the room, or place them on the floor far apart from each other.

For **Step 8**, place a small mirror in a box. Do not tell members what is in the box.

Suggested method

Explain that the session will focus on the understanding of what an adolescent is and society's perceptions of young people.

Step 1: Ask the circle group members to look at the papers that say “I AGREE,” “I DISAGREE” and “I DON’T KNOW”. Tell members that during this activity, you will be reading out some statements and they need to think about the statement, and move to the appropriate place in the room. Therefore, if a person agrees with the statement, he/she should move to “I AGREE”; if he/she disagrees, he/she should move to “I DISAGREE” and if he/she is unsure, he/she can move to “I DON’T KNOW.”

Read out the first statement and ask the members to stand according to their agreement or disagreement with the statement. All members to discuss with the others in their group on why they agree, disagree or are unsure. Allow for 2 minutes for the discussion. Ask one member of each group to explain the group’s position.

Be aware: this exercise may cause arguments. When asking members to explain their opinions and why they have described themselves the way they have, make sure that no discussion develops about whether it is “right” or “wrong.” Each member should be given the opportunity to explain themselves without being interrupted, laughed at or contradicted. If you feel that there are important issues to be discussed, note them down and use them for the discussion in Step 2.

Observe the differences in opinion and point them out to the members, illustrating the differences in perception.

Step 2: Request the members to sit in a circle. Ask them how they felt during the exercise. Also, ask the group if there are specific aspects they would like to discuss further.

Step 3: Ask members to get into pairs and discuss their own definition of an “adolescent” and why adolescents are important. Ask for feedback from the pairs into the larger group.

Step 4: Give each member a paper and crayon/pen/pencil. Ask them to put the paper on top of their heads and begin to draw a picture of themselves as an adolescent. Give them 10 minutes to draw this picture.

Step 5: When they are done with their drawings, ask members to get into pairs and share their drawings with their each other, explaining what the picture is about. Ask the members to focus on the following:

- *Look at your picture and tell your partner what came to your mind when you were drawing this picture.*
- *Do you like the picture? Why or why not?*

After 5 minutes, ask each pair to join one other pair (so now the group is made up of four people) and continue with the discussion.

Step 6: In the larger circle, ask for two or three volunteers to share how they felt when they were drawing and what they felt when they were sharing their drawings with their partner.

Step 7: In the larger circle, ask members to brainstorm the characteristics of an ‘adolescent’. Note down the answers on flip chart paper.

Step 8: Place the box with the mirror inside in a corner of the room or outside of the room. Ask each member, one at a time, to go and look in the box. He/she must come back and sit down quietly after looking in the box. Allow each member to complete the activity.

Step 9: Ask members what they saw in the mirror. Allow for discussion about what they saw. To close the session, emphasise that:

Everyone saw a person who is special and unique, a portrait of a very important person!

2. Community perceptions



Goal

To develop an understanding of society's perceptions about young people

Materials

Flip chart paper
Markers
Tape
Paper
Pen

Suggested time

90 minutes

Suggested method

Step 1: Ask the members to choose a location close to the venue (for example, a market or bus stop). Ask members to get into pairs and speak to three different people, explaining who they are, and the purpose of speaking to them. Ask them if they could answer a few questions on their perceptions of young people. If they agree, ask the following questions:

- *List three words to describe an adolescent*
- *What are your experiences with young people?*
- *Are adolescents a help or hindrance in society? Why?*

Note down the answers.

There are 60 minutes to complete this part.

You can only meaningfully carry out this activity if your circle takes place at a lively venue where the members are likely to find people to interview.

Idea! You could also give this exercise to the members as homework, where they do the survey in their home or community environment. Thereby, you can save time.

Step 2: Once members have come back to the venue, let them note their answers on flip chart paper and post them on the wall. After all the responses are up, ask the members to come and read the responses.

Step 3: Initiate a discussion on the results of the survey. Ask the following questions:

- *Were the responses given positive or negative?*
- *Were there certain answers that repeat themselves? If so, why is that the case?*
- *What is the overall picture of the opinion on adolescents?*

3. Our daily routine



TIME	ACTIVITIES
8:00	
9:00	
10:00	
11:00	
12:00	
13:00	
14:00	
15:00	
16:00	
17:00	
18:00	
19:00	
20:00	

Goal

To analyse and reflect on the daily activities of young people in the town, district or community

Materials

- Flip chart paper
- Markers
- Tape

Suggested time

120 minutes

Suggested method

Step 1: Divide members into four groups. Groups will be discussing:

- Group 1: Male adolescents from 10 to 14 years
- Group 2: Male adolescents from 15 to 19 years
- Group 3: Female adolescents from 10 to 14 years
- Group 4: Female adolescents from 15 to 19 years

Step 2: Provide each group with a flip chart paper and markers. Ask groups to draw a table consisting of two columns (one for the hour of the day and one for the activities) and thirteen lines (one line for every hour of the day, from 8.00 to 20.00). Ask each group to draw such a table on their flip chart paper.

Ask each group to discuss the typical daily activities of young people that they have been assigned and fill in the table displaying a typical daily routine.

Step 3: Ask each group to choose a member to present the results to the larger circle. After each presentation, allow for questions so that everybody fully understands each table. Ask the members to identify the most striking differences between the tables and explain why they think they differ.

Step 4: Ask the groups to sit together again and to identify the times within the daily routines that young people could use services that are available in the community. Ask them to write their results on a separate flip chart. Again, ask the groups to present the results of their discussions to the larger circle and hang the flip charts on the walls.

4. Young people around the world



Goal

To raise awareness about the circumstances of everyday life for children and young people and how these circumstances are related to human rights

Materials

Pictures of young people from newspapers and magazines
Paper
Pens
Markers

Suggested time

60 minutes

Preparation

For Step 2, you need to have collected pictures of children/young people in various contexts, or use the prepared pictures.

The pictures that the facilitator chooses should be related to the adolescents' every day life to gain their interest in the activity and so that they can comprehend the situations presented. The facilitator may first have to investigate the issues in which adolescents are interested. This may aid the development of the adolescents' thinking process because they are interested in the topics that are discussed.

For Step 4, on one piece of paper write "FAIRLY TREATED" and on another piece of paper write "UNFAIRLY TREATED"

Suggested method

Step 1: Welcome members and introduce the topic of day.

Step 2: Divide the members into three groups. Each group will receive a set of pictures of children/young people. Explain that each group will have 15 minutes to discuss their pictures. They must carefully discuss each picture, using the following questions as guidance:

What comes to my mind when looking at these pictures?

Do I like what I see? Why?

What excites me or saddens me?

Is there anything these children can do to change their lives?

How different are these children from the children in our community?

What can be done to help the children who are struggling?

Step 3: When the groups have finished their discussions, ask the members to come back to the bigger circle. Allow one person from each group to share their pictures and discussions. Allow 15 minutes for the discussions and feedback. Encourage dialogue and questions from the circle members.

Step 4: Place the two sheets of paper close together on the ground.

Ask the members to get back into their groups. The groups should discuss each of their pictures and separate the pictures in to two - fairly treated and unfairly treated – and place the picture in the appropriate spot on the ground.

Step 5: Ask the members if there is anyone who has a personal experience or has observed a situation that dealt with children/young people being treated unfairly. If possible, ask them to share with the group and allow for questions and discussion.

Ask the following: In what way does this issue affect children in our community?

Homework: Ask members to find pictures of children/young people in newspapers or magazines who they think were treated fairly or unfairly. Find two friends in the community, school or church and show them the pictures, and talk to them about how children are treated in the world including your community.

5. My rights, my responsibilities



Goal

To raise awareness on children's rights and responsibilities

Materials

Flip chart paper

Marker

Four pictures of children/young people

Glue/tape

Suggested time

120 minutes

Preparation

For Step 2, write out the summary of the rights and responsibilities of children from the Conventions of the Rights of the Child on flip chart paper and paste on the wall.

Summary of key rights and responsibilities of children/young people according the Convention of the Rights of the Child:

1. A child is defined as anybody younger than eighteen years of age
2. Children have rights in their countries without discrimination of any kind, irrespective of the race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.
3. The best interest of the child must be taken into consideration with regard to public and private social welfare, legislation and administrative affairs.
4. Governments shall ensure child protection and care as deemed necessary.
5. All children have a right to life.
6. Children have a right to a name and nationality from birth.
7. Governments must respect a child's right to preserve their identity (name, nationality and family relations).
8. Governments must ensure that children are not separated from their parents/family, unless it is in the best interest of the child.
9. Governments must combat child trafficking.
10. Children have a right to freedom of expression (maybe subject to some restrictions).

11. Children have a right to freedom of thought, conscience and religion.
12. Children have a right of freedom of association and assembly.
13. Governments shall take appropriate measures to prevent physical and mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse.
14. Mentally or physically disabled children should enjoy full and decent lives.
15. Children have a right to health.
16. Children have a right to social security.
17. Children have a right to education.
18. Governments must prevent child labour.
19. Children must be protected from drugs.
20. Children have a right to recreational activities and facilities
21. Children must be protected from sexual exploitation and abuse.
22. Children under the age of 15 should not engage in armed conflict.

For Step 3, you will need four pictures of children/young people.

Suggested method

Step 1: In pairs, ask the members to talk about the following:

- What are 'children'? Why are they important?
- When do we stop calling someone a child?
- What is your knowledge about children's rights?

Step 2: Read through each of the rights and ask the members if they understand what each right means. Spend some time discussing and explaining each of the rights and the accompanying responsibilities that come with the rights. Ask members to think of concrete examples.

Step 3: Divide the members into small groups of four. Give each group a piece of a flip chart paper, a marker, and a picture of a child/young person. Ask the groups to stick the picture in the centre of the flip chart paper. Ask the members to discuss what they think the life of the child in the picture is like.

Next, the groups should discuss which rights their child is most and least likely to get and possible reasons why. After about 15 minutes, each group should describe their child to the larger circle and how the group viewed him / her.

Step 4: In the bigger circle, discuss the situation in which they live and whether they feel they have all the rights contained in the Children's Rights Charter. The members should also think of why they do or do not have the rights.

The facilitator can guide discussion by asking the following questions:

- *What do you think the life of a child/young person would be like if he/she had all of the rights?*
- *Do you feel that you have all of your rights? Why or why not?*
- *If there are children/young people who do not have their rights, what can be done?*
- *Who is responsible for respecting and protecting the rights of children/young people?*

6. Privileges and responsibilities



Goal

To identify the privileges and responsibilities of family members

Materials

Flip chart paper
Marker
Paper
Pen
Small cards
Glue/tape

Suggested time

90 to 120 minutes

Suggested method

Step 1: The facilitator should write "GIVE AND TAKE" on flip chart paper. Ask members what this means.

Explain that 'give and take' is an important element in successful relationships, but is especially important in a family or group.

Step 2: Distribute one small card to each person.

Ask members to write a number from 1 (1 represents nothing) to 10 (10 represents everything) on a small card to indicate what they give to their families or group.

Collect the cards.

Step 3: Distribute one small card to each person.

Ask members to write a number from 1 (1 represents nothing) to 10 (10 represents everything) on a small card to indicate what they take from their families or group.

Collect the cards.

Step 4: Review the cards, showing what members feel they give and what members feel they take from their families.

Step 5: Write "PRIVILEGES AND RESPONSIBILITIES" on a flip chart paper and ask members how they think that these two words are related to 'give and take.'

Highlight that in families (groups), members have privileges – things they receive or take because they are members of the family (group). Members also have certain responsibilities – things they must give to the family (group).

Step 6: Ask the members to brainstorm privileges that young people might enjoy in their family (group). Note down the responses.

Responses may include:

- Housing
- Safety from harm
- Food
- Ties to family/clan (group) history
- Clothing
- Opportunities for relationships
- Companionship
- Emotional support
- Education
- Financial support
- Medical care

Point out that many of these ‘privileges’ are basic rights of children and young people. While many may enjoy all these privileges, in some families (groups) and situations, adolescents are not able to receive or access all of these.

Step 7: Ask the members to brainstorm the responsibilities that they bear as members of families (group). Note down the responses.

Review the list that the members came up with. Ensure that all the responsibilities below are on the list (add those that are missing from the list generated by the group).

Responsibilities

- Taking care of the young or the sick members of our family (group)
- Doing work around the house (living area)
- Protecting family (group) belongings
- Sharing with others
- Looking out for all other family (group) members’ welfare

Emphasise that not all the adolescents in families (groups) have all of these responsibilities, but many do. If these are not responsibilities of young people, it is most probably the case that they are the responsibility of other members of the family.

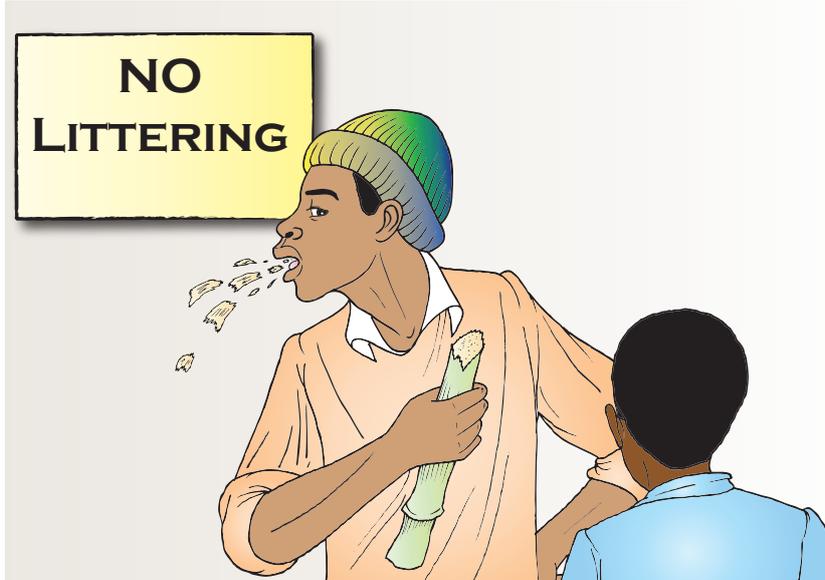
Step 8: Ask a few individual members to act out one of their privileges, without speaking. The members of the group must try to guess what the privilege is. Once the privilege has been rightly identified, the person can sit down.

Step 9: Repeat Step 8 for responsibilities.

Step 10: To conclude, discuss the following questions in the circle:

- *What are some responsibilities that are given to adolescents? At what age are they given these responsibilities?*
- *What are some privileges that you have? Why do you think adolescents have these privileges?*
- *Do you think these responsibilities are too many or too heavy for adolescents to handle? If so, which ones and why?*
- *Adolescents generally have a lot of time. Do you think adolescents should take more responsibilities in their homes (groups)?*
- *Would you be willing to take more responsibilities for more privileges? What privileges would you like to earn?*

7. Accept or change



Goals

1. To think about which aspects of the self can be changed and which need to be accepted
2. To recognise that there are certain rules and norms for living in society
3. To begin to start thinking about the things that can be changed or need to be accepted in the community

Materials

Flip chart paper
Worksheet
Markers
Pens
Glue/tape

Suggested time

120 minutes

Preparation

For Step 1, have copies of the Accept or Change worksheet, one for each participant. If you cannot make copies, then write out the statements on the flip chart paper and paste the paper on the wall for members to follow along.

Accept or Change worksheet

Think about whether you can change the items listed and tick the appropriate box

For Step 4, on one piece of paper, write "NONE"; on another write "LITTLE" on another write "SOME" and on another write "A LOT".

	Can't change at all	Can change
1. Clothes		
2. Height		
3. Skin colour		
4. Colour of my clothes		
5. Relationship with friends		
6. Age		
7. Position in my family		
8. Chewing miraa		
9. Nose		
10. Fighting		
11. Grades in school		
12. Attitude		
13. Shoes		
14. Anger		
15. Relationship with my parents		

Suggested method

Step 1: Distribute the Accept or Change worksheet and explain that members will have the opportunity to think about themselves and what they would like to and can change about themselves. Ask members to look at the worksheet to tick the relevant item on the worksheet as it applies to them.

Step 2: Ask members to get into groups of three and discuss the following:

- *How many items did you think you could not change about yourself?*
- *How many items did you think you could change?*
- *Which category has more items?*
- *What are some examples of things that you think you have no control over? Those that you feel you have some degree of control over? And those that you feel you have a lot of control over?*
- *Do you think you can effect changes in most areas of your life or not?*
- *What kinds of changes do you think you will have to make for this change? (For example, changing your relationships with friends, or changing your attitude).*

Give the groups time to discuss the questions.

Change is difficult and sometimes painful. Often we do not realise what options are there for us. Sometimes we may need to try and think harder, and modify our actions and behaviour to effect change. The facilitator should help adolescents to see that there are things that each person can do and change. For example, by changing what we eat, we can change our weight; by smiling and greeting others, a person might make new friends etc. At the same time, there are things we cannot change no matter what and we can only accept they that are meant to be.

Step 3: Divide the members into two groups. Ask members to think about a time in their lives when they wanted to change themselves or change something and could not. Ask members to share their stories, indicate what happened and why it was not possible to change. Allow other members to ask questions.

Step 4: Ask members to come back into the larger circle.

Place the prepared signs on the walls around the room. Ask the members whether they feel they have control over their own lives or not, and have them stand under the sign that matches their responses.

Step 5: Divide the members standing under each sign into small groups of three persons and distribute a flip chart paper and markers to each group. Ask each group to answer the following questions:

- *What are some of the aspects of your life you feel in control of?*
- *What are some of the aspects of your life that you do not feel in control of?*
- *In what aspects of your life would you like to take control?*

Ask members to note their responses on the flip chart paper.

Once groups are done, have each group present their answers/opinions to the circle. After each group has presented, allow the other young people to give feedback and ask questions.

Step 6: Ask members to get into two groups. Randomly ask one group to identify those things or issues that adolescents have no control over in the community and ask the other group to identify those issues or things that they feel they can control in the community.

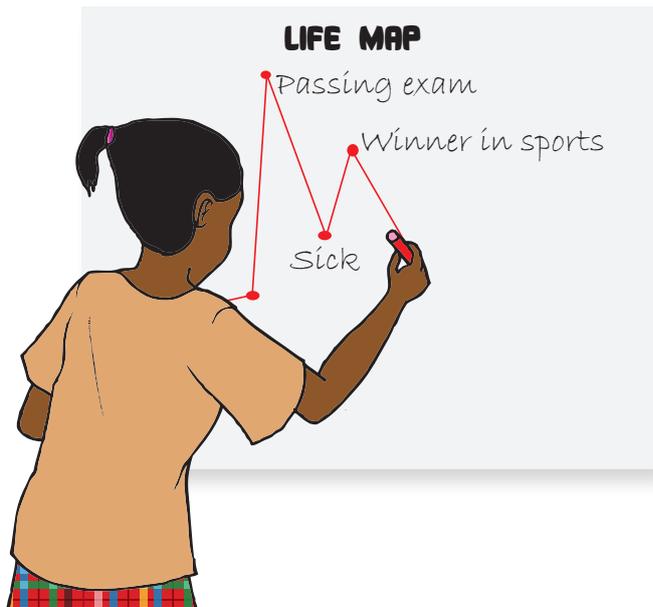
Give groups time to discuss and ask them to justify their choices.

The issues/things that young people may identify may include, for example:

- Littering or environmental pollution
- Having to move from one's house because of conflict
- Chewing of miraa
- Unemployment
- Smoking
- Getting involved in politics
- Lack of sports facilities
- Children begging in the streets
- Poverty
- Respect for laws
- Speeding cars

Step 7: Allow groups to feedback in the larger circle on their discussions and allow for questions and discussion.

8. Personal leadership journey



Goal

To describe our own leadership development

Materials

Crayons
Flip chart paper
Markers
Glue/tape

Suggested time

120 minutes

Preparation

For Step 2, prepare an interview with a partner in advance. It is very important to demonstrate clearly how this should be done. The emphasis here is on understanding the evolution of your partner's public life, and not to probe too many intimate details about his/her private life. The point of using one-on-one interviews as a community organising tool is not to provide therapy, but to discover people's interests and to determine whether or not you can work together.

When interviewing your partner, use questions like:

- *Did you exercise leadership at home when you were younger? How?*
- *Does your family have an interest in public affairs? How did this influence you?*
- *Did you/do you exercise leadership at school?*
- *Were you involved in the public life of your school, outside the classroom?*
- *What/who helped to shape your interest in certain public issues as you grew up?*
- *How did your community/family history shape your interest in public issues?*
- *When/how did you decide to take action over a public issue?*
- *How have you developed as a leader?*
- *What have been the highs and lows of your leadership journey?*

When a person touches on difficult events in his/her past during an interview, rather than probing for more detail, it can be helpful in the context of building public relationships to ask things like:

- *Were you able to take action around the problem?*
- *Did you connect with other people who had the same problem?*
- *What did it mean to discover that you were not alone, and that your problem had a bigger, public dimension?*
- *Is this still a problem that bothers you? Would you be interested in taking action on it?*

Suggested method

Step 1: Give half a sheet of flip chart paper to each member and a few wax crayons.

Read out the following:

Draw a “life map” showing your development. Use a road to show when things were smooth, bumpy, full of twists and turns, etc. Draw the important landmarks in your development, for example:

- Influential people who helped to shape you
- Moments when you became interested in certain issues and began to take action around them
- Opportunities to exercise leadership
- Events in the history of your community that influenced you

Ask members to complete their drawings individually.

Ensure that the drawing exercise is as unthreatening as possible. Reassure members that the aim is not to create a work of art. Encourage them to have fun, and to use colours and simple symbols to represent key landmarks in their leadership journey. A mountain could represent a big obstacle for one person and a great achievement for another. Other symbols could include stick people, buildings, stars, trees, a car crash, etc. Emphasise that everyone should find their own way of representing their life path – there is no “correct” way of drawing it. Discourage members from writing on their drawings, as they will have an opportunity to explain them later.

Step 2: Demonstrate how to conduct an interview.

Step 3: Ask members to get into pairs and take turns interviewing each other.

9. Problems and solutions

Goal

To analyse problems that young people face, identify their causes and consequences and their possible solutions

Materials

Flip chart paper
Markers
Small cards
Glue/tape

Suggested time

120 minutes

Suggested method

Step 1: Give each member four small cards. Ask the members to go outside for 10 minutes and individually think about four main problems young people face. The adolescents should write these on the small cards, one per card.

After 10 minutes, members should come back inside and hand their cards to the facilitator.

The facilitator should read each card aloud, and group together similar cards. The four most commonly identified problems should be identified.

Step 2: Divide members into four groups, one for each of the four most identified problems.

Step 3: Explain the metaphor of a “problem tree” and draw a problem tree on the flip chart. Explain that the trunk represents the problem, the roots represent the causes (“root causes”) and the branches represent the consequences.

Step 4: Distribute flip chart paper, markers, cards and glue to each group. Ask them to draw a problem tree on their flip chart. On one card, write the problem they are analysing and glue it on to the trunk (if cards are not available, the problem can be written on the flipchart).

Step 5: Now ask the group to discuss what the causes of the problem are and to draw each cause on a card and stick it on to the roots (if cards are not available, the causes can be written on the flipchart).

Step 6: The group should then discuss the consequences of the problem for young people. Write each consequence on a card and stick it on to the branches (if cards are not available, the consequences can be written on the flipchart).

Step 7: The groups should discuss how best the problems could be addressed by activities and services. The groups can write the solutions and strategies they come up with on to the flip chart and connect it with arrows to the problem or the consequences.

10. My community

Goal

To analyse and reflect on the services available to young people in the town, district or community

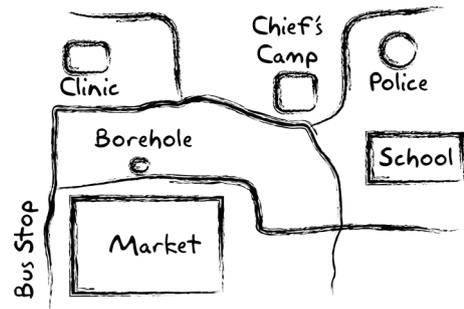
Materials

Flip chart paper

Markers

Suggested time

90 minutes



Preparation

For Step 2, write the following instructions on flip chart paper for the drawing exercise: Firstly:

- Identify and draw a central landmark in your area
- Situate your homes in relation to the landmark

Then draw:

- Public buildings and facilities (schools, libraries, clinics, churches, community centres, etc.)
- Main streets and transport arrangements
- Business areas (formal and informal)
- Residential areas (formal and informal)
- Recent development projects in your area
- Any other interesting details about your area

Suggested method

Step 1: Divide the circle members into groups of four. Distribute a flip chart and marker to each group.

Step 2: Ask the groups to draw a map of the area (town, province, district or community, depending on the setting of the workshop) and to indicate on the map the services that are available to young people. Go over the instructions that have been prepared, suggesting how to go about drawing the map. Emphasise that people do not have to worry about drawing their maps exactly, getting all the streets exactly right, etc. The most important thing is capture key features of the place.

Give groups time to complete their maps.

Step 3: Ask each group to choose one member to present their map to the larger circle. After each presentation, allow questions and discussion so that everybody fully understands each map. You may find that the members will be surprised about the results of the other groups.

Map presentations tend to take a lot of time. A bit more time might be needed for this session, but try not to let it go on too long. Ask the groups to focus on the most important features and not to get bogged down in too much detail. It is difficult for people who do not come from a particular place to absorb all the details anyway. The main aim of the exercise is to get people to take stock of infrastructure and services in their own area, as preparation for the sessions that follow.

Step 4: After each presentation, ask the groups for suggestions on what services they feel are missing for young people according to the map. List the suggestions on a flip chart.

Step 5: Ask the groups to select one group member each to help to merge all the maps into one complete map. Provide another flip chart and markers to the new group and ask them to create one new map. The other members should watch the production of this map, as it is a joint result and everybody should agree with it. Hang the map on the wall so everyone can see it and refer to it in future sessions.

11. Youth participation and decision making



Goal

To begin to discuss issues related to democracy and decision making

Materials

Flip chart paper

Markers

Glue/tape

Suggested time

120 minutes

Suggested method

Step 1: Explain to the members that the session will be about democracy.

Read the following aloud:

Have you ever considered how there is never a moment in your life when you are not making a decision of one sort or the other? There are many occasions when we are expected to take part in decision that affect our lives. Every day, as we go about our lives, we make decisions about what we are going to do, how we are to do it, what we are going to eat, whether we should go to town or to school on this road or that road etc. Fortunately, a lot of the decisions that we make become routine – like what time we want to wake up, or what time we want to sleep. Think about decision making in your life. Close your eyes and think about five decisions you had to make today, and two decisions that were taken by somebody else that affected you.

Think about one of the decisions you made and consider the following questions:

- *What was the decision?*
- *What were the options?*
- *What did you decide?*
- *What made you decide to do that?*
- *Do you think it was the best decision?*

Step 2: Ask members to get into pairs and discuss the decisions they have made today and those that were taken on their behalf.

Step 3: Ask members to get back into the circle. Ask members to think about their own families, community or town/municipality and about the way in which decisions are made.

If adolescents are from a particular organisation, the facilitator can ask the following:

- *What organisation(s) do you belong to? (this may be sport, cultural, religious)*
- *Who are the leaders and how are leaders chosen?*
- *How are the committee members chosen?*
- *Who decides what position the committee members should hold?*
- *Who has the real power to make decisions?*

Summarise by reading the following:

We all make decisions all the time, sometimes without even realising that we are making choice. When decisions are for a group or an organisation, it is common that differences in the group play a role in decision making. People should have an opportunity to input into decision making. This is usually called participation.

Step 4: Divide the members into two groups. Give each a flip chart paper and markers. Ask the groups to draw a picture illustrating what democracy means to them. The picture should have no words, just images.

Provide 10 minute for this exercise.

Ask each group to report back, guided by the following questions:

- *What is in this picture? What do the images represent?*
- *Why did your group decide to draw this picture?*
- *Who decided that you draw this picture?*
- *Who drew the picture?*
- *Do you like the picture?*

Step 5: Give each group a clean sheet of flip chart paper and instruct them to draw another picture. This time they should draw a picture showing community participation. One person should draw the picture and the rest of the group should watch, not offering any input, criticism or suggestions.

After 10 minutes, the facilitator should request the groups to present. The report back should be by the two people who drew the pictures.

Ask the two who drew the pictures: How did you feel about drawing without the assistance from group members?

Ask the rest of the members:

- *How did the rest of the group feel when told that they should not participate in the drawing?*
- *Do you like the drawing?*
- *Do you think the drawing represents your feelings?*
- *What would you like to see in the drawing?*
- *What did we learn from this activity?*

The facilitator must explain that if citizens are not prepared to participate in community affairs, other people will make decisions for them and they will have to live with such decisions. Taking part in decision making leads to a healthy and peaceful community.

12. Participating in local government



Goal

To create awareness of the possibilities for adolescent participation in local government activities

Materials

Flip chart paper
Markers
Glue/tape

Suggested time

90 minutes

Suggested method

Step 1: In pairs, ask the members to talk about the following: Do you have personal experience with the local government? If so, what was your experience like? And what was it about?

Clarify that there can be interactions (positive or negative) with officials at the municipality, other councillors, members of the community development committee and municipal workers and so on.

Encourage people to tell real stories from their personal experience, and not just to list problems with local government or tell stories that they have heard second-hand. Otherwise people tend to make lots of generalisations about local government, generally negative.

Wrap up with a final comment on how you read the overall mood of the group as far as their relationship with local government is concerned.

Step 2: In the larger circle, ask group members to share their experiences. List the positive experiences on one flip chart and negative experiences on another. Review the two flip charts and ask whether members have comments to make on the discussion so far.

Step 3: Remind members of the previous exercise, where they discussed development. Look at the definitions of development. In the larger circle, ask the following: Who is responsible for making development happen at the local level? Take two or three responses.

Step 4: Divide members into two groups. Ask the groups to discuss the following:

- Group 1: As adolescents, what do you expect from local government?
- Group 2: What does local government expect from you?

Allow groups time to discuss. In the large circle, take feedback from the groups.

Take time to make sure that groups understand the particular citizen role that they should take on for this exercise. Clarify that they are not necessarily speaking for themselves. Rather, they need to try to see the world from the point of view of citizens who consider themselves to be either customers of local government, or co-creators of democracy. This exercise enables us to understand the implications of different citizen mindsets for local governance and local development.

Step 5: With the help of members, draw up a list of things that people can do to participate in the affairs of the local municipality.

Possible ways to participate in local government:

- Write letters about any issue you are concerned about
- Attend Council meetings (find out from the Council the dates and times)
- Attend public meetings
- Participate during elections
- Join a party and participate in the election campaigns
- Support Council's decisions, especially if they are about development
- Invite councillors to your meetings and study circles
- Read about your town's development
- Partner with other organisations to raise awareness about the duties and functions of local government

Step 6: In the bigger circle, ask for input into writing a letter to the Mayor that outlines the purpose and activities of the study circle, and requesting a meeting with the Mayor and Council to discuss the concerns of young people in the area. Ask for one or two volunteers to help to write the letter. Once it is written, review it within the circle and then deliver it to the Mayor's Office. If a meeting is scheduled, think about what you wish to discuss, prepare an agenda, and take a delegation to meet with the Mayor.

13. Taking action



Goal

To provide young people with the opportunity to explore their community and identify possible areas of intervention

Materials

Flip chart paper
Markers
Glue/tape
Paper
Pen/pencil

Suggested time

120 minutes

Preparation

For Step 2, write AGREE on one piece of paper and DISAGREE on another piece of paper. Paste the signs on two opposite sides of the room.

For Step 2, have a set of statements ready. Read out the prepared statements or make up your own:

Possible statements (or make up some of your own):

- Our community is a nice place to live
- There are a lot of things for young people to do
- There are problems in our community
- The community gets along very well
- Boys have more things to do than girls in our community
- I want my children to grow up in this town
- There are lots of things for elderly people to do in this area
- We can make a difference if we put our minds to it
- By helping other people, we help ourselves
- Everybody living here knows everybody else

For Step 5, write out the following questions on the flip chart paper:

- *What is the issue?*
- *How much do we know about the issue?*
- *Who is involved?*
- *Who is affected and how?*

- *Who will be involved?*
- *Who can help us?*
- *When will we carry out the action? How long will it last?*
- *What do we need to do this?*

Suggested method

Step 1: Read the following aloud:

Taking action is about adolescents – us – understanding what is going on in our community, noting strengths and challenges and then trying to address the challenges.

To understand what is going on in our community, we need to firstly talk about it ourselves and later we will go out and interview community members to find out from them what they think.

Step 2: Paste the signs on opposite sides of the room. Read out one statement at a time, and ask members to move to the sign that they agree with. Give groups time to discuss their reasons for being at that sign, and then have one person from each group feedback on why they feel the way that they do.

At the end of the activity, ask members what they thought of the activity.

Emphasise that many times, people do not see things in the same way (which is why some people were at AGREE and others at DISAGREE). Differences exist and make life interesting and all people should be allowed to express their opinions and views, even if they are different than what the majority think.

Step 3: Ask participants to get into pairs. Ask them to think about questions to ask community members about being part of the community. Give them some time to come up with questions.

Ask pairs to go outside, walk around to a place not far from the venue that is safe, and look for one person to interview. Tell the pairs to explain the purpose of the interview, and if the person agrees, to go ahead with the questions and note down the responses.

Possible questions

- *What do you like about our community? Why?*
- *What do you dislike? Why?*
- *What changes / improvement would you like to see?*
- *How do you think this change should happen?*
- *Who should be responsible for the change?*
- *What can individuals and groups do to help to improve the area?*

Allow for 30 minutes for the interviews.

Step 4: Ask members to feedback on what they saw and heard from their interviewees.

Step 5: Based on their interviews and their own ideas, ask the members to brainstorm two ideas/ things that they would like to address in their community. Once the issues have been identified, post the questions and ask members to brainstorm the answers.

Close the session by reminding members that it is important, before undertaking any community action, to know as much information as possible, and then plan the action. There are various actions that can be undertaken.

Homework: If members are interested in taking action, allow for the plan to be fully developed. Once it has been developed, get members (or a few members, depending on interest) to be responsible for implementing the plan.

14. Biology of sex



Goal

To explore the biology and physiology of sex

Suggested Time

20 minutes

Materials

Flipchart paper,
Markers,

Handouts - male and female reproductive system (separate handout, not included in manual)

Suggested method

Step 1: Give participants the handout and go through it

Step 2: Discuss the following questions as a group:

- *Do you think it is important for young men and women to know the name and functions of their own genitalia? Why?*
- *Do you think it is important for young women to know the name and the function of the male genitalia? Why?*
- *Do you think it is important for young men to know the name and the function of the female genitalia? Why?*
- *What other information about men's and women's bodies is important to know? Why?*

Trainer's notes

- Go through the male and female reproductive system handout.
- Make sure that you are comfortable with talking about sexual organs.
- Be aware of sensitive participants, who are not comfortable with the topic, refer to ground rules.

15. Let's talk about sex

Goals

To explore understandings of which practices constitute sex
To challenge stereotypes and notions of "normal" and "abnormal"

Suggested time

25 minutes

Materials

Flipchart paper,
Markers

Suggested method

Step 1: Divide the participants into two groups.

Step 2: Ask each group to complete the following two sentences:

1. "Sex (act) can be defined as..."
2. "The purpose of sex is..."

Step 3: " Get feedback from each group and discuss.

Step 4: Write the following definition on the flipchart paper and take opinions on the definition

Sex (sexual practices/sexual behaviour) can be seen as actions such as touching, kissing and other stimulation of the body that relate to the expression of one's sexuality. These actions are what people "do" sexually with others or with themselves. REMEMBER that this happens in an intimate context.

Trainer's notes

Try to unpack what is seen as 'real sex' as opposed to foreplay and non-penetrative sex.

16. Attitudes about sex



Goal

To explore how attitudes about sex change over time

Suggested time

25 minutes

Suggested method

Step 1: Divide the participants into the following 3 groups: the grandparents' time, parents' time and young people today.

Step 2: Ask each group to discuss the following questions:

- *How is sex and sexual behaviour viewed by this group?*
- *What was this group taught about sex while they were growing up?*

Step 4: Take feedback from each group.

Step 5: In larger group discuss how views on sex have changed and what affects change.

Trainer's notes

- Be familiar with how laws, technology and globalisation have had an impact on sex.

17. HIV and AIDS myth or fact?

Goals

1. To distinguish between the myths and facts about HIV and AIDS
2. To describe terms related to HIV and AIDS

Materials

Flip chart paper
Marker
Glue/tape

Suggested time

60 minutes

Preparation

For Step 1, three signs – one that says “THIS IS TRUE”; one that says “THIS IS NOT TRUE”; one that says “I AM NOT SURE”

Suggested method

Step 1: Paste the signs at various parts of the room.

Tell members that you will be reading out a statement. A person must think about whether he/she agrees, disagrees or is unsure about the statement, and go and stand next to the sign in the room. Read out the first statement and ask people to move to the appropriate sign.

Step 2: Once all members have moved, ask the groups at the signs to discuss the reasons for agreeing or disagreeing or being unsure. Give them two minutes for the discussion. Once they have discussed the statement and the reasons, ask one person from each group to report back on the reasons. Ask other groups to listen to the reasons.

Step 3: After the report back, ask the following: Does anyone want to change groups now that they have heard other people’s reasons for agreeing or disagreeing? (If yes, ask them to move to the appropriate sign and explain why they are changing). Provide the correct information and challenge harmful ideas as you go along. It is important for you to know the myths and facts of HIV and AIDS. Allow for discussion and answer any questions that might come up.

Step 4: Read out the next statement and follow the same process.

Read out the following statements:

It is possible to determine if a person has HIV just by looking at him or her

NOT TRUE

You cannot tell if a person has HIV just by looking at him or her. The only way to know if a person has HIV is for the person to go for a test after the window period and find out the results.

During the window period, a person can test negative, when in fact he or she is positive. The window period is the period between the onset of HIV infection and the appearance of detectable antibodies to the virus. The window period is usually three months. In this period the person is already infectious and may unknowingly infect others.

AIDS affects only the poor and uneducated

NOT TRUE.

HIV and AIDS affect everybody. It is not limited to any particular people or economic status. It is possible for anybody to get HIV.

A person testing during the window period may have a negative HIV test, when in fact he/she is HIV positive

TRUE.

If a person tests during the window period, there are not enough antibodies in the blood for the test to pick up. Therefore, while the person is actually HIV positive, the blood test will come back negative. However, the person is infectious and can pass HIV to others.

An HIV positive person who looks healthy will not transmit the virus to others through sexual contact

NOT TRUE.

HIV is transmitted through contact with bodily fluids. Even if a person looks healthy, the virus is in the body and he or she can transmit the virus to others.

A person with HIV will die in one year

NOT TRUE.

Having HIV does not mean that a person has AIDS. A few weeks after HIV infection, a person may have flu-like symptoms. After that, an average of 5 to 7 years will pass without another sign of infection – although that delay can range from a few months to 10 years. However, even when a person does not have symptoms, the virus is still multiplying in the person's body, and he/she can pass it to other people. Mild symptoms may occur when the immune system first starts to weaken (many of these illnesses can be effectively treated or prevented), but they become more severe as the AIDS stage of HIV infection is reached.

Most people living with HIV do not know that they have the virus

TRUE

A conservative estimate is that 9 out of 10 people who are infected with HIV are unaware of their infection. The only way to determine whether or not a person is HIV positive is to go for a test. Advantages of being tested include the ability to protect loved ones, to be able to plan for the future and motivation to seek prompt treatment in the event of subsequent illness.

Condoms, when used correctly and consistently, can significantly reduce the risk of HIV transmission

TRUE.

The primary mode of HIV transmission is through unprotected sex. Consistent and correct use of natural rubber latex condoms (together with water-based lubricants as required) are an effective means of preventing unwanted pregnancy and sexually transmitted infections (including HIV). Younger and less experienced users break condoms more frequently than do those who have learned to use condoms properly.

A person can get HIV by sitting next to a person who has it

NOT TRUE.

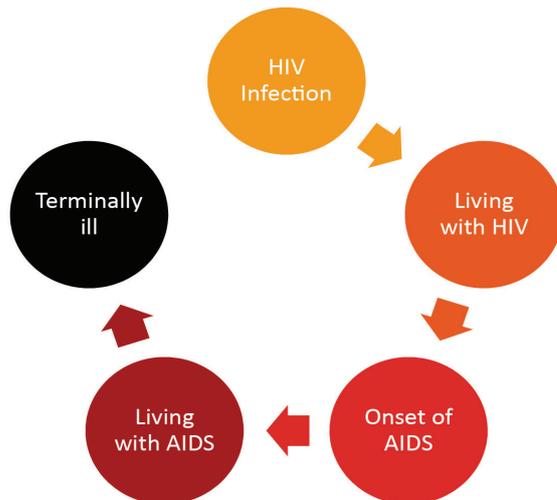
It is not possible to get HIV through casual contact such as hugging, sitting next to a person who has it, shaking hands and sharing cutlery and cups. It is only possible to get HIV through the exchange of certain bodily fluids (blood, semen, vaginal fluids and breast milk).

Mosquitoes transmit HIV

NOT TRUE

The parasite that causes malaria is transmitted through the saliva of mosquitoes and not through sucked blood. HIV thrives in blood, not in saliva. When mosquitoes bite, they suck blood into the stomach. They then inject saliva that contains the malaria parasite to replace that blood. This fluid is toxic to humans and is what produces the itching reaction. Mosquitoes do not inject blood.

18. Definition of HIV and AIDS



Goal

To explain the difference between HIV and AIDS

Suggested time

10 minutes

Materials

Flipchart paper

Marker

Suggested method

Step 1: Ask participants what they think the acronym HIV and AIDS stands for.

Step 2: Write the acronyms on the flipchart as follows and discuss as a large group:

H human
I immunodeficiency
V virus

A acquired (get it from someone)
I immune (body's defence systems)
D deficiency (weakness, failure or inadequacy of the immune system)
S syndrome (collection of various diseases and symptoms)

Step 3: Trainers must explain the differences between HIV and AIDS

- **HIV** is the infection
- **AIDS** is the final stage of the illness resulting from HIV infection

19. HIV transmission

Goals

To raise awareness and understanding on the various modes of HIV transmission

Suggested time

15 minutes

Materials

Flipchart paper

Markers

Handout: *Sum of Transmission*

Suggested method

- Trainers are to explain the following variables to the participants
SAD
Body fluids (high and low quantities)
- Trainers must write the "*Sum of Transmission*" on the flipchart and discuss

HANDOUT: Sum of HIV transmission

HIV TRANSMISSION = SAD + Bodily fluid(s)

Variables

Amount of virus in Bodily fluid(s)

SAD

Variable 1: Amount of virus in bodily fluid(s)

High/sufficient viral load	Low/insufficient viral load
Blood	Sweat
Semen and pre-ejaculate	Tears
Vaginal fluid	Urine
Breast milk	Saliva
	Mucus
	Faeces

Variable 2: SAD

S- sufficient amount of the virus in the bodily fluid(s)

A- access to the bloodstream

D- duration of exposure (time)

20. Modes of transmission

Goals

To raise awareness and understanding on the various modes of HIV transmission

Suggested time

20 minutes

Materials

Flipchart paper

Marker

Suggested method

Step 1: Trainers must divide the participants into the following 3 groups: Sex group; Blood group; Mother-to-child group

Step 2: Each group must then brainstorm all possible ways of transmission applying the Sum of Transmission

Step 3: Once all the groups have finished, discuss each group's contribution as one group

Trainer's notes

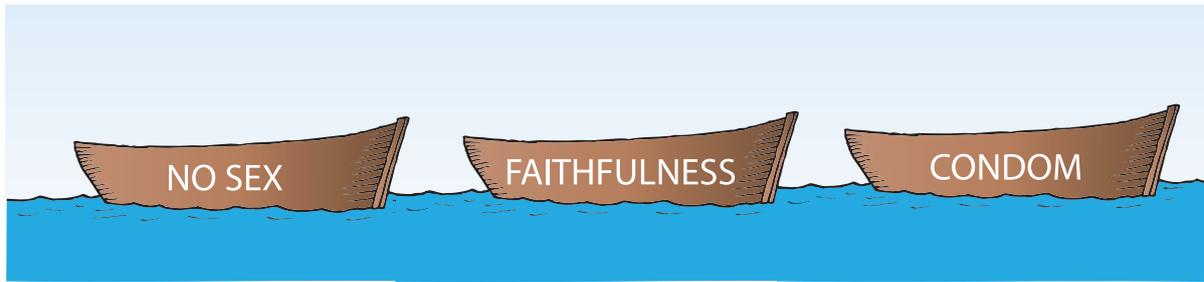
Make sure that the following are covered by the end of the group discussion

- Sex group
 - Anal-penile
 - Vaginal-penile
 - Oral sex

- Blood group
 - Blood transfusion
 - Needle stick injuries
 - Sharing needles and razors
 - Car accidents

- Mother-to-child
 - During pregnancy
 - At birth
 - Breast feeding

21. The three boats



Goal

To think about the various ways to protect ourselves from HIV

Materials

None

Suggested time

60 minutes

Suggested method

Step 1: Review the three that HIV can be transmitted. Let the group list the ways and add any points if they are missed or correct the wrong answers. Now ask: What are the ways that we can stop the spread the sexual transmission of HIV? Let the group answer and add any points if they are missed or correct the wrong answers. Emphasise that the exercise only looks at sexual transmission but there are other ways to reduce the risk of the non-sexual transmission of HIV.

HIV is transmitted:

Through unprotected sex (sex without a condom)

Through blood contact (sharing razor blades, through a blood transfusion, sharing syringes)

Through mother to child (before birth, during birth or through breastfeeding)

Sexual transmission of HIV can be reduced by:

Having no sex

Having sex with one partner only who is uninfected

Using a condom each and every time you have sex

Step 2: Read the following:

*HIV is like a flood. In a normal flood, people drown. However it is possible to get on a boat to save yourself from a flood – like Noah got on the ark and saved himself and the animals. In the case of HIV, it is possible to get on a boat to save yourself from the flood. There are three boats and you need to decide what boat you will get on. There is the **NO SEX boat**; the **FAITHFULNESS boat**; and the **CONDOM boat**.*

Step 3: Ask people to think about the three boats and think for themselves what boat they would get on. BUT DO NOT ASK PEOPLE WHAT BOAT THEY ARE ON. This is a private matter.

Ask participants to think about:

- Who will decide for you about getting on to one of the boats?
- How easy is it to get on to a boat? Do you need help? What kind of help?
- What factors will help you decide what boat you want to get on?
- What boat do you think that young people should be on? Why?

There is no right or wrong answer. People should think about these and if they wish discuss the questions (but do not force people to discuss these questions because it is personal).

22. Condoms

Goals

1. To practice using a condom
2. To deal with some of the myths related to condoms

Materials

Condoms

Suggested time

90 minutes

Preparation

For Step 1: you will need to have practiced the using a condom exercise

Suggested method

Step 1: Review the steps in the proper use of condoms. Answer any questions that arise.

How to use a condom

Step 1: Get ready

Check the expiry date on the condom; throw the condom away if it is past the expiry date. Feel the sealed condom, make sure the package is sealed and that no air is escaping.



Step 2: Make sure the penis is erect

The penis has to be erect before you put the condom on.

Step 3: Open it

Move the condom down inside the packaging and tear the package carefully. Do NOT use your teeth or nails to do this!



Step 4: Make sure the condom is right side out

There is a right side and a wrong side. First roll down the condom about a centimetre to see which way the condom is unrolling before putting it on the penis.

Step 5: Hold the tip of the condom

Hold the tip of the condom to leave some space for the semen and to keep air bubbles out. If you do not do this, it can cause the condom to break. It should roll easily down the shaft of the penis.



Step 6: Roll it down

Roll down as far as it will go. It should reach the base of the penis near the testicles.

Step 7: Check on it

Hold onto the condom or check on the condom during sex to make sure that it does not slip off. Some people use water-based lubricants to help sex go smoother.

Step 8: Pulling out

Guys: When pulling out – hold the condom at the base near the testicles so that it doesn't slip off. Pull out when you are still erect. Only remove the condom when you are completely out of your partner.

Step 9: Throw it away

Throw the used condom away. Use a condom only once. Never use a condom that has been used by someone else. Never ejaculate more than once in the same condom.

You can tie it at the open end (keeping the semen inside) and wrap it in paper and throw it in the rubbish bin.



Give members one condom to look at, feel, and work with. Ask participants to get into pairs and have them practice putting the condom on each other's two fingers, using the correct steps outlined.

Step 2: Once that is done, divide participants into two groups. Randomly assign one group to discuss arguments for condom use, and one group to discuss the arguments against using a condom. Give groups 10 minutes to discuss their reasons.

Now pair one person from each group. Give the pairs 15 minutes to debate the arguments for and against condom use.

Step 3: At the end of the exercise, ask members to consider the following questions:

- *Did you learn anything new during this exercise? What?*
- *How will you apply this information, if at all?*

23. Stigma and discrimination



Goals

To define and distinguish between stigma and discrimination

Suggested time

30 minutes

Material

Flipchart paper

Markers

Handout: stigma and discrimination

Suggested method

- Divide the participants into two groups and ask each group to complete the following statements according to their understanding:
 - Stigma can be defined as...
 - Discrimination can be defined as...
- Get feedback from each group and discuss
- Give each participant a handout and go through it as a large group
- Round off the discussion by mentioning to the participants that stigma and discrimination is not just limited to HIV

Trainer's notes

- Clearly distinguish between stigma and discrimination
 - Stigma=the words and labels
 - Discrimination=behaviour and actions

HANDOUT: Stigma and Discrimination

What is stigma?

- A powerful social label
- An attribute or quality which “significantly discredits” an individual or group in the eyes of others
- The individual’s identity is often seen as spoiled, dirty and unusually deviant

What is discrimination?

The concept of stigma and discrimination are usually used interchangeably but they are different

- Discrimination focuses on behaviour/ actions which result in unjustified treatment given to certain individuals or groups

Types of stigma

- External stigma: this refers to an individual being treated unfairly or differently by everyone else
- Internal stigma: refers to the way a person feels about themselves

Origin of stigma

Stigma originates from...

- Fear
- Moral judgement
- Misinformation
- Religious beliefs
- Ignorance
- Upbringing

Characteristics of diseases that are being stigmatised

These are diseases that are seen or perceived to be...

- Incurable
- Contagious
- Disfiguring
- Associated with stigmatised behaviour

Characteristics of stigma

- Collective social process
- Produces and reproduces social relations of power, hierarchy and exclusion
- Is layered upon existing stigma
- Transforms difference into inequality

Stigma can be seen or observed in...

- Communities
- Workplaces
- Faith based organisations
- Social settings

In many instances stigma can be expressed through

- Laws and policies
- Language

Process of how stigma may occur/develop

People may point out a difference and label it, e.g. he coughs a lot, so he must be ill



Then they may say that the difference is due to negative behaviour, e.g. his illness is caused by his sinful and promiscuous behaviour



Then they separate us from them, e.g. we are not like him, we are not sinful but he is



Then there may be a loss of status as well as discrimination, e.g. he does not deserve respect, we should not mix with him and we can treat him in a particular kind of way

24. Experiences of stigma and discrimination



Goal

To share real life experiences of stigma and discrimination

Suggested time

30 minutes

Materials

Flipchart paper
Markers

Suggested method

Step 1:

Own experience of being stigmatised

- Ask each participant to think about a time when they felt isolated, labelled or rejected for being seen to be different from others and answer the following questions (remind the participants that stigma and discrimination is not limited to HIV):
 - What happened?
 - How did you feel about what happened?
 - What impact did it have on you?
- Invite 2 or 3 participants to share their experiences

Step 2:

Experiences of stigmatising others

- Ask each participant to think about a time when they isolated, labelled or rejected someone because they were different and answer the following questions:
 - What happened?
 - What prompted their action towards that person?
 - How did they feel and why did they feel that way?
 - What was their attitude?
- Invite 2 or 3 participants to share their experiences
- Discuss in a large group what impact stigma has on individuals and society in general.

25. HIV-stigma

Goal

Describe how stigma affects people with HIV

Materials

Pictures

Suggested time

60 minutes

Preparation

For Step 1, you will need the prepared pictures.

Suggested method

Step 1: Divide members into groups of three people. Ask each group to select one of the pictures. Ask them to discuss:

- *What do you see in the picture?*
- *How does this picture show stigma?*

Step 2: Put up one picture at a time and ask the group to present what they spoke about. Discuss the points that have been raised.

Pictures:

Discussion could include:

Man seated all alone on a bed: No one is caring for him. Utensils under bed – shows that people are not sharing utensils with him. Looks lonely and worried – seems to have lost all hope.

Woman sitting all alone crying: Maybe she has just learned that she is HIV positive and people are rejecting her. She is depressed, hopeless, and anxious. She has no one to share her problems with.

Sick man in bed with children visiting: Looks depressed. He is worried about his children once he dies. His children look worried – they don't know what to do if their father dies.

Discuss the following effects: isolation, rejection, condemnation, forgotten, useless, kicked out of family, house, work, rented accommodation, organisation, drop out of school (resulting from peer pressure – insults), depression, suicide, not accessing services, not taking advantage of opportunities, social withdrawal.

26. The rights of others

Goals

1. To learn about the rights of others, with a particular focus on the rights of children living with or affected by HIV
2. To analyse whether children and young people living with or affected by HIV are able to access their rights

Materials

Flip chart paper
Markers
Case studies
Glue/tape

Suggested time

45 minutes

Preparation

For Step 4, write out the summary of the rights of children (from activity 5) on flip chart paper.

For Step 4, prepare the case studies by writing them out on cards/paper and have a picture illustrating the case study on the other side, if possible.

You can use these case studies or make up your own:

Case study 1:

Susan is 12. Susan looked after her sick mother until she died. She is not sure why her mother died, but she has heard people whisper that her mother had 'AIDS'. When Susan and her brothers and sisters go to school they fight with their classmates because they've been ridiculed as having AIDS. Susan doesn't speak the word AIDS. While she doesn't know what it means, she knows it is shameful and tears come to her eyes when her classmates make fun of her. She's confused. She works to support her father and family. At the same time she dreams of continuing her studies.

Case study 2:

Sharon is nine. She is always sick. She is very skinny. She asks her mother what is wrong with her, but her mother does not answer. Her mother is sick too a lot of the time. She also asks her brothers and sisters but no one tells her anything. She does not go to school. When she feels good, she goes outside and tries to play with the other children but they all run away from her.

Case study 3:

Jairus is seven. He is a child who doesn't talk a lot but is good at school and thinks clearly. He does not know if his baby brother has AIDS although he thinks this is the case because his brother is always sick. Their mother won't allow his brother to be tested and she also won't go for a test. Jairus' mother is well and looks healthy. The family accepts and helps her by employing her to do odd jobs.

Case study 4:

Anne is 11. Her mother used to make an income from selling vegetables in the market. The other market sellers accused her of selling 'AIDS vegetables' and her customers stopped coming. So she stopped selling at the market. When she sold sweets at school in front of her house, teachers stopped their students from buying them. Now she sells gasoline. Villagers call it 'AIDS gas'. Anne's mother has to send the children to study somewhere else, as she feels sorry for them. Lacking money, the family members miss Anne's father. They have asked for help from welfare organisations but haven't had any response.

Suggested method

Step 1: In pairs, ask the members to talk about the following:

- *Which human rights does everyone have?*
- *What are the special rights of children?*
- *Why do children need special rights?*

Note the answers on the flip chart.

The purpose of the activity is not to compile a complete list of human rights but to highlight some of the significant rights. For some groups, the facilitator may want to use pictures that display the rights of children and those relevant to HIV and AIDS.

Step 2: Now, discuss the following:

Which human rights do children and families of a person living with HIV or AIDS have?

The answers should be similar to those in Step 1. If they are not, ask members to give their reasons for why some of the rights may be missing. The facilitator may have to review the facts about the transmission of HIV and the progression of the disease.

Step 3: Explain that, in the context of HIV and AIDS, some people have had a violation of their rights. People living with and affected by HIV and AIDS are, for example, often stigmatised or discriminated against. Tell the group that you are going to discuss such violations of human rights.

Step 4: Post the summary of the rights of children where all of the members can see it. Also place the case studies (with the picture facing up) in the middle of the circle.

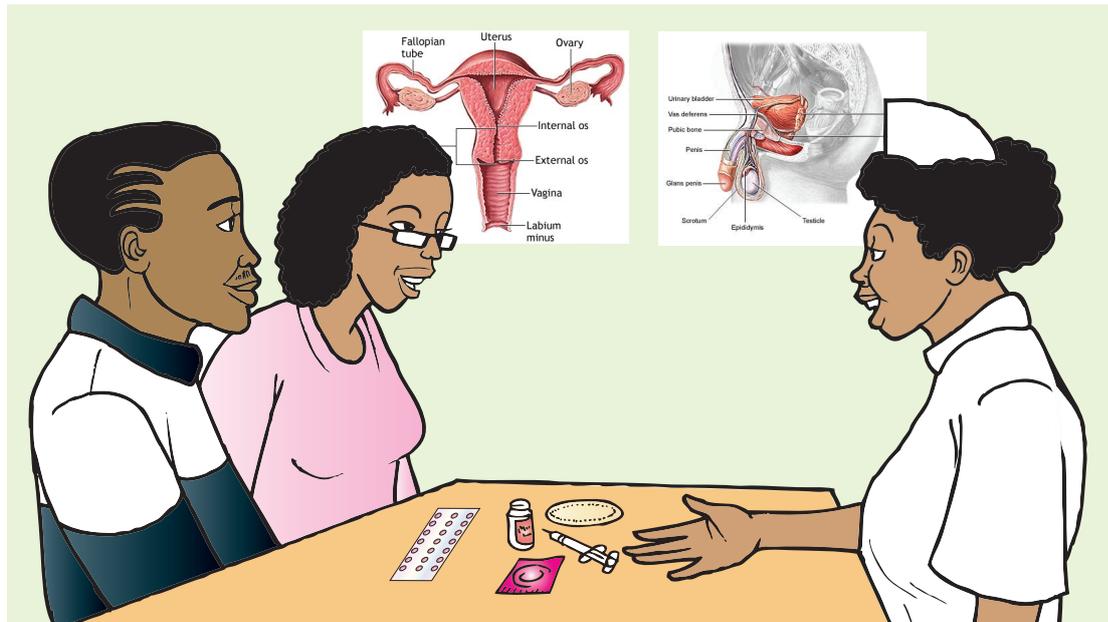
Ask a volunteer to pick one of the cards and read the text aloud or describe the picture. Ask the group which of the human rights listed are violated in this case. Discuss the responses.

Continue with the other case studies.

Step 5: To summarise this activity, have a discussion, using the following questions as guidance:

- *How do you think a child feels when he or she cannot go to school or be with their friends because of their HIV status or presumed status?*
- *Do you feel that persons living with or affected by HIV or AIDS are able to access their rights? Why or why not?*
- *What are some of the obstacles that such people face?*
- *What are some things you might be able to do to help other people understand the rights of people living with or affected by HIV and AIDS?*

27. What's out there?



Goal

To find out about the services available in the community

Materials

Paper
Pen/pencil

Suggested time

60 minutes

Suggested method

Step 1: Divide members into two groups. Randomly assign one group THE HEALTH CLINIC/ HOSPITAL and the other group A COMMUNITY BASED ORGANISATION.

Step 2: In their groups, ask members to think about what questions they will ask either the health clinic or the community based organisation about the services they offer to people living with HIV and AIDS. Give groups time to come up with their questions. Ask at least one person to note down their questions.

Homework: As homework, ask the groups to arrange a time to visit the relevant place and ask their questions about the services available. Ask for a report back in the next session.

Questions could focus on various areas such as testing, care, and other services are available for people living with or affected by HIV and AIDS.

The questions could include:

- *What types of services are available to people with HIV and AIDS?*
- *How do you support people with HIV and AIDS?*
- *How many people come for testing?*
- *What type of test do you provide?*
- *How many people have tested positive?*
- *Are medicines available for people who need them?*
- *Are condoms available here?*
- *Where are condoms available?*

28. Defining violence

Goals

1. To define what constitutes violence in various contexts
2. To start to think about how to reduce violence

Materials

Flip chart paper
Tape
Markers

Suggested time

90 minutes

Suggested method

Step 1: Break the members into three groups and give groups flip chart paper and a marker. Ask groups to come up with different types of violence and a definition of each type. Ask groups to note down their responses on flip chart paper.

Make sure that these are on the list:

Sexual and gender based violence (SGBV) is violence that is aimed towards someone because of his or her sex.

Incest is sexual relations between blood-related persons (father/daughters, mothers/sons, brothers/sisters etc.)

Sexual abuse refers to any type of intimate (sexual) physical contact between an adult and a child

Rape (sexual assault) is the use of physical force or threat or coercion in order to obtain sexual relations (oral, vaginal, anal). Rape can be perpetrated by a male or female against a male or female. It can also use inanimate objects.

Sexual exploitation means taking advantage of or involving children or youth in the sexual satisfaction of adults, including activities such as child prostitution and pornography

Sexual harassment is manifested through indecent proposals, obscene words and pressure to have sexual relations, which the other party does not want

Emotional violence is violence manifested through insults, humiliation, threats, lack of affection, etc. The consequences for men/boys and women/girls may be low self-esteem, distrust and emotional insecurity

Physical violence is violence which is expressed through slapping, punching, kicking, shoving and other acts which can provoke injury, endangering the health of a man or woman

Step 2: Ask for feedback in the larger circle on the types and definitions of violence.

Step 3: Randomly assign one group, SCHOOL, the other HOME and the third, COMMUNITY. Ask the groups to consider the following questions:

- *What type of violence happens in your location?*
- *Who usually is involved?*
- *What can we do when this happens, if anything?*

Step 4: In the larger circle, ask for feedback about the discussion. Note down the responses on the flip chart paper.

Here are some examples of the possible answers. There may be other and different responses:

School

- What happens? Bullying, corporal punishment (physical punishment by teachers), sexual harassment and/or sexual abuse, physical fighting, name calling
- Who is usually involved? Teachers, other students
- What can we do when this happens? Can speak to the principal about concerns; can speak to other teachers; can call a meeting at school to talk about violence etc.

Home

- What happens? Physical violence, sexual violence, teenage pregnancy, early and forced marriages
- Who is usually involved? Parents, sisters and brothers, other relatives
- What can we do when this happens? Ask for help from other family members (those not involved), go to the elders, go and stay somewhere else, go to the police desk etc.

Community

- What happens? Rape, assault, sexual violence, fighting
- Who is usually involved? Elders, other young people, rival clans
- What can we do when this happens? Ask for help from family members, go to the elders for help, run away to a safe place until it is safe, go to the police desk etc.

29. My experiences of violence



Goal

To identify the forms of violence that we perpetuate or that are committed against us

Materials

Flip chart paper

Tape

Markers

Cards/paper

Suggested time

60 to 90 minutes

Suggested method

Step 1: Explain that the purpose of this activity is to talk about the violence we practice and the violence practiced against us, and talk about our feelings in relation to this.

Give participants four pieces of paper or small cards.

On the first card, ask participants to write a few words (or draw a picture) on the following topic: **Violence practiced against me.** Give participants time to think about this topic and write/draw their response.

On the second card, ask participants to write a few words on the following topic: **Violence that I practice.**

On the third card, ask participants to write a few words on the following topic: **How I feel when I practice violence.**

On the fourth card, ask participants to write a few words on the following topic: **How I feel when violence is practiced against me.**

When we talk about violence, we think mainly of physical aggression. It is important to discuss other forms of violence besides physical violence. It is also important to help young people think about the acts of violence that they perpetrate, because very often we think that it is the other persons who are violent but never ourselves.

Usually, it will be much easier for young people to discuss the violence that they have suffered. Commenting on or talking about violence committed at home is usually a delicate matter. Finally, talking about violence which young people have committed is the most difficult. This is usually because they try to justify their actions, blaming the other person for the violence.

This will take some skilful facilitation. It is necessary to be sensitive and also challenge participants at the same time.

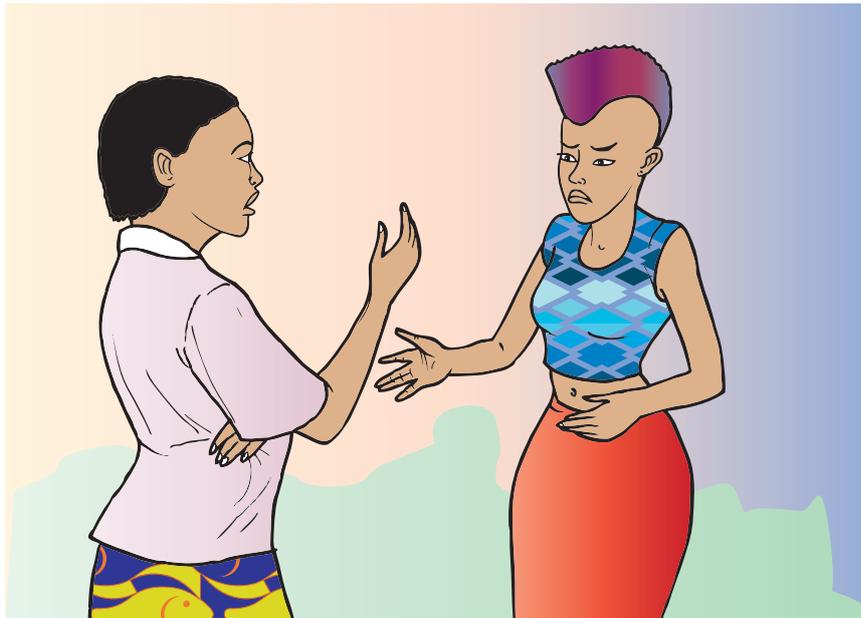
Step 2: Collect the cards. Paste the cards on the wall (in other words, in one part of the room, paste the cards dealing with statement one; in another part, past the cards dealing with statement two etc.) Try to group together similar responses.

Review the cards with participants.

Step 3: Once all lists have been reviewed, discuss the following:

- What is the most common type of violence practiced against us?
- How do we feel about being a victim of this type of violence?
- What is the most common type of violence we commit against others?
- How do we know if we are really committing violence against someone?
- Is there any connection between the violence we practice and the violence we are victims of?
- How do we feel when we practice violence?
- Is any kind of violence worse than another?
- In general, when we are violent or when we suffer violence, do we talk about it? Do we report it? Do we talk about how we feel? If we do not, why not?
- Some researchers say that violence is like a cycle, that is to say, someone who is a victim of violence is more likely to commit acts of violence later. If this is true, how can we interrupt this cycle of violence?

30. What do I do when I get angry?



Goal

To think about how to identify when we are angry and how to express our anger in a constructive and non-destructive way

Materials

Flip chart paper
Tape
Markers
Paper
Pencil/pens

Suggested time

60 to 90 minutes

Preparation

For Step 2, write the following on the flip chart paper or read this aloud.

- Think of a recent situation when you were angry. What happened? Write a short description of the incident (one or two sentences).
- Now, thinking about this incident when you were angry, try to remember what you were thinking and feeling. Try to list here one or two feelings that you felt in your body when you were angry:
- Very often after we feel angry, we begin to react with violence. This can even happen before we realise that we are angry. Some people react immediately, shouting, throwing something on the floor, hitting something or someone. Sometimes, we can even become depressed, silent and introspective. Thinking about the incident when you felt angry, how did you demonstrate this anger? How did you behave? (Write a sentence or a few words about how you reacted, what you did or how you behaved when you were angry).

Suggested method

Step 1: Read the following aloud:

Many young people confuse anger and violence, thinking they are the same things. But anger is an emotion (like happiness and sadness), a natural and normal emotion that every human being feels at some point in life. Violence is a way of expressing anger, that is to say, it is a form of behaviour that can

express anger. But there are many other ways of expressing anger—better and more positive ways—than violence. If we learn to express our anger when we feel it, it can be better than allowing it to bottle up inside us, as many times when we allow our anger to build up, we tend to explode.

Explain to the group that this activity is to think about how we react to anger.

Step 2: Paste the prepared flip chart on the wall where all members can see it (or read the statements aloud slowly). Ask the participants to answer the questions on their own, giving two or three minutes for each question.

Step 3: Divide the circle into small groups of four. Ask groups to discuss their answers to the questions. Allow 20 minutes for this group work.

Step 4: With the participants still in the small groups, hand out a flip chart paper and marker and ask them to make a list of:

- Negative ways of reacting when we are angry
- Positive ways of reacting when we are angry

Allow the groups 15 minutes to write out their lists and then ask each group to present their answers to the whole group. On the list of “Positive Ways,” make sure that these two are included:

1. Take a breath of fresh air, or count to 10; and
2. Use words to express what we feel without offending.

If these two tactics proposed here are not on any of the lists presented, explain them to the group. In short:

To take a breath of fresh air is simply to get out of the situation of conflict and anger, to get away from the person toward whom one is feeling angry. One can count to 10, breathe deeply, walk around a bit or do some other kind of physical activity, trying to cool down and keep calm. It is important to stress that to “take a breath of fresh air” does not mean going out and jumping into the car (if that is the case) and driving around at high speed exposing oneself to risk or doing something else in a dangerous way. Generally, it is important for the person who is angry to explain to the other that he is going to take a breath of fresh air because he is feeling angry, something like: “I’m really fed up with you and I need to take a breath of fresh air. I need to do something like go for a walk so as not to feel violent or start shouting. When I’ve cooled down and I’m calmer, we can talk things over.”

Use words without offending is to learn to express two things: (1) To say to the other person why you are so upset, and (2) to say what you want from the other person, without offending or insulting. For example: I am angry with you because: _____
I would like you to: _____

An example is: If your friend arrives late for a date with you, you could react by shouting: “You’re an idiot, it’s always the same, me standing here waiting for you.

Or then, looking for words that do not offend, you could say: Look, I’m angry with you because you’re late. I would like you to be on time, if not, let me know that you’re going to be late.

31. Problem solving



Goals

1. To share ways that we have solved problems in our lives
2. To practice solving a problem
3. To find more ways to solve problems and try using them

Materials

None

Suggested time

60 to 90 minutes

Preparation

For Step 1, write out the steps in problem solving on flip chart paper and paste where members can see it.

Suggested method

Step 1: Talk about the steps in problem solving.

Problem solving

There are many approaches to problem solving, depending on the nature of the problem and the people involved. Most approaches require an understanding of what the problem is, analysing causes of the problem, identifying alternatives to solve the problem, assessing each alternative, choosing one which would best suit the situation, implementing it, and evaluating whether the problem was solved or not.

1. Define the problem

This is often where people struggle. They react to what they think the problem is and this is in fact not the problem. To help define the problem, therefore, it is important to ask oneself and others:

- *What can you see that makes you to think there is a problem?*
- *Where is it happening?*
- *How is it happening?*
- *When is it happening?*
- *With whom it happening?*
- *Why is it happening?*

If the problem still seems overwhelming, break it down by repeating the questions, resulting in descriptions of several related problems.

It helps a great deal to verify the problem analysis by conferring with a peer or someone else.

If there are several related problems, then prioritise which ones to be addressed first. Important problems deserve more attention.

It is important to understand one's own role in the problem – one's role can greatly influence how one looks at the problem and how one perceives the role of others.

2. Look at potential causes for the problem

In this phase, it is critical to get input from other people who notice the problem and who are affected by it. It is often useful to collect input from other individuals one at a time (at least at first). Otherwise, people tend to be inhibited about offering their impressions of the real causes of problems. Document what people think; write down a description of the cause of the problem and in terms of what is happening, where, when, how, with whom and why.

3. Identify alternatives for approaches to resolve the problem

At this point, it is useful to keep others involved (unless it is a personal problem). Brainstorm for solutions to the problem. Very simply put, brainstorming is collecting as many ideas as possible, then screening them to find the best idea. It is critical when collecting the ideas to not pass any judgment on the ideas – it is critical just to write them all down at this stage.

4. Select an approach to resolve the problem

When selecting the best approach, consider the following questions:

- Which approach is the most likely to solve the problem for the long term?
- Which approach is the most realistic to accomplish for now?
- Are there enough resources? Are they affordable?
- Is there enough time to implement the approach?
- What is the extent of risk associated with each alternative?

5. Plan the implementation of the best alternative (this is your action plan)

Carefully consider the following:

- *What steps should be taken to implement the best alternative to solving the problem?*
- *How will it be possible to check if the steps are being followed or not? (these are the indicators of the success of the action plan)*
- *What resources will be needed in terms of people, money and facilities?*
- *How much time will be needed to implement the solution? Write a schedule that includes the start and stop times, and when you expect to see certain indicators of success.*
- *Who will primarily be responsible for ensuring implementation of the plan?*

Write down the answers to the above questions and consider this as the action plan.

6. Monitor implementation of the plan

Monitor the indicators of success:

- *Are the indicators showing success or positive movement?*
- *Will the plan be done according to schedule?*

If the plan is not being followed as expected, then consider:

- *Was the plan realistic?*
- *Are there sufficient resources to accomplish the plan on schedule?*
- *Should more priority be placed on various aspects of the plan?*
- *Should the plan be changed?*

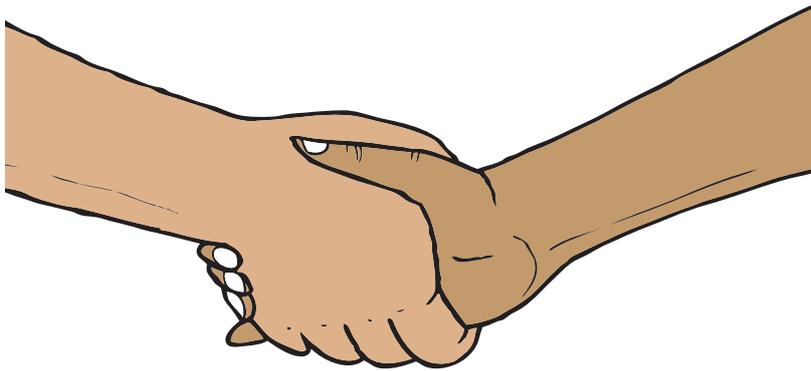
7. Verify if the problem has been resolved or not

Step 2: Ask members to get into pairs to think of a situation (real or imagined) that they will work on. For example, situations can include dealing with a classmate who is being forced to marry, or a teacher that physically punishes students etc.

Step 3: The pairs should go through the steps and come up with a solution. Give pairs 20 minutes to complete the process.

Ask for volunteers to present their problem, their processes, and their solution. Allow other members to offer input and suggestions, and ask questions about the proposed solution.

32. Dealing with conflict



Goal

To think about conflict resolution, using a practical example

Materials

None

Suggested time

60 to 90 minutes

Suggested method

Step 1: Divide members into two groups. Give the groups 10 minutes to develop a role play on a conflict situation and possible solutions for it. They will have to agree on the conflict situation that they will focus on and the way(s) in which it will be resolved.

For example, they could act out a role play on a bully at school, or a situation of domestic violence at home.

Step 2: Ask both groups to act out the play for the benefit of the other group.

Step 3: At the end, discuss the various issues that arose, focusing on the following:

- *Is this a realistic situation? Does this happen?*
- *How could it be addressed?*
- *What could have been done differently?*

33. From violence to respect in intimate relationships



Goals

To discuss how we use violence in our intimate relationships
To envision and identify intimate relationships based on respect

Materials

Flip chart paper
Markers
Tape

Suggested time

90 minutes

Suggested method

Step 1: Divide the participants into two groups and ask them to invent a short role play or skit.

Ask one group to present an intimate relationship between a husband and wife which shows scenes of violence. Explain that the violence can be physical but does not necessarily have to be. Ask them to try to be realistic, using examples of persons and incidents that they have witnessed or they have heard about in their communities.

Ask the other group to also present a relationship between a husband and wife based on mutual respect. There may be conflicts or differences of opinion, but the presentation should show respect in the relationship and should not include violence.

Allow 15 to 20 minutes to develop the story.

This activity uses role plays with female characters. If you are working with a male only group, some of them may be reluctant to interpret a female character. Encourage the group to be flexible. If none of the young men want to interpret a female character, you can ask them to describe the scenes using the flip chart, for example.

Many men and women are afraid to talk about domestic violence. Through this activity the facilitator should try to talk about the silence and impotence which we feel in witnessing domestic violence.

When talking of intimate relationships, we are referring to relationships which have affection, amorous or affection. These most often will be courtship and/or marriage relationships between young men and women, whether or not there is a sexual relationship involved. There is some degree of intimacy involved, whether physical or emotional.

Step 2: Each group should have around 5 to 10 minutes to present their role play, with the other group allowed to ask questions at the end.

Step 3: When both groups have had their turn, discuss the role plays. Discuss the following questions:

- *Were the examples used in the role plays realistic? Do we see these things in our daily life?*
- *What for you are the causes of the domestic violence or the violence in the relationship?*
- *Is it only men who use physical violence against women, or are women also violent toward men?*
- *When you see this type of violence, what do you normally do? What could you do?*
- *Is the example of a healthy relationship realistic? Is it possible to construct an intimate relationship based on respect? Do we see it in our daily lives?*
- *What can we do individually to construct healthy intimate relationships?*

34. Safe and unsafe



Goals

1. To look at places in the community where young people feel safe and unsafe
2. To start thinking about what changes are necessary for young people to feel safe

Materials

Flip chart paper
Tape
Markers

Suggested time

60 minutes

Preparation

For Step 1, write the following instructions on flip chart paper for the drawing exercise (from activity 10):

Firstly:

- Identify and draw a central landmark in your area
- Situate your homes in relation to the landmark

Then draw:

- Public buildings and facilities (schools, libraries, clinics, churches, etc)
- Main streets and transport arrangements
- Business areas (formal and informal)
- Residential areas (formal and informal)
- Recent development projects in your area
- Any other interesting details about your area

Suggested methods

Step 1: Divide members into two or three small groups. Give each group a piece of flip chart paper and markers.

Ask the groups to 'map' out their communities (remind them of activity 10).

If you want to save time, you can use the existing maps from activity 10 and go onto Step 2.

Step 2: Once the community has been mapped out, ask the groups to agree on what places are safe and what are unsafe. They should discuss why those places are unsafe and then colour the places that are unsafe in one colour (for example, this could be the school, the roads etc.)

Do the same for the safe places, using a different colour.

Step 3: Once groups are done, ask them to explain their maps – what the different structures represent and why certain places are considered safe and others unsafe.

Step 4: Once this is done, ask members in the larger group to think about ways to address the unsafe areas – what can they do to make the unsafe areas safer? For example, if the school is considered unsafe because there is too much bullying there, then think of ways of decreasing the bullying. Note down answers.

Homework: Once the members have identified and agreed on certain ways to make the places safer, ask them to think about how to implement their suggestions. For example, maybe they said that they would like the police to patrol the neighbourhood to make it safer. Then, a few from the circle could go to the police station and try to discuss this with the police station commander, and see what he says.

35. Drugs

Goals

1. To discuss the drugs/substances commonly used in the community
2. To discuss some of the effects of using substances

Materials

Paper

Pens

Suggested time

60 minutes

Suggested method

Step 1: Ask members to get into two small groups and discuss the following questions:

- *What is a 'drug'?*
- *What drugs are used in the community?*
- *What effects do these drugs have?*
- *What are some of the impacts of the drugs on the community?*

Allow groups to discuss the questions.

Ensure that the members identify that miraa and alcohol are drugs that often have serious consequences on people.

Step 2: Ask one group to volunteer and present their answers to the larger circle. Allow for the other group to feedback and add anything they discussed in their group. Allow for discussion and close the session.

Homework: Ask members to speak to one person in the community about drug use. Ask them to ask the person what they think of the use of drugs, especially by young people. They can also speak to young people who use drugs and find out what they think about using the drugs and the reasons why they do so and what effects it has on them.

36. Effects of miraa/khat

Goal

To reflect on the effects of miraa use

Materials

None

Suggested time

60 minutes

Suggested method

Step 1: Divide members into three groups. Ask groups to come up with a short role play on the effects of miraa. Allow groups 15 minutes to develop their role plays.

Step 2: Let groups present their role plays for the other groups.

Step 3: Discuss the major points that came from the role plays.

Emphasise that there are negative effects on the individual, family and community. On the individual, there are physical effects that may change the personality of the person. He may become aggressive and impatient; docile; or abusive. He may become lazy and also addicted, thinking of little besides miraa.

On the family, the economic effects are most felt. Money that could go towards education and/or food or other essentials is spent on the drug. In addition, men may become aggressive and abuse their wives and children.

In society, many people on drugs results in economic and social effects. People are unable or unwilling to work. Family breakdown is often due to the substance use.

37. Peer pressure



Goals

1. To learn how much we want our friends to accept us
2. To learn how to say no to our friends

Materials

Flip chart paper
Markers

Suggested time

60 to 90 minutes

Suggested method

Step 1: Ask members to think about 'peer pressure'. Ask the following: Does everybody know what peer pressure is? Ask for feedback from members and note down the answers.

We all want to be accepted in a group. One way to do this is to agree with the group members and do what everyone else does. When we are too much about getting the respect of our peers, we may do things that we do not agree with, but we should not do something just because our peers are doing it. Peer pressure is very strong and may be difficult to go against. Saying 'NO' takes more strength than just agreeing with our friends.

Step 2: Read the following story to the members:

Jairus has always been a popular boy. He is also good at school and he will probably go to university overseas. He has a lot of friends and they spend a lot of time together.

Lately, two of his friends have started using miraa. They have been talking non-stop about how good it is and have been calling the other boys in the group, those that do not use miraa, boring. They say that all real men use miraa and that men talk about real things when they are chewing together.

Jairus is not sure about whether to try miraa or not. He has seen what effect it can have on others because a lot of men that he knows use miraa. He also hears what his mother and sisters say about miraa.

At the same time, Hussein still wants to be accepted by his friends.

Break members into two groups. Ask one group to show what happens when Jairus decides to start chewing miraa and the other group to show what happens when Jairus decides not to chew miraa.

In the role play, ask groups to consider the following questions:

- *What does Jairus feel and do?*
- *What do his friends feel and do?*

Allow groups time to develop their role plays and then allow for them to present their role plays for the other group.

Step 3: Have a discussion with the members. Use the following for the discussion:

- *Why is peer pressure so powerful?*
- *How did Hussein know that he had reached a decision point in his life?*
- *What is wrong with drugs like miraa?*
- *What does the law say about drugs?*

Step 4: Ask members to get into pairs.

Ask members to talk to each other about one time when they did what their friends wanted, even though it was not what they wanted. And then tell each other about one time when they refused to follow their friends in doing something bad, even though it made them unpopular. What happened?

Step 5: In the larger circle, discuss the best ways of being strong against peer pressure. Note the answers on flip chart.

38. Alternatives to drug use



Goal

To think about possible alternatives to using drugs

Materials

Flip chart paper

Markers

Suggested time

60 minutes

Suggested method

Step 1: Ask members to get into pairs. Ask them to think about alternatives to using drugs.

Alternatives to drug use could include, for example:

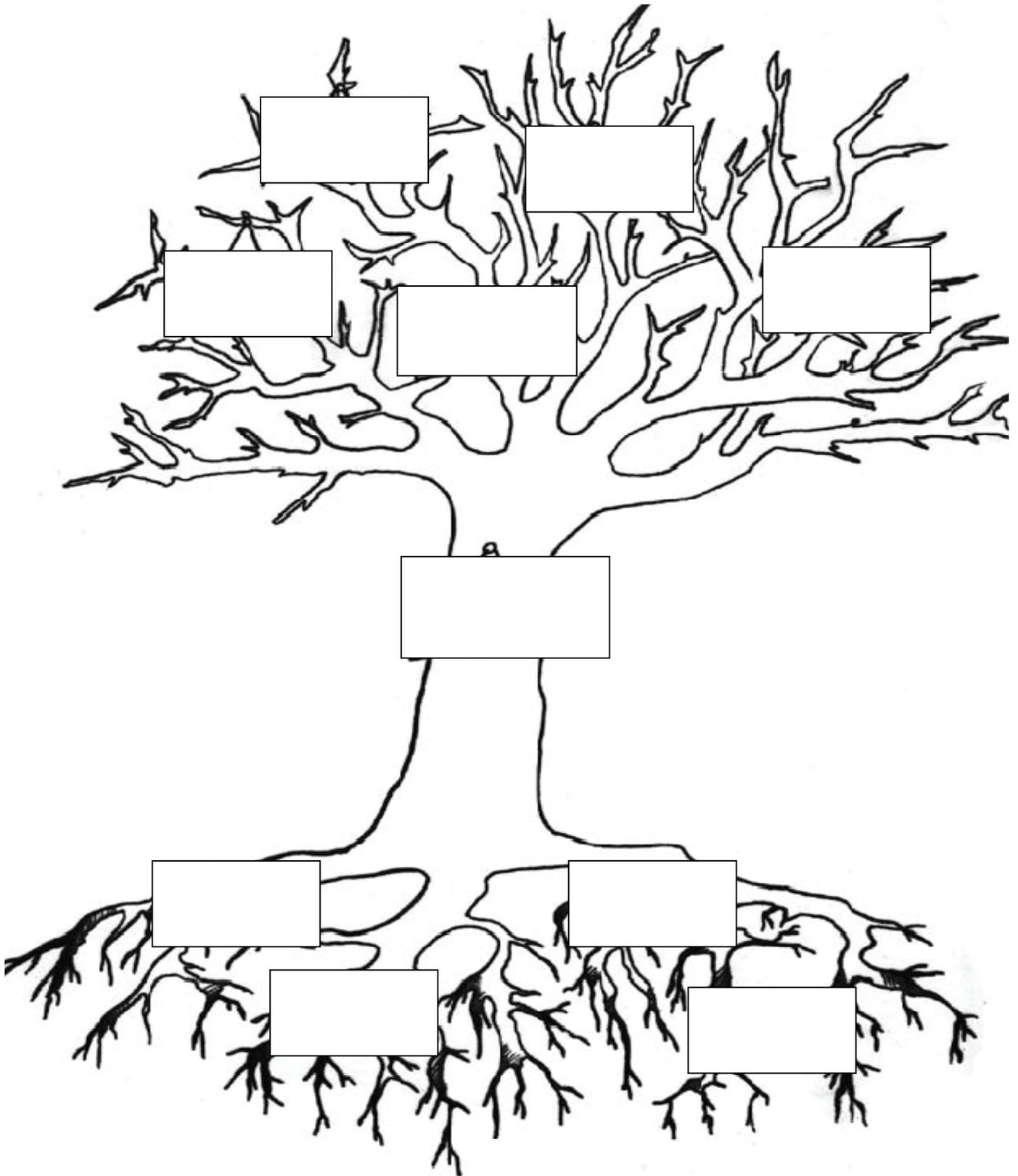
- Reading
- Watching television
- Playing sports
- Studying
- Writing stories
- Doing chores
- Listening to music
- Doing volunteer work
- Talking to friends
- Participating in youth projects and other community events

Step 2: Have a discussion in the larger circle about alternatives to drug use.

Annex:

Additional Handouts

HANDOUT 1: Problem tree



HANDOUT 2: HIV-stigma



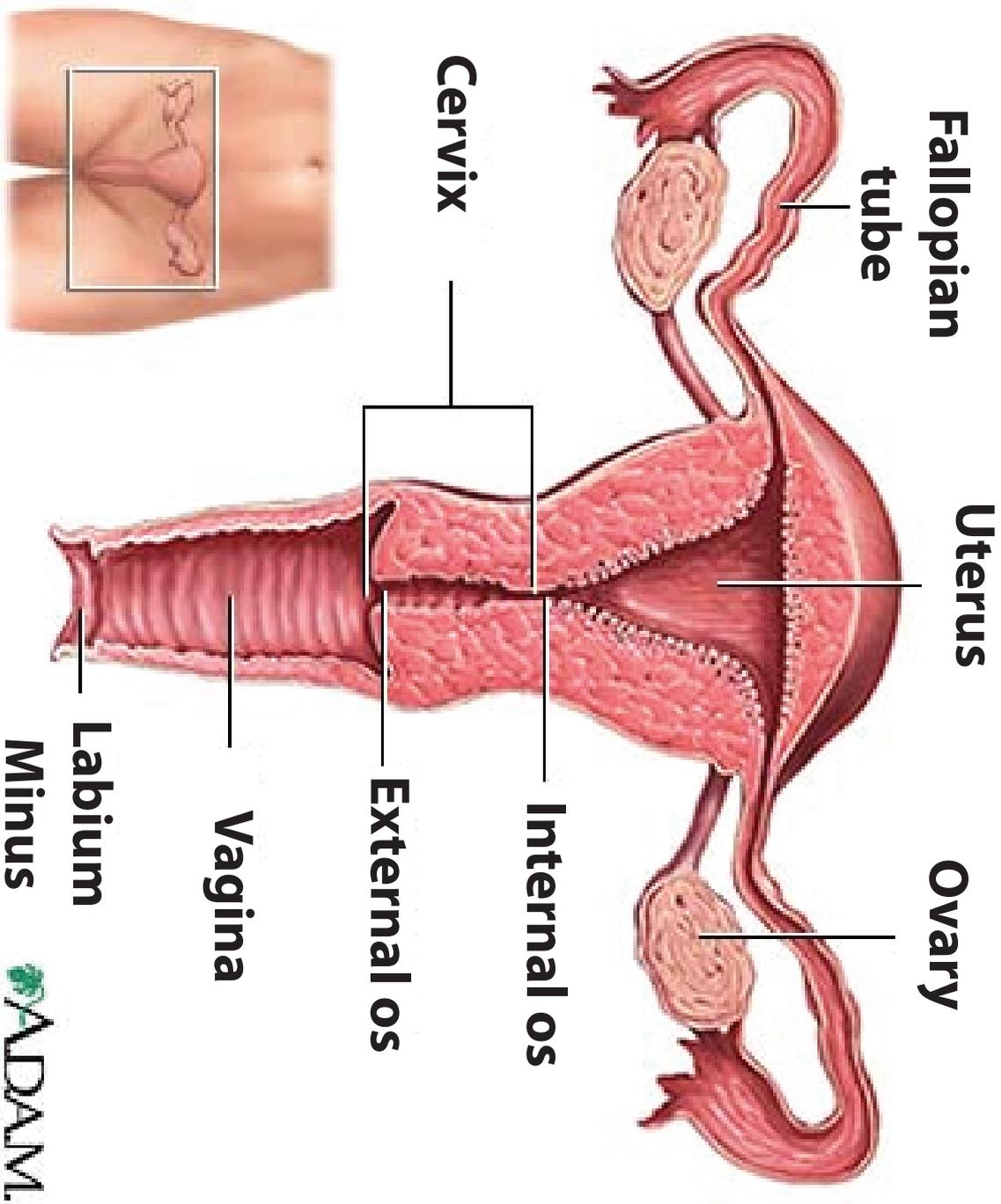
HANDOUT 3: HIV-stigma



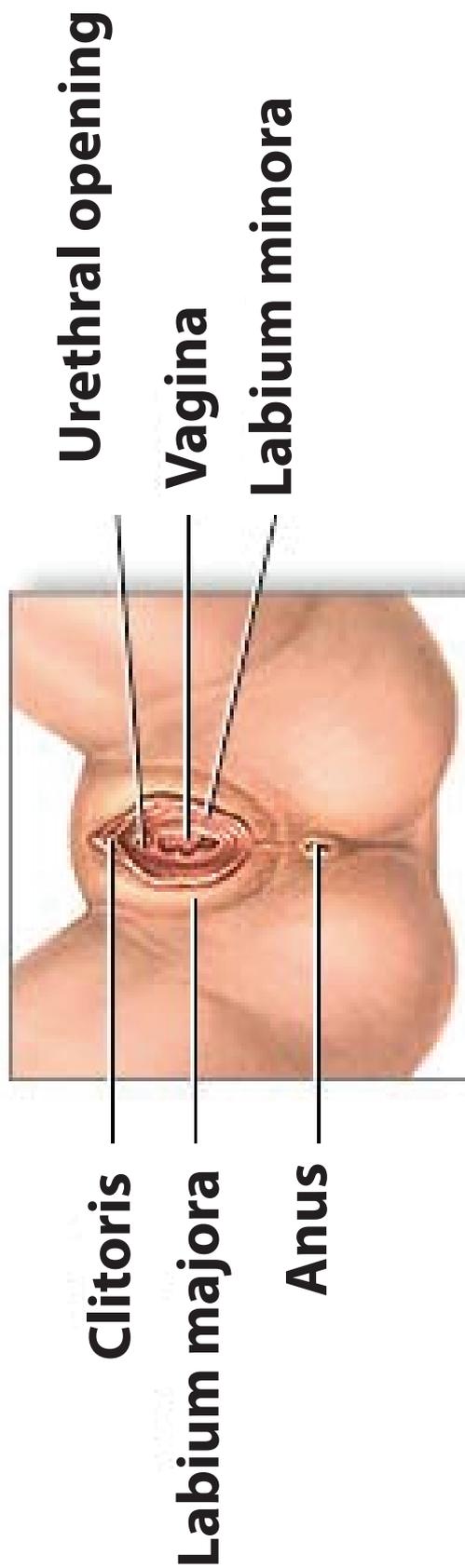
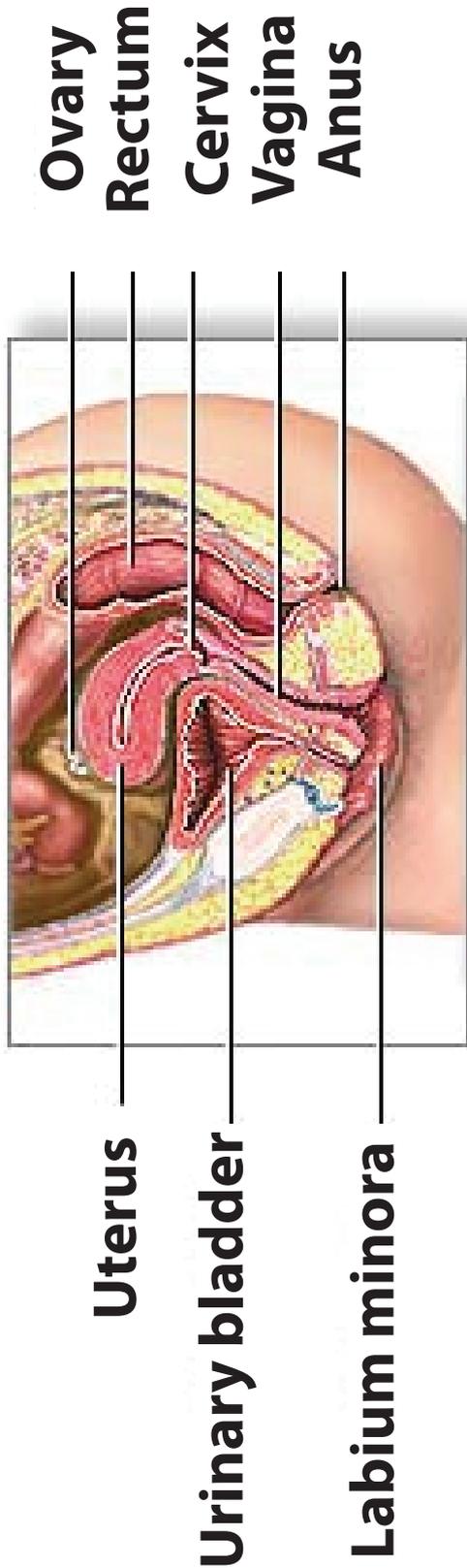
HANDOUT 4: HIV-stigma



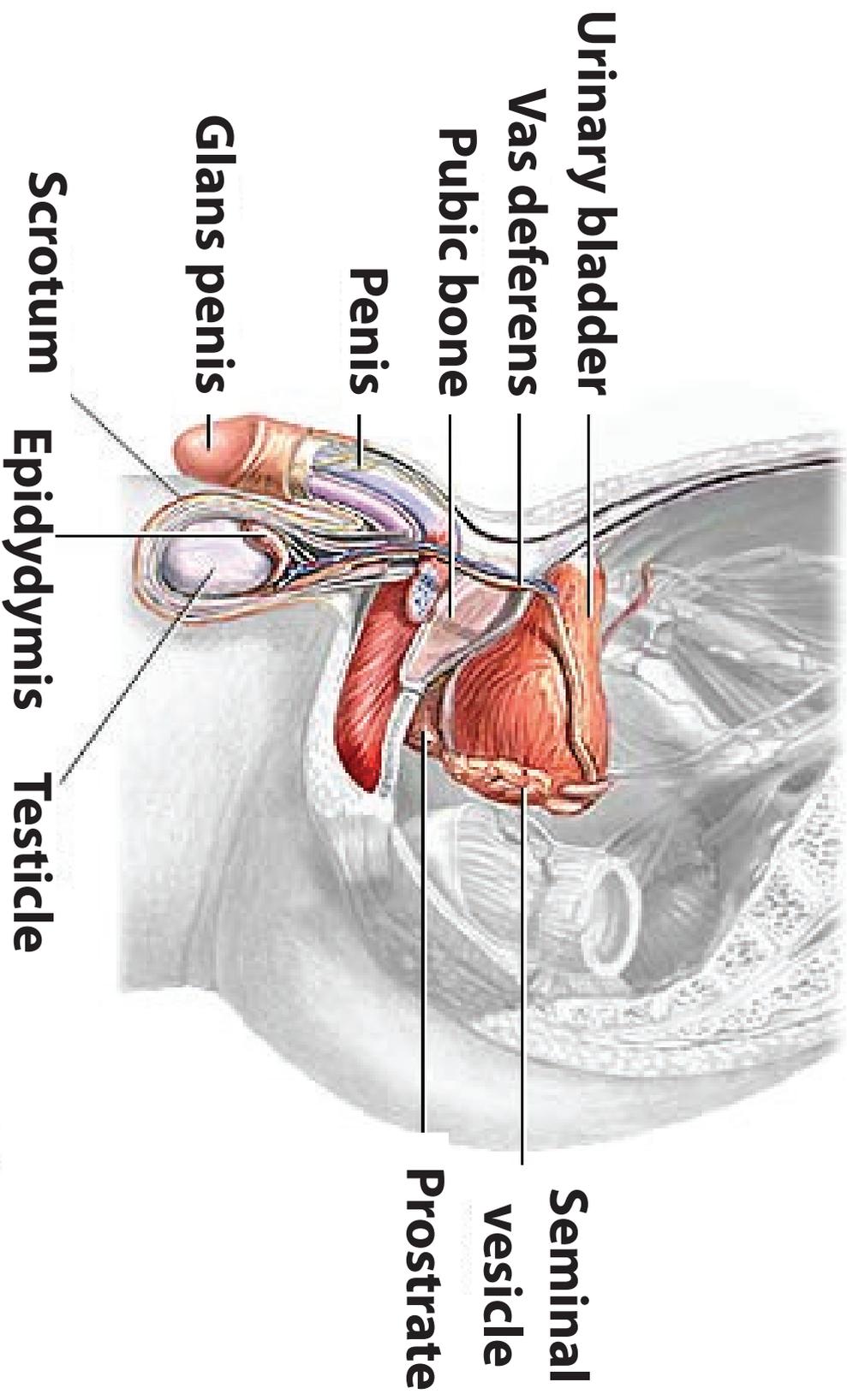
HANDOUT 5: Female anatomy



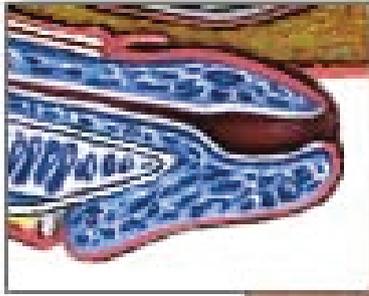
HANDOUT 6: Female anatomy



HANDOUT 7: Male anatomy



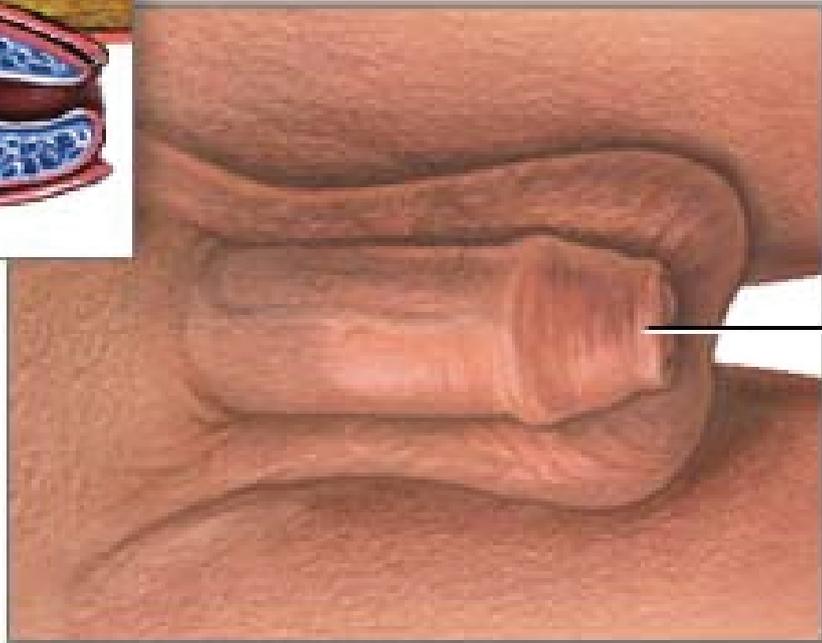
HANDOUT 8: Male anatomy



**Circumcised
penis**



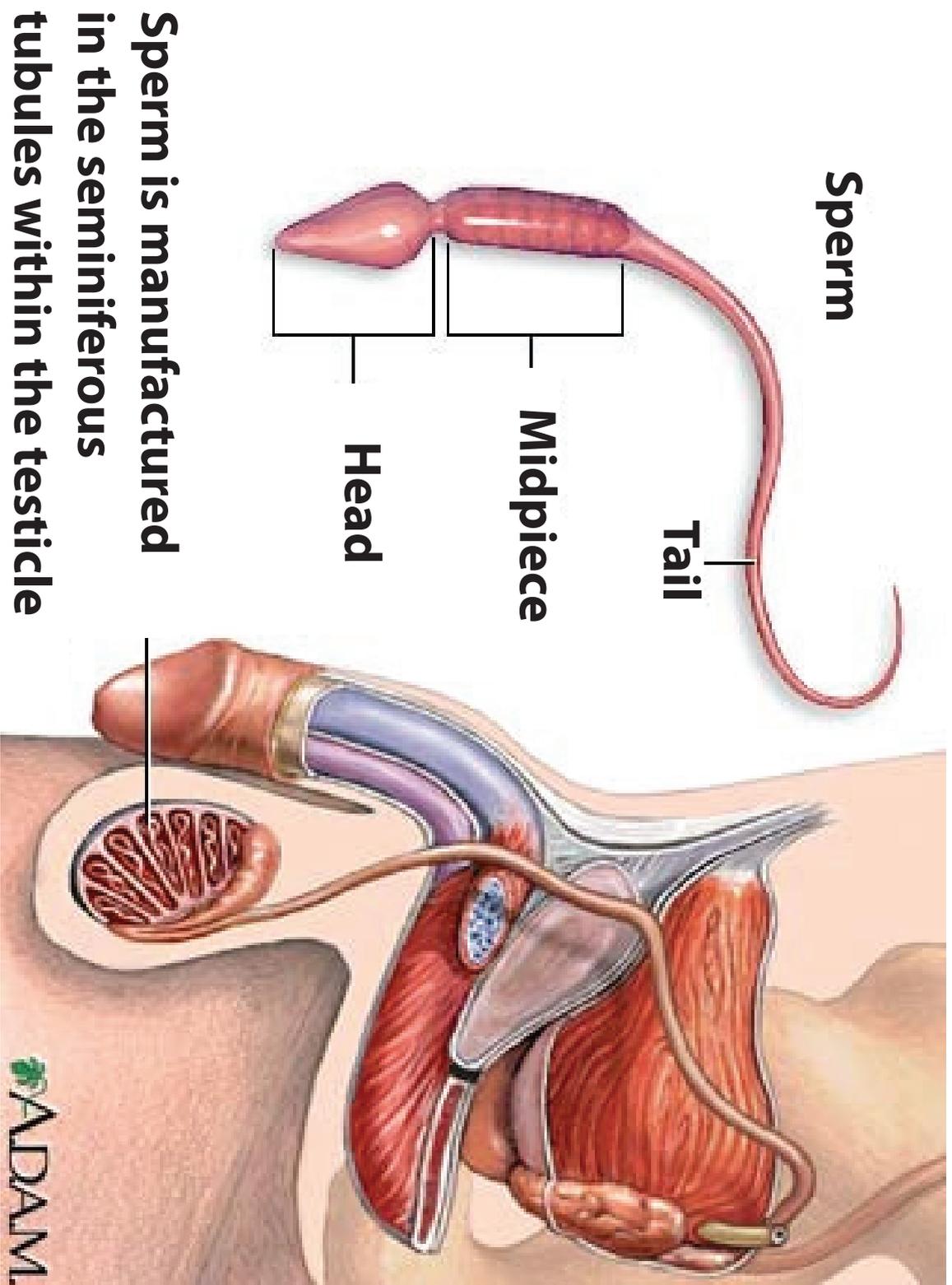
**Uncircumcised
penis**



Foreskin



HANDOUT 9: Male anatomy



About this manual

Concern Worldwide - Kenya has adopted the socially transformative Community Conversation (CC) approach in 5 slums in Nairobi and 4 Counties in Nyanza in 2010. The approach involves facilitating communities to analyse complex socio-cultural issues associated with HIV mainly violation of rights and high stigma against children affected by HIV and AIDS (CAHA), and high risk sexual behaviour.

This manual aims to address some of the shortcomings found in the conventional CC methodology and gives adolescents opportunity for peer led conversations with an opportunity to give feedback to the larger CC groups at a later stage.

Since study circles form the heart of a process for public dialogue and community change, which begins with community-organising and is followed by facilitated, small-group dialogue that leads to a range of outcomes, they can be perfectly adapted as adolescent CC groups. The manual utilises life skills as a lens to address some of the concerns highlighted by the adolescents.

This manual can be used by young people, whether in school or out-of-school. The activities should be adapted for ages 10-14 and 15-19. While it is recommended that activities (and the activities have been developed for) be undertaken in mixed sex groups (boys and girls), they can also be run single sex groups.