

Caregiver



Let's
Talk

Masikhulume
[IsiZulu]

Revised Edition: January 2017

PHASE 1

Curriculum





Caregiver Curriculum

Second Edition: January 2017

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The curriculum is largely based on evidence-informed resources with a successful history of use in the United States and South Africa, including:

- The Teens and Adults Learning to Communicate (TALC) programme, originally developed by the Center for HIV Identification, Prevention and Treatment (CHIPTS) at the University of California Los Angeles (<http://chipts.ucla.edu/projects/Let's-Talk-la>) and led and evaluated by Dr. Mary Jane Rotheram-Borus.
- *The Kgolo-Mmogo Project*, an intervention for the enhancement of children's resilience designed for HIV-positive caregivers of young children and developed by the University of Pretoria and Yale University with support from United States National Institutes of Health.
- *Sinovuyo Caring Families Programme for Parents and Teens*, implemented by Clowns without Borders South Africa in partnership with the National Association of Childcare Workers and the Universities of Oxford and Cape Town with funding from UNICEF and the World Health Organization.
- *Strengthening Support Group Facilitation* programme designed for caregivers of orphans and vulnerable children and implemented by The Networking HIV, AIDS Community of South Africa.
- *Vhutshilo 2 and Vhutshilo 2.2*, a programme designed specifically for adolescent OVC in South Africa, originally developed by the Centre for the Support of Peer Education (CSPE), a branch of the South African non-profit organization Health and Education Training and Technical Assistance Services (HETTAS) and updated under the ASPIRES project by FHI 360 and HETTAS.
- *Focus on Youth with Informed Parents and Children Together (FOY with ImPACT)*, a community-based programme—identified by the United States Centers for Disease Control and Prevention's Prevention Research Synthesis programme as a Best-Evidence Effective Behavioural Intervention—that equips youth with the skills and knowledge they need to protect themselves from HIV and other sexually transmitted infections. The original programme was designed and evaluated by Dr. Bonita Stanton and a team of researchers at the University of Maryland, Baltimore.

- *Advocates for Youth* resources designed to promote research-based best practices in the field of adolescent sexual health and publicly available via their website (<http://www.advocatesforyouth.org/>).

The manual also relies heavily on the principles of cognitive behavioural therapy and basic principles and techniques were drawn from the 7 Steps to Cognitive Behaviour Therapy Self-Help website, (<http://www.get.gg/selfhelp.htm>); a useful resource also for users of this guide to glean further understanding of this evidence-based approach.

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GUIDELINE TO THE MANUAL



Gives you an overview of the session.



Highlights the time you should spend on each activity.



Tells you what to do.



Tells you what to say.



Tells you when to invite a group discussion.



Tells you when to use a flipchart.

SESSION AND ACTIVITY SEQUENCE

This manual contains essential information and materials for implementing the Let's Talk curriculum. Sessions are designed to be implemented fully and in the order provided. The exercises in each session have also been carefully sequenced. **Facilitators should never skip or move around sessions or exercises**, which could compromise the effectiveness of the programme as well as participants' experience. Exercises conducted early in a session ready participants for later activities, both emotionally and logistically. Preliminary exercises are carefully structured to help adolescents and caregivers "ease into" difficult topics, and to reacquaint them with the group dynamic and expectations for participation. Later exercises reinforce specific skills and information introduced earlier in the session, preparing participants to apply newly acquired knowledge and ideas outside of the group with confidence. Moreover, parallel adolescent and caregiver sessions intentionally reflect complementary themes. Changing or omitting exercises disrupts this balance, and carries the potential to limit progress for everyone in the group. Facilitators will find that with experience, the importance of each exercise becomes apparent, and implementing sessions as written feels both natural and effective.



Phase 1:

Family & Emotional Strengthening

PHASE 1: OVERVIEW



The program's first phase covers Family and Emotional Strengthening. It includes eight sessions for caregivers and seven for adolescents, two of them jointly attended.

Session 1 for adolescents sets the foundation for the group's meeting and examines participants' strengths and goals.

Adolescents collaborate to establish norms for the group, including group rules and an opening ritual. Participants also become familiar with the program's objectives and begin to contribute to the creation of a supportive environment for sharing information and asking questions. Participants identify their strengths and play a game where they must promote their best qualities. Adolescents are also guided to understand best practices for goal setting and to begin the process of establishing personal goals and monitoring progress toward them. Finally, they are introduced to the idea of problem solving as a structured process, and practice this process using realistic scenarios.

Session 1 for caregivers introduces the program and covers topics related to raising an adolescent.

Participants agree on a group name and rules, and discuss the importance of respectful communication during sessions. Caregivers also learn about adolescent development and acquire information and skills for effectively parenting adolescents. The story of Lindiwe and Nthabiseng, a caregiver and adolescent who are adjusting to loss and learning how to live together, is used to introduce a discussion about the challenges participants face in their own lives. Another scenario involving a caregiver with only enough money to send one of her two children to school is used to frame conversations about problem solving. Participants practice following specific problem-solving steps in order to gain aptitude for applying this technique in their own lives. A short questionnaire is used to help participants recognise their own caregiving practices and their effects.

Session 2 for adolescents focuses on effective communication.

Adolescents learn skills for active listening and assertive communication. They discuss how assertiveness differs from passivity and aggression, and why assertive communication is effective communication. Facilitated role-plays about asking a friend to repay an overdue loan, and an adolescent whose caregiver wants her to be more responsible at home, help guide participants to practice using other realistic communication scenarios. Finally, adolescents are given tips for active listening, including checking for understanding, not interrupting with questions, not judging, and offering suggestions for how to fix the situation

Session 2 for caregivers teaches them about communication.

Caregivers examine how to communicate effectively about emotions in order to enhance the home environment and family relationships. The session aims to improve caregivers' listening skills alongside their communication skills, helping them to use active listening, convey a problem without hostility, and express their own feelings constructively.

Participants play a game that underscores the importance of active, careful listening for effective communication. Role-playing about Sihle, an adolescent who wants to quit her job, and Doris, whose necklace was stolen at school, provide opportunities for participants to recognize and practice listening and response skills. Other hypothetical scenarios invite caregivers to consider how effective expression can help strengthen the relationship and adolescents' resilience even when the caregiver is sad, angry, or disappointed.





Session 3 for adolescents focuses on emotional awareness.

Adolescents learn and discuss ways to become more aware of their own emotions. The “Feeling thermometer” is introduced as a tool for affective expression as well as reiterating linkages between feelings, thoughts and behaviours. Adolescents discuss positive and negative experiences in their own lives, and begin to examine how these events may have affected them emotionally and behaviourally. Following a relaxation exercise, the group uses the cultural value of Ubuntu as a basis for understanding the supports that are already in place in their lives, and to begin to develop a vision of future support.

Session 3 for caregivers teaches participants to cope with sadness.

Caregivers talk about negative experiences from their own lives and how these experiences made them feel. The story of Patricia, a caregiver whose child suffers an accidental injury, is used in a discussion about positive and unhealthy coping strategies for sadness and other difficult feelings. Participants learn to recognise the links between thoughts, emotions and behaviour – and discuss how to identify and change irrational thinking. They practice challenging negative thoughts using example situations and their own personal experiences. A practical technique for coping with negative emotions (“STOPP”) is explained. The session ends with an activity that involves identifying pleasant activities that can help limit feelings of sadness and provide a counterpoint to difficulty in participants' daily lives.

Session 4 for adolescents teaches them to cope with sadness.

Participants discuss how sadness may be experienced and conveyed, and practice connecting feelings of sadness to resulting thought patterns and behaviour. They consider a scenario in which an adolescent, Kabelo, has failed a maths test and tries to respond with constructive rather than unhelpful thoughts and actions. Adolescents also discuss a more serious scenario involving rape, and continue to identify opportunities to substitute helpful emotions, thoughts and behaviours for negative ones. The facilitator leads participants to use a systematic approach to recognise and change negative thinking, and to identify enjoyable activities that can help mitigate sadness.

Session 4 for caregivers addresses ways to cope with anger.

Participants discuss various aspects of anger and its consequences as illustrated by a traditional story and using examples from their own lives. They continue to connect events with emotions, thoughts and behaviours; and learn about the differences between aggressive, passive, and assertive responses to situations that provoke angry feelings. Group discussion and exercises focus on the benefits of assertive communication, and participants use role-play to build skills in this area providing them with behavioural techniques that can help them to resolve conflict in a healthy way with resulting positive effects on their feelings and thoughts. Continued discussion and practice with the STOPP technique also provides anger management skill building.

Session 5 for adolescents covers skills for coping with anger.

It builds on the previous session about coping with sadness by reinforcing effective techniques such as emotional awareness and identifying sources of emotional support. Participants hear a story about a lion trapped in a cage and use it to consider how anger can have pervasive effects. Adolescents discuss how anger can follow stress and often leads to predictable negative thoughts and behaviours. They consider both harmful responses to feelings of anger, as well as healthier alternatives. A story about Tumi, an adolescent whose caregiver will not allow her to attend a friend's party, is used to demonstrate these ideas. In group discussion about the story, participants also have the opportunity to integrate previously-acquired skills such as active listening and changing negative thoughts. In pairs/small groups, adolescents practice role-playing scenarios about responding to anger.





Session 5 for caregivers addresses ways to help adolescents cope with difficult emotions.

Caregivers consider how the story of a lion trapped in a cage recalls the emotional and physical effects of isolation. In group discussion, they address ways to help adolescents through grief and other emotional responses to loss and chronic illness in the home. Participants examine the different emotions they see expressed by the adolescents in their care and how these might manifest in thoughts and actions. Specific ideas are offered for effectively responding to negative emotions among adolescents, such as talking openly and keeping change to a minimum. Caregivers take part in role-plays about an adolescent who is sad following the loss of her mother. Others serve as observers and provide suggestions for improving the interaction depicted. A second series of role-plays helps caregivers identify constructive responses to an adolescent who is angry.

Session 6 helps caregivers learn adolescent behaviour management strategies.

These include establishing and enforcing appropriate rules, boundaries, and consequences as well as praising the positive choices adolescents make. Participants first identify different adolescent problem behaviours, and learn to positively re-orient the way they express behavioural expectations to adolescents. Next, caregivers discuss principles for effective rule-setting, such as that rules should be specific and realistic, and that adolescents themselves should be involved in decisions about household rules, which can promote adherence. Caregivers then take part in role-plays about finding opportunities to praise positive adolescent behaviour, which can encourage it. Finally, caregivers discuss how setting appropriate consequences for negative behaviour can support adolescents' healthy development and the caregiver/adolescent relationship.

Session 7 brings caregivers and adolescents together and covers family problem solving.

Caregivers and adolescents are brought together for the first joint session of the program. Joint sessions offer opportunities for real-life problem solving while building participants' transferable skills in communication, negotiation, and listening. Participants collaborate to establish rules for joint sessions, some of which will be familiar to participants from their separate group meetings (such as that everyone must have a chance to speak) and some of which will be new (such as that adolescents must be free to speak honestly during sessions without fear of reprisal at home). Caregiver and adolescent pairs introduce each other to the larger group, providing a chance for family as well as group bonding. An exercise involving paper tower construction lets caregivers and adolescents put problem solving into practice and solve a fun challenge together; the problem solving theme continues as participants discuss possible responses to real family problems. Participants conclude the session with a discussion of the strengths that each family member contributes to their household, ending the session on a positive note.

Session 8 brings caregivers and adolescents together again to learn about positive family relationships.

It opens with a game designed to illustrate how different responses to conflict can have vastly different effects. Next, group members consider a series of hypothetical situations (e.g. "a fourteen year-old wants to dye her hair blonde," "a fourteen year-old doesn't want to go to church") and whether or not the decision in each case should lie more with the adolescent, more with the caregiver, or they should be equally responsible. The session moves on to a review of problem-solving strategies and a role-playing exercise designed to increase caregivers' understanding of the adolescent's perspective, and vice versa, in a familiar scenario where the caregiver would like the adolescent to assume more responsibility at home. Participants continue to practice applying conflict resolution skills as a group and in caregiver-adolescent pairs using a series of other scenarios. Finally, caregivers and adolescents share what they need from one another, as a means of opening communication channels and encouraging mutual understanding.



SESSION 1

Raising an adolescent



TIME

120 minutes

RATIONALE

This session sets the foundation for the program: it introduces participants to the intervention, one another, and the facilitator. Activities contribute to group cohesion by building consensus on a set of rules for the sessions and facilitating the sharing of common experiences. This session also introduces strategies for problem solving. There is also a focus on positive parenting (characterised by involvement, nurturance and acceptance), which has been found to be a potential buffer against negative outcomes and promote the wellbeing of children. Adolescents seek independence, may engage in risk-taking behaviour, want to make their own decisions and are influenced by their peers. Caregivers skilled in positive parenting are better equipped to promote healthy outcomes for the adolescents in their care. Exercises are designed to engage participants and encourage attendance at future sessions.

GOALS

- To build trust in the group and define group rules
- To explore challenges of family life
- To guide caregivers in using the Problem Solving Steps to solve problems
- To make caregivers aware of different parenting styles so they can understand their own practices and their adolescent's reaction to it

SESSION OVERVIEW

- Introduction of group members (10 minutes)
- Introduction to the workshop (5 minutes)
- Exercise 1: Develop group rules and a group identity (10 minutes)
- Exercise 2: Challenges caregivers face (35 minutes)
- Exercise 3: Problem Solving Steps (20 minutes)
- Exercise 4: Parenting styles (25 minutes)
- Reflection and sharing (10 minutes)
- Practice at home (5 minutes)
- Closing the session

MATERIALS NEEDED

- Name tags for participants
- Flipchart or a black/white board and marking pens
- Two pieces of paper: One indicating "SELDOM" and another "MOST OF THE TIME" (in local language as appropriate)
- Small coloured papers (like sticky notes) in 3 separate colours: yellow, red, and blue
- Lottery prize

WORKBOOK HAND-OUTS REVIEWED

- Program overview & session outline
- Problem Solving Steps
- Guidelines on raising adolescents
- Positive parenting tips

SPECIAL PREPARATION

- This session sets the tone for the entire program. It is important to create a space that feels welcoming and safe. Take the time to prepare the program space before participants arrive.
- Welcome each participant as they arrive and thank them for attending.
- Ensure name tags are available for all participants. Be alert to participants with limited literacy or writing skills and assist respectfully as needed.



INTRODUCTION OF GROUP MEMBERS



(10 minutes)

Rationale

The purpose is to introduce group members to one another in order to enhance group cohesion and to set a positive climate for the group.



Instructions

1. Welcome participants and introduce yourself and the co-facilitator. Refer to '**Introduction**' text provided as needed.
2. Explain how each person should introduce themselves and give personal information: name, what they usually do, who is part of their family and something they are proud of.
3. Model the introduction to show participants how to share about themselves. Refer to '**Example personal introduction**' as needed.
4. Let the group members introduce themselves to the group.
5. Listen and praise them for taking part.
6. Review the '**Take home point**.'



Introduction

Siyanemukela esifundweni. Igama lami ngingu futhi ngizobe ngingumgqugquzeli wakho. Lo ngu Ongumsizi womgqugquzeli weqembu. Ngijabula kakhulu ukunibona lapha.

Asiqale ukuhlangana ngokuthi sizazise ukuze sazane kangcono. Ngingathanda ukuthi nisho okuthile ngani ukuze abanye bazi kabanzi ngani, njengokusho igama lakho, iminyaka yakho yobudala, yini ovame ukuyenza, ubani oyingxenywe yomndeneni wakho kanye nokuthi yini oziqhenya ngayo.

Example personal introduction

Isibonelo, Ngingathi, "Igama lami ngingu, Bengisebenza e___ kodwa manje sengisebenza e___njengo Mgqugquzeli Weqembu. Ngihlala nomama wami nezingane zami ezintathu. Ngiyaziqhenya ngothando lwezingane zami."



Take home point

Kubalulekile ukuthi sizinike isikhathi esithile sazana nje sisodwana. Okwamanje sisafana nabantu abangazani nje sanhlobo, kodwa ngokushesha okukhulu sizobe sesazana kahle kakhulu.

INTRODUCTION TO THE WORKSHOP

(5 minutes)



Rationale

The purpose is to introduce the themes of the workshop and to give participants an overview of what they can expect.

Instructions

1. Explain the workshop purpose. Refer to '**Workshop purpose**' text provided as needed.
2. Ask participants to open their participant workbook and refer to the Program overview & session outline hand-out. Review and read through the hand-out with participants. Refer to '**Overview**' text provided as needed.
3. Explain the schedule for the sessions (e.g., every Wednesday at 17:00).
4. Conduct the '**Group discussion**' to answer any questions and solicit comments from participants.
5. Review the '**Take home point.**'



Workshop purpose

Injongo yalesi sifundo ukukusiza ufunde ngamakhono okubhekana nezimo ezinzima empilweni yakho yemihla ngemihla, ukuze impilo yakho ibengcono futhi ukwazi ukusiza izingane zakho bese wakha nobudlelwane obuhle bomndeni. Ekuhlanganeni ngakunye siyodingida isihloko esithile. Ukuhlangana ngakunye kwakhelwe kulokho okwenzeka ngaphambi kwakho, ngakho siyanikukhuthaza ukuthi ukuhambele konke lokhu kuhlanguana.





Overview

Lesi sifundo sakhelwe wena nezingane zakho ezisengabantu abasebasha. Uyohambela iningi lalokhu kuhlangu kuleli qembu nabanye abanakekeli, kodwa abantu abasebasha bayohlanganyela nani kulezi zingxoxo ekuhlanganeni okumbalwa. Sizogala namhlanje ngokuthi sixoxe ngezinsalelo obhekana nazo ngokunakekela abantu abasebasha. Ekuhlanganeni kwakamuya siyofunda ngamakhono okuxhumana kanye nokuthi singazixazulula kanjani izinkinga nezingxabano njengomndeni. Sizophinde sifunde ukuthi singabvimbela kanjani abantu abasha ukuthi babambe iqhaza ekuziphatheni okuyingozi. Injongo yalesi sifundo ukunikeza abantu abasebasha ulwazi namakhono adingekayo ukwenza izinqumo ezinhle, ngesikhathi sifundisa abanakekeli ukusiza basekele abantu abasebasha ukuthatheni lezo zinqumo. Lesi sifundo sakhelwe ukukusiza uqonde futhi ubhekane ngempumelelo nemizwa kanye nezinsalelo zakho futhi siyogxila kumasu athile esingawasebenzisa ekubhekaneni nemizwa efana nokudumala nentukuthelo.

Niyoba nomsebenzi omncane okuyomele niwenzele ekhaya njalo emva kokuhlangu. Umsebenzi wasekhaya yithuba lokuzijwayeza amanye ala makhono esixoxe ngawo empilweni yakho yangempela. Siyobe sesiba ne-lotto eyodonsa njalo emva kokuhlangu njengomklomelo omncane ojabulisayo ngokubamba kwakho iqhaza kanye nokwethamela isifundo.



Group discussion

- Ngabe ikhona eminye imibuzo noma okuyizikhalo mayelana nezihloko ezidingidwe kuleli qembu?
- Ngabe kukhona ocabanga ukuthi kukhona okusemqoka okushiywe ngaphandle?



Kusemqoka ukuthi wonke umuntu abambe iqhaza elibonakalayo kulokhu kuhlangu ngoba sizofunda ngokukhuluma nokwenza izinto ezintsha. Abagqogquzeli bazosebenzisana nani ukucwaninga izisombululo zezinkinga zenu kanye nokunijwayeza izindlela ezintsha zokwenza izinto.



Take home point

Leli qembu lenzelwe ukuthi lise ababambiqhaza bakwazi ukubhekana nezinsalelo ezikhona ezimpilweni zabo. Izihloko ziyofaka phakathi khulumisana, ukusombulula izinkinga, kanye nokukhulisa umuntu osemusha. Ukudlala indima yokubamba iqhaza elibonakalayo eqenjini kuyobasiza ababambiqhaza ukuthi bafunde babuye bathuthukise amakhono amasha.

EXERCISE 1: DEVELOP GROUP RULES AND A GROUP IDENTITY¹

(10 MINUTES)



Rationale

The purpose of the exercise is to establish a common set of agreements on expected behaviour for all participants so that there can be mutual trust, respect, and commitment in the group.

Instructions (Part 1)

1. Conduct the '**Group Discussion 1**' to introduce the exercise and encourage ideas for group rules. Write ideas on the flipchart. Refer to the '**Facilitator guidance**' for guidelines on setting rules and a sample set of rules. Encourage the guidelines of positive rules, clarity and consensus. If a rule that you think should be included from this list is not mentioned, bring it up for consideration.
2. Encourage discussion of the rules. Ask for comments and explanations. Try for consensus. Make modifications as needed. For example, say: "Let's review your ideas and select the ones you agree with."
3. Conduct the '**Group discussion 2**' to emphasise rules of respect and confidentiality and determine consequences for breaking any of the rules.
4. Attach a list of group rules to the wall to be visible throughout the sessions.



Group discussion 1

Kudingeka sinqume ukuthi sifuna ukuphathana kanjani eqenjini ukuze iqembu kube yindawo ephethile kubo bonke, lapho ongakhuluma khona ngezinto ohlangabezane nazo empilweni nokufunda omunye komunye. Ukwenza lokho, sizokwenza imithetho yokusebenzisana kwethu. Ungathanda ukuphathwa kanjani eqenjini?

Ngizobhala phansi imibono yakho ephetheni lasobondeni lokubhalela.



¹ Adapted from Miller, S. (1995) Teens and Adults Learning to Communicate (TALC: LA), Phase 1, Session 1. Los Angeles: Center for HIV Identification, Prevention and Treatment Services.

Facilitator guidance

Guidelines and suggested group rules

Group rules should be written in a positive way

Emphasize what they should do, rather than what they should not do. Assist the group to write the rules in that way. For example, if a participant offers “Do not talk about what goes on in the session outside of the session” the facilitator should help the participant rephrase the statement so it is about the behaviour they want to see (i.e., “Keep confidentiality in the group”).

Ensure clarity and consensus for suggested rules

For each rule mentioned, ask the participant to explain the rule. This helps make sure that everyone understands and there is group consensus regarding the rule. For example, if someone mentioned “Respect” ask what that means to him/her. What sort of behaviour shows respect?

Sample Group Rules

- Everyone should get a chance to speak so that we can hear each other.
- Accept and respect each other’s opinions by listening to each other.
- Take part in the group, it is your group. Make the most of it.
- Keep confidentiality – what you say is yours. What you hear is theirs and should not be shared with anyone outside the group. What is said in the group, stays in the group.
- Share your emotions and opinions in such a way that you do not hurt yourself or another group member. Only share what you feel comfortable with.
- Feel free to ask any questions – there are no stupid questions.
- Listen to what others have to say.
- Keep the health status of other group members confidential.
- Members should come to the group sober and alert. Participants who come to the sessions high on drugs or alcohol will be sent home.
- Try to be on time and attend every session.
- Notify the facilitators 1 day prior to the session if anyone is not able to attend.
- Turn your cell phones off so that everyone can give attention during sessions.
- Practice what we do in the sessions at home.
- Have fun – make the most of the group sessions.

Group discussion 2

Ngifuna ukugcizelela imithetho yokuhlonipha nokuba yimfihlo. Kumele nivume ukungakhulumi ngezinto ezidingidwa lapha eqenjini ngaphandle kwaseqenjini. Lokhu kungaba buhlungu kwababambe iqhaza futhi angeke uthande ukuthi kwenzeke kuwe.

- Ngabe ukhona oneminye imibono mayelana nokuthi kungani inhlonipho nokuba yimfihlo kusemqoka?

Ukwengeza ekuhlonipheni nasekubeni yimfihlo, sivumelane kakhulu emithethweni esemqoka futhi manje kumele sibheke ukuthi siyobhekana kanjani nakho uma ingalandelwa.

- Yini okumele yenziwe uma kukhona umuntu ophula imithetho?



Instructions (Part 2)

1. Introduce determining a group name; refer to '**Group name**' text provided as needed.
2. Ask for responses and ideas. When you have a few ideas, allow discussion and if there is not a clear preferred name, put it to a vote.
3. Introduce determining an opening ritual; refer to '**Opening ritual**' text provided as needed.
4. Allow for discussion and decision on opening rituals. Once you decide on a ritual, have the group perform it.
5. Review the '**Take home point.**'



Group name

Amaqembu enziwe abantu ngabanye. Njengoba sonke sinezimpawu zethu ngabanye, singenza ukuthi sibe yiqembu elithile. Iqembu lisebenza kahle uma wonke umuntu ekwazi ukuzibona yena ngamunye futhi azibone eyingxenywe yeqembu. Cabanga ngamaqembu ezemidlalo – njengeKaizer Chiefs, Orlando Pirates, noma i-Sundowns – ukubala nje ambalwa. Njengeqembu asinqume igama leqembu. Igama kumele libe yinto wonke umuntu angakwazi ukuyikhomba esingayisebenzisa ukuchaza iqembu.





Opening ritual

Enye into okudingeka niyinqume ukuthi ningathanda ukukuqala kanjani ukuhlangana ngakunye. Amanye amaqembu athanda ukuqala ukuhlangana ngomthandazo noma ngengoma noma okucashuniwe okungabanika ugqozi. Ithini imibono yenu ngokuqala ukuhlangana? Ubani ongazibophezela ukuhlela lokhu kuhlangana ngakunye?



Take home point

Imithetho yeqembu iyisisekelo esisemqoka sokuthi singaphathana kanjani ekuhlanganeni futhi nokuqinisekisa ukuthi iqembu yindawo ephiphile kubo bonke ukuxoxisana, ukufunda nokujabula. Igama leqembu lethu kanye nalokho okumele kube wumkhuba wethu esiwenzayo eqenjini kuzosisiza ukuthi sikwazi ukwakha ubumbano nokuhlangana kweqembu.

EXERCISE 2: CHALLENGES CAREGIVERS FACE

(35 minutes)



Rationale

This exercise is designed to encourage participants to identify challenging situations that arise when raising adolescents. Caregivers will discuss their own personal challenges and think about ways to mitigate them. Participants will draw support from realising that others have similar experiences, and sharing ideas for how to help. This exercise can also assist the facilitator to identify issues to address in subsequent sessions.

Background for the facilitator

Adolescent development

Help participants to understand key developmental changes occurring among adolescents.

Adolescents can seem difficult because of the developmental phase they are in. They have a few tasks to do in the adolescent phase to be able to discover who they are and to become more independent of their caregivers.

Adolescents go through many physical and mental changes. Their bodies change, their moods change and they begin to experience sexual desires and more interest in the opposite sex. Their thinking skills develop, so they can argue and give reasons for their own choices, and they often do not want to listen to what their caregivers or other adults have to say.

Adolescents develop their own identity and sense of independence. Their friends are very important to them. They often spend less time with parents/caregivers and more time with friends. They want to make their own decisions. They also show more concern about future school and work plans.

Adolescents also develop emotionally and may take risks. Emotionally, they have a deeper capacity for caring and sharing, and for developing more intimate relationships. However, having negative emotions and unhappiness can lead to poor grades at school, alcohol or drug use, unsafe sex, and other problems. They may also think that nothing will hurt them, want to experiment, and take risks.

To keep them safe and promote healthy development, adolescents require guidance, monitoring and support from their caregivers.



Instructions

1. Introduce the exercise and read the '**Story: Nthabiseng in her new home.**'
2. After reading the story, divide the participants into three small groups and conduct the '**Small group discussion**' related to the story. Each group should choose one person to report back to the larger group.
3. Reconvene the group after 5 minutes and ask them to provide feedback on the '**Small group discussion**' questions. Note responses for the possible solutions on the flipchart ('Things she can do' question). Refer to '**Facilitator guidance**' for more ideas to aid the discussion as needed.
4. Praise participants. Say something like: "These are great ideas, and some of the things we will deal with during this workshop."
5. Move from the discussion of Lindiwe and Nthabiseng's situation to participants' own lives using the '**Group discussion**' question.
6. Encourage responses and reflect on what they are saying. Make notes on the flipchart of caregivers' challenges.
7. Praise them for sharing their experiences.
8. Review the '**Take home point.**'

Story: Nthabiseng in her new home (UNthabiseng ekhaya lakhe elisha)

Manje njengoba sesiyinqumile imithetho yeqembu kanye nenqubo yokuvula ukuhlangana kwethu, ngifuna ukunifundela indaba. Ngicela nilalelise kahle siyobe sesikhuluma ngayo kamuva.

Ezinyangeni ezintathu ezedlule uLindiwe wamema indodakazi kasisi wakhe, uNthabiseng oneminyaka yobudala eyi-15, ukuthi azohlala naye namadodana akhe asemancane amathathu. Umama wakhe washona manje obhuti nosisi bakhe abadala bayasebenza edolobheni. ULindiwe akazi ukuthi angabhekana kanjani nentombazane endala endlini yakhe. Uzizwa enengcindezi futhi akazi ukuthi angahlobana kanjani naye. Uyabona ukuthi uNthabiseng akajabule, akafuni ukuxoxisana nabo. Uchitha isikhathi sakhe esiningi esekamelweni lakhe.

Kwesinye isikhathi uzizwa ethukuthelele usisi wakhe ngokuthola ingculazi nangokushona, bese ephinde futhi azizwe ephatheke kabi kakhulu. Kokunye uzizwa ethukuthelele umshana wakhe ngokuza azohlala naye. Uphinde futhi azizwe emdabukela uNthabiseng ngokulahlekelwa umama wakhe. Ufisa sengathi uNthabiseng angakhohlwa yiyo yonke imikhuba emibi umama wakhe amfundise yona. Uzizwa emthukuthelele ngoba ubonakala engakwazi ukubonga. Esikhathini esiningi akazi ukuthi yini angayisho kuNthabiseng.

Kwesinye isikhathi uzizwa enokwesaba. Uzobondla kanjani abantwana bakhe abane? Uyabona ukuthi uNthabiseng ujwayele ukusebenzisa imali eningi kunale akwazi ukumnika yona. Uzizwa enengcindezi yokuthi angeke akwazi ukumnakekela yena nezingane zakhe. Kunengcindezi enkulu ekhaya manje. ULindiwe ufisa sengathi angayiguqula indlela azizwa ngayo apha ephinde aguqule isimo sezinto ekhaya.



Small group discussion

- ULindiwe uzizwa kanjani ngokuhlala noNthabiseng emzini wakhe?
- Yiziphi izinto ezingasiza uLindiwe ukuthi abhekane nemizwa yakhe kanye nesimo esisekhaya lakhe? Ngizobhala imibono yenu ephepheli lokubhala lasobondeni.
- Yini okumele uLindiwe ayazi mayelana nabantu abasebasha ukuze akwazi ukubhekana kahle nesimo?

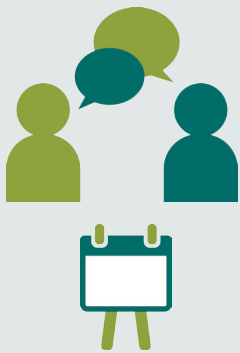
Ngizobhala imibono yenu ephepheni lokubhala lasebondeni.



Facilitator guidance

Suggested examples for things Lindiwe could do

- Lindiwe needs to deal with her own emotions of sadness and anger
- She needs to learn to solve problems in the house
- She needs to communicate more effectively with Nthabiseng
- She needs to separate the feelings she has for Nthabiseng's mother from the feelings she has for Nthabiseng
- She can provide her with a small space of her own so she can feel comfortable/ like it is her home
- She can have family discussion time
- She can include Nthabiseng in family decisions and discussions
- She can explain to Nthabiseng the rules of the house, and obtain her input on them
- She needs to get support from others
- She needs to learn more about adolescent behaviour
- She needs to learn to communicate effectively with adolescents



Group discussion

Manje asikhulume ngezinye izinto ohlangabezane nazo empilweni kanye nezinselele.

- *Yiziphi izinhlobo zezinselelo obhekana nazo empilweni yakho?*

Ngizobhala imibono yenu ephepheni lokubhala lasebondeni.



Take home point

Kungaba usizo olukhulu ukwazi ukuthi awuwedwa ekubhekaneni nezinselele nemizwa enzima. Futhi sinamandla angasisiza ukubhekana nezinselelo.

Okulandelayo sizobheka izinhlobo ezahlukene zamasu okubhekana nezinkinga ezingaba usizo ekubhekaneni nezinselele zomuntu ngamunye.

EXERCISE 3: PROBLEM SOLVING STEPS

(20 minutes)



Rationale

Problem solving strategies are useful to cope with any problem that can be solved by taking action. This exercise uses a structured approach to help participants learn and follow the problem solving process.

Instructions (Part 1)

1. Introduce the exercise and story, refer to '**Introduction: Problem solving**' text provided as needed.
2. Read the '**Scenario: Thembi's children's school attendance.**'
3. Conduct the first four '**Group discussion**' questions to assist the group to follow the Problem Solving Steps to agree on an acceptable strategy. Encourage responses and write the responses for her goal and options on the flipchart.
4. Ask the final '**Group discussion**' question to assist the group to decide on what action she should try.
5. Refer to the '**Facilitator guidance**' as needed to aid the discussion.
6. Introduce the '**Problem Solving Steps**' and review the hand-out: Problem Solving Steps.



Introduction: Problem solving

Ukuxazulula izinkinga ikhono elisemqoka lokubhekana nesimo elingasetshenziswa ezimeni eziningi lapho ukuthatha isinyathelo kungaxazulula inkinga. Kuphinde kube yinto ongayisebenzisa nezingane zakho. Ungaphinde ubafundise ukuxazulula izinkinga zabo.

Ukusisiza ukubheka ukuxazululwa kwenkinga, ngifuna ukuqala ngokuxoxa indaba emfishane.





Scenario: Thembi's children's school attendance (Ukuya esikoleni kwezingane zikaThembi)

UThembi uneminyaka yobudala engu -48. Usebenza esitolo njengomhlanzi wesitolo. Unakekela indodakazi yakhe nendodana kadadewabo. UThembi ubhekene nenkinga yokuthi akanayo imali eyanele yokukhokhela umfaniswano wesikole nezincwadi zesikole zengane eyodwa. Yini engenziwa uThembi ukuxazulula inkinga yakhe?



Group discussion

Asisebenzise leli su lokuxazulula inkinga ukubheka ukuthi uThembi angayixazulula kanjani inkinga yakhe.

- Yini inkinga? (Chaza inkinga)
- Le nkinga ibathinta kanjani abantu abathintekayo? (Qonda inkinga)
- Yini umgomo? Ufuna ukuthi izinto zibenjani? (Zibekele umgomo)
- Yikuphi okungakhethwa? Yini angayenza? (Nquma okungakhethwa)

Ngizobhala imibono yenu ephepheni lokubhala lasebondeni.

- Ake sibheke le mibono ngamunye. Yikuphi ocabanga ukuthi kungasebenza kahle kakhulu ukuxazulula inkinga yakhe? Kungani? (Nquma ngohlelo lokuthatha izinyathelo)



Facilitators guidance

Suggested responses for Thembi's problem

1. What is the problem?

Thembi only has enough money to pay for the school uniform and school books for one child. She needs to pay for both children but does not have enough money.

2. How does the problem affect the people involved?

One of the children may not be able to attend school if they do not have a school uniform or school books for both.

3. What is the goal?

The goal is to have school uniforms and school books for both children, so that they can both attend school.

4. What are the options/possible actions? What can she do?

Thembi can meet with school principal to see if she can make some sort of arrangement for the school uniform and school books. She could borrow money. She could get a second job to make more money. She could start a small business to make extra money. She could ask her work colleagues, family or friends for donations or money.

5. Decide on a plan of action

Allow the group to decide which option is best and to justify their reason.

Problem Solving Steps

Ukuxazulula le nkinga kumele usebenzise ezinye zezinyathelo zokuxazulula izinkinga. Ake sibheke sonke ipheshana Lezinyathelo Zokuxazulula Izinkinga eliveza lezi zinyathelo:

- **Chaza** inking
- **Qonda** inking
- **Beka umgomo**
- **Thola** okunye ongakukhetha
- **Nquma** ngohlelo ozolulandela
- **Kuzame** ubone ukuthi kuyasebenza yini



Take home point

Izinyathelo Zokuxazulula Izinkinga zinikeza ngesu eliwusizo ekubhekaneni nezinsesele. Ukuzijwayeza lezi zinyathelo kungakusiza ukuthi uzisebenzise kangcono.



EXERCISE 4: PARENTING STYLES



(25 minutes)

Rationale

The purpose of this exercise is to increase the caregiver's understanding of their own parenting style, and the effect that different kinds of parenting behaviour can have on the adolescent's behaviour. This understanding can lead to adaptive parenting that is more effective, and to reduced conflict between caregivers and those in their care.

Background for the facilitator

Parenting styles

Different caregivers use different practices in raising their children. These practices have an impact on the caregiver/child relationship, as well as on how the children respond to the world around them. The questionnaire is used to assist caregivers to become aware of the style that they use. There are no right or wrong answers to the questions.



Instructions

1. Review '**Background for the facilitator**' and consider this material throughout the exercise when providing feedback and facilitating discussion.
2. Prior to beginning the exercise, post two pieces of paper indicating "SELDOM" and "MOST OF THE TIME" in opposite corners of the room (use local language equivalent as appropriate).
3. Introduce the exercise. Refer to '**Introduction: Parenting styles**' as needed.
4. Conduct the '**Parenting style questionnaire.**' Instruct everyone to stand up. Read out each statement and ask the caregivers to move to the corner that best fits their response - either the corner marked "SELDOM" or the other marked "MOST OF THE TIME".
5. For each question, provide participants in the 'MOST OF THE TIME' corner the correct coloured piece of paper. The questionnaire is divided into three parenting styles (Strict, Understanding, and Permissive), and each style has a different colour paper that should be given out to participants in the 'MOST OF THE TIME' corner. The colour for 'MOST OF THE TIME' changes every 6 questions: for the first 6 questions they will get blue papers, the next six they will get red papers, and the last six they will get yellow papers (the colour legend is also indicated in the questionnaire). 'SELDOM' responses do not get any paper.

6. After all the questions are answered, instruct the caregivers to each count the number of coloured papers they have individually. The colour they have the most of represents their most commonly used parenting style.
7. Refer to '**Common parenting styles**' to explain the results of the exercise and emphasize that no one parenting style is wrong or better than another.
8. Conduct the '**Group discussion**' to discuss how each parenting style may contribute to adolescent behaviour. Note responses for each parenting style separately on the flipchart. Support caregivers to look at the consequences of their behaviour and where consequences are not positive (for example, shouting and the adolescent shouts back or refuses to talk), encourage them to suggest alternative behaviours and consider what the outcomes of such changes might be. Encourage responses and reflection, listen with empathy, and add to the discussion using '**Facilitator guidance**' as needed.
9. Review the '**Take home point**.'



Introduction: Parenting styles

Sizodlala umdlalo ngokuvumela izinyawo zethu zikhulume. Sizophendula imibuzo ngokuhambahamba endlini. Leli khona laziwa kanje "esikhathini esiningi" leli laziwe kanje "ngokungavamile". Ngizofunda izitatimende wena uzophendula kulesi sitatimende ngokuya ekhonnei elihambisana kahle kakhulu nempendulo yakho. Ngizoninikeza isibonelo:

Nginika ingane yami izipho:

- *Uma ungavamile ukunika ingane yakho isipho, uzoya ekhonnei elibhalwe "NGOKUNGAVAMILE".*
- *Uma uvamile ukunika ingane yakho isipho, uzoya ekhonnei elibhalwe "ESIKHATHINI ESININGI."*

Azikhho izimpendulo eziyizo nokungeyizo. Ungaphendula ngendlela ovame ukuphendula ngayo enganeni yakho. Kulelo khona "NGASO SONKE ISIKHATHI" uyothola iphepha elinombala okumele uligcine. Uma sesiqedile ukuphendula imibuzo ngizokutshela ukuthi wenzeni ngamaphepha.



Parenting style questionnaire²

Most of the time= Blue paper (Okuluhlaza)

Seldom = No paper

1. *Ngiyayichazela ingane yami ukuthi ngizizwa kanjani ngendlela yokuziphatha kahle/kabi kwayo*
2. *Ngiyayikhuthaza ingane yami ukukhuluma mayelana nemizwa nezinkinga zayo*
3. *Ngiyayikhuthaza ingane yami ukukhuluma ngokukhululeka okusemqondweni wayo, ngisho ngabe iphikisana nami*
4. *Ngiyayiduduza futhi ngikhombise ukuyizwisisa ingane yami uma ithukuthele*
5. *Ngiyayincoma ingane yami*
6. *Ngibhekelela izifiso/okuthandwa yingane yami uma ngenza izinhlelo zomndenani*

Most of the time= Red paper (Okubomvu)

Seldom = No paper

7. *Uma ingane yami ingibuza ukuthi kungani kumele yenze okuthile, ngiyitshela ukuthi ngoba kusho mina, ngingumzali wakho.*
8. *Ngiyathetha uma ingane yami yenza okungalungile*
9. *Ngiyayishaya ingane yami uma ngingakuthandi lokho ekwenzayo noma ekushoyo*
10. *Ngiyayigxeka ingane yami ukuze yenze ngcono indlela yayo yokuziphatha*
11. *Ngisebenzisa ukumesabisa njengendlela yokujezisa*
12. *Ngiyigxeka ngokusobala ingane yami uma indlela yokuziphatha kwayo ingahlangabezani nalokho engikulindele*

Most of the time= Yellow paper (Okuphuzi)

Seldom = No paper

13. *Ngikuthola kunzima ukuqondisa izigwegwe zengane yami*
14. *Ngiyinika lokho ekufunayo uma ikhala kakhulu noma ikhombisa ukunganeliseki okukhulu mayelana nento ethile*
15. *Ngiyayijabulisa ingane yami*
16. *Angiyinaki indlela yokuziphatha kabi kwengane yami*
17. *Anginaso isikhathi sokunaka ukuthi ingane yami ifunani*
18. *Angiyibeki imithetho ngoba iyonciphisa indlela yokuziphatha kwengane yami*

² Adapted from Robinson, C., Mandlaco, B., Olsen, S. F., & Hart, C. H. (1995). Authoritative, authoritarian, and permissive parenting practices: Development of a new measure. *Psychological Reports, 77*, 819-830.

Common parenting styles

Mangaki amaphepha onawo umbala ngamunye? Yimuphi umbala onamaphepha amaningi awo? Umbala wamaphepha amaningi ukhomba indlela yokukhulisa abantwana oyikhethayo.

Oluhlaza njengesibhakabhaka = Umzali ozwisayo

Obomvu = Umzali ongawubambi umshini

Ophuzi = "Kulungile" noma umzali ovumela noma yini

Ayikho indlela yokukhulisa abantwana embi noma engcono kuneyomunye, kodwa izindlela zokukhulisa abantwana zinomthelela ekutheni abantu abasebasha baphendulana kanjani nabazali futhi ibe nomthelela endleleni yokuziphatha kwabo bobabili umuntu osemusha nomnakekeli. Abanakekeli abaningi bangabanezindlela ezingaphezu kweyodwa abazisebenzisa ezikhathini ezehlukene.



Group discussion

Ake sixoxe ngokuthi isho ukuthini indlela ngayinye yokukhulisa abantwana. Ngizobhala izimpendulo zenu ephepheni lokubhalela elisobondeni.

- Labo abathole amaphuzu amaningi endleleni yokukhulisa abantwana "engawubambi umshini" (okubomvu), ucabanga ukuthi indlela okhulisa ngayo abantwana imthinta kanjani umuntu wakho osemusha?
- Labo abathole amaphuzu amaningi endleleni yokukhulisa abantwana "ethi kulungile" (okuphuzi), ucabanga ukuthi indlela okhulisa ngayo abantwana imthinta kanjani umuntu wakho osemusha?
- Labo abathole amaphuzu amaningi endleleni yokukhulisa abantwana "enokuzwisisa" (okuluhlaza njengesibhakabhaka), ucabanga ukuthi indlela okhulisa ngayo abantwana imthinta kanjani umuntu wakho osemusha?
- Yini oyifundile ngawe kulo msebenzi ngendlela yokuziphatha kwakho nomuntu wakho osemusha?



Facilitator guidance

Example responses and background on each parenting style

Strict parents

Example Responses:

"I am not a bad caregiver, I am just trying to raise my child the best way I can."

"I know that I am strict, my caregiver was also strict."

Background

Strict parents want children to behave well and are strict to enforce rules. They focus less on the child's need than other parents might. Children often obey because they have to. Children may feel restricted and that the parent does not care about their perspective. They may become shy and timid and not take initiative, or they may rebel against the strict rules.

Permissive parents

Example Responses:

"They are difficult to manage."

"They feel there are no rules in the house."

"They have tantrums."

"They are very demanding."

"They want attention."

Background

"Letting go" parents do not set rules for children, they allow children to do what the children want to do. They may inadvertently raise children to not respect rules. Children experience freedom and they may enjoy doing as they please. The parent may experience the child as difficult to manage and demanding, and that the child does not follow any rules and tests the limits. In the long run, the child may feel that the parent does not care and may have difficulty adapting to rules in society and accepting authority.

Understanding parents

Example Responses:

"Sometimes the adolescents are manipulative, but I am also understanding."

"The children get a chance to voice their opinions and I listen to them."

Background

Understanding parents are democratic parents. They listen and react to their children's needs, not only their own. They encourage their children to express their opinions and take their children's wishes into account when making decisions. They encourage their children to explore and to learn within the boundaries and rules they set. Children may see that their parents believe in them. This can help them to develop self-confidence. The children will also develop understanding for others. In such a relationship parents and children talk to each other, learn from each other and solve problems together.

Take home point

Kunezindlela ezahlukene esingakhulisa ngazo abantu abasebasha; futhi njengoba kungekho indlela enhle noma embi ngakho konke, yonke indlela inomthelela ekutheni imphatha kanjani umuntu osemusha. Uma sifuna ukuguqula izindlela ezithile umuntu osemusha enza ngazo, kungadingeka nathi ukuthi siguqule indlela esenza ngayo.



REFLECTION AND SHARING



(10 minutes)



Sesisekugcineni kokuhlangana kwanamhlanje okumayelana **nokukhulisa umuntu osemusha**. Leli yithuba lakho lokwabelana ngemibono yakho neqembu mayelana nalokhu kuhlangana.

Ngingathanda ukuthi umuntu ngamunye axoxe ngokukodwa okusemqoka akufundile namuhla nokuthi ungakusebenzisa kanjani empilweni yakhe yansukuzonke.

PRACTICE AT HOME



(5 minutes)



Ekuzijwayezeni umsebenzi wasekhaya, **qaphelani indlela yenu yokukhulisa abantwana – ngabe isikhathi esiningi uyazwisisa? Unikeza imiyalelo? Uvumela ingane yakho yenze noma yini efuna ukuyenza? Futhi, bheka ukuthi indlela yakho yokukhulisa abantwana ingayithinta kanjani indlela yokuziphatha komuntu wakho futhi cabanga ukuthi yini ongayiguqula ukumsiza aziphathe ngokuhlukile**. Siyobe sesibika ngenkinga esiyikethile kanye nezinyathelo esizikethile ukuthi sizithathe ekuhlanganeni okulandelayo.

CLOSING THE SESSION



Siyovala ukuhlangana ngokudonsa ilotho. Sicela ufake isigqebhezana segama lakho kule nkomishi. Siyobe sesidonsa igama lowo muntu uyowina lesi siphoselotho.

Ngiyabonga ngokuthi uhambele lokhu kuhlangana. Ngiyojabula ukukhuluma nomuntu ngamunye mayelana nalokho enihlangabezane nakho kulokhu kuhlangana futhi uma singakwazi ukuthi senze kangcono okuthile esikhathini esizayo. Sengibheke ekuhlanganeni okulandelayo lapho esizobe sidingida **ukuxhumana ngempumelelo**.

Ngiyokubona esikhathini esizayo nge _____ (isikhathi nendawo) mhla zi- _____ (ilanga nosuku).

SESSION 2

Effective communication

TIME

120 minutes

RATIONALE

This session focuses on the basic communication skills necessary to strengthen child-caregiver relationships. The better the caregiver's communication skills, the more effective he/she can be as a caregiver. Chronic illness in the household, or integrating new members into a family, can be a stressful time. Both caregivers and adolescents may experience emotional difficulty. Good communication skills are tools to deal with emotions and relationships in creating a supportive home environment.

The session is focused on improving caregivers' listening skills to enhance their understanding of their adolescents' behaviour. This will be done through encouraging active listening to the adolescent and helping the adolescent to explore their feelings.

Additionally, the session focuses on caregivers' ability to express their own feelings in such a way that the adolescent will be able to hear and understand them. This may include situations where the caregiver wants to express that the adolescent has done something to annoy or hurt the caregiver. If done in a hostile way, with blaming, preaching, or commanding, the adolescent may not react as the caregiver hopes, or it may have a negative influence on the relationship. The direct expression of feelings as an "I" message, on the other hand, can promote effective, joint problem solving.

GOALS

- To provide caregivers with skills to improve communication with their adolescents about emotions
- To help caregivers distinguish different messages communicated to adolescents, and identify how these messages affect their adolescents
- To assist caregivers to listen effectively to their adolescents
- To enhance caregivers' self-expression skills and ability to talk openly with their adolescents
- To enable caregivers to express their feelings through "I" statements instead of "you" statements





SESSION OVERVIEW

Opening ritual

Feedback from previous session (15 minutes)

Exercise 1: Broken telephone (5 minutes)

Exercise 2: Helpful and unhelpful listening (30 minutes)

Exercise 3: Active listening (30 minutes)

Exercise 4: Communicating with "I" messages (25 minutes)

Reflection and sharing (10 minutes)

Practice at home (5 minutes)

Closing the session

MATERIALS NEEDED

- Name tags for participants
- Flipchart or a black/white board and marking pens
- Two copies of the role-play script for volunteers (Appendix)
- Small group practice scenarios: "I" messages (Appendix)
- Lottery prize

WORKBOOK HAND-OUTS REVIEWED

- [Guidelines for active listening](#)



SPECIAL PREPARATION

- Practice the two role-plays for Exercise 2 between the facilitator and co-facilitator so you deliver it easily.
- Practice the role-play for Exercise 3 between the facilitator and co-facilitator so you deliver it easily.
- Write out the two scenarios for Exercise 3 on a piece of flipchart paper to assist you in explaining them, and so participants can reference them as needed during the activity.
- Make two copies of the role-play script for volunteers found in the appendix for Exercise 4.
- Print and cut out the small group practice scenarios found in the appendix for Exercise 4. There are 10 scenarios, each group of 3 persons should have two. Thus, one set of the scenarios should be enough for 15 people.

OPENING RITUAL

FEEDBACK FROM PREVIOUS SESSION

(15 minutes)



Instructions

1. Ask someone to summarize the home assignment. Refer to the '**Home Practice assignment summary**' text if clarification is needed.
2. Encourage feedback from participants on their completion of the home practice. Ask them about their emotions, thoughts and behaviours related to the home practice.
3. Spend some time on areas where there were challenges and use group problem solving to get ideas on how the situation can be dealt with. Use one of the challenges as a role-play. The co-facilitators can model it.
4. Praise participants for their efforts to problem solve.



Home practice assignment summary

Umsebenzi obunikwe wona bekuwukubheka ukuthi indlela okhulisa ngayo abantwana ingayithinta kanjani indlela yokuziphatha komuntu wakho osemusha kanye nokucabanga ngento ongayiguqula ukumsiza aziphathe ngendlela ehlukile.



EXERCISE 1: BROKEN TELEPHONE³



(5 minutes)

Rationale

The purpose of this exercise is to engage participants in an activity that requires careful listening in order to highlight the importance of active listening skills. Active listening is a key component of effective communication.



Instructions

1. Ask participants to stand in a semi-circle. Stand on one end of the semi-circle and introduce the exercise, refer to '**Introduction: Broken telephone**' text provided as needed.
2. Whisper the message provided in the '**The message**' text into the first person's ear standing next to you in the semi-circle. Whisper so that the next person in the circle is not able to hear what you are saying.
3. Allow each participant to repeat the message to the person standing next to them, whispering so that nobody else can hear it.
4. Ask the last person in the semi-circle to say the message out loud to the group.
5. Read the '**The message**' that was given to the first participant and compare it to the message said out loud by the last participant in the semi-circle.
6. Conduct the '**Group discussion**' questions. For the second question, about what may have happened to the message, look for responses about how the message was distorted along the way, and how communication can break down and information can be misinterpreted.
7. Review the '**Take home point.**'



Introduction: Broken telephone

Ake sidlale umdlalo obizwa ngocingo olwephukile, ukuhlola amakhono ethu okukhulumisana.

Ngingathanda ukuthi nime sengathi niyisiyingi. Ngizohlebelwa umuntu oseduze kwami okuthile. Lo muntu kumele ahlebele omunye oseduze kwakhe, ngokuqaphela ukuthi kungabibikho muntu ozwayo. Wonke umuntu uzokwenza lokhu kuze kube umuntu wokugcina kulokhu okuthi akube yisiyingi. Umuntu wokugcina uzosho umyalezo awuzwile awukhulumele phezulu.

³ Adapted from Miller, S. (1995) Teens and Adults Learning to Communicate (TALC: LA), Phase 2, Session 5. Los Angeles: Center for HIV Identification, Prevention and Treatment Services; and Doubt, J., Lachman, J. M., Cluver, L., Ward, C., and Tsoanyane, S. (November 2015). Sinovuyo Caring Families Programme for Parents and Teens: Facilitator Handbook. South Africa: UNICEF and World Health Organization.

The message

UMama uGrace uhambe wayothenga igrosa e-Shoprite wabe esekhumbula ukuthi kumele athengele uThandi ihembe namasokisi esikole.



Group discussion

- *Yini oyiqaphelile ngemiyalezo emibili?*
- *Yini ocabanga ukuthi yenzekile kule miyalezo njengoba ubudluliswa usuka komunye umuntu uya komunye?*
- *Ucabanga ukuthi yini inhloso yalo msebenzi?*



Take home point

Kungabalula ukungazwisisi ukuthi abantu bathini. Kumele sibalalele ngempela abantu ukuqonda ukuthi bathini. Kumele futhi sikhulume ngokucacile.

Namhlanje sizogxila ekubalulekeni kokulalela, kanye nezindlela zokugwema ukuthi abanye bangasizwisisi.



EXERCISE 2: HELPFUL AND UNHELPFUL LISTENING⁴



(30 minutes)

Rationale

The purpose of this exercise is to raise awareness among caregivers regarding the importance of talking about emotions, as well as controlling their own reactions to negative emotions. Caregivers are motivated to improve their listening skills.



Instructions (Part 1)

1. Introduce the exercise, reinforcing the importance of listening. Refer to '**Introduction: Listening**' text as needed.
2. Conduct the '**Group discussion 1**' asking why it may be helpful to talk about emotions and allow for brief responses. Write responses on the flipchart. Refer to the first '**Facilitator guidance**' to aid the discussion as needed.
3. Introduce the '**Role-play: Sihle wants to quit her job,**' and act out the 'Scenario 1' role-play between the Facilitator and Co-Facilitator.
4. Conduct the '**Group discussion 2**'. Refer to the second '**Facilitator guidance**' to aid the discussion.
5. Act out the '**Scenario 2**' role-play between the Facilitator and Co-Facilitator.
6. Conduct the '**Group discussion 3**'. Refer to '**Facilitator guidance**' to aid the discussion as needed.
7. Review the '**Take home point**'.



Introduction: Listening

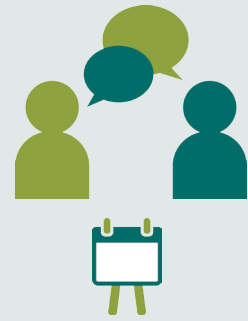
Njengoba sibonile emsebenzini wocingo oluphukile, kusemqoka ukulalela kahle uma abantu bekhuluma, ukuqiniseka ukuthi siyezwa futhi siyakuzwisisa abakushoyo. Leli yikhono lokukhulumisana elisemqoka. Kodwa-ke, kukhona zombili izindlela zokulalela eziwusizo nezingesilo usizo, esizoxoxa ngazo ngesikhathi salo msebenzi.

⁴ Adapted from Miller, S. (1995) Teens and Adults Learning to Communicate (TALC: LA), Phase 2, Session 5. Los Angeles: Center for HIV Identification, Prevention and Treatment Services; and Doubt, J., Lachman, J. M., Cluver, L., Ward, C., and Tsoanyane, S.. (November 2015). Sinovuyo Caring Families Programme for Parents and Teens: Facilitator Handbook. South Africa: UNICEF and World Health Organization.

Group discussion 1

Ngaphambi kokuthi sibheke lezi zinhlobo ezimbili zokulalela, ake sixoxe kafushane kungani kungase kube usizo ukuxoxa ngemizwa?

Ngizobhala imibono yenu ephepheni lokubhalela lasobondeni.



Facilitator guidance

Importance of talking about emotions

- **Talking about emotions helps us control our reactions to negative emotions.** If we are frustrated and we speak about it, we are less likely to shout in anger at other people. It also gives us an opportunity to express how we feel.
- **Talking about emotions increases the joy we get from relationships.** By sharing our emotions, we strengthen our relationships. It helps us understand each other better. It allows us to express our need for support. We are also able to support each other when we talk about emotions.
- **Talking about emotions can help us to stay healthy.** Letting feelings 'out' in a controlled way actually assists in reducing the risk of heart disease, high blood pressure, and stress. It also helps us to relieve stress and worries.

Role-play: Sihle wants to quit her job

Manje sesizoba nombukiso wokulalela okuwusizo nokungesilo usizo ngokusebenzisa umdlalo. Ngizofunda umfanekiso simo ukusinika ngemvelaphi yesimo bese umsizi wami ongumgqugquzeli kanye nami siyobe sesilawula ukwenziwa komdlalo. Ekupheleni kwalo mdlalo siyobe sesikhuluma ngobuhle nangobubi bokulalela okuwusizo nokungesilo usizo.





Scenario 1: Sihle wants to quit her job (USihle ufuna ukuyeka umsebenzi wakhe)

MAMA: Sihle, bengicabanga ukuthi uyasebenza namhlanje. Kungani ungekho emsebenzini?

SIHLE: Ngicabanga ukuyeka, angisafuni ukusebenzela uNkk Dlamini.

MAMA: Angeke, Sihle, angeke ukwenze lokho. Kumele ubuyele. Uzokwenzani ekhaya ilanga lonke? Uzowutholaphi omunye umsebenzi? Ufuna ukuhlala ekhaya ugcwalise abangani bakho endlini yami niqede ukudla kwami. Cha, uzoya emsebenzini.

SIHLE: Angisafuni ukusebenza laphaya, futhi uNkk Dlamini akangithandi. Ungisebenzisa kanzima ukudlula bonke abanye abantu emsebenzini.

MAMA: Ungangitsheli ukuthi uNkk Dlamini wenzani, awuholelwa ukuthandwa. Uyahola ngoba uyasebenza. Noma kanjani uyaya emsebenzini namhlanje. Uzodlani uma ungasebenzi?

SIHLE: Akusizi ukungimemeza sengisithathile isinqumo.

MAMA: Sihle, ngiyakutshela, angibafuni abangani bakho eduze komuzi wami!

SIHLE: Akusizi awungilaleli.



Group discussion 2

- *Ngabe ucabanga ukuthi uSihle uzizwa kanjani ngendlela umama wakhe amphendule ngayo?*
- *Ngabe ucabanga ukuthi umama uzizwa kanjani ngalokho okushiwo uSihle? Yikuphi akwenzayo kuSihle?*
- *Lokhu kukhulumisana kungenziwa kanjani ukuthi kube ngcono?*

Facilitator guidance

Potential responses to Scenario 1

Look out for responses such as:

In this scenario the mother focuses on her own feelings and needs - that Sihle has to work and not hang around the house and be dependent on her. The focus is not on what Sihle feels or wants. This often leads to adolescents feeling misunderstood and can result in conflict.

To improve communication, the mother could instead:

- Ask her why she does not want to work for Mrs Dlamini anymore,
- Note and respond to the feelings about the work,
- Try to listen to and understand Sihle's reasoning and what her plans would be if she quit her job,
- Do not force her to do something against her will.

Scenario 2: Sihle wants to quit her job (USihle ufuna ukuyeka umsebenzi wakhe)

Ake sibheke enye indlela lesi simo ebesingayithatha.

MAMA: Sihle, vuka uzoshiywa yisikhathi sasemsebenzini.

SIHLE: Mama, angisafuni ukusebenzela uNkk Dlamini.

MAMA: Uzwakala uthukuthele Sihle, kwenzenjani?

SIHLE: UNkk Dlamini uhlala njalo engithuka engibiza ngamagama phambi kwabanye abantu. Ulimaza imizwa yami.

MAMA: Ngiyaxolisa, bengingazi ukuthi uNkk Dlamini ubenza lokho kuwe.

SIHLE: Ngisebenza kanzima mama yena ungenza ngizizwe ngiyisilima. Angisoze ngakwazi ukumjabulisa.

MAMA: Ngiyaxolisa ngane yami.

SIHLE: Angisakwazi ukumelana nakho, mama. Ngisebenza kanzima kodwa akakuboni lokho.

MAMA: Awusona isilima. Akukho kuhle ukuba noma nobani okwenza uzizwe kabi ngawe. UNkk Dlamini akanalo ilungelo lokwenza lokho.

SIHLE: Ngizothola omunye umsebenzi mama.





Group discussion 3

- *Izenzo zikamama zihluke kanjani kule mifanekiso simo emibili?*
- *Ucabanga ukuthi uSihle uzizwa kanjani mayelana nendlela umama amphendule ngayo kulo mfanekiso simo?*
- *Ukwenza kukaSihle kuhluka kanjani kule mifanekiso simo emibili?*
- *Yini esiyifundayo kule midlalo mayelana nokulalela umuntu osemusha?*
- *Ukulalela abantu bethu abasebasha kungabenza kanjani bube ngcono ubudlelwane bethu nabo?*

Facilitator guidance

Potential responses to Scenario 2

Look out for responses such as:

Difference in mother's reaction in the two scenarios:

- In the first scenario the mother talked from her own viewpoint, her need for Sihle to work was more important.
- In the second scenario the mother listened to try and understand what was going on with her daughter.

Difference in Sihle's reaction in the two scenarios:

- In the first scenario she felt angry, criticized, alone, or not understood. She may quit her job, hang around with friends, and not talk to her mother.
- In the second scenario she felt respected, understood, and listened to. She may look for another job, or even go to work to make sure that she has made the right decision.

Importance of listening to adolescents:

Caregivers often give instructions, advice, criticism, or preach to children about what they should and should not do. They may not really listen. Caregivers are often more willing to listen to other adults than to their children.

- Listening will open up the relationship so that the child feels appreciated.
- It also gives the child a better chance to make good decisions, because they could discuss their ideas with an adult. What we say to a child has an important influence on them.



Take home point

Ukuxoxa ngemizwa yakho kusiza abanye baqonde kahle ukuthi yini oyidingayo futhi kungani. Ukulalela nokuhlonipha imizwa yomuntu osemusha kukhombisa ukuthi uyanakekela futhi kungaholela ekutheni kube nomphumela omuhle.

EXERCISE 3: ACTIVE LISTENING⁵

(30 minutes)



Rationale

The purpose of this exercise is to present practical tips for caregivers on active listening and reflection (stating back what they heard). This will assist caregivers to gain awareness and skills for effective communication with their adolescents.

Instructions (Part 1)

1. Introduce the exercise and conduct the '**Group discussion 1.**' Refer to '**Facilitator guidance**' to aid the discussion.
2. Introduce and review the Guidelines for active listening hand-out with the group. Refer to the '**Guidelines for active listening**' text as needed.
3. Conduct the '**Group discussion 2.**' Refer to '**Facilitator guidance**' to aid the discussion.



Group discussion 1

Kulo msebenzi sizodingida ukulalela kahle uma abantu bethu abasebasha benenkinga.

- *Ukhona ongasinika incazelo yokulalela kahle? Ungaqagela ngokusebenzisa umfanekiso simo wesibili ovela endabeni kaSihle.*

Ake sibheke umfanekiso simo wesibili wendaba kaSihle bese sibheka inqubo yokulalela kahle.

- *Umama ukusebenzise kanjani ukulalela kahle, wenzeni?*
- *Wenzani umama ukhombisa ukuthi ulalele futhi uyazwisisa?*
- *Umama ubheka kanjani emuva emizweni kaSihle?*



⁵ Adapted from Miller, S. (1995) Teens and Adults Learning to Communicate (TALC: LA), Phase 2, Session 5 and Phase 3, Session 6. Los Angeles: Center for HIV Identification, Prevention and Treatment Services.

Facilitator guidance

Definition of active listening

- To rephrase what you heard the other person say, in your own words.
- To listen and understand what the other person has said.

Suggested examples

Examples of reflections in the scenario are:

- Sihle says "I do not want to work for Mrs Dlamini anymore."
- Sihle's mom says "You sound upset."



Guidelines for active listening

Ukubheka emuva kukhombisa ukuthi umama umlalele uSihle futhi wakuzwisa lokho akushilo. Lokhu kubizwa "Ukulalela Kahle." Ngingathanda ukuthi sibheke imihlahlandlela yokulalela kahle. Asibuyekeze iphepha: Imihlahlandlela yokulalela kahle elisezincwadini zenu zokusebenzela.



Group discussion 2

- *Kungani ukulalela kahle kuyindlela enhle ukuyisebenzisa nomuntu wakho osemusha?*

Facilitator guidance

Why using active listening with adolescents might be useful

Potential responses

- It keeps the adolescent talking about a problem.
- It gives the adolescent the feeling that someone understands their problem.
- It builds a relationship of trust between the caregiver and the adolescent.
- It helps the adolescent to begin to solve their own problems.
- It encourages the adolescent to explore strong feelings.
- It promotes caregiver-adolescent communication.

Instructions (Part 2)

4. Introduce '**Role-play: The necklace,**' then, act it out for the group between the facilitators using the script provided.
5. Conduct the '**Group discussion 1.**' Refer to '**Facilitator guidance**' to aid the discussion.
6. Introduce '**Practicing active listening,**' referring to the text as needed. Divide the participants into groups of 3, where one participant will play the caregiver, one will play the adolescent and the third will observe and give feedback to the pair. Assign and explain to them the two scenarios and that they should switch roles for each scenario. Emphasise that participants should practice active listening in response to both scenarios. Check on each group's progress and assist where there are any difficulties.
7. After 10 minutes, reconvene the group and conduct '**Group discussion 2.**' Refer to '**Facilitator guidance**' to aid the discussion. Note the challenges the participants experienced, if any. If there are specific challenges, have the participants role-play in front of the group so that they can problem solve.
8. Review the '**Take home point.**'





Role-play: The necklace (Umgexo)

Ngifuna ukuthi uzame ukuthi uzitholele wena ngokwakho ukulalela kahle. Sizodlala umdlalo. Lalela kahle ukubona ukuthi ungakwazi yini ukuthola izibonelo zokulalela kahle.

DORIS: Aaargh!

MAMA: Kwenzenjani? Uzwakala uthukuthele ngempela.

DORIS: Kukhona ontshe ngetango lami legolide esikoleni.

MAMA: Oh! Doris! Lokhu kukwenza uzizwe uphatheke kabi kakhulu.

DORIS: Bheka izibazi entanyeni yami lapho elidonswe khona.

MAMA: Awufuni ukuthi lokho kukwebheka kube namagciwane.

DORIS: Ngizofaka okuthile kukho khona manje, emzuzwini owodwa. Angikwazi ukukudlulisa. Wawuqinisile. Kwakungamele ngiligqoke esikoleni.

MAMA: Manje uyazijezisa?

DORIS: Ngicabanga kanjalo. Uyazi – iketango likwenza ubukeke kahle impela. Ngiyathanda ukubukeka kahle esikoleni.

MAMA: Kuzobanzima ngaphandle kwalo.

DORIS: Isenti ngalinye lalelo ketango kwakungelami. Ngalisebenzela ngempela. Ngabeka imali izinyanga eziningi.

MAMA: Konke okwenzile ukuthi ulithole kwenza ukuthi kube kubi kakhulu ukulahlekelwa yilo?

DORIS: Yebo. Bengilithanda lelo ketango. Ngiyacabanga ukuthi kuzomele ngiqale phansi futhi.

MAMA: Uma ufuna iketango elisha, engicabanga ukuthi uyalifuna, ngabe ufuna ukuthi ngibone ukuthi ngiyezwa yini ngemisebenzi ongayenza uma ubuya esikoleni?

DORIS: Lokho kungaba kuhle. Uma ngike ngayithola ngaphambilini, ngingakwenza futhi.

MAMA: Kumele ngikuncome ngendlela owonge ngayo imali yakho.

DORIS: Ngiyabonga mama. Ngizogcoba umuthi lapho engisikwe khona yiketango.

Group discussion 1

- Ungake uveze izibonelo zokulalela kahle ozizwile?



Facilitator guidance

Suggested examples of active listening

DORIS: Aaargh!

MOTHER: You sound really upset.

DORIS: Someone stole my gold chain at school.

MOTHER: That must make you feel terrible.

DORIS: I really worked for that. I saved up for months.

MOTHER: All you did to earn it makes losing it a lot worse?

Practicing active listening

Manje sesizokwenza imidlalo ukunikeza ngethuba lokuzijwayeza ukulalela kahle. Mibili imifanekiso simo: owokuqala uveza ukukhathazeka komnakekeli kanti omunye uveza ukukhathazeka komuntu osemusha. Owokuqala umnakekeli unikeza umuntu osemusha imiyalelo. Owesibili yilapho umuntu osemusha eveza khona izidingo zakhe. Kuyo yomibili le mifanekiso simo, sifuna umnakekeli akhombise ukulalela kahle.

Zenzi nibe ngamaqembu anabantu aba-3: oyedwa uzodlala umuntu osemusha, oyedwa adlale umnakekeli bese owesithathu abe yisibukeli. Guqulani izindawo zokudlala emva komfanekiso simo ngamunye, ukuqinisekisa ukuthi umuntu oyedwa akabi yisibukeli kabili. Sizonikeza kuphela ngesimo esivamile, nizobe seniqhamuka nenizokusho okungaba njengomuntu osemusha noma umnakekeli. Isibukeli kumele sibeke umbono wokuthi umnakekeli umlalele kahle kanjani umuntu osemusha.

Imifanekiso simo emibili yemidlalo imi kanje:





Scenario 1: Caregiver's concern

Tshela umuntu osemusha ukuthi awuthandi ukuthi alethe abangani bakhe ekhaya uma bebuya esikolweni uma kungekho muntu ekhaya (qamba lokho ofuna ukukusho).

Scenario 2: Adolescent's concern

Tshela umnakekeli wakho ukuthi izingane ezincane kunawe zilokhu ziza ekamelweni lakho ngesikhathi wena uzama ukufunda futhi awukuthandi lokho (qamba lokho ofuna ukukusho).



Group discussion 2

- Yiyiphi into eyodwa abanakekeli abayenze kahle?
- Yiyiphi into eyodwa abanakekeli obekumele ngabe bayenze ngokuhlukile?



Take home point

Ukulalela kahle yikhono lokukhulumisana elisemqoka. Ungalalela kahle ngokuqonda ukuthi omunye umuntu uthini nokuthi umphindele lokho akade ekusho.

EXERCISE 4: COMMUNICATING “I” MESSAGES⁶

(25 minutes)



Rationale

The purpose of this exercise is to make caregivers aware of how to express their emotions in a constructive way through “I” messages. This will be done through role-play.

Facilitator background

Why it is important to express emotions effectively

- To help participants to know themselves: it helps them to clarify their feelings, needs, and expectations of the other person.
- To help participants say what they have to say from their own point of view.
- To communicate in a way that reduces the likelihood of the other person responding in a hostile or defensive manner.

Instructions (Part 1)

1. Introduce the exercise; refer to '**Introduction: Scenarios**' text provided as needed and recruit two volunteers to participate in the role-play, one to play an adolescent and one to play the mother. Be sensitive to illiteracy issues as the role-play requires reading a brief script.
2. Explain the volunteers' roles as adolescent and caregiver for the role-play. Instruct the rest of the participants to consider how feelings are communicated in this scenario.
3. Have volunteers conduct '**Scenario 1: The dishes.**' Thank volunteers for participating.
4. Conduct the '**Group discussion 1**' to obtain feedback; refer to the '**Facilitator guidance**' to aid the discussion as needed.
5. Ask the same volunteers to conduct '**Scenario 2: The dishes.**' Thank volunteers for participating.
6. Conduct the '**Group discussion 2**' to obtain feedback. Spend some time discussing “I” messages' and refer to the second '**Facilitator guidance**' to aid the discussion as needed.



⁶ Adapted from Miller, S. (1995) Teens and Adults Learning to Communicate (TALC: LA), Phase 2, Session 6. Los Angeles: Center for HIV Identification, Prevention and Treatment Services.



Introduction: Scenarios

Emsebenzini wokugcina sixoxe ngokuthi singabalalela kanjani abantu abasebasha, manje sizoxoxa ngokuthi singaxoxa kanjani ngemizwa yethu. Nizokhumbula ngesikhathi sikhuluma ngokukhuluma ngokuzethemba, siphinde saxoxa ngokubaluleka kokusebenzisa imiyalezo eno "Ngi". Lokhu kubalulekile futhi uma sikhuluma nezingane zethu.

Sizodlala imifanekiso simo eyehlukene ekhombisa ukusetshenziswa kwemiyalezo eno 'Ngi'. Siyoncika kokubhaliwe njengengxenywe yalo mdlalo.

Ngingawathola yini amavolontiya amabili azofunda umfanekiso simo wokuqala?

Ivolontiya loku-1 lizodlala umama okhuluma nomuntu wakhe osemusha.

Ivolontiya lesi-2 liyophendula njengomuntu osemusha.

Nina nonke niyobheka ukuthi imizwa ivezwa kanjani phakathi kukamama nendodakazi.

Scenario 1: The dishes (Izitsha)

MAMA: Zanele, awunamsebenzi walutho futhi uyavilapha! Izitsha azizange zigezwe ilanga lonke, kungani?

INDODAKAZI: Nawe awuzigezi izitsha ozisebenzisayo uma uqeda ukuzisebenzisa.

MAMA: Lokho kuhlukile. Ngiyasebenza futhi nginezinto eziningi engizenzayo. Uma ngibuya ekhaya, ngichitha ingxenye yosuku lwami ngicoshisa izinto ezishiywa yizingane ezingcolile.

INDODAKAZI: Angizange ngingcole.

MAMA: Umubi njengabanye, futhi nawe uyakwazi lokho!

INDODAKAZI: Ulindele ukuthi wonke umuntu abe msulwa.

MAMA: Kuhle-ke, usenebanga elide okumele ulihambe.

INDODAKAZI: Yini ungavele uthule ungiyeke. Angikwazi ukukumela ukulalela wena.



Group discussion 1

- Uzizwa kanjani umama?
- Izizwa kanjani indodakazi?
- Yini ehlukile ebingenziwa umama?
- Bekumele akhulume kanjani umama ngemizwa yakhe kuZanele?



Facilitator guidance

Suggested example responses to the discussion of Scenario 1:

How does the mother feel?

- The mother is very upset, she sounds annoyed, she is very angry.

How does the daughter feel?

- The daughter is also upset; she is talking back to her mother.

What could the mother have done differently?

- The mother could have acknowledged her feelings, she could have spoken to the child in a calm manner without calling her useless and lazy.

How could the mother have communicated her feelings to Zanele?

- She could have communicated her feelings in a constructive manner.

Scenario 1: The dishes (Izitsha)

MAMA: Zanele, uma ngilungiselela ukupheka ukudla kwakusihlwa ngibona ukuthi izitsha zesidlo sasekuseni azikagezwa, ngizizwa ngiphelelwa amandla futhi ngizwa ubuhlungu. Ngibe sengiqala ukuzizwa ngithukuthele, futhi ngingasakwazi ukuziphoqa ukuthi ngenze isidlo sakusihlwa.

INDODAKAZI: Angivami njalo ukuthi ngibe nesikhathi sokugeza izitsha ngaphambi kokuthi ngiye esikoleni. Ngicabanga ukuthi kumele ngizame ukuvuka ekuseni kakhulu noma mhlawumbe singavumelana ngizokwenza eminye imisebenzi endlini ngezinsuku lapho okuzobe angeke ngisakwazi ukugeza izitsha ngaphambi kokuthi ngiye esikoleni.



Group discussion 2

- Ngaphambi kokuthi siqale ukuxoxa ngomdlalo, ukhona ongasitshela ukuthi yini isitatimende esino "Ngi"?
- Ukusebenzisa isitatimende esino "Ngi" kukuguqula kanjani ukuxoxisana phakathi kukamama nendodakazi?
- Ikhona enye into eningathanda ukuxoxa ngayo mayelana nokukhulumisana kulo mfanekiso simo?



Facilitator guidance

Suggested example responses to the discussion of Scenario 2:

What is an "I" statement?

- It is a way of communicating that begins with the word "I",
- It is a way of communicating to express our own emotions,
- It shows that the person is aware of, and communicating their feelings and not accusing anyone for them.

How does an "I" statement help?

- It limits or cuts down on conflict,
- The mother and daughter are able to listen to one another,
- They are able to express their feelings in a constructive way without anger,
- The mother is able to communicate better/express her reasons for being upset,
- They can discuss the situation to negotiate a solution that can avoid future conflict.



Instructions (Part 2)

1. Introduce the activity and explain the role-play using the '**Using "I" messages**' text as needed.
2. Divide the caregivers into groups of 3 and give each group two of the '**Small group practice scenarios**' to practice. When the pair is finished they must switch roles so that the observer has a chance to role-play.
3. Facilitators should walk through the groups to provide extra coaching and ensure all caregivers master the skill of using "I" messages. If the group is struggling to find ways to use "I" messages, then the facilitators should do the role-play.
4. After caregivers have demonstrated understanding and correct use of "I" messages, ask the '**Group discussion**' questions about their concerns and possible advantages of this approach. Refer to '**Facilitator guidance**' as needed to aid the discussion.
5. Review the '**Take home point.**'



Using "I" messages

Ngingathanda ukuthi নিজিয়েজে ukusebenzisa imiyalezo eno "Ngi". Ngizonehlukana nibe ngamaqembu anabantu abathathu. Abantu ababili bazolingisa bese oyedwa abe umqeqeshi ozobheka anikeze nezeluleko. Uma seniqede ukudlala lo mdlalo, kumele niguqule izindawo enizidlalayo ukuze umqeqeshi athole ithuba lokulingisa umfanekiso simo.



Small group practice scenarios

- *Ngesikhathi ufika ekhaya ubuya emsebenzini, uthole indodakazi yakho idlala nabangani futhi izitsha zingageziwe.*
- *Indodakazi yakho ithathe iselula yayo yaya nayo esikoleni manje uthisha omkhulu uyipucile yona.*
- *Uthole amakhondomu esikhwameni sesikole sendodana yakho eneminyaka yobudala eyi-15.*
- *Indodana yakho iphule ifasitela lakwamakhelwane ngebhola lezinyawo.*
- *Indodakazi yakho ilahle incwadi yayo manje wena kufanele ukhokhe ama-R150 ukuyikhokha.*
- *Uthole ukuthi indodakazi yakho kade yeqa esikoleni isikhathi esingamasonto amabili.*
- *Indodakazi yakho eneminyaka yobudala eyi-16 iphuza amaphilisi okuhlela umndeni ngaphandle kolwazi lwakho.*
- *Indodana yakho eneminyaka yobudala eyi-16 ikhulelise intombazane esikoleni.*
- *Indodakazi yakho ifeyile ibanga le-11 okwesibili.*
- *Uthole ukuthi indodakazi yakho iphuze utshwala obuningi ebusuku obedlule.*

Group discussion

Ukugoqa lokhu kulangana ngingathanda ukuthi sibonisane ngokukhathazeka abanye abanakekeli abangase babe nakho mayelana nemiyalezo eno "Ngi".

Ngizobhala phansi izimpendulo zenu ephepheni lokubhalela lasobondeni.

- Ucabanga ukuthi yikuphi okukhathazayo mayelana nemiyalezo eno "Ngi"?
- Yikuphi okunye okungaba kuhle ekusebenziseni imiyalezo eno "Ngi"?



Facilitator guidance

Concerns and positives about "I" MESSAGES

Concerns / disadvantages

- Most caregivers prefer to directly tell a child what to do.
- Caregivers won't be tough enough when they use "I" messages.
- "I" messages are like starting a fight.
- Some caregivers do not want to seem as though they are confrontational.

Positives/advantages

- "I" messages give the adolescent a chance to change their behaviour.
- If the adolescent ignores the caregiver, the caregiver can still tell the adolescent what to do.
- "I" messages don't create 'bad' guilt.

Take home point

Ngesikhathi kulula kwabanye uma sibathukethelele, ukusebenzisa izitatimende ezino "Ngi" ukuveza imibono yethu kusebenza kahle kakhulu. Ukusebenzisa imiyalezo eno 'Ngi' kuba lula uma uzijwayeza ukukwenza lokho.



REFLECTION AND SHARING



(10 minutes)



Sesisekugcineni kokuhlangana kwethu kwanamhlanje okumayelana **nokukhulumisana ngempumelelo ngokusebenzisa ukulalela kahle nemiyalezo eno "Ngi"**. Leli yithuba lakho lokwabelana ngemibono yakho neqembu mayelana nalokhu kuhlanguana.

Ngingathanda ukuthi umuntu ngamunye axoxe ngokukodwa okusemqoka akufundile namuhla nokuthi ungakusebenzisa kanjani empilweni yakhe yansukuzonke.

PRACTICE AT HOME



(5 minutes)



Ukuzijwayeza ekhaya, sicela নিজwayeze **ukulalela kahle neminyalezo eno "Ngi"** nabantu bakho abasebasha. Thola ithuba lokuba nengxoxo nomuntu osemusha kanye nokulalela kahle ukuthi bathini, bese uyabaphindela lokho abakushilo. Uma kunesikhathi lapho bekucasule khona kuleli sonto, zama ukusebenzisa imiyalezo eno 'Ngi' futhi gwema ukusebenzisa izitatimende ezino 'Wena' uma ubhekana nesimo. Siyobe sesibika ngenkinga esiyikhethile kanye nezinyathelo esizikhethile ukuthi sizithathe ekuhlanganeni okulandelayo.

CLOSING THE SESSION



Siyovala ukuhlangana ngokudonsa ilothoni. Sicela ufake isigqebhezana segama lakho kule nkomishi. Siyobe sesidonsa igama lowo muntu uyowina lesi siphoselotho.

Ngiyabonga ngokuthi uhambele lokhu kuhlanguana. Ngiyojabula ukukhuluma nomuntu ngamunye mayelana nalokho enihlangabezane nakho kulokhu kuhlanguana futhi uma singakwazi ukuthi senze kangcono okuthile esikhathini esizayo. Sengibheke ekuhlanganeni okulandelayo lapho esiyodingida **ukusiza abantu abasebasha ukuthi bakwazi ukubhekana nemizwa enzima**.

Ngiyokubona esikhathini esizayo nge _____ (isikhathi nendawo) mhla zi- _____ (ilanga nosuku).

SESSION 2 APPENDIX 1

Small group practice scenarios: Using “I” messages

Ngesikhathi ufika ekhaya ubuya emsebenzini, uthole indodakazi yakho idlala nabangani futhi izitsha zingageziwe.

Indodakazi yakho ithathe iselula yayo yaya nayo esikoleni manje uthisha omkhulu uyipucile yona.

Uthole amakhondomu esikhwameni sesikole sendodana yakho eneminyaka yobudala eyi-15.

Indodana yakho iphule ifasitela lakwamakhelwane ngebhola lezinyawo.

Indodakazi yakho ilahle incwadi yayo manje wena kufanele ukhokhe ama-R150 ukuyikhokha.

Uthole ukuthi indodakazi yakho kade yeqa esikoleni isikhathi esingamasonto amabili.

Indodakazi yakho eneminyaka yobudala eyi-16 iphuza amaphilisi okuhlela umndeni ngaphandle kolwazi lwakho.

Indodana yakho eneminyaka yobudala eyi-16 ikhulelise intombazane esikoleni.

Indodakazi yakho ifeyile ibanga le-11 okwesibili.

Uthole ukuthi indodakazi yakho iphuze utshwala obuningi ebusuku obedlule.

SESSION 2 APPENDIX 2

Role-play script for volunteers



Scenario 1: The dishes (Zitsha)

MAMA: Zanele, awunamsebenzi walutho futhi uyavilapha! Izitsha azizange zigezwe ilanga lonke, kungani?

INDODAKAZI: Nawe awuzigezi izitsha ozisebenzisayo uma uqeda ukuzisebenzisa.

MAMA: Lokho kuhlukile. Ngiyasebenza futhi nginezinto eziningi engizenzayo. Uma ngibuya ekhaya, ngichitha ingxenye yosuku lwami ngicosha izinto ezishiywa yizingane ezingcolile.

INDODAKAZI: Angizange ngingcole.

MAMA: Umubi njengabanye, futhi nawe uyakwazi lokho!

INDODAKAZI: Ulindele ukuthi wonke umuntu abe msulwa.

MAMA: Kuhle-ke, usenebanga elide okumele ulihambe.

INDODAKAZI: Yini ungavele uthule ungiyeke. Angikwazi ukukumela ukulalela wena.



Scenario 1: The dishes (Zitsha)

MAMA: Zanele, uma ngilungiselela ukupheka ukudla kwakusihlwa ngibona ukuthi izitsha zesidlo sasekuseni azikagezwa, ngizizwa ngiphelelwa amandla futhi ngizwa ubuhlungu. Ngibe sengiqala ukuzizwa ngithukuthele, futhi ngingasakwazi ukuziphoqa ukuthi ngenze isidlo sakusihlwa.

INDODAKAZI: Angivami njalo ukuthi ngibe nesikhathi sokugeza izitsha ngaphambi kokuthi ngiye esikoleni. Ngicabanga ukuthi kumele ngizame ukuvuka ekuseni kakhulu noma mhlawumbe singavumelana ngizokwenza eminye imisebenzi endlini ngezinsuku lapho okuzobe angeke ngisakwazi ukugeza izitsha ngaphambi kokuthi ngiye esikoleni.

SESSION 3

Coping with sadness

TIME

120 minutes

RATIONALE

Sadness and anxiety make it difficult to care for others. This session aims to teach caregivers how to cope with these emotions by changing negative thought patterns. Caregivers also identify activities that boost their happiness and self-esteem. The same strategies can be used by participants to help adolescents cope with difficult emotions.

GOALS

- To help participants recognise their negative emotions, particularly sadness
- To help participants identify their thoughts related to sadness
- To develop participants' ability to change their negative thoughts in order to cope with sadness
- To help participants identify pleasant activities to incorporate into their lives

SESSION OVERVIEW

Opening ritual

Feedback from previous session (15 minutes)

Exercise 1: Identify negative thought patterns related to sadness (30 minutes)

Exercise 2: Change negative thought patterns (30 minutes)

Exercise 3: STOPP for personal negative thoughts (20 minutes)

Exercise 4: Pleasant activities (10 minutes)

Reflection and sharing (10 minutes)

Practice at home (5 minutes)

Closing the session





MATERIALS NEEDED

- Name tags for participants
- Flipchart or black/white board and marking pens
- CBT sign: Event, Thoughts, Emotions, Behaviour
- Change Negative Thinking sign: Event, Thoughts, Emotions, Changed Thinking
- 'Change negative thinking' scenarios (Appendix)
- Lottery prize

WORKBOOK HAND-OUTS REVIEWED

- Unhelpful thinking patterns
- STOPP worksheet



SPECIAL PREPARATION

- Print 'Change negative thinking' scenarios found in the session appendix. Ensure there is one set of scenarios per small group (3-4 people).
- Prepare several copies of a CBT sign on flipchart paper. There should be one column each for Event, Thoughts, Emotions, and Behaviours. Leave room to write examples in each column during the session. Note that the Bodily Sensations column used in the Emotional Awareness session is no longer applied, unless your group feels it is necessary.
- Prepare several copies of a Negative thinking sign on flipchart paper. There should be one column each for Event, Thoughts, Emotions, and Changed Thinking. Leave room to write examples in each column during the session. Note that the Bodily Sensations column used in the Emotional Awareness session is no longer applied, unless your group feels it is necessary.
- Review list of situations that participants identified as making them sad in the previous session.
- Given the intensity of the session, an Energizer may be valuable; review Energizer options so you are prepared to conduct this as needed.

OPENING RITUAL

FEEDBACK FROM PREVIOUS SESSION

(15 minutes)



Instructions

1. Ask someone to summarize the home assignment. Refer to the '**Home practice assignment summary**' text if clarification is needed.
2. Encourage feedback from participants on their completion of the home practice. Ask them about their emotions, thoughts and behaviours related to the home practice.
3. Spend some time on areas where there were challenges and use group problem solving to get ideas on how the situation can be dealt with. Use one of the challenges as a role-play. The co-facilitators can model it.
4. Praise participants for their efforts to problem solve.



Home practice assignment summary

Umsebenzi okwakumele niwenze kwakuwukuzijwayeza ukulalela kahle nemiyalezo eno "Ngi" nabantu benu abasebasha ngokuba nengxoxo nabo kanye nokulalela kahle lokho abakushoyo, nokuphinde ubatshela lokho abakade bekusho kuwe. Uma kube nesikhathi abakucasule ngaso kuleli sonto, kumele uzame ukusebenzisa imiyalezo eno "Ngi" nokugwema izitatimende ezino 'wena' uma ubhekana nalesi simo.



EXERCISE 1: IDENTIFY NEGATIVE THOUGHT PATTERNS RELATED TO SADNESS⁷



(30 minutes)

Rationale

This exercise teaches participants to identify negative thought patterns associated with sadness, including irrational thinking. This heightened cognitive-behavioural awareness can help caregivers shift their thinking, leading to improved emotional wellbeing.



Instructions (Part 1)

1. Introduce the activity, refer to '**Introduction: Sadness**' text provided as needed.
2. Conduct the question in the '**Group discussion**', asking the group to identify situations that contribute to sadness. Listen to their responses and write them on the flipchart.
3. Thank them for sharing.



Introduction: Sadness

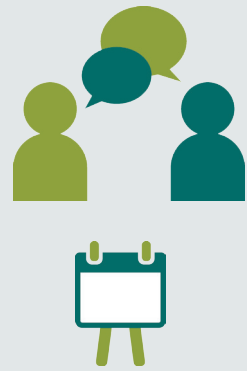
Ukuphatheka kabi umuzwa wemvelo uma uhlangabezane nokulahlekelwa noma ukuphoxeka. Wonke umuntu wake wabhekana nokuphatheka kabi esikhathini esithile. Namhlanje sifuna ukukhuluma ngokukwazi ukubhekana nokuphatheka kabi ukuze sikwazi ukuphila kahle. Asiqale ngokukhuluma ngezimo ezisenza sizizwe ngale ndlela.

⁷ Adapted from Miller, S. (1995) Teens and Adults Learning to Communicate (TALC: LA), Phase 1, Session 4. Los Angeles: Center for HIV Identification, Prevention and Treatment Services.

Group discussion

Ngifuna ukuthi umuntu ngamunye acabange okungenani mayelana nesimo esisodwa esimenza apha theke kabi. Uma uthanda, ngiyakumema ukuthi uxoxele iqembu mayelana nalokho.

Ngizobhala lezi zimo ephepheni lokubhalela lasobondeni uma sizibuyekeza.



Instructions (Part 2)

1. Introduce and read '**Scenario 1: Patricia and the candle.**'
2. Post the blank [CBT sign](#) on the wall where everyone can see it and explain that you will complete it for Patricia's scenario. Conduct the '**Group discussion 1**' helping participants to identify emotions, thoughts and behaviours that Patricia might have. Write these on the [CBT sign](#) related to the scenario. Refer to the example in '**Facilitator guidance**' as needed.
3. Explain '**Unhelpful and irrational thoughts,**' refer to text provided as needed. Then refer participants to the [Unhelpful thinking patterns](#) hand-out in their workbook and review it with the group, inviting them to indicate which patterns are common for them.
4. Introduce the '**Small group activity,**' splitting them into two groups and asking each to consider two situations that were listed in the first part of the exercise that made them feel sad, and identify thoughts associated with these feelings of sadness.
5. Give them 7 minutes to complete this and then reconvene the group.
6. Conduct the '**Group discussion 2**' eliciting examples from their small group activity; refer to '**Facilitator guidance**' to aid the discussion.
7. Explain the '**Internal bully**' concept, refer to text provided as needed.
8. Review the '**Take home point.**'





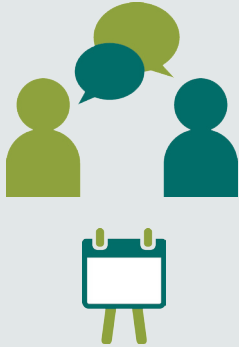
Scenario 1: Patricia and the candle

Ngokuvamile, asikwazi ukuguqula amaqiniso ezimpilo zethu, kodwa singacabanga ngezinto ngendlela engasenza sizizwe kangcono.

Ukusisiza siqonde ukuthi kusithinta kanjani esihlangabezana nakho empilweni, ngizosebenzisa uphawu i-CBT olubandakanya izehlakalo, imizwa yasemzimbeni, imizwa, imicabango nendlela yokuziphatha.

Asisebenzise isibonelo.

Patricia said: "Ngiphatheke kabi. Ngesonto elidlule sasingenawo ugesi. Nganika uThandi ikhandlela ukuze akwazi ukwenza umsebenzi wesikole. Ngadlula eduze kwekhandlela, ikhandlela lawa. Izincwadi zakhe zabamba umlilo. Wathi uma ezama ukucisha umlilo washa kabuhlungu esandleni. Ngiphatheke kabi kakhulu. Yiphutha lami konke lokhu."



Group discussion 1

Asigcwalise kuphawu i-CBT isimo sikaPatricia.

- *UPatricia uzizwa kanjani?*
- *UPatricia ucabangani?*
- *UPatricia angaziphatha kanjani?*

Facilitator guidance

Example CBT sign for Patricia's scenario

Event	Thoughts	Emotions	Behaviour
Isandla sengane yami sishile ngoba kuwe ikhandlela	<i>Konke lokhu yiphutha lami. Yimina engibangele lokhu</i>	Ukuzizwa unecala, ukudumala	Uyakhala ngesikhathi ebopha amanxeba kaThandi okusha.



Group discussion 1 continued

- *Ngabe le yindlela eyiyona nenhle yokubhekana nesimo? Ngabe konke yiphutha lakhe?*

Kwakuyingozi. Izingozi zenzeka kubo bonke abantu. UPatricia akudingeki azithwese umthwalo futhi azizwe enecala kangaka.

Unhelpful and irrational thoughts

Siyabona ukuthi imicabango yethu inomthelela ekutheni sizizwa kanjani nokuthi siziphatha kanjani. Sivame ukuba nezindlela zokucabanga ezisicekela phansi ezixhumele nemizwa emibi. Isibonelo:

- Kokunye senza into encane ibe nkulu bese sizizwa sengathi: "Lokhu sekusekugcineni komhlaba".
- Kokunye sicabanga uma kungesikho konke kungcono kungabibikho lutho: "Angizizwa kahle namuhla ekuseni, angeke ngiphinde ngizizwe kahle."
- Kokunye sicabanga izinto ezimbi ngaphandle kobufakazi: "Izingane zami zizohlopheka ngoba ngilahlekelwe umsebenzi."

Ukubheka ezinye izibonelo, ake sibuyekeze ipheshana encwadini yakho yokusebenzela Imikhuba Yemicabango Engenalo Usizo. Ngizozifundela phezulu, uma ngifunda ngicela uveze ukuthi kukhona yini okubona njengento oyenzayo.

Small group activity

Ngifuna nihlukane nibe amaqembu amabili. Eqenjini ngalinye ngingathanda ukuveza izimo ezimbili ezisephepheni lokubhalela lasobondeni enizivezile ezinenza nizizwe niphatheke kabi. Ngizobe senginicela ukuthi nenze uhlu lwemicabango emibi ehambisana nale mizwa. Ninemizuzu eyi-7 yokuqedela lo msebenzi siyobe sesiqala njengeqembu.

Group discussion 2

- Yimiphi imicabango emibi ehlobene nale mizwa yokuphatheka kabi?
- Yiziphi izinhlobo zezinto esizitshela zona ezisenza sizizwe siphatheke kabi?
- Yiziphi ezinye zezibonelo zemicabango engasizi futhi engemihle abantu abangaba nayo?



Facilitator guidance

Examples of unhelpful and irrational thinking

According to Cognitive Behavioural Theory, the experience of an event contributes to a person's emotions and behaviour (the consequences) largely because they are interlinked with what the person believes about the event.

There are many kinds of irrational thoughts that can contribute to our negative emotions; examples of different thoughts are provided below.

Mental filter

- Nothing ever turns out the way I want it to.

Judgements

- Nobody cares about me.

Mind-reading

- Everyone at work thinks I am stupid.

Prediction

- Nobody will ever love me again.

Mountains and molehills

- If I make a mistake at work, they will fire me.

Compare and despair

- Other mothers could handle this situation better than me.

Catastrophising:

- Nothing good can come from this; my situation is hopeless and is getting worse.

Critical self

- I am weak because I cannot cope with it.

Absolute (black and white)

- The past always repeats itself. If it was true then, it must be true now.

Shoulds and musts

- I must be liked by all people.

Internal bully⁸

Sinezinhlobo eziningi ezehlukene zemizwa. Kunemizwa embalwa esemqoka efana nokujabula, ukudumala, ukuthukuthela nokwethuka. Bese kubakhona eminye efana nnokwesasa, ukudideka, ukubanokuthula, nokungazi ukuthi wenzeni kanye nokuziqhenya.

Uma uzizwa ungaphathekile kahle, nomzimba wakho uyasho. Kungenzeka ungazizwa kahle esiswini sakho noma kungenzeka uzizwe ujuluka noma uqhaq hazela.

Imizwa ifana nemiyalezo esitshela ukuthi kuqhubekani nokuthi singabhekana kanjani nesimo. Ukuqaphela umzimba wakho kungakusiza ukuthi uqonde ukuthi yini oyizwayo nokuthi kungani.

Ukukwazi ukubona imizwa yethu kusivumela ukuthi sithathe izinyathelo zokwenza ngcono indlela esizizwa ngayo, futhi kuyasisiza sikhale siphile kahle.

Kubalulekile ukuthi sikwazi ukuqaphela le mizwa yokuphatheka kabi. Isinyathelo esilandelayo ukuqaphela imicabango esinayo uma sinale mizwa.

Usulethe izibonelo eziningi zezinto esizitshela ukuthi zisenza sizizwe sidumele. Singacabanga ngaleyo micabango njengomhlokolozisi ofuna ukukulimaza. Niyazi ukuthi yini umhlokolozisi?

Imicabango yakho emibi okukuhlokolozisa ngaphakathi. Zintathu izindlela ongabhekana ngazo nokuhlokolozeka kwakho ngaphakathi:

1. Ungazikholwa izinto ezimbi umhlukumezi azishoyo ngawe bese uzizwa kabi ngawe. Noma kanjani umhlokolozisi uyobuya azokhlupha futhi ngoba ebona ukuthi uyamesaba.
2. Ungacabanga ngokuthi umhlokolozisi utheni bese uyanquma ukuthi kuyiqiniso yini ngoma cha. Uma unquma ukuthi lokho okushiwo umhlokolozisi akusilo iqiniso, angeke kwakulimaza futhi angeke wazizwa uphatheke kabi ngalokho akushilo. Angazama ukukuhlokolozisa futhi, kodwa angasheshe ayekele.
3. Ungayiziba imiyalezo emibi umhlokolozisi akunika yona bese uyaqhubeka nalokho obukwenza. Umhlokolozisi angeke esakuhlupha futhi ngoba akafuni ukuzitshwa.

Yikuphi kulokhu ongakukhetha?



Take home point

Ukuphatheka kabi kujwayelekile uma kunobunzima, kodwa kungavusa imicabango emibi, engahlelekile futhi engamlungele umuntu. Ngokufunda ukubona imicabango emibi ehambisana nokuphatheka kabi, singaqala ukwenza izinguquko ezingasisiza sizizwe kangcono.



⁸ Adapted from Vivyan, C. (2015) An Introductory Self-Help Course in Cognitive Behaviour Therapy, p. 30. GET Self Help.

EXERCISE 2: CHANGE NEGATIVE THOUGHTS⁹



(30 minutes)

Rationale

The purpose of the exercise is to develop practical skills for changing negative thoughts. This can help participants achieve emotional wellness by changing the way that they think about problems or difficult situations.



Instructions (Part 1)

1. Introduce the exercise and refer back to the completed CBT sign for '**Scenario 1: Patricia and the candle**' in the prior exercise. Update the sign with a new row that shows a changed (more positive) thought and how this changes her emotions and explain this to participants. Refer to '**Introduction: Patricia's scenario**' text provided as needed.
2. Read the '**Background for the facilitator**' to ensure you are sensitive to the reactions that a discussion of rape could provoke.
3. Read '**Scenario 2: Tebogo is raped**'
4. Conduct the first two questions in the '**Group discussion**,' to obtain input on Tebogo's emotions and thoughts, introducing the Negative thinking sign. Use participant feedback to write this situation on the Negative thinking sign by completing 'events,' 'thoughts' and 'emotions.' Leave the 'changed thinking' column blank at first.
5. Refer to the last two questions in the '**Group discussion**' to invite the group to suggest alternative thoughts to complete the 'changed thinking' column of the Negative thinking sign and then also record the resulting new emotions. Refer to the example provided in the '**Facilitator guidance**' to aid the discussion as needed.

⁹ Adapted from Miller, S. (1995) Teens and Adults Learning to Communicate (TALC: LA), Phase 1, Session 4. Los Angeles: Center for HIV Identification, Prevention and Treatment Services.

Introduction: Patricia’s scenario

Manje sibhekene nokufunda indlela yokuguqula imicabango emibi. Singayiguqula imicabango yethu ukuze sizizwe kangcono. Khumbula isibonelo sikaPatricia. Asigxile emicabangweni nasemizweni yakhe.



ORIGINAL: NEGATIVE THINKING			
Event	Thoughts	Emotions	Behaviours
Isandla sengane yami sishile ngoba kuwe ikhandlela	Konke lokhu yiphutha lami. Yimina engibangele lokhu.	Ukuzizwa unecala, ukudumala	Uyakhala ngesikhathi ebopha amanxeba kaThandi okusha.

Angabuye acabange kanjani ngesehlakalo?

Uma singabheka ipheshana lemicabango ewusizo, uPatricia uzihlupha kakhulu ngezinto angakwazi ukuzilawula. Uhumusha isimo kabi futhi akasiboni njengengozi. Cabanga nje uPatricia angaguqula imicabango yakhe azitshela: “Kwakunyingozi. Ngangingaqondile ukuthi uThandi azishise. Okwenzeka akusilo iphutha lami”, angeke azizwa enecala futhi azizwe ephatheke kabi.

Ngizokubhala lokhu kuphawu lwe-CBT.

Ukuhlaziywa komuzwa-umcabango- indlela yokuziphatha kuyobukeka kuhlukile, kanje:



UPDATED: ALTERNATIVE THINKING			
Event	Thoughts	Emotions	Behaviours
Isandla sengane yami sishile ngoba kuwe ikhandlela	Ngizizwa ngiphatheke kabi kakhulu ngoThandi kodwa izingozi ziyenzeka. Akusilo iphutha lami.	Ngithukuthela kodwa anginacala	Wehlise umoya futhi ududuza uThandi njengoba embopha amanxeba akhe okusha

Ngokuguqula indlela esicabanga ngayo ngesimo singaguqula indlela esizizwa ngayo ngaso.

Background for the facilitator

Handling a situation of rape

While it is useful to consider more serious events in considering how to change negative thinking, it is possible that the next scenario will be especially difficult for some participants who may have a history of sexual abuse or exploitation or who may know someone with such experiences. Be prepared to recognize any participants who seem very uncomfortable or who react negatively to this exercise and give time at the end of the group for a one-on-one discussion and to provide counselling and other referral sources as appropriate.



Scenario 2: Tebogo is raped

Ake sibheke esinye isibonelo esinesimo esibi kakhulu.

UTebogo wadlwengulwa futhi uphatheke kabi kakhulu. Ufuna ukuzibulala.



Group discussion

Sesikhulume kakhulu ngemicabango emibi manje sesizogxila kulokhu ngokugcwalisa uphawu Lwemicabango Emibi olumayelana nesimo sikaTebogo.

- *Uzizwa kanjani?*
- *Yimiphi imicabango emibi angaba nayo engaba nomthelela kule mizwa?*
- *Yize kunjima, uma uTebogo engabona ukuthi le micabango emibi akusiyo kuphela indlela yokucabanga ngokuthi kwenzekani kuye, angaqala ukuzizwa kangcono. Yimiphi imicabango angaba nayo engaba mihle futhi ikholakale?*
- *Le micabango emisha ingamenza azizwe kanjani?*

Ngizobhala lo mbiko kuphawu lwe-CBT.



Facilitator guidance

Example: Change negative thinking example for Tebogo's scenario

Event	Thoughts	Emotions	Changed thinking
Wadlwengulwa	<p>Angisesiyo intombazane elungile.</p> <p>Akusekho muntu oyophinde angithande. Ngilimele.</p>	<p>Ngidumele, ngibhocobele</p> <p>Ngidumele kodwa nginethemba</p>	<p>Kwakungesilo iphutha lami. Le nto embi yenzeke kimi. Kodwa ngiseyimi. Akusho ukuthi ngingumuntu omubi.</p>

Instructions (Part 2)

1. Introduce the '**Change negative thinking**' activity, refer to text provided as needed.
2. Divide the group into smaller groups of 3 to 4 persons. Give the scenarios to the small groups and encourage them to develop their own responses before providing feedback.
3. Allow participants 10 minutes for the activity.
4. Reconvene the group and refer to '**Group discussion**' to invite them to share their responses and resulting change in emotions. Refer to '**Facilitator guidance**' as needed to suggest alternative thoughts.
5. Praise them for positive ideas.
6. Review the '**Take home point.**'





Change negative thinking

Le mifanekiso simo ikhomba ukuthi ngokuguqula indlela esicabanga ngayo ngesimo singaguqula indlela esizizwa ngaso.

Ukuzijwayeza lokhu, ngizoninikeza imifanekiso simo embalwa enezimo ezehlukene. Iningi lazo yizinkinga ezincane. Ukufunda ukubona nokuguqula imicabango emibi uma isimo singesibi kakhulu kungasiza ukuthi kuzwakale kujwayelekile, ukuze kube lula ukubhekana nezinkinga ezinkulu futhi.

Azikho izimpendulo eziyizo nezingeyizo; iphuzu nje elokuxoxisana ngezindlela zokuguqula imicabango emibi. Yinto okuyomele uzijwayeze yona. Ngokuvamile sijwayele kakhulu ukucabanga ngendlela eyodwa, ngokuthi kungaba nzima ukuguquka kule ndlela yokucabanga.

Ngale mifanekiso simo kunezehlakalo nemicabango. Sicela ugcwalise kwikholomu "imizwa" ukukhombisa ukuthi imicabango yamanje ingakwenza uzizwe kanjani. Bese ucabanga mayelana nokuthi yiziphi ezinye izizathu ezingachaza isehlakalo, nezinye izindlela zokucabanga ngaso, bese ugcwalisa ikholomu "guqula imicabango emibi" ibe okunye okungacatshangwa. Hlukanani nibe ngamaqembu anabantu abathathu noma abane ukuxoxisana ngale mifanekiso simo. Nizoba nemizuzu eyishumi ukuxoxisana.



Group discussion

Asithathe umfanekiso simo ngamunye, bese okungenani iqembu ngalinye libonisane ngomuzwa ovela emcabangweni omubi kanye nomcabango osuguqukile.

- *Ubani ongathanda ukuxoxa ngombono wakhe emfanekisweni simo wokuqala?*
- *Omunye umuntu angazizwa kanjani ngalo mcabango omusha?*

Facilitator guidance

Completed scenarios with possible “emotions” and “changed thinking” responses

Event	Thoughts	Emotions	Changed thinking
Umntanami ubeluhlaza kimi namhlanje ekuseni.	Ngingumama omubi.	Ukungajabuli	Umntanami akabi luhlaza njalo. Ngenza izinto ezinhle njengomama.
Ngizizwe ngikhathele namhlanje ekuseni	Ngiyagula. Angisakwazi ukukumela lokho.	Ukuthukuthela	Ukuzizwa ukhathele ngelinye ilanga ekuseni akukubi kangako. Kusasa ngingase ngizizwe ngingcono.
Umngani wami akazange angivakashele kuleli sonto.	Umngani wami akasenendaba nami.	Ukuphatheka kabi nokubawedwa	Kungenzeka kube ziningi izizathu ezenze ukuthi angavakashi. Anginaso nanoma yisiphi isizathu sokukholwa ukuthi akanandaba nami.
Imali yami yebiwe esikhwameni sami izolo.	Sizohluphela. Angisenayo imali.	Ukubanovalo	Amaphoyisa angase ambambe lo mlisa owebe imali. Leyo mali ihambile kodwa ngingaboleka imali kumngani wami. Ngiyophinde ngiyithole futhi imali.
Ngizibuka esibukweni ngibone ukuthi ngiyaguga.	Amaphoyisa angase ambambe lo mlisa owebe imali. Leyo mali ihambile kodwa ngingaboleka imali kumngani wami. Ngiyophinde ngiyithole futhi imali.	Ukungabinamsebenzi, ukubamubi	Angisekho muhle, kodwa ngibukeka njengeminyaka yami. Abantu bayangithanda noma ngibukeka kanjani.

Take home point

Imizwa emibi nemicabango emibi kuyahambisana. Ukuguqula imicabango emibi kungaguqula imizwa, okungakwenza uzizwe ungcono.



EXERCISE 3: STOPP FOR PERSONAL NEGATIVE THOUGHTS¹⁰



(20 minutes)

Rationale

The purpose of the exercise is to introduce the STOPP technique as one way to assist participants to change negative thoughts. Participants also practice changing negative thoughts associated with personal situations of sadness identified in Exercise 1, in order to strengthen their skills for changing their own emotional wellbeing.



Instructions

1. Introduce the exercise and review the 'STOPP worksheet' with participants, refer to '**Introduction: STOPP worksheet**' text provided as needed.
2. Introduce the '**Paired STOPP activity**,' refer to text provided as needed. Ask them to pick a partner and to each focus on an issue that causes them sadness, and to work together using the 'STOPP worksheet' to change their negative thoughts about this situation. Refer back to the flipchart as needed to remind them of situations that made participants sad.
3. Give participants 5 minutes to discuss in pairs. Go around the room and assist participants as needed.
4. Reconvene the group and conduct the '**Group discussion**.' Encourage the group to help participants who have difficulty changing their own negative thoughts.
5. Praise them for their efforts.
6. Review the '**Take home point**.'



Introduction: STOPP worksheet

Manje njengoba sesixoxe ngokuthi iguqulwa kanjani imicabango emibi, ngifuna ukunazisa ngephepha lokusebenzela i-STOPP, sisonke asibuyekeze lokhu.

Uma uzizwa uphatheke kabi noma uneminye imizwa emibi, ungalandela indlela ye- STOPP njengenye yendlela yokubhekana nale mizwa:

1. **Yima:** Ungenzi lutho ngokushesha!
2. **Phefumula:** Zinike isikhathi sokucabanga ngakho kanye nokwehlisa umoya.

¹⁰ Adapted from Vivyan, C. (2009) STOPP. Get Self Help.

3. **Hlaziya:** Hlaziya isimo kanye nokwenzayo ngaso. Isibonelo, zibuze: Yini le engithukuthelisayo? Yini engiyizwayo? Ngiqale nini ukuzizwa ngale ndlela? Yini engiyicabangayo? Ngabe imicabango yami ayinalusizo noma ayiqondakali?
4. **Hlehla bese ucabanga kahle:** Hlola ukuthi ngabe ungakwazi yini ukuguqula isimo noma uzizwa noma ucabangani ngaso. Isibonelo, zibuze: Ngabe kumele ngizizwe kabi kanje? Ngabe lo mqondo uyiqiniso? Ngingabuye ngisicabange kanjani lesi simo? Omunye umuntu angasibona kanjani lesi simo? Ngingakwazi ukusixazulula lesi simo?
5. **Yenza lokho okukusebenzelayo:** Nquma indlela eyiyo yokuphendula, ngaphakathi noma ngezenzo. Yenza lokho okukulungele wena, abanye kanye nesimo.



Paired STOPP activity

Manje ngifuna ukuthi nikhethe esinye salezo zimo ozichaze ngaphambilini njengezikwenza uphatheke kabi, emsebenzini woku-1. Ngifuna nisebenze ngababili futhi ngamunye kuni aguqule imicabango emibi eholela emizweni emibi. Kumele uveze umcabango wakho omubi kanye nemizwa emibi ehambisana nawo mayelana nesimo bese uguqula lowo mcabango ube yindlela ekholekayo yokucabanga mayelana ngesimo. Sebenzisa iphepha lokusebenzela i-STOPP ukwenza lokhu. Sizanani njengoba kudingeka ukwenza njalo.



Group discussion

- Obani abengathanda ukuxoxa ngemicabango yabo emibi nokuthi bayiguqula kanjani?
- Obani abafuna ukuxoxa ngezibonelo zeminye yemicabango okwakunzima ukuyiguqula?
- Ubani ofuna ukusiza ngokuveza umbono womunye umcabango kule micabango enzima emibi?



Take home point

Uma uhlangabezana nemizwa emibi efana nokudumala, zama ukuthola imicabango emibi ehambisana nayo. Uma ungakwazi ukuthi uguqule le miqondo emibi yenze umqondo futhi ibe wusizo, uzoqala ukuzizwa kangcono. Ukukwazi ukwenza lokhu ngempumelelo kuyodinga ukuzijwayeza, kodwa kuyobalula ngokuhamba kwesikhathi.



EXERCISE 4: PLEASANT ACTIVITIES¹¹



(10 minutes)

Rationale

The purpose of the activity is to help participants identify positive experiences that can be integrated into their lives to increase happiness and feelings of wellbeing.



Instructions

1. Conduct the '**Group discussion**,' introducing and encouraging participants to think of things that make them happy. Encourage responses and write these on the flipchart. Refer to the '**Facilitator guidance**' to aid in the discussion and suggest activities as needed.
2. Review the '**Guidelines for implementing pleasant activities**.'
3. Review the '**Take home point**.'



Group discussion

Ake sicabange nje ngezindlela ezingenza ukuthi ube nokujabula okwengeziwe empilweni yakho.

- *Yiziphi izinhlobo zamasu ongazicabanga? Izibonelo kungaba ukuziphumulela ekhaya, noma ukulalela umsakazo. Ubani onomunye umbono?*
- *Yini ekujabulisayo; yiziphi izinhlobo zezinto ozenzayo okujabulelayo ukuzenza?*

Ngizobhala imibono yenu ephepheni lokubhalela lasobondeni.



¹¹ Adapted from Miller, S. (1995) Teens and Adults Learning to Communicate (TALC: LA), Phase 1, Session 4, exercise 6. Los Angeles: Center for HIV Identification, Prevention and Treatment Services; and Future Families. (2013) Future Families Psychosocial Support Group: Facilitator Manual, Session 5. South Africa: Future Families.

Facilitator guidance

Suggestions for pleasant activities

- Distract yourself (watch TV, do a job you have put off).
- Talk to someone (call or visit a friend).
- Get strength from your beliefs (go to church, pray).
- Talk yourself out of it (change negative thoughts).
- Build your self-esteem (make a list of your good qualities; write a nice letter to yourself).
- Write a letter to yourself emphasizing the need for a more optimistic and active engagement with life.
- Express your emotions through drawing.
- Do beading, knitting, singing, etc.

Guidelines for implementing pleasant activities

Nonke niveze imiqondo emihle kakhulu. Kusemqoka ukukhumbula nokwenza izinto ezizokujabulisa nezizokwenza wehlise umoya. Asiphinde sikhumbule imihlahlandlela embalwa uma sisebenzisa imisebenzi ejabulisayo:

- Qala ngezinyathelo ezincane
- Yenza into eyodwa ngesikhathi
- Akudingekile ukuthi wenza kahle imisebenzi “yenzele ukuzijabulisa
- Ungaqinisi ikhanda, ungaguqula izinhlelo zakho noma ngasiphi isikhathi
- Yenza izinto ezikujabulisayo nozithandayo



Take home point

Ukwenza into esijabulisayo kuisiza sizizwe ngcono uma izinto zinzima. Thola izinto othanda ukuzenza bese ubheka njalo lolo luhlu uma udinga okuzokuvuselela.



REFLECTION AND SHARING



(10 minutes)



Sesisekugcineni kokuhlangana kwanamhlanje okumayelana nokuthi ukuphatheka kabi kungasenza sizizwe, sicabange futhi senze kanjani. Siphinde saxoxa ngokuthi singayiguqula kanjani imicabango yethu emibi ukusenza sizizwe kangcono. Kusemqoka ukuthi niqhubeke nokuzijwayeza la makhono nokuqala ukuwasebenzisa ekubhekaneni nemicabango yenu emibi. Leli yithuba lakho lokwabelana ngemibono yakho neqembu mayelana nalokhu kuhlangana.

Ngingathanda ukuthi umuntu ngamunye axoxe ngokukodwa okusemqoka akufundile namuhla nokuthi ungakusebenzisa kanjani empilweni yakhe yansukuzonke.

PRACTICE AT HOME



(5 minutes)



Ukuzijwayeza ekhaya, ngicela nenze le misebenzi emibili elandelayo:

- Hlela wenze okungenani umsebenzi owodwa omuhle owuthokozelayo phakathi nesonto.
- Zijwayeze ekhaya ukuguqula imicabango yakho emibi. Uma uqala ukuqaphela imizwa emibi, qaphela ukuthi yimiphi imicabango emibi exhumene nayo. Guqula le micabango ngokucabanga ngezinye izincazelo. Qaphela ukuthi uzizwa kanjani uma wenza lokhu.

Siyobe sesibika ngenkinga esiyikhethile kanye nezinyathelo esizikhethile ukuthi sizithathe ekuhlanganeni okulandelayo.

CLOSING THE SESSION

Siyovala ukuhlangana ngokudonsa ilotho. Sicela ufake isigqebhezana segama lakho kule nkomishi. Siyobe sesidonsa igama lowo muntu uyowina lesi siphoselotho.

*Ngiyabonga ngokuthi uhambele lokhu kuhlangana. Ngiyojabula ukukhuluma nomuntu ngamunye mayelana nalokho enihlangabezane nakho kulokhu kuhlangana futhi uma singakwazi ukuthi senze kangcono okuthile esikhathini esizayo. Sengibheke ekuhlanganeni okulandelayo lapho esiyobe sidingida **ukukwazi ukubhekana nentukuthelo.***

Ngiyokubona esikhathini esizayo nge _____ (isikhathi nendawo) mhla zi- _____ (ilanga nosuku).



SESSION 3 APPENDIX

Change negative thinking scenarios

Event	Thoughts	Emotions	Changed thinking
Umntanami ubeluhlaza kimi namhlanje ekuseni.	Ngingumama omubi		
Ngizizwa ngikhathele namhlanje ekuseni.	Ngiyagula. Angisakwazi ukukumela lokho		
Umngani wami akazange angivakashela kuleli sonto.	Umngani wami akasenendaba nami.		
Imali yami yebiwe esikhwameni sami izolo	Sizohluphela. Angisenayo imali		
Ngizibuka esibukweni ngibone ukuthi ngiyaguga.	Ngimubi. Akekho ongangithanda njengoba nginje manje.		

SESSION 4

Coping with anger

TIME

120 minutes

RATIONALE

Anger is a human emotion that everyone experiences. Many people do not have the skills or ability to cope constructively with anger or other negative emotions. The anger thus gets suppressed, or expressed in indirect or unhealthy ways. This contributes to feelings of hopelessness and can have a negative effect on individuals' health and relationships, especially with children. This session helps participants learn to identify and manage anger in an appropriate manner. The session also introduces and allows practice of assertive communication as an anger management strategy and provides an opportunity to reinforce other skills taught through the program to cope with negative emotions, including problem-solving, changing negative thoughts, seeking social support and engaging in pleasant activities.

GOALS

- To help caregivers to identify anger and express it acceptably
- To guide caregivers in understanding how anger is related to their thoughts and behaviour
- To practice ways of coping with anger, including assertive communication
- To increase caregivers' ability to manage anger effectively





SESSION OVERVIEW

Opening ritual

Feedback from previous session (15 minutes)

Exercise 1: The lion, the hyena and the vulture (10 minutes)

Exercise 2: Raising awareness of anger and personal coping styles (20 minutes)

Exercise 3: Assertive communication (20 minutes)

Exercise 4: Practice assertive responses (20 minutes)

Exercise 5: STOPP for anger management (20 minutes)

Reflection and sharing (10 minutes)

Practice at home (5 minutes)

Closing the session

MATERIALS NEEDED

- Name tags for participants
- Flipchart or a black/white board and marking pens
- CBT sign: Event, Emotions, Thoughts, Behaviours
- Lottery prize

WORKBOOK HAND-OUTS REVIEWED

- STOPP worksheet (Session 3)
- Communication styles
- Assertive communication

SPECIAL PREPARATION

- Prepare blank copies of the CBT sign for use in Exercise 2. There should be one column each for Event, Emotions, Thoughts and Behaviours.
- As assertive communication may raise issues and concerns pertaining to domestic violence or other abusive situations, ensure a hand-out on relevant local service providers is available for distribution should this need arise.
- Prepare one copy of a CBT sign on flipchart paper with 'New Hairdo' scenario. There should be one column each for Event, Emotions, Thoughts and Behaviours. Fill in each column using the completed CBT sign in Exercise 3.

OPENING RITUAL

FEEDBACK FROM PREVIOUS SESSION

(15 minutes)



Instructions

1. Ask someone to summarize the home assignment. Refer to the '**Home practice assignment summary**' text if clarification is needed.
2. Encourage feedback from participants on their completion of the home practice. Ask them about their emotions, thoughts and behaviours related to the home practice.
3. Spend some time on areas where there were challenges and use group problem solving to get ideas on how the situation can be dealt with. Use one of the challenges as a role-play. The co-facilitators can model it.
4. Praise participants for their efforts to problem solve.



Home practice assignment summary

Umsebenzi wenu kwaku wukuzibekela umgomo noku.

1. *Hlela wenze okungenani umsebenzi owodwa omuhle nojabulisayo kuleli sonto.*
2. *Zijwayeze ukuguqula imicabango emibi ekhaya. Kumele ukwazi ukuqaphela imizwa emibi bese uqaphela ukuthi yimiphi imicabango emibi exhumene nayo. Kuyobe sekudingeka uguqule le micabango ngokucabanga ngezinye izincazelo kanye nokuqaphela ukuthi uzizwe kanjani uma wenza lokhu.*



EXERCISE 1: THE LION, THE HYENA AND THE VULTURE



(10 minutes)



Instructions

1. Introduce the topic of the session and the exercise, refer to '**Introduction: Anger**' text provided.
2. Read the '**Story: The lion, the hyena and the vulture.**'
3. Facilitate discussion of the story using the questions under '**Group discussion.**' Refer to '**Facilitator guidance**' as needed.
4. Review the '**Take home point.**'



Introduction: Anger

Ekuhlanganeni kwakamuva, sikhulume ngokuphatheka kabi, nokuthi kungazithinta kanjani izindlela esicabanga nesenza ngazo izinto, nokuthi singazenza kanjani izinto zibe ngcono ngokuguqula imicabango yethu. Namhlanje sizokhuluma ngolunye uhlobo lwemizwa – intukuthelo. Sizobheka ukuthi yini esingayenza ukukwazi ukubhekana nentukuthelo.

Asiqale sifunde le ndaba elandelayo emayelana nehubesi, impisi nenqe.

Story: The lion, the hyena and the vulture (Zomdabu, ibhubesi, impisi nenqe)¹²



Kwakukhona isikhathi lapho ibhubesi, impisi nenqe kwakuhlala ngokuthula ndawonye emphandwini webhubesi. Ibhubesi lalizingela lilethe izinyamazane ukuthi bonke badle. Ibhubesi lalidla kuqala, bese kudla impisi bese inqe liqedela lokhu okwakusele. Nokho-ke kwakunombandela owodwa okwakuvunyelwene ngawo: omunye nomunye kwakumele ahloniphe izinto zabanye. Lokhu kwasebenza kahle isikhashana.

Ngelinye ilanga ibhubesi labamba inyamazane enkulu layiletha emphandwini. Le nyamazane yayinkulu futhi kwakunenyama eyayibanele bonke. Labe selimema impisi nenqe ukuthi kube yingxenyeye yokuzitika ngokudla kamuva ngalelo langa. Kwabe sekuba nomoya opholile; lokho kwenza ukuthi ibhubesi libase umlilo omncane. Ibhubesi lalikhathele emva kokuzingela lase licela impisi ukuthi igade inyama ngesikhathi lona lithatha isithongwana.

Lokhu kwathatha isikhathi eside empisini eyayilambile futhi ingasenakho ukubekezela, impisi yanquma ukungenela inyamazane iyidle yodwa ekusithekeni. Yayingakawafaki amazinyo ayo ekudleni kwebhubesi ngesikhathi ibhubesi liphaphama. Ibhubesi lashaya impisi ngesidladla salo impisi yakhala kakhulu. Ibhubesi layikhahlela ngemuva yaye yawela emlotheni womlilo omncane. Izinhansi zandiza zagcwala yonke indawo, ezinye zawela ekhanda lenqe.

Ngokwethuka, inqe lavula amaphiko alo laphuma labaleka emphandwini webhubesi. Inqe lalilandelwa eduze impisi eyayiconsa amathe eyayihamba ukuhamba kwayo okuwathuzelayo. Kusukela ngalelo langa, inqe alinazinwele ekhanda, futhi impisi-ke yona ukuhamba kwayo kuvela kulesi sigameko, futhi ihlala ihamba sengathi ifuna ukuzipholisa emhlabathini ingaphansi layo elibuhlungu futhi elingakavuthwa.

¹² Ndiaye, I. (2010) Learning by Ear 2010, Shall I tell you something? African fables for a culture of peace, Episode 02: The lion, the hyena and the vulture.



Group discussion

- Kungani ibhubesi lalithukuthele kangaka?
- Yini eyenziwa yibhubesi ngesikhathi lithukuthele?
- Yini eyenziwa yimpisi nenqe?
- Kwabayini umthelela walesi sehlakalo kulaba bangani abathathu?

Facilitator guidance

Suggested responses for the lion, the hyena and the vulture story

Look for responses such as:

- The lion was angry because the hyena didn't respect his personal belongings. The hyena violated the agreement the group had for peaceful living by eating the food in secret.
- The lion struck the hyena with his paw and kicked her in the behind.
- The hyena landed in the ashes of the fire after being kicked and ran away in fear. The vulture flew away from the lion's den after witnessing the lion's anger.
- The lion reacted out of anger, which caused long-term implications, including causing the vulture to be bald and the hyena to walk with its behind near the ground. The hyena and vulture fled the den. The three animals stopped being friends.

The expression of anger did not have positive consequences for any of them.



Take home point

Indlela umuntu aveza ngayo ukuthukuthela kwakhe kunomthelela ekutheni abanye abantu baziphatha kanjani uma benaye, futhi kunomphumela omubi ezimpilweni zabo nasebudlelwaneni babo. Abantu bavama ukumesaba umuntu othukuthele. Wonke umuntu kumele afunde ukubhekana nemizwa yakhe ngendlela enhle kuye, ebudlelwaneni bakhe nabanye abantu.

EXERCISE 2: RAISING AWARENESS OF ANGER AND PERSONAL COPING STYLES

(20 minutes)



Rationale

The purpose of this exercise is to raise awareness of anger, as well as the thoughts, and behaviours related to anger. Caregivers are guided to consider their own coping style and healthy and unhealthy coping behaviours. This can help caregivers to understand their reactions when they are angry.

Instructions

1. Introduce the activity, refer to '**Introduction: Personal Anger**' text provided as needed.
2. Present the blank CBT sign. Conduct the '**Group discussion 1**' helping them to complete the CBT sign related to two or three situations they provide and understand that anger is normal. Refer to '**Facilitator guidance**' as needed.
3. Conduct the '**Group discussion 2.**' Write the types of coping strategies they suggest on the flipchart then work to classify them as healthy or unhealthy strategies. Follow this with the questions on the implications for them and their relationships of unhealthy strategies. Refer to '**Facilitator guidance**' as needed.
4. Review the '**Take home point.**'

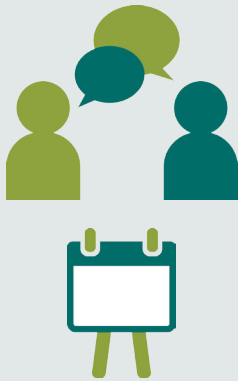


Introduction: Personal anger

Wonke umuntu uke wabhekana nentukuthelo nokuba nochuku esikhathini esithile. Lena yimizwa yemvelo, kodwa abantu abaningi abakwazi ukuthi bangaveza kanjani intukuthelo yabo noma imicabango emibi ngezindlela ezinhle futhi ezimukelekile kwabanye abantu.

Lokhu kuhlanguka kuyonisa ukubona intukuthelo nokuyiveza ngendlela emukelekile. Uma ungakwazi ukubhekana ngempumelelo nemizwa yakho, uyobe usuyakwazi ukulalela nokuzwisisa imizwa yabanye (kuhlanganise neyezingane zakho).





Group discussion 1

Ngingathanda ukuthi abantu ababili noma abathathu eqenjini baxoxe ngesimo esinenza nizizwe nithukuthele.

Asigcwalise kuphawu i-CBT ngalezi zimo.

- Yisiphi **isehlakalo** esenzeka esabangela ukuthi uzizwe uthukuthele?
- Yiziphi izinhlobo **zemicabango** owabanayo uma uzizwa uthukuthele? Cabanga ngemicabango emibi owabanayo mayelana nalesi sehlakalo, ngawe kanye/noma abanye abantu ababandakanyekayo.
- Yiziphi izinhlobo zezindlela **zokuziphatha** owabanazo uma uzizwa uthukuthele? Wazenza kanjani izinto ngesikhathi uzizwa uthukuthele futhi unemicabango emibi? Yini owayenza?

Intukuthelo kuvame ukuthi kube umuzwa wokuvikela. Uma ubheka izimo ezibangela ukuthi abantu bathukuthele, kuvame ukuthi kube yizimo ezibeka ingcindezi, ezisabisayo, ezehlisa, ezilimaza omunye umuntu noma ezingawakhathaleli amalungelo omunye umuntu. **Akusiyo into engajwayelekile ukuthi uthukuthele uma uphethwe ngale ndlela.**

Facilitator guidance

Suggested responses for reactions to anger

Events: Different kinds of events can evoke anger, such as if somebody calls you a liar, if you feel threatened, if your behaviour is restricted, if someone hurts your feelings or if someone you care about is hurt or unavailable.

Emotions: Anger, frustrated, irritated, impatient, resentful, enraged, peed off, fury, insulted.

Thoughts: Anger is often related to blaming others, thinking that others want to hurt you, others do not like you, and do not take your needs into account. The person may assume the worst, think the problem is enormous, think they are disrespected and treated unfairly, and will not accept such treatment. For example: I've been let down; I've been disrespected, treated unfairly, used; It's not fair; I won't stand for it.

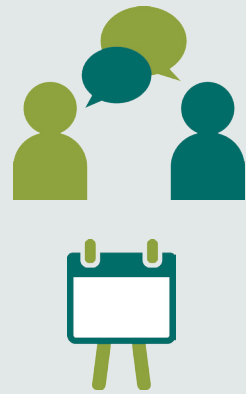
Behaviour: Aggression, fighting, confronting, wanting to hurt the other person, arguing and shouting, withdrawing from others or sulking, sarcastic, patronize or put down others. Physical signs of anger: Clenched fists, elevated voice, screaming, feeling out of control, seeing 'red', or swearing.

Group discussion 2

Manje sikhulume ngokuthi uvame ukubhekana kanjani nentukuthelo.

- Yini ovame ukuyenza uma uthukuthele? Ubhekana kanjani nentukuthelo?
- Yimaphi kulawa masu ayizindlela ezinhle zokubhekana nesimo?
- Yimaphi kulawa masu ayizindlela ezimbi zokubhekana nesimo?
- Ezinye zezindlela ezingezinhle zokubhekana nesimo zisithinta kanjani?
- Ezinye zezindlela ezingezinhle zokubhekana nesimo zibuthinta kanjani ubudlelwane bethu nabanye abantu?

Ngizobhala phansi la masu okubhekana nesimo ephepheli lokubhalela lasobondeni.



Facilitator guidance

Healthy & unhealthy ways of coping with anger

Healthy ways of coping include talking about feelings in a rational way, expressing the feelings indirectly through physical activities or calming activities, or being assertive to change the situation.

Unhealthy ways of coping include ignoring the feeling, carrying on with other activities or acting on the anger by hurting others or self physically or verbally.

Unhealthy ways of coping can negatively affect our wellbeing:

- If anger is bottled up and never expressed, it can lead to health problems or an explosion of emotions in the end.
- Harmful coping strategies such as using alcohol to forget about the problem or other potentially dangerous behaviours can place us at risk.

Unhealthy ways of coping can negatively impact relationships:

- The way a person expresses the anger influences their relationships with people.
- Expressing anger directly by shouting, hitting, throwing things around, being destructive or withdrawing from interaction or ignoring the other person can cause long-term damage to relationships.



Take home point

Intukuthelo umuzwa wemvelo ozwiwa yiwo wonke umuntu isikhathi ngesikhathi. Qaphela imizwa yakho, nokuthi imicabango yakho inamthelela muni emizweni nasendleleni yokuziphatha kwakho. Kumele sifunde ukuveza nokulawula intukuthelo ngezindlela eziyizo nezikahle, ukuze singalimazi impilo yethu kanye nobudlelwane bethu nabanye abantu.

EXERCISE 3: ASSERTIVE COMMUNICATION¹³

(20 minutes)



Rationale

The purpose of this exercise is to improve participants' knowledge of the different types of communication styles and how to communicate assertively. This exercise focuses on assertive communication as a way to express anger in a constructive way. Assertion is a healthy communication technique that empowers individuals to get their needs met and avoid being taken advantage of while still respecting the needs of others.

Instructions

1. Introduce the topic of the exercise, refer to '**Introduction: Communication**' as needed.
2. Conduct the '**Group discussion 1.**' Encourage responses from the group members and get feedback for each question before moving on to the next one. Refer to '**Facilitator guidance**' on the different communication styles.
3. After the group has discussed, refer to the Communication styles hand-out and review any points in the hand-out that were missed.
4. Conduct the '**Group discussion 2.**' Introduce the Assertive communication hand-out and review it. Elicit responses on the importance of assertiveness and examples for each guideline, referring to '**Facilitator guidance**' on Assertiveness as needed. Make sure to emphasize the importance of "I" statements in the examples they provide.
5. Review the '**Take home point.**'

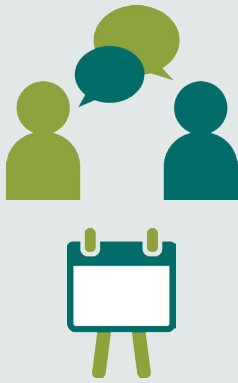


Introduction: Communication

Enye indlela yokubhekana nentukuthelo ukukwazi kukhulumisana. Ungafunda ukuveza imizwa yakho ngendlela yokuthi awuzilimazi wena noma omunye umuntu. Ungase ukwazi ukulungisa isimo ngokukwazi kukhulumisana ngempumelelo. Namhlanje sizoxoxa ukukhulumisana njengethuluzi lokulawula intukuthelo yakho.



¹³ Adapted from Miller, S. (1995) Teens and Adults Learning to Communicate (TALC: LA), Caregiver Phase 1, Session 3. Los Angeles: Center for HIV Identification, Prevention and Treatment Services.



Group discussion 1

Ngokuvamile zi-3 izindlela zokuxhumana. Lokhu kuhlunganisa kukhulumisana ngokuba nochuku, nokuthula kanye nokuzethemba. Ake siqale sibheke umehluko phakathi kwalezi zindlela zokukhulumisana.

- Ucabanga ukuthi impendulo enokuthula injani?
- Ucabanga ukuthi impendulo enochuku injani?
- Ucabanga ukuthi impendulo enokuzethemba injani?

Ake sibuyekeze amanye amaphuzu ambalwa mayelana nezindlela zokukhulumisana ephepheni Elinezindlela zokukhulumisana.

Facilitator guidance

Passive, aggressive & assertive communication

A **passive response** doesn't communicate the person's needs. This allows others to walk straight over the person's needs. This person may think their needs are less important than other people's needs. A passive response might be: "*Whatever you want me to do*". The person says nothing about the thing that is bothering him/her, or just accepts what others say and does not take care of his/her emotions or needs. **This person is often suppressing their anger, which can be unhealthy.**

An **aggressive response** focuses mainly on the person's own needs. This response does not show care for other people's needs and does not take into account what it may do to another person. An aggressive response may be something like: "*You bastard. You cannot tell me what to do.*" The person may attack people, act explosively or forcefully, use a loud voice, and does not act respectfully towards the other person. **This person is expressing their anger but in an unhealthy way.**

An **assertive response** is a balance between what the person needs and what others need. The goal of an assertive response is to assure that both people are satisfied. Assertiveness makes life easier for the person talking, and for the people around them. An assertive response expresses our opinions in a clear and respectful way. We take care of our own needs and the emotions of the other person. An assertive response might be: "*I do not agree with what you say. I would rather do it in another way.*" **This person is expressing their anger in a healthy way.**

Group discussion 2

Kungani ucabanga ukuthi kusemqoka ukuzethemba?

Ake sibuyekeze eminye imihlahlandlela yokuzethemba kanye nokukwazi ukuzimela ephepheni elithi: Kukhulumisana ngokuzethemba.

Yiziphi ezinye zezitatimende eziyizibonelo zokukhulumisana ngokuzethemba kule mihlahlandlela ngaminye?



Facilitator guidance

Assertive communication

Why is it important to be assertive?

- Say "No" when you want to, in a way that is respectful
- Express your positive emotions towards someone
- Express your opinion even if it differs from the opinions of others

Assertiveness is actually a way of life. An assertive person is saying to the world: "Here I am, just as important as everybody else and my opinion counts. This is me, this is how I feel and I have a right to express it and to have my needs met."

Examples of applying the assertive communication guidelines

1. Say clearly what you want and need

"Angifuni ukuzizwa sengathi kumele ngenze into engingafuni ukuyenza."

2. Say how you feel in a situation and why you feel that way

"Ngizizwa ngithukuthele ngoba ngidinga....." "Ngi ...ngoba."

3. Say how you will feel if you get what you are asking for

"Ngingazizwa ngikhululekile uma singaxoxa ngalokhu ngoba sengiphatheke kabi isikhathi eside manje."

4. Say what you want the other person to do, be specific

"Ngifuna ukuthi uyeke ukungicindezela ngoba kungenza ngizizwe ngingakhululekile..."

5. Make it clear that you understand the other person's point of view

"Ngiyazi ukuthi ufuna ngichithe isikhathi esengeziwe nawe, kodwa....."

Examples of using the additional tips:**• Start with a positive remark**

"Ngiyaluthokozela usizo ongiphe lona,kodwa-ke, ngebhadi angikwazi ukuqhubeka ngichithe isikhathi lapha, kumele ngihambe manje."

• Say "I" instead of "you."

"Angikuthandi lokhu," kunokuthi "Umbono wakho awuhlakaniphanga nakancane nje," noma "ngizizwa ngithukuthela," kunokuthi "Uyangithukuthelisa." Futhi "Indlela engibona ngayo izinto ukuthi..."

• Be aware of your body posture

Don't cross your arms, roll your eyes or look at them angrily.

**Take home point**

Ukuxhumana ngokuzethemba kukhulumisana okuhle. Kukusiza uhlangabezane nezidingo zakho ngesikhathi uhlonipha izidingo zabanye abantu. Ukusebenzisa izitatimende ezino "Ngi" kusiza kukhulumisana ngokuzethemba.

EXERCISE 4: PRACTICE ASSERTIVE RESPONSES¹⁴

(20 minutes)



Rationale

The purpose of this exercise is to practice and improve assertiveness skills.

Instructions

1. Introduce the role-play scenarios, referring to '**Introduction: Role-plays**' as needed.
2. Refer to the '**Scenarios.**' Invite one volunteer to practice an assertive response for the first scenario. After the role-play, praise them for their efforts and discuss the volunteer's response with the group, asking them to comment on what they liked or would do differently in the scenario. Keep the conversation focused on assertive communication.
3. Invite a new volunteer and repeat the process for each of the 5 scenarios, or for as many as you can do within the time remaining for the exercise. Each role-play and discussion should only be a couple minutes long. Refer to Possible Responses provided for each scenario as needed.
4. Conduct the '**Group discussion.**' Guide them to consider the points in the Assertive communication hand-out. Refer to '**Facilitator guidance**' as needed for examples of use of the assertive guidelines.
5. Refer to '**Caution in being assertive**' text provided to let participants know safeguards in being assertive and that if they are currently experiencing aggression or abuse from someone they can collect a form after the session on service providers where they can seek assistance.
6. Review the '**Take home point.**'



¹⁴ Adapted from Miller, S. (1995) Teens and Adults Learning to Communicate (TALC: LA), Phase 1, Session 3, exercise 5. Los Angeles: Center for HIV Identification, Prevention and Treatment Services.



Introduction: Role-plays

Okulandelayo ngingathanda ukuthi silingise ukuba nokuzethemba. Cabanga ngezindlela ezinokuzethemba zokutshela omunye umuntu ukuthi uthukuthele, udiniwe noma ucikekile. Ngifuna ukuthi nilalele, nicabange ngokuthi nizizwa kanjani, ngabe niphathwe kahle, nokuthi nifuna isimo sibenjani.

Sizoshintshana, umuntu oyedwa edlala indayo yokuphendula kumfanekiso simo ngamunye. Ngizofunda umfanekiso simo ongakwenza uzizwe uthukuthele. Umuntu olingisayo uyophendula ngendlela enokuzethemba ukungitshela ukuthi uthukuthele futhi ufuna inguquko. Nina nonke nizolalela bese nibeka imibono yokuthi izimpendulo zingenziwanjani ukuthi zibe ngcono ngaphambi kokuthi sidlulele phambili kumfanekiso simo olandelayo nomuntu ozozinikela olandelayo.

Ubani ozozinikela kuqala?



Scenarios

Situation 1

Ucele usisi wakho ukuthi akugadele izingane zakho ngoLwesihlanu. Usisi wakho wathi: "Ukuthi wake wangigadela izingane zami akusho ukuthi nami kumele ngigade izingane zakho. Ngixinekile. Hamba uyoqasha omunye umuntu."

Possible response: "Angicabangi ukuthi yinhle le nto oyenza kimi. Ngakucela kudala futhi ngempela ngiyamdinga umuntu ozongigadela izingane zami manje."

Situation 2

Intombi yakho yathi: "Ngiyazi ukuthi ufuna ngikuvakashela, kodwa angithandi ukukuvakashela uma zonke lezo izingane zisekhaya. Zinomsindo futhi azilawuleki."

Possible response: "Ngiyazwisisa ukuthi awuthandi ukuba lapho okukhona khona izingane. Ziyingxenywe yempilo yami manje futhi ngiyabudinga ubungani bakho. Mhlawumbe ungeza uma zisesikoleni."

Situation 3

Umalume wakho wathi: "Yebo, ngingakuboleka imali, kodwa awuziphethe kahle kakhulu emalini. Angeke ngiphinde ngiyibone."

Possible response: "Lokho okushilo kuyangicasula. Ngicabanga ukuthi akukuhle lokhu okwenza kimi. Ngiyayibuyisa njalo imali engiyibolekayo."

Situation 4

Uthisha wendodana yakho: "Indodana yakho iziphatha kabi eklasini. Awukwai ukuyilawula? Ungumzali onjani?"

Possible response: "Kuyangithukuthelisa uma ukhuluma nami kanje. Singake sikhulume ngendlela indodana yami eziphethe ngayo khona ngizothola ukuthi uqondeni?"

Situation 5

Wenzele umndeni wonke isidlo sakusihlwa. Uchithe isikhathi eside ufuna ukuthi sibe esikhethekile. Akukho noyedwa ofike ekhaya ngesikhathi sesidlo sakusihlwa. Abazange bakutshela nokuthi bazofika sekudlule isikhathi.

Possible response: "Ngithukuthele kakhulu. Ngenze umzamo ngesidlo sakusihlwa nina anizange ningitshela ukuthi nizofika emva kwesikhathi. Kungenza ngizizwe sengathi aninandaba ngempela nami."



Group discussion

- Yiziphi izibonelo ebezizinhle zomhlahlandlela wokukhuluma ngokuzethemba ozibonile kule mifanekiso simo?
- Uzizwa kanjani ngokuzijwayeza indlela yokukhulumisana ngokuzethemba empilweni yakho? Ucabanga ukuthi ungakwazi ukuyenza?
- Ngabe ikhona enye into mayelana ngokuzethemba osenemibuzo ngayo?



Facilitator guidance

Good examples of using assertive guidelines

Try to elicit the following:

- "I" statements
- Say what they wanted and why
- Tell the other person specifically what is wanted from them
- Say how he/she will feel if he/she gets it
- Recognise and communicate what the other person wants
- Physically face the person you are speaking with



Caution in being assertive

Okunye ongakuqaphela uma unokuzethemba:

Okokuqala, ukuthi uveze intukuthelo yakhe ngendlela ephansi neqondile akusho ukuthi abanye abantu bazokunika lokho okufunayo. Ukuveza intukuthelo yakho kuyosebenza kangcono kunokuyivalela, kodwa angeke waphumelela kuzo zonke izimo.

Okwesibili, ngisho ngabe unokuzethemba, abantu bangaphendula ngokuba nochuku kuwe. Yilindele le ndlela yokuphendula.

Okwesithathu, ukuveza intukuthelo kwabanye abantu – akukhathalekile ukuthi ukwenza kanjani – kungaba yingozi. Ungathola ukuhlukunyezwa emzimbeni noma ngamazwi. Qaphela izimo eziyingozi. Uma wazi ukuthi umuntu uzophendula ngendlela enochuku, kungcono usibalekele isimo.

Uma njengamanje ubhekene nesimo esinochuku noma ukuhlukunyezwa omunye umuntu empilweni yakho, ekupheleni kwalokhu kuhlangu, ungalanda ifomu kimi eliqukethe imininingwane yokuxhumana yemisebenzi nezinhlangano eziqondene lapho ongafuna khona usizo.



Take home point

Ngokuzijwayeza, ungenzangcono amakhono akho kukhulumisana ngokuzethemba. Yisho kucace imizwa nezidingo zakho, bhekelela izidingo zabanye abantu futhi. Lokhu kuyokusiza udlulise imizwa yakho ngendlela enhle futhi usebenzele ukuthola isisombululo esinokuvumelana kwezinhlangothi zombili.

EXERCISE 5: STOPP FOR ANGER MANAGEMENT¹⁵

(20 minutes)



Rationale

This exercise focuses on alternative reactions that can be used to cope with anger in a constructive way. Different ways to manage and cope with anger will be explored, including STOPP and practicing previously taught strategies such as assertiveness, problem solving, changing thoughts, and behaviour, such as support seeking and pleasant activities.

Instructions

1. Introduce and read '**Scenario: New hairdo.**'
 1. Ask them to refer to the [STOPP worksheet](#) in their workbooks (Session 3). Tell participants that the STOPP steps will also be considered as an anger management strategy and that it will be applied to Thabi's situation. Present the first three steps (Stop, Take a Breath, and Observe) including the completed [CBT sign](#) for the Observe step. Refer to '**STOPP steps**' text provided as needed.
 2. Conduct the '**Group discussion.**' Encourage participants to recall all of the strategies they have learned when considering Thabi's options and write responses on the flipchart. Refer to '**Facilitator guidance**' as needed. Probe them to remember before providing any responses.
 3. Summarize the various coping strategies and explain how some will work at different times, depending on the situation and whether you can fix it or just need to cope with it. Refer to '**Coping strategy review**' text provided.
 4. Review the '**Take home point.**'



¹⁵ Adapted from Vivyan, C. (2009) STOPP. Get Self Help.



Scenario: New Hairdo

Ukucabanga sicabangisise ngakho konke esikufundile mayelana nokuthi kubhekane kanjani nentukuthelo neminye imizwa emibi, ngizokwethula umfanekiso simo.

UThabi noPortia sebebengabangani iminyaka eminingi. Ezinyangeni ezimbili ezidlule uThabi uboleke umngani wakhe uPortia imali. Umngani wakhe wathembisa ukuyikhokha imali kodwa akakayikhokhi futhi akazange axoxisane noThabi mayelana nesimo. Le nyanga beyinzima kakhulu kuThabi ngakwezemali njengoba ube nezindleko zokulungisa izinto zasendlini akade engazilindele. Uthe uma eya ekhaya ebuya esitolo, uThabi wabona uPortia ephuma ukuyolungisa izinwele efake nezinwele zokufakelwa ezibizayo. UThabi wathukuthela. Ucabanga ukuthi uPortia uyameya. Wafuna ukummemeza uPortia, noma aziphindisele.



STOPP steps

Sisebenzise iphepha le-STOPP ekuhlangeraneni kwangaphambilini ukucabanga ukukwazi ukubhekana nokuphatheka kabi kanye nokuguqula imicabango yethu emibi. I-STOPP ingasisiza futhi ukukwazi ukubhekana nentukuthelo.

Ake siphinde futhi sibuyekeze iphepha le-STOPP bese silisebenzisa esimeni sikaThabi. Izinyathelo zakhe zokuqala '**Ukuma bese udonsa umoya**'. Ngamanye amagama, kumele ehlise umoya. Abantu bavama ukuthi "vele uhambe" noma "bala ufike eshumini" ukuze ukwazi ukucabanga kahle ngesimo. Uma isimo sisashubile ungenza izinto ongazisola ngazo kamuva.

Okulandelayo uzobheka isimo, azame ukuqondisa ukuthi yini emenze wathukuthela kangaka nokuthi ubecabangani. Ake sibheke kafushane kuphawu i-CBT olulungiselelwe lesi simo.

Kusemqoka ukubheka ukuthi isehlakalo sangempela ukuthi uPortia umkweleta imali. Ukumbona ephuma lapho okulungiswa khona izinwele kwaba yinhansi yemizwa yakhe, hhayi isehlakalo sangempela. Isimo sikaThabi sezezimali kule nyanga akusiyo into emenza athukuthele.

Event	Emotions	Thoughts	Behaviours
UPortia umkweleta imali.	Ukuthukuthela	Ucabanga ukuthi uPortia umbukela phansi ngokuthi asebenzise imali ukwenza ikhanda kunokumkhokhela.	Ufuna ukummemeza aziphindisele

Group discussion

- *Manje asimsize 'Ahlehle bese esebenzisa umqondo'.*
- *Yikuphi angakhetha ukukwenza?*
- *Yimaphi kula makhono osuwafundile angamsiza?*

Ngizobhala izimpendulo zakho ephepheli lokubhalela lasobondeni



Facilitator guidance

Thabi's options

She can communicate assertively

- She can plan to talk to Portia in an assertive way to convey her feelings, gain understanding of Portia's situation and decide on a way to manage it.

She can use problem solving skills

- She can decide on a plan of action with Portia, suggesting and listening to different options for Portia to pay back the money.
- If Portia does not pay her back, she can decide on a new plan for how she will handle her own expenses without this money.

She can change her thinking to cope with her anger, seeing alternative ways to interpret it

- She thinks Portia is taking advantage of her. She can change her thinking, for instance: Maybe Portia forgot about the loan. Maybe Portia now has the money to pay me back. Maybe Portia has an important special occasion. Maybe Portia got her hair done for a job interview and if she gets it she will be able to pay me back. Maybe someone else paid for Portia's hairdo.

She can seek support

- Thabi can talk to someone else about the situation, to express her feelings and get ideas on how to handle it and share her emotions with someone who understands her feelings.

She can do a pleasant activity

- She can distract her mind from the situation by exercising, like dancing or walking, listening to music, relaxing her body or breathing slowly to change her feelings of frustration.



Coping strategy review

Nonke senifunde izindlela eziningi zokubhekana nentukuthelo neminye imizwa emibi. Ngokuvamile isu lokukwazi ukubhekana nesimo esilizamayo lincike ekutheni ngabe singakwazi yini ukuguqula isimo.

1. Ezimeni lapho esingazama ukuguqula isimo ngokwenza okuthile, esingakukhetha ukusebenzisa amakhono okuxazulula izinkinga, sibe nokuzethemba futhi sibeke imibono yethu, noma sixoxisane ngesisombululo senkinga. Asikho isiqiniseko sokuthi umuntu uyokwenza lokho omcela ukuthi akwenze, kodwa okungenani uwuvezile umbono wakho futhi wazama ukuxazulula isimo. Lokho kungakusiza uzizwe unamandla okulawula isimo, futhi ukwazi ukubhekana kangcono nemizwa yakho emibi.
2. Ezimeni lapho singeke sakwazi ukuguqula isimo nganoma yikuphi ukwenza kwethu, singalawula imizwa yethu ngokucabanga ngokuhlukile, ukufuna ukusekelwa nokwenza imisebenzi ethokozisayo ukuze sizizwe ngokwehlukile.



Take home point

Nonke nithole amakhono amaningana okukwazi ukubhekana nezimo ukulawula inukuthelo neminye imizwa emibi kanye nezimo, uzobangcono kuwo ngokuthi uzijwayeze wona futhi ukusebenzisa la masu kuyokwenza uzizwe kangcono.

REFLECTION AND SHARING

(10 minutes)

Sesisekugcineni kokuhlangana kwanamhlanje okumayelana nokuthi **intukuthelo isenza sizizwe sicabange futhi senze kanjani. Siphinde sakhuluma ngamasu amaningana esingawasebenzisa ukuthi sikwazi ukubhekana nentukuthelo, kuhlanganise ukukhuluma ngendlela enokuzethemba. Kusemqoka ukuthi niqhubeke nokuzijwayeza la makhono bese niqala ukuwasebenzisa ekubhekaneni nentukuthelo yenu. Leli yithuba lakho lokwabelana ngemibono yakho neqembu mayelana nalokhu kuhlanguana.**

Ngingathanda ukuthi umuntu ngamunye axoxe ngokukodwa okusemqoka akufundile namuhla nokuthi ungakusebenzisa kanjani empilweni yakhe yansukuzonke.



PRACTICE AT HOME

(5 minutes)

Okokuzijwayeza ekhaya, sicela **niqaphele intukuthelo kanye nalokho okunenza nizizwe nithukuthele. Hlola isimo, uma ubona sengathi kuphephile futhi kungalunga, zijwayeze ukukhuluma ngokuzethemba empilweni yakho yansukuzonke. Siyobe sesibika ngenkinga esiyikhethile kanye nezinyathelo esizikhethile ukuthi sizithathe ekuhlanguaneni okulandelayo.**





CLOSING THE SESSION

Siyovala ukuhlangana ngokudonsa ilotho. Sicela ufake isigqebhezana segama lakho kule nkomishi. Siyobe sesidonsa igama lowo muntu uyowina lesi siphoselotho.

*Ngiyabonga ngokuthi uhambele lokhu kuhlanguana. Ngiyojabula ukukhuluma nomuntu ngamunye mayelana nalokho enihlangabezane nakho kulokhu kuhlanguana futhi uma singakwazi ukuthi senze kangcono okuthile esikhathini esizayo. Sengibheke ekuhlanguaneni okulandelayo lapho esiyodingida **ukusiza abantu abasebasha ukuthi bakwazi ukubhekana nemizwa enzima.***

Ngiyokubona esikhathini esizayo nge _____ (isikhathi nendawo) mhla zi- _____ (ilanga nosuku).

SESSION 5

Helping adolescents cope with difficult emotions

TIME

120 minutes

RATIONALE

Adolescents who experience the death or serious illness of a parent or caregiver are at increased risk for mental and behavioural health problems. By increasing caregivers' understanding of the difficult emotions that accompany illness and loss, and teaching coping strategies designed for adolescents, the session prepares participants to respond to the emotional needs of young people in their care.

GOALS

- To help caregivers recognize how adolescents may express sadness and anger through their behaviour
- To introduce helpful strategies for providing emotional support, and increase caregivers' awareness of unhelpful emotional support strategies
- To provide practice in active listening and communicating empathy
- To learn how to equip adolescents with positive coping skills





SESSION OVERVIEW

Opening ritual

Feedback from previous session (15 minutes)

Exercise 1: The lion in the cage (15 minutes)

Exercise 2: Understanding adolescents' emotions and behaviours (15 minutes)

Exercise 3: Good and bad support (15 minutes)

Exercise 4: Helping adolescents cope with sadness (20 minutes)

Exercise 5: Helping adolescents cope with anger (25 minutes)

Reflection and sharing (10 minutes)

Practice at home (5 minutes)

Closing the session

MATERIALS NEEDED

- Name tags for participants
- Flipchart or a black/white board and marking pens
- CBT sign: 'Event, Emotions, Thoughts, Behaviour'
- Lottery prize

WORKBOOK HAND-OUTS REVIEWED

- How to help children cope with emotionally difficult circumstances

SPECIAL PREPARATION

- Prepare several copies of a CBT sign on flipchart paper. There should be one column each for Event, Emotions, Thoughts, and Behaviours. Leave room to write examples into each column during the session.
- Write-out the '**Small group discussion**' questions from exercise 5 on a piece of flipchart paper for your explanation and participants' reference.

OPENING RITUAL

FEEDBACK FROM PREVIOUS SESSION

(15 minutes)



Instructions

1. Ask someone to summarize the home assignment. Refer to the '**Home practice assignment summary**' if clarification is needed.
2. Encourage feedback from participants. Ask them about their emotions, thoughts and behaviours related to the home practice.
3. Spend some time on areas where there were challenges and use group problem solving to ideas on how the situation can be dealt with. Use one of the challenges as a role-play. The co-facilitators can model it.
4. Praise participants for their efforts to problem solve.



Home practice assignment summary

Umsebenzi wakho bekuwukuzijwayeza ukukhuluma ngokuzethemba empilweni yakho yansukuzonke.



EXERCISE 1: THE LION IN THE CAGE



(15 minutes)

Rationale

This exercise is designed to demonstrate how difficult circumstances can affect a person's emotions, thoughts and behaviour. Participants learn that the strong emotions prompted by parental loss or illness are normal, but that adolescents need support in order to cope.



Instructions

1. Read the '**Story: The lion in the cage.**'
2. Facilitate discussion of the story using the questions under '**Group discussion 1.**' Refer to '**Facilitator guidance**' on possible responses to the story to ensure key points are discussed.
3. Move from discussion of the lion to discussion of participants' own lives using the '**Group discussion 2**' questions. Refer to '**Facilitator guidance**' as needed.
4. Review the '**Take home point.**'



Story: The lion in the cage (Ibhubesi ekhejini)¹⁶

Kwakunebhubesi elithile elalihlala ekhejini esiqiwini simbe. Leli bhubesi lalihlala njalo licasukile. Laliye libhonge likwebhe yonke into ephambi kwalo futhi lizame ngisho nokuyihlasela, lokho-ke kwakwenza ukuthi abantu bahlalele kude naleli bhubesi. Abasebenzi basesiqiwini babefuna ukuba ngabangani nebhubesi, kodwa babethi ngaso sonke isikhathi uma bezama ukusondela eduze kwalo, ngisho noma ngabe babelinika ukudla, ibhubesi lalibhonga lizame ukubahlasela. Ngemuva kwalokho akubange kusababikho muntu owayesafuna ukusondela eduzane naleli bhubesi ngoba basebesaba ukucasuka kwalo. Okunalokho abasebenzi basesiqiwini basebe bevele beliphosele ukudla likude leli bhubesi bese bevala ikheji ngokushesha ukuze lingaze lisondele eduzane kwabo.. Babengeke bakwazi ukulifaka nezinye izilwane leli ibhubesi ngoba babesaba ukuthi lalizosuke lizimaze.

Ibhubesi lalicasulwe ukuthi lona lalifuna ukuzihlalela ehlane elihle nelinotshani obuhle likwazi nokuhlala namanye amabhubesi. Inhliziyo yalo yayibuhlungu ngoba lalikhumbule umndeni walo kanye nabangani balo elalijwayele ukubhonga nabo endle nasehlathini. Leli bhubesi lalingafuni ukuba ukuba sekhejini elincane elingenankululeko kulo njengaleli futhi lalingafuni ukuhlala lodwa. Ibhubesi laliphatheke kabi futhi linesizungu. Lezi zinto zazenza ukuthi leli bhubesi lizwe sengathi kunomgodi omnyama omkhulu esifubeni salo. Leli bhubesi lalingazi kodwa futhi ukuthi lingenza kanjani ukubonisa ukuthi alithokozile neze futhi libona nje ukuthi sengathi wonke umuntu wayengaliqondi nokuthi iyiphi impilo elalifuna ukuyiphila lona.

¹⁶ Davis, N., Custer, K., & Marcey, M. (1996). Once Upon a Time: Therapeutic Stories that Teach & Heal.

Yingakho-ke lathatha isinqumo sokuthi lixoshe wonke umuntu nje owayezama ukusondela eduzane kwalo.

Kuthe njengeline ilanga kunomunye umsebenzi owayemusha ezoqala ukusebenza lapha esiqiwini, wathula walibuka ibhubesi libhonga liki webha izinsimbi ezilivalele ngezidladla zalo, lizama ukumhlasela. Lo msebenzi owayesanda kuqashwa akazange abaleke, kodwa okunalokho wakhuluma nebhubesi ngezwi elimnene neliphansi. Lo msebenzi owayesanda kuqashwa wayedamane elokhu efika nje nsuku zonke eze kuleli bhubesi afike ame eduzane nekheji lalo bese ekhuluma nalo. Kwathi ngokuhamba kwesikhathi, laqala ibhubesi lehlisa ulaka lazithoba futhi kwehla nokucasuka kulo. Kuthe ngeline ilanga, lo mphathi omusha wekheji wafike wavele walivulela ekhejini ibhubesi walibeka endaweni esalihlathanyana nje encane khona ngaphakathi esiqiwini lahlala nezinye izilwane ezinkulu njengalo. Labe selikhululekile ibhubesi ukuthi lase lingakwazi ukuthi lizihambele namanye amabhubesi khona lapha ngaphakathi esiqiwini. Lase likwazi nokuhamba ligaqe emahlathini amnyama akhona ngaphakathi esiqiwini liphinde lithamele nelanga ngokukhuleka.

Abanye abasebenzi basesiqiwini kwabamangaza kakhulu ukubona ukushintsha kwendlela ibhubesi elaliziphethe ngayo. Ibhubesi lalijabule ukuba sendaweni entsha kanye namanye amabhubesi futhi lalijabule nangokuba nalo mphathi omusha owayelokhu elivakashela ezokhuluma nalo nsuku zonke. Ngokushesha okukhulu, ibhubesi laqala lathola ukuthi nale mbobo elalinayo esifubeni salo yaqala yaphola ngokushesha. Ngaso sonke isikhathi uma ibhubesi libona umphathi walo omusha wayevele enze umsindo obonisa ukulithokozela njengalowo owenziwa uma umuntu ebona ikati.



Group discussion 1

- Ngabe yini eyenzeka lena eyenza ibhubesi ukuthi libe nesizungu na?
- Ngabe lalizizwa kanjani ibhubesi ekuqaleni kwale ndaba?
- Ngabe labe seliziphatha kanjani ibhubesi ngenxa yale mizwa elalinayo na?
- Ngabe baqala baliphatha kanjani ibhubesi abanye abantu na?
- Ngabe yini eyenziwa ngumsebenzi omusha wasesuqiwini ukusiza ibhubesi?
- Ngabe kungani ucabanga ukuthi le nto eyenziwa ngumsebenzi omusha wasesiqiwini yasebenza?



Facilitator guidance

Possible responses to the lion story

Look for responses such as:

- The lion was removed from her family in the wild and placed in a cage.
- She was very sad and lonely and showed that through anger.
- She felt she had a hole in her chest.
- She became aggressive and chased everyone away.
- People were scared of the lion and stayed far away from her, which made the problem worse.
- The new zoo official was kind. She understood how the lion felt, and how it affected her behaviour. She spent time with the lion and talked to her. She moved her to be with other animals. The support helped the lion to feel better and to cope with her emotions.



Group discussion 2

- *Yikuphi ibhubesi elingabanakho okufanayo nokumuntu osemusha oshonelwe umzali noma onomzali ogula kakhulu?*
- *Bangazizwa kanjani abantu abasebasha abahlangabezane nokufana nalokhu?*
- *Laba bantu abasebasha bangaziphatha kanjani?*
- *Yini abayidinga kubanakekeli babo?*

Facilitator guidance

Feelings, behaviours and support needs of adolescents experiencing parental loss and illness

How might adolescents feel?

Many adolescents have big issues to cope with: the chronic illness of a parent, the loss of a parent after an illness or accident, or a parent who has left them. Adolescents facing these, and other major stressors, can feel abandoned and alone, and need understanding and emotional support from the adults in their lives, especially caregivers.

Adolescents whose parents are chronically ill may have to cope with the stress of the parent's illness, may have to take over many chores in the household, look after siblings, face economic challenges, and may fear the death of the parent. They may fear being abandoned or unsure about what resources will be available to them when their parent dies.

An adolescent who has lost a parent will also face psychological distress. He/she has lost an important part of his or her world and will be grieving. The adolescent may have to move to a new home and environment, and/or be separated from their siblings. He/she may fear the death of a surviving parent, have to provide care for this ill parent or other family members, or take on other household and economic responsibilities.

How might adolescents behave?

If a child or adolescent keeps their emotions inside, these emotions may be expressed in a negative and destructive way. Adolescents often express unresolved feelings of grief and sadness in the form of behavioural problems such as acting out, aggression, and trouble at school. Even those who do not act out, and withdraw or cry often instead, may seem difficult to deal with.

What do adolescents need from their caregivers?

Caregivers need to understand that the feelings that accompany major disruptions in adolescents' lives are normal and should be expressed. The caregiver can help the adolescent by being understanding and offering consistent emotional support.

Take home point

Njengehubesi elivalelekile, abantu abasebasha ababhekene nezimo ezinzima bangakhungathwa ukuphatheka kabi nokukhathazeka. Ukuveza le mizwa kuhle futhi kuyadingeka. Ukusekelwa okuvela kubanakekeli kungasiza abantu abasebasha bakwazi ukubhekana nemizwa yabo ngempumelelo.



EXERCISE 2: UNDERSTANDING ADOLESCENTS' EMOTIONS AND BEHAVIOURS¹⁷



(15 minutes)

Rationale

Anger and sadness can manifest as behavioural problems in adolescents. Problems may include risk taking, trouble in school, or social withdrawal. Caregivers will learn to recognize and understand adolescents' difficult emotions and the behaviours that often result.



Instructions

1. Introduce the exercise and focus on their adolescents. Conduct the '**Group discussion**' to help participants identify specific disruptions adolescents may have experienced, emotions they may have noticed in adolescents, the thoughts that prompt the emotion and the behaviours that may result from it. Record their responses on the CBT sign. Refer to '**Facilitator guidance**' as needed for examples.
2. Review the '**Take home point**.'



Group discussion

Manje njengoba sesikhulumile nje ngeminye imizwa enzima abantu abasebasha ababhekana nayo uma belahlekelwa umzali noma bebhekene nenye ingcindezi enkulu, sesizophendula ingxoxo yethu siyibhekise kubantu abasebasha esibanakekelayo.

Asixoxe ngezehlakalo, imizwa, imicabango, nezindlela zokuziphatha eziqondene nabantu abasha obanakekelayo. Sizosebenzisa esikwaziyo mayelana nokuthi lezi zinto zixhumene kanjani.

Ngizokubhala lokhu kuphawu i-CBT njengoba sixoxa.

- *Yiziphi ezinye zezinto noma izehlakalo ezibuhlungu abantu abasebasha obanakekelayo ababhekane nazo?*
- *Yiziphi izinhlobo zemizwa enzima oyibonayo kubantu abasebasha obanakekelayo okungenzeka ukuthi zivele ngenxa yalokhu ababhekane nakho?*
- *Yimiphi imicabango ocabanga ukuthi kungenzeka ukuthi ixhumene nale mizwa?*
- *Yiziphi izindlela zokuziphatha ocabanga ukuthi kungenzeka ukuthi zixhumene nale mizwa?*

¹⁷ Adapted from Miller, S. (1995) Teens and Adults Learning to Communicate (TALC: LA), Phase 3, Session 7 and 11. Los Angeles: Center for HIV Identification, Prevention and Treatment Services.

Facilitator guidance

Examples of adolescent events, emotions, thoughts and behaviours

Events

Participants may identify a wide variety of issues, such as: parental loss and illness, separation from family, additional responsibilities, family conflicts, economic stressors, and adaptation to a new environment.

Emotions

Participants may identify emotions, such as: stress, anxiety, uncertainty about the future, sadness, and anger. Adolescents may also feel neglected and alone. They may feel confused, guilty, or have poor self-esteem.

Thoughts

Participants may identify thoughts, such as: thinking no one cares about them, that they are all alone, that they should be grateful for any positive attention (even negative attention, bad peer influences), that they are worthless, that life has no meaning, that they are at fault, fearful that they might also die or get ill, or that life is unfair.

Behaviours

Participants may identify a wide variety of behaviours, such as: school problems, acting out, risk taking, irritability, aggressive or even criminal behaviour, change in appetite, headaches, trouble sleeping, crying and acting withdrawn. Different stressors may cause different responses. All of these behaviours may have underlying emotional causes or other reasons.

Take home point

Izindlela zokuziphatha kwabantu abasebasha zivama ukuhambisana nemizwa nemicabango evezwe yizimo ezinzima ezimpilweni zabo.

Emisebenzini elandelayo sizokhuluma ngamakhono ongawasebenzisa ukusiza abantu abasebasha ababhekene nobunzima ezimpilweni zabo, ukukwazi ukubhekana nemizwa yabo.



EXERCISE 3: GOOD AND BAD SUPPORT¹⁸



(15 minutes)

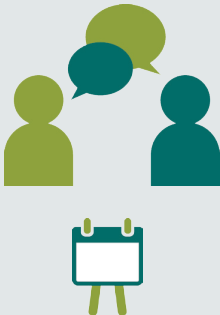
Rationale

The purpose of this exercise is to help caregivers provide effective emotional support to adolescents facing difficulties, and learn about and avoid unhelpful support strategies.



Instructions

1. Introduce the exercise and conduct '**Group discussion 1**' about what not to say or do when someone is facing difficulty. Encourage feedback and make notes on the flipchart. Refer to '**Facilitator guidance**' for additional ideas.
2. Conduct '**Group discussion 2**' about good ways to provide emotional support. Encourage feedback and make notes on the flipchart.
3. After brainstorming as a group, review the hand-out: How to help children cope with emotionally difficult circumstances, giving specific attention to guidelines and suggestions not mentioned by the group.
4. Review the '**Take home point.**'



Group discussion 1

Kusemqoka kubanakekeli ukuthi babheke ukuthi bangabasekela kanjani abantu abasebasha ababhekene nalezi zimo ezinzima, kanjalo nezinto umuntu angazisho noma azenze ezingeke zakhombisa ukusekela.

Ngaphambi kokuthi sixoxe ngokuthi kumele senzeni ukusiza abantu abasebasha bakwazi ukubhekana nemizwa enzima, asiqale sixoxe ngokuthi yini okungamele siyenze. Ezikhathini eziningi abantu bangasho izinto becabanga ukuthi bayasekelana, bengazi ukuthi empeleni benza isimo sibe sibi kakhulu.

- *Yiziphi ezinye zezibonelo zezinto abantu abangazenza noma bazisho ukusekela ezingase zingabi usizo?*
- *Yiziphi ezinye izinto okumele sigweme ukuzenza noma ukuzisho uma sizama ukusekela izingane ezibhekene nezimo ezinzima emoyeni ezifana nokushonelwa noma ukugulelwa umzali?*

Ngizobhala izimpendulo zenu ephepheni lokubhalela lasebondeni.

¹⁸ Adapted from Miller, S. (1995) Teens and Adults Learning to Communicate (TALC: LA), Phase 3, Session 7. Los Angeles: Center for HIV Identification, Prevention and Treatment Services.

Facilitator guidance

What not to say or do

Phrases that are not helpful for someone who experiences difficult emotions, are those that indicate that the feelings are not real, that it is not so serious, that it will pass, or that there is a quick fix like the following:

- Time heals all wounds.
- You need to be strong now.
- You will get over it.
- Don't cry; it will get better one day.
- You will have to stay home, you don't want people to see you like this.
- Just spend time with your friends and I am sure you will forget all about it.
- You saw that your mother/father/grandmother/sibling was very sick. He/she is better off now.
- Take it that your loved one is in a better place.
- Don't worry; you will see your loved one someday.
- For an adolescent with an ill parent: Never mind, they will get better.
- Tomorrow will be a better day.

Group discussion 2

Manje ngingathanda ukuthi sixoxe ngezinto esingazisho futhi sizenze ukusiza umuntu osemusha obhekene nobunzima.

- *Yiziphi ezinye izindlela ezihlukile ozinikele ngaso ukusekeleka kwasemoyeni kubantu abasebasha noma izingane ozinakekelayo ezikade zibhekene nokulahlekelwa umzali noma omunye umnakekeli?*
- *Singathini kubantu abasebasha noma izingane ukukwazi ukubhekana nomzali noma umnakekeli ogulayo? Ukukhombisa kanjani ukubasekela?*

Lena kube yingxoxo emnandi kakhulu. Eziningi zezinto esizixoxile, kanye neminye imibono eyengeziwe, kufakiwe ephepheni: Singazisiza kanjani izingane zikwazi ukubhekana nezimo ezinzima emoyeni. Sisonke asibuyekeze leli phepha.

- *Kuphakamisa ukuthi senzeni lokho esingazange sikubale?*





Take home point

Ukukhuluma ngokwethembeka mayelana nemizwa nemizamo yokuqinisekisa ukusimama kungasiza abantu abasebasha bakwazi ukubhekana nezimo ezinzima. Abanakekeli kumele balandele imihlahlandlela yokuthi bangathini futhi benzeni ukusiza umuntu obhekene nobunzima ukugwema amaphutha avamile.

EXERCISE 4: HELPING ADOLESCENTS COPE WITH SADNESS¹⁹

(20 minutes)



Rationale

The purpose of this exercise is to increase caregivers' knowledge of how to help adolescents cope with sadness through active listening.

Instructions (Part 1)

1. Introduce the discussion about sadness and grief and conduct '**Group discussion 1**' about the words we use for sadness and how it makes us react. Encourage responses and record these on the flipchart. Look for responses such as: sorrow, feeling low, unhappy, feeling empty inside. Look for reactions like: I want to be alone, I want to sleep, I don't want to be around people, I feel a hole in my stomach, I do not want to eat.
2. Ask the question under '**Group discussion 2**' about active listening. Encourage responses and remind participants that active listening involves identifying the emotions the adolescent is expressing, and reflecting them back to him/her.

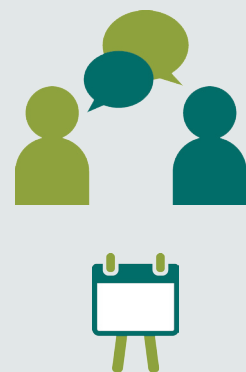


Group discussion 1

Manje asikhulume ngokuphatheka kabi nokudabuka.

- *Yimaphi amanye amagama okuphatheka kabi noma ukudabuka?*
- *Kwenzekani kumuntu uma ezizwa ephatheke kabi?*
- *Kwenzekani kumuntu uma edabukile?*

Ngizobhala imibono yenu ephepheni lokubhalela lasobondeni.



¹⁹ Adapted from Miller, S. (1995) Teens and Adults Learning to Communicate (TALC: LA), Phase 3, Session 5, Los Angeles: Center for HIV Identification, Prevention and Treatment Services.



Group discussion 2

Njengoba sesixoxile, kunezindlela eziningana esingasekela ngazo abantu abasebasha ngalesi sikhathi futhi sizozijwayeza lokhu namhlanje, sigxile kakhulu ekulaleleni kahle.

- *Ubani ongasikhumbuza ukuthi kusho ukuthini ukulalela kahle?*



Instructions (Part 2)

1. Introduce the role-play scenario of coping with sadness from losing a parent and recruit two volunteers to model active listening in front of the group. Explain the volunteers' roles as caregiver and adolescent. Refer to '**Role-play instructions**' as needed. Instruct the rest of the participants to act as observers and to look for key points in helping children cope with their emotions.
2. Allow the conversation to go on for 5 minutes, coaching the role-players if they get stuck.
3. Conduct the '**Group discussion**' to obtain feedback. Conduct separately the three question sets: *Questions for the caregiver*, *Questions for the adolescent* and *Questions for the observers*. Spend some time discussing any difficulties mentioned, or that you noted, and things they would have done differently.
4. Ask the last question in '**Group discussion**' directed at the group about general ways to support a grieving adolescent. Look for responses about normalizing grief, understanding that grief may manifest as many emotions, allowing someone who is grieving to talk about their feelings and honouring special occasions. Refer to '**Facilitator guidance**' as needed to highlight key guidelines for helping children to cope with grief.

Role-play instructions

Okulandelayo sizoba nethuba lokuzijwayeza amakhono ethu okulalela kahle ngokusebenzisa umdlalo. Ngingawathola amavolontiya amabili, umnakekeli oyedwa nomuntu osemusha oyedwa?

Okomnakekeli, isimo ukuthi umuntu wakho osemusha uphatheke kabi kakhulu, ukhumbule umama wakhe. Okuwukuphela kwento ayenzayo, ukuhlala endlini akhale. Zama ukusebenzisa ukulalela kahle, uqinisekise umuntu osemusha ukuthi imizwa yakhe ijwayelekile. Khumbula eminye imihlahlandlela esesixoxe ngayo.

Okomuntu osemusha, uphatheke kabi kakhulu ngoba ukhumbule umama wakho. Usuku lwakho lokuzalwa luyeza futhi uyazi ukuthi izinsuku zokuzalwa zazikhethekile kini nobabili. Tshela umnakekeli ukuthi uzizwa kanjani.

Bonke abanye benu bazoba ababukeli. Njengoba bedlala, kumele nibheke eminye yemihlahlandlela namasu kokunikeza abantu abasebasha ukusekelwa esixoxe ngakho ngaphambilini.



Group discussion

Imibuzo yomnakekeli:

- Sicela usitshela ukuthi wazizwa kanjani,
- Into eyodwa owayenza owayithanda, kanye
- Nento eyodwa owawungayenza ngokuhlukile.

Imibuzo Yabantu Abasebasha:

- Sicela usitshela ukuthi wazizwa kanjani
- Into eyodwa owayithanda eyenziwa umnakekeli, kanye
- Nento eyodwa obungayenza ngokuhlukile ukuba bewudlala indawo yomnakekeli.

Imibuzo Yababukeli:

- Yini le nto eyodwa oyithandile eyenziwe umnakekeli?
- Yini le nto eyodwa obungayenza ngokuhlukile ukuba bewuwumnakekeli?
- Ngabe kukhona okunye okungashiwo mayelana nalo mdlalo?

Umbuzo weqembu:

- Yiziphi ezinye izinto esingazenza ukusiza izingane nabantu abasebasha bakwazi ukubhekana nokudabuka?



Facilitator guidance

Helping children cope with grief

Grieving appropriately takes time and courage. It involves experiencing the good and the bad, the happy and the sad. It is a way to remember and develop acceptance in bits and pieces, to move on and embrace life and laughter once again. A caregiver can be the adolescent's guide through the process of grief.

- Grief is a natural expression of love and loss for people of all ages and a normal reaction to loss. **Let them know that these feelings are normal.**
- **Let the child (and yourself) feel free to grieve**, for that is the only way for the grief to pass or lessen over time.
- **Talk about feelings of grief**, let them express their sadness and sense of loss.
- Let the child know that it is healthy and helpful to cry.
- **Tell the child that he/she might experience different kinds of feelings:** sadness, anger, guilt, and fear. These feelings are all normal and will eventually pass.
- **Don't protect the child from your own sad feelings.** Seeing you cry will communicate strongly, to boys as well as to girls, that this is a natural response to grief.
- **Prepare the child in advance before holidays, birthdays or other special occasions.** Let him or her know that we often feel the loss especially deeply at times like this. Decide together how you want to spend these days, perhaps with some special ritual to remember and honour your loved one's life and passing.



Take home point

Abanakekeli kumele basebenzise amakhono okulalela kahle ukuqonda imizwa yabantu abasebasha kanye nokusiza abantu abasebasha bakwazi ukubhekana naleyo mizwa.

EXERCISE 5: HELPING ADOLESCENTS COPE WITH ANGER²⁰

(25 minutes)



Rationale

This exercise helps caregivers learn strategies for managing their emotions as a way to reduce tension and de-escalate situations where tensions are high. Adolescents whose caregivers model emotional control will be better positioned to cope with their own feelings of anger.

Facilitator background

Importance of caregiver emotional control

Caregivers need to be aware of their own emotions and how to manage them. In order to react constructively when an adolescent is angry or hostile, caregivers must develop the skills and capacity to control their own emotions.

Instructions (Part 1)

1. Introduce the exercise; refer to '**Introduction: Adolescent anger**' text provided as needed.
2. Read Scenario 1 '**Zama.**' Conduct the '**Group discussion 1,**' referring to '**Facilitator guidance**' as needed.
3. Read Scenario 2 '**Thandi.**' Conduct the '**Group discussion 2,**' referring to '**Facilitator guidance**' as needed.
4. Read Scenario 3 '**Sindi.**' Conduct the '**Group discussion 3,**' referring to '**Facilitator guidance**' as needed.



Introduction: Adolescent anger

Kulokhu kuhlangu kumele sibheke ezinye zezinto esizifunde Esigabeni soku-1 mayelana nokuthi singakwazi kanjani ukubhekana nentukuthelo yethu. Uma umuntu osemusha eveza intukuthelo yakhe, sivame ukubathukuthelela, ngoba basisola ngezinto, benze izinto eziphuma endleleni, noma sizizwe singenamandla okubasiza. Ezikhathini ezifana nalezi, kudingeka sehlice umoya bese siyalalela ukuthi empeleni lo muntu osemusha uzama ukuthini. Kudingeka silalelele ukuze siqonde kahle izizathu ezibangela ukuthukuthela.

Sizoqala ngokufunda eminye imifanekiso simo bese sixoxisana ngayo.



²⁰ Adapted from Miller, S. (1995) Teens and Adults Learning to Communicate (TALC: LA), Phase 3, session 10. Los Angeles: Center for HIV Identification, Prevention and Treatment Services.



Scenario 1: Zama

UZama akalihlanzanga ikhishi njengoba kuvunyelwene. Uma umtshela ngalokho, uyathukuthela kakhulu. Uthi usekhathele ukutshelwa ukuthi kumele enzeni futhi ufuna ukuphuma ayohlala nesoka lakhe. Uyathetha uthi unezinto ezingcono kakhulu angazenza kunokuhlaza ikhishi sengathi uyisisebenzi sasendlini.



Group discussion 1

- Ngabe wena njengomnakekeli ungazizwa kanjani na?
- Ngabe ucabanga ukuthi kungenzakalani uma ungaphendula ngokucasuka kulesi simo?
- Ngabe ucabanga ukuthi yiyona yiphi indlela engcono kakhulu yokuphendula uZama?

Facilitator guidance

Possible answers to the questions in Scenario 1

How would you as a caregiver feel?

- The caregiver might feel very sad, frustrated or angry.

What do you think would happen if you responded angrily to this situation?

- We would both shout at each other, she would probably leave the house, I would probably say hurtful words to her.

What do you think would be the best way to respond to Zama?

- The best way to manage the situation will be to manage my emotions, to be calm, take a deep breath, talk to her in a calm manner and explain to her how it makes me feel when she does not honour my request to help out with cleaning the kitchen.



Scenario 2: Thandi

UThandi ungene uyagqishazela endlini ngemuva kokuphuma kwesikole. Ufika lapahyana endlini uphosa phansi izincwadi zakhe ekhishini, ashaye isivalo sasekamelweni lakhe. Uma uthi uyambuza ukuthi ngabe uyayisidinga yini isidlo sasemini, uvele ukutshela ukuthi wena ungumama onganakekeli futhi ongaziqondi kahle nje izinto.

Group discussion 2

- Ngabe wena njengomnakekeli ungazizwa kanjani na?
- Ngabe ucabanga ukuthi kungenzakalani uma ungaphendula ngokucasuka kulesi simo?
- Ngabe ucabanga ukuthi yiyona yiphi indlela engcono yokuphendula kanye nokubhekana noThandi uma kunjje?



Facilitator guidance

Possible answers to the questions in Scenario 2

How would you as a caregiver feel?

- The caregiver would be worried about what has caused Thandi to be so upset. She might also be angry about the way that Thandi is acting.

What do you think would happen if you responded angrily to this situation?

- Her anger would escalate, we would exchange words, she would talk back me, and she would really feel that I do not care.

What do you think would be the best way to respond to Thandi?

- I would take a deep breath, and in a calm way, I would encourage her to talk to me and find out what has caused her to be so upset. I would listen carefully to what she is saying, I would check my understanding of what she is saying by reflecting it back to her. I would accept what she is saying as her point of view. I would listen to her without judging.

Scenario 3: Sindi

USindi uyafika nje ekhaya ngemuva kade echithe intambama yonke ezihlalelel nabangani bakhe. Uma engena nje endlini ekhaya ubukeka ecasukile. Lokhu ukubona ngokuthi uvese ungene uvulela kakhulu nje ithelevishini ibanga umsindo kangakangokuthi wonke umuntu manje uyaqala uyammemeza uyamkhuza ukuthi kanti yini ngempela kwenzenjani wababebesela ngomsindo nje. Wena-ke usuyamcela ukuthi akathi ukwehlisa kancane umsindo kuthelevishini. Ngoba phela uSindi naye ucasukile uvese uyathetha kakhulu uthi vele wonke umuntu uyamzonda lapha ekhaya, uyasuka lapha uyadlwathuzela uyaphuma. Khona lapho njengoba ephuma nje udlula upusha kabi udadewabo omdala cishe waze wawa washayeka phansi.





Group discussion 3

- *Ngabe wena njengomnakekeli ungazizwa kanjani na?*
- *Ngabe ucabanga ukuthi kungenzakalani uma ungaphendula ngokucasuka kulesi simo?*
- *Ngabe ucabanga ukuthi yiyona yiphi indlela engcono yokuphendula kanye nokubhekana noSindi uma kunje?*

Facilitator guidance

Possible answers to the questions in Scenario 3

How would you as a caregiver feel?

- The caregiver would be very worried about what has caused Sindi to be so upset. She might also be angry about the way that Sindi is acting.

What do you think would happen if you responded angrily to this situation?

- Her anger would escalate, we would exchange words, she would talk back me, and she would really feel that I do not care.

What do you think would be the best way to respond to Sindi?

- I would take a deep breath, and in a calm way I would encourage her to talk to me and find out what has caused her to be so upset. I would listen carefully to what she is saying, I would check my understanding of what she is saying by reflecting it back to her. I would accept what she is saying as her point of view, understand what is going on in her life without judging. Once she is calm and had a chance to be heard I would then also discuss her physical behaviour towards her sister.



Instructions (Part 2)

1. Introduce the three steps for dealing with an angry adolescent. Refer to '**Anger management**' text provided as needed.
2. Divide participants into small groups of 3 to 4 people and provide each with a sheet of flipchart paper.
3. Instruct the small groups to discuss the '**Small group discussion**' questions and write their responses on the flipchart paper. Encourage participants to recall and use information discussed in earlier sessions about problem solving, emotional awareness, and coping with difficult emotions.
4. Reconvene the group after 7 minutes and conduct the '**Group discussion**' on the reasons underlying anger and negative behaviour, and ways that caregivers can help adolescents to cope. Refer to '**Facilitator guidance**' as needed to aid the discussion.

Anger management

Uma wena njengomuntu omdala ongumnakekeli, unakekela umuntu omusha obonisa izimpawu zokuthukuthela kanye nokucasuka, kufanele ukuqaphele kakhulu ukuthi nawe ungaluthukelwa yinhliziyi. Ungalokothi ukuvumele nawe ukuthi imizwa yakho ibonise ukwehluleka ngokuthi nawe ucasuke khona lapho. Zibambe, uzame ukuqonda kahle ukuthi ngabe siyini isizathu esenza ukuthi lowo muntu omusha aziphathe ngaleyo ndlela aziphethe ngayo. Zama ukuthola ukuthi ngabe yini edingwa yilowo muntu omusha na? Ngabe uzama ukuthini ngendlela aziphethe ngayo lowo muntu omusha na? Ngabe uzama ukwedlulisa muphi umyalezo na ngokuziphatha kwakhe? Into ebalulekile ukuthi, uma wena njengomnakekeli ungakwazi ukuqonda kahle ukuthi siyini isizathu esenza ukuthi lowo muntu omusha aziphathe ngaleyo ndlela aziphathe ngayo, ungakwazi futhi nokuqonda ukuthi kungani enze lokho akwenzile ekugcineni.

Khumbula lezi zinyathelo ezintathu uma ubhekene nomuntu omusha ocasukile: **Breathe, Listen, and Talk (BLT)** – kanti ngesiZulu lezi zinyathelo zibizwa ngokuthi: **Phefumula, Lalela** bese **Uyakhuluma (PLU)**.

Breathe (Phefumula): Zinike isikhathi ukuthi wazi imizwa yakho kanye nemizwa yomuntu wakho omusha.

Listen (Lalela): Esikhundleni sokuthi uvese nawe usuke uthathele izinto phezulu ngokuxhumazela uqale wenze izinto ngendlela engafanele ngoba uzwe amazwi angemahle ashiwo ngumuntu omusha, okungcono qala ngokuthi uqonde kuqala ukuthi ngabe yimiphi imizwa eyenza ukuthi lo lowo muntu omusha aze asho lawo mazwi awashoyo. Ongakwenza ukuthi uzame ukuqonda kahle indlela lowo muntu omusha azizwa ngayo bese ulalela lokho akushoyo. Bonisa ukuqonda kwakho (ngokulalela ngokucophelela yonke into umuntu omusha ayishoyo).

Talk (Khuluma): Siza umuntu omusha akwazi ukusombulula inkinga ngokukhuluma naye ngendlela eyakhayo.



Small group discussion

Manje asehlukane sibe amaqembu amancane anabantu aba-3 kuya kwaba-4 bese sixoxisana ngale mibuzo.

- Hlola indlela yokuziphatha kabi yomuntu wakho osemusha esikhathini esiyisonto noma amabili adlule, bese uzama ukuqhamuka nezizathu zokuthi kungani eziphatha ngaleyo ndlela. Yini ayeyizwa futhi yini ayeyidinga?
- Ngokusebenzisa iphepha lokubhalela lasobondeni, bhala uhlu lwezindlela ongasiza ngazo umuntu wakho osemusha ukuthi akwazi ukubhekana nezimbangela zemizwa eyehlukene ebangela ukuziphatha kabi.



Group discussion

- Yiziphi ezinye izizathu owabeka umbono ngazo ukuchaza indlela yokuziphatha kabi komuntu osemusha?
- Yimiphi eminye imibono owayiveza ukubasiza ukuthi bakwazi ukubhekana nesimo?



Facilitator guidance

Reasons and support for negative adolescent behaviour

Caregivers may mention negative behaviour such as: irritability, anger, stealing, lying, back chatting, or hitting siblings. All of these behaviours may have underlying emotional causes.

Underlying emotional reasons for negative behaviour may include: stress about school/family, negative comments from peers, adolescents not feeling positive about themselves, not getting enough positive attention, or anger about chores that keep them busy while they want to do other things. They may also just be seeking attention, as even negative attention may make them feel a bit better if they lack positive attention from an adult.

Negative emotions and reactions can also be related to specific situations. The caregiver should investigate situations to understand the adolescent's reactions. Possible reasons: he was missing his mother; he had no one to talk to as I was working, her best friend has recently lost a grandmother and she was feeling sad for her friend, she was upset because her friend forgot her birthday, he failed his test and thought I was going to scold him.

Caregivers can help adolescents by doing any of the following:

- Spend time with him/her,
- Make time to listen when he/she wants to talk,
- Use active listening skills,
- Manage your own emotions,
- Do not pressure him/her,
- Do not judge,
- Offer your support,
- Identify activities that you can do together,
- Praise positive behaviours.



Take home point

Abanakekeli kumele bafunisise ukuthi kungani abantu abasebasha bathukuthele ukuze baqondisise izindlela zabo zokuziphatha kanye nokunquma ukuthi bangasiza kanjani. Ukungatatazeli, ukusebenzisa amakhono okulalela kahle, kanye nokunikeza ngosizo kungasiza abantu abasebasha bakwazi ukubhekana nentukuthelo, bazizwe kangcono, benze izinguquko ezinhle endleleni yokuziphatha.

REFLECTION AND SHARING

(10 minutes)

Sesisekugcineni kokuhlangana kwanamhlanje okumayelana **nokusiza abantu abasebasha babhekane nemizwa enzima**. Leli yithuba lakho lokwabelana ngemibono yakho neqembu mayelana nalokhu kuhlangana.

Ngingathanda ukuthi umuntu ngamunye axoxe ngokukodwa okusemaqoka akufundile namuhla nokuthi ungakusebenzisa kanjani empilweni yakhe yansukuzonke.



PRACTICE AT HOME

(5 minutes)

Ukuzijwayeza ekhaya, sicela **uzinike isikhathi ukubheka ukuthi yini imizwa yomuntu wakho osemusha usuku ngosuku. Bheka emuva bese ukhuthaza umuntu wakho osemusha ukuthi akhulume ngemizwa abhekene nayo, kanye nokungaba yizizathu zaleyo mizwa**. Siyobe sesibika ngenkinga esiyikhethele kanye nezinyathelo esizikhethele ukuthi sizithathe ekuhlanganeni okulandelayo.



CLOSING THE SESSION

Siyovala ukuhlangana ngokudonsa ilothoni. Sicela ufake isigqebhezana segama lakho kule nkomishi. Siyobe sesidonsa igama lowo muntu uyowina lesi siphoselotho.

Ngiyabonga ngokuthi uhambele lokhu kuhlangana. Ngiyojabula ukukhuluma nomuntu ngamunye mayelana nalokho enihlangabezane nakho kulokhu kuhlangana futhi uma singakwazi ukuthi senze kangcono okuthile esikhathini esizayo. Sengibheke phambili ekuhlanganeni okulandelayo lapho esiyobe **sidingida ukubhekana nendlela yokuziphatha eyinkinga**.

Ngiyokubona esikhathini esizayo nge _____ (isikhathi nendawo) mhla zi- _____ (ilanga nosuku).



SESSION 6

Behaviour management with adolescents



TIME

120 minutes

RATIONALE

Conflict at home is common as adolescents try out new behaviours and seek to become more independent from their caregivers. Changes in family structures may complicate adolescent behaviour even more. Caregivers must adapt their parenting to support adolescents' development while also keeping them safe.

This session introduces effective strategies for parenting adolescents and coping with changes in the family. Participants discuss how to set, communicate and enforce rules and consequences for misbehaviour. They will also learn to use praise and positive wording as techniques to encourage positive behaviour change in their adolescents.

GOALS

- To help caregivers distinguish between healthy and problem behaviour in adolescents
- To encourage caregivers to use praise to foster positive adolescent behaviour
- To introduce strategies for setting rules and using realistic consequences instead of punishment
- To help caregivers understand the difference between discipline and punishment

SESSION OVERVIEW

Opening ritual

Feedback from previous session (15 minutes)

Exercise 1: Changing problem behaviours into positive behaviours (25 minutes)

Exercise 2: Setting household rules and obtaining consensus (20 minutes)

Exercise 3: Praise as a strategy to encourage positive adolescent behaviour (30 minutes)

Exercise 4: Punishment versus discipline (30 minutes)

Reflection and sharing (10 minutes)

Practice at home (5 minutes)

Closing the session

MATERIALS NEEDED

- Name tags for participants
- Flipchart or a black/white board and marking pens
- Three copies of role play script (Appendix)
- Small group practice scenarios (Appendix)
- Lottery prize

WORKBOOK HAND-OUTS REVIEWED

- General guidelines to discipline adolescents in my care

SPECIAL PREPARATION

- Prepare three copies of the role-play script provided in the appendix for Exercise 3.
- Print and cut out the small group practice scenarios found in the appendix for Exercise 4. There are 5 scenarios: each group of 3 persons should have one. Thus, one set of the scenarios should be enough for 15 people.



OPENING RITUAL

FEEDBACK FROM PREVIOUS SESSION



(15 minutes)



Instructions

1. Ask someone to summarize the home assignment. Refer to the '**Home practice assignment summary**' if clarification is needed.
2. Encourage feedback from participants. Ask them about their emotions, thoughts and behaviours related to the home practice.
3. Spend some time on areas where there were challenges and use group problem solving to ideas on how the situation can be dealt with. Use one of the challenges as a role-play. The co-facilitators can model it.
4. Praise participants for their efforts to problem solve.



Home practice assignment summary

Umsebenzi okwakumele uwenze kwakuwukukhuluma nomuntu wakho osemusha mayelana nemizwa okungase kube ubhekene nayo. Yimiphi imizwa oyitholile? Uyiqale kanjani ingxoxo mayelana nayo?

EXERCISE 1: CHANGING PROBLEM BEHAVIOURS INTO POSITIVE BEHAVIOURS²¹

(25 minutes)



Rationale

This exercise is designed to help caregivers identify problematic adolescent behaviours and learn to use positive language to communicate behavioural expectations.

Instructions (Part 1)

1. Introduce and lead the '**Game: Sipho says,**' refer to text provided. Participants stand in a straight line. The aim is for everyone to move together following the instructions of Sipho. No one except Sipho (the Facilitator) is allowed to speak.
2. Encourage participants to take note of what happens to the line after each instruction is given.
3. Use the questions in '**Group discussion**' to discuss how using negative versus positive instructions can change the response; refer to '**Facilitator guidance**' as needed.



²¹ Adapted from Doubt, J., Lachman, J. M., Cluver, L., Ward, C., and Tsoanyane, S.. (November 2015). Sinovuyo Caring Families Programme for Parents and Teens: Facilitator Handbook, "Sipho Says", p.125. South Africa: UNICEF and World Health Organization.



Game: Siphosays

Namhlanje sizoxoxa ngenkinga yokuziphatha kubantu abasebasha, nokuthi ungakusekela kanjani ukuguqula kokuziphatha kahle. Sizogqala ngomdlalo obizwa ngokuthi USiphosays. Ngizocela ukuthi nime nenze umugqa oqondile bese nilandela imiyalelo. Yenza njengoba uSiphosays ekutshela ukuthi wenze. Lalela kahle imiyalelo bese nizama ukunyakaza ndawonye. Njengoba nidlala, qaphela ukuthi kwenzekani emgqeni wenu emva kokunikwa umyalelo ngamunye.

"Ngabe wonke umuntu usemgqeni oqondile manje? Ngabe senikulungele ukudlala?"

"USiphosays uthi thathani igxathu elilodwa nize phambili."

"USiphosays uthi ningambi nihlehle."

"USiphosays uthi ningahlali phansi."

"USiphosays uthi phakamisani izingalo zenu zibe ngaphezu kwamakhanda enu."

"USiphosays uthi ningabheki phezulu."

"USiphosays uthi hambani ezihlalweni zenu nifike nihlale phansi."



Group discussion

- Ngabe kwenzakalani uma sinika imiyalelo sisebenzisa ulimi **olungafanele** nolungaqondile?
- Ngabe kwenzakalani uma sinika imiyalelo sisebenzisa ulimi **olufanele** nolungaqondile?
- Ngabe yini esingayifunda kulo msebenzi owenziwayo mayelana nezindlela ezisebenzayo zokunika imiyalelo?

Facilitator guidance

Importance of positive instructions

Instructions expressed in a positive way are more likely to be followed than instructions expressed in a negative way. Even if someone knows what they should *not* do, they still may not know what they should do.

Instructions (Part 2)

1. Ask participants to share problematic adolescent behaviours they have encountered, using the '**Group discussion**' questions.
2. Discuss how each problem behaviour identified can be re-worded to reflect positive behaviour. Use the examples provided in the '**Facilitator guidance**' to assist you as needed.
3. Review the '**Take home point.**'



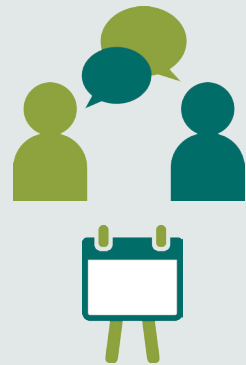
Group discussion

Manje ngoba sesiyaqonda ukubaluleka kokunikeza imiyalelo emihle, sizokhuluma ngezinye zezinkinga ezikhethekile eningase nibhekane nazo ngabantu abasebasha ekhaya lakho.

- *Asiqale sibale izinto abantu abasebasha abazenzayo eziyinkinga. Gxila ekuziphatheni onobunzima ukukwazi ukukulawula.*

Ngizobhala izimpendulo zenu ephepheni lokubhalela lasobondeni.

- *Manje sesizophendula ukuziphatha okubi ohlwini lwethu kube okuhle okulindelekile. Isibonelo: asifuni ukuthi abantu abasebasha babeluhlaz, sifuna bakhombise inhlonipho uma bekhuluma nathi nabanye. Manje asiguqule okunye ukuziphatha okuyinkinga sikwenze kube kuhle.*



Facilitator guidance

Examples of turning negative behaviours into desired positive behaviours

- **Truant from school**

Not stop being truant from school, BUT attend school regularly.

- **Talks back or is rude**

Not stop talking back and being rude, BUT talk with respect.

- **Hangs around with the wrong crowd**

Not stop hanging around with the wrong crowd, BUT have friends that have a positive influence on their behaviour.

- **Smokes and/or drinks alcohol**

Not stop smoking and/or drinking alcohol, BUT take part in healthy, fun activities.

- **Wears revealing clothes**

Not stop wear revealing clothes, BUT wear clothes that are comfortable and appropriate.

- **Stays out late at night**

Not stop staying out late at night, BUT get a good night's rest.

- **Does poorly at school**

Not stop doing poorly at school, BUT do your best.

- **Steals**

Not stop stealing, BUT earn the money you need and respect other people's property.

- **Tells lies**

Not stop telling lies, BUT be honest and open so that others can believe you.



Take home point

Kudingeka sibeke kucace ukuthi yikuphi esithanda abantu absebashabakwenze kunokuthi sisho kuphela lokho okungamele bakwenze. Lokhu kungagqugquzela ukuguquka ekuziphatheni kahle.

EXERCISE 2: SETTING HOUSEHOLD RULES AND OBTAINING CONSENSUS²²

(15 minutes)



Rationale

The purpose of this exercise is to help participants understand the value of rules and boundaries as the foundation of behaviour management. Participants are also sensitized to the importance of establishing rules collaboratively with the adolescents in their care.

Instructions

1. Using the first question in '**Group discussion 1**,' ask participants why rules are important for adolescents. Make notes on the flipchart and refer to '**Facilitator guidance**' on the importance of rules as needed.
2. Using the second question in '**Group discussion 1**,' ask participants to share household rules they have already set.
3. Conduct '**Group discussion 2**' to encourage caregivers to talk about times when they have allowed adolescents to offer input on household rules, and the benefits of doing so. Refer to '**Facilitator guidance**' on obtaining adolescent input to aid the discussion as needed.
4. Use the '**Guidelines**' text to review other guidelines for setting rules, including that rules should be specific and should use positive language.
5. Review the '**Take home point**.'



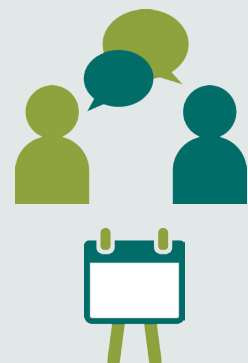
Group discussion 1

Ikhaya ngalinye lidinga imithetho, bonke abanakekeli kumele babeke imingcele yokuziphatha kwabantu abasebasha. Okulandelayo sizoxoxa ngalokhu nokuthi kungani kusemqoka

- *Kungani imithetho nemingcele kusemqoka kubantu abasebasha?*

Ngizobhala imibono yenu ephepheni lokubhalela lasebondeni.

- *Yini imithetho yasekhaya lakho yamalunga omndeni?*



²² Adapted from Doubt, J., Lachman, J. M., Cluver, L., Ward, C., and Tsoanyane, S. (November 2015). Sinovuyo Caring Families Programme for Parents and Teens: Facilitator Handbook, Session 9. South Africa: UNICEF and World Health Organization.

Facilitator guidance

Importance of rules for adolescents

Rules exist to keep family members safe and to make sure that everybody helps, so that the household can run smoothly. Rules focus on what is and is not allowed.

Rules and boundaries are just as important for adolescents as they are for younger children. Adolescents need boundaries to understand acceptable behaviour. They also need guidance to direct them towards positive choices, especially as they experiment with new behaviour.

Adolescents will complain from time to time, but they still want and need you to set limits and enforce order in their lives, even as you grant them greater freedom and responsibility.



Group discussion 2

- *Ngabe ukhona phakathi kwenu owake wacela izingane noma abantu abasebasha abasekhaya lakhe ukuthi babeke imibono ngemithetho yasekhaya?*
- *Kungani lokhu kungase kube yisu elihle?*

Facilitator guidance

Why obtain adolescent's input and consensus on household rules?

- This ensures they are aware of the rules and the consequences if they break them.
- This gives adolescents some control over their own behaviour. Not only can this help to limit the number of conflicts you have, but it will also help your adolescent respect the decisions that you need to make.
- They may be more likely to follow the rules if they had some input into them. Even if you make the final decision, it can help them to follow the rules if they are discussed with them.
- It allows an opportunity for negotiation; there may be some flexibility with some of the rules as the children get older. You could allow a younger adolescent to make decisions concerning school clothes, hairstyles, or even the condition of his or her room. As the adolescent gets older and demonstrates good behaviour and respect for the rules you have established together, this might be extended to include an occasional late curfew or other special privilege.

Guidelines

Ukuthola imibono yomuntu osemusha umhlahlandlela owodwa owusizo olukhulu ekubekeni imithetho, kodwa kuneminye imihlahlandlela eyengeziwe esingaxoxa ngayo. Le mihlahlandlela ingasiza ukuqinisekisa ukuthi abantu abasebasha obanakekelayo bayayiqonda futhi bayayemukela imithetho, ngakho-ke kungabalula ukuthi bayilandele.

Eminye imihlahlandlela ihlanganisa:

- **Imithetho yasekhaya kumelwe ibe lula futhi icace.** Zihlanganisa wonke umuntu, noma ngabe zishintsha ngesinye isikhathi kuye ngezidingo zasekhaya neminyaka yentsha.
- **Beka imithetho ngezinto ezenziwa endlini, ukuze kube nokuzinza.** Imithetho ihlanganisa: isikhathi sokulala, ukubuka ithelevishini, ukugeza izitsha, ukuhlanza ikamero, ukuvakashelwa abangane, imingcele nozokwethandana.
- **Beka imithetho usebenzisa ulimi olulungile:** ngokwesibonelo. Lokhu yikho okulindelwe nokubongekayo, hhayi ongafuni ukukubona.
- **Xoxisanani ngemithetho nentsha** ukuze kungabi nokungazwani, bese nihlanganisa amalungu omndeni ekubekeni izinqumo(njengaku umhlangano womndeni). Imithetho akumelwe yenziwe noma ishentshwe phakathi kwengxabano.



Take home point

Ukubeka imithetho nemingcele kusiza ukugcina abantu abasebasha bephephile futhi kusekela intuthuko yabo kwezempilo. Ukuhlanganisa abantu abasebasha ekuthatheni izinqumo mayelana nemithetho yasekhaya kungasiza kwenze ngcono ukuziphatha kahle.

Emisebenzini elandelayo sizobheka ezindleleni ezengneziwe zokukhuthaza abantu abasebasha ukuthi balandele imithetho nokuthi ingenziwa kanjani imiphumela efanele yokwephula imithetho.



EXERCISE 3: PRAISE AS A STRATEGY TO ENCOURAGE POSITIVE ADOLESCENT BEHAVIOUR²³



(15 minutes)

Rationale

The purpose of the exercise is to focus caregivers' attention on the value of praise and encouragement to strengthen positive behaviour and change negative behaviour.



Instructions

1. Introduce the exercise and role-play and recruit three volunteers to participate in the role-play, one to play an adolescent and two to play caregivers. Be sensitive to illiteracy issues as the role-play requires reading a brief script.
2. Explain the volunteers' roles as adolescent and caregivers for the role-play. Instruct the rest of the participants to consider which response they think is most likely to result in positive behaviour. Refer to '**Role-play instructions**' text provided as needed.
3. Conduct the '**Role-play: The mopped floor.**'
4. Conduct the '**Group discussion**' to obtain feedback. Conduct separately the two question sets: *Questions for the adolescent* and *Questions for the group*. Spend some time discussing the benefits of praise and refer to the '**Facilitator guidance**' to aid the discussion as needed.
5. Review the '**Take home point.**'

²³ Adapted from Doubt, J., Lachman, J. M., Cluver, L., Ward, C., and Tsoanyane, S.. (November 2015). Sinovuyo Caring Families Programme for Parents and Teens: Facilitator Handbook. South Africa: UNICEF and World Health Organization

Role-play instructions

Ukuncoma nokukhuthaza kungamathuluzi asemqoka ekwenzeni ngcono ukuziphatha kahle kubantu abasebasha. Sizodlala imifanekiso simo eyehlukene ekhombisa le miqondo. Siyogxila kakhulu kokubhaliwe njengengxenywe yalo mdlalo.

Ngingawathola amavolontiya amathathu omdlalo wokuqala?

Ivolontiya loku-1 liyodlala indawo yomuntu osemusha okhuluma nomnakekeli wakhe. Kumele nigxile emphumeleni ezinawo kini izimpendulo zabanakekeli.

Ivolontiya lesi-2 liyofunda impendulo yomnakekeli wokuqala.

Ivolontiya lesi-3 liyofunda impendulo yomnakekeli wesibili.

Nonke kumele nibheke ukuthi yiyiphi impendulo enicabanga ukuthi ingaba nomphumela wokuziphatha kahle.



Role-play: Mopped floor (Iphansi elihlanziwe)

UMGQUGQUZELI UFUNDA INDABA: Lo muntu omusha usanda kuqeda ukusula iphansi lasekhishini ebeselingcolile. Ukwenza lo msebenzi wokwesula nokukolobha iphansi lekhishi kumthathe isikhathi esiyimizuzu engamashumi amathathu ukusula wonke nje amabala. Lo muntu omusha ujabulile ngomsebenzi wakhe.

LO MUNTU OMUSHA USETHI KUMNAKEKELI WAKHE-KE: Mama! Sengiqedile ukukolobha ekhishini ungabona ukuthi sekucwebezela kanjani!

IMPENDULO YOMNAKEKELI WOKU-1: Angiyikholwa nje leyo nto oyishoyo mina. Usuze wakhumbula ekugcineni ukuthi kufanele ukolobhe ekhishini. Ungathi ukolobhile njalo kanti kukhona izindawo ezisele, uthole ukuthi usaphaze wasaphaza – ubheke lapho emakhoneni bese usula phansi ngethawula elomile.

IMPENDULO YOMNAKEKELI WESI-2: Ngiyabonga ngokukolobha kwakho lapha ekhishini ntombazane yami. Cha ukolobhe kahle impela, awubheke nje ukuthi sekucwebezela kanjani. Wenze umsebenzi omuhle kakhulu mtanami!





Group discussion

Questions for the adolescent:

- Uzizwe kanjani emva kwempendulo yoku-1?
- Uzizwe kanjani emva kwempendulo yesi-2?

Questions for the group:

- Yikuphi ukuphendula ocabanga ukuthi kungenza kubelula ukuthi umuntu osemusha aphinde asule phansi ekhishini? Kungani?
- Ucabanga ukuthi kwenzekani kumuntu osemusha othola ukugxekwa?
- Kwenzekani kumuntu osemusha othola ukunconywa?
- Ukuncoma kungakukhuthaza kanjani ukuziphatha kahle?

Facilitator guidance

The benefits of praise

How would the adolescent feel and react to the two different caregiver responses?

The first response should make the adolescent feel criticized and less likely to repeat the behaviour. The second response should make him/her feel appreciated and more likely to repeat the behaviour.

The power of praise

- Praise is one way to show that you like someone's behaviour.
- Behaviour that is praised is more likely to happen again. Praise can also strengthen the relationship a caregiver has with an adolescent.
- The way we give praise is also important: we must tell the other person exactly what they have done that has pleased us.



Take home point

Ukuncoma indlela enhle yokuziphatha kuyovama ukuba nomphumela wokuthi lokho kuziphatha kahle kuphinde kwenzeke kanye nokukhuthaza ukuhambisana nemithetho yasekhaya. Ukuncoma kungaphinde kukhuthaze ubudlelwane obuhle phakathi komnakekeli nomuntu osemusha.

EXERCISE 4: PUNISHMENT VERSUS DISCIPLINE²⁴

(20 minutes)



Rationale

The purpose of the exercise is to encourage parents to use realistic consequences to correct negative behaviour, rather than punishment.

Instructions (Part 1)

1. Introduce the exercise to explain that the group will discuss discipline versus punishment and conduct the '**Group discussion 1**' to get their perceptions on the differences between discipline and punishment and the negative effects of punishment; note responses on the negative effects on the flipchart. Refer to the '**Facilitator guidance**' to aid the discussion.
2. Explain what logical consequences are, using the '**Discipline and consequences**' text provided to offer some examples. Ask the group the questions under '**Group discussion 2**' about setting consequences and refer to '**Facilitator guidance**' as needed.

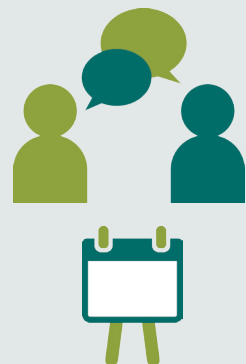


Group discussion 1

Kokunye kumele sifake imiphumela ngokuziphatha kabi kwabantu abasebasha. Singakhetha ukubajezisa noma ukubaqondisa izigwegwe, futhi lokhu ukukhetha okusemqoka.

- *Ukhona ongasitshela ngomehluko phakathi kokuqondisa izigwegwe nokujezisa?*
- *Yikuphi okunye okungaba yimiphumela engemihle yokujezisa?*

Ngizobhala izimpendulo zenu ephepheni lokubhalela lasobondeni.



²⁴ Adapted from Doubt, J., Lachman, J. M., Cluver, L., Ward, C., and Tsoanyane, S.. (November 2015). Sinovuyo Caring Families Programme for Parents and Teens: Facilitator Handbook. South Africa: UNICEF and World Health Organization; and Miller, S. (1995) Teens and Adults Learning to Communicate (TALC: LA), Phase 2, Session 7. Los Angeles: Center for HIV Identification, Prevention and Treatment Services.

Facilitator guidance

Punishment versus discipline

Punishment instils fear, uses control as a strategy, and penalizes. It is often administered in anger, and may be inconsistent and/or out of proportion to the offense.

- Examples of punishment include: physical punishment (smacking or hitting), verbal punishment (shouting, threatening, insulting, saying "You are stupid").
- Punishment is often the result of the caregivers' frustration and not a very effective way to change adolescents' behaviour.
- Punishment addresses the caregiver's anger, not the child's need for guidance. It is focused on the child, not the act of bad behaviour.

Discipline is about enforcing boundaries of acceptable behaviour so that the adolescent understands that he or she can think for themselves, and that their actions have consequences.

- Examples of discipline include: logical consequences focusing on the child's choices ("You can choose to help with the wash, or you won't have clean clothes to wear"), positive discipline (praising good behaviour), and restitution (e.g. if you broke the neighbour's window, you must go apologise and repair it).
- Discipline is a form of teaching. It involves positive communication as a way to solve a problem.
- Discipline involves consequences that are established in advance and enforced consistently. It is focused on changing the behaviour, not penalizing the child at random.

Negative effects of punishment

- Tension and disharmony in the home.
- Results in resentment and other negative feelings towards the person administering punishment.
- Results in negative feelings about oneself.
- Results in negative emotions (nervousness, anxiety, anger).
- Adolescent believes his/her behaviour is the responsibility of the caregiver, rather than taking ownership and developing self-control.
- Some adolescents become rebellious and aggressive. They show aggressive and violent behaviour at school, and may run away or provoke serious conflicts at home.
- Other adolescents may become timid and withdraw from social contact. They may not try out new behaviour or take initiative because they fear the consequences.

Discipline and consequences

Ngenxa yokuthi ukujezisa kungaba nemiphumela engemihle kubantu abasebasha, singathanda ukugxila ekusebenziseni ukuqondisa izigwegwe kunalokho. Abanakekeli bangaqondisa izigwegwe ngokusebenzisa imiphumela yemvelo noma elandelekayo ngenxa yokuziphatha kabi. Isibonelo:

- Uma umuntu osemusha edle sonke isinkwa ebesibekelwe isidlo sakusihlwa, kumele aye esitolo ayothenga isinkwa.
- Uma izingubo zingawashwanga, umphumela kungaba ukuthi umuntu osemusha angeke aba nezingubo ezihlanzekile zokugqoka.
- Uma umuntu osemusha entshontshe imali, kumele axolise aphinde ayibuyise leyo mali.



Group discussion 2

- Yimiphi eminye imiphumela ekahle yendlela yokuziphatha kabi?
- Yimiphi eminye yemihlahlandlela esingayibheka uma sibeka imiphumela?
- Imiphumela ibafundisani abantu abasebasha?

Njengoba sixoxile ngaphambilini, indlela esenza ngayo endleleni yokuziphatha kwabantu bethu abasebasha inomthelela omkhulu ekutheni bazoziphatha kanjani. Kudingeka sibheke imiphumela yokwenza kwethu izinto, bese senza izinto ngendlela ezoletha ukuziphatha okuhle kanye nobudlelwane obuhle. Ukuze senze lokhu kanye nokuqondisa izigwegwe okunemiphumela efanele, kufanele sikwazi ukulawula indlela esenza ngayo izinto.

- Abanakekeli bangayilawula kanjani imizwa yabo uma abantu abasebasha bephula imithetho noma beziphatha kabi?



Facilitator guidance

Consequences for breaking the rules/negative behaviour

Caregivers may mention the following consequences/strategies:

- Take away privileges such as visiting friends or inviting friends to visit; take away their cell phone for a fixed period of time; or restrict participation in a community activity.

Guidelines for consequences of negative behaviour:

- Parents can use **realistic consequences** as a strategy to intervene when rules are broken.
- Consequences should be **immediate after the problem behaviour**, and connected to the behaviour (i.e. logical) where possible.
- Consequences can include **taking away privileges** (such as visiting friends, going out or watching TV). Take away activities that are rewarding to the adolescent, not activities that have a positive effect on them (such as reading schoolbooks).
- Consequences have to be **communicated** when household rules are set.

What do consequences teach adolescents?

- Consequences teach adolescents that bad behaviours have **results they might not like**. This can encourage them to improve their behaviour.
- Consequences teach adolescents **to be responsible and make decisions about their own behaviour**. Adolescents like responsibility because it helps them to feel useful and needed, and respects their growing independence.

How should a caregiver control their reaction when rules are broken/bad behaviour:

- **Breathe:** helps us to be aware of anger and stress.
 - The first step to dealing with bad behaviour is to stay calm and in control of our own emotions. That means: take a deep breath or some time apart to calm down and think about the best way to manage the situation.
- **Listening** – helps us to show empathy for adolescents. It is important for adolescents to tell us how they feel.
 - Listen to the adolescent's explanation of what happened. Often there is a good reason and they did not intend to break the rule.
- **Talking** – helps to be clear about what we expect from our adolescents.
 - Introduce consequences relevant to the situation. Also discuss why following the rules is important.
- Caregivers should remember that it is the behaviour of the adolescent that is negative, not the adolescent him/herself. You want to promote more positive behaviour. Help the adolescent benefit from the discipline, and maintain a good relationship with the adolescent. You do not want to hurt the adolescent in the process of disciplining him/her.

Instructions (Part 2)

1. Introduce the next part of the activity using the '**Small group discussion**' text. Divide participants into groups of 3 or 4. Give each group one scenario card to discuss.
2. Give the groups a few minutes to discuss, and then have them report back to the larger group using the questions under '**Group discussion.**' Encourage feedback and note responses on the flipchart. Praise and highlight suggested methods that used appropriate consequences, where caregivers talked and listened to adolescents, and where they positively redirected the adolescent's behaviour to result in the desired behaviour.
3. Review the General guidelines to discipline adolescents in my care hand-out.
4. Review the '**Take home point.**'



Small group discussion

Okulandelayo sizohlukana sibe amaqembu amancane sixoxe ngemifanekiso simo eyehlukene. Funda ikhadi bese uphakamisa ezinye izindlela umnakekeli abengabhekana ngazo ngenkinga yokuziphatha. Xoxani ngalokhu eqenjini lenu elincane bese nibika eqenjini elikhulu.



Scenario 1

Umnakekeli womuntu omusha ufika ekhaya ukhathele uvela emsebenzini ufika uthola kunezitsha kusinki, bese evese encisha uZanele isidlo sakusihlwa ngalelo langa ngoba bekuwumsebenzi wakhe uZanele ukuthi awashe izitsha.

Scenario 2

uSipho useqalile ukuhamba nabangani ababi. Ngezinye izikhathi, umnakekeli wakhe uze amkhiyele ngaphandle kwasendlini ngoba engabuyile. USipho useqalile ulala emgwaqweni.

Scenario 3

Umnakekeli kuye kwadingeka ukuthi alove emsebenzini ngenxa yokuthi ubebizwe nguthishomkhulu ukuze eze esikoleni. Kodwa kuthe lapho esehamba wavela wavalelisa ngelokuthi kuDitebogo 'wena ulungile nje, siyaya ekhaya, ngifuna ukufundisa isifundo, ngiyakubona awungazi kahle minda!'

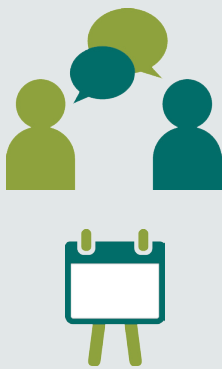


Scenario 4

Umnakekeli womuntu omusha usanda kuqeda nje ukushaya uZinhle ngebhande ngoba uthathe iselula yakhe ebizayo waya nayo esikoleni yafike yantshontshwa.

Scenario 5

Mandla wephule ifasitela lakwamakhelwane ngebhola abelidlala. Umnakekeli wakhe uye wamthethisa kakhulu esho nokuthi akanamsebenzi walutho, futhi akenakile.



Group discussion

- Besimayelana nani le simo?
- Yini ebeyingenziwa umnakekeli esikhundleni salokhu?

Ngizobhala izimpendulo zenu ephepheni lokubhalela lasobondeni.

Asibuyekeze iphepha lemihlahlandlela evamile yokuqondisa izigwegwe kubantu abasesha engibanakekelayo ukubona ukuthi ngabe akhona yini amanye amaphuzu asemqoka esingawaletha eqenjini.



Take home point

Ukuqondisa izigwegwe okuhlanganisa imiphumela kusebenza kangcono kunokujezisa, futhi ukujezisa kungaphinde kube neminye imiphumela engemihle. Abantu abasebasha abanabanakekeli abazijwayeza ukuqondisa izigwegwe ngendlela enhle bavama ukukhombisa izindlela zokuziphatha ezidingekayo.

REFLECTION AND SHARING

(10 minutes)

Sesisekugcineni kokuhlangana kwanamhlanje okumayelana **nokulawulwa kwendlela yokuziphatha nabantu abasebasha**. Leli yithuba lakho lokwabelana ngemibono yakho neqembu mayelana nalokhu kuhlangana.

Ngingathanda ukuthi umuntu ngamunye axoxe ngokukodwa okusemqoka akufundile namuhla nokuthi ungakusebenzisa kanjani empilweni yakhe yansukuzonke.



PRACTICE AT HOME

(5 minutes)

Ukuzijwayeza ekhaya, sicela nenze le misebenzi emibili elandelayo:

1. **Cabanga ngemithetho emibili yasendlini/yasekhaya nengakwazi ukwenza umehluko ekuxoxisaneni kwakho nomuntu omusha ekhaya. Khulumani ngalokhu niwumndeni ukuze nivumelane ngaleyo mithetho bese futhi nisho ukuthi iyini imiphumela kulowo oyokwephula leyo mithetho. Kuzame isonto lonke.**
2. **Mncome umuntu wakho omusha uma eziphathe kahle. Mtshale futhi uma ubona sekuqala kuba noshintsho ekuziphatheni kwakhe.**

Siyobe sesibika ngenkinga esiyikhethe kanye nezinyathelo esizikhethe ukuthi sizithathe ekuhlanganeni okulandelayo.



CLOSING THE SESSION

Siyovala ukuhlangana ngokudonsa ilothiso. Sicela ufake isigqebhezana segama lakho kule nkomishi. Siyobe sesidonsa igama lowo muntu uyowina lesi siphoselotho.

Ngiyabongangokuthi uhambele lokhu kuhlangana. Ngiyojabula ukukhuluma nomuntu ngamunye mayelana nalokho enihlangabezane nakho kulokhu kuhlangana futhi uma singakwazi ukuthi senze kangcono okuthile esikhathini esizayo. Sengibheke phambili ekuhlanganeni okulandelayo lapho esizobe sidingida **imindeni esebenza ndawonye, okuzobe kuwukuhlangana okuhlangene nabantu benu abasebasha. Abantu abasebasha bazoba nokuhlangana kwabo kokugcina ngesikhathi nina ninesikhathi sokungabi nokuhlangana okukodwa. Isikhathi esilandelayo uma sinibona kuyobe kuwukuhlangana okuhlangene. Kusemqoka ukuthi nina nabantu benu abasebasha nikuhambele ndawonye lokhu kuhlangana okuhlangene ngoba kuhamba kahle uma nizile nobabili.**

Ngiyokubona esikhathini esizayo nge _____ (isikhathi nendawo) mhla zi- _____ (ilanga nosuku).





SESSION 6 APPENDIX

Role-play script: Mopped floor (Iphansi elihlanziwe)

UMGQUGQUZELI UFUNDA INDABA: Lo muntu omusha usanda kuqeda ukusula iphansi lasekhishini ebeselingcolile. Ukwenza lo msebenzi wokwesula nokukolobha iphansi lekhishi kumthathe isikhathi esiyimizuzu engamashumi amathathu ukusula wonke nje amabala. Lo muntu omusha ujabulile ngomsebenzi wakhe.

LO MUNTU OMUSHA USETHI KUMNAKEKELI WAKHE-KE: Mama! Sengiqedile ukukolobha ekhishini ungabona ukuthi sekucwebezela kanjani!

IMPENDULO YOMNAKEKELI WOKU-1: Angiyikholwa nje leyo nto oyishoyo mina. Usuze wakhumbula ekugcineni ukuthi kufanele ukolobhe ekhishini. Ungathi ukolobhile njalo kanti kukhona izindawo ezisele, uthole ukuthi usaphaze wasaphaza – ubheke lapho emakhoneni bese usula phansi ngethawula elomile.

IMPENDULO YOMNAKEKELI WESI-2: Ngiyabonga ngokukolobha kwakho lapha ekhishini ntombazane yami. Cha ukolobhe kahle impela, awubheke nje ukuthi sekucwebezela kanjani. Wenze umsebenzi omuhle kakhulu mtanami!

Small Group Scenarios

Discipline vs punishment

Scenario 1

Umnakekeli womuntu omusha ufika ekhaya ukhathele uvela emsebenzini ufika uthola kunezitsha kusinki, bese evese encisha uZanele isidlo sakusihlwa ngalelo langa ngoba bekuwumsebenzi wakhe uZanele ukuthi awashe izitsha.

Scenario 2

uSipho useqalile ukuhamba nabangani ababi. Ngezinye izikhathi, umnakekeli wakhe uze amkhiyele ngaphandle kwasendlini ngoba engabuyile. USipho useqalile ulala emgwaqweni.

Scenario 3

Umnakekeli kuye kwadingeka ukuthi alove emsebenzini ngenxa yokuthi ubebizwe nguthishomkhulu ukuze eze esikoleni. Kodwa kuthe lapho esehamba wavela wavalelisa ngelokuthi kuDitebogo 'wena ulungile nje, siyaya ekhaya, ngifuna ukufundisa isifundo, ngiyakubona awungazi kahle mina!'

Scenario 4

Umnakekeli womuntu omusha usanda kuqeda nje ukushaya uZinhle ngebhande ngoba uthathe iselula yakhe ebizayo waya nayo esikoleni yafike yantshontshwa.

Scenario 5

Mandla wephule ifasitela lakwamakhelwane ngebhola abelidlala. Umnakekeli wakhe uye wamthethisa kakhulu esho nokuthi akanamsebenzi walutho, futhi akenakile.

SESSION 7

Families working together (Joint session)



TIME

120 minutes

RATIONALE

In preceding sessions, adolescents and caregivers have learned skills to strengthen their relationship; the joint sessions that follow offer an opportunity to apply these skills together. The aim of this particular session is for caregivers and adolescents to identify problems that they experience in the household and to apply and practice the Problem Solving Steps collaboratively to improve their family life. They also seek to identify family strengths in recognition of the important role of each family member and how they can most effectively work together as a family unit.

GOALS

- To establish ground rules for how to interact with one another in the joint sessions
- To create a safe space for caregivers and adolescents to share information and strengthen their relationship
- To guide caregivers and adolescents in applying the Problem Solving Steps to a family concern
- To identify contributions and strengths of family members

SESSION OVERVIEW

Opening ritual: Adolescent ritual

Feedback from previous session [separate groups] (15 minutes)

Welcome, family introductions and ground rules (15 minutes)

Exercise 1: Paper towers (10 minutes)

Exercise 2: Family problem solving (30 minutes)

Exercise 3: What are my family strengths? (25 minutes)

Reflection and sharing (15 minutes)

Practice at home (10 minutes)

Closing the session

MATERIALS NEEDED

- Name tags for participants
- Flipchart or a black/white board and marking pens
- A4 papers for 'Paper towers' exercise
- Pencils, enough for each participant
- 1 sheet of small coloured stickers (stars, circles, etc.) per caregiver-adolescent pair
- Lottery prize

WORKBOOK HAND-OUTS REVIEWED

- Problem Solving Steps worksheet (both participant workbooks)
- My family tree (Adolescent workbook)
- Caregiver and adolescent home project (both participant workbooks)

SPECIAL PREPARATION

- Facilitating joint sessions is especially challenging: You are facilitating a larger group, many members do not know each other, and there are powerful relationship dynamics between adolescents and caregivers in general, as well as those specific to the individual family units. With this in mind, it is important that you and your co-facilitators prepare for how you will deal with conflict in the group. We recommend that you start by reviewing the Facilitation Considerations section of the Implementation Guide which provides tips for dealing with difficult group dynamics, including joint sessions. We also recommend that you and your co-facilitators discuss how you will identify and handle the following situations: (1) adolescents do not feel comfortable speaking in front of caregivers, (2) caregivers feel disrespected or challenged when the adolescents speak openly and (3) one family member feels that Facilitators or the Group is taking sides with the other family member. Finally, remember that Energizers and Relaxation exercises may be useful tools for when tension arises in the group.
- Welcome participants by name as they enter the room and thank them for attending.
- Give each person a name tag to write their names on any way they want – the caregiver and adolescent groups will be meeting each other for the first time.
- Paste a copy of rules from the adolescent and caregiver groups on the wall as a reference.



OPENING RITUAL

Invite adolescents to lead the opening ritual. Let them know that the next session will open with the caregiver opening ritual.

FEEDBACK FROM PREVIOUS SESSION [IN SEPARATE GROUPS]



(15 minutes)



Instructions

1. Split adolescents and caregivers into separate groups. Adolescents will provide feedback only among adolescents and caregivers among caregivers. The Facilitator should lead one group and the Co-facilitator should lead the other group.
2. In each group, ask someone to summarize the home assignment. Refer to the '**Home practice assignment summary**' text if clarification is needed.
3. Encourage feedback from participants on their completion of the home practice. Ask them about their emotions, thoughts and behaviours related to the home practice.
4. Spend some time on areas where there were challenges and use group problem solving to get ideas on how the situation can be dealt with. Use one of the challenges as a role-play. The co-facilitators can model it.
5. Praise participants for their efforts to problem solve.



Home practice assignment summary:

[Abanakekeli] Umsebenzi okwakumele niwenze kwaku:

- Ukucabanga ngemithetho emibili yasekhaya engenza umehluko ekuxoxisaneni kwakho nomuntu wakho osemusha uma nisekhaya. Xoxisanani nomndeni ukuvumelana ngemithetho kanye nokuthola imiphumela uma imithetho wephuliwe. Kuzame isikhathi esingangesonto.
- Ncoma umuntu wakho osemusha ngokuziphatha kahle. Qaphela uma kunomehluko endleleni yabo yokuziphatha.

[Abantu abasebasha] Umsebenzi wenu okwakumele niwenze kwakuwukubeka umgomo kanye nokusebenzisa amakhono eniwafunde ekuhlanganeni okwedlule ukubhekana ngokwehlukile nezimo ezinzenza nizizwe nithukuthele.

WELCOME, FAMILY INTRODUCTIONS AND GROUND RULES²⁵

(15 minutes)



Rationale

The purpose of the exercise is to introduce the adolescent and caregiver groups to each other, while establishing a common set of agreements on expected behaviour of all participants so that there can be mutual trust, respect, and commitment in the group.

Instructions (Part 1)

1. Welcome participants and ask them to introduce themselves, their family member and something special about themselves; refer to 'Introduction' text provided as needed.
2. Model the introduction to show participants how to share about themselves. Refer to 'Example Introduction' text as needed.
3. Let the group members introduce themselves to the group.
4. Listen and praise them for taking part.



Introduction

Siyanemukela ekuhlanganeni okuhlangene. Ngiyajabula ukunibona nilapha ndawonye. Sizozala lokhu kuhlangu ngokuzazisa komnden kulandelwe ukuxoxisana ngemithetho yeqembu.

Asiqale lokhu kuhlangu ngokuzazisa ukuze sazane kangcono. Ngingathanda ukuthi umuntu ngamunye asitshale igama lakhe, ubani umuntu osemusha noma umnakekeli kanye nokuhlobana kwenu, futhi nokunye okukhethekile mayelana nawe esingakwazi ukuthi sikukhumbule ngakho.



Example introduction

Isibonelo, ungathi, "Igama lami nginguGugu. Ngilapha nendodana yami, uLucky. Okukhethekile ngami ukuthi ngingumpheki ohamba phambili! Nokuthi "Igama lami nginguLucky. Ngilapha nomama wami. Okukhethekile mayelana ukuthi ngithola amamaki amahle kakhulu ezibalweni."



²⁵ Adapted from Miller, S. (1995) Teens and Adults Learning to Communicate (TALC: LA), Phase 3, Session 1. Los Angeles: Center for HIV Identification, Prevention and Treatment Services.



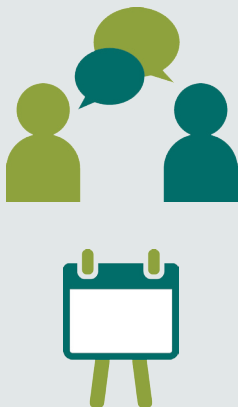
Instructions (Part 2)

1. Paste the rules up from the adolescent and caregiver groups on the wall. Highlight similarities and differences across the two groups and indicate that all of these rules will be respected in the joint sessions. Encourage ideas for any new rules to be added specific to the joint sessions; refer to '**Group rules**' text provided as needed.
2. Conduct the '**Group discussion**' to emphasise rules that are important in the joint sessions. Encourage discussion of the rules, especially from adolescents. Ask for comments and explanations. Try for consensus. Emphasize that everyone should be able to contribute. Write ideas on the flipchart.
3. Refer to the '**Facilitator guidance**' for guidelines on setting rules and a sample set of rules for joint sessions. Encourage the guidelines of positive rules, clarity and consensus. If a rule that you think should be included from this list is not mentioned, bring it up for consideration.
4. Attach a list of group rules to the wall to be visible throughout the sessions.
5. Review the '**Take home point.**'



Group rules

Emaqenjini ethu ahlukeni, sinqume imithetho yokuthi sifuna ukuphathana kanjani eqenjini. Silindele ukuthi yonke le mithetho iphinde ilandelwe nasekuhlenganeni okuhlangene. Manje sesizokhuluma nganoma yimiphi imithetho yeqembu eyengeziwe ekuhlanganeni kwethu okuhlangene lapho abanakekeli nabantu abasebasha besekuhlanganeni okukodwa, ukuze iqembu libe yindawo ephephile kubo bonke lapho ongakwazi ukuxoxa ngohlangabezane nakho empilweni futhi ufunde omunye komunye.



Group discussion

- Ngabe ikhona imithetho ekhethekile ongathanda ukuyengeza emaqenjini ahlukene?
- Yini engakusiza ukuthi uzizwe uphephile ekuhlanganeni okuhlangene?
- Yini engasiza abantu abasebasha bakhulume ngokukhululeka phambi kwabanakekeli?
- Yini engasiza abanakekeli bakhulume ngokukhululeka phambi kwabantu abasebasha?

Ngizobhala imibono yenu ephepheni lokubhalela lasobondeni.

Facilitator guidance

Guidelines and suggested group rules for joint sessions

Group rules should be written in a positive way

- Emphasize what they should do, rather than what they should not do. Assist the group to write the rules in that way. For example, if a participant offers “Do not talk about what goes on in the session outside of the session” the facilitator should help the participant rephrase the statement so that it is about the behaviour they want to see (i.e., “Keep confidentiality in the group.”)

Ensure clarity and consensus for suggested rules

- For each rule mentioned, ask the participant to explain the rule. This helps make sure that everyone understands and there is group consensus regarding the rule. For example, if someone mentioned “Respect” ask what that means to him/her. What sort of behaviour shows respect?

Sample Group Rules for Joint Sessions (Focus is on communication)

- Everyone should get a chance to speak so that we can hear each other.
- Accept and respect each other's opinions by listening to each other. This means that caregivers listen when adolescents speak, and adolescents listen when caregivers speak.
- Share your emotions and opinions in such a way that you do not hurt yourself or another group member. Only share what you feel comfortable with.
- Adolescents will not be punished at home for what they say in the group – as long as what they say does not break other rules (i.e. respect and confidentiality.)

Take home point

Le mithetho iyisisekelo esisemqoka sokuthi singaphathana kanjani eqenjini kanye nokuqinisekisa ukuthi liyindawo ephaphile ngokufanayo kubanakekeli nakubantu abasha ukubakwazi ukuxoxa futhi bajabule.



EXERCISE 1: PAPER TOWERS²⁶



(10 Minutes)

Rationale

The aim of the exercise is to help caregivers and adolescents experience basic problem solving in a fun and non-threatening way.



Instructions

1. Introduce the exercise, asking participants to form small groups of four, consisting of two caregiver/adolescent pairs (or groups, if a caregiver has multiple adolescents in the group). Refer to '**Introduction: Paper towers**' text as needed.
2. Pass out 10 pieces of A4 paper to each group.
3. Instruct groups to build a tower out of the sheets of paper. They may tear, cut, fold, roll, and stack the paper in any way they like. They may not use any other materials, just the paper. The goal is to build the highest tower.
4. Allow 5 minutes to build towers. Give a 1-minute warning, then they must stop building.
5. When all towers are completed, the group members identify the highest tower.
6. Praise the winners and everyone for their efforts.
7. Conduct the '**Group discussion**' questions, making sure that each small group has an opportunity to contribute to the discussion. Thank participants for their responses.
8. Review the '**Take home point.**'



Introduction: Paper towers

Manje sizodlala sonke umdlalo osheshayo. Sicela sihlngane njengomndeni onababili bese nenza iqembu nomndeni oseduze kwenu. Uma sengidlulisele iphepha kuwo wonke umuntu, ngizobe senginika imiyalelo yenu niyobe seniyaqala.

²⁶ Adapted from Eloff, I., & Forsythe, B. (2014) Kgolo Mmogo Project Intervention programme for the enhancement of children's resilience, Session 7. South Africa: University of Pretoria.

Group discussion

- *Uzizwe kanjani mayelana nalo msebenzi? Ubumnandi, unzima, ulula, uthukuthelisana? Yini okunye, futhi kungani?*

For those with the tallest tower:

- *Wenze kanjani ngokunquma ngokumele ukwenze? Kwakuyini isu lakho?*
- *Nisebenze kanjani ndawonye njengeqembu? Ngabe umuntu nomuntu ubenomsebenzi wakhe obekumele awenze. Imisebenzi ibikhethwa kwanjani?*

For those who did not succeed in building a tower:

- *Nenze kanjani ukwenza lo msebenzi? Ngabe nibe nesu elithile? Nisebenze kanjani njengeqembu? Yini ebinganisiza nenze kangcono? Abanye benzenjani kulo msebenzi?*



Take home point

Ukuxazulula izinkinga kudinga ukuxoxisana okuhle, ukubambisana kanye nesu elisebenza ngempumelelo.



EXERCISE 2: FAMILY PROBLEM SOLVING



(30 minutes)

Rationale

The aim of this exercise is to encourage caregivers and their adolescents to work together to apply the Problem Solving Steps in a real life situation, and to recognize the value of solving problems collaboratively.



Instructions

1. Divide the group into caregiver/adolescent pairs (or family groups as needed).
2. Ask the pairs/groups to think about a problem they have experienced in their home and encourage them to apply the Problem Solving Steps to identify a solution to the problem; refer to the '**Introduction: Problem solving together**' text as needed. Ensure participants refer to the Problem Solving Steps worksheet hand-out in their workbooks.
3. Walk around the room and help participants who are stuck. If needed, refer to '**Facilitator guidance: Selecting problems to focus on**' and '**Facilitator guidance: Challenges applying the Problem Solving Steps**' to assist them to identify appropriate focal problems and overcome common obstacles in the problem solving process.
4. After 10-15 minutes, bring everyone back together and have each pair share their problem and solutions. Let the group offer positive, constructive feedback on the options that pairs identified and the choices they made.
5. Conduct the '**Group discussion**' questions. Encourage responses and try to steer the conversation towards positive responses.
6. Review the '**Take home point.**'



Introduction: Problem solving together

Manje ngoba sesizijwayezile ukusebenza ndawonye, manje asizehlukanise sibe amaqembu anababili umnakekeli nomuntu osemusha bese siyabona ukuthi umuntu angayixazulula kanjani inkinga yangempela yempilo. Cabanga ngenkinga obhekane nayo ekhaya lakho. Uma usuyibonile inkinga yangempela, zamani ukuxazulula le nkinga nindawonye ngababili (noma niyiqembu). Kungaba yinoma yiyiphi inkinga ekhaya lakho noma emndeninini nobabili enibona ukuthi idinga ukudingidwa. Khumbula ukusebenzisa amakhono okulalela kahle kanye nemiyalezo eno "Ngi" uma nikhuluma. Cabanga ngezindlela eziningi ongase uzicabange ukuxazulula inkinga eseniyibonile.

Unemizuzu eyi-15 ukuthola inkinga nokuxazulula inking nibabili. Sebenzisa Iphepha Lokusebenzela Elinezinyathelo Zokuxazulula Izinkinga elisezincwadini zenu zokusebenzela ukuqedela lezi zinyathelo ngazinye.

Facilitator guidance

Selecting problems to focus on

- This activity may create difficult feelings i.e. anger, fear or sadness in the group, especially when addressing major problems. Try to guide the discussion to focus on common, solvable problems so participants can understand how the Problem Solving Steps are supposed to work.
- For example, problems such as household issues, school problems, and peer relationship issues can be addressed in this exercise because they are manageable to discuss during the session.
- The problem should be formulated in a specific and concrete way so that it is clear and manageable. If the problem is vaguely formulated (the problem is my boyfriend), the facilitator will have to ask for clarification before problem solving is possible (the problem is that my boyfriend wants me to pay for everything when we go out).
- Problems that can evoke intense emotions, such as drug use and negative peer influence, may not be good points for discussion because the focus will be on the emotions and not on solving the problem.

Facilitator guidance

Challenges applying the Problem Solving Steps

Some challenges in problem-solving where participants get stuck in different phases of the process:

- **Step 1 - Define the problem:** Some people cannot define the problem clearly enough to make it solvable. Some people are scared to even start. They believe the problem cannot be solved – so they do not even make the effort. Ask participants:
 - Is the problem clear and specific?
 - How are things different from the way you want them to be?
- **Step 2 - Understand the problem.** Ask participants:
 - How does the problem affect you?
 - How does it affect other people around you?
 - What do you think the causes of the problem are?
 - What have you done about it so far?
- **Step 3 - Set a goal:** The goal must be clear to get to a solution. Some people have trouble setting a clear goal – they know they want things to change, but they are not sure how. Ask participants:
 - What do you want to reach and/or change?
 - Is it specific enough that you can tell when you have achieved it?
 - Are you committed to work on it?
- **Step 4 - Determine options:** Some people have trouble thinking of options. It may help to ask other people for ideas. The best solution might be a combination of options. Ask participants to:
 - List as many actions as you can think of to achieve your goal – even if they seem silly or strange.
- **Step 5 - Decide on a plan of action:** Consider *all of the options*. Sometimes people are overly critical and may not recognize even good options as potentially useful. Others have trouble deciding on an option out of fear that it may not work or that they may miss out on other options. Ask participants:
 - Which action is mostly likely to achieve your goal?
 - Which action has the least amount of negative consequences?
- **Step 6 - Try it and see if it works:** Some people may fear trying out an option, in case it's not successful. Trying out a solution might seem like a waste of time, if you don't believe it can work. Ask participants:
 - Did you try the action that you chose? What was the result?
 - If it did not work, what can you do differently when you start again?

Group discussion

- *Kuzwakale kanjani ukuxazulula ndawonye inkinga yempilo yangempela?*
- *Yini oyifundile?*
- *Yimuphi umbiko omuhle ongathanda ukuwunika umnakekeli/umuntu wakho osemusha mayelana nokukwazi kwakhe ukuxazulula izinkinga?*



Take home point

Ukukhuluma ngezinkinga nokuzama ukuzixazulula nindawonye kuvama ukuholela ezisombululweni ezingcono kunokuzama ukuxazulula izinkinga uwedwa.



Group discussion

Ask Adolescents:

- Yini oyifundile ngomndeni wakho?

Ask all group members:

- Yiziphi izinto ezinhle ngomndeni wakho?



Take home point

Ilungu ngalinye lomndeni lineqhaza elehlukile. Ukuqondisisa kanye nokuncoma lokhu okuningi okungalethwa ngamalunga omndeni kungasiza umndeni wakho ukuthi usebenze kahle.



REFLECTION AND SHARING



(15 minutes)



Sesisekugcineni kokuhlangana kwanamhlanje okumayelana **neminden** **esebenza ngokubambisana**. Leli yithuba lakho lokwabelana ngemibono yakho neqembu mayelana nalokhu kuhlangana.

Ngingathanda ukuthi umuntu ngamunye axoxe ngokukodwa okusemqoka akufundile namuhla nokuthi angakusebenzisa kanjani empilweni yakhe yansukuzonke.

PRACTICE AT HOME



(10 minutes)



[Umsebenzi wokuzijwayeza ekhaya wabanakekeli nabantu abasebasha]:
Emsebenzini wokuzijwayeza ekhaya, ngingathanda ukuthi nigxile endleleni yokuziphatha kahle ekhaya. Sicela nithole izindlela zenu zokuziphatha kahle ekhaya bese niyancomana ngalezo zindlela zokuziphatha. Isibonelo, uma umnakekeli wakho epheka ukudla okumnandi, mncome; uma umuntu osemusha eqoqa kahle ekamelweni lakhe, mncome. Uma unaka indlela yokuziphatha kahle kwabanye bantu ngokubancoma, bayovama ukuziphatha ngaleyo ndlela. Sonke siyoba nethuba lokubika ngempumelelo nezinsalelo zethu ekuhlanganeni okulandelayo.

Ukwengeza lapho, sifuna ukuninika umsebenzi wokuthola iphrojekthi yesikhathi eside abanakekeli nabantu babo abasebasha abayoyikhethe bayisebenze kuze kuphele isikhathi sohlelo esisasele. Le phrojekthi iyithuba lomnakekeli nomuntu osemusha ukuthi bayenze, nokuthi benze/noma bafunde ndawonye okuthile okulula nokujabulisayo.

Isibonelo, ninga:

- **Yakhani okuthile ndawonye, okufana nento engadayiswa, okokuhlobisa indlu, ukuhlanganisa izikhumbuzo zomnden** bese nizifaka ebhokisini lesikhumbuzo;
- **Yenzani okuthile ndawonye, okufana nomsebenzi owodwa ovamile wasendlini (ukuhlansa indlu, izitsha, ukupheka isidlo sakusihlwa ndawonye), ukwenziwa ngcono kwekhaya (okufana nokupenda indlu, ukutshala ingadi yemifino), into enhle yomunye umuntu oyidingayo;**
- **Fundani okuthile ndawonye, tholani indikimba enizoxoxa ngayo ngaso sonke isikhathi uma nihlangana efana nomlando womnden, imigomo yomnden noma intsha, noma izinhlelo zokuvakashela abangani abakude.**

Umsebenzi wenu okumele niwenze ekhaya ukuxoxisana nomnakekeli/nomuntu wakho osemusha kanye nokukhetha iphrojekthi. Asibuyekeze iphepha: Iphrojekthi Yasekhaya Yabanakekeli Nabantu abasebesha ukubheka imihlahlandlela yephrojekthi yasekhaya. Siyobe ngabanye ngabanye sesithola ithuba lokubika ngephrojekthi ekhethiwe ekuhlanganeni okulandelayo.

CLOSING THE SESSION

Siyovala ukuhlangana ngokudonsa ilotho. Sicela ufake isigqebhezana segama lakho kule nkomishi. Siyobe sesidonsa igama lowo muntu uyowina lesi siphoselotho.

*Ngiyabonga ngokuthi uhambele lokhu kuhlanguana. Ngiyojabula ukukhuluma nomuntu ngamunye mayelana nalokho enihlangabezane nakho kulokhu kuhlanguana futhi uma singakwazi ukuthi senze kangcono okuthile esikhathini esizayo. Sengibheke ekuhlanganeni okulandelayo lapho siyodingida **ubudlelwane obuhle bomndeni, okungokunye ukuhlangana okuhlangene. Khumbula ukuthi kusemqoka ukuthi bobabili umnakekeli nomuntu osemusha bahambele lokhu kuhlanguana okuhlangene, ngoba basebenza kuphela uma womabili la maqembu ezile.***

Ngiyokubona esikhathini esizayo nge _____ (isikhathi nendawo) mhla zi- _____ (ilanga nosuku).



SESSION 8

Positive family relationships (Joint session)



TIME

120 minutes

RATIONALE

Conflict within a family is normal and inevitable, especially for children during adolescence. Adolescents are in the process of establishing their own identities and becoming independent from caregivers. While parents are concerned with protecting their adolescents and guiding them toward successful adulthood, youth are looking for ways to establish autonomy. Differences in values lead to conflict over rules and responsibilities.

Typical attempts to deal with conflict include using parental authority and power, or being permissive and allowing the adolescent to use his or her power to win at the caregiver's expense. The parental power approach often results in sullen and resentful adolescents and in frustrated and nagging caregivers. The second way can result in impulsive, self-centred adolescents and resentful parents.

Applying the Problem Solving Steps to conflict resolution provides an alternative, where both parents and adolescents can "win." This approach applies collaborative problem solving and identifies solutions acceptable to both caregivers and adolescents. This session provides safe opportunities to practice the problem solving approach for conflict resolution in a non-confrontational way.

GOALS

- To sensitize participants to one another's perspectives on common areas of caregiver-adolescent conflict
- To apply the Problem Solving Steps toward conflict resolution
- To raise awareness among participants about one another's needs
- To identify a behaviour that participants can do or change in order to improve their relationship with one another.

SESSION OVERVIEW

Opening ritual: Caregiver ritual

Feedback from previous session [separate groups] (15 minutes)

Exercise 1: Pushy partners (10 minutes)

Exercise 2: Who makes what decisions? (15 minutes)

Exercise 3: Ways to resolve conflict (35 minutes)

Exercise 4: What caregivers and adolescents need from one another (20 minutes)

Reflection and sharing (15 minutes)

Practice at home (10 minutes)

Closing the session

MATERIALS NEEDED

- Name tags for participants
- Flipchart or a black/white board and marking pens
- Three A4 papers with "Caregiver Decision," "Adolescent Decision," and "Joint Decision" written on them (one heading per paper) and tape to stick them
- Lottery prize

WORKBOOK HAND-OUTS REVIEWED

- Guidelines for solving conflict
- Relationship goals

SPECIAL PREPARATION

- Practice the 'Role-play: Getting kids ready for school' in Exercise 3 so you can deliver it easily.



OPENING RITUAL

Invite caregivers to lead the opening ritual. Let them know that the next joint session will open with the adolescent opening ritual.

FEEDBACK FROM THE PREVIOUS SESSION [IN SEPARATE GROUPS]



(15 minutes)



Instructions

1. Split adolescents and caregivers into separate groups. Adolescents will provide feedback only among adolescents and caregivers among caregivers. The Facilitator should lead one group and the Co-facilitator should lead the other group.
2. In each group, ask someone to summarize the home assignment. Refer to the '**Home practice assignment summary**' text if clarification is needed.
3. Encourage feedback from participants on their completion of the home practice. Ask them about their emotions, thoughts and behaviours related to the home practice.
4. Spend some time on areas where there were challenges and use group problem solving to get ideas on how the situation can be dealt with. Use one of the challenges as a role-play. The co-facilitators can model it.
5. Praise participants for their efforts to problem solve.



Home practice assignment summary

[Abanakekeli] Umsebenzi wenu kwakungukuthola indlela yokuziphatha kahle yomuntu osemusha bese uyamncoma ngaleyo ndlela yokuziphatha.

Niphinde nanikwa umsebenzi wokuxoxisana nomnakekeli/nomuntu wakho osemusha bese nikhetha iphrojekthi.

[Abantu abasebasha] Umsebenzi wenu kwakungukuthola indlela yokuziphatha kahle yomnakekeli bese uyamncoma ngaleyo ndlela yokuziphatha.

Niphinde nanikwa umsebenzi wokuxoxisana nomnakekeli/nomuntu wakho osemusha bese nikhetha iphrojekthi.

EXERCISE 1: PUSHY PARTNERS²⁸

(10 minutes)



Rationale

The purpose of this exercise is to help caregivers and adolescents to identify what conflict is, and understand ways to reduce conflict.

Instructions

1. Pair participants (caregivers with caregivers and adolescents with adolescents) and have them stand facing each other.
2. Ask them to place their palms against each other's palms and interlock their fingers.
3. Encourage them to push each other for two minutes.
4. Encourage them to push harder.
5. After two minutes they can stop pushing.
6. Ask them to sit down again and thank everyone for participating.
7. Conduct '**Group discussion.**' Encourage feedback. Refer to the '**Facilitator guidance**' to watch for important responses; if they are not mentioned, suggest them.
8. Review the '**Take home point.**'



Group discussion

- *Ngesikhathi uphusha, noma utshelwa ukuthi uphusha ngamandla, wayenzani umlingani wakho?*
- *Uma kwakumele uyeke ukuphusha, ucabanga ukuthi kwakumele enzeni umlingani wakho?*
- *Yiziphi ezinye izindlela zokubhekana nokungavumelani ngaphandle kokuphusha omunye umuntu?*



²⁸ Tamblyn, D. & Weiss, S. (2000). The big book of humorous training games. McGraw Hill, NY.

Facilitator guidance

Possible responses to push exercise

When you pushed, or when I told you to push harder, what did your partner do?

- The other person pushed harder as well, the other person became more aggressive in their pushing, their pushing increased to match mine.

If you had to stop pushing, what do you think your partner would have done?

- The other person would have stopped pushing too, if the other person did not stop pushing, I would have been pushed backwards or fallen because of a loss of control.

What are other ways you could respond to disagreement without pushing the other person?

- Take a step back, breathe in, talk/listen to the other person.



Take home point

Ingxabano ibandakanya umuntu ongaphezu koyedwa. Umuntu ngamunye ufakwa umoya omunye umuntu, bese ingxabano iyaphakama (ibayimbi) noma iyehla (ibangcono), kuye ngezenzo zabo.

EXERCISE 2: WHO MAKES WHAT DECISIONS?²⁹

(15 minutes)



Rationale

The purpose of this exercise is to increase awareness of potential areas of conflict in family life, and to have participants consider and discuss who is responsible for decision-making in these areas in their households. The exercise allows caregivers and adolescents to learn about sources of family tension and to begin to understand one another's perspectives.

Background for facilitator

The importance of caregiver and adolescent perspectives in resolving conflict

To start the process of learning how to resolve conflict, it is important to recognise that caregivers and adolescents often have different perceptions and values. These differences can create conflict. Adolescents usually want to become independent, to have freedom to make their own decisions, and to prepare themselves for being on their own. Caregivers want to protect adolescents from harm and do what they think is best for them.

²⁹ Adapted from Miller, S. (1995) Teens and Adults Learning to Communicate (TALC: LA), Phase 2, Session 9. Los Angeles: Center for HIV Identification, Prevention and Treatment Services.



Instructions (Part 1)

1. Review '**Background for the facilitator**' and consider this material throughout the exercise when providing feedback and facilitating discussion.
2. Using A4 papers and tape, mark one corner of the room with 'CAREGIVER DECISION,' another with 'ADOLESCENT DECISION,' and the centre of the room with 'JOINT DECISION.'
3. Introduce participants to the exercise using the '**Introduction: Decision-making**' text. Instruct the participants to move to the paper that reflects who they think should make the decision on each of the statements that the facilitator will read. Check for understanding and clarify questions.
4. Read each of the 5 statements out loud. Allow time for participants to move across the room after each statement. Count the number of adolescents and caregivers separately for each decision/answer group and write the results on the flipchart to use for group discussion at the end of the exercise. Take special note of the items where caregivers and adolescents differ the most.
5. Remind participants throughout that there are no right or wrong answers.
6. When finished, identify the items where caregivers and adolescents differed the most and use these to introduce '**Group discussion**' questions. Remember to allow each group (adolescents then caregivers) to respond individually before asking the next group.
7. Encourage the sharing of reactions. Expect disagreement. Caregivers likely feel that they should be the ones making the decisions, and adolescents likewise may feel that they should be given opportunities to make decisions. Be sure to reflect back key things that participants shared that express their viewpoint.
8. Review the '**Take home point.**'

Introduction: Decision-making

Manje sizokwenza umsebenzi ozosenza sicabange ukuthi ubani othatha izinqumo ezehlukene ekhaya.

Ngizofunda izitatimende ezi-5. Emva kwesitatimende ngasinye ubani ocabanga ukuthi kumele athathe isinqumo ngodaba oluthile ekhaya lakho. Hhayi okuwuyena othatha izinqumo njengamanje, kodwa ubani ocabanga ukuthi kumele athathe lesiinqumo. Ayikho impendulo eyiyo nokungesiyo, ngoba sifuna umbono wakho. Ukuphendula lo mbuzo, yiya ophawini oluhambisana nempendulo yakho, kanje:

- Uma ucabanga ukuthi isimo siyisinqumo sikamnakekeli ngokuphelele, uzobe ususondela ngasendlini emakwe ukuthi "ISINQUMO SOMNAKEKELI".
- Uma ucabanga ukuthi yisinqumo somuntu omusha ngokuphelele, uzobe ususondela ngasendlini emakwe ukuthi "ISINQUMO SOMUNTU OMUSHA".
- Uma ucabanga ukuthi bobabili umnakekeli womuntu omusha kanye nomuntu omusha kufanele ukuthi benze lesiinqumo, uzobe ususondela ngasohlangothini olumakwe ukuthi "ISINQUMO SABO BOBABILI".

Ngesitatimende ngasinye, ngizobhala phansi ephepheni lokubhalela lasobondeni ukuthi bangaki abantu abasebasha kanye nabanakekeli abaveze impendulo ngayinye.

Statements

1. Inkolo: Umuntu oneminyaka yobudala eyi-14 akafuni ukuya esontweni.
2. Isikhathi sokuyolala: Umfana oneminyaka yobudala eyi-15 ufuna ukuyolala phakathi kwamabili ebusuku obuphakathi nesonto.
3. Abangani: Umfana oneminyaka yobudala eyi-17 ufuna ukuhlala nabangani abavame ukuphuza ubhiya.
4. Ukubukeka: Intombazane eneminyaka yobudala eyi-14 ifuna ukudaya izinwele zayo zibensundu.
5. Isikhathi sokudla: Umfana oneminyaka yobudala eyi-15 akwenzeki adle nomndeni isidlo sakusihlwa.





Group discussion

Kuyaqapheleka ukuthi abanakekeli nabantu abasebasha abavumelani njalo ngokuthi ubani okumele athathe izinqumo. Ngifuna ukuthi sibheke okungase kube umbono womunye umuntu kanjalo nowethu. Ake sigxile kulezo zinto okube nokuphikisana okukhulu phakathi kwabantu abasebasha nabanakekeli mayelana nempendulo.

Ngizobhala izimpendulo zakho ephepheni lokubhalela lasobondeni.

Ask adolescents

- *Kungani ucabanga ukuthi abantu abasebasha kumele bathathe izinqumo?*

Ask caregivers

- *Kungani ucabange ukuthi abanakekeli kumele bathathe izinqumo?*

Ask the group

- *Kungani ucabanga ukuthi abantu abasebasha nabanakekeli abavumelananga mayelana nalesi sinqumo?*



Take home point

Abanakekeli nabantu abasebasha bavama ukungavumelani ekutheni ubani okumele athathe izinqumo. Lokhu kungabangela ukuthi kubenengxabano ekhaya. Ukuqonda imibono yomunye umuntu kanye nokukhuluma ngokungaboni ngaso linye kanye nezizathu zalokho kungasiza imindeni ukuthi ibalekele noma ixazulule izinkinga.

EXERCISE 3: WAYS TO RESOLVE CONFLICT³⁰

(35 minutes)



Rationale

The purpose of this exercise is to help participants apply the Problem Solving Steps to conflict resolution through role-play and modelling. The session and tasks build on previous sessions, such as problem solving, managing problem behaviour, active listening, using "I" messages, and praising positive behaviours. Ideally, participants are in a position where they have applied such skills and have begun to notice positive changes in their relationships with each other.

Instructions (Part 1)

1. Conduct the '**Group discussion**' asking participants to consider things they have learned from previous sessions and to identify strategies for effective problem solving. Encourage feedback and refer to '**Facilitator guidance**' for examples.
2. Praise them for remembering such strategies.
3. Define conflict management using the '**Conflict management**' text.



Group discussion

Ngingathanda ukuthi nicabange ngazo zonke izinto enizifundile ekuhlanganeni okudlule ukusiza ukuxazulula izinkinga kangcono noma ukukwazi ukuxhumana kahle.

- *Yimaphi amanye amasu nezeluleko zokuxazulula izinkinga ngempumelelo?*
- *Ake sibheke imihlahlandlela Yezinyathelo Zokuxazulula izinkinga esiyifundile ngaphambilini. Ukhona ongasikhumbuza ngalezo zinyathelo?*



³⁰ Adapted from Miller, S. (1995) Teens and Adults Learning to Communicate (TALC: LA), Phase 2, Session 9 & 10. Los Angeles: Center for HIV Identification, Prevention and Treatment Services.

Facilitator guidance

Problem solving

Participants may mention the following strategies:

- To communicate
- Use active listening
- Create opportunities for positive interaction
- Develop household rules
- Identify the problem
- Use "I" messages
- Set goals for resolving the problem
- Work together to solve the problem
- Praise positive behaviour
- Spend time together

Problem solving steps

- **Define** the problem
- **Understand** the problem
- **Set a goal**
- **Determine options**
- **Decide** on a plan of action
- **Try It** and see if it works



Conflict management

Manje ngifuna sikhulume ngezindlela zokulawula ingxabano. Senisho amasu amahle kakhulu okuxazulula izinhlobo eziningi zezinkinga. Amasu afanayo angasiza ukuxazulula izinkinga. Lokhu kusho ukuthola isisombululo uma abantu bengavumelani ngento ethile (njengemithetho yabantu abasebasha) ebathinta bobabili.

Ake sicabange mayelana nokuthi Izinyathelo Zokuxazulula Izinkinga zingasetshenziswa kanjani ukulawula ingxabano. Umehluko osemqoka kakhulu phakathi kokuxazulula inking nokulawulwa kwengxabano ukuthi ukulawulwa kwengxabano kuhlala njalo kubandakanya abantu abangaphezu koyedwa ukuzama ukuxazulula ingxabano. Ngenxa yokuthi kuhlala njalo kunabantu ababili noma ngaphezulu abathintekayo, kuthe ukubanzima impela ngenxa yokuthi bonke abathintekayo kumele bavumelane futhi bazibophezele esixazululweni.

Instructions (Part 2)

1. Introduce the activity, refer to the '**Facilitator-led scenarios**' text provided to indicate that you will be conducting a role-play and that you encourage participants to look out for the steps of problem solving used in the role-play.
2. Read the '**Scenario 1: Getting kids ready for school**' so that the participants have background on the perspectives and concerns of the adolescent and caregiver. Then the Facilitator and Co-facilitator model the '**Role-play: Getting kids ready for school.**'
3. Conduct '**Group Discussion 1,**' referring to the Problem Solving Steps to analyse the role-play as a group. Start with each step and invite the group to explain how this step was followed. Encourage feedback and refer to '**Facilitator guidance**' as needed.
4. Conduct '**Group Discussion 2**' about rules to follow when solving conflict. Encourage feedback. Write responses on the flipchart.
5. After some brainstorming, refer participants to the [Guidelines for solving conflict](#) hand-out in their workbooks and review it together, giving attention to ideas not mentioned by the group. Clarify misunderstandings and answer questions.



Facilitator-led scenarios

Thina sobabili (ABAGQUGQUZELI) sizolingisa inkundla phakathi komnakekeli nomuntu osemusha. Sicela ukuthi nibukele bese nizama ukuthola izinyathelo zokuxazulula izinkinga ezisetshenzisiwe ukuxazulula le ngxabano. Bhekisisani kahle ukuthi ababambe iqhaza bafinyelela kanjani esisombululweni. Okokuqala, sizoqala ngemvelaphi yemibono nezikhalo zomnakekeli nomuntu osemusha.





Scenario 1: Getting kids ready for school (Ukulungisa abantwana ubalungiselela ukuthi baye esikoleni)

The caregiver's perspective and concern:

Ukuba ngumnakekeli womntwana ongayedwana yinto enzima kakhulu ikakhulukazi uma kufanele unakekele abantwana abathathu bonke. Usebenza amahora amade usuku nosuku. Udinga umuntu ozokusiza futhi enze imisebenzi yasendlini ekhaya. Usucela lo muntu omusha okunguyena osemdadlana kulaba obabhekile ukuthi alungise laba ababili (omunye uneminyaka yobudala eyi-6 omunye uneyi-8) ukuthi balungele ukuya esikoleni ukuze bangafiki sekwedlule isikhathi. Lo muntu wakho omusha osekhulakhulile uyenqaba, uthi lokho kuzosuke kumenze ukuthi afike sekwedlule isikhathi esikoleni sakhe naye. Ezikhathini ezimbalwa abantwana abancane bafika sekwedlule isikhathi esikoleni. Uzizwe uphoxekile ukuthi lo muntu wakho omusha kukhona le nto eyodwa angakwazi ukukwenzela yona. Awumceli ukuthi akwenzele into enkulu kakhulu noma engaphezu kwamandla akhe.

The adolescent's perspective and concern:

Umnakekeli wakho uye wakucela ukuthi ulungise umfowenu omncane kanye nodadewenu omncane ukuthi bakwazi ukuya esikoleni njalo ekuseni. Kuyakucasula nje nawe ukuthi sengathi lo mnakekeli akazinakile izidingo zakho nawe njengomuntu. Wena ufunda, utadishe, kuze kube sebesuku kakhulu, kanti lokho kwenza ukuthi kube nzima ukuvuka ekuseni kakhulu. Kunzima kakhulu kabi nje ukuzilungisa wena ngokwakho uzilungiselela ukuthi uye esikoleni samabanga aphakeme ukuze ufike ngesikhathi. Ngale kwalokho nje, babobili laba bantwana kunzima ukubalawula ngoba abezwa. Njengamanje sekungathi sebedlulele ngoba umnakekeli wakho usesebenza nangezimpelasonto futhi. Akulungile neze ukuthi uwena nje-ke manje osusele nalaba bantwana bobabili. Uyakuqonda ukuthi umnakekeli wakho isikhathi esiningi uvame ukuthi angaphatheki kahle. Uyafisa nawe ukusiza, kodwa kunemikhawulo ethile kulokho ongakwazi ukukwenza.



Role-play: Getting kids ready for school (Ukulungisa abantwana ubalungiselela ukuthi baye esikoleni)

UMNAKEKELI: Namhlanje ekuseni uthu wena singakhuluma uma usubuya esikoleni. Ngabe sekuyisikhathi esikahle lesi ukuthi singakhuluma njengamanje?

UMUNTU OMUSHA: Yebo singakhuluma.

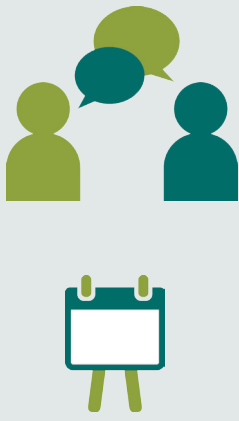
UMNAKEKELI: Uyazi ngicasukile nje ngale ndaba yokulungiselela abantwana ukuthi baye esikoleni. Ngidinga usizo lwakho kanti ngizizwa ngiphoxekile nje ukuthi sengathi awungelekeleli.

UMUNTU OMUSHA: Ungazami nje ukusola mina njalo.

UMNAKEKELI: Hawu, uyazi bengingazi-ke njalo mina nokuthi sengisola wena.



- UMUNTU OMUSHA:** Uyazi mina iyangicasula nje le nto yokuthi ulokhu ungibelesele ngokuthi anginakekele labo. Ucabanga ukuthi ayingicasuli nje mina le nto yokuthi wena usebenza kanzima kanjena nje kodwa ubaba wethu yena uhleli lapho ehleli khona akekho lapha ukuthi akusize? Uyazi kunzima kabi kimina ukuthi kufanele ngifunde ngijike futhi ngenze zonke lezi zinto okumele ngizenze lapha ekhaya. Mina angikwazi nje ukuthi ngizomele ukuhlala ngivuka njalo ekuseni ngivukela lokho. Manje usufuna ukuthi ngiphinde ngivuke kakhulu-ke ukunakuqala. Uyazi phela awungicabangeli wena uma sikhuluma iqiniso nje.
- UMNAKEKELI:** Uyazi ngiyazi ukuthi kunzima kanjani mtanami futhi ngiyaqonda ukuthi nawe usuke ubhizi ekuseni. Ngicabanga ukuthi iyakucasula nale nto engiyicelayo kuwe mtanami.
- UMUNTU OMUSHA:** Yebo, iyangicasula impela nje futhi. Kanti nangale kwalokho nawe uyabazi nje ukuthi abezwa laba, angeke ngikwazi nje mina ukubalawula.
- UMNAKEKELI:** Ukuthi njalo nabo baphansi kwengcindezi.
- UMUNTU OMUSHA:** Kodwa lokho akwenzi-ke ukuthi izinto zibe lula kimi. Mina anginakinga yokusiza, kodwa uma sekufanele ngibalungiselele ukuthi baye esikoleni, kusuke sekuzoqala ushikishi lodwa-ke lapho.
- UMNAKEKELI:** Ngamanye amazwi, awunankinga ngokungisiza?
- UMUNTU OMUSHA:** Hhayi cha mina anginankinga ngisho nakancane nje ngalokho. Ngiyazi ukuthi ubuya ukhathele nsuku zonke. Mhlawumbe bekungaba njani uma ngingasiza uma sekuphume isikole hhayi ntambama.
- UMNAKEKELI:** Kodwa inkinga yami isekuseni kakhulu.
- UMUNTU OMUSHA:** Uma kudingeka ukuthi ngivuke ekuseni kakhulu ngibanakekele kuzofanele ukuthi baziphathe kahle-ke nabo benze lokho engizobe ngibatshela khona ukuthi bakwenze.
- UMNAKEKELI:** Kulungile! Ngizokhuluma nabo ngokuziphatha, ngabe kusekhona okunye?
- UMUNTU OMUSHA:** Kuzongongela isikhathi uma ubeka izimpahla zabo ngayizolo bese ulungisa nesidlo sabo sasekuseni. Bengingajabula kakhulu nami uma ubunganginika isikhathi sokuthi ngilale sekwedlule isikhathi ngeMigqibelo.
- UMNAKEKELI:** Kulungile. Uyazi, ngizocela ukuthi sikhulume nabo namhlanje kusihlwa. Kulungile, akunankinga, ungakwazi ukuthi ulale sekwedlule isikhathi ngeMigqibelo.



Group discussion 1

- Yini eyenza lomnakekeli nengane ukuba bakwazi ukuxazulula inkinga abanayo?

Ake sizame ukuthola isinyathelo ngasinye Kwezokuxazululwa Kwezinkinga ezasetshenziswa kulo mdlalo.

- Ngabe zayichaza inkinga? Kanjani?
- Ngabe zakuveza ukuzwakala kahle kwenkinga? Kanjani?
- Ngabe zayiveza imigomo? Kanjani?
- Ngabe zakuveza okunye okungase kukhethwe? Kwakuyini?
- Ngabe banquma ngohlelo lokusebenza? Lwaluthini?

Facilitator guidance

Problem solving role-play example

What made it possible for them to solve the conflict?

- Both of them had a positive attitude, they respected and listened to each other.

Problem Solving Steps in the role-play

Step 1 – Define the problem.

- Both people state their reasons for being unhappy with the current situation: Caregiver needs help and adolescent needs rest.

Step 2 – Understand the problem.

- They understand the cause of the problem: Everyone is under extra stress and mornings are especially hectic.

Step 3 – State the goal.

- They acknowledge each other's feelings and willingness to help to resolve the issue: Caregiver is upset and adolescent feels annoyed and guilty, both recognize this but agree to help resolve the issue.

Step 4 – Determine options.

- They identify different options to overcome the problem and state their requirements: Adolescent proposes helping after school. Caregiver proposes helping in the morning. Adolescent proposes children behave better.

Step 5 – Decide on a plan of action.

- They agree on a way forward: Adolescent will help in the mornings, but gets to sleep in on Saturdays. Caregiver will speak with children about their behaviour.

Step 6 – Try it and see if it works.

- They will try it out!

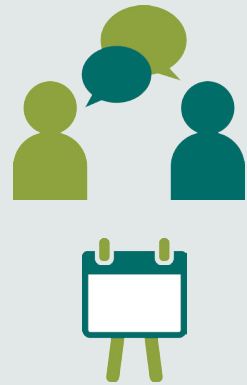
Group discussion 2

- Yimiphi imithetho okumele siyilandele ukuxazulula ingxabano?

Ngiyobhala imibono yenu ephepheni lokubhalela lasobondeni.

Lena yimibono emihle kakhulu. Asibuyekeze iphepha Lemihlahlandlela yokuxazulula ingxabano elisezincwadini zenu zokusebenzela.

- Ngabe ikhona eminye imibuzo mayelana nokusebenzisa indlela yezinyathelo Zokuxazulula Izinkinga?



Instructions (Part 3)

1. Introduce and explain the next part of the exercise using the '**Group participation scenarios**' text as needed.
2. Read '**Scenario 2: The boyfriend**' as a group.
3. Ask about the conflict and allow for only quick responses that note the conflict is about a caregiver's feelings about her daughter's boyfriend. Ask for a caregiver and a female adolescent to volunteer to initiate the role-play based on '**Scenario 2.**' Reverse the roles, where the adolescent plays the caregiver and vice versa; refer to '**Role-play**' text as needed to explain.
4. Stop the role-play after 3 minutes. Thank them for participating.
5. Conduct the '**Group discussion**' questions, first asking questions of the caregiver who played the adolescent, then the adolescent who played the caregiver, then the observers. After a few comments, offer any suggestions of your own and thank the participants. Refer to '**Facilitator guidance**' (provided at the end of session) as needed to aid in the discussion.
6. If there is still time available for the exercise, group members can role-play '**Scenario 3**' about smoking. Repeat steps 2-5 above for Scenario 3. Ensure that different volunteers participate.
7. Review the '**Take home point.**'



Group participation scenarios

Sizolingisa umfanekiso simo owodwa noma emibili njengeqembu kuye ngokuthi sinesikhathi esingakanani esisasele. Sizogqala sifunde ndawonye umfanekiso simo bese kafushane sithola ingxabano. Ngiyobe sengicela amavolontiya amabili, umnakekeli nomuntu osemusha ukulingisa isimo, niyoqamba enizokusho kuye ngomsuka esiwuhlinzeke kumfanekiso simo.





Scenario: The boyfriend (Isoka)

Uthini umbono womnakekeli womuntu omusha ngalokhu kanye nanokuthi ufisa kube njani:

Awujabulile neze ngesoka lendokazi yakho – lidala ngeminyaka elishumi kuyo, futhi uyalibona nje ukuthi sengathi lisezintweni kakhulu nje, libonisa ukuba nayo yonke imali, kodwa manje alisebenzi. Into ozibuza yona ethi: Kazi muntundini uyithathaphi le mali engaka? Ngabe uthengisa izidakamizwa? Phela kukuphatha kabi ukuthi lo mfokazindini upha indodakazi yakho izipho ezibizayo ekubeni futhi engasebenzi. Uyabona wena njengomzali ukuthi lo muntu indodakazi yakho uyithandela ukuyisebenzisa nje kuphela.

Uthini umbono womuntu omusha ngalokhu kanye nanokuthi yena ufisa ukuthi kube njani:

Wena unesoka elidala kunawe okubukeka sengathi linayo yonke into oyidingayo: lihle, likhulumela phansi, liyakukhipha likuse ezindaweni eziphambili futhi likupha izipho ezibizayo. Kodwa manje inkinga ukuthi umnakekeli wakho akalithandisisi leli soka lakho. Umnakekeli wakho ucabanga nokuthi kungenzeka ukuba leli soka lakho lithengisa izidakamizwa. Kodwa wena uyazi ukuthi leli soka likuphethe kahle kakhulu. Kukuphatha kabi nje ukuthi umnakekeli wakho akakwethembi wena ezinqumweni zakho ozithathathayo.



Role-play

- Yini ingxabano kulesi simo?
- Ngicela amavolontiya amabili?

Sizoguqula izindawo zokulingisa kulo mdlalo. Umuntu osemusha uzodlala indawo yomnakekeli omdala bese kuthi umnakekeli adlale indawo yomuntu osemusha. Amanye amalungu eqembu azoqaphela okwenzekayo. Ngokwalo mfanekiso simo, qamba lokho ofuna ukukusho, kodwa khumbula ukuzama ukusebenzisa imihlahlandlela yokuxazulula izingxabano esixoxe ngayo. Sesiyobe sesixoxa njengeqembu ukuthi bayixazulule kanjani ingxabano.

Group discussion

Ask the caregiver who played the role of the adolescent:

- Yini owayithanda mayelana nokuthi umnakekeli uphendule kanjani?
- Yini owawungayenza ngokwehlukile?

Ask the adolescent who played the role of the caregiver:

- Yini owayithanda mayelana nokuthi umuntu osemusha uphendule kanjani?
- Yini owawungayenza ngokuhlukile?

Ask the observers:

- Yimiphi imibono ewusizo ongayinika umnakekeli?
- Yimiphi imibono ewusizo ongayinika umuntu osemusha?
- Yiziphi izibonelo zokusebenzisa kwabo izinyathelo zokuxazulula izinkinga zemihlahlandlela yokuxazulula ingxabano oyibone kulokhu kulingisa?



Scenario 3: Smoking (Ukubhema)

Okusemqondweni nokuyizikhalo zomnakekeli:

Uthole ukuthi umuntu wakho osemusha uyabhema ekhaya ntambama uma ungekho ekhaya. Awuthandi ukuthi abheme, futhi awufuni ukuthi abheme ekhaya. Ubhema phambi kwezingane ezincane futhi ubeka isibonelo esibi.

Okusemqondweni nokuyizikhalo kumuntu osemusha:

Kuyakudina ukuthi umnakekeli wakho ugxeka indlela yokuziphatha kwakho. Ufuna ukubhema ngoba wonke umuntu ongangawe uyabhema. Umanakekeli wakho usaqhuba isidala. Awubhemi njalo manje pho ikuphi inkinga?



Guidance for the facilitator

Possible things to highlight in the role-plays³¹

Did they:

- Identify the problem/conflict that needs to be solved?
- Not blame or criticise the other person ?
- Ask the other person for suggestions and made some of their own suggestions to solve the problem?
- Each party agreed to try to solve the conflict?
- Each party explained how he/she felt?
- Each was respectful towards the other person?
- Discuss all of the options available before deciding on a solution ?
- Avoid bringing up old issues not related to this conflict?
- Made a decision on which action to try?



Take home point

Ukusebenzisa Izinyathelo Zokuxazulula Izinkinga kanye nemihlahlandlela yokuxazulula izingxabano kungasiza abanakekeli nabantu abasebasha ukuthi baqonde kangcono izidingo kanye nokusemqoka kwabanye abantu, kanye nokuinyelela ekuvumelaneni okwemukelekile uma bengavumelani. Ukuzijwayeza lokhu ekhaya kuyokusiza ukuthi ube ngcono ekuxazululeni izingxabano uma zivela.

³¹ Adapted from Miller, S. (1995) Teens and Adults Learning to Communicate (TALC: LA), Phase 3, Session 1. Los Angeles: Center for HIV Identification, Prevention and Treatment Services.

EXERCISE 4: WHAT CAREGIVERS AND ADOLESCENTS NEED FROM ONE ANOTHER³²

(20 minutes)



Rationale

The caregivers and adolescents identify and share what they need from one another in order to open communication channels. This is done to raise awareness of each other's needs and to build communication skills. Communicating as a group, and not directly with their own caregivers or adolescent children, helps promote honesty and sharing.

Instructions

1. Introduce the exercise, explaining that young people and caregivers need to know what they want from each other; refer to '**Introduction: Needs**' text as needed.
2. Split the group into adolescents and caregivers as separate groups, ensuring privacy for each group. The Facilitator and Co-facilitator each attend a group and guide them towards focusing on positive things; what they want rather than what they do not want.
3. Each group should put their final list of ideas on a flipchart and one person from each group should be responsible for reporting this back to the full group.
4. When both groups are ready, call them back together.
5. Conduct the '**Group discussion**'. Give time for each group to present their ideas while the other group listens. Then ask if they would add anything to one another's list followed by a general discussion on what they have learned.
6. Review the '**Take home point**'.



Introduction: Needs

Ukuze imindeni isebenze ngokubambisana, abantu abasha nabanakekeli badinga ukwazi ukuthi yini abayidinga omunye komunye. Ngakho-ke sizothanda ukuthi iqembu labanakekeli lenze uhlu lalokho elikudinga kubantu balo abasebasha ukuze libe nomndeni omuhle. Singathanda futhi ukuthi iqembu labantu abasebasha lenze uhlu lwalokho abakudingayo kubanakekeli benu ukuze nibe nomndeni omuhle. Kunemihlahlandlela esemqoka emibili okumele niyibeke emqondweni uma nenza lolo luhlu. Okokuqala, lolu hlu luzoba yimfihlo—akumele sisho ukuthi ubani obeke muphi umbono. Okwesibili, sifuna ukuthi nigxile kulokho enikuFUNAYO, hhayi kulokho ENINGAKUFUNI.



³² Adapted from Miller, S. (1995) Teens and Adults Learning to Communicate (TALC: LA), Phase 3, Session 1. Los Angeles: Center for HIV Identification, Prevention and Treatment Services.



Group discussion

Ake siqale ngokucela abantu ababasha ukuthi balethe uhlu lwabo lwezinto abazidinga kubanakekeli babo.

After adolescents present their list, ask caregivers:

- *Uma beningabantu abasha, yikuphi ocabanga ukuthi ubungathanda ukukufaka ohlwini?*

Manje sekuyisikhathi sabanakekeli sokukhuluma ngohlu lwezinto abazidingayo kubantu babo abasebasha.

After caregivers present their list, ask adolescents:

- *Uma ubungumnakekeli yini obungayengeza kulolu hlu?*

Okulandelayo ngifuna ukuzwa mayelana nokuthi yini nina nonke eniyifundile kule ngxoxo

Ask the full group:

- *Ngabe zikhona izinto ohlwini ezikumangazile, noma lezo obungazazi ngaphambilini?*



Take home point

Ukwazi nokuhlonipha izidingo zabanye abantu yindlela enhle yokuqala ukukhulumisana okungcono, futhi ukukhulumisana okungcono kungaholela ebudlelwaneni obungcono. Futhi kusemqoka ukucabanga mayelana nokuthi yini ongayenza nezidingo zomuntu ukwenza ngcono ubudlelwane bakhe.

REFLECTION AND SHARING

(15 minutes)

Sesemaphethelweni okuhlangana kwanamhlanje mayelana **nobudlelwane obuhle bomndeni**. Leli yithuba lakho lokwabelana ngemibono yakho neqembu mayelana nalokhu kuhlangu.

Ngingathanda ukuthi umuntu ngamunye axoxe ngokukodwa okusemqoka akufundile namuhla nokuthi ungakusebenzisa kanjani empilweni yakhe yansukuzonke.



GOAL SETTING AND PRACTICE AT HOME

(10 minutes)

[Caregivers & Adolescents Home practice/Goal]: **Ngesikhathi sokuhlangana okuhlangene kokuqala sakuluma mayelana nephrojekthi noma umsebenzi ongawenza ndawonye nomnakekeli/umuntu wakho osemusha, kanye nawo wonke umuntu akhethe okuthile angakwenza. Umsebenzi wokuzijwayeza ekhaya ukuqhubeka nokwenza iphrojekthi. Uma izingxabano zivela ngesikhathi kwenziwa iphrojekthi, sebenzisa izinyathelo zokulawulwa kwengxabano esixoxe ngazo namhlanje.**

Ukwengeza, umuntu ngamunye uyacelwa ukuthi abeke umgomo mayelana nento ongayenza ukwenzangcono ubudlelwane bakho nomnakekeli noma umuntu wakho osemusha. Bheka le mihlahlandlela elandelayo ukubeka imigomo:

- **Umgomo kumele kube yindlela yokuziphatha ongayenza noma uyiguqule ngesikhathi sokuqhubeka kohlelo ukwenzangcono ubudlelwane benu.**
- **Gxila kuphela endleleni yokuziphatha enhle ongayenza, hhayi indlela yokuziphatha embi ongayenza. Isibonelo, umgomo womuntu osemusha kungaba: Ngingaqeda imisebenzi yami yasekhaya nsuku zonke ngesikhathi ngaphandle kokukhala noma ukucelwa ukuthi ngiyenze, kunokuthi kube kubi: Kumele ngiyeke ukubalekela imisebenzi yami yasekhaya. Ngokufanayo umgomo womnakekeli kungaba: Ngingalalela lokho okushiwo umuntu wami osemusha ngaphandle kokumehlulela futhi ngaphandle kokumthukuthelela, kunokuthi: kumele ngiyeke ukuthetha kangaka.**

Nquma ngokuziphatha okuhle ongakwenza okungenzangcono ubudlelwane benu phakathi kwamanje nokuhlangana okulandelayo. Thatha imizuzu emibalwa ukucabanga ngakho uyobe sewukubhala ephapheni lemigomo yobudlelwane elisencwadini yokusebenzela. Okwamanje gcina le migomo iyimfihlo. Siyobe sesixoxisana ngale njongo kamuva ekuhlanganeni okuhlangene.



Facilitator guidance

Relationship goals

- 'Goals' should focus on things that they can do, or ways they can change their behaviour for an improved relationship.

Adolescent examples include:

- I can inform my caregiver of my whereabouts and who I am with when I leave the house.
- I can follow my caregivers' rules and take responsibility for the consequences if I don't.
- I can complete my chores each day on time and without complaining or being asked to do it.
- I can listen to my caregiver and try to understand things from their point of view and without becoming angry.
- I can discuss my problems honestly with my caregiver.
- I can make time to talk to my caregiver each day to tell them what is going on in my life.
- I can say thank you to my caregiver at least twice a week to express my gratitude.
- I can show my caregiver affection by hugging or kissing them at least weekly.
- I can listen to what my caregiver has to say and try to understand things from their point of view, even when we disagree.
- I can take the time to learn about the things my caregiver is interested in, such as hobbies, their work, or their family background.
- I can do fun activities with my caregiver, such as going on a walk together, preparing meals together, or playing a game as a family.

Caregiver examples include:

- I can set clear rules and communicate these to my adolescent(s).
- I can inform my adolescent(s) of the consequences that will follow if they do not obey the rules.
- I can listen to what my adolescent(s) has to say without judgment and without becoming angry.
- I can listen to what my adolescent(s) has to say and try to understand things from their point of view, even when we disagree.
- I can take the time to learn about the things my adolescent is interested in, such as hobbies and career interests.
- I can do fun activities with my adolescent, such as going on a walk together, preparing meals together, or playing a game as a family.

CLOSING THE SESSION

Siyovala ukuhlangana ngokudonsa ilotho. Sicela ufake isigqebhezana segama lakho kule nkomishi. Siyobe sesidonsa igama lowo muntu uyowina lesi siphoselotho.

*Ngiyabonga ngokuthi uhambele lokhu kuhlangana. Ngiyojabula ukukhuluma nomuntu ngamunye mayelana nalokho enihlangabezane nakho kulokhu kuhlangana futhi uma singakwazi ukuthi senze kangcono okuthile esikhathini esizayo. Sengibheke phambili ekuhlanganeni okulandelayo lapho esizodingida **izindaba ezimayelana nezobulili kubantu abasebasha. Ekuhlanganeni okulandelayo, nizohlukana nibe amaqembu abanakekeli ngabanye kanye nabantu abasebasha.***

Ngiyokubona esikhathini esizayo nge _____ (isikhathi nendawo) mhla zi- _____ (ilanga nosuku).



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Caregiver



Let's
Talk

Masikhulume
[IsiZulu]

Revised Edition: January 2017

PHASE 2

Curriculum





Caregiver Curriculum

Second Edition: January 2017

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This manual and related curricular materials are freely available for use with written permission from the Highly Vulnerable Children's Research Center (HVC-RC) or the United States Agency for International Development (USAID) Southern Africa. If you would like to implement this program, please contact hvcteam@tulane.edu for access to curricular and training materials, as well as technical guidance to ensure that the program is implemented with fidelity to the model and within the intended terms of use. HVC-RC continues a body of work related to the program including evaluation efforts; further information on this research can be ascertained via the above email.



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The curriculum is largely based on evidence-informed resources with a successful history of use in the United States and South Africa, including:

- The Teens and Adults Learning to Communicate (TALC) programme, originally developed by the Center for HIV Identification, Prevention and Treatment (CHIPTS) at the University of California Los Angeles (<http://chipts.ucla.edu/projects/Let's-Talk-la>) and led and evaluated by Dr. Mary Jane Rotheram-Borus.
- *The Kgolo-Mmogo Project*, an intervention for the enhancement of children's resilience designed for HIV-positive caregivers of young children and developed by the University of Pretoria and Yale University with support from United States National Institutes of Health.
- *Sinovuyo Caring Families Programme for Parents and Teens*, implemented by Clowns without Borders South Africa in partnership with the National Association of Childcare Workers and the Universities of Oxford and Cape Town with funding from UNICEF and the World Health Organization.
- *Strengthening Support Group Facilitation* programme designed for caregivers of orphans and vulnerable children and implemented by The Networking HIV, AIDS Community of South Africa.
- *Vhutshilo 2 and Vhutshilo 2.2*, a programme designed specifically for adolescent OVC in South Africa, originally developed by the Centre for the Support of Peer Education (CSPE), a branch of the South African non-profit organization Health and Education Training and Technical Assistance Services (HETTAS) and updated under the ASPIRES project by FHI 360 and HETTAS.
- *Focus on Youth with Informed Parents and Children Together (FOY with ImPACT)*, a community-based programme—identified by the United States Centers for Disease Control and Prevention's Prevention Research Synthesis programme as a Best-Evidence Effective Behavioural Intervention—that equips youth with the skills and knowledge they need to protect themselves from HIV and other sexually transmitted infections. The original programme was designed and evaluated by Dr. Bonita Stanton and a team of researchers at the University of Maryland, Baltimore.

- *Advocates for Youth* resources designed to promote research-based best practices in the field of adolescent sexual health and publicly available via their website (<http://www.advocatesforyouth.org/>).

The manual also relies heavily on the principles of cognitive behavioural therapy and basic principles and techniques were drawn from the 7 Steps to Cognitive Behaviour Therapy Self-Help website, (<http://www.get.gg/selfhelp.htm>); a useful resource also for users of this guide to glean further understanding of this evidence-based approach.

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GUIDELINE TO THE MANUAL



Gives you an overview of the session.



Highlights the time you should spend on each activity.



Tells you what to do.



Tells you what to say.



Tells you when to invite a group discussion.



Tells you when to use a flipchart.

SESSION AND ACTIVITY SEQUENCE

This manual contains essential information and materials for implementing the Let's Talk curriculum. Sessions are designed to be implemented fully and in the order provided. The exercises in each session have also been carefully sequenced. **Facilitators should never skip or move around sessions or exercises**, which could compromise the effectiveness of the programme as well as participants' experience. Exercises conducted early in a session ready participants for later activities, both emotionally and logistically. Preliminary exercises are carefully structured to help adolescents and caregivers "ease into" difficult topics, and to reacquaint them with the group dynamic and expectations for participation. Later exercises reinforce specific skills and information introduced earlier in the session, preparing participants to apply newly acquired knowledge and ideas outside of the group with confidence. Moreover, parallel adolescent and caregiver sessions intentionally reflect complementary themes. Changing or omitting exercises disrupts this balance, and carries the potential to limit progress for everyone in the group. Facilitators will find that with experience, the importance of each exercise becomes apparent, and implementing sessions as written feels both natural and effective.

Phase 2:

Protecting the future

PHASE 2: OVERVIEW

The second and final phase of the Let's Talk programme focuses on protecting adolescents' futures through promoting healthy decision making about relationships, sex, and sexual health. It begins with four sessions in which caregivers and adolescents meet separately, and ends with two joint sessions.

Session 9 helps caregivers understand what motivates sexual risk behaviour among adolescents, and learn strategies to mitigate risk.

Caregivers begin the session with "Pass it on," an interactive game designed to demonstrate how readily HIV and STIs can be transmitted through a network. Next, participants move into a discussion of the social and emotional factors that underlie adolescent risk taking, and different ways caregivers can help address them. The last exercise encourages caregivers to visualize their hopes for their adolescent's future through an art activity.

Adolescents learn more about risks and how to reduce them in session 9.

The session opens with "Pass it on," a game that helps demonstrate HIV and STI transmission risk. Participants then discuss how different thoughts, feelings, and external influences like drugs and alcohol can cause someone to feel invulnerable and lead to risky sexual behaviour. Next, adolescents examine the characteristics of healthy and unhealthy relationships. Group members are introduced to short scenarios featuring adolescents whose own lives provide examples of healthy and unhealthy relationships. Finally, the group is introduced to the "question box," a place to submit and get answers to questions about sex, HIV and STIs, relationships, or any other topic anonymously.





Session 10 for caregivers focuses on communication.

Participants begin by considering how they have communicated with the adolescents in their care in the past about difficult topics like sex and sexual health, discuss why good communication is important and why it can be difficult, and brainstorm strategies to help. Next, caregivers talk about what characterizes healthy versus unhealthy relationships, using scenarios about adolescents. The next exercise is about managing sensitive situations. It begins with a role-play in which an adolescent's boyfriend is pressuring her to have sex. Her caregiver overhears, and the response is not very effective. Participants talk about how the caregiver should have responded, and react to a new role-play that demonstrates better communication. As a group, participants consider other scenarios involving adolescent sexual health matters and discuss appropriate responses.

Session 10 teaches adolescents about communication, especially for negotiating sex and condom use.

Participants think about the different reasons that adolescents have sex or abstain from it, and learn that understanding risks can lead to healthier decision making. Adolescents also talk about alternatives to having sex that can help meet some of the same emotional needs. The next exercise introduces strategies for saying no to sex. Participants practice the negotiation, using scenarios like a partner who insists, "If you loved me, you would have sex with me". The final exercise uses a central metaphor – ways to respond when offering tea to a friend – to illustrate the concept of consent.

Session 11 builds caregivers' knowledge about HIV and AIDS.

The first exercise is a game that asks participants to classify different activities as safe or unsafe in terms of HIV risk. The facilitator reviews the group's responses and helps to identify and clarify misconceptions about how HIV is transmitted. In the second exercise, caregivers learn what HIV testing entails and talk about why it is important for everyone to get tested. As a group, participants examine common obstacles to testing and brainstorm strategies to address them.

Adolescents learn about HIV and other STIs in session 11.

They play a game that asks them to categorize different activities as safe or unsafe in terms of HIV risk. The facilitator reviews the group's responses and helps to identify and clarify misconceptions about how HIV is transmitted. In the next exercise, adolescents learn more about STIs as they assume the role of "Dear Dolly," an advice columnist who answers adolescents' questions about health, sex, and relationships. Finally, adolescents learn about HIV and STI testing – why it's important, what the tests are like, and how to access them. They discuss common reasons that adolescents might not seek testing, and share ideas about how to reduce these barriers.

Caregivers gain information about effective ways to prevent and respond to crises in session 12.

The session begins with a discussion about what it means to monitor adolescents, and how effective monitoring can help to decrease risk behaviour and promote adolescents' safety. Participants read scenarios in which adolescents face serious risks, and talk about different strategies for responding. The next exercise focuses on crisis situations like rape. Participants consider the importance of staying calm and problem solving together. They use role-play to practice different responses and identify the components of an effective response. Next, caregivers discuss examples of sensitive questions adolescents might have, such as "What do I do if my boyfriend raped me?" and "When is the right time to start having sex?" Participants role-play using good communication skills in their responses. In closing, caregivers identify their personal strengths as caregivers.

Session 12 helps adolescents learn more about ways to protect themselves.

Participants begin the session by identifying the proper sequence of procedures for putting on a condom. Next, they play a game that enables them to become more comfortable and skilled handling condoms. Teams of adolescents race to follow the correct steps to put a condom on a penis model the fastest. Participants move into a discussion about how to refuse sex and negotiate condom use, and practice assertive communication skills for these and similar situations using role-play. Finally, questions that have been submitted to the question box are answered by the facilitator and discussed with the group.





Session 13 brings adolescents and caregivers together and revolves around planning for the future.

The first activity is a quiz game that lets participants work together to test their knowledge about HIV, STIs and pregnancy prevention by trying to separate common myths from facts. Following the game, participants hear a case study (“Duduzile’s Story”) that deals with an adolescent’s unplanned pregnancy and its effects on Duduzile and her partner. Discussion underscores the benefits of healthy relationships and the consequences of risky decision making. In the last exercise, adolescents think about how being in Duduzile’s situation might affect their own life goals, and caregivers consider strategies for helping adolescents stay on a path to success.

Session 14 is a joint session that involves reflection and a celebration of participants’ hard work and progress in completing the programme.

It includes activities designed to encourage caregivers and adolescents to synthesize what they have learned, and motivate them to continue supporting one another. The session begins with an exercise that lets family pairs/groups construct a shared vision for the adolescent’s future in the form of a collage. Participants then discuss ways they can work toward these visions, such as through mutual support, effective communication, and goal-setting. The next exercise is centred on a traditional story, “Stone Soup,” about how people in a community can accomplish more working together than they could alone. Through discussion and reflection, programme participants have the opportunity to celebrate personal progress and the connections they have formed with others in the group. At the close of the session, caregivers and adolescents are presented with certificates of completion and share a celebratory meal.

SESSION 9

Adolescent risk taking

TIME

120 minutes

RATIONALE

Adolescents engage in risky behaviour for many different reasons. Reducing risk depends on understanding these reasons. Caregivers who can identify social and emotional factors underlying risk-taking, will be better positioned to positively influence adolescents' decision making.

GOALS

- To increase participants' knowledge about how HIV and STIs can transmit through a network of sexual partners and youth's relative risk
- To consider the reasons why adolescents engage in sexual risk behaviour, and to discuss ways for caregivers to mitigate risk-taking by recognising and addressing these underlying factors
- To encourage participants to formulate a positive vision for their adolescent's future

SESSION OVERVIEW

Opening ritual

Feedback from previous session (15 minutes)

Exercise 1: Pass it on (30 minutes)

Exercise 2: Why do adolescents take sexual risks? (40 minutes)

Exercise 3: Vision for your adolescent's future (20 minutes)

Reflection and sharing (10 minutes)

Practice at home (5 minutes)

Closing the session





MATERIALS NEEDED

- Name tags for participants
- Flip chart or black/white board and marking pens
- Brown paper bags (one for each group member and facilitators)
- Beads, smarties, marbles or tokens (see Special Preparation for quantities)
- Flipchart paper with the definition of invulnerable
- Colour pencils, crayons, magazines with pictures, scissors and glue for vision activity
- Lottery prize

WORKBOOK HAND-OUTS REVIEWED

- [My vision for my adolescent's future](#)



SPECIAL PREPARATION

- Exercise 1 'Pass it on' requires preparation before the session to ensure that you have the correct materials and that you understand how to use them. Begin by reading through the exercise so you are familiar with how it works. Then gather the necessary supplies and organize the participant bags.
 - » You will need one brown paper bag for each group member. Put 20 coloured beads in each bag. Do not include any red or yellow coloured ones. Note that instead of beads you can use smarties or objects like marbles or poker chips, as long as there are a variety of colours.
 - » Two of these participant bags should be marked with a blue distinguisher (e.g. blue star or other marking underneath the bag).
 - » You will also need two bags for use by facilitators: One bag has 20 red beads/objects only and the other bag has 20 yellow beads/objects only.
 - » You will need 6 pieces of paper labelled as follows (one set for each of the related questions): HIV-negative & HIV-positive; STI & STI-free; Condoms & No condoms.
 - » Note that the data used in the 'Pass it on' exercise is from South African statistics available when this manual was developed in 2016. Updated figures for HIV and STI prevalence and condom use may be needed if used outside of South Africa or when updated statistics become available.
- Write out the definition of invulnerable on the flipchart for Exercise 2.

OPENING RITUAL

FEEDBACK FROM PREVIOUS SESSION

(15 minutes)



Instructions

1. Ask someone to summarize the home assignment. Refer to the '**Home practice assignment summary**' text if clarification is needed.
2. Encourage feedback from participants on their completion of the home practice. Ask them about their emotions, thoughts and behaviours related to the home practice.
3. Spend some time on areas where there were challenges and use group problem solving to get ideas on how the situation can be dealt with. Use one of the challenges as a role-play. The co-facilitators can model it.
4. Praise participants for their efforts to problem solve.



Home practice assignment summary

Umsebenzi okwakumele uwenze kwakuwukunquma ngendlela yokuziphatha kahle ongayenza ukuze wenze ngcono ubudlelwane bakho nomuntu wakho osemusha.



EXERCISE 1: PASS IT ON¹



(30 minutes)

Rationale

The exercise will illustrate some of the principles of HIV and STI transmission in the context of protected and unprotected sex in a fun way. This exercise also presents facts in a participatory manner to sensitize caregivers to the relative risks they, and their adolescents, face for HIV and STIs, and encourage condom use to lessen this risk.



Instructions (Part 1)

1. Refer to '**Special Preparation**' at the beginning of the session for list of needed supplies.
2. Introduce the exercise; refer to '**Introduction: Pass it on**' text provided as needed. Give each participant a brown paper bag containing the mix of 20 colourful 'beads' (without yellow or red). Do not mention anything about the various 'bead' colours, or what they represent to group members.
3. Ask participants to move around the room and share brief praises or compliments with others. Instruct them to exchange 5 beads for each interaction. Facilitators will have the bags of yellow and red beads. They walk around the room and interact in the exercise along with participants, and exchange their yellow and red beads with participants.
4. Call the group back after five minutes of interaction and sharing 'beads'. Ask the participants to count how many red and yellow 'beads' they have. The facilitator will then indicate that each exchange represents sex; refer to the '**Pass it on explanation.**' Red beads represent HIV, and yellow beads represent STIs.
5. Be sure to highlight how easily infection spreads, even if you do not interact with the original infected persons (the facilitators). Ask who has blue marked bags — and explain that these two people were having protected sex, with a condom, and thus even if they have red and yellow beads, they are safe from HIV and STIs. (If the group mentions how some interactions were between same-sex individuals, you can say that diseases can pass through these sexual interactions as well and that specific acts that can lead to transmission will be discussed later.)
6. Conduct the '**Group discussion**' and invite participants to share what they have learned. Refer to '**Facilitator Guidance: Lessons**' for reference as needed to ensure key messages are presented.

¹ Adapted from ETR Associates (2008). *HIV Transmission Game & Numbers Game: How Many Teens Are Really...Focus on Youth with Informed Parents and Children Together (ImPACT) Curriculum, Session 6 and Session 4.*

Introduction: Pass it on

Ngifuna ukuthi nonke nisukume ezihlalweni zenu bese nixoxisana nabanye. Sizodlala umdlalo "kudlulise". Kumele usho into eyodwa enhle ngomunye umuntu bese nabo basho into eyodwa enhle ngawe. Ungabancoma ngento ethile abayisho eqenjini, okuthile abakugqokile, noma into abayenza kahle. Kungaba yinoma yini, kodwa akube kufishane khona uzoxoxisana nabantu abaningi ngendlela ongakwazi ngayo. Ngesikhathi sokuxoxisana ngabanye, nobabili kumele nishintshisane ubuhlalu benu obuhlanu nobuye ubuhlalu obuhlanu babanye abantu. Buyisela lawo ubuhlalu esikhwameni sakho ubuhlalu. Uzoba nemizuzu emi-5.



Pass it on explanation

Manje ngifuna ukuthi ukhiphe ubuhlalu bakho ubuke imibala.

- Mangaki abomvu futhi mangaki aphuzi onawo? Niyabona-ke ngenkathi kade siqala, bekungumuntu oyedwa vo obenama-smutisi abomvu futhi kungumuntu oyedwa vo onama-smutisi aphuzi. Bangaki abantu abanama-smutisi abomvu kanye naphuzi ngombala manje?

Manje ake sithathe ngokuthi ukuxoxisana ngakunye kumele ukuya ocansini. Futhi ake sithathe ngokuthi ubuhlalu abomvu amele i-HIV bese kuthi aphuzi amele ezinye izifo ezithathelana ngokocansi. I-HIV igciwane elibanga i-AIDS. I-HIV yisifo esithathelana ngokocansi, noma i-STI, kodwa akhona futhi amanye ama-STI athathelana ngokocansi, afana ne-chlamydia, isipatsholo, namanye. Sizokhuluma kabanzi ngalokhu kamuva.

Manje khumbula ukuthi mangaki ubuhlalu abomvu naphuzi esikhwameni sakho. Ubuhlalu aphuzi nabomvu manje ayasabalala phakathi kwezikhwama, cishe njengoba ama-STI ne-HIV kungasabalala kubantu abaya ocansini olungaphephile. Lo msebenzi ukhomba ukuthi umuntu oyedwa onegciwane eqenjini angabangela kanjani ukuthi abantu abaningi eqenjini babe negciwane ngokushesha, yize abanye (noma abaningi) abantu eqenjini bengazange kwasekuqaleni bathintana ngqo nabantu abane-HIV noma i-STI.

- Njengamanje, ubani ophethe iphakethe elimakhwe ngombala oluhlaza okwesibhakabhaka ngaphansi?

Laba bantu ababili abaphethe lezi zikhwama babesebenzisa amakhondomu uma beya ocansini. Lokhu kusho ukuthi yize bengaba ubuhlalu aphuzi nabomvu ezikhwameni zabo, babevikelekile kwi-HIV namanye ama-STI.



Group discussion

- Ngabe yini eniyifundile kulo msebenzi obewenziwa na?



Facilitator guidance

Lessons

Look out for and emphasize:

- This exercise helps us to see how STIs and HIV can be transmitted when people have unprotected sex.
- This exercise has also helped us to realize how HIV and STIs can pass through a sexual network—you may get diseases indirectly from someone your partner has been with.
- It also highlights the importance of using condoms during sex to protect yourself.



Instructions (Part 2)

1. You will need 6 pieces of paper labelled “HIV negative”, “HIV positive”, “STI”, “STI-free”, “Condoms”, and “No condoms.”
2. Place 10 beads on a blank piece of paper. Express that we will now be considering real prevalence of infection (or how many people are infected) and condom use in South Africa. We want them to imagine that the 10 ‘beads’ are 10 people.
3. Take each question one by one, place the two pieces of paper related to the question (e.g. HIV negative and HIV positive) on a table or flat surface. Invite a different volunteer for each question to move the number of ‘beads’ to the pieces of paper they think are correct for each of the three questions below (for example, if they think 3 out of 10 people would have HIV, they would move 3 beads on to the “HIV positive” paper and 7 on to the “HIV negative” paper.)
4. Provide correct answers and brief additional information from the **‘Questions and answers for the activity’** for each question before asking the next one.
5. Using the **‘Group discussion’** question, ask the group about their reaction to these numbers.
6. Review the **‘Take home point.’**

Questions and answers for the activity²

Manje ake sibheke ukuthi kuyingozi kanjani ngempela kubantu abasebasha eNingizimu Afrika.



Question 1:

Ngabe ucabanga ukuthi bangaki abantu abane-HIV kubantu abayi-10 eNingizimu Afrika?

Answer: 1 'bead'

Ukubakhona jikelele kwe-HIV eNingizimu Afrika kubantu abaneminyaka yobudala ephakathi kwe-15-49 kwakulinganiselwa kamuva nje cishe ema-12% esibalo sabantu – cishe abantu abayizigidi eziyi-6.4.

- **Okusemqoka, ubungozi buphezulu kakhulu emantombazaneni asemasha kunabafana abasebasha. Amantombazane aneminyaka yobudala eyi-15 kuya ema-24 avama ukutheleleka kakhulu kunabafana abalingana nawo.** Ezinye zezizathu zomehluko wamazanga okutheleleka nge-HIV phakathi kwabafana namantombazane zibandakanya:

- » Amanye amantombazane asemancane aya ocansini namadoda amadala (okubizwa ngokuhluka kweminyaka yobudala noma ucansi lwezizukulwane ezingafani kuye ngomehluko weminyaka yobudala) – lokhu kungaphinde kubandakanye 'o-sugar daddies.' Amantombazane aya ocansini namadoda amadala anamandla amancane okuxoxisana ngokusetshenziswa kwekhondomu, futhi abalingani bawo bavama ukuthi kube bathelelekile ngenxa yokuziphatha kwabo ngokocansi/abalingani abaningi.
- » Amantombazane aphinde abesengozini kakhulu yokuthola i-HIV ngenxa yendlela okusebenza ngayo imizimba yawo (ukwakhekha komzimba.) Lokhu kuyiqiniso ikakhulukazi emantombazaneni asemancane anemizimba engakakheki ngokugcwele (intombazane esencane ayinaso isibelethe esakheke ngokugcwele okwenza ukuthi kube lula ukuthi ithole izifo.)
- » Okokugcina, amantombazane asengozini yokuthola i-HIV ngenxa yodlame olubhekiswe kwabesifazane – ucansi oluphoqeletwe luvama ukuholela ekudabukeni kwesitho sangasese somuntu wesifazane, okwenyusa ubungozi bokutheleleka nge-HIV.

Question 2:

Bangaki abantu abasha abaneminyaka eyi-15- 24 abanogcunsula?

Answer: 3 'beads'

Ugcunsula yi-STI evame kakhulu kuleli zwe. Ucwaningo lwakamuva kwenye yezindawo zaKwaZulu-Natali lwaveza ukuthi cishe ama-30% abantu abasha batholakala ukuthi banogcunsula.

² South African National HIV Prevalence, Incidence and Behaviour Survey, 2012. Cape Town: HSRC Press; UNICEF. Gender and HIV/AIDS: Prevention among young people. Accessed from http://www.unicef.org/esaro/7310_Gender_HIV_prevention_among_youth.html; Kharsany, A. & Cawood, C. (2016). HIV Incidence Provincial Surveillance System Project (HIPPS). Unpublished raw data. Personal communication C Cawood.

**Question 3:**

Bangaki abantu abasha abathanda ukuya ocansini abaphakathi kweminyaka eyi-15- 24 abasebenzisa amakhondomu njalo ukuzivikela?

Answer: 5 'beads'

*Namhlanje ukusetshenziswa kwekhondomu sekuyinto evame kakhulu eNingizimu Afrika. Abantu abaningi bathatha izinyathelo zokuzivikela **futhi abantu abasebasha yibo abahamba phambili**. Abantu abasebasha abaneminyaka yobudala ephakathi kwe-15 nama-24 kubikwa ukuthi yibona abasebenzisa kakhulu ikhondomu ukudlula noma yiliphi elinye iqembu ngokweminyaka (ama-46%)! Laba bantu abasha basebenzisa ikhondomu njalo uma beya ocansini.*

- » [Imininingwane eyengeziwe uma bebuza, kodwa gxila kakhulu ezingeni eliphezulu lokuyisebenzisa kwabantu abasha: Ngokuvamile lingaphansi kancane kwama --37% noma cishe ubuhlalu obu-3 kuya kobu-4 phakathi kwaso sonke isibalo sabantu.]

**Group discussion**

- *Ngabe zinimangazile yini nina lezi zibalo na?*

**Take home point**

Noma ubani othanda ukuya ocansini usengozini yokuthola i-HIV nama-STIs. Unganciphisa ingozi kuwe ngokusebenzisa kahle amakhondomu njalo uma uya ocansini.

EXERCISE 2: WHY DO ADOLESCENTS TAKE SEXUAL RISKS?³

(40 minutes)



Rationale

Risk-taking is a normal part of adolescent development that can nonetheless pose serious consequences for adolescents and others in their lives. Caregivers who understand common reasons that adolescents may engage in risky behaviours are better equipped to help prevent and manage these behaviours. By the end of this exercise, caregivers will be able to describe different reasons adolescents engage in risky sexual behaviours, and propose strategies to counteract these risks. Participants will discuss how common feelings and thoughts, as well as external factors like drug and alcohol use, can affect decision making. They will learn how feeling invulnerable can lead to young people taking risks, and in turn, to harmful consequences such as HIV. They will discuss ways they can help adolescents understand these thoughts and feelings in order to make healthy decisions. This exercise also helps contextualise other parenting skills such as behaviour monitoring and rule-setting.

Instructions

1. Introduce the theme of the next few sessions; refer to **'Introduction: Talking about sexual behaviour'** text provided.
2. Conduct the **'Group discussion 1,'** and encourage brief responses about adolescents' perceived sexual risk. Allow for discussion the last question as to why adolescents might engage in risky behaviour. Write responses on the flipchart. Refer to **'Facilitator guidance: Some reasons for sexual risk behaviour'** to ensure key reasons are included in the discussion.
3. Highlight or introduce a reason that refers to 'invulnerability' (e.g., they think nothing bad will happen) and indicate that you will now focus on this common reason for adolescent sexual risk behaviour. Explain the meaning of 'invulnerable', and display definition of invulnerable on a flipchart; refer to **'Invulnerable'** text provided as needed.
4. Conduct the **'Group discussion 2,'** allowing responses to each question before moving to the next one. Encourage discussion and look out for and probe for the responses listed in the **'Facilitator guidance: Behaviours, thoughts and feelings related to invulnerability.'** Write their responses to the last question on 'what caregivers can do' on the flipchart.
5. Review the **'Take home point.'**



³ Adapted from ETR Associates (2008). Why do people feel invulnerable? Focus on Youth with Informed Parents and Children Together (ImPACT) Curriculum, Session 2.



Introduction: Talking about sexual behaviour

Ekuhlanganeni okuzayo, kusukela namhlanje, sizogxila ebungozini okumayelana nobudlelwane bezocansi. Sikhulume ngobudlelwane emindeninyethu ekuhlanganeni okudlule, manje sizokhulumangobudlelwane bezocansi nokuthi singabagcina kanjani abantu abasebasha bephephile. Abantu abasebasha sebethole amakhono okuxhumana nokuxazulula izinkinga, futhi bazosebenzela ukusebenzisa lokhu kanye namanye amakhono amasha ukubhekana nengcindezi yokuthatha isinqumo, ubudlelwane, ukuxhumana, ucansi nezinye izihloko ezinzima.

Umgomo ukunikeza wonke umuntu ulwazi kanye namakhono ukwenza izinqumo ezinhle eziyovimbela ukukhulelwa okungahleliwe, izifo ezithathelana ngokocansi kanye ne-HIV. Njengabanakekeli, niyophinde nixoxe ngalokhu ukuze nikwazi ukusekela abantu abasebasha ukuthi bahlale bephephile manje nangesikhathi esizayo.

Ngesikhathi sizogxila kakhulu ebungozini obumayelana nezocansi ekuhlanganeni okuzayo, niyothola ukuthi amakhono esiwafundayo kanye nokuzijwayeza kuyoba wusizo ezimeni eziningi ezahlukene.

Injongo yokuhlangana kwanamhlanje ukuqala ukuqonda ngobungozi obuhambisana nendlela enobungozi yokuziphatha ngokocansi nokuthi kungani abantu abasebasha bengabamba iqhaza kuyo. Sizofunda amasu amayelana nokuthi kukhulunywa kanjani mayelana nocansi nabantu abasebasha kanye nokunciphisa ubungozi kubo ekuhlanganeni kwakamuva.



Group discussion 1

Manje sesibhekile ukuthi izindlela zokuziphatha ngokocansi zingababeka kanjani abantu engozini, manje asigxile ekuqondeni kangcono izizathu ezibangela ukuthi abantu abasebasha bazibandakanye ocansini oluyingozi.

- Ucabanga ukuthi abantu abasebasha bayakhathazeka ngokuthola i-HIV noma enye i-STI? Kungani noma kungani kungenjalo?
- Ucabanga ukuthi abantu abasebasha bacabanga ukuthi bazokhulelwa noma bazokwenza omunye umuntu akhulelwe uma beya ocansini? Kungani noma kungani kungenjalo?
- Ngabe ucabanga ukuthi kungani abantu abasebasha beziphatha ngokocansi ngendlela ebfaka engozini?

Facilitator guidance

Some reasons for adolescent sexual risk behaviour

Experimentation/curiosity:

- Adolescents like to experiment with new activities for the first time at this age, including sex (along with potentially trying alcohol and drugs, which can also contribute to risky sexual behaviour.)

Asserting their independence:

- As adolescents attempt to discover a sense of self and seek independence, they may try to do things on their own and think for themselves. Developing independence involves trying out different ways of thinking and behaving.

- Sexual activity, in particular, can make them feel as if they are “grown up” and independent.

Peer pressure:

- Adolescents may feel pressure to have a boyfriend/girlfriend, and even to have sex because ‘everyone else is doing it’ and so that they can also discuss such experiences with their peers. Negative emotions can make them more easily influenced by peers and partners.

Emotional separation from caregivers:

- At the same time that adolescents are beginning to explore new activities and are subject to peer pressure, they may be less likely to tell their caregivers what is going on in their lives. This lack of awareness and communication with caregivers could lead to less overall guidance and protection from risks.

Increased opportunities:

- Adolescents are perceived as more mature and often allowed more freedom than younger children, and thus have more opportunities to engage in risk taking behaviour especially if caregivers do not enforce appropriate boundaries (be home at this time, tell someone where you’re going and who you will be with, etc)

Perceived invulnerability:

- Adolescents may take risks and do things that may cause them harm because they feel ‘invulnerable’ - like nothing bad can happen to them.

Invulnerable

Unikeze izizathu ezinhle kakhulu. Ake sigxile kwesisodwa sazo esivame kakhulu ngesikhathi sokukhula kwabantu abasebasha—ukuzizwa ‘ungeke walimala kalula’. Ukungabi buthakathaka kusho ukuthi umuntu angeke alimale noma alinyazwe bese ukungahlulwa kusho ukuthi umuntu angeke ahlulwa noma anqotshwe. Ngamanye amagama, abantu abasha bavama ukuzizwa sengathi akukho okubi okungabehlela.

[Provide definition of ‘invulnerable’ on flipchart: Invulnerable: Cannot be wounded, injured or harmed]





Group discussion 2

- Yiziphi izinhlobo zezindlela zokuziphatha esizibona kubantu abazizwa bengeke bahlaseleka kalula?
- Utshwala nezinye izidakamizwa zikwenza kanjani ukuthi umuntu azizwe engeke ahlaseleka kalula, kube sengathi akukho okubi okungenzeka kubo?
- Yimiphi imicabango engenza abantu abasebesha bazizwe bengekho engozini yokuthola i-HIV kanye nezinye izingozi uma beya ocansini?
- Kungani abantu abasha abacabanga ukuthi abanazo izindlela eziningi zokubhekana nekusasa noma abangacabangi ukuthi bangaphila isikhathi eside, kube yibona abangazifaka engozini efana nokuya ocansini olungaphephile?
- Ngabe kungani kungenzeka ukuthi abantu abasebasha abazizwa "besothandweni" bazizwe bengeke bahlaseleka kalula uma benalowo muntu futhi bavame ukuzifaka engozini efana nokuya ocansini olungavikelekile?
- Ngabe yini engenziwa abanakekeli ukubhekana nale mizwa, imicabango kanye nendlela yokuziphatha kubantu babo abasebasha?

Konke enikushoyo ngizokubhala kwifliphushathi.

Facilitator guidance

Behaviours, thoughts and feelings related to invulnerability

Look for responses such as:

Behaviours related to invulnerability

People who feel invulnerable are more likely to drink alcohol, take drugs, have unprotected sex, to not test for HIV or STIs, to get into fights, to drive while intoxicated, and to take other risks.

Alcohol, drugs & invulnerability

- Alcohol and drugs lower a person's inhibitions and are likely to make people feel more invulnerable than when they are sober. The effects of alcohol and drugs make people feel like nothing bad can happen, but this effect wears off when they sober up.
- The chemicals in alcohol and drugs make the brain less able to distinguish between threatening and non-threatening situations. They also affect a person's ability to make decisions, often leading to poor decision making.

Thoughts related to invulnerability

- Underestimating risk ("It won't happen to me" or "I am not at risk" or "Only promiscuous people get HIV/pregnant")
- Romantic beliefs ("He/she loves me and would never put me at risk")

- Complacency (“It’s not a big deal” or “If I get pregnant I can just have an abortion” or “HIV is a manageable disease, if I get infected I will just take ARVs”)
- Hopelessness (“I have no future anyway”)

Hopelessness & risk taking

If someone believes they don’t have a future, they are less likely to take any steps to protect it, which means they are more likely to take part in risky activities without thinking about the consequences. They are more likely to live for ‘the now’ and don’t worry about what will happen to them in the future because they don’t believe they have one.

Feelings of love and invulnerability

- Attraction makes us ‘blind’ to risks. Feelings of sexual desire and “love” can make you feel like you are on top of the world—that you are invulnerable.
- When you care about someone and they care about you, it can make you feel like nothing else matters. This can be especially true when you are an adolescent and experiencing these feelings for the first time.

What can caregivers do?

- Talking to their adolescent about the dangers of drug and alcohol use and sexual behaviour
- Setting rules about drug and alcohol use, such as not attending social situations/groups where drinking is likely
- Communicating openly about sexual health matters and listening actively to adolescents
- Helping adolescents to change negative thinking (e.g., Their future is worth protecting)
- Encouraging adolescents to set goals for the future and working towards them
- Praising adolescents for their strengths and positive behaviour
- Helping adolescents to understand the risks associated with sexual behaviour
- Helping adolescents to understand how their feelings and thoughts affect their behaviour so that they can protect themselves
- Setting age-appropriate rules and boundaries to limit the opportunities that adolescents have to engage in risk taking behaviour

Take home point

Ukuzifaka engozini kuvamile kubantu abasebasha futhi kuza ngezindlela eziningi. Ziningi izingathu ezingabangela ukuthi abantu abasebasha bazifake engozini, kubandakanya ukuzethemba ngokuzimela, ukufuna ukwazi kanye nengcindezi evela kontanga. Abantu abasebasha bangaphinde bazizwe bengeke bahlaseleka kalula noma bahluleke ukubheka okungase kube yimiphumela yokuziphatha kwabo. Abanakekeli bangavimbela kangcono indlela yokuziphatha enobungozi ngokuqonda izingathu ezibangela lokho, kanye nokubhekana nalezo zingathu.



EXERCISE 3: VISION FOR YOUR ADOLESCENT'S FUTURE⁴



(20 minutes)

Rationale

Caregivers want the best for the children in their care and often have high hopes and dreams for their futures. Sometimes, because of the stressors of daily life, we can lose sight of these long-term goals. Creating a vision helps caregivers recall or identify their hopes and dreams for their adolescent in a way that is tangible. Focusing on the positive can help strengthen the caregiver/adolescent relationship.



Instructions

1. Introduce the topic; refer to the **'Introduction: Vision for your adolescent's future'** text provided as needed, and invite them to consider questions about the hopes they have for their adolescent.
2. Refer them to the My vision for my adolescent's future hand-out in their workbook. Distribute materials they will need to create the vision (colour pencils, crayons, magazines, scissors and glue.) Explain the exercise, refer to text provided **'Vision for adolescent's future instructions'** as needed. As participants to work on their visions, and walk around the room and assist as needed.
3. Review the **'Take home point.'**



Introduction: Vision for your adolescent's future

Sesixoxe ngezinye zezihloko ezibucayi namhlanje. Manje ngingathanda ukuthi umuntu ngamunye kini azinike isikhathi ukubheka umbono wenu ngekusasa lomuntu wenu osemusha. Umuntu wakho osemusha usengene esigabeni esisha sempilo njengoba ebheke esigabeni sobudala. Zakhele isithombe somuntu wakho omusha njengomuntu omdala. Yimuphi umbono onawo ngekusasa lakhe? Sizokwakha umbono wekusasa lomuntu wakho osemusha ngokuphendula le mibuzo elandelayo:

- *Ngabe ufuna umuntu wakho osemusha abe hlobo luni lomuntu?*
- *Ngabe ufuna umuntu wakho osemusha azuzeni empilweni yakhe?*
- *Ngabe ufuna umuntu wakho osemusha abe naziphi izimpawu noma azokwaziwa ngakho?*

⁴ Momentous Institute (2015). Vision Statements. Accessed from <http://www.momentousinstitute.org/blog/vision-statements>

Vision for adolescent's future instructions

Ningasebenzisa amapensela, amakhrayoni namaphephabhuku ukwenza lo mbono, ngokusebenzisa iphepha. Niyoxoxa ngalokhu nomuntu wakho osemusha ekuhlenganeni kokugcina. Yinto abangayibheka njengabasiza ukubahola ngesikhathi bekhula bebheke ebudaleni nokuthi ibakhumbuze ngamathemba abo amahle. Cabanga ngakho bese uthatha isikhathi ukusebenza ngakho. Ngikhona uma kukhona umuntu odinga usizo lokuthi aqale noma abhale phansi umbono wakhe.



Take home point

Lo mbono uveza amathemba esikhathi eside omnakekeli anawo ngomuntu wakhe osemusha. Uyasiza ukukhumbuza abanakekeli ukuthi yize kunobunzima obuhambisana nokukhulisa umuntu osemusha, isigaba sokuba musha yisikhathi esisemqoka somgwaqo obheke ebudaleni. Ngokugxila ohlotsheni lomuntu omdala abathemba ukuthi abantu babo abasebasha abayoba yilo, abanakekeli baveza ngokucacile umbono omuhle wekusasa lomndeni kanye neqhaza labo elisemqoka ekukhuleni komuntu osemusha.



REFLECTION AND SHARING



(10 minutes)



Njengamanje sesisekugcineni kokuhlangana kwanamhlanje okumayelana **nokuzifaka engozini kwabantu abasebasha**. Leli yithuba lakholokwabelana ngemibono yakho neqembu mayelana nalokhu kuhlanguana.

Ngingathanda ukuthi umuntu ngamunye axoxe ngokukodwa okusemqoka akufundile namuhlanokuthi ungakusebenzisa kanjani empilweni yakhe yansukuzonke

PRACTICE AT HOME



(5 minutes)



Ukuzijwayeza ekhaya ngingathanda ukuthi **niqhubeke ngokusebenza ngamasu wombono wesikhathi esizayo somntwana wakho**. Abantu abasebasha bayacelwa ekuhlanganeni kwabo ukugcwalisa **Iphepha lokusebenzela lokuhlelela isikhathi esizayo** bese belibuyekeza nawe; bakhuthaze ukugcwalisa nawe leli phepha lokusebenzela, basekele emigomweni yabo, bese ucabanga ngokuthi ungabasekela kanjani ekufezeni imigomo yabo zesikhathi esizayo. Khumbula ukusebenzisa ukulalela kahle uma nixoxisana ngezinhlelo zabo zesikhathi esizayo.

Siyobe sesibika ngenkinga esiyikhethile kanye nezinyathelo esizikhethile ukuthi sizithathe ekuhlanganeni okulandelayo.

CLOSING THE SESSION



Siyovala ukuhlangana ngokudonsa ilothoni. Sicela ufake isigqebhezana segama lakho kule nkomishi. Si yobe sesidonsa igama lowo muntu uyowina lesi siphon selothoni.

Ngiyabonga ngokuthi uhambele lokhu kuhlanguana. Ngijoyabula ukukhuluma nomuntu ngamunye ma yelana nalokho enihlangabezane nakho kulokhu kuhlanguana futhi uma singakwazi ukuthi senze kang cono okuthile esikhathini esizayo. Sengibheke ekuhlanganeni okulandelayo lapho esiyobe sibheka ukuthi **kuxoxiswana kanjani nabantu abasebasha mayelana nocansi**.

Siyoyokubona esikhathini esizayo nge _____ (isikhathi nendawo) mhla zi- _____ (ilanga nosuku).

SESSION 10

Communicating with adolescents about relationships and sexual health

TIME

120 minutes

RATIONALE⁵

Research suggests that effective communication between caregivers and adolescents can promote adolescent self-esteem and self-reliance and limit depression and anxiety. It also has important effects on behaviour: communicating effectively with adolescents about sexual health and decision making can lead them to wait to start having sex, have sex less frequently, and use condoms and other contraceptive methods more often. Although most adults want adolescents to know how to protect themselves from pregnancy, HIV and other sexually transmitted infections (STIs), many find it difficult to talk about these topics. This session is designed to provide caregivers with an opportunity to learn and practice strategies for talking with adolescents about sexuality and sexual risk, thereby helping young people acquire the information and skills they need to make healthy decisions.

GOALS

- To become more comfortable discussing relationships and sexual health issues with adolescents
- To learn different strategies for communicating about sex with adolescents
- To identify features of healthy and unhealthy intimate relationships to enable them to promote healthy relationships among adolescents
- To practice communication skills that will enable caregivers to communicate with adolescents more effectively about relationships and sexual health



⁵ Lagina, N. & Whittaker, A. (2010). Parent-child communication, Advocates for Youth website. Accessed from <http://www.advocatesforyouth.org/publications/442?task=view>



SESSION OVERVIEW

Opening ritual

Feedback from previous session (15 minutes)

Exercise 1: How can we effectively communicate with adolescents about sexual health? (40 minutes)

Exercise 2: Healthy and unhealthy relationships (20 minutes)

Exercise 3: Guidance for sensitive situations (30 minutes)

Reflection and sharing (10 minutes)

Practice at home (5 minutes)

Closing the session

MATERIALS NEEDED

- Name tags for participants
- Flipchart or a black/white board and marking pens
- Flipchart paper prepared with 3 scenarios
- Lottery prize

WORKBOOK HAND-OUTS REVIEWED

- Tips for communicating with adolescents about sexual health



SPECIAL PREPARATION

- Review and practice the scenarios for Exercise 3 so that you deliver them easily.
- For Exercise 3, copy the three scenarios on a flipchart paper and post on the wall for use during the related discussion and role-play.

OPENING RITUAL

FEEDBACK FROM PREVIOUS SESSION

(15 minutes)



Instructions

1. Ask someone to summarize the home assignment. Refer to the '**Home practice assignment summary**' text if clarification is needed.
2. Encourage feedback from participants on their completion of the home practice. Ask them about their emotions, thoughts and behaviours related to the home practice.
3. Spend some time on areas where there were challenges and use group problem solving to get ideas on how the situation can be dealt with. Use one of the challenges as a role-play. The co-facilitators can model it.
4. Praise participants for their efforts to problem solve.



Home practice assignment summary

*Umsebenzi obekumele niwenze bekuwukuxoxisana nabantu abasebasha
Ngaphetha lokusebenzela Lokuhlelela isikhathi esizayo kanye nokubheka
ukuthi ningabasekela kanjani ukuthi bafeze imigomo yabo*



EXERCISE 1: HOW CAN WE EFFECTIVELY COMMUNICATE WITH ADOLESCENTS ABOUT SEXUAL HEALTH?⁶



(40 minutes)

Rationale

Adolescents and their caregivers alike may find it difficult to discuss sexuality. This exercise is designed to help caregivers realize the importance of their role as an advisor and for them to learn strategies for communicating with adolescents about sexual health. The activities provide participants with a greater understanding of adolescents' concerns and information needs, why talking with adolescents about sexual health is an effective strategy for risk reduction, and assists with identifying common barriers to communication, as well as useful strategies for overcoming them.



Instructions

1. Introduce the exercise and invite participants to think privately about their answers to the four questions listed about their own sexual health discussions with their adolescent/s. Allow for a few moments of pause/thinking between each question. Refer to the '**Introduction: Communicating with adolescents about sexual health**' text provided.
2. Conduct the '**Group discussion 1**' to acknowledge challenges associated with discussing sexual health matters with adolescents, and pose the questions to ask about participants' thoughts and feelings related to talking about sexuality with adolescents and why it is important. Encourage discussion and write responses as to why it is important on the flipchart. Refer to '**Facilitator guidance: Talking with adolescents about sex**' to add to the list and ensure that key reasons are mentioned.
3. Emphasize the importance of these discussions and provide related summary information; refer to the '**Importance of talking with adolescents about sexual health**' text provided.
4. Next, having recognized the importance of communication despite the challenges, talk about ways to make these conversations easier. Conduct the '**Group discussion 2**' questions about ways to make discussions with adolescents about sexual health more comfortable. Write their suggestions on the flipchart.
5. Review the workbook hand-out: Tips for talking with your adolescent about sexual health with the group, giving attention to any new ideas not already suggested by the group.
6. Review the '**Take home point.**'

⁶ Adapted from Advocates for Youth (2007). *The Truth About Abstinence Only Programs*. Retrieved from <http://www.advocatesforyouth.org/publications/publications-a-z/409-the-truth-about-abstinence-only-programs>; Lagina, N. & Whittaker, A. (2010). *Parent-child communication*. Retrieved from <http://www.advocatesforyouth.org/publications/442?task=view>.

Introduction: Communicating with adolescents about sexual health

Njengoba sishilo ekuhlanganeni kwakamuva, sizokhuluma ngobudlelwane bezocansi ekuhlanganeni okumbalwa okulandelayo. Injongo ukuhlinzeka abantu abasebasha ngemininingwane namakhono ukubasiza bathathe izinqumo ezinempilo futhi bavimbele ukukhulelwa okungahleliwe, izifo ezithathelana ngokocansi ne-HIV. Njengabanakekeli, injongo yenu ukuthola izindlela ezingcono zokusekela abantu benu abasebasha njengoba belungiselela ikusasa labo.

Manje ngifuna ukuthi ucabange ngempela mayelana nemibuzo emine elandelayo. Ungakhulumeli phezulu uma uphendula. Lokhu okwakho ukuthi uzicabangele wena wedwa futhi ngasese.

- Wazini ngizintombi/amasoka omuntu omusha wakho?
- Ngabe uke wakhuluma naye mayelana nokuzithiba noma ukungayi ocansini?
- Ngabe uke wakhuluma naye mayelana nocansi oluphephile, kubandakanya nokusebenzisa amakhondomu?
- Okokugcina-ke, labo abake baba nalezi zingxoxo ngabe iningi lenu liye lalala yini na noma isikhathi esiningi bekuyinina ebenilokhu nikhuluma nifundisa na?



Group discussion 1

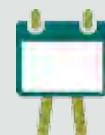
Yize iningi labantu abadala lifuna abantu abasha bazi mayelana nokuzithiba, ukuhlela umndeni nokuthi ingavinjelwa kanjani i-HIV nezinye izifo ezithathelana ngokocansi (ama-STI), abanakekeli bavama ukuba nobunzima bokukhuluma ngezocansi. Abanye abantu bakhululekile kunabanye ukuxoxa ngakho, kodwa wonke umuntu uke wahlangabezana nakho ukuzibuza ukuthi, "Kumele ngithini" noma "Yiyiphi indlela engcono kakhulu yokuxoxa ngakho?" Abanye benu bangase bazizwe sengathi kungcono ukungasho lutho nje.

- Kungani kunzima ukukhuluma ngezindaba zezocansi nabantu abasebasha? Cabanga ngemicabango nangemizwa yakho emayelana nalesi sihloko.

Sinemizwa eminingi enamandla mayelana nalesi sihloko. Njengoba sazi, imizwa yethu ithinta indlela esiziphethe ngayo. Uma siphoxekile, sithukuthele noma sesaba, **singakugwema** ukuxoxa mayelana nezocansi nabantu bethu abasebasha. Noma **singabathethisa**, **sibesabise**, noma **siyizibe** imibuzo yabo bese bengabe besakhuluma nathi esikhathini esizayo.

- Yiziphi ezinye zezizathu ezisemqoka zokuxoxa nabantu abasebasha mayelana nezindaba zezocansi nezindaba zempilo yezocansi?

Konke enikushoyo ngizokubhala kwifiphushathi



Facilitator guidance

Talking with adolescents about sex

Possible responses for why it is difficult to talk about sexuality with adolescents:

- "In my culture, we do not believe in talking to children about sex."
- "My parents never spoke to me about sex so I don't think I should talk to my children about it."
- "It is shameful to discuss these things with adolescents of the opposite sex."
- "I would feel embarrassed to talk about sex with children."
- "I don't want to feel stupid because my kids know more than I do."
- "I don't know what to say to my children."
- "I would feel angry if I knew my adolescent was doing that."
- "I fear that if I talk to them about sex or condoms, then they will think it is okay to start having sex."
- "They are too young for this type of information."
- "It is against my religious beliefs."

Reasons why it's important to communicate with adolescents about sex and sexual health issues:

In order to guide young people to:

- Know that they have choices – they don't *have to* have sex, even if their friends are doing it.
- Know how to practice safer sex when they are ready for sexual relationships.
- Make sound decisions about relationships and sexual intercourse.
- Deal with pressure for unwanted sex.
- Recognize a situation that might turn risky or violent.
- Know they can talk to you about their worries or sex-related issues.
- Know how and where to ask for help and support.
- To ensure they have the correct answer – many 'learn' false information from peers, internet or TV.

Importance of talking with adolescents about sexual health



Nibale izingathu eziningi ezisemqoka zokuthi kungani abanakekeli kumele baxoxe ngocansi nabantu babo abasebasha. Kusemqoka futhi ukwazi amaqiniso mayelana nobuhle bokuxoxa ngocansi nokuvikeleka nomuntu wakho osemusha.

Isifundo sezocansi sisiza abantu abasebasha ukuthi bathathe izinqumo ezinhle; ASIKHUTHAZI lezo eziyingozi. Abantu abasebasha kudingeka bazi ngaphezu kokuzithiba – kudingeka bazi ukuthi bangazivikela kanjani kuma-STI, ukukhulelwa, ne-HIV.

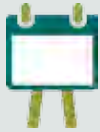
Ucwaningo lukhombise ukuthi:

- Ukuhlinzeka ngesifundo sezocansi kanye nokwazi mayelana namakhondomu nezinye izindlela zokuzivikela AKUHOLELI ekutheni abantu abasebasha baye ocansini.
- Imfundo egxila kuphela ekuzithibeni ayisebenzi ukwenza ukuthi abantu abasebasha baphuze ukuqala ukuya ocansini. Futhi ayisebenzi ukunciphisa ukukhulelwa kwabantu abasha.

Ukuxoxisana nabanakekeli sekuqinisekise ukusiza ukugcina abantu abasebasha bephephile ezingozini zezocansi. Ucwaningo luveza ukuthi abantu abasebasha abakhuluma bakhululeke nabazali babo ngempilo yezocansi bavama:

- Ukuphuza ukuqala ukuya ocansini
- Ukuxoxa nge-HIV nengculazi nabalingani babo
- Ukusebenzisa amakhondomu uma benquma ukuya ocansini – ukuzivikela kwi-HIV, ama-STI nokukhulelwa okungahleliwe

Njengoba sesikhulumile, abanakekeli bangabamba iqhaza elisemqoka ukusiza abantu abasebasha bathathe izinqumo eziphephile, okungaba ukuthatha isikhathi ngaphambi kokuthi baye ocansini noma ukuya ocansini oluphephile.



Group discussion 2

Ake sixoxisane ngokuthi yini esingayenza ukwenza ukuthi kube lula ukuxoxisana nabantu bethu abasebasha mayelana nobudlelwane, ukuzithiba, ukhlela umndeni nokuthi kungavinjelwa kanjani ukuthola i-HIV nezinye izifo ezithathelana ngokocansi (ama-STI). Okokuqala ake sicabange ngokuthi yini esingayenza ukubhekana nokuphatheka kabi kwethu uma sixoxa nabantu abasebasha ngezindaba ezimayelana nezocansi.

- Yiluphi uhlobo lwezinto esingayenza ukuthi sizizwe sikhululeke ngokuthe xaxa ukuxoxa mayelana nezindaba zezocansi nabantu abasebasha?
- Manje ake sicabange ngokuthi singakwenza kanjani ukuthi kube lula kwabasebasha ukukhuluma nathi. Ngabe yini abantu abasha abayidingayo kithi ukuze bakwazi ukukhuluma ngalezi zinto na?

Konke enikushoyo ngizokubhala kwifliphushathi .



Ake sibuyekeze iphepha: Amasu okukhuluma nomuntu wakho osemusha mayelana nempilo yezocansi elisezincwadini zenu zokusebenzela.



Take home point

Kuyinto evamile kubantu abasebasha ukuba nemibuzo mayelana nezindaba zempilo yezocansi, futhi kusemqoka ukuthi bathole izimpendulo ezivela kubantu abadala abathembekile. Ubudlelwane bocansi kungaba nzima ukukhuluma ngakho, kodwa kusemqoka ukwenza njalo, kusemqoka futhi ukuthi ukwenza kanjani. Abanakekeli abakhuluma ngezindlela ezikhuthaza abantu abasebasha ukulalela nokucabanga kunokuthi "bazikhiphele ngaphandle" bavama ukuba nomthelela endleleni yokuziphatha kwezingane zabo.

Sizophinde sisebenzele ukwenza ngcono iningi lalezi zinto njengengxenywe yokuhlangana kwethu, kubandakanya ukuqinisekisa ukuthi ninolwazi namathuba asemqoka okuzijwayeza ukuze nizizwe ninokuzethemba okuthe xaxa ukuba nalezi zingxoxo.

EXERCISE 2: HEALTHY AND UNHEALTHY RELATIONSHIPS⁷

(20 minutes)



Rationale

Healthy relationships are more than the sum of their parts. When people in a partnership communicate their needs clearly, treat each other with respect, work together to make decisions about sex that they both feel comfortable with, and take steps to protect themselves and others from pregnancy, HIV and STIs, they form a strong foundation for staying well, both emotionally and physically. This session reinforces those messages and encourages increased communication between caregivers and adolescents on healthy relationships.

Instructions

1. Introduce the exercise; refer to '**Introduction: Healthy and unhealthy relationships**' text provided as needed.
2. This exercise will begin with using scenarios to explore what healthy and unhealthy relationships look like. Read '**Scenario 1**' and conduct the related '**Group discussion 1.**' Then read '**Scenario 2**' and conduct the related '**Group discussion 2.**' Encourage responses about whether or not these relationships were healthy. Refer to the '**Facilitator guidance**' for each scenario to add to the discussion as needed.
3. Then conduct the '**Group discussion 3**' to first encourage participants to describe characteristics of a healthy and unhealthy relationship. Write their responses on the flipchart and refer to the '**Facilitator guidance: Unhealthy and healthy relationship characteristics**' as needed. Conduct the final question to elicit responses about how the characteristics discussed match those that their adolescents shared with them for the home practice using the [Future planning worksheet](#) (which included characteristics that adolescents do and do not want in a healthy romantic relationship). Allow for brief responses.
4. Review the '**Take home point.**'



⁷ Adapted Centre for the Support of Peer Education (2012) What's love got to do with having healthy relationships? Vhutshilo 2: Prevention and Support Groups for Adolescent Youth manual, Session 9.



Introduction: Healthy and unhealthy relationships

Esikhathini sokungena ebangeni lokukhula, siqala ukuba nomdlandla ebudlelwaneni bokuthandana. Lokhu kungasho ukuqala ukuthi siheheke ukuthi sithandane futhi sibe nesoka noma intombi okokuqala. Abanye abantu abasebasha bangaqala ukuya ocansini. Kulo msebenzi, sizobheka ukuthi yimaphi amaphuzu akhona ebudlelwaneni obuhle nobubi – hhayi ngokubheka ezempilo noma izifo, kodwa izinga lobudlelwane, okungukuthi, abathandanayo baphathene kanjani, nokuthi umuntu ngamunye ulethani futhi utholani kulobu budlelwane.

Ake sibheke nazi nje ezinye izimo ezinokwenzeka ebudlelwaneni bangempela. Lezi zindaba ezilandelayo zibandakanya abantu abasebasha, abafana nani, bexoxelana ngobudlelwane babo.



Scenario 1: Girl talk (Inkulumo yamantombazane)

UThandi nabangani bakhe babuya esikoleni bahamba bexoxa ngabafana. UThandi ukhuluma ngoSipho – uyamthanda futhi ucabanga ukuthi umfana omuhle kunabo bonke esikoleni sakhe.

Umngani kaThandi u-Ayanda uthi, “Kodwa uyazi, uSipho unegama elibi! Wonke umuntu uthi akathembekile ezintombini zakhe. Uma nje esethole ‘uyazi ukuthi ini’ entombazaneni, uyayilahla athole entsha. Futhi uthengela amantombazane izipho ukuze aye ocansini naye.”

UBongi, omunye umngani kaThandi uthi, “Ngezwa futhi bethi unesikhwele – khumbula ngesikhathi ayethandana noNancy? Noma nini uma uNancy ekhuluma nomfana eklasini, wayethukuthela, ngisho ngabe bebekhuluma ngomsebenzi wesikole owenzelwa ekhaya!”

UThandi uthi, “Yebo, kodwa uNancy wayeyintombi yakhe futhi wayemthengela izipho ezibizayo. Kungcono ngingaba noSipho kunokuthi ngibe ngedwa noma ngaluphi usuku!”



Group discussion 1

- Ngabe ubudlelwane phakathi kukaSipho noNancy babubuhle noma bububi? Chaza.
- Ukuya ocansini ukuze uthole izipho kuphinde kubizwe “okuthile ngokuthile ucansi.” Ngabe lobu ubudlelwane obuhle? Yibuphi ubungozi balobu budlelwane?
- Nithini ngendlela uSipho aphatha ngayo uNancy uma ekhuluma nabanye abafana—ngabe lokho kuhle noma kubi?

Facilitator guidance

Scenario 1

Look out for responses that suggest:

- The relationship between Siphiso and Nancy is an unhealthy one if the rumours are true, because Siphiso is unfaithful, only interested in sex, tries to bribe/pressure girls to have sex, is controlling or jealous.
- Buying someone presents does not obligate them to have sex. Sex is never an obligation.

Scenario 2: Guy talk (Inkulumo yabafana)

UKhaya nabangani bakhe baya ekhaya emva komdlalo wabo webhola lezinyawo. ULucky uthi kuKhaya, "Ngabona intombi yakho uMbali ekhuluma nalo mfana, uSiphiso, esikoleni ngelinye ilanga."

Abanye abafana baqala ukuhleka bathi, "Oooh, intombi yakho iyakudlala, Khaya!"

UKhaya uhleka nabo kodwa akabaphenduli.

ULucky uthi, "Intombi yami, uSindi wazi kangcono kunokukhuluma nabanye abafana. Abesifazane kumele bazi indawo yabo!"

UKhaya uthi kuLucky, "Kodwa uthini ngawe, ndoda? Njalo nje uhlala ushela amanye amantombazane, noma kuphi lapho uhamba khona! Ngiyakwazi ukuthi unezinye izintombi. Uthini ngoSindi?"

uLucky uyaphendula "Ahhhh, kodwa mina, ngiyindoda! Ngingenza engikuthandayo futhi nginezidingo! Khaya, uma ufuna ukuba yindoda yangempela futhi uma ufuna uMbali akuhloniphe, kumele ubeke imithetho! Kungenjalo wonke umuntu uzokuhleka!"

UKhaya uyaphendula "Kodwa ngiyamhlonipha uMbali – ungumuntu ozimele futhi angazithathela izinqumo zakhe. Ngiyamethemba."

Abanye abafana bayamangala, bathi, "Ini?? Ukhuluma umbhedo!"

ULucky uyavuma bese ethi, "Yebo ndoda, ubani onendaba nezinto eziwubulima njengalezo, okuyikhona okusemqoka ukuthi yinhle kangakanani intombazane, nokuthi ngabe iyalala yini nawe. NjengoSindi – unomzimba omuhle futhi uthanda ukuya ocansini. Yilokho kuphela enngikudingayo, anginandaba ukuthi yini acabanga ngayo."





Group discussion 2

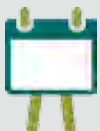
- Ngabe ubudlelwane phakathi kukaKhaya noMbali babubuhle noma bububi? Chaza.
- Ngabe ubudlelwane phakathi kukaLucky noSindi buhle noma bububi? Chaza.
- Yibuphi ubungozi bukaSindi bokuthandana nomfana othandana namanye amantombazane?
- Yiziphi izindlela abafana 'ababeka imithetho' ebudlelwaneni? Yibuphi obunye ubungozi kulolu hlobo lobudlelwane?

Facilitator guidance

Scenario 2

Look out for responses that suggest:

- The relationship between Khaya and Mbali is a healthy one, because Khaya respects Mbali and trusts her. Even when his friends are pressuring him to “lay down the rules” and focus on sex as the most important part of a relationship, he expresses a different opinion.
- Based on what Lucky says, he seems to have an unhealthy relationship with Sindi. He dates other girls, which could put Sindi at risk if they are having sex. He also seems to control Sindi and has a double standard for how man and women should behave in relationships.



Group discussion 3

Ngenxa yokuthi ubudlelwane bokuthandana yinto enkulu ezimpilweni zethu, kusemqoka ukuthi abantu abasebasha bafunde ukuthi yini okumele bayibheke ebudlelwaneni bokuthandana obuhle futhi babone lokho okungekuhle. Ake sicabange ukuthi yini esingayichaza njengobudlelwane obuhle nobudlelwane obubi.

- Ngabe ucabanga ukuthi ubudlelwane obuhle bubandakanya ini?
- Ngabe ucabanga ukuthi ubudlelwane obubi bubandakanya ini?

Konke enikushoyo ngizokubhala kwifiphushathi .

- Lezi zimpawu ziqondana kanjani nalokho abantu abasebasha abakubike kuwe ukuthi abakuthandi ebudlelwaneni ephepheni labo lokusebenza Lohlelo Lwesikhathi esizayo?

Facilitator guidance

Unhealthy and healthy relationship characteristics⁸

An unhealthy relationship exists when someone:

- Treats you with disrespect
- Is demanding
- Constantly hurts your feelings
- Forces you to do something you do not want to do
- Undermines your ideas and your character
- Does not appreciate you
- Pushes you, shouts at you and calls you names like “stupid, fat or ugly”
- Physically abuses you, slaps you, kicks you, punches you, chokes you or spits on you
- Pressures you to have sex when you are not ready
- Is not faithful (sees other people when he/she is in a relationship with you)
- Tells you what and what not to do
- Takes advantage or manipulates you

Characteristics of a respectful relationship where two people really care about each other:

- The couple enjoy each other’s company
- They support each other in achieving goals
- They are able to talk about sensitive issues and their concerns
- They trust each other and are honest with each other
- They help each other through difficult times
- They do not take advantage of each other
- Neither person pressures the other person to have sex
- They are faithful to each other
- They share the responsibility of preventing infection and unplanned pregnancy

Take home point

Ukuxoxa nomuntu wakho osemusha mayelana nokuthi yini eyenza ubudlelwane obuhle yindlela yokwabelana ngalokho okuyigugu kuwe. Kungaphinde kusize abantu abasebasha ukuthi bathathe izinqumo ezinhle mayelana nohlobo lobudlelwane abafuna ukuba kubo. Ubudlelwane obungenakho ukunakekela nokuhloniphana nhlangothi zombili buyisimo esiyingozi. Ubudlelwane obuhle busiza bobabili abantu bahlale kahle futhi bazizwe besekekile.



⁸ Vhutshilo 2.2, ASPIRES project by FHI 360 and Health and Education Training and Technical Assistance Services (HETTAS).

EXERCISE 3: GUIDANCE FOR SENSITIVE SITUATIONS⁹



(30 minutes)

Rationale

Effectively communicating about sexual health is one way for caregivers to help adolescents make decisions that safeguard their wellbeing. Adolescents need more than just answers to the questions they ask – many will have questions they are hesitant to bring to a parent or caregiver, and misinformation from peers and other sources is common. This session will prepare caregivers to offer guidance for sensitive situations by initiating discussions about peer pressure, condom use and other topics related to sexual health.



Instructions (Part 1)

1. Introduce '**Role-play: Phindi's boyfriend,**' and read out the scenario. Then act '**Role-play 1**' out for the group between the facilitators using the script provided. Conduct the '**Group discussion 1.**'
2. Act '**Role-play 2**' out for the group. Conduct the '**Group discussion 2**' questions to obtain feedback about the comparison between both caregiver reactions.
3. Conduct '**Group discussion 3**' to introduce the three role-play scenarios and to brainstorm with caregivers about what they would want to tell the adolescent in each situation. Write their answers on the flipchart. Refer to '**Facilitator guidance: Handling pressure to have sex and safe sex practices**' to aid the discussion as needed. To conclude the discussion, remind them also that they should not wait for these situations to occur to begin to speak to adolescents about these issues, but to rather find everyday opportunities to discuss such matters.
4. Divide the participants into groups of 3, where one participant will play the caregiver, one will play the adolescent and the third will observe and give feedback to the pair. Assign them the three scenarios and explain that they should switch roles for each scenario. Emphasize that participants playing the caregiver role should practice active listening, and other strategies discussed for communicating with adolescents about sexual health. Check on each group's progress and assist where there are any difficulties. Refer to '**Role-play instructions**' as needed.

⁹ Adapted from Miller, S. (1995) Teens and Adults Learning to Communicate (TALC: LA), Phase 2, Session 15, Exercise 5. Los Angeles: Center for HIV Identification, Prevention and Treatment Services.

» *Note to Facilitator:* The gender of the adolescent who has a condom is intentionally left undescribed. If participants ask, you can tell them to decide on the adolescent's gender and to consider what difference it would make to their discussion—this will also be a discussion point at the end of the role-play. If they do not ask, you can probe on what gender they assumed, and if and how changing it would have altered their discussion.

5. After 15 minutes, reconvene the group and conduct '**Group discussion 4.**' Conduct separately the three question sets: '*Questions for the Adolescent*', '*Questions for the Caregiver*' and '*Question for the Group.*' Probe if needed, asking questions like, "Did you feel awkward or embarrassed? Was it easy or hard?" Reinforce reasons why it is important for both girls and boys to be prepared for condom use and how both sexes face pressure to engage in unwanted sex.
6. Review the '**Take home point.**'



Role-play: Phindi's boyfriend

Sixoxile ngokuthi singabhekana kanjani nokungaphatheki kahle futhi nokuqala ingxoxo emayelana nezocansi nobudlelwane nabantu bethu abasebasha. Njengamanje sizozijwayeza lokho ebekade sikufunda ngokuthi senze imidlalo. Uma siqala, mina nomgquguzeli engisebenzisana naye sizokhombisa ngokungasekwenziwe umnakekeli okuwusizo nokungesilo usizo esimeni esibucayi esibandakanya izindaba zempilo yezocansi. Ngizofunda umfanekisosimo ukuhlinzeka ngobunjalo besimo siyobe sesenza umdlalo.



Scenario

Umnakekeli uzwa isoka lomuntu wakhe osemusha limtshela ukuthi bazohlukana uma bengaqali ukuya ocansini.



Role-play 1: Indlela engeyinhle yomnakekeli yokubhekana nengcindezi evela kumlingani

Mama (ememeza futhi ethukuthele): Phindi woza la manje nje!

Phindi (ungena ekamelweni): Yebo, mama?

Mama (ememeza futhi ethukuthele): Phindi yini lo mbhedo engikuzwe uwutshela uSibusiso! Usemncane kabi ukuthi ungacabanga ngokuya ocansini! Akumele ukuthi ube nesoka! Angifuni ukuthi uphinde ubonane nalo mfana! Mtshela aphume emzini wami!

Phindi (ethukuthele): Kodwa mama...

Mama (ephazamisa uPhindi ngaphambi kokuthi akhulume): Angifuni ukuzwa izindaba zakho! Kumele uhloniphe abantu abadala kuwe, ungangiphenduli! Usengumntwana futhi angifuni ukuthi uhlale nabafana noma ucabange ngokuya ocansini! Usemncane kabi ukuthi ungacabanga ngalezo zinto!

Phindi (ephoxekile futhi ethukuthele): Yebo, mama.

UPhindi uyaphuma ekamelweni ethule. Umnakekeli ulahlela izandla zakhe phezulu uyahamba uqonda eceleni.



Group discussion 1

- Ucabanga ukuthi kungani le ngxoxo ingahambanga kahle?
- Umnakekeli angayenza kanjani ngcono indlela yakhe yokwenza?



Role-play 2: Ukwenza kangcono indlela yokusabela yomnakekeli yokubhekana nengcindezi evela kumlingani

Umnakekeli uhlala eduze komuntu osemusha uma eseyedwa, emva kokuba isoka lakhe lihambile.

Mama (wehlise umoya futhi ukhathazekile): Phindi ngikhathazekile ngento ethile. Singakhuluma?

Phindi Yebo mama, kwenzenjani?

Mama (ehlise umoya futhi ekhombisa ukukhathazeka): Phindi ngidlule ngasekamelweni lakho ngaphambilini ngezwa lokho uSibusiso akushilo kuwe. Kube yingozi, bengingalele ingxoxo yenu. Kubonakala sengathi uyakucindezela ukuthi uye ocansini naye.

Phindi (uthule): ...

Mama (ehlise umoya futhi ekhombisa ukukhathazeka): Phindi ngikhathazekile ngalokho engikuzwile. Akulungile ukuthi umuntu akuphoqe ukuthi wenze into ongafuni ukuyenza. Uyingane yami futhi ngifuna uzizwe ukhululekile ukuxoxa nami ngalezi zinto.

Phindi Kulungile mama. Yebo, uSibusiso uthesizohlukana uma singayi ocansini ngokushesha. Angicabangi ukuthi sengikulungele kodwa ngiyamthanda futhi angifuni ukulahlekelwa uye. Angazi ukuthi kumele ngenzeni.

Mama Ngiyaziqhenya ngawe ngokulinda ngaphambi kokuthi uye ocansini. Kuyindlela enhle yokubalekela ukukhulelwa nezifo ezifana ne-HIV. Futhi yisinqumo esikhulu nesihle okungamele senziwe ngokucindezeleka. Uma ufuna, singazilungiselela sizifundise izindlela ezehlukene zokuthi cha kuSibusiso. Uma ekukhathalele uyosihlonipha isinqumo sakho futhi angabelokhu ekuphoqelela.



Group discussion 2

- Ucabanga ukuthi le ngxoxo ihambe kanjani?
- Yini eyenziwe umnakekeli oyithandile?
- Uma udlale waba umnakekeli, ngabe ikhona into obuzoyenza ngokuhlukile? Uma kunjalo, yini?



Group discussion 3

Kulungile, manje sekuyithuba lakho! Sizokwenza imidlalo ukuze wonke umuntu abe nethuba lokuzijwayeza ukuxoxa nomuntu wakhe osemusha ngemifanekisosimo evamile. Imifanekisosimo emithathu esizosebenza ngayo imi kanje:

[Post the flipchart paper with the pre-written scenarios]

Isigcawu soku-1: Umnakekeli uzwa umngani womuntu wakhe osemusha ethi kungabakuhle uma engathola isoka elidala kunaye ngoba bakhale kakhulu ocansini futhi bavama ukunikezana izipho.

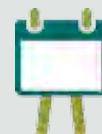
Isigcawu sesi-2: Umnakekeli uzwa abangani bomuntu osemusha wesilisa bemphoqelela ukuthi 'aye ocansini kangingi' (ukuya ocansini kangingi kakhulu).

Isigcawu sesi-3: Umnakekeli uthola ikhondomu ezintweni zomuntu osemusha.

- Ngaphambi kokuthi siqale, asixoxe ngokuthi yini ongafuna ukuthi uyitshela umuntu osemusha uma lezi zimo zenzeka kuwe?

Konke enikushoyo ngizokubhala kwifliphushathi .

Le yimiqondo emihle kakhulu. Futhi ngifuna ukugcizelela ukuthi akumele ulinde kuze kwenzekwe into efana nalena ukuze uqale ukukhuluma nomuntu wakho osemusha. Impilo yansukuzonke ihlinzeka ngamathuba amaningi okukhuluma ngezocansi, futhi kumele usebenzise la mathuba ukuxoxa ngolwazi kanye nokuzijwayeza ukuxhumana ngempumelelo.



Facilitator guidance

Handling pressure to have sex and safe sex practices

1. **Talk with your adolescent about reasons to wait to have sex.** Remind your adolescent that they can choose to wait (abstain) even if they have had sex before. Waiting to have sex reduces the risk of HIV and other STIs.
2. **Reassure your teen that not everyone is having sex, and that it is okay not to.** The decision to become sexually active is too important to be based on what other people think or do.
3. **Talk with your adolescent about ways to handle pressure from others to have sex.** Practicing saying no is one way to do this, using some of the communication skills we have been practicing, such as being positive and respectful while also being assertive, using "I" messages, clearly stating what they want and why and how they will feel if they get it.
4. **Talk with your adolescent about risks with older partners and those who may expect 'something for something sex.'** Older partners are more likely to have HIV and other STIs because they have more sexual experience. It may also feel more difficult to say no to an older partner because they may appear as an 'authority figure.' A gift is never a reason to put themselves at risk or to have unwanted sex.
5. Even if your adolescent is not sexually active, you can **discuss ways they can avoid infection and pregnancy so they are informed when the time comes.** The best way to protect oneself against STIs and HIV is to choose not to have sex (abstinence.) The next best option is to have a relationship with just one person who is not having sex with anyone else and whose HIV status you know is negative (mutually monogamous relationship.) If you choose to have sex, the best way to protect yourself is to use condoms correctly, every time. Condoms provide dual protection, meaning they prevent infections such as HIV, as well as pregnancy.
6. **Encourage condom use as everyone's responsibility.** It is important to encourage girls as well as boys to be prepared for condom use. They should know how to use them, where to get them, to have them when or if they might need them, and to be comfortable initiating and negotiating condom use with their partner. These are skills we will be covering with adolescents in their sessions and things caregivers can reinforce at home. Remember, having a condom does NOT necessarily mean that your adolescent is already having sex. But if they are, carrying a condom means your adolescent is taking steps to protect him/herself and others. This is something that deserves praise and encouragement!

Role-play instructions

Manje sizohlukana sibe ngamaqembu anabantu abathathu ukusebenza ngale mifanekisosimo. Umuntu oyedwa uzodlala indima yomnakekeli, oyedwa abe umuntu osemusha, bese kuthi owesithathu abe umqeqeshi ozobheka aphinde anikezele ngezeluleko. Uma sesiqedile umfanekisosimo ngamunye, kumele nishintshanisane ngezindawo enizidlalayo ukuze umuntu ngamunye akwazi ukudlala indawo ngayinye. Uma udlala indawo yomnakekeli, qinisekisa ukuthi uzijwayeza ukulalela kahle kanye namanye amasu okuxhumana esixoxe ngawo nabantu abasebasha ngempilo yezocansi. Nizobe ninemizuzu eyi-15 ukudlala yonke le midlalo.



Group discussion 4

Questions for volunteer adolescents:

- Ngabe yini into eyodwa eyenziwe umnakekeli oyithandile?
- Uma udlale indawo yomnakekeli, yini obungayenza ngokuhlukile?

Questions for volunteer caregivers:

- Ngabe uzizwe kanjani ukudlala ngokwenzeka kulesi simo?
- Yisho into eyodwa oyenzile oyithandile.
- Uma unganikezwa ithuba lesibili yini ongayenza ngokuhlukile?
- Izimpendulo zakho ziguquke kanjani kuye ngokuthi umuntu osemusha ubengowesilisa yini noma owesifazane?

Question for the group:

- Manje njengoba sonke siliholile ithuba lokuzijwayeza, ngingathanda ukwazi ukuthi ungakhululeka kanjani ukuba nale ngxoxo nomuntu wakho osemusha.



Take home point

Khumbula ukuthi uma nixoxa kakhulu mayelana nempilo yezocansi nomuntu wakho osemusha, nikhululeka kakhulu nobabili ukuxoxa ngayo. Abanakekeli nabantu abasebasha baba nalezi zingxoxo ezinzima ngempumelelo. Kungenzeka! Uneqhaza elisemqoka lokumele ulibambe ukugcina umuntu wakho osemusha ephephile.



REFLECTION AND SHARING



(10 minutes)



Sisekugcineni kokuhlangana kwanamhlanje okumayelana **nokuxoxisana nabantu abasebasha mayelana nocansi nobudlelwane**. Leli yithuba lakholokwabelana ngemibono yakho neqembu mayelana nalokhu kuhlangana.

Ngingathanda ukuthi umuntu ngamunye axoxe ngokukodwa okusemqoka akufundile namuhlanokuthi ungakusebenzisa kanjani empilweni yakhe yansukuzonke.

PRACTICE AT HOME



(5 minutes)



Umsebenzi wenu enizowenza emakhaya owokuthi, **sicela uthole isizathu 'sazo zonke izinsuku' sokuxoxa nomuntu wakho osemusha mayelana nocansi nobudlelwane**. Isibonelo, uma nibuka i-TV kukhonjiswa umuntu osemusha ozikhipha nomuntu wakhe, nilalele ingoma emayelana nobudlelwane, noma kudlula umakhelwane okhulelwe, ungabuza, "Wazini ngalesi sihloko? Yini ongathanda ukuyazi mayelana nalesi sihloko? Uzizwa kanjani mayelana nalesi sihloko?" Siyobe sesibika ngenkinga esiyikhethile kanye nezinyathelo esizikhethile ukuthi sizithathe ekuhlanganeni okulandelayo.

CLOSING THE SESSION



Siyovala ukuhlangana ngokudonsa ilothoni. Sicela ufake isigqebhezana segama lakho kule nkomishi. Si yobe sesidonsa igama lowo muntu uyowina lesi siphon selothoni.

Ngiyabonga ngokuthi uhambele lokhu khulungana. Ngiyojabula ukukhuluma nomuntu ngamunye ma yelana nalokho enihlangabezane nakho kulokhu kuhlangana futhi uma singakwazi ukuthi senze kang cono okuthile esikhathini esizayo. Sengibheke ekuhlanganeni okulandelayo lapho esizobe sixoxa **ngokuthetheleka nge-HIV, ukuyivimbela nokuyihlalelwa**.

Ngiyokubona esikhathini esizayo nge _____ (isikhathi nendawo) mhla zi- _____ (ilanga nosuku).

SESSION 11

Understanding HIV

TIME

120 minutes

RATIONALE

This session provides caregivers with knowledge about HIV transmission, prevention and testing that they can use to guide their adolescents (and themselves). Understanding how HIV is transmitted helps participants make informed choices to protect themselves and their potential partners. Promoting HIV counselling and testing as an important, routine part of care for everyone, and encouraging caregivers to support adolescents to know their status can help increase uptake of this critical prevention service.

GOALS

- To provide members with an accurate understanding of how HIV is and is not transmitted, and how to stay safe from infection
- To provide information about HIV counselling and testing and to encourage caregivers and their adolescents to get tested

SESSION OVERVIEW

Opening ritual

Feedback from previous session (15 minutes)

Exercise 1: HIV knowledge card game (50 minutes)

Exercise 2: HIV testing (40 minutes)

Reflection and sharing (10 minutes)

Practice at home (5 minutes)

Closing the session





MATERIALS NEEDED

- Name tags for participants
- Flipchart or a black/white board and marking pens
- HIV knowledge cards printed and cut (Appendix)
- Prestik or other sticky for use with the HIV knowledge cards
- Flipchart paper prepared with the four testing scenarios
- Lottery prize

WORKBOOK HAND-OUTS REVIEWED

- [Fact sheet: HIV and AIDS](#)
- [Fact sheet: HIV and STI testing](#)
- [Myths and facts quiz](#)
- [HIV transmission: What is safe and unsafe?](#)



SPECIAL PREPARATION

- Review each of the [Facts sheets](#) carefully so that you are prepared to present the information and answer any questions participants may have.
- Review the Facilitator background on HIV and Disclosure in the Appendix so you are prepared to discuss this issue appropriately should it arise.
- For Exercise 1, have ready, and review ahead of time the cards used in the *HIV knowledge card game* and the answer keys. Familiarise yourself with the cards that represent safe and unsafe activities so that you have the right information when doing the activity with the group, and can offer the correct answers quickly. You will need one set of the 43 cards, three signs –labelled as “Safe”, “Unsafe”, and “Unsure”—and prestik. There are some pictures that you may not consider appropriate for the group. Discuss any cards you are not sure of with supervisors. Pictures of oral and anal sex are particularly explicit; if not used in the activity make sure these topics are addressed in the discussion about safety. Remember the importance of open communication on sensitive topics in promoting accurate knowledge and safe practices.
- For Exercise 2, prepare a list of the four testing scenarios on a piece of flipchart paper to post for reference during the discussion.

OPENING RITUAL

FEEDBACK FROM THE PREVIOUS SESSION

(15 minutes)



Instructions

1. Ask someone to summarize the home assignment. Refer to the 'Home practice assignment summary' text if clarification is needed.
2. Encourage feedback from participants on their completion of the home practice. Ask them about their emotions, thoughts and behaviours related to the home practice.
3. Spend some time on areas where there were challenges and use group problem solving to get ideas on how the situation can be dealt with. Use one of the challenges as a role-play. The co-facilitators can model it.
4. Praise participants for their efforts to problem solve.



Home practice assignment summary

Umsebenzi obekumele niwenze bekuwukuthola isizathu 'sansukuzonke' sokuba nengxoxo nomuntu wakho osemusha mayelana nocansi, ubudlelwane kanye nobungozi.



EXERCISE 1: HIV KNOWLEDGE CARD GAME¹⁰



(50 minutes)

Rationale

Many people lack comprehensive knowledge about HIV transmission and prevention, and myths and misconceptions are common. Correcting these misconceptions and providing knowledge can help individuals protect themselves and counteract the stigma surrounding HIV and AIDS. This exercise is designed to provide participants with this kind of information and answer any other questions they may have about HIV and risk reduction.



Instructions

1. Refer to the **'Special Preparation'** to prepare all necessary materials and to ensure that you deliver the exercise effectively.
2. Introduce the exercise; refer to the **'Introduction: HIV card game'** text provided as needed. Divide the 43 HIV knowledge cards among the members with pictures facing down (so they are not distracted by the images while you explain the rules.) After explaining the exercise, answer any questions participants have, then say "Okay, go!"
3. When all cards are up on the wall, ask members to take a couple of minutes to look carefully at where their peers have placed their cards. Ask if they want to change any, and identify which ones. Place all of the cards where changes were proposed under the "Unsure" sign (if they were already under unsure and someone mentioned it was safe or unsafe, keep it under unsure.) Check for any inaccuracies. If you see one, place that card under the "Unsure" sign as well.
4. Start with discussing each of the cards now under the "Unsure" sign. Refer to the description of the cards within the **'UNSAFE activities,' 'SAFE 'intimate' activities,' and 'SAFE activities'** for answers and explain and update the placement of each card to "Safe" or "Unsafe" as you discuss it -- (e.g., tattoos are actually a safe activity because...) (This text is provided in both English and local language where appropriate to assist in explaining.)
5. Once you have all the cards in the correct place, ask the group to come up and review the signs; to avoid crowding, invite half of them to first look at "Safe" while the other half reviews "Unsafe" cards – then have them switch. Invite questions from the group as to why some of these activities are safe or unsafe.

¹⁰ Vhutshilo 2 (2012) Centre for the Support of Peer Education (CSPE); and Vhutshilo 2.2, ASPIRES project by FHI 360 and Health and Education Training and Technical Assistance Services (HETTAS).

6. Highlight a few others not already mentioned that may have been correct but are often still confusing to people, such as:
 - » Toothbrush; mosquito; tattoos; traditional healers; caring for someone with HIV or AIDS; breastfeeding; donating blood and receiving a blood transfusion; sport; and sharing a house or eating utensils .
 - » Make sure to also emphasize that the safe and unsafe sexual activities differ given use of a condom and the other safe 'intimate' activities that can be performed.
7. Ask the '**Group discussion**' question. Encourage responses and provide details from the text provided for '**UNSAFE activities,**' '**SAFE 'intimate' activities,**' and '**SAFE activities**' to explain the reason the activity is safe or unsafe for any additional ones that surprised the group.
8. Explain to members how HIV infection happens using the '**How HIV is transmitted**' text.
9. Review the '**Take home point,**' including reference to the HIV fact sheet in their workbooks.

Introduction: HIV card game

Manje sizobheka izindlela i-HIV etheleleka futhi engatheleleki ngazo nokuthi singakubalekela kanjani ukuthola i-HIV noma ukuyidlulisela kwabanye. Ngizodlulisa amakhadi ambalwa kumuntu ngamunye phakathi kwenu, azobe ebheke phansi. Ungawavuli ngize nginitshela, noma-ke lalela imiyalelo.

Uma ngithi "hamba", bheka ikhadi ngalinye emakhadini akho bese uyanquma ukuthi ngabe umsebenzi ungaba nomphumela wokudlulisela i-HIV. Okungukuthi, umsebenzi oveziwe ekhadini ngabe "Uphephile" noma "Awuphephile" uma omunye walaba bantu enegciwane le-HIV? Uma usunqumile ngempendulo yazo zonke izithombe zakho, thatha okokunamathisela, i-prestik, bese ubeka isithombe ngasinye ngaphansi kophawu ocabanga ukuthi siwela ngaphansi kwalo: "Uphephile," "Awuphephile," noma "Awunaso isiqiniseko."



Imisebenzi ENGAPHEPHILE

Sebenzisa le mininingwane engezansi ukwazisa/ukusebenzisa inqubo ngokusebenzisa umdlalo wamakhadi olwazi nge-HIV bese usiza ababambe iqhaza ukuthi baqonde ukuthi kungani imisebenzi yaziwa **NJENGAPHEPHILE**.

- **Ucansi lwangemuva ngaphandle kwekhondomu (#1), Ucansi lwangaphambili ngaphandle kwekhondomu (#22), Ucansi lwasemlonyeni ngaphandle kwekhondomu (#41):** Ukuya ocansini ngaphandle kokusebenzisa ikhondomu **AKUPHEPHILE**. Kunengozi yokudlulisela noma yokuthola i-HIV nganoma yiluphi uhlobo locansi olwenziwa ngaphandle kwekhondomu – olwasemlonyeni, ngaphambili, nangemuva – yize ubungozi bakhona bungafani. Ucansi lwangemuva lunobungozi obukhulu kakhulu futhi esikhathini esiningi luvama ukuba nomphumela wokutheleleka nge-HIV. Ucansi lwangaphambili nalo lunobungozi obukhulu; ucansi lwasemlonyeni lunobungozi obuncane kakhulu, kodwa nalo lungaholela ekuthelelekeni nge-HIV. I-HIV ivama ukubakhona esidodeni noma emanzini egolo lomuntu onegciwane. Uma abantu beya ocansini, banikezelana ngalolu ketshezi bese i-HIV ingadluliseka isuka komunye umuntu iye komunye.
- **Obhuti begazi (#11):** Imisebenzi ebandakanya ukuthintana kwegazi, efana nokuba obhuti begazi iyimisebenzi **ENGAPHEPHILE** kakhulu. 'Obhuti begazi' kushiwo abantu (ngokuvamile abangani) abasebenzisa insingo noma ummese owodwa ukuzisika bese becindezela amanxeba abo avulekile ukuze igazi labo lithintane, okubenza babe 'obhuti begazi.'
- **Ukusebenzisa inalithi eyodwa (#32):** Izinalithi ezinamagciwane zingadlulisela igciwane le-HIV. Uma inalithi isetshenziswa umuntu onegciwane ukufaka izidakamizwa, bese iphinde isetshenziswe umuntu ongenalo igciwane le-HIV, kunobungozi bokudlulisela i-HIV ngegazi elisalele enalithini. Akumele neze nisebenzise inalithi eyodwa; **AKUPHEPHILE** neze.

Imisebenzi 'yokusondelana' EPHEPHILE

Sebenzisa le mininingwane engezansi ukwazisa/ukusebenzisa inqubo ngokusebenzisa umdlalo wamakhadi olwazi nge-HIV bese usiza ababambe iqhaza ukuthi baqonde ukuthi kungani le misebenzi yokusondelana yaziwa **NJENGAPHEPHILE**.

- **Ukuqabulana (#14):** Angeke nje kwenzeka ukuthi kudluliselwe i-HIV ngokunikezelana ngamathe, ngakho-ke ukuqabulana kuwumsebenzi onobungozi obuncane kakhulu. Lincane ithuba lokuthi i-HIV idluliselwe komunye uma bobabili abalingani benezilonda ezivulekile noma benokusikeka emilonyeni yabo, okungavamile nokho. Ngokuvamile, ukuqabulana kwaziwa **NJENGOKUPHEPHILE**.
- **Ucansi lwangaphambili ngokusebenzisa ikhondomu (#21), Ucansi lwasemlonyeni ngokusebenzisa ikhondomu (#42), Ucansi lwangemuva ngokusebenzisa ikhondomu (#43):** Lokhu kumele kuthathwe **NJENGOKUPHEPHILE**. Uma unquma ukuya ocansini, usebenzisa kahle ikhondomu ngaso sonke isikhathi uma uya ocansini, yiyona kuphela indlela yokuzivikela kwi-HIV. Ikhondomu iyophinde ihlinzeke ukuvikeleka kwamanye amaningi ama-STI kanye nokukhulelwa. Uma isetshenziswa kahle futhi njalo (ngaso sonke isikhathi uma uya ocansini), amakhondomu asebenza ngempumelelo ukuvimbela

ukusabalala kwe-HIV. Ezikhathini ezingavamile kuyenzeka ikhondomu idabuke. Isibonelo, uma igcinwe endaweni engafanele (elangeni, noma isekhikhini lakho isikhathi eside) noma uma isidlulelwe yisikhathi (bheka njalo usuku lokudlulelwa yisikhathi kwikhondomu). Ikhondomu ingadabuka futhi uma ingafakiwe kahle (isib. iqaqiwe ngaphambi kokuthi ifakwe) noma uma iphakethe layo livulwe ngamazinyo noma isikelo. Ukubalekela ukusabalala kwe-HIV kusemqoka ukusebenzisa nokugcina kahle amakhondomu. Sizoxoxa ngokuthe xaxa ngosebenzisa kahle ikhondomu ekuhlanganeni okulandelayo.

- **Ukusebenzisa izandla ukuya ocansini (#17):** Ukusebenzisa izandla ukuya ocansini umsebenzi OPHEPHILE. Ukusebenzisa izandla kwabalingani ukuya ocansini omunye komunye kungumsebenzi OPHEPHILE ngoba uma kusetshenziswa izandla akukho ukunikezelana ngesidoda, amanzi egolo noma igazi (uketshezi lomzimba oluqukethe i-HIV.)
- **Ukuthintana kwesikhumba nesikhumba sezitho zangasese (#40):** Ukuthintana kwesikhumba nesikhumba sezitho zangasese **KUPHEPHILE** uma nje isikhumba sihlangele (singasikekile noma singalimele.) I-HIV ayiphili ngaphezulu kwesikhumba futhi ayikwazi ukudlula esikhunjeni esihlangene. [Qaphela: Amanye ama-STI angasabalala ngokuthintana kwesikhumba nesikhumba.]
- **Ukugeza ndawonye eshaweni (#12), Ukwangana (#13), Ukuxhawulana (#23), Ukulala embhedeni owodwa (#34):** Yonke le misebenzi **IPHEPHE** ngokuphelele. Abukho ubungozi obukhona ekubambeni iqhaza kunoma yini enokuthintana kwansukuzonke. Uma umsebenzi ungabandakanyi ukudluliseka kwegazi, isidoda noma amanzi egolo abukho ngempela ubungozi bokuthola i-HIV.

Imisebenzi EPHEPHILE

Sebenzisa le mininingwane engezansi ukwazisa/ukusebenzisa inqubo ngokusebenzisa umdlalo wamakhadi olwazi nge-HIV bese usiza ababambe iqhaza ukuthi baqonde ukuthi kungani imisebenzi yaziwa **NJENGEPHEPHILE**.

- **Ukusebenzisa isixubho esisodwa (#29):** Cishe kube angeke kwenzeka ukuthi kudluliseleke i-HIV ngokunikezana amathe. Ukusebenzisa isixubho esisodwa kuthathwa njengomsebenzi 'onobungozi obuncane kakhulu'. Buncane kakhulu ubungozi bokusabalala kwe-HIV uma abalingani bobabili benezilonda ezivulekile noma ukusikeka emilonyeni yabo, okungavamile nokho ukwenzeka. Ngokuvamile, ukusebenzisa isixubho esisodwa kuthathwa **NJENGOKUPHEPHILE**. Kodwa-ke akukhuthazwa ukuzetshenziswa kwesixubho esisodwa ngoba ezinye izinhlobo zokugula zingasabalala kalula ngaleyo ndlela.
- **Ukubhoboza indlebe noma umzimba (#10), Ukwenza i-Tattoo (#37):** Ama-Tattoo nokubhoboza kuthathwa **NJENGOKUPHEPHILE** uma ukuthola esitolo esilandela yonke imithetho yokuhlaza izinto zabo zokwenza. Izinalithi kumele zisetshenziswe kanye kuphela bese lezo zinto eziphinde zisetshenziswe kumele zihlanzwe zisuswe amagciwane ngaphambi kokuthi zisetshenziswe kwelinye ikhasimende.
- **Ukunikela ngegazi (#9), Ukuthola igazi (#20):** Bonke abanikela ngegazi nabaphekela ngegazi ezibhedlela noma emitholampilo kumele bahlololwe i-HIV ukuqinisekisa ukuthi ukugula akudluliselwa kulabo abazothola igazi. Izinto zokusebenza ezisetshenziselwa le

ngqubo nazo zihlanzekile. Lokhu kwenza ukuthi **KUPHEPHE** ukuya emitholampilo nasezibhedlela ukuyonikela noma ukuyothola igazi.

- **Ukulunywa umiyane/ukulunywa yizinambuzane (#16): KUPHEPHILE** – abukho ubungozi bokuthola i-HIV kunoma yikuphi ukulunywa yizinambuzane. Uma isinambuzane siluma, asifaki igazi laso, noma igazi elivela kunoma yimuphi umuntu/isilwane esikade silunyiwe ngaphambilini, kumuntu olandelayo esizomluma. Futhi, i-HIV ayikwazi ukuphila esinambuzaneni, ayifani nezifo ezifana nomalaleveva. Izinambuzane azikwazi ukuthola i-HIV, okusho ukuthi azikwazi ukuyidlulisela kwabanye abantu.
- **Ukuncelisa uma unegciwane le-HIV (#3):** I-HIV ingadluliselwa isuka kumama iye kumntwana ngobisi lwebele. Kodwa-ke, uma abesifazane abakhulelwe nabancelisayo bethola ukwelashwa okukhethekile ngemithi elwa ne-HIV (ukwelashwa ngemishanguzo noma ama-ARV/ART), ubungozi bokudluliseka kwe-HIV iye enganeni buncane kakhulu futhi ukuncelisa kumele kuthathwe **NJENGOKUPHEPHILE**. ENingizimu Afrika omama abancelisayo abane-HIV bayakuthola lokho kwelashwa. Ukuncelisa ngaphandle kwalokho kwelashwa kungayidlulisela i-HIV, ngakho-ke kulezi zimo, kumele kuthathwe **NJENGOKUNGAPHEPHILE**. Yize kunjalo, ubisi lwebele lusewukudla okuhle kakhulu komntwana futhi abesifazane kumele baqhubeke nokuncelisa. Abasebenzi bezempilo bayosiza laba besifazane ukunquma ukuthi yiyiphi indlela ekahle yokupha ukudla abantwana babo nokuthi bangabunciphisa kanjani ubungozi bokutheleleka nge-HIV.
- **Ukunakekela umuntu onengculazi (#4), Ukuba abangani (#2), Ukukhwehlela/Ukuthimula (#7), Ukukhala/Izinyembezi (#8), Ukuhlala endlini eyodwa (#15), Ukudlala umdlalo (#18), Ukudlala ndawonye (#19), Ukuphuza ndawonye (#24), Ukusebenzisa ipeni, ipensela, irula elilodwa (#25), Ukusebenzisa ipuleti/indishi eyodwa (#26), Ukuhlala endaweni eyodwa (#27), Ukusebenzisa ithoyilethi elilodwa (#28), Ukusebenzisa izinto zombede ezifanayo (#30), Ukudla ndawonye (#31), Ukudlala ngamathoyisi awodwa (#33), Ukubhukuda (#35), Ukukhuluma ocingweni (#36):** Yonke le misebenzi **IPHEPHE** ngokuphelele. Abukho ubungozi obukhona ngokubamba iqhaza kunoma yini into ebandakanya ukuthintana kwansuku zonke. Abukho ubungozi ekudleni ndawonye noma ukusebenzisa izinto zasendlini ezizodwa, noma ukudlala nabanye abantu ngisho ngabe bane-HIV. Ukunakekela umuntu one-HIV noma ingculazi akukubeki kunoma yiyiphi ingozi yokuthola lesi sifo. Uma umsebenzi ungabandakanyi ukudluliselwa kwegazi, isidoda, noma amanzi egolo abukho ubungozi bokuthola i-HIV.
- **Ukuya kudokotela wamazinyo (#5), Ukuya kwadokotela (#6), Ukuya enyangeni (#38), Nokuya esibhedlela (#39):** Yonke le misebenzi **IPHEPHILE**. **KUPHEPHILE** ukuya kunoma yiyiphi indawo yokwelashwa lapho okusizwa khona abantu abane-HIV nokuvakashela noma yimuphi udokotela noma uchwepheshe wezokwelapha ophinde alaphe abantu abane-HIV. Izindawo zokwelapha kanye nochwepheshe banomsebenzi wokuqinisekisa ukuthi zonke izinto abazisebenzisayo azinamagciwane futhi nemibandela iphephile. Ukuya kwadokotela noma kudokotela wamazinyo kuphephe kakhulu futhi akunabo ubungozi bokuthola i-HIV. Ukuya enyangeni noma ukunakekela umuntu one-HIV akukufaki engozini yokuthola lesi sifo.

Group discussion

- Ngabe ukhona ofuna ukuguqula okunye? Yikuphi?
- Yikuphi kulokhu okukumangazile?



How HIV is transmitted

Kungenzeka ukuthi kube usuyazi ukuthi uma ukugula nge-HIV kungalashwa kuholela esimeni esibizwa ngengculazi, i-AIDS. I-AIDS imele 'i-Acquired Immunodeficiency Syndrome', futhi abantu abanayo bangabukeka futhi bazizwe begula kakhulu. Kodwa uma i-HIV itholakala futhi yelashwa kusenesikhathi, ngemishanguzo (noma ama-ARV), umuntu angahlala ephilile futhi aphile isikhathi eside, futhi angeke aba ne-AIDS.

Kahle kahle ukugula nge-HIV kwenzeka ngale ndlela:

- I-HIV ihlala oketshezini olusemzimbeni: Igazi, isidoda, amanzi egolo, nobisi lwebele.
- Umuntu angatheleleka uma i-HIV ekolunye lwalolu ketshezi ingena emzimbeni wakhe.
- I-HIV ingaya isuka konayo iye kongenayo uma laba bantu bobabili benikezelana ngalolu ketshezi ngokuya ocansini olungaphephile lwangaphambili, lwangemuva, noma lwasemlonyeni; ngokuncelisa; ngokukhulelwa; ngokubeletha; ngokusikwa ngereyiza efanayo naleyo esike umuntu ogulayo; noma ngokusebenzisa inalithi efanayo nomuntu ogulayo. Le misebenzi ibeka umuntu engozini enkulu yokuthola ukugula. Imisebenzi yansukuzonke engenakho ukunikezelana ngoketshezi lomzimba iphephile, futhi ayibekani engozini yokuthola i-HIV.



Take home point

Imisebenzi eminingi iphephile ukuyenza nabantu abane-HIV. Indlela ekahle kakhulu yokubalekela i-HIV ukungayi ocansini, noma ukusebenzisa ikhondomu kahle ngaso sonke isikhathi uma uya ocansini nomunye umuntu, ngisho umuntu omthandayo noma onobudlelwane naye. Ukuya ocansini olungavikelekile noma ukuthintana kwegazi kubeka abantu engozini enkulu yokuthola i-HIV. Ulwazi oluningi esixoxe ngalo kanye nezimpendulo zemibuzo evamile mayelana ne-HIV kukhona ukuthi ukubuyekeze ephepheni lamaqiniso nge-HIV ezincwadini zenu zokusebenzela. Ukuthetheleka nge-HIV: Amakhadi athi Yini ephephile nengaphephile asetshenziswe kulo msebenzi afakiwe nawo ngemuva ezincwadini zenu zokusebenzela.



EXERCISE 2: HIV TESTING¹¹



(40 minutes)

Rationale

HIV counselling and testing is recommended as a routine part of care. Adolescents and young adults are at high risk of HIV infection relative to other age groups, yet have low rates of HIV testing uptake. Testing is important to ensure early diagnosis and treatment of HIV, as well as an opportunity to encourage safer sex. Despite the importance of testing, research in South Africa shows that many parents are uncomfortable with adolescents receiving HIV tests, largely due to concerns that being tested suggests their children are sexually active at an age they find unacceptable. This activity sensitizes caregivers to the importance and benefits of routine testing for adults, adolescents, and children alike. Further, it encourages caregivers to proactively offer support for testing to their adolescents.

Facilitator background

Considerations around HIV testing and disclosure

For some participants who are already living with HIV or who know their adolescent or other family members are living with HIV, this discussion could raise questions about disclosure. While the content of the exercise is not designed to deal specifically with disclosure, background information is provided to enable facilitators to effectively address these issues if they arise. A Facilitator background box in the Appendix provides considerations related to disclosing one's own status as well as disclosing children's HIV status to them. Facilitators are encouraged to familiarize themselves with the information provided, so they may appropriately manage discussion around this issue if it arises.

¹¹ Facilitator guidance/background was developed using the following sources: World Health Organization. (2013). HIV and adolescents: Guidance for HIV testing and counselling and care for adolescents living with HIV: recommendations for a public health approach and considerations for policy-makers and managers.; MacPhail, C. L., Pettifor, A., Coates, T., & Rees, H. (2008). "You must do the test to know your status": attitudes to HIV voluntary counseling and testing for adolescents among South African youth and parents. *Health Education & Behavior*, 35(1), 87-104.

Instructions (Part 1)

1. Refer to '**Special Preparation**', including review of the '**Facilitator background: HIV Disclosure**' available in the Appendix, and preparing the four testing scenarios on a piece of flipchart paper.
2. Introduce the exercise and pre-written scenarios on who should receive HIV testing; refer to '**Introduction: HIV testing**' text provided.
3. Use the '**Group discussion**' questions to explore reasons why the people in each of the scenarios should be tested for HIV. Refer to '**Facilitator guidance: Reasons people should get tested for HIV**' to make sure key points are covered.



Introduction: HIV testing

Manje sesinolwazi olungcono nge-HIV nama-STI, asikhulume ngokuhlololwa i-HIV ne-STI. Okokuqala, kumele wazi kafishane mayelana nokuthi kunjani lokhu kuhlolwa.

Ukuhlololwa i-HIV kubandakanya ukuhlolwa igazi okulula. Isisebenzi sezempilo sithatha igazi elincane, kwesinye isikhathi ukuchofoza umunwe noma ukukhipha igazi elithe xaxa ngenalithi, bese liyahlolwa. Uma imiphumela isilungile, emitholampilo eminingi yokuhlololwa i-HIV okungaba ngaleso sikhathi sokuthathwa kwegazi, uyachazelwa ngayo. Noma ubani ohlolela i-HIV uqeqeshiwe futhi unesitifiketi sokunikeza izeluleko ngaphambi nangemuva kokuthi uhlolwe. Ukuhlololwa i-HIV kumahhala ezindaweni eziningi kubandakanya imitholampilo nezibhedlela zikahulumeni, futhi kokunye ungahlanganisa ukuhlololwa i-HIV nokuhlololwa i-STI ngokusebenzisa igazi. Imiphumela yakho iyimfihlo, okusho ukuthi isisebenzi sezempilo siyoyitshela wena kuphela hhayi omunye umuntu – kungukwephula umthetho kukachwepheshe wezempilo ukutshela omunye umuntu.

Njengamanje ake sibheke ukuthi ubani okumele ayohlolwa.

[Post the flipchart paper up with the pre-written scenarios]

Ake sibuyekeze lolu hlu lwabantu futhi ngifuna ukuthi nicabange ukuthi ngabe kumele yini bayohlolwa. Ngicela ungasho ukuthi ucabangani, vele unqume emqondweni wakho ukuthi lo muntu kumele ahlolwe:

- Indoda ethanda ukuya ocansini othole ukuthi akanayo i-HIV ngonyaka odlule futhi ayinazo izimpawu noma izixwayiso
- Owesifazane onomlingani oyedwa kuphela
- Ingane eneminyaka emi-5 eyashonelwa umama wayo ngenxa yokugula iminyaka embalwa ngaphambili
- Umuntu osemusha oneminyaka eyi-17 oseyintombi nto kodwa ocabanga ukuya ocansini

Ngabe usulungele impendulo? **Bonke** laba bantu kumele bahlolwe. Wonke umuntu kumele ahlololwe i-HIV.





Group discussion 1

- *Kungani ucabanga ukuthi abantu abakulezi zibonelo kumele bahlolwe? Asixoxe ngalokhu ngokubheka umfanekisosimo ngamunye.*

Facilitator guidance

Reasons people should get tested for HIV

A sexually active man who had a negative test last year and has no symptoms or warning signals

- Testing is not just for people with symptoms or warning signals.
 - » People can live for years with HIV without having symptoms or knowing they're infected.
- A negative test result does not protect someone from getting HIV. Any time a person has unprotected sex they are at risk of an HIV infection.
 - » Thus, people who are sexually active should be tested routinely.

A woman with only one sexual partner

- Having one sexual partner is safer than having many sexual partners. However, even if a person is in a mutually faithful relationship, they should get tested with their partner to make sure both are HIV-negative.
 - » Someone may trust their partner, but can they trust their partner's previous partners and their previous partners?

A child aged 5 years whose mother died of sickness a few years before

- Some children and adolescents may get HIV from their mother at birth.
 - » Thus, it is important that even those who have never had sex, especially those with parents who are sick or have passed away, are tested.

An adolescent aged 17 years who is a virgin but is thinking about having sex

- In South Africa, HIV testing and counselling is recommended for all adolescents, even those who are not sexually active.
 - » In fact, this is so important that adolescents aged 12 years and older can get an HIV test without their parent or guardian's consent.
- Again, some adolescents may get HIV from their mother at birth.
- Note: The adolescent should also encourage their partner to get tested.

Group discussion 2

- *Manje ake sixoxe ngobuhle bokuyohlolwa. Yikuphi okuhle ngokuyohlolwa i-HIV?*



Facilitator guidance

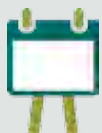
Benefits of getting tested for HIV

- Getting tested and receiving a negative result can ease worries, and be a relief.
 - » If you are negative, then you can commit to staying safe.
- If you get tested and find out you have HIV or another STI, you can get proper treatment and medicines that can help keep you healthy.
 - » Most STIs are curable, and all are treatable – including HIV. The earlier you are treated, the more likely it is you will stay healthy.
 - » Medication to treat HIV is free in South Africa.
- Many people with HIV or other STIs don't know they are infected. People can live for years with HIV without having symptoms or knowing they're infected. You can protect yourself and partners if you know your status.
 - » You can tell past partners if they are at risk and should be tested.
 - » You can learn how to protect your partner so he or she doesn't get it.
 - » You won't transmit it to other people without knowing.
- If you are a woman and you are pregnant or might soon become pregnant, you can take steps to protect your baby.
- You can make choices about your future that help you stay well.



Instructions (Part 2)

1. Conduct the '**Group discussion**' to praise them for identifying benefits and ask why people might not get tested for HIV in spite of these benefits. Write their responses on the flipchart. Clarify/correct any incorrect reasons. You should still list them on the flipchart when suggested, but then discuss them and cross them out. For example, assumptions of no risk, no need to get tested if no symptoms, that the test itself will cost money, lack of *LEGAL* parental consent.
2. Select 3 common reasons that may be solvable from a brief discussion/brainstorming. Focus on problems that can be addressed; acknowledging that others are larger or even personal issues that may require more consideration. Some common reasons not to get tested with possible example solutions are presented in '**Facilitator guidance: Common concerns with HIV testing and problem solving examples.**'
 - » Note that for parental consent, adolescents can legally still get the test without their parent's consent, so this is not a barrier. However, they may be reluctant to get tested if their parents/caregivers disapprove, so problem solving could still occur regarding how to change parental attitudes.
3. Divide participants into 3 groups and assign each to problem solve one of the issues and come up with possible solutions. Give groups about 7 minutes. Have the groups return and one person from each briefly share their issue/barrier and list of solutions. Praise them for their efforts. Add additional suggestions from '**Facilitator guidance: Common concerns with HIV testing and problem solving examples**' as needed.
4. Acknowledge that we did not address all problems and that even the solutions suggested may not work for everyone. Encourage them to continue to think about their own barriers to HIV testing and possible solutions.
5. Review the '**Take home point,**' including reference to the Fact sheet: HIV and STI testing in their workbooks.



Group discussion

Nihlinzeke ngezizathu eziningi ezisemqoka zokuyohlolwa. Yize iningi lethu lazi ngalokhu okuhle, abantu abaningi basemanqikanqika ukuyohlolwa, ikakhulukazi ukuhlololwa i-HIV.

- *Yiziphi ezinye zezizathu abanakekeli zokwenza ukuthi abantwana babo bahlolwe?*
- *Yiziphi ezinye zezizathu ezingenza ukuthi abantu abasebasha bangafuni ukuyohlolwa?*

Konke enikushoyo ngizokubhala kwifliphushathi.

- *Ake sikhethe okumbalwa kulokhu bese siyakuxazulula njengezinkinga emaqenjini amancane.*

Facilitator guidance

Common concerns with HIV testing and problem solving examples

Potential reasons caregivers may not get children or adolescents tested

- Unaware of the HIV status or testing history of a child for whom they have assumed responsibility
- Fear of a positive diagnosis (child may get sick or die or not be able to cope with the news or treatment)
- Fear that the child will experience stigma or discrimination if they test positive for HIV
- Worry that a positive child result will reveal the caregiver's own HIV-positive status
- Lack of money for transport, or lost wages if they take off work
- Poor access to or lack of knowledge of a quality testing facility

Potential reasons adolescents may not want to get tested

- They think they are not at risk
- Fear of stigma or discrimination if they test positive
- Fear of testing positive for HIV
- Fear of getting in trouble (their caregiver may be upset)
- Worried about how they will be treated at the testing facility
- Cost for transport to the testing facility

Possible solutions for common concerns related to HIV testing

- **Change negative thoughts** by understanding the benefits of knowing one's status, including that HIV can be treated. After the shock, many people feel motivated to live full and active lives. Even though there is no cure for HIV, you can be HIV-positive and happy. Treatment, such as the medication for HIV is free as well. *Help adolescents change negative thoughts, such as fear about getting tested and no perceived risk. Caregivers can also change their own negative thoughts related to a potential positive diagnosis.*
- **Identify possible sources of support** even before getting tested. Think about people who can help both practically and emotionally. This can include trusted loved ones – including their caregiver, other family and friends—as well as new sources of support. There are people who understand what it is like and know how to help people who find out they are HIV-positive; an HCT counsellor can help suggest such sources of support should you be HIV-positive. *Offer yourself as a source of support to adolescents even before they get tested.*
- **Know and assert your rights and inform adolescents of their rights:** Test results are confidential – they can only be told to the person who took the test and no one else! In fact, it's against the law for a healthcare worker to tell anyone else the results of an

HIV test without asking the person first. **Adolescents also have the right to not to share their status with anyone, even their caregiver, until they are ready.**

- **Discuss testing with your adolescent:** Have an open conversation as to why everyone should get tested, what the benefits of testing are, and where they can go for testing. Let them know that you support their decision.
- **Get tested together:** Get tested as a family or caregiver-adolescent pair. This provides an immediate source of support to prepare for the results. **If results are negative, use the opportunity to discuss how they can stay HIV negative.**
- **Find a comfortable and free clinic or testing site near you:** Tests are free at most government clinics or other health facilities in your community; mobile clinics might also be available. If there are fears of being seen, consider or suggest a clinic outside of your community, or even certain times of day at certain clinics. Call the clinic and ask them if they regularly test adolescents to make sure they are sensitive to adolescent and children's concerns. For more information about HIV/AIDS or where to test, you can call the National AIDS Helpline on 0800-012-322. Should you need someone to talk to about your personal situation, you can also call the LoveLife youth line on 0800-121-900 or send a 'please call me' to 083 323 1023 and a counsellor will call you back.



Take home point

Wonke umuntu kumele ahlolelwe i-HIV, kubandakanya nabantu abasebasha. Ukwazi ngesimo sakho kuyakusiza ukuthi wazi ukuthi kumele wenzeni ukugcina wena nabanye niphilile futhi niphephile. Abanakekeli baneghaza elisemqoka okumele balibambe ekusekeleni nasekukhuthazeni ukuyohlolwa njalo kwezingane abazinakekelayo, kubandakanya nabantu abasebasha. Imininingwane eyengeziwe mayelana nokuhlolwa ingatholakala [ephepheni lamaqiniso lokuhlolwa i-HIV nama-STI](#) elisezincwadini zenu zokusebenzela.

REFLECTION AND SHARING

(10 minutes)

Njengamanje sesisekugcineni kokuhlangana kwanamhlanje okumayelana ne-HIV nokuhlololwa i-HIV. Leli yithuba lakholokwabelana ngemibono yakho neqembu mayelana nalokhu kuhlanguana .

Ngingathanda ukuthi umuntu ngamunye axoxe ngokukodwa okusemqoka akufundile namuhlanokuthi ungakusebenzisa kanjani empilweni yakhe yansukuzonke.



PRACTICE AT HOME

(5 minutes)

Umsebenzi wokuzijwayeza ekhaya, **sinomsebenzi okhethekile ukuthi niwenze nomuntu wakho osemusha: singathanda ukuthi niqedele ndawonye imibuzo eyizitatimende zokuyinkoleloze namaqiniso ebandakanya imibuzo emayelana ne-HIV, amakhondomu nokukhulelwa. Bayitholile nabo le mibuzo eyizitatimende ekuhlanganeni kwabo. Singathanda ukuthi niyigcwalise kungakafiki ukuhlangana kwe-12 (ukuhlangana okungemuva kokulandelayo) lapho eniyoza khona nabantu benu abasebasha. Khumbulani ukusebenzisa amakhono enu okuxhumana nawokuxazulula izinkinga uma ningavumelani ngempendulo. Khumbulani futhi ukuthi ningaya emphakathini niyofuna izimpendulo – yima emtholampilo ubuze umhlengikazi noma yiya kubantu abadala enibathembile enibaveze ekuhlanganeni kwangaphambilini.**

Abantu abasebasha sebefundile mayelana ne-HIV kanye nokuhlololwa i-HIV ekuhlanganeni kwabo. Labo abazizwa bephatheke kahle ukukwenza lokho, lokhu kuzoba yithuba elihle kakhulu lokuba nengxoxo nomuntu wakho osemusha mayelana nobuhle bokuhlololwa i-HIV.

Siyobe sesibika ngenkinga esiyikhethile kanye nezinyathelo esizikhethile ukuthi sizithathe ekuhlanga neni okulandelayo.



CLOSING THE SESSION

Siyovala ukuhlangana ngokudonsa ilotho. Sicela ufake isigqebhezana segama lakho kule nkomishi. Si yobe sesidonsa igama lowo muntu uyowina lesi siphon selotho.

Ngiyabonga ngokuthi uhambele lokhu kuhlanguana. Ngiyojabula ukukhuluma nomuntu ngamunye ma yelana nalokho enihlangabezane nakho kulokhu kuhlanguana futhi uma singakwazi ukuthi senze kang cono okuthile esikathini esizayo. Sengibheke ekuhlanganeni okulandelayo lapho sizobheka khona **ukuvimbela nokubhekana nenkinga.**

Ngiyokubona esikhathini esizayo nge _____ (isikhathi nendawo) mhla zi- _____ (ilanga nosuku).



SESSION 11 APPENDIX

HIV Knowledge Cards





 **Coughing, Sneezing**

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 **Crying, Tears**

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Ear Piercing

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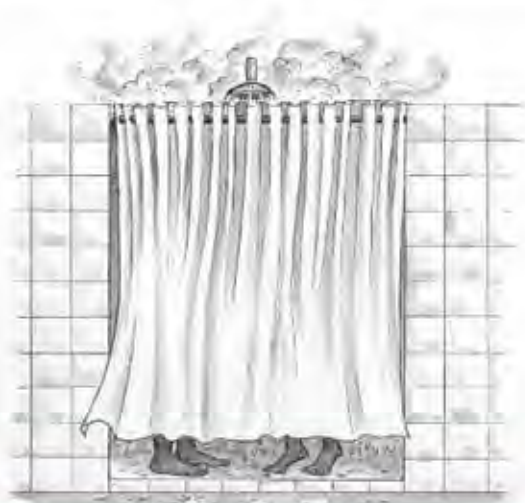


Blood Brothers

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Having a shower together

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Kissing

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Receiving blood

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Sharing a drink

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Sharing a toilet

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Anal sex without a condom

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Breastfeeding if HIV Positive

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Anal sex with a condom

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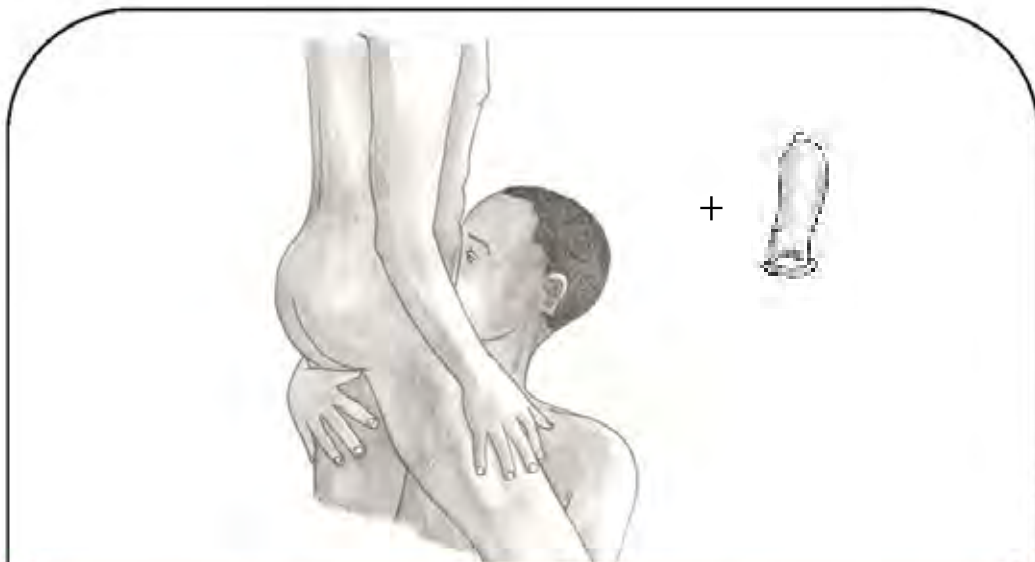


Oral sex without a condom

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Oral sex with a condom

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Visiting/consulting a traditional healer

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Caring for some-one with AIDS

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Consulting a dentist

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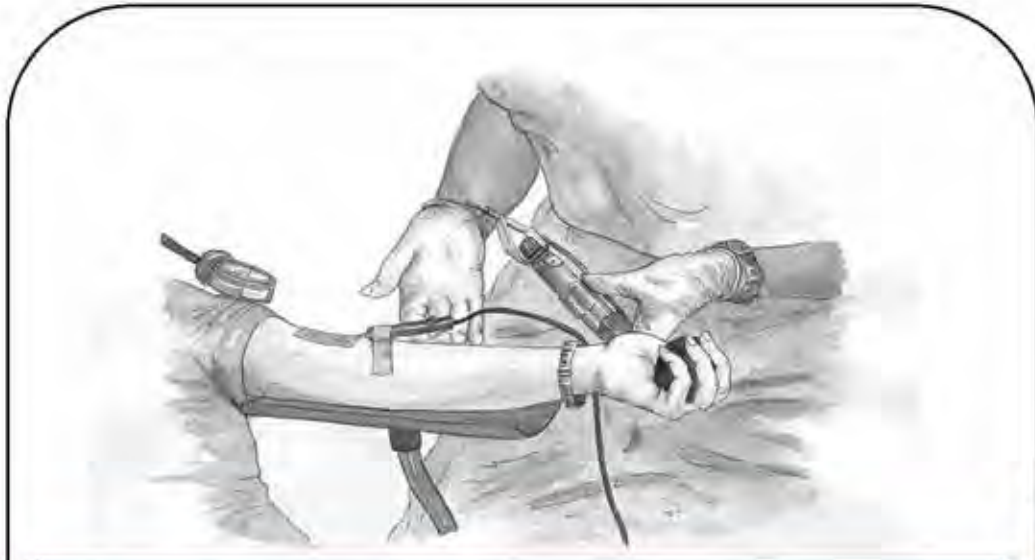


Consulting a doctor

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Donating blood

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Living in the same house

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Mosquito/insect bites

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Masturbation

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Playing together

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Vaginal sex with a condom

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Vaginal sex without a condom

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Sharing a seat

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Sharing a toothbrush

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Sharing bedding

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Sharing needles

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Sleeping in the same bed

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Swimming

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Tattooing

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Visiting a hospital

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Playing sport

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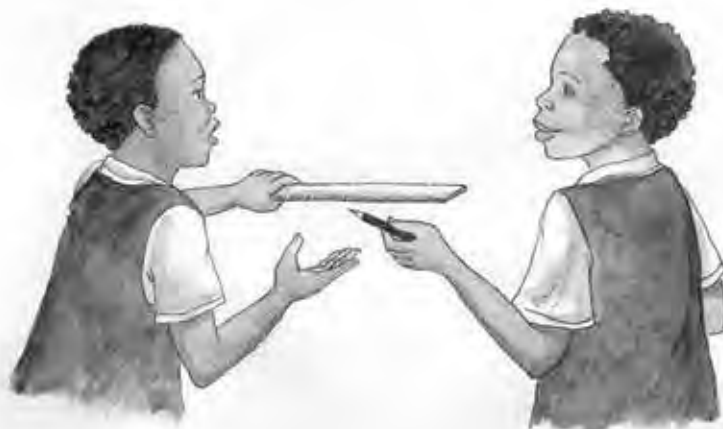


Shaking hands

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Sharing a pen, pencil, ruler

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Sharing a plate, dish

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Sharing toys

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Talking on a telephone

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Skin to skin genital contact

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Sharing food

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Being friends

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2

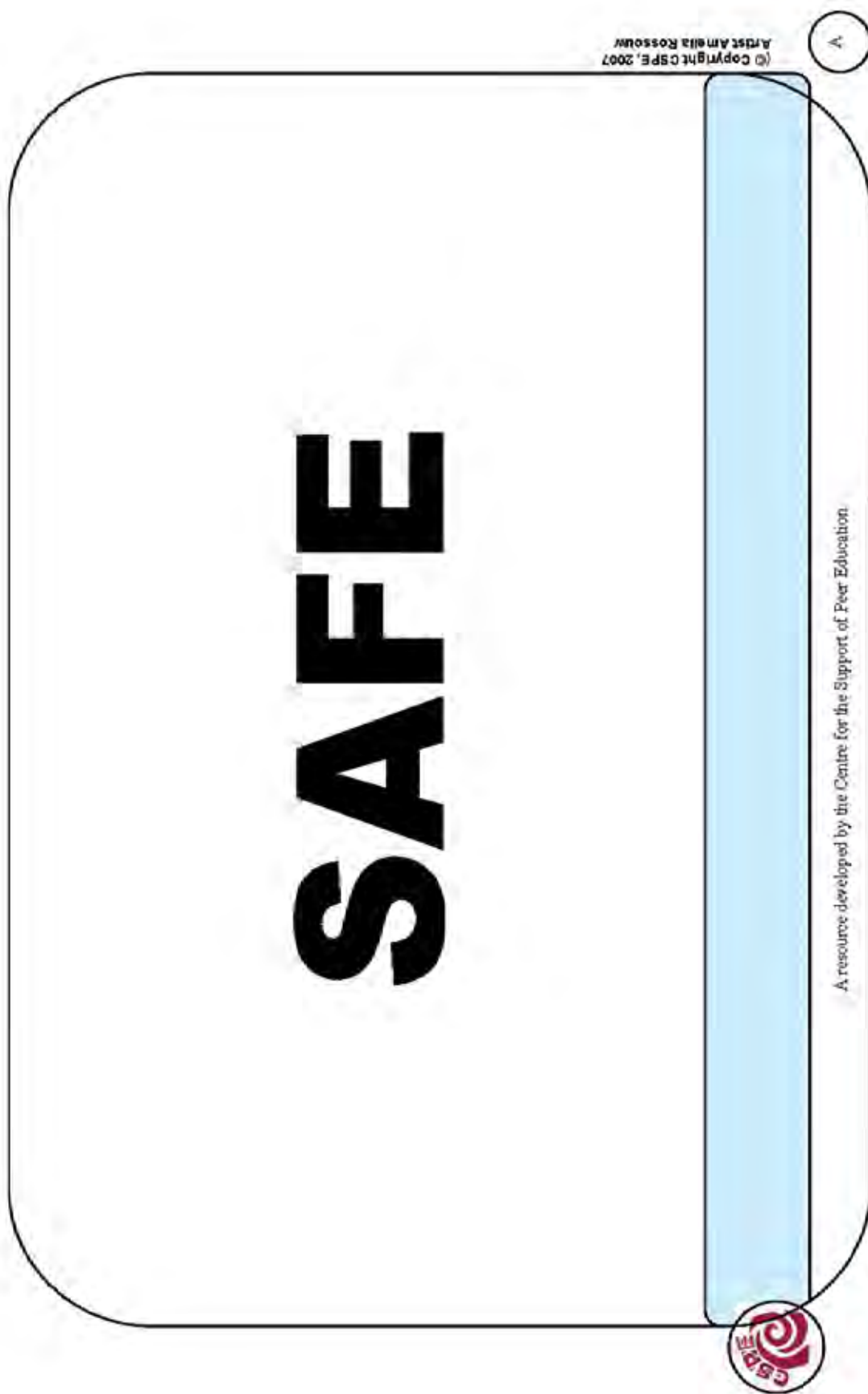


Hugging

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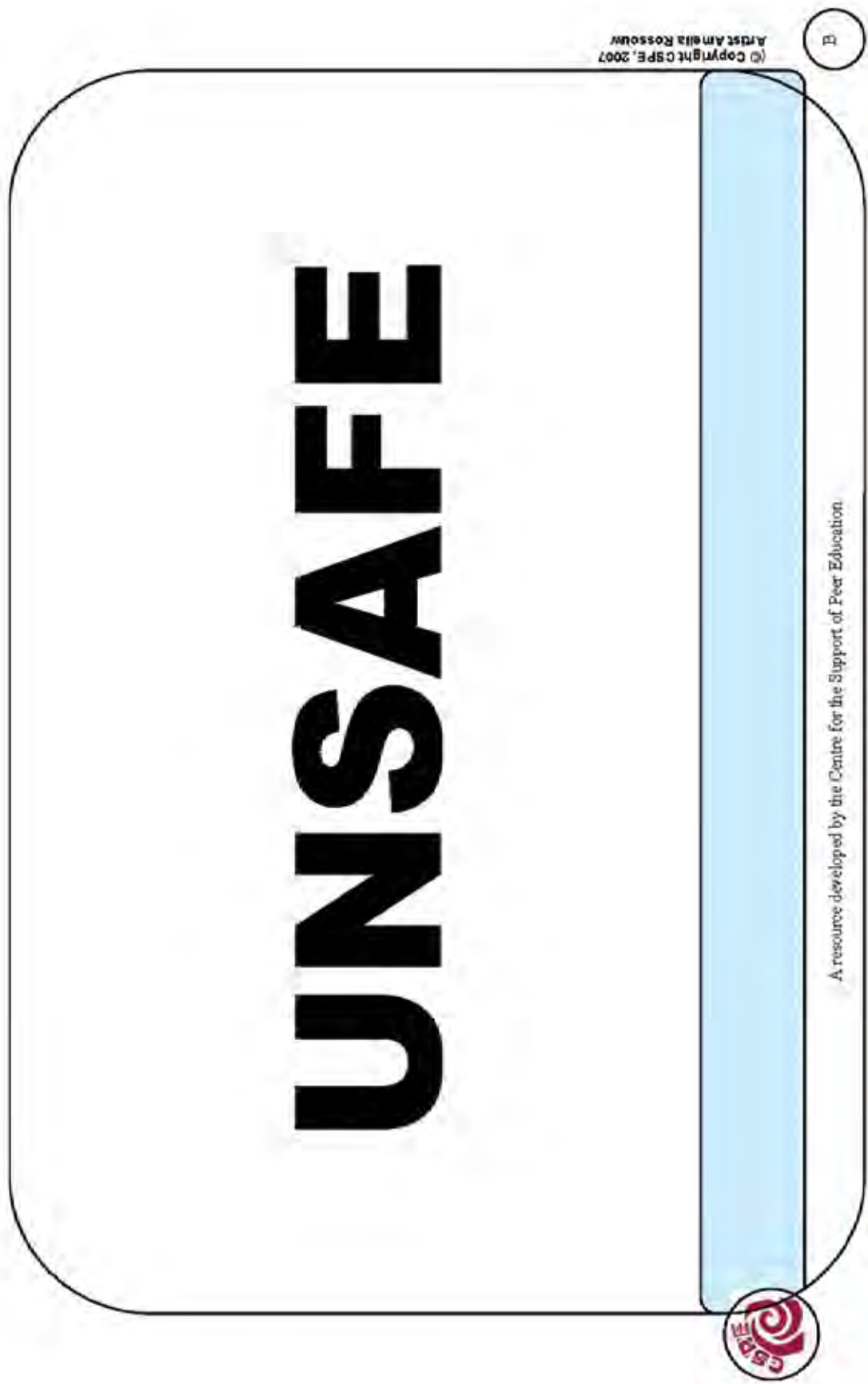
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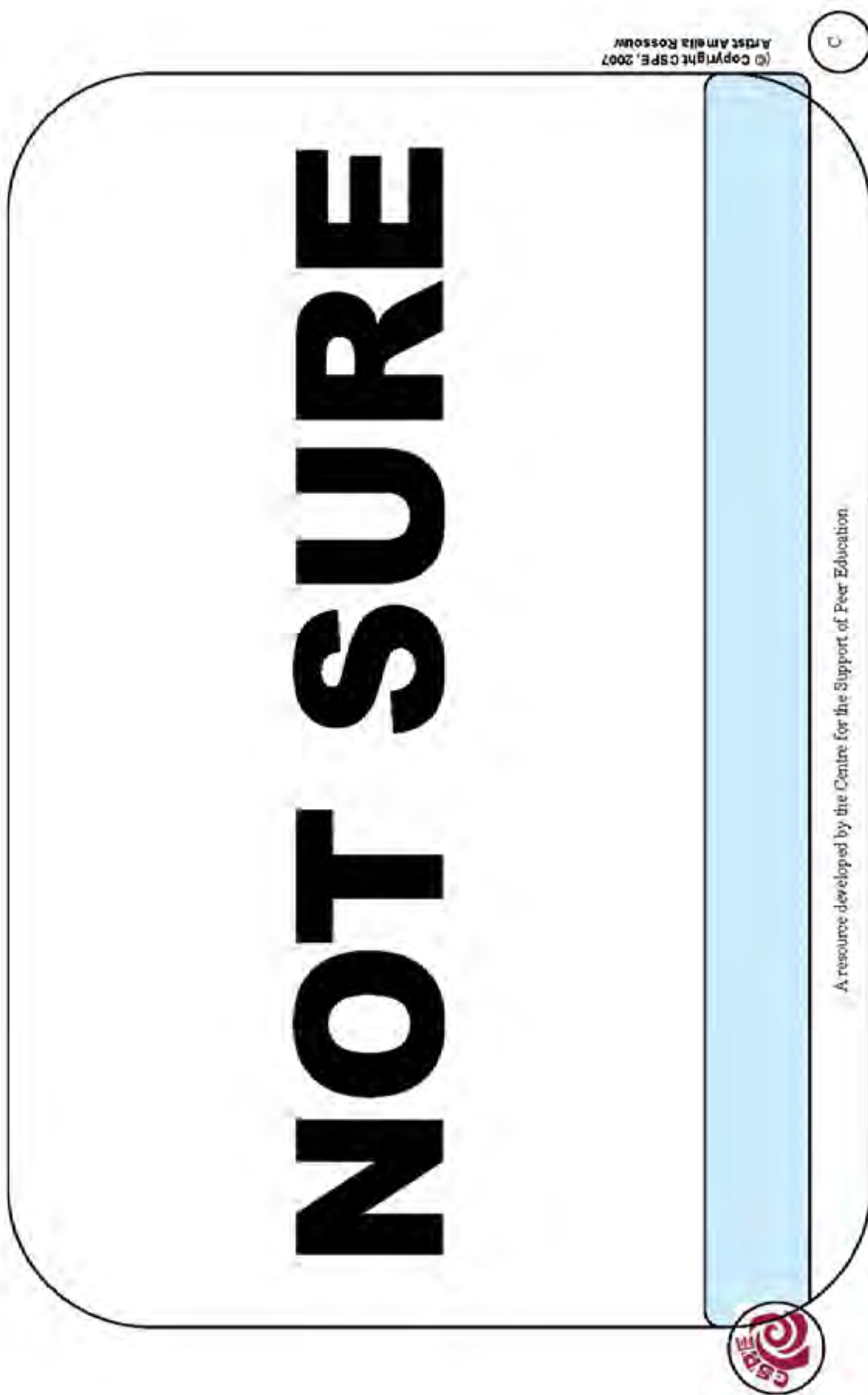
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Facilitator background

HIV Disclosure¹²

Disclosing one's own HIV status

Disclosing one's HIV-positive status is difficult because people fear that others will discriminate against them or that they may be stigmatised. Stigma refers to a judgement of someone because of a characteristic, appearance or behaviour that others see as negative. People with HIV are often stigmatised because others wrongly associate HIV with indecent sexual behaviour, religious punishment or lack of adherence to cultural norms. People living with HIV can thus be rejected, abandoned or abused because of these negative beliefs. Fear of being stigmatised enhances secrecy and denial, which are catalysts for further HIV transmission.

It is recommended that a person living with HIV tells his or her intimate partner about his or her status, although it may be difficult. Disclosure can help the couple to make decisions about protection, such as condom use.

Disclosure to other family and community members is optional and is often done to gain support. Often women do not disclose because they fear hurting or disappointing their family.

Many people living with HIV have done a great service to their families and communities through disclosing their status. This has opened up conversations and education about HIV. The virus cannot be seen, but people living with HIV give a face to HIV, which raises awareness in communities. Disclosure of status is thus not only something that can impact the individual, but can also contribute to the fight against HIV in the larger community.

Caregiver's disclosure of their HIV status to their children

Disclosure of the parents' (or caregivers') HIV-positive status to young children remains a complex decision because of the stigma related to HIV, social support concerns, and parents' concerns about the child's emotional ability to understand and cope with the nature of the illness.

Research conducted with parents who have disclosed their HIV status to their children has shown:

- While children's first reaction to HIV disclosure might include worry, shock, anger or sadness, children show no long-term adjustment problems as a result of the disclosure.

¹² Facilitator guidance was developed using the following sources: Mbonu NC, van den Borne B, & De Vries NK. (2009). Stigma of people with HIV/AIDS in Sub-Saharan Africa: A Literature Review. *Journal of Tropical Medicine*, ID 145891, 1-14; Mkwanazi MB, RoCHAT TJ, Imrie J & Bland RM. (2012). Disclosure of Maternal HIV Status to Children: Considerations for Research and Practice in sub-Saharan Africa. *Future Virology*, 7(12), 1159-1182; and World Health Organisation (2011). *Guideline on HIV Disclosure Counselling for Children up to 12 years of Age*. WHO, Switzerland; New York State [cal-guidelines/infants-children/disclosure-of-hiv-to-perinatally-infected-children-and-adolescents/](http://www.hivguidelines.org/clinical-guidelines/infants-children/disclosure-of-hiv-to-perinatally-infected-children-and-adolescents/)

- Children benefit from caregivers' disclosure in terms of social and emotional functioning. Children reported feeling better prepared for the future, more involved in family decision-making, closer to their mothers, and less afraid following the disclosure.
- Disclosure improves the quality of the caregiver-child relationship and increases the caregivers support network.
- Few mothers report that they regret disclosing their HIV status to their children.

Tips for disclosing caregiver's HIV status to their children:

- Disclosure must be age-appropriate, concrete, and use words the child can understand.
- Disclosure should be done with the intent to promote the child's welfare, minimise the risk to his or her wellbeing and to the quality of the relationship between child and parent/caregiver.
- Explain what the child will observe and can expect (concrete signs of illness, hospital visits.)
- Assure the child that he/she will be cared for no matter what happens, even if the parent gets sick.
- Encourage the child to ask questions. Answer the questions honestly.
- Reassure the child that feeling upset is a normal reaction, and that these feelings may change/decrease over time.

Disclosing a child's HIV-positive status to them

One of the most difficult issues that families face is when and how to talk about HIV to their children who are HIV-positive.

Caregivers may fear disclosing the child's HIV status to them for a number of reasons, including:

- Fear that the infected child will disclose their HIV status to others, and face harm or rejection.
- Fear of stigma and loss of support by the family/community.
- Desire to protect the child from worrying about his/her future.
- The possibility that the burden of learning of his/her HIV status will lead to depression or other mental health issues.
- Feelings of guilt and shame given their own HIV status and transmission to the child.

Research conducted on the disclosure of HIV-infected children's status to them has shown that:

- Children who are able to discuss their illness with adults have fewer behaviour problems and improved social functioning, and school performance.

- Disclosure can help children understand the illness and improve their HIV knowledge and adherence to ARV treatment.

HIV status disclosure to children and adolescents who are living with HIV should take place in a supportive environment. The time of disclosure depends on the caregiver's knowledge of the illness, caregiver's readiness to disclose, and the child's intellectual level and emotional maturity.

Tips for disclosing HIV-positive status to children

- Date of disclosure should not coincide with other events such as birthdays, etc.
- Use clear and developmentally appropriate explanations of the disease/diagnosis.
- Promote sharing of feelings, but also accept silence.
- Always allow the child to ask questions.
- Give developmentally appropriate educational materials.
- Be truthful about the illness.

SESSION 12

Preventing and responding to crises



TIME

120 minutes

RATIONALE¹³

Parental monitoring is typically defined as a parent's knowledge of their child's whereabouts, activities, and friends. It is considered an essential parenting skill and to be especially critical during early and middle adolescence. Numerous studies have linked higher levels of effective parental monitoring to lower levels of adolescent risk behaviour and alcohol use, better school functioning, and greater self-reliance.

Sometimes, despite the best monitoring, crises occur. During these times it is important that the caregiver knows how to respond. This involves having a plan for potential crises and using the skills learned in previous sessions (such as good communication, problem-solving strategies, emotional coping) to deal with the problem at hand.

This session first focuses on discussing and applying effective ways to monitor adolescents. It then moves into a discussion of how to respond to crises, followed by several role-plays. These role-plays provide an opportunity for participants to practice relevant skills and receive advice on what to do in situations such as adolescent alcohol use and sexual assault.

GOALS

- To learn and apply strategies for effectively monitoring adolescents' behaviour
- To sensitise caregivers to potential crises in terms of adolescent risk taking (such as alcohol use) or other threats to wellbeing (such as experiencing sexual assault) and how to respond to them
- To practice answering common adolescent questions about sexuality

¹³ Adapted from Murphy, D. A., Marelich, W. D., Herbeck, D. M., & Payne, D. L. (2009). Family Routines and Parental Monitoring as Protective Factors Among Early and Middle Adolescents Affected by Maternal HIV/AIDS. *Child Development*, 80(6), 1676–1691. doi:10.1111/j.1467-8624.2009.01361.x

SESSION OVERVIEW

Opening ritual

Feedback from previous session (15 minutes)

Exercise 1: Monitoring adolescents (30 minutes)

Exercise 2: Responding to crisis situations (30 minutes)

Exercise 3: Adolescent questions (20 minutes)

Exercise 4: My strengths as a caregiver (10 minutes)

Reflection and sharing (10 minutes)

Practice at home (5 minutes)

Closing the session

MATERIALS NEEDED

- Name tags for participants
- Flipchart or a black/white board and marking pens
- Scenarios for Exercise 1 (Appendix)
- Adolescent questions
- Lottery prize

WORKBOOK HAND-OUTS REVIEWED

- Adolescent relationship safety
- Emergency contact resources
- Supporting survivors of rape
- Facilitator-developed local referral list

SPECIAL PREPARATION

- For Exercise 1, cut out the scenarios in the Appendix to distribute to small groups during the session.
- Practice role-playing the scenarios in Exercise 2 so that you deliver them easily.
- For Exercise 2, create a list of locally available support personnel such as doctors, social workers and others who can provide crisis support to have available during the session.
- For Exercise 3, write each question on a piece of flipchart paper, one page per question. Familiarize yourself with the four questions and their answers, so that you can guide caregivers to provide complete and accurate responses.



OPENING RITUAL

FEEDBACK FROM PREVIOUS SESSION



(15 minutes)



Instructions

1. Ask someone to summarize the home assignment. Refer to the **'Home practice assignment summary'** text if clarification is needed.
2. Encourage feedback from participants on their completion of the home practice. Ask them about their emotions, thoughts and behaviours related to the home practice.
3. Spend some time on areas where there were challenges and use group problem solving to get ideas on how the situation can be dealt with. Use one of the challenges as a role-play. The co-facilitators can model it.
4. Praise participants for their efforts to problem solve.



Home practice assignment summary

Umsebenzi obekumele niwenze bekuwukuqedela nomuntu wakho osemusha, imibuzo eyizitatimende enokuyinkoleloze Namaqiniso mayelana ne-HIV, amakhondomu, ukuhlolwa nokukhulelwa. Abanye benu kungenzeka ukuthi sebeke babanayo ingxoxo nabantu babo abasebasha mayelana nobuhle bokuhlolwa i-HIV.

[Since quiz answers will not be discussed until next week, focus on the communication aspect of the homework assignment. Ask if anyone had an opportunity to discuss the value of HIV testing with their adolescent, as well as follow up questions.]

EXERCISE 1: MONITORING ADOLESCENTS¹⁴

(30 minutes)



Rationale

Effective monitoring by caregivers can help decrease adolescent risk behaviour. This session is designed to encourage participants to brainstorm ways to effectively monitor adolescents and then apply these guidelines to real-life scenarios. Caregivers then consider their own existing monitoring practices and areas for improvement.

Instructions (Part 1)

1. Refer to '**Special Preparation**' to prepare all materials needed for this exercise (scenarios for participants).
2. Introduce the exercise; refer to '**Introduction: Monitoring adolescents**' text provided as needed.
3. Ask the '**Group discussion 1**' question. Write participant suggestions for ways to monitor adolescents on the flipchart. Refer to '**Facilitator guidance: How to monitor adolescents**' to ensure the five key points are covered.
4. Ask the '**Group discussion 2**' question. Refer to '**Facilitator guidance: Guidelines for rule-setting and establishing trust**' for responses to look for and encourage. Write their responses on the flipchart.



Introduction: Monitoring adolescents

Sizoqala ukuhlangana kwanamhlanje ngokukhuluma ngokuthi singabagcina kanjani abantu abasebasha bephephile. Yize abantu abasebasha bebheke ekuzimeleni ngokwabo, abakakulungeli ukubhekana nomhlaba wabantu abadala ngokwabo. Badinga abanakekeli babo kanye nabanye abantu abadala abanokunakekela ukubanikeza uhlaka, indlela nokuvikeleka.

Enye indlela yokwenza lokhu ibizwa "ukuqaphela."

Ukuqaphela kusho ukwazi ngaso sonke isikhathi ukuthi iphi ingane yakho, inobani, benzani futhi izobuya nini ukuza ekhaya. Ukuqaphela okuyimpumelelo kukuvumela ukuthi wazi ngalokho okukukhathazayo, bese uthatha izinyathelo kusenesikhathi ukuvimbela ukwenzeka kwezinkinga ezinkulu.

Ukuqaphela kumayelana nokuvumela umuntu wakho osemusha azi ukuthi unomdlandla, uyazikhathaza futhi uyazi ngalokho akwenzayo uma ningekho ndawonye.



¹⁴ Adapted from Parenting Research Centre (2003). Monitoring your adolescent. Abcd Parenting. Victorian Government Department of Human Service.



Group discussion 1

- *Yiziphi ezinye izindlela esingaqaphela ngazo abantu abasebasha?*

Facilitator guidance

How to monitor adolescents

Talk to your adolescent

Keep the channels of communication open so your adolescent can tell you things they want you to know. Use natural opportunities to talk and ask questions as your adolescent will be less likely to see this as an interrogation. Think about what you really need to know, and what can be left as private between your adolescent and their friends.

Minimise unsupervised time

While it is important to allow some opportunities for independent activities, and time together with friends, look for ways to reduce unstructured time (or street time.) Encourage and support your adolescent to join organised clubs, activities, and sports where a responsible adult can supervise them.

Establish and enforce rules about your adolescent's unsupervised time

Rules make your expectations of your adolescent clear. Rules are more likely to be followed if they are consistently backed up by consequences and also phrased in a positive manner (what you *want* them to do, instead of what you *don't want*.) An example of a positively-phrased rule and consequence is "come straight home from school and you will be allowed to go to your friend's house at 5:00 o'clock."

Meet your adolescent's friends and welcome them into your home

Encourage your adolescent to spend more time at home by accepting and welcoming their friends. Even though this time is not spent with you, it allows you to monitor your adolescent more easily and develop relationships with their friends, who may be a valuable source of information about any risks your adolescent might face.

Establish a sense of trust with your adolescent

Adolescents of all ages report that parental trust is important in their lives and that the fear of losing that trust would often stop them from doing the 'wrong' thing. Trust will also open the door for communication, increasing the likelihood that adolescents will share information about potentially dangerous situations with their caregivers.

Group discussion 2

- *Yimiphi eminye imihlahlandlela esesixoxe ngayo yokubeka imithetho?*
- *Yini esingayenza ukuthola umuzwa wokwethemba kubantu abasebasha? Konke enikushoyo ngizokubhala kwifiliphushathi .*



Facilitator guidance

Guidelines for rule-setting and establishing trust

Guidelines for rule-setting

- Rules should be simple and specific.
- Use positive language, focus on positive behaviour instead of problem behaviours. Clearly state the behaviours we want adolescents to do rather than what they should not do.
- Obtain consensus on rules with the input of adolescents.
- Allow opportunities for negotiation. Some rules may not need to be as strict as others.

Guidelines for establishing trust

- Spend time together.
- Listen actively when they talk.
- Praise them for doing the behaviour you want to see:
 - » *Provide examples as needed:* When adolescents feel their good deeds and behaviour are being recognized, they understand they are doing their part to establish trust. Remember to focus more on recognizing good behaviour than pointing out negative behaviour. For example, say thank you when they let you know what time to expect them home or tell them you're proud of them when they get good marks, act in other positive ways, and make smart decisions.
- Let them know you trust them and give them opportunities to demonstrate trust:
 - » *Provide examples as needed:* Be open to negotiating rules with adolescents. Give them chances to demonstrate good decision-making, and praise them when they act in ways that help establish trust. For example, extend curfew and praise them when they arrive on time. Instead of making a long list of things you do not want them to do, provide them with examples of things they can do to gain your trust, such as performing well in school and behaving respectfully at home.



Instructions (Part 2)

1. Divide the group into smaller groups of 3 to 4 participants and give each group a scenario with the key questions (Appendix). Ask participants to answer the '**Small group discussion**' questions and be prepared to report back to the group.
2. After 10 minutes bring everyone back together for a group discussion on the same questions. Have one group at a time present their scenario and ideas, with discussion of each one separately. Encourage responses as to what caregivers can do for each scenario and facilitate a group discussion on key monitoring strategies. Refer to '**Facilitator guidance: Danger and use of parenting strategies for scenarios**' as needed to aid the discussion.
3. Read '**Importance of parental monitoring**' text to aid reflection about the exercise. Ask participants to consider questions in the text, and allow time between each for caregivers to think about the answers, without answering out aloud.
4. Review the '**Take home point.**'



Small group discussion

- *Yisiphi isimo esiyingozi esibhekana nomuntu osemusha ngamunye?*
- *Abanakekeli bangawasebenzisa kanjani amasu okuba umzali esixoxe ngawo ukusiza ukugcina abantu abasebasha bephephile kulezi zimo? Cabanga ngama masu alandelayo uma ulungisa impendulo yakho:*
 - » *Khuluma nomuntu wakho osemusha*
 - » *Nciphisa isikhathi sokungagadwa*
 - » *Yenza usebenzise imithetho mayelana nesikhathi sokungagadwa komuntu wakho osemusha*
 - » *Bonana nabangani bomuntu wakho osemusha ubavumele beze ekhaya lakho*
 - » *Yenza umuzwa wokwethembana nomuntu wakho osemusha*
 - » *Noma yimaphi amanye amaso okuqaphela noma okuba umzali ongase uwahlongoze*

Scenario 1 ¹⁵

UMpho uneminyaka eyi-14. Selokhu ahlala nogogo wakhe kusukela eneminyaka emihlanu. Ugogo kaMpho usemtshele izikhathi eziningi ukuthi angahambi aye esitolo ebusuku. Namhlanje ebusuku, uma ugogo kaMpho ebuya emsebenzini, uMpho wayengekho ekhaya engaziwa ukuthi ukuphi. UMpho wabuya ekhaya emva kwengxenye yehora nesiphuzo esibandayo esivela esitolo. Ugogo wakhe wayethukuthele kakhulu wathi....



Scenario 2¹⁶

UKhwezi uneminyaka eyi-17. Uzimele nabangani bakhe eduze kwaseshibhini ngesikhathi imoto ima eduze kwabo. Indoda endala esemotweni ithi "Heyi wena ntombazane enhle, sekuyisikhathi esidanyana ngilokhu ngikubuka. Ungubani igama lakho?" UKhwezi uyazi ukuthi ukungahloniphi ukungampenduli umuntu omdala, ngakho uyamshela igama lakhe. Uyamcela ukuthi eze azothatha iziphuzo nama-chips anaye. "Woza, ngena, uzobuya kungekudala nje." Omunye wabangani bakaKhwezi wamkhuthaza wathi "Unenhlanhla mngani wami, ngifisa sengathi ngingaba no-sugar-daddy nami, bayanakekelana, ngiyakutshela!" Omunye umngani wakhe wamdonsa ngengalo wathi, "Khwezi, unгахambі. Kuyingozi ukuhamba nabantu ongabazi."

Scenario 3¹⁶

USabelo uneminyaka eyi-16. Uya ekhaya uphuma esikoleni ngesikhathi umfana omdala kunaye ehambisana naye. Lo mfana omdala uyamncoma ngendlela adlala ngayo ibhola lezinyawo. USabelo uyamamatheka uthi, "Ngiyabonga, ngiziqeqesha kanzima. Ngelinye ilanga ngifuna ukuba umdlali okhokhelwayo." Umfana omdlala uyamgaxa ehlombe bese ethi "Ngiqinisekile ukuthi uyophumelela ngelinye ilanga, kodwa kusekude lapho uya khona. Uthini ngokwenza imali manje? Into okuyiyona kuphela okudingeka uyenze ukubheka nokushaya ikhwela..." USabelo uyazi ukuthi lo mfana omdala umcela ukuthi abe umuntu ozombhekela noma ukugada ekudayiseni izidakamizwa manje uyesaba.

¹⁵ Adapted from ETR Associates (2006) *Handout: Is this Reasonable Teen Behavior?* Parent-Child Connectedness: New Interventions for Teen Pregnancy Prevention. Retrieved from <http://recapp.etr.org/recapp/documents/freebies/PCCReasonableHndout.pdf>;

¹⁶ Doubt, J., Lachman, J. M., Cluver, L., Ward, C., and Tsoanyane, S. (2014). *Sinovuyo Caring Families Programme for Parents and Teens: Teen 2014 Manual, Session 10*. South Africa: UNICEF and World Health Organization.

Facilitator guidance

Dangers and use of parenting strategies for scenarios

Dangers facing adolescents

- **Scenario 1.** Mpho is vulnerable to violence walking alone at night. And because she did not tell anyone where she was going, nobody would know where to look for her if something happened.
- **Scenario 2.** It is never safe to go with people you don't know, especially older men. Sugar daddy relationships put girls at very high risk for HIV and other STIs. It is hard to have equal power and control in relationships when one partner is much older, and sexual coercion is a likely result. Plus, older partners are more likely to be sexually experienced and thus are at increased likelihood for having HIV or another sexually transmitted infection. Adolescent girls may be looking for affection from older partners, which may or may not be returned.
- **Scenario 3.** Sabelo may be pressured into being a lookout, which will get him involved in a dangerous and illegal business.

Parental strategies

Communicate openly with your adolescent

- **Scenario 1:** Talk with Mpho openly so that she understands why her grandmother does not want her walking alone (i.e. because it is not safe). Mpho's grandmother should give Mpho an opportunity to explain why she disobeyed her and to discuss, and perhaps even negotiate, the household rules.
- **Scenario 2:** Khewzi's caregiver could discuss healthy and unhealthy relationships, and ensure that she understands the risks involved with having a sugar daddy relationship. Also, if Khwezi knows that her caregiver will ask her what she has been doing, she may not want to do something she knows her caregiver would disapprove of.
- **Scenario 3:** Ongoing open communication with Sabelo may help him to discuss issues that bother him with a trusted adult, such as how to resist pressure to do something that he does not want to do, and to share that he was approached to participate in this activity. Caregivers can also discuss the risks of getting involved with illicit activities with Sabelo so he is aware of this before being approached by someone to do so.

Minimise unsupervised time

- **Scenario 1:** For example, consider that Mpho can never walk alone at night because it is dangerous, but she can walk with her two cousins if they let an adult know first.
- **Scenarios 2 & 3:** Encourage Khwezi and Sabelo to join structured after-school group activities supervised by an adult (e.g. soccer group, homework clubs), which decreases their chance of being approached by trouble-makers. It may also have other benefits.

Establish and enforce rules about your adolescent's unsupervised time

- **Scenario 1:** For example, Mpho can walk to the spaza alone after she comes home from school, but she must always be home by the time her grandmother gets home from work.
- **Scenario 2:** For example, Khwezi has to come straight home from school before she can do anything else. And that she should never go somewhere with a stranger because it is not safe. Her caregiver can say that she always needs to meet someone before Khwezi gets in a car with them.
- **Scenario 3:** For example, Sabelo has to come straight home from school before he can do anything else. By knowing this rule will be enforced, Sabelo can better resist the older boy's request – "Sorry, but if I do not go home right away to help with chores, my family will look for me."

Meet your adolescent's friends

- **Scenarios 1-3:** Caregivers can welcome their adolescent's friends into their home, so that they get to know their friends better and can supervise their activities. Talk to their friends. If you are a trusted adult in their life, they might let you know about a dangerous situation, even if the adolescent under your care does not.

Establish trust

- **Scenario 1-3:** Listen to them when they talk. Ask them about what situations they or friends encounter when caregivers are not around. Praise them for any example they give that demonstrates their ability to avoid dangerous situations. Praise them for the things they are doing well that have positive benefits (e.g., soccer, school, healthy relationships.) Let them know you trust them and give them opportunities to demonstrate the trust (e.g., setting a negotiated time with their input and consensus on when to return from school/home and deciding what they will do during unsupervised periods.)

Importance of parental monitoring

Khumbula, ukuthola ukuthi abasha bebenza izenzo eziyingozi emva kokuba sebekwenzile kusuke sekudlulelwe yisikhathi. Umqondo wokuqaphela ukuqinsekisa ukuthi umuntu wakho osemusha uphephile ngaso sonke isikhathi.

Kodwa uma ubudlelwane benu bububi, imibuzo efana nalena, 'Uyaphi? Uzobe unobani? Nalona othi "Uzokwenzani?" ivama ukuthi iholele ekutheni kuliwe ngamazwi. Abanakekeli bangaqala ngokubuza imibuzo embalwa ukubalekela ukulwa ngamazwi futhi abantu abasebasha bangacabanga ukuthi abanakekeli babo abanamdlandla ngempilo yabo. Abantu abasebasha abavami ukunikezela ngemininingwane uma bebona sengathi abanakekelwe kahle. Ukuqaphela ngempumelelo kubanzima uma abanakekeli nabantu abasebasha besabhekene nalesi sikhathi sempilo.

Ukuthuthukisa izinga lobudlelwane benu yisinyathelo sokuqala sokuqaphela kahle.

Ngizofunda eminye yemibuzo futhi ngifuna ukuthi ucabange ngezimpendulo – ungaphenduli uzwakale.





Cabanga ngobudlelwane bakho nomuntu wakho osemusha bese ubheka le mibuzo elandelayo:

- *Ngabe sixoxa ngokukhululeka?*
- *Ngabe ngiyawukhombisa umdlandla empilweni yomuntu wami osemusha?*
- *Ngabe ngiyabazi abangani nesoka noma intombi yomuntu wami osemusha?*
- *Ngabe ngenze imithetho mayelana nokuthi nini, kuphi, kanjani futhi nobani lapho umuntu wami omusha engachitha khona isikhathi engagadiwe?*
- *Ngabe ngenze imithetho yacaca kumuntu wami osemusha?*

Uma impendulo kunoma yimuphi kule mibuzo kungu 'Cha' kungadingeka uzibekele umgomo wokuzama ukuguqula impendulo ibe u 'yebo.'



Take home point

Ukuqaphela abantu abasebasha kubandakanya ukwazi ukuthi benzani, banobani, futhi bazofika nini ekhaya, ngaso sonke isikhathi. Ukuqaphela okuhle kuhambisana nokubeka imithetho nokuxhumana okuvulelekile, futhi kusiza ukugcina abantu abasebasha bephephile futhi kubakhombisa ukuthi uyabakhathalela.

EXERCISE 2: RESPONDING TO CRISIS SITUATIONS¹⁷

(30 minutes)



Rationale

Active listening, anger reduction, and problem solving can help caregivers respond to crises in the lives of their adolescents. This exercise is designed to offer effective response strategies for common crises and allows participants to practice applying these approaches.

Facilitator background

Participants' potential history of non-consensual sex

While it is useful to help caregivers be prepared if their adolescent was raped, it is possible that this exercise will be especially difficult for some participants who may have a history of sexual abuse or exploitation, or who may know someone with such experiences. Be prepared to recognize any participants who seem very uncomfortable or who react negatively to this exercise and give time at the end of the group for a one-on-one discussion and to provide information on counselling and other referral sources as appropriate.

In order to prepare for this exercise adequately, ensure the following actions are taken:

- Before this session, create a list of support personnel such as doctors, social workers, toll-free hotlines, and others who can provide crisis support. Have this referral list accessible during this session.
- If at any time during the session any participant shares that he or she has been a victim of any type of abuse or exploitation, be sure to follow up with a referral for additional counselling.
- Remind the group that non-consensual sex between individuals is a sensitive and complicated subject and that what people say during this or any session should not be shared outside of the group. Participants are here to help and not to judge one another.

¹⁷ Adapted from Doubt, J., Lachman, J. M., Cluver, L., Ward, C., and Tsoanyane, S. (2014). Sinovuyo Caring Families Programme for Parents and Teens: Teen 2014 Manual, Session 11. South Africa: UNICEF and World Health Organization.



Instructions

1. Refer to '**Special Preparation**' to prepare, and make sure you have the referral list available. Also review '**Facilitator background: Participants' potential history of non-consensual sex.**' This session covers sensitive material and facilitators must be prepared for potential negative responses.
2. Conduct '**Group discussion 1**' to introduce the exercise and consider and develop guidelines for how to deal with potential crises. Encourage responses, and write these on the flipchart. Refer to '**Facilitator guidance: Responding to crises**' to ensure that all points are covered.
3. Next, the facilitator and co-facilitator will act out 4 role-plays, a positive and negative response to two scenarios, with each followed by a group discussion. Refer to '**Role-play instructions**' text as necessary to introduce the activity.
 - » Act out '**Scenario 1: Mbali gets drunk while out late with a boyfriend (Negative caregiver reaction.)**' Facilitate discussion using '**Group discussion 2**' questions. Refer to '**Facilitator guidance: Effective ways to deal with the crisis in Scenario 1**' for responses to emphasize or add if they are missed.
 - » Act out '**Scenario 1: Mbali gets drunk while out late with a boyfriend (Positive caregiver reaction.)**' Ask '**Group discussion 3**' questions to encourage participants to think about the benefits of a positive reaction.
 - » Act out '**Scenario 2: Mpumi is forced to have sex (Negative caregiver reaction.)**' Facilitate discussion using '**Group discussion 4**' questions. Refer to '**Facilitator guidance: Effective ways to deal with the crisis in Scenario 2**' for responses to emphasize or add if they are missed.
 - » Act out '**Scenario 2: Mpumi is forced to have sex (Positive caregiver reaction.)**' Ask '**Group discussion 5**' questions to encourage participants to think about the benefits of a positive reaction.
4. Review the workbook hand-outs on [Adolescent relationship safety](#) and [Emergency contact resources with participants](#).
5. Review the '**Take home point.**'

Group discussion 1

Emsebenzini wokugcina sikhulume ngokuthi singabagcina kanjani abantu abasebasha bephephile ngokuthi sibeke imithetho, sixoxisane futhi sibaqaphele. Kulo msebenzi sikhuluma ngokuthi singabhekana kanjani nesimo lapho ukuphepha komuntu osemusha kusengozini noma kuphazamisekile. Sigxile ekutheni yini engenziwa yimindeni uma kuvela inkinga. Kuyasiza ukuba nesu. Kuyasiza futhi ukucabanga ngemiphumela yesikhathi eside yalokho esikwenzayo.

- Inkinga kungaba noma yini kusuka ekusebenziseni utshwala nezidakamizwa, ukukhulelwa okungahleliwe kuye odlameni. Ngaphambi kokuthi sixoxe ngenkinga ethile ngokujulile, ake siveze imihlahlandlela yokubhekana nezinkinga ngokuvamile?



Facilitator guidance

Responding to crises

1. **Stay calm and don't criticize:** It's important to remember not to criticize when we are listening to someone telling us something difficult. Sometimes that means taking a deep breath and making sure we are as calm as possible before we react to bad news. Your reaction will have a profound impact on the adolescent's way to deal with the crisis and your future relationship.
2. **Problem solve together.** Once everybody is aware of the crisis, we can move on to making plans to deal with it. It's usually best to make plans to deal with a crisis together. Remember that caregivers and adolescents should listen to each other and use problem solving to help think of solutions.
3. Solutions usually involve first making **short-term plans** and then making **longer-term plans**.
 - » Making short-term plans usually means dealing with the crisis that is in front of us right away.
 - » Longer-term planning means talking and planning in order to try to avoid a repeat of the crisis. We talked about the ways that we can make long-term plans for adolescent safety in the community earlier, through rule-setting and monitoring.

Role-play instructions

Manje sizokwenza imidlalo ekhomba ukuthi abanakekeli babhekana kanjani nesimo esinekinga. Sizobheka imidlalo emibili ebhekene nezinhlobo ezimbili zezinkinga: ukuphuza nokusebenzisa izidakamizwa nokudlwengulwa. Lezi yizinkinga ezinkulu, kodwa ziyizibonelo ezinhle ukuzisebenzisa ngoba zinkulu kakhulu: izifundo zingaphinde zisebenze nasezinkingeni ezincanyana.

Sizokwethula lesi sigcwawu njengeqembu. Ngizodlala indima yomnakekeli umgqugquzeli kuzoba umuntu omusha. Ngifuna nibheke umehluko endleleni umnanakekeli abhekana ngayo nesimo kanye nomphumela wayo kumuntu osemusha.





Scenario 1: UMbali uyadakwa ngesikhathi ezikhiphile ebusuku nesoka lakhe (indlela engeyinhle yomnakekeli yokubhekana nesimo)

UMbali uhamba ekhaya ntambama nesoka lakhe ngaphandle kokusho kunoma ubani ukuthi uyaphi. Ubuya emva kwamabili futhi udakwe akakwazi ngisho ukuhamba.

UMNAKEKELI (uthukuthele uma uMbali engena endlini): Uphumaphi Mbali? Bengilindile ubusuku bonke ngikhathazekile, uhambe ungashongo ukuthi uyaphi futhi manje usushiywe yisikhathi.

MBALI (uyawa futhi ukhuluma ebala amagama akhe): Benginesoka lami ephathini.

UMNAKEKELI (esathukuthele): Ubuphuza?

MBALI: Cha.

UMNAKEKELI (ethukuthele kakhulu manje): Udakiwe! Unuka utshwala futhi awukwazi ukuhamba uqonde. Ungenza kanjani ukuthi uze lapha ekhaya unje! Usemncane kakhulu ukuthi ungaphuza utshwala! Kungenzeka ukuthi kube yileli soka lakho, ngabona ngiqala nje ukumbona ukuthi akalungile!

MBALI: Isoka lami ukuphela komuntu ongithandayo! Futhi siyajabula uma sindawonye! Ngizokwenza engithanda ukukwenza, angeke uphinde ungitshela ukuthi ngenzeni! Sengiyolala.

UMNAKEKELI: Ungalinge uhambe ungishiye kanjalo! Angeke ngayibekezelela le ndlela yokuziphatha! Awunanhlonipho futhi awulawuleki. Phuma emzini wami manje! Angisakufuni lapha! Bona ukuthi leli soka lakho lizokuhlalisa yini kubo!



Group discussion 2

- Yini inxushunxushu?
- Umnakekeli kaMbali ubhekana kanjani nalesi simo?
- Umnakekeli ubengawasebenzisa kanjani amakhono okulawula ukuthukuthela/ukubhekana nokuphatheka kabi?
- Yiziphi ezinye zezinto okumele umnakekeli angazenzi?
- Yiziphi ezinye zezinto zesikhathi esifishane umnakekeli akade engazenza?
- Yiziphi ezinye zezinto zesikhathi eside umnakekeli akade engazenza?

Facilitator guidance

Effective ways to deal with the crisis in Scenario 1

- **Anger management:** The caregiver could take deep breaths to stay calm and wait to speak until she was in control of her emotions and when Mbali is sober (in the morning.)
- **Avoid** criticizing the boyfriend and threatening to kick her out of the house.
- **In the short-term**, she can provide consequences for the behaviour and talk with Mbali to help her to understand the dangers associated with the behaviour—talk not lecture. She can also emphasise the positive qualities and behaviours that she wants to see more of from Mbali.
- **In the long-term**, she can set rules with Mbali's input and consensus about letting people know where she is going, dates, parties, drinking, and curfews. She can keep communication open, using active listening, so that she knows more about Mbali's activities, friends and boyfriends. She can also meet the boyfriend and explain the rules to him.

Scenario 1: UMbali uyadakwa futhi usebenzise izidakamizwa ngesikhathi ezikhiphile nesoka lakhe (indlela enhle yomnakekeli yokubhekana nesimo)



UMbali uhamba ekhaya ntambama nesoka lakhe ngaphandle kokusho kunoma ubani ukuthi uyaphi. Ubuya emva kwamabili futhi udakwe akakwazi ngisho ukuhamba.

UMNAKEKELI (uthukuthele uma uMbali engena endlini): Uphumaphi Mbali? Bengilindle ubusuku bonke ngikhathazekile, uhambe ungashongo ukuthi uyaphi futhi manje usushiywe yisikhathi.

MBALI (uyawa futhi ukhuluma ebala amagama akhe): Benginesoka lami ephathini.

UMNAKEKELI (ehlise umoya): Ngizwa kunuka utshwala kuwe futhi kubukeka sengathi uphuze kakhulu. Angijabule neze ngendlela oziphathe ngayo namhlanje ebusuku, kodwa-ke sekusebusuku manje. Asihambe siyolala, sizoxoxa ngalolu daba ekuseni.

MBALI: Kulungile (esho ewela phansi).

Ngakusasa ekuseni:

UMNAKEKELI (uhlala eduze kuka Mbali): Mbali, angithokozile ngendlela oziphathe ngayo izolo. Okokuqala, uphumile ngaphandle kokutshela noma ubani ukuthi uya kuphi. Okwesibili, ubuye ekhaya sekudlule isikhathi – ngihlalle ngakulinda futhi bengikhathazekile. Okwesithathu, ubuphuzile, okungenza ngikhathazeke ngokuthi yini ebeyingahle ikwehlele. Uyayazi imithetho yethu lapha ekhaya nokuthi kusemqoka kangakanani ukuyilandela ukuze uphephe.

MBALI: Ngiyaxolisa ma, bekungekho muntu ekhaya uma ngihamba izolo futhi bengingenayo i-airtime yokuthi ngikufonele ngikutshele ukuthi ngizobuya emva kwesikhathi. Ngibuphuzile utshwala, kodwa wonke umuntu ubekwenza lokho ephathini ebusuku bayizolo!



UMNAKEKELI: Kulungile, ngiyalwemukela uxolo lwakho kodwa uyazi ukuthi kunemiphumela uma uphula imithetho futhi akuzuhluka lutho nakulokhu. Uzonqatshelwa ukuzikhipha nabangani bakho isonto lonke. Futhi angeke uzikhiphe nabangani bakho uma niphuma esikoleni noma ngempelasonto elandelayo. Futhi ngazi abanye abantu abangangawe abaphuza utshwala futhi bangasebenzisa nezikamizwa, futhi kungabonakala kungenankinga, kodwa kungakubangela izinkinga ezinkulu. Hlobo luni lwezinkinga ocabanga ukuthi zingabangelwa yilokhu?

MBALI: Angikwenzi njalo futhi akusho ukuthi ngizoba yisigqila noma enye into. Ngisaqhuba kahle esikoleni.

UMNAKEKELI: Ngicabanga ukuthi umsebenzi wakho wesikole muhle kakhulu futhi okuyinto okumele uziqhenye ngayo. Ukuphuza kungakufaka enkingeni yomthetho futhi kulimaze ikusasa olisebenzela kanzima kangaka. Futhi-ke kuyokwenzekani uma udakwe kakhulu ephathini, yini ocabanga ukuthi ingenzeka kuwe. Ngabe uyabazi futhi uyabethemba bonke abantu kuleyo phathi?

MBALI: Ngazi abantu abaningi. Kodwa yebo, ngiyabona ukuthi uma bengidakiwe bekuzoba lula kakhulu ukuthi abantu bangilimaze.

UMNAKEKELI: Yebo, uma udakiwe kungabanzima ukubona noma ukubalekela isimo esiyingozi. Manje uthini ngesoka lakho, ukuphuza kungazithikameza kanjani izinto enizenza ndawonye? Isoka lakho licabangani ngokuphuza kwakho?

MBALI: Licabanga ukuthi ngiyajabulisa uma ngiphuza.

UMNAKEKELI: Khumbula ukuthi ujabulisa kakhulu uma ungaphuzile, Mbali. Khumbula futhi ukuthi uyintombazane ehlakaniphile, kodwa uma uphuza, wehlisa ukukwazi kwakho ukuthatha izinqumo nemibono emihle. Isinqumo esisodwa esibi ngesikhathi uphuzile siyodala imiphumela emibi kakhulu eyothikameza impilo yakho yonke, njenge-HIV noma ukukhulelwa. Uyezwa?

MBALI: Yebo ma, ngiyazwisisa. Ngiyaxolisa. Ngiyozama ukuthatha izinqumo ezingcono. Lena yingxoxo enhle ma. Ngabe lokho kusho ukuthi ngingazikhipha kuleli sonto?

UMNAKEKELI: Cha, kusenemiphumela kodwa ngiyaziqhenya ngawe ngokuthi ucabange ngemiphumela emikhulu kanye nobungozi bokuziphatha kwakho. Futhi-ke esikhathini esizayo uma uzikhipha nesoka lakho, ngingafisa ukumbona. Asimmeme azophuza itiye lapha uma isikhathi sakho sokujeziswa sesiphelile.



Group discussion 3

- Ngabe yini esebenze kahle?
- Ngabe yini obungayenza ngokuhlukile?

Scenario 2: UMpumi uyaphoqelelwa ukuya ocansini (indlela engeyinhle yomnakekeli yokubhekana nesimo)

UMpumi uhleli uyakhala. Umnakekeli uyafika ekhaya.

UMNAKEKELI: "Awu bakithi, sthandwa sami, kwenzenjani? Ukhalelani ntombazane yami?"

MPUMI (ekhala futhi eqhaq hazela): "UTshepo...u...u...u...uziphoqelele kimi."

UMNAKEKELI: "Kwenzanjani kuwe? Usho ukuthini uma uthi uziphoqelele kuwe? Bekunini?"

MPUMI (usakhala futhi uyaqhaq hazela): "Uzile wazovakasha namhlanje ngesikhathi usemsebenzini. U...u...u...uye nami ocansini! Bengingafuni kodwa ungiphushela embhedeni wangiphoqa! Ngicela ungikholwe, bengingafuni."

UMNAKEKELI (ethukuthele): "Wena ntombazane eyisilima! Kungani uvumele abafana bangene endlini ngesikhathi uwedwa! Wenzeni manje?"

MPUMI: "Bengicabanga ukuthi ungumngani wami! Weza elethe incwadi yami yesikole akade eyibolekile. Angisoze ngavumela indoda engingayazi ingene endlini. Ngicela ungikholwe. Bengingafuni ukuthi lokhu kwenzeke, ngiyafunga."

Umnakekeli uphazamisa uMpumi.

UMNAKEKELI (ethetha): "Uzothini uma kungaba ukhulelwe? Noma uma kwenzeka ukuthi kube une-HIV? Wenze iphutha elikhulu. Futhi ngiyamazi umama kaTshepo, manje ulethela nami izinkinga futhi. Kumele wazi kangcono kunokuvumela lezi zinto zenzeke!"



Group discussion 4

- Ngabe umnakekeli ubengawasebenzisa kanjani amakhono okulalela ukubhekana kangcono nesimo esibi?
- Umnakekeli ubengawasebenzisa kanjani amakhono okulawula ukuthukuthela/ukubhekana nokuphatheka kabi?
- Yiziphi ezinye zezinto okumele umnakekeli angazenzi?
- Ngabe yiziphi ezinye zezinto akade engazenza ukusiza?



Facilitator guidance

Effective ways to deal with the crisis in Scenario 2

- **Stay calm and listen:** The caregiver should stay calm and let Mpumi talk. She could wait for Mpumi to finish before asking questions.
- **Avoid blaming:** The caregiver should remember and let Mpumi know that the rape was not her fault, even if the caregiver may believe that she could have avoided it. Mpumi may also think that she could have avoided it (e.g., if only she had not let him in the house.) They both have to accept what happened.
- The **short-term things** they could do to deal with the crisis include going to the nearest hospital, clinic or Thuthuzela Care Centre. **Do not wait longer than 72 hours.**
 - » At the hospital they can collect blood and semen samples in case Mpumi wants to lay charges against Tshepo. She should not bath or wash her underwear.
 - » Mpumi is at risk of getting HIV and STIs, and becoming pregnant. She can ask for medicine, known as PEP (Post Exposure Prophylaxis), to protect herself from getting HIV. These drugs are free at government clinics and hospitals. She can also receive emergency contraception to prevent pregnancy and get tested and treated for any STIs. **PEP & emergency contraception must be taken within 72 hours of the rape.**
 - » They will need to carefully consider whether they want to lay a charge or not. Whatever they decide to do, Mpumi's caregiver should make it clear that rape is never okay and it is never the fault of the victim.



Scenario 2: UMpumi uyaphoqelelwa ukuya ocansini (indlela enhle yomnakekeli yokubhekana nesimo)

UMpumi uhleli uyakhala. Umnakekeli uyafika ekhaya.

UMNAKEKELI: "Awu bakithi, sthandwa sami, kwenzenjani? Ukhalelani ntombazane yami?" (uyamanga)

MPUMI (ekhala futhi eqhaqhazela): "UTshepo...u...u...u...uziphophelele kimi."

UMNAKEKELI (ethukuthela): "Oh cha, sthandwa sami. Kulungile, ngitshela kwenzakaleni. Woza uzohlala eduze kwami. Akusilo iphutha lakho futhi angeke ngikusole."

MPUMI (ethi ukuthula kancane): "Uzile wazovakasha namhlanje ngesikhathi usembebenzini. U...u...u...uye nami ocansini! Bengingafuni kodwa ungiphushela embhedeni wangiphoqa! Ngicela ungikholwe, ngiyathembisa, bengingafuni...Bengi..."

UMNAKEKELI: Kulungile, Mpumi, thatha isikhathi sakho. Ngilalele. Awukho enkingeni. Lokhu akusilo iphutha lakho."

MPUMI: "Bengicabanga ukuthi ungumngani wami! Weza elethe incwadi yami yesikole akade eyibolekile. Bengingeke ngimvumele angene ukuba bengazi ukuthi kuzokwenzekani. Ngicela ungikholwe. Bengingafuni ukuthi lokhu kwenzeke, ngiyafunga."

UMNAKEKELI (ethulisa uMpumi): "Kulungile, ngiyakukholwa ngane yami. Lena yinto enkulu futhi sizoyithola indlela yokuthola usizo esiludingayo. Angazi ukuthi singaya kuphi ukuyocela usizo. Mhlawumbe esontweni?"

MPUMI: "Noma emtholampilo?"

UMNAKEKELI: "Ngumqondo omuhle lowo. Asiyi emtholampilo. Bazokwazi ukuthi yini abangayenza ukukusiza. Ngabe lokho kuzwakala kahle kuwe?"

MPUMI: "Yebo..kulungile...kodwa uzohamba nami?"

UMNAKEKELI: "Yebo, ngizohamba nawe. Futhi Mpumi, khumbula lokhu akusilo iphutha lakho. Ngiyakuthanda. Sizodlula kulokhu."

Group discussion 5

- Ngabe yini esebenze kahle?
- Ngabe yini obungayenza ngokuhlukile?
- Ake sibuyekeze amaphepha asezinwadini zethu zokusebenzela ahlinzeka ngamasu angeziwe kanye nolwazi lokugcina abantu abasebasha bephephile: Ukuphepha kobudlelwane babantu abasebasha, ukusekelwa kwabadlwenguliwe kanye nalapho kunezinombolo zokuxhumana esimeni esiphuthumayo.



Take home point

Yonke imindeni iyabhekana nezinkinga. Ukuhlala uzilungiselele kungasisiza ukubhekana nalezi zinkinga. Uma sibhekana nenkinga, abadala kumele babe yizindonga zokuvikela abantu babo abasebasha – njengesibaya sokuphepha. Lezi akuzona izihloko okulula ukuxoxa ngazo noma ukubhekana nazo, kodwa imindeni ingavela nesu lokuthi kumele kwenziwenjani.



EXERCISE 3: ADOLESCENT QUESTIONS



(20 minutes)

Rationale

Many myths and misconceptions surround sexuality. Adolescents often have questions that they do not want to ask in front of others. Caregivers in turn might not feel prepared to answer adolescents' questions when they are asked. It is important for caregivers to practice answering real-life adolescent questions with accurate and appropriate information, in order to prepare adolescents to make decisions that keep them safe.



Instructions

1. Refer to '**Special Preparation**' for guidance on this exercise and prepare the four questions on flipchart paper.
2. Introduce the exercise; refer to '**Introduction: Adolescent questions**' text provided as needed.
3. Ask for four volunteers to practice responding to questions; the facilitator will play the adolescent. Set up five chairs in the middle of the room with four chairs facing one centre chair for the adolescent. Tell the caregiver volunteers that their goal is to answer the adolescent's question using good communication skills and accurate information. Tell the observers that their goal is to listen for effective communication skills.
4. Post the flipchart paper with the first question for everyone to see. Read the first question as a group. Have one of the volunteers act out the first role-play by providing a response to the question, while the facilitator pretends to be the adolescent. The facilitator should probe the caregiver if their answer is confusing or incomplete by asking follow up questions (as the adolescent.) The facilitator can also use nonverbal cues (e.g., looking confused, uncomfortable, unsure, nervous) to prompt the caregiver to use good communication skills. Repeat this process for the remaining three questions. Thank the volunteers and offer praise when they are done.
5. Debrief reactions using the '**Group discussion**' questions, first asking 'Questions for volunteer caregivers' and then the 'Questions for observers'. Obtain a response for each discussion question before asking the next one.
6. Correct any incorrect information that was shared using the '**Facilitator guidance: Questions and answers.**' Praise correct information shared. Add any other key points to provide a comprehensive response. Remind participants that not everyone will answer the questions the same way, and that that is okay.
7. Review the '**Take home point.**'

Introduction: Adolescent questions

Sesikhulume kakhulu mayelana nokuxhumana manje sesizosebenzisa la makhono. Sizozijwayeza ukuphendula eminye yemibuzo yangempela evela kubantu abasebasha mayelana nocansi, ukukusiza ukuthi ukhululeke kangcono ukukwenza lokho. Le mibuzo yabuzwa abantu abasebasha emaqenjini adlule. Ngikhethe imibuzo emine evamile abantu abasebasha abangayibuza futhi sizolingisa ukuyiphendula ngokuthi sizijwayeze. Imibuzo yile:



1. Ngabe yibuphi ubungozi bokuya ocansini?
2. Ngabe yisiphi isikhathi esikahle sokuqala ukuya ocansini?
3. Ngenzenjani uma isoka lami lingidlwengula?
4. Kungani kumele ngihlolelwe i-HIV?

Group discussion

Questions for volunteer caregivers:

- Ngabe uzizwe kanjani uma uphendula lo mbuzo?
- Ngabe yini into eyodwa oyenzile oyithandile?
- Ngabe yini obungayenza ngokuhlukile?

Questions for observers:

- Ngabe ucabanga ukuthi le ngxoxo isebenze kahle kanjani?
- Ngabe yini engabe yenziwe ngokuhlukile ukuyenza ukuthi ibe yimpumelelo ngokwengeziwe?
- Ngabe ukhona onemibuzo mayelana nolwazi okuxoxwe ngalo?



Facilitator guidance

Questions and answers¹⁸

What are the risks to having sex?

Some of the health risks include unplanned pregnancy and catching one or more sexually transmitted infections (STIs) such as Herpes, Chlamydia, Genital warts, Gonorrhoea, Syphilis or HIV. Girls who start having sex before age 18 tend to have more health problems, including a higher risk of cervical cancer.

¹⁸ Responses adapted from Sex: Making the right decision (2010, July) Retrieved from <http://familydoctor.org/>; Darden, E and Gumede, M. (2014) Supporting a Rape Survivor and What to do if you have been raped handout-outs, Zazi: Know Your Strength; and Lovelife (2016) Know the facts. Retrieved from <http://www.lovelife.org.za/index.php/love-facts/know-the-facts/>.

Sex also has some emotional risks. If you have sex when you're not ready, or because someone is pressuring you, you may feel bad about yourself or wonder if your partner really cares about you. You may have to deal with consequences you hadn't thought of (such as pregnancy or an STI), which can cause stress.

What is the right time for me to start having sex?

Nobody can answer this question for you, but I am glad that you have come to me for advice. Figuring out whether it is the right time to start having sex can be hard. Your body may give you signals that seem to say you're ready. That's natural. But your body isn't the only thing you should listen to. Your beliefs, values, and emotions also play an important role in when you choose to have sex.

One sure sign that you're not ready is if you feel pressured, or if you feel really nervous and unsure. A little nervousness is normal, but you should pay attention to your feelings. Take a step back. Try to figure out what you really want. And make sure that you are in a healthy relationship where your partner will respect your decisions and take steps to keep you healthy if you do decide to have sex, such as always using a condom.

What do I do if my boyfriend raped me?

[Unfortunately, adolescents are at most risk of sexual and physical violence from people they know, such as dating partners. You may have difficulty in knowing what to say or do to help your loved one. It's okay to not have all the answers; non-judgmental listening and simply being there to support the survivor are very important. For more information, refer to the handout in your workbook: [Supporting survivors of rape](#)]:

This is a terrible experience and I am sorry that it happened to you. I will support you as best as I can.

There are several important steps to take immediately after a rape:

- Even if you do not plan to report the rape to the police, you should collect evidence just in case you later change your mind. Don't wash or get rid of your clothing, or bath. If there is any semen or hair on the clothing or your body, this can be used as evidence to convict your attacker. Keep the clothes wrapped in newspaper, not a plastic bag, which can damage evidence. You should also keep any toilet paper in the same manner as this may have evidence as well.
- Go to a hospital or doctor as soon as possible. If you decide to report what happened to you, the hospital can notify the police.
- You are at risk of getting HIV and STIs, and possibly becoming pregnant. Ask for medicine, known as PEP (Post Exposure Prophylaxis), to protect yourself from HIV. They can also give you emergency contraception, known as the morning after pill, to prevent pregnancy. These medicines must be taken within 72 hours of the rape. You can also be tested and treated for any possible STIs.
- You have the right to report this to the police. Rape is a crime no matter what the circumstances are.

If the rape occurred in the past, and you did not receive medical care immediately, you should still get tested for HIV and other STIs, so that you can begin treatment if needed. It is also not too late to report the crime, although it may be harder to prosecute the rapist.

You likely have a lot of difficult feelings to deal with and it may take time to feel better again. Remember, every person responds differently to a rape and all feelings are normal, whether depression, humiliation, fear, confusion, anger, numbness, guilt, or shame.

It is also important to know that the rape was NOT your fault. You are not in any way responsible for the rape. The only person responsible for the sexual assault is the person who committed the rape.

Why should I get tested for HIV?

Testing is important for everyone whether they are sexually active or not. Let me give you some reasons why:

- Getting tested and receiving a negative result can ease worries, and be a relief.
 - » If you are negative, then you can commit to staying safe.
- If you get tested and find out you have HIV or another STI, you can get proper treatment and medicines that can help keep you healthy.
 - » Most STIs are curable, and all are treatable – including HIV. The earlier you are treated, the more likely it is you will stay healthy.
- Many people with HIV or other STIs don't know they are infected. You can protect yourself and partners if you know your status.
 - » You can tell past partners if they are at risk and should be tested.
 - » You can learn how to protect your partner so he or she doesn't get it.
 - » You won't transmit it to other people without knowing.
- If you are a woman and you are pregnant or might soon become pregnant, you can take steps to protect your baby.
- You can make choices about your future that help you stay well.

Take home point

Kuvamile kubantu abasebasha ukuthi babe nemibuzo mayelana nezocansi, futhi abanakekeli banekhaza elisemqoka okumele balibambe njengabahlinzeka ngolwazi, abaxoxa ngokungamagugu kanye nokuba yisibonelo esihle. Thembeka mayelana nalokho ongakwazi futhi khumbula ukuthi kunezindawo nabantu ongaya kubo uma udinga ulwazi olwengeziwe. Khumbula, ukuphendula imibuzo mayelana nezocansi kuyithuba hhayi kuphela lokuxoxa ngolwazi, kodwa ngokungamagugu futhi. Umndeni ngamunye unokungamagugu okuhlukene, ngakho-ke hhayi ukuthi wonke umuntu uzoba nempendulo efanayo kule mibuzo. Into esemqoka ukuthi ulandele imithetho yokuxhumana okuhle, ungaluleli futhi unikezele ngolwazi oluyilo.



EXERCISE 4: MY STRENGTHS AS A CAREGIVER



(10 minutes)

Rationale

This is an affirmative exercise to end the session on a positive note.



Instructions

1. Introduce the exercise; refer to '**Introduction: My strengths as a caregiver**' text provided as needed.
2. Go around the room and ask each participant to identify at least one strength that they have as a caregiver.
3. Review the '**Take home point.**'



Introduction: My strengths as a caregiver

Ngingathanda ukuqeda ukuhlangana kwanamhlanje ngethuba lomuntu ngamunye kithi ukuthi abheke futhi axoxe ngamandla ethu. Asime isiyingi bese sihamba sizungeza umuntu ngamunye asho okungamandla esinakho njengomzali noma umnakekeli.

Isibonelo, omunye angathi, 'Okuhle ngami njengomnakekeli ukuthi nginokubekezela.'

Ngizoqala. Okuhle ngami njengomnakekeli ukuthi _____.



Take home point

Sonke sinokuba namandla okuhlukene, futhi kumele sikhumbule lokhu kuba namandla uma sibhekana nezimo ezinzima.

REFLECTION AND SHARING

(10 minutes)

Sesisekugcineni kokuhlangana kwanamhlanje okumayelana **nokuqaphela abantu abasebasha kanye nokubhekana nezinkinga**. Leli yithuba lakholokwabelana ngemibono yakho neqembu mayelana nalokhu kuhlangana.

Ngingathanda ukuthi umuntu ngamunye axoxe ngokukodwa okusemqoka akufundile namuhlanokuthi ungakusebenzisa kanjani empilweni yakhe yansukuzonke.



PRACTICE AT HOME

(5 minutes)

Ukuzijwayeza ekhaya sicela **nibuyele emaphepheni okuhlangana kwanamhlanje ninomuntu wakho osemusha kanye namanye amalungu omndeni**. Xoxaningohlelolomndeni lokuqinisekisa ukuphepha kobudlelwane bomuntu osemusha kanye nokubhekana nesimo esiphuthumayo. Futhi sifuna ukunikhuthaza ukuthi nixoxe ngase nomuntu wakho osemusha okungenani ngempendulo yenu yombuzo owodwa wempilo yezocansi esixoxe ngayo namhlanje.

Khumbulani futhi ukuthi ekuhlanganeni okulandelayo nilethe Imibuzo Eyizitatimende Zokuyinkoleloze Nokungamaqiniso oyigcwalise nomuntu wakho osemusha. Siyobe sesibika ngenkinga esiyikhethile kanye nezinyathelo esizikhethile ukuthi sizithathe ekuhlanga neni okulandelayo.



CLOSING THE SESSION

Siyovala ukuhlangana ngokudonsa ilothoni. Sicela ufake isigqebhezana segama lakho kule nkomishi. Si yobe sesidonsa igama lowo muntu uyowina lesi siphon selothoni.

Ngiyabonga ngokuthi uhambele lokhu khulungana. Ngiyojabula ukukhuluma nomuntu ngamunye ma yelana nalokho enihlangabezane nakho kulokhu kuhlangana futhi uma singakwazi ukuthi senze kang cono okuthile esikhathini esizayo. Sengibheke esikhathini esilandelayo, okuyobe kuwukuhlangana okuhlangene nabantu benu abasebasha lapho esiyobe sixoxa khona ngemibuzo eyizitatimende zokuyinkoleloze nokungamaqiniso kanye nokuhlelela ikusasa labantu benu abasebasha. Kusemqoka kakhulu ukuthi nina nabantu benu abasebasha nikuhambele lokhu kuhlangana ngoba ukuhlangana okuhlangene kusebenza kuphela uma nobabili nizile.

Ngiyokubona esikhathini esizayo nge _____ (isikhathi nendawo) mhla zi- _____ (ilanga nosuku).



SESSION 12 APPENDIX

Scenarios for Exercise 1



Isigcawu soku-1

UMpho uneminyaka eyi-14. Selokhu ahlala nogogo wakhe kusukela eneminyaka emihlanu. Ugogo kaMpho usemtshele izikhathi eziningi ukuthi angahambi aye esitolo ebusuku. Namhlanje ebusuku, uma ugogo kaMpho ebuya emsebenzini, uMpho wayengekho ekhaya engaziwa ukuthi ukuphi. UMpho wabuya ekhaya emva kwengxenywe yehora nesiphuzo esibandayo esivela esitolo. Ugogo wakhe wayethukuthele kakhulu wathi....

For each scenario, answer these questions:

- Yisiphi isimo esiyingozi esibhekana nomuntu osemusha ngamunye?
- Abanakekeli bangawasebenzisa kanjani amasu okuba umzali esixoxe ngawo ukusiza ukugcina abantu abasebasha bephephile kulezi zimo? Cabanga ngama masu alandelayo uma ulungisa impendulo yakho:
 - » Khuluma nomuntu wakho osemusha
 - » Nciphisa isikhathi sokungagadwa
 - » Yenza usebenzise imithetho mayelana nesikhathi sokungagadwa komuntu wakho osemusha
 - » Bonana nabangani bomuntu wakho osemusha ubavumele beze ekhaya lakho
 - » Yenza umuzwa wokwethembana nomuntu wakho osemusha
 - » Noma yimaphi amanye amaso okuqaphela noma okuba umzali ongase uwahlongoze

Isigcawu sesi-2

UKhwezi uneminyaka eyi-17. Uzimele nabangani bakhe eduze kwaseshibhini ngesikhathi imoto ima eduze kwabo. Indoda endala esemotweni ithi "Heyi wena ntombazane enhle, sekuyisikhathi esidanyana ngilokhu ngikubuka. Ungubani igama lakho?" UKhwezi uyazi ukuthi ukungahloniphi ukungampenduli umuntu omdala, ngakho uyamtshela igama lakhe. Uyamcela ukuthi eze azothatha iziphuzo nama-chips anaye. "Woza, ngena, uzobuya kungekudala nje." Omunye wabangani bakaKhwezi wamkhuthaza wathi "Unenhlanhla mngani wami, ngifisa sengathi ngingaba no-sugar-daddy nami, bayanakekelana, ngiyakutshela!" Omunye umngani wakhe wamdonsa ngengalo wathi, "Khwezi, unгахambi. Kuyingozi ukuhamba nabantu ongabazi."



For each scenario, answer these questions:

- Yisiphi isimo esiyingozi esibhekana nomuntu osemusha ngamunye?
- Abanakekeli bangawasebenzisa kanjani amasu okuba umzali esixoxe ngawo ukusiza ukugcina abantu abasebasha bephephile kulezi zimo? Cabanga ngama masu alandelayo uma ulungisa impendulo yakho:
 - » Khuluma nomuntu wakho osemusha
 - » Nciphisa isikhathi sokungagadwa
 - » Yenza usebenzise imithetho mayelana nesikhathi sokungagadwa komuntu wakho osemusha
 - » Bonana nabangani bomuntu wakho osemusha ubavumele beze ekhaya lakho.
 - » Yenza umuzwa wokwethembana nomuntu wakho osemusha
 - » Noma yimaphi amanye amaso okuqaphela noma okuba umzali ongase uwahlongoze



Isigcawu sesi-3

USabelo uneminyaka eyi-16. Uya ekhaya uphuma esikoleni ngesikhathi umfana omdala kunaye ehambisana naye. Lo mfana omdala uyamncoma ngendlela adlala ngayo ibhola lezinyawo. USabelo uyamamatheka uthi, "Ngiyabonga, ngiziqeqesha kanzima. Ngelinye ilanga ngifuna ukuba umdlali okhokhelwayo." Umfana omdlala uyamgaxa ehloambe bese ethi "Ngiqinisekile ukuthi uyophumelela ngelinye ilanga, kodwa kusekude lapho uya khona. Uthini ngokwenza imali manje? Into okuyiyona kuphela okudingeka uyenze ukubheka nokushaya ikhwela..." USabelo uyazi ukuthi lo mfana omdala umcela ukuthi abe umuntu ozombhekela noma ukugada ekudayiseni izidakamizwa manje uyesaba.

For each scenario, answer these questions:

- Yisiphi isimo esiyingozi esibhekana nomuntu osemusha ngamunye?
- Abanakekeli bangawasebenzisa kanjani amasu okuba umzali esixoxe ngawo ukusiza ukugcina abantu abasebasha bephephile kulezi zimo? Cabanga ngama masu alandelayo uma ulungisa impendulo yakho:
 - » Khuluma nomuntu wakho osemusha
 - » Nciphisa isikhathi sokungagadwa
 - » Yenza usebenzise imithetho mayelana nesikhathi sokungagadwa komuntu wakho osemusha
 - » Bonana nabangani bomuntu wakho osemusha ubavumele beze ekhaya lakho.
 - » Yenza umuzwa wokwethembana nomuntu wakho osemusha
 - » Noma yimaphi amanye amaso okuqaphela noma okuba umzali ongase uwahlongoze

SESSION 13

Future planning (Joint session)

TIME

120 minutes

RATIONALE

This session reinforces prior safer sex messages and continues to promote caregiver-adolescent communication on sexual health. Building on the knowledge quiz, much of this session is built around a single case study (Dudzile's story). This story provides an opportunity for caregivers and adolescents to discuss why youth might take risks and what the consequences of those risks can be. The case study provides an opportunity for critical thinking about how pregnancy will change their lives, while also applying the problem solving skills they have built during previous sessions to help them deal effectively with Dudzile's "crisis." It also explicitly incorporates a future planning lens by highlighting how decision making about risk behaviour affects one's ability to reach life goals.

GOALS

- To reinforce key knowledge on prevention and transmission of HIV and STIs, pregnancy prevention, and risk behaviour
- To reinforce the risks of early pregnancy and sensitise participants to these risks, including health problems and limited educational and employment opportunities
- To help participants consider how decisions to engage in risky behaviour can affect their ability to achieve long-term goals and future opportunities





SESSION OVERVIEW

Opening ritual: Adolescent ritual

Feedback from previous session (15 minutes)

Exercise 1: Knowledge game: Myths and facts quiz (30 minutes)

Exercise 2: Duduzile's story (40 minutes)

Exercise 3: Future goals and obstacles (20 minutes)

Reflection and sharing (10 minutes)

Goal setting and practice at home (5 minutes)

Closing the session

MATERIALS NEEDED

- Name tags for participants
- Flipchart or a black/white board and marking pens
- 4 bells (or other noise makers)
- A bag or tin of small treats (such as biscuits, sweets, chocolates etc.)
- Lottery prize

WORKBOOK HAND-OUTS REVIEWED

- Fact sheet: Reproduction & pregnancy
- Fact sheet: Negative consequences of teen pregnancy
- Fact sheet: Safe methods to prevent pregnancy



SPECIAL PREPARATION

- For Feedback from previous session, have a list of places where free condoms are available in the community to add to the feedback discussion as needed.
- For Exercise 1, review the answers and additional notes provided to the Myths and Facts Quiz so you can easily identify correct and complete responses from participants, and convey any additional important information.

OPENING RITUAL

Invite adolescents to lead the opening ritual. Let them know that the next session will open with the caregiver opening ritual.

FEEDBACK FROM PREVIOUS SESSION [IN SEPARATE GROUPS]

(15 minutes)



Instructions

1. Split adolescents and caregivers into separate groups. Adolescents will provide feedback only among adolescents and caregivers among caregivers. The facilitator should lead one group and the co-facilitator should lead the other group.
2. In each group, ask someone to summarize the home assignment. Refer to the '**Home practice assignment summary**' text if clarification is needed.
3. Encourage feedback from participants on their completion of the home practice. Ask them about their emotions, thoughts and behaviours related to the home practice.
4. Spend some time on areas where there were challenges and use group problem solving to get ideas on how the situation can be dealt with. Use one of the challenges as a role-play. The co-facilitators can model it.
5. Praise participants for their efforts to problem solve.



Home practice assignment summary

[Caregivers] Umsebenzi wenu kwakuwuku:

- *Khuluma mayelana namaphepha eniwathole ngesikhathi sokuhlangana nomuntu wakho osemusha kanye namanye amalunga omndeni, ukuxoxisana ngohlelo lomndeni wakho lokuqinisekisa ukuphepha kobudlelwane bomuntu osemusha kanye nokubhekana nesimo esiphuthumayo.*
- *Xoxisana ngowodwa wemibuzo yempilo yezocansi esiyibuyekeze ngasese ekuhlanganeni okwedlule nomuntu wakho osemusha.*
- *Sebenza ndawonye nomuntu wakho osemusha ukuphendula Imibuzo eyizitatimende Zokuyinkoleloze Namaqiniso.*





[Adolescents] Umgomo yakho kwakunguku:

- Thola ukuthi umuntu angawatholaphi amakhondomu emphakathini wakho.
- Thola umuntu omdala othembekile empilweni yakho ongakhuluma naye ngezindaba zempilo yezocansi.
- Sebenza nomnakekeli wakho ukuphendula Imibuzo eyizitatimede ngokuyinkoleloze namaqiniso

[See 'Special preparation,' facilitators should have a prepared list of places where adolescents can obtain free condoms, and should be sure to mention any locations that the adolescents did not].

Facilitator guidance

Identifying a trusted adult

If a group member has difficulty identifying a trusted adult, ask more questions. Some suggested questions:

- What adult in your life do you look up to, and why?
- What adult in your life is easy to talk to and you don't have to worry about them gossiping about your business?
- What adult in your life is always on your side?
- What adult is always interested in you doing well in life?

Be sure to follow-up in private with any group member who still couldn't identify someone after prompting. If this goes unresolved, follow-up with someone from your organisation that can provide support, such as a social worker. You can also provide them with information on the LoveLife youth line: Call 0800 121 900 or send a 'please call me' to 083 323 1023 and a counsellor will call you back.

EXERCISE 1: KNOWLEDGE GAME: MYTHS AND FACTS QUIZ

(30 minutes)



Rationale

The exercise reinforces key messages in a fun way, and helps the facilitator to assess any areas where misinformation may be prevalent. Building HIV, STI, and pregnancy prevention knowledge among participants ultimately improves their capacity to minimise risky behaviour, seek prevention or treatment services as needed, and to stay healthy.

Instructions

1. Separate the participants into 4 groups, keeping adolescent caregiver pairs/family groups together. Provide each group with a bell (or other noise maker.)
2. Instruct participants that you will read out the statement and the group that rings the bell first will have a chance to respond. Explain that they should say whether the statement is a myth or a fact and then explain their answer—the reason why it is a myth or fact. If they do not do so thoroughly another group (the second one to ring the bell) will get an opportunity to answer. Statements and answers can be found in **'Facilitator guidance: Answer key to the myths and facts quiz.'**
3. Indicate that groups that give the best correct answer will receive a small reward (biscuit, sweet or some other small treat.)
4. Provide a reward to each participant in the winning group every time an answer is correct. If the first group's answer is incomplete, allow another group to respond and who ever gives the answer that most closely matches the 'Answer key' gets the reward. Encourage thorough responses and add to their responses where needed. Several questions include an 'Additional note' within the **'Facilitator guidance: Answer key to the myths and facts quiz'** to promote comprehensive understanding (questions: 5, 6, 8, 10-16, 19, 21, 23-25), provide this extra information where needed.
5. After the exercise, praise participants for their efforts and how much they know. Provide any participants with a reward who did not receive one.
6. Review the **'Take home point.'**



Facilitator guidance

Answer key to the Myths and facts quiz

Remember to probe participants to give explanations for their responses and to highlight the 'additional note' information to participants as applicable.

1	Abantu bathola i-HIV noma i-AIDS ngenxa yokuthakathwa noma ezinye izindlela ezingakhokakali.	<p>Inkoleloze: I-HIV ithetheleka isuka komunye umuntu iye komunye ngegazi, isidoda, amanzi egolo kanye nobisi lwebele. Abukho ukuthakathi obuthintekayo.</p> <p>Okusho ukuthi abantu abaya ocansini bangathelelana ngegciwane. Ukwengeza lapho, owesifazane okhulelwe angalidlulisela igciwane enganeni yakhe ngesikhathi ekhulelwe futhi uma esebeletha; futhi umama one-HIV angayithelela ingane yakhe ngegciwane ngobisi lwakhe lwebele, ngaphandle uma ephuza imithi evimbela ukutheleleka. Ngenxa yokuthi i-HIV ingatheleleka ngegazi, abantu abazijova ngezidakamizwa abasebenzisa inalithi eyodwa bangatheleleka uma oyedwa wabasebenzisa inalithi ene-HIV.</p>
2	Abantu banganciphisa amathuba abo okuthola i-HIV/AIDS ngokusebenzisa ikhondomu ngaso sonke isikhathi uma beya ocansini.	<p>Iqiniso: Abantu abathanda ukuya ocansini kudingeka basebenzise ikhondomu 'ngokuyikho' njalo uma beya ocansini ngoba abalingani babo bangatheleleka.</p>
3	Umuntu angathola i-HIV/AIDS ngokulunywa umiyane.	<p>Inkoleloze: Ayikho ingozi yokuthola i-HIV ngokulunywa yinoma yisiphi isinambuzane. Uma isinambuzane sikuluma, asifaki igazi laso, noma igazi lomuntu/isilwane esilunywe ngaphambilini kumuntu olandelayo esimlumayo. Futhi i-HIV ayikwazi ukuphila ngaphakathi esinambuzaneni, akufani nezifo ezifana noqhusho. Izinambuzane azikwazi ukuthola i-HIV, okusho ukuthi azikwazi ukuyidlulisela kwabanye.</p>
4	Umuntu obukeka ephile kahle angaba ne-HIV.	<p>Iqiniso: Angeke wakwazi ukusho ngokumbuka nje umuntu ukuthi une-HIV. Omunye umuntu angatheleleka kodwa abukeke ephile kahle kakhulu. Okuyiyona ndlela kuphela yokwazi ukuthi ngabe abantu bane-HIV yini noma cha ukuthi bayohlolwa.</p>
5	Ukuya ocansini nentombi nto kungayelapha i-AIDS.	<p>Inkoleloze: Okwamanje alikho ikhambi lokwelapha i-HIV noma ingculazi, kodwa kunemishanguzo ekhona ukugcina i-HIV ilawulekile futhi isize abantu abanegciwane ukuthi baphile isikhathi eside futhi baphile kahle kakhulu.</p> <p>Le mithi ibizwa ama-ARVs noma imishanguzo futhi kumele iphuzwe zonke izinsuku kuze kube umuntu uyahamba emhlabeni.</p>
6	Abantu bangathola i-HIV ngokudla nokulala ndawonye nomuntu onegciwane le-HIV.	<p>Inkoleloze: Abukho nakancane ubungozi ekubambeni iqhaza kunoma yini ebandakanya ukuthintana kwansuku zonke. Abukho ubungozi ekudleni ndawonye, ekulaleni ndawonye, ekusebenziseni izinto ezizodwa, ngisho ngabe ezomuntu onegciwane le-HIV.</p> <p>Uma umsebenzi ungabandakanyi ukunikezelana ngegazi, isidoda, amanzi egolo noma ubisi lwebele abukho ubungozi bokutheleleka nge-HIV. I-HIV ayiphili ngaphezu kwesikhumba futhi angeke idlule esikhunjeni esingalimele noma ezintweni.</p>

7	<p>Ukuba nesifo esithathelana ngokocansi (i-STI), efana ne-chlamydia, isipatsholo noma uhlobo lwesifo sesikhumba, kwandisa amathuba okuthola i-HIV.</p>	<p>Iqiniso: Uma umuntu ene-STI eyodwa, unamathuba amaningi okuthola i-HIV. Lokhu kungenxa yokuthi ezinye izimpawu zama-STI, ezifana nezinkinga zesikhumba, ukusikeka noma izilonda, zenza ukuthi kube lula ukuthi umuntu athole i-HIV. Ama-STI angaphinde akhombwe ukuthi umuntu akayi ocansini oluphephile. Ukwengeza lapho, uma umuntu one-HIV enenye i-STI, maningi amathuba okuthi adlulisele i-HIV kumlingani wakho ngokuthintana ngokocansi.</p>
8	<p>Abantu banganciphisa amathuba abo okuthola i-HIV ngokuba nomlingani oyedwa ongenayo futhi ongenabo abanye abalingani.</p>	<p>Iqiniso: Kuhle kakhulu ukuba nobudlelwane obuthembekile nomuntu oyedwa (okuphinde kubizwe ngobudlelwane nomuntu oyedwa) omaziyo ukuthi akanayo i-STI/i-HIV.</p> <p>Kodwa khumbula, ukusebenzisa amakhondomu <i>kuhlala njalo</i> kungumqondo omuhle, ngoba abantu bangaba ne-HIV bebe bengakazi.</p>
9	<p>Uma egezwe kahle amakhondomu angasetshenziswa ngaphezu kokukodwa.</p>	<p>Inkoleloze: Kudingeka usebenzise ikhondomu entsha njalo uma uya ocansini (ngisho ngabe izenzo zocansi ezehlukene ezimbili zenzeka esikhathini esifushane kakhulu), ohlotsheni ngalunye lokuya ocansini onalo.</p>
10	<p>UVaseline noma uwoyela wezingane ungasetshenziswa ukuthambisa nokushelelelisa amakhondomu.</p>	<p>Inkoleloze: Akumele ugcoke noma yini yokumanzisa enowoyela efana novaselina noma uwoyela wezingane ngoba lokhu kungabangela ukuthi amakhondomu adabuke.</p> <p>Amakhondomu amaningi avele amanzi. Uma usebenzisa engemanzi, kumele uyigcobise ngokungamanzi okufana ne-KY Jelly ngaphandle kwekhondomu. Ngaphandle kokusamanzi ikhondomu ingadabuka. Ukubamanzi kungandisa injabulo.</p>
11	<p>Ikhondomu yabesifazane neyabesilisa akumele asetshenziswe ndawonye (ngesikhathi esisodwa).</p>	<p>Iqiniso: Ukuwasebenzisa ndawonye akuhlinzeki ngokuvikeleka okwengeziwe futhi kungawenza angasebenzi kahle ngoba ukuhhludlala kwamakhondomu amabili kungaholela ekutheni ashelele noma adabuke.</p> <p>Amakhondomu abesilisa angasetshenziswa nezinye izindlela zokuhlela umndeni ukuhlinzeka ngokuvikeleka okwengeziwe ekuvimbeleni ukukhulelwa okungahleliwe.</p>
12	<p>Amakhondomu avimbela zonke izifo ezithathelana ngokocansi ezingenzeka (ama-STI).</p>	<p>Inkoleloze: Ngisho amakhondomu angeke akuvikela ngokugcwele <u>kuwo wonke</u> ama-STI. Amakhondomu asebenza njengendlela yokuvimbela amanye ama-STI, afana ne-Chlamydia negonoriya atheleleka ngoketshezi lomzimba ngesikhathi kuyiwa ocansini. Kungase kwenzeka angakwazi ukuvimbela izimo ezifana nezilonda nezinsumpa zasezithweni zangasese, ezingatheleleka ngokuthintana kwesikhumba sesitho sangasese.</p> <p>Ngaphandle kokuthi kungabibikho ukuthintana ngokocansi, ikhondomu yindlela enhle kakhulu yokuvimbela i-HIV. Ingaphinde ivimbele ukukhulelwa.</p>
13	<p>Ezinye zezifo ezithathelana ngokocansi (ama-STI) azinazo izimpawu noma izixwayiso.</p>	<p>Iqiniso: Akusibo bonke abantu abane-STI abanezimpawu, kodwa ukugula kungabangela ukulimala okukhulu emzimbeni uma kuyekwa kungalashwa. Futhi kungadluliselwa komunye umuntu.</p> <p>Uma ucabanga ukuthi uke waba sengozi yokuthola i-STI noma ubone ezinye zezimpawu ze-STI kuwe noma kumlingani wakho, kumele ukhulume nodokotela. Ama-STI amaningi angelapheka kalula. Kodwa uma eyekwa engelashwa, angabangela izinkinga ezinkulu ezingathatha isikhathi eside.</p>

14	Uma umuntu ehlolewa etholakala engenayo i-HIV nomlingani wakhe naye uzobe engenayo.	<p>Inkoleloze: Imiphumela yakho yokuhlololwa i-HIV iveza kuphela isimo <u>sakho</u> se-HIV. I-HIV kungenzeka ingatheleleki ngaso sonke isikhathi uma niya ocansini. Ngakho-ke, ukuhlololwa i-HIV akusiyo indlela yokuthola ukuthi umlingani wakho unegciwane.</p> <p>Ngaphandle uma unesiqiniseko sokuthi umlingani wakho akanayo i-HIV (isib. nihlolwe ndawonye), kumele umthathe ngokuthi unegciwane futhi usebenzise ikhondomu njalo. Futhi khumbula ukuthi uma uhlolwe masinyane kakhulu (esikhathini esiyinyanga eyodwa emva kokuthola igciwane), kungenzeka uthole umphumela othi awunalo igciwane ngisho ngabe unayo i-HIV.</p>
15	Ukuhlololwa i-HIV okwabantu abagulayo kuphela noma abaye ocansini olungavikelekile.	<p>Inkoleloze: Umuntu angabukeka ephila kahle kodwa kube une-HIV. Ungayithola i-HIV ngisho ungakaze uye ocansini. Abanye abantu abasebasha bangaba nomama one-HIV oyidlulisela kubo ngesikhathi ebakhulelwe. Abanye abantu abasebasha kungenzeka kube bathole igciwane ngokuthintana kwamagazi njengokusebenzisa inalithi eyodwa neyomuntu one-HIV.</p> <p>Kusemqoka futhi ukwazi ngesimo sakho ngaphambi kokuba uye ocansini okokuqala ukuze ukwazi ukuzivikela wena kanye nomlingani wakho esikhathini esizayo. Kungumqondo omuhle ukuvama ukuyohlolwa, ikakhulakazi uma ukade ungakusebenzisi okokuzivikela ngaso sonke isikhathi, uqala ubudlelwane obusha noma uma ikhondomu yenu idabukile.</p>
16	Uma umuntu ehlolewa etholakala engenayo i-HIV akanaso isidingo sokukhathazeka ngokuthola i-HIV.	<p>Inkoleloze: Imiphumela yokuhlololwa ethi awunalo igciwane ayimvimbeli umuntu ukuthi athole i-HIV. Noma nini uma umuntu eya ocansini olungavikelekile noma kuthintana igazi, usengozini yokuthola igciwane.</p> <p>Ukuba nomlingani oyedwa kuphephile kunokuba nabalingani bezocansi abaningi. Kodwa-ke, ngisho ngabe umuntu unobudlelwane lapho bobabili abalingani bethembekile, kumele bayohlolwa nabalingani babo ukuqiniseka ukuthi bobabili abanayo i-HIV.</p>
17	Kungcono ukubalekela ukuya ocansini uma ukade uphuza noma usebenzise izidakamizwa	<p>Iqiniso: Kungcono ukuthi kube awudakiwe uma nixoxisana noma nihlela ukuya ocansini. Uma ningadakiwe, maningi amathuba okuthi nisebenzise ikhondomu, nixoxisane nomlingani wakho ngokusebenzisa ikhondomu, noma uthi cha ocansini uma ungafuni; utshwala nezidakamizwa zenza ukuthi kube nzima kumuntu ukwazi ukuthi yini akayifunayo futhi kungandisa amathuba okuziphatha ngokunobungozi (isibonelo, ukuya ocansini ngaphandle kwekhondomu, okungabangela ukuthola i-HIV.)</p>
18	Umuntu angathola i-HIV, izifo ezithathelana ngocansi noma akhulelwe okokuqala lapho enza ucansi.	<p>Iqiniso: Kungenzeka ukuthi uthole i-HIV noma i-STI ngisho ngabe uye kanye ocansini nomuntu onayo. Futhi kungenzeka ukuthi ukhulelwe ngisho ngabe uya ocansini okokuqala.</p>
19	Uma indoda ingachameli 'ichithe' ngaphakathi kowesifazane (okuphinde kubizwe ukuphuma noma ukukhipha) owesifazane uphephile kwi-HIV, ama-STI nokukhulelwa	<p>Inkoleloze: Ubungozi bokuqala ngokukhipha ukuthi indoda angeke yakhipha umthondo wayo kusenesikhathi futhi esinye isidoda singangena egolweni. Ubungozi besibili ukuthi amadoda akhipha isidoda esincane njalo uma beqhubeka nokuya ocansini, hhayi kuphela uma esechama. Ngakho-ke kungenzeka ukuthi uthole i-HIV, ama-STI, noma ukhulelwe ngisho ngabe indoda ayichami ngaphakathi kowesifazane.</p> <p>Bakhumbuze ngamakhondomu nangezinye izindlela zokuhlela umndeni ukuvimbela ukukhulelwa.</p>
20	Ungakuvimbela ukukhulelwa ngokuya ocansini ngezimo ezithile, njengokuma nje.	<p>Inkoleloze: Abanye abantu bakholwa ukuthi ukuya ocansini ngezimo ezithile, okufana nokuma, kuyophoqa isidoda ukuthi siphume egolweni lowesifazane. Eqinisweni, isimo ngesikhathi sokuya ocansini asisho lutho ngokuthi ngabe iqanda liyahlangana yini nesidoda noma cha. Uma indoda ichama, isidoda singena sijule egolweni. Ngokwemvelo, isidoda siyoqala sikhuphuke siye esibeletweni ngokushesha nje emva kokuchama.</p>

21	Iyodwa kuphela indlela yokuhlela umndeni ekuvikela ezingozini zokuthola i-HIV nokukhulelwa.	<p>Iqiniso: Amakhondomu—womabili abesilisa nawabesifazane – ayizinto zokuhlela imindeni futhi abuye avimbele i-HIV nokukhulelwa. Ngamanye amagama, amakhondomu ahlinzeka ngokuvikeleka okubili ngoba avikela ukukhulelwa okungahleliwe kanye ne-HIV.</p> <p>Amakhondomu avikela ama-STI amaningi kodwa hhayi onke ama-STI (njengoba kuchaziwe ngaphambili embuzweni we-12.)</p>
22	Ukugeza umthondo noma igolo emva kokuya ocansini kwehlisa amathuba okuthola i-HIV namanye ama-STI futhi ivimbela ukukhulelwa.	<p>Inkoleloze: Ukuhlanzeka kwezitho zangasese kusemqoka futhi yinto enhle ukuyenza. Ukugeza izitho zangasese akuvimbela i-HIV, amanye ama- STI, noma ukukhulelwa.</p>
23	Kunendlela ephephile yokuvimbela ukukhulelwa emva kokuya ocansini olungavikelekile.	<p>Iqiniso: Kunendlela yokuvimbela ukukhulelwa yesimo esiphuthumayo, iphilisi elivame kakhulu libizwa nge-morning after pill, elingasetshenziswa emva kokuya ocansini olungavikelekile ukuvimbela ukukhulelwa. Iphilisi lesimo esiphuthumayo kumele liphuzwe esikhathini esiyizinsuku ezintathu emva kokuya ocansini olungavikelekile. Uma liphuzwa masinyane, lisebenza kangcono. Lisebenza kangcono kakhulu uma liphuzwa esikhathi esingamahora ayi-12 okuqala emva kokuya ocansini.</p> <p>Ukuvimbela ukukhulelwa esikhathini esiphuthumayo kungaba uqondo omuhle kakhulu uma kuhluleka izindlela ezivamile (ikhondomu iyadabuka noma iyashelela, noma ukhohlwe ukuphuza amaphilisi), abalingani baye ocansini olungavikelekile, noma owesifazane udlwenguliwe. Kodwa-ke, ukuvimbela ukukhulelwa esikhathini esiphuthumayo akumele kusetshenziswe njengendlela evamile yokuvimbela ukukhulelwa.</p>
24	Abesifazane bangathola umjovo noma baphuze iphilisi nsukuzonke ukuvimbela ukukhulelwa, futhi lokhu kutholakala mahhala emitholampilo kahulumeni.	<p>Iqiniso: Iphilisi nomjovo kusebenza ngokuvimba ukuphuma kweqanda nyanga zonke. Uma lingekho iqanda ukukhulelwa angeke kwenzeke. .</p> <p>Indlela ngayinye isebenza yodwa (awuzidingi zombili.) kodwa-ke, abesifazane kumele bakhumbule ukujova kusenesikhathi noma baphuze iphilisi nsukuzonke ukuze likwazi ukusebenza futhi ayikho indlela kulezi eletha ukuvikeleka ekukhulelweni ngaso lesi sikhathi uma uqala ukuyisebenzisa. Lezi zindlela azivimbela i-HIV noma ama- STI; sebenzisa ikhondomu ukuze ukwazi ukuvikeleka kabili.</p>
25	Uma owesifazane engaphansi kwe-18, ukukhulelwa kungaba yingozi kubo bobabili umama nengane.	<p>Iqiniso: Uma owesifazane esemncane, ikakhulukazi uma esesemusha, ukukhulelwa kungaba yingozi kubo bobabili umama nengane. Izinkinga zokuzalwa kwengane nokukhishwa kwesisu okungaphephile kungezinye zezimbangela zokushona kwabesifazane abaneminyaka yobudala engaphansi kwama-20. Izingane ezizalwa omama abasebancane zisengozini enkulu yokuvama ukugula kanye/noma ukushona.</p> <p>Sizokhuluma kabanzi ngokukhulelwa namhlanje.</p>

Take home point

Okungesiwo amaqiniso mayelana ne-HIV, STI, nokukhulelwa kuvamile. Ukufunda ukuhlukanisa inkoleloze namaqiniso kungakusiza wena nabanye ukuthi nithathe izinqumo ezinhle kanye nokuxoxa ngemininingwane eyiyo.



EXERCISE 2: DUDUZILE'S STORY



(40 minutes)

Rationale

Early pregnancy places major limits on adolescents' futures: preventing educational progress, incurring major time and financial costs, and introducing serious long-term responsibilities when one's own emotional maturation is still underway. Teen pregnancy also poses significant health risks to the mother and baby including: increased risks of a mother dying during pregnancy or childbirth, increased risk of complications during delivery, babies born too early and too small (low birth weight), and increased risk of a baby dying within one year after birth. Evidence suggests that changing attitudes and norms related to teenage pregnancy and parenting has some potential to mitigate related behaviour, as does helping them to envision and plan for a positive future.

This exercise offers participants a chance to look at unplanned pregnancy in-depth: how pregnancy occurs and how to respond to an unplanned pregnancy. It also prompts group members to examine and reconsider their own attitudes about pregnancy by discussing the changes that pregnancy and parenthood bring and how this might interfere with their goals. They are also assisted in one problem-solving step: identifying advantages and disadvantages of having a baby or an additional baby if they already have children. Analysing the advantages and disadvantages of teenage pregnancy can expose some of these issues and move toward establishing new lower-risk peer norms.

Facilitator background

Sensitivity to teen parents

Be sensitive and non-judgemental to adolescent parents in the group.

While we are interested in reducing adolescent pregnancies in this group, some of the youth are already likely to be parents and some of the caregivers may have had a teen pregnancy. The aim of this session is not to make group members feel guilty or discriminate against them for having children early. Empowering youth, and supporting women's reproductive decisions, means pregnant or parenting teens should be supported, not stigmatized. Having a group of both teen parents and non-parents provides the opportunity for the parents to give advice about having a child based on their real-life experiences.

Facilitator background

Pregnancy prevention and options¹⁹

Research has identified reasons for adolescent pregnancy in South Africa

- Some youth become pregnant because they want to prove their maturity or identity as women.
- Many youth get pregnant the first time because they do not understand the risks involved in having sex, or did not understand how pregnancy happens.
- The child-support grant does not encourage girls to become pregnant.
- Yet, a lack of employment and job opportunities may increase teenage pregnancy.

Preventing pregnancy:

- Effective ways to prevent pregnancy include abstaining from sex, using condoms, and/or other forms of contraception.
- Contraception is the use of different devices, medicines, or surgical procedures to prevent pregnancy. There are many different contraceptive methods that are freely available at clinics around the country. Some methods are more effective than others; details can be found in the [Safe ways to prevent pregnancy](#) introduced in session 11.
- Consistent and correct use of condoms is the **only** form of contraception that also protects against HIV and other STIs. There are other methods that can be used at the same time as condoms to prevent pregnancy thus providing double protection. These include the pill, implants, and IUDs.
- Adolescents also need to be able to imagine a positive future for themselves: one in which education, employment, and healthy relationships are possible.

Options if pregnant:

- If someone becomes pregnant, they have three options to think about: abortion, adoption, and parenting.
- Every person's situation is different, and only they can decide what is best for them. Making a list of advantages and disadvantages of each option, thinking about their future plans, and discussing it with someone they trust can help a person to decide.
- If one chooses adoption or to become a parent, they should begin prenatal care as soon as possible.
- If someone is considering abortion, they should know that abortion is very safe at certified clinics, but the risks increase the longer a pregnancy goes on. Further, abortions are free and safe at clinics and hospital but alternative options, such as via traditional healers or buying muti from a neighbour, can pose large risks.

¹⁹ Content from FHI 360 (2013) *Positive Connections: Leading Information and Support Groups for Adolescents Living with HIV* Manual; Mchunu, G. Peltzer, K. Tutshana, B. & Seutlwadi, L. (2012) Adolescent pregnancy and associated factors in South African youth. *African Health Sciences*, 12(4):426-434.



Instructions (Part 1)

1. Review '**Facilitator background: Sensitivity to teen parents**' and '**Facilitator background: Pregnancy prevention and options**' before beginning the exercise.
2. Read '**uDudu's story**' to the group. Using the '**Group discussion 1**' questions, ask the group to consider if the '*Test was negative.*' Encourage them to reflect on what DuDu and Mandla can do to prevent this situation in the future and allow for discussion. Refer to '**Facilitator guidance: Preventing unintended pregnancy and other risks**' as needed to aid the discussion and reinforce key messages.
3. Refer to the '*Test was positive*' questions in the '**Group discussion 2,**' and explain the three options briefly (have the baby, adoption, abortion); stress this is a personal decision and do not allow the discussion to focus on pros and cons of these options. Instead, ask the group to consider how both Mandla and DuDu's life will change if she has the baby. Encourage them to also consider Mandla's responsibilities. Allow for discussion.



uDudu's story²⁰

Kuphakathi nemini yasekuseni ngoMgqibelo kanti lesi yisikhathi lapho khona uDuduzile kufanele ngabe umatasatasa khona ngemisebenzi yasendlini, kodwa okunalokho uzihlalele yedwa egumbini lakhe. UDuduzile uguqile egumbini lakhe, uyathandaza. Le ndlela yakhe yokuthandaza yenza ukuthi asondelane kakhulu noNkulunkulu. Uyazi ukuthi unezindaba zakhe ezibalulekile okumele azikhulume noNkulunkulu.

UDuduzile usanda kwehlelwa yisehlo esimshaqise kakhulu empilweni yakhe. Emasontweni amabili nje edlule yonke into ibihamba kahle kakhulu kuDuduzile. Kanti futhi nangaphezu kwalokho, ngalolo Lwesihlanu wayesanda kube nengxoxo ende noMemu uNkosi, uthisha wakhe wesifundo se-guidance. Phela uMemu Nkosi wayekade esanda kutshela uDudu ukuthi ungumfundi ongcono kunabo bonke abafundi beBanga leshumi esikoleni kubafundi aseke waba nabo eminyakeni eminingi eyedlule futhi waze washo uMemu Nkosi ukuthi wayenesiqiniseko sokuthi uma uDudu eqhubeka nokusebenza ngale ndlela, nakanjani wayezowuthola umfundaze wokuya enyuvesi ukuze ayothola ijazi lemfundo. Phela uDudu wayefuna ukuba ngudokotela bese esebenza ukusiza abantu bangakubo emphakathini. UMemu Nkosi wathi uma uDudu esefundile wayezohola imali eyanele akwazi nokuthenga umuzi ngisho nemoto imbala aphinde asize nomndeni wakhe, washo kodwa ukuthi lokho kuyodingeka ukuthi asebenze kanzima. Ngalowo Mgqibelo wayekade eye ezitolo ukuthi ayoziphuzela ikhofi negeza lomfana omuhle ofunda umatikuletsheni esikoleni. Leli geza igama lalo uMandla. UMandla wabe esetshela uDudu ukuthi wayesanda kusokwa kodwa kwasekupholile lapho ayekade esokwe khona. UMandla wabe esebuzo uDuduzile ukuthi ngabe usake waya yini ocansini. UDuduzile waphendula ngokuthi wayengakaze aye ocansini empilweni yakhe futhi wayengazimisele ngokuya ocansini maduzane nje. NoMandla ngokunjalo wabe esesho ukuthi wayangakaze aye ocansini kodwa njengamanje kwase

²⁰ Written by Wilhelm Haupt of the University of Pretoria

kuyisikhathi esingcono kakhulu sokuthi usengaya ocansini ngoba udokotela esikoleni sokusoka wayekade emtshale ukuthi wayengake ayikhulelise intombazane kusukela ezinyangeni eziyisithupha esokiwe. Wayesesalelwe amasonto amabili. UDuduzile wathi uma ezwa lokhu wavele wahleka.

Kwathi lapho sebeqedile ukuphuza ikhofi, uDudu wahamba noMandla waya egumbini lakhe, ngemuva kwendlu kamalume wakhe. Kwathi uma sebelapho uDudu watshela uMandla ukuthi naye wayefisa ukwazi ukuthi kahle kahle kwenzakalani uma kuyiwa ocansini ngoba futhi wonke amantombazane ayefunda nawo ekilasini ayehlala ekhuluma ngezinto ezenzekayo uma eya ocansini futhi ayevame ukuhleka aze agigitheke futhi ayevame ukuhleba kakhulu, futhi naye wayezibona nje ukuthi sengathi uyashiywa futhi uyasala. UDuduzile akazange ayikholwe kahle le ndaba kadokotela kaMandla kodwa uMandla wamtshela ukuthi le ndaba iyiqiniso elimsulwa. UMandla waze wafakaza ngokuthi yena uMandla kanye nodokotela omtshale lokho bangumndeni wenkosi. UMandla waze wathi yena benodokotela banegazi lomlom' ongathethi manga, umlomo ongathethi amanga. UMandla waze wathi noma ngabe kuthiwani-ke akusenani ngoba wayephethe vele amakhondomu.

Kusukela ngaleso sikhathi uMandla waba yinto yonke kuDuduzile futhi ephuza nobhiya naye. Bathi bangaqeda ukuwuphuza lowo bhiya balandelisa ngomunye futhi, kuthe nje khona lapho, uDuduzile wazibona esesembhedeni noMandla benza ucansi. Base bekhohlwe nokukhohlwa yindaba yamakhondomu.

Bathi bangaqeda ukwenza ucansi uDuduzile wazizwa engazizwa kahle nje futhi waba nomuzwa wokuthi sengathi wonke umuntu wayebona ukuthi kukhona into ayenzile. UDuduzile wakuthola kunzima kakhulu ukubhekana nomndeni wakhe. Ngalobo busuku uDuduzile waqala waphatheka kabi ngalokho ayekwenzile futhi kwaba nzima kakhulu uma sekufanele ukuthi aye esikhathini, engasayi ngendlela efanele.

Izinsuku zokuqala ezimbili ngemuva kokungayi esikhathini wazama ukubeka phansi umoya kuthe uma kuphinda kudlula olunye wabizela uMandla eceleni wamtshela ngenkinga ayebhekene nayo. UMandla wavele woma, ubuso bakhe baphaphatheka kwabonakala ukuthi le nto imehle ngaphezulu. Yingaleso sikhathi lapho uMandla atshela khona uDuduzile ukuthi kufanele aye emtholampilo ngokushesha ukuthi ayosikhiphe isisu futhi engatsheli muntu ngalolu daba. UDuduzile wayazi kahle yena ukuthi angeke akwenze lokho. Phela uDuduzile wayengafuni ukuthatha izinqumo ezazizoba nomthelela wokushintsha impilo yakhe yonke ngaphandle kokutshela umama wakhe.

UDuduzile wabe esebuzwa uMandla ngokucacile ukuthi kahle kahle udokotela wayetheni, kodwa uMandla akazange aphenzule. Okunalokho uMandla wathi yena abazali bakhe babengeke bamvumele ukuthi athathe unkosikazi ngaphambi kokuba ahlanganise iminyaka yobudala engama-23 futhi wathi bathi abazali kuyofanele ukuthi azilobolele yena. UMandla wathi akacabangi ukuthi abazali bakhe babezomhlawulela uma ekhulelisa. Yingaleso sikhathi lapho uMandla asho khona ukuthi kodwa yena uzobatshela abazali bakhe ukuthi uze akhulelwe nje uDudu yingoba uyena uDudu owayecele ukuthi kuyiwe ocansini. Kodwa-ke ekugcineni kwakho konke uMandla wabe esevuma ukuthi uzomthengela izinto zokuthi azihlale ekhemisi ukuqinisekisa ukuthi ngabe ukhulelwe ngempela yini.

Zakhula zaya zaqonga izinkinga zikaDuduzile. Waqala waba namaphupho amabi ezibona enakekela umntwana kanye namanye awamayelana nokungabi nemali eyanele yokuthenga amanabukeni omntwana. UDuduzile wayesekhathazekile ukuthi abazali bakhe babezomxosha ekhaya noma





bathi akahambe aye le kude emakhaya ayohlala nogogo nomkhulu wakhe. Wayephatheke kabi kakhulu uDudu ukuthi kwakungenzeka ukuthi angasiqedi isikole noma angabe esakwazi ukuya enyuvesi. Wayesaba kakhulu ukuthi kwakufanele ukuthi atshele uMemu Nkosi futhi kwakuvele kuthi akashayeke phansi uma ecabanga ngokuthi babezothini kodwa bonke othisha kanye nabanye abantu nje emphakathini. Wayekhathazeke ngayo yonke into nje uDuduzile futhi wayengakholwa nje nokuthi impilo yavela yamshintshela yaba yimbi esithubeni nje futhi nakalula kanjalo nje.

Kodwa namhlanje uMandla umlethele izinto zokuthi azihlole ukuthi akakhulelwe yini aye wayozithenga ekhemisi. Yingakho-ke uDuduzile eguqe phambi kombhede ekhuleka njengoba elindile. UDuduzile ucela uNkulunkulu ukuthi akalisele leli phupho elibi kuye.



Group discussion 1

Asazi ukuthi yini elandelayo eyenzekayo endabeni kaDuduzile, kodwa ake sibheke okungase kwenzekwe okuhlukene bese sicabanga ngokuthi uDuduzile, noma yena uMandla, uze kithi ukuthi simsekele. Beze kithi ukuzothola iseluleko ngoba bayazi ukuthi sikwazi kahle kakhulu ukuxazulula izinkinga.

Scenario 1: Test was negative

Okokuqala, ake senze sengathi uDuduzile uthole ukuthi akakhulelwe. Yena noMandla beza kuwe ukuzothola iseluleko.

- Yisiphi iseluleko ongabanika sona?
- Yini okumele uDuduzile noMandla bayazi ukuvimbela ukukhulelwa okungahleliwe?
- Yibuphi obunye ubungozi ababhekene nabo ngokuya ocansini olungaphephile okumele babubalekele esikhathini esizayo?
- Yini umsebenzi kaDuduzile ekuvimbeleni ukukhulelwa? Yini umsebenzi kaMandla?
- Yiluphi uhlobo lobudlelwane okumele uDuduzile alucabange esikhathini esizayo?

Facilitator guidance

Preventing unintended pregnancy and other risks

Key messages for preventing unintended pregnancies and other risks

- In addition to pregnancy, Mandla and Dudu also risk contracting HIV and other STIs.
- Effective ways to prevent pregnancy include abstaining from sex, using condoms, and/or other forms of contraception.
- Consistent and correct use of condoms is the only form of contraception that also protects against HIV and other STIs. There are other methods that can be used at the same time as condoms to prevent pregnancy thus providing double protection. These include the pill, implants, IUDs, etc.

- Emergency contraception or the 'morning after pill' can be used if a woman has unprotected sex or if contraception fails. This can include forgetting to take the pill, a condom slipping off, or rape. You can get emergency contraception from your doctor, clinic or over the counter from pharmacies. It is most effective if taken within 3 days (72 hours) of sex. However, this will not protect from HIV or other STIs.
- Finally, avoid alcohol and other drugs which can affect your judgment, so that you do not take risks you might not otherwise take (such as unprotected sex.)

Both partners have a responsibility to prevent pregnancy:

- Mandla should know that boys and men should share the responsibility of preventing unplanned pregnancy and always use condoms (even when girls don't ask them to.)
- Duduzile should ensure condom use because it protects her from pregnancy and STIs. However, sometimes a condom might not be used for many reasons. Luckily, women have the power to prevent pregnancy using other contraceptive methods, such as the pill, IUDs, implants, etc. Getting and using a back-up method of birth control means that even if a condom is not used, she can still be safe from pregnancy.

Healthy relationship

- Having a sexual relationship means being ready for the responsibilities that come with it – discussing and practicing safer sex, being able to handle the possibility of pregnancy, having a healthy relationship between you and your partner that is emotionally safe as well as physically safe.

Group discussion 2

Scenario 2: Test was positive

Manje ake sithathe sengathi ukuhlolwa sekuqinisekisile ukuthi uDuduzile ukhulelwe. Angase akukhethe kubandakanya: ukukhipha isisu, ukuphisana ngengane noma ukuyikhulisa yena. Lesi sinqumo siqondene naye. UDudu kuphela onganquma ukuthi yini emlungele. Kodwa abesifazane bavama ukukuthola kuwusizo ukukhuluma ngaso nomunye umuntu.

- *Asisize uDudu ukucabanga ukuthi yini engaguquka empilweni yakhe uma engaba nengane?*
- *Uthini ngoMandla, yini engaguquka empilweni yakhe uma uDudu eba nengane? Yimiphi imisebenzi yakhe okumele ayenze kuDuduzile nengane?*





Instructions (Part 2)

1. Divide the group into two separate groups: caregivers and adolescents. Introduce the next part of the exercise; refer to '**Introduction: Small group discussion on advantages and disadvantages**' text provided as needed. Ask them to list the disadvantages and advantages of teen pregnancy and then to prioritize the top 3 to share with the group.
2. After ten minutes, bring the groups back together. Conduct the '**Group discussion**' inviting caregivers to share their disadvantages and obtaining feedback from adolescents on any other main disadvantages they prioritized on their list. Then invite adolescents to share their advantages and ask caregivers for feedback on any other main advantages they listed. Keep a list of these on the flipchart.
3. If time allows, you can invite them to mention other advantages and disadvantages they listed in their group. Refer to the '**Facilitator guidance: Advantages & disadvantages of adolescent pregnancy**' to aid the discussion and ensure key issues, especially disadvantages, are discussed.
4. Praise the group for thoroughly considering the advantages and disadvantages, highlighting how important it is to think through carefully how pregnancy can change your life. Refer participants to the three informational sheets in their workbooks (Reproduction & pregnancy: Negative consequences of teen pregnancy; and Safe methods to prevent pregnancy) for more information on conception and the risks and consequences of teen pregnancy.
5. Review the '**Take home point.**'



Introduction: Small group discussion on advantages and disadvantages

Ngifuna sibheke lokhu kabanzi manje, hhayi ukugcina ngokubheka uDudu noMandla, kodwa kunalokho ukucabanga ngezimpilo zabantu abasebasha kuleli qembu. Ngizohlukanisa abanakekeli nabantu abasebasha babe emaqenjini amabili ahlukene. Ngifuna iqembu ngalinye lenze uhlu lobuhle nobubi bokuthola umntwana kungakafaneli empilweni, ngesikhathi usewumuntu osemusha. Zama ukuthola izimpendulo eziningi ngendlela ongakwazi ukwenza ngayo, ngisho ngabe anivumelani nina ngokwenu. Yiba sewubeka phezulu lokho ocabanga ukuthi kuwubuhle nobubi obu-3 nobubi uxoxele iqembu.

Group discussion

Ask caregivers

- *Sicela uxoxe ngokuphezulu ohlwini lwakho oku-3 ngobubi bokuthola umntwana usemncane.*

Ask adolescents

- *Ngabe lokhu kuhambisana nobubi bakho obuphezulu obu-3, noma unakho okunye ongakufaka?*

Ask adolescents

- *Sicela usitshela ngohlu lwakho oluphezulu lobuhle obu-3 bokuthola ingane usemncane.*

Ask caregivers

- *Ngabe lokhu kuhambisana nobuhle bakho obuphezulu obu-3, noma unakho okunye ongakufaka?*

Konke enikushoyo ngizokubhala kwifliphushathi .



Facilitator guidance

Advantages & disadvantages of adolescent pregnancy

Pregnancy and being a parent can be a wonderful experience, but are also a big responsibility. Below are some possible advantages and disadvantages.

Advantages

- It can help you grow, understand yourself better, and enhance your life
- Someone to love you; a special bond
- People pay attention to you
- You can get respect
- Sign of becoming a real woman or man
- Sign of adulthood
- Become closer to boyfriend or girlfriend
- Can get a child support grant
- Friends approve of it
- Helps a person change their bad ways

Disadvantages

- When a woman is a teenager, pregnancy can be dangerous for both the mother and the baby. Complications of childbirth and unsafe abortion are among the main causes of death for women under 20 years. Babies born to young mothers have a higher risk of being sick often and/or dying.
- Many girls leave school if they become pregnant, which limits their future opportunities.
- Pregnancy results from unprotected sex. Unprotected sex puts the father, mother and baby at risk for STIs, including HIV.
- Expensive – There are costs associated with the pregnancy, such as doctor's visits, eating healthy food, and costs associated with babies, such as nappies, food, clothing, medical care, etc. Boys may have to pay damages to the girl's family.
- Partner may not provide support; child may grow up without a father figure.
- Adolescents may not receive support at home.
- Depression and loneliness, feeling isolated.
- Parenthood leaves less time for sleep and other things you need/want, such as time for friends and recreation; you may have less in common with your friends that don't have children.
- Hard work – taking care of a child is a full time job with no holidays or weekends.
- More responsibility – a lifetime commitment.
- Many people find that having a child can test even the strongest relationship. And if you are a single parent, you may find it more difficult to find and keep a new relationship.



Take home point

Ukukhulelwa kwabantu abasebasha kunemiphumela eminingi yesikhathi eside. Kusemqoka kubantu abasebasha abathanda ukuya ocansini ukuthi bazi ukuthi bangakuvimbela kanjani ukukhulelwa okungahleliwe, kanye nokucabanga kabanzi ngabangase bakukhethe mayelana nokukhulelwa nokuba abazali. Ngisho abantu abasebasha abangakayi ocansini bangahlomula ekuhloleni lokho abakucabangayo mayelana nokukhulelwa kanye nokunquma ukuthi bangazithatha kanjani izinqumo zokuvikela impilo nekusasa labo.

Ukwengeza kulokho ulwazi mayelana nokuthi ukukhulelwa kwenzeka kanjani, imiphumela yokukhulelwa ngaphambi kwesikhathi kanye nezindlela eziphephile zokuvimbela ukukhulelwa kuyatholakala emaphepheni amathathu anolwazi oluhlobene asezincwadini zenu zokusebenzela.

EXERCISE 3: FUTURE GOALS AND OBSTACLES

(20 minutes)



Rationale

This exercise provides adolescent participants with opportunities to consider their personal goals for the future and how risk behaviour may impact their goals. It further assists both caregivers and adolescents with identifying strategies that supports the achievement of adolescent goals, including reinforcing key messages and skills presented in prior sessions.

Instructions

1. This exercise is basically an extension of Duduzile's story. Use the **'Group discussion'** to help participants reflect on how pregnancy affects future goals. The first question is for all participants followed by separate questions to ask adolescents and caregivers. Refer to **'Facilitator guidance: Protecting the future'** if any prompting is needed to reinforce key messages.
2. Review the **'Take home point.'**



Group discussion

Ask the group

- *Amathuba okukhulelwa aphazamise kanjani izinhlelo zekusasa likaDuduzile?*

Ask adolescents

- *Sicela ucabange ngemigomo zesikhathi eside ozibeke ekuhlanganeni kwangaphambilini. Ukhona omunye wenu ongaxoxa ngemigomo yakhe futhi abheke ukuthi ukukhulelwa okungahleliwe kungathikameza kanjani ukufezeka kwalemigomo?*
- *Yiziphi ezinye zezimo ezingathikameza imigomo yakho?*
- *Ungazivimbela kanjani lezi zimo ekutheni zenzeke?*

Ask caregivers

- *Yini ongayenza ukusiza abantu abasebasha ukuthi bafeze imigomo yabo kanye nokuvimbela lokhu okungase kube yizimo, ezifana nokukhulelwa kwabantu abasebasha?*



Facilitator guidance

Protecting the future

Duduzile's example

- Duduzile's goals are to receive an education and help people in her community.
- To reach these goals, she needs to get good marks in school, qualify for a bursary, attend university, and work hard.
- A pregnancy would affect her school studies, and her ability to obtain a bursary, thus risking her other goals.

Situations that might affect goals

- Unplanned pregnancy
- Alcohol or drug abuse
- Jail/criminal record
- HIV and untreated STIs
- Depression, hopelessness
- Community violence
- Gender-based violence

Ideas for preventing these situations

Adolescents:

- Communicating openly and often with your caregiver
- Knowing and exercising your rights in an assertive way
- Involvement in positive activities, such as sports and school
- Abstaining from sex; using condoms when you decide to have sex
- Getting tested for HIV and STIs
- Staying in school and doing your best
- Setting and working towards long- and short-term goals
- Finding positive ways to deal with feelings of anger or sadness
- Seeking help - for anything - from a trusted adult when you need it

Caregivers:

- Knowing your adolescent's friends and whereabouts (monitoring)
- Setting and enforcing rules that help keep them safe (discipline)
- Keeping communication open and listening actively
- Paying attention to changes in your adolescent's moods and behaviours
- Helping your adolescent to know their rights, including the right to live free of violence
- Spending quality time with your adolescent / doing pleasant activities together
- Help to build their self-esteem and encourage positive behaviour through praise
- Encouraging your adolescent to get tested for HIV and support them in doing so by helping them to get to a clinic etc.
- Reminding the adolescent to be hopeful about their future and work towards their goals

Take home point

Ukukhulelwa nokuba umzali okungahleliwe, njengabo bonke ubungozi, kungabeka engcupheni inhlalakahle yabantu abasebasha bese kuba yizingqinamba emigomweni zesikhathi eside. Bobabili abantu abasebasha nabanakekeli babo bangathatha izinyathelo ukusekela ukuthatha izinqumo ezinhle nokufezeka kwemigomo.



REFLECTION AND SHARING



(10 minutes)



Sesisekugcineni kokuhlangana kwanamhlanje okumayelana **nokuhlelela isikhathi esizayo**. Leli yithuba lakholokwabelana ngemibono yakho neqembu mayelana nalokhu kuhlanguana.

Ngingathanda ukuthi umuntu ngamunye axoxe ngokukodwa okusemqoka akufundile namuhlanokuthi ungakusebenzisa kanjani empilweni yakhe yansukuzonke.

GOAL SETTING AND PRACTICE AT HOME



(5 minutes)



Ukuhlangana okulandelayo ukuhlangana kwethu kokugcina. Phakathi kwamanje nangaleso sikhathi ngingathanda ukunikhuthaza nonke ukuthi **nibuyele emigomweni yobudlelwane benu bese nibheka ukuthi nenze kahle kanjani ukuzifeza. Zijwayezeni noma ngabe yiyiphi leyomigomo yobudlelwane niyobe senixoxa ngaleyo migomo ekuhlanganeni okulandelayo.**

CLOSING OF THE SESSION



Siyovala ukuhlangana ngokudonsa ilothoni. Sicela ufake isigqebhezana segama lakho kule nkomishi. Si yobe sesidonsa igama lowo muntu uyowina lesi siphon selothoni.

Ngiyabonga ngokuthi uhambele lokhu kuhlanguana. Ngiyojabula ukukhuluma nomuntu ngamunye ma yelana nalokho enihlangabezane nakho kulokhu kuhlanguana futhi uma singakwazi ukuthi senze kang cono okuthile esikhathini esizayo. Sengibheke ekuhlanganeni okulandelayo lapho esizoba **nomcimbi wokwetheswa iziqu nombungazo! Lokhu kuyoba okunye ukuhlangana okuhlangene kwabanakekeli nabantu abasebasha. Kusemqoka kakhulu ukuthi bobabili abanakekeli nabantu abasebasha bahambe lokhu kuhlanguana ngoba lokhu kuhlanguana okuhlangene kusebenza kuphela uma bobabili bezile. Ngenxa yalo mbungazo, lokhu kuhlanguana kungathatha isikhathi eside kunesivamile, ngakho hlela ukuhlala amahora ama-2, 5.**

Ngiyokubona esikhathini esizayo nge _____ (isikhathi nendawo) mhla zi- _____ (ilanga nosuku).

SESSION 14

Graduation and looking ahead (Joint session)

TIME

120 minutes

RATIONALE

The end of the program can be difficult for participants because of the impending loss of support and community that regular participation in the group has provided. The exercises in this final session are designed to empower participants by reminding them of their visions for the future, the skills they've learned, and the possibilities that exist for continued goal achievement and support beyond the program. The session ends with a celebration of participants' achievements.

GOALS

- To encourage adolescents and caregivers to reflect on progress toward their relationship goals
- To allow adolescent-caregiver pairs to have fun together, while creating a pictorial representation of their vision for the adolescent's future, and consider what they can do to support the realization of this vision
- To empower participants to find support from one another and community resources once the program ends
- To identify and share areas of personal growth as a result of the program, and consider areas that represent opportunities for continued practice
- To celebrate and recognize participants' achievements by awarding certificates and having a program closing celebration





SESSION OVERVIEW

Opening ritual: Caregiver ritual

Feedback from previous session (15 minutes)

Exercise 1: Shared vision for the adolescent's future (40 minutes)

Exercise 2: Stone soup (20 minutes)

Reflection and sharing (25 minutes)

Goal setting and practice at home (10 minutes)

Closing the session

Certificates and celebration (facilitator discretion, recommended minimum of 25 minutes)

MATERIALS NEEDED

- Name tags for participants
- Flipchart or black/white board and marking pens
- Art supplies: A1 papers (flipchart size), colour pencils, crayons, magazines, scissors and glue: enough for each family pair to use.
- Certificate of program completion for each participant
 - » Note: Programs can use and develop their own certificate as needed. A sample certificate template is available on the Program Resources Disc (Phase 3.).
- Food for the celebration
- Lottery prizes for all participants who have not yet received one



SPECIAL PREPARATION

- Estimate how many people have not received lottery gifts and have a small gift for each of them (alternatively, you can give each participant a small gift.)
- For the certificate ceremony and celebration, print or copy a certificate for each participant and fill in their full name. Make sure that you check the correct spelling of their name before writing it.
- Plan to have prepared food at the session as part of the celebration. If food is generally provided at sessions, try to plan for a special meal or treat.
- Because of the celebration, plan for this session to take about 2.5 hours.

OPENING RITUAL

Invite caregivers to lead the opening ritual.

FEEDBACK FROM PREVIOUS SESSION [In separate groups]

(15 minutes)



Instructions

1. Split adolescents and caregivers into separate groups. Adolescents will provide feedback only among adolescents, and caregivers among caregivers. The facilitator should lead one group and the co-facilitator should lead the other group.
2. In each group, ask someone to summarize the home assignment. Refer to the '**Home practice assignment summary**' text if clarification is needed. Use the '**Group discussion**' questions as needed to encourage discussion.
3. Encourage feedback from participants on their completion of the home practice. Ask them about their emotions, thoughts and behaviours related to the home practice.
4. Spend some time on areas where there were challenges and use group problem solving to get ideas on how the situation can be dealt with. Use one of the challenges as a role-play. The co-facilitators can model it.
5. Praise participants for their efforts to problem solve.



Home practice assignment summary

[Caregivers and Adolescents] Umsebenzi obekumele niwenze bekuwukubuyela emuva emgomeni yobudlelwane benu bese nibheka ukuthi nenze kahle kanjani ukuyifeza, kanye nokuzijwayeza noma yiyiphi okwakuwumgomo wobudlelwane benu.



Group discussion

- Ubani ongathanda ukuxoxela iqembu ngomgomo wobudlelwane bakhe?
- Namhlanje ukuhlangana kokugcina. Kulabo abezwa sengathi abakazifezi imigomo yobudlelwane babo, yini enizoyenza ukuqhubeka nokusebenza ngomgomo wobudlelwane uma nisuka lapha?
- Kulabo abezwa sengathi bayifezile imigomo yobudlelwane babo, ningake nicabange ngomgomo wobudlelwane entsha eningasebenzela ukuyifeza?



EXERCISE 1: SHARED VISION FOR THE ADOLESCENT'S FUTURE ²²



(40 minutes)

Rationale

The goal of this exercise is to engage participants in a fun, reflective exercise designed to further strengthen the caregiver-adolescent bond. In family pairs, adolescents share the long-term goals they have set for themselves, while caregivers share their vision for the adolescent's future. They then create a picture and/or collage together with their shared dreams. The exercise is designed to support communication between caregivers and adolescents, encourage them to identify areas of common interest, and provide them with a physical memento of their program experience. It concludes with a discussion of ways they can promote the realization of their vision.



Instructions

1. Introduce the exercise. Refer to '**Introduction: Shared vision for the adolescent's future**' text as needed. Separate the group into adolescent-caregiver pairs. Remind everyone to share their goals and vision with their caregiver/adolescent before beginning to create the collage.
2. Distribute A1 (flipchart size) paper to participants along with the materials they will need to create the collage (colour pencils, crayons, magazines, scissors and glue.) Allow 20 minutes for working on the collage. If participants finish in less time than 20 minutes, encourage them to share their pictures in small groups.
3. After about 20 minutes, bring the group back together and conduct the '**Group discussion**' questions. Encourage responses and voice support for participants to realize their vision. Refer to '**Facilitator guidance: Suggested responses for the shared vision for adolescent's future discussion**' for points to focus on.
4. Review the '**Take home point.**'

²¹ Adapted from (1998) Teens and Adults Learning to Communicate (TALC: LA), Phase 3, Session 16. Los Angeles: Center for HIV Identification, Prevention and Treatment Services.

Introduction: Shared vision for the adolescent's future

Bantu abasebasha, benikade nisebenza ngemigomo yesikhathi eside njengengxenywe yalokhu kuhlangu (bheka Iphepha lokusebenzela ukubeka imigomo uma udinga ukuzikhumbula.)

Banakekeli, senicabangile ngemibono yenu mayelana nekusasa labantu benu abasebasha (ningakhombisa umuntu osemusha Iphepha lombono wami ngekusasa lomuntu osemusha.)

Njengamanje sizonibeka ngababili bese sinicela ukuthi nixoxe ngemibono nemigomo yesikhathi esizayo. Niyobe senisebenza ndawonye ukwakha into ehlangene, ngemidwebo eyengeziwe eniyithandayo, nikhombise ikusasa eninalo nobabili.



Group discussion

- Ngabe yini into eyodwa abantu abasebasha abangayenza ukuzisiza bafinyelele kule mibono nemigomo?
- Ngabe yini into eyodwa abanakekeli abangayenza ukusiza abantu abasebasha bafeze le mibono nemigomo?



Facilitator guidance

Suggested responses for the shared vision for adolescent's future discussion

Look for responses such as:

Adolescents can:

- Attend school and do your best
- Get involved in clubs/activities
- Form positive connections with caring adults (family members, teachers, coaches, religious leaders, etc.)
- Make positive choices that keep them HIV/STI-free and prevent unplanned pregnancy
- Write down goals and revisit progress towards them often

Caregivers can:

- Keep communication open
- Express support for adolescents and praise them
- Monitor adolescent behaviour and wellbeing
- Provide opportunities for adolescents to get involved in extracurricular activities such as sports, church, clubs, etc.
- Share your goals for your adolescent and ask about his/her goals and progress towards them

**Take home point**

Kusemqoka ukucabanga ngemigomo yethu yesikhathi esizayo kanye nokuthi singafinyelela kanjani kuzo. Kusemqoka futhi ukuthi sijabule sonke sindawonye. Nonke nisebenze kanzima kulokhu kulangana futhi sithemba ukuthi lo msebenzi unikhumbuza ukujabula eningase nibe nakho njengomndeni osebenza ndawonye futhi onokuxoxisana.

EXERCISE 2: STONE SOUP²³

(20 minutes)



Rationale

This exercise starts with a story about a community working together, which is designed to uplift and empower participants, and facilitate discussion about ways to keep momentum from the program going forward. This provides a natural opportunity for the participants to consider different ways of establishing their own support systems after the group ends.

Instructions

1. Read the **'Stone soup'** story and ask participants to think about how this story might be similar to the story they have as a group.
2. Ask the **'Group discussion'** questions. Elicit feedback. Write positive suggestions on the flipchart, and refer to **'Facilitator guidance: Potential responses to the Stone soup discussion'** for points to look for.
3. If participants suggest staying in contact or continuing to meet regularly, then suggest that someone takes the responsibility for getting the group together using **'Facilitator guidance: Establishing support groups.'**
4. Review the **'Take home point.'**



Stone Soup (Isobho Letshe)

Kwake kwakhona isigodi esihle. Abantu balesi sigodi babehlala njalo bejabule ngoba babengaswele lutho. Babenemfuyo, izithelo nemifino ngoba isigodi sabo sasivunde kakhulu. Babengakwazi ukuhlupheka.

Kodwa-ke emva kwesikhathi kwaba nesomiso. Yayingekho imvula futhi imfuyo yabo yayifa. Izikhathi zaba nzima ngoba manje kwase kunendlala esigodini. Abantu baqala abangabe besakhulumisana ngoba wonke umuntu wayebhekene nenkinga yakhe.

Ngelinye ilanga kweza isalukazi kulesi sigodi sithwele ibhodwe elikhulu elimnyama siphethe isikhwama esincane esinsundu. Uma sifika maphakathi nesigodi, sabeka phansi ibhodwe elikhulu elimnyama sahlala eduze kwalo saphumula. Umfana oncane wasibona lesi salikazi futhi wasibuza "Gogo, wenzani ngalelo bhodwe elikhulu elimnyama?"



²³ Stone Soup is a traditional tale as narrated by Sussie Mjwara and Jamie McLaren Lachman (Sinovuyo Caring Families Programme); Discussion points and guidance that follow adapted from Doubt, J., Lachman, J. M., Cluver, L., Ward, C., and Tsoanyane, S. (November 2015). Sinovuyo Caring Families Programme for Parents and Teens: Facilitator Handbook, Session 12. South Africa: UNICEF and World Health Organization.



"Ngizokwenza Isobho Letshe!" kwaphendula isalukazi. Lokhu kwamdida umfana. Ubani owake wezwa Ngesobho Letshe?

Ngenxa yokuthi wayengumfana owayefuna ukwazi, ehlala enemibuzo eminingi, wabuza, "Ngisacela ukukusiza, gogo?"

Ugogo wajabula kakhulu uma umfana ecela ukusiza. "Yebo, ungangisiza! Hamba uyokha amanzi bese ufuna nezinkuni, ngane yami," kwasho isalukazi.

Ngesikhathi umfana ebuya namanzi, ugogo wayesewubasile umlilo omkhulu ofudumele.

Wabeka ibhodwe elikhulu elimnyama emlilweni wase wathela amanzi ebhodweni. Wabe esevula isikhwama sakhe esincane esinsundu wakhipha itshe elikhazimulayo, eliyindilinga elimhlophe. Walifaka ebhodweni elikhulu elimnyama waqala wagoqoza, emumuza ingoma endala yokupheka.

Akuthathanga sikhathi esingakanani ngesikhathi abanye beqala ukubona ukuthi kunomlilo ovuthayo maphakathi nesigodi. Basuka ngabanye ngabanye emakhaya ukuzobona ukuthi kwakwenzakalani.

Izindaba zabhebhethaka ngokushesha isigodi sonke. Bonke abantu basesigodini bashiya imizi yabo ukuyobona ngamehlo abo lo wesifazane omdala ohlanyayo kanye Nesobho lakhe Letshe. Njengoba abantu babefika, lo wesifazane omdala waqhubeka nokugoqoza ibhodwe elokhu emumuza.

Wathi uma ebona ukuthi sekuqoqene abantu abaningi, wayeka ukugoqoza wanambitha isobho lakhe elalingamanzi. "Mmmmmmm... Leli kuzoba yisobho elimnandi kakhulu. Ukuthi nje kukhona okushodayo. Ukube nje bekuno-anyanisi..."

Omunye umama wayeno-anyanisi abambalwa akade ebabekile. Babebancane futhi beshwabene kodwa babengadleka. "Nginabo o-anyanisi," washo kanjalo. Wabalanda emzini wakhe, wabaqoba, wabafaka ebhodweni elikhulu elimnyama elibilayo.

Emva kwesikhashana esithe ukuba sidanyana, ugogo waphinde walizwa futhi isobho. "Yebo, leli sobho lizobamnandi kakhulu. Kodwa lishoda ngokuthile.... Uma nje bekungaba neminye...."

"Imifino!" kwasho izwi esixukwini, "Lidinga imifino eminingana. Nginespinashi. Asisiningi kodwa ungasisebenzisa." Omunye umuntu waletha amazambane amadala ambalwa.

Omunye wayeneklabishi. Omunye ugaligi. Izaqathe. Ithanga. Usawoti. Inkukhu endala eyondile. Inyama yembuzi. Okokunandisa.

Iphunga lesobho lagcwala esigodini. Lakhumbuza abantu ngezinsuku zakudala. Baqala ukukhulumisana, bexoxelana izindaba nezindatshana, ngisho amahlanya. Uhleko lwaphinde lwezwakala futhi okokuqala emva kweminyaka eminingi.

Ekugcineni, isalukazi sayeka ukugoqoza. Sanambitha isobho samemezela ngokuqhakaza kwamehlo aso, "Leli Sobho Letshe seliyalunga. Kuningi kakhulu okudliwayo. Angazi ukuthi ningangisiza yini ukuthi ngiliqede, ngiyacela."

Wonke umuntu wabuyela ekhaya lakhe wayolanda izitsha nezipuni. Yize abantu babebanengi, kwakubalingene bonke abantu. Balidla isobho baze basutha. Futhi kwakuyisobho Letshe elimnandi kakhulu abake balidla. Emva kwalokho abantu basesigodini bambonga lo wesifazane base bebuyela emakhaya abo behamba bexoxa. Kwaphinda futhi, kwaba nomsindo wokuhleka nokucula emoyeni ngalobo busuku.

Ngaphandle kwamazwi okuvalelisa, waqala wahamba kancane emgwaqeni onomoya ophumela ngaphandle kwesigodi.

Ngaphambi kokuthi ahambe, umfana wambona wagijima waya kuye. "Uhambelani, gogo?" kubuza umfana.

"Umsebenzi wami usuphelile lapha," kwaphendula isalukazi. "Kodwa sidinga umuntu ofana nawe ukusisiza," kwasho umfana.

Isalukazi safinyelela esikhwameni saso esincane esinsundu sanikeza umfana itshe elimhlophe. "Unazo zonke izithako ozidingayo ukwenza Isobho Letshe." Sabe sesihamba kancane sehlisa umgwaqo.

Umfana wabukela wabhabhayiza kwaze kwaba akasakwazi ukumbona.

Abantu basesigodini abaphindanga bambona lowo muntu wesifazane. Kodwa impilo esigodini yaqhubekela phambili – ezikhathini ezinhle kakhulu nasezikhathini ezinzima kakhulu abaphindanga balahlekelwa ukubambisana futhi njengoba babeqhubeka nokwenza isobho Letshe elimnandi kakhulu.



Group discussion

- Yiziphi ezinye "zezithako" esinazo emphakathini wethu ukuqhubeka sisekelane?
- Yiziphi izindlela esingaqhubeka ngazo senze ngcono izimpilo zethu emva kwalolu hlelo?

Konke enikushoyo ngizokubhala kwifiphushathi .



Facilitator guidance

Potential responses to the Stone soup discussion

- Relationships have been formed and participants can stay connected to the group. Try to meet regularly with individuals or even as a group once a week.
- Remember the other sources of support in the community.
- Keep practicing all the skills that were learned: i.e., goal setting, problem solving, changing negative thoughts, active listening, open communication, rule-setting, monitoring, short- and long-term goals, staying safe, etc.

Facilitator guidance

Establishing support groups

It is important that the initiative for continuing to meet or support each other comes from participants themselves!

If it does, help them to identify the following:

- Person (or people) responsible for organizing the support groups
- Place where the participants can meet (help group families according to the areas where they live)
- Time and day that will best suit everyone

Exchange phone numbers and contact details



Take home point

Lolu hlelo selusize ababambe iqhaza abaningi ukuthi bazijwayeze amakhono ehlukene, kodwa amaningi kuwo avela emibonweni naselwazini lwabanakekeli nabantu abasebasha. Ngakho-ke, ababambe iqhaza sebevele banamathuluzi abawadingayo ukuqhubeka nokusekelana bona nemindeneni yabo.

REFLECTION AND SHARING²⁴

(25 minutes)



Instructions

1. Use the '**Introduction: Reflection**' text to help participants relax and reflect on what they have learned.
2. Ask the '**Group discussion**' question; refer to '**Facilitator guidance: Reflection prompts**' for extra questions to solicit discussion as needed.



Introduction: Reflection

Manje sizobheka emuva kulokho esikutholile kuwo wonke lo mhlango wokufunda – kusukela ekuhlanganeni kokuqala kuze kube namhlanje.

[DO NOT READ THE WORD 'PAUSE,' YOU INSTEAD PAUSE AT THIS POINT]

Ngiyakumema ukuthi uvale amehlo akho bese uzithola usesimeni sokuhlala esikhululekile. Ikhefu.

Qaphela ukuthi uyaphefumula. Ikhefu.

Qaphela ukuthi uzizwa kanjani emzimbeni. Qaphela noma yikuphi ukucindezeleka noma umuzwa omnandi Ikhefu.

Qaphela ukuthi uzizwa kanjani emoyeni. Ikhefu.

Vumela imicabango yakho iye emuva osukwini lokuqala nindawonye. Ikhefu.

Khumbula ukuthi kwakunjani ukubonwa yiqembu okokuqala. Ikhefu.

Kwakuyini izinjongo zakho ekuqaleni kwalolu hlelo? Ikhefu Elide.

Vumela imicabango yakho isabalale kukho konke ukuhlangana kuze kube namhlanje. Yini oyifundile ngesikhathi salolu hlelo? Ikhefu Elide

Uguquke kanjani? Ikhefu Elide

Buguquke kanjani ubudlelwane bakho nomnakekeli/umuntu omusha wakho? Ikhefu Elide

Umndeni wakho waguquka kanjani? Ikhefu elide.

Ngabe Yimiphi imigomo oyibekile futhi wayifeza selokhu kwaqala lolu hlelo? Ukuthula isikhathi eside.

Qaphela ukuthi uzizwa kahle kanjani njengamanje. Ikhefu

Uma usukulungele, ungawavula amehlo akho.

²³ Adapted from Doubt, J., Lachman, J. M., Cluver, L., Ward, C., and Tsoanyane, S. (November 2015). Sinovuyo Caring Families Programme for Parents and Teens: Facilitator Handbook. South Africa: UNICEF and World Health Organization.



Group discussion

- *Manje njengoba usube nethuba lokubheka uhlelo, asabelane ngezinye zezinto ozifundile. Ubani ofuna ukuqala?*

Facilitator guidance

Reflection prompts

- What was the most important thing you learned?
- How have you changed?
- How has your relationship with your caregiver/adolescent changed?
- Did you find something we discussed especially helpful when you implemented it as part of your home practice or goal setting?
- Did anybody feel that their family project was successful and want to tell us about it? What skills that you learned in the program did you use to make your family project successful?

GOAL SETTING AND PRACTICE AT HOME

(10 minutes)



Instructions

1. Encourage participants to continue to set goals and practice them; refer to '**Introduction: Continued goal-setting**' as needed.
2. Go around the room and ask each person to say one thing they can continue to practice. Refer to '**Facilitator guidance: Examples of ongoing home practice assignments**' as needed to suggest ideas.



Introduction: Continued goal-setting

Lokhu ukuhlangana kwethu kokugcina, kodwa kumele njalo nizibekele imigomo futhi nizijwayeze ekhaya lokho enikufundile. Umsebenzi wenu njengengxenywe yomndeni awupheli! Ngelinye ilanga, amakhono amaningi eniwafundile futhi enizijwayeze wona ekuhlanganeni kwethu ayozenzakalela ngendlela yokuthi angeke wacabanga nangawo uma uwenza. Kuze kufike leso sikhathi, kumele sizijwayeze! Yini into eyodwa okumele umuntu ngamunye kuni aqhubeke nokuzijwayeza yona? Ziklomeliseni njalo uma nenza umsebenzi wokuzijwayeza ekhaya noma nifinyelele emgomeni!



Facilitator guidance

Examples of ongoing home practice assignments

- Goal setting
- Problem solving
- Changing negative thoughts
- Active listening
- Using "I" statements
- Praising positive behaviour
- Rule-setting
- Using consequences
- Monitoring
- Creating short- and long-term plans
- Communicating about sexuality
- Be assertive, negotiate what you want
- Keeping safe and keeping others safe (abstinence, using condoms, HIV & STI Testing)

CLOSING THE SESSION



Beniyiqembu elihle kakhulu futhi sifunde lukhulu omunye komunye.

Namhlanje sizodonsa ilotho yethu yokugcina. Namhlanje kuthe ukhuluka ngoba ngifuna ukubona labo abangazange babe nalo ithuba lokuwina ilotho [noma: ngifuna ukubonga wonke umuntu eqenjini ngesipho esincane.]

[Give gifts to all of those who have not yet received lottery gifts (or to each participant)]

Siyabonga ukuthi nihambele lokhu kuhlangu nokuxoxa kangaka ngani. Ngiyethemba ukuthi nikujabulele ukuza eqenjini. Amakhono eniwafundile sithemba ukuthi ayonisiza ezimeni eziningi, ikakhulukazi emindenini yenu kanye nasekutholeni ikusasa elihle.

CELEBRATION AND CERTIFICATE



(25 minutes minimum recommended)



Instructions

1. Refer to '**Special Preparation**' to prepare for the celebration.
2. Ask caregivers and adolescents to come up and get their certificates one by one. Allow for lots of celebration!
3. After everyone has received their certificate, finish with a round of applause or song. Then allow everyone to gather and eat prepared food together.

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