

# Zambia Uniformed Services HIV/AIDS Peer Leadership Manual





This document has been produced by the Health Communication Partnership Zambia with funding from the President's Emergency Plan and the United States Agency for International Development (USAID) and does not necessarily reflect the views of OGAC or USAID.

## Acknowledgement

The original Armed Forces Guide was produced by Family Health International (FHI) through their USAID-funded IMPACT program. It was pre-tested with armed forces in several African countries including Ghana, Nigeria and Eritrea.

The guide was then adapted for use by the Zambia Defence Force Medical Services by Project Concern International Zambia (PCI).

We have further adapted the guide to serve the uniformed services personnel in Zambia. These include the Zambia Police Service, the Zambia Prison's Service, the Zambia Revenue Authority and the Zambia Immigration Department. This guide is intended to be a tool in helping them establish rapport with their peers in an active and participatory way.

In addition to the above organizations, acknowledgement is also given to several other resources which have contributed to the development of this guide including Engender Health's materials from the Men As Partners program and the CHANGE project's toolkit on Understanding and Challenging HIV Stigma.

To all who have contributed to the development of this guide, we offer our sincere appreciation.



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# Introduction

## A. LAYOUT OF GUIDE

### Section One: Peer Leadership

Section One is designed to help peer leaders understand their role and responsibilities while also providing an overview of what to expect as a peer leader.

### Section Two: Preparing Peer Leaders

Section Two highlights some of the techniques that peer leaders can use to make sure that their sessions are participatory.

### Section Three: Understanding HIV/AIDS

Section Three contains basic HIV-related health information including sections on HIV/AIDS, STIs, condom use, gender and sexuality, voluntary counselling and testing, and other areas which can be reference for peer leaders as they prepare their sessions.

### Section Four: Participatory Exercises

Section Four outlines several activities that peer leaders can use with their groups to start desensitising sexual issues, to help participants assess their HIV risk, enhance interpersonal communication skills and so on. These exercises serve as tools for the peer leader to use in working with their peers and sensitising them on HIV/AIDS and other related issues.

## B. GUIDE DESIGNED FOR ADAPTATION

There are some behaviours and lifestyles that are common to almost all uniformed services. At the same time, each uniformed service has varying levels of acceptability of sensitive issues and patterns of sexual behaviour.

The Guide content is comprehensive and is designed to allow individual services to pick and choose elements that are useful, and to adapt the contents to their own needs and environment. Many of the stories and examples will ring true for individuals who are part of those services. However, there still is room for additional illustrations. Reproduction of the photographs used in exercises in local settings is also encouraged.

## HOW PEER LEADERS CAN USE THE GUIDE

- STEP 1 Before leading any formal sessions, become comfortable with the health information in this guide. Reading the manual and learning the information will enable you to confidently – and correctly – answer questions from peers.
- STEP 2 Decide which topics are most relevant for the peers you will be working with, and select which exercises are most appropriate to do with them. Read peers some of the topics covered in this guide to get their input.
- STEP 3 Plan and rehearse your session. Practice your introduction. Choose a short, easy exercise to use as an ice breaker. Be sure you know how to conduct the exercises you have chosen to do with the group, and have prepared any materials you may need in advance.
- STEP 4 Conduct your session in a participatory way to ensure involvement of peers.
- STEP 5 Monitor sessions. Keep track of who attends the sessions, and obtain regular feedback on what went well and where there is room for improvement.

# SECTION ONE

## Planning Peer leadership

# 1.0 Peer Leadership in Uniformed Services

## 1.1 An Introduction to Peer Leadership

A **peer** is a person of equal standing or rank with another person. Oftentimes, peers share similar backgrounds, behaviours, experiences and lifestyles. A **peer leader** is trained to facilitate discussions with peers on HIV/AIDS risks, as well as how to avoid those risks. Peer educators link HIV/AIDS prevention programmes to the people that the programmes are trying to reach. Peer educators, who usually share the same age, sex or status as their peers, can:

- Facilitate discussions
- Answer questions
- Give lectures
- Conduct advocacy
- Provide counselling
- Lead dramas
- Distribute materials
- Make referrals to services
- Sell or give out condoms



*The strength of condoms is illustrated by a peer leader*

In a uniformed services setting, the term “peer leader” is considered more appropriate than “peer educator.” A good leader sets a positive example and inspires others to follow that example. Peer leaders are expected to help others examine the behaviours that put them at risk for HIV infection and encourage them to change those behaviours. Peer leadership is a type of informal education that can be started and sustained with little cost.

## 1.2 Roles of Peer Leaders

Peer leaders can:

- Facilitate discussions on risk behaviours and risk settings
- Give basic facts on STIs/HIV/AIDS
- Train peers how to practice safer sex
- Teach peers how to negotiate condom use with sexual partners
- Help condoms become more socially acceptable
- Motivate peers to seek early treatment for STIs and, when able, refer them to appropriate health centres, and encourage them to complete treatment
- Participate in broader project activities

## 1.3 The Value of Peer Leadership Programmes

Peer leadership can:

- Make use of the knowledge, creativity and energy of peer leaders when planning the programme
- Build the capacity of communities to deal with their health challenges
- Widen the scope of peer leaders’ knowledge base by integrating reproductive and other health information into their skill set
- Break down barriers and allow sensitive matters to be discussed without fear
- Bring about lasting behaviour change
- Create or provide a supportive environment & maintain confidentiality
- Be a very effective and informal way of sending correct messages
- Be very cost effective

## 1.4 Characteristics of Effective Peer Leaders

The success or failure of a peer leadership programme depends largely on its peer leaders. When recruiting peer leaders, look for those who are:

- Available and accessible to the group at all times
- Motivated by concern for the health of the group
- Skilled in interpersonal communication and are easy to get along with
- A member of the uniformed services community
- Respected by the uniformed services community
- Able to listen to other peers without judgement and is open minded
- Confident about his/her ability to work with the uniformed services community
- Able to speak the languages of the groups he or she will be working with
- Good at encouraging participation of peers in discussions
- Able to lead by example
- Motivating to peers in leading a healthy lifestyle

## 1.5 Behaviour Change

### 1.5.0 Behaviour Change Process

Behaviour change is a process that can be guided by peer leadership. Not everyone is at equal risk for being infected with HIV and for infecting others. Peer leaders can help those at risk for HIV to examine the behaviours that put them at risk and lead them through the process of changing that behaviour.

Peer leadership encourages peers to talk amongst themselves and make positive decisions about their health.

The full participation of a group of people, brought together through talking about a common problem such as HIV/AIDS, is the key to successful behaviour change communication (BCC) strategies.

BCC can create demand for information and services related to HIV/AIDS and stimulate discussion on the underlying factors for risk, risk behaviours and stigma. Clearly, peer leaders can play an important role in facilitating behaviour change.

Bringing about behavioural change is a difficult process. The sensitive and personal nature of issues like HIV must be dealt with carefully. A variety of approaches and messages are needed to help peers make consistent behavioural changes over time.

### 1.5.1 Short-Term Versus Long-Term Behaviour Change

Short-term behaviours are those that can be achieved quickly and often involve a one-time effort. For example, immunization for measles requires a one-time effort by the family to ensure that the child is protected from measles infection. Long-term behaviour change, on the other hand, requires a person to change and sustain a particular behaviour over a period of time. Quitting smoking is an example of long-term behaviour change. Similarly, in the case of HIV/AIDS, people will have to modify their behaviour and maintain it for the rest of their lives.

### 1.5.2 Steps in the Behaviour Change Process

#### Unaware / Aware

Initially a person is unaware that a particular behaviour may be dangerous. The first step is to make people aware. For example, to promote safer sex practices, people first need basic information on Sexually Transmitted Infections and HIV/AIDS.

## Concerned

Individuals who are aware of an issue like HIV/AIDS may not be concerned about it. Information must be shared in a way that is easy to understand and applies to the peer's lives. Peers then become concerned, and are motivated to examine their own behaviour.

## Knowledgeable and skilled

Once uniformed personnel are concerned, they may acquire more knowledge by talking to friends, social workers or health care providers about the dangers of Sexually Transmitted Infections and HIV/AIDS and methods of protection.

## Motivated and ready to change

Uniformed personnel might now begin to think seriously about the need to protect themselves and their loved ones from HIV or other Sexually Transmitted Infections. This is when they might become motivated and ready to change. They may think about this for a long time and decide to buy condoms or decide not to have multiple sexual partners. At this stage, condoms need to be easily available and individuals need to feel capable of using condoms and negotiating safer sex. Positive messages from peers are particularly effective now.

## Trial change of behaviour

At a later stage, peers are in a situation where a sexual encounter could take place and they have access to a condom. They could then decide to try the new behaviour. If the experience has been too difficult or embarrassing, they may not repeat the behaviour again for a long time. Therefore, skills to negotiate condom use, and to use condoms correctly, for example, are essential.

## Maintenance / adoption of new behaviour

Avoiding going back to past behaviours that put the person at risk in the first place is a challenge. Peer leaders have a role to play in reinforcing the positive behaviours and encouraging them. New risks may present themselves and, as a result, new behaviours will need to be adapted.



## 1.6 Factors that Motivate a Peer Leader

- Concern for other uniformed personnel who are at risk
- Desire to help other peers at risk adopt safer sex practices
- Desire to learn about STIs and HIV/AIDS
- Appreciation from their peers
- Financial or material incentives

## 1.7 Challenges for Peer Leaders

Even after training in peer leadership, challenges may still exist as peer leaders begin working with their peers in the uniformed services. Some possible challenges include:

- Resistance from peers to the subject of STI and HIV/AIDS prevention
- Shyness in talking about STI and HIV/AIDS in front of their peers
- Lack of time
- Lack of space to hold group meetings
- Peers do not come to sessions
- Little time to train all peer leaders; some may not feel they have enough skills
- Little privacy for condom demonstration or other sensitive topics
- Unwillingness to demonstrate condom use
- Unwillingness or inability to take up additional responsibilities
- Little (correct) information on STIs/HIV/AIDS
- Peer leaders may provide information only, without motivating peers to change behaviour
- Senior officers may not agree to support the peer leaders' activities
- Peer leaders may not be able to keep their motivation
- Peer leaders may drop-out if they are volunteers
- Few resources to cover the costs of training and supervision
- Skills and motivation of peer leaders varies greatly
- Difficulty evaluating and linking peer leadership efforts to behaviour change
- Few support materials

## 1.8 Incentives

Peer leaders are normally not given any monthly honorarium or salary for their work in peer leadership. They can, however, be given some incentives in recognition for the time spent on peer leader activities and training.

- Supervisors should think through incentives to keep up motivation and participation of the peer leaders
- Incentives can be in the form of cash or in-kind (food, lunch allowance, per diem, t-shirts, transport) or whatever will be most appropriate and feasible

## 1.9 Monitoring & Evaluation

One of the biggest challenges of a peer leadership programme is determining whether or not it is "working" – in other words, whether or not it is doing what it intended to do, such as increase condom use. Whenever monitoring a program or evaluating its impact, the following steps should be followed:

- a) Determine what types of information will be collected. For example, how many peer sessions were held?
- b) Design a reporting system (Who reports to whom? How often?)

- c) Define indicators to monitor the progress and assess impact, such as:
- Number of individuals referred by peer leaders to the nearest health facility for treatment of STIs
  - Number of individuals referred by peer leaders to the nearest health facility for voluntary HIV/AIDS counselling and testing
  - Number of condoms supplied by the peer leaders
  - Number of individuals reporting Condom use
  - Number of STI cases among peers treated by a qualified medical nurse or doctor
  - Number of print materials distributed by peer leaders
  - Percent of individuals that used a condom at last sex
  - Anecdotal experiences told by the peer leaders
  - Recognition of the peer leaders' services by randomly selected peers
- d) Develop informal approaches to supervision and monitoring including:
- Observation (watching peer leaders in action)
  - Interaction with participants and feedback from peer leaders
  - Focus group discussions
  - Feedback to peer leaders

*Peer Leadership Session*

*Research results help guide the establishment of peer leadership programmes*



- e) Develop formal approaches including:
- Feedback from site visits and key informant interviews
  - Weekly peer leaders' meetings
  - Routine refresher training for the peer leaders
  - Structured interviews with members of the target group in their place of work or residence
- f) Develop means of verification, such as:
- Referral slips for services
  - Information on number of STI cases treated by local health facility
  - Reports on peer leadership activities

## 1.10 Sustainability

One of the biggest problems for peer leadership programmes is to maintain the interest and motivation of the peer leaders to sustain the programme. Some factors which influence sustainability:

- Have the peer leaders been trained, re-trained and supervised?
- Are there enough incentives for the peer leaders?
- Is there enough interest on the part of the peers?
- Have enough resources been provided to the programme?
- Have the peer leaders and the peers been involved in the initial planning of the programme?
- Are support services (Voluntary Counselling and Testing, STI, condoms) available?
- Has an advisory committee been established?
- Are the management structures efficient?

# **SECTION TWO**

## **Preparing Peer leaders**

## 2.1 Making Peer Leadership Participatory



*Peer trainer demonstrating correct condom use*

### Why make Peer Leadership Participatory

When it comes to conducting training of uniformed services the trend is for one informed person to lecture those who need the knowledge. Experience shows that more interactive, participatory methods are more effective in motivating participants to think through their behavioural choices and inspire change. Information alone doesn't usually change behaviour.

While many peers in the uniformed services have some basic information about HIV/AIDS, there remain many barriers to using that information. Helping peers to think about their behaviour and how that information can influence their decision making is an important step.

Formal lectures tend to be dry and dull. Reading directly from documents or telling facts about HIV and AIDS is usually not appreciated by peers. That style of sharing information can become boring quickly. It's better for the peer leader to introduce topics for discussion instead of lecturing.

### 2.2 Why should participation be encouraged?

- Peers enjoy sessions more when they are talking, laughing and actively involved
- Instead of dealing with abstract facts on HIV/AIDS, participation helps personalize the issues and makes them real in the lives of the peers
- Peers tend to remember details better if they are discussed and personalized rather than presented as a fact
- Active participation allows immediate feedback on what peers are thinking and feeling and provides peer leaders the chance to correct misinformation and identify problem areas that need attention
- Encouraging participation results in peers thinking about their own situation and choices
- Hearing about the experiences of others helps peers realize that others are facing the same challenges and be encouraged by those who have changed risky behaviours
- Encouraging participation is actually easier for peer leaders because they aren't doing all the talking

## 2.3 Encouraging Participation

Tips to guide good facilitation include:

- *Prepare in advance and know your subject well.*
- *Set the mood by creating an enabling, safe environment where people can share ideas freely.*
- *Speak slowly and clearly.*
- *Maintain good eye contact.*
- *Take into account barriers such as language & literacy.*
- *Be a good listener.*
- *Take a participatory approach.*
- *Encourage everyone's participation, don't leave shy people out.*
- *Clarify key concepts.*
- *Bridge one topic to the next.*
- *Be aware of participants' body language.*
- *Respect & value everyone's opinion & contribution.*
- *Have a clear understanding of the objective of the task at each step.*
- *Provide clear objectives and instructions & check to see if your instructions are understood.*
- *Keep the group focused on the process.*
- *Guide the group's discussion.*
- *Bring the group back to the task if people get side-tracked.*
- *Encourage people to share their ideas, not impose them.*
- *Keep track of time & keep to the timetable as much as possible.*
- *Don't be too directive; remember you are facilitating sharing amongst a group, not teaching.*
- *Summarize as a way to conclude and wrap things up.*
- *Manage crises by being calm & creative, don't panic.*
- *Try to remember that some health issues (e.g. HIV/AIDS issues) are real and may be sensitive for many participants.*

**Asking questions is the key.** The more the peers are talking, the better the job the peer leader is doing. In other words, a peer leader should ask a question to start a discussion like "Describe what happens when you are deciding to use a condom." Ask questions, which 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 thinks and feels about behaviour choices.

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

**Smaller groups are easier than big ones.** Between six and 10 is the best number of peers for a session. If there are more the group becomes harder to control and it is less likely that all peers will get the chance to participate actively. If they are less, too much attention may be focused on a few individuals which may make them feel uncomfortable.

## 2.4 What are probing questions?

Probing questions are used to obtain information and generate discussion. Peers often provide short answers or even try to give the peer leader answers they think they want him or her to hear. A peer leader who is skilled at asking probing questions is more likely to get to the reality of a situation and encourage open and frank discussion. Developing skills for asking probing questions is important. Some examples of probing questions 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?

## 2.5 What are open-ended questions?

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 can’t be answered in a few words and usually begin with “how”, “why” or “could”. A closed-ended question asks for only a simple answer. Answers to such questions are usually ‘yes’ or ‘no’ and usually begin with “is”, “are” or “do”. Open-ended questions are more valuable than closed-ended ones because they increase involvement in peer education sessions.

### Examples of closed-ended questions:

- Do you like nshima?
- Do you drink beer?
- Do you like this training?

### Examples of open-ended questions:

- What are your favourite foods?
- What do you think of condoms?
- Why do you think men are different from women?

## 2.6 Role plays

Role plays are a participatory way to explore real-life risky situations through short dramatizations created by participants. They 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, role-play raises an important social issue related to HIV/AIDS and leaves it unresolved or frozen at a dramatic, emotionally charged moment. The peer leader then turns to the audience and asks them to discuss the issue. A vigorous discussion usually follows.



*Taking on the role of one man offering advice to another in a role-play.*

Possible questions to stimulate discussion after a role play might include:

- What did you think the point of the role-play was?
- 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?

## 2.7 Barriers to Effective Communication

The following are some examples of barriers to good communication between peer leaders and their fellow peers and ways to overcome them.

**BARRIER #1:** The peer leader has difficulty communicating, doesn’t understand the subject, and has a poor understanding of his/her peers and how they think about the subject.

*TRY THIS: Make sure your knowledge is up to date. If you do not know something, inform your peers that you don't know but will return later with the information they need. Make sure to follow up and get back to them*

**BARRIER #2:** A peer leader's bad attitude can affect the impact of the message on others.

*TRY THIS: Pay attention to how the peers receive you and be aware of your attitudes and biases. Try to set them aside when you work with peers and never force your opinions on controversial topics. The job of a peer leader is to facilitate a discussion, not to be judgemental and opinionated.*

**BARRIER #3:** Some young people do not feel comfortable with people much older than them and some older people may not be comfortable discussing certain subjects with younger peers.

*TRY THIS: Show respect to all participants regardless of age. Identify yourself as a responsible person who deals sensitively with difficult topics and encourage the group of mixed ages to try to be open to sharing ideas with others in the group.*

**BARRIER #4:** Sometimes religious and cultural backgrounds may differ among the peers and may interfere with communication.

*TRY THIS: It helps to have background information on the religious and cultural beliefs of the people in the group. Try to acknowledge when religious and cultural values might interfere with communication and deal with them. Do not ignore them. Respect people's values even when you do not agree with them and encourage other peers to do the same.*



**BARRIER #5:** Some people prefer to communicate with people of the same sex, especially on sensitive subjects.

*TRY THIS: 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. In some cases, where male and female uniformed service personnel are both in a discussion that covers a sensitive topic, it may make more sense to first divide up the groups based on sex and then bring them back together to share their discussions.*

**BARRIER #6:** Some people may misunderstand highly medical or technical language. They may be polite and pretend to understand when they don't.

*TRY THIS: It is important to speak in terms that the peers will understand. Try to use language that is familiar to the group of peers and explain any new terms as they come up. Keep language as simple as possible. Find out whether terms are familiar or if they require an explanation. If the person speaks 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 a higher economic status or higher rank.

*TRY THIS: Show respect, no matter what the rank or age of the person might be. Avoid fancy dress. Sit among the group members instead of standing over them or sitting apart. Wearing informal dress can help to break down barriers.*

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

*TRY THIS: Allow the peers to choose the time of the meetings.*

**BARRIER #9:** Noise, heat, and inadequate seating facilities can interfere with effective communication.

*TRY THIS: Make sure the venue is comfortable, quiet, and easy to find and get to.*

## 2.8 Desensitizing Sexual Relations

There is often reluctance on the part of peer leaders and peers to deal 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.

Talking about one's sexuality can be difficult. It requires special skills on the part of peer leaders to become comfortable dealing with sexual questions themselves and then getting their peers to feel comfortable as well. Some suggestions for desensitizing sexual questions:



- a. Be at ease in talking about sexuality. If you are embarrassed, participants will be too.
- b. Set some ground rules and provide a comfortable and quiet place where people will not be interrupted so that participants feel safe in revealing sexual information honestly.
- c. Be able to ask questions that encourage information sharing from participants on their sexual choices that may put them at risk for HIV.
- d. Encourage people to talk about "someone just like them" or "someone they know very well" which sometimes allows them to speak more freely than if they have to reveal things about themselves.

### Learning These Skills Involves

- a. Becoming aware of and working through one's personal opinions and moral values and feelings about sexuality.
- b. Learning to use sexual words without embarrassment.
- c. Learning the type of questions to ask that would draw out sexual information without embarrassing the participants.

### Points To Help Peer Leaders Talk About Sexuality

- a. Tell peers that you realize people do not usually discuss sex and that it can be embarrassing to do so. Point out that most of us are sexually active and we face the same questions and problems. To deal with them we must be able to talk about them openly.
- b. Use humour. Nothing reduces embarrassment like a good laugh.
- c. Begin questions with a general statement about different sexual behaviours. Do so in an accepting manner and then proceed to ask them to describe their own sexual behaviours or those of people they know very 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?"

- d. Start from general questioning and become more specific after building trust with the group. For example, ask peers to describe where they go to drink alcohol, who they go with, who they meet there and then ask them to think about any behaviours that they or their friends do that may put them at risk.
- e. Use words that are understandable and acceptable to participants. Develop a vocabulary of terms that are commonly used in local languages. Don't 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.
- f. Be aware of cultural attitudes and values concerning sexual behaviours that affect a person's risk to HIV. For example, in Zambia the tradition of "dry sex" can increase HIV transmission. While dry sex might be common, talking with the peers about how it can put them at risk might encourage them to think about it differently. It may not. As a peer leader the facilitation skills for such discussions are very important so that such topics are handled in a sensitive way and not offend the peers.
- g. Simply telling people about the dangers of AIDS or ordering them to change their risk behaviours will not result in positive changes. The best way to help people to change their behaviour is for them to talk about their habits and examine the different behaviour choices they can make. By going through the process of discovering that they are at risk, they will decide for themselves what they should do about it.

# SECTION THREE

## Basic HIV-related Health Information

## 3.0 Basic HIV/AIDS Information

It is necessary for peer leaders to have basic knowledge of HIV/AIDS, STIs and other health issues which can facilitate HIV transmission or put someone at risk of contracting HIV. This section provides basic information on topics related to HIV transmission, prevention and mitigation. The peer leaders should also feel free to use other documents that may be of use as additional references.

It is necessary for peer leaders to have a basic knowledge of HIV/AIDS since they need to be prepared to answer questions that arise.

### What is HIV? What is AIDS?

**HIV** stands for:

- H** = human
- I** = immunodeficiency. Meaning it weakens the immune system.
- V** = virus

### How is HIV Spread?

A person can become infected with HIV by exchanging bodily fluids (semen, vaginal fluids, blood, breast-milk) with an infected person. Specifically HIV can occur by:

- Having unprotected vaginal, anal or oral sex with an HIV positive person. ("Unprotected" means without a condom).
- Transmitting the virus from an infected mother to her baby during pregnancy, delivery or breastfeeding.
- Receiving a blood transfusion with HIV-contaminated blood or sharing unclean needles or other skin-piercing instruments (such as razor blades) contaminated with HIV.

HIV makes it difficult for your body to fight illnesses. When you have been infected with the virus, you are HIV positive. Being HIV positive does not mean you have AIDS. You can still live a happy and healthy life for many years. HIV is the virus that causes AIDS but it can be prevented. It is also important to remember that HIV is not spread through casual contact.

**AIDS** stands for:

- A** = acquired. It means that HIV is passed from one person who is infected to another person.
- I** = immune. The body's immune system is made up of cells called **CD4 cells** that protect the body from disease.
- D** = deficiency. It means not having enough of something. In this case, the body does not have enough CD4 cells to protect against infections. Over time, HIV kills these cells and the body's immune system becomes weak.
- S** = syndrome. A group of signs and symptoms associated with disease that occur together.

### Stages of HIV Infection

HIV destroys the body's defence system over time. From the time infection occurs with HIV to when a person becomes ill with AIDS can take many years. There are certain stages that every person goes through in their progression from early HIV infection through to the development of AIDS.

**A. Window period**

Once a person becomes infected with HIV, there is a period of 1 to 6 months before the body reacts to the presence of this virus and produces antibodies (chemicals) that can be found in the blood by laboratory tests. If these substances are found, the test result is "positive." The period of time that passes while the test is still negative is called the "window period." HIV can still be passed on during these weeks, even though HIV tests may not yet be able to identify the antibodies. Most people feel no different during this time and unknowingly can infect others with HIV.

**B. 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 and shows no signs of being sick (this is what is meant by "asymptomatic"). With the exception of having HIV in the body, the person is "fit for work." This asymptomatic period can be as long as 10 years. Again, during this time a person can still pass on the HIV infection without knowing it if they have not had an HIV test.

**C. Symptomatic period**

The symptomatic period is when a person is sick with AIDS-related illnesses. Remember, AIDS is a "syndrome," a collection of diseases or conditions that, taken together, make a diagnosis of AIDS. Most of the common conditions that start to appear are called opportunistic infections – infections caused by bacteria or viruses that normally do not create an illness in a person with a good immune defence system. Some common opportunistic infections include TB, pneumonia, diarrhoea, meningitis, and malaria.

## 3.1 Sexually Transmitted Infections

Part of the important work of the peer leader is to help colleagues understand how Sexually Transmitted Infections (STIs), including HIV, are transmitted, what treatment is available, and what they can do to prevent them. STIs are infections that are transmitted from one person to another through unprotected, sexual intercourse. In some cases, certain STIs can also be transmitted from a mother to her baby. They are an indication that a person is engaged in risky sexual behaviour, making them more vulnerable to HIV infection.

STIs greatly increase the chances of HIV being transmitted by providing a window (irritations and inflamed surfaces) for the virus to enter the body. STIs create concentrations of cells in the genital area that become targets for HIV. Also, HIV positive people are far more vulnerable to getting additional STIs. Their immune systems are compromised which means the body has a more difficult time fighting off infections.

### Key Issues for STIs and Uniformed Services

- 1) STIs need to be treated rapidly and professionally. Uniformed service personnel are often reluctant to use uniformed services medical services for treatment of STIs for fear that others will find out they have one. There is a tendency to let them go untreated or to treat oneself by going to pharmacies directly. It is important to get reliable treatment.
- 2) All sexual partners with an STI should be 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. As a result, the partner can be infected and have no symptoms, and even give the STI back to the man after he has been treated.

### Most Common STIs in Zambia

#### A. Chlamydia

Men may experience a painful or burning sensation when they urinate and/or a watery or milky discharge from the penis. Most women have no symptoms but may experience abnormal vaginal discharge, irregular vaginal bleeding, abdominal or pelvic pain accompanied by nausea and fever. Chlamydia may cause painful urination, blood in the urine, or a frequent urge to urinate.

If left untreated, Chlamydia may cause severe complications such, as non-gonococcal urethritis (NGU) in men and pelvic inflammatory disease (PID) in women which often leads to infertility. An infected mother can also infect her baby's eyes during delivery. If a baby's eyes become infected, the baby can become blind.

#### B. Gonorrhoea

Men may experience a cloudy (thick, greyish-yellow) pus-like discharge from the penis and a burning sensation during urination. Some men show no signs of infection. Women usually show no signs but some women have a pus-like vaginal discharge, irregular bleeding, painful urination and lower abdominal pain. Symptoms may occur 2 - 10 days after contact with an infected person. If left untreated, gonorrhoea can cause sterility, Pelvic Inflammatory Disease (PID) in women, and blindness in a baby if infected.

#### C. Genital Herpes

Genital herpes is caused by the herpes simplex virus and transmitted through direct skin-to-skin contact during vaginal, anal or oral sex. At the onset, most people experience an itching, tingling or burning sensation, which often develops into painful blister-like lesions on or around the genitals or in the anus. Recurring outbreaks of the painful blister occur in 33% of those who contract herpes. It may increase the risk of cervical cancer and, like the previous STIs, can be transmitted to a baby during childbirth. Herpes like any viral infection has no cure but can be controlled.

#### D. **Syphilis**

For both men and women, symptoms appear 10 days to 3 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. Other symptoms 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. This can cause infertility and pass to the baby causing death in the womb.



#### E. **Chancroid**

Symptoms include soft painful sores that bleed easily on or around the entrance to the vagina, penis or anus. It may also cause enlarged, painful lymph nodes in the groin and a slight fever. Women may have no symptoms or 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 allow the virus to pass easily into the body.

#### F. **Genital Warts**

Genital warts 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. If left untreated, genital warts disfigure the genitals and may increase the risk of cervical cancer. It is possible to treat them without creating permanent damage.

#### G. **Trichomoniasis**

This is a vaginal infection 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 reddening and swelling of the vaginal opening. Usually men have no symptoms but might have a slight discharge and/or lesions, and experience itching. If left untreated, it can cause urinary infections.

#### H. **Pelvic Inflammatory Disease (PID)**

PID affects the fallopian tubes, uterine lining and/or ovaries in women. It is usually caused by untreated STIs. While symptoms vary, the most common symptom is pain in the pelvic area. Others 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, it may cause infertility or ectopic pregnancies.

**If a peer seeks treatment at a health centre, he or she will be given the following:**

#### **Counselling:**

On the dangers of STIs, the importance of having only one sexual partner, and the process of STI care.

#### **Confidentiality:**

Privacy is essential and information regarding the patient should not be communicated to others without consent of the patient.

**Compliance with treatment:** Completion of the treatment is critical. One must understand the dangers of stopping or not finishing treatment.

**Contacts:** Treatment of sexual contacts is crucial. Patients should be encouraged to bring all of their sexual contacts for treatment whether or not the contacts have symptoms.

**Condoms:** Condoms should be used until both partners complete treatment. Even people who are limiting their sexual partners will benefit from condoms since one partner might have an infection and not know it.

## 3.2 Condom Use

Among uniformed service programme planners, there is a tendency to think that condoms are a simple thing to use. In fact, condom promotion requires special attention and careful planning. It begins with understanding why some people don't use condoms.

### Overcoming Obstacles to Condom Use

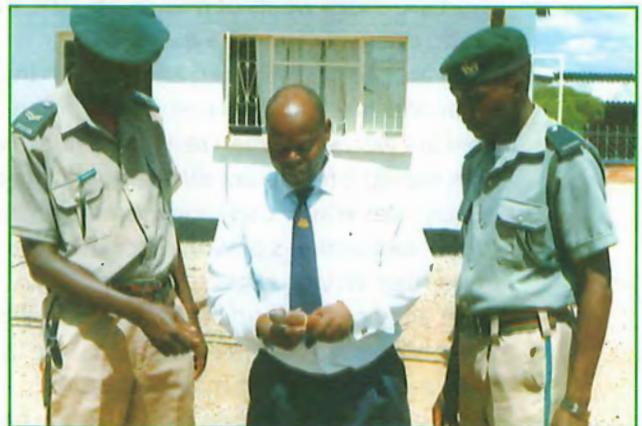
Obstacles are conditions or attitudes that get in the way of using condoms. Because HIV is primarily transmitted through sexual relations, apart from abstinence, condoms are the best defence against HIV transmission. Peer leaders can often experience resistance from those who:

- Oppose condoms for religious or moral reasons
- Deny that condoms are important in preventing HIV
- Are embarrassed by condoms and sexual matters
- Deny the risk they might be under for HIV and deny the need for condoms
- Think condom promotion will encourage sexual activity

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.

### Strategies for Overcoming Resistance

- a. Deal openly and honestly with condoms. Discussing the reasons why peers don't use condoms and looking at ways to overcoming the problems are important. Role-playing, group exercises, games and other techniques can help people come to grips with using condoms.
- b. Peer leaders have to be subtle in their approach so as not to offend people unnecessarily while also making sure that obstacles are confronted and dealt with.
- c. Make condom promotion fun. One of the best ways for overcoming shyness and discomfort when it comes to condoms is to make the discussion about them fun.
- d. Promote condoms without mentioning AIDS. HIV/AIDS is often not perceived as a problem by individuals who, in fact, are potentially at risk. Preventing STIs and unwanted pregnancies are often equally pressing problems for peers.



*Peer leaders can supply condoms as well*

### Key Facts about Condoms

1. Condoms are reliable, safe and secure. When used correctly and consistently they prevent STIs, unwanted pregnancies, and HIV.
2. Condoms in Zambia are just as reliable as those in other countries. All are electronically tested.
3. HIV cannot pass through a condom.
4. Condoms reduce worry about getting HIV.
5. Condoms can make sex last longer by delaying the male orgasm.
6. No penis is too big for a condom.
7. Condoms should be handled with care and stored in a cool dry place.
8. Condoms are the only contraceptive method that prevents pregnancy and the sexual transmission of HIV and other STIs.

## 3.3 Gender and Sexual Violence

### What is meant by gender?

Gender refers to the socially determined roles and responsibilities that are given to women and men in a group or community. Ideas about gender roles come from a group's knowledge, beliefs and attitudes. Gender roles, for both men and women, can affect access to health information, restrict use of health services, or limit healthy behaviour. It is therefore important, as a peer leader to facilitate discussions about the role of gender and the way it influences health behaviour.



In exploring gender issues, many different feelings can come up. It is important to encourage peers to respect one another's opinions and understand that exploring the gender dynamics is a gradual process that must be explored over time.

When facilitating these discussions, it is important to create an atmosphere where men and women feel "safe" and comfortable to reflect on aspects of their lives, identify problems and solutions to those problems, and discuss their roles in the uniformed services and how those roles could change to improve their health.

### Discussion Questions

Some questions that can help start a discussion about the role of gender might include:

- What does it mean to act like a man? To act like a woman?
- What are the benefits of men acting the way they are expected to? What are the benefits for women acting the way they are expected to?
- What are the costs to men and women in doing so?
- What pressure is put on men and women to act in those ways?
- How are women or men resisting this pressure? What support do they need to do so?
- How would it feel to act differently from what is expected? How might others respond?
- Which roles would men and women willingly share with the other? Why?
- Are there examples of women or men that have behaved differently and stepped outside what the uniformed service expects of them?
- What are women's and men's responsibilities related to HIV/AIDS?
- What barriers do women and men have in taking their responsibilities related to HIV? (self confidence, time, money, ability to make decisions)
- What support do women or men get in helping to deal with HIV/AIDS?
- Do couples communicate about HIV/AIDS?
- How are decisions about HIV prevention, care and/or treatment made in the family?
- What is the impact of gender differences on the health of members of the uniformed service?

By answering questions like the ones above, the peer group can begin to think about changing those norms and roles that are negative, while reinforcing the ones seen as positive. One of the most important objectives of discussing gender is to help men and women make changes in their lives that will allow them to better understand each other and form relationships that are more equitable.

### Why is gender important?

Women are more vulnerable to HIV. Examining the dynamics of gender is important because they have a major

impact on sex and HIV infection. Men in uniform, because they have prestige, power and money, are often at an advantage over the women they have sex with. The potential to abuse those women therefore is great. Domination of women for sexual advantage can increase risk behaviour and can make it harder for women to protect themselves from HIV infection.

### **What is meant by coercion?**

Coercion means using power and influence to pressure someone to have sex. One example is a man in uniform threatening to arrest a woman if she doesn't have sex with him or arresting her and offering to free her only after having sex.

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

Physically forcing women or men to have sex against her/his will by beating and restraining her/him is sexual violence. Rape is another term for this.

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

Uniformed men have many advantages over women. 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 also have low social status after a divorce or when widowed which can make them more vulnerable.

## 3.4 Voluntary Counselling and Testing

### 3.4.1 What is Voluntary Counselling and Testing?

Voluntary Counselling and Testing (VCT) is when a person chooses to go for a blood test to find out if they have HIV. When getting tested, a person will receive both pre and post-test counselling to help them understand beforehand the nature of the test and its implications. A trained counsellor listens, answers questions and offers advice about the process of being tested and offers help when the result is given. Counselling for people who test negative is a way to emphasize prevention and remaining uninfected. Counselling for people who test HIV-positive is more complex since many emotions tend to arise when results are given. Either way, post-test counselling is standard after every HIV test.



### 3.4.2 What are the advantages of getting tested?

**Ends worry about status.** Getting an HIV test ends worry about whether or not one is infected. If negative, they can renew their commitment to staying that way and, if positive, can learn how to live positively and get support services.

**Helps prevent mother to child transmission.** By knowing one's status, if positive, a couple can enter a program to prevent mother to child transmission and make sure they have all necessary information to do so and make informed decisions.

**Plan for the future.** Those who find out they are positive can then plan for the future security of their family by making financial plans and perhaps writing a will.

**Referral to Services.** For those who test positive, they can be referred to HIV specific clinical care, treatment and support. By living positively, starting antiretroviral therapy (ART) when necessary, preventing and/or treating opportunistic infections, and getting community-level support, a person with HIV can live a long life. Avoiding re-infection, reducing alcohol consumption and eating nutritionally will also help extend life.

**Reduces stigma.** The more people that go for voluntary counselling and testing, the greater the chances are that stigma will be reduced and HIV becomes more normalized.

### 3.4.3 What discourages people from undergoing Voluntary Counselling and Testing?

**Fear of a positive result.** People often think AIDS means death and are then afraid to get tested. Not all those who

have engaged in risk behaviour have been infected. Many more people who are tested find they are not infected than find that they are.

**Fear of rapid illness.** Some people imagine the results to be more horrible than they are in reality. They think they will decline rapidly and die soon after testing, when in fact, most people live for many years.

**Fear of being stigmatized.** Stigmatization of HIV makes people afraid to go for testing for fear of others suspecting that they are infected and treating them differently.

**Don't know the benefits.** There is a lack of awareness about the benefits of being tested. People mistakenly think that there is nothing they can do to improve their situation except wait for imminent death. They don't know that their lives can be extended if they know they are infected and take care of themselves and get good care and support services.

**Services far away.** The lack of convenient, affordable services close to where people live may discourage some people from going for testing. The cost of testing is increased if people have to travel long distances from other communities to get tested because they are afraid to get tested close to home.

**Worried about confidentiality.** Some peers are afraid of being found to be positive and the results being leaked out by indiscreet health providers. People need to feel that their test result will remain confidential.

**Feel guilty.** Some people feel guilty about their past behaviours that may have put them at risk. They don't want to be faced with having to tell their spouse or partner(s) they are positive.

## 3.5 Stigma and Discrimination

### 3.5.1 Basic Facts on Stigma and Discrimination

#### What is the stigma?

Stigma refers to negative thoughts others have about a person they see as different to what they consider 'normal'. Some people treat people living with HIV/AIDS (PLHA) differently because of their HIV status. This stigma creates a hostile and fearful environment and can be very destructive.

#### Reasons for HIV-related stigma

- Fear: HIV/AIDS is life-threatening and people are scared of getting it
- Ignorance: People often don't have enough information about HIV and how it is transmitted. Ignorance can lead to fear.
- Prejudice or Judgement: HIV is often linked to so-called 'shameful' behaviour, such as having many sexual partners or unfaithfulness even though these may have absolutely nothing to do with somebody becoming HIV positive.

#### What is discrimination?

Discrimination occurs when a person is treated unfairly or unjustly because of their HIV status. It can result in people unfairly losing their jobs, health benefits, being rejected by their family and friends, or being isolated from others in the community.

#### Effects of stigma & discrimination

Tragically, stigma and discrimination results in PLHA not getting encouragement and support at a time they need it most. Many PLHA are afraid of being judged or abandoned and may hide their illness and avoid getting help that could extend their lives. Prevention efforts become even more difficult when people don't feel free to talk about HIV without judgement.

#### Why should families help PLHA?

Families often care for their sick loved ones. PLHA need a lot of understanding and sometimes require additional care. A family is often the main support for somebody living with HIV/AIDS and should be encouraging. By supporting PLHA in positive living, families can help the person in keeping a healthy attitude and encouraging them to maintain a good diet and exercise while also providing emotional support.

#### How likely is it that people helping PLHA will get infected?

People looking after people who have become sick with AIDS-related illnesses can rest assured that it is extremely rare for caretakers to contract HIV. Casual contact like touching skin, hugging, kissing, or sharing cooking utensils, cups and plates or hair brushes is perfectly safe.

#### What is care and compassion?

Compassion is showing understanding and caring for others. In the case of HIV/AIDS, it means overcoming fears about infection and accepting those who are infected. It also means offering love, care and support to PLHA whether they are within your family, work, neighbourhood or place of worship. Understand the situation of others and showing empathy means accepting everyone regardless of their HIV status.

Being compassionate to PLHA reduces stigma and limits the impact of HIV/AIDS by improving opportunities for prevention and care. Treating those who are infected just as you would like to be treated is the first step to understanding and being compassionate.

#### How can PLHA be involved in reducing stigma and discrimination?

Whenever possible ask PLHA that have openly discussed their HIV positive status to talk about their situation with the peer group. Some fellow officers who are living with HIV may feel comfortable sharing their story. Otherwise, check if there are PLHA groups nearby to meet with your peers and family members. Talking openly about HIV helps

reduce stigma and discrimination and reduces fears.

**Role of peer leader in reducing stigma & discrimination**

- A peer leader should act as a role model and treat all people living with HIV/AIDS with compassion and understanding.
- Share correct information on HIV/AIDS to peers to reduce fear and ignorance among their peers.
- As stated above, involve PLHA in peer leadership activities.
- Refer PLHA to support services in the workplace, health centre, community, church or elsewhere.
- Help fellow peers understand that PLHA have rights like anybody else.

## 3.6 Prevention of Mother to Child Transmission (PMTCT) of HIV

### 3.6.1 Basic Facts on MTCT

#### What is Mother to Child Transmission of HIV?

Mother to Child Transmission occurs when an HIV positive mother passes the virus to her child (1) during pregnancy, (2) during birth or (3) through breastfeeding. Of the three modes of transmission, most occurs during delivery or through breastfeeding.

The World Health Organization has developed a comprehensive approach to PMTCT with four main strategies.

1. **Strategy 1** focuses on preventing primary infection of the mother and her partner(s) through abstinence, being faithful, and/or consistent condom use.
2. **Strategy 2** focuses on preventing unintended pregnancies among HIV-infected women by providing access to counselling and family planning methods for safe use of contraception.
3. **Strategy 3** focuses on preventing HIV transmission from HIV-infected mothers to their babies through:
  - a. Voluntary counselling and testing
  - b. Antiretroviral therapy
  - c. Safer delivery practices
  - d. Safer infant-feeding practices
4. **Strategy 4** focuses on providing treatment, care and support to HIV-infected women and their families which would include:
  - a. Prevention & treatment of opportunistic infections
  - b. Nutritional support
  - c. Psychosocial & community support
  - d. Antiretroviral therapy
  - e. Reproductive health care
  - f. Palliative care

#### What can be done to prevent Mother to Child Transmission?

There are several ways HIV positive parents can reduce the likelihood of infecting their children. Some include:

- Reduce risk behaviour by practicing abstinence, mutual faithfulness or consistent condom use.
- Couples who go for voluntary counselling and testing and know their results can then take steps to ensure their babies will be born uninfected.
- Seek education on HIV prevention
- Access ART and learn its benefits in reducing MTCT
- Safe delivery practices
- Get information on infant feeding options and seek counselling from a trained health care provider.

Participating in programmes that give infected mothers ARVs during their pregnancy reduces the chances of their babies getting infected at birth.

#### What is nevirapine?

Nevirapine is an antiretroviral drug, which can be used as part of PMTCT programs or as part of an antiretroviral regimen to treat HIV-infected patients. In pregnant women, nevirapine is used as part of a PMTCT programme to prevent the transmission of HIV from mother to baby.

#### Should breastfeeding be stopped?

HIV-infected mothers should seek counselling from a trained health care provider during pregnancy about the various feeding options. Infant feeding options include exclusive breast feeding, exclusive replacement feeds,

expressed & heat treated breast milk, and wet nursing. The most common options are exclusive breast feeding or exclusive replacement feeding.

1. Exclusive breastfeeding involves feeding the infant with ONLY breast milk and is suggested for 3 - 6 months, after which exclusive replacement feeding is advocated. Where exclusive replacement feeding is not feasible, especially where clean water, fuel or cleaning utensils / materials are scarce or where family expectations limit the ability to avoid breastfeeding, exclusive breastfeeding is the best option.
2. Replacement feeding is recommended where it is acceptable, feasible, affordable, sustainable and safe.

Since breast milk does carry HIV, replacement feeding is often recommended but will only be successful if safe water is available. More information on feeding options can be provided through a trained health care worker and peers should be referred to the closest health center for more information.

## 3.7 Positive Living, Care and Support

### What is positive living?

Positive living with HIV is about taking care on one's body and emotional wellbeing to delay the onset of AIDS and live a long life. By living positively, someone infected with HIV can help their immune system remain strong and keep a hopeful attitude. Positive living with HIV includes the following:

- Having a positive attitude about oneself and one's life
- Eating lots of different types of healthy foods through a nutritious diet
- Getting enough sleep and rest balanced with exercise
- Keeping oneself healthy
- Seeking out help when needed through joining a support group or finding family/friends to provide support; understand that you're not alone
- Visiting a health care provider for counselling and for early treatment of any opportunistic infections
- Practising safe sex by using a condom consistently every time whether one's partner is infected with HIV or not
- Taking ART when and if they are needed

### What is Care & Support?

Care and support involves family, friends, peers and/or community volunteers taking care of those with HIV or AIDS. This support can come in the form of providing physical care as well as social and spiritual support. People living with HIV/AIDS may feel weak or worried and may need somebody to talk to about their situation. A full range of care and support options exist.

### What can a peer leader do?

- Provide referrals to peers seeking care and support services. Many community-based services exist as do recommendations from the nearest health centre.
- Facilitate peers to get involved in community care groups and networks of people living with HIV and AIDS.
- Facilitate or organize basic help for peers living with HIV that may need additional care and support.
- Refer people with HIV/AIDS to appropriate medical and psycho-social care.
- Encourage other peers to provide care and support in the workplace.

### What are anti-retrovirals?

Anti-retroviral drugs (ARVs) slow down the speed at which HIV attacks the immune system.

- ARVs do not cure HIV but they can reduce the level of HIV in the body & extend the life of the person taking them.
- ARVs are taken only when the virus reaches a certain level in the body. A doctor takes a blood sample and does a "CD4 Count" which determines if the ARVs are needed or not. If the CD4 count is low, it means that one's fighter cells are too low to fight off infections. Once one starts taking ARVs, the immune system becomes stronger as the number of CD4 fighter cells increases.
- Once started, ARVs must be taken every day for the rest of the person's life.
- An HIV-positive person can still infect others while on ARVs which makes practicing safe sex very important.

### When should somebody start taking ARVs?

- Not everyone with HIV should start taking ARVs; they are recommended by a doctor when the body becomes vulnerable to repeat infections.
- An HIV test is mandatory before taking ARVs. Taking the drugs without an HIV test is very dangerous.
- A health care provider must run tests and then decide if a person infected with HIV is ready to start ARVs.
- Practising positive living outlined above can help those infected with HIV postpone starting ARVs.

### Are there side effects?

Some ARVs have side effects, and it is necessary to take them according to their prescribed doses and timing, or they are less effective. Side effects usually go away when the body gets used to the ARVs. This can take 4-6 weeks or longer in some cases. Some side effects include:

- feeling tired
- headaches
- dry mouth
- skin rash
- diarrhoea
- anaemia
- tingling or pain in hands and feet
- feeling dizzy
- nausea and vomiting
- unusual or bad dreams

### Key points about ARVs or antiretroviral therapy (ART)

1. ART is a treatment, not a cure for HIV.
2. ART helps to reduce the virus and strengthen CD4 fighter cells.
3. ART is usually not started until a person's CD4 count is around 200.
4. Once started, ARVs must be taken for life and must be taken properly at correct times—even if the person starts feeling healthy.
5. ARVs are usually taken in a combination of different drugs.
6. ARVs should never be shared.
7. Stopping and re-starting or missing tablets stops ARVs from working well resulting in drug resistance when the drugs stop working well.
8. ART should only be started under the medical supervision of a trained health care provider.
9. As outlined above, ARVs can reduce mother to child transmission of HIV.
10. HIV can still be transmitted while on ART which makes practicing safe sex a must.

### What is involved in prevention for PLHA?

As ART becomes more widely available in Zambia, more HIV positive men and women will live long lives and will

face complex decisions about practicing safer sex and child bearing, among others. Demand for comprehensive prevention strategies and access to sexual and reproductive health information & services are important. People on ART should:

- Prevent PLHA from being repeatedly re-infected with HIV which can decrease the effectiveness of ARVs, and
- Prevent the onward transmission of the infection to others.

**This can be done through the following:**

1. Abstinence and consistent condom use help avoid the possibility of exposing others to infection as well as re-infection for the PLHA;
2. Prevention among PLHA must be encouraged in a supportive way without increasing their risk of stigma and discrimination;
3. Remembering that PLHA have rights too. Judgmental attitudes about HIV positive women's or couple's choices to have children are unfair.



# 4.1 Introductory Exercises

## 4.1.1 Getting Comfortable with Sex Talk

### AIM:

To help participants feel comfortable discussing sexual issues.

### BACKGROUND

It is important for both peer leaders and participants to feel comfortable discussing sex. One way to feel more comfortable is to practice using the words related to sex. This exercise usually causes a lot of laughter.

### MATERIALS

Sheets of paper or flip chart (optional)

### TIME

1 hour

### INSTRUCTIONS

#### STEP 1

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

#### STEP 2

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



- Penis
- Vagina
- Sexual intercourse
- Orgasm
- Semen
- Prostitution or Sex Work
- Condom
- Oral sex

- Anal intercourse
- Masturbation
- Rape
- Incest
- Uncircumcised penis
- Clitoris
- Vaginal fluids
- Testicles

#### STEP 3

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

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

## 4.1.2 Feelings about HIV/AIDS

**AIM:**  
To help participants reflect about their own feelings towards the HIV/AIDS pandemic in Zambia and how it touches their personal and professional lives.

**BACKGROUND**  
The exercise is intended to allow any feelings of scepticism, fatalism, hopelessness, uncertainty, etc.. Experience shows that, when participants unburden themselves from these feelings at the beginning, they are able to participate more fully in the peer lead sessions.

The introduction of this exercise is very important. The goal here is to make space for feelings to be safely acknowledged, but not to introduce undue negativity into the room.

**MATERIALS**  
Sheets of paper or flip chart, markers, small pieces of paper & tape

**TIME**  
1 hour

### INSTRUCTIONS

#### STEP 1

- Prepare 3 flipcharts with the following tables on them, making one for each category (Me and my workplace, My community, My country).
- Place the flipchart sheets in front of the room where everyone can see them.
- Distribute a marker pen and post-its to each person.

Me and my workplace		My community		My country	
Fearful (How and why)		Fearful (How and why)		Fearful (How and why)	
Hopeful (How and why)		Hopeful (How and why)		Hopeful (How and why)	
Other kinds of emotions		Other kinds of emotions		Other kinds of emotions	

#### STEP 2

Read the following passage to participants:

We all recognise that Zambia has been seriously affected by the HIV/AIDS pandemic. You confront the realities of this pandemic every day in your work, communities and families. We also should recognise that some of us in the room may be living with HIV/AIDS. We may or may not know our own HIV status. Whether we are HIV-positive or negative, however, we are all deeply affected by HIV/AIDS, and we all have feelings about what it means to live in a community where HIV/AIDS exists. It's helpful to look at and acknowledge these feelings because they can strongly affect our interactions and behaviour.

Ask the participants to reflect upon the following question at their own personal level, as well as at the level of their work places, their community, and the country:

"When I think about HIV/AIDS, I feel ...

1.... fearful/hopeless." How? Why?

2.... hopeful." How? Why?

3."What other kinds of emotions?

### **STEP 3**

Instruct peer to use one small piece of paper for each category that matches their feelings. On each small paper, they should write a sentence or a few words to give some detail to their feelings and the reasons for them.

### **STEP 4**

Ask participants to spend the next five minutes reflecting on their responses. Then invite them to place their small papers on the corresponding flipchart sheets with the tape provided. Allow five minutes to get all them up.

### **STEP 5**

Once all of them have been put up, read them aloud. Write up on the flipchart all the recurrent or strongest feelings and themes. Take a few minutes to acknowledge and summarise them.

Ask the participants to share what they observe from this exercise.

Are they surprised in any way? Is there anything they did not expect?

If it has not come up already, ask the group whether the arrival of ART is changing their reactions of HIV/AIDS in any way.

### **STEP 6**

Close the session by acknowledging that all of us have complex reactions to HIV/AIDS and that we hope these peer sessions will be an opportunity to share with the group and with each other more of these feelings and how these feelings may influence their behaviour.

### 4.1.3 Identifying Personal and Cultural Values

#### **AIM**

To better understand values and their relationship with HIV

#### **BACKGROUND**

It is important that both peer leaders and the participants in their sessions are aware of their own values. It is important to clarify values and create a better understanding of what influences them. Considering values also helps reduce the stigmatization of people living with HIV/AIDS and the prejudices against them. This exercise must be done in a respectful and non-judgmental manner. This exercise is designed to get participants to:

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

#### **MATERIALS**

None

#### **TIME**

1 hour

### **INSTRUCTIONS**

#### **STEP 1**

Peer leaders should first ask participants what they think values are. After a short discussion they should share this definition:

Values are the standards or rules that have been established in a society. They are often based on lessons from parents, religious beliefs or tribal traditions. They guide the choices people make and the actions they take.

#### **STEP 2**

Present the following scenarios on sexuality by reading them one at a time. The scenarios can also be used for role-playing. Recognize that these scenarios can bring up strong feelings and should be dealt with respectfully. The peer leader has a large responsibility as the facilitator to allow people to express their views but to encourage others not to be judgemental while these sensitive issues are discussed.

#### **Scenario 1: No respect**

*A uniformed officer is attracted to a young girl who has been drinking alcohol for the first time and is obviously drunk. He takes the half conscious girl to a back room in the bar. He sees the opportunity to take advantage of her sexually without much resistance from her.*

#### **Scenario 2: Can't touch it**

*Word has gone around the police camp that an older officer who went on assignment a few months ago has been to the hospital for treatment of AIDS-related illnesses. You have now been assigned to be his partner in a training exercise that involves physical contact.*

#### **Scenario 3: Paying with nature**

*A police officer stops two market women who are selling goods in an illegal location. They say they have no money to pay fines but would be willing to settle the problem by providing sexual favours in a nearby wooded area.*

**Scenario 4: Gift for the wife**

*An officer who has been away from his wife for several months has a small red sore on the tip of his penis. He suspects that it is an STI, but his desire for his wife is so strong that he can not resist having sex with her despite the sore.*

**Scenario 5: A big surprise**

*An officer returns from an out of town deployment of nine months and finds that his wife is five months pregnant. She has no explanation for how this pregnancy has come about. But the officer is very suspicious.*

**Scenario 6: Demoted**

*Your supervisor just made an announcement that from now on, any uniformed service personnel who are found to have an STI will have their rank lowered. As well, he suggests that all uniformed service personnel should be tested for HIV every year.*

**STEP 3**

Ask participants to comment on what the value judgements are that each of the people in the scenarios has to make. Ask them what their opinions are and what action they think should be taken.

**STEP 4**

Get participants to make a list of common cultural and sexual practices that put people at risk for HIV/AIDS. These might include: sex outside marriage; forced sex (rape); sex for money; dry sex; sexual cleansing; widow inheritance practices; traditional medicinal treatments of STIs that are ineffective.

Have participants discuss their feelings about the practices listed (on a sheet of paper, flip chart sheet or chalk board, if available) and what factors influence them.

**STEP 5**

Discuss possible safer sexual practices and other methods for reducing vulnerability to the sexual transmission of HIV. (These might include: use of condoms, avoidance of casual sexual relations, and reduction in the number of partners.)

## 4.2 Risk Assessment

There remains much denial on the part of uniformed service personnel that they might be at risk or vulnerable to HIV infection. These exercises help participants better understand how certain behaviours put them at risk for HIV infection.

### 4.2.1 Wildfire

#### **AIM**

To create a better understanding of how people feel when finding out they have been exposed to HIV or are infected with the virus and create empathy and understanding.

#### **BACKGROUND**

This game is more complex than the others and requires careful facilitation to ensure participants feel comfortable since this exercise can bring up many emotions. It is important to explain the rules slowly and clearly.

#### **MATERIALS**

Flip chart, markers, tape

Small pieces of folded paper to be handed out to seven participants when they receive their test results; two of the folded cards read "Your test result is positive" while the others read "Your test result is negative" (These must be prepared in advance.)

#### **TIME**

1 hour

### **INSTRUCTIONS**

#### **STEP 1**

Introduce the concept of empathy by telling participants there is one quality in particular that underlies all good communication. Display a flip chart with the definition of empathy, and invite a participant to read it aloud:

*Empathy* is the act of seeing the world through another person's eyes and understanding how that person feels from her/his point of view. It is a quality of relationship, of the ability to relate, which is essential to supporting people living with HIV/AIDS. It is possible to feel empathy for someone even if you disagree with the decision s/he/they may be making

#### **STEP 2**

Introduce the Wildfire exercise by explaining that the following exercise is one that takes you through the emotional experience of HIV testing. This is an exercise that can evoke bring out emotions for some people, so do not be surprised if you find that this happens to you.

Ask the participants to stand up and listen carefully to the instructions.

Tell the participants that they are to move around, and verbally greet and shake hands with everyone else. Say that you will also be moving around within the group, saying hello, and shaking hands with everyone. While doing this, you will lightly tickle the hand of ONLY ONE participant with your middle finger to indicate that they have been exposed to the virus. Ask the person not to give away the fact that you have tickled his/her hand. Ensure that no one else can identify who that person is.

Withdraw yourself from the group, but ask participants to move around and continue shaking hands among themselves in a normal way. Instruct the person whose palm you have tickled to similarly tickle the palm of two

other people. They are not to let anyone else know that their palms have been tickled.

Once more have the entire group move around and shake hands. The two people whose hands were tickled should also similarly tickle the hands of two more people. At the end of this handshaking there should be a total of seven people whose hands have been tickled.

### **STEP 3**

When three rounds of handshaking have been completed, ask all the participants to stand and form a circle.

First ask participants whose hands were NOT tickled to identify themselves. Tell them, "I have good news for you. You were lucky and were not exposed to HIV. How do you feel about that?" After a few have responded, ask this group to step back and form a circle around the other participants.

### **STEP 4**

Then ask all those whose palms were tickled to form a smaller circle. You now inform them that have been exposed to HIV.

Ask them to describe how they feel under these circumstances. Some possible responses might be "nervous", "lost", or "scared".

### **STEP 5**

Next ask them what they would like to do at this point. Suggest to them the possibility of going for an HIV test. What do they need to take into consideration before having the test? Who would they tell the result to and how might they react? How would they feel if the test turned out negative? How would they feel if it was positive?

Ask participants to decide whether they wish to be tested. Have those who did not wish to be tested step back and join the back circle.

### **STEP 6**

Those who wish to be tested should then be handed a folded card or sheet of paper that shows either a positive or a negative result. (For this exercise with seven people "exposed", it's best to have two positive results and five negative results. Be prepared for the possibility that more hands were tickled; have up to 15 test results prepared.)

Ask the participants who underwent a test to read the result on their respective cards out loud.

### **STEP 7**

Next, address those whose test results were negative: "How do you feel about testing negative?" They also may give varied responses, "lucky", "guilty", "determined always to take precautions", "more willing to support people who are positive".

### **STEP 8**

Then ask: "Do you trust your negative test result? Does anyone feel the need to be retested? Are you totally off the hook where HIV/AIDS is concerned?"

When those with negative results have finished responding, ask them to join the back circle.

Those who have tested positive are now the only participants standing.

## **STEP 9**

Now address those who have tested HIV-positive. "How do you feel about your positive test result?"

Responses may include "alienated", "alone", "discriminated against", "extremely unlucky", "scared", "want to lead a healthy life", "there must be some mistake", or "hope nobody gets to know of it".

## **STEP 10**

Ask whether the other participants could tell who had tested positive.

Ask whether there was some way the participants could have protected themselves, and what they thought their future held. Be sure to emphasise that shaking hands does not transmit the virus.

Invite those who tested positive to join the circle.

## **STEP 11**

In this exercise the participants who "tested HIV-positive" may feel uncomfortable. It is important for the facilitator to be sensitive to this and to ensure not only that they come out of that role, but also that they receive any support they may need to disengage from the exercise.

Remind everyone that this was a pretend exercise and that the test results are not real, by saying:

We know that \_\_\_\_\_ and \_\_\_\_\_ did not really test positive for HIV today. And we know that you cannot get HIV/AIDS from shaking hands.

## **STEP 12**

Ask: "Did this exercise give you a better sense of empathy for patients who may test positive at the clinic?" Invite participants to return to their seats.

## **STEP 13**

Remind peers that there are many factors that may influence a person's decision to test for HIV. Many people might fear stigma; abandonment by their family, friends and community; and feelings of isolation and loneliness. The ability to empathise with people considering having a test or those that have already tested is very important.

## **STEP 14**

Thank participants for being willing to take part in such a sensitive exercise. Remind them again that the test results in the exercise are not real.

## 4.2.2 High Risk, Low Risk, No Risk

### AIM

To clear up misunderstandings on how HIV is spread.

### BACKGROUND

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

### MATERIALS

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

### TIME

1 hour

## INSTRUCTIONS

### STEP 1

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

- Vaginal sex without a condom
- Anal sex without a condom
- Many sexual partners without using condoms
- Having sex without a condom when one person is infected with an STI
- Having sex while drunk without a condom
- Being born to a mother who is HIV positive
- Using Vaseline or hair oil to lubricate a condom
- Sharing needles with drug use
- A transfusion of untested blood
- Sex with a condom
- Touching the blood of an injured person
- Oral sex without a condom
- Abstinence
- Kissing, hugging, massaging and mutual masturbation
- Sex between mutually faithful, uninfected partners
- Sharing eating, drinking and cooking utensils with an infected person
- Donating Blood
- Sharing a toothbrush, hairbrush, bathroom
- Being bitten by mosquitoes
- Touching, feeding or hugging a person with HIV/AIDS

### STEP 2

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

**High Risk:** High Risk means doing something with a good chance of getting infected with HIV.

**Low Risk:** Low risk means an activity presents a small chance of getting infected with HIV.

**No Risk:** No risk means that it is not possible to get HIV in this way.

### STEP 3

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

### STEP 4

After all the cards are placed, ask the whole group if they would like to change any of the cards from one group category to another.

### STEP 5

Make sure that all the cards are in the right category and offer the following explanations for any errors in placing the cards:

#### HIGH RISK

**Vaginal sex without a condom**

*(Sperm and vaginal fluids can contain HIV)*

**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 without a condom when one person is infected with an STI**

*(STIs bring blood to the surface of the skin increasing the opportunity for infection)*

**Being born to a mother who is HIV positive**

*(A pregnant woman with HIV has one chance in three of infecting her child at birth or through breastfeeding if no precautions are taken)*

**Using Vaseline or hair oil to lubricate a condom**

*(Oil based products weaken condoms and can cause them to break)*

**Sharing needles for drug use**

*(Injecting drug users tend to inject other people's blood right into their veins)*

**A transfusion of untested blood**

*(Unless the blood has been tested, there is no way of knowing if the person donating it has been infected or not)*

#### LOW RISK

**Sex 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 seal against HIV unless there are cuts or sores present)*

**Oral sex without a condom**

*(Unless the person has cuts in their mouth there is a small chance of getting infected)*

#### NO RISK

**Abstinence**

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

**Kissing, hugging, massaging and mutual masturbation**

*(The small amount of HIV in saliva or sweat is not enough to transmit to someone else)*

**Sex between mutually faithful, uninfected partners**

*(Two people have been tested and remain mutually faithful.)*

**Sharing eating, drinking and cooking utensils with an infected person**

*(HIV cannot live outside the body.)*

**Donating Blood**

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

**Sharing a toothbrush, hairbrush, bathroom**

*(These things do not carry HIV.)*

**Being bitten by mosquitoes**

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

**Touching, feeding or hugging 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.)*

**STEP 6**

Discussion Points

1. How do you feel looking at this wall? Does knowing that some things are risky worry you?
2. Did you learn any new information? Do you have any questions about any behaviours we did not list today?
3. Have you engaged in any of these risky activities? It might be worth considering going for VCT.
4. If you were explaining this information to a friend, what would you say first?

### 4.3 Sexually Transmitted Infections

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

#### 4.3.1 Names and Symptoms of STIs

**AIM**  
Familiarize participants with the basic facts about STIs.

**BACKGROUND**  
The presence of STIs greatly increases the chances of HIV being passed on. All unformed service peers should be encouraged to be tested and treated for STIs if they suspect they have one.

**MATERIALS**  
Flip chart, chalkboard or sheet of paper

**TIME**  
1 hour

#### INSTRUCTIONS

##### STEP 1

Peer leader should read the section on Sexually Transmitted Infections" for background information. Introduce the activity by explaining that we are now going to discuss facts about Sexually Transmitted Infections and write out the words STI on a piece of paper or flip chart. Explain that the letters stand for:

S – Sexually                      T – Transmitted                      I – Infections

##### STEP 2

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

<b>STIs</b>	<b>Common / local language name</b>
Gonorrhoea	_____
Syphilis	_____
Herpes Zoster	_____
Genital warts	_____
Candidiasis (thrush)	_____
Chancroid	_____
Chlamydia	_____
Genital warts	_____
HIV/AIDS	_____
Herpes Simplex	_____

### STEP 3

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

### STEP 4

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 and symptoms 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
- Fever or chills
- Sores in the mouth or lips

#### Signs and symptoms in Females:

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

### STEP 5

Ask participants to list the STIs which they consider to be the most common among uniformed services personnel. Tell participants that untreated STIs can eventually cause serious, sometimes life-threatening, complications.

### STEP 6

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

### STEP 7

Explain that you will read one statement at a time. One team will start. The team must decide if the statement is true or false by discussing it together. Then, one team member should state the team's answer. If the team is correct, they score one point. If they can explain why the answer is correct, they get one extra point. If the team is incorrect, they gain no points. Give the other team a chance to answer the question. Offer the explanation for the right answer after each incorrect response if neither team is able to answer the question correctly.

- a) **A person can always tell if she or he has an STI.**  
(False. People can and do have STIs without having any symptoms. This happens most often to women. Men infected with some STIs may also have no symptoms.)

- b) With proper medical treatment, all STIs except HIV can be cured.**  
(False. Herpes, an STI caused by a virus, cannot be cured at the present time.)
- c) The organisms that cause STIs can only enter the body through 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, and mouth. HIV can also enter the body when injected into the bloodstream from shared needles or through breast milk.)
- d) You cannot contract STIs by holding hands, talking, walking or dancing with a partner.** (True. Most STIs are spread by sexual intercourse with an infected person.)
- e) Many curable STIs, if left untreated, can cause severe complications.**  
(True. Some complications can lead to infertility. If a baby's eyes are infected by chlamydia or gonorrhoea and not treated, the baby can become blind. Other complications can lead to heart failure or damage to the brain.)
- f) Those with an STI should not have unprotected sexual intercourse.**  
(True. STIs can be passed on to others if a condom is not used. As well, STIs increase the likelihood of HIV transmission through sores and lesions. The inflamed areas act like an open window allowing HIV to enter.)
- g) It is impossible for STIs to penetrate through a condom if it is properly used and doesn't break.**  
(True. The small particles that cause STIs cannot penetrate latex (male condoms) or polyurethane (female condoms).)
- h) I thought I had an STI but now my symptoms are gone so I don't have to worry anymore.**  
(False. It is possible for an STI to show symptoms which later disappear but you are still carrying the virus or bacteria. Use condoms to avoid another STI and go to the clinic to get tested.)
- i) I think I have an STI, bought some antibiotics from the chemists and am feeling better. I don't have to finish the medicine.**  
(False. Not taking all the prescribed antibiotics is bad because although the symptoms have stopped, you may still have the STI. Stopping the antibiotic half way through its course makes STI stronger and the antibiotic weaker.)

## STEP 8

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

## STEP 9

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

Ask participants whether they have any questions on STI.

## 4.4 Correct Condom Use

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

### 4.4.1 Condom Demonstration

#### AIM

Provide participants an opportunity to practice using 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 the condom. Therefore, it is very important for peer leaders to help participants learn how to use a condom properly.

#### MATERIALS

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

#### TIME

30 minutes

#### INSTRUCTIONS

##### STEP 1

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.

##### STEP 2

Explain that uniformed service personnel need to protect themselves and, if used correctly, condoms provide excellent protection from STIs including HIV.

##### STEP 3

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

- Check the expiry date and look for signs of wear such as discoloured, torn or brittle wrappers. Do not use condoms, which have passed the expiry date or seem old.
- Open the package carefully along one side. It is better not to do this using teeth or fingernails to avoid damaging the condom.
- Unroll the condom slightly to make sure it faces the correct direction and place it on the top of the wooden model.
- Squeeze the air out of the tip of the condom between a finger and thumb of one hand (leaving space at the tip to collect the sperm or semen and expelling the air).
- 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.
- When the rim of the condom is at the base of the penis (near the pubic hair) penetration can begin.
- After intercourse and ejaculation, hold the rim of the condom and pull the penis out before it gets soft. Tie



*A peer leader demonstrates the step-by-step process of putting on a condom.*

the condom in a knot sealing in the semen or sperm. Dispose of the condom in a safe place. Use a new condom if you want to have sex again.

#### **STEP 4**

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

#### **STEP 5**

List the most common difficulties encountered. Ask the participants to suggest how these problems might be solved. Some common problems include:

- Trying to roll the condom down when it is "inside-out"
- The condom is not rolled down all the way
- The condom is placed crookedly on the model
- The user is too rough when opening the package or uses teeth to open it
- The air in the tip is not squeezed out

## 4.4.2 Female Condom

### AIM

Help participants familiarize themselves with the female condom.

### BACKGROUND

Female condoms are another good alternative to male condoms though many do not know how to use them properly. Sharing this information and a sample of a female condom can go a long way to helping peers feel more comfortable about using them.

### MATERIALS

Female condoms

### TIME

45 minutes

### INSTRUCTIONS

#### STEP 1

Provide the following information about the female condom to the participants:

##### The Female Condom

- Female condoms are made from a special plastic called polyurethane.
- The female condom is inserted into the vagina before sex and provides protection against both pregnancy and STIs.
- The inner ring of the female condom is used to insert the condom and helps to keep it in place. The inner ring slides into place behind the pubic bone around the cervix.
- The outer ring is soft and remains outside of the vagina during sex. The ring covers the area around the opening of the vagina completely.
- The female condom can be inserted prior to sex so it does not interrupt sexual desire and is not dependent on a male erection (since it is inserted into the woman), and does not require immediate withdrawal.
- It comes lubricated on the inside. Since it is made of polyurethane and not latex (like the male condom), a water-based or oil-based lubricant can be used with it.

#### STEP 2

Demonstrate the proper use of the female condom (steps below) and answer any questions the participants have. Discuss the differences between the male and female condoms.

- a) Check the expiry date and look for signs of wear such as discoloured, torn or brittle wrappers. Do not use condoms, which have passed the expiry date or seem old.
- b) Open the package carefully along one side. It is better not to do this using teeth or fingernails to avoid damaging the condom.
- c) Identify the opening at one end of the condom as well as the inner and outer rings. Make sure that the inner ring is at the closed end.
- d) Hold the condom with the open end hanging down and squeeze the inner ring between your thumb, index and middle fingers.
- e) Find a comfortable position to insert the condom—squat, sit with your knees apart or stand with one foot on a chair. Still squeezing with your three fingers, guide the condom into your vagina.
- f) After letting go of the condom, you can put your finger inside the condom to push the inner ring up inside

- the vagina deeper.
- g) Make sure the outer ring lies flat against the opening of the vagina.
  - h) When ready to have sex, make sure to guide the penis into the condom and ensure that the penis doesn't accidentally enter underneath or beside the condom.
  - i) After intercourse and ejaculation, twist the outer ring to keep the semen inside, gently pull the condom out from the vagina and dispose of the condom in a bin. Use a new condom if you want to have sex again.

### **STEP 3**

If time allows, ask a volunteer to demonstrate the correct use of the female condom to the other peers.

### **STEP 4**

Conclude by asking the following questions:

1. What are some of the advantages of the female condom over the male condom?
2. What are some of the advantages of the male condom over the female condom?
3. Do you think men and women in the uniformed services would be interested in using the female condom? Why or why not?

### 4.4.3 Reliability of Condoms

#### AIM

To overcome lack of confidence in the reliability of condoms.

#### BACKGROUND

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

#### MATERIALS

Condoms, water, bucket, cup.

#### TIME

30 minutes

#### INSTRUCTIONS

##### STEP 1

Get a bucket of water.

##### STEP 2

Open a condom and slowly pour water in it with a cup. Keep the condom at the bottom of the bucket. After filling the condom with more water tie the top, making a kind of water balloon. (Practice this exercise before doing it in front of participants to determine how much water must be poured to expand the condom to a large size without breaking it. Don't overfill it to the breaking point.)

##### STEP 3

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. Add some humour to the exercise by asking the participants if there is a penis so large it won't fit into a condom.



*A condom is blown into a balloon to show how strong it is.*

#### 4.4.4 Do's and Don'ts of Condom Use

##### AIM

To increase understanding of how to use a condom properly.

##### BACKGROUND

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

##### MATERIALS

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

##### TIME

30 minutes

#### INSTRUCTIONS

##### STEP 1

Write the following list on flip chart paper, a sheet of paper or chalkboard, or simply read them out. Read each item on the list one at a time and ask participants to indicate (on a piece of paper or orally) if this action should or should not be taken by marking "Do" or "Don't" in a list.

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

##### STEP 2

Read each item again and have participants share their responses, explaining why they choose each one. Share with them the information in the brackets below if they don't mention it themselves.

- a) **Store condoms in the sun or in a humid warm place.**  
(Don't because improper storage makes the condom weak)
- b) **Use condoms with dry and brittle wrappers.**  
(Don't because using old condoms are likely damaged and will not work properly)
- c) **Use condoms after the expiry date on the package is past.**  
(Don't because using old condoms increases the chance of breakage)
- d) **Use a condom every time you have sexual intercourse.**  
(Do because you will feel well protected)
- e) **Take condoms with you just in case.**  
(Do because you never know when you might need more than one or need to lend one to a friend)

- f) **Use two condoms to double your protection.**  
*(Don't because two reduces the sensation and one, properly used, is sufficient)*
- g) **Put a condom over the tip of the penis and roll it down half way.**  
*(Don't because if the condom is not unrolled to the pubic hair, it could slip off)*
- h) **Use Vaseline, cooking oil or other oily products to lubricate the condom.**  
*(Don't because oil-based products make condoms weak and increase breakage)*
- i) **Use a condom only once.**  
*(Reusing the same condom increases the chance of breakage)*
- j) **Rub water or saliva on the condom to make it more wet or slippery.**  
*(Do because water based lubricants don't make condoms weak)*
- k) **Have intercourse for a little while and then put on the condom.**  
*(Don't because any intercourse without a condom is risky)*
- l) **Use condoms when the rubber is dry or stiff.**  
*(Don't because old condoms tend to break easily)*
- m) **Take your time when putting on a condom.**  
*(Do because condoms that are put on incorrectly tend to break more often)*
- n) **Always carry a condom with you when you go out.**  
*(Do because you might not be able to know in advance if you will have sex.)*

#### 4.4.5 Condom Facts, Opinions and Myths

**AIM**

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

**BACKGROUND**

There are many myths about condoms and some uniformed service peers may not be using them because they have incorrect information. Most can learn to enjoy sex with less worry when they use condoms.

**MATERIALS**

None

**TIME**

30 minutes

**INSTRUCTIONS****STEP 1**

Choose five or six statements (or more if there is time) 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 Myth" 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 (Write these on a flip chart for easy reference for peers to see):

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

**STEP 3**

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

1. Sex with a condom isn't "real sex" (Opinion)
2. Condoms prevent STIs and HIV (Fact)
3. Condoms always break (Myth)
4. Condoms can get lost inside a woman (Myth)
5. Condoms prevent pregnancy (Fact)
6. Condoms have tiny holes so HIV can pass through (Myth)
7. Using condoms means you are unfaithful (Opinion)
8. Putting condoms on can be fun (Fact)
9. Condoms are only for casual partners (Opinion)
10. Using condoms is easy (Fact)
11. Sex isn't pleasurable with a condom (Opinion)
12. Lubricated condoms feel good (Opinion)
13. Condoms are embarrassing (Opinion)
14. Condoms are for sex workers (Opinion)

15. Condoms cost too much (Opinion)
16. Condoms cause irritation and pain (Myth)
17. You don't feel close to your partner when using condoms (Opinion)
18. Condoms show care for your partner (Fact)
19. Condoms increase promiscuity (Opinion)
20. Condoms are made out of latex rubber (Fact)
21. One size of condoms fits all (Fact)
22. Poor quality condoms are sent to Africa (Myth)
23. Condoms are tested electronically (Fact)
24. Condoms can be blown up into balloons as big as a football (Fact)
25. Condoms cut off circulation of blood and can strangle a penis (Myth)
26. Using condoms most of the time is as good as using them all the time (Myth)

#### **STEP 4**

Take one example of a clear myth (such as "condoms have tiny holes") and ask the group the following questions:

- Why do you think myths like this exist?
- What are some of the consequences of myths like this?  
(Depending on their answers, you may want to provide examples that mention fear, ignorance, strong beliefs, and denial.)

#### **STEP 5**

Select examples of a clear opinion, both negative and positive (such as "using a condom doesn't let you feel close to your partner", and "condoms shows care for your partner".) Ask the participants the following questions:

- How are these opinions different from facts?

## 4.4.6 Condom Negotiation

### AIM

To examine the reasons why they don't use condoms & improve skills for discussing condom use.

### BACKGROUND

This exercise increases men and women's awareness of the importance of discussing condom use before having sex. Discussing condom use increases the chances that condoms will be used. Before beginning a discussion about condom use, it helps to prepare some convincing arguments as to why you want to use condoms.

### MATERIALS

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

### TIME

1 hour

## INSTRUCTIONS

### STEP 1

Have two participants read the following scenario and develop a role-play with one person playing Sgt. Mubita and the other taking the role of Grace. (If there are only men in the group, ask a man to play the role of Grace. The peer leader can also play one of the characters if needed.) In other words, the participants invent a conversation about the topic. Don't show the role play to the rest of the group.

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

### STEP 2

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

- *What did you see happening here?*
- *Do you think the girl was right in suggesting condoms? Why or why not?*
- *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 3

Share the following elements of negotiation with the participants:

- *Negotiation involves making a mutual decision.*
- *Different options are proposed and discussed.*  
(For example, in the role-play Grace and Sgt. Mubita decided that the consequences of sex without con-

- *doms were worse than feeling that sex with condoms might not be comfortable.)*
- *A solution where both people can benefit is found.*

#### STEP 4

Tell participants that negotiation requires these steps:

- *Each person is able to express her 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 has.*
- *Compromise is important.*

#### STEP 5

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. Grace recognized Sgt. Mubita's discomfort and tried to suggest ways they could make the option of condoms more appealing for both of them.)

#### STEP 6

Ask a volunteer to read through each of the examples below. Read one statement at a time and then stop to discuss. Ask peers how they would negotiate with a partner if they heard these excuses. Provide additional information if the group has not come up with enough ideas. See below:

##### **EXCUSE 1: You think I have a disease.**

- I don't want either of us to take a chance of getting HIV.
- Many people infected with HIV have no symptoms at all.
- Neither of us probably has a disease, but isn't it better to be sure?

##### **EXCUSE 2: But condoms don't work.**

- If used correctly and consistently, condoms provide good protection.
- Condoms may even be fun.
- I have never had a condom break.

##### **EXCUSE 3: They spoil the mood.**

- It will be OK once we're used to them.
- Why don't you try condoms a few times and see?
- But it would make me feel more relaxed if I felt safe.

##### **EXCUSE 4: They don't feel good. They reduce sensation.**

- But we know condoms can protect us.
- It will make things last longer.
- Think about the fun we'll have and not the condom. Let me put it on for you.

##### **EXCUSE 5: They make me feel cheap and dirty.**

- Condoms have become a way of life for everyone. You would be surprised how many people use them.
- You know I care for you and respect you. That's what's important.
- I want to use condoms because I don't want you to get pregnant before you want to. There is nothing cheap and dirty about that.

**EXCUSE 6: I'm already using pills for birth control.**

- a) We have to use condoms as well because the pill doesn't stop infections.
- b) That doesn't help against HIV and STI.
- c) Too bad – no condoms, no sex.

**EXCUSE 7: I'd be embarrassed.**

- a) It won't be so awkward after the first time.
- b) I'll buy them, so we'll have them next time.
- c) Don't worry, we can make it fun.

**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) They are free at the health centre.

**STEP 7**

Invite a general discussion about strategies for negotiating condom use and ask the group to discuss the effectiveness of the arguments presented. Review the important points brought up in the role-play and the discussions.



*Carrying condoms means you are always prepared.*

## 4.5 Communication Skills

### 4.5.1 Communicating with Your Partner

#### AIM

Improve skills for communicating with sexual partners about HIV prevention.

#### BACKGROUND

Couple communication is important in opening up discussion around sensitive topics which can affect one's relationship. Good communication skills can be used to talk about any topic and help each partner communicate more effectively and clearly.

#### MATERIALS

Flip chart, pen and notepaper

#### TIME

30 minutes

#### INSTRUCTIONS

##### STEP 1

Write the following tips for negotiating safer sex on a flip chart or give them to participants in a handout. Ask for volunteers to read aloud the various points below and then have them divide into small groups or pair off.

- a) TALK is a set of tools that a person can use to be assertive and persuasive. Use TALK to tell a partner you want to have safe sex, or for any situation in which you want to be assertive.
- T = Tell your partner "I am listening to what you are saying." Acknowledge them.  
A = Assert what you want in a positive way. State your goal or need. Be positive. Use "I" statements (speak for yourself).  
L = List your reasons for wanting to be safe (use condoms). Be brief. Use a reason that is about you.  
K = Know the alternatives (for safer sex) and what you are comfortable doing or not doing.
- b) Be assertive and clear, but not aggressive:
- Make sure you say what you want
  - Use "I" statements such as "I think this is important."
  - Listen to what your partner is saying
  - Respect and acknowledge your partners' feelings and options
  - Be positive
  - Use reasons for safe sex that are about you, not your partner
- c) If your partner is being negative and, for example, does not want to use a condom:
- Find something positive in what your partner is saying and turn the negative objection into a positive thing. For example, if your partner is very controlling, you can say that you appreciate it and are glad they care so much about you (rather than accusing your partner of being too controlling.)
  - Never blame the other person for not wanting to be safe, blame the environment or something else, but never the other person. Remember, HIV is not the only problem caused by not practicing safer sex. You can get another STI or cause an unwanted pregnancy.

## STEP 2

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

### Scenario A:

*This is Siphos first assignment outside of his station and it's also the first time he has ever been in another city. Siphos is surprised by the amount of activity in his new environment. It has been very stressful for Siphos trying to adjust to so many different types of people and this new environment. He has formed a friendship with George, another officer, and they have both been given their first two days off from work.*

*Siphos and George go to a bar and are drinking, when Siphos meets Susan. They talk and Siphos can tell just by the way Susan smiles and touches him that she's interested in him. Susan invites Siphos back to her place. Siphos is worried about HIV and other STIs and wants to use a condom. After they get to Susan's apartment, they begin to move towards intimacy. They have this conversation:*

*SIPHOS: "I should tell you now that it's important to me to use condoms. I have some with me."*

*SUSAN: "Why do you want to use one of those things? You don't need it with me. I take birth control pills!"*

*SIPHOS: "Well, I think it might be a good idea..."*

*SUSAN: "But Siphos, it feels so much better without a condom."*

### Questions to ask participants:

- What should Siphos do?
- What should Siphos say to Susan?
- If Siphos wants to use a condom, what should he tell Susan?
- If you were in Siphos situation, what would you do?

### Scenario B:

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

### Questions to ask participants:

- What should Bridget do?
- What should Bridget say to Chipos?
- If you were in Chipos situation, what would you do?
- How could Bridget convince her boyfriend to use condoms?

### Scenario C:

*Sherry and Moses have been having sex together for several weeks. They both wanted to use condoms in the beginning. Just before starting to have sex Sherry whispered in Moses' ear that she wanted him to "go live" this time. Moses was very tempted but put on a condom anyway. Sherry was very upset with this. She considered this a sign that Moses didn't trust her. She even accused him of thinking that she was a prostitute. Moses said he really did care for her and it was because of that he wanted to use condoms.*

### Questions to ask participants:

- What did you see happening in this story?
- Is trust or honesty enough to protect people from HIV?

- Do you think the girl was right in suggesting they stop using condoms?
- How did Moses try to resolve the problem?
- Develop possible responses and strategies for Moses to use to effectively negotiate safer sex with Sherry.

**Scenario D:**

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

**Questions to ask participants:**

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

**STEP 3**

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

**STEP 4**

Make a list of all the responses and strategies that were suggested and ask the participants to judge, which are realistic, which would be easy to follow, and those which are very difficult. In summary, point out the common points that came out during the discussions, such as: it is difficult to compromise; it is hard to listen if you are angry; men and women often do not feel equal during negotiations; money influences judgement, etc.

## 4.5.2 Active Listening

### AIM

Improve skills for active listening and improve couple communication.

### BACKGROUND

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

### MATERIALS

None

### TIME

15 minutes

## INSTRUCTIONS

### STEP 1

Ask participants to find a partner for this exercise. In each pair, one will be the speaker and one will be the listener.

### STEP 2

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

### STEP 3

After two minutes, ask the listener to retell the speaker's story back to the speaker.

### STEP 4

Ask the all the participants to comment on their experience. Ask the following questions to stimulate the discussion:

- How did it feel to be a listener?
- How did it feel to be a speaker?
- How did it feel to talk for several minutes without being interrupted?
- Did the listener find it difficult to listen? Why? Why not?
- Were the listeners able to explain most of what the speaker said? Why or why not?
- As a speaker, did it feel like the listener was really paying attention?

### STEP 5

Summarize by making the following points about how to listen effectively:

- By concentrating on the speaker
- By being interested in what is being said
- By paying attention
- By avoiding distractions
- By being patient

- By not interrupting the speaker
- By listening with your eyes, ears and mind.

## **STEP 6**

Ask the participants if better listening skills would be useful in their relationships with their partners. One of the best ways to find out what a partner is thinking and feeling is to ask them. The ability to ask appropriate questions and listen effectively to the answers is an important skill in healthy relationships.

Provide the following as examples of questions that demonstrate interest in another person:

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

## **STEP 7**

Ask the participants to suggest other questions that can be asked which demonstrate interest in another person and that can be used in their own relationships.

## 4.6 Gender

### 4.6.1 Gender Values Clarification

#### **AIM**

To examine participant's attitudes and beliefs about gender and begin to discuss gender issues.

#### **BACKGROUND**

By providing a forum for discussion around our attitudes about gender, we can look at why we feel the way we do and decide if we still want to hold on to some of the gender norms we've come to accept. Ensure that each person is heard and uninterrupted when expressing their view before allowing people with different views to contribute. Discussions can become heated and need to be managed appropriately.

#### **MATERIALS**

Four pieces of paper, tape, and a marker

#### **TIME**

45 minutes

#### **INSTRUCTIONS**

##### **STEP 1**

In large letters, print each of the following titles on the pieces of paper, one title per card: "Strongly Agree", "Agree", "Disagree", and "Strongly Disagree." Display the signs around the room in that order, leaving enough space in between them to allow groups of participants space to stand near them.

##### **STEP 2**

Explain to participants that this activity is designed to give them a general understanding of their own and each other's values and attitudes about gender. Remind the peers that each person has the right to his or her own opinion and that no response is right or wrong.

##### **STEP 3**

Read aloud the first statement on the list below and ask the participants to stand near the paper that most closely represents their opinion. After the participants have made their decisions, ask for one or two volunteers from each group to explain why they feel that way. Continue doing the same process for each statement below.

#### Statements:

1. It is easier to be a man than a woman.
2. Women make better parents than men.
3. Family planning is a woman's responsibility.
4. A man is more of a "man" once he has fathered a child.
5. Sex is more important to men than women.
6. It is okay for a man to have sex outside of marriage if his wife does not know about it.
7. A man cannot rape his wife.
8. Men are smarter than women.
9. In all aspects of life, women and men should be equal
10. Add others....

#### **STEP 4**

After discussing all statements, facilitate a discussion by asking the following questions:

- Which statements, if any, did you find challenging to form an opinion about? Why?
- How did it feel to express an opinion that was different from that of some of the other participants?
- How do you think people's attitudes about some of the statements might affect their interactions with members of the opposite sex?
- How do you think some of the opinions affect the conditions that allow HIV to spread?

Note to facilitator: For the sake of discussion, if all participants agree on any of the statements, play the role of "devil's advocate" by expressing an opinion that is different from theirs.

## 4.6.2 Sexual Rights & Responsibilities

### **AIM**

To become aware of what our sexual rights and responsibilities are and think carefully about how we behave in accordance with those rights and responsibilities.

### **BACKGROUND**

We all have the right to be treated fairly and equally and this holds true for our sexual rights and responsibilities.

### **MATERIALS**

2 flip chart pages, marker, print outs of the case studies

### **TIME**

1 hour

## **INSTRUCTIONS**

### **STEP 1**

Explain that we all have the right not to be controlled by others and to be treated fairly and equally. With that right, comes the responsibility not to control of force others into doing something they do not want to do.

Ask participants "What are some of the basic rights that we have as individuals in Zambia? Some might include the right to free speech, to practice the religion of your choice, or to live where you want.

### **STEP 2**

Next ask "What are some of the examples of basic responsibilities we have as individuals? Some responses might include the responsibility to respect the property of others by not stealing; the responsibility to provide for one's family, the responsibility to obey laws, etc.

### **STEP 3**

Next, display the two flip chart pages with the titles, "My Sexual Rights" and "My Sexual Responsibilities." Ask participants to first list some of their sexual rights and then ask them to list some of their sexual responsibilities.

Make sure that the following sexual rights are included on the first list:

- The right to avoid unintended pregnancy
- The right to sexual enjoyment
- The right to protect yourself from risk of STIs and HIV
- The right to not have sex if you don't want to
- The right to obtain information on sexual and reproductive health

Make sure that the following sexual responsibilities are included on the second list:

- Respecting a person's right to say no
- Informing a partner if you are infected with an STI or HIV
- Taking care of any children you have

### **STEP 4**

Ask each participant to select the item on the "My Sexual Rights" list that is most important to him or her. Read aloud the items on the list one by one and ask participants to raise their hands when the item they have selected as

most important has been read. Ask for a few volunteers to share their reason for selecting the item.

#### **STEP 5**

Do the same for the "My Sexual Responsibilities" list.

#### **STEP 6**

Next, divide the participants into two groups and give each group a case study to read and ask them if the action taken was appropriate and respectful of sexual rights and responsibilities or was inappropriate. Make sure each group has a note taker and somebody to present back to the group. Allow 10 minutes for small group work and 5-10 for reporting back. If time permits, allow the group to go through more case studies.

##### **Situation 1: Visit to the doctor**

*A police officer is told by the doctor that he has tuberculosis, a common opportunistic infection caused by HIV infection. He suggests that both the officer 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 being potentially 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 infection 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 6: No means no**

*Two young female officers in the service were giggling while seated on a bench behind the office block. A handsome young man on guard duty approached them. The girls recognized the man who had been charming them for several weeks. The women liked to be told how beautiful they looked. One of the women invited him to sit beside her. She was glad when her friend left and left her alone with this man. She liked it when he held her firmly, leaned over and kissed her. She didn't like it though when he started to put his hands under her skirt. She tried to push his hands away but he was stronger than she was. She was too embarrassed to yell and too weak to stop him. She resigned herself to her fate.*

(Inappropriate: The women did show some interest in the man but that did not give him the right to force her to have sex. Women do not have to accept being raped. They can strongly resist physically or complain to authorities. Men have to accept that no means no and a woman's refusal, even though she may have seemed interested in the beginning must be respected.)

##### **Situation 7: Abuse of authority.**

*A senior officer had spotted a particularly beautiful recruit during an inspection and had her brought to his office. He told her that he was looking for a personal assistant to help him with some administrative duties and thought that she would be perfect for the job. At first she was flattered that she would be considered for the position and was excited about the prospect of the promised promotion that would go with it. When the superintendent told his secretary to hold all his calls,*

*locked the door and guided her to a couch in his office, she understood that she was going to have to have sex with him. She refused and the next day she was transferred to a remote posting.*

(Inappropriate: The senior officer was clearly abusing his power by offering special privileges in exchange for sex. It was particularly mean spirited to punish the woman who was bold enough to resist his advances by assigning her to an undesirable posting.)

### **Situation 8: Just this once**

*Mercy had a secret crush on Victor since she met him during basic training. She was so happy when he also desired her. Mercy was concerned about HIV and had insisted that they use condoms when they started to have sex. She said they could stop after both going for an HIV test. The more she got to know Victor the more she thought he would be the man she would eventually marry. She refused to listen to other women who said they had high hopes when they too fell victim to Victor's charms. One night after drinking some alcohol he came to her with passion in his eye and said "if you really love me, you won't make me use a condom." Against her own best judgement she gave in and said "just this once."*

(Inappropriate: Her idea of both going for an HIV test before stopping using condoms was a good one. But not using condoms consistently before going for the test could leave her vulnerable to HIV infection.)

### **STEP 7**

Conclude the exercise by pointing out that the case studies allowed the group to identify some sexual rights that were violated and some appropriate and inappropriate responses to managing sexual rights and responsibilities. Summarize the points made by the participants and the lesson learnt. Some suggestions:

- Open and frank discussions about sexual issues can be difficult they are important
- Those 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 and vice versa.

## 4.7 Voluntary Counselling & Testing

### 4.7.1 Exploring Obstacles to VCT

#### AIM

To help participants to reflect on why they might be reluctant to undergo VCT.

#### BACKGROUND

Many people have a great deal of fear and anxiety about going for an HIV test. Exploring some of the reasons behind that fear can help people become more prepared for VCT.

#### MATERIALS

None

#### TIME

1 hour

#### INSTRUCTIONS

##### STEP 1

Divide participants into two groups and ask them to prepare the following role plays:

*Role Play 1* A couple are discussing the advantages and disadvantages of going for VCT. Role play what happens next.

*Role Play 2* A woman is talking with another woman friend and they are trying to convince each other about the need to go for VCT. The woman finally agrees to go and when she arrives at the VCT center she finds her husband there. Role play what happens next.

Allow about 5 minutes to prepare and five minutes to present each play. After each role play ask the following questions:

- What did you see?
- Is this something that is common?
- How did you feel about this activity?
- What did you learn?

##### STEP 2

Continue the discussion by prompting the group with the following questions:

1. Why should people undergo VCT?
2. What are the advantages or benefits for people to undergo Voluntary Counselling and Testing?
3. Why are people reluctant to undergo VCT?
4. Why might a wife choose to undergo testing but her husband refuses?
5. How can those who are reluctant be convinced to undergo VCT?
6. How does stigma or fear of HIV impact on accepting to undergo testing, bringing in sexual partners for testing or accepting a positive result and benefiting from services?

### STEP 3

Summarize the points made for the groups. Some examples of possible points that come up might include:

#### **Why people go for VCT:**

Because of a pregnancy or because a doctor encourages it

Because they feel sick

Suspicion of partner's unfaithfulness

#### **Why people fear testing**

Don't know services exist

Both men and women reluctant to tell partners of positive status; Fear of rejection

Stigma attached to the disease

Unawareness of the benefits of VCT

Fear of being positive

No cure

Fear of being seen at service points and being branded as HIV positive

Think HIV/AIDS equals death and may not know about ARVs

Cost of testing

Worry they will feel guilty

Live long distance from test centres

Fear of lack of confidentiality

### STEP 4

End this session by using the following discussion points.

1. What would be the most difficult thing about going for VCT?
2. How would you deal with the issue of stigma and VCT?
3. How could you encourage your colleagues to go and get tested?

## 4.7.2 The VCT Experience

### **AIM**

To help participants understand what it is like to go for VCT.

### **BACKGROUND**

Explaining the process of going for VCT helps participants better understand what to expect.

### **MATERIALS**

None

### **TIME**

1 hour

### **INSTRUCTIONS**

#### **STEP 1**

Start this session by asking if anyone has been for VCT and if they would be willing to share their experiences. Ask them to explain what happened from the time they entered until they left the center.

#### **STEP 2**

Show the following chart and explain each step along the way. Print out a copy for each participant in advance.

# Pre test counselling

A uniformed service personnel receives information and decides to go to the VCT site

At the reception/VCT site:  
He/she:

- is informed about the procedures, including (if applicable) the option to wait and receive results on the same day;
- is given a chance to discuss issues related to confidentiality;
- receives information about HIV/AIDS;
- pays user fees (where applicable);
- is registered anonymously/confidentially, depending on the setting.

In some settings, a counsellor provides general-awareness talks about HIV/AIDS and/or VCT and MTCT.

Counsellors conduct individual pre-test counselling and cover:

- Basic facts about HIV infection and AIDS;
- Meaning of HIV test, including the window period;
- Testing procedures and policy on written results;
- Preventive counselling (i.e., individualized risk assessment and risk-reduction plan);
- VCT form.

Obtain informed consent (including completed consent form) if person decides to be tested after time has been given to consider his or her decision.

Do blood draw or finger prick.

As blood sample is being processed, the counsellor with discuss condom use and other prevention measures and assess the following:

- Client's readiness to learn HIV status;
- Intentions after learning HIV status;
- Potential barriers to behaviour change;
- Plans and ways of coping with results, especially if HIV-positive;
- Potential for support by family and/or friends;
- Any other special needs.

### STEP 3

End this session using the following discussion points

1. Why is it difficult for a person to go for VCT?
2. What support mechanisms are in place in the uniformed services or in your community to help a person who is HIV positive?
3. Who would you feel most comfortable telling your test results to? Why?

[This area contains several large, faint rectangular boxes, likely intended for handwritten notes or answers to the discussion points.]

## 4.8 Stigma and Discrimination

The following exercises, like many others in this guide, involve working with attitudes, beliefs, and experiences about stigma and help participants to explore the feelings beneath these attitudes. It is again important to emphasize that the peer leader has a responsibility as a facilitator to make sure the environment is a safe one where peers are able to express their feelings openly without being judged. If there are exercises that do not feel comfortable to lead, then find a co-facilitator to assist.

### 4.8.1 Our Experience with Stigma

#### **AIM**

To help participants describe some of their own personal experiences with stigma and identify some of the feelings involved in being stigmatized or stigmatizing others.

#### **BACKGROUND**

When participants connect to the issue of stigma on a personal, emotional level rather than a theoretical level, they will better understand how stigma affects people and how painful it can be.

#### **MATERIALS**

Flip chart or paper

#### **TIME**

1-2 hours

### **INSTRUCTIONS**

#### **STEP 1**

Start this session by asking participants to sit on their own at a distance from others. Then ask them to, "Think about a time in your life when you felt isolated or rejected for being seen to be different from others—or when you saw other people treated this way." Explain that this does not need to be examples of HIV stigma—it could be any form of isolation or rejection for being seen as different. Ask them to think about—"What happened? How did it feel? What impact did it have on you?"

#### **STEP 2**

Next ask them to find a partner and share their experience with somebody they feel comfortable with.

#### **STEP 3**

After each pair has had enough time to share their experience, invite participants to report back and share their stories with the larger group. There is no push to share; people will share if they feel comfortable.

#### **STEP 4**

Invite some of the story tellers to act out their stories in short role plays (with other participants playing other roles). This activity helps to make stories come alive and to see the feelings involved—the pain of being rejected, isolated or condemned. At the end of each scene, ask the role players, "How did it feel to be stigmatized?"

#### **STEP 5**

Next ask participants to sit on their own again and this time, ask them to "Think about a time in your life when you

isolated or rejected other people because they were different." Ask them to think about "What happened? How did you feel? What was your attitude? How did you behave?"

Ask participants to write down any thoughts, feelings or words that they associate with stigma.

**STEP 6**

Ask each participant to read their list out loud and record the points on a flip chart. Then discuss, "What feelings are associated with stigma?"

**STEP 7**

Summarize the session by highlighting that everyone has felt ostracized or treated like a minority at different times in their lives. It is okay to feel like that and you're not alone. We have all experienced this sense of social exclusion. The important step is to be thinking about how you can avoid treating anyone like that in the future.

## 4.8.2 Things People Say

### AIM

To help participants identify labels used by people to stigmatize PLHA and other stigmatized groups and see that words can hurt.

### BACKGROUND

Many of us don't understand the power of the words we use and how destructive and stigmatizing they can be. Experiencing stigma and listening to what people say about you can be a powerful reminder of how painful negative labels can be.

### MATERIALS

Flip chart pages and markers

### TIME

2 hours

## INSTRUCTIONS

### STEP 1

Put up 6 flip chart pages around the room and on each page, list a title at the top of the page using the following list: PLHA, Sex Worker, Teenage Girl, Street Kid, and Widow. Use one name per page.

### STEP 2

Ask each member of the group to count off to five. Divide into five groups based on the roles written on the top of each flip chart page. Group one will be PLHA, group two will be sex workers and so on. Ask each group to go to its flipchart station.

### STEP 3

Hand out markers to each group and ask them to write on the flip chart all of the things people say about those in the group. After two minutes, shout "Change" and ask the groups to rotate around the room to the next flip chart. Continue until all groups have contributed to all five flip charts and are back at their original list.

### STEP 4

Walk as a group around the room looking briefly at each of the flip charts. At each flip chart, ask:

- How do you, the "Sex workers" (PLHA, etc), feel if you are called these names? Ask those who were assigned to this label to react to these names.
- In what situations do these comments hurt the most?
- What are the judgements or assumptions behind some of these labels?

### STEP 5

After you have walked around to all of the flip charts and discussed the names with each group, ask the groups to discuss the following:

- If these images of PLHA are commonly believed, what are the consequences for PLHA?
- What are the effects of these images?
- If the effects are negative, what can we do to help change these effects?

## **STEP 6**

Summarize the session and ask that we each think twice before labelling others and try to make efforts at changing some of the stigmatizing words and names that can hurt PLHA and other groups.

### 4.8.3 Feeling Good

**AIM**

To help participants recognize the importance of emotional well-being for PLHA to lead long and productive lives and identify ways we can help PLHA stay healthy.

**BACKGROUND**

Identifying ways to challenge stigma and help PLHA to cope with the effects of stigma is critical in reducing stigma overall and its dangerous affects.

**MATERIALS**

None

**TIME**

1-2 hours

**INSTRUCTIONS****STEP 1**

Ask participants to draw a picture, write a poem, write a song or find another way to express what makes them feel good. Ask them to pair up and share their work in their pairs.

**STEP 2**

In the same pairs, ask them to discuss:

- What do PLHA need to feel good about themselves?
- Why is feeling good (emotional well-being) important for PLHA to lead long lives?
- What might prevent PLHA from feeling good?

**GAME****What do PLHA need to feel good about themselves?**

To be loved; cared for; listened to; given information about HIV/AIDS; good food and nutrition; involved in family decision-making; access to proper medical services; legal protection to stop them from being fired from jobs; prayer and encouragement from spiritual leaders; considered to be productive; contributing to the family and others; etc.

**Why is feeling good important for PLHA to lead long lives?**

If our mind feels good, so does our body; less likely to fall sick; more likely to share problems; etc.

**What might prevent PLHA from feeling good?**

Stigma; lack of attention; isolation; lack of care and support; self-stigma—feeling guilty; loss of friends; stigma by neighbours or co-workers; etc.

**STEP 3**

Ask participants to act out the role play below:

At the market, a PLHA is refused service and shunned by the traders who gossip about him being promiscuous. He returns home, where he pours out his heart to his brother talking about his frustration and feeling of rejection. He blames himself saying he was reckless and therefore deserves to be treated like this.

Discuss in pairs and then share:

- What happened? Who is stigmatizing? Why?
- How does the way he has been treated affect his emotional health?
- What are the indicators of self stigma?

#### **STEP 4**

Discuss with the whole group how we can support PLHA to cope with stigma.

#### **EXAMPLES**

- Encourage PLHA to talk openly with friends and family about their feelings and situation and be listened to with empathy
- Encourage them to get supportive counselling
- Encourage them to join a support group and share feelings and experiences with other PLHA
- Encourage them to remain productive and do things which build self confidence and self esteem
- Help them focus on the positives
- Challenge stigma ourselves and show stigmatizers that they are wrong to judge
- Recognize that PLHA have rights to have sex, get married, have children, work, have friends, etc.

#### **STEP 5**

Summarize by explaining that looking after our emotional health is an important part of positive living and that sometimes stigma can really affect PLHA emotional health. Stigma by other people can lead to self-stigma and that we can all play an important role in challenging stigma and supporting PLHA to cope with the effects of stigma.

Key Messages:

- We can all play a role in challenging stigma and discrimination
- Be a role model and apply what you have learned to your own lives; think about the words you use and how you treat PLHA
- Share what you have learned with others and get people talking about stigma and how to change it
- Challenge stigma when you see it in your homes, workplaces, and communities
- Act against stigma as a group. As uniformed personnel, decide what you want to do to tackle stigma
- Saying stigma is "bad" or "wrong" is not enough—help people move to action
- Provide a caring ear and support to PLHA and their family members
- Visit and support PLHA and their families

## Conclusion

The above participatory exercises should help in encouraging discussions among peers in the uniformed services about HIV/AIDS and other health issues. Peer leaders should feel free to use other materials as they see fit in their ongoing work with their peers. It is the hope that this guide, and other related materials, will serve as an entry point for sustained positive behaviour change and the ultimate reduction of HIV/AIDS and its impact.









