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The following pages may be photocopied for use within an individual establishment

INTRODUCTION TO THE EXERCISES

Six different kinds of exercises are provided in this pack. For convenience, they have been labelled according to the issues they focus on: Group Leader exercises (GL), Groupwork exercises (G), HIV and AIDS information exercises (HIV), Attitudes exercises (ATT), Sex and Safer Sex exercises (SS) and Drug Use exercises (DU). The Group Leader exercises have been designed to help teachers and youth workers to prepare for work with young people, the others are for use with young people themselves.

USING THE EXERCISES

The exercises have been designed so that they can be combined together to meet the needs of specific groups. They can also be modified to meet the needs of different groups. You may find it useful to remind yourself of some of the basic groupwork techniques that they use by reading pages 57 - 63 before using them.

If you are working with young women and young men, you will need to decide whether to organise some single sex work. This can help both young women and young men to gain confidence and allow them to express their feelings and ideas more openly.

Before using any of the exercises, check that you have all the necessary resources and that, if you are using exercise SS6, you have practised demonstrating condom use beforehand. You will find details of what is required in the 'What you will need' section at the start of each exercise.

Always begin with a warm-up exercise (G1-G5) and end with an activity which brings the session to an end and provides feedback (G6-G7). Exercise G8 can be used over a period of time with a group to create an on-going feeling of working together, as well as providing an opportunity for participants to express feelings and thoughts about HIV and AIDS as work progresses.

EXERCISES WHICH REQUIRE LITERACY AND MOBILITY

Although none of the exercises in this pack necessitate extensive reading or writing, some do require basic literacy skills. One advantage of participatory styles of education is that young people can bring a range of diverse experience and skills to the group. The exercises included here are designed so that young people work collaboratively. Organising groups so that one person who does have literacy skills is the 'scribe', is one way of over-coming the difficulties with writing that some young people may have. Working together in this way is a central feature of the groupwork activities and ensures that everyone can contribute equally. The exercises are also designed so that you can modify them to suit the needs of your particular groups, so if you are working with a group in which none of the participants read or write, you can use the exercises which do not require these skills, as well as modifying those which do.

Two of the exercises in this pack, HIV4 and HIV5 require mobility. With some forward planning, these can still be used in groups where there are young disabled people. It may be possible to enlist some outside help, or to have group members help facilitate movement for those who have difficulties.

Participatory education depends for its success on collaboration and cooperation between group members, and the open-ended nature of the exercises in this pack allow participants to bring their own unique skills, experiences and abilities to the group.

COMBINING EXERCISES

Although you will probably wish to combine the exercises to suit the needs of the group you are working with, some suggestions for sessions may be helpful when planning work. Some sample sessions are offered for youth workers, and for teachers in schools. In addition, some guidance about which exercises can be used in specific subjects in schools is included.

Some Sample Sessions for Youth Workers

The following combinations of exercises all work well if you have 3 - 3½ hours available. The first sequence focuses on knowledge and attitudes. It can be used with either a single-sex group or a mixed group:

G1 + HIV3 + HIV1 + break for refreshments + ATT3 + G7

Alternatively, if you would like the emphasis to be on knowledge and safer sex, you might like to try:

G1 + HIV3 + HIV1 + break for refreshments + SS1 + SS2 + SS3 + G7

If you want to do some work on the issues surrounding drug use, try the following combination of exercises:

G1 + HIV3 + HIV2 + break for refreshments + DU2 + DU3 + G7

If you work with a group of young lesbians or young gay men, the following exercises work well:

G5 + HIV3 + SS1 + HIV1 + break for refreshments + SS2 + SS3 + G7

A couple of linked sessions or a residential weekend can provide more time to examine the issues. The following combinations of exercises are suggested for use on such an occasion:

G1 + HIV3 + SS1 + SS2 + break for refreshments + HIV1 + HIV7 + G7

followed by,

G5 + ATT3 + ATT5 + break for refreshments + SS3 + SS7 + G7

Planning HIV and AIDS Education in Schools

HIV and AIDS education is a compulsory part of the school curriculum; although once the Education Act 1993 comes into force it will be a compulsory part of Sex Education, rather than a compulsory part of Science in the National Curriculum. In addition, Curriculum Guidance 5 identifies health education as a cross-curricular theme. This affords schools a good deal of flexibility in organising the provision of health education and HIV and AIDS education. Some schools may choose to deliver HIV and AIDS education through a separately timetabled programme of Personal, Social and Health Education, others through specific subject areas such as Science or RE, and others as a topic which is presented in a number of different subjects. In fact, HIV and AIDS education can be effectively incorporated into a wide range of subjects in addition to Sex Education.

Which exercises you choose to use and how you combine them will depend upon the design of the curriculum in your school, your subject specialism, your own skills and interests, and the needs of the young people you work with. Here, we offer some of the exercises which address particular topics or issues as they arise in different subject areas, as well as those which are addressed in Personal, Social and Health Education. Although this grid will support the development of HIV and AIDS as a cross-curricular theme, it is by no means exhaustive. The exercises contained in any one subject or topic area within the grid are those which are most *obviously* suited. However, to develop a truly comprehensive programme of HIV and AIDS education within any specific subject area may require a more imaginative and creative combination of exercises. It is also important to note that the absence of exercises in any particular section of the grid in no way means that there is not work which could be fruitfully and appropriately carried out.

TOPICS IN HIV AND AIDS EDUCATION

SUBJECTS

	TRANSMISSION OF HIV	SEXUALITY & SAFER SEX	ATTITUDES & PREJUDICE	DRUG USE	GENDER	COMMUNICATION SKILLS	MASS MEDIA
PSHE	HIV2 HIV4 ATT6 SS2	ATT6 SS7 ATT4 SS1 SS4 SS6	HIV6 ATT2 ATT3 ATT5	ATT6 DU1 DU2 DU3 DU4	SS1 ATT1 ATT4 ATT6 SS7	ATT1-4 SS1 SS4-7 DU3	HIV5 G8 DU4 ATT6
ENGLISH		ATT4 SS7 ATT6 SS1 SS4	HIV6 ATT2 ATT3 ATT5	ATT6 DU1 DU2 DU3 DU4	SS1 ATT1 ATT4 ATT6	ATT1-4 SS1 SS4-7 DU3	HIV5 G8 DU4 ATT6
SCIENCE	HIV2 HIV4 ATT6 SS2	SS6		DU1 DU2 DU3			
DRAMA		SS7		DU4	SS7	SS7	DU4
RE	HIV2 HIV4 ATT6 SS2	ATT6 SS7 ATT4 SS1 SS6	HIV6 ATT2 ATT3 ATT5	ATT6 DU1 DU2 DU3 DU4	ATT1 ATT4 ATT6 SS1 SS7	ATT1-4 SS1 SS4-7 DU3	HIV5 G8 DU4 ATT6
PE	SS2 HIV2 HIV4 ATT6	SS7		DU1 DU2 DU3 DU4			
HUMANITIES		ATT6 SS7 ATT4 SS1 SS4	HIV6 ATT2 ATT3 ATT5	ATT6 DU4 DU3 DU1 DU2	SS1 ATT1 SS7 ATT4 ATT6	ATT1-4 SS1 SS4-7 DU3	HIV5 G8 DU4 ATT6

In addition to the grid on the previous page, here are some suggestions for lesson plans within particular subject areas which demonstrate how exercises can be combined. Since it is likely that you will have already established ground rules, and may already have an agenda determined by the demands of the curriculum, we have not included those exercises in the lesson plans. However, if ground rules have not been established, or if it is possible to have the young people you work with set their own agenda, please do include HIV1 and G4.

For a series of 3 Personal, Social and Health Education lessons:

HIV2 + HIV4 + ATT4

For a series of 3 Science lessons:

HIV2 + HIV4 + SS2

For a series of 3 English lessons:

HIV2 + ATT4 + SS5

For a series of 3 Religious Education lessons:

HIV2 + ATT6 (over two lessons)

If you are only able to spend one lesson on HIV and AIDS, in any subject area we recommend that you use HIV2.

You might also refer to Appendix I where there are suggestions for further work which might take place on HIV and AIDS in particular subject areas, including mathematics, craft, design, technology and art.

Planning Sex Education in Schools

AIDS: Working with Young People will prove an invaluable resource not only in planning HIV and AIDS education specifically, but also in designing a Sex Education programme for your school. The participatory style of education adopted in this pack is the most appropriate way of working with young people around sex and the issues it raises. It is through open discussion and active participation that young people are best able to learn about sex, counter feelings of embarrassment, examine their emotions, and ultimately, make clear and informed decisions.

HIV and AIDS cannot be talked about in isolation, but must be placed within a broader context of sex, sexuality, feelings and attitudes. The exercises in this pack reflect the wider issues around sex which HIV and AIDS raise, and so can be used easily in school Sex Education.

Some of the exercises are appropriate for general use in Sex Education lessons without any modification at all. 'Words to Work With', SS1, provides young people with a vocabulary with which to discuss sex, and would provide a good foundation for any Sex Education class. SS4 tackles masturbation in a non-threatening way. 'Talking About Sex', SS5, asks young people to consider with whom they can talk about sex. 'Negotiating Sex', SS7, affords young people an important opportunity to practice refusing, or being refused, sex. ATT1 concentrates on feelings about condoms, and could be used in discussions about contraception or sexually transmitted diseases. ATT2, 'Talking About Relationships', focuses on prejudice towards gay and lesbian relationships, and could be used when discussing sexuality.

The remainder of the exercises (with the exception of those on drug use) can be easily modified for use in general sex education. Also, if the exercises are left unchanged, with their HIV and AIDS focus intact, they will almost certainly provoke broader discussion which is relevant to sexual health generally and which can be built upon by the teacher.

CHECKING OUT YOUR ASSUMPTIONS

Before working with young people on issues to do with HIV and AIDS, you may find it helpful to consider what you feel about each of the following statements, circling the answers that apply to you. There is no need to spend ages on any one question, what matters most is your instant response. In most cases, there is not a right or wrong answer, but it is important that you are aware of what assumptions you yourself make about these issues before beginning work. When you have finished, go back through the list and give some extra thought to any areas of uncertainty. Check the Appendices for any additional information you may need.

- Real sex involves penetration agree/don't know/disagree
- Masturbation can be as good as other sexual activity..... agree/don't know/disagree
- It is natural for young men to experiment with
several sexual partners..... agree/don't know/disagree
- Men have a stronger sex drive than women agree/don't know/disagree
- Young women are more interested in marriage than
short term relationships agree/don't know/disagree
- Young people know as much about sex as older people agree/don't know/disagree
- Some of the people I work with may be gay or lesbian agree/don't know/disagree
- Being lesbian or gay is often just a phase..... agree/don't know/disagree
- Gay men are more promiscuous than heterosexual men..... agree/don't know/disagree
- Only women who can't get a man become lesbians agree/don't know/disagree
- Most Asian girls are virgins when they get married agree/don't know/disagree
- Asian girls know as much about sex as white girls agree/don't know/disagree
- Asian families are dominated by men agree/don't know/disagree

- African-Caribbean cultures have strong taboos about homosexuality..... agree/don't know/disagree
- It is wrong to talk to young Catholics about condoms..... agree/don't know/disagree
- The main reason to have sex is for pleasure..... agree/don't know/disagree
- The main reason to have sex is to continue the human race..... agree/don't know/disagree
- The main reason to have sex is to cement the marriage bond..... agree/don't know/disagree
- Sex outside of marriage is wrong..... agree/don't know/disagree
- People in wheelchairs cannot have proper sex..... agree/don't know/disagree
- People with a 'mental handicap' should be able to have
sexual relationships just like anybody else..... agree/don't know/disagree
- People who use drugs cannot face up to reality..... agree/don't know/disagree
- You can't tell whether someone is a drug user or not..... agree/don't know/disagree
- So-called soft drugs lead on to hard drugs eventually..... agree/don't know/disagree
- Many gay men and lesbians are married..... agree/don't know/disagree
- Babies with HIV deserve more sympathy than
gay men and drug users..... agree/don't know/disagree
- People at risk of AIDS should be made to take a test..... agree/don't know/disagree
- I am not the kind of person to get AIDS..... agree/don't know/disagree

IDENTIFYING SUPPORT

GL 2

Before working with young people on issues to do with HIV and AIDS, it is useful to spend some time thinking about the kind of support you may need. In the space provided, write down the names of two people or organisations from which you will be able to get support and/or advice if necessary.

FOR INFORMATION ABOUT SEX AND SEXUALITY I WILL CONTACT:

.....
.....
..... OR
Tel Tel.....

FOR INFORMATION ON LESBIAN AND GAY ISSUES I WILL CONTACT:

.....
.....
..... OR
Tel Tel.....

FOR INFORMATION ON SEXUAL ABUSE/RAPE I WILL CONTACT:

.....
.....
..... OR
Tel Tel.....

WORKING CONSTRUCTIVELY WITH OTHERS

GL 3

In any group, there are likely to be some people who become aggressive or defensive when asked to consider new ideas. To help you feel more secure when encountering these reactions, spend a few minutes thinking about the following situations, and write down your responses.

If someone says 'If it wasn't for all the gays and junkies we wouldn't have the AIDS problem.'

Why are they saying this?

.....

What might your reply be?

.....

.....

.....

If someone says 'It's the innocent babies I feel sorry for, the rest brought it on themselves.'

Why are they saying this?.....

.....

What might your reply be?.....

.....

.....

.....

If someone says 'There's no way I could get AIDS'

Why are they saying this?.....

.....

What might your reply be?.....

.....

.....

.....

If someone says 'Why are you always on about gays - are you gay or something?'

Why are they saying this?.....

.....

What might your reply be?.....

.....

.....

.....

SNOWBALL

G 1

AIMS

To introduce group members to each other. This exercise is for use with relatively small groups whose members do not know each other and have not worked together before.

WHAT YOU WILL NEED

Chairs in a circle. Self-adhesive labels for use as name badges. Pens. Time about 20-30 minutes, depending on the size of the group.

WHAT YOU DO

1. Going round the group clockwise, ask the first person to say who they are e.g. 'I'm Mary'.
2. Ask the next person to introduce the person on their right and then themselves, e.g. 'This is Mary, and I'm John'.
3. The next person introduces both people on their right and then says their own name, e.g. 'This is Mary, this is John, and I'm Ashok'.
4. Continue the exercise with each subsequent member having to introduce themselves and then repeat all the names so far. Once the circle is complete, ask the first person to repeat all the names in the group. The group leader should join in as well.
5. Hand out labels and pens and ask everyone to write down the name they like to be called by.
6. Ask the group members to place the label on themselves so that they are easily visible to other members of the group.

LIKELY OUTCOMES

At the end of the exercise people will know each others' names. The exercise also helps break the ice at the beginning of a session.

TWO TRUTHS AND A LIE

G 2

AIMS

To help the group get to know each other better. To practise listening skills. This exercise works well both with groups in which participants know each other and those in which they do not.

WHAT YOU WILL NEED

Chairs in a circle. Pens and paper. Time - about 30-40 minutes, depending on the size of the group.

WHAT YOU DO

1. Ask each group member to write down two things about themselves that are true, and one thing which is false.
2. Ask the group to split into smaller groups of four or five participants. In turn, each person reads the 'two truths and a lie' to their group. The other group members can then ask questions to discern whether each statement is true or false. This will take between 15-20 minutes.
3. Bring the whole group back together to report on the exercise. Ask the participants to describe how successful they were in guessing which statement was false, and how they arrived at their guesses.

LIKELY OUTCOMES

This exercise is very enjoyable and often humorous, which breaks the ice and creates an atmosphere of warmth. The importance of listening carefully to others will have been emphasised.

IN MY POCKET

G 3

WHAT IS IT FOR? To break the ice. To help people get used to speaking in rounds. This exercise works equally well with groups where the members already know each other well and those where they do not.

HOW TO DO IT? Chairs in a circle. Time - about 30 minutes depending on the size of the group.

- WHAT YOU DO**
1. Ask each group member in turn to take one object out of their pocket or bag and tell the group something about the object, how they got it and what it means to them.
 2. If any participant has no object on them, they may describe an item of clothing or piece of jewellery they are wearing.

LIKELY OUTCOMES At the end of the exercise, the ice will have been broken. It will also be clearer what the attitude of the group is towards the idea of working together. Some people may find it hard to share this kind of relatively harmless information about themselves, so do respect this.

SETTING GROUND RULES

G 4

AIMS

To encourage group members to discuss and set the rules they need in order to feel safe and work together.

WHAT YOU WILL NEED

Chairs in a circle. Large sheets of paper, felt-tip pens.
Time - about 15-20 minutes.

WHAT YOU DO

1. In the form of an open discussion, ask members of the group to try to agree on rules to be followed at all times.

Issues to be discussed may include.

- Confidentiality - people may be telling us quite private things about themselves. How can we protect confidentiality?
- How will we help people who become upset?
- How will we deal with disruption?
- How can we ensure that everyone gets a chance to speak?
- If appropriate, when will breaks for coffee/tea and/or lunch be?

It is important the group leader joins in the discussion, as all group members will have to follow the ground rules once they are established.

2. Write down the rules as they are agreed, and put up the list in a clearly visible place.

LIKELY OUTCOMES

A set of ground rules will have been generated by the group itself.

LISTENING

AIMS

To practise the skill of listening. To get used to the idea of A Few Minutes Each Way.

WHAT YOU WILL NEED

Chairs in pairs - facing each other. Pens and paper.
Time - about 30-45 minutes, depending on the size of the group.

WHAT YOU DO

1. In pairs, group members should be asked to take it in turns to tell a 'story' or 'report'.

The story or report might be:

- the plot of a film which only the speaker has seen
- the plot of a book or short story
- an update of a television serial
- a report of a soccer match or other sporting event.

2. Each person will have four minutes as a 'talker' and four as a 'listener'.
3. Make it clear that you will take responsibility for timing, and that you will interrupt when the first four minutes is up.
4. Make it clear that the listener must not interrupt, but must pay close attention as they will have to remember what is said.
5. After the exercise, the partners need a few minutes to agree on what can be repeated back to the group as a whole. A few notes can be made at this point.
6. After both partners have spoken, ask the group as a whole to re-form in a circle. Each member should take it in turn round the circle to report back on what their partner has said.
7. Provide an opportunity for each report to be corrected or confirmed by the partner in question.

LIKELY OUTCOMES

Everyone will have had a chance to be listened to and to listen. The difficulty of listening carefully to what others say will become clear.

DE-ROLING

G 6

AIMS

To help people de-role after role-play or intense one-to-one discussions.

WHAT YOU WILL NEED

Chairs in a circle. Time - about 10-15 minutes, depending on the size of the group.

WHAT YOU DO

1. At the end of the role-play, draw everyone's attention back to the main circle and focus it on a specific topic. Either initiate a discussion about practicalities (is the room too cold/hot? how do we want to use the time that is left?) or ask people in a round to identify one thing they are looking forward to doing after the session has finished.
2. Another way to de-role is to ask everybody to stand up, stretch, think about what they will be doing tomorrow, and then return to a chair other than the one they vacated.
3. A quick word game can also be an effective way of de-roling. Ask the group to construct an alphabetical list, round the circle, of plants, foods, animals, film stars or pop groups. Keep it moving fast.

LIKELY OUTCOMES

People will come back down to earth and will be ready to go on to the next exercise, or to go home.

COMING TO AN END / GETTING FEEDBACK

G 7

AIMS

To close a session and elicit feedback.

WHAT YOU WILL NEED

Chairs in a circle. Time - about 10-15 minutes, depending on the size of the group.

WHAT YOU DO

1. In a round, ask each participant in turn to identify:
 - one thing they have enjoyed about the session
 - one new thing that they have learned
 - one thing they would like to think about more, or get more information about.
2. Accept all the statements offered. Do not allow more discussion, and thank participants for their contributions.
3. It is important to include yourself in this round.

LIKELY OUTCOMES

At the end of the exercise, you will have an idea of what has been achieved and whether the group wants to spend more time discussing a particular issue.

THE KEEPBOOK

AIMS

To create a feeling of working together. To allow participants to choose images and reports about HIV and AIDS from the media or other sources and to talk about them.

WHAT YOU WILL NEED

A large book with blank pages (such as a scrapbook), or an A4 sized ring binder with blank sheets of paper inside. Glue.

Note: This exercise can be completed in a single session of between 45-60 minutes. Alternatively, the exercise works very well as an ongoing assignment over a series of sessions, whereby some time is allocated at the end of each session for one or two participants to talk about their contributions, thus building the keepbook gradually over a period of weeks.

WHAT YOU DO

1. Ask each group member to collect images or reports about HIV and AIDS from newspapers, magazines or other sources, which interest them in some way. Each group member should find one or two cuttings, depending on the size of group and the amount of time available for the exercise.
2. Each group member brings the cuttings to the rest of the group, says why they chose them and how they made them feel.

Some issues to be raised might include.

- Is the report or image accurate?
- Is the report or image sympathetic or offensive?
- Is there a hidden message in the image or report?

3. The cuttings should either be mounted on A4 paper and put in the ring binder, or glued in the scrapbook. Participants might like to write a short sentence underneath their cutting.
4. When the keepbook is completed, some time should be set aside for group members to look through it at their own pace.

LIKELY OUTCOMES

The group will have had an opportunity to collect and assess critically images of HIV and AIDS in the media and in other sources. A resource will have been generated by the group itself. This exercise also allows participants to express some feelings and thoughts about HIV and AIDS.

AGENDA SETTING

- AIMS** To encourage group members to identify their HIV and AIDS-related information needs.
- WHAT YOU WILL NEED** Large sheets of paper, pens. Chairs in a circle. Time - about 15-20 minutes, depending on the size of the group.
- WHAT YOU DO**
1. Divide the group into smaller groups of 4 or 5 and provide each small group with a pen and a sheet of paper.
 2. Ask each small group to brainstorm on 'What do we want to know about AIDS?' Make it clear that all sorts of issues can be raised here, including questions like - 'How can I get free condoms?' as well as medical questions. This exercise can also be used to set an agenda for more specific issues such as 'What do we want to know about HIV and drugs?', 'What do we want to know about safer sex?' or 'What do we want to know about prejudice and AIDS?'.
 3. One member of each small group should record the issues that arise. Allow 10-15 minutes.
 4. Pin up the brainstorm sheets, and allow the group as a whole sufficient time to read what is written on them. Clarify any agenda items which are not clear.
 5. Ask the group to identify a number of aims they all agree on and write these out on a fresh sheet of paper. This is the agenda. Keep it safely, and refer back to it at each session.
- LIKELY OUTCOMES** Young people will have a chance to say what they need to know about HIV, AIDS and related issues. Participants will also have become more familiar working in small groups. An agenda will have been created for future work.

THREE STATEMENTS ABOUT AIDS

HIV 2

AIMS

To distinguish between facts and mis-information about HIV and AIDS.

WHAT YOU WILL NEED

Chairs in a circle. Packet of 'Post-its' or plain postcards, pens. Large sheets of paper. Time - about 30-45 minutes depending on the size of the group.

WHAT YOU DO

1. Hand out 3 'Post-its' to each group member and ask them to write on each one something they have heard about HIV or AIDS (this need not necessarily be something they agree with).
2. Collect in the 'Post-its' and deal them out at random.
3. Divide participants into two roughly equal groups.
4. Distribute a large sheet of paper to each group with the headings 'AGREE' 'DISAGREE' and 'DON'T KNOW' on it. Ask group members to sort their cards into each of these columns, reaching agreement on where each statement should be placed.
5. When they have done this (about 20 minutes probably), both groups should be asked to justify their decisions to the main group as a whole, so participants must be prepared to say why they made the choices they did.
6. Facilitate a discussion of the scientific, medical and social issues raised by the statements and where they are placed.

LIKELY OUTCOMES

By having to defend the decisions made, the group will have a chance to begin to distinguish facts from prejudice and mis-information. Your own interventions will help consolidate understanding.

FEELINGS ABOUT AIDS

- AIMS** To focus on feelings related to HIV and AIDS. To encourage people to create a group that will be a safe and supportive environment to work in.
- WHAT YOU WILL NEED** Chairs in a circle. Pens and paper for the whole group. Time - about 30-45 minutes, depending on the size of the group.
- WHAT YOU DO**
1. Hand out a piece of paper and a pen to each member of the group including yourself.
 2. Ask everyone to write down three feelings that they have about AIDS. These may include worries and concerns.
 3. Give people a Few Minutes Each Way to talk with a partner about what they have written.
 4. Re-form the circle and encourage members to discuss with one another, in a round, the issues that arose for them and their partner.
 5. Make it clear that members do not have to contribute if they do not wish to do so.
- Note:** Some people, when asked to write down what worries they have, may write 'nothing'. You may need to nudge the group into asking why this is so. Is someone ignoring the facts? Is someone still believing that 'it doesn't affect me'? You may wish to ask individuals who apparently have no worries if they have always felt that way.
- LIKELY OUTCOMES** Group members will have begun to think and talk about some issues to do with HIV and AIDS. Lively debate is likely to take place. At the end of the exercise, you will have a good idea of the group's beliefs, fears and attitudes.

TRANSMISSION RUNAROUND

HIV 4

AIMS

To assess levels of awareness of how HIV is transmitted. To encourage group members to think about a variety of transmission routes.

WHAT YOU WILL NEED

A reasonably spacious room, with chairs pushed back to allow for free movement. A copy of Transmission Runaround 'True/ False Sheet' for yourself and the answer sheet. Two large sheets of paper clearly marked 'STRONGLY AGREE' and 'STRONGLY DISAGREE'. Pins or Blu-tack. Time - up to 60 minutes depending on the number of statements used and the size of the group.

WHAT YOU DO

1. Put up the 'STRONGLY AGREE' and 'STRONGLY DISAGREE' sheets on the wall at the opposite ends of the room.
2. Explain to the group as a whole that you will read out a series of statements, one at a time. Each person is to think whether they agree or disagree with it, and move to the appropriate side of the room. It is all right to stay in the middle if they are uncertain.
3. Read the first statement. Once everyone has moved to their chosen place, ask members to choose one person near to them and discuss why they are standing where they are.
4. Now ask people to choose one person standing as far away from them as possible, and discuss the issue with them, explaining why each has chosen to be where they are.
5. Repeat the procedure with as many statements as time allows.
6. Re-assemble as a group and ask each individual, in a round, to identify one piece of information they are confused or unclear about. Ask members of the group to clarify the issues involved and intervene yourself where necessary.

LIKELY OUTCOMES

At the end of the exercise, it will be clear what areas of uncertainty remain. Individuals will have had a chance to think about ways of transmitting HIV, and to discuss these with other group members. It will also be clear that transmission routes for HIV are very specific e.g. It is not 'sex' that transmits the virus, but unprotected sex involving penetration. People can sometimes become quarrelsome during this exercise so you may need to intervene to settle disputes.

TRANSMISSION RUNAROUND

HIV 4

TRUE/FALSE

1. You can become infected with HIV by sleeping around.
2. Injecting drugs will give you HIV.
3. Using heroin will give you HIV.
4. You can get HIV from toilet seats.
5. If you are fit and healthy you won't become infected by HIV.
6. Married people don't become infected with HIV.
7. If you stick to one partner you won't become infected with HIV.
8. Women are safe from HIV as long as they use a contraceptive.
9. You can become infected with HIV from sharing toothbrushes.
10. If you have sex with people who look healthy, you won't become infected with HIV.
11. If you only have sex with people you know, you won't become infected with HIV.
12. Anal sex between two men is more risky than anal sex between a man and a woman.
13. You can become infected with HIV from kissing.
14. A man can become infected with HIV if he has oral sex with a woman.
15. A woman can become infected with HIV if she has oral sex with a man.
16. Condoms will stop you becoming infected with HIV.
17. You should never give the kiss of life to someone who is bleeding, in case you get HIV.
18. A woman can become infected with HIV more easily during her period.

TRANSMISSION RUNAROUND

HIV 4

TRUE/FALSE ANSWER SHEET

1. Sleeping around is not in itself risky, but having unprotected sex with an infected person is. By using condoms properly and by avoiding sex with penetration, you can substantially reduce the risk of infection.
2. Only if you use a needle or syringe previously contaminated with HIV.
3. Only if the heroin is injected and needles are shared with an infected person. Clean equipment should always be used.
4. There are no known cases of HIV infection via toilet seats.
5. It does not matter how healthy or unhealthy you are, if you engage in risky activities you stand a chance of being infected.
6. This depends on the partners involved, what they did before they met, whether either has unprotected sex outside of the marriage or injects drugs using dirty equipment. Marriage by itself offers no guarantee of safety.
7. As for No. 6.
8. Only condoms offer women protection against HIV, and even condoms cannot offer complete safety. Other forms of contraception do not offer protection from HIV.
9. There is no evidence of transmission via this route, but it is sensible not to share toothbrushes for general health reasons.
10. Most people with HIV will look perfectly healthy. Looks are therefore a useless way of assessing risk.
11. Knowing someone well offers no reliable guide to whether or not they have HIV infection.
12. Anal sex is equally risky regardless of whether it takes place between two men or a man and a woman.
13. There is no evidence of transmission in this way, although kissing when there are sores or cuts in the mouth may pose some risk.

TRANSMISSION RUNAROUND

HIV 4

TRUE/FALSE ANSWER SHEET

14. HIV is present in cervical and vaginal secretions as well as in (menstrual) blood, so there is the possibility of transmission this way.
15. HIV is present in semen so there is a possibility of transmission in this way.
16. Condoms used properly (see pages 65-69) will help to prevent the transmission of HIV from an infected partner to an uninfected partner. Condoms are not 100% safe though. Use a lubricant which is water based, such as KY jelly or Boots own brand, as oil based lubricants, such as Vaseline, can weaken the condom. When buying condoms check the 'sell by' date and make sure the packet displays the British Standard Kitemark if possible.
17. The likelihood of acquiring HIV by artificial respiration is minimal. Other first-aid activities are safe if you adhere to standard safe practice.
18. It is possible that a woman, and her partner, may be more at risk during her period. Using a condom properly will reduce the risk.

PROBLEM SOLVING FISHBOWL

HIV 5

AIMS

To provide group members with a chance to put the knowledge that they have acquired about HIV and AIDS to use. To identify concerns which the group may have, gaps in knowledge and areas where confidence is lacking. This exercise is most effective when used with a group who have already acquired some knowledge about HIV and AIDS.

WHAT YOU WILL NEED

A room with sufficient space for the group to move about freely. Plain postcards or small pieces of card. Pens. Time - about 45-60 minutes depending on the size of the group.

WHAT YOU DO

1. Ask the group members to think of a problem concerning HIV and AIDS which might appear in the advice column of a magazine or newspaper.

Some examples offered to prompt the group might be:

- a student is worried that a gay classmate may have AIDS
- a young woman is concerned because she has discovered that her boyfriend injected drugs in the past
- a man is anxious because he has discovered that his wife has had sex with someone else.

2. Allocate the postcards and ask each group member to write out the problem in three or four lines. This should take five to ten minutes.
3. Collect in all the 'problem' cards, and re-allocate them at random to group members.
4. Divide the group as a whole into two equal halves. The first half should then form a circle in the middle of the room, facing outwards. The second half should form a larger circle around them, facing inwards, so that each person is opposite a partner.
5. Tell those on the inside circle that they are to offer advice to the others.
6. Ask each member of the outer circle to tell the 'advice-giver' the problem on their card. In response the 'advice-giver' should give the best advice they can.

(continued overleaf)

7. Allow three minutes for this to happen and then instruct those on the outer circle to move to the person on their left, where they repeat their problem. Continue until each adviser has heard three problems.
8. Members of the two groups should then change places and the exercise continues, until everyone has had a chance to be both share their problem and offer advice.
9. Bring everyone back together and ask each member in a round, to explain what their 'problem' was and to say which advice they found most helpful and why.

This exercise will enable group members to apply their understanding of the issues. It also enables you to decide which issues require further discussion, and whether attitudes have changed.

LIKELY OUTCOME

BADGES

HIV 6

AIMS

To examine prejudice and discrimination in relation to HIV and AIDS.

WHAT YOU WILL NEED

Chairs in a circle. Large sheets of paper and large felt-tip pen. Blank card badges, pens, pencils and paper. Time - about 30-45 minutes, depending on the size of the group.

WHAT YOU DO

1. Ask the group to brainstorm some of the vital things which people need to know in order to protect themselves from HIV infection. Make notes on a large sheet of paper and display for everyone to see.
2. When enough ideas have been collected, explain that each group member has to take one of these ideas and turn it into a slogan for a badge.
3. Ask participants to design their badges, and to wear their badge for the rest of the session.
4. Bring the group back together, and ask each participant, in a round, to say which badge is the most effective and why, and what might happen if they wore their badge in public for a week.
5. If practical, ask the group members to wear their badges in public and to report back on other people's reactions at the next session.

LIKELY OUTCOMES

Group members will have begun to have thought about things that people need to know in order to reduce the risk of HIV infection. Issues of prejudice and discrimination in relation to HIV and AIDS will have been raised.

LOCAL INFORMATION

HIV 7

AIMS	To help identify where to go locally for information about HIV and AIDS. This exercise works well as a homework assignment.
WHAT YOU WILL NEED	Chairs in a circle. Time will vary according to individuals and their needs.
WHAT YOU DO	<ol style="list-style-type: none">1. Ask the group to make some time in the next few days to identify three places locally where they can go to get information on HIV and AIDS. The addresses of these should be noted.2. When the group next meets, ask for the addresses and telephone numbers they have collected, and information about each contact.3. Either write these up on a large sheet of paper and pin it up on the wall or put them in a book which is easily accessible.4. Encourage discussion by asking participants how they felt about your request and how they felt when going about finding the relevant information.5. For those who did not look for any addresses or telephone numbers, ask why this is so.
LIKELY OUTCOMES	Young people will have been given the opportunity to discover where they can get advice about HIV and AIDS.

FEELINGS ABOUT CONDOMS

ATT 1

AIMS

To familiarise individuals with condoms. To examine issues of responsibility around safer sex. This exercise can be followed by SS6.

WHAT YOU WILL NEED

Chairs in a circle. A supply of condoms. Time - about 25-35 minutes depending on the size of the group.

PROCEDURE

1. Ideally, hand out one wrapped condom to each participant. If this is too expensive pass as many as you can to the group.
2. Ask group members to open the packet, noting which is the easiest way to tear it. Encourage them to stretch and generally play with the condom. Do not prevent them blowing it up or being silly with it - this can offer a valuable release of anxiety and embarrassment.
3. Split the group into pairs, and give A Few Minutes Each Way to talk about 'How condoms make me feel'.
4. Each pair should then feed back to the main group in a round to allow each person to have their say. This could lead onto exercise SS6, or an open discussion.

DISCUSSION

This exercise generally provokes some amusement, as young people cope with their embarrassment. In the one-to-one sessions, anxieties and negative feelings may come up, and these need to be accepted. For many young people, this exercise may provide the first opportunity they have had to handle and accustom themselves to condoms.

TALKING ABOUT RELATIONSHIPS

ATT 2

To encourage an awareness of some of the ways people view gay and heterosexual relationships. To help participants focus on issues of prejudice and discrimination.

Copies of the 'Building a Character' questionnaire, copies of relationship cards, pens and paper.

1. Ask the participants to divide into smaller groups of four or five and hand out pens and a 'Building a Character' questionnaire to each group.
2. Small group members are asked to offer characteristics for their 'character' in turn until the questionnaire is completed. Allow about 10 minutes for this.
3. Distribute relationship cards, ensuring that each group receives a card which refers to a character of the same sex as the one they have built, and ask the groups to a) identify the problem that their character has, and b) come up with helpful advice. Allow about ten minutes.
4. Bring the whole group back together and ask each small group to report back on the character they built, the feelings that the character had about his or her situation, and the advice that the group gave to the character.
5. Encourage discussion about the similarities and differences between gay and heterosexual relationships and prejudice and discrimination that people in gay relationships can face.

Issues of prejudice and discrimination towards gay relationships will have been raised.

RELATIONSHIP CARDS

ATT 2

.....
is very attracted to a boy he knows, and
is fairly sure that the other boy feels the
same.

What do you think he should do next?



.....
is very attracted to a girl she knows, and
is fairly sure this girl feels the same.

What do you think she should do next?



.....
is very attracted to a boy she knows, and
is fairly sure that he feels the same?

What should she do next?



.....
is very attracted to a girl he knows, and
is fairly sure that she feels the same.

What do you think he should do next?



To encourage thought and discussion about prejudice and stereotyping. To examine the scapegoating of different minority groups and negative reactions towards HIV and AIDS.

Large sheets of paper and pens. Time - about 35-45 minutes, depending on the size of the group.

1. Ask the participants to divide into groups of four or five and give each group a large piece of paper and some pens.
2. Each group should then be asked to write a word in the centre of the paper. Half of the groups should write the word 'Prejudice' and the other half the word 'AIDS'.
3. The groups are then asked to brainstorm as many words as they can which they associate with the title word. These words should be written in clusters around the title word.
4. Bring the whole group back together. Those groups who were allocated the word 'AIDS' should go through the words they came up with during their brainstorm. These words should be written up clearly for all participants to see. When this is completed the process should be repeated for the word 'Prejudice'.
5. Encourage participants to look for any similarities and draw parallels between the two lists.

Useful questions to pose might include.

- What stereotypes do people associate with HIV and AIDS and prejudice against different minority groups?
- What media reporting do people find helpful and unhelpful?
- Which groups are most likely to experience prejudice?
- How are countries in other parts of the world portrayed in reports on HIV and AIDS?
- What part does prejudice play in talking about HIV and AIDS?

The participants are likely to come up with words such as 'stereotypes', 'media', and 'racism'. With the facilitator's help participants will begin to draw parallels between some processes which underpin beliefs about HIV and AIDS and prejudice.

TALKING ABOUT GENDER AND SAFER SEX ATT 4

To encourage awareness about the ways in which being a young woman or man can affect how they talk about safer sex.

Chalkboard or flipchart. Sheets of paper and pens. Time - about 45 minutes depending on the size of the group.

1. Ask the participants to divide into small single-sex groups of 4 or 5, and hand out sheets of paper and pens to each group.
2. Ask the young women to write the heading 'Reasons why young women may find it difficult to ask for safer sex', and ask the young men to write the heading 'Reasons why young men may find it difficult to ask for safer sex'.
3. Ask the groups to list reasons why young men or women may find it hard to ask for safer sex. Allow about 10 minutes for this, but be prepared to allow more time if necessary.
4. Bring the whole group back together and ask each group to report back on their discussion. List on the board or flipchart the reasons offered as to why young men and women may find safer sex difficult to ask for.
5. Discuss the similarities and differences between the reasons identified by young women and men, and encourage discussion of possible solutions to the perceived barriers to asking for safer sex.

Members of the group will have an opportunity to think about why it is sometimes difficult to ask for safer sex. Young women and men will be encouraged to think about those barriers which are specifically associated with traditional gender expectations, as well as those which are common to both young men and women.

This exercise encourages individuals to think clearly about the effects of prejudice on other people's lives.

Chairs in a circle. Copies of the 'Build a Character Questionnaire' - allow for one between 4 or 5 people. Paper and felt-tip pens for each group member. Time about 60 minutes, depending on the size of the group.

1. Ask participants to divide into groups of 4 or 5, and hand out pens and one 'Build a Character Questionnaire' to each group.
2. Ask groups to complete the questionnaire, thus building a character. Allow about 10 minutes for this.
3. Ask the small groups to imagine that their character is HIV antibody positive and to list ten ways in which life will be different for the character because of this. Allow 10-15 minutes for this.
4. Re-assemble the group as a whole and ask each individual to say briefly whether anything unexpected occurred to them and how they felt while doing this exercise.

NOTE:

This exercise may be used to examine a range of issues. Participants could think of ten ways in which a person's life would be different if they were gay, of the opposite sex, of a different skin colour, twenty years older, unable to walk/see/hear and so on.

This exercise sparks off lively discussion about prejudice. It can help identify any prejudiced beliefs which the group find it hard to let go of, and which require more thought and discussion.

To encourage an awareness of commonly expressed prejudices towards injecting drug use, being HIV antibody positive, condom use, safer sex and being gay. To encourage debate about ways to challenge these prejudices.

Chairs in a circle. Photocopies of the cartoon strips. Pencils, rubbers, fine black felt-tip pens. Time - up to 60 minutes depending on the number of cartoon strips worked on.

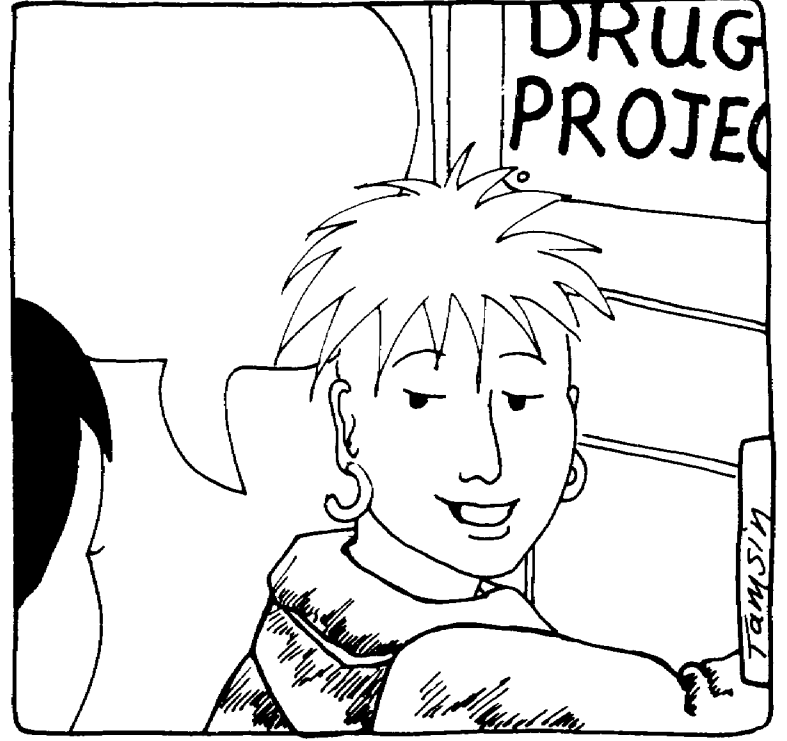
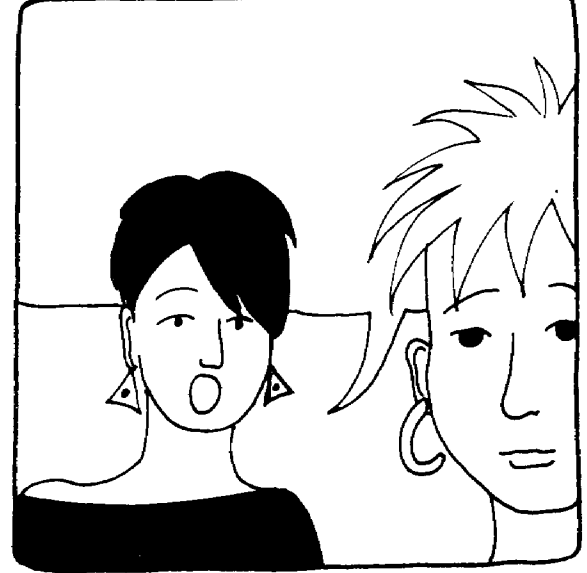
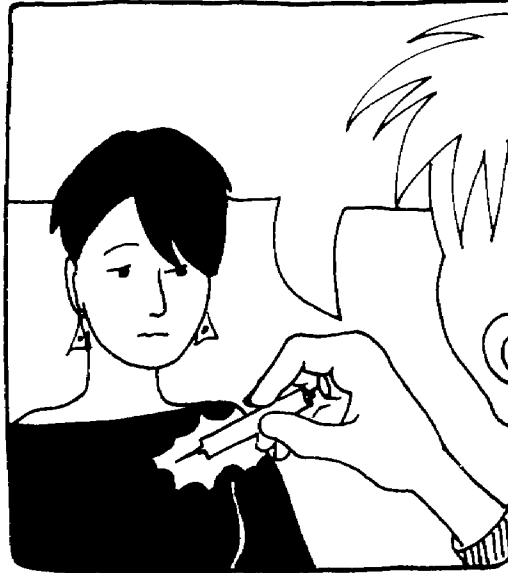
Decide beforehand whether you will ask the group to work on one particular strip, or whether you will use all the strips at one session.

1. Hand out photocopied cartoon strips to group members, together with pencils, pens and rubbers.
2. Explain that each strip shows a conversation between two people, the topic being explained in the title. The task is to fill in the words, paying attention to the facial expressions of the characters, which give clues as to what is happening.
3. Working either on their own, in pairs or small groups, the group should fill in the dialogue, lightly in pencil first, and eventually with pens.
4. Once the strips are complete, ask the groups to re-form into the main circle and in a round, explain the dialogue they chose. Discuss some of the issues the exercise raised and any difficulties participants experienced. Make sure that participants are using the strips to challenge prejudice, rather than simply express their own negative feelings.
5. Encourage the group as a whole to identify which of the completed strips 'work' best, and why. The best completed strips can be photocopied and used as a future resource.

This exercise sparks off lively discussion on a wide range of issues. There can be quite strong disagreement between individuals. You will need to be prepared to provide guidance in relation to specific topics.

Talking
about
Needles

Fill in the words
and help Jane
take fewer
risks with
needles!



Talking about
H.I.V.

Naseema's brother
has H.I.V. Fill
in the words
and help her
explain to her
husband.



Talking
About --
BEING HIV POSITIVE
Nobody will sit by
Jo in class, because
she has HIV.
Fill in the bubbles
and help her sort
out their ideas
about HIV, AIDS
and her.

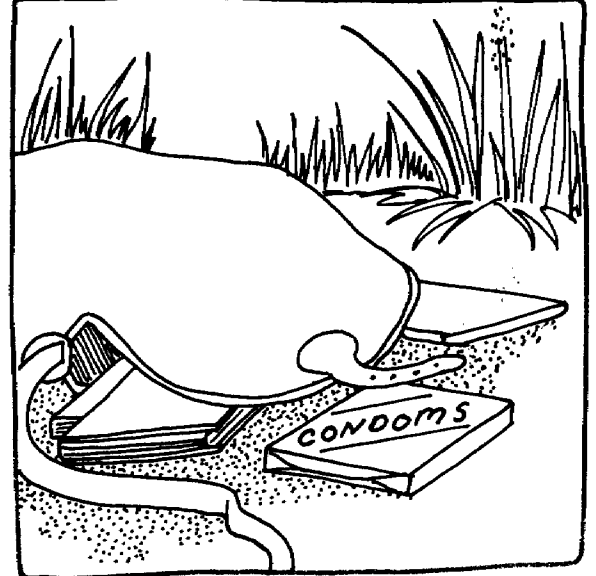


NEXT DAY..



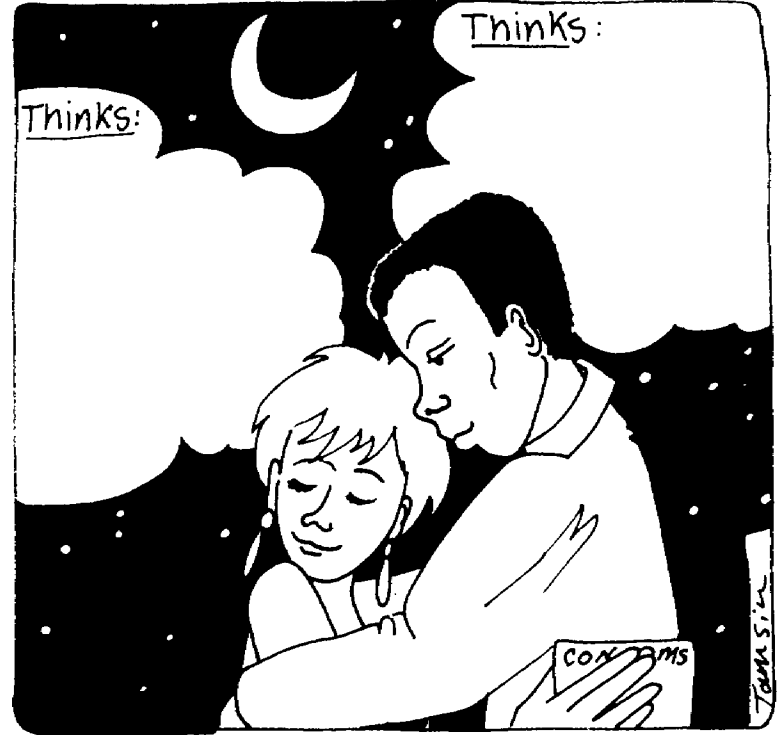
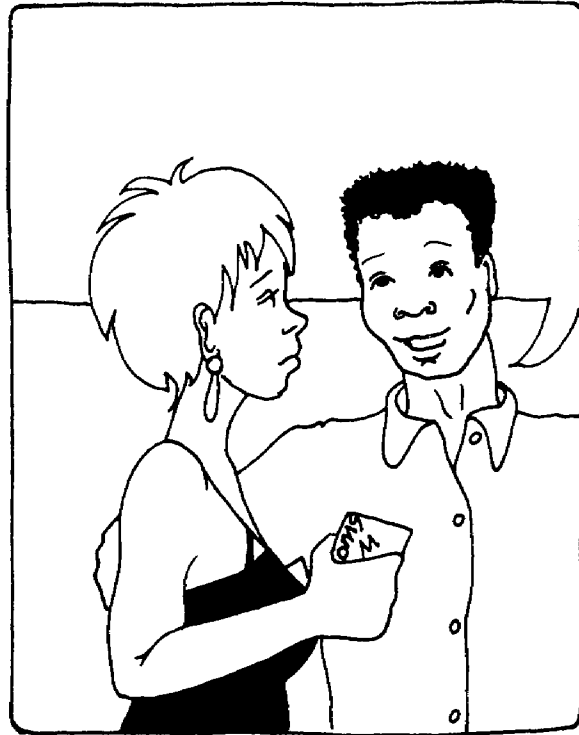
Talking about
BEING
PREPARED

Fill in the bubbles
and sort out
this argument
for Roz and Jon



Talking About CONDOMS

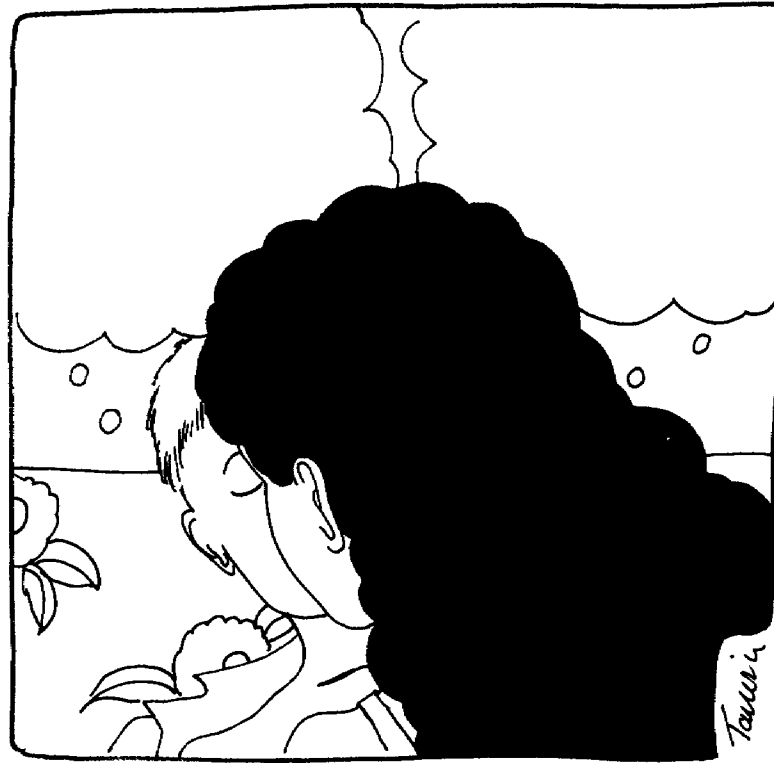
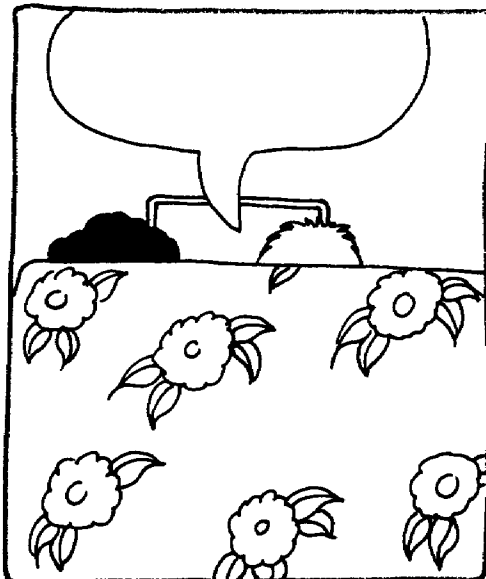
Fill in the talk and thinks bubbles and help Joe + Carrie



TOM SIL

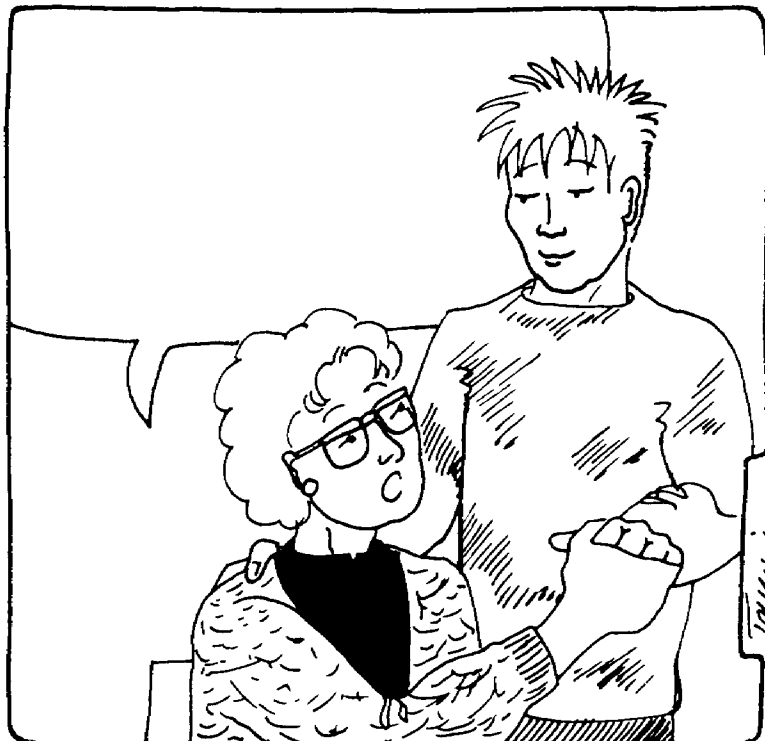
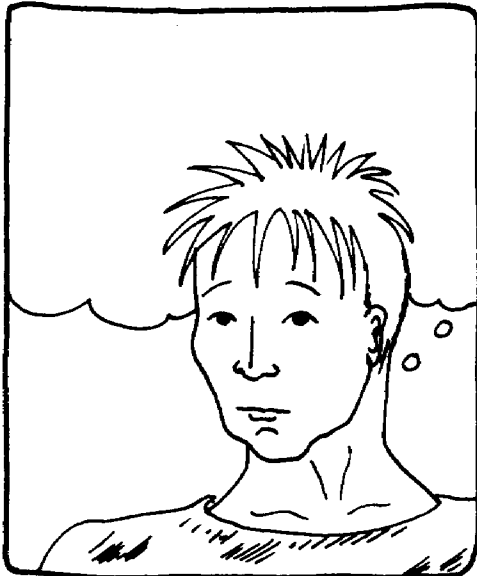
Talking about
SAFER SEX

Fill in the words
and help Sally
get what she
wants ---
non-penetrative
sex !



Talking about
BEING GAY

Fill in the words
and help Peter
tell his mother
that he is
gay...



WORDS TO WORK WITH

SS 1

To identify the vocabulary that the group is most comfortable using when discussing sex and sexuality. To overcome embarrassment. This exercise can be followed by SS2.

Chairs in a circle. Large sheets of paper - one between 5 or 6 members. Felt-tip pens. Single sex groups if appropriate - ask the group about this. Time - about 15-30 minutes, depending on the size of the group.

1. Ask the group as a whole to get into smaller groups of 5 or 6 and to nominate someone to take notes.
2. Provide each group with a large piece of paper and write the heading 'SEX' on it.
3. Ask each group to brainstorm words or phrases to do with sex, explaining that the words can be anything that comes into their minds, including slang words. All words should be written down on the sheets provided. Allow 5 or so minutes for this.
4. Bring people back to the main group, and pin the large pieces of paper on the wall for all to see.
5. Allow time for people to discuss how it felt using these words.

Some useful questions to pose include.

- Why is colloquial language about sex often degrading to women?
 - Why are so many sexual words used as terms of abuse?
6. Ask the group as a whole to identify words they feel most happy with. It is important that you participate also, as you will be using the words which are agreed upon, and so must feel comfortable with them.
 7. Make a new list of the terms the group agree will be used and pin this on the wall.
 8. Make sure that you remove this list at the end of the session and keep it somewhere safe if it will be needed again.

A common vocabulary in which to discuss sex will have been established. The abusive and sexist nature of much of the language we use about sex will have become more apparent. Group members will have been encouraged to think about and challenge this use of language.

SEXUAL RISK CONTINUUM

SS 2

To encourage members of the group to make the link between HIV infection and sex involving bodily penetration.

Chairs in a circle. Pack of postcards or postcard size pieces of paper. Felt-tip pens. Two cards with the words 'MOST RISKY' and 'LEAST RISKY' written clearly on them. Time - about 30-45 minutes, depending on the size of the group. This exercise works particularly well if it follows exercise SSI.

1. Hand out three postcards to each participant and ask them to write the name of a particular sexual activity. Stress that this can be anything they have heard of.
2. Make a 'risk continuum' on the floor with the 'MOST RISKY' and 'LEAST RISKY' cards laid out at opposite ends.
3. Collect in the postcards, shuffle them, and deal out three to each person.
4. Each participant then places their 'activity' cards on the risk continuum, explaining why they are choosing that place for the card. Allow time for discussion.

Some questions to pose include.

- What do the most risky activities have in common?
- What do the least risky activities have in common?

5. You should then discuss ways of being sexual with a partner which do not involve bodily penetration.

Members of the group will have a clearer idea about the sexual activities which involve the highest risks in relation to HIV infection.

WHAT DOES 'SAFER SEX' MEAN TO YOU?

SS 3

To raise awareness about safer sex. To encourage discussion of alternatives to penetrative sex.

Chairs in a circle. Large sheets of paper and felt-tip pens. Time - about 30-40 minutes, depending on the size of the group.

1. Ask the participants to divide into smaller groups of 4 or 5 people. Hand out a large sheet of paper and a felt-tip pen to each group and ask them to write 'What does safer sex mean to us?' at the centre.
2. Explain that each group should brainstorm ways of having safer sex and write them down on the paper. This should take about 10 minutes, but do allow more time if necessary.
3. Collect in the sheets of paper, and display them for all to see.
4. Bring the whole group back together, and ask each group to report back on their brainstorm and the discussion they had.

Be prepared to:

- clarify which activities are more risky and which are less risky
- talk about the clitoris and its function.

Do not assume that even the young women present will have this information.


Participants will have clearer ideas about safer sexual activities. It is likely that some young people's ideas about 'safer sex' will be informed by popular reports which suggest that sticking to one partner and 'knowing' your partner constitutes safer sex. They will have an opportunity to think these ideas through more critically.

To encourage people to recognise that masturbation is an important safer sex technique. To dispel embarrassment and to come up with phrases the group will be happy to use to describe this activity. This exercise may work best if the small groups are single sex, so ask the group before proceeding.


Chairs in a circle. Large sheets of paper and felt-tip pens. Time - about 30-40 minutes, depending on the size of the group.

1. Divide the whole group into smaller groups of 3 or 4.
2. Give each group a pen and a large sheet of paper.
3. Ask the small groups to brainstorm on the word 'masturbation' for a few minutes, writing down phrases and words they know, and any feeling or thoughts which the word brings up.
4. Back in the main group, discuss how the brainstorm made participants feel. Compare lists of words. Do not insist on a contribution from everyone, as some may find it difficult to overcome their initial embarrassment.
5. Back in small groups, and with a fresh piece of paper, ask people to think of as many new and colourful terms as they can for masturbation. The aim is to find a slang term which is clear, easily understood, and non-offensive.
6. Back in the main group, compare notes. If possible adopt a favourite phrase for future group use.


Along with a release of embarrassment, this exercise helps to bind the group together, especially if a special group word can be agreed upon. It also raises the issue of different attitudes towards women and men masturbating. Words and phrases which come up in the initial brainstorm are frequently negative and mocking. Anxieties about masturbation can be used as a pretext for examining the attitudes which get in the way of people practising safer sex.




To focus attention on the sensitive issue of talking about sex.



Chairs in a circle. Small sheets of paper, pens, large sheets of paper. Time - about 60-90 minutes, depending on the size of the group.

- 
1. Hand out a couple of small sheets of paper and a pen to each participant.
 2. Ask the group as a whole to divide into pairs and discuss one of the following statements: 'Who can I talk to about sex?', 'Who is difficult to talk to about sex?'
 3. Allow up to twenty minutes for participants to discuss the question and to note down their answers, after which they should come back as a whole group. Not everyone will wish to share their views with the rest of the group, but ask those who are willing to do so to do this.
 4. Brainstorm in the whole group some of the issues that came up.
 5. Ask the group as a whole to offer solutions to some of the problems which came up in the discussion in pairs.
 6. Any issues which remain unresolved can be given a closer look with the facilitator offering feasible solutions.



This exercise helps participants identify some of the people they find it easy to talk about sex with and some of the reasons why this is the case. They will also have identified some of the people they find it difficult to talk about sex with and will have begun to identify ways of overcoming these difficulties.

CONDOMS LEAFLET

SS 6

To consolidate awareness about the correct use of condoms. This exercise may work particularly well if it follows exercise ATT1.

Chairs in a circle. A packet of condoms, a medium sized carrot, paper and felt-tip pens. Time - about 60 minutes, depending on the size of the group.

1. Explain that participants will be producing leaflets or posters on how to use a condom correctly. You are going to show them and they are going to take notes.
2. Hand out paper and pens.
3. Demonstrate condom use on the carrot or courgette clearly and explicitly. Using a vegetable brings an element of humour which can be a helpful release of embarrassment.
4. Ask each participant, or small groups of 3 or 4, to design a poster or leaflet showing people of their age how to use a condom.
5. Discuss the finished products and pin them up.

Some of the techniques associated with condom use will be clarified, and a series of resources will have been produced which can be used with other groups, or left to provoke discussion and debate.

This exercise will help to enable young people, especially young women, to find ways of saying if, when and how they want to have sex when someone is encouraging them to do so. This exercise works particularly well if it follows exercise ATT4.

Chairs in a circle. Photocopies of the worksheet 'Persuading a partner to have sex'. Pens and paper. Time - about 40-60 minutes, depending on the size of the group.


1. Ask the group to split into small groups of 3 or 5. Give each group pens and paper.
2. Each group should then brainstorm phrases and sentences which people use when trying to persuade a partner to have sex. Allocate photocopies of the 'Persuading a partner to have sex' worksheet to those groups who need ideas. Each group should aim to have about ten statements. Allow 10-15 minutes for this.
3. Ask the group to break into pairs. Each pair needs to nominate 'A' and 'B' partners.
4. 'A' partners should start off by being the person who wants to have sex, and should read the first of their ten statements. Partner 'B' should then reply giving a reason why they do not want sex.
5. Partner 'A' continues until all the statements have been read, and partner 'B' has responded to them. This takes between 15-20 minutes.
6. When all the statements have been read the partners exchange roles.
7. Ask the group to come back together and ask them how it felt when responding to the 'persuading' statements.

Useful questions to pose might include.

- Was it difficult to think of responses?
- How did it feel to be refusing all the time?
- Are there other ways to challenge someone effectively?

8. Some 'pairs' may be happy to act out their roles in front of the rest of the group, although no one should be forced to do so. This encourages further discussion.

Young people will have had a chance to experience refusing sex with a partner (or future partner), as well as being refused or turned down. Young people who have not had a sexual relationship will find this exercise as useful as those who already have.

- 
1. 'I'll be very careful.'
 2. 'If you really loved me you would.'
 3. 'I've never fancied anyone as much as you, I'd love to have sex with you.'
 4. 'Everyone else is doing it.'
 5. 'I'll leave you if you don't.'
 6. 'I'll buy you something nice if you let me do it.'
 7. 'I've got some condoms now, so there's no excuse not to.'
 8. 'I haven't got AIDS so you've no need to worry.'
 9. 'I'm really turned on now - if we don't go the whole way I will be in agony!'
 10. 'There are names for people like you who lead others on.'
 11. 'Don't you fancy me?'

DRUG BRAINSTORM

- AIMS** To encourage awareness of the diverse range of drugs and their effects. To raise issues around injecting drug use and the particular risks associated with sharing injecting equipment.
- WHAT YOU WILL NEED** Chalkboard or flipchart, pens and paper. Time - about 25-35 minutes, depending on the size of the group.
- WHAT YOU DO**
1. Ask the group to brainstorm as many drugs as they can think of - be prepared to prompt so as to include legal substances such as nicotine, alcohol. List all the drugs on the board or flipchart.
 2. Once the list is compiled, ask the participants to break into groups of 3 or 4 and allocate a drug from the list to each group and hand out pens and paper.
 3. Ask each small group to list any risks of HIV transmission associated with the use of this drug.
 4. Bring the whole group back together and have the small groups report back on their discussion.
 5. Facilitate discussion around the risks associated with injecting drug use.
- LIKELY OUTCOMES** A wide range of issues to do with drug use will be discussed, and the key issues associated with injecting will be introduced. Discussion of risks, both those which are clearly known, such as sharing needles with infected partners, and those where risk is not clearly documented, such as the relationship between the use of alcohol and unsafe sexual practices, will be raised.

WHICH DRUG AM I?

DU 2

AIMS

To encourage thought about a variety of drugs. To establish how much knowledge the group have about the effects of different drugs.

WHAT YOU WILL NEED

Chairs in pairs facing each other. Packet of small 'Post-its' (or large one cut in half vertically). Felt-tip pens. Time - about 15 minutes, depending on the size of the group.

WHAT YOU DO

1. Hand out a 'Post-it' to each member of the group. Ask everyone to write down the name of a drug on a 'Post-it', keeping it secret. Collect all the 'Post-its', and go around the room sticking one on the forehead of each group member, so they can not see which drug they are.
2. In pairs, each has three minutes to find out which drug they are by asking a partner questions. The partner can only answer 'YES' or 'NO'.

Questions to ask might include.

- 'Am I addictive?'
- 'Do people inject me?'

3. In the main group, briefly ask each member in a round to comment on how easy or difficult it was to guess the drug they were and what answers gave it away.

LIKELY OUTCOMES

The group will have had a chance to find out more about particular drugs, and the group leader will have a chance to identify gaps in knowledge.

TALKING ABOUT DRUG USE

DU 3

AIMS

To break down some of the stereotypes about drug users and to clarify the connection between particular ways of using drugs and HIV infection.

WHAT YOU WILL NEED

Copies of the 'Building a Character' questionnaire, drug-use cards, pens and paper. Time - about 30-40 minutes depending on the size of the group.

WHAT YOU DO

1. Ask participants to divide into smaller groups of four or five people and hand one questionnaire to each group.
2. Each small group member assigns characteristics in turn until a character is built. Allow about 10 minutes for this.
3. Allocate the drug-use cards, pens and paper to each small group and ask that they discuss how they would advise their character.
4. Bring the whole group back together and ask the small groups to report back describing their character, his or her problem and the advice they gave.
5. Encourage discussion about how HIV can and cannot be transmitted through use of drugs and be prepared to intervene to clarify issues when necessary.

LIKELY OUTCOMES

Through building a character the participants can begin to break down stereotypes about drug users and will be clear about how HIV can be transmitted through drug use.

DRUG USE CARDS

DU 3

.....,
your friend, has told you that he/she is
injecting heroin from time to time.
S/he's worried about HIV.

What would you tell him/her about the
risks of infection?



.....,
your friend, has told you that s/he is
smoking marijuana from time to time.
S/he's worried about HIV.

What would you tell him/her about the
risks of infection?



.....,
your friend, has told you that s/he is
taking acid from time to time. S/he's
worried about HIV.

What would you tell him/her about the
risks of infection?



.....,
your friend, has told you that s/he is
taking Ecstasy from time to time. S/he's
worried about HIV.

What would you tell him/her about the
risks of infection?



DRUG USE CARDS

DU 3

.....
your friend, has told you that s/he is sniffing solvents from time to time. S/he's worried about HIV.

What would you tell him/her about the risks of infection?



.....
your friend, has told you that s/he is injecting steroids from time to time. S/he's worried about HIV.

What would you tell him/her about the risks of infection?



.....
your friend, has told you that s/he is taking speed from time to time. S/he's worried about HIV.

What would you tell him/her about the risks of infection?



DRUG RISK COMMERCIAL

DU 4

AIMS To clarify the connection between sharing injecting equipment and HIV. To use new information in an exciting way.

WHAT YOU WILL NEED Chairs in a circle. A stopwatch or a watch with a second hand. Scrap paper and pens. Time - about 60 minutes or more, depending on the size of the group. If possible, and with the agreement of the group, a video camera or tape recorder to record the 'commercials'.

- WHAT YOU DO**
1. Divide the whole group into smaller groups of 3 or 4.
 2. Explain that each group has to make and perform a 20 second commercial, for radio or television, aimed at reducing the risks of HIV transmission for injecting drug users.
 3. Ensure that each small group has to make and perform their piece. The audience should do their best to imagine they are drug injectors, and after each piece comments should be offered by the rest of the group: was it clear? was it accurate? was it offensive?

LIKELY OUTCOMES By the end of the exercise the group should be clear about how HIV is transmitted by injecting drugs. They will also have had a chance to think more carefully about popular images and stereotypes of injecting drug users.

BUILDING A CHARACTER QUESTIONNAIRE

1. Name

2. Age..... 3. Male / Female (circle)

4. Address

.....
.....
.....

5. Who doeslive with?
(parent/s, relations, other adults, other young person or people)

.....
.....

6. Who arefriends?

.....

7. Doeshave a girlfriend or boyfriend?
YES / NO (circle) If 'YES' what is their name

.....

8. Does..... go to school or college?
YES / NO (circle) if 'YES' where?

.....

9. Does.....have a job? YES / NO (circle)
If 'YES' what is it doing

.....

10. What doesdo during leisure time?
(sport, clubs, pubs, visit friends etc.)

.....

.....

11. What is

favourite film

favourite food

favourite T.V. programme.....