

TIKAMBISANE 'LET'S TALK TO EACH OTHER'

A 6-SESSION SUPPORT GROUP CURRICULUM FOR
ADOLESCENT GIRLS LIVING WITH HIV IN ZAMBIA



LONDON
SCHOOL of
HYGIENE
& TROPICAL
MEDICINE



Zambart

Research and Development to Improve Health for All

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INTRODUCTION

This curriculum was designed for the research study *Healthy Transitions* (led by the International Center for Research on Women (ICRW), Zambia and the London School of Hygiene and Tropical Medicine), which sought to develop interventions to support adolescent girls living with HIV in Zambia transition to a healthy adulthood.¹ The curriculum was developed and tested in consultation with young women living with HIV, community health staff, clinic counselors and other NGO staff working with young people living with HIV.

Outline of the Curriculum

The curriculum is designed for six meetings or sessions for support groups for adolescent girls living with HIV. Each session is built around a 2.5-hour timetable, which includes a 20-minute tea break. The sessions would suit a half-day meeting, ending with a meal, drink or other activity outside of the scheduled curriculum. The topics were chosen by the young women and have been broken down into 2 or 3 activities for each session.

All activities are designed to be participatory (these sessions are *not* a lecture or health talk). The aim is to give group members an opportunity to share their own experiences, ideas and thoughts, to listen to each other and to problem-solve together.

The activities are designed for two facilitators (ideally who have some experience in participatory training). Facilitators may include health staff, peers, volunteers, teachers or anyone involved in running a support group.

All activities include ideas for adapting them, so that they are inclusive for all levels of literacy.



	TOPIC	KEY AIM OF SESSION
Session 1	Getting to know you	To get to know each other and understand the purpose of the support group
Session 2	Disclosure	To explore key issues around disclosing our HIV status
Session 3	Everything you want to know about antiretroviral therapy (ART)	To share knowledge and information and learn from each other more about antiretroviral therapy
Session 4	Relationships	To explore our understanding of healthy relationships in the context of being young Zambian women living with HIV
Session 5	Loss and Grief	To explore how grief and loss can impact on our lives and discover ways of coping and finding support
Session 6	Celebrating and planning for the future	To try out a new activity and plan how to maintain support for ourselves in the future

¹Stangl, A., Bond, V., Mackworth-Young, C., Sievwright, K., Singh, D., Clay, S., Chiiya, C., Chonta, M., Konayuma, K. (2015) Transitioning to a Healthy Adulthood: Lessons learned from adolescent girls living with HIV in urban Zambia. Washington, D.C. International Center for Research on Women.

Understanding the layout of the sessions

All sessions have been written in a user-friendly format, which gives step-by-step guidance for the activities. Facilitators should read through the session plan before each meeting to ensure they understand the content. Most activities can be adapted to suit different contexts, as long as they achieve the same learning objectives.

SESSION SECTION KEY

	Notes for Facilitator Includes background information on the topic and tips to consider when facilitating the activities
	Aim The core aim of the session
	Learning Outcomes What the group members will learn or experience during the session
	Time Approximate timing for each activity
	Methodology The type of activities involved (e.g. small group work, role-plays, discussion)
	Materials Any materials or stationery needed for the activities
	Group Activity Step-by-step guide to facilitating activities (checking-in circle is always the first activity)
	Questions to discuss Questions to 'process' the activities- these usually come at the end of the session
	Let's think together Some key summary points and possible points for action

Checking-in circles

From Session 2, at the beginning of each meeting there will be a 'checking-in' circle to allow each group member to take turns to say a few words about how they are and anything that has happened since the last support group meeting. These circles play an important role in helping to build confidence and create a sense of equality. Each person's voice is equally important and all contributions are valued.

Sometimes it may take time for members to feel able to speak, so facilitators should gently encourage everyone to participate and explain the reason for the circle. You also need to know what is happening in the young people's lives outside of the group, as this may impact their participation and the kind of support they need.

A note about handouts

Two of the sessions include a handout that group members can take home if there are resources to photocopy them. However, remember that some group members may not want to carry the handouts for fear of facing awkward questions or inadvertently disclosing their HIV status to those they have not told.

FACILITATION TIPS

We have included some facilitation tips below to help support group leaders to understand the best way to deliver some of the techniques that are used in the activities.

Creating a safe, confidential space

One of the most important components of a support group for young people living with HIV is that it should provide a space that feels safe and confidential and provides an opportunity for learning and growth. As a facilitator you can help to create this safe space by:

- ◆ Being a role-model in terms of treating members with respect and warmth
- ◆ Ensuring that the group rules are adhered to
- ◆ Treating members as equally important by allowing and encouraging everyone to participate
- ◆ Encouraging members to share experiences and listen to each other
- ◆ Acknowledge any difficulties or challenges that arise or are shared in the group
- ◆ Keep all personal information confidential and ensure that group members understand the importance of confidentiality
- ◆ Challenge gently any kind of discrimination or exclusion if you see it happening in the group
- ◆ Using games, humor and fun to help participants relax and feel at ease



Working with feelings

Some of the activities involve group members reflecting on and sharing difficult experiences. These may trigger emotions and strong feelings.

- ♦ Allow enough time for participants to share their experiences and help create an atmosphere where participants know they will be listened to.
- ♦ Do not panic if someone cries - members often feel a sense of relief if they have shared a difficult experience. You can acknowledge and thank them for sharing, offer some comfort (e.g. a hand on shoulder) or ask another member to do so.
- ♦ After an emotional session, you may want to take a break or do a song to help people come out of the strong emotion and pick up their spirits.

Support for facilitators

After each meeting, facilitators should spend a short time together to debrief the session. This can include reflecting on how the activities worked, feedback on facilitation skills and discussing any concerns or observations about group members.

Facilitators of support groups should have a supervisor or trusted colleague with whom they can discuss anything that arises in the support group. This will ensure that they receive support to cope with any difficult events, and are also able to share any concerns about group members in a confidential space.

Be aware of different literacy levels

Most of the exercises are easy to adapt to suit different literacy levels but always be careful to ensure that you are not excluding any participants by assuming that they can read and write.

- ♦ Remember to read through written materials- for example a question on a flipchart, or the opening question for a card storm
- ♦ At the beginning of the training you can reassure group members that if they need any help they can inform you
- ♦ Create an environment where members are willing to help each other. You can ask those who are more confident with writing to volunteer to be the group reporter for small group work, or rotational brainstorming
- ♦ As you plan with your co-facilitator, check each exercise to see if you need to adapt it in any way to make it easier for participants who are less confident about reading or writing

Core facilitation skills

There are some core facilitation skills that help ensure maximum participation in a group:

SKILL	HOW AND WHY
Ask questions	Use simple, clear, and 'open' questions which allow for many different answers and discussion
Wait for responses	Give people time to think and come up with an answer. Avoid bombarding the group with more questions
Encourage everyone to contribute	Use names, make eye contact, use your hands, walk close to shy people, be aware of your body language
Listen actively	Encourage by nodding your head, acknowledging contributions, praising
Use minimal encouragers	Use short phrases to encourage when someone is speaking. E.g. <i>yes.../ see...and then?tell me more...'</i> They help to keep the person talking
Rephrase	An important skill- it helps to keep a discussion going. Briefly restate what people say in your own words, to make sure you (and others) have heard and understood
Probe	Ask follow up questions to explore issue and make it clearer - <i>'Why? Can you tell me more? Can you explain further?'</i>
Redirect	To get others to contribute, avoid one person dominating a discussion. E.g. <i>'Agness says..... Do you agree? What do others think?'</i>
Observe	Look around and see who is participating and who is left out. Are people still interested?
Summarize	Restate what people have said in a simple, brief form. This will make it easier for people to contribute



Detailed tips for techniques

METHOD	DESCRIPTION/RESASON	TIPS
Discussion	<p>Participants reflect on their own experiences, share with others, analyze issues and plan for action together.</p> <p>Discussion or dialogue is one of the crucial components for adult learning. It is an important step in any exercise as it gives participants an opportunity to 'process' what they are learning. It can be in pairs, small groups or in plenary.</p>	<ul style="list-style-type: none"> ✓ Use open questions to start the discussion. ✓ Observe carefully to ensure everyone is able to participate. ✓ Use rephrasing skills to increase the group's understanding and affirm participants' contributions. ✓ Ask your co-facilitator to record key points in a large group discussion.
Small group work	<p>This technique enables greater participation, especially if some participants find it difficult to participate in large group discussions. Small groups can be used to carry out tasks, dividing up topics to cover more aspects of a subject.</p>	<ul style="list-style-type: none"> ✓ Plan your 'group splitters'- divide into groups quickly and efficiently. ✓ Use fun group splitters that act as energizers at the same time. ✓ Keep changing the members in a group for each exercise. ✓ Give clear instructions and check that groups have understood the tasks. ✓ Plan the report back process (e.g. use 'round robin method', gallery, or individual group presentations- see more details below).
Buzz groups	<p>Two people sitting next to each other, quickly discuss their first thoughts on a topic.</p> <p>A quick way to get a discussion or brainstorm started.</p>	<ul style="list-style-type: none"> ✓ Buzz groups are a trainer's secret weapon! They get instant participation and create safety so that participants are not working alone. ✓ After a few minutes, get a point from each pair to start the brainstorm, then allow others to contribute extra points.
Card storms	<p>Participants, working individually or in pairs, write words or short phrases on blank cards and tape them on the wall, creating a brainstorm of ideas.</p> <p>Once everyone is finished, the cards are clustered into categories and discussed.</p> <p>Card storms are more flexible than brainstorms, as the cards can be moved around, taken-away or ordered to suit particular topics.</p>	<ul style="list-style-type: none"> ✓ Make sure you give out plenty of cards- don't limit the number of ideas participants can contribute. ✓ Involve the participants in clustering the cards into categories and then reading through or summarizing the categories. ✓ Use the categories to take the analysis further- e.g. with small group work or role-plays. ✓ Don't forget to 'process' your card storm. For example, ask the group what stands out for them, what do they learn from the points, etc.
Case Studies	<p>Stories or scenarios based on real life situations which provide a focus for discussion in small or large groups.</p> <p>Case studies can help to focus participants, and to make 'abstract' ideas real.</p>	<ul style="list-style-type: none"> ✓ Have a range of case studies to tackle different aspects of a topic. ✓ Give characters local names to make them more real (change names from the original people to ensure confidentiality). ✓ Give participants questions following the case studies to focus the discussions. ✓ Ask each group to report back from their case-study discussions.
Role Plays / Drama	<p>Participants act out the situations or themes or act out analysis of an issue or try out solutions to a problem as a way of reporting what they have discussed.</p> <p>Role-play can also be used to help with skills practice. Drama helps to make things real.</p>	<ul style="list-style-type: none"> ✓ Give clear instructions or descriptions of what you want to be role-played. ✓ Give a time-limit to ensure role-plays are brief and to the point. ✓ Always process the role-play, which allows participants to debrief the plays. Ask key questions like <i>What did you see happening? Does this really happen? What would help to solve this situation?</i>
Rotational Brainstorms	<p>Another form of brainstorming done in small groups. Each group is given a topic or question and begins by recording ideas on a flipchart.</p> <p>After a few minutes, each group rotates to the next flipchart and adds points to the existing list. During the exercise, each group contributes ideas to all topics.</p>	<ul style="list-style-type: none"> ✓ Use this technique when there is a range of linked topics or questions. ✓ Remember to prepare your group splitter and to stick up your questions on flipcharts before you start. ✓ Use a gallery report back so that you 'rotate' around the answers as a large group.

USING GAMES, CLAPS AND ENERGIZERS

Make the support groups fun with some lively games and energizers that help to break the ice and help participants to relax and be free.

Openers and energizers

Write your name in the air: Ask participants to write their name in the air – first with right hand, then left hand, then both hands, elbow, nose, knee, or foot.

Rhyming names: Each person introduces herself with a 'rhyming' adjective (i.e. starting with the same letter) for example, Brave Beatrice, Gentle Gabriel, Crazy Carol, Smiling Sam. Before introducing a name, each person calls out the names of all those already introduced.

Action names: Participants stand in circle. Each person introduces his or her name while giving an action, perhaps miming an activity that you enjoy doing. After each introduction, the whole group repeats the name and action.

Three greetings and run: Participants stand in a circle holding hands. The leader walks around the outside of the circle and touches someone on the back. The two race around the circle in opposite directions. When they meet they stop and greet each other (at least three greetings). Then both race to the starting point in the circle. The last person back becomes the new leader.

Introductions through buzz groups: Divide into pairs. Each person tells three facts about herself to her partner. Then new pairs are formed and the pairs tell three new facts about themselves. This process continues until each person has shared with five other people (i.e. has told 15 facts about themselves). Encourage people to talk about things that are unusual. Bring the group back together. Introduce each participant, drawing out the information from those who talked to her.

Claps

Use claps to praise group members at any opportunity! Make up your own claps, or ask group members to share ideas. Here are a few starters:

1. Arifno! (Ethiopian Handclap- Well done!)

Open your arms as wide as possible saying AAAAAAAAAA-rifno! then clap hands

2. One finger

Start clapping with one finger against your palm, then say 2 fingers, 3 fingers, 4 fingers, 5!

3. Ngoni clap

Clap very fast for a few times and then relax back saying Yebo!

4. 'Nyama Choma'

Rub palms together saying pasha, pasha, pasha then clap as you shout Nyama Choma!

Group splitters

As a facilitator, you can use the process of splitting into groups to keep energy high and to ensure that participants are missing and talking to each other - rather than staying with the same people. You can also keep participants interested by using different ways of breaking into groups.

Here are some ideas for group splitters:

- ♦ **Actions:** Write or draw different actions on slips of paper (e.g. feeding a baby, dancing, walking as if you are blindfolded, etc.). Ask each participant to take a paper without showing anyone, or whisper an action in someone's ear. When you shout 1, 2, 3! Ask them to start doing the action and find others who are doing the same.
- ♦ **Songs:** Write a different song on slips of paper (use common songs that everyone will know e.g. Happy Birthday, the national anthem, popular songs of the time) then each participant takes a slip and starts singing, until they find others singing the same song. Whisper a song title in participants' ears if anyone has a visual impairment or low literacy skills.
- ♦ **Animal sounds:** Write the names of or draw different animals on slips of paper. Each participant must make the noise of their animal and find others making the same noise.
- ♦ **Same colors/clothes:** Before you need to split the group, look at the clothes people are wearing and see if you can split them according to colors. For example, '*Everyone who is wearing stripes come together*'; '*Everyone who is wearing sneakers come together*', etc.).
- ♦ **Things in common:** This is a bit of a random way, but you can use it approximately and then mix people if necessary. Adapt it to your community. Say things like '*Everyone who lives close to the river*' or '*Everyone who went to [insert name] school*' etc.
- ♦ **'Fire on the mountain, run run run':** Make this into a chant- everyone runs around in a circle and you say '*Fire on the Mountain run run run, be in threes*' or '*...be in pairs*', and participants move quickly to those next to them to form a group.
- ♦ **Birthday line:** Ask participants to stand in a line in the order of their birthdays (e.g. January at one end and December at the other end). To make it more fun, ask participants to do so without talking. Once they are in a line, you can then count them off into groups.



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SESSION 1: GETTING TO KNOW YOU



Notes for Facilitator

- ✓ The opening session of any group is very important, so take time to plan and prepare. Arrive at the venue early to set up the chairs and ensure logistics are in place (e.g. materials, refreshments etc.).
- ✓ These opening activities are designed to 'break the ice' and help group members to relax and feel safe together.
- ✓ Try to create a warm and friendly atmosphere where everyone can participate; remember to listen carefully to contributions from the group members- this will encourage others to listen too.



Aim

- ✓ To get to know each other and understand the purpose of the support group



Learning Outcomes

After this session, group members will have:

- ✓ Started to get to know each other
- ✓ Understood and agreed how the group will work together for the next 5 weeks
- ✓ Shared their story and listened to others, about finding out about living with HIV



Time

- ✓ 2.5 hours



Methodology

- ✓ Energizer games; circle of introductions; mixing game; buzz pairs



Materials

- ✓ Flipcharts and markers; puzzle pieces for ground rules; write up list of support group topics on a flipchart



Group Activities

☆ Activity 1: Warm-up and Introductions (30 minutes)

1. Welcome and introductions of facilitators:

Welcome the group members and introduce yourselves, and how you came to be leading the group.

2. Start with a Song: Either choose a song that everyone knows- and make up an action or dance to go with it. Or chose a new song that no one else will know. Write up the lyrics on a flipchart and teach the song and actions to the group.

3. 'Walk around': Tell the group that you are going to play a simple game to help them mix up and feel more at ease together. Tell them to simply follow your instructions:

*Walk around the room, feel free, move around
Now find a partner and greet them as if they are an old friend whom you haven't seen for 2 years (allow a few minutes)
Now walk around again....walk around...walk around
Pretend that you have just spotted your ex across the road -decide how you would react!
Walk around again.....
Now look for a new partner and tell them something nice about what they are wearing. Stay with this partner*

4. Buzz pairs: (With the same partner) Ask pairs to tell each other their name, where they come from and one thing they like doing.

5. Circle: Stand in a circle and ask group members to take turns to introduce each other, using the information they have just discussed. The facilitator could go first to demonstrate. Clap each pair in a funny way (see handclaps' in the intro).

6. Close Activity by thanking everyone and encouraging everyone to try and mingle and get to know each other as much as possible over the course of the group

Session 1: Getting to Know You (Continued)

Notes for Facilitator

- ✓ This is an important exercise, as the group will be discussing experiences of living with HIV for the first time.
- ✓ Be sure to make time to listen to each of the girls as they tell their story- encourage the group to listen to each other, by showing you are listening.
- ✓ For some participants the memory of finding out about their status may bring up painful or difficult feelings. It is important to acknowledge this and to help create a safe space where feelings can be expressed. Do not panic if someone cries. Often once group members have shared a personal experience like this, they will feel much lighter and more at ease in the group.
- ✓ If you, as the facilitator or peer-facilitator, are living with HIV, and are willing to share your story about finding out your status- this could be a very powerful way to open the story telling and demonstrate openness.



Aim

- ✓ To share personal stories about when we found out we were living with HIV

Learning Outcomes

By the end of this activity, participants will have:

- ✓ Shared their story about finding out they are living with HIV
- ✓ Listened to stories by other group members
- ✓ Built a sense of group solidarity



Time

- ✓ 45 minutes



Methodology

- ✓ Reflection; picture prompts; sharing circle

Materials

- ✓ If you have some magazines (ask around for some donations from airlines, printing companies, marketing agents, etc.) cut out as many different faces and figures as you can find- pictures that could represent feelings and emotions. Stick them individually onto card so that they last longer.
- ✓ If you cannot get magazines, bring paper and crayons or markers so that the girls can draw their own pictures.



☆ Activity 4: Telling our stories (45 minutes)

1. Introduction: Now we are going to do a short exercise that involves sharing some of our experiences. I want you to think back to the time that you found out you were living with HIV. Spend a few minutes remembering that time.

2. Pictures: Now look through these pictures and choose one which links to how you were feeling at that time (or draw a picture to show how you were feeling at that time).

3. Sit in a circle: Tell the group that you are going to ask each member to take turns to tell their story, using their picture if they like. Ask the group to listen to each person and to avoid any distractions as much as possible (e.g. leaving the room). If someone only says a few words, this is fine, for the first day.

4. Coming back to the group: Once each person has spoken, thank the group and find a way to bring the group together. Some members may be feeling sad, so be sensitive to the energy. You could do a 'group hug' or use a gentle song, or just hold hands in the circle together and mention that each person can ask for support from the group when they need it.



Let's think together

Thank the group for sharing and tell them that this is the point of group: to feel free enough to share things that we may not have told others so that we can support each other. Often other members will have been through similar experiences to us and they can understand some of the challenges we face.

Agree the date and time of the next meeting and close the group.





SESSION 2: DISCLOSURE AND STIGMA



Notes for Facilitator

Remember to start the session with a 'Checking-in circle' so that you can find out how group members are.

- ✓ Often young people have been 'warned' not to talk about the fact that they are living with HIV - usually because their families do not want them to face stigma or isolation based on other people's ignorance or fears. However, this can lead to young people who are living with HIV feeling isolated and alone and unable to share any worries or concerns they have about being positive.
- ✓ The support group may be the first place where members are able to be open about living with HIV and are able to discuss when, how and whether to tell others.
- ✓ Knowing how to disclose your HIV status, and how to ensure that any risks associated with disclosure are minimized can be an important thing to learn- choosing the 'right' friends/ teachers/ adults to tell, as well as the best time and place, can make all the difference.



Aim

- ✓ To explore key issues around disclosing our HIV status

Learning Outcomes

By the end of this session, group members will have:

- ✓ Explored the benefits and risks involved in disclosing their status
- ✓ Practiced disclosing through role-play scenarios
- ✓ Shared some strategies for coping with stigma
- ✓ Identified key tips to consider around HIV disclosure



Time

- ✓ 2.5 hours



Methodology

- ✓ Buzz and brainstorm; reflection; role-play; discussion



Materials

- ✓ Flipcharts and markers; copies of scenarios



Group Activities

Checking-in circle (15 minutes): Ask group members how they have been since you last met – (ask everyone to say something as this helps members to participate later on)

☆ Activity 1: Benefits and challenges of Disclosure (20 minutes)

1. Disclosure: Ask the group what they understand by the word 'Disclosure'. Take a few answers and if necessary clarify: *Disclosure means telling someone you are HIV positive.*

2. Buzz and brainstorm: Ask participants to turn to the person next to them and discuss: *What are the benefits of disclosing our status if we are living with HIV?* Allow a few minutes and then ask each pair to share one idea with the group- write these on a flipchart. Now ask group members to change chairs and find a new partner to discuss: *What are the challenges of disclosing our status?* Take one answer from each pair and write on a flipchart

3. Reflection: Who would you like to tell and why? Ask group members to spend a few minutes thinking about whether there is someone they would like to tell about their HIV status, who they have not yet told. Now ask them to choose a partner and share their thoughts. Come back together as a big group and ask if anyone wants to share their reflections. See page 13 for suggested responses and discussion points.

BREAK (15 minutes)





☆ Activity 2: Simultaneous paired role-plays (20 minutes)

1. Ask the group members to stand in 2 lines facing each other. Pair up those facing each other. Ask pairs to find some space and explain that you are going to read out a scenario (see below). One of the pair will be the person who is going to disclose their status to the other one (Change this role for each scenario.).

2. Allow a few minutes for each role-play and then come back together in a circle and ask if any pair wants to show their role-play to the group- watch two or three. Then ask the group what they thought worked well, or what they might do differently.

Scenario 1: *You have decided to tell your best friend at school that you are living with HIV. You really trust your friend and want to be open with him or her. PLAY!*

Scenario 2: *You have been dating for nearly a year and you want to tell your partner about being HIV positive. PLAY!*

Scenario 3: *This time you decide who you are going to disclose to- tell your partner the situation and who you want them to be. Then swap roles and let your partner choose who they disclose to.*

OPTION

You could decide to direct the role-plays a bit more and give a card to the player in the pair who is going to be the one who is told about the HIV. The cards could suggest either 'A Positive response' or 'A negative response'. This will ensure a balance of different types of responses to disclosure, rather than everyone being 'shocked' which sometimes happens.



☆ Activity 3: Coping with Stigma (20 minutes)

1. Introduction: We have seen how sometimes disclosure can result in a negative reaction or even in someone showing stigmatizing behavior and attitudes. The next activity is about sharing some of our strategies for coping with such stigma. Let us start by discussing some scenarios.

2. Scenarios: Divide group members into 3 groups (using a creative group splitter!) and give each group a scenario to discuss (see page 13). If you are working with peer facilitators, each group should include one of the peers, so that they can read out the scenario. If not, move around the groups to check if the groups want you to explain their scenario. Allow 8 minutes for the discussions. Ask one person in the group to take notes so that they can share their discussion in the big group.

3. Report back: ask each group to read out their scenario and share their points. Write down the groups' ideas from the scenarios, about how they would cope with stigma.



Questions to discuss

Tips for disclosing: Ask the group:

- ✓ From our discussions around disclosure today, what have we learnt?
- ✓ What tips would you give to others for disclosing your status?
- ✓ What did we learn about coping with stigma?



Let's think together

- ✓ It can be difficult to disclose our HIV status even to those we are close to. Disclosing is a risk- we do not know how the other person will react- and we risk losing friends, being shunned, isolated, or stigmatized.
- ✓ Planning how, when and where to disclose can help to reduce our anxiety and increase the chances of a positive response. We can even ask a friend or relative to help when we disclose our status to someone else.
- ✓ Sometimes we choose not to disclose our status to protect ourselves. However if our disclosure is met with a positive response- for example, a friend who says 'I love you anyway' or a relative who says 'It makes no difference to me' - being open means we can feel very free and relaxed, and we will be able to ask questions and get support when we need it.
- ✓ Sometimes acceptance of our HIV status might take time. We should not assume that we know how someone will react- they may be shocked at first, but after a while, they come to support us.
- ✓ Knowing about HIV transmission and treatment is important - we can help to provide information if we disclose our status, or if someone discloses to us. And we can all help to challenge stigma by discussing HIV freely and by standing by our friends when they need us the most.

Give out the Handout to anyone who wants it and agree the date of the next meeting. Agree the date and time of the next meeting and close the group.

SAMPLE RESPONSES FROM THE CONSULTATION WORKSHOP

What are the benefits of disclosing our HIV status?

- ◆ You get comfort from disclosing and there is improved self-esteem.
- ◆ It helps you to accept your status.
- ◆ You get a lot of support (e.g. my mother even supports me around adherence).
- ◆ It 'lifts' the weight on your shoulders, the weight of carrying the secret. "Burden lightened".
- ◆ There is support around taking medication and this enhances and improves one's health.
- ◆ Gives the ability to discuss safe sex with your partner.
- ◆ You become the source of information-role model, change agent to friends, community and the family.
- ◆ You protect yourself from sexually transmitted infections (STIs) and re-infection.
- ◆ Help others to become accountable to their responsibility.

What are the challenges of disclosing our status?

- ◆ Disclosure may not go as planned, the person you are disclosing to may not support you, but stigmatize.
- ◆ Once you disclose your status then you lose power over personal information (others may tell).
- ◆ It may lead to stigma and in turn you may feel angry and let down.
- ◆ Fear of being dumped in most cases- especially if you are a woman (but in actual sense it's his loss!).
- ◆ It may change someone's perception of you.
- ◆ If my self-esteem is affected by negative reactions, I might stop being adherent to medication.
- ◆ It could lead to violence.
- ◆ It might affect sponsorships (in education).
- ◆ My status may be used as a weapon against me.

STIGMA SCENARIOS

Masiliso

Masiliso is 15 years old and has been living with HIV since she was born. She goes to boarding school and is studying for her Grade 9 exams. One day as Masiliso goes to take her ARVs, she sees that someone has been looking through her locker. Later her best friend tells her that some of the girls are saying they have found out that she is HIV positive and they do not want her in the dormitory.

How do you think Masiliso feels?

What would you do if you were Masiliso?

Neli

Last week Neli, who is 16 years old, decided to tell her good friend Jane, that she is HIV positive. At first Jane seemed to be OK and said that it did not make any difference to her. However, Neli has noticed that Jane is now keeping her distance and no longer walks home with her. When they stay after to school to study, Jane tells Neli it would be better if she does not talk to her.

How do you think Neli is feeling?

What would you do if you were Neli?

Esnert

Esnert is 14 years old and has lived with her Aunty and three cousins since her Mother passed away. Esnert is HIV positive. She is preparing for her grade 9 exams and tries to study early in the morning before she prepares breakfast for everyone and goes to school. However, Esnert's Aunty has a new baby and she tells Esnert that she must do more work in the house, including going to draw water early in the morning. Esnert's cousins do very little chores. When Esnert tries to tell her Aunty that she needs more time to study, her Aunty replies '*what is the point of someone like you studying, you know you are sick. It is better you just help me in the home*'.

How do you think Esnert feels?

What would you do if you were Esnert?

HANDOUT

TIPS ON DISCLOSURE

- ◆ Before you tell someone, assess their knowledge of and attitudes towards HIV and AIDS.
- ◆ Try asking about the person you want to tell, 'What would you think if your sister/brother had HIV?'
- ◆ Prepare the person you are going to tell– give information, tell a story about a similar situation, tell them that you want to trust them with some important information.
- ◆ Think about how much information you are ready to share and how much information the *person you are telling* is ready to hear?
- ◆ Think about how disclosing your status will affect you, and how disclosure might affect those you are going to tell.
- ◆ Give the person time to think after you disclose.
- ◆ Get tested together (with a friend or partner). If possible, ensure that you have an experienced counselor.
- ◆ Think about how, where, why and when you disclose.
- ◆ Be prepared for anything in terms of possible reactions. Try not to have high expectations and remember you may get a positive, supportive response!
- ◆ Have a 'Plan B' on how you can get support, or who you can talk to, if you get a negative reaction.
- ◆ Remember that attitudes can change – it may take some family members or friends longer than others to come to terms with what you have told them.
- ◆ Disclosure is a continuous process- there will be many occasions throughout your life, when you may want to think about disclosing your status to someone.



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SESSION 3: EVERYTHING YOU WANT TO KNOW ABOUT ANTIRETROVIRAL THERAPY (ART)



Notes for Facilitator

Sometimes young people who were born with HIV have been taking antiretroviral drugs (ARVs) for a long time, but have never had the opportunity to find out more about the medicine. This session provides a chance for group members to learn together and share what they know or have heard about ART. ART stands for 'antiretroviral therapy', which is the name for the treatment of HIV. ART consists of a combination of antiretroviral drugs (ARVs), which suppress the HIV virus and stop the progression of disease.

ARVs need to be taken at the same time each day and doses should not be missed- this is called *adherence*. Standard ART also prevents transmission of HIV. When taken correctly, the drugs can reduce the level of virus in the body to undetectable levels, thus making it difficult to pass on to someone else through sex or vertical (mother-to-child) transmission. However- it is still important to stress that condoms make sex extra safe!

There have been huge reductions in rates of death and infections due to the availability of ARVs, particularly when someone starts taking them in the early stages of the disease. The World Health Organization (WHO) now recommends ART for all people with HIV as soon as possible after diagnosis without any restrictions on CD4 count. The CD4 count is like a snapshot of how well your immune system is functioning. CD4 cells (also known as CD4+ T cells) are white blood cells that fight infection. The more you have, the better. These are the cells that the HIV virus kills. As HIV infection progresses, the number of these cells declines. When the CD4 count drops below 200, a person is diagnosed with AIDS. A normal range for CD4 cells is about 500-1,500. Usually, the CD4 cell count increases when the HIV virus is controlled with effective HIV treatment. ARVs are accessible across Zambia now for those who need them.



Aim

- ✓ To share knowledge and information and learn from each other more about Anti-retroviral therapy.



Learning Outcomes

By the end of this session, group members will:

- ✓ Have learnt key information about ARVs in relation to following an effective treatment regimen
- ✓ Have discussed and understood the importance of adherence in relation to ARVs
- ✓ Have discussed questions and concerns about ARVs and received information about where to find further clinical support as needed



Time

- ✓ 2.5 hours



Methodology

- ✓ Quiz in teams, discussion; scenario discussions



Materials

- ✓ Question and answer cards. Lay out the answer cards on the table or floor. Divide the question cards into two piles. Make copies of the case studies for the small group discussions.





Group Activities

Checking-in circle (15 minutes): Ask group members how they have been since you last met – (ask everyone to say something as this helps members to participate later on)

☆ Activity 1: ARVs Quiz (30 minutes)

1. Introduce the topic: Today we are going to explore the topic of ARVs. We will be sharing what we know about them and asking questions to find out more. Remember that it is fine to ask any questions- even if you have been taking ARVs for a long time, you may still have a lot of questions. Let's start with a quiz.

2. Quiz

Divide the group into two teams (you might want to plan this beforehand so that you balance the teams in terms of knowledge and ability). Explain that you are going to give each team a set of questions about ARVs and they must work together in their team, to match those questions with the right answer cards. When they find the right answer, they should pick up the card and keep it with the question card. You can mention that there are some false answer cards.

Set a time limit if you think it is appropriate, but create an air of co-operation rather than competition. Make this more literacy friendly by having a peer facilitator in each team who reads/translates and explains the question cards; or ask each team for a volunteer to do this; or as facilitators take time to read the cards with the group.

3. Discussion: Use the answer sheet to invite team members to take turns to read out a question and present their answer. Check if the other team agrees and ask if everyone understands. You can even ask someone to rephrase the answer or to say it in local language, so that you check the group's understanding.

4. Final questions: When all the questions have been discussed, check if anyone has any outstanding questions.

BREAK (15 minutes)



☆ Activity 2: Adherence case studies (20 minutes)

1. Buzz and brainstorm: Ask group members to pair with the person next to them and discuss *What might stop us from sticking to our treatment or not adhering?*

2. Give out the case studies: Divide the group into three small groups using a creative group splitter. Give each group one of the case studies on the following page, and allow 10 minutes for discussion. If possible, ask a peer facilitator to sit with each group, or circulate around the groups to help read through and explain the scenario. Ask one group member to take notes or write answers on a flipchart.

3. Report back: Come back together and share the case studies and discussion points in the large group.



Questions to discuss

- ✓ Think about what you have learned today- what really stands out for you?
- ✓ How can we support each other around adherence?
- ✓ Is there anything else anyone wants to know, or find out about, ARVs and adherence?



Let's think together

- ✓ There is a lot of information surrounding ARVs and a lot of myths. It is important that we know about our treatment so that we can share our knowledge with friends and family members.
- ✓ Understanding how ARVs work and why adherence is important can help us to stay well and healthy. If we cannot tell everyone in the family, friends can also help to support us around adherence, especially if they understand why it is important.

Agree the date and time of the next meeting and close the group.



CASE STUDY SCENARIOS

Destiny

Destiny is 16 years old and was born with HIV. She is strong and healthy and takes ARVs as part of her daily routine. One weekend Destiny goes out with her cousins who live in a different part of town and Destiny ends up sleeping over because it is too late to get home. Her cousin invites her to stay over again the following day because they are having such a good time. Destiny is aware that she has missed her ARV doses but just wants to have a good time. When she gets home on Monday she is not sure whether to tell her Aunty, or to just start taking the ARVs as usual. She is scared that she will be scolded and called irresponsible.

What do you think Destiny should do?

Why do you think Destiny forgot to take her medicine?

Has this ever happened to anyone you know? What did they do?

What would have helped change the situation?

Joe

Joe is 17 years old and has been taking ARVs for the last 9 years. He was born with HIV. Recently Joe has been going to a new church with his father and brother and enjoys the charismatic preacher who makes the services interesting and lively. One day, the preacher tells the congregation that they should allow themselves to be healed by faith alone. They do not need medicine and if their belief in God is strong enough, they will be healed. Joe is convinced by the message and stops taking his ARVs. He does not tell anyone. Two months later Joe is admitted to hospital with a high fever and chest infection. Joe feels that he has failed his family, his faith and himself and feels even worse when the doctor shouts at him for being irresponsible.

What do you think about what Joe did?

Why do you think he stopped taking his medicine?

Has this happened to anyone you know? What did they do?

What would have helped change the situation?

Rhoda

Rhoda is 15 years old and was born with HIV. She takes ARVs and lives a normal life. Rhoda is studying hard for her Grade 9 exams and often stays for extra lessons after school with her friends. One day, Rhoda is supposed to go to the clinic to collect her medicine. When she arrives, there is a long queue and the nurse says that they are short staffed. Rhoda decides to go to school and to come back later so that she does not miss her classes. She fails to get to the clinic but tells herself she will go next week. Three days later her ARVs finish. Rhoda goes a week without taking medicine and still feels fine so she decides to focus on school and go back to the clinic when her exams are over. The following week Rhoda's Aunty finds the empty medicine container and asks Rhoda where her ARVs are. She tells Rhoda that she is taking a big risk with her health and must get to the clinic immediately.

What do you think about Rhoda's situation?

Why do you think she stopped taking ARVs?

Has something like this happened to anyone you know?

What would have helped to change the situation?



QUESTION AND ANSWER QUIZ CARDS

Q1. What do the initials ART stand for?

Antiretroviral therapy. This includes taking antiretroviral medicines and practicing positive living (good nutrition, practicing safe sex, exercising and being part of a support group).

Q2. How do ARV's work?

They make HIV lose power to multiply. This helps my immune system stay strong and keeps me healthy.

Q3. What is a CD4 Count?

The CD4 count is like a snapshot of how well your immune system is functioning. CD4 cells are white blood cells that fight infection. The more you have, the better. These are the cells that the HIV virus kills. As HIV infection progresses, the number of these cells goes down. When the CD4 count drops below 200, a person is diagnosed with AIDS. A normal range for CD4 cells is about 500-1,500. Usually, the CD4 cell count increases when the HIV virus is controlled with effective HIV treatment (ARVs).

Q4. What is ART Adherence?

Taking ARVs in the right way- the right amount at the right time.

Q5. Why is adherence important?

Because if you do not take ARVs in the right way and keep missing doses, the virus can start to multiply and might become resistant to ARVs- so they will stop being so effective.

Q6. What should be done when I miss my dose?

You should take a dose as soon as you can. If you have missed more than one dose, you should really go to the clinic so that they can advise you how to start again. Try not to be afraid to tell someone- even if they are annoyed, at least you will get back on your ARVs.

Q7. When should young people start taking ARVs?

As soon as they are diagnosed with HIV, they should start taking treatment. The earlier you start, the more effective the ARVs are.

Q8. Why is food important when you are taking ARVs?

Young people are still growing and need good nutritious food to support their immune system and fight infections.

Q9. What are some of the common side effects of ARVs?

Nausea; vomiting; diarrhea; stomach pain; headache; tiredness; skin rash; loss of appetite.

Q10. What does treatment as prevention mean?

ARVs are used to prevent someone from transmitting HIV. When taking ARVs in the right way, the virus can become undetectable so that there is very little chance of transmitting it to another person through sex or vertical (mother to baby) transmission.

Q11. What is PEP?

'Post exposure prophylaxis'. If someone may have been exposed to HIV (perhaps through a needle stick injury, rape or unprotected sex), they may be given ARVs to prevent HIV infection within 36- 72 hours of exposure to the virus.

Q12. What is PrEP?

'Pre- exposure prophylaxis'. It is being used in some countries as a form of HIV prevention. ARVs are given to someone (who is HIV -) who could be at risk of contracting HIV.



SESSION 4: RELATIONSHIPS



Notes for Facilitator

Adolescence is a time of transition from childhood to adulthood and often involves emotional separation from family, as young people explore their identity and try out new experiences in their quest for self. Relationships form a key component of this experience—relationships with friends, family and romantic partners.

Young people living with HIV will have the same needs and desires as those who do not know their status; meeting people, making new friends, even starting a romantic relationship will be common aspirations; HIV may not be the thing that is uppermost in their mind!

Young women in Zambia can experience social pressures to conform to gender norms particularly around their appearance, behavior and role at home. They may also be vulnerable to sexual abuse and exploitation as they reach puberty. Gender aware programs need to empower girls to know how to protect themselves, to have high expectations of relationships, to refuse abusive treatment, and to feel good about themselves. These components also make HIV prevention strategies more meaningful and able to be implemented.

This session helps group members to consider what makes a healthy relationship and how to ensure that good communication will enable young women to express themselves and be able to discuss how to have a safe relationship in the context of living with HIV. It also begins to explore the impact of power and inequality in relationships.



Aim

- ✓ To explore our understanding of healthy relationships in the context of being young Zambian women living with HIV.



Learning Outcomes

By the end of this session, group members will have:

- ✓ Discussed ideas about what makes a healthy relationship
- ✓ Explored issues of gender norms and equality in relationships
- ✓ Explored the importance of communication and consent in a relationship



Time

- ✓ 2.5 hours



Methodology

- ✓ Buzz pairs and brainstorm; discussion; case study discussions in small groups



Materials

- ✓ Flipcharts; markers; relationship cards in 2 piles in order; copies of case studies
- ✓ Draw outline of man and woman on 2 flipcharts, each in a box; cards written with characteristics (include 2 copies of some of them).
- ✓ **List of characteristics for cards:** strong, weak, powerful, abusive, violent, expressive, talkative, provider, caring, kind, listener, brave, helpful, emotional, beautiful.





Group Activities

Checking-in circle (15 minutes): Ask group members how they have been since you last met – (ask everyone to say something as this helps members to participate later on)

☆ Activity 1: Talking about relationships (5 minutes)

1. Introduction: Today this session is about relationships. As we grow up, relationships outside of our family become more important, especially relationships with friends, and with boyfriends and girlfriends. Let's explore together some of the issues to do with relationships that we need to consider as young women living with HIV.

2. Buzz and brainstorm: Ask group members to discuss with the person next to them *What makes a healthy relationship?* Allow the pairs to agree together what they understand by 'healthy'. Take one idea from each pair and record on a flipchart. [If no one mentions it, include 'equality' as a point, as this links to the next activity]. See sample responses below.

Sample Responses

- ♦ What makes a healthy relationship? (Brainstorm)
- ♦ Communication- always discuss issues/ keep talking
- ♦ Mutual Respect – don't insult your partner/ choose words carefully
- ♦ Understanding each other and learning to compromise
- ♦ Trust- trusting each other/ being honest and true
- ♦ Express what you want from your partner- don't expect them to guess
- ♦ Love/ true love: start by loving yourself
- ♦ Equality- treat each other as equals
- ♦ Care
- ♦ Faithfulness- stand by each other
- ♦ Sacrifice- unconditional love
- ♦ Understand that no one is perfect/ don't try to change someone
- ♦ Value each other



☆ Activity 2: Gender Norms and relationships (30 minutes)

1. Discussion: What do you understand by 'Gender'? What is the difference between gender and sex? Write points on flipchart and then read through the definitions to see if the group members understand.

'Sex' refers to the biological and physiological characteristics that define men and women. E.g. breasts, vagina, penis.

'Gender' refers to the socially constructed roles, behaviors, activities, and attributes that a given society considers appropriate for men and women. E.g. Women are quiet and caring; men are strong and powerful.

2. Female and Male characteristics: stick up flipcharts with the outline of a man and a woman each in a box. Spread out the characteristics cards and then ask group members to decide if they are male or female characteristics and then to stick them on the flipcharts. Look through the cards together and ask:

- ✓ Why do you think that this characteristic applies to this gender?
- ✓ Do you think men/women feel pressure to exhibit this characteristic?
- ✓ Can a man/woman also have this characteristic?
- ✓ Do all men/ women have this characteristic?



Allow time for group members to discuss together. Explain that often society has strict 'rules' about the way men and women, boys and girls should behave. This can make it difficult to express ourselves fully and sometimes stops us from being able to do everything that we want to do. These are gender norms.

3. How do gender norms affect our relationships?

Divide into two groups and tell one group they are 'in the box' – this means they must act according to the gender norms, they must stick to the traditional characteristics. The other group is 'out of the box' - they are free to be themselves and to act in any way that they want. Explain that you want the group to come up with a role-play based on the following scenario:

Scenario 1: *Brenda and Bwalya have been dating for nearly a year. Bwalya is older than Brenda and thinks it is time that they started having sex. A lot of his friends make fun of him because they think he is too scared. Bwalya decides to tell Brenda what he wants.*

Give the groups a few minutes to plan their role plays and then watch them, one after the other, before discussing:

- ✓ *What did you see in the role-plays?*
- ✓ *What were the differences?*
- ✓ *What does this tell us about gender norms and relationships?*

If you have time, try out the second scenario:

Scenario 2: *Sonia and Steven have been staying together for two years. They have a baby boy. Recently Steven has started drinking with his friends and coming home drunk and aggressive. Sonia wants to talk to him to find out why he is doing this and to see if he realizes how it affects her and the baby.*

BREAK (15 minutes)



★ Activity 1: Case studies (20 minutes)

1. Case studies: Divide into 4 small groups and give each group a case study to read through and discuss. Circulate to check whether you need to translate or explain the case studies. Allow 10-15 minutes and then ask each group to report back by reading through their case study and presenting key points from their discussions. See the next page for case study examples.



Questions to discuss

- ✓ *What have we learnt about relationships?*
- ✓ *As young women living with HIV, what are our priorities when we are starting a new relationship?*



Let's think together

Good communication is one of the cornerstones of a healthy relationship and is essential when it comes to discussing HIV with our partner. Whether we know our HIV status, or wish to get tested or want to know our partner's status, we need to find ways to be able to discuss these issues freely and openly.

In nearly all relationships there are power imbalances, which can impact how we feel and act with a partner. Age, gender and wealth are all factors that can lead to unequal power. Sometimes we may feel disempowered and unable to ask for what we need or want. It is important to ensure that we do not get into abusive or controlling relationships because our partner holds more power than us.

As young women living with HIV, knowing how to talk about tricky issues like safe sex, condom use and prevention of unplanned pregnancies will help to keep our partners and us safe and healthy.

Agree the date and time of the next meeting and close the group.



CASE STUDIES

Natasha and Isaac

Natasha and Isaac have been dating for the last 8 months. Both are 18 years old and are completing school this year. Isaac is Natasha's first boyfriend, though Isaac had several girlfriends before he met Natasha. Natasha is HIV positive and has told Isaac, who says he does not mind. Isaac does not know his status but says he will go for a test when the time comes. Although Natasha and Isaac are very close and enjoy a physical relationship, they have decided not to have sex until they are both sure that they want to be together for a long time.

What do you think about Natasha and Isaac's relationship? Do you think it will be easy to stick to their decision to delay having sex?

Do you think this decision is the same for girls as for boys? Do you have any advice for Natasha and Isaac?

Jaydan and Sampa

Jaydan is 21 years old and has been dating Sampa for the last 6 months. Sampa is 17 and is still in high school. Sampa likes the fact that Jaydan is working at his father's business and often has money -sometimes they go to see a movie, or to a club and Jaydan often gives Sampa money to do her hair. Recently Jaydan has been suggesting that they should take their relationship to 'another level'- his older brother lives in a flat and has said they can use it at weekends if they want some privacy. Sampa thinks that she loves Jaydan but does not feel ready to sleep with him.

What do you think about Jaydan and Sampa's relationship? If you were in Sampa's shoes, what would you say to Jaydan? Do you think Jaydan has a right to ask Sampa for sex, because he buys her nice things?

Do you have any advice for Jaydan and Sampa?

Chanda and Namasiku

Chanda and Namasiku have been together for the last year and love each other very much. They are even planning to get married when they get older. Namasiku told Chanda that he has been HIV positive since he was born. He takes ARVs and is very healthy. At first, Chanda was in shock and told Namasiku she could not stay with him, but she missed their relationship and now they are back together. They have been sleeping together for the last two months and enjoy sex and the feeling of intimacy that it brings. Namasiku nearly always insists on condoms and they like trying new ways of having sex.

What do you think about Chanda and Namasiku's relationship? If it was Chanda who was living with HIV- do you think Namasiku would stay with her? Does gender make a difference? Do you have any advice for Chanda and Namasiku?

Mwila and friends

Mwila and her friends often go out at the weekends to a certain pub where they know the DJ and enjoy the music that he plays. Mwila is HIV positive and does not think she can ever have a steady boyfriend because she thinks no one would stay with her because of her status. Often some of the boys buy drinks for the girls, and Mwila ends up with one of them on a Saturday night and enjoys feeling close to them. She always insists on condoms and makes sure they are safe. She tells the boys that she does not want a serious relationship and enjoys things as they are.

What do you think of Mwila and her Saturday nights with the boys? Would you think differently if Mwila was a boy? Do you think alcohol plays a role in what Mwila does? Do you have any advice for Mwila?

SESSION 5: GRIEF AND LOSS



Notes for Facilitator

Grief and loss is a difficult, but important topic to discuss. It is inevitable in Zambia, that the members of the support group will have experienced loss and bereavement. Because of both poverty and the HIV epidemic, they may have lost their parents, siblings, aunts and uncles or even friends. Some girls may have experienced multiple losses. However, it is often the case that children and teenagers who have been bereaved, have not had a chance to talk about it. They may not even know how or why their parents died, let alone been able to express the grief that they feel because of the loss.

It is important that the group feels like a safe and supportive space when you come to facilitate this session. You can acknowledge that it is a difficult topic and that it is ok if group members feel strong emotions and are able to express them (it is often the case that when participants have shared a painful experience with others, they feel lighter and a sense of relief and support).

After the sharing of stories, plan a simple song or action to bring the group gently back together. You can acknowledge the sadness, but also remind the group that they can be a strong source of support for each other. The final activity is a short presentation of a 'tool' that has been developed to help people understand the stages they may go through when they are grieving.



Aim

- ✓ To explore how grief and loss can impact on our lives and discover ways of coping and how to ask for support



Learning Outcomes

By the end of this session, group members will have:

- ✓ Reflected on personal experiences of loss and grief
- ✓ Shared questions that have been left unanswered due to bereavement
- ✓ Learnt about the theory on the 'Stages of Grief'



Time

- ✓ 2.5 hours



Methodology

- ✓ Reflection and circle sharing; card storm; presentation



Materials

- ✓ Cards; markers; prepared flipcharts or PowerPoint projector slides on Kubler-Ross



Group Activities

Checking-in circle (15 minutes): Ask group members how they have been since you last met – (ask everyone to say something as this helps members to participate later on). You may want to mention that this is nearly the last week to meet and ask the members how they are feeling about the ending of the group.

☆ Activity 1: Reflection on Grief and Loss (15 minutes)

1. Introduce the exercise: *Today we are going to talk about grief and loss. This is a difficult topic, but most of us will have lost someone we love and we may not have had much chance to talk about the loss and how it has impacted on our lives. We are not trying to make you feel bad but we think it is important to have some space to share our experiences, and to know that we are here for each other to give support and encouragement.*

2. Reflection: Ask the group to take a moment and think about what grief or loss means to you? After a few minutes, ask members to join with a partner and share some of their thoughts. Come back as a big group into a circle and ask if anyone wants to share any points from their discussion. Some group members may want to share an experience of loss so allow enough time for this.



☆ Activity 2: Questions for lost ones (30 minutes)

1. Draw a large outline of a person on a flipchart. Ask participants to imagine this is someone from their life who has passed away.
2. Hand out several cards to each group member and ask them to think about any questions they might have for that person, that they have never had an opportunity to ask. Ask them to write the question on a card. They can write as many cards as they like. To make this more literacy-friendly, you can set up a table where each member takes her cards to a facilitator and tells them their questions to write.
3. Ask the group to stick the cards around the outline of the person.

Now ask the group to stand around the flipchart and read through some of the questions (to themselves).

Ask: *Does anyone have any thoughts or feelings about the questions? Anything you want to share?* Again, allow enough time for sharing.

Ask the group to stand in a circle and hold hands. Use a song or gentle activity to bring people back to the group, especially if they need some reassurance and comfort.

BREAK (15 minutes)



☆ Activity 3: Presentation: Kubler Ross -Five Stages of Grief (20 minutes)

1. Make sure you have read through the handout and prepared a flipchart or slides to use to explain the Kubler Ross theory about the different stages that we go through when we lose someone. Keep it short and interactive-allow group members to ask questions and give examples as you explain the different stages.

1. DENIAL
2. ANGER
3. BARGAINING
4. DEPRESSION
5. ACCEPTANCE

Offer the handouts at the end of the presentation.



Questions to discuss

- ✓ *What have we learnt about loss and grief?*
- ✓ *What helps us to cope with loss?*
- ✓ *How can we support each other?*



Let's think together

Grief may be recurring, but when we allow ourselves to go through it we become healthier and better placed to deal with the world.

When we bottle up feelings, they do not go away. They will continue to manifest and act as an obstruction to our growth, so we need to deal with our feelings in one way or another. Accepting that things will never return to the way they were when that person was alive, but that life does go on, can help us to start again.

Sharing our experiences with others who have been through similar things can help us to process our feelings and look to new ways of living without our lost loved ones.

Agree the date and time of the next meeting and close the group.



☆ Activity 4 (10 minutes)

Have a short discussion with the group about ideas for the last meeting (Session 6). If possible, propose an outing or trip, an activity or sport, or just a different place to meet. Collate all the ideas and then inform group members that you will let them know once you are able to confirm arrangements.



HANDOUT

Kubler-Ross: The five stages of Grief- Denial, Anger, Bargaining, Depression and Acceptance²

The stages are responses to loss that many people have, but there is not a typical response to loss, as there is no 'typical' loss. Our grief is as individual as our lives. The five stages: denial, anger, bargaining, depression and acceptance are a part of the framework that makes up our learning to live with the one we lost. They are tools to help identify what we may be feeling. Not everyone goes through all of the stages or in a prescribed order. Our hope is that with the knowledge of these stages we are better equipped to cope with life and loss.

Denial This first stage of grieving- denial- helps us to survive the loss. In this stage, the world becomes meaningless and overwhelming. Life makes no sense. We are in a state of shock and denial. We go numb. We wonder how we can go on, if we can go on, why we should go on. We try to find a way to simply get through each day. Denial and shock help us to cope and make survival possible. Denial helps us to pace our feelings of grief. It is nature's way of letting in only as much as we can handle. As you accept the reality of the loss and start to ask yourself questions, you are unknowingly beginning the healing process. You are becoming stronger, and the denial is beginning to fade. But as you proceed, all the feelings you were denying begin to surface.

Anger Anger is a necessary stage of the healing process. Be willing to feel your anger, even though it may seem endless. The more you truly feel it, the more it will begin to dissipate and the more you will heal. There are many other emotions under the anger and you will get to them in time, but anger is the emotion we are most used to managing. The truth is that anger has no limits. It can extend not only to your friends, the doctors, your family, yourself and your loved one who died, but also to God. You may ask, "Where is God in this?" Underneath anger is pain, your pain. It is natural to feel deserted and abandoned, but we live in a society that fears anger. Anger is strength and it can be an anchor, giving temporary structure to the nothingness of loss. Remember, the anger is just another indication of the intensity of your love.

Bargaining Before a loss, it seems like you will do anything if only your loved one would be spared. "Please God," you bargain, "I will never be angry at my wife again if you'll just let her live." After a loss, bargaining may take the form of a temporary truce. "What if I devote the rest of my life to helping others. Then can I wake up and realize this has all been a bad dream?" We become lost in a maze of "If only..." or "What if..." statements. We want life returned to what it was; we want our loved one restored. We want to go back in time: find the tumor sooner, recognize the illness more quickly, stop the accident from happening...if only, if only, if only. Guilt is often bargaining's companion. The "if onlys" cause us to find fault in ourselves and what we "think" we could have done differently.

Depression After bargaining, our attention moves into the present. Empty feelings present themselves, and grief enters our lives on a deeper level, deeper than we ever imagined. This depressive stage feels as though it will last forever. It is important to understand that this depression is not a sign of mental illness. It is the appropriate response to a great loss. We withdraw from life, left in a fog of intense sadness, wondering, perhaps, if there is any point in going on alone? Why go on at all? The loss of a loved one is a very depressing situation, and depression is a normal and appropriate response. To not experience depression after a loved one dies would be unusual.

Acceptance Acceptance is often confused with the notion of being 'all right' or 'OK' with what has happened. This is not the case. Most people don't ever feel OK or all right about the loss of a loved one. This stage is about accepting the reality that our loved one is physically gone and recognizing that this new reality is the permanent reality. We will never like this reality or make it OK, but eventually we accept it. We learn to live with it. It is the new norm with which we must learn to live. We must try to live now in a world where our loved one is missing. We may start to reach out to others and become involved in their lives. We invest in our friendships and in our relationship with ourselves. We begin to live again, but we cannot do so until we have given grief its time.

At times, people in grief will often report more stages. Just remember your grief is as unique as you are.

²Kubler-Ross, E., & Kessler, D. (2005). On grief and grieving: Finding the meaning of grief through the five stages of loss. New York; Toronto: Scribner.



SESSION 6: LOOKING FORWARD, HAVING FUN



Notes for Facilitator

Session 6 is a different kind of session because it is the last meeting for the group in this format. Session 6 requires some creative planning, possibly some extra resources and some imagination. The idea is to *do something different*. To offer the girls a new experience or a different way of doing things. Some examples of things that have been done to mark the last meeting include:

- ✓ Arranging a short yoga lesson with a teacher who viewed it as her contribution to community work and offered a very reasonable rate
- ✓ Negotiating a special sit-down buffet meal with a local lodge, which had a swimming pool
- ✓ Organizing a picnic lunch at a local farm (most girls had never been to a farm before)
- ✓ Having a Zumba dance lesson, organized with the friend to one of the facilitators
- ✓ A visit to the Elephant Sanctuary where they waived the entrance fees

Ideas which require no extra funds include:

- ✓ Buying different food for the tea break, and eating it in a different place
- ✓ Organizing a series of games- ball games, party games, quizzes
- ✓ Meeting in a new place nearby (ask an NGO that has a garden, or a local lodge)

Whatever activity you manage to organize, it is essential to include the closing game and to plan with group members how they can stay in touch with each other after the group closes, if they wish to. You may also want to refer them to other existing groups or different services. Some group members may feel sad about the ending, so allow time and opportunities for this to be expressed.



Aim

- ✓ To celebrate the support group, try something new and plan for future ways of supporting each other.



Learning Outcomes

By the end of the session, group members will have:

- ✓ Tried a new activity or experience
- ✓ Appreciated each other and acknowledged everyone's contribution to the group
- ✓ Planned how to receive further support after the ending of the group



Time

- ✓ Flexible depending on activity



Methodology

- ✓ Various



Materials

- ✓ Sheets of cards, masking tape, markers



Group Activities

☆ Outing/ Trip/ Activity (1-2 hours)

1. Organize the group fun activity and ensure that all members have information about the plans (See facilitators notes). Allow enough time for closing game.

☆ Closing Game: 'A Message to you' (20 minutes)

1. **Stick cards on backs:** Ask the group to stand in a circle facing the back of the person in front of them. Give everyone a sheet of card and a marker, and ask them to write their name at the top of the card. Now ask them to hand it to the person behind them who will stick it on their back with masking tape (or use safety pins).

2. **Writing messages:** Ask the group members to mingle and write an appreciation on each person's card, to acknowledge what they have brought to the group or what they will miss about them. Allow enough time for everyone to write. Alternatively, ask group members to draw faces showing how they feel about that person.

3. **Sharing thoughts and messages:** Sit in a circle and allow a few minutes for members to read their cards. Ask: *Do you want to share any thoughts about what has been written? Were there any surprises? How are you feeling?*



Questions to discuss

- ✓ *Any last thoughts that you want to share about the group, or the activities?*
- ✓ *How can you stay in touch or ensure that you get enough support now that the group is closing?*



Let's think together

Thank the group members for all their contributions during the 6 sessions

Provide information about any other groups or services that they may like to know about.

Finish with a song or a prayer.





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