The UPDF Peer Leadership Program & Curriculum

- Background
- Goal and objectives
- Activity description
- Target group analysis
- Summary of activities
- Calendar of events
- Exercises
BACKGROUND

Uniformed services face new and challenging environments where they are often detached from their accustomed community and family environment, are increasingly mobile and are very vulnerable to HIV. PSI/U will continue working with the military in reducing HIV/AIDS prevalence through the promotion of preventive measures.

In 2004 PSI carried out a KAP survey with the military, and found that among this target group, there was a notable incidence of sex with casual partners and commercial sex workers under the influence of alcohol, yet consistent use of condoms under the influence of alcohol was very low. Although the majority (90%) indicated that condoms were easy to use, nearly half said that condoms reduce pleasure for them and 57% said that condoms easily break. Non-marital sexual activity among military personnel is high. Half of the respondents reported having had sex with a non-marital partner in the past 12 months. Even among those who are married, nearly half (45%) had sex with a non-marital partner.

PSI will continue to strengthen its partnership with the UPDF AIDS Control Program, and the Government of Uganda to ensure access to members of the military, and implementation of the program. Our interventions are based on the interpersonal level and the strategy will be a multifaceted approach to behavior change involving community mobilization/advocacy, peer education, drama and video shows as well as development and distribution of IEC materials. Our program will be focusing mainly on the groups in Bombo and Kakiri, since that is where the KAP survey baseline was conducted in April 2004.

Goal:
To reduce HIV incidence among males and females aged 18 – 49 in the military

Purpose:
Increased adoption and use of safer sexual practices

Objectives:
The following objectives are grouped under the PSI behavioral determinants of motivation, ability, and opportunity.

1. Increased motivation of UPDF to adopt safer sexual behaviors:
   • Believe they are at high risk of contracting HIV, by 15%
   • Believe that HIV is not a punishment from God, by 15%
   • Increase by 10% the percentage of the UPDF who believe that they can avoid HIV by reducing partners and/or using condoms consistently and correctly.
2. Increased ability of UPDF to adopt safer sexual behaviors:
   • Increase by 5% those who believe they are able to negotiate condom use with their regular and casual partners
   • Increase by 15% those who report always or almost always using condoms with casual and regular partners.

3. Increased opportunity for UPDF to adopt safer sexual behaviors:
   • Increase the availability of Protector condoms to the military from X% to Y%.

The key messages for this campaign shall include:
   • Increased risk perception with the outcome of correct and consistent condom use with all partners;
   • Promotion of faithfulness to one’s partner;
   • Partner reduction;
   • Increasing the ability of members of the military to negotiate condom use with any partner who objects to condom use;
   • Urethritis identification and early health care seeking behavior; and
   • Personal risk assessment and outcome expectations through the promotion of VCT.

The program aims to:
   • Increase knowledge
   • Stimulate community dialogue
   • Promote essential attitude change
   • Create demand for information and services
   • Advocate for appropriate HIV/AIDS policies and laws
   • Promote services for prevention, care and support
   • Improve skills and self-efficacy

Activities
   • Community Mobilization and Advocacy
     To challenge the negative social norms and consistent with creating a higher opportunity for the target group to adopt safer sexual behaviors; the trained trainers will conduct monthly advocacy meetings with the administrators. This will help in establishing administrative measures and policies to effect easy and friendly access to condoms, and supporting program activities in the UPDF.
Condom Availability
We will work hand in hand with the sales department to ensure increased availability of condoms in the military and neighboring outlets. We will also study the possibility of using peer leaders to sale (or distribute free) condoms.

Peer education
Peer education will be the primary medium for message dissemination and behavior change communication amongst the military. This will not however be reserved to the servicemen alone, but will extend to other key influencers such as their wives and women in the neighboring community (including lodge and brothel owners). Of primary importance with the wives is the ability to negotiate for condom use with their husbands, and for the neighboring community, condom availability in these circles of influence.

PSI/U will work with the UPDF to identify two officers, two soldiers, and two wives who have experience training others and are considered leaders among their peers. The one-week “Training of Trainers” will take place in January and will prepare the trainers to train 40 peer leaders (10 officers, 20 solders, 10 wives). The training will cover how to advocate for HIV programs in the UPDF and how to teach their peers about HIV/AIDS facts, condom use, and life skills.

Following the peer leader training, in February, the peer leaders will be responsible for conducting the following:

- Individual Level:
  - Distribute materials and answer questions
  - Counsel
  - Refer to services (e.g., STI treatment, PLWHA)
  - Condom demonstrations
  - Condom distribution (i.e., sell or give out)
  - Record keeping (e.g., activities, products)

- Group Level:
  - Group peer leadership sessions
  - Lead/arrange for dramas (2 times a month)
  - Coordinate the film shows (2 times a month)
  - Record keeping (e.g., activities, products)

The curriculum will be developed based on the key needs identified in the KAP.
Information Dissemination

- **Print.** There is a critical need for Military targeted IEC materials. An informational booklet about HIV/AIDS prevention, STI treatment, PMTCT and VCT will be created for the peer leaders to distribute. Picture cards will be created for the peer leaders to use for individual sessions. A poster will be created to convey messages about HIV prevention, especially condom use. Clear-7 brochures will be produced to reinforce the dramas that were done last year. A condom carrying case, with a few First AID supplies has also been proposed and discussions with the military are underway to confirm its feasibility.

- **Edutainment.** Peer education will be supplemented with dramas and edutainment for message reinforcement. Four drama scripts will be developed and the UPDF drama group will rehearse and stage the dramas twice a month. PSI/U is also seeking clearance to air PSI Namibia’s feature-length video drama “Remember Eliphaz” the story of a young soldier who learns that he is HIV+. The video will be screened in the military bases using their MVU.

Monitoring and evaluation

The program shall be monitored at the individual and group level. Monitoring forms have been designed to count the number of activities (e.g., sessions held, materials distributed) and evaluation forms have been designed to measure the impact of events (e.g., peer education training, drama and video shows).
## Target group analysis

<table>
<thead>
<tr>
<th>Target Group</th>
<th>Description</th>
<th>Justification for selection</th>
<th>Key barriers to behavior change</th>
<th>Key messages to overcome barriers</th>
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</table>
| UPDF         | Age: 18 - 49  Sex: Male and Female | Uniformed services face new and challenging environments where they are often detached from their accustomed community and family environment, are increasingly mobile and are very vulnerable to HIV. | - Incorrect and inconsistent condom use  
- Low condom availability  
- Low self-efficacy and solution efficacy.  
- Alcohol abuse  
- Increased extra-marital affairs  
- Increased casual partner relationships.  
- Trusted partner  
- Low risk perception  
- Unsupportive environment for preventive behaviors  
- External locus of control  
- Lots of misconceptions about condoms. | - HIV can be prevented by abstaining from sex, faithfulness to uninfected partner, consistent and correct use of condoms and reducing the number of sexual partners  
- Condoms are highly effective when used correctly and consistently  
- Always be prepared by carrying a condom with you in the case.  
- Condoms are easy to use, comfortable and they protect against HIV and STIs  
- Sexually transmitted infections (STIs) enhance the risk of HIV infection. |
### Summary of activities

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Target</th>
<th>Activities</th>
<th>Outputs</th>
<th>M &amp; E</th>
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</table>
| Community mobilization and advocacy | UPDF administrators and commanders in Kakiri and Bombo                  | • Advocacy meetings with administrators encouraging them to ensure supportive policies for HIV prevention, including condoms  
• Commanders will speak about HIV prevention during regular drills and sessions | • 10 meetings with administrators  
• Talking points for commanders | • Report of meetings and action points  
• Distribution of talking points. |
| Condom Availability            | Bar and lodge owners in Kakiri and Bombo                               | • Meet with owners of bars and lodges to make condoms more available (sell or free)  
• Distribute condom posters/stickers | • 50 bar owners met with in Kakiri and Bombo  
• 25 lodge owners met with in Kakiri and Bombo  
• 200 posters/stickers placed  
• X# of condoms distributed | • Report of meeting and action points  
• Material distribution log  
• Sales data |
| Peer Education                 | UPDF soldiers and wives in Kakiri and Bombo                           | • Develop curriculum for TOT and peer education training  
• Training of Trainers (TOT)  
• Peer education training  
• Peer education outreach  
• Drama and video shows  
• Develop print materials (HIV Fact Booklet, posters, Clear-7 brochures) | • Curriculum  
• 6 trainers trained (2 officers, 2 soldiers, 2 wives)  
• 40 peer leaders trained (10 officers, 20 soldiers, 10 wives)  
• 24 dramas  
• 24 video shows  
• 10,000 posters  
• 50,000 booklets  
• 60,000 Clear-7 brochures  
• 2000 peer leader individual sessions  
• 100 sets of Picture Cards | • Pre/post of TOT  
• Pre/post of peer education training  
• EIS for drama and video shows  
• Material distribution log (posters, booklets, brochures)  
• Peer leader log |
### Calendar of events

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<th>Phase</th>
<th>QTR 1</th>
<th>QTR 2</th>
<th>QTR 3</th>
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<td>Jan</td>
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<td>Research</td>
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<td>Follow up KAP</td>
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<td>Data collection</td>
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<td>Results ready</td>
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<td>Community Mobilization</td>
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<td>Advocacy meetings</td>
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<td>Talking points developed</td>
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<td>Peer Education</td>
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<td>Training curriculum development</td>
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<td>Production and print of curriculum</td>
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<td>Training of Trainers</td>
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<td>ID and recruit Peer leaders</td>
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<td>Bi-Monthly Peer education sessions</td>
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<td>Weekly Visits by peer leaders</td>
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<td>IEC materials</td>
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<td>Creative brief: HIV Facts Booklet</td>
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<td>Development</td>
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<td>Production</td>
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<td>Creative brief: Picture Cards</td>
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<td>Production</td>
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<td>Clear-7 Brochures reproduction</td>
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<td>Drama and Video shows</td>
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<td>Script development</td>
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<td>UPDF drama group rehearsal</td>
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<td>Drama show events</td>
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<td>Video Shows: Remembering Eliphaz</td>
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**Note:** The table includes activities and their corresponding months and quarters for the specified year, formatted in a clear and organized manner. The activities are divided into Research, Community Mobilization, Peer Education, and IEC materials categories, each with specific tasks and spans of time marked with 'X' for each activity in their respective columns.
Chapter One
Introduction

1.1 What is peer education?
Similar people learning informally together

A peer is a person who is of equal standing or rank with another person. A peer leader is a member of a group of people sharing the same background, experience and values. The peer leader is trained to facilitate discussions on HIV/AIDS risk-taking behavior and lead his or her peers in the examination of solutions. The peer leaders are the link between the program and the target population. The peer leaders, who usually share the same age, gender or status as their peers, can:

- Facilitate discussions
- Answer questions
- Present information
- Conduct advocacy
- Provide counseling
- Lead dramas
- Distribute materials
- Make referrals to services
- Sell or give out condoms.

Peer education or peer leadership
In a uniformed services setting, the term “peer leader” is sometimes considered more appropriate than “peer educator”. Leadership implies setting a positive example and inspiring others to follow. The peer leaders are expected to help others from their peer group to go through the process of examining and, ultimately, changing behavior that puts them at risk of HIV infection. Peer education or peer leadership is a form of non-formal education that can be established at little cost. It has also proved to be good for delivering culturally sensitive messages that come from, as well as work for, the benefit of a specific group.

1.2 What do peer leaders do?
Diverse levels of intervention
Different ways in which peer leaders work:

- Facilitate discussions on risk-taking behavior and settings that encourage it
- Disseminate basic facts on STIs (sexually transmitted infections)/HIV/AIDS
- Train peers in safer sex practices
- Train peers in condom use and condom negotiation with a sexual partner
- Motivate condom use among peers
- Help in social marketing of condoms
- Identify those with STIs and motivate them to take early and complete treatment
- Identify cases of repeated infections of STIs and/or treatment failure and refer them to appropriate health centres
- Participate in broader project activities.
1.3 Why use peer education?
Advantages include:
- Low cost
- Breaks barriers to help sensitive matters to be discussed without fear
- Brings about sustainable behavior change
- Helps maintain confidentiality
- Most effective, informal way of sending the correct message to a specific target group
- Less time-consuming than more formal methods.

Peer leader the key
The success or failure of a peer education program depends largely on the characteristics of the peer leader. The main characteristics that are desirable in a peer leader include:
- Available and accessible to the target group at all times
- Motivated by concern for the health of the target group
- Has effective interpersonal communication skills
- Known to or part of the uniformed services community
- Respected by the uniformed services community
- Able to listen to others without bias or assumptions
- Confident about his/her ability to work with the uniformed services community
- Able to speak the language(s) of the target groups.

1.4 The behavior change process?

Information not enough
Hearing facts about HIV and AIDS does not usually result in people changing their risk-taking behavior. People change their behavior when they understand the consequences of it and decide for themselves that they should change. People can be told over and over again to do something but they do not usually do so until they see that the change is worthwhile and want to do it themselves.

Learning through experience
Peer leaders who ask questions rather than give talks are more effective. Peer beneficiaries prefer peer education exercises that encourage them to think about their own lives and discuss the behavior choices they face. In other words, rather than telling them that drinking alcohol increases risk-taking behavior, it is more effective to get them to reflect on what happens personally when they drink and what effect it has on their behavior.

Personalize issues
Sometimes those with risk-taking behavior deny that they have a problem. The more peer leaders can get each peer beneficiary to see that HIV and AIDS is not someone else’s problem, the better. Getting peer beneficiaries to talk about how they would feel if their children had to suffer because their father whom they loved so much died of AIDS, and the mother who takes care of them is in the advanced stage of the disease, is one way of personalizing the potential impact of the virus.
**Touch emotionally**
It is easy for peer beneficiaries to ignore the advice of peer leaders who only talk about the facts of HIV and AIDS. What is more effective is getting them to become concerned about what being infected with HIV would mean to them and their families. For example, peer beneficiaries can be asked to describe how they would feel if, after wishing for a son, their wife gives birth to a beautiful boy who looks just like them, but who then starts to become sick from AIDS and dies before reaching his fifth birthday.

**Understand link between behavior choices and future**
Those who pay women to have sex without condoms are often thinking only of the pleasure of the moment. This is especially true after drinking alcohol and/or taking drugs. Peer beneficiaries can be asked to talk about their dreams for the future and imagine themselves realizing those dreams. They can also be asked how they feel about their current behavior choices reducing the chances of making dreams come true.

**1.5 How do people change their behavior?**

**Inspiring behavior change**
Whereas there are many models and theories of behavior change, for this program we will focus on the stages of change theory. People have to decide themselves to change behavior that puts them at risk of HIV infection. They can be persuaded to examine their behavior and consider the consequences. However, ordering them to change or simply telling them about the risk is not usually enough to get people to make changes. Behavior change is a process that involves several steps.

**Unaware to aware**
Initially a person is unaware that particular behavior may be dangerous. The first step in a behavior change program is to make people aware. For example, to promote safer sex practices, people first need basic information on STIs and HIV/AIDS. This could be provided through various channels using mass and group media and through interpersonal communication, including peer education. Because of the various limitations in Uganda to the use of mass media for age sensitive messages we will focus on group and interpersonal communication. Peer leaders shall distribute the information booklet to beneficiaries.

**Concerned**
Individuals who are aware of an issue may not be concerned about it. Information must be given in such a way that the audience feels it applies to them, i.e. people become concerned and are motivated to evaluate their own behavior. Targeted communication and interpersonal approaches are more useful than mass media approaches. Peer leaders shall coordinate drama and video shows in the community to persuade the audience to evaluate their behaviors.

**Knowledgeable and skilled**
Once individuals are concerned, they may acquire more knowledge by talking to friends, social workers or health-care providers about the dangers of STIs and HIV/AIDS and methods of protection. More interpersonal communication approaches, including peer education, are needed at this stage, especially training programs to build skills in
discussing sex and sexuality and in negotiating responsible sexual behavior. The peer leaders will use picture cards to discuss partner reduction, condom use, negotiation and demonstrate use to increase skill.

**Motivated and ready to change**
Individuals might now begin to think seriously about the need to protect themselves and their loved ones from HIV/AIDS or other STIs. This is when they might become motivated and ready to change. They may think about this for a long time and decide not to have multiple sexual partners or perhaps go out and buy condoms. At this stage, condoms need to be easily available and individuals need to feel capable of using condoms and negotiating safer sex. Commanders and officers can help provide a supportive environment by being role models promoting a positive view of safer sexual behavior. Messages/talking points at the parades and positive messages from peers are particularly effective.

**Trial change of behavior**
At a later stage, individuals may find themselves in a situation where a sexual encounter could take place, and where they have access to condoms. They could then decide to try the new behavior. The results of any trial will be evaluated. If the experience has been too difficult or embarrassing due to lack of experience or skills, then they may not repeat the behavior for a long time. Therefore, skills to negotiate condom use, and to use condoms correctly, are essential.

**Maintenance/adoption of new behavior**
Avoiding relapses to past behavior that put the person at risk in the first place is a challenge. Peer leaders have a role to play in reinforcing positive behavior and encouraging its continuation.
Chapter Two
Training Peer Leaders

2.1 How is training organized?

Training continuous
Training of peer leaders needs to be an ongoing process. Main activities for initiating the training after the peer leaders have been selected or recruited include the following.

- Assess learning needs of the beneficiaries of peer education through rapid assessment surveys and focus group discussions.
- Assess existing knowledge and attitudes within each category of peer leaders (a rapid assessment through surveys may be done for this purpose).
- Prepare a training plan based on the findings of training needs assessment and beneficiary needs assessment.
- Plan the number of peer leaders to be trained in each batch. The quality of the training is often related to the size of the group. In other words, training 20 at a time will be more effective than training 100 at a time.

2.2 Why carry out training needs assessment?

- Ensures that the training plan is based on the learning needs of the participants.
- Increases the commitment of the participants for learning, as they are involved in preparation of the training plan.
- Makes learning a joint responsibility of the participants and the facilitator.
- Helps to develop rapport between the facilitators and the participants before the actual training begins.
- Helps identify the strengths and limitations of the group.
- Helps define learning objectives.
- Helps assess the impact of training on the performance level of the participants.

2.3 How is a training needs assessment carried out?

- Talk to the peer leaders individually or collectively to tell them about the possible topics and objectives of the training program.
- Assess the peer leaders’ interests and what they would like to learn.
- Ask the peer leaders to rank or rate the relative importance of each topic.
- Ask a number of probing questions to assess the existing knowledge of each peer leader within each of the topics.
- Assign priorities for the topics based on the peer leaders’ rankings and assessment of their existing knowledge and the essential knowledge and skills that they require as peer leaders.

2.4 What are the training objectives?

Each of the training sessions should be participatory in design and try to meet as many as possible of the following objectives. Peer leaders need to understand:

- The principles of adult learning
- How to use communication skills with their peers or target group
- How to use communication skills to facilitate group discussion
- How to explain the dynamics of HIV/AIDS and its impact
- How to discuss basic facts on HIV/AIDS/STIs
- How to discuss basic STI symptoms and care services in their area
- How to discuss gender issues related to HIV/AIDS infection
- Peer education and outreach strategies for HIV/AIDS/STI prevention
- How to discuss human sexuality in a confident way
• How to use condoms in a correct way
• How to discuss issues around HIV testing
• The behavior change process
• How to assess risk-taking behavior of their peer or target group
• How to use decision-making or problem-solving processes to reduce risk
• How to use negotiation skills related to HIV/AIDS prevention
• How to discuss the advantages of safer sex services with the local authorities
• How to discuss the advantages of safer sex services with owners of lodges and bars
• Access to health-care services
• The process of creating an effective communication project.

2.5 How are peer leaders supervised?

It is necessary to:
• Identify the number of supervisors needed
• Identify the supervisors
• Determine the method of supervision: individually or as a group
• Determine the frequency of supervision
• Prepare a checklist of tools for supervisors
• Train supervisors.

2.6 What are the characteristics of effective supervision?

• Supervisors should be knowledgeable about HIV and the peer education program and be in close contact with peer leaders.
• Two-way communication is needed between peer leaders and the supervisors.
• Peer leaders should understand that they are not being judged individually; the supervisors are there to support them, and their experience is contributing to a fuller understanding of how well the whole program is working overall.
• Ideally, the peer leader should be contacted every week, preferably by the same supervisor.
• The supervisor needs to meet all the participants about once a month to assess the effectiveness of the program.
• The supervisors should be able to identify and recruit additional or alternative peer leaders if required, especially if existing ones are found to be ineffective.
• Supervisors need to motivate the peer leaders by making them understand the value of their contribution and how much it is appreciated by the program.
• The supervisors’ reports should be analyzed and reviewed quarterly to determine what changes need to be made to the program.

2.7 Why organize refresher training?

Revisals and renews

It is a common practice to train peer leaders at the start but offer little support afterwards. Refresher training has good value in revitalizing peer leaders and reorienting their work. The content of the refresher training should be based on feedback from the supervision and monitoring. These elements should be considered when planning refresher training:
• Obstacles to effective peer education based on feedback from peer leaders and beneficiaries
• Need for reinforcement of previous learning
• Identifying additional knowledge and required skills.
3.1 How do you get support for sessions?

Coordinate with other peer leaders
Discussing approaches to peer education and reviewing what was learned during the training with other TOT peer leaders is a good way to get started. If the way ahead is not clear the peer education trainer should be available to offer help in getting started or unstuck. Superior officers can be approached together to get permission to organize sessions.

Convince superior officers
Not all superior officers are convinced that peer education is a good thing. It might be up to you to explain what peer education is and why it is important. You might point out that officers want their forces to be protected in battle so why not protect them from an even more powerful hazard? Point out that you have the support of the commander to organize peer education sessions but you are depending on the superior officer to provide inspiring leadership and encourage personnel to participate.

3.2 Why write a work plan?

A work plan sets the stage
A work plan simply states what each peer leader intends to do, when they intend to do it, and with whom and where. The TOT Peer leaders are also the supervisors for the peer leaders they train. It is important that they outline for them a work plan, with which they are to supervise/monitor the set activities (See Chapter 6, M&E). Peer education sessions which are regularly scheduled, even if they are informal, work better than unscheduled ones. Once a work plan is prepared and approved by the commander or immediate supervisor it is more likely that the sessions will be held as planned and peer beneficiaries will participate. This is especially the case if the commander orders personnel to participate and allows sessions to be held.

3.3 How do you identify peer beneficiaries?

Identify those most at risk
Not all people in the uniformed services are at equal risk of being infected and infecting others. Many men already use condoms when they have casual sex and others remain faithful to their wives. Younger personnel who like to drink alcohol and go to lodges are the most important group to engage in peer education.

Work with commanders or other officers to identify participants
Commanders can arrange for peer education sessions to be organized during work time and even order peer beneficiaries to attend. Lists can be made of unmarried or younger personnel to ensure that they are involved from the start.

Go to where personnel congregate
Men potentially at risk can be found in places where alcohol is served. Younger men can often be found playing sports, mweeso or cards. Where personnel live in barracks they will be easy to find.
**Use public ceremonies for announcements**

A public ceremony or meeting of the company is good for making announcements and reaching large numbers with basic information but it is not so useful for interactive participatory sessions: for these small groups of 10–15 are recommended.

**Be sensitive when seeking particular groups**

It is best when peer leaders themselves share the same characteristics as those they are approaching and practice safe sex. It can be expected that those who are most at risk may be afraid of discrimination against them if they are associated with a group known to have risk-taking behavior. Meeting them discreetly in places where they congregate, individually or in small groups, may be necessary to gain their confidence.

3.4 How do you attract peer beneficiaries?

**Make peer education fun and interesting**

The more formal and dull peer education sessions are, the harder it is to get peer beneficiaries interested and to keep their interest. The more dynamic and amusing the peer education is, the more likely peer beneficiaries will want to participate. If they are going to get a long moralistic lecture you can be sure they will head the other way when they see the peer leader walking in their direction.

**Use exercises learned in training**

Most peer leaders enjoyed the games, role-playing and participatory discussions that were part of their training. Peer beneficiaries can be expected to like those kinds of activities as well. Make sessions attractive by encouraging animated discussion with provocative questions.

3.5 How do you promote yourself as a peer leader?

**Identify yourself as a peer leader**

If given a peer education poster put it up in a prominent place outside your barracks or near where you work. If given a special peer leader T-shirt or hat, wear it whenever possible. If the topic of HIV comes up in casual conversation point out that you are a peer leader and like to talk about the subject and answer questions.

**Introduce yourself at gatherings of personnel**

Let it be known at company ceremonies, parades or other assemblies that you are a peer leader and are willing to meet with colleagues one to one or with small groups who would like to talk about HIV and AIDS.

3.6 How do you choose a location for sessions?

**Go to where the people are**

It is always more effective when the peer leader goes to where personnel are rather than having them come to him or her. The more convenient the location is for peer beneficiaries, the more likely they will participate. Meet them where they are already congregated such as in barracks, recreation areas or clubs. The most common place for hangout is probably the best location.
For sensitive topics discreet locations are best
If the topic is condom use with sex workers, meeting in front of the barracks with wives walking by might not be the best idea. The use of discreet locations with few passers-by and out of earshot of senior officers or family members is recommended.

3.7 How do you prepare a session?

Being well prepared is important
The better prepared the peer leader is, the more smoothly the session will flow. Make sure you know exactly what topics you would like to cover, what exercises you would like to conduct and what you expect to accomplish.

Read background information before session
Nothing is more distracting than a peer leader who is not prepared and who reads the reference material during a session. Although the curriculum gives detailed guidelines to various topics, it is better to read it a short time before the session and have it fresh in your mind.

Practice sessions with friends first
Getting practice explaining exercises with a couple of friends before the session increases the chances they will work when you conduct the session.

Arrive on time
When sessions are scheduled, it is best to arrive a little early to greet the participants. Make sure you are not late. Do not keep them waiting: they may be gone by the time you get there. Arriving early allows you to get some feedback on previous sessions by talking to the first who arrive.

3.8 How do you introduce a session?

Introduce yourself and session goals
If the peer beneficiaries do not already know you, identify yourself and explain what your role is. Tell them that you will be asking questions to stimulate discussion and introducing games and exercises. Explain the purpose of the particular session and emphasize that everyone’s participation is desired and that everyone’s opinion and experience are equally important.

Create an environment of trust
Let peer beneficiaries know that you are there to help them and want to encourage free and open discussion in order to better understand what puts people at risk and how to reduce risk. Reassure them that anything said in the session will be kept confidential by you and encourage all the participants to be discreet and respect each other.

3.9 How do you conduct a session?

Keep relaxed and informal
Peer beneficiaries generally prefer sessions that are held in an informal atmosphere with peer leaders who lead but act informally rather than like a superior officer or a teacher.

Allow peer beneficiaries to have fun
Role-playing, playing games and discussing sex can be fun and cause laughter. It is up to the peer leader to create an informal atmosphere that allows this to happen.
**Do not be judgmental or moralistic**
Making peer beneficiaries feel guilty when they are talking about risk-taking behavior can result in communication being cut off and is unlikely to result in positive behavior change. Try to respect everyone’s opinions even if you do not agree with them. A peer leader who is faithful to his wife or girlfriend may find it hard to understand why other men visit sex workers. Whereas it is important to encourage faithfulness, as a peer leader, it is essential that you ensure that your peers who engage in extra marital affairs are encouraged to protect themselves from infection.

**Ensure that everyone participates**
Try to get everyone to contribute equally to discussions. There will always be a few people who will want to dominate and a few quiet ones who prefer not to say too much. It is up to the peer leader to try to get everyone to participate. Ask questions directly to individuals rather than to the whole group and ask the same question to several different people, especially the quieter ones.

**Try not to tell people what to do**
Remember peer beneficiaries have to conduct their own risk assessment and then decide for themselves that it is to their advantage to change their behavior. Simply being told to change does not usually work.

**Ask probing questions or follow-up questions**
To get the peer beneficiaries to offer more details about their experiences and what they were thinking and feeling, ask additional questions based on what they say. For example ask people how they feel and not just what they think or know. Find out if they were happy, guilty, sad, worried, afraid or indifferent about specific situations.

**Get peer beneficiaries to move and stretch**
If the attention level is waning and people are getting a bit restless, try getting them to stand up and stretch, touch their toes or jog on the spot.

**Keep sessions short**
It is better to have many sessions scheduled on different days than to have one lengthy session. Try to make the session interesting and keep the beneficiaries wanting and eager for the next session on schedule.
Chapter Four
Making Peer Education participatory

BASIC FACTS ON MAKING PEER EDUCATION PARTICIPATIVE

4.1 Why make peer education participative?

*Information alone does not usually change behavior*
Experience shows that interactive and participatory methods are more effective in motivating participants to think through their behavioral choices and inspire change than simply providing facts.

*Formal lectures tend to be dry and dull*
Reading directly from documents or reciting facts about HIV and AIDS is usually not appreciated by peer beneficiaries. They would much prefer the peer leader to introduce discussion topics such as sexually transmitted infections or stigma and discrimination, and provide information or answer their questions in the course of the discussion.

*Some information needed*
There may very well be information gaps to be filled but as a rule a lack of knowledge is not the problem faced by uniformed services personnel. People know how HIV is transmitted and how to prevent its transmission. The problem is that risk-taking behavior such as having sex without using condoms is still practiced despite knowledge that condoms should be used.

4.2 Why should participation be encouraged?

- Peer beneficiaries enjoy sessions more when they are talking, laughing and actively involved.
- Instead of dealing with abstract facts on HIV and AIDS, participation helps personalize the issues and makes them relevant to the lives of the peer beneficiaries.
- Peer beneficiaries tend to remember details better if they are discussed and personalized rather than presented as fact.
- Active participation allows immediate feedback on what peer beneficiaries are thinking and feeling, and provides peer leaders with the opportunity to correct misinformation and identify problem areas that need attention.
- Encouraging participation results in peer beneficiaries reflecting on their own situation and behavior choices.
- Hearing about the experiences of others helps peer beneficiaries realize that others are facing the same challenges. They can be encouraged by those who have successfully changed risk-taking behaviors.
- Participation improves the quality of contact between peer leaders and peer beneficiaries.
- Encouraging participation is actually easier for peer leaders because they are not doing all the talking and they do not have to spend time preparing lectures.
4.3 How do you get peer beneficiaries to talk?

**Asking questions is the key**
The more peer beneficiaries are talking and the less peer leaders are talking, the better the job the peer leader is doing. In other words, a peer leader should ask a question to start a discussion such as “Can you describe what happens when your new girl invites you to a lodge?” When the group runs out of things to say the peer leader should ask another question, perhaps sending them in a specific direction: “What happens if the lodge runs out of condoms?”

**Ensure two-way communication channels are open**
A good peer leader should listen more than talk. The trick is to ask a question, listen to the answer and ask another question based on what was said. Ask questions that find out “why” things happened or “how” people feel about certain situations. The idea is not to provide facts but to find out what each peer beneficiary thinks and feels about risk-taking behavior and behavior choices.

**People naturally want to answer questions**
Peer beneficiaries generally like to contribute to a discussion by talking about their own experiences. The challenge for peer leaders is creating a positive environment that makes the peer beneficiaries feel comfortable enough to start talking. It may seem difficult at first but once peer leaders find out how easy it is to initiate a discussion they enjoy their work much more.

**Smaller groups are easier than big ones**
Between 6 and 10 is the best number of peer beneficiaries for a peer education session. If there are more the group becomes unwieldy, harder to control and it is less likely that all peer beneficiaries will get the chance to participate actively. If the group is smaller, too much attention is focused on a few individuals, which may make them feel more uncomfortable, especially when talking about intimate details of their sex lives.

4.4 What are probing questions?

**Go beyond surface comments**
Probing questions are used to obtain information that is needed to communicate effectively. Peer beneficiaries often provide short answers or even try to give you the answers they think you want to hear. A peer leader who is skilled at asking probing questions is more likely to get to the reality of a situation and encourage open and frank discussion. Developing skills for asking probing questions is important. Some examples of probing questions are:

- Could you tell me more about that?
- What made you do that?
- How did you feel when that happened?
- Why do you think that is important?

4.5 What are open-ended questions?

**Look for more than “yes” or “no” answers**
An open-ended question is a question that cannot just be answered by “yes” or “no”. Open-ended questions are useful to peers to get discussions started. Open-ended questions cannot be answered in a few words and usually begin with “how”, “why” or “could”. A closed-ended question asks for only a simple answer that does not require any reflection on the listener’s part. Answers to such questions are usually brief (“yes” or “no”) and they usually
begin with “is”, “are” or “do”. Open-ended questions are more valuable than closed-ended ones because they increase participants’ involvement in peer education sessions.

**Examples of closed-ended questions**
- Do you like rice?
- Do you drink beer?
- Are you enjoying this training?

**Examples of open-ended questions**
- What are your favorite foods?
- What do you think of beer drinking?
- How could this training be improved?
- Why do you think men are different from women?

### 4.6 Why examine behavior choices?

**Get peer beneficiaries to understand the consequences of their behavior**
Create a relaxed and informal atmosphere that encourages peer beneficiaries to describe their risk-taking behavior and reflect on what the possible consequences of their behavior choices might be. These might be feeling guilty, fear of infecting their wives, fear of a premature death or suffering from stigma and discrimination.

**Get peer beneficiaries to pinpoint their decision-making process**
Peer leaders can encourage peer beneficiaries to pinpoint exactly when decisions were made that put them at risk. Questions like the following can be asked.
- When was the decision made to take the girl to the lodge?
- When was the decision made to obtain or not obtain a condom?
- When was the decision made to use or not use a condom?
- Did they imagine their sexual partner was not infected because she was beautiful?

The idea is that if those with risk-taking behavior understand why they made certain decisions and when, they can make a different decision the next time they find themselves in the same situation and avoid the risk-taking behavior.

**Get peer beneficiaries to consider influences on their behavior**
Peer leaders can help peer beneficiaries figure out the external influences on the behavior choices they make. Peer pressure to go out with CSWs, alcohol consumption which clouds decision-making or partners who are insulted by the idea of condom use are the kinds of things that can influence behavior choices.

**Get peer beneficiaries to confront their defenses**
Some peer beneficiaries have a tendency to deny that their risk-taking behavior is a problem or even blame others for it. Peer beneficiaries can sometimes give a long list of reasons why they do not use condoms. It is up to the peer leaders to get peer beneficiaries to think through the realities of HIV/AIDS, examine the behavior choices they make and not hide behind misinformation or wishful thinking. This can be done by getting other peer beneficiaries to comment on the excuses offered or what they think the real risks are.

### 4.7 How do you use support materials?

**Support materials enhance peer education**
Support materials are usually printed documents with illustrations or photographs that can be used by peer leaders to convey ideas and stimulate discussion. These help to make the peer
leaders’ job easier by providing questions to ask. PSI will provide an information booklet and picture cards. Some suggestions on how to use support materials:

- Don’t tell peer beneficiaries what is happening in the photographs or illustrations: ask them to tell you.
- Let the peer beneficiaries comment extensively before offering information yourself.
- Make sure everyone has a good view of the materials by moving the peer beneficiaries in closer or passing the materials around for each to have a good look.
- Ask open-ended questions: avoid questions that get “yes” and “no” answers.
- Create a relaxed atmosphere by placing participants in a circle without desks in front of them.
- Ask follow-up questions based on what is said like: “Could you expand on that? What does that mean to you exactly?” “Does anyone have anything to add?”
- Ask the same question to different peer beneficiaries.
- Re-pose questions asked by peer beneficiaries to the other peer beneficiaries to answer.
- Avoid letting the same peer beneficiaries answer all questions.
- Try asking every question to a specific individual rather than letting anyone answer because the same people will usually respond.
- Ask simple questions like: “What do you think?” “What do you see?” “How do you think the person feels?” “What do you think they will do?”

4.8 How do you engage peer beneficiaries?

**Make sure all peer beneficiaries participate**
The more peer beneficiaries are active and involved in the peer education, the more they like it. Some suggestions on how to engage them:

- Ask peer beneficiaries what kinds of activities and topics they prefer, and offer them.
- Involve peer beneficiaries in the decisions on the times and locations for sessions.
- Use the more dynamic peer beneficiaries as helpers and subgroup leaders.
- Break into small groups or pairs for more intimate discussions and get the groups to report back.
- Suggest the buddy system be used to help the peer beneficiaries keep an eye on each other outside the sessions.

EXERCISE 4.1
How to lead a peer education session

**OBJECTIVE**

To improve skills for peer leadership

**BACKGROUND**
The more the peer leaders develop their skills, the more effective they will be in their work. This session allows them to practice conducting a peer education session.

**MATERIALS**
Flip chart and paper or blackboard (optional)

**TIME**
1 hour
INSTRUCTIONS

STEP 1
Ask participants to divide into groups of 5–10.

STEP 2
Have each group choose one person to act as the peer leader.

STEP 3
Ask the chosen peer leaders of the groups to role-play how they would approach a group of uniformed services personnel. They can choose any topic related to HIV/AIDS they want. The others in the group will act as the peers. Some suggestions for topics:

- The importance of condoms to HIV/AIDS prevention
- How HIV is spread from one person to another
- Why uniformed services personnel are vulnerable to HIV/AIDS.

STEP 4
Let each group come forward and enact the situations they have created.

STEP 5
Discuss with participants and remind them of the factors that they must bear in mind when meeting a group for the first time:

- Greet the group
- Introduce themselves
- Explain why they have come.

STEP 6
Write out and explain to participants some of the things they should remember when facilitating a group of peers:

- Be punctual at sessions.
- Have fun playing the games in a relaxed manner.
- Do not be judgmental and remember that everyone has his/her own views and beliefs.
- Try not to tell the group/person what to do. Rather, ask them questions so that they can deduce their own answers.
- If your group is tired or loses attention during the session, then exercise or sing a song before you continue, or reschedule the meeting.

STEP 7
Review the important points and ask for feedback from the participants. Ask if they have any questions.

EXERCISE 4.2
Skills for asking questions

OBJECTIVE
To increase skills in leading discussions through effective question-asking

BACKGROUND
Probing questions are used to obtain information that is needed to communicate effectively. Often participants in peer education sessions will provide short answers or even try to give you the
answer they think you want to hear. A peer leader who is skilled at asking probing questions is more able to get to the reality of a situation and encourage frank and open discussion.

MATERIALS
None

TIME
20 minutes

INSTRUCTIONS

STEP 1
Tell the peer leaders why developing skills for asking probing questions is important. Ask them to provide some examples of probing questions such as:
- Could you tell me more about that?
- What made you do that?
- How did you feel when that happened?
- Why do you think that is important?

STEP 2
Explain to peer leaders that an open-ended question is a question that does not require a “yes” or “no” answer. Open-ended questions are useful to peers to get discussions started. Open-ended questions cannot be answered in a few words and usually begin with “how”, “why” or “could”.

STEP 3
Point out that closed-ended questions ask for only a simple answer that does not require any reflection on the listener’s part. Answers to such questions are usually brief (“Yes” or “No”) and questions usually begin with “is”, “are” or “do”. Ask each peer leader in turn to answer the following questions:
- Do you like rice?
- Do you drink beer?
- Are you enjoying this training?

STEP 4
Now ask each peer leader in turn to answer the following open-ended questions:
- What are your favorite foods?
- What do you think of beer drinking?
- How could this training be improved?
- Why do you think men are different from women?

STEP 5
Remind participants that open-ended questions are more valuable than closed-ended ones because they increase participants’ involvement in peer education sessions.
Chapter Five
Overcoming Barriers

BASIC FACTS ON OVERCOMING BARRIERS

This section focuses on several things that can make sessions difficult to conduct. Suggestions are made on how to overcome barriers such as poor communication and reluctance to deal frankly and openly with sexual issues. One of the exercises included has peer leaders consider common obstacles faced and think about how to overcome them. The other has them consider their own personal obstacles that may inhibit them in their peer education work.

5.1 How do you overcome barriers to effective communication?

_Talk less and ask more questions_
If peer leaders are talking too much then they are not doing their job. Most peer beneficiaries find lectures dull and boring. Peer leaders who get discussions started by asking questions find that approach much more effective than preparing talks. Peer beneficiaries are more interested in talking about their lives than listening to a peer leader talk in technical language about HIV and AIDS in a way that they do not understand or really care about.

_Ask questions and then listen_
To be effective, a peer leader should encourage peer beneficiaries to think and talk about their own situations. They would much rather talk about what is happening in their own lives. Peer leaders should listen to what peer beneficiaries have to say and then ask more questions until everyone has had a chance to add to the discussion.

_Find out what is happening in the lives of peer beneficiaries_
The more peer leaders understand the lifestyles of peer beneficiaries, the better they will be able to help them think through their behavior choices. If a peer leader is talking too much then he or she is not listening. For example, rather than give facts about voluntary counseling and testing, peer leaders can ask the peer beneficiaries if they have ever thought about going for a test or ask those who were tested to describe how they felt about the experience.

5.2 How do you keep informed?

_Read reference materials_
An informed peer leader is a confident peer leader. Reading reference materials several times increases the chances of remembering the content. Reading the materials often helps to refresh your memory.

_Offer to answer tough questions later_
Pretending to know the answer to a question to save face is never a good idea. A good peer leader writes down a question he or she cannot answer and either looks up the answer in a reference book or asks another peer leader or supervisor. The correct answer is then offered at the next session.
Seek advice and counsel
Part of the job of the peer education supervisor is to provide peer leaders with the information they need. They are also available to offer advice on problems organizing or conducting peer education. They will also be glad to meet with peer beneficiaries who have particular problems that the peer leader cannot handle.

5.3 How do you get comfortable with sexual issues?

Keep peer education focused on sex
Most HIV infection is transmitted through sexual relations, the majority of them heterosexual. Even in the case of the second most important mode of transmission, mother-to-child transmission, the mothers were almost always first infected by their sexual partners before passing the virus to their babies. Despite this reality, there is often reluctance on the part of peer leaders and participants to deal frankly and openly with human sexual relations. In order for HIV/AIDS prevention to be effective, there has to be an understanding of the sexual behavior of uniformed services personnel that puts them at risk.

Be bold when discussing sex
Talking about sex is taboo for many people, especially when it involves details of sexual behavior that may be socially unacceptable, such as relations outside marriage or sex for money. It requires special skills on the part of peer leaders to become comfortable with dealing with sexual questions themselves and then getting their peers to feel comfortable as well. Some suggestions for making talking about sexual issues easier:

- Be at ease in talking about sex. If you are embarrassed, participants will be too.
- Provide a comfortable and quiet place where people will not be interrupted so that participants feel safe in revealing sexual information honestly.
- Ask direct questions about sex to encourage peer beneficiaries to offer concrete detailed information about their sexual choices.
- Get people to talk about “someone just like them” or “someone they know very well” if they are too shy to talk about their own sexual habits. This sometimes allows them to speak more freely than if they have to reveal things about themselves.

5.4 How do you get others talking about sexual issues?

Think about your own sexual values
Peer leaders should start by looking at their own sexual behavior and examine their personal opinions and moral values as well as their feelings about sexuality. Next they should learn to use sexual words without embarrassment. Learn the type of questions to ask that will elicit sexual information without unduly embarrassing the participants. In cases where people may be reluctant to discuss sexual issues openly and frankly, peer leaders can use a variety of techniques, including the following.

- Start with more indirect questions, which are easier to answer, such as asking peer beneficiaries to describe their family situations, and talk about their siblings or children.
- Ask specific questions about sexual relations but if the peer beneficiaries are reluctant to discuss their own experiences ask them to talk about “people they know” or what “people nowadays” might do.
- Do not be judgmental or take a moralistic attitude when sexual issues are being discussed.
Encourage discussion by asking follow-up questions such as “How did you feel then?” or “Why do you think that happened?” Or ask others to comment on what happened and if they have had similar or different experiences.

**Admit that talking about sex is not always easy**
Indicate that you realize people do not usually discuss sex and that it can be embarrassing to do so. However, we all have sex and the questions and problems facing us demand that we are able to talk openly about it. Other suggestions:

- Use humor. Nothing reduces embarrassment like a good laugh.
- Begin questions with a general statement about different types of sexual behavior. Do so in an accepting manner and then proceed to ask them to describe their own sexual behavior or that of people they know well. For example: “Someone told me that some men want to use condoms but get so drunk they forget. Do you know anyone to whom this has happened?”
- Start from general questioning and become more specific as the peer beneficiaries relax and get talking. For example, get them to describe where they go to drink alcohol, who they go with, who they meet there; and then ask them to describe sexual encounters.
- Use words that are understandable and acceptable to peer beneficiaries. Develop a vocabulary of terms that are commonly used. Do not be afraid to use them even if they sound vulgar. Words include: sexual intercourse, penis, vagina, sperm, oral sex, anal sex, sex worker, words pertaining to various STIs, etc.
- Be aware of cultural attitudes and values concerning sexual behavior that affect a person’s risk of being infected by HIV.

**5.5 How are personal blocks overcome?**

**Condoms cannot be ignored**
It is impossible to reduce HIV infection without condoms. Some peer leaders may be personally against condoms or feel uncomfortable talking about them. However, peer leaders cannot do their job effectively without getting peer beneficiaries to consider correct and consistent condom use.

**Moral judgments counter-productive**
Peer leaders can set a good example by avoiding engagements with sex workers and excessive alcohol consumption. But criticizing others who do not practice the same positive behavior can end up alienating those you are trying to work with. More often than not, morally judging the behavior of a peer beneficiary will lead to communication being cut off and the person hiding their risk-taking behavior. The idea is to create strong lines of communication and get the peer beneficiary to understand behavior choices better.

**EXERCISE 5.1**
**Understanding barriers to effective communication**

**OBJECTIVE**
To promote understanding of common barriers to effective communication and increase knowledge on how to overcome them.

**BACKGROUND**
There are a number of common barriers to effective communication that greatly handicap peer education. They might involve the peer leaders themselves (personal), the greater society (socio-
cultural) or poor organization (logistical). It is important for peer leaders to understand what the challenges are and how they can be effectively overcome.

What follows is a description of different barriers to effective communication. Read each one and think of ways peer leaders could respond to them. If you find that you have one these challenges, always make an effort to overcome them.

**Personal barriers**

**BARRIER 1**
The peer leader has difficulty communicating effectively, does not understand the subject, or has poor understanding of his/her peers and how they see the subject.

**Strategies**
- Make sure your knowledge is up to date. If you do not know something, inform your peers of that and return later with the information they need.
- Take time to learn about your group you are going to discuss with.
- Prepare to learn from the group.
- Revise a lot during your free time.
- Take time to practice.

**BARRIER 2**
A peer leader’s negative attitude can affect the impact of the message on others.

**Strategies**
- Be keenly observant and aware of your attitudes and biases, and try to set them aside when you work with your peers. Never impose your own opinions on controversial topics.
- Go with facts.
- Separate personal values from facts.
- Try to be flexible.

**BARRIER 3**
Some young people do not feel comfortable with people much older than themselves, and some older people may not be comfortable discussing certain subjects with younger persons.

**Strategies**
- Show respect to all participants. Identify yourself as a responsible person who deals sensitively with difficult topics.
- Gain confidence.
- Try to fit in the group.
- Keep on reassuring that you are all learning from each other.
- Involve them as much as possible.

**Socio-cultural barriers**

**BARRIER 4**
Sometimes religious and cultural backgrounds may differ and may interfere with communication.

**Strategies**
- It helps to have background information on the religious and cultural beliefs of the people with whom you are working. Try to acknowledge when religious and cultural values might interfere with communication and deal with them head on.
- Do not ignore them. Respect people's values even when you do not agree with them.
- Concentrate on facts.
- Respect other’s opinions.
- Get well acquainted with social norms.
BARRIER 5
Some people prefer to communicate with people of the same sex, especially on sensitive subjects.

Strategies
- Acknowledge that the discussion might be embarrassing, but explain that sometimes it is necessary to discuss sensitive topics. Acknowledging embarrassment sometimes helps one to overcome it.
- Familiarization with group you are to discuss with.
- Concentrate on facts.
- Keep them interested in the subject
- Find confidence and also dwell on facts.

BARRIER 6
Some people may misunderstand technical language. They may be polite and pretend to understand but there may be a lot of blank faces among those listening.

Strategies
- It is important to speak in terms that the participants will understand and to use acceptable terminology. Keep language as simple as possible. Find out whether terms are familiar or if they require an explanation. If you have to work with people who speak a different language, find a reliable person to translate.
- Probe or ask for feedback then you will know if you were understood correctly.
- Try to illustrate, demonstrate and elaborate clearly.
- Understand the target group

BARRIER 7
Younger recruits might find it hard to relate to a person who appears to be of another economic status or a much higher rank.

Strategies
- Show respect, no matter what the rank or age of the person might be. Sit among the group members instead of standing over them or sitting apart. Wearing informal dress can also help to break down barriers.
- Have confidence and dwell on facts.

Logistical barriers

BARRIER 8
If the meeting time is inconvenient, peers may not be able to listen effectively (or they may not attend).

Strategies
- Allow the peers to choose the time.
- Study target group and choose appropriate time.

BARRIER 9
Noise, foul smell, high temperatures and inadequate seating facilities can interfere with effective communication.

Strategies
- Make sure the venue is comfortable, quiet and accessible.
- Make sure that the place is free from destruction.
- Plan well and early enough.
EXERCISE 5.2
Overcoming personal blocks to condoms

OBJECTIVE
To encourage participants to feel more comfortable discussing sexual issues

BACKGROUND
Discussing intimate subjects such as sex and condoms can make people feel uncomfortable. This is as true of those working in HIV/AIDS prevention as it is of target groups and community leaders. There are different ways to “desensitize” them so that condom promotion can be undertaken more freely.

MATERIALS
Condoms, bananas or wooden models, sheets of paper or a short questionnaire (optional)

TIME
30 minutes

STEP 1
Some people in the uniformed services have never seen, touched or used a condom. Pass condoms out. Have people open the packages and examine them. Ask them to stretch them and even blow them up into balloons. Demonstrate how to put them on, using a banana or a dildo (wooden model).

STEP 2
The following short questionnaire measures people’s personal comfort level when dealing with sex and condoms. The questionnaire may include the following points that people are asked to rate, on a scale of 1–4, in terms of how comfortable they would be with each one. For example, marking “1” beside the first statement would mean the person was very comfortable “discussing condoms with teenage children” and marking “4” would mean they were uncomfortable.

- Discussing condoms with your teenage children or nieces and nephews.
- Putting up a poster promoting condoms in your sleeping quarters.
- Recommending condom use to a friend you know is taking risks.
- Demonstrating how to put a condom on a banana.
- Handing out condoms to others.
- Answering questions about your own experience with condoms.
- Going into a shop and buying condoms.
- Having your wife find condoms in your kit.
- Talking about condoms in a place of worship.
- Talking to your in-laws about condoms.
- Talking to a senior officer about condoms.
- Meeting for the first time with a group of men who have sex with men.
- Buying condoms from a person of the opposite sex

STEP 3
After getting participants to consider the ranking of 1–4, ask those who chose 3 or 4 on the scale for any point to describe what makes them uncomfortable. Ask them if they think their embarrassment might prove to be an obstacle to conducting their peer education work effectively. How might they eventually get over their embarrassment?
Chapter Six
Monitoring and Evaluation

BASIC FACTS ON MONITORING AND EVALUATION

Two main topics are covered in this section. The first focuses on reporting to the peer education supervisor, holding meetings with focal persons such as decision-makers, program planners and high-ranking supervisors, and the use of diaries and notebooks, or activity monitoring forms. The second topic discusses collecting information: types of data (qualitative and quantitative) and quarterly report monitoring. The exercises in this section are for peer leaders and not peer beneficiaries, and are to help you get acquainted with the monitoring forms.

All the work you will be doing as a peer leader is appreciated and is valuable. We would like to know what you have done so as to appreciate and evaluate the impact. To track down all activities various forms have been designed and it is of paramount importance that you learn what is required of you when feeling them.

6.1 What is monitoring and evaluation?

One of the biggest challenges with peer education programs is determining whether they are working or not. There is a wide array of methods and approaches for collecting information to determine whether the peer education program is working and risk-taking behavior is being reduced. Reasons to monitor peer leaders include:

- Helps motivate the peer leaders.
- Identifies any performance gaps.
- Reviews how the peer leaders respond to difficulties encountered.
- Assures the objectives and practices followed by the peer leaders are in line with the project's objectives.

The following steps are to be followed:
1. Identify the information to be collected.
2. Use the designed reporting system.
3. Familiarize with the Indicators to monitor the progress and assess the actual impact of the program such as:
   - Number of individuals referred by the peer leaders to a nearby health facility for treatment of sexually transmitted infections (STIs) and opportunistic infections or for voluntary counseling and testing (VCT)
   - Number of condoms sold or supplied by the peer leaders and used by the peers
   - Amount of educational material distributed by peer leaders to their peers
   - Anecdotal experiences narrated by the peer leaders
   - Acknowledgement/recognition of the peer leaders’ services by randomly selected peers.

4. Informal approaches to supervision and monitoring including:
   - Observation (simply watching peer leaders in action)
   - Interaction with participants and feedback from peer leaders
   - Focus group discussions
   - System for providing feedback to peer leaders.
5. Formal approaches including:
   - Spot checks
   - Monthly peer leaders’ meetings
   - Routine refresher training for the peer leaders
   - KAP survey

6. Impact indicators for the peer education program including:
   - Number of STI cases treated by qualified medical practitioners
   - Number of socially marketed condoms sold by peer leaders
   - Number of attendees to STI services from the target group
   - Percentage of individuals within the target population that used a condom in the last casual sexual relationship.

7. Means of verification:
   - Referral slips
   - Information on STI cases treated, as collected from private and government medical practitioners
   - Reports from social marketing condom outlets and peer leaders.

6.2 How will the monitoring and evaluation be done?

Train peer leaders well in monitoring
As peer leaders you have the responsibility of keeping track of your own activities and reporting to supervisors and, ultimately, program planners. Because you are on the front lines you have the responsibility of monitoring the changes in behavior of the peer beneficiaries and reporting them. In order to get good results you must be aware of your role and you will be trained and motivated to carry it out.

Reporting forms
We have designed simple reporting formats that make it easy to collect and interpret results. There are three sample forms in the exercise, which show:
   a) The monthly activity record;
   b) The monthly data collection form;
   c) The condom stock card.

In addition, each peer leader can keep a small pocketsize notebook and diary that provides more details on each session and lists appointments. Peer leaders are encouraged to initially organize five meetings per month and increase gradually.

Hold monthly supervision meetings
Peer leaders shall hold monthly meetings with the peer education supervisors or amongst themselves. The supervisor/Coordinator is responsible for reviewing the impact of the process and should identify and invite pertinent personnel to attend meetings where this information can be shared. This identification process should be at the discretion of the peer leader but should include decision-makers, program planners and high-ranking officers. The forum is used to share experiences, events, problems, progress, causes of problems and potential solutions. Issues on the agenda might include a review of HIV/AIDS activities, submission of monthly reports and drawing up an action plan. The supervisor collects the data, and if possible compiles them into meaningful statistics. In summary

Peer leaders should hold monthly meetings with supervisors to focus on the following:
   - Share experiences and learn from each other
   - Update peers with HIV/AIDS information and events
   - Highlight problems and seek ways to solve them

32
• Practice role-plays/presentations.

**Regular meetings necessary**
Supervision and monitoring of peer leaders is best achieved through regular meetings to take note of any new changes as well as reviewing progress to identify weaknesses/strengths and check performance. Each peer leader will have ongoing meetings with their supervisors, to draw up plans, schedule sessions and assess progress.

**Supervisors compile report**
The supervisor should compile a quarterly report for monitoring. Implementation of the HIV/AIDS program must be monitored to highlight progress of STI/VCT assessments, condom promotion/distribution, and health talks, house visits and counseling sessions with peers.

**Record keeping**
Record keeping is an important tool as it helps to gauge the performance of peer leaders and also assess the progress of the program.

6.3 How are peer leaders monitored?
• Field support visits. The project coordinator lists the uniformed services to be visited, taking note of their schedule, and arranges for a visit by appointment.
• Regular visits to take note of any new changes.
• Record review to identify weaknesses/strengths and check performance.
• Spot checks are done randomly without planning in order to follow up and check activities. This helps peer leaders to be alert and active. Ongoing training in the field based on areas that need improvement is also arranged.
• Quarterly reports: These reports are compiled by the project coordinator against four key tasks:
  a) Implementation of HIV/AIDS program: this highlights progress of STI/VCT assessments and condom promotion/distribution.
  b) Training program: in accordance with the performance guidelines.
  c) Supervision: monitoring visits to focal persons/peer leaders.
  d) Monitoring and evaluation:

**Evaluations should answer questions such as:**
• Did the intervention reach the desired number of individuals?
• How many peers were trained?
• To what extent are people living with HIV/AIDS involved in training?
• Were training activities implemented the way they had been intended?
• Which specific interventions work best? Under what circumstances?
• What components did not work? What went wrong?
• Where should more efforts be placed?
• What can be improved?
EXERCISE 6.1
Evaluating monitoring forms

OBJECTIVE
To learn more about what is required of peer leaders in terms of monitoring and evaluation and become familiar with sample reporting forms. Peer leaders should have a better understanding of what information it is important to collect, how to plan their activities and the importance of coordination.

BACKGROUND
The peer leaders have an important role in providing the eyes and ears for the progress the peer education effort is making since they are on the front lines.

MATERIALS
Sample reporting forms, flip chart and paper or blackboard (optional)

TIME
45 minutes

INSTRUCTION

STEP 1
Distribute the sample evaluation forms to participants and briefly explain how to record the following information:

- Monthly activity record: provides details on and tracks peer education activities.
- Monthly data collection form: elicits feedback on condom distribution, numbers referred for STI treatment and VCT.
- Condom stock card: source of information for monitoring flow of condoms through the system.
- Peer leader’s diary: assists the peer leader in keeping his/her own individual records and in recording promptly.

STEP TWO
Ask participants the following questions and write their responses on a flip chart or blackboard if possible:

- What do you think of the evaluation forms?
- Was there anything confusing about the forms?
- Why do you think it is important to fill out forms like these?
- What do you think the information collected on the forms would be used for?
- Why do you think it is important to provide correct information on the forms?

STEP THREE
Provide a summing-up of the points made by the participants.
# EVALUATION FORMS

## Monthly Activity Form

Month: …………………………

Location: ………………………

Name of Peer Leader: …………………

Name of Supervisor: …………………

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Presentation Method</th>
<th>Number of Males reached</th>
<th>Number of Females reached</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>
### Monthly Data Collection Form

**Month:**………………………… **Name of Peer Leader:**…………………………
**Location:**……………………… **Name of Supervisor:**…………………………

<table>
<thead>
<tr>
<th>Week</th>
<th>Number provided with condoms</th>
<th>Number of referrals</th>
<th>Reasons for Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td>Week 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 2</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Week 3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Condom stock cards

<table>
<thead>
<tr>
<th>Week</th>
<th>Number of Packets distributed</th>
<th>Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Month:…………………………  Name of Peer Leader……………………
Location:………………………  Name of Supervisor………………………

Opening balance:……………………
Peer Leaders’ diary

| Date | 
|------|------|
| Type of meeting (group or one-to-one) | 
| Place of meeting | 
| Time of meeting | 
| Number of peer beneficiaries present | 
| Number of male participants present | 
| Number of female participants present | 
| Method of presentation | 
| Topic(s) | 
| Number of people provided with condoms | 
| Number referred for STI treatment | 
| Number referred for VCT |
Chapter Seven
Basic facts on HIV/AIDS, STIs and Condoms

It is necessary for Peer leaders to have a basic knowledge of HIV/AIDS since they need to be prepared to answer questions that arise. This section provides basic information about HIV, AIDS, STIs and condoms. The peer leaders can also use the resource kit at the end of the curriculum as a reference.

7.1 HIV and AIDS Myths and Facts

**HIV IS SPREAD:**
- By having unprotected vaginal, anal or oral sex with an HIV positive person.
- By sharing needles or syringes with an HIV positive person.
- From an infected mother to her baby during pregnancy and by breast-feeding

**BODY FLUIDS OF AN INFECTED PERSON THAT SPREAD HIV ARE:**
- Semen
- Vaginal fluid
- Blood
- Breast milk

**REMEMBER:**
- HIV is the virus that causes AIDS.
- AIDS is the result of HIV infection.
- HIV infection can be prevented.
- HIV is not spread through casual social contact.

**OBJECTIVES**
By the end of the session the majority of the participants will be able to:
- Recognize the seriousness of HIV/AIDS in their community.
- Identify the myths around sexual and reproductive health.

**TIME**
60 minutes

**MATERIALS**
- Tape
- Two posters: one with “KITUUFU (UKWERI) (True)” and another with “KIKYAAMU (UWONGO) (False)”

**DIRECTIONS**
1. Tape the posters on opposite sides of the room.
2. Have participants stand in the middle of the room.
3. Read a myth or a fact out loud and ask the participants to go stand under the sign that reflects their answer. For example, those who think the statement is false will go and stand under the “false” sign and those who think it is true will go and stand under the “True” sign.

4. Ask a couple of people to justify their answer and try to convince as many people over to their side.

5. Those who are not sure of the answers will stay in the middle and they should be asked to explain why they are not on either side. The others should convince them to join their side.

6. Go to the next statement and repeat steps 2-4

<table>
<thead>
<tr>
<th>Statement</th>
<th>Myth or Fact</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV is the virus that causes AIDS</td>
<td>Fact</td>
</tr>
<tr>
<td>You can get HIV by drinking from a glass used by someone who has HIV</td>
<td>Myth</td>
</tr>
<tr>
<td>HIV is spread by kissing</td>
<td>Myth</td>
</tr>
<tr>
<td>You can get HIV by giving blood</td>
<td>Myth</td>
</tr>
<tr>
<td>Someone who has HIV but looks and feels healthy can still infect other people</td>
<td>Fact</td>
</tr>
<tr>
<td>Drinking alcohol can increase the risk of getting HIV</td>
<td>Fact</td>
</tr>
<tr>
<td>Mosquitoes can spread HIV</td>
<td>Myth</td>
</tr>
<tr>
<td>Sharing needles to inject drugs can spread HIV</td>
<td>Fact</td>
</tr>
<tr>
<td>Using condoms during sex can reduce the risk of getting HIV</td>
<td>Fact</td>
</tr>
<tr>
<td>Taking birth control pills can protect a woman from getting HIV</td>
<td>Myth</td>
</tr>
<tr>
<td>You can get HIV from a toilet seat</td>
<td>Myth</td>
</tr>
<tr>
<td>Most people infected with HIV become seriously ill within three years</td>
<td>Myth</td>
</tr>
<tr>
<td>Vaccination can protect people from HIV</td>
<td>Myth</td>
</tr>
<tr>
<td>AIDS is a syndrome that has no cure</td>
<td>Fact</td>
</tr>
<tr>
<td>Sharing a razor blade or un-sterilized hair cutting equipment can spread HIV</td>
<td>Fact</td>
</tr>
<tr>
<td>Having more than one partner increases the risk of HIV</td>
<td>Fact</td>
</tr>
<tr>
<td>HIV is a punishment from God for promiscuous people, we can’t control it</td>
<td>Myth</td>
</tr>
<tr>
<td>You can tell who has HIV just by looking</td>
<td>Myth</td>
</tr>
<tr>
<td>Having sex with a virgin cannot make one get HIV.</td>
<td>Myth</td>
</tr>
<tr>
<td>After abstaining when you have HIV you will not get AIDS</td>
<td>Myth</td>
</tr>
<tr>
<td>When using a condom and it bursts and you withdraw immediately and wash with water and soap, you CANNOT get HIV.</td>
<td>Myth</td>
</tr>
<tr>
<td>Touching the vagina or a penis of the other cannot cause HIV.</td>
<td>Fact</td>
</tr>
<tr>
<td>Those who are positive do not need condoms if their partners are also positive.</td>
<td>Myth</td>
</tr>
</tbody>
</table>

You can add on other statements that represent the myths that are most prominent with your group.
7.2 HIV/AIDS and the Immune System

A. AIDS IS CAUSED BY:
   H = human
   I = immunodeficiency
   V = virus
   which is also referred to as the AIDS Virus.

B. DEFINITION OF AIDS
   A stands for **acquired**. It means that HIV is passed from one person who is infected to another person.
   I is for **immune** and refers to the body’s immune system which is made up of cells that protect the body from disease. HIV is a problem because once it gets into a person’s body, it attacks and kills the cells of the immune system.
   D is for **deficiency**, which means not having enough of something. In this case, the body does not have enough of certain kinds of cells that it needs to protect against infections. They're called the immune cells or T-helper cells. Over time, HIV kills these cells and the body's immune system becomes too weak to do its job.
   S means that AIDS is a **syndrome**. A syndrome is a group of signs and symptoms associated with a particular disease or condition that occur together. AIDS is a syndrome because those who suffer from it have the same symptoms and diseases that are associated with AIDS.

C. STAGES OF HIV INFECTION

**Window period**
Once a person becomes infected with HIV, the tests will not immediately show that the person is “HIV positive.” There is a period of 3 to 6 weeks (sometimes as long as 3 months) the body reacts to the presence of this virus and produces antibodies (chemicals) that can be found in the blood by laboratory tests. If these substances are found, the test result is “positive.” The period of time that passes while the test is still negative is called the “window period.” It is important to understand this since the infection can still be passed on during these weeks, even though the tests are still negative.

**Asymptomatic period**
After a person is infected with HIV, there is usually no change in that person’s health for quite a few years. The person feels well, is able to work as before and shows no signs of being sick (this is what is meant by “asymptomatic”). With the exception of having HIV in the body, the person is “fit for work.” This asymptomatic period is normally around 10 years, with an average range of
some 8-12 years in length. Rarely, a person can begin to show evidence of the infection as early as 5 years after the infection.

**Symptomatic period**
The symptomatic period is when a person is sick with AIDS. Remember, AIDS is a “syndrome,” a collection of conditions that, taken together, allow us to make a diagnosis of AIDS. Most of the conditions that start to appear are “opportunistic” infections—infected by bacteria or viruses that normally do not create an illness in a person with a good immune defense system, but which are able to cause disease when a person’s immune system is weakened. These are usually infections as pneumonia or diarrhea or meningitis, and they can repeatedly make the person sick.

Certain types of tumors may also appear in someone whose immune system has failed due to HIV. It is at this point that the diagnosis of AIDS is made.

### 7.3 Sexual Transmission of HIV

**A. HIV/STI TRANSMISSION BUTTERFLY**
The HIV/AIDS/STI butterfly consists of a series of illustrations, which demonstrates how a person does not only have sex with one person, but with every person that person has ever had sex with.

To demonstrate how STIs, including HIV, are transmitted from one person to another, imagine the following situation:

*Imagine that you are at a bar. You’re out with some of your friends from your unit. It was a difficult week at work and you and your friends just want to relax and have a good time. You’re sitting at a bar when a group of beautiful young women come in. You and your friends start talking to them and before you know it you’re all coupled off. You start talking and dancing with one of these lovely young women and eventually decide to leave the bar with her. You go with her to her home and, as things work out, decide to have sex.*

Because you weren’t planning for this to happen, you didn’t grab a condom when you left home. But you think to yourself “just this one time” nothing can happen. Besides, she’s so fine she can’t possibly have anything. So, you have sex without using condoms. As you lay in bed, you think what a romantic evening it has been ... *just the two of you.*

But, let’s imagine for a second that your new friend had made an exception and had unprotected sex “just this one time” at least twice before.
What your new friend didn’t know was that the guy she picked up at the bar two months ago had gotten drunk at a party and had sex with a total stranger “just once.” She didn’t know that on another occasion he had made an exception “just this one time” and had unprotected sex with someone he had been dating for only a week. She didn’t know that the other guy she had unprotected sex with had made an exception “just this one time” with at least two different sex partners. Each of these people had also put themselves at risk “just this one time” at least twice before. And imagine if their sexual partners made exceptions and had unprotected sex “just this one time” at least twice before. Now let’s think about who’s in the bed ... you think it is just the two of you ... there are at least thirty people in bed with you and your beautiful new friend and any one of them could have an STI.

Regrettably, you don’t know which one. It could be anyone ... Now let’s take a look at you and your other sexual partners. Before, you thought it was just you and your new friend having a romantic evening. Now, in fact, there are at least thirty people in bed with you.

Think about this as if this woman was a commercial sex worker (Prostitute). How big would the bed have to be to hold all the people you were having unprotected sex with? Could be as large as a football field! If you think this is an exaggeration, consider this: anytime two people on the butterfly have unprotected sex, you are potentially at risk for getting an STI, including HIV. What if one of those people on your side had herpes? Or if one of them had HIV? It’s that easy for you to get HIV or any other STIs as well.

This image shows how one person on the butterfly can end up infected with HIV or an STI.

When you have unprotected sex with one person it is like having ex with everyone he or she has previously had sex with.
B. HOW CAN YOU TELL?
An analogy can be made between safe weapons and safer sex. There is a common misperception that one can “tell” if someone is likely to have an STI just by looking at him or her. In studies with the military, many individuals felt they could tell if someone had an STI/HIV if they had dirty hair and blemished skin. It is important to understand that you cannot tell someone’s HIV/STI status simply by looking at them. Military and civilians alike are infected with HIV/AIDS/STIs and it is not helpful to have an “us” versus “them” mentality. Both military and civilian populations are in this together and only together is it possible to develop and maintain safer behaviors. So, how can you tell if someone is possibly infected with HIV or some other STI? It is not possible to tell if someone has HIV or another STI simply by looking at them.

Is this weapon loaded or unloaded? Keeping your training in weapon safety in mind, what must you assume? Would you take this weapon and point it at your head and pull the trigger? The point is that you would not place yourself at risk with this weapon by not thoroughly checking it out and making sure that it is safe.

The same safety issues hold true for people, especially strangers, when you are “sizing up” a potential sexual partner. You can’t tell by looking at them if they are have a STIs or HIV. It’s also possible that this beautiful woman is unknowingly infected with gonorrhea or HIV. For all you know, she may have made an exception “just one time” that has unfortunately resulted in an HIV infection. She is still beautiful, but now she is as deadly as that loaded 9mm weapon above. Is risking your good health or life worth having “unprotected sex” with this stranger.

What about this gentleman? He looks like he could be a Peacekeeper or a soldier. Can you tell what his HIV status is just by looking at him?
Likewise, what about these couples? Can you tell who among them might have an STI or is HIV positive?

So, how can you tell if someone is possibly infected with HIV/STIs? It is impossible to tell if someone has HIV or another STI just by looking at them.
Chapter Eight
Getting People To Participate

Simply telling people about the dangers of AIDS or ordering them to change their risk behaviors will rarely result in positive changes. Most people in the uniformed services already know how HIV is transmitted and how to prevent it. The problem is that not enough of them put what they know into practice. The best way to get people to change their risk behavior is to get them to talk about their habits and examine the different behavior choices they can make.

These exercises are designed to present different risk situations and stimulate discussion about them. The more the participants talk, and the less the peer leader talks, the better. Remember, it is impossible to tell someone to change risk behavior. They have to go through the process of discovering that they are at risk and decide for themselves what they should do about it.

8.1 Getting Comfortable with Sexual Terms
Exercise

OBJECTIVE
To get participants to overcome obstacles to discussing sexual issues

BACKGROUND
It is important for both peer leaders and participants to feel comfortable discussing sex. One way of getting people to become more comfortable talking about sexual issues is to give them practice in using the necessary vocabulary in a language or languages with which they feel comfortable. This exercise is usually enjoyed a great deal by participants and causes a lot of laughter.
INSTRUCTIONS

STEP 1
Peer leaders should first do this exercise themselves beforehand. They should practice saying the words to ensure that they are comfortable with the exercise before doing it with participants.

STEP 2
Peer Leaders should write the following words on paper or simply read them out to participants. Other words that are considered relevant can be added.

- **Penis**
  (Male sexual organ)
- **Vagina**
  (Woman’s tube where babies exit)
- **Sexual intercourse**
  (When a man’s penis goes into a woman’s vagina)
- **Orgasm**
  (Climax for men and women during the sexual act; men ejaculate semen)
- **Semen**
  (White liquid, which shoots out of a penis during orgasm)
- **Prostitution or Commercial Sex Work**
  (Sex for money)
- **Condom**
  (Thin latex penis covering used for protection)
- **Oral sex**
  (When a man or a woman puts their mouth on their partner’s genitals and brings them to orgasm)
- **Anal intercourse**
  (When a penis enters the anus)
- **Masturbation**
  (Giving yourself sexual pleasure)
- **Rape**
  ( Forced sex)
- **Incest**
  (Sex with a close relative)
- **Uncircumcised penis**
  (Penis with extra skin that goes over the gland or top)
- **Clitoris**
  (Small, sensitive hard tissue above the vagina that gives women pleasure)
- **Vaginal fluids**
(Juices inside a woman that lubricate the vagina)

- **Testicles**
  (Balls inside the bag below the penis)
- **Labia**
  (Skin flaps around a woman’s genital area)

**STEP 3**
Participants should be asked to name words in local languages or slang which have the same meaning. Make sure that the real words are used even if they sound a little vulgar. There are not necessarily words in all languages for all of the terms. Get participants to discuss what they think as they say these words and express any difficulties they have in using such words. Ask them to discuss how such difficulties can be overcome. Suggested questions to ask them:

- How did you feel pronouncing these words?
- How comfortable were you about saying words you consider to be vulgar?
- How did you get over feeling uncomfortable?
- How will you feel the next time you use these words?

**8.2 Identifying Personal and Cultural Values**

**OBJECTIVE**
To better understand values and their relationship with HIV

**BACKGROUND**
The ultimate objective of these exercises is to get people in the uniformed forces to make rational and safe decisions about their own sexuality. To do so effectively, it is important that both peer leaders and the participants in their sessions are aware of our own values regarding sexuality. It is important to clarify values and create a better understanding of what influences them. This is one of the first steps in adopting safer sex practices. Considering values also helps reduce the stigmatization of people living with HIV/AIDS and the prejudices.
against them. This exercise must be done in a warm, respectful and non-judgmental manner. This exercise is designed to get participants to:

a) Identify his or her own feelings and values about sexuality.
b) Appreciate that there are a lot of different points of views about sex
c) Identify cultural practices that put people at risk for HIV infection in the uniformed services
d) Describe safer sex practices

MATERIALS
Printed copies of scenarios (optional)

TIME
1 hour

INSTRUCTIONS

STEP 1
Peer leaders should first ask participants what they think moral values are. After a short discussion they should share this definition:
Values are the standards or rules that have been established in a society. They often are based on lessons from parents, religious beliefs or tribal traditions. They guide the choices people make and the actions they take. These moral values influence people and the conditions around us.

STEP 2
Present the following scenarios on sexuality (by reading them or by handing out printed copies one at a time). The scenarios can also be used for role-playing:

Scenario 1: No respect
A soldier is attracted to a young girl who has been drinking alcohol for the first time and is obviously drunk. He takes the half conscious girl to a back room in the bar. He sees the opportunity to take advantage of her sexually without much resistance from her.

Scenario 2: Can’t touch it
Word has gone around the barracks that an older soldier who went to Congo on a peacekeeping mission a few years ago has been to the hospital for treatment of AIDS related illnesses. It turns out that you have been assigned to be his partner in a training exercise that involves physical contact.

Scenario 3: Paying with nature
A police officer stops two market women who are selling goods in an illegal location. They say they have no money to pay fines but would be willing to settle the problem by providing sexual favors in a nearby wooded area.
Scenario 4: Gift for the wife
A soldier who has been away from his wife for several months has a small red sore on the tip of his penis. He suspects that it is an STI, but his desire for his wife is so strong that he cannot resist having sex with her despite the sore.

STEP 3
Get participants to comment on what the value judgments are that each of the people in the scenarios have to make. Ask them what action they think should be taken.

STEP 4
Get participants to make a list of common cultural and sexual practices that put people at risk for HIV/AIDS. These might include: sex outside marriage; forced sex (rape); sex for money; circumcision of women (which increases vulnerability to STIs); inheritance practices that leave widows without support; traditional medicinal treatments of STIs that are ineffective). Have participants discuss their feelings about the practices listed (on a sheet of paper, flip chart sheet or chalk board, if available) and what factors influence them.

STEP 5
Discuss possible safer sexual practices and other methods for reducing vulnerability to the sexual transmission of HIV. (These might include: use of condoms, avoidance of casual sexual relations, and reduction in the number of partners.)
8.3 Controversial Statements Exercise (The Devil’s Advocate)

OBJECTIVE
To prepare participants to better deal with the controversial aspects of HIV

BACKGROUND
Few people are indifferent to HIV/AIDS. People often have strong feelings about different aspects of the virus and how it should be dealt with. This exercise helps participants evaluate some of the more controversial aspects of the epidemic.

MATERIALS
None

TIME
30 minutes

INSTRUCTIONS

STEP 1
Read the following statements and invite each participant to give his/her opinion of each statement.

- All people with HIV should be identified and isolated from others in society
- Condoms should be promoted and distributed in schools
- Commercial Sex Work or prostitution should be outlawed and those breaking the law severely punished
- Uniformed service personnel who are found to have an STI should have their rank lowered
- All uniformed service personnel should be obliged to be tested for HIV every year
- Those who are found to be infected with HIV should be dismissed from the uniformed services
STEP 2
Point out that there is not necessarily a right or wrong answer to each of these statements. However, as a rule, strict rules attempting to control HIV have not met with much success in stopping the virus.
There remains much denial on the part of Uniformed Services personnel that their risky behavior makes them vulnerable to HIV infection. There is a tendency to focus on the momentary sexual pleasure and not think about the risk. These exercises help participants better understand how certain behaviors put them at risk for HIV infection. Several exercises are particularly good at getting participants to appreciate how easily HIV is spread. They explain that when you have unprotected sex with someone it is like having sex with all their previous sexual partners as well.

9.1 Musical Partners Exercise

OBJECTIVE
To create a better understanding of the risk of STI infection from unprotected sexual relations with different sexual partners

BACKGROUND
This game is designed to demonstrate graphically how quickly an STI can be spread through a group of people.

MATERIALS
3 index cards or pieces of paper, condoms, drum (optional)

TIME
30 minutes

INSTRUCTIONS

STEP 1
The peer leader writes “STI” and “Clinic” on two index cards or pieces of paper. He also gets five condoms and a drum (or an object that can be banged like a drum). The peer leader assigns a small area as the location of the “Clinic” and places the sign there. Another area which is 9 feet by 9 feet (3 metres x 3 metres) is marked off by using chairs or other objects placed at the four corners.

STEP 2
The peer leader asks for about 9 volunteers and gives the “STI” card to one of them and tells them they have an STI. The condoms are given randomly to half of the participants. The game can be played with more or less people but condoms should always be given to half of them.
STEP 3
The facilitator then explains that people must circulate in the square while the drum is played. As soon as the drum stops, the person with the STI card grabs the nearest person. (Recorded music can be used instead of a drum.) If they have a condom on them, they do not contract the STI and are released to continue the game. If they do not have a condom, they contract the STI and must retire to the “clinic” for treatment. The game continues until only those with condoms are left in the square and the STI is powerless.

STEP 4
Following the exercise, ask those without condoms what they were thinking when the drum was beating. Did they feel vulnerable and nervous that they might be caught? Then ask those with the condoms how they felt.

9.2 HIV Scratch Chain Exercise

OBJECTIVE
To better understand how quickly HIV can spread

BACKGROUND
This is a simple exercise that requires no equipment, which also illustrates the risk taken by engaging in unprotected sexual relations with many partners.

MATERIALS
None

TIME
20 minutes

INSTRUCTIONS

STEP 1
Have participants stand in a circle with their eyes closed. Tell them that one person will be designated by the peer leader to be infected with HIV. That person will be given a tap on the shoulder.

STEP 2
Get the participants to shake hands with three different people and tell the infected person to scratch the palm of three people he or she shakes hands with.
STEP 3
After all the hand shaking is complete ask the person who was tapped on the shoulder to step into the middle of the circle and to say how they felt when they realized they were to be the one infected with HIV. Ask them how they felt about infecting others. Ask those who had their hands scratched by that person to step into the middle of the circle. Ask them how it felt when they realized that they had been infected.

9.3 Glove Game

OBJECTIVE
To create a better understanding of how HIV is spread and of the impact of protection and abstinence, as well as get participants to reflect on Voluntary Counseling and Testing.

BACKGROUND
This game is more complex than the others and requires equipment in the form of gloves. It is important to explain the rules slowly and clearly.

MATERIALS
Small pieces of paper (sheets of paper torn into 4 parts)

TIME
45 minutes

INSTRUCTIONS

STEP 1
Prepare small slips of paper so that you have a number equal to three less than the total number of participants. (For example, if you have 20 participants, prepare 17 slips of paper) Put the slips into a hat or bowl. Prepare three additional slips of paper with the following instructions:
G – Wear a glove on your right hand during rounds 1 and 2 of the activity
G – Wear a glove on your right hand during rounds 3 and 4 of the activity
A – During the game, if somebody tries to shake your hand, apologies and explain to them that you don’t shake hands

STEP 2
Before the game begins, and without other participants seeing you, take aside three participants and give each of them one of the slips of paper with special instructions.

Provide gloves to the two participants with the ‘G’ slips of paper. Instruct them that when you come around with the hat or bowl, they should pretend to pick a
slip of paper, but not actually pick one. Caution the participants not to let anybody else know you have spoken to them.

**STEP 3**
Instruct participants to number a second sheet of paper vertically from 1 to 4. Ask each participant to choose a slip of paper from the bowl or hat and put it in his or her pocket. Emphasize that no one should look at his or her slip of paper until the end of the exercise.

**STEP 4**
Ask the participants to find a partner (if there are an odd number of participants, the facilitator can join the game). They should greet their partner, shake hands, and write the partner’s name on line number one of their paper.

**STEP 5**
Instruct them to now move around and find another partner. Again, they should greet their partner, shake hands, and write the partner’s name on line number two of their paper. Repeat until everybody has shaken hands with four different people, and has written the four names on their paper.

**STEP 6**
Ask everybody to take his or her seats. Ask if anyone wants to have an HIV test to find out his or her sero status and why. Ask others who don’t want, why they don’t.

**STEP 7**
They should now take out their slips of paper and look at them. Ask the person with the ‘X’ to come forward. Explain that in this game, this person is infected with HIV. Ask everybody to look at line 1 of their paper. If the infected person’s name is on line 1 of their paper they should come forward. Ask each person who comes forward if they were wearing a glove when they shook hands with the infected person. If they were not wearing a glove, they should join the “infected person” and stand in the middle. If they were wearing a glove they should return to their seats.

**STEP 8**
Now ask everybody to look at line 2 of their paper. Anybody who has the name of any of the people standing in the middle on line 2 should come forward. Unless they were wearing a glove, they should join the people (standing or sitting) in the middle.
STEP 9
Now ask everybody to look at line 3 of their paper. Anybody who has the name of any of the people standing in the middle should come forward and join them, unless they were wearing a glove when they shook hands.

STEP 10
Now ask everybody to look at line 4 of their paper. Anybody who has the name of any of the people standing in the middle should come forward and join them, unless they were wearing a glove when they shook hands.

STEP 11
Ask participants what the handshake represented (answer: sexual intercourse). Ask participants to take note of the number of participants who became infected from only one person with HIV. This demonstrates how rapidly the disease can spread, and the multiplier effect. How did they feel when they saw the number of people who ended up in the middle?

STEP 12
Ask the person who had the ‘A’ on their sheet to come forward. Explain that the ‘A’ represented abstinence. Ask this participant how they felt when they could not join in the hand shaking. Was it difficult? How did others feel when this person refused to shake hands?

STEP 13
Ask what the glove represented (answer: condom). Find out if either of the people wearing gloves became infected. If so, use this to make the point that one must use condoms every time they have sex in order to be protected from infection with STIs and HIV. Ask the two participants who wore the gloves how they felt when they shook hands. How did their partners feel?

STEP 14
Ask the people who were not infected:
How was your behavior different from those who became infected?
How did you end up not becoming infected?
How did you feel about those who became infected?

STEP 15
Ask the people who were infected:
What are you thinking now that you realize you may be infected?
What could you have done differently to protect yourself?
Would you tell anybody that you might be infected? Whom?
Would you tell your sexual partner(s)?
What support would you need at this stage and to whom would you turn?
STEP 16
Be sure to mention that this has only been a game and that the person with the ‘X’ is, of course, not infected with HIV. Also be sure to emphasize that HIV/AIDS cannot be transmitted by a handshake or prevented by wearing a glove. The selection of slips from the bowl or hat was random. Each handshake represented a round of unprotected sex. You are at risk from even one instance of unprotected sex.

9.4 Personal Risk Assessment Exercise

OBJECTIVE
To increase awareness of an individual’s personal risk from HIV infection

BACKGROUND
The purpose of this exercise is to get participants to reflect on how the behavior choices they make may result in making them vulnerable to HIV infection.

MATERIALS
Sheets of paper

TIME
45 minutes

INSTRUCTIONS
STEP 1
Get participants to mark one point on a piece of paper for each of the following questions to which they answer “yes”:

   a) Have you ever had sex without a condom?
b) Have you had sex without a condom with a woman (or man) who was not a mutually faithful partner?
c) While you were married, have you ever had sex without a condom with a woman who is not your wife?
d) Have you ever engaged in unprotected sex in exchange for letting a woman break a law go free?
e) Have you ever had a sexually transmitted infection (such as gonorrhea, syphilis or others?)
f) Have you ever been so drunk you don’t remember having sex?
g) Have you ever treated an STI without consulting a health professional?
h) Have you had sex without a condom with more than 15 women during your lifetime?
i) Have you ever had a blood transfusion?
j) Did you ever have sex without a condom with a woman you just met?
k) Have you ever had one or more new sexual partners in the period of a month and not used a condom in each case?
l) Have you ever paid money for sex?
m) Have you ever had anal sex without a condom?
n) Did your wife ever have sex with another man before you were married?
o) Do you desire sex more after drinking alcohol?
p) Have you ever had sex with a schoolgirl and not used a condom?
q) Have you ever forced a woman to have sex against her will?

STEP 2
Have the participants add up their scores and explain the consequences of the following categories their point totals place them in.

**Between 12 and 18 points**
Extremely high risk; Consideration should be given to having an HIV test.

**Between 6 and 12 points**
High risk; Serious consideration should be given to increased condom use and reflecting on behavior choices.

**Between 0 and 6 points**
You are less at risk but still at risk.

**STEP 3**
Ask participants to each make a list of things they do that put them at risk for HIV infection and actions they personally can take to change those behaviors. (For example: One risk is having sex with a sex worker. The behavior change might be to use a condom in those relationships.)
9.5 Wildfire Exercise

OBJECTIVE
To decrease the perceived distance between uniformed forces personnel and the HIV/AIDS epidemic. It also intends to instill a sense of empathy and understanding for those people living with HIV/AIDS.

BACKGROUND
This exercise can be very emotional. The facilitator should allow time for individuals to share their feelings and experiences. The exercise should close with reinforcement that you cannot get HIV/AIDS from shaking hands and a presentation on the basic facts of HIV/AIDS.

MATERIALS
None

TIME
45 minutes

INSTRUCTIONS
STEP 1
Have the participants sit in one circle. Ask them to close their eyes. Explain that you will be going around the circle and will tap two or three people on the shoulder. The person that is tapped will be considered HIV positive for the purpose of the exercise. (If you have participants who are HIV+, you should consult with them and ask them to help to facilitate the exercise.)

STEP 2
Ask participants to stand up and walk around. They should shake the hands of no more than three people.
STEP 3
Once seated again, ask those individuals whose shoulders you tapped to raise their hands. Ask those individuals who shook hands with the tapped individuals to raise their hands. Ask the next level to raise their hands (those who shook hands with an individual who shook hands with the first people tapped).

STEP 4
Explain to the group that you cannot get HIV from shaking hands, but that, for this exercise, we will assume that high risk behavior took place and that each of the individuals whose hands were raised were exposed to the virus. Ask those who were tapped how they felt.

STEP 5
Ask those who have been exposed whether or not they would like to go for an HIV test. Those who do not want to go should explain why.

STEP 6
Those who opt for a test should come forward and collect a folded piece of paper. (These will be prepared ahead of time). The paper will have either “negative” or “positive” on it.

STEP 7
Ask each individual how they feel about their test result and how the result will impact on their lives.

9.6 High Risk, Low Risk, Almost No Risk, No Risk

OBJECTIVE
To clear up misunderstandings on how HIV is spread and not spread.

BACKGROUND
Different behaviors carry different levels of risk for HIV infection. There is also often an unwarranted fear of HIV infection through casual contact like sharing cups or shaving razors. The point of this exercise is to get participants to better understand what puts them most at risk for infection and what carries little or no risk for infection.

MATERIALS
Sheet of paper or flip chart paper, index cards or sheets of paper cut in half with the points written on them.

TIME
1 hour
INSTRUCTIONS

STEP
On a full sheet of paper or flip chart paper, write in big letters “HIGH RISK.” On other sheets write “LOW RISK,” “ALMOST NO RISK” and “NO RISK.” Write each of the following points on index cards or on half sheets of paper before starting the exercise, then mix them up:

High Risk
Vaginal sex without a condom
Having sex with a sex worker without a condom
Anal sex without a condom
Many sexual partners without using condoms
Having sex when infected with an STI without a condom
Having sex with a person infected with an STI without a condom
Having sex while drunk without a condom
HIV infected person wanting to have a child
Using Vaseline or hair oil to lubricate a condom
Sharing needles with intravenous drug users
A transfusion of untested blood

Low Risk
Oral sex without a condom
Sex with a condom
Sex for money with a condom
Touching the blood of an injured person

Almost No Risk
Injection of medicines
Scarification (tribal marking)
Female genital cutting
Sharing razors

No Risk
Abstinence
Kissing, hugging, massaging and mutual masturbation
Sex between mutually faithful, uninfected partners
Sharing eating, drinking and cooking utensils with an infected person
Donating Blood
Sharing a toothbrush or hairbrush
Deep kissing with tongues
Being bitten by mosquitoes
Touching a person with HIV/AIDS
Sharing a bathroom or latrine
Feeding a person with AIDS
Hugging a person with AIDS

STEP 2
Present the following points to participants which explain the relative risks they face of being infected with HIV/AIDS:

**High Risk**
- High Risk means doing something with a good chance of getting infected with HIV.
- HIV, the virus that causes AIDS, can be found in bodily fluids including: blood, sperm and vaginal fluids.
- Over 90% of HIV is transferred by penetrative sexual intercourse (a penis in a vagina or anus).

**Low Risk**
- Low risk means that an activity presents a small chance of getting infected with HIV.
- A condom may break allowing for infection.
- A person who has cuts on the hands handling a bleeding person has a small chance of being infected.

**Almost No Risk**
- Almost no risk means that there have been no cases of people being infected in this way but it still is remotely possible.
- Small amounts of HIV can be found in saliva, sweat and tears but not enough to infect another person.
- Sharing razors presents little or no risk.

**No Risk**
- No Risk means that it is impossible to get HIV in this way.
- All casual contact, touching, kissing, hugging, massaging, and masturbating
- Since HIV is primarily a blood disease, sharing everyday utensils for eating and cooking is not a risk at all.

STEP 3
Have participants pick a card and then judge whether it should be categorized as High Risk, Low Risk, Almost No Risk or No Risk and place the card in the proper group. They should also say why they think it should be placed there.

**STEP 4**
After all the cards are placed, ask the whole group if they would like to change any of the cards from one group category to another.
STEP 5
Make sure that all the cards are in the right category and offer the following explanations for any errors in placing the cards:

**High Risk**

**Vaginal sex without a condom**
(Sperm and vaginal fluids can contain HIV)
**Having sex without a condom with a sex worker**
(Sex workers have multiple partners increasing their chances of being infected)
**Anal sex without a condom**
(A rectum is not designed for sex and a penis can cause rips and tears inside allowing exchange of blood and semen)
**Many sexual partners without using condoms**
(The greater the number of sexual partners, the greater the chance of engaging in sex with one who is infected)
**Having sex when infected with an STI without a condom**
(STIs bring blood to the surface of the skin increasing the opportunity for infection)
**Having sex with a person infected with an STI without a condom**
(STIs bring blood to the surface of the skin increasing the opportunity for infection)
**Having sex while drunk without a condom**
(Too much alcohol can reduce the desire to use a condom)
**HIV infected person wanting to have a child**
(A pregnant woman with HIV has one chance in three of infecting her child at birth or through breastfeeding)
**Using Vaseline or hair oil to lubricate a condom**
(Oil based products weaken condoms and can cause them to break)
**Sharing needles with injecting drug users**
(Injecting drug users tend to inject other people’s blood right into their veins)
**A transfusion of untested blood**
(Unless the blood has been tested, there is no way of knowing if the person donating it has been infected or not)

**Low Risk**

**Oral sex without a condom**
(Unless the person has cuts in their mouth there is a small chance of getting infected)
**Sex with a condom**
(A condom is good protection against HIV unless it breaks)
**Sex for money with a condom**
(A condom is good protection against HIV unless it breaks)
**Touching the blood of an injured person**
(The skin surface is a good seal against HIV unless there are cuts or sores present)
**Almost No Risk**

**Injection of medicines**
(Since it is medicines and not blood being injected, the risk is very low)

**Scarification or tribal marking**
(If this was a risk, many more children would be found to be infected before they became sexually active. It is very rare to find a child who was not infected by their infected mother at birth or through breastfeeding.)

**Female genital cutting**
(If this was a risk, many more girls would be found to be infected before they became sexually active. It is rare to find a child who was not infected by their infected mother at birth or through breastfeeding)

**Sharing razors**
(HIV in infected blood is very fragile outside the body and is easily killed by soap and water. We would find more old men who are infected if this was a common means of transmission)

**No Risk**

**Abstinence**
(Having no sex at all prevents sexual transmission)

**Kissing, hugging, massaging and mutual masturbation**
(The small amount of HIV in saliva or sweat is not enough to transmit to someone else)

**Sex between mutually faithful, uninfected partners**
(Two people have been tested and remain mutually faithful.)

**Sharing eating, drinking and cooking utensils with an infected person**
(HIV is a very weak virus outside the body. It dies in the air very quickly and is killed by soap and water.)

**Donating Blood**
(Those collecting blood are careful to use new needles or needles which are sterilized.)

**Deep kissing with tongues**
(HIV can be found in saliva but not enough to transfer the virus from one person to another.)

**Sharing a toothbrush or hairbrush**
(Sharing brushes may not be hygienic but HIV transmission is not a problem.)

**Being bitten by mosquitoes**
(If mosquitoes transmitted HIV then many more people of all ages would be infected.)

**Touching a person with HIV/AIDS**
(The skin is a good protective coating. HIV doesn’t go through it unless there is an open sore or cut.)
Sharing a bathroom or latrine
Feeding a person with AIDS
Hugging a person with AIDS
Caring for a person who has AIDS
(Those who are caring for women living with HIV/AIDS should be extra careful handling menstrual blood, but other contact is not a risk.)
9.7 Picture Story on Risk

OBJECTIVE
To create an understanding of how making different behavior choices impact on the sexual health of individuals and their families

BACKGROUND
Denial of the reality of risk for HIV infection exists among uniformed services personnel. This story allows participants to think about their attitudes towards 'risky behaviors' and their vulnerability to STIs including HIV. The story about a policeman named Otto and his wife Joy tells how they deal with having an STI.

MATERIALS
27 picture cards the size of a sheet of paper containing photographs and text.

TIME
1 hour

INSTRUCTIONS

STEP 1
Explain that you will be telling the story of Otto and Joy. Remind participants about the storytelling tradition in Africa and how we learn from these stories.

STEP 2
Show the pictures and tell the whole story without asking questions. Then go back to the beginning of the story and ask discussion questions as the story is retold.
Encourage everyone to talk and to give his or her views during the second telling. The participants should be asked to put themselves in the place of the people in the story and ask them how they would have behaved in the various situations.

STEP 3
At the end of the story, try to get everyone to understand that we are responsible for ourselves. Each of us must protect ourselves from AIDS. Go around the group, asking everyone to state the most important thing they learned from the story.
CARD 1: Transmission of STI - Introduce Otto who is out on the town one Saturday night drinking beer and visiting the ladies.

Visual: A man in uniform in a bar with lots of beer and ladies around at a club. Text: You can get a sexually transmitted infection if you don’t use condoms.

CARD 2: Signs and symptoms of STIs - Otto is not feeling well a few days later. Visual: Otto holding his genital area and grimacing. Text: After a few days Otto feels an itching and burning which are signs of gonorrhea.

CARD 3: At the market Visual: Otto purchases the antibiotics from a woman who takes them out of a plastic bag in a market. Text: Antibiotics bought from a women in the market turn out not to the right treatment because a white puss discharge persists. He considers this a minor irritation and ignores it. He does not tell his wife.
CARD 4: Otto’s wife complains of discharge and irritation.
Visual: Joy holding her side and complaining to Otto.
Text: Joy contracts a STI from her husband but does not seek treatment.

CARD 5: Otto’s symptoms return and so do his bar visits
Visual: Otto with women at the bar with a worried look on his face.
Text: Otto does not consider having a STI to be serious and continues his habits without using protection.
CARD 6: Otto discusses the symptoms with another policeman  
Visual: Otto talking to another policeman.  
Text: As the symptoms do not go away this time, Otto listens to the advice of his friend to go to the clinic.

CARD 7: The doctor diagnoses a STI  
Visual: Otto being examined by a Doctor.  
Text: The doctor tells Otto that he has a sexually transmitted infection and praises him for seeking treatment in the clinic. He tells Otto to bring in his wife for treatment.
CARD 8: Condoms key to Prevention.
Visual: Doctor giving Otto condoms.
Text: Condoms prevent the transmission of STI during sexual relations.

CARD 9: STIs Contribute to HIV Transmission
Visual: Otto in bed with his wife in one image and with another woman in a second image.
Text: HIV is spread in the same way as STIs. If you have an irritation caused by an STI, it creates a window for HIV to enter your body. If you have a STI you could already have contracted HIV.
CARD 10: AIDS in the immune system
Visual: Soldiers are the fighter T cells being taken over by HIV in the form of an enemy invader.
Text: HIV destroys your natural immune system allowing diseases to take hold.

CARD 11: What happens to your body over time.
Visual: A person looking healthy for the first 8 years and beginning to get sick by year 8 - 9.
Text: The HIV multiplies slowly in your body over time as it takes over your immune system. Eventually your body succumbs to various diseases and infections.

CARD 12: Transmission of mother to child
Visual: Otto with Joy who is visibly pregnant.
Text: You can pass on HIV without knowing it to many partners, even though you have no signs of HIV infection and feel perfectly healthy. It is possible you could pass on HIV to your wife and then she passes it to your unborn child.
CARD 13: Why are uniformed service men Vulnerable
Visual: Two Policemen on patrol at night arresting a woman.
Text: Policemen have much risky behavior - they are offered and accept sexual favors while on patrol or in operations away from home, they drink heavily, many don't use condoms and they self-treat for STIs.

CARD 14: Policemen Need Protection
Visual: Strong and fit policeman buying condoms at a Chemical Shop.
Text: Stay fit and strong, protect yourself from STIs by seeking treatment at the clinic for STIs, stick to your faithful partner, or use condoms. Protect yourself and your family.
CARD 15: Wives should Accept Condoms
Visual: A woman gives her husband condoms as he leaves on a mission.
Text: Wives and regular girlfriends should ensure that their whole family is protected from HIV by giving their husbands condoms when they leave on mission.
9.8 The Bean Game

OBJECTIVE.
To create an understanding of how fast HIV can be spread and how hard it is for someone to tell who is HIV positive and who is not.

BACKGROUND
There are people who think they can easily tell who is HIV positive and who is not but this is not true. Infact HIV is spread faster than anyone could imagine.

MATERIALS
Envelopes, White beans, Red beans.

TIME:
30 Minutes

INSTRUCTIONS.

STEP 1.
Get as many envelopes as the number of participants. Put white beans in all of them except one envelope in which you put red beans. Put these envelopes under the seats of the participants and ask them to take their seats.

STEP 2.
Explain to the participants that in this game, they will donate some gifts from their envelopes to those of other participants without looking in any of the envelopes. When the game starts, they will exchange gifts (beans) among participants.

STEP 3.
Ask them then to pick up the envelopes under their seats even without knowing what is in the envelopes, and let them start moving around while exchanging the contents in their envelopes. Ask the participants to greet their neighbors and request to give them some “gift”. They should do this from one person to the next.

STEP 4.
When they have moved around the room for a while, ask them to stop and take their seats, and then tell them that the white beans mean that those are HIV negative and the red beans mean HIV positive.

STEP 5.
Ask those who want to know what is inside their envelopes to put up their hands and those who do not want to know to give their envelopes to you.
STEP 6.
Then ask the rest to open their envelopes and see what they have inside. Ask those with only white beans to raise their hands up. These are HIV negative. Ask them how they felt when they didn’t find red beans in their envelopes.

STEP 7.
Ask those with some red beans to raise their hands up. These are HIV positive. Ask them how they felt when they found red beans in their envelopes.

STEP 8.
Ask each individual about how they feel and those who never wanted to see inside their envelopes why they feared to.
There are more exercises on the topic of condoms than other subjects. This is because condoms are considered a key element in the prevention of HIV and STI infection among uniformed services personnel. It is much easier to get men to use condoms in their casual sexual relations outside marriage than it is to get them to stop having those relations. Remaining mutually faithful to an uninfected partner is a prevention method that works for many and it should be encouraged. But to make a difference, condoms need to be in front and centre in the battle against HIV/AIDS among uniformed services.

These exercises teach people how to use condoms correctly and help participants overcome some common obstacles to condom use.

10.1 Demonstrating Correct Condom Use

OBJECTIVE
To provide participants with the opportunity to practice manipulating condoms

BACKGROUND
It is more likely a condom will break because it is not properly handled or put on by the user than because of a problem with storage or manufacture. Therefore, it is vitally important for peer leaders to help participants learn how to use a condom.

MATERIALS
Condoms, wooden models of a penis, broom handles or bananas.

TIME
30 minutes
INSTRUCTIONS

STEP 1
Find a suitable model. Ideally a wooden model of a penis is used to demonstrate how a condom is put on. If such models are not available, other similarly shaped objects like a banana or the end of a broom handle can be used. If this is not possible the condom can be rolled by one hand down one or two fingers on the other hand.

STEP 2
Explain that uniformed services personnel need to protect themselves and, if used correctly, condoms provide excellent protection.

STEP 3
Using your model, demonstrate how to place a condom on it highlighting the following points:

a) Check the expiry date and look for signs of wear such as discolored, torn or brittle wrappers. Do not use condoms, which have passed the expiry date or seem old.
b) Tear the package carefully along one side. It is better not to do this using teeth or fingernails to avoid damaging the condom.
c) Place the rolled up condom on the top of the wooden model.
d) Hold the tip of the condom between a finger and thumb of one hand (leaving space at the tip to collect the sperm or semen).
e) Place the condom on the end of the penis and unroll the condom down the length of the penis by pushing down on the round rim of the condom. (If this is difficult, the condom is “inside-out”. Turn the condom the other way around, take hold of the other side of the tip and unroll it.
f) When the rim of the condom is at the base of the penis (near the pubic hair) penetration can begin.
g) After intercourse and ejaculation, hold the rim of the condom and pull the penis out before it gets soft. Tie the condom in a knot sealing in the semen or sperm.
h) Dispose of the condom in a safe place. Use a new condom next time.

STEP 4
Hand out condoms to each of the participants. Have each participant practice putting the condom on the model and recite aloud each of the steps as they go. Ask the participants who are observing to point out any difficulties or omitted steps. If the group of participants is very large, they can be divided up into groups of five and practice then report what has happened.

STEP 5
List the most common difficulties encountered. Ask the participants to suggest how these problems might be solved. Some common problems include:
- Trying to roll the condom down when it is “inside-out”
- The condom is not rolled down all the way
- The condom is placed crookedly on the model
- The user is too rough when opening the package or uses teeth to open it
- The air in the tip is not squeezed out

10.2 Correct and consistent use exercise

OBJECTIVE
To practice manipulating condoms

BACKGROUND
This exercise is similar to the previous one on Demonstrating Correct Condom Use. However, it is a little bit more interactive and forces participants to think through the steps more thoroughly.

MATERIALS
Sheets of paper or index cards

TIME
45 minutes

INSTRUCTIONS

STEP 1
Beforehand, prepare sheets of paper or index cards. Write one of the following phrases on each sheet or card:

Card: Check expiry date and date of manufacture
Card: Discuss condom use with partner
Card: Have condoms with you
Card: Have an erection
Card: Open the condom wrapper carefully
Card: Squeeze out air from tip of condom
Card: Roll condom on erect penis all the way down to the base
Card: Intercourse
Card: Ejaculation
Card: Withdraw penis from partner, holding onto condom at base
Card: Be careful not to spill semen
Card: Remove condom from penis
Card: Penis gets soft
Card: Tie up the condom and throw it away in places where children won’t find it
Card: Open another condom (if you have sex again).

**STEP 2**
Mix the cards up in a random order and have each participant, in turn, choose a card then read their card and show it to the group. (With non-literate groups, read the cards for them). Ask the participants to then tape it on a wall or lay it out on the floor in the correct order so that the cards describe the step-by-step use of a condom.

**STEP 3**
When all the cards are placed, ask the participants to comment on the order. Make any necessary changes. Be sure that the final line-up is correct.

**STEP 4**
Ask the participants the following questions: What might happen when condoms are not used correctly? What are the consequences of this? What was it like using condoms for the first time? What is it like now?

**10.3 Consistent Condom Use Exercise**

**OBJECTIVE**
To create an understanding of the importance of using condoms consistently

**BACKGROUND**
It is important to use condoms not only correctly, but consistently as well. That means using condoms in every situation that involves risky sex. For example, a man might not use condoms when he has sex with his wife but he should use condoms in every sexual relation outside the marriage.
MATERIALS
None

TIME
45 minutes

INSTRUCTIONS

STEP 1
Tell the group that you will discuss the term “consistently.” Explain that this means “doing something regularly or all the time.” Ask the participants why they think it might be important to use condoms consistently. Point out that it is impossible to tell if someone is infected with HIV or an STI. The only way to feel safe is to use condoms all the time.

STEP 2
Read the following statements and ask the participants after each one to state whether or not they think the behavior shows “consistent” use of condoms.

Story A:
Abdul is a young recruit. He used a condom with a woman he met in a nightclub. The next week he met a young girl who sells oranges in the market. He didn’t use a condom because, since she was younger, he thought she was less likely to be infected with HIV.

Story B:
A soldier was on a peacekeeping mission and had a regular girlfriend while he was away from home. He used a condom with her even though after a few months she suggested that they stop using condoms. Meanwhile, his wife ran into some financial difficulties while he was away and was forced to raise some money by having sex with three different men. The men paid more money to not use condoms.

Story C:
An 18-year-old bachelor was drafted into the Armed Forces and sent to a border location after basic training. While stationed there he met an 18-year-old woman. For the first month he used condoms but one day she told him: “If you really love me and want to marry me you would stop using condoms.” He liked her very much but marriage was a long way off for him. Besides, he would more than likely be transferred back to the city in a couple of months. That day he didn’t use a condom but for the rest of his stay he did.
Story D:
Lucy lived in a village near a uniformed service training facility. Her dream was to marry a man in uniform. She met Martin, a trainee, and fell in love with him. She made a point of telling him that she was not a sex worker and had no other lovers than him. However, Martin thought that this girl was “clean” and decided that it wouldn’t be necessary to use condoms. As it turned out, Martin was less in love with her than she was with him and stopped coming by to see her. Several months later she met another trainee and fell in love again. Condoms were not used again.

Story E:
Though Jones never discussed it with his wife, she knew that when he was away for several months on a mission he would be with other women. Jones did not want to infect his wife with anything he picked up when he had sex with the other women. As a result, he always used condoms whenever he had sex with the other women he met when he was away. He was certain that his wife did not have sex with other men. One time, a woman he had been having sex with for several months wanted him to stop using condoms, but he refused. One time he was having sex with a woman he didn’t know very well and the condom broke. He didn’t have another one, so he continued having sex figuring that he had already been having sex without protection and it wouldn’t make any difference now.

STEP 3
Tell the participants that the correct answer is that NONE of the people featured in the stories used condoms consistently. Jones was the least at risk because he used condoms in all his relationships outside his marriage. However, he did allow himself to have unprotected sex that one time.
10.4 Advantages and Disadvantages of Condom Use

OBJECTIVE
To better understand why some people refuse to use condoms and examine ways of overcoming those obstacles.

BACKGROUND
Most people don’t like using condoms but people get used to them. They can learn to enjoy sex with less worry when they use condoms. This exercise allows participants to weigh the advantages and disadvantages of condom use.

MATERIALS
Sheets of flip chart paper or sheets of paper

TIME
1 hour

INSTRUCTIONS

STEP 1
Read sections (Making Condoms More Enjoyable) and (Responses to Common Obstacles to Condom Use) in the Peer Leaders’ toolkit; for background that is useful for this exercise

STEP 2
Tape two sheets of flip chart paper to a wall with the word “advantages” written on one and “disadvantages” written on the other. (The exercise can be done using two sheets of paper if flip chart paper is not available or with no paper at all.)

STEP 3
Ask a participant to suggest an “advantage of using condoms” and write it down. Ask another participant to suggest a “disadvantage of using condoms” and write it down. Stop when all the participants have made a suggestion or when no one can think of any more.

STEP 4
Examine the list and suggest discussing the disadvantages. (You might share this list with participants even if they did not bring up the disadvantages). Here are some commonly listed disadvantages and discussion points:

- **Condoms reduce sensation**
  (Condoms do not eliminate sensation, although they change it.)
- **Condoms are unreliable**
(If used correctly and consistently, condoms provide good protection)

- **Condoms are expensive**
  (Condoms are cheap compared to the cost of treating STIs, unwanted pregnancies and lost wages to AIDS-related illnesses)

- **Condoms cause erection loss**
  (That problem usually stops after you get used to condoms)

- **Putting on condoms interrupts the flow of passion**
  (Have your partner put them on)

- **Genital area itches after condom use**
  (Wash it with soap and water)

**STEP 4**
Examine the list and suggest discussing the advantages. Here are some commonly listed advantages:
- Reduces worry about getting HIV/AIDS and dying prematurely
- Condom protects people from getting an STI, which may cause infertility
- Reduces the risk of facing the responsibility of parenthood resulting from an unwanted pregnancy
- Can make sex last longer by delaying the male orgasm
- No penis is too big or too small for a condom
- HIV cannot leak through condoms.
- Most condoms are lubricated which helps if a woman’s vagina is too dry
10.5 Demonstrating the Reliability of Condoms

OBJECTIVE
To overcome lack of confidence in the reliability of condoms

BACKGROUND
Almost all uniformed service personnel know about condoms and why they should be used, but not everyone uses them. Some have never even tried them. One often cited reason for not using condoms is the misbelief they are unreliable. This exercise allows participants to experience the durability of condoms.

MATERIALS
Condoms, water, 2 buckets, cup.

TIME
30 minutes

INSTRUCTIONS

STEP 1
Obtain two buckets. Fill one with water.
STEP 2
Open a condom and slowly pour water in it with a cup. Keep the condom at the bottom of the bucket. After filling the condom with at least a litre of water tie the top, making a kind of water balloon.
(Practice this exercise before doing it in front of participants to determine how much water must be poured to expand the condom to a large size without breaking it. If a condom breaks, take out another one and try again.)

STEP 3
Ask participants what they have learned from this. Point out that condoms are very strong and can fit any size of penis. They can contain a large volume of water without breaking.
STEP 4
Take another condom out of the package, blow it up like a balloon and tie the
top. Hand out a condom to each participant and have them blow up their
condoms. Add some humor to the exercise by asking the participants if any of
them has a penis so large it won’t fit into a condom.

STEP 5
Have the participants take turns filling condoms with water.

10.6 Picture Codes on Condom Use

OBJECTIVE
To stimulate a discussion on different HIV risk situations

BACKGROUND
Picture codes are simple black and white sketches of common scenes involving
condom use, which can be used to stimulate a discussion. The scenes represent
a snapshot of a situation relevant to behavior choices related to HIV/AIDS. Each
has a description on the back of the page for the peer leader and suggestions of
questions to ask. The picture codes are designed to result in an energetic,
spirited discussion.

MATERIALS
8 picture cards with photographs and titles

TIME
1 hour

INSTRUCTIONS
STEP 1
Show the picture code and ask the participants to look at the image and explain
what they see. Discuss whether what is shown in the picture is common in their
situation and the significance of the action taken by the individuals depicted. To
further stimulate discussion ask the questions listed below. Be careful not to give
away too much information. The descriptions of the pictures are for the peer
leader. Let the participants first guess what they think the picture is about. Only
read the descriptions if they don’t guess what is going on.

WITH A GIRLFRIEND
A uniformed man is enjoying a drink with a young woman who is not his wife.
She affectionately offers herself to the man.
Questions to ask after showing the picture:
- Describe what you think is happening in this picture.
- What do you suspect the man is thinking?
- What is the woman thinking?
- How do you think the man feels about his wife?
- What is he likely to do?
- Why do you think the man will have sex with the woman?
- What do you think his feelings are about condoms?
- How could this man have taken control of this situation?

NO CONDOMS, LOTS OF WORRY

Anyone who has been engaging in casual sexual relations without using a condom is vulnerable to HIV infection. Getting voluntary HIV testing and counseling gives you a new lease on life. Whether you are positive or negative, condom use is recommended.
- What is going on in this picture?
- Why would this man want voluntary counseling testing?
- How would he feel before hearing the results?
- Do you think he will use condoms after getting the result?

COUPLE SEEKING STI TREATMENT
A man and a woman walk into a health clinic for STI testing. The woman has a pain in her abdomen. The situation could have been avoided if a condom was used.

- Describe what you think is happening in this picture.
- Where do uniformed men go for treatment of STIs?
- Do they inform their partners when they get treatment?
- Describe the STI services available at uniformed services facilities.
- Are they used? If not, why not?
- What do you think are the disadvantages of treating STIs at pharmacies?
- How could this man have taken control of this situation?
A couple has a heated argument when the wife finds a condom in her husband’s military uniform pocket.

- Describe what you think is happening in this picture.
- Why do you think the woman reacted the way she did?
- Why do you think the man reacted the way he did?
- What might the man have done differently?
- What might the women have done differently?
- Will a wife ever accept that her husband uses condoms outside the marriage?
- Could a prior discussion of the subject have helped the situation?

WITH A SCHOOL GIRL

An officer calls over a young schoolgirl he is attracted to. The officer tells her that she is very beautiful and that he has a small gift for her.

- Describe what you think is happening in this picture.
- Why do you think the girl might accept the gift and have sex with the man?
- Do you think the girl is likely to ask the man to use a condom?
- Do you think the girl is not likely to have HIV because she is young?
WITH SEX WORKER

A commercial sex worker follows a soldier on mission to his tent to have sex for money.

- Describe what you think is happening in this picture.
- Why do you think the man wanted to have sex with her?
- Why do you think the woman accepted?
- Do you think he used a condom with the woman?
- Do you think the woman asked the man to use a condom?

CONDOM IN LAUNDRY

A woman finds a condom in her husband’s uniform trouser pocket.

- Describe what you think is happening in this picture.
- What do you think the reaction of the wife will be?
- What do you think will happen next?
- Why would she tell her husband?
- Why would she not tell her husband?
- What will be the reaction of the husband?
- Is it possible for men to use condoms without their wives finding them?
- How can husbands and wives talk about condom use outside the marriage?
SEXUAL BRIBE
Two uniformed men stop two market women carrying contraband goods. The women have no money to pay a fine. The men offer to settle the “debt” in their tent later that night.

- Describe what you think is happening in this picture.
- Why would the women be afraid of refusing the sexual request of the men?
- Why do you think the men should use condoms?
- Do you think the women will suggest the men use condoms?
- How could the “debt” be settled in a different way?
- Is it morally right for the men to take sex as a bribe?

VIOLENCE TOWARDS WOMEN
A man in camouflage pants and naked torso is tightly holding a woman’s wrist and is about to strike a woman with the other hand. She is cowering as she attempts to protect herself and is clutching condoms in one hand.

- Is this scene realistic?
- What do you think is happening?
- Why does this happen?
- What do you think is the cause of the dispute?
- Do you think that there could have been another way of dealing with it?
10.7 Condom Facts, Opinions and Rumors

OBJECTIVE
To allow each participant to separate facts, opinions and rumors about condoms

BACKGROUND
People are often looking for easy excuses not to use condoms. As a result, they may accept, without questioning, misinformation, which is circulating about condoms.

MATERIALS
None

TIME
30 minutes

INSTRUCTIONS

STEP 1
Choose five or six statements from the list below that you feel are the most important ones for the participants to consider. Feel free to add any other false rumors that you might have heard.

STEP 2
Tell participants that they are going to play the “Fact, Opinion and Rumor” game and that they will be asked to categorize statements about condoms. When a statement is read, they have to indicate their opinion with the following signals:

Fact: Raise one arm.
Opinion: Put both your hands on your head.
**Rumor**: Cross your arms in front of your body.

**STEP 3**
Read the following statements one at a time. Allow the participants to make their signals (they might need to practice them a few times at first). Ask several participants why they chose a particular physical signal for each sentence. (Let the participants correct each other if there are differences in their answers).

Sex with a condom isn’t “real sex” (Opinion)
Condoms prevent STIs and HIV (Fact)
Condoms always break (Rumor)
Condoms can get lost inside a woman (Rumor)
Condoms prevent pregnancy (Fact)
Condoms are laced with HIV (Rumor)
Condoms mean you are unfaithful (Opinion)
Putting condoms on can be sensual (Fact)
Condoms are only for casual partners (Opinion)
Using condoms is easy (Fact)
Sex isn’t pleasurable with a condom (Opinion)
Lubricated condoms feel good (Opinion)
Condoms are embarrassing (Opinion)
Condoms are for sex workers (Opinion)
Condoms cost too much (Opinion)
Condoms cause irritation and pain (Rumor)
You don’t feel close to your partner (Opinion)
Condoms show care for your partner (Fact)
Condoms increase promiscuity (Opinion)
Condoms are unnecessary in a steady mutually faithful relationship (Fact)
Condoms are made out of latex rubber (Fact)
One size of condoms fits all (Fact)
Poor quality condoms are sent to Africa (Rumor)
Condoms are tested electronically (Fact)
Condoms can be blown up into balloons as big as a football (Fact)
Condoms cut off circulation of blood and can strangle a penis (Rumor)
You can’t tell if a condom is broken until you withdraw and see whether it has (Fact)

**STEP 4**
Take one example of a clear false rumor (such as “condoms are laced with HIV”) and ask the large group the following questions:

- Why do you think rumors like this exist?
- What are some of the consequences of rumors?

(Depending on their answers, you may want to provide examples that mention fear, ignorance, strong beliefs, and denial.)
STEP 5
Select examples of a clear opinion, both negative and positive (such as “using a condom doesn’t let you feel close to your partner”, and “condoms shows care for your partner”). Ask the participants the following questions:

- How are these opinions different from facts?
- Are opinions true or false? Why or why not?

10.8 Condom Relay Game

OBJECTIVE
To practice manipulating condoms

BACKGROUND
The more men get practice manipulating condoms the less there is a chance that they will break. This game allows them to practice in an amusing way.

MATERIALS
Condoms, wooden models of a penis or bananas

TIME
30 minutes

INSTRUCTIONS

STEP 1
Demonstrate how to put a condom on correctly, at each point indicating key steps and potential errors. The steps include: take it out of the wrapping; place it on the model with the reservoir tip up; roll down the full length of model; squeeze the air out of the reservoir tip; unroll and tie it up.

STEP 2
Hand out condoms to all participants. Then divide them into groups of five. If there is only one wooden penis model, calculate the time it takes for each team (one after the other) to unwrap the condom and roll it down the model, then take it off and tie it up. Each team member keeps trying until they follow the steps correctly. If there is more than one model (or bananas) available, the groups can compete against each other at the same time.
STEP 3
Simple prizes such as condoms or pamphlets on HIV may be given to volunteers on the winning relay team. Point out that many of the difficulties encountered by the teams were caused because participants were in a big hurry to win. Point out that when putting on a condom for use in sexual relations, it is important not to rush and that it is done correctly.

10.9 Condoms Excuses Exercise

OBJECTIVE
To get participants to examine the reasons why they don’t use condoms.

BACKGROUND
What follows is a list of common excuses people use to explain why they don’t want to use a condom and possible responses to those excuses.

MATERIALS
Sheets of paper or sheets of flip chart paper or chalkboard (optional)

TIME
30 minutes
INSTRUCTIONS

STEP 1
Have the participants consider the list of excuses and identify the ones, which they consider to be the most common. List them on a piece of paper, a flip chart or chalkboard if possible.

STEP 2
For the first excuse, provide them with the three responses. For the excuses that are mentioned, ask participants if they can think of any replies before offering the responses listed below.

STEP 3
Ask them if they think the responses are realistic and could be used by people like them.

EXCUSE 1: You think I have a disease.
a) I don’t want either of us to take a chance of getting HIV.
b) Many people infected with HIV have no symptoms at all.
c) Neither of us probably has a disease, but isn’t it better to be sure?

EXCUSE 2: But condoms don’t work.
a) They’re OK if we use them the right way.
b) Condoms may even be fun.
c) I have never had a condom break.
EXCUSE 3: They spoil the mood.
a) It will be OK once we’re used to them.
b) Why don’t you try condoms a few times and see?
c) But it would make me feel more relaxed if I felt safe.

EXCUSE 4: They don’t feel good.
a) But we know condoms can protect us.
b) I know you don’t like the idea but condoms are so important now.
c) Think about the fun we are going to have and not the condom.

EXCUSE 5: They make me feel cheap and dirty.
a) These days condoms have become a way of life for everyone. You would be surprised how many people use them.
b) You know I care for you and respect you. That’s what’s important.
c) I want to use condoms because I don’t want you to get pregnant before you want to. There is nothing cheap and dirty about that.

EXCUSE 6: I’m already using pills for birth control.
a) We have to use condoms as well because the pill doesn’t stop infections.
b) That doesn’t help against HIV and STI.
c) Too bad – no condoms, no sex.
EXCUSE 7: I’d be embarrassed.
a) It won’t be so awkward after the first time.
b) I’ll buy them, so we’ll have them next time.
c) Embarrassment never killed anyone.

EXCUSE 8: They cost too much.
a) When it comes to our health we shouldn’t think about the cost.
b) I can pay for them.
c) Compared to the cost of beer drinking, it isn’t that much.

10.10 Negotiating Condom Use Exercise

OBJECTIVE
To improve skills for discussing condom use

BACKGROUND
This exercise increases men’s and women’s awareness of the importance of discussing condom use before having sex.

MATERIALS
None

TIME
30 minutes

INSTRUCTIONS
STEP 1
Have two participants read the following scenario and develop a role-play dialog with one person playing Sgt. Johnson and the other taking the role of Mary. (If there are only men in the group ask a man to play the role of Mary. The peer leader can also play one of the characters if needed.) In other words, the participants invent a conversation about the topic.

Sgt. Johnson has just been transferred to a new posting outside the capital. He meets Mary and they want to have sex. Mary suggests using condoms, but Sgt. Johnson is against it. Sgt. Johnson says that he is clean. He says that he hasn't had sex with anyone in six months. Mary answers that as far as she knows, she is also disease-free. But she explains that she still wants to use a condom since they might have an infection and not know it. Sgt. Johnson says that condoms are unnatural and ruin his enjoyment of sex. Mary says that she will help him to put it on and that they can make it enjoyable. Sgt. Johnson reluctantly agrees to try it.

STEP 2
Explain to participants that one person may want to use a condom and another may not. Negotiation occurs when the two discuss whether or not a condom will be used before they have sex. Then have the role-play acted out.

STEP 3
Stimulate a discussion about the role-play by asking the participants the following questions:

- What did you see happening here?
- Why do you think it is not a good idea to think that someone is not infected with HIV because of the way they look?
- Do you think the girl was right in suggesting condoms? Why?
- How were the two able to resolve the problem about the condom use?

(Answer: They talked openly about the problem. They understood each other’s point of view. They showed they cared and were willing to compromise.)

STEP 4
Provide participants this definition of negotiation:

- Negotiation involves making a mutual decision.
- Different options are proposed and discussed.
- The consequences of different options are also discussed.

(For example, in the role-play Mary and Sgt. Johnson decided that the consequences of sex without condoms was much worse than feeling that sex with condoms might not be comfortable.)

- A solution where both people can benefit is found.

STEP 5
Tell participants that negotiation requires these steps:

- Each person is able to express herself or himself.
Each person listens to the other.
There is time to discuss opinions and options.
Each person is respectful.
People recognize the feelings that the other person may be having.
Someone is willing to compromise.

STEP 6
Ask participants to give some examples about how these negotiation steps were illustrated in the role-play. (Examples might include that the couple took time to consider different opinions before having sex. Mary recognized Sgt. Johnson’s discomfort and tried to suggest ways they could make the option of condoms more appealing for both of them.)

STEP 7
Ask participants to think of a situation in their own lives where negotiation was necessary. Ask them the following questions:
- How easy or difficult would it be to use negotiation steps and principles in this situation?
- What would be easy or difficult?
- How might things have changed if you had used negotiation steps or principles?

STEP 8
Ask participants to think about risky sexual situations where negotiation might help and ask them to:
- Describe a situation involving risky sexual behaviors where negotiation could help.
- Describe a situation involving risky sexual behavior where negotiation would be difficult.

10.11 Do’s and Don’ts of Condom Use Exercise

OBJECTIVE
To increase understanding of how to reduce the chances of a condom breaking

BACKGROUND
Using condoms improperly greatly increases the chance that they break during intercourse. This exercise helps participants better understand what causes condoms to break.

MATERIALS
Sheets of paper or, if available, flip chart paper or chalk board.

TIME
30 minutes
INSTRUCTIONS

STEP 1
Write the following list on flip chart paper, a sheet of paper or chalk board, or simply read them out. Read through the whole list one time. Then read each item on the list one at a time and ask participants to indicate (on a piece of paper or orally) if this action should or should not be taken by marking “Do” or “Don’t” in a list.

a) Store condoms in the sun or in a humid warm place.
b) Use condoms with dry and brittle wrappers.
c) Use condoms after the expiry date on the package is past.
d) Use a condom every time you have sexual intercourse.
e) Take two condoms with you just in case.
f) Use two condoms to double your protection.
g) Put a condom over the tip of the penis and roll it down half way.
h) Use coconut oil, cooking oil or other oily products to lubricate the condom.
i) Use the same condom only once.
j) Rub water or saliva on the condom to make it wetter or more slippery.
k) Have sex for a little while and then put on the condom.
l) Use condoms when the rubber is dry or stiff.
m) Take your time when putting on a condom.
n) Always carry a condom with you when you go out.

STEP 2
Read each item again and have participants give their responses, explaining why they chose each one. Share with them the information in the brackets below if they don’t mention it themselves.

a) Store condoms in the sun or in a humid warm place.
   (Don’t because improper storage increases the chance of breakage)
b) Use condoms with dry and brittle wrappers.
   (Don’t because using older condoms increases the chance of breakage)
c) Use condoms after the expiry date on the package is past.
   (Don’t because using older condoms increases the chance of breakage)
d) Use a condom every time you have sexual intercourse.
   (Do because you will feel well protected)
e) Take two condoms with you just in case.
   (Do because you never know when you might need more than one or need to lend one to a friend)
f) Use two condoms to double your protection.
   (Don’t because two reduces the sensation and one, properly used, is sufficient)
g) Put a condom over the tip of the penis and roll it down half way.
   (Don’t because if the condom is not unrolled to the pubic hair, it could slip off)
h) Use coconut oil, cooking oil or other oily products to lubricate the condom.
   (Don’t because oil-based products make condoms weak and increase breakage)
i) Use the same condom only once.
   (Reusing the same condom increases the chance of breakage)
j) Rub water or saliva on the condom to make it wetter or more slippery.
   (Do because water based lubricants don’t make condoms weak)
k) Have intercourse for a little while and then put on the condom.
   (Don’t because any intercourse without a condom is risky)
l) Use condoms when the rubber is dry or stiff.
   (Don’t because older condoms tend to break easily)
m) Take your time when putting on a condom.
   (Do because condoms that are put on incorrectly tend to break more often)
n) Always carry a condom with you when you go out.
   (Do because you might not be able to know in advance if you will have sex.)
Chapter Eleven
SEXUALLY TRANSMITTED INFECTIONS

The presence of Sexually Transmitted Infections increases the chances of HIV being passed from one person to another. Getting an STI should also be a wake-up call that risk behavior is being practiced and that HIV could be the next infection that is picked up. These exercises introduce STIs to those not familiar with them and look at how they are transmitted and how to prevent transmission.

11.1 Contact Tracing Exercise

OBJECTIVE
To increase understanding of the importance of rapid treatment of STIs by both participants and their partners.

BACKGROUND
If people infected with STIs don’t ensure that their partners get treatment as well, they risk getting the STI right back again if they continue to have unprotected sex with the same person.

MATERIALS
None

TIME
30 minutes

INSTRUCTIONS

STEP 1
Ask for volunteers to act out the parts of the STI clinic client and the clinic worker.

STEP 2
Ask the volunteer participants to perform a one-minute role play following this story line: 
Lance Corporal Roberts finally gets the courage to go to the sick bay and check out a red sore on his penis. The clinic worker examines him and tells him he is suffering from an STI. The clinic worker tells him to bring in his wife and any other sexual partners for treatment. Lance Corporal Roberts is very embarrassed and worried. He tells the clinic worker that he really thinks this will be impossible. She explains that it is very important to keep the Sexually Transmitted Infection from spreading to others.
STEP 3
Ask the participants the following questions. (Make sure that each question is thoroughly answered before moving onto the next one.)

*What is happening here?*
*Why does this happen?*
*What problem does this cause?*
*Does this happen with people you know?*
*When it happens what can be done?*
*Why is it important to treat people with STIs and their partners?*

STEP 4
Close the session by summarizing some of the issues raised by the participants (such as examples from their relationships, poor communications between couples, personal denial, overwhelming embarrassment).

### 11.2 STI True or False Exercise

**OBJECTIVE**
To learn the basic facts about STIs

**BACKGROUND**
The idea of this game is to learn basic facts about STIs by designating listed statements as true or false.

**MATERIALS**
None

**TIME**
15 minutes

**INSTRUCTIONS**

**STEP 1**
Either read the statements one by one or write them out beforehand on folded papers (one statement per paper). If they are written out, have the participants chose a statement.

**STEP 2**
Introduce the activity by explaining that we are now going to discuss facts about Sexually Transmitted Infections and write out the words STI on a piece of paper or flip chart. Explain that the letters stand for:
S – sexually T – Transmitted I – Infections
Explain that some people use the term STDs (Sexually Transmitted Diseases).
STEP 3
Carefully explain that HIV and AIDS are considered STIs, but that in this section, we will mostly be talking about “classic” STIs – that is, all STIs except HIV and AIDS. HIV and AIDS will be dealt with in detail in later sessions. Tell them that you will always clearly indicate when you are talking about STIs including HIV and AIDS, or when you are talking about STIs, excluding HIV and AIDS.

STEP 4
Divide the participants into two teams. Ask each team to stand together, across from the opposing team. Explain that they will play the game and that the team with the most points wins. Choose a scorekeeper.

STEP 5
Give the following instructions to the participants:
Each team will draw a statement from the basket or have a question read out. The team must decide if the statement is true or false by discussing it together. Then, one team member should read the statement and state the team’s answer. If the team is correct, they score two points. If they can explain why the answer is correct, they get one extra point. If the team is incorrect, they gain no points. Offer the explanation for the right answer after each incorrect response.

a) A person can always tell if she or he has an STI.
(False. People can and do have STIs without having any symptoms. This happens most often to women because their sexual body parts are internal. However, men infected with some STIs such as Chlamydia also may have no symptoms. People who are infected with HIV generally have no symptoms for a long time, sometimes years, after infection.)

b) With proper medical treatment, all STIs except HIV can be cured.
(False. Herpes, an STI caused by a virus, cannot be cured at the present time.)

c) The organisms that cause STIs can only enter the body through either the woman’s vagina or the man’s penis.
(False. STI bacteria and viruses can enter the body through any mucus membranes, including the vagina, penis, anus, mouth and in some cases the eyes. HIV can also enter the body when injected into the bloodstream from shared needles.)

d) You cannot contract STIs by holding hands, talking, walking or dancing with a partner.
(True. Most STIs are spread by close sexual contact with an infected person.)

e) Many curable STIs, if left untreated, can cause severe complications.
(True. Some complications can lead to infertility in women. If a baby’s eyes are infected by Chlamydia and not treated, the baby can become blind. Other complications can lead to heart failure or damage to the brain.)

f) People who have an STI should not have unprotected sexual intercourse, because they are more likely to contract or transmit the HIV infection.
(True. This is because infection with STIs makes a person more likely to contract or transmit HIV, especially when the other STIs have caused open sores. The inflamed areas act like an open window allowing the HIV to enter.)
g) It is impossible for STIs to penetrate through a condom if it is properly used and doesn’t break.
(True. The small particles that cause STIs cannot penetrate latex (male condoms) or polyurethane (female condoms).

STEP 6
Play the game until all statements have been drawn from the basket. Have the scorekeeper announce who the winning team is. You can distribute condoms or other materials as a prize to the winning team members.

11.3 Names and Symptoms of STIs

OBJECTIVE
To familiarize participants with the different STIs, symptoms and problems that result if they are left untreated.

BACKGROUND
The presence of STIs during sexual relations greatly increases the chances of HIV being passed from one person to another.

MATERIALS
Flip chart, chalkboard or sheet of paper

TIME
45 minutes

INSTRUCTIONS

STEP 1
Peer leader should read section “6.0 Basic Facts on Sexually Transmitted Infections” for background information.

STEP 2
Write the following list of STIs on a flip chart, chalkboard or sheet of paper before starting the exercise. Beside the medical name for the STI, leave space for the commonly used name for the same STI in slang or local languages.

STIs Common / local language name
Gonorrhea
Syphilis
Herpes
Genital warts
Candidiasis (thrush)
Chancroid
Granuloma inguinale
Chlamydia
Genital warts
Hepatitis B
Trichomoniasis

STEP 3
Show participants the list of STIs. Read each name, one at a time, and ask participants to give the common or local names for this STI. Point out that though HIV is also a sexually transmitted infection but we are not including it in this exercise.

STEP 4
Clarify that these signs and symptoms DO NOT include the signs and symptoms of AIDS. Remind them that many people with STIs do not have any signs of symptoms and that people can be infected with more than one STI.

Signs in Males:
- Discharge from penis (green, yellow, pus-like)
- Painful urination, difficulty urinating, urinating more often
- Swollen and painful glands/lymph nodes in the groin
- Blisters and open sores (ulcers) on the genitals; painful or non-painful.
- Nodules under the skin
- Warts in the genital area
- Non-itchy rash on limbs
- Itching or tingling sensation in the genital area
- Flu-like symptoms (headache, malaise, nausea, vomiting)
- Fever or chills
- Sores in the mouth

Signs in Females:
- Irregular bleeding
- Lower abdominal/pelvic pain
- Abnormal vaginal discharge (white yellow, green, frothy, bubbly, curd-like, pus-like, odorous).
- Swelling and/or itching of the vagina; swelling of the cervix.
- Painful or difficult intercourse

STEP 5
Ask participants to list the STIs which they consider to be the most common among uniformed services personnel.
STEP 6
Ask the participants to describe any STIs they themselves (or close friends or relatives) have had and what the symptoms were.

STEP 7
Tell participants that untreated STIs can eventually cause serious, sometimes life threatening, complications. Read through the list of complications of untreated STIs (that should be written, if possible, on a flip chart, chalk board or piece of paper):
- Infertility
- Blindness
- Pelvic Inflammatory Disease
- Cervical Cancer
- Transmission of infection to newborn
- Increased risk of HIV infection

STEP 8
Mark a star next to “Increased risk of HIV infection” and tell participants the following:
Some STIs can increase the risk of HIV transmission by 3 – 10 times. HIV infection may also increase transmission of some STIs. This is related to the open sores of genital ulcers and other STIs.

STEP 9
Ask participants whether they have any questions on STI signs, symptoms and complications. Look for the answers in section 5: Basic Facts on STIs.
11.4 Treating STIs Exercise

OBJECTIVE
To increase understanding of the importance of seeking professional treatment of STIs

BACKGROUND
An STI cannot get better and can even get worse if it is not treated properly. This exercise helps participants think about the implications of treatment.

MATERIALS
Sheets of paper

TIME
1 hour

INSTRUCTIONS

STEP 1
On three different sheets of paper, write one of the following statements:

a) I thought I had an STI. But now, thank God, my symptoms are gone. I don't have to worry anymore.

b) I’m sure I have an STI. But I got some antibiotics from the chemists so I’m feeling better. I didn’t even have to finish all the medicine.

c) My male partner has a discharge. Since I have no symptoms, I’m sure I didn’t get it. I think I might have an STI but I have no courage to go to the clinic.

d) I had a red sore on my penis and bought four blue pills from a young man at the market. It was cheaper than the Chemist Shop. After a long time the sore went away.

STEP 2
Tell the participants that it is possible to have an STI and be able to transmit it to other people and show no symptoms. Give one piece of paper to each group and ask them to read through their problem situation carefully. Ask them to imagine that it was one of their friends who had this situation. Ask them to consider what advice they would give to their friend.

STEP 3
Have each group tell the other groups what advice they would give their friend. Here are some points to add if the groups did not raise them.

a) I thought I had an STI. But now, thank God, my symptoms are gone. I don’t have to worry anymore.
- It is possible for an STI to be contracted and show symptoms which later disappear.
- This does not mean that you are not still carrying the STI and are able to infect others with it.
- Go to the clinic and get checked.
- You should use condoms so that you don’t get another STI.

b) I'm sure I have an STI. But I got some antibiotics from the chemists so I’m feeling better. I didn’t even have to finish all the medicine.
   - Not taking all the prescribed antibiotics is bad because although the symptoms have stopped, you may still have the STI.
   - Stopping the antibiotic half way through its course makes STI stronger and the antibiotic weaker.
   - You paid for the antibiotic. You should get your money’s worth and use it all.

c) My male partner has a discharge. Since I have no symptoms, I'm sure I didn't get it. I think I might have an STI but I have no courage to go to the clinic.
   - You can have an STI and show no symptoms
   - You might have given the STI to your partner
   - You should get the courage to go to the clinic for a check up
   - You should be concerned that you or your partner is having unprotected sex with someone else. You should be using condoms.

d) I had a red sore on my penis and bought four blue pills from a young man at the market. It was cheaper than the Chemist Shop. After a long time the sore went away.
   - The symptom went away but the STI might still be there.
   - You may think you are saving money but if the medicines aren’t the right ones and don’t do the job, you are not.
   - You should use condoms. Getting an STI is a warning sign that you are vulnerable to getting HIV.
   - You should go to the clinic and get checked.

STEP 4
Ask the participants what they think the lessons of this exercise might be. They should mention the following:
   - You can have an STI without showing symptoms and pass it on to others
   - You should take the full treatment prescribed to treat STIs
   - You should use condoms in the future to avoid getting STIs again
   - You should go to a clinic for proper treatment when you suspect you might have contracted an STI.
11.5 STI Box Game

OBJECTIVE
To create a better understanding of how easily STIs can be spread.

BACKGROUND
People with multiple partners with whom they have unprotected sex often don’t appreciate how easily STIs are rapidly spread from one person to another, then to another, and so on.

MATERIALS
Index cards of sheets of paper.

TIME
30 minutes

INSTRUCTIONS

STEP 1
Get a small cardboard box and put a sheet of paper inside with the words “Sexually Transmitted Infection” written on it. (If no box can be found, this game can be played with just the sheet of paper, which is folded in half so that the words are hidden.). Prepare two other sheets of paper with the word “Condom” written on them and fold them in half so the word cannot be read.
STEP 2
Give two sheets of paper folded in half with the word “Condom” written on them to one male and one female participant and tell them to put the paper in a pocket (if there are only men participating, divide the group into half and have half be men and the other half play the parts of women).

STEP 3
Give the box or folded sheet of paper with the words “Sexually Transmitted Infection” to another randomly chosen man. Then tell him to pass it to a randomly chosen woman. The woman passes it randomly to a man, who passes it randomly to a woman, and so on, for a few minutes.

STEP 4
Ask everybody who has touched the box to step forward. Ask those who were given the sheets of paper with “Condom” written on them to take them out and read the word aloud. Ask them to stand separately from the others who touched the box. Then ask one participant to open the box and the sheet of paper and to read what was written on it out loud to everybody.

STEP 5
Ask the audience what the point of the game was. The facilitator guides the discussion towards an answer, which emphasizes how easily a chain of STI transmission is created and how rapidly STI can spread from one person to another until a majority of people in a group are exposed. Also point out that those who had the “condom” sheet, although they touched the box or sheet of paper (symbolizing exposure to the STI), they did not contract it.

11.6 STI Circle Game

OBJECTIVE
To increase understanding of how easily STIs are spread and explore different prevention options.

BACKGROUND
Condom use is not the only way to protect against STIs: abstinence and mutual fidelity with an uninfected partner are two other ways. This game also illustrates how easily STIs are spread but introduces three different means of prevention.

MATERIALS
Index cards or sheets of paper.

TIME
20 minutes
INSTRUCTIONS

STEP 1
Write on the word “Abstinence” on one sheet of paper or index card. Write “Mutually faithful” on a second sheet “Uses condoms” on a third, “Unprotected sex with many partners” on a fourth and “STI” on the fifth.

STEP 2
Select four participants and give each of them a sheet of paper by pinning it onto their uniforms, attaching a string and hanging it around their necks or having them hold the paper in their hands.

STEP 3
Ask for five participants to choose the sheets or cards. Give one the “STI” paper and tell them to make sure what is written on the paper can be seen by others. Hand out the other papers and tell the four other volunteers not to look at what is written and not to show others.

STEP 4
Blindfold the participant with the “STI” paper and put him/her in the middle of a circle formed by the other four volunteers.

STEP 5
The facilitator spins the volunteer with the STI card around until he or she is disorientated and then asks the volunteer to choose another volunteer from the circle. The new volunteer reads what is written on the paper and shows it to all the participants. Ask that person if he or she feels vulnerable to the STI because of what is written on the paper.

STEP 6
Point out that those who are mutually faithful to their partner, abstain and use condoms regularly are much less vulnerable to STIs. Those who have unprotected sexual relations with many different partners are very vulnerable.

STEP 7
The volunteer who is chosen does not leave the game, which is repeated for approximately five rounds. Other participants participate fully in each round, are commended for correct answers and each explanation is discussed by the audience as a whole. Simple prizes, such as condoms or AIDS literature may be given to volunteers and to others who answer questions well.
Alcohol consumption is a cofactor to HIV infection. Alcohol can impair good judgment like using condoms or avoiding sexual relationships with women who have many other sexual partners. Women who have many sexual partners (commercial sex workers) congregate in public places where alcohol is consumed. The exercises that follow help uniformed services personnel consider the impact of alcohol on behavior choices they make and how it can put them at risk for HIV infection.

Besides beer and distilled or hard alcohol, there are a variety of locally produced products. Millet beer, local “gins”, palm wine and other local brews, because they are cheaper, are often preferred by uniformed services personnel.

12.1 Alcohol and Uniformed Services Exercise

OBJECTIVE
To reflect on the external influences on alcohol consumption

BACKGROUND
Alcohol use and abuse in the uniformed services is common. The nature of the work in the services contributes to alcohol consumption. In this exercise, participants are asked to consider the environment in which they live and work and critically reflect on their personal choices and responsibilities.

MATERIALS
None

TIME
30 minutes

INSTRUCTIONS

STEP 1
Ask participants to list all the positive things associated with alcohol and write them on a sheet of paper, blackboard or flip chart paper. The list may include things like: feel good; escape worries; more sociable and less timid; reduces stress; and a way of celebrating a special event.

STEP 2
Ask participants to list all the negative things associated with alcohol and write them on a sheet of paper, blackboard or flip chart paper. The list may include
things like: feel sick; headache next day; physical abuse of others; uses up money; and forget to use condoms.

**STEP 3**
Ask participants to list the special circumstances that make uniformed services vulnerable to alcohol consumption and write them on a sheet of paper, blackboard or flip chart paper. The list may include things like:

- Isolated postings
- Boredom
- Separation from families
- Camaraderie or esprit de corps
- High tension and danger
- Regular salary
- Easy access
- Peer pressure

**STEP 4**
Ask each of the participants to consider their own circumstances and ask the following questions:

- *What do you like about drinking alcohol?*
- *How does alcohol make you feel?*
- *How does drinking too much alcohol make you feel?*
- *How does drinking too much alcohol affect your judgment?*
- *Have you noticed that it is hard to stop once you have started drinking alcohol?*

**12.2 Alcohol and Abuse Exercise**

**OBJECTIVE**
To create an understanding of the negative impact of abusive alcohol consumption

**BACKGROUND**
Alcohol consumption is considered a risk factor for STI and HIV infection. This is especially true if the person abuses alcohol. Alcohol consumption tends to impair judgment. Those who intend to use condoms during the day may lose their resolve in the evening after drinking alcohol. Condom negotiation with a drunken partner is very difficult. Alcohol is also related to violence against women. Many commercial sex workers fear violence from drunken clients. Alcohol can also be related to how household income is used or misused.
MATERIALS
None

TIME
1 hour

INSTRUCTIONS

STEP 1
Read aloud or have one of the participants read aloud the following stories once or twice and then ask the related questions listed below each of the stories.

a) Physical Abuse
A young policeman manning a road block at the entrance to a large market town had noticed a group of teenage schoolgirls walking by everyday on their way to and from school. Sometimes they would stop and talk with him. There was one in particular whom he found very beautiful and sexy. Her name was Brenda. Though he had several girlfriends in the market town, it was Brenda who he dreamed of having but she always politely refused his advances. It seemed to him that Brenda got more and more beautiful and more and more sexy as each day went by. But no matter how hard he tried to convince her, Brenda said she wasn’t ready and was not going to go with him.

On his day off the policeman had the habit of going to a bar where a locally brewed alcohol was available. This drink was very strong and he usually got very drunk. One late afternoon he was staggering back to the barracks after drinking and he saw Brenda off in the distance carrying fresh bread she had just bought for her family. She looked very appealing to him. She looked more like a woman and less like a schoolgirl when she wasn’t wearing her school uniform. He was surprised that she was not glad to see him when he put his arm around her. She told him he was drunk and should leave her alone. This made him angry and he decided he should teach her a lesson. He twisted her arm behind her back and forced her to walk off the road into nearby bushes and slapped her several times hard across the face to quiet her. He then proceeded to force himself on her. After it was over, she lay on the ground whimpering, her clothes ripped and soiled. The bread lay on the ground. He told her that if she ever told anyone about this he would beat her severely.

- Do you think it is possible to lose your judgment after drinking a lot of alcohol?
- Do you know anyone who gets violent when they drink?
- Do you think people drink to the point of losing control?
- Is there anything Brenda could have done to avoid this situation?
- What is the worst thing you can imagine happening after the rape? (Introduce the possibility that he rapes her several times and she eventually contracts HIV from him but neither know they have the virus.)
Brenda then gets pregnant and he denies that he is the father. The baby is born with HIV and Brenda discovers she is infected. He gets transferred to another post, refuses to believe he is infected and continues to have unprotected sex with other women.)

b) Drinking Away Pay
John had been assigned to duty in a remote border town and because housing was not available, he was forced to leave his family back in their village. Four months had already gone by and he thought of his family everyday. In fact, he missed them so much the only way to get any relief was to drink alcohol. It started with just a few beers after work with the other men. Then he found that he needed a beer first thing in the morning to get up the courage to go into work. Part of the problem was the boredom of guarding a remote border post with very little going on. In fact, missing his family and being in such a desolate place made him drink more and more.

He even started to carry a small bottle with hard alcohol in it, which he drank even while on duty. His friends noticed that he was not himself. He would get into arguments over nothing. He even got into a fight with his best friend on the force and the two stopped speaking to each other. His Sergeant sent him back to camp one day when he showed up for duty so drunk he could hardly walk. Buying the alcohol was taking so much of his pay package that there was little or nothing left to send home. His wife made some money selling a few things at the market. But on days that she sold nothing, she found that the only way she could feed their four young children was to sell sex. Though she knew she should be using condoms, she found that the men would not have sex with her if she insisted on using them.

- Do you think it is possible to start drinking a little and ended up drinking a lot?
- Do you know anyone who gets angry and argumentative when they drink?
- Do you think some people drink alcohol because they are bored or lonely?
- What do you think of the situation the wife found herself in?
- What is the worst thing you can imagine happening to this family? (Introduce the possibility that she contracts HIV from the men then passes it to her husband. She then gets pregnant and the baby is born with HIV. The couple eventually dies from AIDS leaving their five children orphans and one infected with HIV.)

c) Lowering your Guard
Martin and Benjamin were disappointed that they had been assigned to a security duty the day of the big football match. They would rather be sitting watching the game with their friends rather than controlling the crowd outside. They each had a couple of beers during the game under the stands. They were still on duty when the cheering crowd poured out of the stadium ready to celebrate the local team’s big win. After the game, they were told to go to an area
where there were a lot of small bars, which were packed with men and women
dancing, singing and drinking with great pleasure. They bumped into some
friends who invited them to take a drink of palm wine. It was too tempting for
them.
It seemed like everyone was having fun but them. After drinking to their
satisfaction they were now feeling really good. They went back onto the street
which was still full of celebrating football fans. They saw five or six teenage boys
behind one bar who were harassing two girls who worked in the nearby disco.
They had torn their clothes and were grabbing at their breasts. The alcohol made
Martin and Benjamin bold and rough, and they beat the boys over the head with
their nightsticks. This sent the boys running. The women said they wanted to
thank Martin and Benjamin for saving them from the teenage boys and invited
them into the disco. After a few more rounds, Martin and Benjamin were very
drunk. Before too long, they found themselves in a back room with the two
women. Martin was the first to penetrate the woman and was enjoyed it very
much. Benjamin took a little longer to get going. He had a condom in his shirt
pocket. He took the time to carefully open the package and then roll the condom
down his penis before enjoying the woman.

- Describe what is going on in this story?
- What advice would you give Martin about alcohol consumption?
- Why do you think this goes on in uniformed services?
- What was the difference between Martin and Benjamin?
- Why do you think Benjamin used a condom and Martin didn't?
- What was Martin thinking when he went with the women?
- What was Benjamin thinking when he went with the women?
- How do you think the two of them felt the next day?
- What do you think might have been the consequences of Martin’s
  experience?

STEP 3
Resume the points made in the discussions and summarize the lesson.

12.3 Controlling Alcohol Consumption Exercise

OBJECTIVE
To get participants to consider options for controlling abusive alcohol
consumption

BACKGROUND
In some countries, there are restrictions on the consumption of alcohol. The idea
is that if opportunities for consuming alcohol are reduced, opportunities for abuse
are also reduced.
MATERIALS
None

TIME
30 minutes

INSTRUCTIONS
STEP 1
Share the following points with the participants about rules designed to control alcohol consumption and ask the related questions:

a) In many places where alcohol sales have been banned (in some Moslem countries today and in the USA numerous decades ago), people continued to make and sell it illegally, often producing dangerous mixtures. People continued to drink alcohol.

Do you think banning alcohol altogether is a realistic solution?

b) In some parts of Africa, the drinking of alcohol has been reduced by limiting, for example, the times of weddings and bar opening hours to daylight or early evening hours. But others say that drinking then just gets more concentrated in a shorter time. There are no simple solutions.

Do you know of restrictions on the times alcohol is served?

c) Many makers of alcohol are women, who are selling it to earn an income for themselves, for school fees, to pay taxes and so on.

If people drink too much alcohol, who or what should be blamed: the maker, the alcohol or the drinker?

d) In every country, many of the fatal car crashes are caused by drivers who have consumed too much alcohol.

Do you think it is right to take a driver’s permit away from someone who has drunk heavily and then driven a car or truck?

STEP 2
Resume the points made in the discussion and summarize differences in opinion.

STEP 3
Share the following points with the participants about individual choices and alcohol consumption and ask the related questions:

a) Some people believe that rules restricting alcohol consumption only make it harder to get alcohol but do little to stop alcohol abuse.

What do you think might be done to get those who abuse alcohol to change their behavior?

What do you do to ensure that you don’t drink more than you want to?
b) When any of us has drunk too much alcohol, it is very difficult for us to act responsibly or to control our actions. Unprotected sexual relations are often regretted the day after a night of drinking.
   - How does a person know that they have drunk too much?
   - What can a person do to avoid getting to that point?
   - What do you do to maintain control of your actions?

  c) Drinking alcohol is usually a pleasant social activity. But drinking too much alcohol can make a person overly aggressive and abusive to women in particular.
   - What can be done to reduce the abuse of women by men who have drunk too much?

  d) The buddy system has been used by some uniformed services to protect individuals from drinking too much. Each uniformed personnel is assigned a partner when on leave. Each has the responsibility to monitor the alcohol consumption and condom use of the other when they go out.
   - Do you think this idea would work with your service?
   - Would the buddy system work for you?

**STEP 4**
Resume the points made in the discussion.

**12.4 Picture Codes on Alcohol**

**OBJECTIVE**
To examine the implications of abuse of alcohol

**BACKGROUND**
Showing pictures is an effective way to stimulate a discussion on a topic. These photos depict different situations uniformed services personnel might face which involve alcohol.

**MATERIALS**
4 photos

**TIME:**
15 minutes per photo
INSTRUCTIONS

STEP 1
Show the picture code and ask the participants to look at the image and explain what they see. Discuss whether it is common in their situation and the significance of the action taken by the individuals depicted. To further stimulate discussion, ask the questions listed below. Be careful not to give away too much information yourself. Let the participants guess what they think the picture is about first.

A man in uniform visibly drunk is surrounded by empty beer bottles

- What is happening in this picture?
- Why is this man in this situation?
- What do you think he is feeling?
- Why is he drinking so much (many bottles on the table)?
- What might be some of the problems that this situation causes? (Help the group if necessary to think of the following: Decisions to seek sex, hesitation to use condoms when drunk, money spent on beer is not spent on other things)
- How is this situation related to STIs or HIV infection?
- How does this happen in the uniformed services?
- What can be done to change this situation?
A man in uniform is drinking beer in a bar with a young woman.

- What is happening in this picture?
- Why is this man in this situation?
- What do you think he is feeling?
- Why is he drinking on the job?
- What might be some of the problems that this situation causes?
  (If necessary, help the group consider the following: decisions to seek sex, ability to use condoms when drunk, money spent on beer is not spent on other things)
  - How is this situation related to STIs or HIV infection?
  - How does this happen in the uniformed services?
  - What can be done to change this situation?

A man in uniform holds a beer bottle in one hand and raises his hand to strike his wife with the other.

- What is happening in this picture?
- Why is this man in this situation?
- What do you think he is feeling?
- What do you think the woman is feeling?
What might be some of the problems that this situation causes? (Strained relationship between the couple; lack of confidence in the man; injury to the woman)

How does this happen to uniformed services personnel?

What can be done to change this situation?

A table full of men in uniform and young girls in a bar. The table is full of empty bottles. The barman arrives with another round. One man reaches for his wallet to pay. Another one motions him to put his wallet away and hands the barman a wad of bills.

What is happening in this picture?

Why is this man in this situation?

What do you think he is feeling?

Why is he so anxious to spend his money?

What might be some of the problems that this situation causes? (Less money for other things; can't support family properly; can't buy friends)

How is this situation related to STIs or HIV infection?

Does this happen in the uniformed services personnel?

What can be done to change this situation?

12.5 One-minute Alcohol Role-Playing

OBJECTIVE
To examine different situations in which alcohol has impaired judgment and brought out aggressive behavior

BACKGROUND
Examining aggressive behavior influenced by excessive alcohol consumption is the first step to understanding how much alcohol influences the behavior of each participant.

MATERIALS
None
TIME
20 minutes per story

INSTRUCTIONS

STEP 1
Choose participants to play the roles of the people featured in the stories (if the
group is all men, have some of the men play the parts of women).

STEP 2
Read aloud the story or have the participants read it to themselves. Ask the
participants to pretend they are characters in the story and invent one minute
conversations.

STEP 3
After the dramatization, ask the other participants to comment on what they have
seen. Some questions that can be used to stimulate discussion are included after
each scenario.

Story 1: Poor Judgment
Two friends working for the same uniformed service have just been paid. They
come to the place where Mary, a single woman, is selling alcohol that she makes
herself. They join others who are very drunk. One of the drunken men begins to
push Mary into the bushes against her will.

- What did you see happening in this play?
- Why is Mary selling alcohol?
- Why are the men drinking so much?
- What are the good things about drinking alcohol?
- What are the bad things about drinking alcohol?
- When people drink too much, who is to blame and why?
- What role does alcohol tend to play in influencing sexual behavior?
- What might be the consequences?
- What are consequences related to STIs and HIV?
- How does this situation happen in the uniformed services?
- What could be done to change this situation?

Story 2: Pay Day
A man from a uniformed service goes to the pay office to get his monthly
earnings. A bar owner finds him as he leaves the office with his pay. He angrily
asks the man to pay for the drinks he has had on credit over the past month. At
the same time, the man’s wife arrives with their child. She has traveled from
home to find the man at his place of work. The wife angrily asks the man for
money for food and school fees.

- What did you see happening in this play?
- Is this situation realistic?
Story 3: Festival Day
There is a big festival and a man in a uniform who is very drunk is trying to persuade a woman to have sex with him. She is not opposed to the idea but is trying without success to negotiate the use of a condom with the drunken man.

- What did you see happening in this play?
- Is this situation realistic?
- Why does this situation occur?
- Why do you think the man doesn’t want to use condoms?
- Do you think the fact that he is drunk is affecting his judgment?
- What do you think will happen next?
- What could be done to change this situation?
13.1 Guidelines for Negotiating Safer Sex

OBJECTIVE
To improve skills for communicating with sexual partners about STI and HIV prevention.

BACKGROUND

What follows are some tips for negotiating safer sex:

a) TALK is a set of tools that a person can use to be assertive and persuasive. Use TALK to tell a partner you want to have safe sex, you won’t have unsafe sex, or for any situation in which you want to be assertive.

T = Tell your partner “I am listening to what you are saying.” Acknowledge them. Use “I” statements (speak for yourself).

A = Assert what you want in a positive way. State your goal or need. Be positive. Use “I” statements (speak for yourself).

L = List your reasons for wanting to be safe (use condoms). Be brief. Use a reason that is about you. Do not mention disease.

K = Know the alternatives (for safer sex) and your personal bottom line (what you are comfortable doing).

b) Be assertive, but not aggressive:
   - Make sure you say what you want
   - Use “I” statements (speak for yourself)
   - Listen to what your partner is saying
   - Respect and acknowledge your partners’ feelings and options
   - Be positive
   - Use reasons for safe sex that are about you, not your partner.

c) If your partner is being negative (not wanting to practice safer sex):
   - Find something positive in what your partner is saying and turn the negative objection into a positive thing. For example, if your partner is very controlling, you can say that you appreciate it and are glad they care so much about you (rather than accusing your partner of being too controlling.)
   - Never blame the other person for not wanting to be safe, blame the environment or something else, but never the other person. Remember, HIV is not the only problem caused by not practicing safer sex. You can get another STI or cause an unwanted pregnancy.
MATERIALS
Pen and notepaper

TIME
30 minutes

INSTRUCTIONS

STEP 1
Read the points listed in the background section above to the participants. Then have the participants divide into small groups or pair off.

STEP 2
Ask one person in each group or pair to be the note taker. Assign each group or pair one of the scenarios and related questions listed below. Ask participants to review and discuss their scenario, answer the questions and develop responses and strategies. A strategy is simply an action that is deliberately planned out beforehand. The note taker should write down the responses and strategies developed.

Scenario A:
This is Peter’s first mission outside of his country and it’s also the first time he has ever been in another country. Peter is surprised and overwhelmed by the amount of diversity in his new home environment (cultural, religious), not just in the local population, but also within his mission. It has been very stressful for Peter trying to adjust to so many different types of people and this new environment. He has formed a friendship with Mercy, another soldier, and they have both been given their first two and a half days of “R and R” (rest and relaxation) and they are ready for it! They’re going to a nearby beach and are very much looking forward to it.

Peter and Mercy are in a social club drinking, after spending a great day on the beach. Peter meets Sarah at the club. They dance and talk and Peter can tell just by the way Sarah smiles and touches him that she’s sexually interested in him. Sarah invites Peter back to her place. Peter is worried about HIV and other STIs and wants to use a condom. After they get to Sarah’s apartment, they begin to move towards intimacy.

They have this conversation:

PETER: “I should tell you now that it’s very important to me to use condoms. I have some with me.”

SARAH: “Why do you want to use one of those things? You don’t need it with me. I take birth control pills!”

PETER: “Well, I think it might be a good idea…”
SARAH: “But Peter, it feels so much better without a condom.”

Questions to ask participants:
- What should Peter do?
- What should Peter say to Sarah?
- If Peter wants to use a condom, what should he tell Sarah?
- If you were in Peter’s situation, what would you do?

Scenario B:
Carmen suspects her boyfriend John has been sleeping with someone while she was away from home on a special six-month assignment. She’s getting ready to go home and is worried about HIV and other STIs. She wants to use condoms when she and her boyfriend have sex, but does not know how to bring it up (they’ve never used them before). She’s particularly worried because he has a bad temper and can be jealous.

Questions to ask participants:
- What should Carmen do?
- What should Carmen say to John?
- If you were in John’s situation, what would you do?
- How could Carmen convince her boyfriend to use condoms?

Scenario C:
Sarah and Mohammed have been having sex together for several weeks. They both wanted to use condoms in the beginning. Just before starting to make love Sarah whispered in Mohammed’s ear that she wanted him to “go in raw” this time. Mohammed was very tempted but put on a condom anyway. Sarah was very upset with this. She considered this a sign that Mohammed didn’t trust her. She even accused him of thinking that she was a prostitute and that she didn’t want to see him again. Mohammed said she really did care for her and it was because of that he wanted to use condoms.

Questions to ask participants:
- What did you see happening in this story?
- Is trust or honesty enough to protect people from HIV?
- Do you think the girl was right in suggesting they stop using condoms?
- How did Mohammed try to resolve the problem?
- Develop possible responses and strategies Mohammed to use to effectively negotiate safer sex with Sarah.

Scenario D:
Robert and Anna have been married for five years. Robert is in a uniformed service and has been away from home on a mission for six months. Though they have never talked about it, Anna is sure that Robert has sex with other women while he is away.
She is also quite sure that he doesn't use condoms because he has heard him cursing condoms when they are advertised on the radio. She is concerned that he may have picked up an STI like HIV and will be bringing it back to her. She knows that her husband will never agree to use condoms with her. But she hopes to convince him to use them until they both go for voluntary HIV counseling and testing. Then they could have unprotected sex again without worry.

Questions to ask participants:
- What did you see happening in this story?
- Do you think the wife was right to ask her husband go for testing? Why?
- What do you think his reaction will be?
- What could Anna do to get her husband to take the test?

STEP 3
Ask one person from each group or pair to summarize the strategies that they identified in response to their scenario. Offer additional responses (if appropriate) to emphasize prevention of HIV/STIs.

STEP 4
Make a list of all the responses and strategies that were suggested and ask the participants to judge, which are realistic, which would be easy to follow, and those which are very difficult.

13.2 Developing Skills for Negotiation

OBJECTIVE
To improve skills for getting partners to accept and practice safer sex

BACKGROUND
The process of negotiating safer sex is similar to the process of negotiating anything from goods in a market to a pay raise. All work better if you think before acting. Here is a list of steps that can be taken:
**Diplomacy:**
Talking together at the start of a relationship before beginning to have sex. This is an opportunity to express your point of view about safer sex and state your needs.

**Negotiation:**
Trying to reach an agreement on safer sex, so sexual activity will be comfortable for both individuals. You can use different words to talk about your preference for safer sex. For example, state that it is a matter of good health, not just for yourself, but for your partner’s safety as well.

**Action:**
Take action to ensure your safety. You can insist on using a condom, decide not to have sex if your partner refuses to use a condom or you can decide to do other activities besides penetrative sexual intercourse.

**MATERIALS**
None

**TIME**
20 minutes

**INSTRUCTIONS**

**STEP 1**
Read the descriptions of “Diplomacy,” “Negotiation” and “Action” in the Background section to participants.

**STEP 2**
Present the following sentences to the participants as examples of Diplomacy, Negotiation or Action:

**(Diplomacy)**
- I love you very much and that is why I want to use condoms.
- You are very attractive to me and I want very much to be with you but I feel more comfortable with condoms.
- I understand your negative feelings about condoms. But let’s at least try them.

**(Negotiation)**
- I would like to give to give you an extra little gift if you agree to use condoms.
- Let’s try condoms for a month and decide then what we will do.
- Let’s try the female condom and see if we like it better than the male condom.
(Action)
- I am putting the condom on now. Let’s just try it.
- Here is a chemist shop. I’m going to buy some condoms.
- Let’s put the condom on while touching.

STEP 3
Ask the participants to add to the list.

13.3 Active Listening Exercise

OBJECTIVE
To improve skills for being attentive to partners

BACKGROUND
An important part of communicating is being a good listener. Men and women often spend more time arguing than listening to each other. Learning to listen well is a skill that can be developed. Active listening is one of the principles of listening. Signs of active listening are nodding the head, leaning forwards and making eye contact and, most importantly, remembering what was said.

MATERIALS
None

TIME
15 minutes

INSTRUCTIONS

STEP 1
Have each participant take a partner. In each pair, one will be the speaker and one will be the listener.

STEP 2
Tell speaker to talk for 2 minutes non-stop about a recent problem he or she has faced. The listener should not interrupt, but should pay close attention and be an active listener (nodding the head, leaning forwards and making eye contact).

STEP 3
After two minutes, the listener tries to retell the speaker’s story back to the speaker.

STEP 4
Ask the all the participants to comment on their experience. Ask the following questions to stimulate the discussion:
- How did it feel to be a listener?
- How did it feel to be a speaker?
- How did it feel to talk for several minutes without being interrupted?
- Did the listener find it difficult to listen? Why? Why not?
- Were the listeners able to explain most of what the speaker said? Why or why not?

**STEP 5**
Summarize by making the following points about how to listen effectively:
- By concentrating on the speaker
- By being interested in what is being said
- By paying attention
- By avoiding distractions
- By being patient
- By not interrupting the speaker
- By listening with your eyes, ears and mind.

**STEP 6**
Ask the participants if better listening skills would be useful in their relationships with their partners.
13.4 Mutual Decision-Making

OBJECTIVE
To better understand how men and women make decisions, which affect their sexual behavior.

BACKGROUND
Negotiation involves making a mutual decision. It allows different options to be proposed and discussed. The results of the different options are also discussed.

MATERIALS
None

TIME
20 minutes

INSTRUCTIONS

STEP 1
Read the following role-play description to participants:
Mary and John want to have sex. Mary suggests using condoms, but John is against it.
John says that he is clean. He says that he hasn’t had sex with anyone in six months.
Mary answers that as far as she knows, she is also disease-free. But she explains that she still wants to use a condom since they might have an infection and not know it.
John says that condoms are fake and unnatural. Mary says that she will help him to put it on and that they can make it enjoyable through foreplay.

STEP 2
Point out that Mary and John decided that the consequences of sex without condoms were much worse than the feeling that sex with condoms might not be comfortable. A solution where both people can benefit was found. Point out the following negotiation requirements:
- Each person is able to express herself or himself
- Each person listens to the other
- There is time to discuss opinions and options
- Both people are respectful
- Both recognize the feelings that the other person may be having
- Someone is willing to compromise
STEP 3
Ask participants to give some examples of negotiation requirements that were illustrated in the story of Mary and John. (Examples might include: the couple took time to consider different opinions before having sex; Mary recognized John’s discomfort and tried to suggest ways they could make the option of condoms more appealing to both of them.)

STEP 4
Ask participants to think of a situation in their own lives where negotiation was necessary. Ask them the following questions:
- How easy or difficult would it be to use negotiation steps and principles in this situation? What would be easy?
- What would be difficult?
- How might things have changed if you had used negotiation steps or principles?

STEP 5
When you finish discussing the answers for STEP 4, ask these questions to the large group:
- Describe a situation involving risky sexual behaviors where negotiation could help.
- Describe a situation involving risky sexual behavior where negotiation would be difficult.

STEP 6
End the session by summarizing the important points about negotiation that were discussed by participants.

13.5 Question Asking Exercise

OBJECTIVE
To increase skills for showing empathy by asking questions.

BACKGROUND
Empathy means being interested and caring about what is happening to another person. One of the best ways to find out what a partner is thinking and feeling is to simply ask them. The ability to ask appropriate questions and listen effectively to the answers is an important skill in healthy relationships.

MATERIALS
None

TIME
15 minutes
INSTRUCTIONS

STEP 1
Introduce to the participants the importance of showing interest in what our partners are thinking and feeling by asking thoughtful questions. Provide the following as examples of questions that demonstrate an interest in and empathy for another person:

- How do you feel?
- What do you think?
- Could you explain that more?
- Why do you feel that way?
- What made you come to that conclusion?
- How are you feeling?
- Can we talk some more about this?

STEP 2
Ask the participants to suggest other questions that can be asked which demonstrate interest in and empathy for another person.

13.6 Negotiating Safer Sex

OBJECTIVE
To give participants the opportunity to practice negotiating safer sex

BACKGROUND
Developing skills for negotiating safer sex increases the confidence of both men and women and improves the chances that safe sex will be practiced.

MATERIALS
None

TIME
15 minutes per story

INSTRUCTIONS

STEP 1
Tell participants that they are going to practice negotiating safer sex by acting out different scenarios. Assign acting parts from the scenario to the men and women in the group. If there are only men in the group, have men play the parts of both men and women. Have each group rehearse the improvised dialog for 5 to 10 minutes.
Story 1:
A woman was given a free female condom by a health worker and told it could be used to space births and that it is more popular than the male condom with both men and women. During an intimate moment with her husband, she takes out the female condom and suggests to her husband that they try it. He explodes with rage over the idea that they use any kind of condom. He accuses her of being a prostitute and even mentions grounds for divorce.

Story 2:
Jane is an experienced commercial sex worker (prostitute). She visits a bar where she meets a young man who buys her alcoholic drinks. The young man gets drunk and asks Jane to go to the lodge for the night. Jane agrees and they go off to the room. When Jane suggests using a condom, the man becomes violent and starts beating her, shouting that she must now pay for the drinks he has bought her.

Story 3:
A man walks up to a Commercial Sex Worker (prostitute). They negotiate a rate. She takes out a condom. He frowns and tells her he will pay her double if she does not use a condom. She considers her choice of earning twice the money or losing the client. She decides to accept.

Story 4:
A husband comes home after being away for a month. He and his wife decide to have sex. He proposes that they use a condom until they can get tested for HIV. The wife becomes angry and yells at her husband, asking him if he thinks that she is a prostitute.

STEP 2
Have the role-plays presented one at a time and ask the participants the following questions after each presentation to stimulate a discussion:
- What do you see happening in this story?
- Why does this happen?
- What problems does it cause?
- Has this happened to you or people you know?
- How would you describe the relationship between the people in the stories and their ability to communicate?

STEP 3
In summary, point out the common features that came out during the role-playing and the discussions that followed. Some points might be: it is difficult to compromise; it is hard to listen if you are angry; men and women often do not feel equal during negotiations; money influences judgment)

13.7 Finding Balance in Relationships
OBJECTIVE
To create a better understanding of the different ways that people may react in relationships.

BACKGROUND
Some people in relationships are aggressive and some are passive. It is best to not be either too aggressive or too passive but to find an even balance between the two.

MATERIALS
None

TIME
45 minutes

INSTRUCTIONS

STEP 1
Share with the participants the following information in either written form or by reading it out loud to them.

Aggressiveness

DEFINITION: Expressing your own feelings, opinions or desires in a way that threatens or punishes the other person. In other words, you are imposing your will while denying the other person’s rights.

FEATURES: Dominating, shouting, demanding, not listening to others, fighting, smashing objects

RESULTS: Alienates the other person. Cuts off communication. Escalates the intensity. Reduces opportunity for compromise. Leads to increased physical violence.

Assertiveness:

DEFINITION: Telling someone exactly what you want in a way that does not seem rude or threatening to them. Standing up for your rights without endangering the rights of others.

FEATURES: Balanced approach. Knowing what you want to say.
- Use words like “I feel” or “I think”
- Look the person in the eye
- No whining or sarcasm

RESULTS: Less chance of being dominated. Prepares the ground for compromise. Avoids escalating the dispute.
**Passiveness**
DEFINITION: Giving in to the will of others. Hoping to get what you want without asking for it. Leaving it to others to guess what your needs are.


RESULTS: Gives partner impression he or she can always get their way. Allows for domination.

**STEP 2**
Read the following list of statements to participants and have them identify them as Aggressive, Assertive or Passive.

**Going to the bar**
- “You are so stupid going out night after night to that bar. You are going to bring evil to our house.”
- “When you come home at night after going to the bar I feel disappointed. I would like to see more of you and am worried about not having enough money for food for the children.”
- “Don’t forget your hat. I will see you in the morning if not before.”

**I. Raising a hot topic**
- “You are a thorn in my side with all your questions. I am fed up and not going to take this anymore. You deserve a beating.”
- “I think I understand what you are saying. I have a different view. Let’s discuss this some more to find some way to compromise.”
- “You know best. I should have known better. Whatever you want.”

**HIV testing**
- “HIV testing is for prostitutes just like you. Clean people don’t need testing.
- “I understand that people want to know if they are infected or not. I have never thought about getting a test before. It is scary for me.”
- “I don’t know much about testing and have no opinion one way or the other.”

**Discussing family affairs**
- “I don’t know why I ever married you. It has only been a series of disappointments.”
- “I am so happy with the three beautiful children we have made together. There are some things I feel that we should discuss about the future.”
- “I promised to love, honor and obey you in our marriage vows.”

**STEP 3**
Point out to participants that in each of the examples above, the first statement is aggressive, the second one is assertive and the third one is passive.
13.8 Discussing Condom Use

OBJECTIVE
To explore different ways of raising the subject of condom use with sexual partners

BACKGROUND
Discussing condom use increases the chances that condoms will be used. Before beginning a discussion about condom use, it helps to prepare some convincing arguments as to why you want to use condoms. Before conducting this exercise, peer leaders should read “Responses to Common Obstacles to Condom Use” in section 6.0.

MATERIALS
Blackboard, flip chart paper or sheets of paper

TIME
20 minutes

INSTRUCTIONS

STEP 1
Select four or more people, with equal numbers of women and men (have men play the parts of women if the group is made up of men only). Ask them to briefly discuss arguments for and against using condoms. Record the points made on a blackboard or flip chart or sheet of paper. Select a man and a woman to “role-play” a situation in front of the others. Create a sample situation or use or adapt this one: Diane, a local bar girl and Martin, a soldier, met recently through a mutual friend. They were immediately attracted to each other and their relationship progressed quickly. Martin has asked Diane to spend the night with him. She has accepted and is thinking about how to approach the issue of condom use. Martin has used condoms in the past but doesn't like them much.

STEP 2
After the role-playing, invite participants to suggest strategies that they found helpful in convincing their sexual partner to use condoms. Write these strategies down. Invite a general discussion about strategies for negotiating condom use and ask the group to discuss the effectiveness of the arguments presented. Ask another man and woman to repeat the role-playing situation. Review the important points brought up in the role-plays and the discussions, which followed them and then ask the participants for feedback on the points the group has raised.
STEP 3
Divide people into small groups of three or four. Instruct them to brainstorm about the advantages and disadvantages of condom use. Ask the groups to select a spokesperson to record and report the group’s ideas. Ask the participants to return to the large group. Ask each spokesperson to share the ideas discussed in their small group. Record the ideas on sheets of paper or a chalkboard. Review these points, add others that occur to you and invite discussion from the participants.

STEP 4
Give each participant a condom and ask them to blow it up into a balloon. Make the point that condoms are strong and can expand to many times their size without bursting. You can also make the point that the condom will not allow small molecules, such as oxygen, through its walls, so it will stop much larger particles such as the virus HIV.
Chapter Fourteen
ROLE-PLAYING EXERCICES

OBJECTIVE
To explore real-life risk situations and different behaviors associated with them through short dramatizations created by participants.

BACKGROUND
A one-minute, unresolved role-play involves getting people to complete a situation based on an introductory paragraph. The role-play is followed by a discussion involving both the actors and the audience.

The play-acting can be performed by a small number of peer leaders who practice their dialog before hand. It can also be improvised or made up on the spot by the participants themselves. The dialogs tend to be relatively easy to get started and are dynamic. They also require no special equipment and can be visible to large groups. Because they are often humorous, they are usually enjoyable for those who develop and perform them. Participants also develop confidence and communication skills. Typical one minute, incomplete role-play raises an important social issue related to HIV/AIDS and leaves it unresolved or frozen at a dramatic, emotionally charged moment. The peer leader then turns to the audience and asks them to discuss the issue. A vigorous discussion usually follows.

MATERIALS
None

TIME
10 minutes per role-play

INSTRUCTIONS

STEP 1
Explain what “role-playing” is to the participants. Choose participants to play the roles of the people featured in the stories (if the group is all men and no women have men play the parts of women).

STEP 2
Read the story aloud or have the participants read it to themselves. Ask the participants to pretend they are actors and invent the conversations between the people.
STEP 3
After the dramatization, ask the other participants to comment on what they have seen. Possible questions to stimulate discussion after each scenario:

- What was going on in the role-play?
- What did you think the point of the role-play was?
- What do you think of the reaction of the men?
- What do you think of the reaction of the women?
- How was this role-play related to HIV/AIDS?
- What do you think the people in the role-play should have done differently?
- What does this role-play have to do with people in uniform?

ROLE PLAY EXAMPLES

a) STI PROBLEM
A soldier comes home from a three month posting guarding a troubled border. He is very happy to see his wife and is anxious to make love with her. After engaging in passionate lovemaking she notices a small red sore on his penis. “What’s that? Have you been fooling around?” she asks. He gets angry, shouts at her and walks out of the house, slamming the door.

b) CONDOM FOUND
A police officer had been out drinking the previous night with his male friends and came home very late. He was still sleeping when his wife finds a condom in his shirt pocket as she was preparing to clean his uniform. Just then, the man wakes up and sees the condom in her hand and the accusing expression on her face. A very heated argument follows.

c) WIVES AND CONDOMS
A young married man in uniform comes back to the barracks and greets his wife and children. He tells his wife that he learnt a lot about HIV/AIDS from his sergeant in a meeting that afternoon, saying, “The sergeant told us that a soldier is not completely armed unless he is carrying a condom and gave us these condoms. We now have to carry them in our pocket at all times.” The wife holds
her newborn baby close to her and says: "What kind of crazy idea is that? What are you going to do with those condoms"? The man tries to explain why he has to carry condoms.

d) GIRLFRIEND TROUBLE
The wife of a Corporal is riding in a taxi by a police checkpoint when she sees her husband warmly greeting a very sexy looking young woman and handing her money. When he gets home, he finds that no dinner has been prepared, the house is a mess and his wife is fuming. “You've been telling me for weeks that your salary has been delayed and I see you giving that young girl money,” the wife yells, “You had better not bring back any diseases to this house.”

e) TEENAGE PREGNANCY
They had been meeting secretly in a pineapple field for months whenever they could after her school day was finished and he was off duty from his work at the border post. The last time they met she was crying. “What is the matter?” he asked. “I am pregnant with your child and not only that they took a blood test and found that I have the AIDS virus.”

f) STOLEN GOODS
A widow of a Sergeant who had served in an overseas peace-keeping mission a number of years ago was being comforted by a friend. The friend tells her that though it is tragic that her husband died of AIDS, at least she has his bankbook, comfortable furniture and doesn't have the virus herself. She nods sadly. At this moment, there is a loud knock on the door and five men from the village burst in. They say: “Our brother is dead. He is our brother, he belonged to us. His things are ours; we have come to take our brother's things. We want the bank book, bed, sofa, TV, stove, fridge and cooking utensils.” The widow tries to stop them, screaming, but one holds her down as the others load up a truck with her things. The widow weeps on the shoulder of her friend. “I wish we had prepared a will. Now I have nothing.”

c) SKIN TAX
A young, attractive shopper carrying large, heavy bags arrives at the border. The custom officer examines her bags full of used clothing that she intends to sell. “You will have to pay 5,000 duty or I will confiscate the goods.” The young woman says she doesn't have the money and needs to sell the clothes to get money for food. The officer tells her she can get her goods back later that night at his room but there will be what he jokingly calls a “skin tax.” She looks shyly down but knows she has no choice. “We will be going skin to skin,” he jokes.

h) TENT TEMPTATION
Near the end of their shift, two Lance Corporals in uniform on a border night patrol meet on a footpath. “The border is quiet tonight,” one says. “Not much illegal movement.” Just then they hear a rustling noise and catch sight of three women with heavy parcels. The women drop their goods and run but one falls
and is captured. “Don’t tremble my friend, we are not going to hurt you,” one
Lance Corporal says. “If you quietly follow me to my tent we can settle this
overnight and I will let you go in the morning.”

i) BEER BUDDIES
Two men in uniform were ending a long, lonely tour of duty at an isolated post.
They visited the nearest town for the first time in months. Their sergeant had told
them that they should use the buddy system and look after each other while in
town. But they weren’t worried. They were free to do what they wanted and had
just received their pay. They were feeling confident and proud to be in uniform
and felt that after finishing their tour without mishap, nothing could hurt them. At a
local bar, several girls moved towards them sensing that they had money to
spend. The men got more and more drunk. One was in a hurry to have sex with
one of the girls but didn’t have a condom. His buddy tried to convince him to wait
until they could find a condom.

j) WIFE FINDS CONDOMS
A man in uniform comes home from a short assignment. He and his wife greet
each other. Then the wife tells the husband that he took the key to the kitchen
cupboard when he went away. The husband says, yes, the key is in the side
pocket of his bag. The wife looks and says it is not there. The husband says it is
and tells her to shake out its contents. The wife does and condoms drop out. The
husband says, yes, the key is in the side pocket of his bag. The wife reaches into
it and discovers several condoms. Their eyes meet in horror.

k) SHARE AND SHARE ALIKE
A Lance Corporal met a local girl selling fruit on the street and offered her money
to come back to his tent that night. After he had finished having sex with the girl,
the other men sharing the tent also had sex with the girl. The men in the next
tent, having heard all the noise, came to the door of the tent and also wanted to
have sex with the girl. The Lance Corporal could see that the girl was tired of
having sex with so many men and wanted to go home. A big argument followed
between those who wanted to have sex with the girl and those who thought she
should be allowed to go home.

l) TEMPTING HITCHHIKER
A police or army truck driver is driving along the road and sees a woman
hitchhiking. He stops and she says she is going to the market in town. He offers
to give her a ride. She pauses and then agrees. She climbs in and he asks her if
she is interested in a small gift. He adds that he could do with someone to keep
him warm when he sleeps that night. She says she is interested.

m) LIPSTICK ON THE COLLAR
A policeman or soldier is on his way home from work. He meets a girlfriend. The
girlfriend kisses the husband firmly and fondly on the cheek. The husband
explains he must get home or his wife will be angry. They arrange to meet the
following morning. The husband returns home and greets his wife who is cleaning the house. She rises to greet him and takes his jacket. As she does, she notices something on his cheek. She looks more closely, and then angrily says “lipstick”. The husband’s eyes fall guiltily to the ground.

n) IT WASN’T ME
A visibly pregnant teenager is looking for an apartment number in a police or army barracks. She is anxious and embarrassed. She finally gets directed to the right door and knocks tentatively. Another woman who is also pregnant answers the door. She asks for the man of the house whom she had met in her village several months earlier. He comes to the door sleepily, sees the pregnant girl and is visibly frightened. He slams the door, shouts “no, no, it wasn’t me!” The girl knocks again.

o) DAUGHTER IN TROUBLE
A schoolgirl living in a police or army barracks is just starting to show the early stages of pregnancy. She is kneeling on the floor and crying. Her parents are shouting at her after she tells them that she isn’t sure who the father is. The father pulls her to her feet and tells her to not come back until she has found the father. The mother tries to console her but the father insists that she leave the house immediately.

p) ALWAYS USED CONDOMS
A young woman comes out of the nurse’s office where her fear of being pregnant has been confirmed. She goes to her boyfriend’s barracks and tells him the news. He tells her not to expect anything from me because next month he is being transferred to the national capital. He also suggests that the father could be anybody since he always used condoms with her. He leads her to the barracks gate, tells her to leave and instructs the guard not to let her in again. A loud argument ensues.

q) CAUGHT IN THE ACT
A wife gets out of a long distance bus and walks to the door of her house. She unlocks the door and says, “My husband, I’m home early, my mother is much better.” She receives no reply, says to herself that perhaps he’s asleep in the bedroom, and goes to check. She enters the bedroom and sees her husband on the bed, clothes disheveled, kissing and embracing the teenage daughter of the neighbors. Their eyes meet in horror. There are no condoms in sight.

r) HOW EMBARRASSING
A man in uniform has never bought condoms before and goes to a store that sells them. He mumbles this request to the female sales clerk who asks him to repeat it. Just then some of his wife’s friends come into the store and ask him how he is doing and what he is shopping for today. He ends up buying a small gift for his wife and no condoms.
s) NOT GETTING THE RIGHT HELP
The policeman or soldier had a burning sensation when he urinated. He suspected that he had an STI but didn't know what to do. He tells his friend that he is too embarrassed to go to the nearby Police or Army clinic. He is worried about it getting on his official medical record. His friend argues that buying pills at a pharmacy or in the market might not solve his problem.

t) BELIEVER BY DAY
A policeman or soldier considers himself a devoted Christian. He attends Church regularly with his wife and four children. One evening, he is walking down a street in the company of a woman he has just met in a bar. He bumps into his pastor who is very surprised to see him in this situation. A discussion about the moral values of pious Christians ensues between the two men.

u) SHORT OF MONEY
Due to an administrative problem, a man in uniform was unable to get money to his family while he was away on a mission. His wife borrowed some money but was having trouble finding money to feed her children. She decided to take matters into her own hands and went out to a local bar with a man who she knew wanted to have sex with her in exchange for money. She was enjoying herself until her husband’s brother came into the place and saw her. He was furious and told her she would be divorced for sure. She pleaded with him not to tell her husband.
Chapter Fifteen
TEN-MINUTE DRAMA EXAMPLES

OBJECTIVE
To explore real-life risk situations through longer dramatizations of different behaviors by participants

BACKGROUND
Ten-minute dramas are similar to the one-minute dramas except that there are more details presented in the ten-minute dramas.

MATERIALS
None

TIME
20 minutes per role-play

INSTRUCTIONS

STEP 1
Choose participants to play the roles of the people featured in the stories (if the group is all men, have some men play the parts of women).

STEP 2
Read the story aloud or have the participants read it to themselves. Ask the participants to pretend they are characters and invent the conversations between the people.

STEP 3
After the role-play, ask the other participants to comment on what they have seen. Some possible questions to stimulate discussion:

- What happened during this role-play?
- What do you think of the reaction of the men?
- What do you think of the reaction of the women?
- What did the people do to put themselves at risk for HIV infection?
- What do you think they should have done to prevent HIV infection?
- Is this situation relevant to you or people you know?
a) Essential Protective Equipment

A Sergeant briefs his men before an assignment in a remote border area. After explaining the security tasks, he starts describing the protective equipment they will need. He has the men practice loading and unloading their weapons, check the straps on their helmets and has them try on their new combat boots. He then takes out a condom and a wooden penis model and demonstrates how to put on a condom and tells his men that they have an important role to play protecting the nation. He also says that they have to protect themselves. He points out that if they don’t use condoms with the women they meet, they risk becoming infected with HIV and eventually dying of AIDS. In fact, he tells them, they are much more likely to die of AIDS than be shot if they don’t use condoms. He takes out a hand-gun and asks his men to look at it and tell him whether the gun is loaded or not.

The men point out that that you cannot tell if a gun is loaded just by looking at it. The Sergeant said HIV infection is like the hand-gun. Women can look perfectly normal and carry the virus that causes AIDS. He said having sex without a condom was like putting a gun to your head and pulling the trigger without knowing whether it was loaded or not. “If it is not loaded you won’t die. You can pick up a gun and gamble it isn’t loaded and even be lucky a few times. But the time you gamble that it isn’t loaded, the bullet will go right through your head and you will die.”

Afterwards, three young men who attended the briefing had three different reactions. One was angry and said the Sergeant should never have talked about loaded guns in an official briefing on AIDS. He thought the whole fuss about AIDS was exaggerated anyway. He told the other men that he had never had sex with a woman who looked sick and was proud to say he had never used a condom. Another man pointed out that someone could have the virus that causes AIDS and look perfectly normal. He said he would have liked it if the Sergeant had only talked about abstinence and mutual fidelity and not condoms and guns.
He was always faithful to his wife and she to him. He said it was his religious faith that gave him the strength to resist the temptations of the flesh and he thought condoms should be illegal. The third man wasn’t married and did not have a regular girlfriend. He had never used condoms but thought it was maybe time to start. He did not want to die before his time.

He had already picked up a sexually transmitted infection (STI) and remembered that getting an STI increases the chances of getting infected with HIV. He understood that it was also a sign that the people he had been having sex with were also having sex with other people and had a good chance of catching and passing on HIV. The discussion was heated. The man who did not believe that AIDS really existed said that he could not believe the second man never strays on his wife. The one who had the STI could not believe that the others had such strong feelings against condoms when they could save their lives. After a long discussion, the man who thought AIDS didn’t exist admitted that he did not want an early death. The married man admitted that he had once fallen to temptation and had sex with the daughter of a neighbor. The man with the STI came to the conclusion that it was possible that he had picked up HIV with his STI and that it would be better to go for HIV counseling and testing to know for sure. That way, he could plan the rest of his life. Either way he was going to use condoms from now on.

b) Stick up for Your Friends
After a particularly hard training exercise with live ammunition, three men were drinking alcohol to relax at a bar near their barracks. They were feeling good about themselves and their bravery in the line of fire. Terms like “real men” and “macho” were being used. They were all anxious to be sent on mission to an area where they would be exposed to real danger. As their table filled up with empty beer bottles, the men spoke of how they could count on each other under siege. They would be buddies from here on in and be sure to back each other up if they ever ran into trouble. If one of them was shot, the other two said they promised they would get him to safety. They agreed that battles were won because of teamwork and mutual support. Three women came over to their table and introduced themselves. They said they had overheard their conversations about battle and were very impressed.

They also said they found men in uniform very masculine and sexy. After sharing a few beers, one of the men whispered into the ear of one of the women. She laughed shyly and nodded in agreement. On his way out of the bar with the woman, his two friends stopped him and asked if he had a condom on him. He said it was none of their business and besides condoms took away from his pleasure. The other two said it was their business because he was their friend and they did not want him to put himself in any kind of danger. They reminded him of their vow to help each other under enemy fire. One of them pulled out a condom and gave it to his friend: “We wouldn’t let you go into battle without your
helmet and boots, so why would we let you go with this woman without protection. We want to make sure you stay healthy all the way to retirement. Why risk that for a few minutes of pleasure now?" The woman was starting to get impatient. She overheard some of the conversation and felt insulted by the two men because they thought she might not be clean. She told them angrily that they should look at her and see she was in good health and definitely not sick with anything. The two men told her she looked very good indeed but condoms protect both men and women and it was impossible to know who has the virus and who doesn’t just by looking at them. The man reluctantly took the condom and the man and woman left complaining about having to use condoms.

c) Wanting to Know HIV Status
It had been another routine day at the road checkpoint: opening and closing the gate; checking driver’s permits; and looking for contraband. There was also a lot of time spent just sitting in the heat waiting for vehicles to come. It was a particularly slow day so the men had lots of time to talk among themselves. They talked about their wives and children and how much they missed them. All of them had been transferred to this rural outpost six months before.

Their families had remained in the city because there was no housing available for them at the outpost. Every Saturday night, they had gone out to a local bar and drunk homemade alcohol. They had also found the local women helped them forget how boring their work could be and the loneliness of being separated from their families. One of them had used condoms all the time, one had used them once in a while and one had never used them. The discussion turned to HIV/AIDS. The first man said he felt a feeling of relief that AIDS was one thing he did not have to worry about because he used condoms all the time. The second man was concerned that maybe he had picked up the virus. He had already picked up a Sexually Transmitted Infection a few months ago. The third man was not only worried about getting infected himself. He was worried that his teenage daughters back home might be having sex since he had been having difficulty getting money to his wife. As the cars and trucks came and went and the gate opened and closed, the men talked about getting tested.

The man who was worried about his daughters said he was too frightened to get tested and didn’t want to know the results anyway. One of the men said he had an uncle who died of AIDS a few years after coming back from a peacekeeping mission. His wife suffered greatly afterwards. She ended up with nowhere to live. His relatives took the family furniture and the children had to drop out of school because there was no money for school fees. He concluded that would consider getting an HIV test to find out if he had the virus or not. He said he would make sure he had a will prepared and had finished building a house for his family. He said that if he turned out to not have the virus, he would start using condoms all the time with his girlfriends to protect both himself and his family.
d) Revenge isn’t Sweet
The drama begins with a soliloquy. A man says: “I have just learned that I have AIDS and I will die. But I will not die alone. I will take many with me and I will revenge myself on those evil, loose women who have given me this fatal disease.” The scene changes to a disco where there is much dancing. The man dances up to a group of women who are dancing together, picks one and dances with her. After dancing, he pulls her aside and tells her that she is beautiful and that he wants to make love to her. He takes out a handful of bills and says: “Look, I’ll give you this.” She agrees but insists on using a condom. He says he never uses a condom. She turns away as if to leave. He takes out more money and says: “Look, I’ll give you twice as much.” She hesitates and finally agrees when she thinks of the things she needs to buy. They go off together. The scene reverts to the man talking to himself. The man says he is getting sick, but he is not dying alone. He has already taken many people with him.

The scene returns to the disco where there is again much dancing. The man dances up to a group of women who are dancing together, selects one and after dancing with her, pulls her aside and tells her that she is beautiful and that he wants to make love to her. He takes out another handful of money. She says all right but states that she doesn’t want to get sick and says a condom must be used. He says he will never use a condom. She says she has four children and wants to live to look after them and again asks him to use a condom. He tells her those children mean nothing to him and takes out another handful of money. She says she still wants to use a condom. Impatient, he takes out even more money and offers it to her. She cannot resist it, thinking that it will help her pay her children’s school fees.

They go off together. The man, speaking aloud, says he does not have much longer to live, but he is taking many, many people with him. The scene returns to the disco where there is still dancing. As before, the man dances up to a group of women who are dancing together, selects one and after dancing with her, pulls her aside and tells her that she is beautiful and that he wants to make love to her. He offers the money. She confidently agrees and shows him a condom with a smile. He offers to double the money to go without a condom. She refuses. He offers to triple the money. She refuses. He adds more money and throws it on the ground. She takes the condom and throws it next to the money saying “no condom, no sex.” He pulls out more money from his wallet and throws it down. She takes out another condom and throws it next to the money.

He finally throws his wallet down and says only a fool would refuse all that money to have sex without a condom. She holds out a condom and says that only fools risk their life by having sex without a condom. The man wants the woman so badly he agrees to use the condom.
We would like to thank the producers of the following documents that we have used to compile this curriculum.

1. Uniformed services HIV/AIDS Peer Leadership Guide
   Uniformed services task force on HIV/AIDS

2. HIV & AIDS Peer Educators Trainers’ Guide for IMPACT Implementing Agencies

3. Peer Education Kit for Uniformed Services (UNAIDS)
   Implementing HIV/AIDS/STI peer education for uniformed services