

# THE TEST

A Test in Time Saves Lives

An activity handbook for helping teenagers learn about

**VCT**

**Voluntary Counselling and Testing for HIV/AIDS**



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Workshop leaders: Janet Prest Talbot, Xoliswa Keke; Noreen Ramsden  
And assistants Thabi Gumede and Portia Buwe.

**Workshop activities developed by Janet Prest Talbot**

### References used:

Soul City: 'It affects us All'

Soul City: extracts from 'Living Positively with HIV and AIDS'

KwaZulu-Natal Provincial VCT Committee 'Voluntary HIV Counselling and Testing'

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# Children's Rights

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Reference pamphlets

A resource booklet for adult and peer facilitators to encourage  
young people between the ages of 11-18  
to explore the issues surrounding  
**Voluntary Counselling and Testing for HIV/AIDS**  
through holistic interactive programmes  
that help them achieve their right to health

## Introduction

**Through the activities in this booklet, children are invited to become partners in their own health-care**

Children have a right to information!  
Children have a right to health!  
Children have a right to participate!

This booklet came about as a result of a national process to develop guidelines and a code of conduct for VCT (Voluntary Counselling and Testing) for HIV, relating to children. The workshops in this booklet were first used with groups of young people to develop recommendations on VCT for a national conference (held in October 2002). Photo-copies of THE TEST were distributed at this event, and proved so popular that we have been encouraged to print this booklet. It has been revised and brought up-to-date.

### **WHY USE THIS BOOKLET?**

The 15-24 year age-group is one of the most vulnerable to HIV infection, but very few young people come forward for testing. They need encouragement as testing is important for their health, not only so that they can know about treatments, including ARVs (Anti-Retrovirals), but as an entry point for them to learn about safe life choices to prevent the spread of HIV and other sexually transmitted infections (STIs).

Research shows that teenagers will not come for help to a health-centre unless they see it as child-friendly and teenager-friendly. Therefore the opinion of young people is vital for all health services that wish to target this age-group.

We hope that these workshops will be used not only to educate young people and to involve them in their own health-care, but also that all those aiming at building a youth-friendly health service will use the activities to canvas the views of young people. Their opinions and insights as participants will help local and national VCT programmes to meet their stated aim to encourage VCT testing for all, to help prevent and mitigate the impact of HIV and AIDS.

For their opinions to be meaningful, children and young people need to be thoroughly orientated in the debates around the issues under debate: for example the controversy on the age of consent for taking the VCT test. They also need the freedom to explore their own ideas and insights from their personal life-experiences, and to test these ideas in discussion and dialogue with others. And then they need the skills and opportunities to express their opinions so as to make an impact. This activity booklet gives facilitators ideas on planning a programme to achieve these outcomes with young people.

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**BACKGROUND:** The activities were developed at workshops with mostly high school learners, who came from very varied backgrounds: rural, township and inner-city groups; some came from clubs in well organised schools where they were recognized as peer leaders; while others were not in school and had been on the streets, abused and abandoned; and some had even experienced prison life. Peer support group programmes were represented and numerous peer educators participated.

At no stage did we ask anyone to declare whether they had been for an HIV test but it was clear that many children some had had this experience, and some did talk about it. Sympathetic adults facilitated the process so that the children's privacy and confidentiality were not compromised.

The participants became well informed and articulate but unfortunately the time of the Conference was right in the middle of their exams and they could not present their opinions in person. A video was shown that had been made of the discussion by a particular school group and this can be obtained from the Children's Rights Centre.

## **Outcomes from using this resource book**

There are several possible outcomes that could be achieved through doing a combination of these activities:

1. Children between the ages of 11-18 are educated about VCT, HIV and AIDS, and are encouraged in undertaking responsible life styles.
2. Children are enabled to explore what youth friendly health centres and services should provide, including guidelines for health-care workers and HIV counsellors.
3. They may be able to address the challenges of their local VCT Centres, if these are not child and youth friendly, through various lobbying platforms.
4. Through positive discussion on the issues of HIV/AIDS and VCT they will be able to address some of the problems around stigma and discrimination against people living with HIV and AIDS.

## **Variations in children's experiences of HIV and AIDS**

Children from different circumstances will be encountered in working with this programme, and facilitators need to be prepared so that they can show empathy and understanding: It is NOT the role of the facilitator to be judgemental! Children are more likely to make responsible and ethical life-choices if they can freely discuss their various options for reproductive health - and health is emotional and social as well as physical. They need to feel safe and accepted, and to be assured of confidentiality.

- o Note that infection can occur from Mother-to-Child-Transmission, or from infected needles and instruments at the clinic, or contaminated instruments used by a Traditional Healer, or from exposure of a cut or sore to HIV+ blood from someone living with HIV, or a contaminated blood transfusion.
- o However, most HIV infection is through unprotected sex with an infected person. Young girls having sex with older men are particularly vulnerable. We know, too that rape of young girls is common.

## FACILITATOR TRAINING NOTES:

### 1 Designing a workshop:

1.1 **Determine how much time** you have. Minimally a 3-4 hour session is needed. A longer period will allow for more discussion, exploration of the theme, and feedback and time for creative expression. The workshop could also take place over a number of sessions, especially if your group meets regularly.

1.2 **Target the group** you will work with and be sure that they will more or less be compatible. For example, children in the 10-14 age group will have different issues from those who are older than this. Life experiences of children should also be taken into account. Those who have been through traumatic experiences might not be able to relate in a large group of strangers and will need to be in a smaller group with more facilitator support. A trained counsellor might need to be brought in or be on standby.

### 1.3 **Prepare the workshop content.**

Keep activities varied and creative. Continuously give time for feedback and recording if you have the ultimate goal of producing recommendations for the consultation process.

A holistic approach involves all THREE facets of human life:

A heart response - connecting with feelings and emotional reactions. How does this issue affect me personally and what are my responses both negative and positive?

**Heart** = activities that engage participants emotionally and help them to own the issues raised. Activities could include icebreaker activities, role plays, evaluation of case studies and personal stories shared. Facilitators need to be ready to deal with negative or unresolved experiences of participants if necessary.

**Head** = Knowledge and sound information about HIV/AIDS, what VCT is and what the implications of testing are. The information can be gained through brief direct input from health practitioners, pamphlets, research work when preparing for a debate, evaluating case studies.

**Hand** = Action. It is important that their gain in knowledge and sound attitudes be expressed in practice. How they do this depends on the group and its setting. It is important that they have choices and their voices are heard in deciding any actions to be taken. Some possibilities are a speech, a written list of suggestions, a debate on the issues, a creative response, a telling of a personal story, interviews of people's experience, a yes and no list for procedures etc.

The programme assumes that participants have a relatively clear understanding as to what HIV/AIDS is and how it works. If you suspect that they do not know, try activity 2, the HIV/AIDS drama to explain things. Activity 3 is a recall exercise but might also introduce

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terminology and acronyms that are new. Use the reference material at the back of this book to clarify your understanding if necessary.

## 1.2. Summary of Activities

### **HEAD ACTIVITIES: Information input: What is VCT? (Activity 4 and 5)**

This is the crux of the whole programme - you have got to know about VCT to talk about it. While the input can be prepared using the reference material, it is very helpful and inspiring to have a VCT counsellor who works with children and young people to come and tell their story. If you invite one outside person, even for an hour or so, this is the person to seek out.

### **HEART ACTIVITIES: Finding support and empathy – (Activity 1 and ice-breakers)**

These are activities to help participants find rapport with others, to relax at times and feel comfortable

#### **Provoking differing opinions and controversy (Activity 6 and 7)**

The statements made in these activities cannot abide neutrality, and the stories are of real struggles that cannot be accepted passively. Something must be said and a stand must be made. Participants rise to the occasion and, as they do, be sure to have observers write down some of their statements for later reference because some of it will be really good.

### **HAND ACTIVITIES: Action follow-up**

What can the group do to help build a better world?

What can an individual do to help him or herself cope with difficult issues?

A workshop such as this raises sensitive issues in the lives of young people and on a one-to-one basis some might need to deal with issues that have arisen in their hearts or minds through being part of the process.

## 1.3 Activity examples:

### **HEAD: Establishing a knowledge base (Activity 2 and 3)**

How much does your group know about HIV/AIDS? How can you help them gain more information and UNDERSTAND and ABSORB it?

### **HEART: Ice-breaker and warm up activities (Activity 1)**

The purpose of the workshop is introduced, which helps participants to feel secure. Ice-breakers help them to relax and build rapport between participants. If participants do not know each other, a quick, fun way of connecting is provided.

For example:

#### Broken Telephone

Sit group in a circle and start a message that must be whispered from ear to ear around the circle. What was the original message, what was the end message? Try again seeing if you can improve.

**Reflection:** Why does the message distort? Not concentrating, selective hearing, and difficulty in hearing.

When someone is known to be HIV +, what is the message that goes out into the community. Is it an accurate message or distorted? Why? What messages would you like to hear about yourself if you were HIV+?

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**Closure-** Just put yourself in the shoes of a teenager who has been told they are HIV positive. Tremendous support is needed to cope with such news. What will I suffer, what will my parents think who did I get it from, I can't cope, and what can I do? This is the generation that will bear the brunt of this disease and we need to dig deep to find emotional, spiritual and social resources to bring comfort and hope. Do something on concluding your workshop to bring a message of strength and hope to face this situation.

**HAND: Developing an Action Plan (Activity 8 and 9)**

The young participants will feel let down unless there is follow up and meaningful actions that they can take. Facilitate your group getting their ideas together, and making a do-able plan of action – what will be done, by whom, when and where and how?

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## Activity 1: Who has got it?

### Outcome

- This is an introductory activity to help participants relax and build rapport with each other. It can also help them to begin to connect with the HIV theme – the idea is that one cannot always trust ones eyes.
- Theme of workshop is introduced with a brief introduction to VCT and its benefits.

**Time:** 10 minutes

### Materials needed:

1. A length of string tied into a circle and big enough for all participants to hold onto.
2. 2-3 curtain rings threaded onto the string
3. A chart drawn up of page 10 in the Health Dept VCT booklet

### Activity

#### The Game:

1. Invite participants to stand in a circle holding onto the circle of string.
2. Spread the curtain rings to different parts of the circle and instruct those who have got the ring to secretly pass it to the person next to them, and so on around the ring.
3. Select 2-3 people to stand in the middle of the circle and try and catch out who had the ring. To confuse them those in the circle could pretend to pass the rings. If they find a ring, places are exchanged. Several people should have a go at catching the ring.
4. After a while stop the game and sit down in the circle. Have a general brief discussion about the game: Was it easy to catch people out; were the pretenders/teasers confusing you; would you prefer being on the inside of the circle or holding onto the string, which was more comfortable ...?

#### Reflection:

5. Use the game to reflect on some **Life lessons**.
  - For example, just as we tried to keep the ring hidden, we try to hide things about ourselves: - weaknesses about ourselves, secrets, our true feelings. We are embarrassed, even hurt when we suddenly get caught out. We play games to protect ourselves.
  - HIV/AIDS is an illness that everyone is seriously trying to hide. Many hold tightly to the knowledge about their status. Ask the question and discuss:  
Would it be helpful to ask all those who are HIV+ to put up their hands?  
Why would people want to hide the truth about their HIV status?  
(Their replies could be briefly discussed - fears about HIV – is it still a *death sentence*, will community and family reject one, are people afraid of being judged, is there a feeling of hopelessness, are there ignorant attitudes?)
  - Discuss what is good about taking THE TEST? ( They may say: VCT helps with knowing the truth about HIV/AIDS and especially how it affects ourselves. If you have a test you will know whether you are HIV+ or not. This knowledge, either

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way, will help you to decide how you live your life from then onwards. VCT can help you to make decisions about your own health - that if you are HIV negative, you will do what you can to stay that way, and if you are HIV positive, you look will plan to look after your health, and get treatment as you need it.

## **Our Experiences**

Depending on how well everyone knows each other, a few more games and songs, just for fun, might be needed to animate the group. You might also need *name-introductory activities* - talk to the person next to you, introduce this person to the next and so on. But do not use this activity if it will be tedious - don't go round a circle of 50 with everyone giving their names! (They should have name tags on anyway!)

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## Activity 2 What is HIV and AIDS?

### Outcome

- This is an activity that can be used to explain how the HIV virus attacks the immune system of the body.
- It is especially useful for groups that have not had sufficient HIV/AIDS information given to them.
- At the end of the drama they should have an understanding of how the disease works.
- They may choose to present it in public if they wish!

### Time 40 minutes

Group prepares to act it out together: 20 minutes

Presentation: 20 minutes

### Materials

Copies of the play script

Items that will identify the different characters:

For example, card and string to make labels or ID cards for all the characters and garments such as scarves, T-shirts, hats to represent workers, police, security guards, HIV virus crooks, ART medicine etc.

Props: plastic bags and contents, police weapons, whistles, torches, rope to tie up the baddies - anything to add interest to the proceedings.

1. The story-line of the play is described briefly,
2. Each group of characters meets on their own to discuss their roles and how they can make their contribution lively and entertaining. They might want to sing and dance, for example. They choose their costumes and props.
3. They "walk" through the play, rehearsing and discussing how to make it very dramatic.
4. They "present" the play to the facilitators and any of the group that do not want to join in with the play-acting.
5. They de-brief, moving away from the roles they have just been acting – otherwise you may have viruses attacking others for the rest of the session! They discuss whether a play or story like this would help others to understand how HIV works.

## **HIV/AIDS Drama**

### **Activity**

The crucial person in leading this drama is the narrator who needs to clearly introduce the characters and explain the story line. In between explanations, the characters act out their roles and can have their say. Keep it lively and melodramatic.

### **The Drama:**

#### Characters:

- Red Blood Cells - the workers in the factory of the human body
- CD-4 Cells - the police guarding the factory
- Helper T Cells - like security guards, raise the alarm and call the police
- Infections – with big ID badges labelled 'Cold', 'Measles', 'Cough', 'Chicken-pox' and so on. Could wear hoods or masks.
- HIV Virus - several characters that are soft and cuddly, big smiles (wolf in sheep clothing)
- ART Therapy – wear labels or pictures of pills or bottles of medicine labelled ART,
- Narrator

### The Plot:

#### **1. The Immune System:**

- The worker cells carry plastic shopping bags up and down. They tell the audience: "We are Red Blood Cells, taking food and oxygen round the body, and we bring rubbish back for disposal". The police and their helpers wander about.
- An infection enters the body, stealthily, and the police and helpers watch it. It starts attacking some of the workers. When it kills some of them, the police surround it and the helpers take its ID badge away and kill it.
- A similar infection tries to get in but the helpers yell, 'Look at its ID, it's the same as this ' (wave confiscated ID from first attackers) The police attack without delay.
- Repeat for other infections, as wished.

(Narrator may explain that this is the Immune System at work.)

#### **2. HIV Infection**

- The HIV viruses come in sneakily and cuddle up to some of the police. The police tell the helper cells "These are our friends". The HIV virus kills the police and then attack more, until there are few CD4 cells left.

(The narrator may explain that in the human blood, the virus makes a lot more copies of itself before killing the CD4 cells, so that there are more and more of the virus.)

- The old infections come in to attack again and start to win the battle, attacking the CD4 cells, helper cells and the worker cells.
- The ARV medicines appear and fence off the HIV and make them sit down helplessly.
- The CD4 cells recover and chase infections out of the body.
- The workers and the CD4 and helper cells sing and dance together with the ARVs watching and smiling.

## Activity 3: Matching Game

### Outcome

This is an introductory activity to revise common knowledge about HIV/Aids. Many of these acronyms are bandied about and this activity helps clarify what they mean. By the end of the session, participants will be able to:

\* Recognize and know or remember what the various acronyms concerning HIV/AIDS stand for.

\* Recall basic knowledge about HIV/AIDS

### Time

20 minutes

### Materials needed

Prepare sets of cards in threes – one card with the acronym, another with its full name and a third with an explanation sentence. Have one card for each person present. See list on next page

### Activity

1. Hand out cards randomly to the group asking participants to match their acronym to the right word and explanation card. They will find themselves in groups of three. Extra cards can be handed out if the group is large and the small groups could be 3-6 people.
2. In the small groups discuss what is understood by the word they have received. The explanation card will help as well. Choose a person to report back to the large group.
3. The representative briefly presents their acronym, word and explanation. Stick up on a display wall as a reminder for the whole session.
4. Allow time for questions to be asked.

### Our Experience

1. The words presented are all in English. Consider how they will be understood by speakers of other languages. Often the English acronym is used in other languages so it is necessary to identify it in English, but explanations in your local language will be necessary. Prepare these in advance.
2. Be aware that this activity aims to revise and remind participants about their HIV/AIDS knowledge. Some of the terms, however, might be new to participants so be ready to give clear explanations where necessary. Use the reference material in the appendix of this booklet.
3. Be very careful not to get slowed down in long explanations and detailed lessons on HIV/AIDS. This is essentially a **recall activity** – one to remind and not teach. If your group has not been educated about the disease consider using the playlet in Activity 2.
4. It is not necessary to use all the words.

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**Activity 3: Matching Game** - Photocopy this page - enlarge if necessary and cut up into 3 pieces: the acronym, the full words and the explanation slip

<b>HIV</b>	<b>Human Immuno-Virus</b>	<b>HIV</b> is a virus in the body that over a period of time destroys the immune system. The immune system in our body is what protects us against disease. For a while the body's immune system can cope but as it is weakened the body becomes easily infected by life threatening, often unusual diseases. When this happens the person is said to have Acquired Immune Deficiency Syndrome. (AIDS)
<b>AIDS</b>	<b>Acquired Immune Deficiency Syndrome</b>	<b>AIDS</b> is short for: <b>Acquired</b> means that you get something that is not your own. AIDS is 'acquired' from a source of blood or bodily fluid other than one's own. <b>Immune</b> - The body's system that fights against infection and disease. <b>Deficiency</b> - Something that is absent or lacking. In AIDS the immune system is lacking or becoming deficient <b>Syndrome</b> - A collection of signs and symptoms or diseases. AIDS is a syndrome because it is a whole range of illnesses, referred to as 'opportunistic infections'.
<b>VCT</b>	<b>Voluntary Counselling and Testing</b>	<b>Voluntary</b> - When a person decides freely to undergo an HIV/AIDS test. <b>Counselling</b> - Before and after a test is carried out the person speaks to a qualified, knowledgeable person about HIV/AIDS and how the test result could impact their lives. The counsellor should be a helpful, confidential support person. <b>Testing</b> - The blood is tested to see if there are signs that the person is living with HIV
<b>ART</b>	<b>ART - Anti Retro Viral Therapies or ARVs Anti Retro Virals</b>	<b>ART or ARVs</b> are drugs that try to stop HIV multiplying in the body. They cannot cure HIV/AIDS, but are good at keeping HIV infected people healthier.

<b>STIs or STDs</b>	<b>Sexually Transmitted Infection or Sexually Transmitted Diseases</b>	<b>STIs</b> are different types of infections that you can get from having sex with someone who has one. HIV/AIDS is one of the infections you could get from unprotected sex. Other infections include the drop, the itch, gonorrhoea, syphilis, herpes, and crabs. Most STIs can be cured if treated straight away. If anyone has an STI they are more at risk of getting HIV.
<b>MTCT</b>	<b>Mother To Child Transmission</b>	<b>MTCT</b> - Studies have shown that about 30-35 out of every 100 children born to HIV + woman, will become infected with HIV. This happens during pregnancy, birth or through breastfeeding. This is called Mother-To-Child-Transmission. The antiretroviral drug Nevirapine is often used to help prevent transmission.
<b>PEP</b>	<b>Post Exposure Prophylaxis</b>	<b>PEP:</b> If a person is exposed to HIV it is possible to prevent HIV infection by giving anti-retroviral medicines to the person. This is known as PEP. <b>Post</b> means <i>after</i> <b>Exposure</b> means having had an <i>opening</i> or risk of getting infected <b>Prophylaxis</b> means a preventive medicine The drugs are used to help stop the virus from multiplying. The virus is then eliminated from the person's body. PEP is used by medical people after being pricked by an injection needle and being exposed to HIV+ blood. (Known as a needle stick injury) PEP is also used after a rape and is now free at State hospitals for rape survivors but needs to be taken within 72 hours.

## Activity 4:

### Outcome

Participants know what VCT is:

1. Why it is an important thing to do?
2. What Pre-test counselling is?
3. What kinds of tests are available and what they could expect be done to them?
4. What is post-test counselling?
5. Possibilities of ongoing support if necessary.

### Time:

20 minutes

### Materials needed:

1. Poster
2. Handout
3. VCT booklet for talk preparation

## What is VCT?

### Activity

This is a crucial activity where VCT needs to be clearly explained. The facts need to be succinctly and dynamically presented.

### Possible approaches:

1. Invite a medical practitioner, VCT counsellor or social worker to give a talk. (Be aware, however, that while they might be good at their medical work, being a communicator to a group of teenagers might not necessarily be their strong point – choose carefully)
2. Prepare your own talk with accompanying posters, newsprint outlines, photocopied handout or OHP transparencies etc.
3. With your co-workshop facilitators share the task:
  - 3.1 A general introduction as to what VCT is.
  - 3.2 In advance have 2 people prepare a skit, role playing a VCT counsellor and counselled. It would be even better if a genuine counsellor acted out the counselling session.
  - 3.3 Prepare a poster describing the different tests
  - 3.4 A role play of a post test counselling session with reference to referrals, HIV positive living and ongoing support.

**NB:** Information for preparation is found in the booklet 'Voluntary HIV Counselling and Testing' put out by the KwaZulu-Natal Provincial VCT Committee. There are other pamphlets that also have useful information.

### Our Experience:

1. If you are new to explaining what VCT is, prepare well and read all the material available in this pack.
2. Young people don't have the patience to listen to a boring 20- 30 minute talk - use multi-media and share with co-facilitators aspects of the preparation.
3. It is very crucial that everyone understands what VCT is as all the activities and the purpose of the workshop hang on this understanding.

## Activity 5: Interview a VCT Counsellor

### Outcome:

1. To hear from a VCT counsellor what they have observed to be the experience of children going for counselling.
2. To have available an expert who can answer questions.
3. Participants gain insight into what the reality of VCT testing is for children and young people.

### Time:

20 -30 minutes

### Materials:

Writing materials for the scribe

### Activity

This could follow on the presentation of what VCT is. The particular person you invite should have experience in dealing with children and young people and in many ways be an advocate for them.

1. **Questions that could be asked:**
  - General background: name, where do you work, are you a trained medical person, how did you become a VCT counsellor?
  - Have you counselled children coming for an HIV test?
  - General: what ages, why did they come, and who did they come with?
  - How do you feel about telling someone that they are HIV+?
  - What are their reactions and what do you do?
  - When do you think a young person should have an HIV test?
  - Do you think that children (categorise e.g. u12 and u18) have special needs when going for an HIV test or should they be treated just like adults?
  - Where are the testing places in this community?
  - Do you have any special message for these young people today?

There might also be a young person who might be prepared to share their experience.

### Our experience:

1. Have a scribe write down any significant good and bad experiences that the interviewee describes. These real life experiences could guide the follow-up actions that might be taken at the end. If possible write up on newsprint to be referenced later.
2. Allow time for questions from the floor. This is quite a moving, significant time for young people as they hear the real stories and begin to grapple with the reality of possibly going for a test themselves.

## Activity 6: What do you really think?

### Outcome:

- This activity should provoke lively debate and opinion and encourage even reluctant participants to be involved.
- Contrasting opinion should be expressed and insight gained into the complexity of issues surrounding HIV/AIDS and VCT.

### Time:

20 -20 minutes depending on how many topics are introduced.

### Materials needed:

Four large signs with the following words written on them:

**Strongly Agree**

**Agree**

**Disagree**

**Strongly Disagree**

Stick these up on four different walls in the room.

### Activity

1. Read out one of the statements below and ask participants to move towards the sign which most closely represents their response to the statement.
2. Once everyone is settled under their sign interview individuals from one group as to why they feel like this. Cross the floor and interview someone who feels the opposite. To get debate going you could even prompt some to deliberately take an opposite opinion - they'll soon be shouting at each other and a good compeer is needed to keep the interaction meaningful. The person being interviewed could stand on a chair as in a speaker's corner.
3. Ask if anyone, after hearing the debate would change their opinion.
4. Allow participants to move to different corners.

### Our Experience

1. This activity has proved to be a watershed in active participation. It can get very lively especially when contrary opinion is expressed. You could run it as a bit of a game show with a pretend microphone and speaker's podium (chair). Only the person on the chair and with the microphone can speak. Encourage speakers to project their voices and make sure there is quiet so they can be heard. Allow for cheering and jeering!
2. Many strong feelings are expressed in this activity and it is helpful to have a person recording some of the ideas that could be reflected back to the group during discussions on follow-up actions at the end of the workshop. These ideas could be written up on newsprint during a break.

## **Activity 6 Continued: Statements**

Read out a statement and encourage participants to move towards the sign on the wall that most nearly represents their opinion.

1. The results of an HIV test should be kept private and only the person being tested should know the result.
2. All children at the age of 14 should be HIV tested so that they can know their status and take appropriate action to protect their health
3. Sexually active people should have themselves tested every year.
4. It is not useful to know one's HIV status as nothing can be done about this disease anyway.
5. A drug company should produce an HIV/AIDS home testing kit such as they have for testing pregnancy. Individuals can then test themselves at home in absolute privacy.
6. School children who test HIV positive must inform their schools of their status.
7. VCT testing centres should be at all clinics.
8. It is not really necessary to be counselled before taking a HIV/AIDS test.
9. The government should make it compulsory for all citizens to have an HIV test.
10. A group of teenagers did a workshop on HIV/AIDS. There was an opinion that they should all go as a group to be tested. Is this a good idea?

## Activity 7 Story Stations

### Outcome:

Participants will be encouraged to consider different situations with regard to VCT, and consider their complex nature.

\* After each story is digested, participants should be able to respond with an opinion as to what should be done in each particular case.

### Time:

35- 40 minutes

### Materials needed:

Enough copies of each story for each participant in the group

Newsprint

Markers

Prestick

### Activity

1. Five facilitators sit or stand in different parts of the room. Each has a story to present and the participants move from one to another, in turn, around the room. The facilitator presents the story, stimulates discussion and takes notes of opinions. The facilitator should stay with the story (i.e. hear 5 discussions and record the opinions of 5 groups), while the participants, 7-9 minutes, move on to the next story.

2. Divide the group into 5 smaller groups. Send each one off to one of the story stations. The facilitator at the story station will give them a copy of the story which they read together and then discuss.

Some leading questions may be asked such as:

- What is bad news about this story?
- What is good news about his story?
- If you were in this situation how would you like to be treated?

3. Every 7-9 minutes the groups should move onto the next story station. The facilitator stays behind to work with next group.

4. Once all stories have been read and discussed, participants come together to hear the report back from the facilitators. Brief points can be written up on newsprint.

### Our Experience

1. Facilitators need to understand their role in managing the groups that visit them and in recording their opinions and then re-phrased recommendations. It is a bit tedious for facilitators to stick through 5 visiting groups but their role in accumulating all the participants input is important. Encourage them to stay with their story and not move on with the group.

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2. To avoid confusion, be sure that groups know in which direction to move when they need to move on to the next Story Station.

3. To shorten long report backs from facilitators encourage them to summarise their findings and write them up briefly on newsprint. Leave these up on the wall as a reference for later work on developing guidelines for the testing of children.

## **STORY STATIONS**

### **STORY ONE - LISA**

Lisa, aged 11, comes home from school.

"We learnt about HIV/AIDS today" she tells her mother.

"I would like to be tested to make sure that I am HIV negative".

Her mother is angry – "Do you have a boyfriend?" she shouts.

"I will give you such a hiding if you have a boyfriend!"

She sends Lisa to bed without supper for her "dirty talk".

Three years later, when she is 14, Lisa goes for the test, and she is HIV+.

#### **Besides the earlier questions, other questions might be:**

- Would voluntary counselling and testing have helped Lisa NOT to become infected?
- What kind of counselling would she have been most helpful? (Who, where and how, and what follow-up support?)
- Think about the knowledge, values, attitudes, skills and support would she need to prevent herself from becoming infected.

### **STORY TWO - THUMI**

Thumi is 17 years old and has a 16 year old girl-friend, Ntombi.

They regularly have unprotected sex, without condoms.

Thumi has sores on his private parts and goes to the clinic.

The nurse says he must be tested for HIV and without counselling him or even asking permission she takes some blood. She tells him to wait in the waiting room. After an hour she comes in and shouts out in front of all the other patients "You are lucky this time – you do not have HIV – but next time you come back I am sure you will be HIV positive! You young people have no morals!"

#### **Besides the earlier questions, other questions might be:**

Name all the wrong things that the nurse did, against Thumi's rights?

What would have encouraged Thumi to come back to the Clinic for advice and support?

### **STORY THREE – LUNGISILE**

Lungisile is 4 years old. He keeps getting chest and stomach infections.

The nurse at the clinic tells his grandmother that he most probably has AIDS and she should test him. The grandmother is frightened when she hears the word AIDS and rushes out of the Clinic with the little boy. When Lungisile asks what is wrong, the grandmother tells him that the nurse was trying to bewitch him and that they will not go back there again.

**Besides the earlier questions, other questions might be:**

Why should he have been tested?

What would have encouraged the grandmother to have the child tested?

What could the grandmother have told the small child that he could understand, and that was TRUE.

(Do children have a right to hear the truth, even if they are not told the whole truth? Why?)

**STORY FOUR – MUHLE**

Muhle is 14 years old. She was raped by a neighbour one afternoon while her mother was at work. She told her mother as soon as her mother came home. Her mother took her to the police-station to lay a charge, and then to the hospital, where she was examined by a doctor. She was told that there was medicine that would help her not to get HIV/AIDS from the rape, but that she must be tested for HIV first. A counsellor was sent for and she was very kind. She met with Muhle and her mother in a quiet room, with comfortable chairs. She comforted Muhle, and her mother too, and helped them to be brave. She explained that if Muhle was already HIV+, then the medicines would not be used – they were only to **prevent** HIV and not treat it. She answered all their questions, and asked Muhle if she wanted to be tested. Muhle discussed the matter with her mother. Her mother said she could decide for herself. Muhle agreed to have the test, and the counsellor then called the nurse who took blood in private. After a 10 minute wait, Muhle was told that she was not HIV positive, and must begin taking the medicines immediately, and continue taking them for a month – even though they were not pleasant and might make her feel sick. She went home with her mother, carrying a month's supply of medicines.

Muhle was brave and continued with the medicines, although she felt sick often. She was very pleased when she did not get HIV/AIDS.

She gave evidence in court and the neighbor was put in jail.

**Besides the earlier questions, other questions might be:**

Name three things that helped Muhle to decide to be counselled and tested?

What helped her feel a bit better during the visit to the hospital?

**STORY FIVE – JABULANI**

Jabulani is 16 years old. His mother is angry with him – their neighbours have told her that he is sleeping with their daughter Zizi. Jabulani admits that Zizi is his girl-friend and his mother hits him with a wooden spoon! She says "I will not have you bringing AIDS into this family!"

She shouts at him and accuses him and takes him by the ear, forcing him to go with her to the Clinic to be tested for HIV. She goes with him into the consulting-room and tells the whole story to the nurse, complaining about "These modern children!" The nurse tries to get her to leave while she counsels Jabulani, but the large, angry mother refuses! "He is still a child!" She says "He must do as I say!" The nurse does not say another word, but takes blood and gives the result to the mother. Fortunately, it is negative.

**Besides the earlier questions, other questions might be:**

What should have happened? How could Jabulani be helped to look after his own health, and protect any sexual partner he might have in future?

## **Activity 8: What Makes a *Teenager-Friendly* Health Centre or Clinic**

### **Outcome:**

Participants express the special needs of adolescents with regard to health services, especially for VCT and sexual health.

### **Time:**

25 minutes

### **Materials:**

Collect up all report backs and scribe reports and observations from the different activities. (Encourage scribes to write their reports up briefly and neatly on newsprint as they go along). Display on walls in the room.

Stickers with STARS (gold) and DOTS (black)

Newsprint

Markers

### **Activity**

1. Draw attention briefly to reports and observations written up on the newsprint. Consolidate issues, observations etc that are repeated, by crossing out repetitions OR connecting them with arrows.
2. Give each participant 5 gold stars, representing positive actions and opinions and 5 black or dark coloured dots representing negative actions, opinions or experiences.
3. Mapping - they walk around the room and stick STARS and DOTS on sentences that they mostly connect with.

For example:

*Results must be kept confidential, not even parents told if this is what the young person desires.* - STAR

*Medical staff at clinics are rude to young people* - DOT

4. Analyse – count the number of stars and dots that accumulate on different issues, and write the number up next to the sentence.
5. If there is time, list the top 5 issues two columns, in order of priority under a STAR for good/positive, and a DOT for bad/negative.

### **Our Experience:**

If most of these activities are done in a one day workshop, it is a very intense hard day's work and by the end of the day, energy is waning. Have some treats to keep them going and keep the pace up!

## Activity 9 - Conclusion and Way Forward

### Outcome

To discuss and perhaps agree on a plan to take practical steps to deal with the issues raised – helping to build a better world.

### Possible challenges:

- To know where VCT testing centres are in own area.
- Find out where persons over 14 years can get ARVs and where children under 14 can get ARVs?
- Where can one get PEP in the case of rape?
- To meet people who work at the centres and with HIV/AIDS projects and to discuss the needs of children who might be tested or supported there.
- Investigate from the centres and AIDS projects in your area what support programmes they have for HIV+ people.
- Make an appointment to visit a VCT testing site and to talk to someone there and have them show you around. When there, observe the place and ask what makes me feel comfortable or uncomfortable about being here? How could it be made more *child-and teenager-friendly*?
- To deliver to local decision-makers, such as the head of the Clinic or District Health Authority, a written memorandum or letter or poster with the opinions of children as to what they feel their needs are regarding VCT.
- And if they don't take it seriously, to plan advocacy actions such as a poster display, letters to newspapers and so on ....
- What can we do to fight against the stigma around HIV and AIDS?

### Time:

This is a project that could happen over a period of time. It might involve visiting VCT Centres, and contacting staff and sympathetic individuals who will come and be with children and listen to them.

It would also be helpful to connect with local HIV/AIDS projects and programmes and find out what they are doing about VCT.

### Activity

This activity is most suited for a regular meeting group such as a youth group or peer education group and it needs the support of an adult facilitator to help make the contacts. Before going out on field trips complete some of the other activities in this booklet.

## Activity 10 - Closure ceremony

**Outcome:** Reassurance that there are support systems out there to help in ones own personal crisis.

**Time:** 20 minutes

**Materials:** Depends on what you do:  
\* Table items - table cloth and symbolic items  
\* Photocopy of songs, prayer, litanies if necessary  
\* CD player, lead to plug in ...

### Activity

The emotional cost of discussing the HIV Test is likely to be high, and a closure ceremony that brings healing is very important.

HIV is life-long, and can only be treated but not cured. This can make people very afraid. Then there are all the social connotations and stigma to face. But if one is open, these fears can be addressed, steps can be taken for a healthy, positive life, and a community of friends found for support.

The closure ceremony should try to bring faith, hope, friendship and support to a situation that appears bleak. It should give participants a sense of courage and solidarity, and help to develop the inner resources they need to face their realities.

### SUGGESTIONS:

1. **Set up a table** attractively with 2-3 symbolic items, for example
  - o A candle: Light a candle - 'It is better to light a candle than curse the darkness'. The flame is a vulnerable flickering light but it makes a difference in the dark.
  - o Healing plants: represent the resources about us that will heal our bodies.
  - o Flowers – beauty of nature is a lasting joy
  - o A Chain - could represent bondage but also how each of us are bound together and need to especially strengthen our links to face the HIV/AIDS crises.

### 2. Possible group actions:

#### **Standing in a circle –**

Hold hands, put your arms around each other as an act of support.

Then curl up tight and small - you in your small fearful world - and slowly uncurl and reach out to hold the hands of others - we need each other, we need to change our attitudes and stand together. The strength of our arms will help our brother or sister to keep walking.

**Music:** Choose appropriate inspiring songs to sing or listen to on a CD. (For example a Sing -a long gospel song)

**Input:** A brief but strong talk on 'Living Positively'

**Praying:** This can be done according to the faiths of those present.

#### **Readings:**

Brief readings from religious books or poems from the young people themselves.

### Our Experience

Participants have been very responsive to this final activity. After spending a day addressing serious issues there is need for experiences that help to refresh them emotionally and spiritually, and they also need to feel affirmed and reassured by a sense of bonding and humanity with their peers.

## **OUR GENERAL EXPERIENCE OF THE WORKSHOPS**

These are some of the comments participants made at our workshops:

### **General comments**

1. Most participants expressed a desire to know their HIV status and generally knew where they could go for such a test.
2. They felt that the attitude of medical people towards young people was often judgemental, rude and impatient.
3. HIV/AIDS has heavy social stigma and there are all sorts of fears surrounding it.
4. Children had both good and bad experiences when visiting clinics. Often they had better experiences if accompanied by a support person with status or strength to assert that their needs be met.
5. Those who expressed more positive experiences of VCT were those with personal awareness of the disease, and who had participated in peer group education, been members of support groups and belonged to organisations that provided youth/child friendly services.

### **Pre-Test issues:**

1. Counsellors should be non-judgemental and stick to the issue of being tested and not give moral lectures.
2. Age for consent should be reduced to 12 years old. Twelve year olds are aware of what's going on and shouldn't have to depend on their parents for permission or intervention if an HIV test is required. This is particularly important for children who don't have a good relationship with their parents and would not/ could not share this part of their lives with them.
3. When being counselled it was helpful to have a support person with them.
4. Good information and sympathetic support should be available for the person being tested before the test - not just quickly in 5 minutes.

### **Being tested**

1. When discussing the option of doing e.g. a private, personal test with a testing kit in their own homes, most felt this was not desirable as the consequences of the result especially a positive result called for much support.
2. The place where one can be tested should not be exclusively an HIV testing clinic as this would be too embarrassing and exposing going there. The testing place should be where other things happen as well.
3. A companion should go with the person being tested. Ideally a parent if there was a good relationship or a teacher, friend, older person.
4. Often an HIV test is accompanied with discussions on STI's and more compatible medical people were needed. For example, young men felt embarrassed by older woman looking at their private parts.

### **Post-test issues**

1. The result should be absolutely private and should be told to the person who had the test. No markers or stickers etc should be stuck on medical files to indicate HIV status as everyone knew what these meant anyway.
2. Confidentiality was often broken for example lists were sent to school of all those with STIs and a box of condoms for use!
3. Living with HIV was devastating to teenagers and caused many to drop out of school.
4. Often post-test counselling was non existent or not helpful or hopeful. Options of belonging to support groups, learning how to live as an HIV+ person were not explained and this caused even greater depression and hopelessness.
5. It is a very scary experience going to hear ones result.
6. There should be age appropriate counselling and support after the test

