

Safe Love Club Discussion & Activities Guide

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Abbreviations

AIDS	Acquired Immuno-Deficiency Syndrome
COMPACT	Community Mobilisation for Preventive Action
CSH	Communications Support for Health
CT	Counselling and Testing
GBV	Gender Based Violence
HCP	Health Care Provider
HIV	Human Immunodeficiency Virus
MC	Male Circumcision
MCP	Multiple and Concurrent Sexual Partnerships
PMTCT	Prevention of Mother to Child Transmission of HIV
STD	Sexually Transmitted Diseases
STIs	Sexually Transmitted Infections
USAID	United States Agency for International Development
VCT	Voluntary HIV Counseling and Testing
VMMC	Voluntary Medical Male Circumcision

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Purpose of the Safe Love Club Discussion & Activities Guide

The purpose of the Safe Love Clubs is to increase men and women's commitment and acceptance of joint responsibility and decision-making in all areas of sexual and reproductive health. The Clubs also aim to reduce harmful male norms in order to ensure women's equality in relationships and an enriched couple relationship. Enriched couple relationships are envisioned to enhance stable marriages or relationships, reduce risk to HIV and other sexually transmitted infections (STIs) through safer sexual practices, re-enforce traditional family values, and build healthy families subsequently building healthy communities.

The Safe Love Clubs' goals are to enable open discussions on the dangers of risky or uninformed sexual and other health choices. This discussion guide will play a central role in helping participants share opinions, ideas and strategies on how to best deal with the risks involved in sex, relationships, and life. It is also hoped that couples will build confidence through discussions to lead the local response to HIV prevention in their communities and make informed choices.

This discussion guide is to be used by community members belonging to Safe Love Clubs. The guide provides talking points and activities around a number of topics related to HIV prevention. Each session provides multiple activities from which the group facilitator can pick to generate discussion based on community practical experiences and issues. The session ends with easy take home action points. The guide is meant to provide enough activities and talking points to cover a 12 month period (1 year).

Role of the Safe Love Club Facilitator

As a facilitator, you are in charge of making sure each Club meeting is successful. To do this, it is important to create a space where group members, including yourself, can learn from the ideas and experiences of others, discuss within a safe environment, and work together to form consensus.

You will create that space through careful pre-planning of materials needed for the session and identifying a good discussion space. During the Club meeting, give each member equal opportunity to speak and remind everyone to remain respectful of each other and what they have to say.

One good strategy is to begin your very first meeting by working as a team to create rules for the Club. These rules should include how group members want the Club to function (e.g. how often do we meet, what time), in addition to the Club's goals (e.g. improve relationships between husbands and wives in our community) and values (e.g. respect each other, remain supportive of each other. It is ok to disagree but no arguing). Remember not to create too many rules so that everyone can still have fun and enjoy their time in the Club!

Chapter 1 - Understanding Sex and Sexuality

Purpose

To understand the relationship between sex and sexuality.

Objective

To discuss and share experiences on what is understood by the terms sex and sexuality.

Activity 1: Discussion

Divide the participants into two groups according to gender (all women in one group, and all men in another group) to work on these two tasks:

1. List the differences between women and men. Think about the differences between men and women's bodies and how they think and act. How do we know these differences? What are the perceived differences based on? (E.g. biological, social, or cultural).
2. Draw male and female sexual organs and use picture codes.

Ask each group to think about these questions:

- What are the effects of highlighting differences rather than similarities between men and women?
- To what extent do assumptions about biological differences determine sex differences between women and men? And to what extent do these differences influence popular culture, sayings or beliefs in your cultural setting?

Bring both groups together again and have everyone share the results of their discussions.

Activity 2: Discussion

Divide the participants into two groups according to gender (all women in one group, and all men in another group) to discuss the questions below:

- What is sex?
- How do people express themselves sexually?
- When is sex a good thing or a bad thing?

Bring both groups together again and have everyone share the results of their discussions. What is the same, and what is different about what the two groups had to say?

Key Points

- Sex is biological; differences between male and female are physical biological differences.
- Sexuality is a natural expression of feelings and emotions. It is needed for the body to be completely balanced and healthy. It is who you are.
- Factors influencing sexuality include: sexual knowledge, beliefs, attitudes, values, ethnicity, spirituality, culture, moral concerns and influences of behaviors of other individuals in our lives (parents, peers, and teachers).
- You are attracted daily to images and people around you, whether they are in person or through the media. This is sexual attraction and sexuality.

Take Away Actions Points

- Ask participants to discuss sex and sexuality with their sexual partners.
- Discuss how issues of sex and sexuality contribute to HIV transmission.
- Discuss with you partner and friends the importance of breaking the culture of silence that surrounds sex.

Chapter 2 - Communication in Relationships

Purpose

To help couples learn skills to improve communication between themselves.

Objective

To define what makes good communication and allow couples to practice.

Activity 1: Debate

Divide the group into two—one with the men and one with the women. Ask each group to list what they want in their ideal wife (men's group) or ideal husband (women's group) and discuss why. Allow 20 minutes for each team to create their lists. After both are through, one person from each team will then present their case for the ideal partner to the others, one item at a time, giving the other team a chance to respond. One man and one woman should not be assigned to a team, and will act as the judges deciding which team had the better explanations.

End the exercise with a discussion about why having a partner is important:

- What does it add to one's life?
- Why should you put effort into making your relationship as good as it can be?
- What surprised you about what the other group presented?

Activity 2: Pass the Cube - The Hardest Questions

The sides of the cube indicate various topics. Each couple gets to "roll" the cube and must come up with a question about that topic that all the couples should answer in their relationship/marriage. No one needs to answer the questions out loud during the meeting as the answers are private to each couple, but it is the asking that is the important part.

Topics include:

1. Sex
2. Trust
3. Money
4. Family
5. HIV
6. Condoms

Encourage each couple to talk about their answers together when they get home.

Key Points

- Understanding what each person wants and needs is the starting point for a good relationship. This all starts with good communication.
- Respecting the wants and needs of your partner.
- Discussing even the hardest questions is important to grow your relationship.

Take Away Action Point

- Choose at least one of the questions that were raised today and talk about it with your partner before the next meeting.

Chapter 3 - Alcohol and Sex

Purpose

To understand the relationship between alcohol and sex.

Objective

To discuss how drinking alcohol influences decisions in having sex.

Activity 1: Picture Codes

Show pictures of a drunken person(s) from X (name the tool) and ask what participants see in pictures (use alcohol and sex pictures):

- What do you see in the picture?
- What do you think is happening in the pictures?
- Why do people take alcohol?
- What do people get from drinking alcohol?
- What can happen when a person takes too much alcohol? What are the risks and how can they be reduced?
- How can drinking too much alcohol lead to HIV infection?

Key Points

- Reasons why people take alcohol.
- Risks associated with alcohol.
- How risks associated with alcohol can be reduced.
- Communities can play a key role in promoting healthy alcohol habits (e.g. hours of beer halls, what they sell, etc.).

Take Home Action Points

- Discuss with your peers the current regulations regarding opening hours for bars, age restrictions and types of alcohol on the market.
- Talk to your friends about what each of you can do when drinking alcohol to prevent risky sexual behavior, (e.g. put a limit to the number of drinks you have, always carry condoms with you, etc.).

Chapter 4 - Gender and Gender-Based Violence

Purpose

To create awareness about the role of gender in HIV prevention.

Objectives

- Define gender-based violence and where it happens in our community.
- Identify different types of gender-based violence and the impact it has on the victim.
- Determine the consequences of gender based violence (GBV) on the victim's well-being (health, wealth, human rights) and on their family and society as a whole.

What is Gender?

Gender is the relations between men and women, both perceptual and material. Gender is not determined biologically, as a result of sexual characteristics of either women or men, but is constructed socially. It is a central organizing principle of societies, and often governs the processes of production and reproduction, consumption and distribution' (FAO, 1997). Despite this definition, gender is often misunderstood as being the promotion of women only.

Gender issues focus on women and on the relationship between men and women, their roles, access to and control over resources, division of labour, interests and needs. Gender relations affect household security, family well-being, planning, production and many other aspects of life (Bravo-Baumann, 2000).

Gender roles are the 'social definition' of women and men. They vary among different societies and cultures, classes, ages and during different periods in history. Gender-specific roles and responsibilities are often conditioned by household structure, access to resources, specific impacts of the global economy, and other locally relevant factors such as policies and distribution of resources (FAO, 1997).

Gender relations are the ways in which a culture or society defines rights, responsibilities, and the identities of men and women in relation to one another (Bravo-Baumann, 2000)

Gender-based violence (GBV) is violence against women based on women's subordinate status in society. It includes any act or threat by men or male dominated institutions that inflict physical, sexual, or psychological harm on a woman or girl because of their gender. In most cultures, traditional beliefs, norms and social institutions legitimize and therefore perpetuate violence against women.

Gender-based violence includes physical, sexual and psychological violence such as domestic violence; sexual abuse, including rape and sexual abuse of children by family members; forced pregnancy; sexual slavery; traditional practices harmful to women, such as honour killings, burning or acid throwing, female genital mutilation, dowry-related violence; violence in armed conflict, such as murder and rape; and emotional abuse, such as coercion and abusive language.

Trafficking of women and girls for prostitution, forced marriage, sexual harassment and intimidation at work is additional examples of violence against women.

Activity 1: Case Study

Martha is 15 years old and in Grade 10 at Vision Academy. Martha has refused to marry a man organised by her father. This is seen as an act of defiance which results in her removal from school.

One day, her sister Mary tricks her into going to the market at the busy border town of Ndavutika. There, she is forcibly taken by a 32-year-old man chosen by her family whom she has never met, and unwillingly becomes his wife.

In the night of her first day in the forced marriage, Martha cries to herself as the stranger repeatedly rapes her. The following morning she runs away from the house and tells her sister what happened.

Martha is chased away by her family and told that she will get used to her situation and learn to love this stranger. Martha's sister shares her own experience in an arranged marriage, explaining how she did not like it at first but later started to appreciate it.

After four months Martha cannot endure the pain any longer. She decides to run away to a far place to start a different life of her own.

To start her new life afresh, Martha decides to get tested for HIV. Unfortunately for Martha, during her four months' ordeal in a forced marriage, not only did she get pregnant, but she also contracted HIV.

Discussion Questions

- Have you heard a similar story before?
- Do you know anyone like Martha in your community?
- What would you do if you were Martha?
- What are the possible reasons for violence in marriage?
- How does your community support victims of gender-based violence that report their cases?
- Who does a victim report to?
- How does your community help fight gender-based violence?
- What type of help do you think Martha needs to help her accept her new HIV positive status?

Activity 2: Brainstorm - Identifying Forms of GBV

Ask the group to discuss the following questions in smaller groups. Then share the ideas with the larger group.

1. What is emotional violence? Does your partner ever:
 - Say or do something to humiliate you in front of others?
 - Threaten you or someone close to you with harm?
 - Deny you support (material, moral or financial)?
 - Does anyone want to share any of their experiences?
2. What is physical violence? Does your partner ever:
 - Push you, shake you or throw something at you?
 - Slap you, or twist your arm?
 - Punch you with his/her fist or with something that could hurt you?
 - Kick you or drag you?
 - Try to strangle or burn you?
 - Physically force you to have sexual intercourse with him/her even when you did not want to?
 - Force you to perform any sexual acts you did not want to?
 - Why do women tolerate violence?

Brainstorm with the group, what other types of violence take place in our community (sexual, economic, etc.). At the end, ask if anyone from the group would like to share an experience.

Activity 3: Pictures - Man or Woman?

Show a set of pictures to the group one at a time, asking them to say whether the picture shows something a man would do, a woman would do, or both. Sort the pictures into the different categories.

1. Pictures should include:
2. Cooker
3. Car
4. Broom
5. House
6. Water tap/bore hole
7. Chair
8. Maize farm
9. Stash of money
10. Packet of washing powder
11. Condoms
12. Baby
13. TV
14. Beer bottle
15. Bed
16. Market

Once all the pictures have been put into their pile, ask the group to think about why they divided the stack of pictures the way they did. Ask the group the following questions:

- Are there biological differences between men and women that result in these different roles? Or is it cultural?
- How are roles for men and women given? Is this different today than it used to be?
- What kind of role do you think our daughters should play when they grow up? How about our sons?

Key Points

- Gender-based violence is a public, not a private issue and needs more attention in our communities.
- The root cause of gender-based violence is the imbalance of power in relationships between men and women. How can we improve the power balance between men and women in our community?
- Gender based violence hurts everyone, not just women.
- Women experience gender-based violence more than men. The violence can be physical, emotional, sexual, or economic.
- Everyone has a right to live free of violence.
- Any incident of gender-based violence is a criminal act and must therefore be reported immediately.

Take Away Action Points

- Talk to your partner and friends about what type of gender-based violence is happening in your community?
- How can we improve the power balance between men and women in our community?
- What can you do to help victims of gender-based violence in your community?

Chapter 5 - Culture, Love, and HIV

Purpose

To explore the issues of culture and love in the context of HIV.

Objectives

To stimulate discussion on the relationship between culture and love in the context of HIV.

Activity 1: Role play

Role play a scenario at a typical kitchen party for a young woman soon to be married. Highlight the key messages that the matron and other women will be giving to the young woman on how she is expected to behave once she is married.

After the role play, ask the group the following questions?

- How is the young woman expected to behave once she is married?
- How is the young husband expected to behave?
- How is the wife expected to show love to her husband?
- How is the husband expected to show love to the wife?
- Do the expected behaviors of the husband and wife promote safe love?
- How can communities use events like kitchen parties to promote safe love and mutual respect in married couples?

Activity 2: Debate

Ask the group to choose one topic from the topics below:

- It's a woman's responsibility to make sure that the husband is happy and that the marriage works out.
- It's a man's job to decide when to have sex with the wife or partner.
- It's the man's job to make sure condoms are available in a home.
- It's a woman's responsibility to ensure that the couple's children are well spaced.
- It's a man's job to make sure the family is well taken care of financially.

Divide the group into two smaller groups, one group will argue for the topic and the other will argue against the topic.

Activity 3: Case study

Loveness is a 26 year old Zambian woman. She is married to 35 year old Peter and they have 3 children together. They have been married for 7 years. Peter has 3 other children from previous relationships and Loveness has 1 child from a previous relationship too. All in all, there are 9 people in their household.

Two days ago, Loveness over-heard her husband telling his friend how he had sex with a woman when he went drinking in a neighboring compound. Loveness got very upset but she could not face Peter and tell him that she overheard what he was saying. She was scared that he may beat her up.

Loveness has also thought of leaving her husband but she is worried about what people will say if she did that. After all, her family expects her to ensure that her marriage is successful. She is also worried about her children. But, Loveness feels very sad and she no longer feels attracted to her husband as she used to since she overheard him boasting about his sexual encounter with the other woman.

Despite overhearing her husband talking about having sex with another woman, Loveness and her husband have continued to have unprotected sex as usual. She has thought about bringing up the issue of condoms but

she doesn't know where to start. Besides, it's always her husband who makes decisions about how and when they have sex.

Discussion Questions:

- Have you heard of similar stories in your community?
- Who can Loveness talk to about her problem?
- How can Loveness tell her husband that she knows about the other woman?
- How can Loveness talk to her husband about condoms and HIV testing?
- What do you think about Loveness's thought to leave her husband?
- What would you do if you were in Loveness's situation?

Activity 4: Local History

Ask group members to give a detailed account of how couples in their community were expected to behave towards each other 15 years ago. Compare that to how couples behave today.

- What are some of the things that people in relationships used to do then that they do not do today?
- How have things changed?
- Why have things changed?
- Is there a need to change how couples act today in our community?
- What behaviors should couples avoid to prevent HIV infection?
- How do couples protect themselves from HIV infection today?
- What traditional practices might need to change in order to protect our community from increased HIV infection (e.g. polygamy, "inheritance rights," dry sex, traditional medicine)?

Key Points

- Attitudes, traditions and values in every culture affect people's sexual behavior.
- Some traditions can result in increased risk of HIV infection. They include the following:
 - Polygamy: if one or more of the wives or the husband is infected.
 - Inheritance rights: brothers or other male adult relations are compelled to marry the wife of a male relative who has died. If the relative has passed away because of AIDS, often the wife is HIV positive.
 - Circumcision and excision: if the instruments used are not properly disinfected.
 - Scarring and tattooing: if the instruments used are not properly disinfected.
 - Brotherhood rites: as a result of possible blood exchange.
 - Ritual deflowering and sexual violence by men against women, girls and children.
 - Dry sex practices used to increase sexual pleasure.
 - Culture does not remain the same forever, it changes with time. It is important to adapt culture to a community's current needs (e.g. increase condom use amongst married couples to protect each other from HIV infection).
- The way people in relationships were expected to behave in the past is not the same way that people in relationships are expected to behave today. HIV is changing people's attitudes, traditions and practices towards sex and sexuality.

Take Away Actions Points

Looking at your own relationship(s):

- Are there some things that you and your partner do not want to do, but do anyways because you are expected to by your community?
- Do those things help or hurt your relationship and how?
- What changes would you like to make that would make both you and your partner happier?

Chapter 6 - Sexually Transmitted Infections (STIs)

Purpose

To learn about the dangers of sexually transmitted infections (STIs).

Objectives

- Gain basic understanding of what STIs are.
- List the type of STIs commonly known in their communities.
- Understand the importance of seeking early treatment for STIs.
- Demonstrate a clear understanding of why STI prevention is important.

Activity 1: Guest Speaker

Ask a nurse in the community or another suitable person, to come make a presentation about common STIs found in Zambia. The presentation should be followed by a question and answer session.

Activity 2: Discussion

What are the most common sexually transmitted infections that you know about? Divide participants into groups and ask them the following questions:

- What are some of the STIs you have heard about in your community?
- Encourage participants to list them and give a local or vernacular name to all the STIs identified.
- What are some of the signs and symptoms of the STIs you have listed?

Let the participants come back in a plenary and present their work. All participants should actively participate.

Activity 3: Role Play - What should you do if you suspect that you have an STI?

Use a role play to engage the audience. Ask for three volunteers and brief them to prepare for a role play- one client, the client's friend, and a Health Care Provider or clinician.

Misozi and Kalumbi are close friends who completed school recently. Kalumbi knows that Misozi likes drinking and that in the past he has skipped school to spend time drinking instead. Misozi also knows that his friend has had unprotected sex with more than three sexual partners over the last month.

Recently, Misozi has started complaining that he is having pain when passing urine and has been inactive lately. Kalumbi has also seen him scratching his private parts many times. Misozi recommends that Kalumbi go to the clinic to see a counsellor to check out his problem. Today the two friends have come to the nearby clinic to see a counsellor. After asking a nurse to see a counsellor, Misozi and Kalumbi are invited into a room to speak with a counsellor. .

Counsellor: Welcome today, what would you like to talk about?

Misozi: Well I've been feeling some pain when I pass urine and I don't know why.

Counsellor; How long have you had this pain? Can you describe the pain for me?

Misozi; The pain has been happening for about two weeks now. It is like a burning sensation on my private parts. And when I am not passing urine, I scratch a lot.

Counsellor; Have you had unprotected sex with anyone lately?

Misozi; Yes. I have had sex without a condom a couple of times with my female friends after some drinks.

Counsellor; Ok, well it sounds like you could have a sexually transmitted infection. I can refer you to a Clinical Officer so that you can have a physical examination and clearly determine what you have. The clinical officer will also do some tests to make sure you receive the right treatment. Have you thought about taking an HIV test? If you have been having sex without a condom, you could be at risk of contracting HIV in addition to any other STI.

Misozi; No. What will happen if I test HIV positive?

Counsellor; If you test is positive, there are different options for you to stay healthy, such as going on ARVs. Would you like to go ahead and meet with a clinical officer?

Misozi: Yes please.

Counsellor: And you will also have the chance to talk to the officer about getting an HIV test. While you are waiting to see a clinical officer, here are some flyers for you and your friend to have a look at.

After the role play, encourage the group to discuss the scene that has just been enacted. You may, for example, ask the following questions:

- What kinds of help might your friends need?
- Where would you go to seek help?
- If you needed help for STIs, what would you do?

Do you think Misozi should get an HIV test?

Make sure you cover the following points during the discussion in your activities:

- Any person who suspects an STI should seek expert treatment from a qualified health professional such as doctors, clinical officers or nurses.
- Treating yourself may cause complication as you may not use the right treatment for those particular STIs. Medicines bought from make shift stores or unqualified sellers may not be effective and can lead to drug resistance due to inappropriate treatment, expired drugs or under dosage.
- Avoid taking alcohol while on STI treatment as it may make the treatment less effective.
- Medication prescribed should be completed and a review is necessary to ensure the identified STI is cleared.
- STI medication should not be shared at all even if your partner has similar symptoms. Ensure you notify your partner and let them be examined as well.
- There are no preventive medications that can be taken minutes before sexual intercourse which can protect you from getting an STI if you have unprotected sex with an infected person.

Things to do if you suspect you have contracted an STI

- Seek medical treatment right away. Early screening and treatment of STIs will prevent complications but the above 2 are the most important actions.
- Ensure medications given are completed even though you feel well and go back for a recheck.
- Inform your sexual partners (s) to avoid re-infection. This is a must even if your partner is not experiencing or showing symptoms.
- Avoid sexual intercourse or use a condom until there is no evidence of infection.

Common STIs and Their Symptoms

STI	Signs & Symptoms
<p>HIV/AIDS</p> <p>AIDS is caused by the Human Immunodeficiency Virus (HIV). The virus weakens your immune system so that the body becomes very weak and cannot fight off other diseases. These other diseases are what cause people to die in the end.</p> <p>Spread through:</p> <p>The virus can enter your body if you come into contact with infected blood, semen, vaginal fluids, or breast milk. The most common ways for the body fluids to pass from one person to another are:</p> <ul style="list-style-type: none"> • unprotected vaginal sex • unprotected anal sex • unprotected oral sex • injection by needle-sharing • sharing objects and infected fluids • mother to child before, during or after delivery 	<p>HIV Exposure Stage</p> <ul style="list-style-type: none"> • Flu-like symptoms may occur early or late • Most look and feel well for years • Infectious carrier • Skin & lung infections common in later years • HIV = antibody test indicates infection HIV <p>Illnesses related to immune deficiency</p> <ul style="list-style-type: none"> • Generalized enlargement of lymph nodes • Chronic fever, night sweats • Diarrhea • Cough • Itchy skin rashes • Minor opportunistic infections <p>Related directly to HIV infection</p> <ul style="list-style-type: none"> • Dementia, encephalitis, meningitis • Chronic diarrhea • Losing weight • Opportunistic infections • Malignancies
<p>Genital Herpes (HSV)</p> <p>Genital Herpes is caused by the Herpes Simplex Virus with ulcerating blisters occurring on the genitals or anal area. May be spread to the mouth.</p> <p>Spread through:</p> <ul style="list-style-type: none"> • unprotected vaginal/anal/oral sex • direct touch skin-to-skin 	<ul style="list-style-type: none"> • Feel tired • Feverish • Painful blisters itch, reddened skin, form into groups and ulcerate • Ulcers crust and may heal with scarring
<p>Genital Warts (HPV)</p> <p>Genital warts are caused by Human Papilloma Virus (HPV) and occurs often on or in the genitals and anus. Genital warts are associated with cancer.</p> <p>Spread through:</p> <ul style="list-style-type: none"> • unprotected vaginal sex • unprotected anal sex • unprotected oral sex 	<ul style="list-style-type: none"> • Soft, moist, pink growths on the penis, around anus, and on or in the female genitals • May become stalked like a cauliflower
<p>Hepatitis B</p> <p>Hepatitis B is caused by a virus that invades the liver. and is 100 times more infectious than HIV. This STI can be prevented by vaccine.</p> <p>Spread through:</p> <ul style="list-style-type: none"> • Blood transfusion with infected blood • injected drugs (sharing needles) • unprotected vaginal sex • unprotected anal sex • unprotected oral sex • maternal blood to new baby • sharing items with blood (i.e. razors, toothbrushes, instruments) 	<ul style="list-style-type: none"> • Sudden flu-like illness with fatigue, nausea, vomiting, lack of appetite, fever • Dark urine and jaundice (yellow)

<p>Chlamydia</p> <p>Chlamydia is caused by a bacteria that commonly infects the genitals, anus and throat. The most common STI.</p> <p>Spread through:</p> <ul style="list-style-type: none"> • unprotected vaginal sex • unprotected anal sex • unprotected oral sex 	<ul style="list-style-type: none"> • Most women show NO symptoms. Some may have slight vaginal discharge, pain on urination, pain during sex; frequent urination. • Most men show the following symptoms. Discharge or itchy feeling in the penis; mild pain on urination; infection of anus or throat.
<p>Genital Lice (Crabs)</p> <p>Genital lice is caused by the a genital parasite called “crab louse”, which transfers from the genital hair of one partner to the other. The parasite lays eggs at the base of the hair which hatch in 5-10 days.</p> <p>Spread through:</p> <ul style="list-style-type: none"> • vaginal sex, protected or not • direct touch skin-to-skin 	<ul style="list-style-type: none"> • Intense itching in the genital hair area • Small red bumps around the pubic area
<p>Gonorrhea</p> <p>Gonorrhea is caused by bacteria that commonly infects the genitals, anus and throat.</p> <p>Spread through:</p> <ul style="list-style-type: none"> • infected semen and vaginal fluids • unprotected vaginal sex • unprotected anal sex • unprotected oral sex 	<ul style="list-style-type: none"> • Most women show NO symptoms or some vaginal discharge, pain on urination and frequent passage of urine. • Men usually notice thick yellow-green discharge from the penis, pain on urinating, pain in penis. • Men and women if infected in the rectum have pain, bleeding and discharge. • Sore throats if the throat is infected.
<p>Scabies</p> <p>Scabies is caused by parasitic female mites that burrow under the skin to lay their eggs, causing skin irritation.</p> <p>Spread through:</p> <ul style="list-style-type: none"> • close touch, skin to skin • shared personal items 	<ul style="list-style-type: none"> • Intense itching at night • Small red bumps and rashes develop 4-6 weeks after contact anywhere on the skin except head and neck.
<p>Syphilis</p> <p>Syphilis is caused by the Treponema Pallidum bacterium which develops into a staged disease over years. It is highly contagious, but cannot survive outside the body. The STI affects the skin and any organ.</p> <p>Spread through:</p> <p>Contact with infected blood, semen, vaginal fluids or pus from:</p> <ul style="list-style-type: none"> • mother to unborn • direct touch • close body contact • unprotected anal sex • unprotected vaginal sex • unprotected oral sex • kissing • injecting blood (needle sharing) 	<ul style="list-style-type: none"> • Stage 1: Early stages show painless sores, swollen glands and skin rashes. Sores may be inside the vagina or anus and go unnoticed. • Stage 2: Rashes, new sores, flu-like symptoms, swollen glands, brain infection.

<p>Trichomoniasis</p> <p>Trichomoniasis is caused by the single-celled protozoan parasite <i>Trichomonas Vaginalis</i>. The vagina is the most commonly affected site in women, and the urethra in men.</p> <p>Spread through:</p> <ul style="list-style-type: none"> • Unprotected vaginal sex 	<ul style="list-style-type: none"> • Itching, burning on vagina or urethra • Irritation inside the penis • Vaginal or vulval redness • Unusual vaginal discharge • Frequent and/or painful urination • Discomfort during intercourse • Abdominal pain.
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*Source: Vaughans STI information summary chart, (Vaughans STI information summary chart, 2007)

Relationship between STI and HIV

- A person with STIs has a much higher likelihood of contracting HIV through unprotected sex with someone who has it.
- The sores, blisters, rashes, and soft spots in the skin from the STI can provide openings for the HIV to enter the system.
- STIs put additional stress on the body's ability to fight infections. Those who are HIV positive and have an STI are likely to get sick more frequently and to develop AIDS more rapidly.
- When the body has to keep fighting infections for a long time the body's defence mechanism (the ability to defend itself from infections) is weakened.
- When the body can no longer resist, infections and diseases take over and the person may die.

Prevention of STIs

- The most effective prevention measure of STIs is abstinence from oral, anal and vaginal sexual intercourse and having one faithful partner who is not infected with an STI. Both partners must be faithful to each other.
- If abstinence is not possible, use a condom correctly and consistently for every sexual act with any partner. Condoms can protect many STIs but not all STIs.

Key Points

STIs are infections that are transmitted from one person to the other through unprotected sexual intercourse. Some STIs can pass from a mother to her baby before, during or after delivery. These include syphilis, gonorrhoea, and HIV.

Some STIs are easily detected because of obvious signs and symptoms, while others are not easy to see. For example, you cannot tell if a person has HIV just by looking. It is important to go to the clinic and get tested as soon as you suspect you might have an STI, especially if you have had unprotected sex.

Take Home Action Points

- Discuss with your neighbors what they know about STIs and how to protect themselves from STIs.
- What are some of the attitudes of your community towards STI prevention? E.g. a bull is known by its bruises meaning that if one does not get STIs, he is not a real man.

Chapter 7 - Basic Facts about HIV and AIDS

Purpose

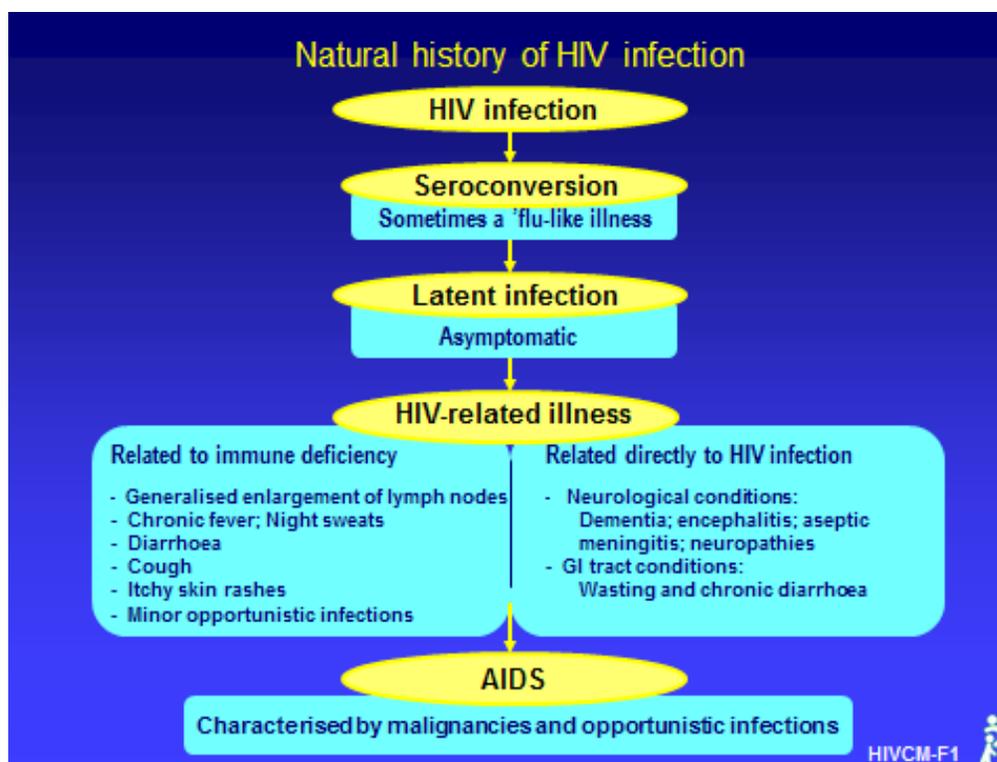
To learn the basic facts about HIV and AIDS and how it is transmitted.

Objectives

- To equip participants with information about the differences between HIV and AIDS.
- To provide information about the modes of transmission.
- To demonstrate how HIV can be transmitted to one another in the community.

HIV/AIDS Facts

- A person who has HIV carries the virus in certain body fluids, including blood, semen, vaginal secretions, and breast milk.
- HIV can be transmitted through:
 - Unprotected sexual intercourse (either vaginal or anal) with someone who has HIV. Women are at greater risk of HIV infection through vaginal sex than men, although the virus can also be transmitted from women to men. Sexually transmitted infections also increase the risk of HIV transmission because of the broken skin.
 - Sharing needles or syringes with someone who is HIV infected. Laboratory studies show that infectious HIV can survive in used syringes for a month or more. That's why people who inject drugs should never reuse or share syringes, water, or drug preparation equipment. This includes needles or syringes used to inject illegal drugs such as heroin, as well as steroids. Other types of needles, such as those used for body piercing and tattoos, can also carry HIV.
 - Infection during pregnancy, childbirth, or breast-feeding (mother-to-infant transmission).
- Any woman who is pregnant or considering becoming pregnant and thinks she may have been exposed to HIV—even if the exposure occurred years ago—should seek testing and counseling.
- Those who test positive can get drugs to prevent HIV from being passed on to a fetus or infant, and they are counseled on how to breastfeed and take their medication.
- PMTCT services are available country wide for all males and females in the reproductive age group.



Activity 1: Game - HIV/AIDS Fact or Myth

Materials: Small box/bag, scissors, coloured cards, paper, and pen.

Write down 10 myths and 10 facts about HIV each on a small piece of paper. Choose from the list below. Feel free to add your own myths and facts to the list.

Myths

1. I can get HIV by sitting next to another person with HIV.
2. Household insects such as bedbugs and cockroaches carry HIV and can infect people.
3. I can get HIV from sharing household items with an HIV positive person, like a bed, a shower, or a glass of water.
4. I can get HIV from hugging or kissing an HIV positive person.
5. If a mosquito bites a person with HIV and then bites someone else, the second person may get infected.
6. I can get HIV by using a phone which has just been used by someone with AIDS.
7. I can get HIV if a person with AIDS coughs or sneezes near me.
8. You can get HIV by eating food cooked by someone who has AIDS.
9. HIV can be cured by having sex with a virgin.
10. I can prevent myself from getting HIV by taking a shower after having sex.

Facts

1. An unborn child can get infected with HIV from its HIV positive mother.
2. The more people you have sex with, the higher your risk of HIV infection.
3. You can get HIV by having unprotected sexual intercourse with an infected person.
4. A baby can get HIV through breast milk from his or her HIV positive mother.
5. Condoms are the only way to protect you from HIV infection when having sex.
6. There is no cure for HIV or AIDS.
7. Getting an HIV blood test at a clinic is the only sure way to know if you have HIV.
8. HIV is passed from one person to another through infected body fluids such as blood, semen, vaginal fluids, and breast milk. This does not include tears or saliva, they hold too little of the virus to be dangerous.
9. You are most infectious in the first three weeks after HIV infection. This is called the window period.
10. Treatment exists to allow an HIV positive woman to have an HIV negative baby.

Place all the cards in a one box. Ask the first participant to pick a card from the box. Have the group discuss if this is a myth or a fact. As the facilitator, use the list above to make sure the group correctly identifies the facts from the myths. Continue until all the cards are finished.

Key Points

Take Home Actions Points

- Ask participants to discuss the various modes of transmission with their friends in the community. If possible, give examples of when they could have been at risk themselves; identify the hotspots in their communities where HIV is readily transmitted and why.

Chapter 8 - Voluntary HIV Counseling and Testing

Purpose

To know what happens when you go for HIV testing.

Objectives

- Have a deeper understanding of what people experience when they go for an HIV test.
- Know how to interpret their testing results.
- Feel motivated to get tested and learn their status.
- Know where to access HIV testing.

Activity 1: Picture Code

Share the Safe Love VCT poster with club members. Have a discussion about how to get an HIV test.

How to Take an HIV Test

1. Talk and Plan

- Talk to your partner about going for HIV testing.
- Select which health centre to go to for testing. HIV testing is free in all government health facilities.

2. Go to the testing site

- A professional counselor will take you to a private room for a private discussion called counselling.
- Your discussion will not be shared with or listened to by anybody else.

3. Get pre-counselling

- The counselor will explain the testing process to you and answer any questions, worries, or doubts you and your partner may have.
- You are free to share any information and ask any questions to the counselor, he or she is there to help you.

4. Take the test

- To test you for HIV, the counselor will prick your finger with a small needle to collect a very small blood sample.
- The results will be ready within a few minutes of the test.

5. The Results

• Both of you are negative

- Plan how you and your partner will maintain your HIV negative status.
- Go back for another test after 3 months to confirm your status. You may test HIV negative when you are still in the window period.
- The window period is a time ranging from 3-12 weeks after a person has been exposed to HIV. During this time the HIV test cannot yet detect if you are HIV positive.

• One of you is negative one of you is positive

- This is known as discordance. Discordant couples can still have healthy and happy lives together. Ask the counsellor for specific tips on how you and your partner can remain healthy.
- Using condoms during sex will play an important role to prevent the person who is negative from becoming HIV positive. Remember that if your partner is found positive, this does not automatically mean they have been unfaithful.

• Both of you are positive

- It is still possible to lead a healthy life when you are HIV positive. You can do this by using condoms whenever you have sex with your partner to prevent possible reinfection and mixing of different HIV types.
- If you choose to have sex with anybody else besides your partner, you must also use a condom to prevent them from getting infected with HIV.

Activity 2: Guest Speaker

Invite an HIV counselor from a local HIV testing center to come and give a brief talk to club members about what happens during an HIV testing and counseling session. If possible, ask the counselor to use the Safe Love VCT poster or flier to discuss the various steps of HIV testing and counseling.

Create a list of all testing centers in the area and share it with your group.

Activity 3: Game - HIV Testing

Materials: a bag or box containing two different types of sweets (about the same number each) with only a few pieces of a third type of sweets (you can replace the sweets with different coloured paper too).

Time: 20-45 minutes.

Ask each participant to take a piece of sweet and not to discard his/her wrapper.

Say the following:

“I’d like you to make yourself comfortable and close your eyes. Lie on the floor if you wish. I’d like you to imagine that you are in bed at home in the morning. You wake up slowly as the sun comes up; notice the details around your sleeping area.

“You are still feeling tired and you notice that your head is feeling heavy, a little heavier than usual. You realize that you probably have a slight fever and you ache just trying to move your body. As you get up to wash, you decide that you won’t go to school/work today, but that you will go to the doctor instead.

“Imagine yourself walking out of your home. Is it a house or flat? You are walking down the street and you see the faces of people hurrying to work in the morning. What do they look like? Can you see their faces? You arrive in front of the hospital/clinic.

“See the writing on the wall of the clinic – or perhaps there is no sign at all. You walk inside and you remember that hospital/clinic smell that you don’t like so much. You check in and wait your turn. Notice other people in the waiting room with you. What do they look like?

“You are finally called into the office. The health worker examines you and asks some basic questions about how you are feeling. He/she also asks when was the last time you had an HIV test done. Think about the answer in your head. He/she asks you if you would like to get an HIV test today.

“You hesitate but agree. He /she asks you some questions about your past behavior, drug use, sexual history. Think about your answers. He/she then asks you how you would react and what you would do if you tested HIV positive. Think about your answers. Then he/she performs the HIV test by pricking your finger. In a few minutes, the health worker has your results. The time has gone by so slowly while waiting.

“You revisit your behaviors. Have you made any decisions that you regret? How do you feel? Are you nervous? As you are waiting, see the faces of the people around you. Are they looking at you? Do they look any different?

“Now is the time for your results. The health worker asks you to follow him/her into the office. He/she then opens the envelope with your results.

“Now remember the color of your wrapper (or piece of paper). Those of you who chose the sweet (name a color or type of sweet) tested positive. Those of you who selected (the other color or type of candy) tested negative.

“If you took a piece of (name the third color or type of sweet) you had inconclusive test results. Take a couple

minutes to think about your results. How do you feel? What is going through your head right now?

“Now I would like you to open the conversation to everyone for us to share how we feel. Also, what do we think the benefits are of having gone through this experience and what the importance is of going for HIV testing?”

Key Points

- Going for an HIV test can be a difficult decision, but is easy to do.
- Knowing your HIV status will give you peace of mind and allow you to know how to best take care of yourself so you can stay healthy.
- There are a number of places you can go to get an HIV test.

Take Home Action Points

- Think about going to get an HIV test if you have not been tested within the last six months, or have done something to put you at risk. Bring a friend with you if you want moral support. Encourage your friends and family to know their HIV status.

Chapter 9 - Prevention of Mother to Child Transmission

Purpose

To create awareness about the prevention of mother to child transmission (PMTCT) of HIV.

Objectives

- Know that an HIV positive woman can have an HIV negative baby.
- Know the steps to take to have a safe pregnancy and an HIV negative baby.

Activity 1: Picture Code

Share the Safe Love PMTCT poster with club members. Have a discussion about how to safely get pregnant if you are HIV positive, and how to have an HIV negative baby if the mother is HIV positive.

Having an HIV Negative Baby

1. Go for HIV testing with your partner before getting pregnant and use family planning until you are ready to become pregnant.
2. If you or your partner is HIV positive, seek medical counseling to make sure you get pregnant safely.
3. Go for antenatal care with your partner as soon as you know you are pregnant. Prepare a birth plan with your partner and family (where to deliver, how to get there).
4. Go for HIV testing with your partner and learn your HIV status. Follow medical advice given to you by your health care provider based on your results.
5. If you are HIV positive, seek advice from a health worker on how to have a baby born free for HIV.
6. Take your HIV medicine as instructed and deliver in a health facility.
7. Only give your baby breast milk for 6 months. Do not give your baby anything else to eat or drink. Continue breastfeeding your baby until 1 year old. At 6 months, start giving your baby nutritious foods like porridge with groundnuts, mashed fruits and vegetables, or eggs.
8. Take your baby to all his or her follow up visits at the health facility; including HIV testing at 6 weeks, 6 months, 1 year, and 1 year 6 months. Vaccinate your baby on the regular schedule.
9. Give your baby his or her HIV prevention medicine every day. Also make sure you take your own HIV medicine if prescribed by a health worker.
10. Talk to your health worker about family planning options, nutrition, and other care to keep you healthy.

Activity 2: Discussion

Discuss the following in a group:

- How can a couple prevent their unborn baby from getting HIV?
- How can a couple take care of a baby born with HIV?

Key Points

- When a couple knows their HIV status, it is easier for them to take action to avoid passing on the virus to the baby. Test for HIV as soon as you or your partner knows they are pregnant.
- HIV can be passed to a baby before, during, or after delivery. However, by following the correct steps, it is easy for an HIV positive woman to have an HIV negative baby.

Take Away Actions Points

- Talk to any pregnant women you know and encourage them to go for HIV testing. If they test positive, or know they are positive already, talk to them about how easy it is to have an HIV negative baby.
- If you are pregnant or plan on getting pregnant, go for HIV testing to be able to plan for a safe pregnancy and an HIV negative baby.

Chapter 10 - Sexual Networks

Purpose

To learn the risks of a sexual network.

Objectives

- Understand their personal risk of HIV infection given the relationships they currently have.
- Have a greater understanding of who is in their sexual network.
- Know how to reduce their risks of HIV infection within their network.

Activity 1: Picture Code

Share the Safe Love MCP poster with club members. Have a discussion about the risks of sexual networks.

What is a sexual network?

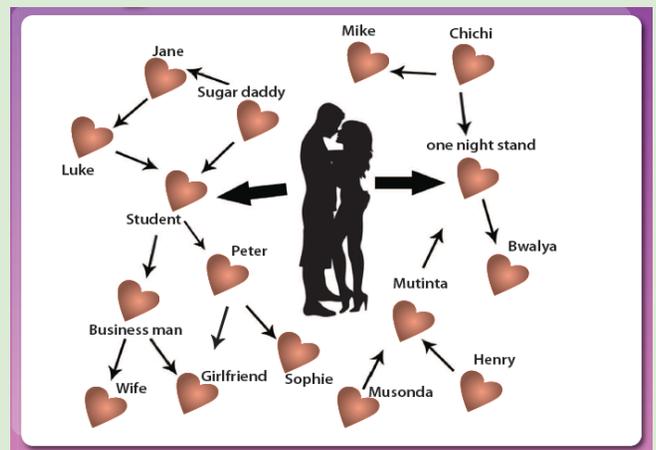
- A sexual network is a chain or web of people who are having sex with each other.
- Your sexual network includes you, your sexual partners, their other sexual partners, who also have other sexual partners, and so on.
- Whenever one person in the network gets HIV, it spreads quickly to everyone in the network who is having unprotected sex.
- The more people you are having sex with, the larger your sexual network and the higher your risk of getting HIV.

Why is it dangerous to have many sexual partners?

- Having multiple sexual partners is dangerous because it increases your chances of getting infected with HIV.
- Every person you have sex with may infect you with HIV.
- You may unknowingly be connected to a large sexual network if the person(s) you are having sex with is also having sex with others.

How to avoid HIV infection in a sexual network:

- Use condoms with every sexual partner.
- Know your HIV status and you partner's too.



Activity 2: Picture code: Sexual Networks

Generate conversation based on the images and information on the code.

How do you talk to a friend who has multiple sexual relationships?

A friend is traveling away from home, what advice would you give them?

Key Points

- Having one sexual partner whose HIV status you know, in addition to your own status, will have the lowest risk of HIV infection.
- Decreasing your number of regular sexual partners can reduce your risk of HIV infection.
- If in you are part of a sexual network, you can reduce your risk of getting infected by using a condom with all your sexual partners every time you have sex.
- Know your HIV status and that of your partner.

Take Home Action Points

- Use whatever materials you have (pen and paper, draw in the sand, etc.) to illustrate your sexual network.
- Know your HIV status and that of your sexual partner(s).
- Talk to your friends about the importance of knowing who is in their sexual networks and the dangers of having a large sexual network.

Chapter 11 - Condom Use

Purpose

To learn how to use a condom, the benefits of condom use, and how to negotiate condom use in a sexual relationship.

Objectives

- Know how to correctly use both a male and female condom.
- Be able to describe the benefits of condoms.
- Feel confident to negotiate for condom use with their sexual partners.

Activity 1: Picture Code

Use the Safe Love condom poster to go through proper condom use steps and tips with Club members. Have a contest to see who can do the fastest and correct condom demonstration.

How to Use a Male Condom

1. Decide to use condoms with your partner.
2. Carefully open the package so the condom does not tear. Do not use teeth, nails, or sharp objects to open the package because this may rip the condom.
3. Place the condom on the erect penis before intimate contact. Hold the tip of the condom to allow room for semen.
4. With the other hand, unroll the condom over the erect penis right down to the base.
5. After ejaculation, hold the condom at the base of the penis and pull out of your partner before your penis becomes soft. Slide the condom off your penis without spilling any semen.
6. Tie a knot at the top of the condom. Dispose of the used condom immediately into a trash container or pit latrine.

How to Use a Female Condom

1. Carefully tear open the packet along the edge and remove the condom. Do not use teeth, nails, or sharp objects to open the package because this may rip the condom.
2. The female condom is a thin plastic sheath/tube with flexible rings at both ends. One ring is smaller and closed (inner ring) to facilitate insertion and keep the condom in place. This end of the sheath is closed to protect the cervix from contact with the penis. The other ring is larger and open (outer ring), and rests outside the woman's vagina. Hold the sheath with the open end hanging down.
3. With your hand on the outside of the condom, use your thumb and index finger to pinch the sides of the inner ring together to form a figure "8".
4. Find a comfortable position to insert the condom. You can stand with one foot on a chair, sit on the edge of a chair, lie down, or squat. Use your fingers to guide the sheath into the vagina. Push the ring up the vagina using your index finger. Use the other hand to help widen the opening of the vagina. When your finger cannot push any further up the vagina, the condom is in place. Remove your finger. The inner ring will hold the condom in place inside of the vagina.
5. When you and your partner are ready for intercourse, secure the outer ring and ensure that your partner's penis enters the condom. Make sure that the penis enters into the female condom, not between the condom and the side of the vagina and that the outer ring remains flat against your outer vagina area. If you feel the outer ring being pushed into the vagina during intercourse, stop and pull the outer ring back into the original position.
6. Unlike the male condom, the use of the female condom does not rely on an erect penis. Therefore, your partner doesn't have to withdraw immediately after intercourse. You can remove the condom when it suits you both.
7. To remove the condom, twist the outer ring to keep the semen inside and gently pull the condom from the vagina. Use a paper or tissue to pull out the condom. Wrap the condom in the paper/tissue and throw it in the bin, pit latrine, bury or burn it. Do not flush down toilet as it might cause blockage.

Activity 2: Condom demonstrations

Have samples of male and female condoms available. Make sure to bring a penis model for the male condom demonstrations. Ask participants to volunteer to do a condom demonstration. Do at least one demonstration for both types of condoms.

Activity 3: Cube

1. How can you make sex with a condom sexier?
2. How do you talk to your partner about condom use?
3. Why use a condom during sex?
4. Why don't people use condoms? What are common reasons people give for not using condoms?
5. Is it better to be safe than sorry?
6. No glove, no love?

Activity 4: Picture Code

- Woman discussing/handing condoms to her partner

Activity 5: Role Play

- Have group members break into groups of two. Ask them to demonstrate how they would talk to their partner about condom use.

Activity 6: Discussion - Condom negotiation

How could you bring up using condoms if you were to have sex with a partner you cared about?
How would you feel if your partner brought up condom use when you were about to have sex?
What would you say to him or her?

Key Points

- Condoms are an effective way to protect yourself from HIV infection, STIs, and unplanned pregnancies during sex if you use them correctly and consistently for every sexual act.
- Using condoms in a relationship does not mean the partners do not trust each other.
- Only use one condom for every sexual act, using more than one condom at the same time could cause the condoms to break.

Take Home Action Points

- Talk to your partner or friends about how they feel about condom use.
- Practice the use of a male and female condom so you are familiar and comfortable with them.
- Use condoms with all your sexual partners.

Chapter 12 - Inter-Generational and Transactional Sexual Relationships

Purpose

To learn what are intergenerational and transactional sexual relationships and why it may be harmful.

Objectives

- Describe what qualifies as an inter-generational or transactional relationship.
- Describe ways that an intergenerational relationship could put them at risk of HIV infection.
- Discuss alternatives to an intergenerational/transactional relationship.

Activity 1: Group Discussion

Intergenerational relationship: A sexual relationship between a young woman (15-24 years) and a man of 10 or more years older.

Transactional relationship: A Sexual relationship where giving of gifts or services is an important factor.

Instructions: Divide participants into two groups to discuss:

- What are different types of intergenerational/transactional relationships?
- Why do people get involved in them? Do they exist in your community? (Early marriage, sugar daddy, sugar mommy, etc.)
- What are alternatives to the benefits of a transactional relationship?

Activity 2: Role Play

Role play examples of intergenerational/transactional sexual relationships the participants have seen.

Key Points

Take Home Action Points

- Discuss with your friends why people in your community have intergenerational or transactional sexual relationships.
- Are there ways to reduce or prevent risks within the relationships

Chapter 12 - Voluntary Medical Male Circumcision

Purpose

To provide information about the benefits of going for male circumcision.

Objectives

- Describe what voluntary medical male circumcision is.
- Appreciate the benefits of male circumcision, including its ability to reduce chances of HIV infection by 60% for men.

Activity 1: Game

Materials needed: Tape, 23 pieces of paper with the words “benefits,” “risks,” and “myths” written on them.

Before the start of the session, post three pieces of paper labeled “Benefits,” “Risks,” and “Myths” at the front of the room, creating unique columns for each category.

Benefits	Risks	Myths
<ul style="list-style-type: none">• Easier to clean the penis• Reduced risk of some STIs• Reduced risk of HIV• Reduced risk of penile cancer• Reduced risk of cervical cancer• Makes the penis smaller• Causes infertility• Makes the man more promiscuous	<ul style="list-style-type: none">• Pain• Bleeding• Infection• Reaction to the anesthesia• Blood clots or redness at the site of the wound• Makes the man a better lover• Delays ejaculation	<ul style="list-style-type: none">• Makes the penis larger• Makes the penis smaller• Causes infertility• Makes the man more promiscuous• Makes the head of the penis prone to injury

Ask participants to define “medical male circumcision.” As a group, come up with a clear definition for male circumcision. The definition should be similar to this one: “male circumcision is the surgical removal of the foreskin on the penis.”

Write down all 20 statements in the table above on pieces of paper. Put the pieces of paper in front of the participants.

One by one, ask participants to pick up a piece of paper, read it to the rest of the group, and then post the paper under the category it belongs, either “Benefits,” “Risks,” or “Myths.” Then discuss why that statement belongs in that category. Focus the group’s attention on “reduced risk of HIV” and ask them what this means.

After this activity, have a discussion amongst the group.

- Make sure everyone in the group understands that MC does not provide 100 percent protection against HIV and that condom use during sex is still important.
- Male circumcision is only an HIV “risk reduction” method. Would participants recommend male circumcision to their friends and family, or even for themselves?
- For participants who say ‘no,’ ask them to explain why they do not agree with male circumcision. As a group, try to respond to the fears and concerns about male circumcision.
- For participants who say ‘yes,’ ask them to explain why they think male circumcision is good. Also ask them to role play how they would discuss male circumcision with a friend or family member.

Activity 2: Guest Speaker

Identify a provider of medical male circumcision in your community. Invite them to come speak to the group and explain the procedure and other important facts.

Identify a man in your community who has gone through medical circumcision. Invite him to come share his story with the group.

Activity 3: Picture Code

Show picture of Voluntary Medical Male Circumcision (VMMC) guidelines to generate discussion.

Key Points

- Access MC from a recognised health facility and trained health worker to avoid unnecessary risks and complications.
- Erections may cause some pain if they occur during the first six weeks following MC. Urinating can usually help but do not masturbate since this can damage the wound. The pain will go away after a few days.
- Do not have sexual intercourse or masturbate for at least six weeks. Use a condom when you start having sex again.
- You can take a bath as normal the day after the circumcision, but take care not to get your bandages wet.
- Rest at home for one to two days this will help you heal more quickly.
- Take any medications as directed by your MC provider.
- Do not pull or scratch your wound as it is healing.
- The age of consent for medical male circumcision in Zambia is 18 years. This means that a client who is 18 years or older can make an informed voluntary decision to undergo male circumcision.
- For clients under 18, a parent or guardian's consent is required. MC counseling must be provided to the parent or guardian to ensure that they are making an informed decision on behalf of the client.
- Male circumcision reduces a man's risk of contracting HIV through sex by 60%. The inside of the foreskin is soft and moist and is more likely to get small tears or sores that allow HIV to enter the body more easily during sex. Removing the foreskin reduces these risks.
- After circumcision, the head of the penis hardens and is less likely to tear, reducing the risk of HIV infection. The foreskin contains many "target cells" that allow HIV to enter the body easily.
- Condom use is still very important after circumcision to give a man complete protection from HIV during sex.

Take Home Action Points

- Talk to someone in your community about the benefits of VMMC
- Collect phone numbers of those who wish to continue to get information/messages on VMMC via SMS
- Ask your service provider for more information on VMMC

Chapter 14 - Risk Perception of HIV

Purpose

To understand how risky behaviors can lead to HIV infection.

Objectives

- A better understanding of how certain risky behaviors can lead to HIV infection.
- A better understanding of what behaviors they currently have that may put them at risk of HIV infection.
- Know how to reduce their risk of HIV infection.

Activity 1: Picture Codes

- Show a picture of a young girl with a sugar daddy having fun.
- Show a picture of a married woman with a husband who has several other sexual partners; or
- Show picture of a young man with a sugar mummy having fun.

Ask participants to describe what is in the picture and what it means to them.

- Do any of the behaviours shown in the pictures put people at risk of HIV infection?
- Do these behaviours take place in our community?

Activity 2: Cube

Roll the dice/cube and answer the corresponding question. All members can participate in providing answers and further discussion.

- 1 Are you aware of your risk of contracting the virus that causes AIDS?
- 2 Have you been in a situation that you think could have put you at risk of HIV?
- 3 Have you ever assessed your risk of getting HIV?
- 4 What are some of the behaviors in this community that put people at risk of getting the HIV infection?
- 5 What actions can you take to reduce your risk of contracting HIV?

Activity 3: Mapping Community Risk Factors

Divide participants into two groups according to their villages/communities. Ask them to draw a map of their village using locally available materials e.g. ash, beans, maize and stones. They can include landmarks like hills, stream, market, bars churches, schools, clinic, fields etc. The map can be transferred to the flip chart or participants allowed to gather around each map for the discussion.

Use the map of the community to identify areas/landmarks that may attract or lead to risky behaviours leading to HIV transmission (e.g. bars where men get sex workers after getting drunk, or the roadside markets where young girls interact with truck drivers and other mobile traders).

Isolated forests or wells which they pass through when going to the clinic, school, market etc. can also be risk areas for rape and defilement; fields, markets, roadside trading areas can also represent places of risk, especially when community members have a lot of disposable income.

Activity 4: Twenty Four Hour Calendar of Events

Divide participants into two groups; one for men and the other for women. The two groups discuss separately their daily schedule of activities from the time that they wake up in the morning to the time when they go to sleep at night. This allows the participants to identify the differences in the amount of work performed by men and women and to identify how they spend their leisure time and what the risky activities/behaviors they could have been involved in.

Discussion questions:

- Women carry out more house chores than men: This leaves them quite tired at the end of the day and possibly less willing to have sex.
- Men have more decision making powers in budgeting and spending money in the home; they prioritise activities on which to spend family resources including leisure.
- Men have more leisure time on their hands. Due to this extra leisure time and having tired wives at home, this increases the likelihood of taking on other sexual partners. This behavior puts men and their wives at high risk of contracting HIV and other STIs.

Key Messages

- We should always be aware of the possible HIV infection risks of our behaviours.
- Having more than one sexual partner and low condom use are two risky behaviours that contribute to HIV infection.
- Know your HIV status and that of all your sexual partners.

Take Home Action Points

- Think of how you can reduce your risk of contracting HIV.
- Talk to your friends about how they might be putting themselves at risk of HIV.
- What are these behaviours? What can they do to reduce this risk?

Chapter 15 - Male Involvement

Purpose

To understand the importance of male involvement in HIV prevention and other health seeking behaviors.

Objectives

- Educate participants on the importance of male involvement in preventing HIV infection.
- Provide an opportunity for participants to discuss their views on male involvement in HIV prevention.

Activity 1: Game - Fish Bowl

In a fishbowl discussion, most participants sit in a large circle while a smaller group of participants sit inside the circle. The fishbowl can be used in two distinct ways:

- role play
- structured brainstorming session;

In a **role play**, show how something might be done/not done if the man is present or absent from home. As a group, compile a list of words that describe a man who is supportive of his partner and show how he is perceived by women and the community. Examples:

- Should males accompany their wives to the antenatal clinic?
- Should males should also practice family planning?

In a **structured brainstorming session**, choose a topic based on the group needs or interests that needs male involvement. E.g. discussing condom use, HIV couples testing, antenatal care and PMTCT services, etc.

To organize the fishbowl, arrange a few seats inside a larger circle of people. Participants who have something to say about the topic sit in the center. Anyone sitting inside the fishbowl can make a comment, offer information, respond to someone else in the center or ask a question. When someone else from outside the circle has a point to make, he or she taps the shoulder of someone in the center and takes that person's seat. This continues with people from the outside tapping and replacing people on the inside as a lively brainstorm takes place. A lot of ideas will have to be processed after the fishbowl exercise.

Key Points

- Males should be actively involved in the health care of their families.
- It is very important for men to support and respect their partner's health decisions and needs.
- Men should be open to discussing health issues with their partners (e.g. HIV testing, condom use, family planning, ARVs, etc.).
- Men should encourage each other to be involved in their family's health.

Take Home Action Points

- Discuss the importance of male involvement in family health with your family and friends. Do they agree it is important?
- How can you reward men in your community for being involved in their family's health?
- Discuss a behavior that a couple or family should do together, e.g. attend a health day commemoration, go for VCT together, etc.

Annex 1: Materials

How to Use the Materials in the Safe Love Club Discussion & Activity Guide

PICTURE CODES

What are picture codes?

- These are pictures that show the various characters that reflect MCP, intergenerational sexual relationships.

Who are they for?

- They are for the discussion groups and the Safe Love clubs.
 - Picture of a young girl with a sugar daddy having fun;
 - Picture of a woman with a man who has several other sexual partners
 - Picture of a young man with a sugar mummy having fun

How to use them?

Group members may want to reflect on the pictures with the following questions;

- What do you see happening in the picture code?
- What do you think about the characters in the picture code?
- Are there people like this in our community?
- Why is it risky to engage in MCP, intergenerational sexual relations
- What are the benefits of MC?

PICTURE CARDS

What are picture cards?

- These are a set of pictures that show pictures of the following. The pictures can be used to provoke discussions around gender issues.

- | | |
|-----------------------|----------------------------|
| • Drunken person(s) | • Stash of money |
| • Cooker | • Packet of washing powder |
| • Car | • Condoms |
| • Broom | • Baby |
| • House | • Television |
| • Water tap/bore hole | • Beer bottle |
| • Chair | • Bed |
| • Maize farm | • Market |

Who are they for?

- They are for the CSO discussion groups and Safe Love club members. The target audience ranges from 15 – 49 years and also includes the Safe Love clubs members that are older than 49 years.

How are they used?

- Participants can be given a set of picture cards and asked to discuss in small groups why they think that the pictures show something that a man or woman would do. Put flip charts or stick two titles on the wall labelled man and the other woman. Ask participants to stick their pictures under the title that they think best suits the picture that they have. In plenary, ask the participants to discuss why they placed the cards under the title that they did.

Participants can be asked to discuss the following questions;

- Are there biological differences between males and females that result in these different roles, or are the differences cultural?
- How are roles for men and women given? Is this different today than it used to be in the past?
- What kind of role do you think our daughters should play when they grow up? How about our sons?

PLAYING CARDS

What are playing cards?

- These are a set of standard playing cards with questions about HIV and AIDS. They can be used to provoke discussions around HIV prevention as the participants play.

Who are they for?

- They are for the CSO discussion groups and Safe Love club members. The target audience ranges from 15 – 49 years and also includes the Safe Love clubs members that are older than 49 years.

How are they used?

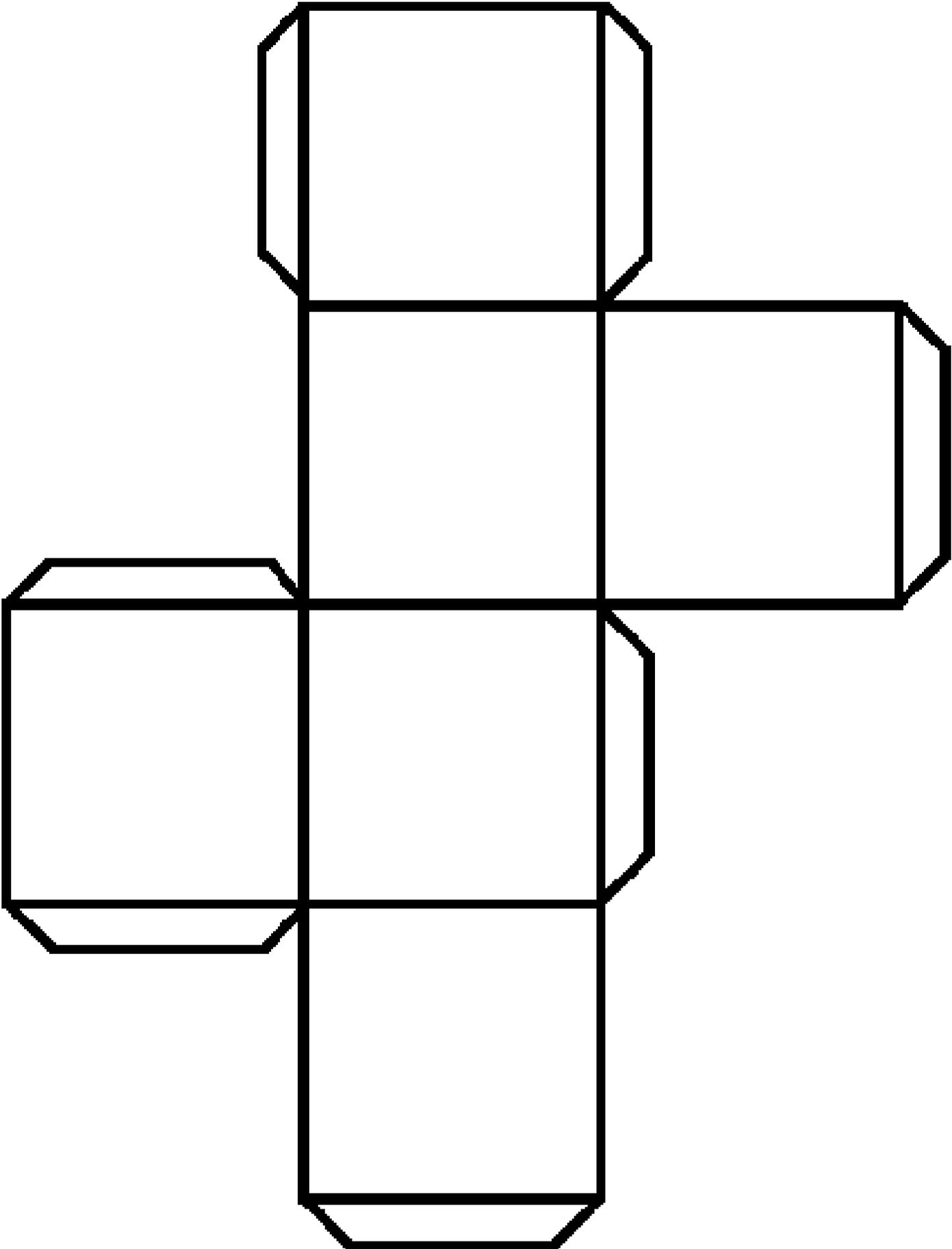
- Let the group play a card game that they know. They can discuss the questions on the cards as the game requires them to determine the cards.

Example of a card game - Crazy 8

1. Take the joker out of the pack
2. Deal 8 cards to each player
3. Put the remaining cards in the centre
4. The dealer puts down one card, e.g. 4 of spades
5. The player on the dealer's left must put down a card of the same suit or number, e.g. any 4 or any other spade card
6. The number 8 card is special – it can be put on any other card
7. The person who plays the 8 can also choose a new suit
8. If a player cannot play a card, they must pick up card from the pile until they can
9. The winner is the first person with no cards left in his or her hand
10. The players left with cards should read the questions on them and the group can discuss

Note: In order to involve everybody including the shy ones, the participants can form smaller groups and discuss the various questions as the situation determines. E.g. women only and males only.

Annex 2: Cube



CUBES

Instructions

1. Photocopy the page with the cube design.
2. Cut along the outside lines of the cube.
3. Label the cube with the necessary messages (see list below; eg. sex cube, label each side with a different message).
4. Glue the tabs together to form a 6-sided cube. Each small tab matches up with a side that has no tab.

Who are they for?

- The Safe Love clubs and the CSO small group discussions where members are above 15 years old.

When to use them?

- During small group discussions or during large event social mobilisation gatherings.

How to use them?

- The questions on the cubes should correspond to the questions in the Safe Love discussion guide. The group participants or the facilitators at the large event social mobilisation event can sit or stand in a circle. The participants can throw the cube to one another. Whoever catches the cube can read out the question on one side and comment or answer the question then ask the other participants to share their views on the response.

Types of Cubes

Sex cube

1. What are the biological differences between a man and a woman?
2. What are some of the gender differences between male and female?
3. What are some of the factors that influence HIV transmission in a man?
4. What are some of the factors that influence HIV transmission in a female?
5. Why is it important to break the cultural silence and talk about HIV?
6. Discuss some of the HIV services that males require and what HIV services require.

Trust cube

1. Whom would you tell about your HIV status?
2. Why would you tell that person(s) about your HIV status?
3. Why is it important for a sexual partner to know about one's HIV status?
4. Why do some people engage in MCP?
5. What are some of the responsibilities that people should have towards their sexual partners?
6. What actions can people take in order to encourage VCT in the community?

Money cube

1. How can money sometimes make us at risk of contracting HIV?
2. Is alcohol abuse a problem in this community?
3. What is it risky to take alcohol and then engage in sex?
4. What are the obstacles to people changing this risk situation?
5. What can people do about drinking too much alcohol and having unsafe sex?
6. What actions can people take in this community to stop alcohol abuse for themselves, family and community?

Family cube

1. Who makes decisions about health in my family?
2. Who else influences decisions about health in my family?
3. Who provides resources for health care in my family?
4. What are some of the possible reasons for violence in the family?
5. How can GBV be prevented in the family and community?
6. How does your community support victims of GBV?

HIV cube

1. Are you aware of your risk of contracting the virus that causes AIDS?
2. Have you been in a situation that you think could have put you at risk of HIV?
3. Have you ever assessed your risk of getting HIV?
4. What are some of the behaviours in this community that put people at risk of getting the HIV infection?
5. What actions can you take to reduce your risk of contracting HIV?
6. Where can one go for VCT and for ARVs in this community?

Condoms cube

1. How can you make sex with a condom sexier?
2. How do you talk to your partner about condom use?
3. Why should you use a condom during sex?
4. Why don't people use condoms? What are common reasons people give for not using condoms?
5. What can be done to encourage people to use condoms in society?
6. No glove, no love?



