

AIDS PREVENTION
THROUGH
CORRECT CONDOM USE:

A Training Workshop
for Caribbean
Health Care Providers

Participant's Manual



AIDSCOM

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This curriculum was developed by AIDSCOM in collaboration with the Caribbean Epidemiology Centre (CAREC) and health care providers in nations throughout the Caribbean. Special thanks to AIDSCOM consultant Jack Stein who wrote the curriculum, to Maria Claudia De Valdenebro who designed and produced it, and to health professionals in St. Vincent and the Grenadines and in Trinidad and Tobago who helped pilot-test and refine it.

With no cure or vaccine for AIDS in sight, prevention through behaviour change is our only hope. Therefore, health care providers who work with people at risk for HIV infection must include AIDS/HIV risk-reduction discussions into their regular appointments with clients.

The risk of HIV infection in the Caribbean, as throughout the rest of the world, has made condom use critical. Widely promoted for many years as a means of family planning, condom use is now emphasised for an additional reason: to reduce the spread of HIV and other sexually transmitted diseases.

This training programme is based on the assumption that those people at risk for AIDS may need both assistance in adopting and maintaining condom use and also skills in using them correctly. Health care providers have a unique challenge and opportunity to meet these needs. This workshop has been designed to help you with this work.

Structure of the Workshop

This workshop is divided into five parts—each focusing on a key aspect of encouraging clients to begin using condoms and helping them to continue using them correctly:

- Part 1: The Facts About Condoms
- Part 2: Encouraging Clients to Use Condoms
- Part 3: Teaching Clients to Use Condoms Correctly
- Part 4: Helping Clients to Persuade Their Partners to Use Condoms
- Part 5: Encouraging Continued Condom Use through Promotion and Community Resources

Using the Participant's Manual

This participant's manual has been prepared as a guide to the material covered during this workshop. It is designed in a manner that closely follows the format of the workshop itself.

The trainer will refer to the manual during the training to help you follow the material presented. For easy reference, each part is a separate section and begins with a description of the part.

This manual is yours to keep throughout the actual workshop. It can also be used as a reference guide once you return to your job responsibilities.



During this workshop, you will:

1. Review the importance of including condom use education into your counselling responsibilities;
2. Discuss important factual information about condoms and their use;
3. Learn strategies for motivating and practice skills in educating clients about the correct use of condoms;
4. Learn and practice ways in helping clients negotiate condom use with their sexual partners; and
5. Enhance your understanding of existing promotional methods and community resources to help clients continue to use condoms.

PART

1

PARTICIPANTS

THE FACTS ABOUT CONDOMS

Learning the basic facts about condoms is essential to effectively counsel clients in correct condom use. This section introduces important information about condoms from both a historical and present day perspective.



Use the worksheet below as a guide to record key facts about condoms and their use throughout history as the trainer is presenting them. Circle the correct answer.

1. Condoms were first mentioned as a way to prevent venereal disease in:
 - a. England
 - b. Italy
 - c. Sweden

2. The first recorded historical account of condoms indicate they were made out of:
 - a. latex
 - b. sheep intestine
 - c. cloth
 - d. aluminum foil

3. The condom first became popular with:
 - a. The European upper classes
 - b. Poor factory workers in the 1700s
 - c. Travelling musicians at European courts

4. The production of inexpensive condoms became a reality in 1843 due to the development of:
 - a. plastic
 - b. rubber
 - c. labor unions

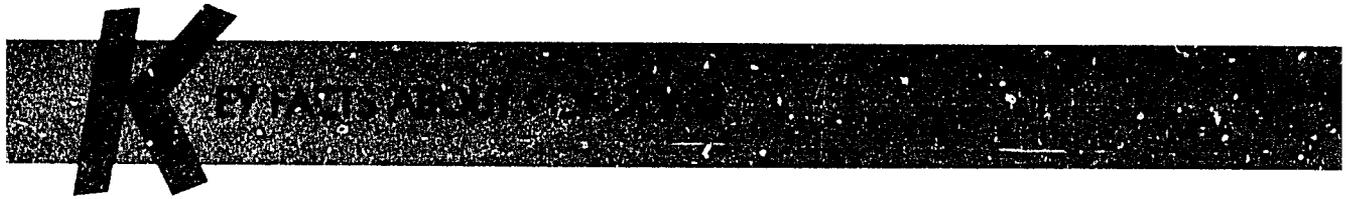
5. Moralists in the mid-nineteenth century:
 - a. Supported widespread use of condoms as barriers to infection
 - b. Objected to condoms and preached self-control
 - c. Supported using condoms only as a contraceptive

6. The first large-scale, systematic promotion of condoms to prevent sexually transmitted diseases came as a result of:
 - a. World War I
 - b. World War II
 - c. Korean War

7. Condoms were passed out to the soldiers along with:
 - a. Tips about making new friends in foreign countries
 - b. Educational materials stressing the shame and penalties of contracting disease
 - c. Nonjudgemental information about how disease is spread

8. How old were you when you first heard about condoms?

9. How did you first learn about them?



Use the space below to answer the following questions about condoms and their use:

1. How effective are condoms for prevention of HIV infection?

2. The two most common types of condoms currently manufactured are made out of latex and sheep intestine. List the advantages and disadvantages of each:

TYPE	ADVANTAGE	DISADVANTAGE
(1) Latex	_____	_____
(2) Sheep Intestine	_____	_____

3. Which type of condom is most recommended and why?

4. Are lubricants recommended for use with condoms? _____. If so, are certain types and/or brands advised? _____

5. What is the best way to store condoms? _____

6. How long will condoms keep in proper storage? _____

7. List the brands of condoms most commonly available in your country:

8. What terms are most often used to refer to condoms in your country?

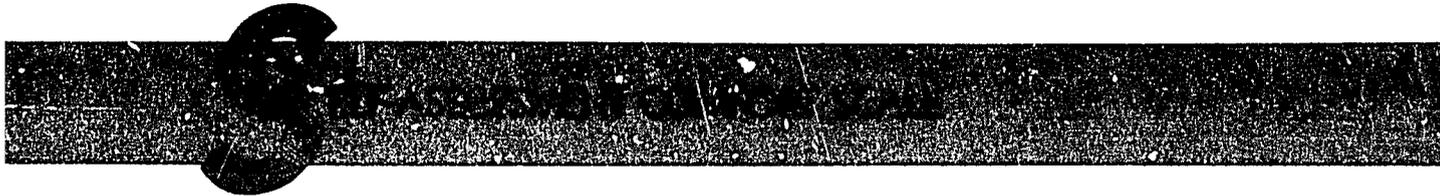
PART

2

PARTICIPANTS

ENCOURAGING CLIENTS TO USE CONDOMS

Having gained important factual information about condoms and their use, we can now focus our attention on helping clients make the necessary behaviour changes needed to start using condoms. This section provides information and practice in effective counselling strategies to initiate condom use by clients.



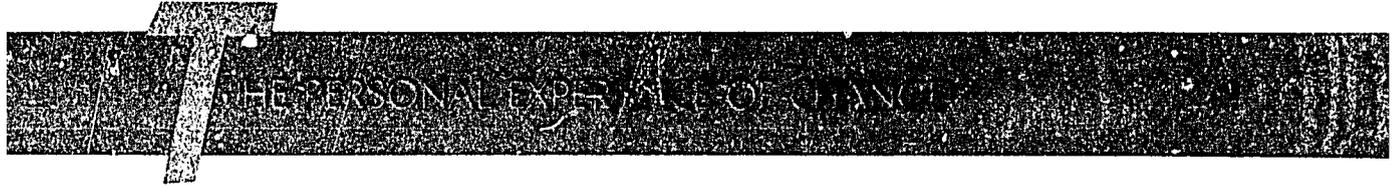
The subject of condoms itself is controversial for many of us. We all have our own individual opinions about them—many of which have been influenced strongly by such factors as our culture, religion, and family values, to name only a few.

Teaching clients about condom use is extremely important, however. To do so effectively, we must acknowledge our personal attitudes and values about condoms that could affect our work with clients. The exercise below is intended to help us do so.

Take a few minutes to read the statements listed below. After each one, think about how *comfortable* or *uncomfortable* it makes you feel. Rate your level of comfort according to the scale provided by circling the corresponding number with (1) = extremely comfortable and (5) = extremely uncomfortable. Your responses will not be shared with anyone else unless you choose to.

COMFORT SCALE

- | | | | | | |
|---|---|---|---|---|---|
| 1. Displaying a condom promotion poster in your office. | 1 | 2 | 3 | 4 | 5 |
| 2. Giving every client you counsel a brochure on safer sex, including graphic pictures on condom use. | 1 | 2 | 3 | 4 | 5 |
| 3. Reviewing the importance of condom use with a client of the opposite sex. | 1 | 2 | 3 | 4 | 5 |
| 4. Demonstrating for a client the correct way to put on a condom by using your fingers or other object. | 1 | 2 | 3 | 4 | 5 |
| 5. A client asks for your personal opinion about condoms being given to teenagers. | 1 | 2 | 3 | 4 | 5 |
| 6. Discussing the importance of condoms with friends and families. | 1 | 2 | 3 | 4 | 5 |
| 7. A client asks if you use condoms. | 1 | 2 | 3 | 4 | 5 |
| 8. A female client says that her husband might harm her if she insisted on his using condoms. | 1 | 2 | 3 | 4 | 5 |
| 9. A client refuses to ever use a condom due to religious beliefs. | 1 | 2 | 3 | 4 | 5 |
| 10. A client known to be HIV-infected refuses to use a condom. | 1 | 2 | 3 | 4 | 5 |



In our efforts to teach clients *how* to use condoms correctly, we must first begin by helping them recognise *why* they must use them. To do so, we need to understand the basic elements of behaviour change.

Consider a successful health-related change (for example, a diet or giving up smoking) that you have made at some point during your life that is currently still in effect. Describe elements of this change by listing:

1. The **BARRIERS** that initially hindered your making the change:

2. The **MOTIVATORS** or feelings and attitudes that helped you start making the change and/or helped you overcome obstacles along the way:

3. The factors or influences that have helped you **MAINTAIN** the change to this day:

Without revealing the nature of your actual behaviour change, discuss your responses with a partner. Compare and contrast your lists.

Now we will look at how this experience relates to the process of change experienced by a client who is considering condom use.



As you probably noticed during the previous exercise, the process of behaviour change requires hard work and is influenced by many factors. Taking this into account, you can help a client begin to use condoms through the five steps outlined below. Please note that this is only a suggested framework in which to provide such counselling. The time needed to provide this counselling will vary with each client due to different needs:

Step 1. Assess the client's current **knowledge** of, **attitudes** toward, and **use** of condoms.

Step 2. Identify the client's major **barriers** to using condoms.

Step 3. Help the client **prioritise** these barriers.

Step 4. Establish **goals** with the client; these might include acting on suggestions or tips for how to deal with different barriers.

Step 5. Develop **strategies** with the client to achieve these goals.

Before beginning, it is important to help your client feel comfortable with the sensitive nature of the information about to be discussed. An established relationship with the client is often helpful; however, there are a number of other things you can do to reduce client anxiety or mistrust.

In the space below, list some of the ways you might achieve this with a client:



STEP 1. ASSESS CLIENT KNOWLEDGE OF, ATTITUDES TOWARD, AND USE OF CONDOMS.

Assessing a client's needs regarding condom use is a critical first step to help motivate behaviour change. By doing so, you will be able to establish a starting point at which to begin counselling clients. The following series of directions and questions can be used as a helpful guide in this process:

A. General Information

Counsellor Instructions:

- Tell the client that you would like to ask a few general questions to assist him or her to learn a way to reduce the risk of AIDS and other sexually transmitted diseases.
- Ensure clients that this is not a test and that they should answer only those questions they want to.
- Place a condom in a package on the table in front of the client before asking your questions.

Key Questions: (Referring to the condom displayed)

- Have you ever seen one of these before?
- What do you call them?
- What other names do you use to refer to it?
- Have you ever used one?
- (If no to above question) What is your main reason for never using one?
- (If yes) What is your main reason for having used it?
- When was the last time you used one?
- How many did you use in the last month?
- Where did you get them from?

(Continue on page 13).

B. Condom Use Attitudes and Behaviours

Counsellor Instructions:

- Inform the clients that you are now going to ask some specific questions about their sexual practices with condoms.
- Reassure clients that they need not answer any questions they do not want to.

Key Questions:

- Do you have a regular sex partner now?
- Has a regular partner ever suggested that a condom be used during sex?
- Do you feel it necessary for a steady couple to use a condom during sex?
 - a. What if one partner knew he or she was infected with the AIDS virus?
 - b. What if both knew they were infected with the AIDS virus?
 - c. What if they knew that one or both of them has sex with other people?
- Have you ever used the same condom more than once?
- When you use a condom with a partner, who usually brings it along?
- When you use a condom, who usually puts it on?
- Have you ever had a condom burst or break while using it?
- Have you ever had a condom slip off?

(Continue on page 14).

STEP 2. IDENTIFY OBSTACLES TO CONDOM USE

Identification of barriers to condom use is a critical next step in initiating change. As a counsellor, you can focus your strategy in working with a client by knowing specifically what obstacles to condom use are of most concern to the client.

In the space provided below, list those obstacles to condom use most commonly reported by clients or those you imagine clients would give:

1. _____
2. _____
3. _____
4. _____
5. _____

STEP 3. PRIORITISE OBSTACLES

Among your clients, the number and type of obstacles to using condoms may vary greatly. The next step in making the change is to help clients prioritise those barriers of most concern.

If there is more than one obstacle, list them from first to last based on their degree of keeping the client from using condoms and the ability to remove such a barrier. This step requires careful discussion with the client to clarify fully the significance of each obstacle in hindering behaviour change.

(Continue on page 15).

STEP 4. ESTABLISH GOALS

Having identified and prioritised obstacles, we are now able to establish specific goals to help the client initiate condom use. Setting goals is achieved easily by turning the problem (barrier) into an action-oriented statement.

For example, if the barrier is:

“reduced sensitivity while using a condom”

then a counselling goal would be:

“to help the client recognize how much sensitivity and feeling is possible to experience while using most condoms”

If the barrier of highest priority is:

“lack of awareness about the risk of spreading or getting a disease when condoms are not used”

then what might be the counselling goal?

STEP 5. DEVELOP A STRATEGY

Having successfully completed steps 1-4, we are now able to develop a counselling strategy to meet the specific needs of the client to adopt condom use.

For example, with the client concerned about reduced sensitivity, one strategy might be to:

“demonstrate a condom’s relative thinness by slipping one over a finger and then feeling how much sensitivity is possible through the layer of latex”

For clients who do not view themselves at risk of HIV infection, what strategy might you suggest to address the goal identified in step 4?

PART

3

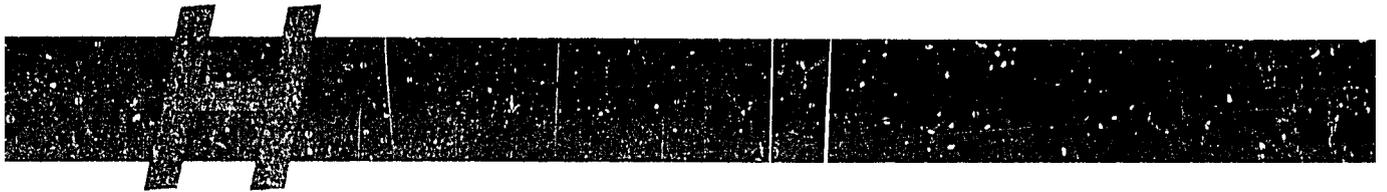
PARTICIPANTS

TEACHING CLIENTS TO USE CONDOMS CORRECTLY

Helping a client overcome the barriers of condom use is an important first step to risk reduction. Next we must offer clients assistance in learning how to use condoms correctly for the behaviour change to be effective. This part provides a suggested strategy for teaching clients how to use condoms correctly.



1. Explain purpose of exercise.
2. Familiarise the client with the demonstration tool.
3. Ask the client to demonstrate condom placement and removal.
4. Provide feedback through a counsellor demonstration.
5. Ask about and respond to the client's concerns about the demonstration.
6. Instruct the client to repeat the demonstration.
7. Provide feedback about the client demonstration.
8. Respond to any remaining questions.
9. Thank the client for participation in the exercise and support all achievements.
10. Offer the client free condoms and written and visual information about condom use.



The following are some helpful hints to assist you when counselling clients using the 10 steps described on the previous page:

1. **Explain the purpose of the exercise.**
"This exercise is to help you learn how to put on and take off a condom correctly."
2. **Familiarise the client with the demonstration tool.**
"We are going to use a dildo (or _____) to practice putting on a condom. This may be the first time you've seen or used one so it may seem a bit strange or awkward."
3. **Request the client to demonstrate condom placement and removal.**
"Now I'd like you to show me how you put a condom on and then remove it."

(Continue on page 19).

4. **Provide feedback through counsellor demonstration.**

“Thank you for showing me. Now I’ll take a turn at it and describe some important things to pay attention to when putting on and taking off a condom.”

NOTE: While doing this, refer to the client’s previous demonstration and provide constructive and helpful comments. **Avoid sounding critical or judgmental.** Use the steps outlined below as a guide to demonstrate correct condom placement and removal. Be sure to emphasise those steps marked with a star (*). Clients frequently perform these steps incorrectly.

CONDOM PLACEMENT:

- Indicate the need for condom use **at the very beginning** of vaginal, anal, and oral sex;
- Carefully open the condom package;
- Remove the condom and prepare to unroll it;
- * ● Avoid sticking the condom with your nails or fingers;
- If available, add spermicide inside the condom tip;
- Place the condom on the head of the erect penis;
- If uncircumcised, be sure to pull down the foreskin;
- * ● Hold the top while rolling the condom down the penis;
- * ● Leave space at the top and squeeze out any air in the tip;
- Unroll the condom down to the base of the penis; and
- Check for any slippage during intercourse.

CONDOM REMOVAL:

- * ● Withdraw the penis while still erect to avoid the condom slipping into the partner;
- Hold onto the condom at the base of the penis while withdrawing from the partner;
- Slide the condom off by holding onto the base of the condom;
- * ● Grip the tip of the condom to keep the semen separate but avoid pulling too hard or the condom may break;
- * ● Be careful not to spill any semen;
- Wrap the condom in paper or container and throw it away in the garbage (avoid flushing down a toilet);
- Wash penis.

(Continue on page 20).

5. **Ask about and respond to the client's concerns regarding the demonstration.**
"Do you have any questions about how I put on or took off the condom?"
6. **Instruct the client to repeat the demonstration.**
"Now for extra practice, would you put on and take off another condom the way I just showed you?"
7. **Provide feedback about the client's demonstration.**
"Thank you for showing me again. You did very well when you _____. Now let me give you a few more suggestions."
8. **Respond to any remaining questions.**
"Before we stop today, do you have any more questions about condoms and how to use them?"
9. **Thank the client for participating and support any achievements in learning.**
"I'm glad we had some time to practice with condoms here today. You showed a great improvement since we first began to talk."
10. **Offer the client free condoms and written/graphic information about condom use.**
"I hope this has been helpful. Please feel free to come back and ask me any more questions you may have about condoms. I'd like to give you these condoms to take home. This brochure describes all the things we've talked about today."

(Continue on page 21).

To gain practice in using this model, pair up with another workshop participant and take turns in the roles of counsellor and client in a condom demonstration exercise. Attempt to follow the steps outlined. Spend some time between roleplays to discuss the experience from both perspectives.

Use the space below to record any key issues that occurred to you or concerns that you felt during the roleplay:



Adopting such a change as using condoms and doing so correctly can be a major and difficult process. Hence, counselling of condom use practice must be an ongoing process. As your own experience with health behaviour change probably revealed, continuing a change is often as—if not more—difficult than initiating the change.

If you are in a position to provide ongoing support to clients, the following list of counselling strategies may be helpful to assist clients in supporting continued correct condom use:

- Support and reward the client's progress.
- Offer ongoing visits with you.
- Allow the client to discuss the loss of past practices.
- Continually emphasise the benefits of the changes made.
- Interpret any lapses in condom use as human responses not failures.
- Identify and assist with other resources for support (see Unit 5).
- Other:

PART

4

PARTICIPANTS

HELPING CLIENTS PERSUADE THEIR PARTNERS TO USE CONDOMS

We have discussed counselling techniques to help clients begin to use condoms and to do so correctly. This part of the workshop helps you gain new skills in helping clients negotiate condom use with their sexual partners—perhaps one of the most challenging barriers currently faced, especially among female clients.

IDENTIFIED PARTNER OBJECTIONS TO USING CONDOMS

Partner objections to condom use are undoubtedly one of the most challenging barriers to overcome by a client.

In the space below, list those objections most commonly faced by clients when they introduce their interest in using condoms (when necessary, indicate whether the gender of the partner is relevant). An example is provided to get you started. Note that many of the objections listed may be similar to those identified as "client obstacles to condoms" discussed in section II.

1. "By asking me to use a condom, you're telling me you don't trust me!" (man to his steady female partner).
2. _____
3. _____
4. _____
5. _____



RESPONDING TO PARTNER OBJECTIONS

In the space provided below, list suggested responses to a few of the partner objections listed on the previous page (an example in response to the previous one listed is provided to help you get started):

1. "It's not a matter of trust . . . it's a matter of love and caring for each other!"
2. _____
3. _____
4. _____
5. _____



Helping clients negotiate with their partners about condom use requires sensitivity and understanding. Simple, automatic responses to partner objections are often not effective.

Use the space below to list some of the counselling strategies that you might use to help clients communicate to a partner their interest in using condoms. Once again, an example is provided:

1. Offering to meet with the couple together to discuss the issue.

2. _____

3. _____

4. _____

5. _____

PRACTICE IN HELPING CLIENTS NEGOTIATE

Refer to the case scenarios described by the trainer. In small teams of three, select two team members to assume the role of counsellor and client engaged in a counselling session about partner negotiation. The third team member should assume the role of "recorder" and take notes on the roleplay using the following guide:

1. What major partner objections to condoms were identified by the client?

2. What skills did the counsellor use to help the client focus his or her concerns?

3. What, if any, strategies were identified for the client to use in negotiating with his or her partner?

4. How did the client appear to respond to the counsellor's approach?

5. In what ways might the counsellor provide further assistance with this situation?

PART

5

PARTICIPANTS

CONTINUED CONDOM USE THROUGH PROMOTION AND COMMUNITY RESOURCES

Continued condom use by clients depends very much on how available condoms are. This is often related to how well they are promoted and distributed. This part increases your understanding of existing promotional strategies and resources to support continued condom use.

Condom promotion seeks to persuade people to obtain condoms by calling attention to the product, its image, how much it costs, where it is available, and special benefits associated with its use.

Refer to the most common methods of condom distribution identified in your country and answer the following key questions to assess how condoms are promoted:

1. Overall, are condoms easily available to people in your country?
 Yes No
2. Are condoms displayed in pharmacies in such a way that people can easily see them?
 Yes No
3. Are they displayed in a manner where people can easily reach them or must they ask for assistance?
 Yes No
4. What kinds of fees or expenses are required to obtain condoms?
 - at a clinic _____
 - at a pharmacy _____
5. Are there television, radio, and/or newspaper advertisements that promote condom use in your country?
 Yes No

As mentioned earlier, maintaining the practice of condom use is an ongoing process. We also noted the important role of the counsellor in supporting this significant behaviour change. However, other community resources are often available to assist in this process. In the work space provided below, indicate those resources within your country that might be considered appropriate for clients to receive ongoing support:

1. (example) National AIDS hotline
2. _____
3. _____
4. _____
5. _____

Are there services you feel are needed but currently not available to clients in your country?

If so, list what these needed resources are:

1. _____
2. _____
3. _____

Congratulations! You have completed a special workshop on improving your skills in working with your clients and patients to help them reduce their risk for HIV and STD infections.

Most people in the Caribbean consider their health care providers to be the authorities on staying healthy and avoiding disease. That puts you in a unique position to inform people about the risk of AIDS. But more than that is necessary; people usually do not change just because they have some new information.

Your clients may also need to talk about their potential risk for AIDS, and they may need to ask many questions about how to protect themselves. By using your current skills as an educator and counsellor—combined with the new skills you have learned in this training—you can give the information and support that is needed.

CAREC, with assistance from USAID, has developed several materials that may help you further with this important job: these include a prevention counselling guide, a brochure about AIDS prevention counselling, and special brochures that you can distribute to your clients and patients. For further information, contact CAREC directly or through your Ministry of Health at the following address:

Caribbean Epidemiology Centre (CAREC)
P.O. Box 164
Port-of-Spain, Trinidad and Tobago
Telephone: 622-3404
Telefax: 622-2792
Telex: 22398

AIDSCOM

AIDSCOM is part of the United States' contribution to the global fight against AIDS. AIDSCOM works with specialists in developing countries to create and implement effective strategies for AIDS control. AIDSCOM's unique contribution is communication, behaviour research, condom promotion, and prevention counselling, built on a broad-based multi-sectoral community development strategy.

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For more information, write:

AIDSCOM
Academy for Educational Development
1255 23rd Street, N.W.
Washington, DC 20037
U.S.A.
Telephone: 202-862-1900
Telefax: 202-862-1947
Telex: 197601 ACADED WSH

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