Baylor College of Medicine International Pediatric AIDS Initiative - Malawi Teen Club Curriculum Part 2: Activities

A Resource for Groups working with Adolescents Living with HIV

February 2012
Baylor College of Medicine International Pediatric AIDS Initiative at Texas Children’s Hospital-Malawi (BIPAI)

BIPAI-Malawi is the largest provider of paediatric HIV care in Malawi, providing care treatment and support for over 4,500 HIV exposed and infected infants, children and adolescents.

BIPAI Malawi Teen Club

Teen Club was started in 2003 in response to the growing need of adolescent focused services for adolescents living with HIV. The original clinic started for 10 adolescents has grown to deliver care, treatment and psychosocial support to over 250 adolescents per month in an adolescent friendly clinic environment. During 2010 with assistance from National AIDS Commission and UNICEF, staff from BCM-CFM has provided mentorship and technical support for the development of more Teen Clubs throughout Malawi.

Curriculum Content Materials

The BIPAI Teen Club Malawi Activity Guide has been designed to deliver programming to adolescents living with HIV in a peer group setting. The Activity Guide is designed to work with the Curriculum Content materials. Activities are planned to discuss key areas for adolescents including: Disclosure, Adherence, Sexual and Reproductive Health, Stigma, Emotional Health and Life Skills. This document aims to serve as a starting point for Teen Clubs. As staff gains experience with child centered programming we expect that many more activities will easily follow.

Special Thanks

Thank you to the National AIDS Commission (NAC) for their support of the reproduction of this Activity Guide and their support of expansion of capacity building to provide psychosocial support services and care for adolescents living with HIV in Malawi. Special thanks to partners and colleagues who supported the development of skills and experience that ultimately contributed to the creation of this tool including, UNICEF-Malawi; Association of Hole in the Wall Camps; Neverending Food www.neverendingfood.org; Grassroot Soccer; Edgework Consulting and the many individuals and organizations working with adolescents living with HIV within Malawi. Special thanks to the Baylor College of Medicine-Malawi Teen Club, leadership team, staff and volunteers especially Symon Mtambo for all of the hard work and time dedicated to the creation of this activity guide.

This resource is meant as a guide only. It should not be used as medical advice.
Table of Contents

Care of Adolescents Living with HIV (ALHIV) ......................................................... 5
  Adolescent Development .................................................................................. 5
  Confidentiality ................................................................................................. 5
  Stigma and Discrimination ............................................................................ 6
  Sexual and Reproductive Health services (SRH) .............................................. 6
  Disclosure ........................................................................................................ 6
  Emotional Health ............................................................................................. 7
  Adherence .......................................................................................................... 7
  Why is it important to take ART as instructed? .............................................. 7
  Why is adherence so difficult for adolescents living with HIV? ...................... 7
  How can you help teens to develop individual adherence plans? ................. 9

Teen Club Activity Structure ............................................................................. 10

Table 1: Year One Quick Glance Guide ............................................................. 11

MONTH 1: .............................................................................................................. 12
  Teen Club Introduction .................................................................................. 12
    Name game 1: Name, Food, Remember ..................................................... 12
    Name game 2: Name Volley ....................................................................... 13
    Name Game 3: Adjectives ........................................................................ 13
    Name game 4: The Sheet name game ........................................................ 13
    Team Building Game 1: Line Up ............................................................... 14
    Team Building Game 2: The Human Knot ............................................... 14
    Team Building Game 3: Human Scavenger Hunt ..................................... 15
    Team Building Game 4: All aboard .......................................................... 16
  SOLDIER TIME: Introduction .................................................................... 16

MONTH 2: .............................................................................................................. 17
  SOLDIER TIME: Small Group Team Building ............................................. 17
  ACTIVITY TIME: HIV Quiz Show ............................................................... 17
  QUIZ QUESTIONS ......................................................................................... 18

MONTH 3: .............................................................................................................. 20
  SOLDIER TIME: Adherence facts ............................................................... 20
  ACTIVITY: Adherence facts (Yes and No Questions) .............................. 20
  ADHERENCE STATEMENTS ................................................................. 21

MONTH 4: .............................................................................................................. 23
  SOLDIER TIME: Build My Team ................................................................. 23
  ACTIVITY: Stigma - Case Study Activity .................................................. 24

MONTH 5: .............................................................................................................. 26
  SOLDIER TIME: Daily Routines ................................................................. 26
  ACTIVITY: SRH 1: Puberty: Facts and Feelings ...................................... 26
MONTH 6:........................................................................................................32
SOLDIER TIME: Boarding School ..................................................................32
ACTIVITY: Life Skills: Communication ............................................................32

MONTH 7:........................................................................................................37
TOPIC REVIEW: The Team Challenge ...............................................................37

MONTH 8:........................................................................................................41
SOLDIER TIME: Disclosure .............................................................................41
ACTIVITY: Disclosure Talk Show .....................................................................41

MONTH 9:........................................................................................................44
SOLDIER TIME: Travel away from home .........................................................44
ACTIVITY: Sexual and Reproductive Health 2: Relationships .........................44
SOLDIER TIME: Friends ..................................................................................46
ACTIVITY: ART Basics: ART in the body drama .............................................46

MONTH 10:......................................................................................................53
SOLDIER TIME: Unexpected Home Visits ......................................................53
ACTIVITY: Sexual and Reproductive Health Basics: Yes/No game .................54

MONTH 11:......................................................................................................56
SOLDIER TIME: The future ............................................................................56
ACTIVITY: Sexual and Reproductive Health 3/ Life Skills: Relationships .......57

MONTH 12:......................................................................................................59
SOLDIER TIME: Challenges and Solutions ....................................................59
ACTIVITY: Gender Roles and Gender Rights ................................................59

MONTH 13:......................................................................................................61
Topic Review – Carnival Day and Dance Party ................................................61

Month 15 ........................................................................................................67
Soldier Time: Basics Review Questions and outstanding questions ..............67
Activity: SRH Basics Part 2: The YES/NO Boxes ...........................................68

Month 16 ........................................................................................................71
Soldier Time: Planning for the unexpected or unusual ....................................71
Activity: Child Rights and Responsibilities ....................................................72

Pages to Copy and Cut for activities .................................................................73
Month 4: Stigma Activity Case Studies .............................................................73
Month 5: Puberty .............................................................................................74
Month 15: SRH Basics Part 2 ..........................................................................75
Month 16: Children’s Rights .........................................................................76
Care of Adolescents Living with HIV (ALHIV)

Adolescents living with HIV have unique needs as they learn to live with a chronic illness. An awareness of their unique needs will enable you to better help them.

Adolescents living with HIV include both:
1. Children born with HIV who are surviving into adolescence (vertical infection)
   a. Often these ALHIV have advanced complex disease, delayed pubertal development, may be orphans and take ART
2. Newly infected adolescents (horizontal/sexual transmission)
   a. Worldwide, young people are being infected more than any other age group
   b. 15-24 year olds have the highest rates of new HIV infection in the world with higher rates of infection in girls than boys

Adolescent Development

Adolescence is a unique stage of development as a child grows into an adult. Teens are no longer children, yet they are not quite yet adults. They have unique needs. There is a lot of variation in timing in the changes that occur during adolescence between individuals of the same age and between boys and girls. Two adolescents who are the same age may be at very different stages of development.

- Early adolescence (10 – 15 years old)
  o Separation from family and identification of friends
  o Patterns of behavior develop now and this is a good time to establish good behaviours, for example develop patterns and routines with ART adherence and make decisions about future plans for relationships and sex.

- Middle adolescence (14 – 19 years old)
  o A lot of development and maturation of the brain happens during these years. In particular the part of the brain that contributes to decision making and emotional control develops during these years (the pre-frontal cortex of brain)
  o Risk taking behaviours are common during this time as teenagers practice using this newly developing part of their brains.

- Late adolescence (16 – 24 years)
  o Emerging adults who plan for the future

During adolescence teens begin challenging limits and rules that have been established as they try to find their place in their communities and the world. This behaviour can sometimes be interpreted as being “rude” or “clever.” By maintaining safe limits, but allowing some freedoms, you allow teens to try things for themselves, gain a safe degree of independence and continue their development to adulthood.

Teens often make adults uncomfortable with their questions or behaviours. If you feel uncomfortable, honestly tell them that you cannot answer the question, but you will try to find someone who can.
- Do NOT lie to them. You should be honored that they trust you. Do not violate the trust by lying.

Confidentiality

- Trust is critical to teenagers. If they trust you, you can really help them.
- You MUST keep their medical information private. Do not tell friends, family, clinic staff, etc.
- Teens can access reproductive health services including STI treatment and family planning services without parental consent. Legal age of consent for VCT in Malawi is 12 years.
- Do not approach patients from the clinic when you are in the community. You are likely known as someone who works at the HIV clinic now so let them approach you if they choose. Remember that they are not being rude, but they are usually trying to prevent disclosure of their HIV status.
Stigma and Discrimination

Teens living with HIV may experience stigma, even if their HIV status is not known:
- At home caregivers may make them eat alone, sleep apart or use their own cups and plates
- At school they may be seen as “sick” and not allowed to participate in activities or peers may call them names and make fun of them
- In the community, teens with rashes or who are short may be shunned and kept apart from others
- At some family planning/STI clinics teens are told they are “bad” or “immoral” if they have sex

Sexual and Reproductive Health services (SRH)

Exploring romantic relationships is a normal part of adolescent development. By providing teens with comprehensive information about STIs, pregnancy, family planning and condoms we can help them make informed decisions about if or when they are ready to have sex. Without accurate information they must rely on friends and boy/girlfriends for information. That information may not be accurate. Working with teens to help them determine HOW to build healthy relationships, how to show respect and be respected, how to value and acknowledge the importance of fidelity and trust, and how to avoid or if needed handle violent situations, we can help them develop healthy romantic relationships.

For teens that do choose to have sex, as health care providers we can do our job to make them as safe as possible in their sexual relationships. We should not let our personal beliefs about teen behaviour interfere with our ability to provide them health care that can keep them safe and healthy. Sexual and reproductive health (SRH) care is one of the most underserved areas for adolescents. Teens have difficulty accessing SRH services due to lack of truly adolescent friendly staff, stigma, unwelcoming clinical situations and modesty or embarrassment.

Teens need help with “sensitive issues” and many have been yelled at, ridiculed, or worse when they have tried to access family planning, STI care and condoms in the past.
- Our job is to keep teens as healthy as possible with the decisions they make for themselves
- We should work to guide their decisions, but we CANNOT DECIDE for them. They will do what they have decided and we can help them do it safely
- If teens want condoms → GIVE THEM CONDOMS and show them how to use them. Also discuss family planning methods to use with condoms.
- If teens want to have a baby it’s a good time to have an open conversation to help them think through the details
  - How they will have enough money for themselves? For the child? Will they work? How will they continue in school?
  - Help them think through their decision…And still give them condoms!!
- If teens want family planning services → PROVIDE them family planning
  - Ask open ended questions
  - Thank them for coming to you to talk about this as you know it’s a hard thing to do and for being responsible with their sexual health
  - Do not JUDGE THEM
  - Do not say “You are too young to talk about sex” and send them away
  - Do not yell at them
  - All family planning methods are possible options except sterilization
- If a teen needs STI treatment → PROVIDE STI treatment
  - Use the opportunity to provide condoms and teach how to use them
  - Discuss family planning options

Disclosure

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

**Emotional Health**

All teens experience challenges with their emotional health. Teens living with chronic illness often face more challenges. It is common for teens to feel sad, angry or worried. Common fears include worry about how they will find a good job, if and when they will marry and have children. It is common for teens to “be tired” of drinking medicine and want to stop. We should acknowledge their feelings as expected challenges, help them understand that they are not alone, and support them.

If ever a child is so sad, angry or worried that it interferes with their regular activities like going to school, interacting with friends and/or family, then this is not normal teenage behaviour and more intensive counseling and possible medical treatment is needed. Refer to clinic. If ever a teen says they are going to hurt themselves or others or kill themselves then this is an EMERGENCY, seek help. Thank the teen for telling you information, but tell them that this is an emergency so you have to break their confidentiality so you can get more trusted people to help you.

**Adherence**

Adherence is perhaps the single most important part of living with HIV. It is also probably one of the most difficult.

HIV is an illness that cannot be cured. It can be treated with medication. This medication is called ART or antiretroviral treatment. ART is a combination of several different medications that are often combined in one pill or may be taken as several different pills. Once ART is started you take it for the rest of your life.

**Adherence refers to taking the instructed amount of ART at the instructed times every single day.** Adherence also refers to always making sure that you pick up more medications before you finish your last pills and attending scheduled appointments at the hospital.

**Why is it important to take ART as instructed?**

It is very important to take ART as instructed, that is, to be adherent to ART, because HIV is a life-long illness and a very clever virus. The HIV virus is constantly trying to “outsmart” the ART. Missing just 1-2 doses of medication per month can lead to “resistance” meaning that the ART fails to keep the virus “asleep.” The HIV virus changes itself so the ART can no longer recognize it, it becomes resistant. When resistance develops then different ART is needed. In most GPI countries, there are a limited number of ART options so it is important to be able to keep the HIV virus asleep for a long time with the same ART medication. Being adherent to medication allows ART to work well for many years.

Eventually over time, everyone will need new ART because the virus is very smart and it will eventually find a way to outsmart the medicines. This is important to realize because some teenagers are on different ART regimens even though they have been adherent to their ART. Never assume that someone on a different regimen is “bad.” HIV is a complicated illness and you should never make assumptions about how or why someone may take different ART. Never stigmatize or blame someone for needing different ART. Understand that everyone on ART needs good adherence to their current ART to ensure that it will work for many years before the HIV virus can outsmart it.

**Why is adherence so difficult for adolescents living with HIV?**

First and foremost, adherence is VERY difficult for all people and especially for adolescents. There are many reasons for this and they are all inter-connected.
Often once a child reaches the adolescent years or begins to show physical changes of puberty such as breast development or menses in girls or hair growth or wet dreams in boys, they are considered “grown” and able to take care of themselves. As guardians and families often have many responsibilities, teens are left on their own to remember to take their medications twice daily, travel to and from clinic appointments, remember the date of their appointment, etc. This is a big task for anyone, but even more difficult for adolescents.

Just as puberty causes many changes in the physical appearance of boys and girls during adolescence, changes are also happening in the brain. In the early years of adolescence the decision making area of the brain is just beginning to mature. This part of the brain is responsible for planning and impulse control. Once developed, teens need to practice using this part of the brain before it “works well.” This is why teens often make some “bad decisions” Also, often boy’s brains develop at a later age than girl’s brains. Given that the brain is still maturing, it is very difficult for teenagers to manage their own medication without help.

To complicate the situation, emotional, sexual and social development is happening within adolescents at the same time. They are developing strong friendships, considering or having romantic relationships, planning their dreams and imagining their futures just like their peers. Having HIV complicates all of this and sometimes adolescents can just “get tired” of taking medications as they struggle with how it is unfair that they have HIV and many of their friends do not.

Adherence to ART is complicated also because it is time consuming and often just not convenient to take medications in a private place every morning and every evening. Teenagers have shared some of the reasons they miss taking their ART:

- They are late in the morning and are rushing to get to school and just forget
- They are out at their friends house playing and they just forget
- They just forgot
- There is a funeral at their home and many relative who do not know that they have HIV are sleeping in the same room with them
- At boarding school, he shares a room with many boys so he has no privacy to take ART
- She got in a big fight with her mom and so to “punish” her mom, the girl stopped drinking ART
- Girls at school kept asking questions about why she was drinking medicine so she stopped
- Her aunt took her to church to be “cured”. When the girl decided to keep taking the medicine, her aunt told her she had to move out if she insisted on taking them
- He stopped living with their grannie and now live with an Auntie who doesn't know that he has HIV so he has to hide the medication from her
- There was no food so he didn't take the ART (*This happens often, but is a sign of misinformation about ART. All ART medicines in Malawi can be taken without food, but sometimes teenagers do not know this*)
- He failed his exams and felt sad and that it didn’t matter anymore if he took his meds
- She was fasting for religious reasons so could not drink ART (*ART can still be taken with a small sip of water and without food if fasting*)
- She went to the village for holiday and was playing too much so forgot her ART
- He tried to remember but was tired after working in the field and fell asleep early
- They missed their appointment date because there was no transport money
- And there are many others.
How can you help teens to develop individual adherence plans?

Though it will never be the same as living with HIV, try to do something simple, like remember to clap your hands three times, every morning and every night at 7 for the next week. Just as it seems like a silly thing to do and that it won’t have many consequences if you miss, often times teenagers with HIV feel this way too. Most teenagers living with HIV do NOT feel sick. The medicine doesn’t have any immediate effect on them. The effect of missing ART, of not being adherent, will not be felt for 5 or 10 years, so not only is it just hard to remember, but it’s also hard to see the importance when there are many other competing priorities in life such as friends, school, romance, career planning, future planning, sports, art, etc.

When working with adolescents to help them be adherent it is important to have an open, non-judgmental, non-argumentative, non-confrontational approach. You are on their side. You are there to help them be as adherent as possible. For some teens it may not be possible no matter how hard you try. These teenagers are still good people and should not be blamed as many things are out of their control. Teenagers want to LIVE!! They are often trying their best and need help.

It is important to make sure teenagers understand HIV and ART and adherence and how they work together. You should not threaten teenagers with “death” if they fail to take their medication, but it’s ok to talk about that fear if they have it as sometimes they’ve been threatened before, and they have seen many people die from HIV.

Adherence is a very personal challenge and different techniques work with different teens at various points of their life. Some teens may use one technique successfully for months until something in their life may suddenly or unexpectedly change, and they struggle again with adherence. It is a lifelong challenge and not a “problem” to be fixed once. Below is a list of different strategies that have worked for teens. You should help guide teens to make their OWN plan. You shouldn’t make the plan for them.

- Put ART bottles next to their cup for morning tea and evening supper.
- Do not put food in their mouth until they have drunk their ART
- If it is impossible to remember ART at exactly 12 hours apart then talk with your doctor about whether you can be a bit flexible. For example if you leave the house at 7am and return home at 7pm can you drink your morning medicine at 630am with tea and evening at 7pm
- Place ART bottle and bottle of water next to their bed so they “step” on it when they wake up and can drink it immediately. After drinking that morning dose, put the ART bottle and water bottle into their bed so they can drink medicine before sleeping
- Listen to the church bells or muezzin
- Set an alarm on the cell phone for morning and evening dose time
- Put ART in a small medication bag from the hospital instead of in the ART bottle so it is not recognizable and doesn’t make noise at boarding school. At boarding school keep a few doses with your toothbrush or shower things and take medicine when you have some privacy
- Find a friend who also takes medicine and lives nearby and remind one another
- If someone in your home takes ART, then make a promise to remind each other every day and watch each other drink the medicines.

Adherence to ART is a very big challenge. Knowing about HIV, ART and adherence, you can make a difference. You can help teenagers living with HIV to plan and problem-solve their adherence challenges. Also equipped with knowledge and experience you can teach friends, families, workmates, church groups and communities about HIV, adherence and ART to increase knowledge and decrease stigma within the community. Stigma is a big challenge in the lives of ALHIV and often a barrier to adherence. By increasing knowledge and decreasing ignorance and fear, you can help eliminate stigma and discrimination and allow everyone equal access to rights and opportunities without discrimination.
Teen Club Activity Structure

When starting a Teen Club Program or any program for adolescents, the first meeting day is very important. The first meeting is used to establish rapport and expectations for future Teen Club meetings. In order to make the meetings more fun, interactive and productive to both teens and staff, it is necessary to allow time for Teen Club leadership to plan together.

Find below some recommendations on how to start your first Teen Club including preparations and experience on the day of the event.

The benefits of Teen Club may include:

- To develop positive relationships - teen to teen and teen to staff.
- To develop trust and respect between teens and staff.
- To provide teens with a place of emotional and physical safety.
- To provide an open environment to discuss difficult topics including ART and living with HIV.
- To encourage openness and good communication.
- To have a fun day that teens will be eager to attend every month.
- To build team spirit.

In the following table we are going to share the Basics and also Important Themes and Topics suitable for the first year of your Program:

In this curriculum, we recommend TWO BIG ACTIVITIES per meeting: The SOLDIER TIME (Adherence activity) and the MAIN ACTIVITY.

- **SOLDIER TIME**: ADHERENCE activity for about 15-20 minutes at the start of the day.
- **MAIN ACTIVITY**: Different important topics discussed every meeting for around 45 minutes

**Soldier time** is a monthly activity to discuss different adherence challenges. Having good adherence to medication is very difficult and teens will face many difficult situations in which they have to still find a way to take their medication. By knowing that other people face the same challenges, and by discussing and planning strategies to overcome those situations when they happen, and gaining confidence in their abilities, teens can help one another maintain good adherence.

The Main activity is the discussion and activity topic to address important topics in the lives of adolescents living with HIV. These topics included Disclosure, Stigma, Sexual and Reproductive health, Emotional Health and Life skills. Background information about these topics is included in the Baylor College of Medicine-Malawi Teen Club Content Material.

The first year of Teen Club programming works to establish a good foundation of knowledge within the group that you can continue to build upon and develop in years to come.

With all activities if your group is too big then divide the group into multiple smaller groups with one to two mentors/activity leaders working with each group. You can choose for each group to do both soldier time and main activity together or depending on the number of Teen Club members and staff you could create several stations. The teens could rotate through the stations in their groups.

**Ideally soldier time should be done with the same small groups every month to build team strength and to build relationships between mentors and teens.**
Table 1: Year One Quick Glance Guide

<table>
<thead>
<tr>
<th>MONTH</th>
<th>SOLDIER TIME TOPIC</th>
<th>SOLDIER TIME ACTIVITY</th>
<th>MAIN ACTIVITY TOPIC</th>
<th>MAIN ACTIVITY ACTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td>Introduction</td>
<td>Song writing</td>
<td>Rules and team building</td>
<td>Name games team building</td>
</tr>
<tr>
<td>Two</td>
<td>Form groups &amp; team building</td>
<td>Small group</td>
<td>HIV Basics</td>
<td>Quiz show</td>
</tr>
<tr>
<td>Three</td>
<td>Adherence</td>
<td>YES/NO game</td>
<td>Adherence</td>
<td>YES/NO game</td>
</tr>
<tr>
<td>Four</td>
<td>Build my Team</td>
<td>My Neighbors</td>
<td>Stigma</td>
<td>Discussion Groups</td>
</tr>
<tr>
<td>Five</td>
<td>Daily Routines</td>
<td>Medium Sized Group Work</td>
<td>SRH 1: Puberty</td>
<td>Poster Game</td>
</tr>
<tr>
<td>Six</td>
<td>Boarding School</td>
<td>Questions and Answers</td>
<td>Life Skills</td>
<td>Communication</td>
</tr>
<tr>
<td>Seven</td>
<td>Topic review</td>
<td>Big Game</td>
<td>Topic Review</td>
<td>Big Game</td>
</tr>
<tr>
<td>Eight</td>
<td>Disclosure</td>
<td>Pair work</td>
<td>Disclosure</td>
<td>Talk Show</td>
</tr>
<tr>
<td>Nine</td>
<td>Travel away from home</td>
<td>Group work</td>
<td>SRH 2: Relationships</td>
<td>Mapping &amp; definitions</td>
</tr>
<tr>
<td>Ten</td>
<td>Friends</td>
<td>Group Discussion</td>
<td>ART Basics</td>
<td>HIV Drama</td>
</tr>
<tr>
<td>Eleven</td>
<td>Unexpected home visitors</td>
<td>Noodle Ninja</td>
<td>SRH 3: Romantic Relationships</td>
<td>YES/NO Game</td>
</tr>
<tr>
<td>Twelve</td>
<td>The Future</td>
<td>Prioritizing my Values</td>
<td>SRH 4: SRH Basics Part 1</td>
<td>Yes/No Game</td>
</tr>
<tr>
<td>Thirteen</td>
<td>Challenges and Solutions</td>
<td>Small Group work</td>
<td>Gender Roles and Gender Rights</td>
<td>The Gender Stadium</td>
</tr>
<tr>
<td>Fourteen</td>
<td>Talent Show</td>
<td>Carnival topic review</td>
<td>Dance Party</td>
<td>Carnival topic review</td>
</tr>
<tr>
<td>Fifteen</td>
<td>Basics</td>
<td>Basic questions and outstanding Questions</td>
<td>SRH 5: SRH Basics Part 2</td>
<td>The box match</td>
</tr>
<tr>
<td>Sixteen</td>
<td>Unexpected situations</td>
<td>Discussion groups</td>
<td>Child Rights</td>
<td>Rights and responsibilities</td>
</tr>
</tbody>
</table>
MONTH 1:

**Teen Club Introduction**

*Details on the first meeting are in the Baylor College of Medicine-Malawi Teen Club Content Materials*

“Welcome to Teen Club. Teen Club is a peer group ONLY for Adolescents living with HIV. We will meet here every month on (tell them the monthly meeting date and time). Teen Club is a time for us to have fun and to learn and share with one another about living with HIV. Teen Club is a special club and to attend you must be living with HIV, know that you are living with HIV and be invited to participate. To keep our Teen Club strong we will do many things today.

1. Everyone should have already signed in to register for Teen Club and should have a mark on their hand. If you have not registered or do not have mark on your hand go immediately to register with __________ (give one person the job to register all kids, to confirm disclosure and to mark their hands once registered. Check all of the hands in the teens remaining with you to make sure they are registered. THIS IS CRITICAL FOR CONFIDENTIALITY) We keep the register because we want to work together to maintain a confidential Teen Club with only ALHIV and mentors here.
2. First we will get to know one another a bit better (do name games)
3. Then we will discuss our Teen Club and create the rules for our club, and discuss the confidentiality
4. Next we will see how strong our team is (do team building games)
5. Finally, we will discuss SOLDIER TIME

*Use Register and RULES in Appendix of CONTENT MATERIALS
All volunteers should have signed a CONFIDENTIALITY CONTRACT also in Content Materials appendix.*

**Name game 1: Name, Food, Remember**

**Goals:** Reinforce names and focus  
**Time:** 5 – 10min  
**# people:** 8-20 participants  
**Supplies:** No materials needed

Instructions:
A. Have everyone stand in a circle, the first person says their name and their favorite food (or you can use a color, fruit, school subject, music, sport or anything else)
B. Next person repeats the 1st person’s name and their favorite food before giving their own name and food (or whatever favorite thing you have chosen)
C. The 3rd person repeats the foods and names of the 1st and 2nd person before giving their own.
D. The process continues all the way around. Whenever someone cannot remember, they can ask for help.
E. Finally, the first person who started tries to repeat all the names and the favorite foods.

Processing Suggestions:
- Stress the importance of being respectful of differences.
- Some things are personal to each of us. Sharing this with a group is about building trust.
Name game 2: Name Volley

Goals: Focus, Communication, Group dynamics, Name reinforcement
Time: 2 – 5 min
# people: 8-20 participants
Supplies: None

Instructions:
A. Group stands in a circle.
B. With your hands in front, clasped, point to someone and say their name.
C. That person points to someone and says their name. This continues in no particular order. Tell people to proceed as quickly as possible, and to point to new people who have not yet had a turn.
D. Continue till everyone has a turn, or longer if you wish. Make sure everyone’s name has been called by asking the group.

Processing Suggestions:
- The better we know each other’s names in a group, the more easily energy will flow in the group.

Name Game 3: Adjectives

1. Form a circle
2. Participants must think of an adjective to describe themselves or how they are feeling.
   - The adjective must start with the first letter of their name, for example, “I’m Tiamike and I’m Terrific” or “I’m Wilson and I’m Wonderful.”
   - As they say this, they can also act out their adjective.
3. Each person should repeat the name, adjective and action of each person before them

Name game 4: The Sheet name game

Goals: Focus, Communication, Group dynamics, Cooperation
Time: 15 - 20 min
# people: 8 – 10 participants on one sheet
Supplies: Fabric or chitenge or large piece of paper

How it works:
A. This game should be played after some other name games are completed because participants need to have introduced themselves to each other already.
B. Participants are divided into two teams
C. Each team chooses one participant to stand in front of the sheet/chitenge, facing the other team’s member who is behind it on the other side of the sheet.
D. On the count of three, the sheet is lifted/dropped and the two players facing each other have to say the other player’s name as fast as they can.
E. Whoever says the correct name first can take the other person onto their team’s side.
F. The objective is to take as many people as possible onto your team.
Team Building Game 1: Line Up

Goals: Focus, Nonverbal Communication, Group dynamics, Cooperation
Time: 20 - 30 min
# people: 8 – 12 participants
Supplies: None

How it works:
Divide the group into two.
Each team will compete against each other to see who can get the challenge done faster.
The Challenge is to line up in order according to one of the following:
- alphabetically in order by first name
- alphabetically in order by last name
- age
- height
- grade in school
- number of siblings

To increase the level of challenge after they have successfully completed one of the challenges is to have them try to do a different challenge without talking or have the two groups do it as a race.

Team Building Game 2: The Human Knot

Goals: Focus, Communication, Group dynamics, Cooperation
Time: 20 - 30 min
# people: 8 – 12 participants
Supplies: None

How it works:
1. Break up teens into groups of 8-12 people in each group.
2. Each small group forms a circle.
3. Everyone in the circle reaches their right hand in front of them and grabs the right hand of someone else in the circle, but NOT the person standing next to them.
4. Next, everyone reaches out the left hand and hold hands with a different person within the circle, but again NOT someone standing next to them.
5. Next the group must work together to try to untangle their arms without letting go of their hands.

The goal is to form a circle again. Some people may be facing in and some may be facing out. This is ok. They MUST WORK TOGETHER AS A TEAM AND COMMUNICATE WELL. It is important that they cannot let go of the hands when working to untangle.
Team Building Game 3: Human Scavenger Hunt

Goals: Focus, Communication, Group dynamics, Cooperation
Time: 20 - 30 min
# people: 2 - 4 participants
Supplies: A sheet of A4 paper with a selection of ‘Find someone who…’ on it and enough pens.
If you have no pens and paper then write all of the clues on a big paper at the front of the room. Assign each team 4-6 items from the list and challenge them to remember the names.

How it Works:
1. Divide your group into teams of 3 - 4.
2. Give each team a list of ‘Find someone who…’ questions and a pen to each team.
3. Explain their task: to complete the sheet by putting a name next to each ‘Find someone who…’
4. Teams are not allowed to ask one person two questions or themselves.
5. Once the teams have completed their sheets, review the findings with them by looking at similarities, things in common and surprising revelations.

Examples:
- Find 2 people on the group who have the same first and last initial.
- Find 2 group of people whose ages add up to 33
- Find someone who has chickens at home.
- Find 2 people who have a birthday in the same month.
- Find someone who can play musical instrument.
- Find someone who grows okra (thelele) at home
- Find someone who has traveled outside their village/town/country.
- Find someone who has 2 brothers and one sister
- Find someone who walked/traveled on a bus/bicycle.
- Find someone who goes to boarding school
- Find someone who has black shoes.
- Find someone who has a family member named Chimwemwe.
- Find someone who plays netball.
- Find a girl who likes to play football.
- Find a boy who can play fish fish
- Find a boy who knows how to prepare nsima.
- Find a girl who likes wood carving
- Find a boy who knows how to change a baby’s nappies
- Find a girl who likes mountain hiking
Team Building Game 4: All aboard

**Goals:** Focus, Communication, Group dynamics, Cooperation  
**Time:** 15 - 20 min  
**# people:** 8 – 10 participants on one sheet  
**Supplies:** Bed sheet or chitenge or mark an area on the ground drawing in the dirt to outline an area

Instructions:  
1. Take a large sheet and spread it on the floor.*  
2. Have all the students stand on the sheet.*  
3. Once they have done this successfully, tell them to get off the sheet and fold the material in half.*  
4. Again, have all the teens work together to get everyone onto the sheet.  
   - Continue this process.  
   - Eventually, the sheet will be so small that the teens will need to use a great deal of cooperation, teamwork, and cleverness to get the whole team on the sheet without anyone falling out/off the sheet.

*You can also draw an area the size of a sheet in the dirt using a stick and then decrease the size of the area by drawing smaller areas within it if you don't have a sheet or chitenge to use.

**Variation:** You can also do this activity by having the whole group stand on the sheet and then have them work together to turn the sheet upside down while all aboard. If one member of the team steps the ground, the team starts over.

Processing Suggestions: This activity illustrates how important team work, respect, cooperation and trust are to build a good team.

**SOLDIER TIME: Introduction**

SOLDIER TIME happens **every** month. It is special time dedicated to tackling the challenges and building skills and knowledge to succeed at good ART adherence. Soldier time is done in small groups of 10-20 teens with one facilitator. The size of the group depends on the number of teens and the number of adult leaders at your Teen Club. Fewer teens with each mentor is best.

On the first meeting, introduce the SOLDIER TIME:

**You may say:**
At every Teen Club meeting we will have a special time dedicated to SOLDIER TIME. Soldier Time will be 15-20 minutes dedicated to tackling the challenges and building skills and knowledge to succeed at good ART adherence. We will meet together at EVERY Teen Club. Adherence is crucial to remain healthy and it is a very big challenge in our lives every day. We will spend time together discussing and sharing ideas and making plans to help one another remember to take medicines well so we stay healthy. Today we will practice the SOLDIER TIME song and next month we will form our SOLDIER GROUPS.

As a Teen Club, we need a song or cheer that you will always use to signal the start of and end of Soldier Time. We can teach you our soldier song to the tune of Tinapita ku Kenya kukamenya nkhondo and “am a soldier in my country” or you can write your own to any common kids’ song. Practice the song.
MONTH 2:

**SOLDIER TIME: ** Small Group Team Building

<table>
<thead>
<tr>
<th>Create Small Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depending on the size of your Teen Club and the number of adult volunteers you have, you may start with one or 2 small groups. Groups should have 10-20 teens and one adult leader.</td>
</tr>
</tbody>
</table>

Make the groups by their age groups: youngest, middle and oldest groups; or two groups younger and older; or if many teens and more than 4 reliable staff members then make 4 different age groups

<table>
<thead>
<tr>
<th>Groups meet together</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leaders write down the NAME, AGE, SCHOOL GRADE and ART CLINIC for all teens in the group. Everyone agrees on group name</td>
</tr>
<tr>
<td>Practice the SOLDIER SONG</td>
</tr>
<tr>
<td>Play a favorite name game from last month</td>
</tr>
<tr>
<td>Play a favorite team building game from last month</td>
</tr>
</tbody>
</table>

REMIND TEENS that this is their SOLDIER TIME group. Whenever it is SOLDIER TIME they should meet in this group. **WHAT IS YOUR GROUP NAME?**

<table>
<thead>
<tr>
<th>ACTIVITY TIME: ** HIV Quiz Show</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Time:</strong> 60-90 minutes</td>
</tr>
<tr>
<td><strong># people:</strong> Large group</td>
</tr>
<tr>
<td><strong>Supplies:</strong> Markers and flip chart paper</td>
</tr>
<tr>
<td><strong>Goals:</strong></td>
</tr>
<tr>
<td>- Encourage teens to talk freely and to give explanations instead of “yes/no” answers.</td>
</tr>
<tr>
<td>- Encourage peer advice giving &amp; information sharing by probing/asking teens for more details.</td>
</tr>
<tr>
<td>- Create an environment where teens feel open and safe when asking and answering questions.</td>
</tr>
<tr>
<td>- The purpose of the games is for all teens to have fun, to learn and to experience some friendly and healthy competition.</td>
</tr>
</tbody>
</table>

**A secret for the facilitators for this activity is that at the end of the game both teams should have the same number of points! The scorekeeper and the facilitator need to work together to give out points that allow a close level of competition. Some questions can earn more points than others to allow teams to END WITH THE SAME NUMBER OF POINTS! This activity is about the learning and NOT ABOUT WINNING (but don’t tell the teens that…it’s your technique as a facilitator)**

<table>
<thead>
<tr>
<th>Set-up the game:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Before teens arrive, or as part of the arrival activities, prepare the area for the show. You can decorate the area as you wish.</td>
</tr>
<tr>
<td>2. Be gender sensitive by balancing the number of boys and girls in each team.</td>
</tr>
<tr>
<td>3. Divide the group into two teams</td>
</tr>
<tr>
<td>4. Introduce the topic and the activity.</td>
</tr>
<tr>
<td>5. Describe the rules and make expectations clear. You can make up the rules before the game. Below are example rules for the game.</td>
</tr>
</tbody>
</table>

**Quiz Show Rules**

1. Each correct answer will earn points for the team
2. If the team that receives the question does not provide the correct answer then the other team can try to give the correct answer and earn the points
3. The number of points given will depend on how well explained the answer is.
4. Teams cheating, being disruptive or not fully participating will lose points

The Game
1. Start the show with simple questions first to attract their participation and expression.
2. Cleverly don’t give all the information to make them ask more questions.
3. You can give more points to well explained answers.
4. The tougher the questions the fewer hands go up and this can give you a clue to know the level of information your participants have and what you need to teach them.
5. Teams that are very behind in points can get bonus points by displaying good teamwork and morale (As explained above, we want to make the points equal at the end and also encourage teams and keeps them interested in the game.)

QUIZ QUESTIONS

1. Kodi HIV nchiyani? (What is HIV?)
2. Tchulani njira zimene HIV imafalila kuchoka kwa munthu m’modzi kupita kwa wina? (How can HIV be transmitted from one person to the other?)
3. Kodi asiliki anthupi ndi chayani? (What is the Immune system/body soldier?)
4. Kodi asiliki amagwira nthchito yanji m’matupi athu? (What is the job of the immune system/body soldiers in our bodies?)
5. Kachilombo ka HIV kakalowa m’thupi kamatani kwa asiliki? (What does HIV do to our body soldiers and immune system in the body?)
6. Kodi zotsatira za kuonongedwa kwa asiliki zimakhala zotani? (What happens to a person when the Immune system is destroyed?)
7. Kodi kachilombo ka HIV kamapezeka m’madzi anthupi monga ati? (In which body fluids can we find HIV?)
8. Nanga ndi madzi manga ati am’thupi omwe HIV siimapezekamo? (In which body fluids can we not find HIV?)
9. Kodi kachilombo ka HIV kakalowa m’thupi la munthu kamakhala nthawi yaitali bwanji? (How long does HIV stay in Human body?)
10. Kodi ART ndi chiyani? (What is ART?)
11. Nanga mankwala a ma ARV amagwira ncchito yanji m’thupi mwathu? (How does ART work in the body?)
12. Kodi mungadziwe/munganene bwanji kuti munthu uyu ali ndi kachirombo? (How can you tell if someone has HIV?)
13. Simungatengere ka chilombo ka HIV posewera limodzi, kudya chakudya m’bale imodzi, kupesera chipeso chimodzi ndi munthu amene ali ndi kachilombo ka HIV. (zowona / zabodza) (You cannot get HIV through playing, eating from the same plate, and using same comb with a person living with HIV? True or False)
14. Tchulani njila zina zomwe munthu sungatengele kachilombo ka HIV? (Mention other casual activities or contacts that cannot transmit HIV from one person to the other.)

15. Kodi AIDS ndi chiyani? (What is AIDS?)

16. Kodi tingamapange chiyani kuti tisamadwale dwale pamene tili ndi kachilombo ka HIV? (What can we be doing to prevent getting sick when we are living with HIV?)

17. Tchulani njira zomwe tingapewere kufala kwa kachilombo ka HIV? (How can we prevent HIV transmission?)

18. Tchulani njira zomwe tingapewere kuonjezera tizilombo ta HIV nthupi mwathu? (What can we do to keep HIV sleeping and stop it from multiplying or increasing in number in our bodies?)

19. Tchulani ntchito zomwe anthu omwe ali ndi HIV ndi omwe alibe atha kuchita? (List a number of examples of works or activities that anyone can do, people living with HIV and people who are not living with HIV?)

20. Tchulani zitsanzo za zinthu zomwe anthu amanena zomwe sizoona zake za HIV ndi AIDS? (List things that people say about HIV & AIDS that are not true)

Summary and Question time

- Allow the audience to ask you any questions on today’s topic. Allow other teens in the audience to give answers if they know them before you give the answer.
- Strongly emphasize the correct answers and disagree with the wrong answers. Don’t blame anybody for bad or poor answers.
  - Positively correct teens who give incorrect answers by asking the group what do they think? Or who can help our friend? And ask them why do you think so? Repeat the correct answer.

Note: Teens often have a lot of questions and they sometimes can ask questions for hours. Stick to time. Allow them to ask unanswered questions after the session or by writing them down to be answered at the next Teen Club meeting.

Some teens and guardians may have questions that they are shy and not comfortable to ask in a big group. Encourage them to feel free to ask their questions in private, in small groups or to a trusted adult.
MONTH 3:

**SOLDIER TIME: Adherence facts**

<table>
<thead>
<tr>
<th>YES/NO activity: SOLDIER TIME WILL BE INCLUDED WITH THE MAIN ACTIVITY FOR THIS MONTH: ADHERENCE</th>
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</table>

Soldier Time groups should each do the YES/NO Activity with their facilitator or you can put two Soldier Time Groups together and 2 facilitators with the larger group.

**ACTIVITY: Adherence facts (Yes and No Questions)**

**Time:** 45-60 minutes  
**# people:** Large group  
**Supplies:** Question sheet  

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

**Instructions:**
1. Draw two big circles 10 meters from each other on the ground.  
2. Label these circles YES and NO (Or Put signs on the ground YES and NO in different areas in a classroom.)  
3. All teens should stand in the middle part between the circles or the middle of the classroom.  
4. Explain the Rules to the group:
   1. The facilitator will read a statement out loud and teens will have thirty seconds to think about the answer.  
   2. There is no talking or consulting with friends during this time.  
   3. After thirty seconds the facilitator will say “GO” and you must run to the YES or NO circle that is the answer to their question. One person will be chosen to explain the answer.  
   4. Answer any questions about how to play the game.  
5. Start the game
   a. The facilitator will read one statement listed below.  
   b. Teens will move to the sign that represents their answer.  
   c. One person each for the YES and the NO groups will be chosen to explain the answer.  
   d. Have the teens debate the different answers until they convince everyone to the correct answer. Support the discussion and only become involved if they need help convincing someone of the correct answer.
Once all of the teens are in position:
Start by saying:
“To stay healthy we all need to follow the advice of the medical team. When we are living positively we need to adhere to appointments, medication regimens and laboratory testing. This is hard work especially when life gets busy as we get older with friends, family, chores, boarding schools/secondary schools, etc.

To have good adherence we need to KNOW correct information about WHY we take medicines, attend appointments and have monitoring. And we also need help on HOW to take/remember to do these things.

We are going to read some statements and it’s your job to answer YES or NO to each question and explain your answer.”

ADHERENCE STATEMENTS:

Statement: ART in Malawi (current regimens and future regimens starting later in 2011) can be taken without food.
Answer: YES: ART does not need food to work. ART can be taken with or without food. Do not SKIP DOSES because there is no food in the house. Take the ART. Good nutrition is important, but food at the time of taking ART is not necessary. Also emphasize that ART can be taken while fasting.

Statement: It is important to take ART at the correct time.
Answer: YES: You need to take ART at the time it is due so it can work correctly.

Statement: It is ok to share ART with other people because then they don’t have to wait so long at the hospital.
Answer: NO. You should NOT share ART or any medications with other people.

Statement: If I am 2 hours late for my medication, I should still take it.
Answer: YES. This should not happen every day, but on the few days you forget and remember within 3 hours of your usual time you can still take it. So if you usually take at 6AM then until 9AM you can still take it. If you notice that you are forgetting every day then you need a new way to remember or talk about changing the time of your medicine to an easier time to remember.

Statement: It is a good idea to carry one or two doses of ART with me at all times.
Answer: YES: This is good planning to try to avoid missed doses if you forget or arrive home late. Some teens may disagree and say others will find it and find out. Talk with them about how to disguise it in plastic bag, not the ART bottle or by putting it inside something else.

Statement: HIV is the same as AIDS
Answer: NO. HIV is the virus that infects the body and kills the CD4. AIDS is the condition that develops when HIV has been allowed to destroy the immune system and makes the immune system weak. When the immune system is weak you fall sick too often from many infections.

Statement: Teenagers with HIV should not help at the house or at school because they are sick.
Answer: NO. Such special treatment is not needed when you are well. Most of the time people with HIV are quite healthy and able to work, study and care for themselves and their families.

Statement: Children with HIV should not study too much at school because they don’t need to learn
Answer: NO. When people take ART well, they stay well and will need a good job. Good jobs require a good education.
Statement: A friend who is also taking ART can be a good reminder for you to take ART.
Answer: YES. Knowing someone who also takes ART will help you to remind one another.

Statement: If you usually get three bottles of ART from the clinic, but this month you only got 2 bottles then you should quickly leave clinic before anyone notices because now you have less medicine to take.
Answer: No. Make sure you have ALL of the ART you were expecting and they all look ok before leaving the clinic! You need to always make sure you have everything you need to stay healthy.

Statement: Young people with HIV can stay healthy, finish school, get jobs, marry and have a family.
Answer: YES. By taking good care of ourselves, attending clinic and taking ART correctly, the virus sleeps and we are able to get on with our lives and do whatever we choose.

Statement: If many people at home are taking ART it is ok to take from any of the bottles.
Answer: NO. Do not share bottles as the medication may be different and the number of pills or strength of the medicine may be different. It is important to always take only your own medicine.

Statement: At the clinic the nurses do the pill count so they can give patients trouble.
Answer: NO. Pill counts help us to know if you may be having difficulties in taking your medicines so we can help you problem-solve to make sure the virus stays asleep.

Statement: CD4 tests tell how much virus is awake in the body.
Answer: NO. CD4 tests count soldiers. Viral load is a measure of virus that is awake in the body.

Statement: Finishing LA therapy for malaria and finishing TB meds for 6 months is as important as taking ART correctly.
Answer: YES. Malaria and TB are just as dangerous as HIV and without treatment can make you very sick and people can even die of untreated malaria or TB so medication must be completed.

Statement: Teenagers should be the only ones responsible for remembering their medication and not have any help.
Answer: NO. We all need a support team to help us as it’s so difficult to remember ART all the time. Though teens often can remember many doses on their own, it is every dose that is most important. We should all build a strong team to help us.

Statement: It is a good idea to ask the nurse or doctor if the medication you receive from the pharmacy is different than what you expect.
Answer: YES. Sometimes medications come in different packaging so it looks different and sometimes people make mistakes. So if you have a doubt, you must ask!

Statement: When you have vomited after taking ART and it is just within 30 minutes and you see the ART in your vomit, it’s ok to take another dose.
Answer: YES: If it is within 30 minutes, you should take another dose of ART, but if it is after 30 minutes, do NOT drink it again because the drug has already started working in your body.
MONTH 4:

**SOLDIER TIME: Build My Team**

*Build My Team: My Neighbors*
*(See Content Reference: Adherence Section for background information about adherence)*

Sing Soldier Time song while Soldier Time Groups gather together.

*Each group member will need a pen/pencil and a small card/paper for this game.*

**SAY**

1. **Divide your paper into four squares by writing horizontal and vertical lines from one end to the other in the middle of your paper.**

2. **Put your name in the center of your card.**

3. **In the upper left corner/square,** write your two reasons why adherence is hard at home.

4. **In the upper right corner/square,** write two possible solutions to the 2 reasons adherence is hard at home from question 2.

5. **In the lower left corner/square,** write two things that make your adherence easy at home.

6. **In the lower right corner/square,** write if there are people in your ‘team’ of supporters at home who help you to remember your medicine. Who are they?

**Rule:** No consulting others while writing on the cards.

When everyone finishes, tell them they have 4 minutes to “mingle” with the group without talking! Without talking, they are to read the upper left corner/square of the other group members' cards. Before time is up, they must find one or two people who have challenges most like them. They should stand together and discuss for a few minutes. Have someone from each “mingle” group who has similar challenges present to the larger group what challenges they face. When done with the first question they are to mingle again, this time reading the upper right corner/square of the cards. They then find the one or two people most like them and discuss. Again have a group discussion. Repeat with the lower left corner/square and lower right corner/square information.

**Debrief with your SOLDIER TIME group:**

(B) Discuss how we can work with strong team members at home, whether or not they are taking ART, to create a support team to help us have good adherence.

(C) Describe the family routines that can remind you to take your medication (e.g. meals, fetching water, letting chickens in/out, waking up and getting ready for bed, etc).
**ACTIVITY: Stigma - Case Study Activity**

Adapted from Understanding and challenging HIV stigma: Toolkit for action (revised edition) by International HIV/AIDS Alliance (Secretariat), International Center for Research on Women (ICRW), Academy for Educational Development (AED), PACT Tanzania

**Time:** 60 minutes  
**# People:** Small groups (5-8 teens each group)  
**Supplies:** Writing materials: Marker/Pen and flip chart/paper for each small group

**Goal:** Use case studies to discuss common challenges with stigma for ALHIV.  
By the end of this activity the participants will be able to:  
- Discuss stigma faced by young people living with HIV.  
- Develop strategies for coping with stigma.

**Instructions:**
1. Divide teens into small groups of 5-8 each upon arrival to the station.  
2. Give each group a case study to read and discuss. (Translate into local language before the meeting or have the adult leader translate to the group when starting) Ask the group to record their ideas and solutions on their papers.  
3. Tell groups that they have 20 minutes to discuss and then will have 3 minutes to present their answers to the whole group so they must choose a reporter.  
4. After the discussion time elapses, each small group will have 3-5 minutes to report back to the whole group by sharing the case study and issues discussed.  
5. Processing the activity: After each small group presentation, the facilitator will ask to the whole group 'What did you learn?'

If you have less than 8 groups, choose some case studies for today. You do not have to do all cases today.

**CASE STUDIES FOR THE GROUPS (copy onto papers or photocopy page from the appendix)**

**Simba**  
You are 15 years old and are living with HIV. You live with your aunt and uncle, your sister and four cousins. Your auntie does not allow you to eat with the family, but has you sit outside with your own plates when eating. Also she will not allow you to sleep with your sister or cousins so you have to sleep alone on the floor. Your cousins often don’t want to play with you and are angry at you because you do not share the household chores as your auntie won’t allow you to touch the families’ things.

*What can be done to help Simba?*

**Tryson**  
You are 14 years old and are living with HIV. You are in grade 8 at school. You have a skin rash that comes and goes, and you notice that your friends don’t mix freely with you. Whenever the teacher mentions HIV, he looks directly at you and you feel uncomfortable. You no longer enjoy school.

*What should be done to help Tryson? What should Tryson do?*

**Sampa**  
You are 19 years old and you are the youngest member of a PLWHIV network. You think that young people should be more included in the programs. However, you feel that you are not taken seriously and find it hard to contribute to meetings when everyone else talks loudly.

*What could happen to change things?*
Nellie
You are 17 years old and are living with HIV. You run a well-known support group for young people living with HIV. You love going out with your friends and dressing in the latest fashions. One day your older sister tells you that neighbors are starting to talk about the way that you dress. She suggests you change the way you dress.

What would you advise Nellie to do?

……………………………………………………………………………………………………………………

Hanita
You are 12 years old and stay with your grandmother and younger brother. People at church know that your parents died of an AIDS-related illness and often whisper about your appearance. You overhear someone saying, 'I hope he won’t start misbehaving like his mother.' You tell your grandmother that you no long want to go to church.

What could help in this situation?

……………………………………………………………………………………………………………………

Belinda
You are 15 years old and are living with HIV. Last year you were very sick and were hospitalized. You have now recovered and are taking ART and feel very healthy. Every time you want to meet up with your friends or go out with your sisters, your mother stops you and says it is better that you stay at home and rest.

What can Belinda do to change the situation?

……………………………………………………………………………………………………………………

Yankho
You are 18 years old and have been living with HIV all your life. You have been dating a girl for the last month and everything is going well. You really like her. You are now wondering if it is the right time to tell her about your status and what this will do to the relationship.

What can Yankho do?

……………………………………………………………………………………………………………………

Ask the teens to write down other ideas of where stigma happens in their lives. You can use these new ideas for future activities or if you need more groups you can use their ideas today.

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Activities and Curriculum/Toolkits regarding Stigma
We’re all in the Same Boat: Using Art and Creative approaches with Young People to tackle HIV-related Stigma  http://www.aidsalliance.org/includes/Publication/All_in_the_same_boat.pdf

Understanding and challenging HIV stigma: Toolkit for Action (revised edition). Developed by International HIV/AIDS Alliance (Secretariat), International Center for Research on Women (ICRW) , Academy for Educational Development (AED), PACT Tanzania

Over 100 activities to address stigma. Available in pdf for download from website below. Also, organizations in Africa can order one free copy for the website. http://www.aidsalliance.org/publicationsdetails.aspx?id=255
MONTH 5:

SOLDIER TIME: Daily Routines

**Daily Routines:**
Sing Soldier Time song while Soldier Time Groups gather together.

**SAY:** Today we are going to discuss our daily routines and how we can use them to help us remember our ART.

- What 5 things do we always do every morning immediately after waking up?
- What 5 things do we always do every evening before going to bed?

Agree as a group on activities in the morning and in the evening. Report them in the order they are done.
- Ask a volunteer to repeat them at the end so everyone remembers.
- If you have large paper or boards write them down.

Next, how can these routines help us remember ART?
- In these routines where/when/how can we/how do we remember to take our medication?
- List 3 ways our routines can help us in the morning and in the evening.

*If time allows, discuss routines on special day. For example, How are things different on weekends? Holidays? At Boarding school? On a trip?*
- How can teens remember during these special days? **Discuss.**

**ACTIVITY: SRH 1: Puberty: Facts and Feelings**

**Time:** 60 minutes  
**# people:** Large group  
**Supplies:** Flip chart paper or chalk board or area marked with GIRLS ONLY; BOYS ONLY; BOTH

**Goals:** This activity is designed to:

1. Teach about many of the changes that happen to boys and girls during puberty  
2. Highlight the changes that are different for boys and girls and which ones are the same  
3. Validate the many different types of feelings that boys and girls can have about the changes they are going through  
4. Promote open conversation about the different feelings that go along with puberty

**Description:**  
The group is divided into teams. Each group is given small prepared papers. On each paper is a statement or a fact that happens to teenagers during puberty. Each group has to divide the facts into three categories:

1. Happens to **Boys** Only  
2. Happens to **Girls** Only  
3. Happens to **Both**

Once the groups have completed the activity, the mentor leads a discussion to review and to clarify any questions or confusion about the statements. The mentor then turns the discussion to talk about the feelings that go along with all these changes. The group is asked to discuss what feelings teens have about these changes and whether any are specific to boys or girls. In the end, the group learns about the changes that happen during puberty and are able to talk about the many different feelings that go along with them.
Preparations:
1. Create “Puberty Facts” by writing each fact from the “Answer Sheet” below in marker on A4 paper. Write 3 to 4 facts per page and then cut them into strips. Make one set of “Puberty Facts” per team.
2. Create 2 posters like the blank one below. Label one “Puberty Facts” and label the other “Puberty Feelings”
3. Set up the 2 posters on the wall or tree or pole so that all the groups can see them.

Activity Outline (Timing: ~50 min):
1. Prepare the Group to Play (~5 min)
2. Introduce the Activity (~8 min)
3. Facilitate the Review of the Facts (~10 min)
4. Facilitating the Discussion (~12 min)
5. Facilitate the “Feelings” Discussion (~15 min)

Short Guide To Facilitating This Activity:
1. Prepare the Group to Play (~5 min)
   a. Divide the group into teams of 4 to 8.
   b. Instruct each group to sit in a circle together.
   c. Give each team one set of “Puberty Facts”
   d. Assign one adult leader to each team or to every two teams (depending on how many adult leaders you have) The adult leaders’ role is to help facilitate conversation but not to give any answers to the teams.

2. Introduce the Activity (~8 min)
   a. Ask: Has anyone ever heard of the word “puberty” before? What have you heard about it?
      i. Answers will vary.
   b. Ask: Can anyone define the word puberty for us?
      i. Answer: a stage of development happening during the early and middle teenage years in which a person becomes capable of sexual reproduction.
   c. Say: Puberty can be a very confusing and interesting time. There are a lot of things happening to our bodies, to how we think about the world and even to how adults talk or act to us. Today we are going to make sure that we understand what actually happens during puberty and to find out more about how it all feels.
   d. Introduce the activity by explaining:
      i. You are going to be working with your peers on an activity. In front of you is a stack of paper that has facts written on them about puberty.
      ii. All the facts are true.
      iii. Your challenge in your team is to read each fact and then discuss and decide whether this fact:
          1. Happens to Boys Only
          2. Happens to Girls Only
          3. Happens to Both
   e. Say: Your team will read each fact, discuss and then place it into one of three groups. Remember, all the facts are true. The facts are mostly about changes happening to our bodies. Some of us may be more or less comfortable talking about what is on the paper. We don’t want to tease anyone or make them feel embarrassed. These facts are important for all of us to know so we can really understand what is happening to us during puberty.
   f. Explain that you will have 10 minutes to work on the activity. Adult leaders can help answer any questions you have but they can’t give you any answers.
   g. Ask if there are any questions.
3. Facilitate the Activity (~10 min):
   a. **Announce** that teams should start to discuss.
   b. During the activity, **visit** each team and check to see that adult leaders are encouraging conversation and discussion.
   c. If teams finish early **encourage** them to talk about what kinds of questions they want to ask about the facts.
   d. **Remind** teams how much time is left several times during the activity.
   e. **Call** “Time!” when the 10 minutes is up.

4. Facilitate the Review of the Facts (12 min)
   a. **Stand** in front of the two blank posters and get the group’s attention.
   b. **Explain** to the group that we are now going to see how we did with the activity.
   c. **Use** the completed handout below to review the answers. Read one of the facts from one of the categories. Ask one of the teams for their answer. Ask if anyone has a different opinion. When everyone agrees, write it in the appropriate box on the poster.
   d. **Repeat** this process for each of the facts. (Note: Make a note of which facts you have already asked about so you know which ones are left. Do not read all the boys’ only facts first. Take turns from the three different categories.)
   e. **Clarify** any confusion about the facts as you go through each answer.
   f. **Ask**: How did you know the answers to the activity? Did you learn it from an adult, a peer, how?
      i. **Answers will vary**. (There is a good chance that most teens will have learned this from their peers and not in a formal way.)
   g. **Ask**: Were there any facts that surprised you that you didn’t know about?
      i. **Answers will vary**.
   h. **Ask**: Do these changes happen to everyone the same way at the same time?
      i. **Answer**: No. It will be different for everyone.
   i. **Ask**: Why is it important that you know these facts about the changes happening to you?
      i. **Answers will vary and could include**: It helps me relax now that I understand what is happening and that it is normal. I know what to expect when it happens.

5. Facilitating the “Feelings” Discussion (~15 min)
   a. **Explain** to the group:
      i. There are a lot of important changes happening to us in a very short period of time. And everyone around us is noticing too- sometimes in a good way and sometimes in a not-so-good way.
      ii. In your team, have a 7 minute discussion about how these changes could make different teens feel- you personally, but also what you have observed from your peers.
      iii. Be prepared to share some of the important answers and ideas that you hear from your peers.
   b. **Visit** teams during the discussion and make sure adult leaders are encouraging everyone to talk. If some groups are reluctant or shy to speak, you can encourage them to speak about what they have heard from their friends or peers. They do not have to speak about their own personal feelings.
   c. **Gather** the group back together when time is up.
d. **Ask:** What types of feelings are going on for teens when they experience puberty? (Note: For each feeling, encourage the teams to decide if it is a feeling specific to boys, to girls or if both boys and girls could feel this way. Write the feeling in the appropriate box on the “Puberty Feelings” poster.

1. **Answers could include:**
   - Feelings of pressure to be a man or a woman of pressure to perform
   - Confusion about body changes
   - Exciting to be growing up and becoming a man/woman
   - Embarrassment about what is happening to my body
   - Anxiety or arousal about sexual feelings
   - And more...

e. **Ask:** What do you notice about the feelings on our poster?

1. **Answer:** Almost all or all of them are feelings that both boys and girls are having. There aren’t any/many that are specific to one gender or the other.

f. **Ask:** Are all the feelings up here positive or negative? Why?

1. **Answer:** They are both. It is a very complex time for teens. So much is happening so fast.

g. **Ask:** What is happening in our community/society that can make puberty difficult?

1. **Answers could include:** Sexual pressure from older men, society and parents expecting us to be “adults” before we are ready, media messages about sex, poverty pressure, etc.

h. **Ask:** Why is it important to know how you are feeling about the changes happening to you?

1. **Answers could include:** So I can talk about it with friends, so I can see that if I am experiencing negative feelings that may make me vulnerable to pressures or making choices, etc.

i. **Summarize** the lessons learned from the activity and finish with a big “Kilo!”
### Puberty Facts (Answer Sheet)

<table>
<thead>
<tr>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Different</strong></td>
<td><strong>Different</strong></td>
</tr>
<tr>
<td>Body changes start older than for girls</td>
<td>Body changes start younger than for boys</td>
</tr>
<tr>
<td>Penis and testicles grow</td>
<td>Breasts development</td>
</tr>
<tr>
<td>Voice deepens</td>
<td>Menstruation starts</td>
</tr>
<tr>
<td>Facial hair</td>
<td>Coming of age practices</td>
</tr>
<tr>
<td>Involuntary erections and ejaculations</td>
<td>Receive sexual attention from same age or older men</td>
</tr>
<tr>
<td>Production of sperm</td>
<td>Society starts expecting certain things of me: take on more household chores, stop schooling, less freedom of movement, be less sexual, pressure to marry</td>
</tr>
<tr>
<td>Coming of age practices</td>
<td></td>
</tr>
<tr>
<td>Society starts expecting certain things of me: be brave, be strong, show less emotion, prove my sexuality, be a &quot;provider&quot;</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Same</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bodies begin to produce chemicals called hormones. Hormones cause changes in our bodies.</td>
<td></td>
</tr>
<tr>
<td>Growth of pubic hair and underarm hair</td>
<td></td>
</tr>
<tr>
<td>Sexual and reproductive organs grow and mature</td>
<td></td>
</tr>
<tr>
<td>People around me start treating me differently</td>
<td></td>
</tr>
<tr>
<td>Society starts expecting me to “act like an adult”</td>
<td></td>
</tr>
<tr>
<td>Increased need for good nutrition and exercise</td>
<td></td>
</tr>
<tr>
<td>Pressure of drugs/alcohol/peers</td>
<td></td>
</tr>
<tr>
<td>Changes occurring at different times and in different ways for each person</td>
<td></td>
</tr>
</tbody>
</table>

### Puberty Facts and Puberty Feelings (Sample Poster) – Make one for each

<table>
<thead>
<tr>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Different</strong></td>
<td><strong>Different</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Same</strong></th>
<th></th>
</tr>
</thead>
</table>
Bodies begin to produce chemicals called hormones. Hormones cause changes in our bodies.

Changes occurring at different times and in different ways for each person.
MONTH 6:

SOLDIER TIME: Boarding School

Boarding School (see Content Guide: Boarding school section for information)

Questions and answers

Sing Soldier Time song while Soldier Time Groups gather together.

SAY:

Today we will share different situations that may occur when someone goes to boarding school. Together you will share information to help students find possible solutions to challenging situations. Even if you are not going to boarding school, you can use this information when traveling or with visitors or you may have good ideas to help your friends who are at boarding school.

As a group we are going to “brainstorm”, which means to come up with as many possible solutions as we can think of. We have 4 questions. Are you ready?

Questions:

1. Why is it hard and how is it different to take ART at boarding school compared ART at home?
2. What ideas do you have to overcome the challenges and differences you listed in number 1?
3. What will you say when another student asks you about the meds you are taking?
4. What are the positives and negatives of having a treatment partner at boarding school?

Ask each question. Encourage many answers, ideas and suggestions from the teens. Record answers if paper and pens available. If no pens/paper, just remember as many as possible.

After the questions have been answered, have each teen mention two new ideas they liked from today’s discussion or may use to help them remember their ART.

ACTIVITY: Life Skills: Communication

Note: The following Facilitator Guidelines have been adapted from the Botswana Teen Club guide which developed it by adaptation of “Gender Based Violence” Workbook published by Women Against Rape and “Peer Education for Behavior Change” compiled and written by Brian and Heather Aswumb, and “Methods Handbook for Youth Social Work: A collection of games, exercises and techniques for the moderation of training and planning events with young people,” written by: Partners for the Future Worldwide.

General Tips for Facilitating Small Groups

- Explain difficult concepts in simple terms. Use local language (for example, Chichewa or Tonga or Tumbuka) when possible.
- Engage the teens in informal conversations about the theme as they do activities in the small group.
- Though there may not be enough time to do all of the games and activities, allow each teen to participate in the activity at least once.
- Work in Small Groups of 15-20 kids per group or the smallest group that you can make with one adult leader per group. If you have 40 teens and 2 leaders then 20 per group.
Part 1: Communication, Rebuilding a Structure

Time: 1 hour

GOAL: In this activity communication skills are practiced in a very practical context. Participants should learn about the dynamics of how teams work.

PREP WORK:
Facilitator(s) Have two decks of cards. From one deck of playing cards, choose 20 to 30 cards at random. Form a structure by laying these cards out on the ground. Make sure that none of the teens see the structure before you start!

How it Works!
In your group appoint a ‘Looker’, a ‘Runner’, a ‘Supplier’ and an ‘Informant’. The rest of the group will be ‘Observers’. Using a second deck of cards, your group must build the very same structure as the one built by the facilitator(s), in as much detail as possible. However, strict rules apply to the individual jobs:

- The **Looker** looks at the original structure, moves to a central location and describes it to the Runner.
- The **Runner** listens to the Looker’s description of the structure and then describes the structure to the Builder. Neither the Runner nor the Builder may see the original structure.
- The **Builder (AND ONLY THE BUILDER)** must build the same structure as the original, using cards which he or she requests from the Supplier, based only on the description provided by the Runner.
- The **Supplier** keeps the cards and provides them to the builder when asked, but is not allowed to see either of the structures.
- The **Informant** may see both the original and the version being built by the Builder. The informant is not allowed to speak except to answer “yes” or “no” to the Builder’s questions.
- The **Observers** are not allowed to say anything to anyone. They are allowed to view both structures, but are not allowed to assist.


REBUILDING THE STRUCTURE (30 MINTUES)
Allow your group no more than 30 minutes to rebuild the structure. Be sure that each member is following his or her rules appropriately. NO CHEATING!

DISCUSSION SESSION (15 MINUTES)
A discussion should follow after this exercise. You should ensure that all aspects are covered including:

- Roles and responsibilities: the process of assigning roles, what wasn’t working about people’s roles? What worked best? Was it good or bad to have a designated job description? etc…
- Teamwork: its successes, conflicts, and peace making
- How communication or lack of communication helped or made the building process difficult
Part 2: Acting Out a Lie

GOAL: To have some fun while learning a lesson in body language and communication.

1. Make Small Groups
2. Everyone stand in a circle.
3. The facilitator starts by acting out some action, like washing their hair.
4. The person to the right of the facilitator will ask the facilitator “What are you doing?”
5. The facilitator will reply that they are doing something completely different. For example, the facilitator could be pretending to wash their hair and say “I am swimming.”
6. The person to the right of the facilitator will have to act out what the facilitator said (“I am swimming”) while saying they are doing something completely different.
7. Continue this pattern around the circle until everyone has had a turn.

Discussion Questions:
- How did it feel to see the person next to you doing one thing and telling you another thing?
- How did it feel to do one thing and tell the person next to you another thing?
- How can our body language interfere with our verbal communication?
- Why are both body language and verbal language important to communicate effectively?

Part 3: Good Communication and Active Listening

GOAL: Participants will learn what it means to listen well and to show the speaker that they are interested.

ROUND ONE: Are you listening to me? (20 MINUTES)

- Form groups of three and ask each group to find a different place in the room.
- Within each group, ask them to decide who the ‘speaker’, ‘listener’ and ‘observer’ will be.
- Ask the ‘speakers’ to stand up and join you so you can tell them their instructions privately: Tell the ‘listener’ about an experience at school or at home that has made a big impression on you. Think about this for a minute while I give instructions the ‘listeners’.
- Ask the ‘listeners’ to come to you and speak with them so that the others cannot hear: Say: You are going to listen carefully to what the ‘speaker’ says, but you will pretend not to be listening. How can you show that you are not listening and not interested? (Expected responses: not looking at speaker, bored face, no encouraging smiles.) The ‘listeners’ return to their groups.
- Ask the ‘observers’ to stand up and join you so you can tell them their instructions privately: Your job is to carefully observe the other two and keep notes on what happens so that you can describe it later.
- Ask for and answer any questions on how to play the game.
- Shout ‘Play!’ and have all groups start.
- Stop all groups after 2-3 minutes.
- When they have finished,
  - First, ask the ‘speakers’ to stand up. Ask: How was it to tell your story? And How did you feel?
    - Allow everyone to talk because they will be very frustrated!
  - Ask the ‘speakers’: Why do you think the listeners were not listening/not interested?”
  - Ask the ‘observers’: Explain what you saw the listener doing. [Expected responses: not looking at the speaker, bored face, no nodding of the head, no encouraging smiles, no questions asked, etc.]
  - Tell the ‘speakers’ that you told the ‘listeners’ to act like they were not listening.
If emotions rise, allow the listeners to prove they did listen and were interested, by repeating the story.

- Ask people to summarize what they have learned from this activity. As facilitators, we have to listen carefully and show that we are listening.
  - Summarize: Point out the effects on the speaker, when they feel that they are not given attention. [Feels uncomfortable, thinks that the person is not interested, doesn’t want to finish the story, gets angry, etc.] Explain the importance of showing that we are listening. Explain how powerful our body language is.

ROUND TWO: Rotate roles within each group so that ‘speakers’ become ‘listeners’, ‘listeners’ become ‘observers’, and ‘observers’ become ‘speakers’. (15 MINUTES)
- Ask the new ‘speakers’ to tell a story and ask the new ‘listeners’ now to show that they are listening carefully.
- Allow 5 minutes for the groups to finish.
- Ask the speakers to stand up and ask:
  - How was it to tell your story?
  - How did you feel?
  - What did the listener do that made you feel good, that made you think that they were interested in the story?
- Ask the observers to give their comments and discuss. Ask:
  - How can this exercise help you become better communicators?

EXAMPLES OF OBSERVATIONS:

<table>
<thead>
<tr>
<th>Round one: Listener acts disinterested in the story</th>
<th>Round two: Full attention from the listener</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LISTENER</strong></td>
<td><strong>SPEAKER</strong></td>
</tr>
<tr>
<td>Pretended not to be listening</td>
<td>Felt useless, frustrated, ignored</td>
</tr>
<tr>
<td>Avoided eye contact and looked bored</td>
<td>Did not get the attention of the listener</td>
</tr>
<tr>
<td>Frustrated because the speaker is upset</td>
<td>Felt the listener was not interested</td>
</tr>
<tr>
<td>Difficult not to look at the speaker</td>
<td>Was discouraged to tell the story</td>
</tr>
</tbody>
</table>

- Showed interest and listened carefully.
- Asked questions to find out more.
- Kept nodding my head to encourage.
- Showed concern with my face and Smiled |
  - Felt good because the listener was interested and concerned.
  - Happy because she was asking questions and showing interest.
  - Felt approval and praise |

**SUMMARIZE: (5 MINUTES)**
- **Listening is very important for good communication.** Listening makes people feel valued. Most of us are poor listeners. We think we listen, but often we only hear part of what is said, or we shut out things we don’t want to hear, or we become so focused on what we want to say in reply that we don’t hear what is being said. We need to at times focus on what is being said.
- **Our bodies and faces show if we are listening.**
- **Eye contact** is part of listening. When you don’t look at people, they think you are not interested in what they are saying. When you look at someone who is talking, they feel encouraged to talk.
- **Asking questions** at the right time is another way of showing that you are listening. It encourages people to explain more and helps you to understand.
PREPARATION MATERIAL OF FACILITATOR NOTES – COMMUNICATION

**Good Communication:**
Good communication, or the passing of information between two or more people, means that the speaker can:
- talk freely and honestly, especially about problems that are important to them
- provide as much information as necessary
- deepen their understanding of the problem as they talk it out
- see the causes of the problems and look for solutions

A Good Speaker will: speak clearly, be specific, and interact with their listener.

**Good Active Listening Skills:**
**DO** the following:
- Show interest and be understanding.
- Identify the problem if there is one and listen for causes of the problem.
- Keep silent when silence is needed.
- Use body language to show you are listening.

**DO NOT** do the following:
- Argue. Interrupt. Pass judgment too quickly. Jump to conclusions. Do other things while the speaker is talking (unless they are okay with it). Give advice unless it is requested by the other.

**Body Language:**
- We give each other messages through our body language as well as our words. Body language includes our facial expressions, how we are standing or sitting and how we are placed in relation to other people.
- We express our feelings through body language without thinking about it. We read each other’s body language and this affects how we respond to a situation.
- People believe our body language more than our words. If we say one thing but our body language says another, people will not believe us. Think about a person who says they are very angry but smiles while they say it. Would you believe they are angry?
- Good body language while listening to another person includes showing facial expressions that match your emotions (smiling when you feel happy), nodding to show you understand what the speaker is saying, and facing the speaker.

**Communication in a Relationship:**
- If you care about another person, you want to have good communication with them.
- Good communication in a relationship means caring about what the other person talks about (their emotions, problems, needs) and showing that you care, too.
- Practicing good body language and active listening are two ways you can show that you care about the other person.
- Signs of bad communication in a relationship include lots of arguments, misunderstandings when you talk, being afraid to talk to the other person, and feeling like the other person is not listening or paying attention to what you say.
- Establishing good communication in a relationship is a good way to prepare both people to handle conflicts in the future. You know that you can freely tell the other person about your problems and emotions without feeling judged or afraid, and this will make solving problems easier.
MONTH 7:

**TOPIC REVIEW: The Team Challenge**

**Activity Objectives:**
- To review information learned in previous sessions.
- To create a memorable experience for participants and allow the entire group to work together.
- For as many people to have as much fun as possible, to network, build team morale and camaraderie.

**Master Materials List**
- Trivia answer sheet
- Trivia questions/challenges
- Pen and paper for scoring for Trivia judges

**Description:**
This game is an opportunity for the entire program to work together. Team spirit, camaraderie and challenge are the core themes of this activity. The TEAM CHALLENGE is a unique opportunity to review the teachings from Teen Club and create an experience like no other. Teams will answer trivia questions, earning points for correct answers and for excellent team spirit. Malawi Teen Club will compete against other Teen Clubs from other countries.

**Game Set Up:**
1. Lay out the spots for different teams, with SOLDIER TIME Group team names if possible. Typically the spots are laid out in the shape of a giant oval. Leave enough space between spots of about 1 to 2 meters.
2. PRIOR TO TEEN CLUB, Make pieces of papers with one question or challenge on each and place them in the box (see some example questions below). On the back side of the paper, indicate the number of points. Each team can answer a minimum of 8 – 10 questions so if you have 4 teams you need 40 different questions; 6 teams = 60 questions, etc.
3. Place a large box or crate at the centre of the team spots and place ALL of the questions inside.
4. Have a Trivia Judges station outside the circle, with at least 2-3 judges.
5. Trivia judges should have a clipboard with answers to all the trivia questions. In addition, a flip chart paper with a column for each team for scoring is displayed outside the circle.
6. Select one staff member who will also give points to teams that show: team work, team spirit, High morale etc. They can also take away points from teams that show: poor Morale, no team work and poor spirit etc. This person is a morale booster and is supposed to cheer or sing with the groups before giving points.

**As Participants are Arriving:**
- Invite participants to find their SOLDIER TIME GROUP and gather around the spot marked on the game area.

**Explanation to Participants:**
**To Say:** Welcome everyone! You are about to participate in the “TEAM CHALLENGE” We’re going to test everything you have learned in the past months. Make sure you stick to your team throughout the activity. Your goal as a team is to earn as many points as possible. There are two ways to earn points in the game:
  - By answering trivia questions correctly - you earn points indicated on the question paper.
  - By demonstrating exemplary team spirit and enthusiasm -someone will give you more points.
Here’s how the GAME works:

1. While singing, each team will come into the middle and pick a random question from the trivia box and then go back to their team spot to work on their answer.
2. After deciding on their answer, teams report to one of the “Trivia Judges”.
3. If you get the answer correct you will earn all the points on the other side on the question!
4. If you get it wrong, the judge may give you a hint or you can choose a new question.

Once your team is done with the first question, you continue with the same process. Just keep playing until all the questions in the box are finished, remember your goal is to earn as many points as possible.

Conclusion:
When all of the questions in the trivia box are finished, stop the teams and add up all the points scored by all teams. Announce that your program was competing with other programs in other regions on TEAM CHALLENGES played so far

- Make sure that the sum of the points scored by your team equals more than the points scored by an imaginary TEAM SWAZILAND (but don’t tell the kids that it is an imaginary team).
- For example, if your group had total points of all teams equal to 16,879 points.
- You say: ‘Today we are competing against TEEN CLUB SWAZILAND. They have earned a total of 12,010 points! (Cheers from facilitators). OUR TEEN CLUB has earned A TOTAL OF 16,879 points! CONGRATULATIONS! Dance and sing together in celebration.

EXAMPLES:
When choosing topics to include in the trivia box, it is good to have questions from topics that you feel are more important or that are important at that time. For example, at the beginning and end of school sessions it is a good time to tackle adherence at Boarding school and change of routines during holidays, travel etc. Before school holiday it is important to discuss good decision making, relationship and condoms. Not all sessions need to be covered equally.

Adherence Trivia Questions

1. Identify the major things to do now to achieve personal goals?
   - possible answers: study hard, help at home, stay healthy by taking meds correctly etc
2. List the activities in the morning and evening that can remind you to take your meds every day at Boarding school?
   - possible answers: brushing teeth in morning, morning meeting, breakfast, evening study time, dinner, bedtime, preparing for bed
3. Discuss the positives and negatives of having treatment partner at boarding schools.
   - possible answers: positives: someone to help you remember, someone to talk to if you become worried; negatives: they could tell others, they may forget to remind you, etc
4. Identify morning and evening routines that can help your adherence.
   - possible answers: waking and dressing, fetching water, washing, taking tea, putting on shoes, eating phala, eating nsima, putting on bedclothes, sleeping
5. How can you remember your ART even when your routine changes unexpectedly with visitors sleeping in your home?
   - possible answers: keeping doses outside of your room so you can access them, putting in a different bottle for travel, always taking 2 doses with you at all times, having guardian assist you by holding medicines, etc
6. Discuss how your bedroom, wall and doors, where you put school materials and uniform can help you remember to take your medications.
   - possible answers: place meds in your school clothes when you sleep and in your bedclothes when you wake so you take them when you switch clothes; make drawing and put on wall to remind you; tie string or jumbo on door handle to remind you

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7. Discuss what you do when your caregiver is away and you’re alone with somebody who doesn’t know your status. How do you remember to take meds?
   - possible answers: set alarm on phone, put in bed clothes, take with meals, etc
8. Discuss how your adherence is affected positively or negatively when your status has been disclosed to others or to family?
   - possible answers: positive: people can support you and help remind you to take your meds;
     negatively: sometimes people do not understand HIV and they have fear and can stigmatize you or reject you from the family or group
9. What challenges do you face when traveling to relatives, church camping, weddings, educational visits, holidays or any other outing?
   - possible answers: challenges include new routines making it hard to remember meds; being with different people who may not know your status; new places where it’s hard to keep meds safe, etc
10. How can you plan ahead to still remember your ART if the minibus breaks down and you cannot arrive home as expected?
    - Possible answers: always carry 2 doses with you; if it is a place you visit often you may leave a few doses there in a safe place.
11. Your friend talks bad about people who are HIV+ and are taking ART, and he/she doesn't know that you take ART. What can you do?
    - possible answers: Ask them what they know about HIV; find a way to teach them about HIV; help support the person they are talking about

**Sexual Reproductive Health (SRH) 1: Puberty**

1. What are the glands that produce sperm called?
   - answer: Testicles
2. What changes occur to a girl’s body during puberty?
   - possible answers: breast development, pubic hair growth, acne
3. Is it possible for two girls of different ages to be going through similar changes? Answer: YES
4. What changes occur to a boy’s body during puberty?
   - possible answers: growth of penis and testicles; development of pubic and facial hair, acne, increase height
5. What emotional changes happen during puberty?
   - possible answers: quick changes in mood, romantic feeling and sexual feelings, want to be independent
6. What is menstruation?
   - Answer: Monthly bleeding by a woman starting during teen years. It is a sign that the body is now able to become pregnant. Bleeding occurs after egg is not fertilized and the blood thickened lining of uterus is shed through bleeding

**HIV Basics**

1. What is the name of the soldier cells in the body? Answer: CD4
2. What does ART do to the virus in the body? Answer: ART makes the virus “sleep” or “weak”
3. What does ART do to the soldiers within the body?
   - Answer: ART allows the soldiers to again be strong and multiply
4. What happens when we forget to take our ART?
   - Answer: The virus wakes up.
5. What is resistance? Answer: Resistance, kupima, is when the virus changes so the ART cannot recognize it anymore
6. When can resistance develop? Answer: Resistance can develop when doses of ART are missed.
7. What is the name of some of the ART drugs used in Malawi? Possible answers: T30; Tenofovir, AZT/3TC, Aluvia; Zidolam-N (ZDV/3TC/NVP)
Life Skills: Communication

1. What is needed for good communication?
   - Possible answers: good listening, eye contact, good body language, clear speaking

2. How can you use body language to communicate?
   - Possible answers: make eye contact, stand near the person talking, do not fold your arms

3. Why is communication important for you in family and with friends?
   - Possible answers: To avoid disagreement it's important to communicate so everyone understands; family and friends can help you take medicine; friends can help you at school

4. Why is communication important for you at the hospital and with health care workers?
   - Possible answers: If you are sick you need to be able to tell the HCW your problem; if you need family planning, condoms or STI care you must communicate to access services you need; if your medicines finish you need to communicate to get more; they may have ideas on how to help you remember the medicine if you can tell them clearly when and how you forget.

5. How can you show the speaker that you are really listening?
   - Possible answers: make eye contact, stand near, ask questions at the correct time

Team Building: answers will vary per group and Teen Club

1. Challenge: One person must tell the “TRIVIA JUDGE” the names of everyone in your group
2. Challenge: The group must sing the “SOLDIER TIME” song together
3. Challenge: Your group must sing any Teen Club song to the TRIVIA JUDGE
4. Challenge: Name 3 of the adult mentors who work at Teen Club
5. Challenge: Name 2 clinicians that work in ART clinics where members of your team get ART
6. Challenge: Name 2 nurses that work at ART clinics where members of your team get ART

Teen Club Basics

6. Why do we have Teen Club?
   - Answer: Teen Club is a peer support group for ALHIV to help them support and learn from one another on how to live positively and adhere to treatment.

7. What is SOLDIER TIME? Why is SOLDIER TIME every month?
   - Answer: Soldier time is our monthly time dedicated to discussing challenges to adherence. We discuss adherence because it is very hard to remember to take medication daily, but we must do it to stay healthy so this time allows us to focus on adherence and help one another.

8. What should we do if our friends ask to join us at Teen Club?
   - Possible Answer: Tell them you cannot bring guests; Make up a story and say you were invited but you are not allowed to invite anyone else.

9. Why is it important to sign in when we arrive to Teen Club and be checked in/hands marked?
   - Possible Answers: To help Teen Club leadership know you have safely arrived; mark hands to know that you are an official Teen Club member as an ALHIV and it allows us to quickly identify and remove others who are not ALHIV to protect our confidentiality.

10. Why is it important to protect the confidentiality of our peers at Teen Club?
    - Possible answers: Just as we don’t want others talking about us or disclosing our status to others, we don’t want to do that for others. By not sharing details about people at Teen Club we can continue to share a safe, confidential place at Teen Club.

11. Why are NO CAMERAS allowed at Teen Club?
    - Possible answers: No cameras because we do not want people sharing photos and then accidentally disclosing status to others

You can make up many more questions and challenges based on the information you have discussed over the past several months.
MONTH 8:

**SOLDIER TIME: Disclosure**

Disclosure (see Content Reference Disclosure section for discussion points)

Pair work

Sing Soldier Time song while Soldier Time Groups gather together.
Greet one another then

**SAY:**

Today we will work in pairs. Have everyone break up into two person pairs. We have three questions to discuss with your partners. Pay close attention to the answers your partner says because you will need to report answers to the whole group. I will ask a question. Next you will have 3 minutes to discuss with your partner.

Ready. Let’s practice: What is your favorite food and why? You have 3 minutes to discuss. After 3 minutes, call “TIME. Now you need to switch partners. Ready? Find a new partner quickly. Go. Now with your new partner we have another question: If you are given a chance to meet president Bingu Wa Muthalika what two things will you ask him? You have 3 minutes. Time. Switch partners.

Continue with the 4 adherence questions. Remember to change partners after each question. Have one person from each group share answers before moving to the next question.

**Questions to discuss:**

1. What do you do when your caregiver is away and you are staying with someone who doesn’t know your status? How do you remember to take your medicine?
2. How can telling your family and friends about your HIV status and your ART make adherence easier?
3. How can telling your family or a friend about your HIV status and your ART make adherence more difficult?
4. How do you decide who to disclose to when you are trying to get some help with your adherence?

**ACTIVITY: Disclosure Talk Show**

**Outcomes:**

This activity can be used to:

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

**Description:**

The Talk Show is modeled after popular talk shows on television such as Good Morning Malawi or Pakachere or BLM talk show. The ‘audience’ is the participants and staff. A facilitator plays the role of ‘host.’ There are a number of special ‘guests’ – which could be either actual guests from outside the program or staff/participants from inside the program, depending on the topic and focus of the show.

The activity space is arranged so that the audience faces the ‘stage’ with chairs for the guests. The host may decide to dress up in a special outfit for the show and have a prop for a microphone.
The host introduces the special guests and then proceeds to interview them as if they were on a talk show. The host will alternate between pre-prepared questions and questions from the audience.

This format is a powerful medium for promoting openness, dialogue and rich information sharing. Participants can submit questions in advance or even during the show so that they can get their question asked without fear of embarrassment.

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

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

**Short Guide To Facilitating This Activity:**
1. Get the audience excited with a ‘big welcome’ for the host.
2. Introduce how the Talk Show works. Make the following points:
   a. Our talk show is all about getting honest and real answers to important questions.
   b. Our special guests have experience and stories to share. But so do you- our audience.
   c. We will be asking questions of our guests, fielding questions from our audience and even asking questions to our audience.
   d. This is your chance to ask the question that has been hard to ask. Feel free to speak.
3. There may be questions that nobody is willing to answer first. In these cases you may have to ask some leading questions to get the conversation going. Alternatively, you might want to try to answer the question yourself. In this case, it is recommended to speak in terms of “what I’ve heard from other teenagers” as opposed to from personal experience.
4. This type of activity has the potential to open up some very serious topics and discussion for the participants. To end the activity, meet in soldier time groups again for small group discussions led by staff. These small group discussions are important to see what everyone is thinking/feeling and provide appropriate closure to the activity.
5. There may be certain questions that require information you do not have during the show. Make a commitment to the group to research the answer and get back to them. Alternatively, ask for one or more volunteers from the Teen Club members to search for the answer and report back to the group!
6. It is recommended to supplement the list of questions you get directly from the participants with questions the staff create. Choose appropriate questions based on what you know about the group as well as what topics have been of particular interest to them, which will produce lively conversation.
7. There may be times when it is appropriate to have staff members and/or participants on the show. There may be other times when it is more appropriate to bring in someone from outside the program as a type of ‘expert’ or someone with experience with a certain topic or part of life. Do not assume that you need outside guests for the Talk Show to be effective. Often the most powerful format is when participants in the audience see their peers up on stage.

8. **Important:** Do not give advice to questions that are seeking advice. As a role model, you can have a powerful impact on the students’ behavior and potentially on their decision making process. Remember, we are attempting to provide critical information for the students to make more informed decisions. For example: *My boyfriend is pressuring me to have sex, should I?* Your job is not to answer this question, but to help the young person decide for themselves based on all the information they’ve learned and the group discussion.

**Examples Of How To Use This Activity With Specific Topics:**

**Topic: Disclosure**

1. Seek out participants who have had both positive and negative experiences with disclosing their status.
2. This topic can also lead into valuable discussions about stigma.
3. Consider questions such as:
   a. What is disclosure in our local language?
   b. Why doesn’t everyone disclose their status to everyone else openly in our community?
   c. Why do people choose to disclose their status?
   d. Why is it important to disclose your status to others?
   e. If we are considering disclosing our status, who are people we would consider disclosing to? Why?
   f. How can you know if it’s a good time to disclose one’s status to friends, boy/girlfriend, teacher, other students etc?
   g. Why is disclosure potentially so challenging in our community/culture/country?
   h. What are major concerns about disclosing your status to friends?
   i. Has anyone had a successful experience with disclosure that they want to share? What did you do to make it successful?
   j. How do you know when it’s okay to tell a friend about your status?
MONTH 9:

SOLDIER TIME: Travel away from home

Travel away from home (See Content Reference Material: Adherence Sections for discussion points)

Small Group Work

Sing Soldier Time song while Soldier Time Groups gather together.
Greet one another then

SAY:

Today we are going to identify the challenges and possible solutions teens face when they travel. Travel may be to relatives’ homes, church camping, weddings, educational visits, holidays or any other outings.

How the activity works:

PREP: Each group leader must write the three questions below on separate papers/flip charts.

Questions:

1. You are traveling to your auntie’s house for the school holiday, how can you remember to take your ART?

2. Write 2 ways to remember to take ART when you are away from home in a place where nobody knows that you take ART.

3. What will you say when another student/friend/teacher asks you about the meds you are taking during the outing?

Make 3 different stations and place one question at each station. Place a pen/marker/pencil there for teams to use at the station.

Divide your SOLDIER TIME GROUP into 3 groups.

Place one group at each of the 3 stations.
Each group starts at one paper and writes their answers on the paper
After 5 minutes rotate clockwise to the next station
All teams should go to each paper once.

Everyone gathers together to review with one person presenting each paper question and answers or solutions. Debrief the challenging situations and solutions they developed for travel away from home.

ACTIVITY: Sexual and Reproductive Health 2: Relationships

Note: The following Facilitator Guidelines have been adapted from Botswana Teen Club lesson on the same topic developed from: “Chapter E: Personal and Sexual Relationships” of Standing Up & Speaking Out: A Manual of Participatory Learning Activities on Life Skills and Gender Equity for Young People, published by Women Against Rape (Botswana).

General Tips for Facilitating Small Groups

- Please explain any difficult concepts in simple terms and in local language, Chichewa, Tonga or Tumbuka.
- The times listed are a guide, but if good discussions are happening feel free to continue with the activity and save the other activities for another Teen Club session.
- Feel free to ask any of the other Teen Club leadership for help as this is a challenging topic.
ACTIVITY 1: MAPPING WHERE BOYS AND GIRLS MEET

MAPPING: Using a piece of flipchart paper and markers, ask the teens to make a map of their village, neighborhood or larger community (Lilongwe), and mark on it the places where boys and girls of their age meet together. The map should be a view from above (aerial view or bird’s eye view) showing houses, roads, schools, churches, bottle shops, minibus stops, etc. when looking down.

DISCUSSION:
1. What activities do boys and girls do together at these places?
2. What are the good and risky aspects* of these activities?
3. How can boys and girls spend time together without the risky activities?

*If the teens do not mention pregnancy, alcohol/drug abuse or HIV/STD transmission as risky aspects, suggest these points and add them to the map.

ACTIVITY 2: DEFINING THE IDEAL PARTNER

STEP ONE: Divide into same-sex groups and give each group a flipchart paper and marker.

Girls’ Group Task: Make a list of qualities they want in a: a) boyfriend; b) husband.

Boys’ Group Task: Make a list of qualities they want in a: a) girlfriend; b) wife.

Encourage your group to not just focus on physical characteristics. Give concrete examples of qualities if they get off track.

Ask your group to underline the three most important qualities.

Examples that a group might come up with:

<table>
<thead>
<tr>
<th>Qualities they might want in a boyfriend/girlfriend</th>
<th>Qualities they might want in a husband/ wife</th>
</tr>
</thead>
<tbody>
<tr>
<td>Girls Boyfriend: Muscular, strong, lots of money (will buy them airtime)</td>
<td>Husband: Loving, cares for family, faithful, honest, willing to spend time with them, good father</td>
</tr>
<tr>
<td>Boys Girlfriend: Beautiful, sexy, fun to be with</td>
<td>Wife: Good cook &amp; homemaker, faithful, good mother, obedient</td>
</tr>
</tbody>
</table>

STEP TWO: Both groups should present their lists. Then discuss:
1. What are the differences between the lists? What are the similarities?
2. Do you think men and women want the same things in relationships?
3. Why do you think there are differences between the qualities people look for in a boyfriend/girlfriend compared to the qualities in a husband/wife?
4. Do you think men and women should have specific roles in their relationships (especially in marriage)? In what ways? Why? How?

Summary: What is love?
- Love is putting you in someone else’s shoes and caring about their lives and how they feel.
- Love is accepting and loving people just as they are and caring enough to help them to do better.
- Sharing is a way to show love. Share your belongings, time, feelings and ideas.
- You can show love in a smile, a compliment, a thoughtful act or a hug.
- Love is treating people just as you would like them to treat you – with care and respect.
- Love is being trustworthy and loyal.
MONTH 10:

**SOLDIER TIME: Friends**

Friends (See Content Reference: Adherence section for discussion points)

3 people group Discussions

Sing Soldier Time song while Soldier Time Groups gather together.
Greet one another then

SAY:

Today we are going to discuss our friends’ role in our adherence to ART.
Form groups of 3 people each.
I will give you a question that you should discuss and at the end, one person from your group will discuss your question and solutions to the whole group.
During our whole group discussion other people may have more information to add.

Questions:
- How can friends be helpful in improving our adherence?
- How can the same friendships disturb our adherence?
- How can you communicate to remind a friend that it’s time to take the medication without raising the attention of other friends around?
- How can you take ART when your friends are around if you aren’t ready to or don’t want to disclose your status to them?
- One of your friends says many bad things to you about people who are HIV+. This is a difficult situation. How would it make you feel? What can you do?

**ACTIVITY: ART Basics: ART in the body drama**

This activity requires preparation. You MUST practice ahead of time!

Characters:
- HIV-positive person (Moni)
- 1-3 CD4 cells all dressed the same
- 2-3 viruses all dressed the same
- 1-3 ARTs
- 1 “invader” that represents many illnesses
- 1 narrator

You will need at least 6 people to perform this skit. If you do not have enough volunteers, you can consider having some of the older teens play roles.

Props:
- Matching clothes (or signs) for CD4 cells, ARTs, and viruses
- Jacket/top, chitenje and wig for resistant virus
- Cell phone, notebook, various other props for Moni (can use imaginary object if needed)
- Signs of what each character is: Moni, CD4, HIV, ART, invader
Part 1: How ART Works

Narrator reads this: All of the characters stand on stage for their introductions.

“This is Moni. Moni is living with HIV. These are the HIV viruses that live in his body. These are his CD4 immune cells. These are the invading illnesses that are trying to make Moni sick. In all people, CD4 cells act like soldiers and help protect people from disease. The soldiers fight invaders that can cause sickness like diarrhea, pneumonia, TB and many other diseases.

When you are infected with HIV, the HIV weakens and destroys your CD4 cells. When your CD4 cells are weak and few in number, they cannot fight the invaders and you can fall sick. When we have few soldiers, we need ART to help our bodies make more soldiers and to make the virus sleep. When ART recognizes the virus, the ART makes the virus go to sleep. After some hours, ART starts to leave the body and we need to take more ART so we have enough ART in our body to keep the virus asleep. If we take our ART on time every day, the virus stays asleep, our soldiers are many and we can live a long life.

Moni’s ART is called Triomune-30, or T-30. You, like Moni, should know the name of your ART. Many of you may take T30 too. Be sure to ask someone at the clinic the name of your drug and you can look on the bottle.”

Ask the kids: “What time do you take your ART?” [Have a brief discussion…6AM and 6PM, 7 AM and 7 PM, when I wake up and when I sleep, etc. Kids should know this.]

“Let’s see what Moni does.”

“When Moni takes his T30 on time every day, the virus stays asleep. Moni, like everyone on ART, must take his ART for the rest of his life. ART does not make the virus go away. It just makes the HIV stay asleep. What happens if Moni forgets to take his pills or gets tired of taking them? [allow audience members an opportunity to answer then you can repeat the answer and continue the story] “The virus wakes up and once again starts harming your CD4 cells and your body.”

Ask kids to summarize what they’ve seen in their own words. Review the key messages (below).

Review key messages:
- Good adherence is really difficult. We know it is a challenge, but we can work together to overcome the challenge
- It is important to find out the name of your ART. Find out at your next appointment if you don’t know already.
- You must take your ART for life. ART doesn’t make the virus go away. ART just makes it weak and sleepy so if you stop, the virus wakes up
- ART must be taken twice daily, once in the morning and once in the evening. People usually choose a convenient time like 7 AM and 7 PM or 5AM and 5PM or 6:30 AM and 6:30 PM
Part 2: Life is Busy

The narrator continues to read: “Sometimes, life is busy and we do not take our ART on time.

Moni begins his morning and takes his first dose of ART at 7 AM. That evening, however, he is busy with his homework. At 7 PM, he forgets to take his ART. The ART leaves Moni’s body.”

Ask the kids: What do you see happening? [Answer: The viruses are stretching their arms and barely starting to wake up] (the virus should be acting this out on stage)

At 8:30 PM, Moni remembers his dose. He knows that he has three hours from his scheduled dose to take his ART. If he is too late, he must wait until next morning’s dose. He checks his cell phone. It is only one-and-a-half hours after his scheduled dose, which is less than three hours, so he takes his ART.

Ask kids to summarize what they’ve seen in their own words. Review key messages (below).

Review key messages:
- **Good adherence is really, really difficult, but it’s a challenge we must face**
- **We have a three-hour window in which we can take our ART – after that, we must wait for the next dose**

Part 3: What Happens When You Miss Taking Your Medications: Resistance

The narrator reads: Moni is strong, healthy and doing well in school. His is very busy with school and with his new friends.

Moni continues to take his medication most of the time, but misses doses some days. In the morning, he takes it at 7 AM. That evening, he is busy with his friends and forgets to take his ART. The next morning, he remembers, but that evening, he takes it late. The following morning, Moni is late for school and forgets to take his ART.

What happens? Some of the viruses wake up because Moni has missed some doses. The virus likes to stay awake and will try to look different by changing something about itself. When the HIV virus looks different then the ART doesn’t recognize it as the virus that it must put to sleep. As you can see one HIV has changed a little with sunglasses, a hat and a new shirt. With only a few changes, it is still easy for the ART to recognize the virus.

Over the course of the next month, Moni is very busy. He is feeling fine which makes it even harder to remember his medicine. During this month Moni misses his ART one or two times every week. The HIV takes advantage of every opportunity that the ART has left the body. Sometimes the HIV just wakes up and makes no changes, but often times the HIV wakes up and starts to put on a disguise so the ART cannot recognize him. When the HIV looks very different then the ART is not able to put it to sleep. This new HIV that looks different can now stay awake and make more and more copies. These many new HIV copies will again destroy CD4 cells and Moni can fall sick.

A virus that doesn’t sleep with your ART is called a resistant virus. It became resistant because Moni was not able to keep enough ART in his body to keep the virus asleep. Whenever Moni missed a dose of ART, the virus changed just a little each time. When the virus only had on
sunglasses or a hat, the medicine could still recognize the virus. But, the HIV takes every opportunity to try to wake up and every time Moni missed the medicine, the virus tried to make more changes. Eventually, the ART could not recognize the virus. The virus is very clever and is always trying to outsmart the ART so this is why we work so hard to find ways to always remember to take ART on time.

Ask kids to summarize the play in their own words.

Key messages: HIV is very clever and always trying to wake up. Missing doses can allow the virus to wake up and become resistant. When the HIV is resistant to your current ART the virus is awake and you can fall sick. This is why it is important to work as hard as possible and use all of the tools and people in our lives to help us take our medication so we can stay healthy.

Script for all characters:

Start by introducing the characters:
• The characters enter the stage one by one as they are introduced by the narrator who is reading the information below.
This is Moni. Moni is living with HIV. These are the HIV viruses that live in his body. These are his CD4 immune cells. These are the invading illnesses that are trying to make Moni sick.

• Characters wave and show their name tags.

In all people, CD4 cells act like soldiers and help protect people from disease. The soldiers fight invaders that can cause sickness like diarrhea, pneumonia, TB and many other diseases.

• CD4 cells form a wall next to Moni and keep the invader from getting to Moni.

When you are infected with HIV, the virus weakens and kills your CD4 cells.

• The virus characters come around Moni and the CD4 wall

When your CD4 cells are weak and few in number, they cannot fight the invaders and you can fall sick.

• Moni sits down as the viruses move the CD4 cells out of the way. The invader starts to touch Moni. CD4 cells sit on their knees and look weak and don't fight invader. Moni becomes sick.

When we have few soldiers, we need ART to help our bodies make more soldiers and to make the virus sleep. When ART recognizes the virus, they make the virus go to sleep.

• Moni pretends to take a pill. The ART enters the stage, recognizes the viruses, move the viruses away from Moni and put them to sleep a few meters away. ART stands watch over the sleeping HIV. CD4 cells stand up, look strong again and prevent the invader from touching Moni.

After some hours, that ART has completed its job and begins to leave the body. We need to take more ART so we have enough ART in our body to keep the virus asleep. If we take our ART on time every day, the virus stays asleep, our soldiers are many, and we can live a long life.
Moni’s ART is called Triomune-30, or T-30. You should know the name of your drug. Many of you take T30 too. Be sure to ask someone at the clinic the name of your ART during your next visit and you can also look on your bottle.

Ask the kids: “What time do you take your ART?” [Have a brief discussion…6AM and 6PM, 7 AM and 7 PM, when I wake up and when I go to bed, etc. Kids should know this.]

Let’s see what Moni does.

- **Moni wakes up, looks at his cell phone, and pretends to take a pill.** Then, in the evening… **Moni pretends to eat dinner, looks at his cell phone, and pretends to take a pill. The HIV is sleeping soundly and one of the viruses snores.**

When Moni takes his T30 on time every day, the virus stays asleep. Moni, like everyone on ART, must take his ART for the rest of his life. ART does not make the virus go away. It just makes the HIV stay asleep.

What happens if Moni forgets to take his pills or gets tired of taking them? *allow audience members an opportunity to answer then you can repeat the answer and continue the story*

- **The ART leaves**

The virus wakes up and once again starts harming your CD4 cells and your body.

- **Viruses wake up, push down the CD4 cells. The invader and the viruses start poking Moni.**

Ask kids to summarize what they’ve seen in their own words. Review the key messages (below).

**Review key messages:**

- **Good adherence is really difficult.** We know it is a challenge, but we can work together to overcome the challenge
- **It is important to find out the name of your ART.** Find out at your next appointment if you don’t know already.
- **You must take your ART for life.** ART doesn’t make the virus go away. ART just makes it weak and sleepy. So if you stop or miss doses, the virus wakes up
- **ART must be taken twice daily, once in the morning and once in the evening.** People usually choose a convenient time like 7 AM and 7 PM or 5AM and 5PM or 6:30 AM and 6:30 PM, any time can work. It just needs to be about 12 hours apart, morning and evening.
Part 2: Life is Busy
Sometimes, life is busy and we do not take our ART on time. Moni begins his morning and takes his first dose of ART at 7 AM.

• Moni pretends to wake up, checks his cell phone, and pretends to take a pill. The viruses are fast asleep.

That evening, however, he is busy with his homework.
• Moni pretends to do homework.
At 7 PM, he forgets to take his ART. The ART leaves Moni’s body.
• ART leaves. One virus begins to stir, stretch as it is starting to wake up.

Ask the kids: What do you see happening? [Answer: The viruses are stretching their arms and barely starting to wake up]

At 8:30 PM, Moni remembers his dose. He knows that he has three hours from his scheduled dose to take his ART. If he is too late, he must wait until next morning’s dose. He checks his cell phone. It is only one-and-a-half hours after his scheduled dose, which is less than three hours, so he takes his ART.

• Moni checks his cell phone and takes his pill. The ART stands up and goes again to put the virus back to sleep.

The virus goes back to sleep.
• Virus goes back to sleep.

Ask kids to summarize what they’ve seen in their own words. Review key messages (below).
Review key messages:
  • Good adherence is really, really difficult, but it’s a challenge we must face
  • We have a three-hour window in which we can take our ART – after that, we must wait for the next dose
Part 3: What Happens When You Miss Taking Your Medications: Resistance

Moni is strong, healthy and doing well in school. His is very busy with school and with his new friends. Moni continues to take his medication most of the time, but misses doses some days. In the morning, he takes it at 7 AM.

That evening, he is busy with his friends and forgets to take his ART.

**Moni is busy and forgets to take medicine.**

The next morning, he remembers, but that evening, he takes it late.

**Moni wakes up and takes his ART.**

The following morning, Moni is late for school and forgets to take his ART.

**Moni quickly dresses and runs to school and forgets ART.**

What happens? Some of the viruses wake up because Moni has missed some doses. The virus likes to stay awake and will try to look different by changing something about itself. When the HIV virus looks different then the ART doesn’t recognize it as the virus that it must put to sleep. As you can see one HIV has changed a little with sunglasses, a hat and a new shirt. With only a few changes, it is still easy for the ART to recognize the virus.

**One virus puts on a sunglasses, hat and a new shirt (or other changes you have agreed)**

Over the course of the next month, Moni is very busy. He is feeling fine which makes it even harder to remember his medicine. During this month Moni misses his ART one or two times every week. The HIV takes advantage of every opportunity that the ART has left the body. Sometimes the HIV just wakes up and makes no changes, but often times the HIV wakes up and starts to put on a disguise so the ART cannot recognize him. When the HIV looks very different then the ART is not able to put it to sleep. This new HIV that looks different can now stay awake and make more and more copies. These many new HIV copies will again destroy CD4 cells and Moni can fall sick.

**Another virus now makes many changes with whatever props you have so it is very different than others (for example you can put chitenge over clothes or over his/her head, turn shirt inside out, put on wig or glasses, etc.)**

A virus that doesn’t sleep with your ART is called a resistant virus. It became resistant because Moni was not able to keep enough ART in his body to keep the virus asleep. Whenever Moni missed a dose of ART, the virus changed just a little each time. When the virus only had on sunglasses or a hat, the medicine could still recognize the virus. But, the HIV takes every opportunity to try to wake up and every time Moni missed the medicine, the virus tried to make more changes. Eventually, the ART could not recognize the virus. The virus is very clever and is always trying to outsmart the ART so this is why we work so hard to find ways to always remember to take ART on time.

Ask kids to summarize the play in their own words.

**Key messages: HIV is very clever and always trying to wake up. Missing doses can allow the virus to wake up and become resistant. When the HIV is resistant to your current ART the virus is awake and you can fall sick. This is why it is important to work as hard as possible and use all of the tools and people in our lives to help us take our medication so we can stay healthy.**
MONTH 11:

**SOLDIER TIME: Unexpected Home Visits**

Unexpected Home visits (See Content Reference: Adherence section for discussion points)

Sing Soldier Time song while Soldier Time Groups gather together. Greet one another.

**How to play: Adherence Health Race**

Write the below questions on small pieces of paper. Make one set for each team. Group 2 soldier teams together for this activity

Put each set of questions in a box.

Divide the group into teams A and B or more.

-- The teams should form a line equally distant (about 5-10 meters) from the question boxes on their right and answer boxes on their left

Question box-------5 meters--------Group-------5 meters--------Answer box

-- Show the teams the question boxes (labeled A, B or more) --- There should be one box for each team

-- Show them the answer boxes (labeled A, B or more)

The teams should be standing in their place between the question boxes and answer boxes.

The challenge for the teams is to send the first person in the line to run and pick a question from the box and then run back to the team to discuss the question. Together they write the answers on the back of the question paper. Then the next person in the line runs to place the answer into the answer box. The person runs back to the group and tags the next person who runs to the question box and they repeat until all of the questions are answered.

Gather all the teams on the **ANSWER BOXES** to review the answers.

**Questions:**

- How can you take ART when there is a wedding at home? Give three ways.

- How can you still take ART when you are sharing your bedroom with your relatives that come to visit? Write three ways.

- You are just coming from school and you are told that your aunt arrived few hours ago and had occupied your bedroom. What can you do to access your ART from the bedroom? Give three ways

- It’s a school holiday; all your cousins have come for a one week holiday and are always with you chatting. How can you take ART every morning and evening? Write three ways.

- There is a funeral of a relation and there are people all over the house. How can you take ART?

- There is an overnight prayers at your home, people will start arriving around 6:45pm, and you always take your ART at 7:00pm. What can you do?
ACTIVITY: Sexual and Reproductive Health Basics: Yes/No game

Time: 60 minutes
Group Size: Small groups of 12-15 per group
Materials: SRH Basics questions

Outcomes:
1. Challenge participants to think deeply and form opinions about important topics
2. Help participants gain confidence expressing their mind
3. Correct the wrong information that participants have about a topic with correct and useful information.
4. Create a forum for peer-to-peer information sharing and advice giving.
5. Teach participants critical information in a non-traditional format.

Instructions:
- The activity starts by the facilitator asking a question that participants will have different opinions on. The facilitator knows the answers to all the statements.
- The facilitator identifies one side of the room as ‘YES’ and the other as ‘NO’.
- Participants must move and stand in the room based on how they feel about the question or statement that the facilitator makes.
- The facilitator encourages participants to discuss their differing opinions from where they are standing.
- Participants agree on one good answer and go to the center again for the next question/statement.
- The process continues over and over until all the questions are dealt with.

Description:
The facilitator should begin the activity by saying the following:
"Today we are going to review some information about reproductive health and reproductive health rights and reproductive health services. Accurate information empowers us so we can make good decisions about our future. Without accurate information it is sometimes difficult to make the right decision. With accurate information about sexual and reproductive health topics, in combination with your cultural and spiritual beliefs, YOU can make informed decisions about your future."

We have two possible answers to all of the following questions… YES or NO.
- Form a line in the middle.
  - If you believe the answer is YES move to the right.
  - If you believe the answer is NO, move to the left.
  - If you are unsure stay in the middle.

QUESTIONS and ANSWERS:
1. Do people living with HIV have the right to have a family if and when they choose?
   - YES
   - People living with HIV have the same rights as all people
   - People living with HIV often have to work harder to make sure they maintain their health and the health of their family and future children.

2. Is it possible for a woman with HIV to have a baby born without HIV?
   - YES
   - Women living with HIV can decrease the chance that her child is born with HIV by taking good care of her health and ensuring that the HIV virus is suppressed by good adherence to ART, and delivering her baby at a health facility when she is pregnant and breastfeeding. When the baby is born she must provide ARVs to her baby and give only breast milk for the first 6 months of life.
3. Is it true that every person has the RIGHT to decide when they have sex for the first time
   • YES
   • Each individual person needs to decide for themselves when they are ready to accept the possible consequences of having sex and when they are ready from their physical, emotional and spiritual development in line with their goals for life.
   • No one else has the right to force you to have sex ever. No one has that right.

4. Is it normal that during puberty teens begin to feel emotions and sexual feelings towards members of the opposite sex?
   • YES
   • During puberty hormones are present in the body. These hormones cause the physical changes to our bodies and also changes to our emotions including the beginning of romantic and sexual feelings.

5. If you are having sex for the very first time can you get pregnant?
   • YES
   • Once a girl has her period and a boy reaches puberty and can ejaculate sperm you can fall pregnant or make a girl pregnant if you have unprotected sex.
   • You can fall pregnant if you have sex standing up, lying down, day time, night time, in water, before bathing, after bathing. Jumping won’t stop you from falling pregnant.

6. If someone buys you presents, takes you places, does you favors, calls you often or helps you with things, do you have to have sex with them even if you don’t want to because you owe them?
   • NO.
   • You NEVER owe someone SEX
   • You have the RIGHT to choose who you have sex with and when you want to have sex.
   • You should NEVER be forced to have sex with someone as payment or out of guilt or because they are your elder or boyfriend/girlfriend or any other reason.

7. If I’m in a relationship with someone and I like them a lot do I have to have sex with them to show them how I feel?
   • NO
   • There are many ways to show someone that you care about them including hanging out together, playing sports, sharing stories, talking, going to fun places…(ask teens for other ideas.)

8. Should you talk about sex with your partner before you have sex with your partner?
   • YES
   • The decision to have sex has many consequences including possible pregnancy and STIs including transmission or re-infection with HIV or resistant HIV.
   • Abstinence is the best way to protect yourself from STI and pregnancy.
   • If you are thinking about such a big decision with so many consequences you must take time to talk with your partner about what you will do if you fall pregnant, get an STI, etc.
   • You must talk about making sex as safe as possible by using condoms and family planning
   • You should talk about HIV status of you and your partner. If you don’t feel comfortable talking with this person about your HIV status, are you sure you want to have sex with them?
MONTH 12:

SOLDIER TIME: The future

The Future (See Content Reference: Adherence Section for discussion points)
Prioritizing our Values

Sing Soldier Time song while Soldier Time Groups gather together.
Greet one another then
SAY:
-You can do this activity with your Soldier Time group divided into 2 groups, or you can divide small groups into smaller groups of 4-5 teens per group...
-Give a list of the following “Values” to each group. (or you can make small pieces of papers, one value on each)
-examples: adhere to meds, school, friends, balanced diet, meet medical appointments, brother/sister, abstinence, my future, my body, money, dressing, money, sex, love
-Ask each group to decide what they value most in their lives.
-Ask the groups to prioritize the values from the most important one to the least important one.
-Have one person from each group present the list and explain together how they decided the order of the items in their list.
Ask:
How can our values affect our decisions/adherence/future plans positively or negatively?
What can we do to make the top 5 values help us reach our future careers?
How can our friends' values affect our own choices?

Key Message: Our values affect many aspects of our lives including our decision making in life. Everyone has their own values. Our values affect the decisions that we make. Often times situations are challenging and we need to reflect on our values when making decisions. Everyone has their own values, sharing these values with others allows us to see and learn from what others value. While it is our right to have our own values, it is equally our responsibility to respect the values of others even if they are different from ours.

In order to accomplish our dreams we must stay healthy so it is important that adhering to medications is one of our most important values.
ACTIVITY: Sexual and Reproductive Health 3/ Life Skills: Relationships

Time: 45 minutes
Group size: 15-20 people per group
Materials: Statement sheet and AGREE/DISAGREE CARDS
Goals:
- Discuss romantic relationships in age appropriate discussion
- Discuss cultural influences on relationships
- Define roles and expectations in relationships

Note: Adapted from Botswana Teen Club lesson on the same topic developed from: “Chapter E: Personal and Sexual Relationships” of Standing Up & Speaking Out: A Manual of Participatory Learning Activities on Life Skills and Gender Equity for Young People, published by Women Against Rape (Botswana).

ACTIVITY 1: ROMANTIC RELATIONSHIPS 45 minutes

PREP: put up 2 signs – AGREE and DISAGREE

OPINIONS Now explain that this session is about romantic relationships and opinions. Everyone has his or her own opinions about romance and love – everyone has a right to his or her own opinion.

Again ask the teens to stand near the sign that most represents their opinion. Ask one or two volunteers at each sign to explain why they feel that way. Repeat this process with each statement.

Statements:
1. A boy should always pay on dates.
2. The best romantic partner is one who is also a good friend.
3. It is too difficult for youth to abstain from sex.
4. A boy can have many girlfriends at the same time.
5. A girl can have many boyfriends at the same time.
6. A person should always tell their boyfriend or girlfriend their HIV status.
7. A girl can prove she is in love with her boyfriend by having sex with him.
8. If a boy finds out that his girlfriend is cheating on him, it is okay for him to beat her.
9. Boys and girls nowadays should follow traditional marriage practices (i.e., lobola, chitengwa or chikamwini).
10. If two married HIV-positive adults want to have a child, it is okay for them to have unprotected sex.
11. If a boy and girl go for HIV testing and one person is HIV infected and one person is not HIV infected they must stop dating immediately.

At the end discuss:
1. What are the most difficult issues that couples face in relationships?
2. What challenges do boys face when dating or being in romantic relationships?
3. What challenges do girls face when dating or being in romantic relationships?
4. What challenges to do HIV-positive youth face when dating or being in romantic relationships?
5. How does our culture affect the roles that men and women have in relationships?

- Summarize: Romantic relationships can be a difficult issue to discuss. People have their own ideas about what they want from a romantic relationship. It is important that people are clear about what is acceptable and what is not acceptable to them. This will help individuals find relationships that will make them happy. If teens choose to have sex, they can have safer sex by always using condoms when having sex. This will make sex safer, but condoms are not 100% perfect to prevent STI and HIV transmission. About 1 in 5 couples using only condoms become pregnant each year. Use dual protection if having sex. The only 100% effective way to avoid STI and pregnancy is abstinence.
FACILITATOR NOTES - FRIENDSHIPS AND LOVE

Friendships between Boys and Girls:

- Boys and girls can be just good friends without having sex.
- Friendships between boys and girls are good. These friendships help boys and girls to understand each other better and get new ideas from each other.
- Boys and girls who are friends can help to change the stigma and the bad ideas that many people have about boys and girls being friends.
- Our goal is to encourage healthy relationships based on respect.
- If a boy and a girl are sexually attracted to each other, spending a lot of time alone may lead to a sexual friendship.
- If boys and girls spend time together as friends, it is best to be clear that they just want to be friends and to spend time with other friends also. Though gifts never require sex, it is often expected. It may be best to refuse gifts in case this leads to pressure to have sex.
- Traditionally boys and girls were not allowed to spend time together (make friendships with opposite sex, chatting or dating) before marriage because people thought that they automatically would have sex. But, it is possible for a boy and a girl who are romantically interested in one another not to have sex.
- If a boy and a girl are friends AND they have romantic feelings for one another then it is important to talk about what they want in their relationship. Each person should be free to express whether they want to have sex or not.
  - If they discuss and decide that they want to have sex they need to decide if they are ready and able to also deal with the possible consequences of sex including STI, HIV infection or re-infection, and pregnancy that may happen.
  - If they are not ready to deal with these consequences they wait and not have sex now.
    - Some situations make sex more tempting so these should be avoided. For example, avoid spending time alone together and instead spend time with groups of friends. Also avoid alcohol and drug use as people often make bad decisions when using.
  - If they feel they can cope with the possibility of pregnancy, STI or HIV infection/re-infection, then they should have safer sex to still try to avoid these consequences.
    - Condoms and family planning methods can make sex safer, but there is always the risk of consequences.
  - If one person does not want to have sex then NO SEX. Both partners in a healthy relationship respect each person’s decision.
- If teens choose to have sex, they can have safer sex by always using condoms when having sex. This will make sex safer, but condoms are not 100% perfect to prevent STI and HIV transmission. About 1 in 5 couples using only condoms become pregnant each year. Use dual protection if having sex. The only 100% effective way to avoid STI and pregnancy is abstinence.

What is love?

- Love is putting you in someone else’s shoes and caring about their lives and how they feel.
- Love is accepting and loving people just as they are and caring enough to help them to do better.
- Sharing is a way to show love. Share your belongings, time, feelings and ideas.
- You can show love in a smile, a compliment, a thoughtful act or a hug.
- Love is treating people just as you would like them to treat you – with care and respect.
- Love is being trustworthy and loyal.
MONTH 13:

**SOLDIER TIME: Challenges and Solutions**

Challenges & Solutions (See Content Reference: Adherence section for discussion points)

*Group Discussions*

Sing Soldier Time song while Soldier Time Groups gather together.

Greet one another then SAY:

Divide your SOLDIER TIME GROUP into 2- 4 smaller groups
- Give them papers and pens and ask them to write the top 5 challenges they have faced in working to adhere to their medications.

After 5 minutes, each team must switch their paper with another group.

Now teams must write solutions to the challenges that the other teams have written.

- Select representative from each team to present the results. Other groups can provide alternative solutions and ideas.

**ACTIVITY: Gender Roles and Gender Rights**

Adapted from Grassroot Soccer Malawi Coaches’ Playbook. 2011.

**Time:** 45 – 60 minutes

**Group size:** 20-30 per group

**Supplies:** None

**Outcomes:**
1. Challenge participants to think deeply and form opinions about important topics
2. Help participants gain confidence speaking their mind
3. Foster openness and good communication among participants

**HOW THE ACTIVITY WORKS:**

A. Find a safe space that allows for open conversation and where all participants can hear each other.

B. Set up two circles of chairs for the participants, one inside the other or have the participants sit on the ground in the same manner.

C. Divide the participants into a group of boys and a group of girls.

D. Instruct the girls to sit in a small circle and the boys to sit in a larger circle around them. The inner circle should be big enough where all the girls can sit comfortably and can all hear each other.

E. Explain the rules of the game:

F. In this game we are going to talk about Gender Roles and Gender Rights.
   a. We are going to pretend the boys on the outside of the circle are the spectators in the stadium and the girls are the stars that they came to see.
   b. I will read questions that the girls will discuss by themselves while the boys listen.
   c. Boys: You cannot speak during the first round. Listen closely to what the girls say. You will get a chance to be the stars next.
d. Girls: Your job is to speak to each other as if the boys were not present. Feel free to share how you really feel. There are no right or wrong answers! If you like what someone else says you can snap your fingers?

G. Use the following list of questions to guide the conversation. Allow the discussions to continue as long as necessary, provided that the comments are about our topic of discussion. You may not get to all the questions. Keep in mind you will spend the same amount of time with the boys.

H. Use the following questions for the girls:

1. What is the best thing about being a woman in Malawi?
2. What is the most difficult thing about being a woman in Malawi?
3. What would you want to tell men that would help them understand women better?
4. What can men do to support and empower women?
5. How does it make you feel when a man makes all the decisions in a relationship?
6. What makes it difficult to say “no” to your boyfriend? Can women say “no” to sex?
7. Why do men hit women?
8. How can men help women living with HIV stay healthy?
9. How can men work to decrease HIV related stigma in the community?

Switch the roles. Bring the boys to the middle and instruct the girls to sit along the outside of the circle. Remind the girls to silently listen to the boys.

I. Use the following questions for the Boys:

1. What is the best thing about being a man in Malawi?
2. What is the most difficult thing about being a man in Malawi?
3. What would you want to tell women to help them understand men better?
4. What can women do to support and empower men?
5. What makes it difficult to say “no” to your girlfriend? Can a man say “no” to sex?
6. Why do men hit women even though it is illegal and a violation of their rights?
7. Why do most men make all of the decisions about relationships? Do you prefer this or would you prefer women and men to share decision making? Or only women to make decisions?
8. How can women help men living with HIV to stay healthy?
9. How can women help decrease HIV related stigma in the community?

Discussion
After the two teams have had a chance to discuss in the circle, have a big group discussion of the whole activity and conclude. Here are some discussion points.

- How did it feel to talk about these issues with people of the same sex while people of the opposite sex were listening?
- What did it feel like to listen? Did anything surprise you?
- Why is it important to communicate with people of the opposite sex?
- What can we do to make it easier for men and women to listen to each other?
- What new information did you learn today that you didn’t know before?
MONTH 14:

**Topic Review – Carnival Day and Dance Party**

**Time:**  60-90 minutes  
**Group Size:**  10-15 per group  
**Materials:**  
**Outcomes:**  
- For the teens to face challenges and experience success  
- For the teens to make special connections to the staff through the various activities and events  
- To dance and sing  
- To review past topics  

**How the Activity Works:**  
1. Divide teens into groups of 10-15 teens each. You can start with teens meeting in their SOLDIER TIME GROUPS. If too many teens per group then divide them into 2 groups.  
2. Create 6 stations to review topics from the recent past months. If you have more than 6 groups then create some team building or fun stations so every group has a station at ALL times.  
3. One staff member is assigned to each station. They will facilitate the activity with each group that passes through the station.  
4. Announce to groups the order of the stations and how they will rotate and tell them to listen for a whistle, drum or whatever method you will use to signal time to change stations.  
5. One group starts at each station and stays there for 10 minutes. Two minutes allowed for changing stations. Using this time, you will finish the activity in approximately 75 -80 minutes.  
6. The timekeeper should beat a drum or blow a whistle to indicate the time has ended every 10. Teams should rotate in a pattern that you explained to them before starting, for example, clockwise or counterclockwise. Team leaders should know where each group goes next.  
7. After a group has completed the activity at the station, the facilitator should praise the group for completing the activity with success, using good teamwork, etc. If available, give some sweets or dance or cheer together.  

**Station Activities**  
You can use this chance to review topics that have been covered in the last 6 months. Also include timely information related to the time of year, for example at the beginning and end of school sessions you could talk about ways to keep up adherence and changes in daily routines. By having topics that relate to the teens current lives they will be able to remember and use their new skills right away.  

Think of short activities that you have done in the past month that can fit 10 minutes of the time per station for extra stations. Examples: fun games, team building games, short topic review sessions etc.
Station 1
Team Building: The sun shines on...
Time 10min
15 – 20 participants
Materials: chairs or other place markers

Procedure:
- Participants stand in a large circle, with one person standing inside the circle.
- Every participant in the circle should stand on a place marker which can be, shoes, a circle of stones or drawn in the dirt, etc.
- The person in the middle calls out: “The sun shines on everyone who/with…”
  - This has to be something potentially true for many participants.
- Everyone that this includes runs around the outside of the circle as fast as they can to an empty space.
- The person who does not get a space then goes into the middle and repeats the process.
- Beware of participants getting rough or hurting themselves. Tell teens that if it’s too rough the game will stop.

Examples: The sun shines on everyone who...
- Is wearing something blue
- Is wearing socks
- Plays football/netball
- Has a younger sister/brother

Station 2
Disclosure Circle Discussions:
Time: 10 minutes
10 – 15 participants

At this station we will share different situations about disclosure. We will work together to find possible solutions to challenging questions. This can help us to have a lot of information to help ourselves know what to do when making important decisions. As a group we are going to “brainstorm”, which means to come up with as many possible solutions as we can think of. We have only 7 questions. Are you ready?

Divide the group into two teams and ask questions to one group and then the other. You likely will not finish all of the questions in 10 minutes. Do as many as possible.

1. What is disclosure in the local language?
2. Why do people disclose their status? Why is it important to disclose your status to others?
3. Who are some people we can think about disclosing to? Why?
4. What are some characteristics of people to whom we would consider disclosing our status to?
5. Why is disclosure potentially so challenging in our community/culture/country?
6. What are concerns people have about disclosing your status to friends?
7. How can you “test” your friends to know if they are trustworthy?

Note: You can add other questions as well.
Station 3
Team Building: Find the Object
Time: 10min
Materials: Blind fold, random object (for example, a hat or a shoe or a chitenge or a rock)

Description:
- This game can be played with a group up to 20 members.
- Site: wide and open ground for safety space.
- Choose two volunteers, blind fold one of the two. Let them stand back to back. They are the SPEAKER and the BLINDFOLD.
- The SPEAKER should face the whole group and MUST not look behind at the BLINDFOLDED person.
- The SPEAKER also cannot talk to the group, but can ONLY talk to the BLINDFOLD person.
- An object (a hat) will be placed at a position some meters away in front of the blindfolded one.
- Rule: when the game starts the group is NOT allowed to speak, but can only use hand signs
- The SPEAKER is the only one to speak during the challenge.
- The challenge for the team is for the group to use hand and body communication to “tell” the SPEAKER where to direct the BLINDFOLDED person to get the object.
- The BLINDFOLDED person moves using the directions. The SPEAKER remains standing.
- You can increase the challenge to the team by adding tracks to pass through or obstacles to be avoided.
- The whole team wins when the object is found.

Station 4:
Team Building: Squirt
Time required: 10 minutes
Procedure:
- Teens form a circle with one person in the middle.
- The person in the middle forms their hands into a water gun and “shoots” at a person in the circle. That person in the circle ducks down to avoid and the two on either side of him/her must “shoot” each other yelling “Squirt!”
- The teen that shouts/shoots the other first is safe. The loser switches spots with the person in the center. (If the teen in the circle that is initially squirited does not duck, he/she then becomes the squirter.)
Station 5
Sexual Reproductive Health Buckets
Time: 15-20min
Materials: 3 boxes, buckets or basins and 3 balls made of paper or small “rock bags” for tossing

How it works
1. 3 Teams will play against each other.
2. Divide group into 3 teams and each team forms a line in front of each bucket.
3. Move the bucket one metre in front of each team.
4. Explain the rules to the teams:
   a. The first person on each team will try to throw the ball into the bucket.
   b. If the ball lands in the bucket, the team will earn 1 point, and they will have a chance to earn more points with a QUESTION
      i. If they answer the question correctly the team earns another 1 point (total 2 points).
      ii. If they fail to answer the question, another team can earn 1 point by answering correctly.
5. Give a ball to the first person on each team and let them all toss the ball into their buckets.
6. If all 3 teams throw the ball in the bucket they will each get a question.
7. Repeat with the 2nd person in the line.
8. After each member of the team has thrown into the bucket at 1 metre, move it back 1.5 metres. Continue to move back until all questions finished or time completed.
9. Place Bucket 1 metre from marked line. Teen stands on line and throws ball into bucket.
10. Line up 3 containers as in the figure. Mark the spot where the teen should stand.
11. Divide team into 3 teams and each should form a line

SRH Trivia Questions:
1. What form of family planning also decreases the chance of sexually transmitted infections?
   ANSWER: Condoms
2. What types of family planning are safe for adolescents who decide to have sex?
   ANSWER: Injections with Depo-Provera, pills, Norplant/Jadelle, IUD-Lupu
3. What types of family planning are NOT ACCEPTABLE for adolescents? ANSWER: Permanent sterilization with tubal ligation or vasectomy are NOT for adolescents
4. What are 2 sexually transmitted infections?
   ANSWERS: Gonorrhea, Chlamydia, Syphilis, HIV, Herpes, HPV
5. Do adolescents who decide to have sex have a right to family planning services?
   ANSWER: Yes, adolescents have a right to access family planning services. It can sometimes be difficult for teens to access these services because of lack of privacy or confidentiality or due to unwelcoming attitudes at the clinic, but they have the RIGHT.
6. Where can adolescents access family planning services?
   ANSWER: Government family planning clinics at health centres, district or central hospitals, BLM and other possible sites
7. If you have an ulcer or rash in your genital region and it heals itself should you still go to the clinic? ANSWER: YES! The infection if untreated can stay in the body and cause possible problems in the future with illness or infertility.
8. What STI causes a burning rash? ANSWER: Herpes
9. Do Depo provera injections cause infertility? ANSWER: NO! When the medicine is working some women stop having their monthly periods. That is completely normal.
10. If you are having sex for the first time can you get pregnant? YES!!! Once a woman starts her periods she can become pregnant.
11. If you wash after having sex can you prevent pregnancy? ANSWER: NO. To prevent pregnancy, do not have sex, or use both family planning and condoms if you decide to have sex.
12. If you and your partner both have HIV do you have to use condoms? ANSWER: YES to prevent other STIs and re-infection with possibly resistant HIV

13. Why should you NEVER buy medicines from the market that people say will stop pregnancy? ANSWER: Because no one knows what these medicines are and they could be very dangerous or even deadly and make you sick. Go to the hospital.

14. Is it possible for a woman with HIV to have a baby without HIV? ANSWER: YES

15. Do people living with HIV have the right to have a family? ANSWER: YES

16. Do people who are not married have a right to use family planning? ANSWER: YES

**Station 6**

**Adherence Stone Toss**

**Time:** 10 minutes

**Supplies:** Prepare a paper with 3 different zones: outside zone = 1 point; middle zone = 2 points; inner zone = 3 points (see the drawing); small stones for tossing

**Adherence Stone Toss Rules**

1. Divide group into 3 smaller teams and place them around the circle target, 1 metre away from it.
2. Each team will take turns tossing stones onto the target.
3. The team will be asked a questions based on the zone where their stone lands.
   a. If they answer correctly they will get the points.
   b. If they fail to answer correctly, the other teams can try to steal the points.

**Questions:**

- **1 point questions:**
  - What is ART? ANSWER: HIV medicine, antiretroviral therapy, e.g. T30
  - When do you take your ART? ANSWER: morning and evening (new regimens starting in 2011 or 2012 will be once daily)
  - What is the name of the soldier cells? ANSWER: CD4
  - How do soldiers help you? ANSWER: They help fight off infections
  - What is the name of a clinic where you can get ART? ANSWER: many possibilities

- **2 point questions:**
  - What do ART medicines allow the soldiers in the body to do? ANSWER: increase in number
  - What do ART medicines do to the HIV virus in the body? ANSWER: make it weak, sleepy
  - What can remind you to take your medicine in your home in the morning? ANSWER: morning routines, e.g. washing, tea, dressing; guardian reminder; alarm, etc
  - What can remind you to take your medicine in the evening? ANSWER: evening routine, e.g. nsima, sleeping; alarm; guardian reminder, etc

- **3 point questions:**
  - When your caregiver is away, how can you remember to take your medicine? ANSWER: set an alarm; find a friend or sibling to remind you; take out of bottle so not recognizable, etc
○ How can disclosure help your adherence? ANSWER: you can add a person to your team of helpers to remind you; they can help you to remember your meds or with friends

○ You are at boarding school, and a fellow student asks you why you are always taking medicine, what will you say? ANSWER: Have a “good lie” prepared that you will remember. Do not say asthma or pneumonia or TB that go away, Choose heart disease that requires continuous medication.

○ Your friend keeps forgetting to take her medicine, how can you help her? ANSWER: You can remind her to take it when you take your medicine; you can flash her phone, etc

○ Your friend is just starting ART and asks you if she really has to take the medicine all the time like the clinic told her. She feels fine and thinks she probably only needs it once per week. Why is this dangerous for her to do? ANSWER: Missing doses results in resistant virus so the medication does not work. Take her to the clinic so they can explain clearly to help her understand how ART works.

○ What is kupima (resistance)? ANSWER: It means that the virus has changed and disguised itself so that the ART no longer recognizes it and can no longer put it to sleep. The resistant HIV virus can multiply and you can fall sick again.

Station 7: Stigma Fast Quiz
15- 20 min

Set-up the game:
1. Divide the group into two teams
2. Introduce the topic and the activity.
3. Quickly describe the rules and make expectations clear. You must make up the rules before the game. Below are example rules for the game.
   Quiz Show Rules
   1. Each correct answer will earn points for the team
   2. If the team that receives the question does not provide the correct answer then the other team can try to give the correct answer and earn the points
   3. The number of points given will depend on how well explained the answer is.
   4. Teams cheating, being disruptive or not fully participating will lose points

QUESTIONS: (See Content Review: Stigma section for discussion points and answers)

• What is Stigma?
• What are some examples of what people are stigmatized for?
• Does stigma always happen on purpose or can it be accidental? What are examples of each?
• Which of your human rights can be violated by stigma? List three.
• How does stigma affect the development of a nation or society?
• When you experience stigma, how do you feel?
• When you experience stigma, how do you get through the feelings that come with being stigmatized? Who can you talk to about your feelings?
• What can you do to help someone who is being stigmatized by others?
Month 15

**Soldier Time: Basics Review Questions and outstanding questions**

ART Basics Review Questions. Everyone should know at least these basics!

**Group Discussions**

Sing Soldier Time song while Soldier Time Groups gather together.

Greet one another then SAY:

Adherence basics: Together as a team answer the following questions about ART

Q: **How long do you take ART?**
A: For your whole life, forever.

Q: **When do you take your ART?**
A: Check with your medical team, usually every morning and every evening.

Q: **If you forget to take ART as usual at 6 am can you take it later?**
A: Yes, you have 4 hours (again check with medical team as some clinics say 3 hours), but this is important for teens to know as they should take these missed doses if only a few hours late.

Q: **Is it ok to ask people to help you remember your ART?**
A: YES!!!! The more help the better. It is a sign of strength and teamwork to recognize that you should use all of the tools that you have available.

Q: **Do you need to take ART with food?**
A: No. You should take ART even if there is no food or tea in the house or if you are fasting.

Q: **Should you stop taking ART if you are taking medicine for malaria? Should you stop taking ARV medicine if you have your period?**
A: No. You should not stop drinking your medicine. You can take them all together.

Does anyone have questions about ART that they do not know the answer to? Write them down and find the answers by the next Teen Club (you can task the kids to find the answers, but also the leader must work with Teen Club leadership to obtain accurate answers for next months and report back to the group and check the teens’ answers.
Activity: SRH Basics Part 2: The YES/NO Boxes

Activity description:
Small teams will be discussing statements from pieces of papers and decide whether the answer is YES or NO. Then they have to drop the piece into a YES or NO box until all the statements are discussed. Then teams will come together; combine all the answers in YES boxes together and NO boxes together to review the answers.

Instructions:
1. Divide the group into three teams or more teams depending on the number of teens.
2. Set 3 (or more) pairs of boxes; labeled YES and NO.
3. Assign each team to a pair of YES and NO boxes and a pile of pieces of papers on which statements about SRH are written.
   a. Prepared pieces of papers with YES and NO statements about Sexual Reproductive Health, with one statement on each piece will be piled for each team on the floor (or in another box or on a piece of chitenje).

Place the yes/no boxes and pile of statements 10-12 meters from one another.

The challenge for the group is to collect a piece paper from their pile, discuss the statement on it to whether the answer is YES or NO. Then one member is to run and drop it in the matching box. The whole group will then review the answers, after all the papers are put into boxes.

Questions to cut (You can find these questions at the end of this manual to make copies to cut or just write them onto small pieces of paper)
1. If you have unprotected sex and then develop a sore or rash or vaginal/penile discharge for a few days and then it becomes less should you still go to the clinic?
2. Do you have to have sex to show that you love someone?
3. Is it ok to use family planning before you are married if you decide to have sex?
4. If you go to a family planning clinic and a nurse refuses to give you family planning, should you go home and not use family planning?
5. If you decide to have sex and then your period does not come as usual the next month and you develop some pain in your abdomen should you go to the hospital?
6. If you and your partner both have HIV do you still have to use condoms?
7. If you only have only one condom can you use it more than one time?
8. If you have HIV can you use family planning with pills or injections or Norplant or IUD (lupu)?
9. If you decide to have sex and then experience one of the consequences like an STI or pregnancy can you go to the market and buy something there to fix your problems?
10. Does learning about sex, family planning or STI mean that you should have sex now?
ANSWERS
1. If you have unprotected sex and then develop a sore or rash or vaginal/penile discharge for a few days and then it becomes less should you still go to the clinic?
   - YES
   - Some sexually transmitted infections have symptoms that appear and then get a bit less or go away completely. The infection still remains in your body though, and if untreated it can make a woman sterile so she cannot have babies in the future, or progress to serious state that can make you very sick.
   - Many teens complain that it is not easy to go to an STI clinic because often times they do not feel welcome, but it is important to stay healthy.

2. Do you have to have sex to show that you love someone?
   - NO
   - To love someone means to respect them and to share with them. It is more work to love someone than to just have sex with them.
   - Respecting someone even when it is difficult is a sign of respect and love.

3. Is it ok to use family planning before you are married if you decide to have sex?
   - YES
   - If you decide that you are ready to have sex and deal with the consequences then you should be responsible to keep yourself and your partner safe
   - Young people have the RIGHT to sexual and reproductive health services
   - Many women and girls can become sick and die from pregnancy and child birth. If you decide to have sex and you do not want to become pregnant then you have the right to your health and to use family planning services.
   - Family planning is for anyone who is sexually active. It is not ONLY for married people

4. If you go to a family planning clinic and a nurse refuses to give you family planning, should you go home and not use family planning?
   - NO
   - It is true that sometimes people allow their personal opinions to interfere with the delivery of health care services
   - Remember you have a RIGHT to family planning services if you want them
   - Sometimes you have to demand your rights!
   - Sometimes you need to go to more than one clinic to find the services you need. Hopefully over time this will change and it will be easier for adolescents to access these clinics, but for now you need to find your own solution! The health care worker who is difficult is just a challenge on the way. You must DEMAND your RIGHTS. Men can help women access services they need by accompanying and supporting women at the clinic.

5. If you decide to have sex and then your period does not come as usual the next month and you develop some pain in your abdomen should you go to the hospital?
   - YES!
   - Sometimes a pregnancy can develop outside of the uterus in the fallopian tubes that connect the ovary to the uterus. This is called an ectopic pregnancy. This is a medical EMERGENCY. Without treatment if this pregnancy grows too big in a small space it can make a woman very sick and some women die if these ectopic pregnancies rupture as it is too late to do anything.
   - Many times girls and women are afraid to go to the hospital because they fear they will be in trouble for having sex. It is important to find support and to seek medical care as problems with pregnancies can cause very serious illness and sometimes even death in women if not treated in good time.
6. If you and your partner both have HIV do you still have to use condoms?
   • YES
   • If you decide to have sex, condoms are the best way to decrease the chance of getting STI or becoming re-infected with a different or maybe even resistant HIV virus.
   • Condoms make sex SAFER. Condoms decrease the chances of becoming infected with a sexually transmitted infection like chlamydia or gonorrhea or syphilis or a different strain of HIV or maybe even resistant HIV.
   • The only way to completely eliminate the chance of STI or HIV infection is to not have sex.

7. If you have only one condom can you use it more than one time?
   • NO
   • Condoms are for one time use only. Do not wash. Do not reuse. Do not turn inside out.
   • The liquid on condoms is lubricant. It is NOT HIV. It does NOT cause HIV transmission
   • Do NOT use any other lubricant with condoms such as blue seal or cooking oil as it makes the condom weak and they will not protect you as they should. The condom can develop small holes and you can get STI or pregnancy if you use these other lubricants.

8. If you have HIV can you use family planning with pills or injections or Norplant or loop?
   • YES
   • Women who are healthy living with HIV can use all forms of family planning.
   • You should talk to your clinician about which family planning method is best for you.

9. If you decide to have sex and then experience one of the consequences like an STI or pregnancy can you go to the market and buy something there to fix your problems?
   • NO
   • This is very dangerous. Many people sell things at the market that they say will stop pregnancy, but really they are very dangerous medicines or poisons that cause serious illness and often death to many young women around the world who buy these things
   • Never buy medicines from the market to try to stop a pregnancy as it can kill you
   • If you have unprotected sex or sex with a condom and it breaks then medicines called EMERGENCY CONTRACEPTION are available at the hospital and they can help decrease the chance of getting pregnant. It is not an abortion.
   • If the condom breaks and your partner is HIV uninfected you can get different medication called PEP to try to prevent HIV infection in your partner
   • Both Emergency Contraception and PEP work best when taken very soon after the condom breaks so DO NOT delay. It is hard to seek help, but you MUST!

10. Does learning about sex, family planning or STI mean that you should have sex now?
    • NO
    • Information about the consequences and responsibilities of sex, family planning and STI help inform us so we can use the information to plan and to make informed decisions about our future.
    • By knowing correct information we are able to know if some of the things our friends tell us are true or are not true. This allows us to be in control of our lives. With information we can make good decisions and keep ourselves healthy so we can achieve our dreams and goals.
## Month 16

### Soldier Time: Planning for the unexpected or unusual

<table>
<thead>
<tr>
<th>Planning for the unexpected or unusual</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Group Discussions and experience sharing</strong></td>
</tr>
<tr>
<td>Sing Soldier Time song while Soldier Time Groups gather together.</td>
</tr>
<tr>
<td>Greet one another then SAY:</td>
</tr>
</tbody>
</table>

**Planning for the unexpected or unusual:** Sometimes things happen that we do not expect, how can you plan ahead so you are ready? Discuss the scenarios and brainstorm possible solutions or share experiences that you have had.

You went to your brother’s house on the other side of town and you cannot find transport home for the night and need to sleep there, you did not bring any ART with you. What can you do to avoid this problem in the future?

- If you travel regularly to your brothers, you could leave two doses of ART there for emergencies
- Always carry 2 ART pills with you for unexpected emergencies (in a small medication bag)

A girl at boarding school that you don’t know very well has a headache and she noticed that you took a medicine the other day; can you share with her one of your medications for her headache? What will you say?

- Do NOT DISCLOSE to someone that you do not know well and that you do not trust completely.
- Make it a convincing lie. Plan your answer BEFORE someone asks. “Sorry. I take medication for my heart condition so I cannot share it with you.” Make sure you always say the same thing to all kids because you don’t want to have many stories.

There is a wedding and many people are coming to stay at your house and share your room. They do not know your status. How can you prepare so you are able to still take your medication?

- Take out enough pills for the days that they will be visiting.
- Put the pills in a small medicine bag inside of your handbag or with your school books or wrap it in a shirt/trousers or place in your mother’s room or in another safe place where you can get to it even though there are many people.
- To drink the medicine just take your handbag and walk outside where you can have a moment to get one pill and drink it
Activity: Child Rights and Responsibilities

Child Rights
Groups will discuss the United National Convention on the Rights of a Child (CRC) to which Malawi is a signatory in 1991. The CRC establishes the rights of children. These rights are based on what a child needs to live, grow, participate and fulfill their potential. Despite the CRC, the rights of children around the world are often violated. It is important for children and people to know their rights and also know their responsibilities so they can help protect and defend their rights and advocate for themselves and for others.

Instructions:
1. Divide the teens into groups of 4-8 teens depending on the number of teens.
2. Refer to the handout on the child’s handout on the UN Convention on the Rights of a Child produced by UNICEF in the Appendix. The handout lists all of the rights listed in the convention.
   a. Assign each group 10 Articles of the convention.
   b. Read each of the 10 assigned Articles of the CRC. (Not each article is a right)
   c. Together the group should discuss the rights that are in their assigned Articles
   d. Were they surprised about any of the rights? Did they know they had the rights?
   e. What is the difference between a right and something that they want to have? For example, what is different between the right to education and their desire to have a new school bag? Does the right to education mean that they have the right to a new school bag?
   f. Each group should write three or more responsibilities that they have in addition to these rights. See UN CRC handout for further examples also.
      i. For example, if all children have the right to education then they also have the responsibility to work hard and do their best to learn at school.
      ii. Another example, if all children have the right to a safe home, then they have the responsibility to avoid violence, fights and keep others safe.
      iii. If all children have these rights then they have the responsibility to respect the rights of others.
3. Choose a representative to read the rights to the group. Explain some responsibilities that they identified as important in in addition to these rights. Report any surprises or new things they learned about their rights during their group discussion.
Pages to Copy and Cut for activities

Month 4: Stigma Activity Case Studies

Simba
You are 15 years old and are living with HIV. You live with your aunt and uncle, your sister and four cousins. Your auntie does not allow you to eat with the family, but has you sit outside with your own plates when eating. Also she will not allow you to sleep with your sister or cousins so you have to sleep alone on the floor. Your cousins often don’t want to play with you and are angry at you because you do not share the household chores as your auntie won’t allow you to touch the families’ things.

What can be done to help Simba?

-------------------------------------------------------------------------------------------------

Tryson
You are 14 years old and are living with HIV. You are in grade 8 at school. You have a skin rash that comes and goes, and you notice that your friends don’t mix freely with you. Whenever the teacher mentions HIV, he looks directly at you and you feel uncomfortable. You no longer enjoy school.

What should be done to help Tryson? What should Tryson do?

-------------------------------------------------------------------------------------------------

Sampa
You are 19 years old and you are the youngest member of a PLWHIV network. You think that young people should be more included in the programs. However, you feel that you are not taken seriously and find it hard to contribute to meetings when everyone else talks loudly.

What could happen to change things?

-------------------------------------------------------------------------------------------------

Nellie
You are 17 years and are living with HIV. You run a well-known support group for young people living with HIV. You love going out with your friends and dressing in the latest fashions. One day your older sister tells you that neighbors are talking about your dress. She suggests you change the way you dress.

What would you advise Nellie to do?

-------------------------------------------------------------------------------------------------

Hanita
You are 12 years old and stay with your grandmother and younger brother. People at church know that your parents died of an AIDS-related illness and often whisper about your appearance. You overhear someone saying, ‘I hope he won’t start misbehaving like his mother.’ You tell your grandmother that you no long want to go to church. Your grandmother doesn’t understand why you refuse to go to church.

What could help in this situation?

-------------------------------------------------------------------------------------------------

Belinda
You are 15 years old and are living with HIV. Last year you were very sick and were hospitalized. You have now recovered and are taking ART and feel very healthy. Every time you want to meet your friends or go out with your sisters, your mother stops you and says that you should stay at home and rest.

What can Belinda do to change the situation?

-------------------------------------------------------------------------------------------------

Yankho
You are 18 years old and have been living with HIV all your life. You have been dating a girl for the last month and everything is going well. You really like her. You are now wondering if it is the right time to tell her about your status and what this will do to the relationship.

What can Yankho do?

-------------------------------------------------------------------------------------------------

Ask the teens to write down other ideas of where stigma happens in their lives. You can use these new ideas for future activities or if you need more groups you can use their ideas today.
Month 5: Puberty

Body changes start at an older age

Voice deepens

Facial hair

Involuntary erections and ejaculations

Production of sperm

Coming of age practices

Society starts expecting certain things of me: be brave, be strong, show less emotion, prove my sexuality, be a “provider”

Body changes start at a younger age

Breasts development

Menstruation starts

Coming of age practices

Receive sexual attention from same age or older men

Society starts expecting certain things of me: take on more household chores, stop schooling, less freedom of movement, be less sexual, pressure me to marry

Bodies begin to produce chemicals called hormones. Hormones cause changes in our bodies.

Growth of pubic hair and underarm hair

Sexual and reproductive organs grow and mature

People around me start treating me differently

Society starts expecting me to “act like an adult”

Increased need for good nutrition and exercise

Pressure of drugs/alcohol/peers

Changes occurring at different time and in different ways for each person
Month 15: SRH Basics Part 2

If you have unprotected sex and then develop a sore or rash or vaginal/penile discharge for a few days and then it becomes less should you still go to the clinic?

Do you have to have sex to show that you love someone?

Is it ok to use family planning before you are married if you decide to have sex?

If you go to a family planning clinic and a nurse refuses to give you family planning, should you go home and not use family planning?

If you decide to have sex and then your period does not come as usual the next month and you develop some pain in your abdomen should you go to the hospital?

If you and your partner both have HIV do you still have to use condoms?

If you decide to have sex, what is the only way to decrease or becoming re-infected with a different or maybe even resistant HIV virus?

If you only have only one condom can you use it more than one time?

If you have HIV can you use family planning with pills or injections or Norplant or IUD (lupu)?

If you decide to have sex and then experience one of the consequences like an STI or pregnancy can you go to the market and buy something there to fix your problems?

Does learning about sex, family planning or STI mean that you should have sex now?
Month 16: Children's Rights

**Article 32** The Government should protect children from work that is dangerous, or might harm their health or their education.

**Article 33** The Government should provide ways of protecting children from dangerous drugs.

**Article 34** The Government should protect children from sexual abuse.

**Article 35** The Government should make sure that children are not abducted or sold.

**Article 36** Children should be protected from any activities that could harm their development.

**Article 37** Children who break the law should not be treated cruelly. They should not be put in prison with adults and should be able to keep in contact with their families.

**Article 38** Governments should not allow children under 16 to join the army.

**Article 39** Children who have been neglected or abused should receive special help to restore their self-respect.

**Article 40** Children who are accused of breaking the law should receive legal help. Prison sentences for children should only be used for the most serious offences.

**Article 41** If the laws of a particular country protect children better than the articles of the Convention, then those laws should stay.

**Article 42** The Government should make the Convention known to parents and children.

The Convention on the Rights of the Child has 54 articles in all. Articles 3-34 are about how adults and governments should work together to make sure all children get all their rights.

### Whose responsibility?

Children's rights are a special case because many of the rights laid down in the Convention on the Rights of the Child have to be provided by adults or the state. However, the Convention also refers to the responsibilities of children, in particular to respect the rights of others, especially their parents (Article 29).

Here are some suggestions of the responsibilities that could accompany rights...

- If every child, regardless of their sex, ethnic origin, social status, language, age, nationality or religion has these rights, then they also have a responsibility to respect each other in a humane way.
- If children have a right to be protected from conflict, cruelty, exploitation and neglect, then they also have a responsibility not to bully or harm each other.
- If children have a right to a clean environment, then they also have a responsibility to do what they can to look after their environment.

You can probably think of many more.

Derived from a Universal Declaration of Human Responsibilities, by an organisation called World Goodwill, composed of ex-heads of state.

Check out UNICEF UK's website for children and young people: [www.therightsite.org.uk](http://www.therightsite.org.uk)

**UNICEF website:** [www.unicef.org.uk](http://www.unicef.org.uk)

This leaflet contains a summary of the United Nations Convention on the Rights of the Child

A convention is an agreement between countries to obey the same law. The United Kingdom of Great Britain and Northern Ireland agreed to obey (ratify) the Convention on the Rights of the Child on 16 December, 1991. That means our government now has to make sure that every child has all the rights in the Convention, except the two they have ‘reservations’ about (Articles 10 and 37).
Article 1: Everyone under 18 years of age has all the rights in this Convention.

Article 2: The Convention applies to everyone, whatever their race, religion, abilities; whatever they think or say, whatever type of family they come from.

Article 3: All organizations concerned with children should work towards what is best for each child.

Article 4: Governments should make these rights available to children.

Article 5: Governments should respect the rights and responsibilities of families to direct and guide their children so that, as they grow, they learn to use their rights properly.

Article 6: All children have the right to life. Governments should ensure that children survive and develop healthily.

Article 7: All children have the right to a legally registered name, and nationality. Also the right to know, and, as far as possible, to be cared for by their parents.

Article 8: Governments should respect children’s right to a name, a nationality and family ties.

Article 9: Children should not be separated from their parents unless it is for their own good. For example, if a parent is mistreating or neglecting a child. Children whose parents have separated have the right to stay in contact with both parents, unless this might hurt the child.

Article 10: Families who live in different countries should be allowed to move between those countries so that parents and children can stay in contact, or get back together as a family.

Article 11: Governments should take steps to stop children being taken out of their own country illegally.

Article 12: Children have the right to say what they think should happen, when adults are making decisions that affect them, and to have their opinions taken into account.

Article 13: Children have the right to get and to share information, as long as the information is not damaging to them or to others.

Article 14: Children have the right to think and believe what they want, and to practise their religion, as long as they are not stopping other people from enjoying their rights. Parents should guide their children on these matters.

Article 15: Children have the right to meet together and to join groups and organisations, as long as this does not stop other people from enjoying their rights.

Article 16: Children have a right to privacy. The law should protect them from attacks against their way of life, their good name, their families and their homes.

Article 17: Children have the right to reliable information from the mass media. Television, radio, and newspapers should provide information that children can understand, and should not promote materials that could harm children.

Article 18: Both parents share responsibility for bringing up their children, and should always consider what is best for each child. Governments should help parents by providing services to support them, especially if both parents work.

Article 19: Governments should ensure that children are properly cared for, and protect them from violence, abuse and neglect by their parents, or anyone else who looks after them.

Article 20: Children who cannot be looked after by their own family must be looked after properly, by people who respect their religion, culture and language.

Article 21: When children are adopted the first concern must be what is best for them. The same rules should apply whether the children are adopted in the country where they were born, or if they are taken to live in another country.

Article 22: Children who come into a country as refugees should have the same rights as children born in that country.

Article 23: Children who have any kind of disability should have special care and support, so that they can lead full and independent lives.

Article 24: Children have the right to good quality health care, to clean water, nutritious food, and a clean environment, so that they will stay healthy. Rich countries should help poorer countries achieve this.

Article 25: Children who are looked after by their local authority, rather than their parents, should have their situation reviewed regularly.

Article 26: The Government should provide extra money for the children of families in need.

Article 27: Children have a right to a standard of living that is good enough to meet their physical and mental needs. The Government should help families who cannot afford to provide this.

Article 28: All children and young people have a right to a primary education, which should be free. Wealthy countries should help poorer countries achieve this. Discipline in schools should respect children’s human dignity. Young people should be encouraged to reach the highest level of education they are capable of.

Article 29: Education should develop each child’s personality and talents to the full. It should encourage children to respect their parents, and their own and other cultures.

Article 30: Children have a right to learn and use the language and customs of their families, whether these are shared by the majority of people in the country or not.

Article 31: All children have a right to relax and play, and to join in a wide range of activities.