



# Peer Education Kit for Uniformed Services

Implementing HIV/AIDS/STI peer education  
for uniformed services



Joint United Nations Programme on HIV/AIDS  
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Engaging Uniformed Services in the Fight against HIV/AIDS  
Document 2



## Peer Education Kit for Uniformed Services

Implementing HIV/AIDS/STI peer education  
for uniformed services

There is a critical need to find effective ways to lower the risk-taking behaviour that leads to infection with HIV and other sexually transmitted infections (STIs) in uniformed services populations (i.e. military, peacekeepers, police). Behaviour change, based on acquiring knowledge and learning skills, along with individual risk assessment, is an effective method for reducing risk-taking behaviour and encouraging uniformed services personnel to become advocates in the fight against HIV/AIDS/STIs.

Peer education is an important component in achieving behaviour change. When addressing HIV/AIDS/STIs among uniformed services this Peer education kit can be used both in the training of peer educators and by the peer educators themselves. There are exercises designed to desensitize sexual issues, assess risk and enhance communication within relationships. Exercises on condom use and STIs are also included.

Men and women in the uniformed services carry out important work. It is imperative that these individuals learn effective HIV/AIDS/STI prevention strategies so they can protect their health and the health of civilian populations in the areas where they work, and maintain the integrity of their missions.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) is the leading advocate for global action on HIV/AIDS. It brings together eight UN agencies in a common effort to fight the epidemic: the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations International Drug Control Programme (UNDCP), the International Labour Organization (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO) and the World Bank.

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## How to use this kit

There is a critical need to find effective ways to lower the risk-taking behaviour that leads to infection with HIV and other sexually transmitted infections (STIs) in uniformed services populations (i.e. military, peacekeepers, police). Behaviour change, based on acquiring knowledge and learning skills, along with individual risk assessment, is an effective method for reducing risk-taking behaviour and encouraging uniformed services personnel to become advocates in the fight against HIV/AIDS/STIs.

Peer education is an important component in achieving behaviour change. When addressing HIV/AIDS/STIs among uniformed services this Peer education kit can be used both in the training of peer educators and by the peer educators themselves.

The kit is divided into two sections.

### **Section 1**

#### *Modules 1–6: Peer education*

This section provides an overview of what peer education is, how to train peer educators and how to carry out effective training sessions. It is designed to inform planners and policy-makers who may eventually develop and manage a peer leadership programme. It is also targeted at trainers of peer educators to enable them to ensure that members of the uniformed services become effective and informed HIV/AIDS peer educators. This section also includes a module on monitoring and evaluation and can be used by the trainer/peer educators to determine the impact of their work.

### **Section 2**

#### *Modules 7–15: Group participatory exercises*

This section is the largest part of the kit. It includes many exercises, including step by step instructions, to be used by the peer leaders. There are exercises designed to desensitize sexual issues, to assess risk and to enhance communication within relationships. Exercises on condom use and STIs are also included. This section can be used by both trainers of peer educators and the peer educators themselves. The members of the uniformed services who will eventually become peer educators are strongly encouraged to read Section 1 as well.

The time set aside for peer education may be variable, therefore trainers/peer educators should determine the topics which are of particular interest to their target audience. In this regard, each module in Section 2 can be used independently in order to suit the educational needs and time frame available for implementing and executing HIV/AIDS/STI peer education among uniformed services.

#### **Dear trainer/peer educator**

When reading or using this kit please note that it has been developed to suit an audience with very different needs based on cultural and geographical differences. In the development of this kit, generic names have been given to the characters throughout, but we encourage you to change these names to suit your target audience. The pictures that have been used in this kit also endeavour to be generic in order to appeal to many different cultures. However it is important that the materials used by the trainer or peer educator will engage the members of the audience. Therefore the user of this kit is encouraged to develop alternative images as he or she feels fit.



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#### **Targeting young recruits**

Young people are at the centre of the HIV/AIDS epidemic. Half of all new HIV/AIDS infections are occurring among young people between the ages of 15 and 24: the most sexually active age group. Their behaviour, the extent to which their rights are protected, and the services and information they receive determine the quality of life of millions of people. This is the case among youth in general and young recruits in particular, who face new and challenging environments where they are often detached from their accustomed community and family environment, are increasingly mobile and are the most influenced by their professional ethos and training.

In the same way, young people offer the greatest hope and opportunity to change the course of the epidemic. Among uniformed services, youths and young recruits have strong influence among their peers, within and outside the service. They are also the future officers, leaders and decision-makers in their country.

# 1. Introduction to peer education

## 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 educator is a member of a group of people sharing the same background, experience and values. The peer educator is trained to facilitate discussions on HIV/AIDS risk-taking behaviour and lead his or her peers in the examination of solutions. The peer educators are the link between the programme and the target population. The peer educators, who usually share the same age, gender or status as their peers, can:

- facilitate discussions
- answer questions
- present information
- conduct advocacy
- provide counselling
- 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 behaviour 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 educators do?

### *Diverse levels of intervention*

Different ways in which peer educators work:

- facilitate discussions on risk-taking behaviour 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 behaviour 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 educator the key*

The success or failure of a peer education programme depends largely on the characteristics of the peer educator. The main characteristics that are desirable in a peer educator 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 How do groups and individuals learn?

#### *Information not enough*

Hearing facts about HIV and AIDS does not usually result in people changing their risk-taking behaviour. People change their behaviour 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 educators 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 behaviour choices they face. In other words, rather than telling them that drinking alcohol increases risk-taking behaviour, it is more effective to get them to reflect on what happens personally when they drink and what effect it has on their behaviour.

#### *Personalize issues*

Sometimes those with risk-taking behaviour deny that they have a problem. The more peer educators can get each peer beneficiary to see that HIV and AIDS is not someone else's problem, the better it is. Getting peer beneficiaries to talk about how they would feel if their children did not have enough money to attend school or had their house taken from them because no will had been prepared 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 educators 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 behaviour 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 behaviour choices reducing the chances of making dreams come true.

## **1.5 How do people change their behaviour?**

### ***Inspiring behaviour change***

People have to decide themselves to change behaviour that puts them at risk of HIV infection. They can be persuaded to examine their behaviour 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. Behaviour change is a process that involves several steps.

### ***Unaware to aware***

Initially a person is unaware that particular behaviour may be dangerous. The first step in a behaviour change programme 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.

### ***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 behaviour. Targeted communication and interpersonal approaches are more useful than mass media approaches.

### ***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 programmes to build skills in discussing sex and sexuality and in negotiating responsible sexual behaviour.

### ***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. Both mass and group media can help provide a supportive environment by showing role models promoting a positive view of safer sexual behaviour. Positive messages from peers are particularly effective.

***Trial change of behaviour***

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 behaviour. 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 behaviour for a long time. Therefore, skills to negotiate condom use, and to use condoms correctly, are essential.

***Maintenance/adoption of new behaviour***

Avoiding relapses to past behaviour that put the person at risk in the first place is a challenge. Peer educators have a role to play in reinforcing positive behaviour and encouraging its continuation. New risks may present themselves and, as a result, new behaviour will need to be adopted.

## 2. Training peer educators

### 2.1 How are peer educators trained?

#### *Training of trainers*

A team of trainers must be established for training the future peer educators. The larger the team, the more quickly the programme can be established. The team needs to have a solid overview of peer education including:

- need for peer education programme
- purpose of peer education programme
- roles and responsibilities of the peer educators
- motivating peer educators and incentives.

### 2.2 How is training organized?

#### *Training continuous*

Training of peer educators needs to be an ongoing process. Main activities for initiating the training after the peer educators 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 educators (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 educators 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.

### 2.3 Why carry out a 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.

### 2.4 How is a training needs assessment carried out?

- Talk to the peer educators individually or collectively to tell them about the possible topics and objectives of the training programme.
- Assess the peer educators' interests and what they would like to learn.
- Ask the peer educators to rank or rate the relative importance of each topic.

- Ask a number of probing questions to assess the existing knowledge of each peer educator within each of the topics.
- Assign priorities for the topics based on the peer educators' rankings and assessment of their existing knowledge and the essential knowledge and skills that they require as peer educators.

## **2.5 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 educators 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 dynamic 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 behaviour change process
- how to assess risk-taking behaviour 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 sex establishments
- access to health-care services for sex workers
- the living conditions and rights of sex workers
- the process of creating an effective communication project.

## **2.6 How are peer educators 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.

## **2.7 What are the characteristics of effective supervision?**

- Supervisors should be knowledgeable about HIV and the peer education programme and be in close contact with peer educators.
- Two-way communication is needed between peer educators and the supervisors.
- Peer educators 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 programme is working overall.

- Ideally, the peer educator 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 programme.
- The supervisors should be able to identify and recruit additional or alternative peer educators if required, especially if existing ones are found to be ineffective.
- Supervisors need to motivate the peer educators by making them understand the value of their contribution and how much it is appreciated by the programme.
- The supervisors' reports should be analysed and reviewed quarterly to determine what changes need to be made to the programme.

## **2.8 Why organize refresher training?**

### ***Revitalizes and renews***

It is a common practice to train peer educators at the start but offer little support afterwards. Refresher training has good value in revitalizing peer educators 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 educators and beneficiaries
- need for reinforcement of previous learning
- identifying additional knowledge and required skills.

## 3. Organizing peer education

### 3.1 How do you get support for sessions?

#### *Coordinate with other peer educators*

Discussing approaches to peer education and reviewing what was learned during the training with other peer educators 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 during work time.

#### *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 menace? 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 educator intends to do, when they intend to do it, and with whom and where. 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 during work time.

### 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 visit brothels and others remain faithful to their wives. Younger personnel who like to drink alcohol and go to brothels 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 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 6–10 are recommended.

***Be sensitive when seeking particular groups***

The clients of sex workers, men who have sex with men, and injecting drug users are all groups who have special peer education needs because of their vulnerability to infection. It is best when peer educators themselves share the same characteristics as those they are approaching and practise 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 behaviour. 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 educator walking in their direction.

***Use exercises learned in training***

Most peer educators 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 educator?**

***Identify yourself as a peer educator***

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 educator shirt, wear it whenever possible. If the topic of HIV comes up in casual conversation point out that you are a peer educator and like to talk about the subject and answer questions.

***Introduce yourself at gatherings of personnel***

Let it be known at company ceremonies or other assemblies that you are a peer educator 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 educator 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 workplace during

working hours is definitely the best location if commanders agree that sessions can be held then.

***For sensitive topics discreet locations are best***

If the topic is condom use in brothels, 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 educator 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 educator who is not prepared and who reads the reference material during a session. It is better to read it a short time before the session and have it fresh in your mind.

***Practise 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 which are held in an informal atmosphere with peer educators 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 educator to create an informal atmosphere that allows this to happen.

***Do not be judgemental or moralistic***

Making peer beneficiaries feel guilty when they are talking about risk-taking behaviour can result in communication being cut off and is unlikely to result in positive behaviour change. Try to respect everyone's opinions even if you do not agree with them. A peer educator who is faithful to his wife or girlfriend may find it hard to understand why other men visit sex workers or turn to sex with other men. However, it is essential to focus on protecting your peers from infection, not changing moral and social behaviours to resemble your own.

***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 educator 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 behaviour. 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.

## 4. Making peer education participative

### TIPS FOR THE READER

This section is designed to improve the ability of peer educators to actively involve peer beneficiaries in peer education sessions. Reasons for making peer education participative are offered as well as recommendations on how to do it. Emphasis is placed on the types of questions peer educators can ask to encourage participation. Two exercises that allow peer educators to increase their skills for organizing and conducting participatory sessions are included.

### BASIC FACTS ON MAKING PEER EDUCATION PARTICIPATIVE

#### **4.1 Why make peer education participative?**

##### ***Information alone does not usually change behaviour***

Experience shows that interactive and participatory methods are more effective in motivating participants to think through their behavioural 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 educator 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 behaviour such as having sex without using condoms is still practised 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 educators 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 behaviour 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 behaviours.
- Participation improves the quality of contact between peer educators and peer beneficiaries.
- Encouraging participation is actually easier for peer educators 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 educators are talking, the better the job the peer educator is doing. In other words, a peer educator should ask a question to start a discussion such as “Can you describe what happens when you arrive in a brothel?”. When the group runs out of things to say the peer educator should ask another question, perhaps sending them in a specific direction: “What happens if the brothel runs out of condoms?”.

#### ***Ensure two-way communication channels are open***

A good peer educator 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 behaviour and behaviour 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 educators 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 educators 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 educator 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 favourite 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 behaviour choices?

##### *Get peer beneficiaries to understand the consequences of their behaviour*

Create a relaxed and informal atmosphere that encourages peer beneficiaries to describe their risk-taking behaviour and reflect on what the possible consequences of their behaviour 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 educators 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 go to the brothel?
- 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 behaviour 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 behaviour.

***Get peer beneficiaries to consider influences on their behaviour***

Peer educators can help peer beneficiaries figure out the external influences on the behaviour choices they make. Peer pressure to go out to brothels with other men, 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 behaviour choices.

***Get peer beneficiaries to confront their defences***

Some peer beneficiaries have a tendency to deny that their risk-taking behaviour 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 educators to get peer beneficiaries to think through the realities of HIV/AIDS, examine the behaviour 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 educators to convey ideas and stimulate discussion. Peer educators like them because they make their job easier by providing questions to ask. 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 education.

**BACKGROUND**

The more the peer educators develop their skills, the more effective they will be in their work. This session allows them to practise 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 educator.

**STEP 3**

Ask the chosen peer educators 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 judgemental 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 educator 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 educators 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 educators 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 educator 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 educator in turn to answer the following open-ended questions:

- What are your favourite 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.

## 5. Overcoming barriers

### TIPS FOR THE READER

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 educators 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.

### BASIC FACTS ON OVERCOMING BARRIERS

#### **5.1 How do you overcome barriers to effective communication?**

##### *Talk less and ask more questions*

If peer educators are talking too much then they are not doing their job. Most peer beneficiaries find lectures dull and boring. Peer educators 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 educator 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 educator 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 educators 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 educators understand the lifestyles of peer beneficiaries, the better they will be able to help them think through their behaviour choices. If a peer educator is talking too much then he or she is not listening. For example, rather than give facts about voluntary counselling and testing, peer educators 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 educator is a confident peer educator. Reading reference materials several times increases the chances of remembering the content. Reading the materials every six months 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 educator writes down a question he or she cannot answer and either looks up the answer in a reference book or asks another peer educator 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 educators 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 educator 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 a reluctance on the part of peer educators 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 behaviour 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 behaviour that may be socially unacceptable, such as relations outside marriage or sex for money. It requires special skills on the part of peer educators 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 educators should start by looking at their own sexual behaviour 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 educators 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 judgemental 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 humour. Nothing reduces embarrassment like a good laugh.
- Begin questions with a general statement about different types of sexual behaviour. Do so in an accepting manner and then proceed to ask them to describe their own sexual behaviour 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 behaviour 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 educators may be personally against condoms or feel uncomfortable talking about them. However, peer

educators cannot do their job effectively without getting peer beneficiaries to consider consistent condom use.

***Moral judgements counter-productive***

Peer educators can set a good example by avoiding brothel visits and excessive alcohol consumption. But criticizing others who do not practise the same positive behaviour can end up alienating those you are trying to work with. More often than not, morally judging the behaviour of a peer beneficiary will lead to communication being cut off and the person hiding their risk-taking behaviour. The idea is to create strong lines of communication and get the peer beneficiary to understand behaviour 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 educators themselves (personal), the greater society (socio-cultural) or poor organization (logistical). It is important for peer educators to understand what the challenges are and how they can be effectively overcome.

**MATERIALS**

Sheets of typing paper or flip chart paper (optional)

**TIME**

1 hour

## INSTRUCTIONS

**STEP 1**

What follows is a description of different barriers to effective communication. Read each one to the peer educators and ask them to think of ways peer educators could respond.

**STEP 2**

Share the strategies listed after each barrier if they have not already been mentioned by the peer educators. The barriers and the strategies may be written on flip chart paper, typed out and printed on sheets of paper, or written on a blackboard. Make sure the barriers and strategies are presented separately.

**Personal barriers****BARRIER 1**

The peer educator 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.

## **BARRIER 2**

A peer educator'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.

## **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.

## **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.

### **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.

### **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.

**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.

**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.

**BARRIER 9**

Noise, high temperatures and inadequate seating facilities can interfere with effective communication.

**Strategies**

Make sure the venue is comfortable, quiet and accessible.

## 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

## INSTRUCTIONS

**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 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.
- Talking about ways to clean equipment used to inject heroin.

### **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?

## 6. Monitoring and evaluation

### TIPS FOR THE READER

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, programme planners and high-ranking supervisors, and the use of diaries and notebooks. The second topic discusses collecting information: types of data (qualitative and quantitative) and quarterly report monitoring. The exercise has participants look at sample monitoring forms and provide feedback on their comprehension of what would be required of them when filling them out and its importance.

### BASIC FACTS ON MONITORING AND EVALUATION

#### 6.1 What are monitoring and evaluation?

One of the biggest challenges with peer education programmes 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 programme is working and risk-taking behaviour is being reduced. For example, the following steps can be followed:

1. Define the types of information to be collected.
2. Design a reporting system.
3. Define indicators to monitor the progress and assess the actual impact of the programme such as:
  - number of individuals referred by the peer educators to a nearby health facility for treatment of sexually transmitted infections (STIs) and opportunistic infections or for voluntary counselling and testing (VCT)
  - number of condoms sold or supplied by the peer educators and used by the peers
  - amount of educational material distributed by peer educators to their peers
  - anecdotal experiences narrated by the peer educators
  - acknowledgement/recognition of the peer educators' services by randomly selected peers.

4. Develop informal approaches to supervision and monitoring including:

- observation (simply watching peer educators in action)
- interaction with participants and feedback from peer educators
- focus group discussions
- system for providing feedback to peer educators.

5. Develop formal approaches including:

- feedback from site visits and key informant interviews
- weekly peer educators' meetings
- routine refresher training for the peer educators
- structured interviews with high-risk groups in their places of work or residence.

6. Develop impact indicators for the peer education programme including:

- number of STI cases treated by qualified medical practitioners
- number of socially marketed condoms sold by peer educators
- 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. Develop a 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 educators.

## **6.2 How can the quality of monitoring be improved?**

### ***Train peer educators well in monitoring***

Peer educators have the responsibility of keeping track of their own activities and reporting to supervisors and, ultimately, programme planners. Because they are on the front lines they have the responsibility of monitoring the changes in behaviour of the peer beneficiaries and reporting them. In order to get good results they must be aware of their role and motivated to carry it out.

### ***Start by collecting preliminary data***

The collection of baseline data is essential before starting any peer education programme. A survey should be conducted with personnel to gain an accurate picture of what their needs are. Questions should revolve around knowledge levels and understanding of HIV/AIDS and related topics.

### ***Keep reporting forms simple***

Reporting formats for peer educators should be simple so it is 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 educator can keep a small pocket-size notebook and diary that provides more details on each session and lists appointments. Peer educators are encouraged to initially organize five meetings per month in the workplace and increase gradually.

***Hold monthly supervision meetings***

Peer educators should hold monthly meetings with the peer education coordinator or amongst themselves, depending on the structure in place. The peer educator 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 educator but should include decision-makers, programme planners and high-ranking supervisors. 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 peer educator collects the data, and if possible compiles them into meaningful statistics.

***Regular meetings necessary***

Supervision and monitoring of peer educators 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. Ongoing training based on areas that need improvement may also be arranged.

***Supervisors compile report***

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

***Promote record-keeping***

Record-keeping is an important tool as it helps to gauge the performance of peer educators and also assess the progress of the programme.

***Collect information at monthly meetings***

Peer educators 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
- practise role-plays/presentations.

***Points when holding a meeting***

- Collect reports as required before the meeting.
- Appoint someone to take the notes or minutes.
- Make announcements.
- Review the last meeting notes and correct as needed.
- State the purpose of this meeting and read the agenda items.
- Ask if anyone wants to add agenda items.
- Go through agenda items for discussion and/or decisions as needed.
- Share successes or accomplishments since the last meeting.
- Raise problems and other issues.
- Discuss training or other needs.
- Go over work schedules as needed.

- Talk about the next meeting before closing.
- Close on a positive note (sharing a story or experience observed among those in the group and recognizing those who performed well).

#### ***Reasons to monitor peer educators***

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

### **6.3 How are peer educators 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 educators 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 programme: this highlights progress of STI/VCT assessments and condom promotion/distribution.
  - b) Training programme: in accordance with the performance guidelines.
  - c) Supervision: monitoring visits to focal persons/peer educators.
  - d) Monitoring and evaluation: position data collection for the baseline survey.

### **6.4 Why is baseline research important?**

The best evaluations compare what a situation was like before peer education occurred with what it was like afterwards. In order to do this it is important to collect reliable data in the beginning. Some examples of information to be collected:

#### ***Quantitative assessment***

- Situation of the HIV/AIDS epidemic and the potential spread of HIV/AIDS in the selected country.
- Identification of national guiding principles and strategic planning.
- Do these national guiding principles include and integrate uniformed services, especially youths and new recruits?
- Identification of service: armed forces, police, border/customs officials, etc.
- Policies related to recruitment.
- Size of eligible population to be recruited and actual recruited population.
- Quantification of uniformed personnel in service (including by sex and age).
- Structure of service, i.e. training cell, medical unit, etc.
- STI/HIV/AIDS prevalence or incidence among the uniformed services.
- Referral systems available (where do they seek treatment for STIs?).
- Availability of epidemiological surveillance within the uniformed services.

- Other links to relevant civilian systems or activities (i.e. health and education).
- Policies and activities related to HIV/AIDS prevention among uniformed services.
- Readiness of uniformed services to introduce HIV/AIDS interventions.
- Mapping, identification of institutions interested and implementation readiness.
- Identification of basic monitoring and evaluation indicators.
- Access to condoms; information, education and communication (IEC); STI voluntary counselling and testing.
- Availability of educational materials, programmes and activities in the areas of prevention, counselling and care.
- Access to information: IEC, media, educational and internal communication.

### ***Qualitative assessment***

What are the main factors determining the spread of HIV/AIDS among the uniformed services, particularly new recruits? The general factors outlined in the above section on uniformed services vary depending on each country and context. For example, the determining factors such as injecting drug use and forced commercial sex work (trafficking in women) in Eastern Europe and Central Asia are much different from the determining factors in many African countries which are often linked with poverty and lack of access to education.

More specifically, the qualitative assessment should address the following issues:

- How do officers and the rank and file, especially new recruits, perceive risk and risk-taking behaviour?
- Do they use condoms (access and use)?
- What do they do for recreation?
- Who do they listen to for information about STIs/HIV/AIDS?
- What are the cultural background and values?
- What is the level of education?
- How are issues linked to sexual behaviour (e.g. gender-based violence and drug use) being addressed?
- How good is the quality of the relevant training (e.g. is it gender sensitive)?

### ***Evaluations should answer questions such as:***

- Did the intervention reach all the 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 educators in terms of monitoring and evaluation and become familiar with sample reporting forms. Peer educators 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 educators 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

## INSTRUCTIONS

**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 educator's diary: assists the peer educator 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?



Monthly data collection form

Name of company .....  
 Name of peer educator .....  
 Month/year .....

Number provided with male condoms		Number supplied with female condoms		Number of referrals		Reason for referral	
Males	Females	Males	Females	Males	Females	Males	Females

Condom stock card

Name of company .....  
 Year .....  
 Opening balance .....

Month	Number issued	BALANCE
Week 1		
Week 2		
Week 3		
Week 4		
	<b>Total</b>	<b>Total</b>

**Peer educator's diary**

Name of company .....

Name of peer educator .....

Date	
Type (group or one to one)	
Place of meeting	
Time of meeting	
Number of peer beneficiaries 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	

## 7. Basic information on HIV and AIDS

### TIPS FOR THE READER

It is necessary for peer educators to have a basic knowledge of HIV and AIDS as they need to be prepared to answer questions that arise. Having basic information about HIV, AIDS, STIs and condoms increases confidence. What follows is a detailed description of how HIV spreads between people and the different stages of infection. There are three exercises. The first helps people distinguish between different levels of risk for infection. The two others are games to illustrate how easily HIV can be spread throughout a group of people.

### BASIC FACTS ON HIV AND AIDS

#### 7.1 What is the cause of AIDS?

AIDS is caused by:

- H = Human
- I = Immunodeficiency
- V = Virus

which is also referred to as the AIDS virus. HIV is an extremely small virus; you cannot see it with your eye. It likes to be in dark, wet places like body fluids (blood, semen, vaginal fluid, breast milk). It is a fragile virus and when exposed to air it dies in seconds. It can be quickly killed with soap.

#### 7.2 What is the 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. The immune system 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 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, called immune cells, that it needs to protect against infections. HIV enters the body and acts like a patient sniper, hidden for as long as it takes to do its job to weaken the immune

system. Over time HIV kills more and more immune cells, the body's immune system becomes too weak to do its job and the person living with HIV becomes sick.

**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 people with AIDS have symptoms and diseases that occur together only when someone has AIDS.

### 7.3 How is HIV spread?

Body fluids that can spread HIV are:

- semen
- vaginal fluid
- blood
- breast milk.

Most HIV is spread by having unprotected vaginal, anal or oral sex with a person already infected with HIV.

#### *Vaginal sex*

This means a man inserting his penis into a woman's vagina. Vaginal sex can let HIV into your body through any cuts or tears inside the vagina or on the penis. HIV is contained in both semen and vaginal fluid, so a man can give HIV to a woman and a woman can pass HIV to a man. When a man is aroused, his penis stretches. Likewise, when a woman is aroused, her vagina stretches. This stretching makes the membranes in the penis and vagina more porous and causes very tiny cuts and breaks that you cannot see.

#### *Anal sex*

This refers to a man putting his penis into the rectum, or anus, of a woman or a man. Anal sex can let HIV into your body through cuts or tears in the rectum, or anus. The rectum does not stretch readily (unlike the vagina) and because of this can tear and bleed more easily. A woman can contract HIV through semen when a man ejaculates in her rectum. A man can contract HIV through semen when a man ejaculates in his rectum. Men who have sex with men are more vulnerable to HIV infection because of anal sex. A penis can irritate and cut the anal lining increasing the opportunity for the virus to enter the body.

#### *Oral sex*

This means sucking or licking of the genitals. A man can suck or lick a woman's genitals or a man's penis; a woman can suck or lick a man's penis or a woman's genitals. Oral sex can let HIV into your body through any cuts or tears inside the mouth due to injury or gum disease. People taking semen into their mouths are more vulnerable than those ejaculating. Oral sex is a much lower risk for infection than vaginal or anal sex, especially if semen is not taken into the mouth.

#### *By sharing needles with a person living with HIV/AIDS*

Those who share needles can transfer infected blood from one person to another. This is particularly the case with those who inject drugs such as heroin.

***During pregnancy, birth or breastfeeding from a mother with HIV/AIDS to her baby***

During pregnancy, HIV can be passed from mother to baby through the placenta. At birth, HIV can be transmitted through blood from the birthing process. HIV is present in breast milk and can be transmitted to a baby during breastfeeding. Current statistics say there is a one in three chance an infected mother can transmit HIV to her baby by breastfeeding.

***By receiving a blood transfusion that is contaminated with HIV***

Not all blood is routinely tested for HIV. Some blood is transferred directly from a donor, who is usually a relative, to someone needing a transfusion.

**7.4 What are the stages of HIV infection?**

***Window period***

Once a person becomes infected with HIV, that person does not immediately become “HIV-positive”. There is a period of usually three to six weeks (sometimes as long as three to six months) before the body reacts to the presence of this virus and produces antibodies that can be found in the blood by laboratory tests. If these antibodies 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 person can pass on the virus in these weeks, even though the HIV test is 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 or symptoms 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 varies from a few years to up to as many as 12 years. The average range is between eight and 12 years. However, individuals can begin to become sick from as little as a few to five years after infection.

***The symptomatic period when the person is sick with AIDS-related illnesses***

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 called “opportunistic infections”. Opportunistic infections are caused by bacteria or viruses that normally do not cause illness in a person with a strong immune system, but do cause illness in a person with a weakened immune system. Opportunistic infections are infections such as diarrhoea, tuberculosis and pneumonia, and they repeatedly make the person sick. When a person is diagnosed with AIDS, the length of time until death can be very individual depending on the number and type of opportunistic infections and the availability of treatment and drugs. Individuals can live for one to two years or much longer (if receiving treatment with drugs).

***Window period and HIV testing***

If a couple wants to stop using condoms or have a family, both individuals can be tested for HIV at the same time and then use condoms with every sexual act (vaginal, oral or anal intercourse) for the “window period” of three to six months. This is presuming they both

test negative. They must agree to only have sex with each other and not have sex with anyone else. When the six months are over, the couple can again get tested for HIV at the same time. If both still test HIV-negative, then they can start having sex without using a condom or try to get pregnant. Again, both individuals must agree to have sex only with each other and not see anyone else or use condoms if they do.

### **7.5 How is HIV not spread?**

- Through casual (non-sexual) social contact like shaking hands, touching or hugging, from toilet seats or from eating food prepared by someone living with HIV/AIDS.
- Sharing eating and cooking utensils like cups, plates, pots, or forks and spoons.
- By kissing, even tongue kissing (French or deep kissing). HIV has been found in saliva, but the amount of HIV in saliva is extremely small. No one has ever contracted HIV by kissing.
- By mosquitoes. Mosquitoes are a problem and cause other diseases, but do not transmit HIV. You cannot get HIV from a mosquito, as you can malaria. Mosquitoes bite people for blood, which is their food. With malaria, a mosquito bites a person then goes into a two-week life cycle to incubate the parasite. After this two-week period, the mosquito then goes and bites someone else, infecting them with malaria. This same situation does not happen with HIV because HIV cannot live within the mosquito for two weeks: it dies and the mosquito cannot transmit HIV when it bites another person.

### **7.6 Can a person be infected with one exposure?**

Anyone can become infected with HIV from one single unsafe sexual act or from using drugs by injection even just once. The vast majority of all HIV infection is caused by having unprotected intercourse with a woman or man who is already infected with HIV (80% of infections). Having sex with an infected person does not mean, however, that every time an infected person has unprotected sex they infect their sexual partners. An infected man could have sex with his wife for two years before infecting her or it could happen the first night they have sex. People are more infectious right after being infected themselves.

### **7.7 What is the most common way to get infected?**

Almost all transmission of HIV is through sexual intercourse between two people who do not use condoms, either heterosexual relations or as a result of men who have sex with men. There is a rapidly growing number of mothers who are infected with HIV who pass the virus to their babies during or after their birth. These women were often infected by their husbands who were often infected by sex workers. There are some cases when blood taken from a person infected with HIV is transfused to another person. Those who inject drugs like heroin and share their needles also risk infection. All other modes of transmission are almost insignificant. It is impossible to become infected with HIV through casual contact with people living with HIV/AIDS. There is no problem touching or sharing eating utensils or combs and brushes.

### **7.8 Is there a cure for AIDS?**

There is no cure for AIDS at present. A combination of drugs called antiretroviral drugs (ARVs) can result in controlling the virus so it does not weaken the immune system and

make it vulnerable to AIDS-related illnesses. At present, the cost of ARVs makes them unaffordable for most people in the world infected with HIV. Progress is being made in reducing the cost of the drugs, which will potentially increase their availability.

### **7.9 Do traditional healer cures for HIV/AIDS work?**

Traditional healers around the world are selling cures for HIV/AIDS. Many have been examined by scientists but none so far has proved to eliminate HIV. There would be great joy in the world if traditional healers did come up with something that cured AIDS. Traditional healers can ease some of the symptoms of AIDS-related illnesses and opportunistic infections. Unfortunately, many with HIV/AIDS turn to traditional healers with false hope and waste their money.

### **7.10 Is it easier for women to get infected than men?**

Women are about four times more vulnerable than men to sexually transmitted diseases, including HIV. This is largely because of anatomy: the area of the female genitals exposed to semen and other sexual fluids during sex is four times larger than that of men. Women are also at more risk of getting infected because semen contains greater amounts of the virus than vaginal fluids. Women can also be vulnerable to infection as a result of rape or coercion. They can be driven to selling sex for financial reasons. Female sex workers who do not use condoms are vulnerable to contracting HIV and other STIs which increase their likelihood of infecting their many partners.

### **7.11 What is the impact of STIs on HIV infection?**

The presence of an untreated STI like syphilis or gonorrhoea facilitates the transmission of HIV from one person to another. Open sores and blisters provide an easy entrance into the body for STIs, including HIV. Having an STI is already a sign of risk-taking behaviour. Prevention and treatment of STIs is another way to protect against HIV infection.

### **7.12 How do alcohol and drug use increase the chances of infection?**

Drinking alcohol or using illegal drugs will reduce your judgement and your ability to act within the bounds of safe behaviour. When you are under the influence of alcohol and/or drugs, you are more likely to indulge in risky sexual contacts. Consumption of alcohol also tends to increase the libido and make people feel like having sex. Sex workers can often be found at places where alcohol is served. Men who serve in the uniformed services and are restricted to barracks may look forward to getting their monthly pay, going on leave, getting drunk and finding women to have sex with. They may intend to use condoms but are less concerned about HIV infection when they are drunk. Injecting drug users face direct risks of infection if they share equipment (see Section 11).

### **7.13 What is safer sex?**

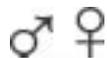
Safer sex is a means of preventing the sexual transmission of HIV. The easiest form of safer sex for those who are sexually active to adopt is the use of latex condoms every time they engage in vaginal, oral or anal sex. Safer sex also includes not having sex, fidelity between uninfected partners, and practising non-penetrative sex such as hugging, kissing, masturbation, mutual masturbation and simulating sex between a partner's thighs or breasts. The reason it is called "safer" rather than "safe" sex is because a condom might

break or those intending to practise non-penetrative sex might end up having penetrative sex without a condom in the heat of the moment.

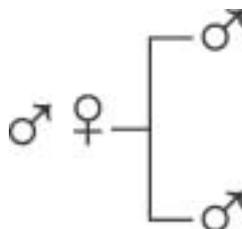
### 7.14 What is the HIV and STI transmission butterfly?

The HIV/AIDS/STI butterfly consists of a series of illustrations that 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.

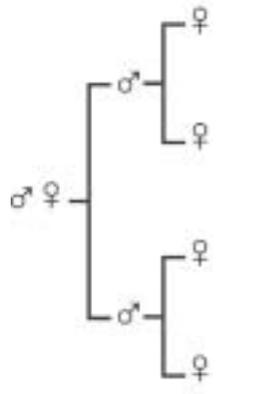


Imagine that you are at a bar. You're out with some of your friends from your unit. It was a difficult week at work and you and your friends just want to relax and have a good time. You're sitting at a bar when a group of beautiful young women comes in. You and your friends start talking to them and before you know it you're all coupled off. You start talking and dancing with one of these 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 lovely she cannot possibly have anything. So, you have sex without using condoms. As you lie 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.

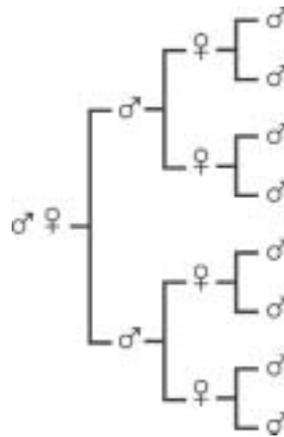


What your new friend didn't know was that the guy she picked up at the bar a couple of months ago had got drunk at a party and had sex with a total stranger "just once". She didn't know that on another occasion he had made an exception "just this one time" and had unprotected sex with someone he had been dating for only a week. She didn't know

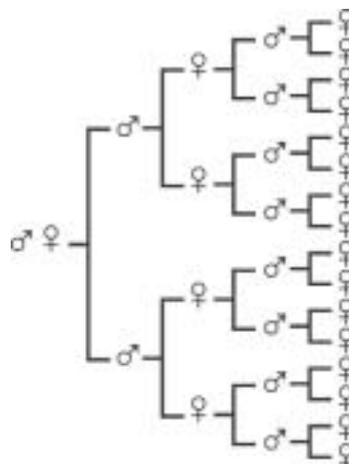
that the other guy she had unprotected sex with had also made an exception “just this one time” with at least two different sexual partners.



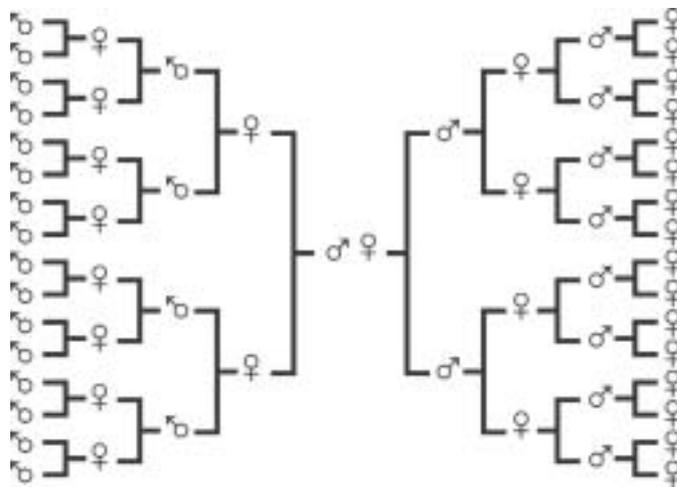
Each of these people had also put themselves at risk “just this one time” at least twice before.



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 30 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. The pattern is repeated on the other side of the butterfly's "wings".



Think about this: if this woman were a commercial sex worker, how big would the bed have to be to hold all the people you were having unprotected sex with? It could be as large as a football field! If you think this is an exaggeration, consider this: any time two people on the butterfly have unprotected sex, you are potentially at risk of 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 STI as well.

## EXERCISE 7.1

### High risk, low risk, almost no risk, no risk

#### **OBJECTIVE**

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

#### **BACKGROUND**

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

#### **MATERIALS**

Sheets 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 1**

On a large 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 without a condom with a sex worker
- 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 petroleum jelly 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
- Deep kissing with tongues
- Sharing a toothbrush or hairbrush
- Being bitten by mosquitoes
- Touching a person with HIV/AIDS
- Sharing a bathroom or latrine
- Hugging a person with HIV/AIDS
- Caring for a person with HIV/AIDS

## STEP 2

Present the following points to participants to 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, semen and vaginal fluids.
- More than 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 – if in doubt wear gloves.

### Almost no risk

- Almost no risk means that there have been no cases of people being infected in this way but it is a remote possibility.
- 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  
*(Semen 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 petroleum jelly 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 who share needles inject other people's blood 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 is infected or not.)*

#### Low risk

- Oral sex without a condom  
*(Unless the person has cuts in their mouth there is only 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 cuts or sores are present.)*

#### Almost no risk

- Injection of medicines  
*(Since it is medicine and not blood being injected, the risk is extremely low.)*
- Scarification or tribal marking  
*(If this were a risk, many more children would be found to be infected before they became sexually active. It is very rare to find an HIV-positive child who was not infected by their infected mother at birth or through breastfeeding.)*
- Female genital cutting  
*(If this were a risk many more girls would be found to be infected before they became sexually active. It is rare to find an HIV-positive 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 were 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 who 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 or sterilized needles.)*
- 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 HIV/AIDS
- Hugging a person with HIV/AIDS
- Caring for a person who has HIV/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.)*

## EXERCISE 7.2

### The glove game

**OBJECTIVE**

To create a better understanding of how HIV is spread and of the impact of protection and abstinence, as well as to get participants to reflect on voluntary counselling 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 quarters) and two gloves

**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.) Write an "X" on one of the slips. 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, apologize and explain to them that you do not 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 their pocket. Emphasize that no one should look at their 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 the first line of their piece of paper.

#### **STEP 5**

Now instruct them to move around and find another partner. Again, they should greet their partner, shake hands, and then write the partner's name on the second line 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 their seats. Ask if anyone wants to have an HIV test to find out if they are HIV-positive or not, and why. Ask others who don't why they don't.

#### **STEP 7**

Everyone 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 the first line of their paper. If the infected person's name is written there 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 the second line of their paper. Anybody who has the name of any of the people standing in the middle written there 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 the third line 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 the fourth line 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 them 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 with the gloves became infected. If so, use this to make the point that people 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 behaviour 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? Who?
- 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.

## EXERCISE 7.3

### Wildfire

**OBJECTIVE**

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

**BACKGROUND**

This exercise can be very emotional. The peer educator 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 who is tapped will be considered HIV-positive for the purpose of the exercise. (If you have participants who are HIV-positive, 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 hands with three people each.

**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-taking behaviour 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 “HIV-negative” or “HIV-positive” on it.

**STEP 7**

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

## 8. Risk assessment

### TIPS FOR THE READER

There remains much denial on the part of uniformed services personnel that their risk-taking behaviour makes them vulnerable to HIV infection. There is a tendency to focus on the momentary sexual pleasure and not think about the risk. This section explores some of the myths and denial related to assessing risk. Information is also provided on men who have sex with men. The exercises help participants better understand how certain behaviour puts them at risk of 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. In one exercise, each participant can conduct a personal risk assessment. Finally, an illustrated story helps people make the link between behaviour choices and consequences.

### BASIC FACTS ON RISK ASSESSMENT

#### **8.1 Why is HIV infection so well hidden?**

##### ***Cannot see HIV infection by looking***

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 HIV or an STI just by looking at him or her. In studies with United States uniformed services, 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. Most people infected with HIV do not know they are infected and can live for 10 years or more showing no signs of being infected at all. All that time they risk infecting every person they have unprotected sexual relations with.

##### ***Young, attractive-looking, healthy women can be infected***

Some men make the mistake of thinking that the younger the woman the less likely she will be infected. In fact, in many countries young women between the ages of 15 and 25 have the fastest growing rate of infection. Some men mistakenly think that if they use condoms with sex workers and not with other women they will be safe. The sex workers may have five sexual partners in a night and the other women five in a year. But all it takes is for one of those five to infect her and her future partners risk infection if condoms are not used.

***More than three-quarters of people infected with HIV do not know they are***

It is not possible to tell if someone has HIV or another STI simply by looking at them. They do not have a particular smell or look sick. The symptoms that people who are starting to become sick with AIDS-related illnesses and opportunistic infections have are similar to many other common illnesses, like fever, coughs and diarrhoea. Even people who have started to show symptoms can go through periods when they are sick and others when they are perfectly healthy.

***Putting a gun to your head***

If you pick up a gun how do you know if it is loaded or unloaded? Keeping your training in weapon safety in mind, what must you assume? Would you just pick up a gun, point it at your head and pull the trigger? You would not place yourself at risk by not thoroughly checking it out and making sure that it is safe.

***Impossible to tell HIV status by looking***

The same safety issues hold true for people, especially strangers, when you are “sizing up” a potential sexual partner. You cannot tell by looking at them if they are infected with HIV or an STI. It is possible that a woman is unknowingly infected with gonorrhoea or HIV, however beautiful she is. 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 a loaded gun. Is it worth risking your good health or life to have unprotected sex with this stranger?

And what about a fine-looking man in uniform? Perhaps he is a peacekeeper or a soldier. Would you be able to tell what his HIV status is just by looking at him?

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.

## BASIC FACTS ABOUT MEN WHO HAVE SEX WITH MEN

### **8.2 What does “men who have sex with men (MSM)” mean?**

#### *Oral and anal sex*

Men who have sex with men refers to men who have oral or anal sex with other men. These men may be homosexual and only have sex with men or they may be bisexual, which means they have sex with both women and men. Some men are married to women but occasionally have sex with men. One study found that half of the men who had sex with men also had sex with women. Some men, such as those restricted to military barracks or prisons, have sex with men on a temporary basis only because they do not have access to women. The men can come from any social, cultural or economic group. Most men who have sex with men have no characteristics that distinguish them from other men. Some may have adapted certain looks or mannerisms which identify them as being gay. Men who have sex with men in the uniformed services usually prefer to be secretive about their sexual preferences because they fear negative repercussions if they are found out.

### **8.3 Are there men who have sex with men in the uniformed services?**

#### *MSM in all walks of life*

In many countries it is estimated that 10% of men have sex with other men. It can be expected that the percentage of male uniformed services personnel having sex with other men will be about the same. The percentage may be smaller in countries with no tradition of homosexuality or very strong social and cultural taboos against it. For example, men are having sex with other men in sub-Saharan Africa, but it is less prevalent than in many other parts of the world. By and large, there is much more sex between men occurring among uniformed services personnel than is acknowledged because of the secretive, hidden nature of it.

### **8.4 Why are men who have sex with men important?**

#### *MSM vulnerable to HIV infection*

Outside the industrialized world, most HIV/AIDS prevention campaigns have been targeted at heterosexuals (men and women who have sex together). As a result, many men mistakenly think they are not at risk of being infected with HIV when they have sex with other men. The truth is they can be very vulnerable if they engage in anal intercourse. In the industrialized countries, where HIV prevention campaigns have been targeted at men who have sex with men, 1 in 10 men is infected. Men who have sex with both men and women can become infected through anal intercourse with their male partners and then transmit the virus to their wives and girlfriends.

### **8.5 Why is sex between men in the uniformed services hidden?**

In many countries sex between men is illegal. Two men caught having sex could be arrested and sent to jail. Men in the uniformed services could be court-martialled or demoted if found to be having sex with other men. Heterosexual men can also be cruel to men who have sex with men and ridicule and even attack them. Sex between men occurs in all societies but, because it is stigmatized and often legally prohibited, many believe that same-sex sexual behaviour does not exist when it is, in fact, simply hidden.

### **8.6 Are there male commercial sex workers?**

Young men exist who have sex with other men who are willing to pay for it. Some of these young men are not attracted to men but only do it for the money. They have recreational sex with women and risk infecting them. Like female sex workers the male sex workers have higher levels of HIV infection because they have many different sexual partners and are often offered more money to have anal sex without a condom. They are also more vulnerable to infection because they are more likely to be the partner who is penetrated during anal intercourse.

### **8.7 What are the challenges for preventing HIV infection among men who have sex with men?**

- Because of the hidden nature of sex between men it can be hard to find men and organize peer education sessions. Information about the risks to MSM and preventive action should therefore be included in all programmes.
- Many men who have sex with men resent being associated with “homosexuality” and deny that they have sex with men. This is especially true among men who have sex with both men and women.
- Because they are afraid of being caught, men who have sex with men often have sex in dark public places with partners they do not know. This makes accessing condoms and negotiating condom use a potential problem.
- When officials deny that sex between men exists, it is difficult to get approval to conduct peer education with the men.

### **8.8 What can be done to lower the risk of HIV transmission among men who have sex with men?**

- Increase the awareness of men who have sex with men that unprotected sex can result in HIV infection.
- Promote condom use to men who have sex with men.
- Recommend alternatives to penetrative sex such as mutual masturbation and intercural sex (putting the penis between the thighs and simulating sex).
- Recommend engaging only in oral sex rather than anal sex and avoid having partners ejaculate inside the mouth.
- Recommend using a non-oil-based lubricant, like the white of an egg, when having anal sex with a condom to reduce the chance of it breaking.
- Carry condoms when going to locations where men go to meet other men for casual sex.

## EXERCISE 8.1

### Musical partners

**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**

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

**TIME**

30 minutes

## INSTRUCTIONS

**STEP 1**

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

**STEP 2**

The peer educator asks for about nine 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 fewer 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, 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.

## EXERCISE 8.2

### HIV scratch chain

**OBJECTIVE**

To increase understanding of how quickly HIV can spread.

**BACKGROUND**

This is a simple exercise that requires no equipment; it 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 educator 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 the 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 say how it felt 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.

## EXERCISE 8.3

### Personal risk assessment

**OBJECTIVE**

To increase awareness of an individual's personal risk of HIV infection.

**BACKGROUND**

The purpose of this exercise is to get participants to reflect on how the behaviour 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".

1. Have you ever had sex without a condom?
2. Have you had sex without a condom with someone who was not a mutually faithful partner?
3. While you were married, have you ever had sex without a condom with a woman who was not your wife (or a man who was not your husband)?
4. Have you ever engaged in unprotected sex in exchange for letting someone who broke a law go free?
5. Have you ever had a sexually transmitted infection (such as gonorrhoea, syphilis or others?)
6. Have you ever been so drunk you do not remember having sex?
7. Have you ever treated an STI without consulting a health professional?
8. Have you had sex without a condom with more than 15 people during your lifetime?
9. Have you ever had a blood transfusion?
10. Did you ever have sex without a condom with someone you just met?
11. Have you ever had one or more new sexual partners in the period of a month and not used a condom in each case?
12. Have you ever paid money for sex?

13. Have you ever had anal sex without a condom?
14. Did your spouse ever have sex with another person before you were married?
15. Do you desire sex more after drinking alcohol?
16. Have you ever had sex with a schoolgirl and not used a condom?
17. Have you ever forced a woman to have sex against her will?
18. If you are a man, have you ever had sex with another man without using a condom?

## **STEP 2**

Have the participants add up their scores and explain the consequences of the following categories that 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 behaviour 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 of HIV infection and actions they personally can take to change this behaviour. (For example: one risk is having sex with a sex worker. The behaviour change might be to use a condom in those relationships.)

## EXERCISE 8.4

### Picture story on risk

**OBJECTIVE**

To create an understanding of how making different behaviour choices impacts 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 behaviours” and their vulnerability to STIs including HIV. The story about a policeman named John and his wife Mary tells how they deal with having an STI.

**MATERIALS**

Picture cards (see Annex for full size cards)

**TIME**

1 hour

## INSTRUCTIONS

**STEP 1**

Explain that you will be telling the story of John and Mary. If appropriate, remind participants about storytelling traditions around the world 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 themselves 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 HIV/AIDS. Go around the group, asking everyone to state the most important thing they learned from the story.

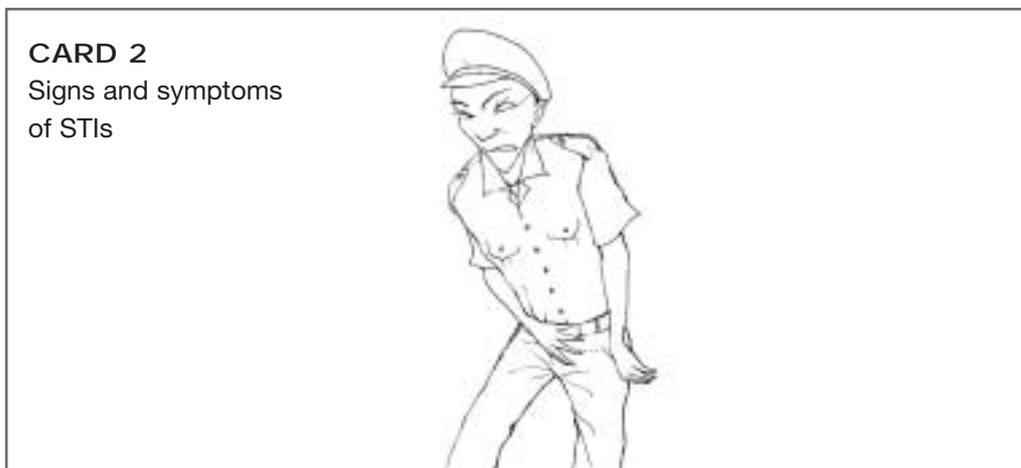


**Visual**

John, a policeman, is out on the town one Saturday night drinking beer and visiting the ladies.

**Text**

John ends up having sex without a condom.



**Visual**

A few days later, John is holding his genital area and grimacing.

**Text**

After a few days John feels an itching and burning which are signs of gonorrhoea.



**Visual**

John purchases antibiotics from a woman who takes them out of a plastic bag in a market.

**Text**

Antibiotics bought from a woman in the market turn out not to be the right treatment because a white puss discharge persists. John considers this a minor irritation and ignores it. He does not tell his wife.



**Visual**

Mary holding her side and complaining to John.

**Text**

Mary contracts an STI from her husband but does not seek treatment.



**Visual**

John with women at the bar with a worried look on his face.

**Text**

John does not consider having an STI to be serious and continues his habits without using protection.



**Visual**

John talking to another policeman.

**Text**

As the symptoms do not go away this time, John listens to the advice of his friend to go to the clinic.

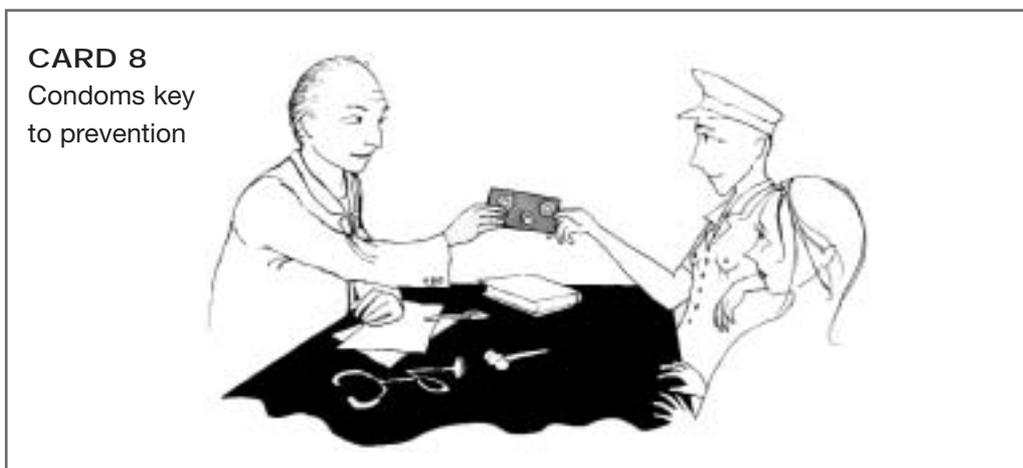


**Visual**

John being examined by a doctor.

**Text**

The doctor tells John that he has a sexually transmitted infection and praises him for seeking treatment in the clinic. He tells John to bring his wife in for treatment.



**Visual**

Doctor giving John condoms.

**Text**

Condoms prevent the transmission of STIs during sexual relations.

**CARD 9**

STIs contribute to HIV transmission



**Visual**

John in bed with his wife in one image and with another women 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 an opportunity for HIV to enter your body. If you have an STI you could already have contracted HIV.

**CARD 10**

What happens to your body over time



**Visual**

People looking healthy to start with and beginning to get sick after eight or nine years.

**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.



**Visual**

John with Mary who is visibly pregnant.

**Text**

You can pass on HIV to many partners without knowing it, 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 for her then to pass it on to your unborn child.



**Visual**

Two policemen on patrol at night arresting a woman.

**Text**

Policemen may have many risk-taking types of behaviour. They may be offered and accept sexual favours while on patrol or in operations away from home, they may drink heavily, many do not use condoms and they may self-treat for STIs.



**Visual**

Strong and fit policeman buying condoms at a shop.

**Text**

Stay fit and strong and protect yourself from STIs by sticking to your faithful partner or using condoms. Protect yourself and your family.



**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. Condom use

### TIPS FOR THE READER

Condoms are the front line of defence against infection with HIV and STIs. The basic facts explore obstacles to condom use and how to overcome them. 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 infection and STIs among uniformed services personnel. It is much easier to get people 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 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.

### BASIC FACTS ON CONDOM USE

#### 9.1 How can obstacles to condom use be overcome?

Obstacles are defined here as “conditions or attitudes that present a handicap to conducting condom promotion”. These conditions or attitudes may apply to the rank and file, officers, the general public or religious leaders. Because HIV is primarily transmitted through sexual relations and condoms are the primary defence against HIV transmission, peer educators can often experience resistance from those who:

- oppose condoms for religious or moral reasons
- deny the reliability of condoms in preventing HIV
- are embarrassed by condoms and sexual matters
- deny the risk presented by sexual activity and the need for condoms
- think condom promotion will encourage sexual activity.

#### 9.2 Why do some people oppose condom use?

Human beings tend to be particularly shy about sex. They may be sexually active but, at the same time, they can be reluctant to talk about it even in intimate situations. They are even less enthusiastic about doing so publicly or professionally. Uniformed services personnel tend to engage in a substantial amount of unprotected sex, putting them at risk

of HIV infection. Regrettably, there are those who are reluctant to accept this reality and would prefer to not hear anything about sex or condoms.

### **9.3 Why overcome obstacles to condom use?**

If obstacles to condom use are not overcome, its effectiveness as a tool for prevention will be compromised. To prevent the sexual transmission of HIV/AIDS and other STIs, it is necessary to deal openly and honestly with human sexuality and condom use. If the promotion of condoms is not made a priority by peer education planners and peer educators, little progress can be made. The result of not overcoming obstacles to condom promotion and use is increased death from HIV/AIDS.

### **9.4 How can obstacles be overcome?**

There are no set ways for overcoming obstacles and there are no guarantees that they will be overcome. Here are some suggestions.

#### ***Identify the obstacles as soon as possible***

The earlier the obstacles are identified, the easier it is to overcome them. No matter how well intentioned peer educators are in promoting condom use, unforeseen obstacles can sabotage their efforts. Rather than guessing what the obstacles might be, find out what they actually are by asking uniformed personnel, opinion leaders in the uniformed services community and uniformed services religious leaders.

#### ***Find out what is acceptable***

One way to find out to what degree condom promotion is acceptable is to speak with a few individuals about condoms before speaking to a larger group. Perceptions of what may be offensive are not always accurate. At times, personnel are more accepting of challenges to convention than peer educators give them credit for.

#### ***Get those involved to understand the obstacles that exist***

Sometimes, just pointing out that an obstacle exists and talking about it is enough to eliminate it. It may also require a special effort and take time to get people to appreciate that they harbour prejudices, that their attitudes are closed, or to accept a reality that they deny exists or that makes them feel uncomfortable.

#### ***Deal openly and honestly with the obstacle***

Discussing the reasons behind the obstacles and looking at possible compromises for overcoming them are important. Role-playing, group exercises, games and other techniques can help people come to grips with the obstacles.

#### ***Be bold, firm and convincing***

Peer educators have to be strong in their conviction that the approach they are taking is correct, and they should not be afraid of breaking with convention and pushing currently accepted limits. It might be easier to avoid all discussion of sexual questions and ignore the fact that obstacles exist, but that will not slow the spread of HIV infection. Those conducting condom promotion have to be subtle in their approach so as not to offend people unnecessarily but also determined to ensure that obstacles are confronted and dealt with. Uniformed services

personnel, just like people in civilian society, are in flux in terms of their attitudes towards condoms and condom use. The challenge presented by the AIDS crisis has broken down barriers that prevent open discussion of sexual health. The environment for condom promotion is changing.

### ***Make condom promotion fun***

One of the best ways for overcoming shyness and discomfort when it comes to condoms is to get fun out of them. Just the mention of the word “condom” can get a giggle out of people. People usually find it very humorous when condoms are blown up into balloons. The blown-up balloons can be batted around or attached to walls as decorations. Bars and night clubs are particularly good places for “playing” with condoms. Condom balloon-blowing contests can be held where prizes are given to the largest balloon or the first one blown up and tied. Dance contests can be held in which couples dance with a blown-up condom between them. Passing condoms around or showing how to put them on over bananas or wooden models can also help to desensitize the situation and help people overcome their discomfort with condoms.

### ***Promote condoms without mentioning AIDS***

HIV/AIDS is often not perceived as a problem by individuals who, in fact, are potentially at risk. This is especially true in countries where there have been relatively few AIDS deaths. Also the public and different target groups in some countries have been oversaturated with HIV/AIDS prevention messages, particularly those with a negative tone. One solution is to promote condom use without mentioning AIDS. Preventing STIs and unwanted pregnancies are often more pressing problems for sexually active people. Linking condoms with AIDS and a sombre, negative mood can also contribute to people “tuning out” the promotion.

### ***Avoid using the word condom if it is offensive***

Use a socially marketed brand name that is widely available when referring to condoms. A popular word in a local or vernacular language can also be used if it is more acceptable.

## **9.5 What responses are there to obstacles to condom use?**

***Condoms are not seen as reliable, the quality of condoms available locally is poor, or condoms are believed to be porous and therefore not resistant to HIV***

- Point out that the chances of HIV being transmitted when condoms are properly stored and used is almost zero and they are as reliable as any other man-made objects such as cars or antibiotics.
- Emphasize that they are electronically tested and that it is better to be as close as possible to being perfectly safe than to take the risk of being entirely unsafe without a condom when having sexual intercourse.
- Refer to studies that prove that HIV, STIs and sperm (which are much larger) cannot pass through a latex (rubber) condom.

### ***Condoms reduce the pleasure of sex***

- Point out that although a condom may be felt when the penis is first inserted into a vagina, once it warms up to body temperature it is rarely felt and quickly

forgotten. For example, users cannot usually tell that condoms have broken or slipped off while they are having sex.

- People get accustomed to using condoms and the disadvantage of any reduced sensation is small when compared to the satisfaction of not having to worry about HIV and STI transmission.

***Fear that condoms get lost in a woman's womb***

- Provide instructions on condom use, including the suggestion that the man holds on to it when withdrawing from the woman after ejaculation, especially if the penis is no longer erect.
- Explain that condoms cannot get into the womb or other parts of a woman's body. If a man has left the condom inside her vagina, the woman simply pulls it out with her fingers.

***Rejection of condoms because people do not see any benefit in using them***

- Point out that using condoms reduces worry and anxiety about contracting AIDS and STIs and unwanted pregnancy; protects the user's family and future family; permits a man or woman to control his or her destiny; is an expression of love and caring for partners; and, in the case of women, reduces the chances of becoming infertile or developing cervical cancer.

***Opposition on the part of people with strong religious beliefs***

- Encourage the promotion of delaying the start of sexual behaviour among young people, abstinence and fidelity. Suggest that until those strategies begin to have an impact, those who are presently engaged in sexual behaviour that puts them at risk need condoms to protect themselves.
- Ask those with strong religious beliefs to agree to disagree and, at least, agree not to actively oppose condom promotion to those who are at risk.

***Opposition on the part of bar owners to condom promotion with uniformed services clients and bar girls***

- Point out that the goal is not to discourage sexual contact between the bar girls and their clients but to encourage condom use.
- Discuss with the bar owners when activities might take place so they do not interfere with business.
- Convince the bar owners that it is to their long-term advantage to protect the girls and their customers.

**9.6 How can condom use be made more enjoyable?**

***Finding pleasure in condom use***

There is no doubt that many people in the uniformed services do not use condoms because they feel that they reduce their sexual pleasure. What follows is a list of suggestions on how to get more pleasure out of using condoms.

***Experiment with condoms***

Play with them with your partner. Blow them up. Stretch them. Snap them like rubber bands.

***See them as part of the pleasure***

Condoms will never feel like naked skin. Simply accepting this and exploring the sensations of latex can increase the pleasure of condoms. If condoms are seen as part of the pleasurable process of love-making instead of a hygiene device, much of the resistance to them is eliminated.

***Have partners put condoms on***

Condoms can be put on by sexual partners and become an exciting part of sex, instead of an interruption. They can be put on with the mouth or along with affectionate caressing and kissing.

***Use one condom after another***

Men often make the mistake of thinking that once they have put a condom on they have to ejaculate. This puts added pressure on their sexual performance. Condoms can be taken off and a new one put on during sex before ejaculation.

***Lubricants increase sensation***

Use of additional water-soluble lubricant can enhance sensation when using condoms. The lubrication on the surface of condoms helps but is not usually enough. Putting a small amount of lubricant in the reservoir tip before putting a condom on can heighten pleasure. This helps keep air out of the tip and greatly increases the sensation when the lubricant seeps around the top of the penis. It takes a little practice before the right amount is determined. Even the best water-soluble lubricants dry out during use. Either add more lubrication or add saliva or water to the exterior of the condom. Lubricants are especially necessary for men engaging in anal sex with women or men. A condom is more likely to break in the anus than a vagina without lubrication.

***Condoms make sex last longer***

Condoms reduce friction and, as a result, can prolong sex before ejaculation. This is an advantage for many men and women but a problem for others. For those for whom it is a problem, other non-penetrative love-making techniques can be used until the man is close to ejaculation and then a condom can be put on.

***Try different condoms***

If possible, keep several types and colours of condoms around so that you can experiment to find the ones your partner and you like best. Choosing a condom can be like choosing a type of soap. Some people like to try different brands and some people always like to use the same one because they are used to it and it makes them feel secure.

***Fantasize about sex with condoms***

Involve images of condoms in sexual fantasies. If the fantasy involves a movie star, imagine the star making love with a condom. Men who experience difficulty because they

lose their erections when putting on condoms can even experiment with their fantasies and masturbate while wearing a condom.

***Talk with partners about condoms***

Talk about how to make condom use more pleasurable with your partners and friends.

***Try female condoms***

Using the female condom is one way of increasing the pleasure of sex. Both men and women prefer the sensation of the female as opposed to the male condom and find it less of a distraction.

## EXERCISE 9.1

### Demonstrating correct condom use

**OBJECTIVE**

To provide participants with the opportunity to practise 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 educators 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:

1. Check the expiry date and look for signs of wear such as discoloured, torn or brittle wrappers. Do not use condoms that have passed the expiry date or seem old.
2. Tear the package carefully along one side. It is better not to do this using teeth or fingernails to avoid damaging the condom.
3. Place the rolled-up condom on the top of the wooden model.

4. 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).
5. 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.
6. When the rim of the condom is at the base of the penis (near the pubic hair) penetration can begin.
7. 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. 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 practise 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 or so to practise, then report back.

#### **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.

## EXERCISE 9.2

### Correct and consistent use

**OBJECTIVE**

To practise manipulating condoms.

**BACKGROUND**

This exercise is similar to the previous one on demonstrating correct condom use. However, it is a 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:

- Check expiry date.
- Discuss condom use with partner.
- Have condoms with you.
- Have an erection.
- Open the condom wrapper carefully.
- Squeeze out air from tip of condom.
- Roll condom on erect penis all the way down to the base.
- Intercourse.
- Ejaculation.
- Withdraw penis from partner, holding onto condom at base.
- Be careful not to spill semen.
- Remove condom from penis.
- Penis gets soft.
- Tie up the condom and throw it away in a place where children will not find it.
- If you have sex again open another condom.

**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. 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?

## EXERCISE 9.3

### Advantages and disadvantages of condom use

**OBJECTIVE**

To improve understanding of why some people refuse to use condoms and to examine ways of overcoming those obstacles.

**BACKGROUND**

Most people do not like using condoms at first but they 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 Section 9.6 (Making condoms more enjoyable) and Section 9.5 (Responses to common obstacles to condom use) 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 on the appropriate sheet. Ask another participant to suggest a disadvantage of using condoms and write it down. Stop when all the participants have made suggestions or when no one can think of any more.

**STEP 4**

Examine the lists and suggest discussing the disadvantages. (You might share this list with participants even if they do not suggest these disadvantages themselves.) 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 resulting from 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 5

Examine the list and suggest discussing the advantages. Here are some commonly listed advantages:

- Reduces worry about getting HIV/AIDS and dying prematurely.
- 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 dry.

## EXERCISE 9.4

### Demonstrating the reliability of condoms

**OBJECTIVE**

To overcome lack of confidence in the reliability of condoms.

**BACKGROUND**

Almost all uniformed services 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 erroneous belief that they are unreliable. This exercise allows participants to experience the durability of condoms.

**MATERIALS**

Condoms, water, two buckets, cup

**TIME**

30 minutes

## INSTRUCTIONS

**STEP 1**

Obtain two buckets. Fill one with water.

**STEP 2**

Open a condom and slowly pour water into 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.

(Practise 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 every participant and have them blow up their condoms. Add some humour to the exercise by asking the participants if any of them has a penis so large it would not fit into a condom.

**STEP 5**

Have the participants take turns filling condoms with water.

## EXERCISE 9.5

### Picture cards on condom use

**OBJECTIVE**

To stimulate a discussion on different HIV risk situations.

**BACKGROUND**

Picture cards are simple black-and-white photographs or sketches of common scenes that can be used to stimulate a discussion. The scenes represent a snapshot of a situation relevant to behaviour choices related to condom use and HIV/AIDS. Each can have a description on the back for the peer educator and suggestions of questions to ask. The picture cards are designed to result in an energetic, spirited discussion.

**MATERIALS**

Picture cards (see Annex for full size cards)

**TIME**

1 hour

## INSTRUCTIONS

**STEP 1**

Show the picture card 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 educator. Let the participants first guess what they think the picture is about. Only read the descriptions if they do not guess what is going on.)

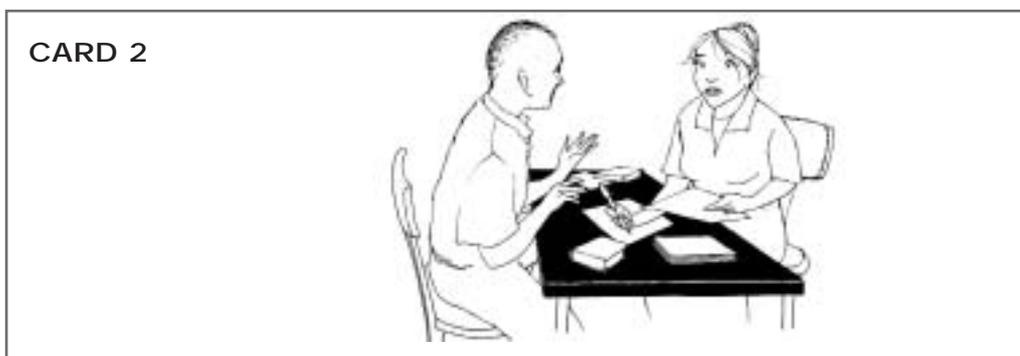


**Visual**

A uniformed man is enjoying a drink with a young woman who is not his wife. She affectionately offers herself to the man.

**Questions**

- 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?



**Visual**

Anyone who has been engaging in casual sexual relations without using condoms is vulnerable to HIV infection. Getting voluntary HIV testing and counselling gives you a new lease on life. Whether you are HIV-positive or HIV-negative, condom use is recommended.

**Questions**

- What is going on in this picture?
- Why would this man want voluntary counselling and testing?
- How would he feel before hearing the result?
- Do you think he will use condoms after getting the result?



**Visual**

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 had been used.

**Questions**

- 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?



**Visual**

A couple has a heated argument when the wife finds a condom in her husband's military uniform pocket.

**Questions**

- Describe what you think is happening in this picture.
- Why do you think the woman reacted the way she did? And the man?
- What might the man have done differently?
- What might the woman 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?



**Visual**

A police 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.

**Questions**

- 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?



**Visual**

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

**Questions**

- 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?



**Visual**

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

**Questions**

- 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 the reaction of the husband be?
- 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?



**Visual**

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 that night.

**Questions**

- 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?

**Visual**



A man in camouflage pants and no shirt is tightly holding a woman's wrist and is about to strike her with the other hand. She is covering as she attempts to protect herself and is clutching condoms in one hand.

**Questions**

- Is this scene realistic?
- What do you think is happening? And why is it happening?
- What do you think is the cause of the dispute?
- Do you think that there could have been another way of dealing with it?

## EXERCISE 9.6

### Condom facts, opinions and rumours

**OBJECTIVE**

To allow each participant to separate facts, opinions and rumours about condoms.

**BACKGROUND**

People are often looking for easy excuses not to use condoms. As a result, they may accept, without questioning, misinformation that 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 rumours that you might have heard.

**STEP 2**

Tell participants that they are going to play the “Fact, opinion and rumour” 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.

*Rumour:* 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 practise 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 (*Rumour*)
- Condoms can get lost inside a woman (*Rumour*)
- Condoms prevent pregnancy (*Fact*)
- Condoms are laced with HIV (*Rumour*)
- 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 (*Rumour*)
- You don't feel close to your partner (*Opinion*)
- Condoms show care for your partner (*Opinion*)
- 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 our country (*Rumour*)
- Condoms are tested electronically (*Fact*)
- Condoms can be blown up into balloons as big as footballs (*Fact*)
- Condoms cut off circulation of blood and can strangle a penis (*Rumour*)
- You cannot tell if a condom is broken until you withdraw and see whether it has (*Fact*)

#### STEP 4

Take one example of a clear false rumour (such as “Condoms are laced with HIV”) and ask the large group the following questions:

- Why do you think rumours like this exist?
- What are some of the consequences of rumours?  
(*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 show 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?

## EXERCISE 9.7

### Condom excuses

**OBJECTIVE**

To get participants to examine the reasons why they do not use condoms.

**BACKGROUND**

What follows is a list of common excuses people use to explain why they do not want to use a condom and possible responses to those excuses.

**MATERIALS**

Sheets of paper or sheets of flip chart paper or blackboard (optional)

**TIME**

30 minutes

## INSTRUCTIONS

**STEP 1**

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

**STEP 2**

For the first excuse, provide them with the three responses. For the following excuses 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 STIs.
- 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. Sexually transmitted infections

## TIPS FOR THE READER

Basic information on sexually transmitted infections (STIs) such as why they are important and how they are linked to HIV/AIDS, as well as descriptions of the most common STIs, are presented. There are five exercises in this section which also present additional facts. The exercises cover how STIs are spread, how to recognize symptoms and treatment options.

## BASIC FACTS ON STIs

### 10.1 What are sexually transmitted infections?

Sexually transmitted infections and sexually transmitted diseases mean exactly the same thing. The word “infections” is now preferred over “diseases” by organizations like the World Health Organization because it describes certain STIs which are not diseases.

### 10.2 Why are STIs important?

- They are an indication that a person is engaged in risky sexual behaviour and will also be vulnerable to HIV infection.
- They greatly increase the chances of HIV being transmitted by providing an opportunity (irritations and inflamed surfaces) for the virus to enter the body.

### 10.3 What are the key issues for uniformed services personnel?

#### *STIs need to be treated rapidly and professionally*

Uniformed services personnel are often reluctant to use uniformed services medical services for treatment of STIs. There is a tendency to let them go untreated or to self-treat by going to pharmacies. It is important to get reliable treatment.

#### *Ensure that all sexual partners are tested and treated*

There is a tendency for male uniformed services personnel not to inform their regular sexual partners (wives and regular girlfriends) if they have an STI. The partner can then be infected and have no symptoms, and even give the STI back to the man after he has been treated.

### 10.4 What are the most common STIs?

The STIs most commonly found are listed below, along with who suffers from them, the symptoms, and what happens if they are left untreated.

### ***Chlamydia***

*Males:* 25% have no symptoms. Men may experience a painful or burning sensation when they urinate and/or a watery or milky discharge from the penis.

*Females:* 75% have no symptoms. Women may experience abnormal vaginal discharge, irregular vaginal bleeding, abdominal or pelvic pain accompanied by nausea and fever. May cause painful urination, blood in the urine, or a frequent urge to urinate.

*Both sexes:* Eyes may become infected, producing redness, itching and irritation. Infection of the eyes can result from an infected person touching his or her genitals and then the eyes.

*Babies:* An infected mother can infect her baby's eyes during delivery.

*If left untreated:* May cause severe complications such as non-gonococcal urethritis (NGU) in men and pelvic inflammatory disease (PID) in women. If untreated, PID often leads to infertility. If a baby's eyes become infected, the baby can become blind.

### ***Gonorrhoea***

*Males:* There may be a cloudy (thick, greyish-yellow) pus-like discharge from the penis and a burning sensation during urination. Some males show no signs of infection.

*Both sexes:* Symptoms may occur 2–10 days after contact with an infected person.

*Females:* Usually show no signs. Some women have a pus-like vaginal discharge, irregular bleeding, painful urination and lower abdominal pain.

*If left untreated:* Sterility. Pelvic inflammatory disease (PID) in women. Blindness in a baby if infected.

### ***Genital herpes***

*Both sexes:* Caused by the herpes simplex virus and transmitted through direct skin-to-skin contact during vaginal, anal or oral sex. Although some people have no symptoms, most experience an itching, tingling or burning sensation that often develops into painful blister-like lesions on or around the genitals or in the anus. Symptoms may appear 2–10 days after exposure and last two to three weeks. Some people have no symptoms.

*If left untreated:* Recurring outbreaks of the painful blister occur in 33% of those who contract herpes. May increase the risk of cervical cancer. Can be transmitted to a baby during childbirth.

### ***Syphilis***

*Both sexes:* For both males and females, symptoms appear 10 days to three months after it is contracted. A painless chancre sore appears on or in the genitals, anus, mouth or throat. If initially left untreated, a skin rash will develop, often on the hands and soles of the feet, three to six weeks after the chancre appears. It then usually disappears. Other symptoms may include hair loss, sore throat, fatigue or mild fever.

*If left untreated:* It can eventually, after many years, cause heart failure, blindness and damage to the brain and spinal cord.

### ***Chancroid***

*Both sexes:* Symptoms include soft painful sores that bleed easily on or around the entrance to the vagina, penis or anus. May also cause enlarged, painful lymph nodes in the groin and slight fever.

*Females:* Many have no symptoms. May have pain upon urination or defecation, rectal bleeding, pain during intercourse or vaginal discharge.

*If left untreated:* People with chancroid are highly susceptible to HIV because the sores bleed easily and allow the virus to pass into the body.

### ***Genital warts***

*Both sexes:* Genital warts are the result of a virus spread during sexual contact. They often grow together in little clusters on and inside the genitals, anus and throat. Depending on the location, they can be pink, brown or grey and soft; or small, hard and yellowish-grey. They are not common.

*If left untreated:* Genital warts disfigure the genitals and are ugly looking. It is possible to treat them without creating permanent damage.

### ***Trichomoniasis***

*Females:* This is a vaginal infection that is most often contracted through intercourse, but can also be transmitted through moist objects such as wet clothing, towels, washcloths, etc. Symptoms include a burning sensation during urination and an odorous, foamy discharge, along with a reddening and swelling of the vaginal opening.

*Males:* Usually males have no symptoms but might have a slight discharge and/or lesions, and experience itching.

*If left untreated:* Can cause urinary infections.

### ***Pelvic inflammatory disease***

*Females only:* PID affects the fallopian tubes, uterine lining and/or ovaries. It is usually caused by untreated STIs such as chlamydia or gonorrhoea that enter the reproductive system through the cervix. While symptoms vary from person to person, the most common symptom is pain in the pelvic region. Other symptoms may include frequent urination and/or burning during urination, sudden fevers, nausea or vomiting, abnormal vaginal discharge and/or pain or bleeding after intercourse.

*If left untreated:* Infertility or ectopic pregnancy.

## EXERCISE 10.1

### Contact tracing

**OBJECTIVE**

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

**BACKGROUND**

If people infected with STIs do not ensure that their partners get treatment as well, they risk getting the STI 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 Smith 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 Smith 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 problems 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 communication between couples, personal denial, overwhelming embarrassment).

## EXERCISE 10.2

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

**STEP 2**

Ask five participants to come forward for the cards. Give one the “STI” card and tell them to make sure that what is written on the card can be seen by others. Hand out the other cards and tell the other four volunteers not to look at what is written and not to show others.

**STEP 3**

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

**STEP 4**

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 his or her card 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 card.

**STEP 5**

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

**STEP 6**

The volunteer who is chosen does not leave the game, which is repeated until all the volunteers have been chosen. All participants can join in discussion of the points raised.

## EXERCISE 10.3

### STI true or false

**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**

Paper (optional)

**TIME**

15 minutes

## INSTRUCTIONS

**STEP 1**

Either read the statements one by one or write them out beforehand on folded papers (one per paper). If they are written out, have the participants choose 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 making up “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/AIDS. HIV and AIDS will be dealt with in detail in other sessions. Tell the participants that you will always clearly indicate when you are talking about STIs including HIV/AIDS, or when you are talking about STIs excluding HIV/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 choose a statement or have it read out to them. The team must decide if the statement is true or false by discussing it together. Then, one team member should read the statement and give the team's answer. If the team is correct, it scores two points. If the team can explain why the answer is correct, it gets one extra point. If the team is incorrect, it gains no points. Offer the explanation for the right answer after each incorrect response.

1. A person can always tell if he or she 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 may also have no symptoms. People who are infected with HIV generally have no symptoms for a long time, sometimes years, after infection.)*
2. 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. But all others can, so do not delay in seeking treatment.)*
3. 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.)*
4. 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.)*
5. 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.)*
6. People who have an STI should not have unprotected sexual intercourse, because they are more likely to contract or transmit HIV infection.  
*(True. This is because open sores or inflamed areas act like an open window allowing the HIV to enter.)*
7. 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).)*

8. It is impossible for men to get STIs when they have sex with other men because men get STIs from women's vaginas only.  
*(False. Men can become infected with STIs by having anal intercourse with other men. They are the same infections which infect men who have sex with women.)*

**STEP 6**

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

## EXERCISE 10.4

### 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 greatly increases the chances of HIV being passed from one person to another during sexual relations.

**MATERIALS**

Flip chart, blackboard or sheet of paper

**TIME**

45 minutes

## INSTRUCTIONS

**STEP 1**

The peer educator should read the earlier section on basic facts on STIs for background information.

**STEP 2**

Write the following list of STIs on a flip chart, blackboard 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.

<i>STIs</i>	<i>Common / local language name</i>
Gonorrhoea	.....
Syphilis	.....
Herpes	.....
Chancroid	.....
Chlamydia	.....
Genital warts	.....
Pelvic inflammatory disease	.....
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 although HIV is also a sexually transmitted infection 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 or 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 that 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 (which should be written, if possible, on a flip chart, blackboard or piece of paper):

- infertility
- blindness
- pelvic inflammatory disease

- cervical cancer
- transmission of infection to newborn babies
- 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 at the beginning of this section in Basic facts on STIs.

## EXERCISE 10.5

### Treating STIs

**OBJECTIVE**

To increase understanding of the importance of seeking professional treatment for 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 each of four different sheets of paper, write one of the following statements:

1. "I thought I had an STI. But now, thank God, my symptoms are gone. I don't have to worry any more."
2. "I'm sure I have an STI. But I got some antibiotics from the chemist so I'm feeling better. I didn't even have to finish all the medicine."
3. "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 don't have the courage to go to the clinic."
4. "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 do not raise them.

1. "I thought I had an STI. But now, thank God, my symptoms are gone. I don't have to worry any more."

- 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.

2. "I'm sure I have an STI. But I got some antibiotics from the chemist so I'm feeling better. I didn't even have to finish all the medicine."

- Not taking the full course of antibiotics is not a good idea because, although the symptoms have stopped, you may still have the STI.
- Stopping the antibiotic half way through its course makes the STI stronger and the antibiotic weaker.
- You paid for the antibiotic. You should get your money's worth and use it all.

3. "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 don't have the 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 pluck up 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.

4. "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. Alcohol and drug use

## TIPS FOR THE READER

This section addresses the effects alcohol and other drugs can have on sexual decision-making and how this relates to HIV and STI prevention. The biggest problem for uniformed forces globally is alcohol. In particular areas in the world injecting drug use, which often leads to the sharing of needles and syringes to inject illegal drugs such as heroin and crack cocaine, is a problem. Sharing of needles and syringes is the most rapidly growing mode of HIV transmission in many countries. It may not be necessary to cover the content on injecting drug use in countries where it is very rarely practised among uniformed services personnel. The four exercises are designed to get participants to see how alcohol and drugs influence behaviour choices by distorting judgement. The exercises present a series of illustrations and examples that are intended to stimulate discussion.

## BASIC FACTS ON ALCOHOL AND DRUG USE

### **11.1 What role does alcohol play in HIV infection?**

Alcohol increases most people's desire to have sex. There is a tradition of men drinking alcohol with male friends followed by visits to brothels. In some places where alcohol is served, such as bars, discos and restaurants, women who will have sex for money can be found. Alcohol can also impair judgement. It can reduce a person's resolve to avoid sex workers or use condoms. A person may intend to use a condom but may forget if too drunk. Also, a condom is more likely to break if it is roughly manipulated by someone who is drunk.

### **11.2 What are the effects of alcohol and other drugs?**

The use of alcohol and other drugs can impair thinking and judgement. When people are under the influence of drugs or alcohol they sometimes take risks they would not otherwise take. These can include doing things that may place them at risk of STIs, including HIV infection, such as having sex without using a condom. Injecting drugs greatly increases the risk of HIV transmission if contaminated needles are shared. However, drugs such as ecstasy, LSD, marijuana or cocaine which are taken orally or inhaled may also put people at risk because they affect judgement and may make it harder to avoid risky sexual

situations or to negotiate condom use. Even just one incident of having sex without using a condom or sharing needles with a partner infected with an STI or HIV may lead to infection.

### **11.3 What are examples of how alcohol and other drugs can change a person's behaviour?**

Some examples include becoming aggressive, inability to drive, becoming sexually stimulated, inability to use condoms correctly and impulsive decision-making. Sexual aggression such as coercion or rape may also occur. When men go out in groups and get drunk they may even encourage each other to have sex with sex workers. Even those who are less interested will feel pressure from the others.

### **11.4 Why are uniformed services personnel vulnerable to alcohol and drug abuse?**

Uniformed services personnel tend to be young and away from home. They spend long periods of time with little to do and are often located in isolated places along borders or far from towns and their families. They are often restricted to their facilities or barracks for long periods. Uniformed services personnel are often dealing with stressful situations such as combat, dealing with hostile civilians or strict authoritarian superior officers. They may seek relief from this stress through alcohol and drug consumption.

### **11.5 How can people keep alcohol and other drugs from putting them at risk of STIs/HIV?**

The simplest solution is to not take alcohol or drugs. Another way is to moderate consumption by not letting others order alcohol for you or fill your glass. Spacing the consumption of alcohol or switching to soft drinks or water after consuming a certain amount of alcohol is a good idea. Use of the buddy system or assigning two men to look out for each other can increase the chances that they will not abuse alcohol, take drugs or have sex without condoms. The *esprit de corps* of the uniformed services can be directed to protecting personnel rather than putting them at risk of HIV infection.

### **11.6 What drugs affect judgement besides alcohol?**

Alcohol is by far and away the biggest influence on personnel to engage in unprotected sex with casual sexual partners. Other drugs may also affect their judgement and stimulate their libido. Marijuana, cocaine, crack cocaine, amyl nitrites ("poppers") or ecstasy, like alcohol, are associated with social gatherings and tend to reduce fear of sexual infections and reduce resolve to use protection like condoms.

### **11.7 Why can bars and social gatherings be risky environments?**

Casual sexual partners who are met at a party or bar present a risk because they tend to have many sexual partners at the same time or one after another. Sex workers can also be found in bars, discos or restaurants. Because it is impossible to tell by looking if a person is infected with HIV, anyone could be infected with HIV or another STI. When both of you are "feeling high" with alcohol or other drugs, the lights are low and the music is loud, many are thinking of the pleasure of the moment and not of using condoms.

### 11.8 What is the effect of different drugs on the body?

<b>Substances</b>	<b>Immediate effects</b>	<b>Potential effects</b>
<b>Alcohol</b> Booze	Heart beats faster and weaker; loss of coordination, concentration and inhibitions; feel nauseated, rowdy, sociable, violent and depressed	Liver, heart and brain damage; alcohol poisoning; alcoholism
<b>Cocaine</b> Coke, Blow, Snow, Crack	Heart beats faster, blood pressure rises; feelings of toughness/overconfidence, anxiety; heightened physical sensations; jitters	Heart problems, seizures, lung damage, skin ulcers and infections; paranoia, violent change of personality, depression; empty wallet
<b>Crystal meth</b> Speed, Amphetamines, Meth, Crystal	Heart beats faster, heightened sex drive, more alert, jitters, bad breath, dry mouth and lips	Bad breath and body odour, skin sores, diarrhoea, psychotic episodes
<b>Ecstasy</b> E, X, MDMA	Extreme friendliness, happiness and warmth, talkative	Dehydration, depression, nerve damage
<b>GHB</b> Liquid ecstasy	Strong feelings of spaciness, euphoria, disconnection	Breathing problems, possible coma, possible death
<b>Heroin</b> Smack, Dope, China White	Calm, euphoria, drowsiness; heart rate and breathing slow; feel nauseated	Constipation, lung damage, lowered sex drive, menstrual problems, possible deadly overdose
<b>Ketamine</b> K, Special K	A horse tranquilizer; feelings of spaciness, euphoria, disconnection	Loss of judgement; highly addictive
<b>LSD</b> Acid	Hallucinations, feelings of heightened perception; get confused and panic	Severe depression, hallucinations; permanent mental problems
<b>Marijuana</b> Cannabis, Pot, Grass, Weed, Herb, Blow, Dope, Puff	Can heighten mood for better or worse; feel silly, relaxed, lose sense of time; increased appetite	Lung damage, poor memory, weakened immune system, low sperm count, menstrual problems

<b>Substances</b>	<b>Immediate effects</b>	<b>Potential effects</b>
<b>Mushrooms</b> Shrooms, Psilocybin, Magic mushrooms	Hallucinations, feelings of heightened perception	Misidentified mushrooms can cause illness and/or death
<b>Nitrous oxide</b> Nitrous, Laughing gas	Hallucinate sounds, spaciness, giddy	Brain damage from lack of oxygen
<b>Poppers</b> Nitrates, Amyl, Video head cleaner	Increased heartbeat and blood flow, heightened physical sensations	Pounding headaches from lack of oxygen; swallowing poppers can be deadly; can burn skin; rashes around nose and mouth
<b>Steroids</b> The juice	Acne, hair loss, increased muscles; violence, depression; reduced sex drive	Heart attack, liver cancer, sterility, stunted growth; disrupts menstruation

## BASIC FACTS ON INJECTING DRUG USE

### **11.9 Why does injecting drugs put people at such a high risk of transmitting HIV infection?**

Injecting drugs is one of the most effective ways to transmit HIV and other infections like hepatitis. This is largely because the needles and syringes are often shared between users. Blood from one user often gets mixed up with the drugs and is then injected directly into the veins of another user.

### **11.10 What can be done to avoid infection from injecting drugs?**

Avoiding sharing needles and syringes with other users and cleaning equipment with chlorine or soap and water between injections is recommended. Users should be encouraged to use disposable needles and syringes if they are available or participate in programmes which allow them to exchange used injection equipment for new if they exist. There are organizations that anonymously help users deal with their addiction to drugs like heroin and offer treatment.

### **11.11 Is injecting drug use increasing?**

In certain parts of the world the number of people injecting drugs is increasing. The former Soviet countries, India and South-East Asia are areas where an increasing number of injecting drug users can be found. The rise of intravenous drug use is central to the dramatic expansion of the HIV epidemic in many countries. In the countries of the former USSR it is estimated that those who were infected by sharing needles and syringes with other users account for 80% of the total number of HIV/AIDS cases.

### **11.12 How is drug injection linked to sexual transmission?**

There is a link between injecting drug use and commercial sex work as well as other high-risk sexual activities, suggesting that infection can easily be spread through sexual networks to the non-injecting population. Most of the newly infected people are under the age of 25.

### **11.13 Why do uniformed services potentially face IDU problems?**

Socio-economic and cultural factors have contributed significantly to increased drug use. Countries that require young people to submit to military service will find that the same percentage of injecting drug users (IDUs) found in the general public will be found within the military. For example, several countries of the former USSR estimate that 5% of male youths are IDUs. They also estimate that the same percentage of the young men drafted are IDUs even though drug use is illegal within the military. Since the activity is illegal it remains largely hidden.

### **11.14 Why is drug injecting equipment shared?**

Sharing of equipment is widespread; one study of young Russians shows that among regular users an estimated 60% share their "works". Sharing does not seem to be only a result of restricted availability, although there are concerns that, where possession of

equipment is illegal and the law is enforced by the police, users are more likely to share than carry needles and syringes. It seems that a strong group culture has emerged among many IDUs, which stimulates needle-sharing and the joint purchasing and preparation of drugs.

### **11.15 Why is reaching injecting drug users so difficult?**

Just as the wider population may distrust drug users, drug users often do not trust medical institutions and have low expectations of confidentiality or humanity of care in health services. Young people also experience age-related barriers to access to medical services. It seems that many drug users are not in contact with any treatment or support institution. This suggests peer education and networking approaches will be required to reach this vulnerable group.

### **11.16 What can be done to help injecting drug users?**

Making sure that IDUs understand the link between sharing needles and syringes and HIV infection is the first step in reducing infection. Ensuring that IDUs have access to condoms and chlorine or alcohol wipes to clean their injecting equipment is also recommended. Having IDUs meet together or with former IDUs can also help provide the support needed to reduce their risk of infection and work towards ending their addiction.

### **11.17 How are needles and syringes cleaned?**

The most effective way to reduce the risk of HIV and hepatitis infection when you inject drugs is to always use new or clean needles and syringes (often referred to as “works”). Some communities have needle exchange programmes that provide clean needles. A needle is not clean if someone else has used it. If you cannot get a new needle, the following instructions can be used to clean needles:

1. Fill syringe (needle) with clean water.
2. Shake it up to rinse it out. Tap it to get out the air bubbles.
3. Shoot the water down the drain or some place where it cannot be used again and where no one else can come into contact with it.

Repeat steps 1–3 until the water is absolutely clear of blood.

4. Pour bleach into a glass. Stick the needle in the bleach and draw it up through the syringe to the top. Leave the needle in the bleach for at least 30 seconds.
5. Shoot out the bleach in the syringe where it cannot be reused.
6. Fill the syringe again with new water, shoot it out and repeat again at least three more times to make sure all the bleach is rinsed out.

Clean the needle and syringe as soon as possible after using it, or at least before the blood dries up. Never share needles and syringes, even with a family member or a close friend. It is best to throw away used needles and syringes in places where they cannot be found by others.

## EXERCISE 11.1

### Alcohol and uniformed services

**OBJECTIVE**

To reflect on the external influences on alcohol consumption.

**BACKGROUND**

Alcohol use and abuse is common in the uniformed services. The nature of 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**

Sheet of paper, blackboard or flip chart paper (optional)

**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 feeling good; escaping worries; becoming more sociable and less timid; reducing 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 feeling sick; headache next day; physical abuse of others; using up money; and forgetting to use condoms.

**STEP 3**

Ask participants to list the special circumstances that make uniformed services personnel 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 judgement?
- Have you noticed that it is hard to stop once you have started drinking alcohol?

## EXERCISE 11.2

### Alcohol and drug abuse

**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 judgement. Those who intend to use condoms during the day may lose their resolve in the evening after drinking alcohol. Condom negotiation with a drunk partner is very difficult. Alcohol abuse 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.

**Story 1: 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 every day 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 Mary. Though he had several girlfriends in the market town it was Mary who he dreamed of having but she always politely refused his advances. It seemed to him that Mary 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, Mary 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 Mary 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.

### Questions

- Do you think it is possible to lose your judgement 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 Mary 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 knows they have the virus. Mary then gets pregnant and he denies that he is the father. The baby is born with HIV and Mary 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.)*

### Story 2: 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 every day. 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 that 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 when 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.

### Questions

- Do you think it is possible to start drinking a little and end 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 die from AIDS leaving their five children orphans and one infected with HIV.)*

### Story 3: Lowering your guard

John and Peter were disappointed that they had been assigned to security duty the day of the big football match. They would rather be sitting watching the game with their friends 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 bars packed with men and women dancing, singing and drinking. They bumped into some friends who invited them to have a drink. 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 John and Peter bold and rough, and they beat the boys over the head with their night-sticks. This sent the boys running. The women said they wanted to thank John and Peter for saving them from the teenage boys and invited them into the disco. After a few more rounds, John and Peter were very drunk. Before too long, they found themselves in a back room with the two women. John was the first to penetrate the woman and enjoyed it very much. Peter 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 sex with the woman.

### Questions

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

### Story 4: Injecting slow death

James and Matthew came from the same town and faced the same bleak future. There were no jobs and no money. They were like many other young people in their

town who had nothing in their lives to look forward to. They started drinking home-made alcohol and began looking for more effective means to help them forget their despair. They got involved with a small group of people who processed their own heroin and shot it into their veins as often as they could. Like other 18-year-olds, James and Matthew weren't surprised to find themselves conscripted into the army and sent to their country's western boundary. The boys found there were a lot of other young men like them who were discouraged and frustrated with their lives. The drug-injecting equipment they had hidden in their personal belongings was put to good use as a group of 10 conscripts shared the heroin they managed to buy when they pooled the little money they had. They were so afraid of being seen with the needle and syringe that they rarely took the time to clean it properly. There was no question of getting other injecting equipment. They considered themselves lucky to have what they had. Most weren't even aware that sharing injecting equipment was a risk for HIV infection and the others didn't care. Their only thought was about getting their next dose of heroin and forgetting about military life and their bleak future. They didn't go out of their way to recruit others to join their group but they didn't mind sharing their drugs with others who were willing to share the cost.

### Questions

- Describe what is going on in this story.
- What advice would you give to those thinking about joining James and Matthew's group?
- Why do you think this goes on in some uniformed services?
- What is the difference between those who inject drugs and those who don't?
- Why do you think they shared the same injecting equipment without cleaning it?
- How did the boys feel about their future?
- How do you think the two of them would feel if they found out they were infected with HIV?
- Who do you think the boys could turn to to get help with their drug addiction?

### STEP 2

Go over the points made in the discussions and summarize the lesson.

## EXERCISE 11.3

### Controlling alcohol consumption

**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 with the participants the following points about rules designed to control alcohol and drug consumption and ask the related questions.

**Banning**

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

- Do you think banning alcohol altogether is a realistic solution?

**Restricting**

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 some people say that drinking just gets more concentrated in a shorter time. There are no simple solutions.

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

**Who is to blame?**

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?

### **Drunk drivers**

In every country, many 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?

### **Illegal drugs**

In most uniformed services it is illegal for personnel to consume illegal drugs including those which are injected like heroin.

- Do you think a friend or colleague of an injecting drug user should turn the friend in to a superior officer to be court-martialled?

## **STEP 2**

Go over 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.

### **Alcohol abuse**

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 behaviour?
- What do you do to ensure that you don't drink more than you want to?

### **Maintaining control**

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 morning 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?

### **Aggressive behaviour**

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?

### **Buddy system**

The buddy system has been used by some uniformed services to protect individuals from drinking too much. Each person 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?

There is a growing number of people who think that putting injecting drug users in jail is not the best solution. It is better to ensure that users are protecting themselves and others from HIV infection by not sharing needles and syringes. Referring a friend or colleague to confidential treatment centres, if they are available, where they can get professional help would increase the likelihood of dealing with addiction.

- What advice would you give to someone you know who took illegal drugs?
- Do you think injecting drug use is more of a legal or a social and economic problem?

### **STEP 4**

Go over the points made in the discussion.

## EXERCISE 11.4

### Picture cards 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 pictures depict different situations which uniformed services personnel might face that involve alcohol.

**MATERIALS**

Picture cards (see Annex for full size cards)

**TIME**

15 minutes per picture

## INSTRUCTIONS

**STEP 1**

Show the picture card 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?  
(Some suggestions if necessary: decision 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: decision 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 notes.

- 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; cannot support family properly; cannot buy friends.*)
- How is this situation related to STIs or HIV infection?
- Does this happen to uniformed services personnel?
- What can be done to change this situation?

## EXERCISE 11.5

### One-minute alcohol role-playing

**OBJECTIVE**

To examine different situations in which alcohol has impaired judgement and brought out aggressive behaviour.

**BACKGROUND**

Examining aggressive behaviour influenced by excessive alcohol consumption is the first step to understanding how much alcohol influences the behaviour 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 judgement**

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.

### Questions

- 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 behaviour?
- What might be the consequences?
- What consequences are 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 travelled from home to find the man at his place of work. The wife angrily asks the man for money for food and school fees.

### Questions

- What did you see happening in this play?
- Is this situation realistic?
- Why does this situation occur?
- What problems can it cause?
- When it happens in your situation or that of someone you know, what problems does it cause?
- What could be done to change this situation?

### 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.

### Questions

- 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 a condom?
- Do you think the fact that he is drunk is affecting his judgement?
- What do you think will happen next?
- What could be done to change this situation?

### Story 4: Shoot 'em up

Two men have been stationed in a remote area looking over empty hills for what has seemed like ages to them. One night one of the men pulls out a dirty-looking needle

and syringe. He starts to heat a brown liquid with a candle. He asks his friend if he would like to have some sweet dreams to help him forget their boring life and inject some of his heroin.

#### Questions

- What did you see happening in this play?
- Is this situation realistic?
- Why does this situation occur?
- Why do you think the first man uses drugs?
- Do you think the fact that they are friends will influence the judgement of the second man?
- What do you think will happen next?
- What could be done to change this situation?

# 12. Gender, coercion and sexual violence

## TIPS FOR THE READER

The attitudes and behaviour of men towards women can contribute to the spread of HIV. The basic facts on why gender issues are important and how negative behaviour impacts on women are presented. There are four exercises. The first is designed to help participants distinguish between what are right and wrong moral decisions regarding women. Another exercise has people examine the process of negotiating condom use. In another, participants can look at a variety of situations between sexual partners through role-playing. Finally, there is an exercise to help women understand their vulnerability.

## BASIC FACTS ON GENDER, COERCION AND SEXUAL VIOLENCE

### 12.1 What is meant by gender issues?

*Gender issues refer to all relationships between men and women*

This includes the relationships between husband and wife, the relationships between men and their casual sexual partners like sex workers, and relationships between men and women or girls they do not know but come into contact with during the course of their work.

### 12.2 Why are they important?

*Women more vulnerable to HIV*

Examining the dynamics of these relationships is important because they have a major impact on sex and HIV infection. Men in uniform, because they have prestige, power and money, are at an advantage over the women they have sex with. The potential to abuse those women because they are weaker is great. Domination of women for sexual advantage can increase risk-taking behaviour and reduce the ability of women to protect themselves from infection.

### 12.3 What is meant by coercion?

*Abuse of power*

Coercion means using power and influence to unduly pressure someone to do something, such as coercing a woman to have sex. One example is a man in uniform threatening to arrest a woman if she does not have sex with him or arresting her and offering to free her only after having sex. Another example could be a senior officer pressuring a lower-ranked woman or female civilian employee to have sex with him to protect her job.

## **12.4 What is meant by sexual violence?**

### ***Beatings and rape***

Physically forcing women to have sex against their will by beating and restraining them is sexual violence. Rape is another term for this. Sexual violence often occurs during wartime when victors rape women from the defeated side. It can also occur within the family when men force reluctant wives to have sex against their will. Some men may even force their own children or the children of others.

## **12.5 What factors make women vulnerable?**

### ***Men dominate women***

Uniformed men have many advantages over women. It is often culturally acceptable for men to have sex whenever they want and to have sex outside marriage. They have the power to decide if a condom will be used or not. They decide how their salary will be spent and how much they give to their spouses and how much they spend on drinking and other women. It is generally not acceptable for married women to have sex outside marriage and women often lack power and confidence to negotiate condom use. Young women in particular often lack confidence to refuse unwanted sexual advances from men. Women may also have low social status after a divorce or when widowed.

## **12.6 What causes friction in relations between men and their sexual partners?**

### ***Lack of communication between men and women***

When men and women feel uncomfortable talking about sexual relations, it is less likely they will use condoms with each other or in relationships outside their own. Important issues like fidelity, voluntary counselling and testing, and sexually transmitted infections need to be dealt with frankly and openly to ensure both the man and the woman are protected from HIV infection.

### ***Physical violence towards women***

Nothing destroys trust and confidence in a relationship quicker than physical violence. It is hard for women to respect their husbands or boyfriends if they are beaten by them. Not only does a man risk injuring a woman when he beats her, the violence can be the cause of divorce or conviction by a court of law.

### ***Unsatisfied sexual needs***

Both men and women are more inclined to seek sexual relations outside marriage if their partner does not satisfy their sexual needs.

### ***Insufficient money given to support family***

If men do not provide enough money to keep their families well fed, clothed and housed, they are neglecting their responsibilities. Such negligence can lead women to seek support from other sources including from other men in exchange for sex.

### ***Money spent on girlfriends, alcohol, drugs and gambling***

Spending large portions of their income on social activities limits the amount available to support partners and families.

***Infect partner with an STI that causes infertility***

Men who have sex without condoms outside their regular relationships can pick up sexually transmitted infections that they pass on to their partners. Even though the man never shows any symptoms, the STI can make it impossible for the woman to have babies.

***Infect partner with HIV who then gives birth to an infected baby***

Many couples learn that the man has been infected with HIV and passed the infection to his partner when she gives birth to a baby infected with the virus. Some families stick together but many split up after learning of the infection.

**12.7 What can be done to improve relations between men and women?**

Men should try to imagine how they would feel if they were the ones being abused. They should also consider how they would feel if it was their wives or daughters who were being forced to have sex against their will.

***Respect and communicate***

Men need to learn to respect all women and understand that women have the right to refuse sex. Men need to understand the harm they can do to women and to themselves when they abuse their power and take advantage of the low status of women. Men can listen to the needs of women and take responsibility for their acts and protect their loved ones.

**12.8 What are the responsibilities of men to women?**

***Protect women from HIV infection***

The most effective way to protect regular partners from HIV is not to have sex with other women. If that is impossible then using condoms in those relationships is necessary. Having one regular girlfriend who does not have sex with other men, and rapidly treating STIs and those of your sexual partners, also reduces the chances of infection.

***Respect women***

- Men and women should learn to trust each other. It should be noted that trust is not automatic but is earned.
- Be faithful. Not having sex with others is the best way for couples to protect themselves and their future children from HIV infection.
- Respect each other and learn to appreciate each other's needs.
- Negotiate or discuss and solve problems together.
- Reward and encourage everything your partner does for you.
- Understand each other in order to achieve happiness for the family.
- A good sex life must be based on affection and cannot be forced against another's will.

***Prepare for the future***

Planning financially for the future and the preparation of a will is essential for protecting the interests of partners and children.

## EXERCISE 12.1

### Judging appropriate and inappropriate action

**OBJECTIVE**

To help participants understand the choices they face in relations with others.

**BACKGROUND**

This exercise increases participants' awareness of the importance of thinking before acting, and understanding the consequences of inappropriate actions.

**MATERIALS**

None

**TIME**

30 minutes

## INSTRUCTIONS

**STEP 1**

Explain to the participants that they will be given a list of different situations and they are to indicate verbally or on a sheet of paper whether the action taken was "appropriate" or "inappropriate".

**STEP 2**

Read or have the participants read the list of situations one at a time. After they have considered their responses have them explain why they think the action taken was "appropriate" or "inappropriate". Note that under each situation the correct answer and reasons for it are given in brackets.

**Situation 1: Visit to the doctor**

A soldier is told by the doctor that he has tuberculosis, a common opportunistic infection caused by HIV infection. He suggests that both the soldier and his wife should undergo voluntary counselling and testing for HIV. The man tells his wife that his chronic coughing is caused by a bad cold and it will go away eventually.

*(Inappropriate: The man has a responsibility to tell his wife the truth about his encounter with the doctor and give her the chance to protect herself and deal with potentially being infected.)*

**Situation 2: STI embarrassment**

A young recruit who has been stationed away from home meets a local girl and sees her every time he has leave from his posting. One day while bathing he notices a red sore on the tip of his penis. He is too embarrassed to talk to his girlfriend but he takes her to the clinic to get a check-up by a doctor and tells the doctor about his sore.

*(Appropriate: Even though it would have been better to talk directly about the STI with his girlfriend and ensure that both take action to protect each other, he did the right thing in taking her to the doctor and telling him the truth.)*

**Situation 3: Women beware**

Two young men on patrol come across women carrying bundles on their heads. They tease the women by loading their guns and pretending they are going to shoot them. They then hit them lightly with the barrels of their guns making the women tremble. Finally, they make the women go down on their knees and beg for the men to let them go. They try to get the women to agree to come back at night and have sex with them.

*(Inappropriate: The women did not deserve to be humiliated and frightened even if they had broken the law. The men showed no respect for the women and certainly would not like their daughters, wives or mothers to be treated in such a way.)*

**Situation 4: Back room passion**

A man finds his way to a back room in a bar and restaurant with one of the young bar girls. They excitedly take off their clothes and, just before he is about to penetrate her, she pulls out a condom and asks him to put it on. He roughly pushes her away and accuses her of thinking that he is dirty and has AIDS. After she gently pulls him back over her he reluctantly agrees to put it on.

*(Appropriate: It would have been better if the man had had a condom and wanted to use it. But he did the right thing by respecting the bar girl's desire to protect herself with the condom.)*

**Situation 5: No free lunch**

A young recruit had been wooing a girl who sold oranges and eggs in the market. He bought her a snack every time he saw her, as well as several small gifts. He very much wanted to have sex with her. One evening they kissed and he fondled her breasts. His desire was burning for more but she said she wasn't ready. He couldn't stand to wait a moment longer and pushed her to the ground, pinned her arms down and forced himself inside her.

*(Inappropriate: The young recruit might have felt the girl "owed" him sex by taking the food and gifts but he did not have the right to force her to have sex against her will.)*

**Situation 6: Caught in the act**

A soldier on guard duty was doing his rounds and heard a rustling sound coming from an empty stock room. He opened the door and was shocked to see two other male

soldiers having oral sex and a box of condoms on the floor beside them. He was so disgusted with what he saw he wanted to beat the men. He then thought it was his duty to turn them in to the military police. The men pleaded with him to let them be. They were afraid of being court-martialled. Finally, the soldier on guard duty closed the door and continued his rounds. Sex with men was not for him but he decided it wasn't up to him to judge the preferences of others.

*(Appropriate: Many military forces have a “don't ask, don't tell” attitude to men who have sex with men. That means such sexual relations are tolerated as long as they are discreet.)*

### STEP 3

Summarize the points made by the participants and the lessons learned. Some suggestions:

- Open and frank discussion about sexual issues can be difficult but is important.
- Men in uniform should not take advantage of their power over women while on duty.
- Men should respect the right of women to refuse to have sex and their right to ask men to use condoms.
- Men who have sex with men can make other men uncomfortable but they should not be punished if their activities are discreet.

## EXERCISE 12.2

### Negotiating condom use

**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 dialogue with one person playing John, a sergeant, 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 educator can also play one of the characters if needed.) In other words, the participants invent a conversation about the topic.

John 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 John is against it. John says that he is clean. He says that he has not 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 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. John 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:

- 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 woman 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 with 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 John decided that the consequences of sex without condoms would be 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 John'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 here?
- 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 behaviour where negotiation could help.
- Describe a similar situation where negotiation would be difficult.

## EXERCISE 12.3

### Role-playing

**OBJECTIVE**

To explore real-life risky situations and different types of behaviour associated with them through short dramatizations created by participants.

**BACKGROUND**

A one-minute, unresolved role-play involves getting people to act out 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 educators who practise their dialogue beforehand. It can also be improvised or made up on the spot by the participants themselves. The dialogues 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. A 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 educator 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**

##### **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 love-making 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.

##### **Condom found**

A police officer had been out drinking the previous night with his male friends and came home very late. He is still sleeping when his wife finds a condom in his shirt pocket as she is preparing to clean her husband's 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.

##### **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 learned 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.

##### **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."

##### **Teenage pregnancy**

They had been meeting secretly for months whenever they could after her schoolday 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.”

### **Stolen goods**

A widow of a sergeant who had served in an overseas peacekeeping 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 bank book, 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, television, 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.”

### **Skin tax**

A young, attractive woman carrying large, heavy bags arrives at the border. The customs officer examines her bags full of used clothing that she intends to sell. “You will have to pay 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.

### **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.”

### **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.

### **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. Their eyes meet in horror.

#### **Share and share alike**

A soldier 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 her. 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 soldier could see that the girl was tired having had 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.

#### **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.

#### **Lipstick on the collar**

A married policeman or soldier is on his way home from work. He meets a girlfriend. The girlfriend kisses him firmly and fondly on the cheek. The man explains he must get home or his wife will be angry. They arrange to meet the following morning. The man 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, then angrily says "lipstick". The man's eyes fall guiltily to the ground.

#### **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 who 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, shouting "No, no, it wasn't me!" The girl knocks again.

#### **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. Her father pulls her to her feet and tells her to not come back until she has found the father. Her mother tries to console her but her father insists that she leave the house immediately.

#### **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 him 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.

#### **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 dishevelled, kissing and embracing the teenage daughter of the neighbours. Their eyes meet in horror. There are no condoms in sight.

#### **How embarrassing**

A man in uniform has never bought condoms before and goes to a store that sells them. He mumbles his 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.

#### **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.

#### **Believer by day**

A policeman or soldier considers himself a devoted follower of his religion. He attends a place of worship 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 religious leader who is very surprised to see him in this situation. A discussion about the moral values of true believers ensues between the two men.

#### **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 had borrowed some money but was having trouble finding enough 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.

#### **Lonely boys**

Peter and John had been good friends since basic training. They were happy to learn that they would be posted together to a remote area. It had been a long time since

either one had had sex because they were confined to their base. It was Peter who first suggested that they relieve each other through masturbation. John was embarrassed about the idea at first but got to enjoy the contact. They then experimented with giving each other oral sex. John imagined that it was the mouth of a woman on his penis. Peter secretly preferred sex with men anyway. Peter now wanted John to penetrate his anus with his penis. He said since they knew each other so well they didn't have to use condoms.

## EXERCISE 12.4

### Picture cards for women

**OBJECTIVE**

To create an understanding of the vulnerability of women who are married to or who have sexual partners who are men in the uniformed services.

**BACKGROUND**

Women are more vulnerable to HIV infection because of the much larger surface area of their reproductive system, which is located inside their body rather than on the outside like that of men. Many women who are married to men in uniform often do not realize to what degree they are vulnerable to HIV infection from their husbands. Single women who have sex with men in uniform often do not appreciate that though the man may be faithful to them, he may have been infected during previous sexual relations.

**MATERIALS**

Picture cards (see Annex for full size cards)

**TIME**

1 hour

## INSTRUCTIONS

**STEP 1**

Explain that you want the women to look at the pictures and describe what they see. Then ask them what is going on with the people in the picture.

**STEP 2**

Ask them to answer the questions related to each picture. Make sure that the same woman does not answer all the questions and the more shy ones have a chance to speak.

**CARD 1**

HIV is the virus  
that causes  
AIDS



**Discussion questions**

What is HIV?

What is AIDS?

What is the difference between HIV and AIDS?

How long does a person carry the virus before showing any signs or symptoms of becoming sick from AIDS?

*(AIDS stands for acquired immune deficiency syndrome. AIDS is the name of a group of fatal sicknesses caused by a virus called HIV. HIV is the human immunodeficiency virus. It weakens the body's protection against disease and eventually causes AIDS-related illnesses and death. A person can look perfectly healthy but still carry HIV and pass it to others. This period without any symptoms can last up to 10 years. Women can be infected by their own husbands without knowing it. They can then infect a new baby during birth and only discover that both parents are infected when the baby dies of AIDS.)*

**CARD 2**

Almost all  
HIV is  
sexually  
transmitted



**Discussion questions**

What are the three most important ways of contracting HIV?

Are there other ways of contracting HIV that concern you?

*(Sexual relations, mother-to-child transmission and blood transfusions are the most common means of getting infected with HIV. Mosquitoes, sharing toilet seats, sharing eating or drinking implements, or casual contact have no chance of transmitting HIV. Even injections in clinics or contact with sharp implements present almost no risk at all.)*

**CARD 3**

A mother can pass  
HIV to a baby at birth  
or by breastfeeding



**Discussion questions**

How can a baby get infected with HIV?

How would you feel if you had a baby born with HIV?

What do you think would happen to it?

*(A man who becomes infected with HIV from a casual sexual relationship can then infect his wife, usually within two years of being infected himself. If an HIV-positive woman gets pregnant she has up to a one in three chance of passing the virus to the baby. In most cases the infected baby is weak from the start and dies before his or her fifth birthday.)*

**CARD 4**

Sexual partners of  
men in uniform can  
be vulnerable to HIV



**Discussion questions**

What makes women who have sex with men in uniform vulnerable to HIV?

What can they do about it?

How will it be possible to stop men having sex with other women?

*(Frequent assignments away from home, night patrols and the weakness of men to the temptations of other women (especially after drinking alcohol) put them at risk of becoming infected with HIV. Discussing sex with other women may cause a big row but it is better to bring up the subject and that of condom use than risk infection.)*

**CARD 5**

Trusting a partner  
not to be infected



**Discussion questions**

Describe what a man looks like who is not likely to be infected with HIV?

Can a man be healthy, handsome and regularly attend a place of worship and still be infected?

How many lovers in the past does it take to risk infection?

*(Many women and men mistakenly think that if a person is good looking, looks strong and healthy, is nicely dressed, is pleasant and nice and attends a place of worship regularly, they could not possibly be infected with HIV. The truth is that anyone could be infected without knowing. Remember, when you have sex with one person it is like having sex with everyone they have ever had sex with in the past. And it takes just one infected lover from the past and a bit of bad luck to risk infection from even a regular boyfriend. He can be faithful now but he has probably had a few girlfriends in the past.)*



**Discussion questions**

Do your partners use condoms if they have sex outside the relationship?

What do you think of the role of condoms in HIV prevention?

What do you think of the reliability of condoms?

*(Condoms, properly used, reliably prevent the sexual transmission of HIV and STIs that can cause infertility. Condoms are electronically tested before being packed for sale. HIV and STIs are too small to pass through latex or the plastic used in female condoms. Studies show that major brand-name condoms rarely break. When they do it is usually because the user has not put them on carefully. Female condoms never break.)*



**Discussion questions**

What do you think your reaction would be if you found your husband or regular boyfriend had condoms and wasn't using them with you?

Does it make sense to make it hard for him when he is doing a good thing by protecting both himself and you?

*(You probably feel jealous and angry. It might even confirm your suspicions that he has been unfaithful. However, finding condoms means that he is protecting himself, you and any future children you might want to have together from HIV. It is better to be sure that condoms are around and being used than fear that he is promising not to see other women but is sneaking off behind your back without condoms.)*

**CARD 8**

Encourage partners to use condoms in sex outside the relationship



**Discussion questions**

Would it be possible to convince your partner to use condoms with you?

How would you approach the idea of condoms being used?

You probably prefer that your partner has no relations outside the relationship. But if he does, how can you convince him to protect himself and you?

*(If it is difficult to get your partner to use condoms with you, getting him to use them with other sexual partners is the only way to protect him, you and any future children you might want, from HIV infection. Men often don't think about the consequences of their acts. They are only thinking about the pleasure of the moment. Reminding them of their responsibilities to protect you and future children may not be welcome but it is a matter of life and death.)*

**CARD 9**

Treat both partners  
rapidly when an  
STI appears



**Discussion questions**

- Have you ever had an STI?
- Has your partner?
- How were they treated?
- Why is rapid treatment of STIs important?

*(Having a sexually transmitted infection greatly increases the opportunity to be infected with HIV, the virus that causes AIDS. Women can be infected with an STI and not even know it. If men have symptoms, both men and women need to be checked at a clinic. Treating yourself is not a reliable method.)*

**CARD 10**

Beware if you  
ignore HIV and  
AIDS



**Discussion questions**

- What do you think is going to happen to this family?
- Do you think they have prepared a will?
- Do you think they have prepared their finances?

*(Many people deny that they are going to die from HIV/AIDS even though they are sick from it. They can ruin the lives of those who are left if their finances are not in order and a will is not prepared. Widows can be removed from their homes, belongings taken and children can end up with nothing, forced to beg, steal or sell sex. Having voluntary counselling and testing as soon as possible allows you to plan the rest of your lives either way. Remember three-quarters of the people who get tested find out they are not infected.)*



**Discussion questions**

What did you learn today about HIV and AIDS?

How do you get it?

How do you prevent it?

What did you learn about condoms?

What did you learn about STIs?

What can you do to protect yourself and your family from HIV infection?

What did you learn about voluntary counselling and testing?

*(Ignoring the reality of sexual relations outside marriage will only bring tragedy and even death to the partners of men in uniform. It is better to take decisive action to protect your partner, yourself and your children. If the man is not going to stop having sexual relations outside the relationship, then he has to be encouraged to use condoms even if nobody is happy about the idea.)*

# 13. Voluntary counselling and testing, stigma and discrimination

## TIPS FOR THE READER

Mistaken fears of getting infection through casual contact and negative attitudes towards people who are infected with HIV are a major handicap to providing care and support to individuals and families affected by the virus.

This section examines what stigma and discrimination are and their devastating impact. Voluntary counselling and testing (VCT) is the entry point for access to getting care and support but, in many countries, the fear and stigma of HIV discourage people from getting tested. There are three exercises in this section. The first has participants examine obstacles to VCT. The second looks into the causes of stigma and discrimination and how they can be overcome. Finally, a short exercise on facts about VCT is presented.

## BASIC FACTS ON STIGMA AND DISCRIMINATION

### **13.1 What is meant by people living with HIV/AIDS?**

People living with HIV/AIDS (PLWHA) is the name given to two types of people:

- those who know that they have been infected with HIV after undergoing a blood test and are showing no signs of illness
- those who have had the virus for 5–10 years and are starting to develop AIDS-related illnesses.

### **13.2 What is stigmatization of people living with HIV/AIDS?**

Stigmatization involves the creation of a hostile and fearful environment concerning everything related to HIV and AIDS. It results in the condemning of people living with HIV/AIDS. Fear and prejudice may cause people to react to HIV/AIDS by blaming those infected for their infection, and seeing them as shameful.

### **13.3 What is discrimination towards people living with HIV/AIDS?**

Discrimination is when a person suffers negatively from a prejudicial rule, law or attitude because they have HIV or AIDS. It can result in people unfairly losing their jobs, health benefits, membership of groups or material wealth.

### **13.4 Why is it a problem?**

People living with HIV/AIDS, if rejected, will feel alone and isolated. They can be driven from their jobs, homes and communities. They can end up living in poverty with no one to look after them. Their lives can even be shortened if they are not able to look after themselves or benefit from access to health services.

### **13.5 Who stigmatizes and discriminates?**

Many people are afraid of HIV and AIDS and shun those who are infected or are perceived to be infected. Sadly, families reject their own flesh and blood. Husbands reject wives. Wives reject husbands. Children reject their own parents. Friends, neighbours, members of their place of worship and employers all have the potential to make the lives of people living with HIV/AIDS miserable and often do so by isolating them.

### **13.6 What difference does it make?**

Tragically, stigma and discrimination result in people living with HIV/AIDS not getting encouragement and support at a time they need them most. The quality of care provided by families is often either poor and uncaring or is not offered at all. Fear of suffering from stigmatization and discrimination discourages people from finding out if they are HIV-positive or not. It also prevents those who know from benefiting from services that can extend their lives. In a hostile or negative environment it is difficult to deal openly and honestly about the reality of what HIV/AIDS is and what it means to people, so harming prevention efforts.

### **13.7 What can be done to help people living with HIV/AIDS?**

People living with HIV/AIDS need a lot of sympathy, understanding and care. It is important to remember that casual contact does not transmit HIV so it is possible to touch them, care for them and eat with them. The most basic level of help that can be offered is simply to listen to them and try to understand their plight. Offering material help like food, clothes and looking after their children goes a long way to making their lives easier.

### **13.8 Why are people living with HIV/AIDS often rejected and abandoned?**

When a family member becomes sick from malaria or some other common ailment, families are happy to do what they can to help and to make the sick person as comfortable as possible. Unfortunately, there is something about HIV/AIDS that makes relatives feel uncomfortable and embarrassed. They somehow blame the infected person for their condition. Too many people infected with HIV and sick with AIDS-related illnesses are rejected by their own families and left to look after themselves. In many cases, they are so afraid of being ostracized that they hide their illnesses and do not seek help that could extend their lives and make them more comfortable.

### **13.9 Why are people sometimes reluctant to help?**

Some people are reluctant to help those who are sick with AIDS-related illnesses because they are reluctant to spend their time and money looking after someone who is not going to ever get completely better. They might prefer to give more attention to young children who have more potential for a long life. Others are mistakenly afraid that casual contact will make them vulnerable to becoming infected themselves. There are also some people

who believe that the ill person somehow deserved to become ill because of the association of HIV with sex.

### **13.10 Why should families help people living with HIV/AIDS?**

Families have been helping each other during trying times for centuries. Families often care for their sick loved ones especially when health services are not available or affordable. Helping a person in need brings a sense of well-being to both the person in need and the helper. It is not necessarily easy to help a person who is sick but it is usually only for a short period of time as the person will recover or be relieved of their suffering and pass away. The helper can be reassured that they have done the right thing in their effort to make the life of another more comfortable.

### **13.11 How likely is it that people helping ill people living with HIV/AIDS will get infected?**

People looking after people who have become sick with AIDS-related illnesses can rest assured that it is extremely rare for caregivers to contract HIV. The virus is almost exclusively spread through sexual transmission if you calculate that mothers who infect their infants were originally infected through sexual contact. Casual contact like touching skin, hugging, kissing, or sharing cooking utensils, cups and plates or hair brushes is perfectly safe.

### **13.12 What is the relation with mother-to-child transmission?**

Since HIV is often associated in people's minds with prostitution, mothers who have been infected and infect their children are ashamed of being seen as sex workers, and afraid of being rejected by people close to them and suffering from stigma and discrimination from the community. As a result, the increasing rate of infant infection is kept hidden and women are afraid to learn their status. Stigmatization of HIV as illicit sexual infection hides the reality of husbands infecting wives. Even more sadly, infected mothers (whether they know their status or not) tend not to use services that would increase their life expectancy and the time their healthy children could benefit from their presence. Stigma also makes communication about the reality of sex for money, and fathers infecting mothers who, in turn, infect unborn babies, difficult. The tendency is to blame the other partner for bringing the infection into the family rather than to support each other and benefit from services.

### **13.13 What does stigmatization do to families?**

Too often when a family learns that one of its members is infected with HIV or has become sick with an AIDS-related illness the reaction is to treat them uncaringly, isolate the person or even abandon them completely and send them away. In some cases, they are not allowed to live with the rest of the family and forced to stay in an outhouse or isolated in a room. Women are often afraid of telling their husbands they are infected because of fears that they will be beaten, divorced and forced to live in poverty and deal with their infection alone. Men are afraid to admit they are infected because it usually means they have been unfaithful to their wives. The result is that both are afraid of getting tested.

### **13.14 What are compassion and tolerance?**

Compassion is showing understanding and sympathy for the misfortunes of others. Every religion in the world urges believers to love their neighbour and lend a helping hand to

those in need. In the case of HIV and AIDS, it means overcoming fears about infection and associations with sex outside marriage and becoming tolerant to those who are infected. It also means offering love, care and support to them whether they are within your family, neighbourhood or faith-based group. Tolerance means accepting people whom you feel uncomfortable with because they are different or are perceived to be a threat. Understanding the situation of others and sympathizing with it is part of being tolerant.

### **13.15 Why be compassionate and tolerant?**

Those who offer compassion to people living with HIV/AIDS feel good and proud of themselves knowing they have helped others. Though they might not feel comfortable about it at first they know their conscience is clear because they are doing the right thing. Being compassionate to people living with HIV/AIDS not only reduces stigma but also limits the impact of HIV and AIDS by improving opportunities for prevention and care.

### **13.16 What role can the individual play in reducing stigma and discrimination?**

An individual has the power to decide to stop his or her contribution towards the destructive forces of stigma and discrimination. He or she can decide to look at HIV and AIDS in a different way. For example, an individual can initiate a discussion of the realities of HIV/AIDS and the sexual behaviour that spreads the infection with their loved ones or others around them. They can object to the mistreatment of people living with HIV/AIDS and to blaming people for being infected. They can show compassion and love towards people living with HIV/AIDS within their family and the families of others. They can offer support to them by bringing food or helping with medical expenses. They can also help with household chores.

### **13.17 How can stigma and discrimination be overcome?**

#### ***Infected people and their families need help not scorn***

Peer educators who think those who are infected deserve it because of their past behaviour or who are afraid of being infected themselves through casual contact cannot help with care and support. Treating others who are infected just as you would like to be treated is the first step to understanding. Remember no one is to blame for HIV infection and casual contact will not transmit the virus.

#### ***Involve people living with HIV/AIDS in peer education sessions***

Whenever possible ask people living with HIV/AIDS to talk about their situation with peer beneficiaries. If it is impossible to get fellow soldiers, see if there are PLWHA groups around your base who will come to meet with the peer beneficiaries. If you are seen shaking hands with or hugging people living with HIV/AIDS it will reassure peer beneficiaries that casual contact is not a risk for transmission.

#### ***Bring HIV/AIDS out of the shadows***

Most adults have sex. Many have sexual relations that put them at risk. Young people are particularly vulnerable because most have do not have regular partners. Sexual realities that put people at risk need to be talked about openly and honestly. If attitudes are more open about HIV/AIDS in general they will also be more open about those who are infected.

## BASIC FACTS ON VOLUNTARY COUNSELLING AND TESTING

### **13.18 What is voluntary counselling and testing?**

Voluntary counselling and testing (VCT) is the term used when people choose to go for a blood test to find out whether they have HIV, the virus that causes AIDS. At the same time a trained adviser listens and offers advice about the process of being tested and offers help when the result is given.

### **13.19 What are the advantages of getting tested?**

#### ***Ends worry about status***

Getting an AIDS test ends worry about whether or not you are infected. Those who are worried about their past behaviour can get a new lease of life by finding out their status.

#### ***Fresh start for prevention***

Finding out if you are HIV-negative provides you with a clear slate on which safer sex practices can be built. Remember that three-quarters of people tested are not infected.

#### ***Get married and have healthy babies***

For young couples, getting tested together before marriage allows them to know that they can have children who are not infected if they continue to avoid infection themselves.

#### ***Plan the rest of your life***

Those who find out they are HIV-positive can then plan the rest of their lives. It could be many years into the future before they become ill and eventually die. In the meantime, they can protect their wives from getting infected and prevent future mother-to-child transmissions. They can also plan for the future security of their families by preparing a will and making financial plans.

#### ***Live longer***

It is also possible to extend the period of time an infected person will live through lifestyle changes and the treatment of opportunistic infections. For example, avoiding putting oneself at further risk, reducing alcohol consumption and eating well will help extend life.

#### ***Prevent infecting babies***

Those who know that they are infected can take steps to avoid having babies or can take measures to reduce the likelihood that they will get infected.

### **13.20 Why undergo VCT?**

Reasons may include the following:

- to know and confirm one's HIV/AIDS status
- to regain one's partner's trust
- for pre-marital purposes (to get approval for a religious wedding)
- for immigration purposes (to be permitted to work overseas).

### **13.21 What discourages people from undergoing VCT?**

#### ***Equate AIDS with death***

People often think of VCT as a death sentence. They do not realize that not all those who engaged in risk-taking behaviour have been infected. Many more people who are tested find they are not infected than find that they are infected.

#### ***Fear rapid deterioration***

Some people imagine the results to be more horrible than they are in reality. They think they will deteriorate rapidly and die soon after testing when, in fact, most people live for many years with no illnesses and symptoms after being infected.

#### ***Fear of being stigmatized***

Stigmatization of HIV makes people afraid to go for testing for fear of others suspecting that they are infected or even being seen going for a test.

#### ***Do not know benefits***

There is a lack of awareness about the benefits of being tested. People mistakenly think that there is nothing they can do except wait for imminent death. They do not know that their lives can be extended if they know they are infected and take care of themselves and get services.

#### ***Service inconvenient***

Sometimes there is a lack of convenient services close to where people are or they are not affordable. The cost of testing is also increased if people have to travel long distances from other communities to get tested because they are afraid to get tested close to home.

#### ***Not confident in service***

Some are afraid of being found to be HIV-positive and having the results leaked out by indiscreet health-care providers.

#### ***Fear of impacting on job***

Those in the uniformed services are often afraid that testing will not be discreet and anonymous and their status will impact on their job.

#### ***Feel guilty***

Some people feel guilty about the past behaviour that has put them at risk. They do not want to be faced with having to tell their spouses they are HIV-positive.

### **13.22 What are the benefits for those who are found to be infected?**

Benefits include the following:

- treatment of opportunistic infections
- check for tuberculosis
- treatment of tuberculosis
- provision of prophylaxis to prevent tuberculosis infection
- early treatment of medical illness
- maintenance of weight by promoting good nutrition

- protection to avoid increasing viral load
- prevention of mother-to-child transmission
- preparation of will to ensure children are looked after
- taking control of your life
- keeping healthy.

## EXERCISE 13.1

### Exploring obstacles to VCT

**OBJECTIVE**

Through group discussion to get participants to reflect on why they might be reluctant to undergo voluntary counselling and testing.

**BACKGROUND**

In many countries for a variety of reasons voluntary counselling and testing services are underused. The idea of this exercise is to get participants to think about why they would or would not like to go for a test and influences on that decision.

**MATERIALS**

Sheets of paper

**TIME**

1 hour

## INSTRUCTIONS

**STEP 1**

Write down the following questions on pieces of paper.

- Why should people undergo VCT? What are the advantages or benefits for people who undergo voluntary counselling and testing?
- Why are people reluctant to undergo VCT? Why will a wife choose to undergo testing but her husband refuse? How can those who are reluctant be convinced to undergo VCT?
- How does stigma or fear of HIV/AIDS impact on accepting testing, bringing in sexual partners for testing or accepting an HIV-positive result and benefiting from services?

**STEP 2**

Divide the participants into small groups of two, or more if your group is large. Assign discussion questions to each group. Have each group designate a note taker and someone to report the conclusions of the discussion.

**STEP 3**

Give participants 30 minutes to discuss the questions.

#### **STEP 4**

Have the groups come together and report back to each other their conclusions.

#### **STEP 5**

Summarize the points made for the groups. Some examples of possible points that might be developed:

##### **Why wives want testing**

- Because they are pregnant.
- Because the doctor says so.
- Because they feel ill.
- Suspicion of husband's unfaithfulness.

##### **Why husbands refuse testing**

- Fear of rejection by partner if found to be HIV-positive.
- Stigma attached to the disease.
- Unaware of the benefits of VCT.
- Fear of being HIV-positive.
- No cure.
- Associate HIV/AIDS with death.
- Cost of testing prohibitive.
- Feel guilty.
- Distance from test centres.
- Fear of lack of confidentiality.

##### **Stigma, couples and VCT**

- Easier for men to tell women (they have economic power).
- Men in dominant position.
- Women fear beating, divorce, poverty.
- Men tend to blame partner for being first infected if she tests first.
- Both men and women reluctant to tell partners of HIV-positive status.

##### **Stigma preventing access to services**

- Fear of being seen at service points and being branded as HIV-positive.
- Do not know services exist.
- Worse in small communities where providers integrated.
- Results in travelling long distances for VCT and services.

## EXERCISE 13.2

### Causes of stigma and discrimination

**OBJECTIVE**

To give the participants a better understanding of what causes stigma and discrimination in relation to people living with HIV/AIDS and how they themselves may contribute to it.

**BACKGROUND**

Fear of stigma and discrimination is making people deny the existence of HIV/AIDS and making the lives of those who are infected very difficult.

**MATERIALS**

Flip chart, blackboard or sheet of paper

**TIME**

45 minutes

## INSTRUCTIONS

**STEP 1**

The peer educator should read the section Basic facts on stigma and discrimination for background information.

**STEP 2**

Explain to participants that people have a number of mistaken notions and other obstacles regarding HIV and AIDS that create the environment that fuels stigma and discrimination. Read the following examples to the participants:

**HIV/AIDS demonized by religious leaders**

Some religious leaders condemn instead of encouraging people living with HIV/AIDS and demonize HIV/AIDS. The idea is to encourage people to stop having sex outside marriage or having sex at all. Regrettably, it has little effect on those relationships and makes sex even more of a hidden taboo which people do not want to deal with or talk about. Some religious groups also fight strongly against the use of condoms even though condoms have an important role to play in preventing HIV infection.

**Sexual realities hidden**

Stigmatization of HIV/AIDS as an illicit sexual infection hides the reality of the infection. This may include the fact that sex for money is widespread within the

community, youths are particularly vulnerable to infection, and husbands who have sex outside marriage can pass the virus to their wives who pass it to their babies before or just after birth (mother-to-child transmission).

### **STEP 3**

Ask participants to make a list of other causes of stigma and discrimination towards people living with HIV/AIDS. What follows is a list of possible answers.

#### **Mistaken fear of casual contact with people living with HIV/AIDS**

Though almost all HIV infection is transmitted sexually, many people persist in thinking that they can be infected by casual contact with those infected. They avoid sharing common household objects (like cups, kitchen utensils or hair brushes) or touching a person living with HIV/AIDS for fear of being infected, even though it is perfectly safe to do so.

#### **HIV and AIDS seen to affect “immoral people”**

HIV/AIDS is associated with what many people consider immoral behaviour: sexual relations outside marriage. People living with HIV/AIDS may be associated with sex work (prostitution) and are often seen as deserving their fate because of their sexual activities. These prejudices are compounded by the moralizing tone often used in the media and in faith-based groups.

#### **Deny behaviour puts them at risk**

Some people who engage in sexual behaviour that makes them vulnerable to HIV infection deny that they are at risk. They either convince themselves that their partners do not look as if they have HIV (though it is impossible to tell by looking) or deny that HIV and AIDS is a reality in their country. The result is that they think it is somebody else's problem and not theirs.

#### **Afraid to talk about sex**

There is a general reluctance to talk about sexual issues openly and honestly among couples, families, communities, in schools and in faith-based groups. It keeps the realities hidden and people ashamed of being associated with HIV.

#### **Deny HIV is a problem**

Some men have no hesitation about having sex outside marriage with different partners by night, but in the day they are good family men and believe strongly in religious values. They also think HIV is someone else's problem.

#### **Think money spent on dying a waste**

When resources are tight some people prefer to spend money on medicines and treatment of children rather than people living with HIV/AIDS. Care, compassion and love do not cost anything. Good food, soap, and a dry, airy place to sleep are not expensive.

**Do not realize people living with HIV/AIDS can be productive**

Opportunistic infections and AIDS-related illnesses can be treated and most people who have them are well and able to work between periods when they are sick.

**STEP 4**

Read to the participants one by one the list of causes of stigma and discrimination and ask the participants why they think each one might contribute to the problem.

**STEP 5**

Summarize the points made by the participants.

## EXERCISE 13.3

### True or false exercise on voluntary counselling and testing

**OBJECTIVE**

To examine myths and truths about VCT.

**BACKGROUND**

Since VCT is a relatively new service there are a lot of unknowns in the minds of potential users. This exercise attempts to clear up misunderstandings about VCT.

**MATERIALS**

None

**TIME**

45 minutes

## INSTRUCTIONS

**STEP 1**

Read each of the following statements one by one. After each statement is read ask one participant to say whether they think the statement is “true” or “false” and to give reasons why.

- Anonymous testing means that you are given a number and no one knows your name when you are tested.  
*(True: To ease the fears of those who do not want those conducting the testing to know if they are infected or not, some testing services do not require those being tested to give their names. Their blood sample is identified with a number only.)*
- If found HIV-positive through mandatory testing a person is automatically fired from their job.  
*(False: Voluntary testing is best but some uniformed services require testing before assignment to other countries. A person found to be HIV-positive is usually allowed to stay in the service but not allowed to travel out of the country.)*
- The “window period” is the time a person has to stop being potentially exposed to HIV before being tested.  
*(True: It takes up to three to six months for HIV antibodies to show up in the*

*blood. It is important to not be exposed to HIV for six months before the test.)*

- Those found to be negative after testing don't need to avoid risk-taking behaviour in the future.  
*(False: A person can engage in risky sexual relations and have the good fortune not to get infected. But that doesn't mean that they couldn't become infected in their very next unprotected sexual activity.)*
- Everyone should be tested.  
*(False: Not everyone is equally at risk. Those who are not sexually active or who are in mutually faithful sexual relations where each partner was aware of their negative HIV status on entering the relationship have little to worry about and do not need testing.)*
- If a person is found to be HIV-positive that person should tell his or her result to all sexual partners.  
*(True: Though it might be very difficult it is important to tell those who might be exposed about the infection so that they can get tested and protect themselves during future sexual relations.)*
- The first person in a couple to find out he or she is positive is the one who brought the virus into the family.  
*(False: In most cases a man gets infected first then takes one or two years to infect his wife. In some cases a person may have been infected before the marriage. In any case, the time when a person learns they are infected has no relation to when they became infected.)*

## STEP 2

Correct wrong responses and offer the reasons listed above if not already mentioned by participants.

# 14 . M o t h e r - t o - c h i l d t r a n s m i s s i o n / C a r e a n d s u p p o r t

## TIPS FOR THE READER

In most countries mother-to-child transmission (MTCT) is much more common than people realize. Facts are presented which shed light on the realities of this increasingly important mode of transmission and how it relates to sexual behaviour choices that put women and their unborn children at risk. Information is also given on many issues related to care and support, including opportunistic infections, home-based care and antiretroviral drugs. There are two exercises. One gets participants to develop reasons why people should be concerned about MTCT. The second gets participants to examine behaviour choices related to care and support of people living with HIV/AIDS.

## BASIC FACTS ON MOTHER-TO-CHILD TRANSMISSION

### **14.1 What is mother-to-child transmission?**

Mother-to-child transmission of HIV, also called perinatal transmission, is when a mother infected with HIV infects her child during birth or by feeding the child breast milk. Contact with the mother's blood during birth exposes the baby to the virus. The baby is not usually infected in the womb. It risks infection during birth especially if the birth takes place outside a clinic or if hygiene conditions are poor. The infant can also be infected through the mother's breast milk. About a third of babies born to infected mothers become infected.

### **14.2 How do babies become infected with HIV?**

In most cases fathers have unprotected sex with sex workers or other women with multiple partners outside the marriage. The men become infected and over a period of a couple of years will end up infecting their wives. More often than not both parents show no symptoms of being infected before the mother gives birth to the infected child.

### **14.3 What can be done to prevent mother-to-child transmission?**

The best way to prevent infection is for men to avoid getting infected in the first place by using condoms in sexual relations outside the marriage. Another way is for couples to go together for voluntary counselling and testing before getting married or before trying to conceive children. Participating in programmes that give infected mothers antiretroviral

drugs (ARVs) during their pregnancy also reduces the chances of their babies getting infected at birth.

#### **14.4 What happens to an infected child?**

In some cases the child is weak from birth and dies within its first years. In other cases the child grows up to be a healthy, normal child and only starts to develop AIDS-related illnesses later, dying as old as 12. The infected child shows the same symptoms as others with opportunistic infections, chronic diarrhoea and coughs, fevers and weight loss.

#### **14.5 Should breastfeeding be stopped?**

Even in countries with the highest infection rates there are twice as many women who are not infected as are. It does not make sense to discourage breastfeeding since there are many more benefits from mother's milk than disadvantages. Also, not all breastfeeding babies become infected from their infected mother's breast milk. There are also times that the breast milk is more likely to transmit the virus than others. The best strategy is to get tested before starting to breastfeed and if HIV-positive use formula or powdered milk. ARVs can also result in making breast milk safer for babies.

#### **14.6 Why is MTCT a problem?**

##### ***MTCT remains hidden***

Mother-to-child transmission of HIV is a much bigger problem than most people realize because it remains hidden. Because of the stigmatization of HIV, mothers who infect their babies are reluctant to let people know the truth. Also, in many tropical countries it is common for children to die after developing fevers or diarrhoea. People prefer to claim their children have died of malaria rather than AIDS.

##### ***Parents unaware of child's vulnerability to HIV***

More than three-quarters of the people in the world infected with HIV do not know that they are. Most people learn they are infected when they start to develop symptoms, many years after they first became infected.

##### ***Lack of knowledge about MTCT***

The focus of public health campaigns has been on prevention of sexual transmission and little attention has been given to MTCT. Parents have little knowledge about how to reduce the risk of transmission or how to care for an infected child.

##### ***Little interest of men in maternal health***

Men in many countries have not shown interest in questions relating to maternal health, including the carrying and birth of their children. The antenatal clinics cater almost exclusively for women and do little or nothing to increase communication between men and women on issues like MTCT.

##### ***Fear of spousal reaction***

Even though it is likely that the father infected the mother before the child was infected at birth, the man could blame his wife and beat or divorce her.

***Insensitivity of health-care providers to people living with HIV/AIDS***

Mothers who bring their infected babies to clinics can be met by scorn and hostility, which discourages them from using the services. Negative attitudes of health workers also do not inspire faith in the confidentiality of other services like VCT.

***Unhygienic home deliveries***

Not only do home deliveries increase the chances that a baby will be infected at birth, they make follow-up for HIV-positive mothers and children more difficult.

**14.7 What is the link between MTCT and VCT?**

When couples undergo voluntary counselling and testing before getting married or trying to have children they can know whether or not they are likely to have an infected child. They can practise birth control if they do not want to take the risk or they can take steps to reduce the likelihood their baby will be infected at birth.

**14.8 Why be concerned about MTCT?**

There is nothing more tragic in life than burying your own children. Every parent has the dream of seeing their children grow up and even seeing them have children of their own. Giving birth to healthy babies who have the chance to live long lives and other dreams can be shattered by MTCT.

**14.9 What can be done about MTCT?**

***Reduce risk-taking behaviour***

Condom use in all sexual relations outside marriage will keep HIV out of the household and greatly reduce the chances of the father infecting the mother who infects the child.

***Strengthen couple relations***

Increased dialogue about HIV, VCT and sex between potential parents can lower distrust and worry about the virus being passed from the father to the mother and from mother to baby.

***Undergo VCT before getting pregnant***

Couples who both agree to undergo voluntary testing and counselling, share the results with each other and do not plan a pregnancy unless both test clear can be sure their babies will be born uninfected.

***Increased involvement of men in maternal health***

If men attend antenatal clinics they can ask questions about MTCT and better understand their role and responsibility for protecting their family from HIV infection.

## BASIC FACTS ON CARE AND SUPPORT

### **14.10 What is home-based care?**

Home-based care involves families learning how to take care of family members who are usually bedridden from AIDS-related illnesses. Many people who are in the terminal phase prefer to be at home rather than in a hospital if they can get the help they need there. Family members can provide basic physical care as well as provide social support. They can learn how to provide basic treatment as well as how to protect themselves from potential infection through good hygiene practices when handling menstrual blood, for example. In some cases, the home-based care provided by families is complemented by regular visits from health-care providers.

### **14.11 What can be done for people living with HIV/AIDS with fever?**

Drugs can be prescribed by a medical doctor to control chronic fever. Providing a sponge bath for the person with the fever as often as possible will make them feel more comfortable and can reduce the fever. Taking off all or most clothing or any other covering from the patient also helps. Keeping the person in a cool place with good circulation of air or in front of a fan is also recommended. Giving the person clean and cold water to drink as often as possible helps keep their temperature down and replenish liquids lost through sweating. Changing soaked bed covers also makes the person with the fever feel more comfortable.

### **14.12 What can be done for people living with HIV/AIDS with pain?**

Painkillers can be prescribed by a medical doctor. Aspirin, paracetamol or ibuprofen can usually be bought without a prescription. If obtaining drugs is impossible try distracting the person suffering the pain by talking with them, singing or playing their favourite music softly. Placing people living with HIV/AIDS in a dark and quiet environment or by a window where they can watch passers-by or children playing can also help.

### **14.13 What can be done for people living with HIV/AIDS with diarrhoea?**

Drinking large amounts of clean water is essential to prevent dehydration. Adding some salt, sugar and lemon juice to the water also helps. In most places oral rehydration solution (ORS) packages can be purchased and mixed with clean water. Getting flavoured ORS increases the chances a large amount will be consumed. Food-based fluids that normally contain some salt, like rice water, vegetable or chicken soup, or green coconut water are also recommended. The key is to drink as much as possible. The fluid taken does not replace the need for food. It is important for people to keep themselves strong and prevent weight loss by eating solid food as well.

### **14.14 What are the signs of dehydration?**

It is important to remember that a lack of liquid in the body or dehydration can cause death. The sooner that the dehydration is recognized and treated the better it is. The symptoms of dehydration are that the person feels very thirsty. They can also be unusually irritable or lazy. If you pinch the person's skin and let it go, it only slowly goes back to its original state.

**14.15 What can be done about preventing infections?**

The immune system of a person living with HIV/AIDS is weaker than that of a healthy person. This means that they can more easily catch infections. Therefore, good hygiene practices are important to prevent infections. Some suggestions for reducing infections:

- everyone around the person living with HIV/AIDS should wash their hands regularly
- keep the person in a clean, open and fresh environment
- drink and eat only clean liquids and newly cooked and nutritious food
- change bed linen and clothes often.

**14.16 What are antiretroviral drugs?**

Antiretroviral drugs (ARVs) are a combination of drugs that inhibit the development of the virus. The ARVs do not “cure” AIDS but they can reduce the presence of the virus and extend the life of the person taking them. The ARVs are taken only when the virus reaches a certain level in the body. Some of the ARVs have serious side-effects, especially when they are first taken. Dizziness and headaches are common. It is necessary for the infected person to take the ARVs twice a day for the rest of his or her life. ARVs can reduce vulnerability to opportunistic infections and AIDS-related illnesses and allow the person taking them to live a normal life. The ARVs can cost as little as a dollar a day but that cost still prevents their use by most of those in the world who are infected.

**14.17 How long will ARVs keep those infected alive?**

Most of those taking ARVs live normal lives and die like everybody else from illnesses not related to HIV/AIDS. Not all those who start taking ARVs can handle the side-effects and choose not to continue taking them. Also some people taking ARVs stop taking them when they are feeling better. It is possible that the ARVs will no longer work with that person if their body builds up a resistance.

**14.18 What are opportunistic infections?**

Opportunistic infections are diseases that are caused by microorganisms that in a normal individual do not produce a disease. These microorganisms take advantage of the opportunity provided by the weakened state of a person with AIDS. They turn into diseases when the body’s defence system cannot control them.

**14.19 What are AIDS-related illnesses?**

AIDS-related illnesses include opportunistic infections and other non-infectious diseases that will appear in a person with AIDS. The illnesses occur because of the weakened state of the person’s defence system. Cervical cancer and AIDS-related dementia are examples of AIDS-related illnesses. All opportunistic infections are AIDS-related illnesses but not all the AIDS-related illnesses are opportunistic infections. Some AIDS-related illnesses are not infections because they are not caused by a microorganism.

**14.20 What are the most common opportunistic infections?**

The lung disease tuberculosis (TB) is the most common opportunistic infection. Pneumonia which makes breathing difficult, meningitis which starts with a sore neck, “slim disease” which wastes the body and numerous skin infections like herpes are also relatively common.

#### **14.21 How do you recognize them?**

Many of the symptoms of opportunistic infections and AIDS-related illnesses are exactly the same as those caused by other common illnesses which may make them hard to distinguish. Look for chronic coughs that last for weeks. Other examples include diarrhoea that does not go away after a few weeks; persistent fevers; unusual skin rashes; consistent loss of weight.

#### **14.22 What is TB?**

TB is a very infectious lung disease. It causes a chronic cough and slowly weakens the body. Many people in less developed countries have already been infected with TB without it developing into disease. HIV weakens the body's ability to fight off the TB resulting in many more cases today than there were before.

#### **14.23 What is the link between TB and HIV?**

People living with HIV and AIDS are vulnerable to many different opportunistic infections and AIDS-related illnesses. TB is one of the most common. They might have already been infected with it but it did not develop into disease until their immune system was weakened by the HIV.

#### **14.24 How is TB treated?**

A regime of pills that can control the TB can be taken once a day for several months. Usually after a few weeks the symptoms of the TB can disappear and the condition of the patient can improve remarkably. One problem is that some patients stop taking the TB drugs when they are feeling better and do not complete the full course of treatment. If the patient develops TB a second time, the body can build up an immunity and the drugs are no longer effective. Many health-care services require those taking the TB drugs to come to clinics to take the pills to make sure they are taken.

#### **14.25 What is TB prophylaxis?**

People who have been infected with HIV can take drugs to protect them from developing TB and other opportunistic infections. These medications reduce the chances that TB will turn into illness. They are taken even though no symptoms present for several months.

#### **14.26 When you have opportunistic infections or AIDS-related illnesses does it mean you will die soon?**

Most people live with no symptoms for 5–10 years. Even when they start developing some opportunistic infections and even AIDS-related illnesses they can get treated and return to normal life. Usually, people living with HIV/AIDS go through a few episodes of infections or illnesses and then return to good health. This cycle can continue for several years until the infections and illness become more frequent as the immune system breaks down and the person eventually dies.

#### **14.27 What can be done about opportunistic infections and AIDS-related illnesses?**

Rapid treatment reduces the impact of the infections and illnesses. It is also possible to prevent some opportunistic infections, like tuberculosis, by taking drugs as described

above. Some illnesses, like meningitis, need to be treated in hospitals and others can be treated at clinics or at home. The key is to get tested early, learn how to recognize symptoms and go for rapid treatment.

#### **14.28 Besides treatment what else can be done?**

Adopting a prudent lifestyle including eating nutritionally balanced food regularly and eliminating or reducing alcohol can help greatly. People living with HIV/AIDS who get psychosocial support from spouses, family members, neighbours, fellow employees and from groups of people living with HIV/AIDS also do better than those who are not supported.

#### **14.29 What precautions can be taken to protect those helping people living with HIV/AIDS who are ill?**

Soap is the natural enemy of the virus that causes AIDS. Good hygiene practices like washing hands and bodies with soap and regularly cleaning bed coverings and clothes goes a long way to controlling the transmission of the virus. The skin, if the surface is not broken with any cuts or sores, is a natural barrier to the virus.

#### **14.30 What can be done emotionally and spiritually?**

The last thing a person who is sick from an AIDS-related illness needs is to feel rejected and abandoned. Those who feel love and compassion from those around them suffer less and can actually get better faster and live longer. Making spiritual connections with the help of family religious leaders or within the family can also go a long way to helping the ill person feel at peace with themselves and their destiny. Rather than creating tension with disgust and resentment, loved ones and families can improve the quality of life of the ill person with understanding, empathy and care. Simple things like bathing or hand-holding can make the life of the ill person much better.

#### **14.31 Why should a person prepare their family for life after they pass away?**

Though people who experience opportunistic infections and AIDS-related illnesses can live for several years, becoming ill and getting better again, if they do not have access to antiretroviral drugs their health will eventually deteriorate and they will die. Some people infected with HIV refuse to accept this reality and because of their denial end up not preparing for their death. Those who accept the inevitable and organize their finances and estate as a consequence greatly reduce problems for their families in the long term.

#### **14.32 Why prepare a will?**

Preparing a will is a good idea for everyone but it is even more important for those who are infected with HIV. A will increases the chances that the immediate family of the person who is sick will be protected from greedy relatives who might try to take property away from them. A will can specify how land will be divided or it can require that money be specifically used to cover the cost of educating the children.

## EXERCISE 14.1

### Mother-to-child transmission poster

**OBJECTIVE**

To get participants to think through why parents should be concerned about MTCT by developing posters and slogans.

**BACKGROUND**

Parents are often more concerned about their children's health and welfare than they are about their own. A woman may be more motivated to use condoms to avoid infertility caused by an STI rather than death from AIDS. A father may even be more concerned about the health of his children than that of his wife.

**MATERIALS**

Sheets of paper or sheets of flip chart paper or blackboard (optional)

**TIME**

30 minutes

## INSTRUCTIONS

**STEP 1**

Present background information on mother-to-child transmission to the participants based on the basic facts presented above.

**STEP 2**

Either write down on a flip chart, blackboard or sheet of paper the following ideas for posters on MTCT or read them aloud to the participants.

- HIV can be passed by mothers to babies at birth. Voluntary counselling and testing helps you know if it is safe to get pregnant or not. (Photo of a woman with a new baby.)
- Do you want to hold your child's child? Keep the virus out of your family. Seek voluntary counselling and testing. Stay protected. Prevent mother-to-child transmission. (Photo of an older man and his daughter holding his grandchild.)
- Future mothers: HIV can be given to you by the father of your children, if he strays. Protect him and yourself with a condom. (Photo of a woman giving a man a condom as he walks out of the door.)
- HIV can be passed by mothers to babies at birth, so get tested to ensure your baby is born healthy and plump. (Photo of a man and woman going for testing together.)

- Future fathers: HIV can be passed by you to the mothers of your children. Protect them from HIV. Use condoms if you stray. (Photo of a man in a bar with sex workers.)

### **STEP 3**

Ask the participants to choose which ones they like the best and which ones they don't like and explain why.

### **STEP 4**

Ask the participants to imagine that they are now going to enter a poster contest and have to come up with ideas for images and slogans to be put on posters on the subject of mother-to-child transmission. Explain to them that the idea of the posters is to motivate future parents to protect families and unborn babies from HIV/AIDS.

### **STEP 5**

Divide the participants into several different groups to develop the poster ideas.

### **STEP 6**

Have the participants present their ideas and ask the whole group to choose which ones they like best and which ones they don't think are so effective.

## EXERCISE 14.2

### Doing the right thing

**OBJECTIVE**

To get participants to examine the moral choices they can make related to care and support and the consequences of those decisions.

**BACKGROUND**

For a variety of reasons relatives of people living with HIV/AIDS do not give enough support to those who have become ill with opportunistic infections and AIDS-related illnesses. Part of the problem is they don't know what to do and part is they don't want to be involved.

**MATERIALS**

None

**TIME**

30 minutes

## INSTRUCTIONS

**STEP 1**

Read the basic facts on care and support before starting the session.

**STEP 2**

Summarize the basic facts on care and support for the participants. Ask if they have any questions on the points made.

**STEP 3**

Explain that a list of statements will be read and participants will be asked to decide if the action recommended in the statement would be an appropriate thing to do or an inappropriate thing to do and give reasons why.

**STEP 4**

Read the statements listed below one at a time. Note that the correct answer and reasons why it is correct are listed below each statement. Read the correct answer after the participants have finished discussing each statement.

- Lock a person with an AIDS-related illness in a back room so that they do not infect others in the family.

*(Inappropriate. It is almost impossible for a person living with HIV/AIDS to infect another person through casual contact. As with all sick people, contact with those caring for them improves their morale and their health.)*

- Find out where a person living with HIV/AIDS can get treatment for opportunistic infections and AIDS-related illnesses.  
*(Appropriate. People living with HIV/AIDS who are sick are often too weak to look after themselves and really appreciate someone giving them a helping hand. Knowing that someone is trying to help them makes them feel better.)*
- When a person living with HIV/AIDS is feeling better after suffering from an AIDS-related illness ask them to watch small children for an afternoon to make them feel useful.  
*(Appropriate. People living with HIV/AIDS are not always sick. They can go through long periods when they are feeling much stronger and better. Giving them simple tasks like supervising children is a way for them to thank those who have helped them as well as making them feel useful.)*
- When someone is suffering from a fever and is sweating, avoid giving them water since they may infect the drinking cup.  
*(Inappropriate. When people have a fever they need to drink a lot of fluids, and clean, cold water is one of the best things to give them. There is no chance that sharing a cup with a person living with HIV/AIDS will transfer the virus from one person to another.)*
- Giving a sponge bath makes a person with HIV/AIDS who has a fever feel much better and costs nothing.  
*(Appropriate. It is impossible to get infected with HIV by giving a person with HIV/AIDS who has a fever a sponge bath and the action can actually result in breaking the fever.)*
- Take the time to chat with people living with HIV/AIDS who have become ill to distract them from their situation.  
*(Appropriate. People living with HIV/AIDS often feel lonely and isolated. Even simple contact with others makes them feel better and encourages them.)*
- Money is better spent on food for children rather than transport for a person living with HIV/AIDS to a clinic for services.  
*(Inappropriate. What is best is to help those who are living as well as those who might be dying as much as possible. Every living person deserves basic comforts and attention from others.)*
- Don't allow a person living with HIV/AIDS who is sick to sit near a window because neighbours will see the person and the whole family will suffer.  
*(Inappropriate. Looking out of a window at passers-by and children playing is a great way for people living with HIV/AIDS to distract themselves from their*

*illnesses. Getting fresh air and cooling off from any breeze that might come into the room is also good for their health.)*

- Do not bring children to see someone living with HIV/AIDS because it is better for them to remember people as they were before they got sick.  
*(Inappropriate. Seeing children tends to make people living with HIV/AIDS who are ill feel better and happy. There is no chance that the children can get infected through casual contact like hugging or touching. Children have no fear of people living with HIV/AIDS unless their parents influence them.)*
- Hearing happy songs, listening to the radio or watching television is bad for people living with HIV/AIDS who are sick because it will remind them that others are living happy, normal lives.  
*(Inappropriate. On the contrary, people living with HIV/AIDS who are ill love to be distracted and their favourite songs can bring back memories of happier times.)*
- Visit a traditional healer when a person living with HIV/AIDS gets sick because it is much cheaper than modern medicine.  
*(Inappropriate. Though some traditional healers can help with fevers, skin problems, pain and itching, many of their treatments are useless especially when compared with what modern medicine can do for things like tuberculosis. Modern medicine is more reliable though more expensive. A combination of modern and traditional medicine is fine.)*
- Clean liquids with salt added like chicken broth, coconut milk, rice water or oral rehydration solution (that already includes salt) are great for people living with HIV/AIDS who have diarrhoea often.  
*(Appropriate. Some people mistakenly think that avoiding giving liquids stops diarrhoea but it actually makes the situation much worse and can even cause death. All people with diarrhoea need lots of clean liquids.)*
- Laundering clothes and bed linen often is a waste of time because they are only going to get soiled again.  
*(Inappropriate. Good hygiene practices reduce opportunistic infections as well as improving the comfort and quality of life of the person living with HIV/AIDS who is ill. Care needs to be taken when handling things like menstrual blood but generally there is next to no chance of being infected by washing and cleaning. Soap kills HIV fast.)*

# 15. Professional conduct

## TIPS FOR THE READER

This section emphasizes aspects of uniformed services professional conduct that reinforce avoidance of behaviour which places uniformed services personnel at risk of infection with HIV and STIs. The exercise encourages discussion of these aspects by presenting roles and responsibilities and how they relate to HIV and AIDS. Professional guidelines based on the United Nations Code of Conduct for Peacekeepers are presented.

## BASIC FACTS ON PROFESSIONAL CONDUCT

### 15.1 What is professional conduct?

#### *Rules for behaviour*

Wearing a uniform brings with it personal responsibility. Those wearing the uniform have a responsibility to the service for which they work to keep the peace in a dignified and civilized manner. They also have a responsibility to the public. The primary responsibilities of uniformed personnel are to:

- uphold the law
- respect human rights
- be fair and non-discriminatory
- set an example to society.

### 15.2 Why is it important?

#### *Uniform can be abused*

Uniformed personnel are easily identified by the public because of the uniform they wear. The uniform represents power and force so the person wearing it is usually respected and often feared. A person wearing a uniform usually also has more resources than the local population, especially in conflict zones. Because of the power and influence that goes along with wearing a uniform, the potential for abuse is present. This abuse can result in disrespect and even disgust for the person who is abusive. It also, by extension, brings disrespect to the service as a whole. Men who abuse alcohol and indulge in sex for money while wearing a uniform can also set a poor example to the public and other men in the service.

### 15.3 What is the link with HIV/AIDS?

#### *Degrading the uniform*

There are specific forms of behaviour that degrade the image of uniformed personnel and

also increase the risk of HIV infection. These include abuse of alcohol and drugs which may reduce resolve to use condoms, increase violence towards women and increase the chances that sex will be purchased from sex workers. Coercion or threatening women with negative consequences if they do not provide sex is an abuse of power by the uniformed man as well as a risk for HIV infection if condoms are not used.

#### **15.4 What conduct is expected in uniformed services?**

##### ***Discretion and respect***

It is not expected that uniformed personnel abstain totally from alcohol consumption and sexual relations. What is expected is that they do not put themselves or others at risk of HIV infection. Uniformed personnel have a responsibility to uphold the high standards expected of them when they joined and swore allegiance to their service. Officers, because of their power and influence over other personnel, have an important role in providing positive models to the personnel under their charge and not showing disrespect to the code of conduct themselves.

#### **15.5 What does this mean on a personal level?**

##### ***Follow code of conduct***

All uniformed services personnel have a responsibility to follow a professional code of conduct. Most uniformed services have a code of conduct that clearly spells out the roles and responsibilities of their personnel. Others may not have a written code but it is assumed that all those in uniform know that they have the responsibility to uphold the law and respect the public.

##### ***End abusive behaviour***

This means ending behaviour that brings disrespect to the uniform and examining the behaviour choices that led to the harmful behaviour.

##### ***Protect others***

It also means that those who follow the code of conduct have a responsibility to ensure that their colleagues follow it as well and protect themselves and others.

## EXERCISE 15.1

### Code of conduct

#### **OBJECTIVE**

To have participants consider what content might be included in a professional code of conduct and gain a better understanding of the implications for each individual.

#### **BACKGROUND**

A professional code of conduct is a list of roles and responsibilities that uniformed service personnel are obliged to follow. The obligations to protect communities, their own families, themselves and each other are often included. Personnel are more likely to follow a code of conduct if they understand its implications and swear under oath to follow it.

#### **MATERIALS**

None

#### **TIME**

30 minutes

## INSTRUCTIONS

### **STEP 1**

Read the following list of elements that might be included in a uniformed services code of conduct.

We will:

- At all times conduct ourselves in a professional and disciplined manner.
- Support and encourage proper conduct among ourselves.
- Treat the inhabitants of the host country with respect, courtesy and consideration when stationed away from home.
- Respect local customs and practices wherever we work through awareness and respect for the culture, religion, traditions and gender issues. We recognize that social rules governing relations between men and women often have very different norms from one culture to the next, so that what may be interpreted as innocent behaviour in one culture may be taken as an offence in another culture.
- Always be aware of the human rights of women and children and never violate them.

We will not:

- Bring discredit upon our organizations through improper personal conduct, failure to perform our duties or abuse of our positions.
- Take any action that might jeopardize our work or our organization's mission.
- Abuse alcohol, use or traffic in drugs.
- Commit any act that could result in physical, sexual or psychological harm or suffering to members of the civilian population, especially women and children.

We realize the consequences of failing to act within these guidelines may:

- Erode confidence and trust in our service.
- Jeopardize the achievement of our work or our organization's mission.
- Jeopardize our status and security.

## **STEP 2**

Read each of the items included on the list above again, one at a time, and ask participants to answer the following questions for each one:

1. What do they think the item means?
2. What is the relationship with HIV and AIDS (if any)?
3. Should the item be included in the code?

## **STEP 3**

Summarize the points made during the discussion and emphasize that adherence to professional codes of conduct will greatly reduce an individual's risk of contracting HIV/STIs or transmitting HIV/STIs to other persons.

**CARD 1**

A night out

*John ends up having sex  
without a condom.*



**Visual**

John, a policeman, is out on the town one Saturday night drinking beer and visiting the ladies.

**Text**

John ends up having sex without a condom.

**CARD 2**

Signs and symptoms of STIs

*A few days later, John is holding his genital area and grimacing.*



**Visual**

A few days later, John is holding his genital area and grimacing.

**Text**

After a few days John feels an itching and burning which are signs of gonorrhoea.

### CARD 3

At the market

*Antibiotics bought from a woman in the market turn out not to be the right treatment because a white puss discharge persists. John considers this a minor irritation and ignores it. He does not tell his wife.*



**Visual**

John purchases antibiotics from a woman who takes them out of a plastic bag in a market.

**Text**

Antibiotics bought from a woman in the market turn out not to be the right treatment because a white puss discharge persists. John considers this a minor irritation and ignores it. He does not tell his wife.

**CARD 4**

John's wife complains of discharge and irritation  
*Mary contracts an STI from her husband but does not seek treatment.*



**Visual**

Mary holding her side and complaining to John.

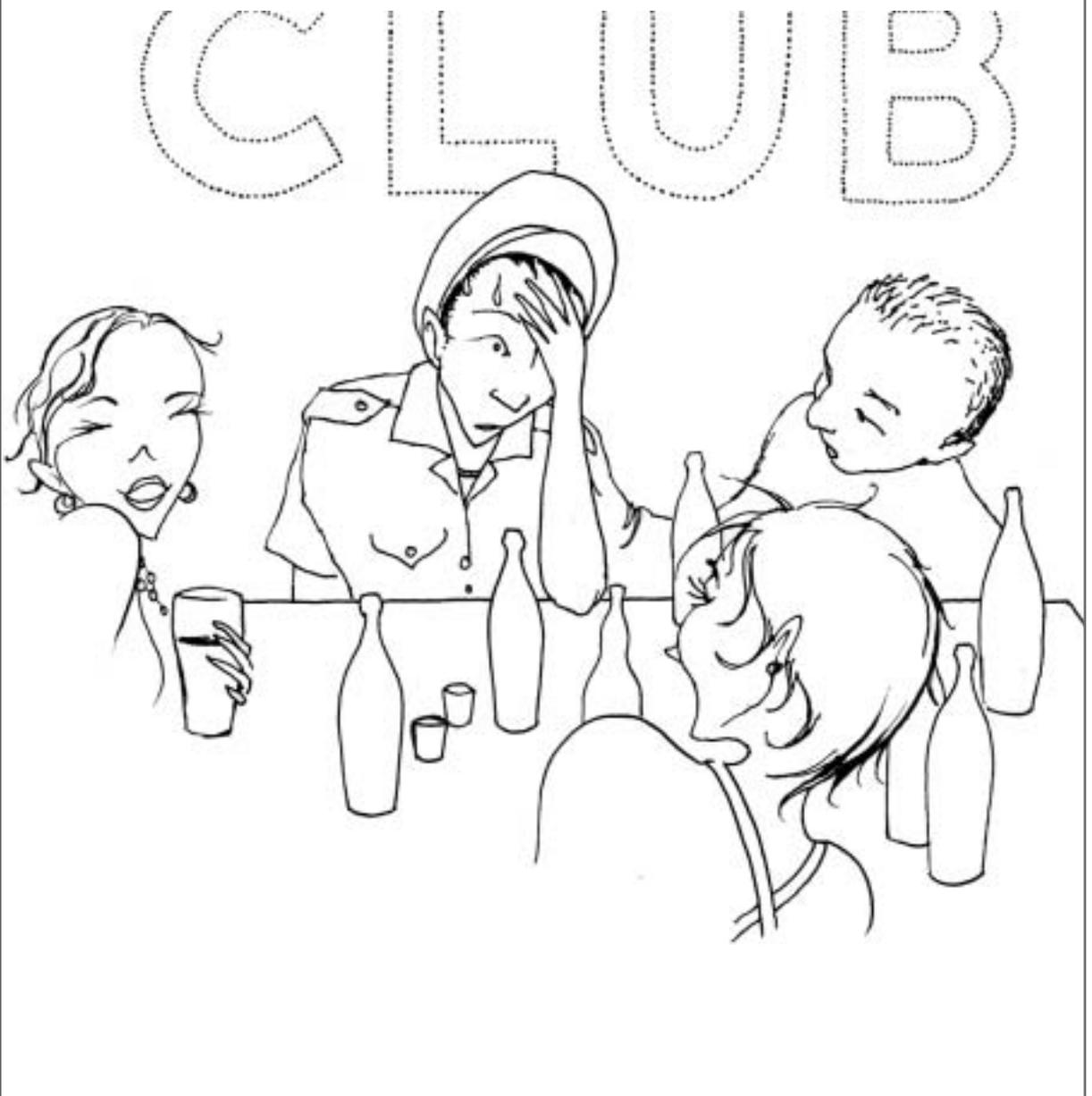
**Text**

Mary contracts an STI from her husband but does not seek treatment.

**CARD 5**

John's symptoms return and  
so do his bar visits

*John does not consider  
having an STI to be serious  
and continues his habits  
without using protection.*



**Visual**

John with women at the bar with a worried look on his face.

**Text**

John does not consider having an STI to be serious and continues his habits without using protection.

**CARD 6**

John discusses the symptoms with another policeman

*As the symptoms do not go away this time, John listens to the advice of his friend to go to the clinic.*



**Visual**

John talking to another policeman.

**Text**

As the symptoms do not go away this time, John listens to the advice of his friend to go to the clinic.

**CARD 7**

The doctor diagnoses an STI  
*The doctor tells John that he has a sexually transmitted infection and praises him for seeking treatment in the clinic. He tells John to bring his wife in for treatment.*



**Visual**

John being examined by a doctor.

**Text**

The doctor tells John that he has a sexually transmitted infection and praises him for seeking treatment in the clinic. He tells John to bring his wife in for treatment.

**CARD 8**

Condoms key to prevention  
*Condoms prevent the  
transmission of STIs during  
sexual relations.*



**Visual**

Doctor giving John condoms.

**Text**

Condoms prevent the transmission of STIs during sexual relations.

## CARD 9

STIs contribute to HIV transmission

*HIV is spread in the same way as STIs. If you have an irritation caused by an STI, it creates an opportunity for HIV to enter your body. If you have an STI you could already have contracted HIV.*



**Visual**

John in bed with his wife in one image and with another women 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 an opportunity for HIV to enter your body. If you have an STI you could already have contracted HIV.

## CARD 10

What happens to your body over time

*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.*



**Visual**

People looking healthy to start with and beginning to get sick after eight or nine years.

**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 11

Transmission from mother to child

*You can pass on HIV to many partners without knowing it, 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 for her then to pass it on to your unborn child.*



**Visual**

John with Mary who is visibly pregnant.

**Text**

You can pass on HIV to many partners without knowing it, 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 for her then to pass it on to your unborn child.

## CARD 12

Why police officers are vulnerable

*Policemen may have many risk-taking types of behaviour. They may be offered and accept sexual favours while on patrol or in operations away from home, they may drink heavily, many do not use condoms and they may self-treat for STIs.*



**Visual**

Two policemen on patrol at night arresting a woman.

**Text**

Policemen may have many risk-taking types of behaviour. They may be offered and accept sexual favours while on patrol or in operations away from home, they may drink heavily, many do not use condoms and they may self-treat for STIs.

### CARD 13

Policemen need protection  
*Stay fit and strong and  
protect yourself from STIs by  
sticking to your faithful  
partner or using condoms.  
Protect yourself and your  
family.*



**Visual**

Strong and fit policeman buying condoms at a shop.

**Text**

Stay fit and strong and protect yourself from STIs by sticking to your faithful partner or using condoms. Protect yourself and your family.

**CARD 14**

Wives should accept that  
their husbands need  
condoms

*Wives and regular girlfriends  
should ensure that their whole  
family is protected from HIV  
by giving their husbands  
condoms when they leave on  
mission.*



**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.

CARD 1



### Visual

A uniformed man is enjoying a drink with a young woman who is not his wife. She affectionately offers herself to the man.

### Questions

- 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?

CARD 2



### **Visual**

Anyone who has been engaging in casual sexual relations without using condoms is vulnerable to HIV infection. Getting voluntary HIV testing and counselling gives you a new lease on life. Whether you are HIV-positive or HIV-negative, condom use is recommended.

### **Questions**

- What is going on in this picture?
- Why would this man want voluntary counselling and testing?
- How would he feel before hearing the result?
- Do you think he will use condoms after getting the result?

CARD 3



### **Visual**

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 had been used.

### **Questions**

- 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?

CARD 4



### Visual

A couple has a heated argument when the wife finds a condom in her husband's military uniform pocket.

### Questions

- Describe what you think is happening in this picture.
- Why do you think the woman reacted the way she did? And the man?
- What might the man have done differently?
- What might the woman 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?

CARD 5



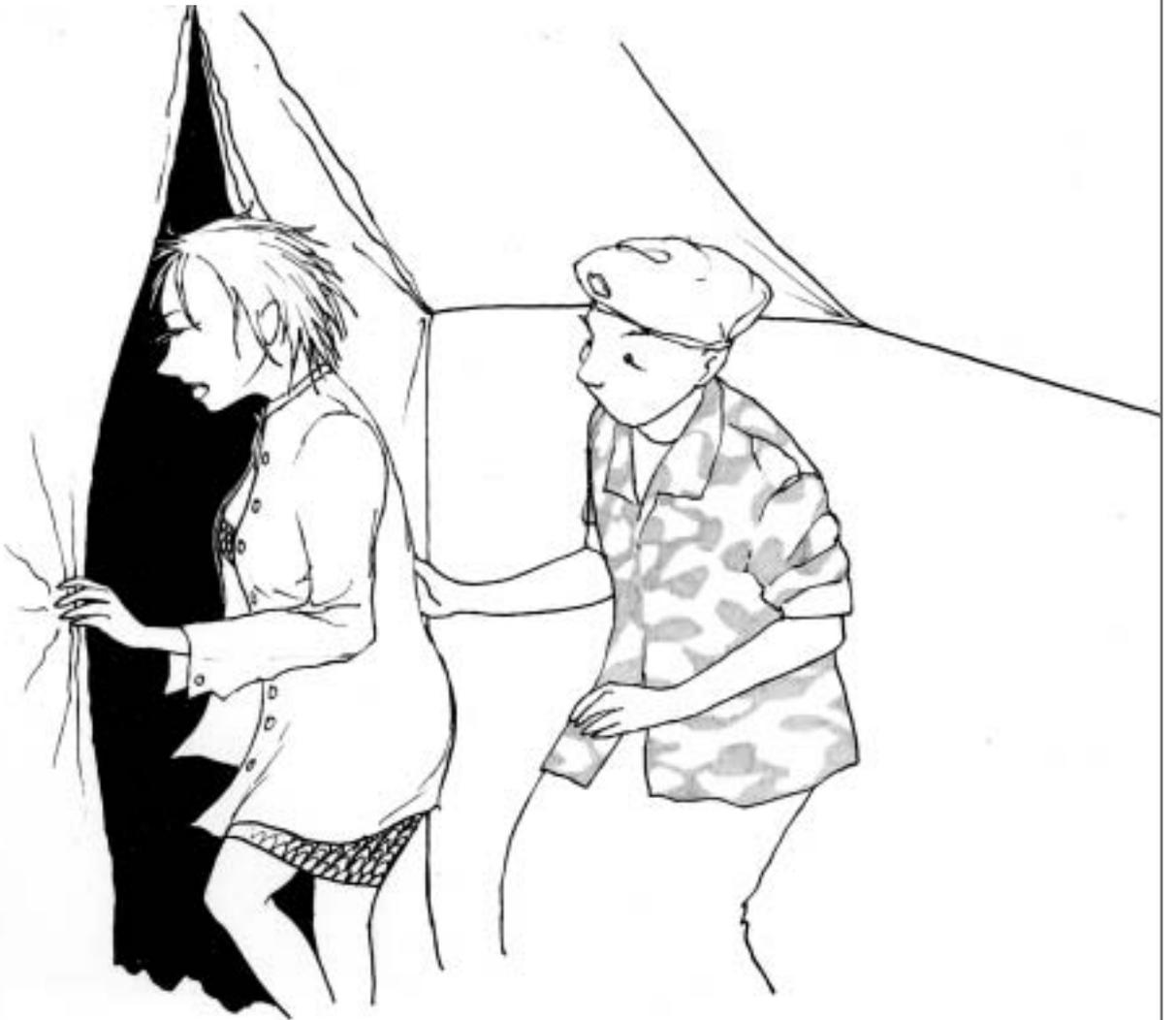
**Visual**

A police 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.

**Questions**

- 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?

CARD 6



### Visual

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

### Questions

- 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?

CARD 7



### Visual

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

### Questions

- 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 the reaction of the husband be?
- 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?

CARD 8



### Visual

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 that night.

### Questions

- 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?

CARD 9



### **Visual**

A man in camouflage pants and no shirt is tightly holding a woman's wrist and is about to strike her with the other hand. She is covering as she attempts to protect herself and is clutching condoms in one hand.

### **Questions**

- Is this scene realistic?
- What do you think is happening? And why is it happening?
- What do you think is the cause of the dispute?
- Do you think that there could have been another way of dealing with it?

CARD 1



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?  
(Some suggestions if necessary: decision 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?

CARD 2



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: decision 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?

CARD 3



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?

CARD 4

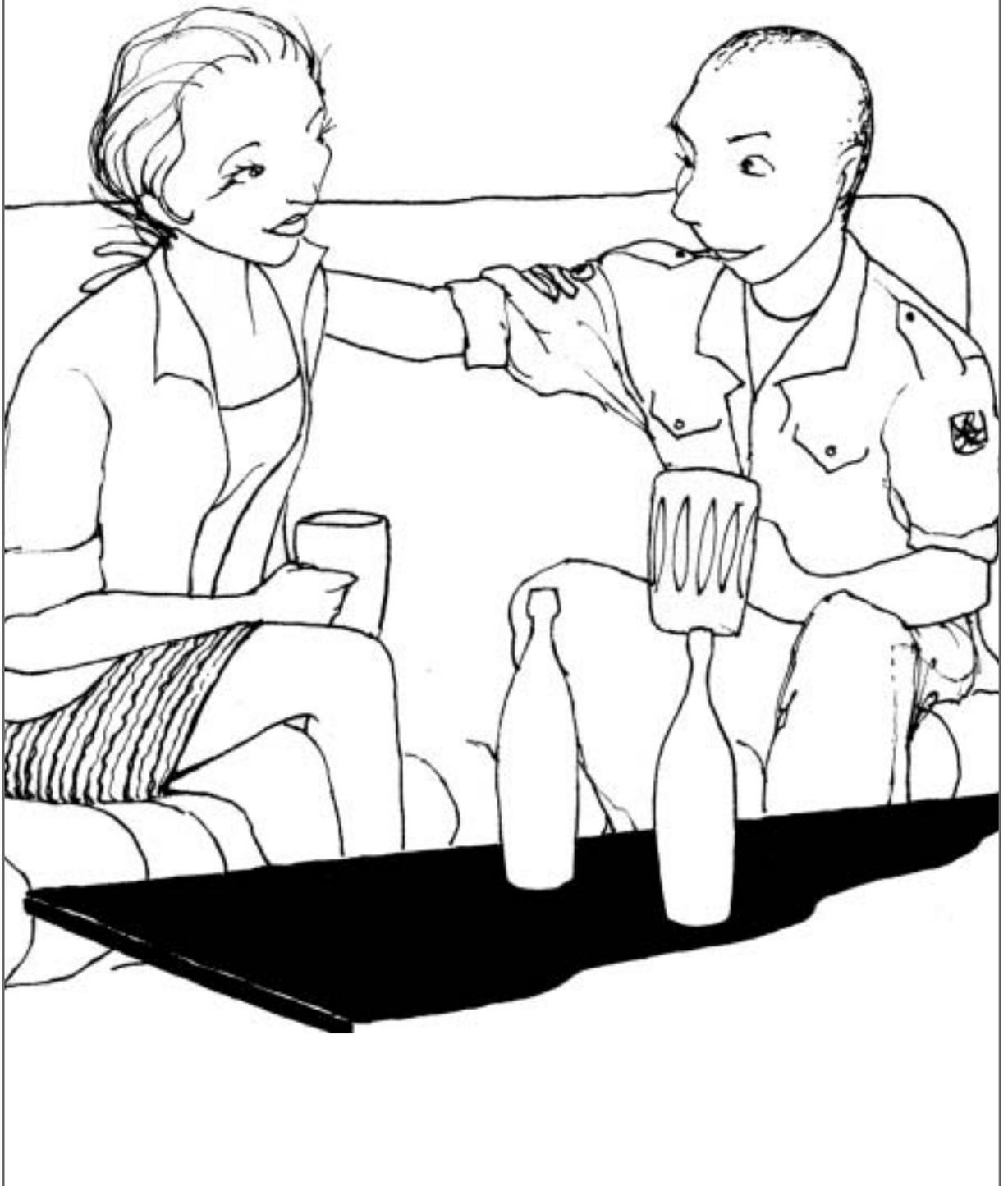


A table full of men in uniform and young girls in a bar. The table is full of empty bottles. The barman arrives with another round. One man reaches for his wallet to pay. Another one motions him to put his wallet away and hands the barman a wad of notes.

- 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; cannot support family properly; cannot buy friends)
- How is this situation related to STIs or HIV infection?
- Does this happen to uniformed services personnel?
- What can be done to change this situation?

**CARD 1**

HIV is the virus that causes  
AIDS



### **Discussion questions**

What is HIV?

What is AIDS?

What is the difference between HIV and AIDS?

How long does a person carry the virus before showing any signs or symptoms of becoming sick from AIDS?

*(AIDS stands for acquired immune deficiency syndrome. AIDS is the name of a group of fatal sicknesses caused by a virus called HIV. HIV is the human immunodeficiency virus. It weakens the body's protection against disease and eventually causes AIDS-related illnesses and death. A person can look perfectly healthy but still carry HIV and pass it to others. This period without any symptoms can last up to 10 years. Women can be infected by their own husbands without knowing it. They can then infect a new baby during birth and only discover that both parents are infected when the baby dies of AIDS.)*

**CARD 2**  
**Almost all HIV is sexually**  
**transmitted**



**Discussion questions**

What are the three most important ways of contracting HIV?

Are there other ways of contracting HIV that concern you?

*(Sexual relations, mother-to-child transmission and blood transfusions are the most common means of getting infected with HIV. Mosquitoes, sharing toilet seats, sharing eating or drinking implements, or casual contact have no chance of transmitting HIV. Even injections in clinics or contact with sharp implements present almost no risk at all.)*

**CARD 3**

**A mother can pass HIV  
to a baby at birth or by  
breastfeeding**



**Discussion questions**

How can a baby get infected with HIV?

How would you feel if you had a baby born with HIV?

What do you think would happen to it?

*(A man who becomes infected with HIV from a casual sexual relationship can then infect his wife, usually within two years of being infected himself. If an HIV-positive woman gets pregnant she has up to a one in three chance of passing the virus to the baby. In most cases the infected baby is weak from the start and dies before his or her fifth birthday.)*

**CARD 4**  
**Sexual partners of men**  
**in uniform can be**  
**vulnerable to HIV**



**Discussion questions**

What makes women who have sex with men in uniform vulnerable to HIV?

What can they do about it?

How will it be possible to stop men having sex with other women?

*(Frequent assignments away from home, night patrols and the weakness of men to the temptations of other women (especially after drinking alcohol) put them at risk of becoming infected with HIV. Discussing sex with other women may cause a big row but it is better to bring up the subject and that of condom use than risk infection.)*

**CARD 5**  
**Trusting a partner not  
to be infected**



**Discussion questions**

Describe what a man looks like who is not likely to be infected with HIV?

Can a man be healthy, handsome and regularly attend a place of worship and still be infected?

How many lovers in the past does it take to risk infection?

*(Many women and men mistakenly think that if a person is good looking, looks strong and healthy, is nicely dressed, is pleasant and nice and attends a place of worship regularly, they could not possibly be infected with HIV. The truth is that anyone could be infected without knowing. Remember, when you have sex with one person it is like having sex with everyone they have ever had sex with in the past. And it takes just one infected lover from the past and a bit of bad luck to risk infection from even a regular boyfriend. He can be faithful now but he has probably had a few girlfriends in the past.)*

**CARD 6**  
**Condoms are reliable**  
**protection**



**Discussion questions**

Do your partners use condoms if they have sex outside the relationship?

What do you think of the role of condoms in HIV prevention?

What do you think of the reliability of condoms?

*(Condoms, properly used, reliably prevent the sexual transmission of HIV and STIs that can cause infertility. Condoms are electronically tested before being packed for sale. HIV and STIs are too small to pass through latex or the plastic used in female condoms. Studies show that major brand-name condoms rarely break. When they do it is usually because the user has not put them on carefully. Female condoms never break.)*

**CARD 7**  
Members of the  
uniformed services  
should carry condoms



**Discussion questions**

What do you think your reaction would be if you found your husband or regular boyfriend had condoms and wasn't using them with you?

Does it make sense to make it hard for him when he is doing a good thing by protecting both himself and you?

*(You probably feel jealous and angry. It might even confirm your suspicions that he has been unfaithful. However, finding condoms means that he is protecting himself, you and any future children you might want to have together from HIV. It is better to be sure that condoms are around and being used than fear that he is promising not to see other women but is sneaking off behind your back without condoms.)*

**CARD 8**  
Encourage partners to  
use condoms in sex  
outside the relationship



### **Discussion questions**

Would it be possible to convince your partner to use condoms with you?

How would you approach the idea of condoms being used?

You probably prefer that your partner has no relations outside the relationship. But if he does, how can you convince him to protect himself and you?

*(If it is difficult to get your partner to use condoms with you, getting him to use them with other sexual partners is the only way to protect him, you and any future children you might want, from HIV infection. Men often don't think about the consequences of their acts. They are only thinking about the pleasure of the moment. Reminding them of their responsibilities to protect you and future children may not be welcome but it is a matter of life and death.)*

**CARD 9**  
Treat both partners  
rapidly when an STI  
appears



**Discussion questions**

Have you ever had an STI?

Has your partner?

How were they treated?

Why is rapid treatment of STIs important?

*(Having a sexually transmitted infection greatly increases the opportunity to be infected with HIV, the virus that causes AIDS. Women can be infected with an STI and not even know it. If men have symptoms, both men and women need to be checked at a clinic. Treating yourself is not a reliable method.)*

**CARD 10**  
**Beware if you ignore**  
**HIV and AIDS**



**Discussion questions**

What do you think is going to happen to this family?

Do you think they have prepared a will?

Do you think they have prepared their finances?

*(Many people deny that they are going to die from HIV/AIDS even though they are sick from it. They can ruin the lives of those who are left if their finances are not in order and a will is not prepared. Widows can be removed from their homes, belongings taken and children can end up with nothing, forced to beg, steal or sell sex. Having voluntary counselling and testing as soon as possible allows you to plan the rest of your lives either way. Remember three-quarters of the people who get tested find out they are not infected.)*

**CARD 11**  
**What you have learned**



**Discussion questions**

What did you learn today about HIV and AIDS?

How do you get it?

How do you prevent it?

What did you learn about condoms?

What did you learn about STIs?

What can you do to protect you and your family from HIV infection?

What did you learn about voluntary counselling and testing?

*(Ignoring the reality of sexual relations outside marriage will only bring tragedy and even death to the partners of men in uniform. It is better to take decisive action to protect your partner, yourself and your children. If the man is not going to stop having sexual relations outside the relationship, then he has to be encouraged to use condoms even if nobody is happy about the idea.)*