



Communication Guides for Facilitators

HIV Prevention Series



Botswana

FHI 360

FHI 360 is a global development organisation with a rigorous, evidence-based approach. Our professional staff includes experts in health, nutrition, education, economic development, civil society, environment and research. FHI 360 operates from 60 offices with 4,400 staff in the United States and around the world.

We have worked with 1,400 partners in 125 countries, forging strong relationships with governments, diverse organisations, the private sector and communities. Our commitment to partnerships at every level and our multidisciplinary approach enable us to have a lasting impact on the individuals, communities and countries we serve–improving lives for millions.

Capable Partners (CAP) project

Capable Partners is a USAID-funded project that supports the Botswana government's efforts to mitigate HIV. The CAP project promotes organisational development and capacity building through networking and technical support.

CAP partners with non-governmental organisations (NGOs), faith-based organisations (FBOs) and community-based organisations (CBOs) on HIV prevention services under the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and Peace Corps engagement in PEPFAR programmes.

The CAP project also supports monitoring and evaluation of grantees and sub-grantees, routine training on HIV prevention interventions, and the development and dissemination of behaviour change tools. Strengthening communities towards sustainability is the over-riding goal of the CAP project.

What is a communication Guide?

Communication guides are structured teaching aides that assist a community outreach facilitator to guide a small group session to raise awareness of key drivers of HIV using interactive activities. The guides are very user- friendly and can be used in various community settings and with various audiences.

The communication guides are designed to provide clear, targeted behaviour change messages to individuals to promote adoption of safer behaviours to prevent and reduce HIV transmission. The guides were developed to support national HIV/AIDS efforts as outlined through Botswana AIDS Impact Survey III (2008) and the National Strategic Framework II for HIV/AIDS (2009-2016).

There are a total of nine topics in this communication guide package:

- Alcohol
- Condom use
- Cross-generational sex
- Delayed sexual debut
- Gender-based violence
- Multiple and concurrent sexual partnerships
- Positive health, dignity and prevention
- Relationship enrichment
- Safe male circumcision

structure of Guides

Each communication guide has three major components:

1. Facilitation Guide:

This section provides guidance on how to effectively work with group participants to explore key facts about the subject matter, spark discussion on strategies to address the subject matter in their lives, and clarify misconceptions or misinformation throughout the session.

2. Activities:

Each guide offers example(s) of a group activity to explore a subject matter in a fun, interactive manner. Each activity is targeted for specific age groups and has a clear aim.

3. Notes for Facilitator:

This section provides you, the facilitator (peer educator, field officer, counsellor, etc.) with reference points and tips to respond to issues that arise during the discussion, including key terms, questions and quick facts to facilitate a better understanding of each topic.

Facilitation Guide Overview

Each facilitation guide has seven sections to assist you to conduct a structured group session and ensure that the session increases participants' awareness of the related subject matter.

1. Introduction	Provides group participants with an overview of the session.
2. Probing:	Seeks to stimulate group discussion by assessing what group participants already understand about the subject matter.
3. Activities:	Provides you, the facilitator, with choices of interactive activities to use for the session. Activities are segmented into appropriate target groups, where applicable, to help make the activity more relevant for the target group.
4. Strategies:	Engages participants to think practically about how they can incorporate personal strategies to prevent HIV transmission for the related key driver.
5. wrap Up:	Closes the session by summarising key facts discussed in the group session.
6. Connections	Referral cards are provided to participants for any needed services or support based on the group discussion.
7. Feedback:	Group participants are encouraged to discuss the approach and content of the session for future improvement and provides, you, the facilitator the opportunity to assess the needs of participants to guide follow-up sessions (i.e. information about another key HIV driver).

Key Points When Guiding Group Activity and Discussions

- Each session takes approximately 45 minutes to one hour to conduct.
- We recommend group sizes of two to twenty-five participants to allow for an engaging group discussion, while allowing for the facilitator to effectively manage group dynamics and assess comprehension of the subject matter by group participants.
- Explain to participate that there are no right or wrong answers.
- Assure participants that issues raised during the group discussion will remain confidential.
- Encourage full participation from everyone.
- During the discussion ask open-ended questions to stimulate discussion, rather than 'yes' or 'no' responses.
- Get everyone to participate in the group discussion and activity. Do not let one or two people dominate the discussion. Ensure that you ask the same question to different people to obtain a variety of viewpoints.
- Thank participants at the end of each group discussion or activity for their participation.

These communication guides are complimented by a risk reduction assessment, planning and support (RRAPS) tool. The RRAPS tool provides the opportunity for individuals to assess their personal risk for HIV transmission based on their current behaviour, better understand how these behaviours put them at risk and to then develop a risk reduction plan with relevant strategies to encourage healthier behaviours. Please refer to the Risk Reduction Assessment, Planning and Support Tool Kit for further information.

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AIDS	Acquired Immunodeficiency Syndrome
ART	Anti-Retroviral Therapy
BAIS	Botswana AIDS Impact Survey
BCC	Behaviour Change Communication
CAP	Capable Partners
CBO	Community-Based Organisation
CSO	Civil Society Organisation
DMSAC	District Multi-Sectoral AIDS Committee
DSD	Delayed Sexual Debut
FBO	Faith-Based Organisation
GBV	Gender-Based Violence
GoB	Government of Botswana
НСТ	HIV Counseling and Testing
HIV	Human Immunodeficiency Virus
IEC	Information Education and Communication
M&E	Monitoring and Evaluation
MCP	Multiple and Concurrent Sexual Partnerships
МоН	Ministry of Health
NACA	National AIDS Coordination Agency
NGO	Nongovernmental Organisation
NSF	National Strategic Framework
PLWHA	People Living with HIV and AIDS
PEPFAR	President's Emergency Plan for AIDS Relief
PHDP	Positive Health Dignity and Prevention
PMTCT	Prevention of Mother to Child Transmission
RRAPS	Risk Reduction Assessment, Planning, and Support
RRP	Risk Reduction Process
RRT	Risk Reduction Tool
SMC	Safe Male Circumcision
SOPs	Standard Operating Procedures
STI	Sexually Transmitted Infection
UNAIDS	Joint United Nations Programme on HIV and AIDS
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing



Communication Guide for Facilitator



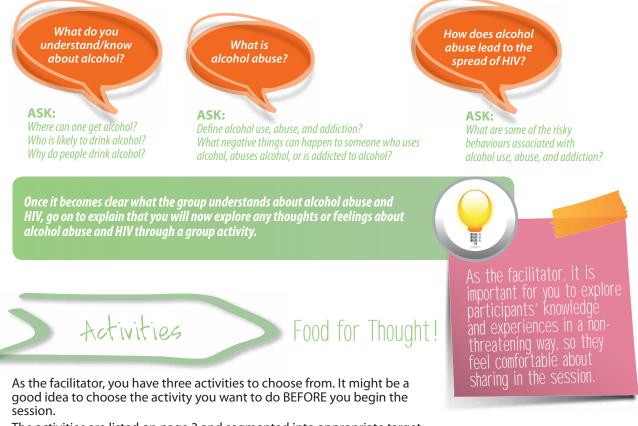


- Greet participants, and then introduce yourself and your organisation.
- Explain the purpose of the visit. Introduce the topic of discussion, in this case **alcohol abuse and HIV**.
- Explain that this session will take approximately 45 minutes to an hour.
- Encourage full participation from everyone, and ensure each person is given an opportunity to contribute.
- Assure participants that you will not ask for any personal information.
- Ask participants to introduce themselves.



Begin the session by probing and questioning the participants' understanding and knowledge about alcohol abuse and HIV. It is a good idea to take notes to help you guide the discussion and inform the follow-up sessions.

Questions you ask may include:



The activities are listed on page 3 and segmented into appropriate target groups to help make the session more relevant for your group.

Activity #	Activity name	Type of activity	Activity Objective	Appropriate target group
Activity # 1	Risky Behaviours After Alcohol Consumption	Scenario discussion about a picture code	To raise awareness of risky sexual behaviours following alcohol intake.	Youth (15–24 years) Adults (25–50 years)
Activity #2	True or False Game	Interactive game	To raise awareness about alcohol abuse and HIV.	Youth (15–24 years)
Activity #3	Let's Play (Acting Drunk)	Interactive game: role play	To raise awareness of effects of alcohol in decision-making.	Youth (15–24 years)



After the activity, explain that as a group we have explored understanding, knowledge, beliefs, and even some experiences with regard to alcohol abuse.

Now, ask participants to list possible strategies to address alcohol abuse in their lives and for their communities. Refer to the list below for guidance on possible strategies.

(Make a mental note of the strategies that are mentioned. If one of the strategies below is not mentioned, suggest it to the group).

Know your limit. Responsible people know when to say NO and stop before alcohol impairs their judgment. If drinking in a group, ask a friend beforehand to look out for other group members and ensure they do not go over their limits.

Find healthy alternatives such as sports, going to church, and volunteering. Boredom and curiosity should not be excuses for young people to drink alcohol.

Limit or stop drinking alcohol to improve your health, save money, and provide the best chance to achieve your goals.

Ensure that you and the people you know understand the risks associated with alcohol abuse and HIV infection. Always carry a condom when you are out drinking, and practice safe sex whether you are drinking or not. Use a condom correctly and consistently – no protection no sex.





Knowledge is Power

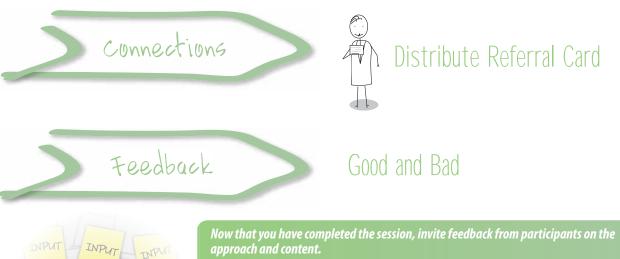
Together we have explored knowledge, beliefs, attitudes, and strategies related to alcohol abuse and HIV.

Now it is time to ensure that the information has been passed on and the levels of knowledge have increased in this group.

Ask participants to list important facts about alcohol abuse and HIV. Refer to the facts listed (right). Again, check that these are mentioned. If there are any left out, ensure you include them when covering all the facts.

KEY FACTS

- Alcohol intake can lead to casual sex with partners at bars or parties (for example, having unprotected sex with partners whose HIV status is unknown).
- Alcohol makes people vulnerable to rape and sexual abuse, and limits self defense, self awareness and reaction time.
- Alcohol abuse can keep people from condoms correctly and consistently.
- Alcohol abuse is any continued pattern of alcohol use that impacts negatively on one's behavior or health.
- For those who are HIV positive, alcohol abuse reduces the effectiveness of ARVs (forgetfulness to take the medication). It can also increase the likelihood of illness and drug resistance.



Questions you ask may include:

- Did the activity make you think further about alcohol abuse and HIV?
- What can be done about alcohol abuse in our community?
- What additional information do you need about HIV prevention?

Activity 1 Risky Behaviour after Alcohol Consumption

TARGET GROUP: Youth (15–24 years) and adults (25–50 years)

AIM :

To raise awareness of risky sexual behaviours following alcohol intake.

- What you will need:
- Pictures code which addresses alcohol abuse and HIV.
- A large piece of paper to write down the groups thoughts.



SAY: I am going to show you a picture and ask you some questions about the picture. SAY: There is no right or wrong answer.

- 1. During the discussion, try to ask open-ended questions to stimulate discussion and debate, not just YES and NO responses (see the questions below for examples).
- 2. Get everyone to participate do not let one or two people dominate the discussion. Try asking the same question to different people.

Questions about the Picture

- What is happening in this picture?
- How does drinking alcohol influence sexual desires? PROBE!
- What advice would you give to the girl?
- What advice would you give to the boy?

Further Points to Discuss

- Men sometimes want sex in exchange for buying drinks (or other items) for girls.
- The more a person is affected by alcohol, the more likely they will have unplanned and unprotected sex.
- Alcohol can limit one's ability to make good decisions, such as using a condom correctly and consistently.
- Girls are more vulnerable and therefore do not have the power to say NO to sex or insist on condom use due to decreased reaction time or limited ability to make clear decisions as a result of alcohol consumption.

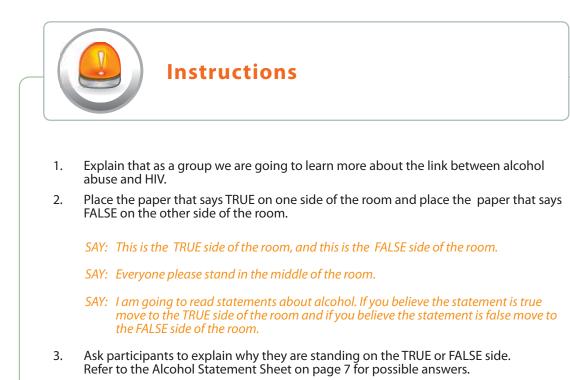
Activity 2 True or False Game!

TARGET GROUP: Youth (15–24 years) and adults (25–50 years)

AIM:

To raise awareness about alcohol abuse and HIV.

- What you will need:
- Two pieces of paper, one piece of paper that says TRUE, the other piece of paper that says FALSE.
- Alcohol Statement Sheet





Activity 2

True or False Game! (continued)

Alcohol Statement Sheet

	Statement	Response
1.	Alcohol is a drug	True - Alcohol is a drug that affects one's mental and physical state.
2.	Drinking too much alcohol makes you cool and respected by your friends	False - Because you spend too much money and you may become a nuisance when too drunk.
3.	Excessive alcohol use impairs decision making and leads to actions people later regret such as unplanned and unprotected sex.	True – Alcohol is a substance that affects the human mind, impairing normal judgment and decision making.
4.	People who abuse alcohol are more likely to have sex with people they don't know well.	True – When you are under the influence of alcohol, you may make irrational decisions and pick up casual partners at bars, clubs, or parties. You are unlikely to know the H1 V status of a casual partner.
5.	Young people use alcohol because they are bored, and have nothing to do.	True - Most places in Botswana have limited facilities. However it does not mean that youth need to turn to alcohol for entertainment. They could be involved in sports, churches, community services, etc.
6.	When a man buys a young girl alcohol, it is generally believed that she has to have sex with him.	True - Some men who buy alcohol for young girls will expect sex in return. By allowing a man to buy you alcohol you put yourself at risk for forced unprotected sex and possibly contracting HI V.
7.	Girls and women under the influence of alcohol may have a higher chance of becoming a victim of violent crime, including rape.	True - Because their judgment is decreased, girls and women thereby become less able to protect themselves and they become easy targets.
8.	Drugs are cool and if you use them at school you become brighter.	False – Drugs affect your mind, your thinking capacity, and you tend to forget easily. Drugs can also lead to unprotected sexual intercourse and sex with casual partners whose status is unknown.

HIV Prevention Series - Alcohol and Drugs



Let's Play (acting drunk)

TARGET GROUP: Youth (15–24 years) and adults (25–50 years)

AI

To raise awareness of effects of alcohol in decision-making.

What you will need:

- A piece of cloth or a t-shirt as a blindfold
- Pen, marker and flip chart
- A string up to 10 metres long



- 1. Place the string on the floor in a straight line.
- 2. Ask for a volunteer. SAY: 1 am going to blindfold you and ask you to walk along the straight line.
- 3. Tell the rest of the group to be completely silent. They must not say anything or touch the blind person.
- 4. Put the blindfold on the volunteer and turn that person around several times to make them a bit dizzy.
- 5. Ask the volunteer to walk along the straight line.
- 6. When the blind person reaches the other side, ask him/her to take the blindfold off. SAY: Did the person walk in a straight a line? Did he/she have a hard time balancing? Why? SAY: This exercise was to mimic the effects that alcohol has on our body and how it impairs our physical ability and decision-making ability as well.

Group Work: 15 minutes

Divide participants in to three groups.



ASK: Why do people use alcohol?



ASK: How does alcohol abuse put one at risk for HIV infection?



DISCUSS: Strategies to stay away from alcohol abuse.

- Give each group 15 minutes to work on their answers.
- 2. Allow each group to present their answers for 3 minutes: 10 minutes.
- 3. Give feedback on the presentations and allow for discussions: 10 minutes.
- 7. Talk about other effects on the body and brain when an individual drinks or is under the influence of alcohol. Ask the participants how does alcohol affect decision making and how does that is related to HIV transmission?



Some Important Questions

What is alcohol?

Alcohol is a liquid substance that changes the way a person thinks, feels and behaves. It is a legal substance and it is easily available and can be used by anyone who has access to it, but it is prohibited for youth under the age of 18. Alcohol is in most cases used for:

Socialising at gatherings (e.g., weddings, parties)

• Boosting self confidence (e.g., boys to build confidence to approach girls)

Coping during difficult times
(e.g., forget about money issues, family problems)
 Relaxing and stress reduction

What is alcohol use/abuse/ addiction?

> **Use:** intake of alcohol without experiencing any negative consequences/results (e.g., a person who drinks one glass of wine with a meal)

Abuse: intake of alcohol where one experiences negative consequences, dependent on the quantity of alcohol taken and the rate at which it is taken (e.g., numerous drinks at night that prevent going to work the next day)

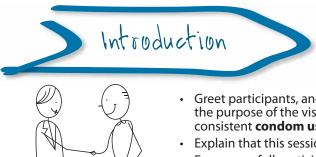
Addiction: when one cannot survive without alcohol intake and needs to take it for physical dependence (i.e., to avoidwithdrawal illness), and for psychological dependence (i.e., to satisfy intense mental and emotional craving).



Communication Guide for Facilitator

HIV Prevention Series

Condom Use and HIV



- Greet participants, and then introduce yourself and your organisation and explain the purpose of the visit. Introduce the topic of discussion, in this case correct and consistent **condom use and HIV**.
- Explain that this session will take approximately 45 minutes to an hour.
- Encourage full participation from everyone, and ensure each person is given an opportunity to contribute.
- Assure participants that you will not ask for any personal information.
- Ask participants to introduce themselves.



Begin the session with probing and questioning the participants' understanding and knowledge about correct and consistent condom use. It is a good idea to take notes to help you guide the discussion and inform follow up sessions. Questions you ask may include:



ASK: What it is it used for?



Can anyone please describe how to use a condom?

Do you know where you can get condoms in your community?

ASK:

Have you used those places to get condoms? Were the places accessible and how were you made to feel? Can anyone please describe how to use a condom?

Once it becomes clear what the group understands about correct and consistent condom use, go on to explain that you will now explore any thoughts or feelings about condom use and HIV through a group activity.



As the facilitator, you have 3 activities to choose from. It might be a good idea to choose the activity you want to do BEFORE you begin the session. The activities are listed on page 3 and segmented into appropriate target groups to help make the session more relevant for your group.

As the facilitator, it is important for you to explore participants' knowledge and experiences in a nonthreatening way, so they feel comfortable about sharing in the session.

Activity #	Activity name	Type of activity	Activity Objective	Appropriate target group
Activity #1	Condom Use Barriers	Role play	To raise awareness and address barriers of condom use (myths and misconceptions).	Youth (15–24 years) Adults (25–50 years)
Activity #2	Correct and Consistent Condom Use: Sexual Partners	Case scenario	To raise awareness and discuss the importance of correct and consistent condom use in casual, cohabiting, and long- term sexual relationships.	Youth (15–24 years) Adults (25–50 years)
Activity # 3	Skills: Correct Condom Use	Game	To raise awareness of the benefits and steps of using a condom correctly and consistently.	Youth (15–24 years) Adults (25–50 years)



Addressing Condoms

After the activity, explain that as a group we have explored understanding, knowledge, beliefs, and even some experiences with regard to correct and consistent condom use.

Now, ask participants to list possible strategies to address correct and consistent condom use in their lives and for their communities. Refer to the list below for guidance on possible strategies.

(Make a mental note of the strategies that are mentioned. If one of the strategies below is not mentioned, suggest it to the group).

Ensure you carry condoms in case you need them. Know where you can get free condoms or where to buy condoms.

Keep condoms handy at all times. If you are inclined to have sex, you will be ready. Do not wait for the last moment and then rush out to buy a condom; always be prepared.

Do not be embarrassed when buying condoms. If anything, be proud. It shows that the person is responsible and confident, and a healthy investment. Shopping for condoms with your partner or friend can also be lots of fun!

Talk with your partner about using a condom before having sex. It removes anxiety and embarrassment. Knowing where you both stand before the passion starts will make you feel confident and relaxed about using a condom.

The best way to learn how to use a condom is to practice putting it on. You or your partner can do this, and in no time you will both learn how to put on a condom correctly.

If you feel that condoms might interrupt your passion, then try introducing them into your love-making. It can be really sexy if your partner helps you put it on, or you do it together.





Knowledge Is Power

Together we have explored knowledge, beliefs, attitudes, and strategies related to correct and consistent condom use and HIV.

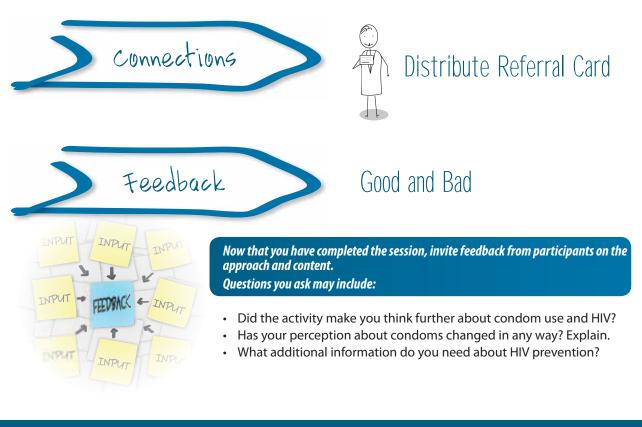
Now it is time to ensure that the information has been passed on and the levels of knowledge have increased in this group.

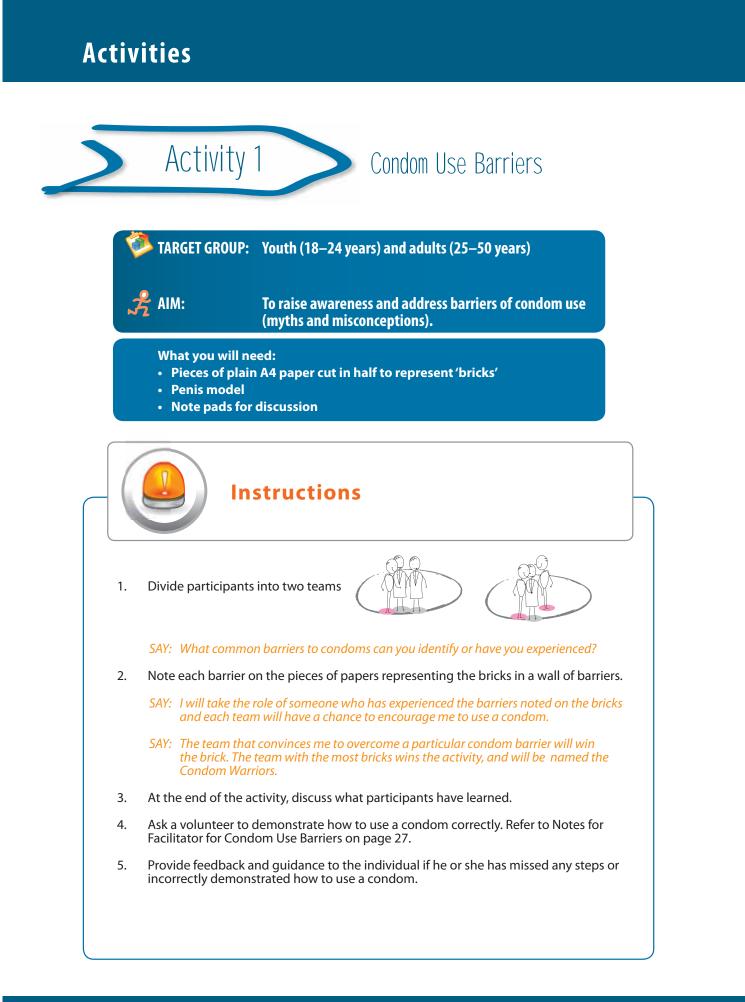
Ask participants to list important facts aboutcondom use and

Refer to the facts listed (right). Again, check that these are mentioned. If there are any left out, ensure you include them when covering all the facts.

KEY FACTS

- Condoms are for everyone despite your HIV status.
- Condoms are effective in preventing the spread of HIV and other sexually transmitted infections (STIs), and preventing pregnancy. Learn how to wear a condom correctly, and use a condom every time you have sex.
- Although the safest method of protection from HIV is to abstain from sex, condoms are up to 95% effective in preventing HIV when used correctly and consistently.
- Women should also feel comfortable carrying condoms and suggesting to their partner to use a condom during every single sex act.
- Keep condoms in a safe place at room temperature; avoid placing them in a wallet, back pocket, or in the car so they are not exposed to extra heat and possible damage.





Activity 2

AIM:

Correct and Consistent Condom Use: Sexual Partners

2 Groups:

if there are 12

participants or less

5 TARGET GROUP: Youth (18–24 years) and adults (25–50 years)

To raise awareness and discuss the importance of correct and consistent condom use in casual, cohabiting, and long term sexual relationships.

What you will need:

- Scenarios of Kabo and Comfort
- Pens and Markers
- Note pads for discussion



1. Divide participants into groups with an equal number of males and females, depending on your target group:

4 Groups: if there are 12 participants or more

- 2. Hand out the scenarios to the groups. If you have 4 groups give Groups 1 and 2: Scenario 1 - Kabo Groups 3 and 4: Scenario 2 - Comfort
- 3. Give each group 5 minutes to read the scenario.
- 4. Ask the groups to discuss the following after reading the scenarios: 15 minutes



Kabo is a 29-year-old man working at veterinary in

(add your village).

Kabo is not in a committed relationship, but is currently going out with two ladies: Bridget, 18-years-old, and Basetsana, 28-years-old, do not know they are dating Kabo at the same time. Kabo usually spends time with Bridget during weekends. Bridget will do anything for Kabo who takes care of her financially. Bridget likes looking good and being taken care of by Kabo. Other girls in the community admire Bridget for her good taste in style. Basetsana and Kabo work together at the veterinary office and see each other mainly during the week. Kabo does not like to use condoms; he believes they spoil the mood. So he never uses condoms with Bridget, and she never questions why. At times, he uses condoms with Basetsana. Basetsana believes that it is the man's role to initiate sex and therefore lets Kabo take control of their sex life.

- Give some reasons why Bridget is unable to negotiate for condom use?
- What advice would you give to Bridget regarding condom use?
- Give some reasons why Basetsana is unable to negotiate for condom use?
- How does this relate to HIV transmission (infection/re-infection)?
- What are some of the misconceptions people have about condom use?
- What advice would you give to Kabo, Bridget, and Basetsana?



QUESTIONS FOR

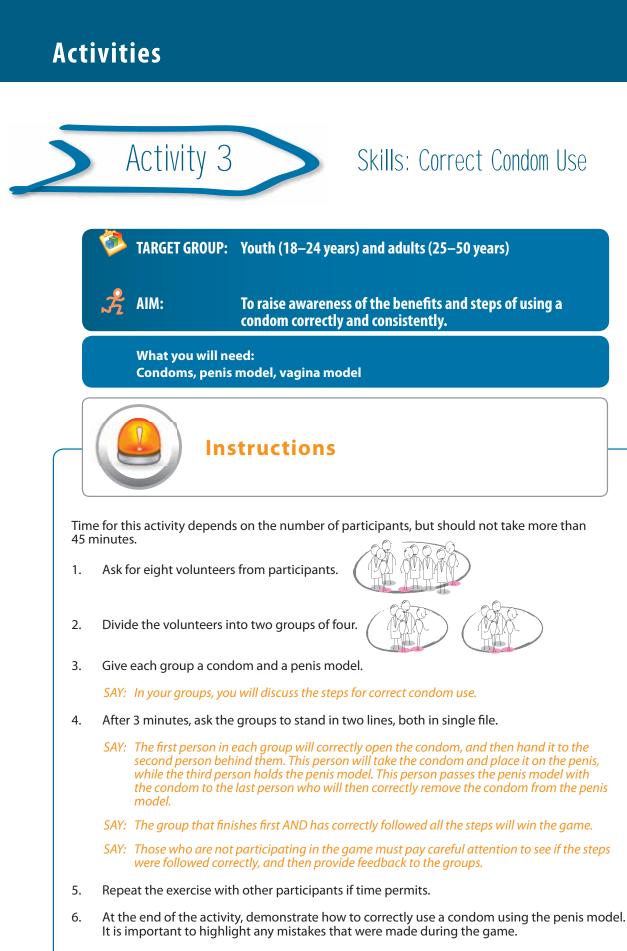
SCENARIO 1:

Kabo

Comfort (age 34), lives in Gaborone and works for the Ministry of Education. Comfort has been going out with Naledi for two years, and for the past four months they have been living together. They love each other dearly and trust does not seem to be an issue for them. Naledi believes she is committed in her relationship with Comfort. She often says that Comfort is a good man and will make a good husband and father one day. However, she complains to her friends that Comfort is too 'serious about life' and this can be boring. She has another boyfriend, Jomo, whom she has been seeing for the same period of time. She has fun with Jomo, but tells her friends that she knows she wants to end up with Comfort. At times she does not use condoms with Jomo. Comfort wants to have a child with Naledi. At 30-years-old, Naledi also wants to have a baby because she believes a grounded cultural woman like her should already have a child. Naledi and Comfort have stopped using condoms as they have been trying to have a baby for the past six months.



- · What advice would you give to Naledi?
- What advice would you give to Naledi regarding condom use?
- Give some reasons why Naledi does not use condoms with both boyfriends.
- How does this relate to HIV transmission (infection/re-infection)?
- What are some misconceptions people have about condom use?
- What advice would you give Naledi and Comfort regarding having a baby?



7. Wrap up with a discussion on the importance of using condoms correctly and consistently.

Condom Use Some Important Questions • A condom is the most effective protective measure against HIV, sexually transmitted infections (STIs) and pregnancy. What does a There are two types of condoms: condom do? (1) male condom, a sheath or covering that fits over a man's penis. (2) female condom, used by women and fits inside the vagina. When and how • Condoms will only protect a person from HIV, should a condom other STIs, and pregnancy if used consistently and correctly for each and every sexual act. be used? • Before a condom is used, all the steps should be followed correctly. • Expiry dates must be checked, and the condom packet should be intact with no holes or air bubbles. Where can you get condoms in your community? Condoms can be What are some purchased from shops, collected free of charge barriers to from local clinics, hospitals, and other health facilities, and from condom use? workplaces. • Religious or cultural beliefs that counter condom use. • Lack of comfort and/or embarrassment in communicating with partner about sexuality, condoms and related subjects. Judgmental attitude toward young people, especially young women, wanting to use condoms. Inexperience using condoms. • Belief that condoms reduce sexual pleasure.



So your partner does not want to use a condom? Here are some responses to common excuses.

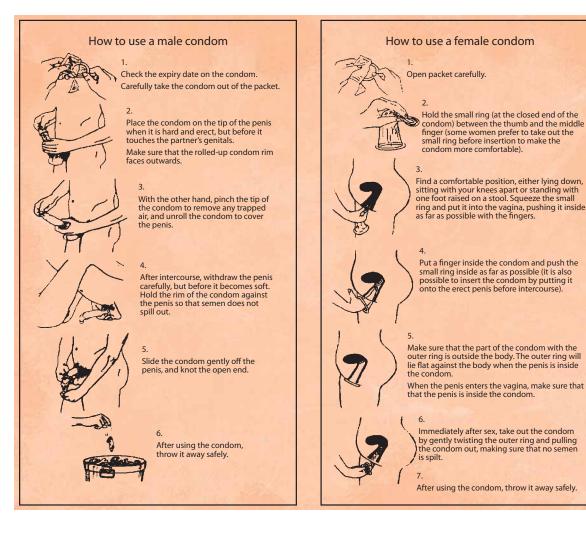
IF YOUR PARTNER USES THIS EXCUSE.....

YOU CAN REPLY BY SAYING...

I can't feel anything when I wear a condom.	Have you ever tried sex with a condom? There is plenty of sensation.
l know I'm disease-free. I haven't had sex with anyone for a while.	As far as I know, I am too, but one of us could have HIV and not know it.
l love you. Would I give you an infection?	You wouldn't mean to, but most people don't know they're infected.
Let's do it just this once without a condom.	It only takes one time to get HIV.
Condoms don't work.	They almost always do, and they prevent HIV infection.
Condoms are unnatural and turn me off.	But with a condom we'll be safe.
Condoms spoil the romantic mood.	They don't have to. I can show you fun a way to put it on that you will enjoy.
I'm insulted! You must think I'm infected.	Not at all. I want it because I care about our relationship.
l won't have sex with you if you insist on using a condom.	Then let's put sex off until we can work out our differences.
I'm on the pill. You don't need to use a condom.	The pill is good for birth control, but it doesn't protect you against STIs or HIV.
None of my other boyfriends (or girlfriends) uses condoms.	You are telling me that you have other partners who don't use protection. You don't know how many people they've slept with. Anyone of those people could be HIV positive and not know it.
By the time I put it on, I'll be out of the mood.	Who says you have to put it on? It'll be more fun if I do.
I'm afraid it will slip off and stay inside me.	Don't worry. I know how to put it on properly so that there's no chance it will slip off.
I don't have a condom with me.	Then let's find a way to excite each other without penetration.



Skills: Correct Condom Use





Skills: Correct Condom Use (continued)

OTHER POINTS TO REMEMBER ABOUT HOW TO USE A CONDOM

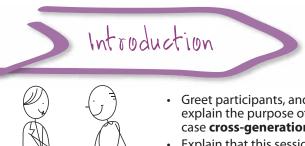
- Correctly place the condom on the erect penis while holding the tip of the condom when rolling it on to remove any air trapped in the tip before it comes into contact with the vagina.
- Do not use oil-based lubricants such as baby oil and Vaseline with a condom as this could cause it to break. Do use water-based lubricants such as KY jelly if needed.
- Withdraw soon after ejaculating and remove the condom from the penis while it is still erect, well away from the vagina and properly dispose of the used condom.
- Do not use expired or damaged condoms. Always check the expiry date.



Communication Guide for Facilitator

HIV Prevention Series

Cross-generational Sex



- Greet participants, and then introduce yourself and your organisation and explain the purpose of the visit. Introduce the topic of discussion, in this case **cross-generational sex and HIV**.
- Explain that this session will take approximately 45 minutes to an hour.
- Encourage full participation from everyone, and ensure each person is given an opportunity to contribute to the discussions.
- Assure participants that you will not ask for any personal information.
- Ask participants to introduce themselves.



what Do They Know?



Begin the session with probing and questioning the participants' understanding and knowledge about cross-generational sex and HIV. It is a good idea to take notes to help you guide the discussion and inform followup sessions. Questions you ask may include:



Why are they called sugar

daddy/mummy?

ASK:

What are cross-generational sexual relationships?

ASK:

What, in your opinion, should be the age difference in a couple for them to be considered to be in a cross-generational relationship? What can you say about power and authority in crossgenerational relationships? Is there a relationship between cross-generational sexual relationships and HIV transmission?

ASK:

Are individuals involved in a crossgenerational relationship more at risk for HIV transmission compared to a relationship between individuals of the same age? How?

Once it becomes clear what the group understands about crossgenerational sex, go on to explain that you will now explore any thoughts or feelings about cross-generational sex through a group activity.



As the facilitator, it is important for you to explore participants' knowledge and experiences in a nonthreatening way, so they feel comfortable about sharing in the session.



As the facilitator, you have two activities to choose from. It might be a good idea to choose the activity you want to do BEFORE you begin the session.

The activities listed on page 3 are segmented into appropriate target groups to help make the activity more relevant for your group.

Activity #	Activity name	Type of activity	Activity Objective	Appropriate target group
Activity #1	"In Their Shoes"	Role play	To raise awareness of cross-generational sexual relationships.	Youth (15–24 years)



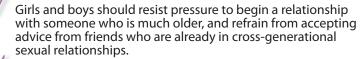
Addressing Cross-generational Sex

After the activity, explain that as a group we have explored understanding, knowledge, beliefs, and even some experiences with regard to cross-generational sex.

Now, ask participants to list possible strategies to address cross-generational sex in their lives and for their communities. Refer to the list below for guidance on possible strategies.

(Make a mental note of the strategies that are mentioned. If one of the strategies below is not mentioned, suggest it to the group).

Girls who are harassed by older men should talk to their families or seek guidance and counselling from teachers, community leaders, or health workers.

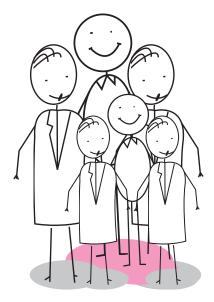


Accept your current economic circumstances. The best way to improve on this is through study and hard work. The benefits you gain will be more valuable than anything in exchange for sex.

With greater inner strength, schooling, and mentoring, girls and boys are able to stay away from those who are potentially harmful to them, freeing them from abuse or control.

Families and communities must address prevailing myths and misconceptions, e.g. that AIDS can be cured if older men have sex with a virgin.

Learn to be assertive and say NO to offers or favours made by women or men – especially those you are not sure about.





Knowledge Is Power

Together we have explored knowledge, beliefs, attitudes, and strategies related to crossgenerational sex and HIV.

Now it is time to ensure that the information has been passed on and the levels of knowledge have increased in this group.

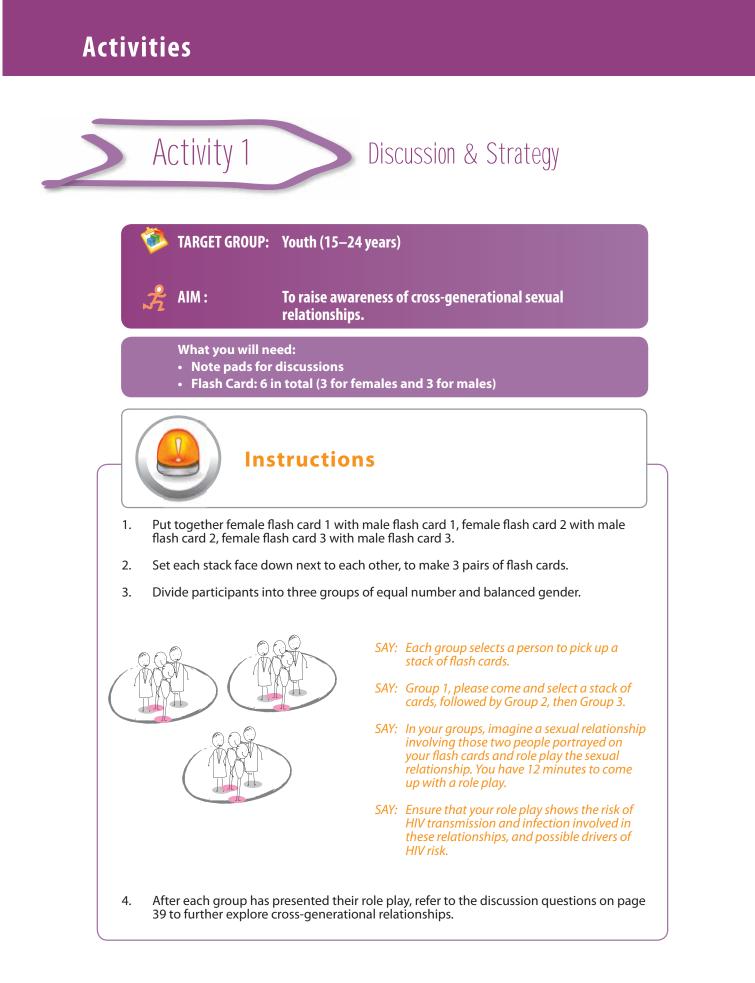
Ask participants to list important facts about crossgenerational sex and HIV. Refer to the facts listed (right). Again, check that these are mentioned. If there are any left out, ensure you include them when covering all the facts.

KEY FACTS

- The risks of having a sugar daddy outweigh any gains. Older men in Botswana are most likely to have HIV.
- Having just one sugar daddy or mummy can lead to negative social stigma in the community and possible HIV infection.
- Sugar daddies or mummies often have more than one sexual partner and sometimes a wife/husband. This also puts him or her at high risk of HIV.
- A girl with a sugar daddy is less likely to stay in school, and when the sugar daddy leaves her, she is not in a position to support herself.
- It is highly unlikely that sugar daddies or mummies will actually love or marry the younger partner. He is usually not there to help if the girl becomes pregnant, or contracts HIV or other STIs.
- Factors that drive cross-generational sexual relationships are economic security such as material comfort/gain; survival needs (food, housing); emotional security (love, pleasure, social status); life maintenance (school fees, uniforms) and insecurity (fear of physical or other harmful behaviours, protection from older people).



- What can be done to address cross-generational sex in our community?
- What additional information do you need about HIV prevention?



Discussion & Strategy (continued)

Flash Card 1:

A 26-year-old female works at a local shop and earns a minimum wage. She is single parent of a 6-year-old son who just started school. She enjoys her youth and goes out every now and then with her work colleagues.

Activity 1



year-old girl from a not-so-well-off family. She is friends with the "cool girls" at school who keep up with the latest fashion trends, and are from well-to-do families. They love looking good and like bragging about it. She likes the lifestyle too, but cannot afford it.

Female Flash Cards



A 35-year-old woman who has decided not to get married. She is outgoing, likes partying and shopping. She still wants to have fun and enjoy her money, but she is not into older guys who want to commit. She prefers to have younger, more vibrant boyfriends.

Male Flash Cards



A 40-year-old married man with 4 children works at a government office as a manager and owns 2 bars. He spends alot of time hanging out at the bars and watching over the business. He usually has a few drinks with the female customers.



A 28-year-old man who has been working for 3 years in a high paying job. He drives a nice car and stays in an up-market bachelor pad. He is single and enjoys hanging out with younger girls as he is not looking to settle down yet.

Flash Card 3:

A 20-year-old young man who likes the finer things in life. He enjoys driving around town and dressing well, but does not have his own car. He believes young girls are a waste of time and prefers mature ladies with something to give and share.

QUESTIONS FOR DISCUSSION



• How does the older person convinces the younger one to have sex?

- How could the younger person with less power avoid sex?
- How could the younger person negotiate condom use (what can they say)?
- Why do people get involved in cross-generational sex?

Probe and ask for reasons why older people and younger people do this.

Notes for Facilitator



Some Important Questions

What is crossgenerational sex?

• Technically, cross-generational sex is defined as a relationship of people who have an age disparity of 10 or more years, keeping in mind the main focus of this definition is the power disparity between the two people.

• Often in relationships, the older partner has more power over how the relationship plays out – e.g., having unprotected sex versus protected sex which can put the younger person at risk for HIV. This is simply because the other person is 'older and wiser'.

 Older people can also use gifts and money to persuade younger people into sexual acts that they are either not ready for, or simply do not want.

What does cross-generational sex have to do with HIV?

> • Young girls/boys in sexual relationships with older men/women are less able to negotiate condom use, which increases their risk of contracting HIV.

• Girls' vulnerability to gender based violence, including rape, increases in these types of relationships because of power imbalances.

Notes for Facilitator



Some Important Questions and Points

What are some of the consequences for the younger person involved in a cross generational relationship?

- unwanted pregnancies
- interference with one's studies because of the demanding nature of the relationship
- negative social stigma in the community
- HIV transmission and other STIs
- gender-based violence

Facts about cross-generational relationships

 Parents may pressure a young girl to have a relationship with an older man who is employed: marrying means bringing bride-wealth into the family, and provides a chance for getting money and household requirements.

• Even well off (not poor) young women and men who are well provided for by their parents get involved in cross-generational relationships. They get into relationships just to top up on the good things they already have; a way to maintain and boost their status in the eyes of their peers.

Promising practices to prevent cross-generational relationships have included a combination
of micro-economic approaches (income-generating activities) linked with interpersonal and
community activities that challenge socio-cultural norms. These facilitate or normalize
cross-generational relationships, empowering girls and women to make healthier sexual
decisions.

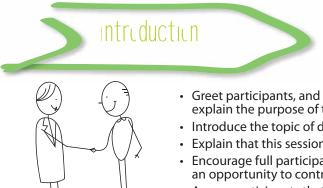
• A large age-gap between partners often reduces the younger partner's ability to negotiate for safer sex.

 A desire for clean partners, or young women perceived to be free of STIs or HIV infection is one of the main reasons why men choose younger women as partners.



Communication Guide for Facilitator





- Greet participants, and then introduce yourself and your organisation and explain the purpose of the visit.
- Introduce the topic of discussion, in this case **sexual debut and HIV**.
- Explain that this session will take approximately 45 minutes to an hour.
- Encourage full participation from everyone, and ensure each person is given an opportunity to contribute to the discussions.
- Assure participants that you will not ask for any personal information.
- · Ask participants to introduce themselves.



Begin the session with probing and questioning the participants' understanding and knowledge about sexual debut and HIV. It is a good idea to take notes to help you guide the discussion and inform follow-up sessions. Questions you ask may include:



Activity #	Activity name	Type of activity	Activity Objective	Appropriate target group
Activity #1	Early and Delayed Sexual Debut	Case scenario	To raise awareness of the disadvantages of having sex at an early age, and the advantages of having sex at a mature age.	Youth (10–18 years)
Activity # 2	Resisting Temptation	Role play	To raise awareness on ways of resisting the temptation to have sex.	Youth (15–18 years)
Activity # 3	Helping to delay sexual intercourse (Let's Talk)	Role play	To increase young people's level of negotiation skills to help delay sexual debut.	Youth (10–18 years)



Addressing Sexual Debut

After the activity, explain that as a group we have explored understanding, knowledge, beliefs, and even some experiences with regard to sexual debut and HIV.

Now, ask participants to list possible strategies to address sexual debut and HIV in their lives and for their communities. Refer to the list below for guidance on possible strategies.

(Make a mental note of the strategies that are mentioned. If one of the strategies below is not mentioned, suggest it to the group).

When someone pressures you into having sex to prove that you love them, tell them that if they love you, they will wait.

It is important to learn about your own body before you become sexually active. Sexual readiness goes beyond your body being sexually ready, or you being able to have sex, you should think about if you are also emotionally ready for sex.

Respect your body and respect others. Do not force yourself or others into any sexual activity.

Learn how to speak directly with your parents or other adults about sex. Remember that most adults tend to be more embarrassed than you when it comes to talking about sex.

Think about sex carefully, understand the consequences of having sex at an early age, and do not let it interfere with your health or future plans.

Be clear about why you want to wait. List your reasons. Talk them over with someone you can trust. Check your list from time to time to remind yourself.

Have a plan. Know what situations might make it difficult to stick to your choice. Decide ahead of time what you will do to avoid or deal with each situation, such as leaving a scene when being pressured to have sex.

Be impressed with yourself. It is not easy to go against the crowd and make your own choices. Give yourself credit. You deserve it.

Notice the pressures. Pay special attention to messages in music, videos and movies that encourage you to have sex. Understand that these messages do not have to apply to you.

Get support. Hang out with friends who know and respect your decisions. Avoid people who might pressure you. If pressured, threaten to tell someone in authority (a relative, teacher).

Practice communication skills. Learn to say "No!" in a strong, confident voice or "No, no, no" repeatedly. Give reasons such as: "I'm not ready" or "I've decided to wait until I've achieved my academic goals."





Knowledge Is Power

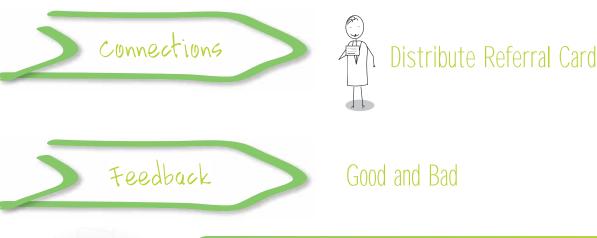
Together we have explored knowledge, beliefs, attitudes, and strategies related to sexual debut and HIV.

Now it is time to ensure that the information has been passed on and the levels of knowledge have increased in this group.

KEY FACTS

Ask participants to fist important facts about sexual debut and HIV. Refer to the facts listed (right). Again, check that these are mentioned. If there are any left out, ensure you include them when covering all the facts.

- If someone truly loves you, they will not pressure you into having sex when you are not ready. He or she will wait until you are ready.
- Having sex at an early age is not a sign of maturity and does not prove that you are a man or a woman. Even if your body is physically mature, you may not be mentally and emotionally prepared for sex.
- People who initiate sex at a young age often do not have the knowledge and skills needed to protect themselves from HIV.
- Engaging in sex at an early age can result in unwanted pregnancies, HIV, and other STIs.
- Studies have shown that women who have had early sex at age 15 or younger were more likely to be infected with HIV.

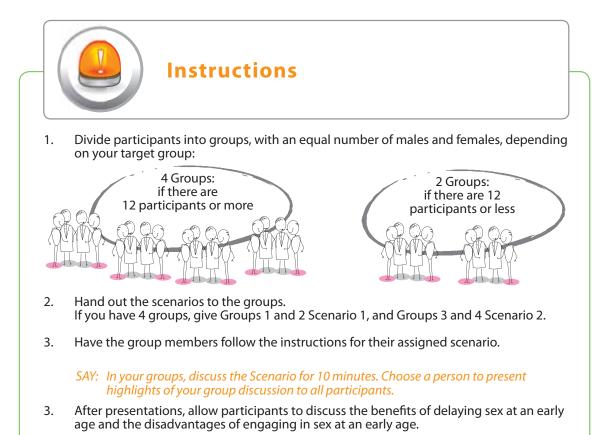




Now that you have completed the session, invite feedback from participants on the approach and content. Questions you ask may include:

- Did the activity make you think further about sexual debut and HIV?
- What can be done to address early sexual debut in your community?
- What additional information do you need about HIV prevention?

Activities Activity 1 Early and Delayed Sexual Debut Early and Delayed Sexual Debut Mr Target GROUP: Youth (10–18 years) AIM: To raise awareness of the disadvantages of having sex at an early age, and the advantages of having sex at a mature age. Mutatyou will need: Prip chart paper and coloured markers Scenarios: Scenario 1: Early Sexual Debut Scenario 2: Delayed Sexual Debut





Early and Delayed Sexual Debut (continued)



Fiften year old Leungo lives with her unemployed father

at (insert your village).

Her mother passed away four years ago. She goes to Thuto CJSS. Leungo is friends with Shirley and Mercy, both 15-years-old. Mercy is dating Kabo, 19-years-old, a first year student at UB. Kabo and Mercy are both sexually active. Shirley is dating Tumi, 17-years-old, and, like Kabo and Mercy, they are also sexually active.

Leungo thinks she is unattractive and not worthy of any guy because both her friends are in relationships and she is not. Mercy and Shirley have promised to find a boyfriend for Leungo, but that has not yet happened. Tinto, a 27-year-old local mechanic is

He always tells Leungo that she is beautiful and he loves her. Leungo is a reserved girl who likes keeping to herself if she is not with her friends. Leungo and her father are very close, especially since her mother passed away. Her father likes chatting with her about anything.

On Valentine's Day, Tinto bought Leungo a card and chocolate. He asked her to thank him with a kiss, and she did. Leungo shared her experience with Mercy and Shirley.

The girls were excited at the news and very happy that Leungo finally found the 'right' guy. Mercy even told Leungo that she felt jealous because Kabo had not even bought a rose for her. Both girls agreed that Tinto is a potential boyfriend and Leungo should not let go of him because he can take care of her. They told Leungo to be 'nice' to him. Leungo eventually had unprotected sex with Tinto, thinking that it would help her keep Tinto as her boyfriend. Tinto and Leungo had a very 'nice' but short-lived relationship. Tinto always bought Leungo air time and small gifts. He also gave her lunch money. After a month, Tinto ended the relationship, telling Leungo that she is too young and he prefers to meet someone he can marry because he wants to have a family.



Draw a tree with clearly defined roots, a tree trunk, and branches with no fruit.

The roots of the tree represent negative factors that caused Leungo to engage in sex at an early age. The tree trunk represents early sexual debut, and the branches with no fruit represent possible negative consequences of engaging in sex at an early age.



Early and Delayed Sexual Debut (continued)



Fifteen year old Leungo lives with her unemployed

father at (insert your village).

Her mother passed away four years ago. She goes to Thuto CJSS. Leungo is friends with Shirley and Mercy who are also 15-years-old. Her friend Mercy is dating Kabo, a first year student at UB, aged 20. Kabo and Mercy are both sexually active. Shirley is dating Tumi 17-years-old, but unlike Kabo and Mercy, they are not sexually active. They have agreed to not bring sex into their relationship as they believe it is not what brought them together. They want to wait for the right time.

Leungo thinks she is unattractive and not worthy of any guy because both her friends are in relationships and she is not. Mercy and Shirley have promised to find a boyfriend for Leungo, but this has not yet happened. Tinto, a 27-year-old local mechanic is Leungo's neighbour at

..... (insert your village).

He always tells Leungo that she is beautiful and he loves her. Leungo is a reserved girl who likes keeping to herself when she is not with her friends. Leungo and her father are very close, especially after the passing away of her mother. She and her father chat about everything.

On Valentine's Day, Tinto bought Leungo a card and chocolate, and asked her to thank him with a kiss. Leungo refused the gifts and told Tinto that she is not interested in him. She said she would never kiss him because he is not her boyfriend. Leungo shared her experience with Mercy and Shirley. Mercy was very excited at the news and very happy that Leungo finally found the guy she has been waiting for. Mercy even told Leungo that she is jealous because her boyfriend Kabo had not even bought a rose for her. She told Leungo that Tinto is a potential boyfriend and Leungo should not let go of him because he can take care of her. She advised Leungo to be 'nice' to him. Shirley, on the other hand, had a different opinion. She did not approve of Tinto because he is too old for Leungo. Tinto had also made it clear to Leungo that he wants to have sex with her. Leungo was now very confused and did not know what to think or decide, so she decided to tell her dad about her experience. Her father sat her down and nicely told her to stay away from sexual relationships. He said it was important for her to finish her studies first, find a good job, buy a house, and get married. Leungo decided not to give

Tinto a chance and asked him never to talk to her again about a relationship or give her gifts. She also told Tinto not to bother her again.



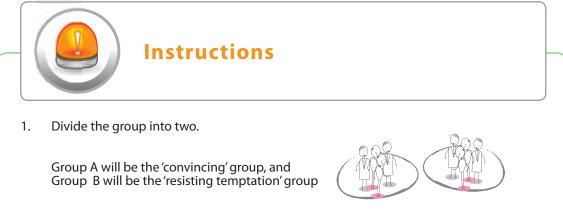
Draw a tree with clearly defined roots, a tree trunk, and branches with fruit.

The roots of the tree represent positive factors/strategies that helped Leungo delay early sex. The tree trunk represents delaying sex, and the branches of fruit represent the benefits of delaying sex.



What you will need:

- Scenarios that can be role-played
- Note pads for discussions

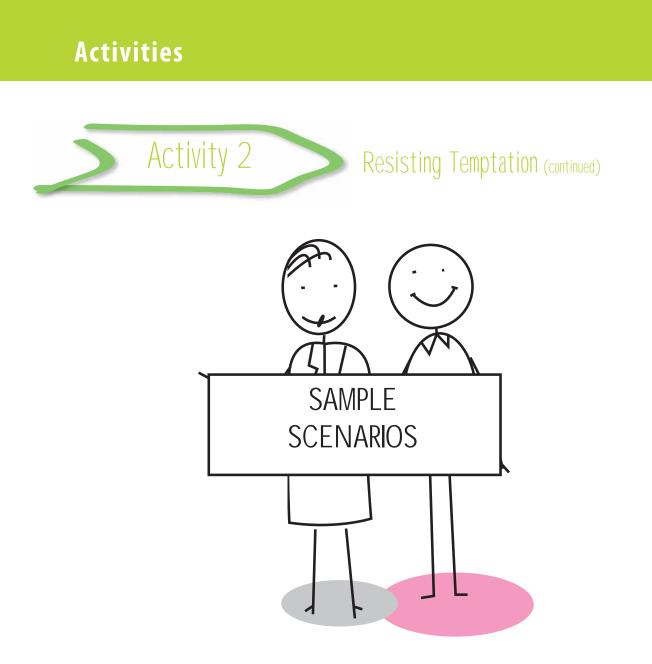


- SAY: Group A, within your group, identify and discuss reasons and ways that are used to tempt young people to indulge in sexual activities.
- SAY: Group B, within your group, identify and discuss ways and reasons that young people can give or use to resist temptations in sexual activities.
- SAY: Discussion will take 10 minutes.
- 2. After the discussions, ask each group to choose one representative for the role play. Refer to the sample scenarios on page 53.
 - SAY: Group A representative, based on your group discussion you will try to convince Group B representative to engage in sex with you.

Group B representative, based on your group discussion you will resist by giving reasons why you do not want to engage in sexual activity.

3. The role play between Group A and Group B should be 3 minutes. A minimum of 3 role plays should be done.

4. Allow 10 minutes for a discussion on strategies to resist temptation.



- A young man is trying to convince a young woman to have sexual intercourse; she is refusing because she wants to remain a virgin until marriage.
- A young woman is tempting a young man to have sexual intercourse with her because he plays football and he is very popular.
- A young man is trying to convince a young girl to have sex with him because he is popular in school, and he is the best athlete.
- A young man is encouraging his friend to have sexual intercourse so that he can 'be a man.'
- A girl is being tempted by a 'sugar daddy' into a sexual relationship by giving her gifts.



Helping to Delay Sexual Intercourse (Let's Talk)

TARGET GROUP:	Youth (10–18 years)				
🛃 AIM:	To increase young people's level of negotiation skills to help delay sexual debut.				
What you will need:					

• Note pads and pens for discussions



1. Divide participants into two groups, one group of boys and one group of girls.



- SAY: Boys, throughout the activity, you will say this statement to the girls: "I want to have sex with you."
- SAY: Girls, think of a response to the statement made by the boys; make sure that your response is not the same as the one given before.
- 2. Ask the boys to form one line and the girls to form another line facing each other.
- 3. Ask one boy to step forward and say: "I WANT TO HAVE SEX WITH YOU", then ask one girl to step forward and say "NO" and give a refusing statement/reason.
- 4. Repeat the process until all the girls give reasons to say "NO" to sex (do not exceed 10 minutes).
- 5. Discussion and feedback (10 minutes).
- 6. Have an open discussion about the response statements how they were presented and how the discussions went.
- 7. Focus the discussion on the importance of being able to say "NO".



Remind the group that few people prepare themselves to say NO to sexual intercourse, BUT most people prepare themselves to convince others to say YES (by buying gifts, telling them they love them, trying to get them drunk, etc.).



Clarification of Terms and Consequences of Early Sexual Debut

ABSTINENCE

The act of not having sex is called ABSTINENCE, and it refers to total avoidance of any form of sexual intercourse. It is a choice made by an individual and requires an individual's commitment to stick to it.

EARLY SEXUAL DEBUT

This is the act of having sexual intercourse at a very early, immature age. At this time, one still does not understand sex and its risky behaviours or relationships, and is not able to make decisions looking into the future.

DELAYED SEXUAL DEBUT

This means not having sexual intercourse at an early age but waiting until you are mature enough to understand sex, relationships, decision making, and taking care of your life.

CONSEQUENCES OF EARLY SEXUAL DEBUT

- exposure to HIV and other STI s
- school dropout due to pregnancy
- *teenage pregnancy and inability to take care of the child*
- exposure to rape and sexual abuse
- lack of love and care from the partner, and no plans of a long-term relationship or marriage

EARLY SEXUAL DEBUT AND HIV

Engaging in sex early puts one at risk of HIV and other STI transmission because young people:

- may not have the right skills to use condoms correctly and consistenly for protection
- may not have the courage to buy condoms or be able to access free condoms
- may not be mature enough to understand sex and relationships
- may not be able to negotiate condom use easily
- may be exposed to many sexual partners due to immaturity and lack of understanding of relationships

Notes for Facilitator



Benefits and Strategies for Delayed Sexual Debut

DELAYING SEXUAL DEBUT AND HIV PREVENTION

Delaying sex at an early age helps prevent HIV and STIs through:

- abstaining from sex, concentrating in school, and understanding the importance of protection during sex
- being mature enough and having the right skills to say NO to sex
- being able to negotiate protective sexual intercourse
- having the skills and knowledge of how to use a condom

BENEFITS OF DELAYED SEXUAL DEBUT:

- having fewer partners in a lifetime
- avoiding exposure to HIV and other STIs
- avoiding dropping out of school due to pregnancy
- increasing the ability to concentrate in school, finish school, and achieve your longterm objectives and dreams

REASONS FOR DELAYED SEXUAL DEBUT

You say NO because:

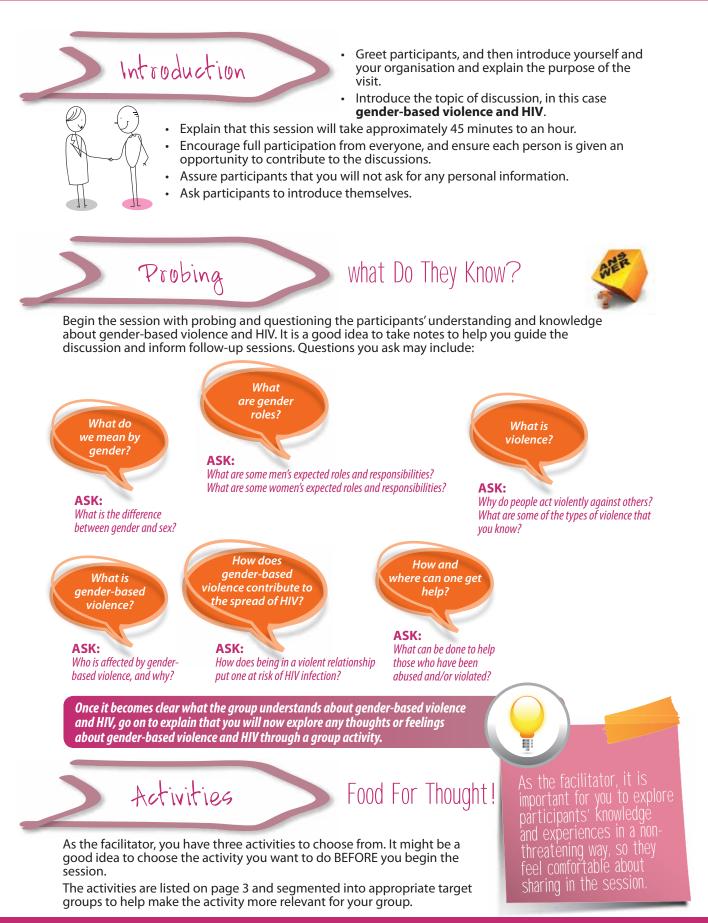
- you refuse to expose your body to HIV
- you know abstinence is safe
- only you, and no one else knows when you are ready for sexual intercourse
- puberty does not mean it is time for sexual intercourse; puberty is part of growing up
- you are not tempted with money or nice things



Communication Guide for Facilitator



Gender-based Violence



Activity #	Activity name	Type of activity	Activity Objective	Appropriate target group
Activity #1	Gender-based Violence and Alcohol	Discussion: case scenario	To raise awareness of gender-based violence.	Youth (15–24 years) Adults (25–50 years)
Activity #2	Sexual Violence	Discussion: case scenario	To raise awareness of sexual violence.	Youth (15–24 years)
Activity # 3	Types Of Violence	Role play	To understand the different types of gender-based violence.	Youth (15–24 years) Adults (25–50 years)



Addressing GBV

After the activity, explain that as a group we have explored understanding, knowledge, beliefs, and even some experiences with regard to gender-based violence and HIV.

Now, ask participants to list possible strategies to address gender-based violence and HIV in their lives and for their communities.

Refer to the list below for guidance on possible strategies.

(Make a mental note of the strategies that are mentioned. If one of the strategies below is not mentioned, suggest it to the group).

Openly talk about and condemn gender-based violence.

Involve men: brothers, fathers, uncles, and community leaders to address gender-based violence.

Tell a trusted friend or family member for support.

Report incidents of gender-based violence to the police and seek medical attention immediately to access post-exposure prophylactic [PEP] treatment.

Support those who are experiencing gender-based violence.

Challenge norms and ideas that view gender-based violence as acceptable.





Knowledge Is Power

Together we have explored knowledge, beliefs, attitudes, and strategies related to gender-based violence and HIV.

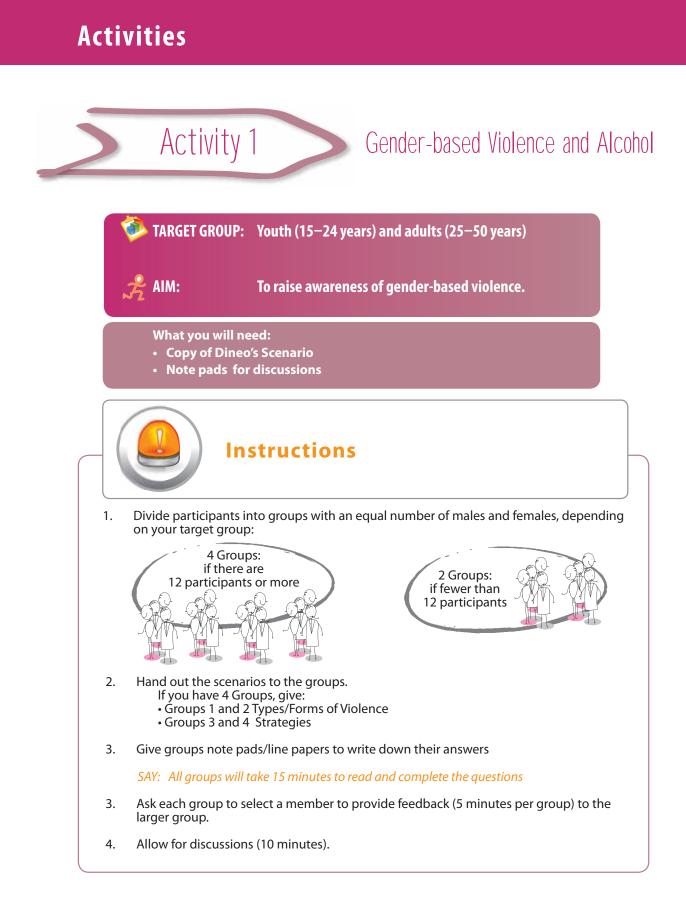
Now it is time to ensure that the information has been passed on and the levels of knowledge have increased in this group.

Ask participants to list important facts about genderbased violence and HIV. Refer to the facts listed (right). Again, check that these are mentioned. If there are any left out, ensure you include them when covering all the facts.

<u>KEY FACTS</u>

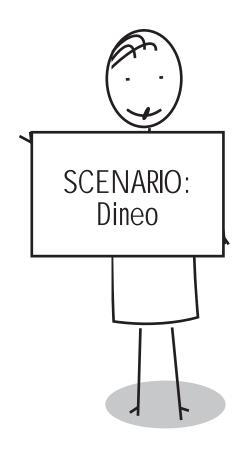
- Gender-based violence refers to any type of violence directed at individuals or groups on the basis of their gender. It includes, but is not limited to sexual violence, crimes committed in the name of passion, and physical or emotional abuse by an intimate partner.
- Gender-based violence is not acceptable; nobody deserves to be abused.
- Gender-based violence inhibits access to HIV and AIDS information, testing, and treatment because of fear of being abused.
- Gender-based violence puts women and girls at greater risk of contracting HIV. Women are usually not in a position to insist on condom use in these situations.
- Culture and tradition should never be used as an excuse for subjecting another person to gender-based violence.
- Everyone deserves to be in a loving and fulfilling relationship, free of all forms of violence.



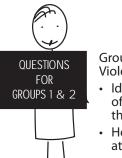




Gender-based Violence and Alcohol

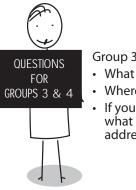


Dineo, aged 21, lives with her boyfriend, Thabo, aged 35. Dineo is unemployed while Thabo works for a small insurance company. Thabo is often stressed about his job and always feels under pressure to provide for his girlfriend. To try and escape the pressure, Thabo goes to the bar every day after work and comes home late and very drunk. When he gets home, Thabo shouts at his girlfriend and demands food. At times he insults her and calls her useless and lazy. Thabo has forced Dineo to have sex against her will several times, and without a condom. Dineo has, on several occasions, insisted that they use condoms, but Thabo refuses and beats her up, accusing her of not trusting him and being disrespectful. Sometimes Thabo refuses to give Dineo money, even for basic necessities, saying that he is disciplining her for her bad behavior and laziness. Dineo suspects that Thabo may be sleeping with other women.



Group 1 and 2: Types/Forms of Violence

- Identify the different forms of gender-based violence in this scenario.
- How do they put the couple at risk of HIV infection.



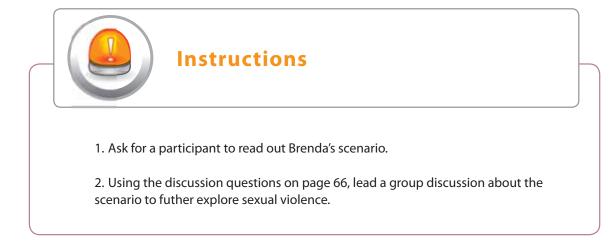
Group 3 and 4: StrategiesWhat should Dineo do?

- What should Dineo do?
- Where can Dineo get help?
 If you were Thabo's friend, what would you do or say to address his behaviour?



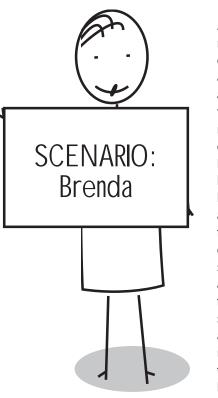
What you will need:

- Copy of Brenda's Scenario
- Note pads for discussions



Activity 2

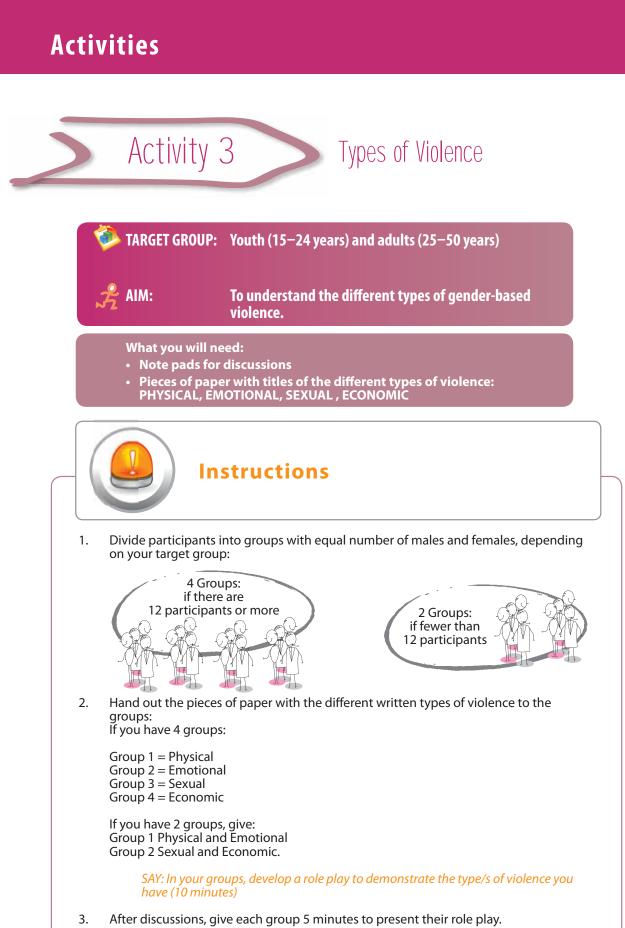
Sexual Violence (continued)



A young police officer in charge of a road block in the city noticed a group of teenage school girls walking by everyday on their way to and from school. Sometimes they would stop and talk with him. He found one girl in particular very beautiful and sexy. Her name was Brenda. No matter how hard he tried to convince her to go out with him. Brenda said she was not ready. Late one afternoon on pay day, he saw Brenda in the distance and walked toward her. He tried to hug her, but Brenda resisted. He was surprised that she was not glad to see him, so he decided to give her money so she could buy herself lunch at school the next day. This made Brenda a little happy and she started to be nice to him. This arrangement went on for a couple of weeks. He would give Brenda lunch money every now and then. One day he waited for Brenda to finish school so that they could both go to his house. He put his arm around Brenda and asked her to go with him to his place for a good time. Brenda refused saying it was too soon and she was not ready. This made him angry and he twisted her arm behind her back and forced her to walk off the road into nearby bushes. He slapped her hard several times across her face to keep her quiet. He then proceeded to force himself on her. After it was over, she lay on the ground whimpering, her clothes ripped and soiled. He told her that if she told anyone about this he would kill her.



- What do you think happened to Brenda in the story?
- What do you think could have led the young police officer to do this?
- How is this situation related to sexually transmitted infections (STIs) or HIV infection?
- Does this happen in your community?
- Do you think there is anything that Brenda could have done to avoid this situation?
- What should Brenda do following the sexual assault?
- Are there any available resources in your community where you can get help if you are in Brenda's situation?



- 4. Allow 5 minutes for larger group discussion after each role play.
- 5. Refer to the questions for discussion to further explore the different types of violence.



Types of Violence (continued)



- Are these role plays realistic? Do you believe they happen in your community? Please explain.
- What do you think are the causes of violence in relationships?
- What role does alcohol and other drugs play in violence in relationships?
- What are the consequences of violence in relationships to the man, the woman, and their children?
- How does gender-based violence increase exposure to HIV? For men? For women?
- What is the social/community response to violence in relationships? What should it be?
- If your friend was in a similar situation as the ones presented in the role plays, what would you advise him or her to do?
- When you see couples using violence, what would you normally do? What could you do? Where can you go to seek help?
- What does a respectful relationship look like? Do we see examples of these in our families and communities?



Notes for Facilitator

Gender-based

Some Important Questions

What is

violence?

What is gender?

• Gender refers to the socially constructed roles of and relations between men (males) and women (females).

• Gender norms assign specific entitlements and responsibilities to men and women, e.g. women are expected to take on caring roles or domestic responsibilities at home, while men are expected to be the bread winner, outside the home, with greater freedom to manouver. Violence is the act of causing pain to oneself or others.
 There are several types of violence.
 Refer to table below.

What is gender-based violence?

This refers to any act that results in, or is likely to result in physical, sexual, or psychological harm or suffering to men and women.
It can occur in the public or private sphere.

 Gender-based violence affects everyone – married couples, single individuals, boys, girls, men, and women.

 However, women and young girls are more vulnerable due to their economic dependence and cultural or social norms that reinforce violence toward women.

• This does not mean that men and boys do not experience gender-based violence.

TYPES OF VIDLENCE:PhysicalEmotionalSexualImage: SilenceSilenceImage: SilenceSlappingShoutingCoercionWithholding moneyBurningShoutingUse of objectsUsing money without involving the partner

Notes for Facilitator



Some Important Questions? (continued)

What is PEP treatment?

Post-exposure prophylactic (PEP) treatment is a short-term, anti-retroviral treatment that reduces exposure to HIV infection. When someone is forced into penetrative sex, either vaginal or anal, often a condom is not worn by the perpetrator. This places the abused person at risk of HIV infection. It is therefore important that rape survivors have access to PEP to prevent possible HIV infection. To be effective, this treatment should be administered within 72 hours. The treatment lasts four weeks.

> How can gender-based violence contribute to the spread of HIV?

- Women and girls face higher risks of HIV infection than men because they are more susceptible to poverty, which compromises their ability to choose safer and healthier options for their lives.
- Beating, sexual violence, and emotional abuse against women create situations in which women are unable to negotiate condom use or decide not to have sex.
- Fear of physical and emotional abuse can lead one not to disclose his/her HIV status and continue having sexual intercourse (at times unprotected) putting oneself at risk of re-infection and spreading HIV to his/her partner.
- Sexual rape and marital rape limit condom use and negotiation.
- Violence can prevent access to appropriate HIV information, being tested, and disclosing one's HIV status
- It also limits access to health services, treatment and support.



Communication Guide for Facilitator

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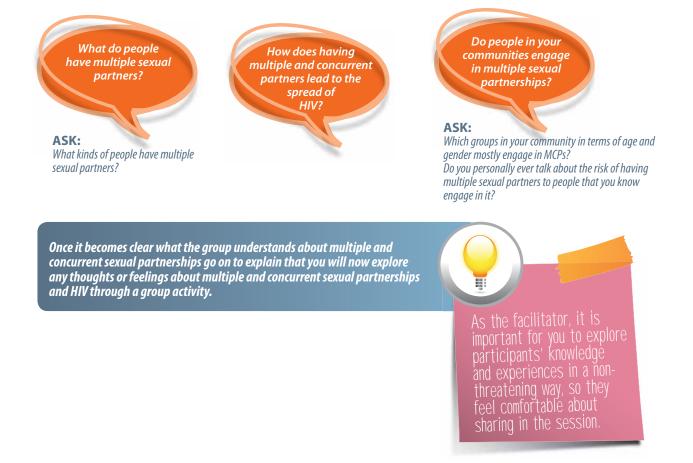
Multiple and Concurrent Sexual Partnerships



- Greet participants, and then introduce yourself and your organisation and explain the purpose of the visit.
- Introduce the topic of discussion, in this case multiple and concurrent sexual partnerships (MCPs) and HIV.
- Explain that this session will take approximately 45 minutes to an hour.
- Encourage full participation from everyone, and ensure each person is given an opportunity to contribute to the discussions.
- Assure participants that you will not ask for any personal information.
- Ask participants to introduce themselves.



Begin the session with probing and questioning the participants' understanding and knowledge about multiple and concurrent sexual partnerships. It is a good idea to take notes to help you guide the discussion and inform follow up sessions. Questions you ask may include:





Food For Thought!

Activity # **Activity name Activity Objective** Type of Appropriate activity target group Activity #1 To raise awareness on why people get involved in MCP Youth (15-24 years) The Sexual Case Adults (25–50 years) Network scenario review relationships, and possible strategies to avoid getting involved in such relationships.



After the activity, explain that as a group we have explored understanding, knowledge, beliefs, and even some experiences with regard to multiple concurrent sexual partnerships and HIV.

Now, ask participants to list possible strategies to address multiple concurrent sexual partnerships and HIV in their lives and for their communities. Refer to the list below for guidance on possible strategies.

(Make a mental note of the strategies that are mentioned. If one of the strategies below is not mentioned, suggest it to the group).

Be faithful and stick to one partner over the same period of time.

Use condoms correctly and consistently – you may be unaware that YOU are part of a sexual network.

Challenge norms and ideas that view having multiple sexual partners at the same time is acceptable, such as "monna poo ga agelwe lesaka" and talk about norms and ideas that promote faithfulness.



Talk to your partner about getting an HIV test together so you can make informed decisions about your sexual lives.





Knowledge Is Power

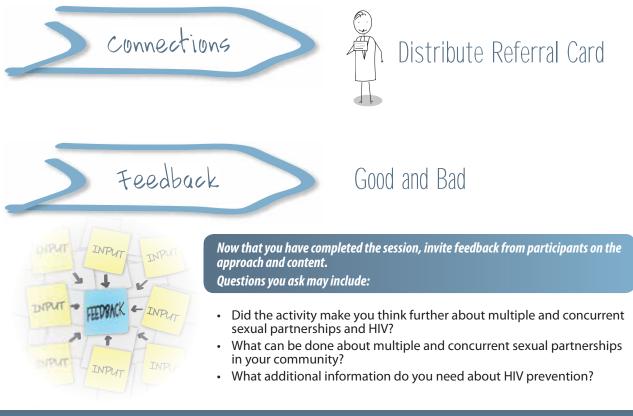
Together we have explored knowledge, beliefs, attitudes, and strategies related to multiple and concurrent sexual partnerships.

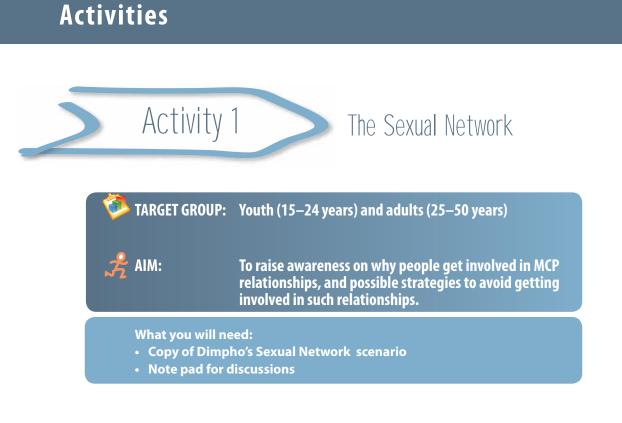
Now it is time to ensure that the information has been passed on and the levels of knowledge have increased in this group.

Ask participants to list important facts about multiple and concurrent sexual partnerships. Refer to the facts listed (right). Again, check that these are mentioned. If there are any left out, ensure you include them when covering all the facts.

<u>KEY FACTS</u>

- Multiple and concurrent sexual partnerships refers to having sex with more than one person over the same period of time.
- Studies have shown that you can better protect yourself from HIV by ending one sexual relationship completely before starting another, instead of continuing both at the same time.
- If you suspect your partner is seeing someone else, and you do not wish to end the relationship, then you should use condoms correctly and consistently.
- The possibility of HIV infection is high if you are part of a sexual network where one person becomes newly infected with HIV.
- Faithfulness is critical in reducing HIV transmission; therefore encourage community members to stick to one partner over the same period of time.
- Reducing the number of partners by one has a significant effect on reducing HIV transmission and 'breaking the chain'.





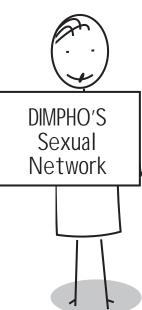


2. Once the scenario has been read, use the discussion questions to further explore multiple and concurrent sexual partnerships.

Activities



The Sexual Network (continued)



Dimpho is a 36-year-old woman who loves in (INSERT YOUR VILLAGE) with her lover Thabo.

She has two children, a 12-year-old girl and 6-year-old boy.

Thabo is a quiet young man who keeps to himself. Dimpho is outgoing and loves to have a good time. Dimpho's first husband died in 2005 after a long battle with TB. Dimpho met Thabo at an overnight prayer meeting and they began a relationship. Thabo broke up with his girlfriend a year ago and decided to stay together even though they were not married to each other.

Dimpho travels to (INSERT NAME OF ANOTHER VILLAGE)

every now and then to check on her small vegetable market business.

However, the business is not the only thing Dimpho checks on when she

is in (INSERT NAME OF ANOTHER VILLAGE)

She has another boyfriend, Lucas who was there for her when she grieved over her husband.

Dimpho and Lucas are in a sexual relationship and see each other every now and then. The only thing that keeps them from being together is the fact that Lucas has a long-time partner, Lesego.

Lucas has no idea that Lesego is seeing his supervisor at work, Mr. Thipe. He thinks they are just good friends because Mr. Thipe is married and a well respected figure in the community who will not risk being caught cheating on his wife.

Mr. Thipe's wife wants another child so they do not use condoms. Mr. Thipe and Lesego at times do not use condoms when they are having fun and they enjoying stolen moments during work trips.



- Would you say Dimpho is in a sexual network? WHY?
- Can anyone come up here and show/depict/draw us this sexual network? (NB: ask the volunteer to feel free to use other participants if there are no drawing materials to show the network).
- What are the health risks that individuals in this network are exposing themselves and others to? Probe for answers such as: HIV infection/re-infection; Sexually Transmitted Infections (STIs); unplanned pregnancy.
- What could be the reasons why these individuals have so many partners at the same time?
- If Dimpho, Lucas, Mr. Thipe or Lesego were your peers, what would you recommend she/he do? Probe for: Reduce the number of sexual partners she has; use condoms with every partner every time.



Some Important Terms

Multiple Concurrent

= at the same time/ over the same period of time.

therefore **MCP**

= having sex with more than one person over the same period of time.

These relationships are either short or long-term – from one night affairs to relationships known as 'small houses'.

Sexual network

= more than one

A sexual network is a group of individuals who are linked with each other through their sexual relationships.

Network effect

This means that an increasing number of people are getting infected by HIV due to their involvement in a sexual network, compared to situations where people have one sexual partner at a time.

Acute infection

Acute infection is the early month phase after HIV infection, when the viral load is highest in the blood. During this period, a person is said to be highly infectious, meaning they can easily transmit HIV to the next person. HIV is undetectable up to three months (called the 'window period') because HIV anti-bodies have yet to be produced.

NR: **Acute infection is** very common among people in multiple concurrent sexual partnerships.



Some Important Terms (continued)

Increased transmission rate

Transmission rate is the number of people to whom an HIV-positive person can pass on the virus. The higher the transmission rate, the more people will be infected. Transmission rate is determined by the sexual network, so the more people involved in the network the higher the transmission rate, meaning that more people can be infected by HIV.

Re-infection

Simply put,

re-infection occurs when a person living with HIV gets infected a second time while having unprotected sex with another HIV-infected person, or through any other means of HIV transmission. Re-infection further weakens the immune system of an individual, and treatment becomes complex.

Reasons why people engage in MCP and material gain • Sexual satisfaction and variety (one-night stands, nostrings-attached partners, sidekicks, small houses, ma 14 • Avoiding enforced abstinence due to physical separation (work transfers), long distance relationships, child birth break (after birth of child) • Looking for long-term partner • Alcohol (e.g., picking up one night stands following excessive use of alcohol even though individual has a primary partner). • Loneliness

Personal

Serial monogamy partnerships

This is where a person has one sexual partner at a time, and ends a relationship before moving on to another relationship. In this type of relationship, HIV transmission is lower due to the spacing between sexual partners and having only one partner at a time, limiting involvement in sexual networks. NB: However, condoms should still be correctly and consistently used in these types of relationships.



Communication Guide for Facilitator

HIV Prevention Series

Positive Health, Dignity, and Prevention

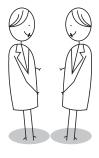




- Greet participants, and then introduce yourself and your organisation and explain the purpose of the visit.
- Introduce the topic of discussion, in this case, **positive health, dignity and HIV prevention**.
- Explain that this first session will introduce some of the key concepts that will be covered in-depth in future sessions.
- Explain that this session will take approximately 45 minutes to an hour.
- Encourage full participation from everyone, and ensure each person is given an opportunity to contribute to discussions.
- Assure participants that you will not ask for any oersonal information.
- Ask participants to introduce themselves.



The purpose of the positive health, dignity and prevention (PHDP) program is to help us think about where we are, where we want to go, and how we can make sure that every decision we make gets us closer to our goals – beginning with our daily activities and our health.



SAY:

Throughout this session, we will reflect on our own lives.

We will ask ourselves questions such as:

What am I currently doing to live a positive, healthy life?

Is there anything I should change to ensure I am living healthily and can reach my life goals?

How can I help my friends and family members live positively?

What kind of support will my loved ones and I need to achieve a positive, healthy life?



As the facilitator, it is important for you to explore participants' knowledge and experiences in a non-threatening way, so they feel comfortable sharing in the session.

Activities

Food For Thought!

Activity # **Activity name** Type of **Activity Objective** Appropriate activity target group Activity #1 **Health Risks** Case To raise awareness about Youth (15–24 years) using condoms during sexual Adults (25–50 years) scenario activity, benefits of knowing review your partner's status, partner disclosure, sexually transmitted infections (STIs), family planning and adherence to anti-retroviral therapy (ART).



Knowledge Is Power



Together we have explored knowledge, beliefs, attitudes, and strategies related to crossgenerational sex and HIV.

Now it is time to ensure that the information has been passed on and the levels of knowledge have increased in this group.

Ask participants to list important facts about crossgenerational sex and HIV. Refer to the facts listed (right). Again, check that these are mentioned. If there are any left out, ensure you include them when covering all the facts.

KEY FACTS

- There are benefits in disclosing one's HIV status, such as increased support, self acceptance, decreased anxiety and depression, and strengthen relationships. Disclosure helps partners to decide on safer sex practices that suit them.
- If you are HIV positive, it is important to communicate openly with your partner about safer sex. Like in any relationship, trust and communication are essential in maintaining the happiness and safety of both partners.
- If you are HIV positive and pregnant, or want to have a baby, seek advice from your doctor to reduce the chances of passing HIV on to your unborn child. Your doctor or nearest health facility can provide you with information on prevention of mother-to-child transmission (PMTCT) programmes.
- With proper treatment, care, and support, people with HIV live longer and happier lives. It is important to take to treatment, anti-retrovirals therapy (ARTs) or medication as prescribed by the doctor.
- Know how to be safe use condoms every time you have sex to prevent HIV transmission or re-infection.
- When one has an STI, he/she is more likely to transmit HIV than any other HIV-infected individual.
- PLWHA need the support of partners, friends, and family to deal with their condition. This, coupled with regular medical care, can help them live healthy, active, and fulfilling lives.

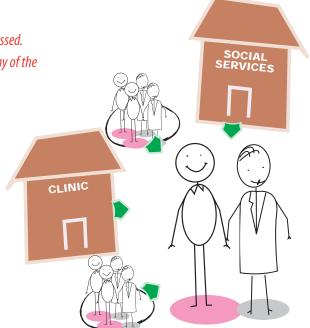


Community support for those living with HIV

SAY:

As we conclude this session, reflect on what we have discussed. If you, your family members or friends need support for any of the issues we discussed, seek assistance from:

- Support groups in your community (specify when and where the support group meets).
- Home-based care services from your local health care worker or social worker.
- Counselling services at local NGO health facility or social services office.





Good and Bad



Now that you have completed the session, invite feedback from participants on the approach and content. Questions you ask may include:

- Did the activity make you think further about positive health, dignity, and prevention and HIV?
- What can be done about positive health, dignity, and prevention in your community?
- What additional information do you need about HIV care, support, and prevention?

Activities

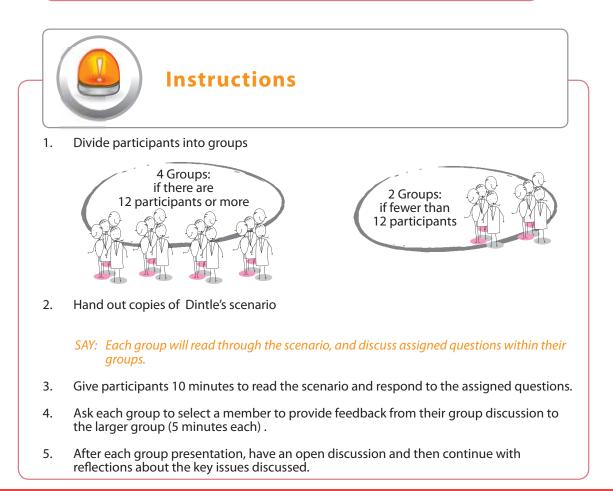
Activity 1 Health Risks

TARGET GROUP: Youth (20–24 years) and adults (25–50 years)

AIM: To raise awareness about using condoms during sexual activity, benefits of knowing your partner's status, partner disclosure, sexually transmitted infections (STIs), family planning and adherence to anti-retroviral therapy (ART).

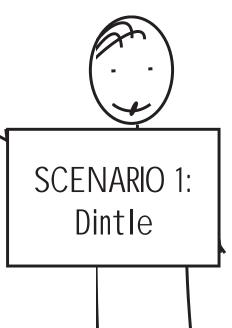
What you will need:

- Copy of Dintle's scenario
- Female and male condoms for demonstrations
- Penis model
- Vagina model



Activities

Activity 1



Health Risks (continued)

Dintle is a 25-year-old young woman who is currently staying with her boyfriend, Thabo. She works in a nearby tuck-shop. Dintle tested HIV positive a few years ago but has not disclosed her status to anyone, not even Thabo.

Dintle is frustrated about her HIV status and often drinks to forget her problems. She has been on and off ARVs for almost a year now. She does not routinely use condoms with Thabo because she is afraid he might think she is cheating.

Thabo is Dintle's only partner, but she suspects he must be sleeping around with other women. Lately, Dintle has been experiencing burning pain while urinating and has sores around her vagina.

Dintle suspects that it is an STI, but she has not been to see a doctor. However, she plans to do that when she goes for her scheduled medical check-up at the ARV clinic next month.

Thabo has been pressurising Dintle to get pregnant because he wants children of his own. Dintle is not sure if she wants to have a baby because she is HIV positive.



- 1. What are some of the issues that Dintle is dealing with?
- 2. What are some of the health risks that Dintle is facing? Probe for answers such as: HIV re-infection; sexually transmitted infections (STIs); unplanned pregnancy
- 3. If Dintle were your friend, what advice would you give her? Please explain your answer.

If participants' response related to one area, probe: What advice would you give to Dintle about how she is currently protecting herself from HIV re-infection, unplanned pregnancy, STI, disclosing her HIV status, knowing her partner's HIV status, and ART adherence?

4. If Dintle were your friend, where would you recommend she seeks support?

Disclosing Your

What does 1. Telling people (family, friends, partners, colleagues) your HIV status. disclosure mean? Why is 1. To protect yourself and your partner(s). 2. To make it easier to seek treatment and receive care. disclosure important? 3. To receive support from friends, family, and your partner. 4. *Keeping a secret can be stressful and harmful to your own health.* What are the 1. Allows you access to support and services. benefits of 2. Relief from the stress of keeping a secret; not worrying if someone finds out. disclosure 3. You can serve as a role model in the community. for you? What are the 1. Provides motivation to get tested. benefits of 2. Helps motivate them to protect themselves in sexual interactions. disclosure 3. Helps them plan for the future. for you and/ 4. Allows your partner to understand your challenges so they can support you. or your partner/s?

Notes

If you decide to disclose your HIV status

A good way to begin a discussion about HIV prevention and transmission is with an inquiry about any previous experiences regarding disclosure to partners. The provider then can ask whether the individual currently has a need to disclose to one or more partners, and whether he or she is ready and motivated to share information about their HIV status.

The provider should prompt individuals to consider several questions about disclosure, including how they might approach the discussion, how their partners might react, what information they might offer their partners, whether partners are likely to keep their HIV status confidential, and whether they have any concerns about personal safety (e.g., if they fear a violent reaction).

Think about what disclosing your HIV status may mean. Today, people know a lot more about HIV and fear is being replaced with information. But there are still many people who do not understand how HIV is transmitted and contracted. Try to keep these things in mind when you decide to disclose your HIV status:

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¹ BOTUSA, AED, Tebelopele: Post Test Club: HIV Prevention & Counseling Facilitator's Guide (2009).

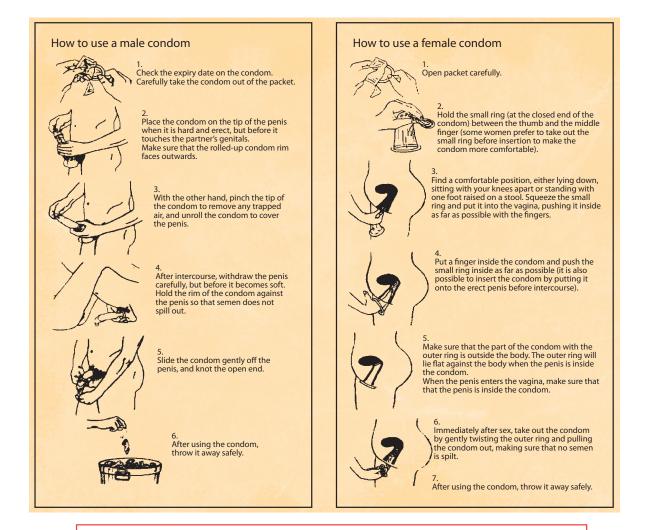
Disclosing Your

Who should You do not have to tell everybody. The chance of you transmitting HIV to friends or you tell? family is very low. • Some people disclose only with close family members and/or friends. • When it comes to sexual partners, whether you are casually dating or in a longterm relationship, disclosure is strongly encouraged. • Some people go public and use their stories to advocate for others with aovernment or the media. Take your time to decide who to tell and how you will approach them. Be sure you How do you prepare to are ready. • It is a good idea to wait and reflect on the potential consequences first before tell someone you are HIV disclosing. positive? Imagine the reaction of others. Think about whether it will be helpful for you to have someone present when you disclose vour HIV status. When is This depends on your preference and how you think the person will react. Choose a day and a time when you will have time to talk. a good • Pick a private place where you feel comfortable and safe: at home, in a health time to tell someone? centre, etc. • If you think having someone else there would be better for you, you can disclose in the presence of a friend, counsellor, or support group member. • If you are worried about someone's reaction or want to give them space to think about your disclosure, you can always write them a letter. How should *Everyone is different and each relationship is different.* • *Tell them you have something important to tell them.* you tell • Ask that what you are going to discuss be kept in confidence. someone you are HIV • *Keep what you say as simple and as direct as possible.* • Tell them why you want them to know. positive? • Answer questions they may have if you feel comfortable. Tell them that you need their support. • Don't be afraid to show your feelings openly and to express how important this news is to you. *Give them time to adjust to the news.* Tell them where to get more information about HIV or have some information with you. If helpful, give them telephone numbers or contacts of support groups in the area.

Notes (continued)



Skills: Correct Condom Use



OTHER POINTS TO REMEMBER ABOUT HOW TO USE A CONDOM

- Correctly place the condom on the erect penis while holding the tip of the condom when rolling it on to remove any air trapped in the tip before it comes into contact with the vagina.
- Do not use oil-based lubricants such as baby oil and Vaseline with a condom as this could cause it to break. Do use water-based lubricants such as KY jelly if needed.
- Withdraw soon after ejaculating and remove the condom from the penis while it is still erect, well away from the vagina and properly dispose of the used condom.
- Do not use expired or damaged condoms. Always check the expiry date.



What are sexually transmitted infections (STIs)?	Sexually transmitted infections (STIs) are infections you can get by having sex with someone who has an infection. These infections are usually passed from person to person through vaginal intercourse, but they can also be passed through anal sex, oral sex or skin-to-skin contact. STIs can be caused by viruses or bacteria. STIs caused by viruses include hepatitis B, herpes, HIV, and the human papilloma virus (HPV). STIs caused by bacteria include chlamydia, gonorrhea, and syphilis.
When am I at risk?	If you have ever had sex, you may be at risk of having an STI. Your risk is higher if you have had many sexual partners, have had sex with someone who has had many partners, and or have had sex without using condoms.
How are STIs diagnosed?	Most STIs can be diagnosed through an exam by a doctor or nurse, a culture of the secretions from your vagina or penis, or through a blood test.
Common signs/ symptoms of STIs	 Itching around the vagina and/or discharge from the vagina for women Discharge from the penis for men Pain during sex or when urinating Pain in the pelvic area Sore throats in people who have oral sex Pain in or around the anus for people who have anal sex Chancre sores (painless red sores) on the genital area, anus, tongue and/or throat A scaly rash on the palms of your hands and the soles of your feet Dark urine, loose, light-colored stools, and yellow eyes and skin Small blisters that turn into scabs on the genital area Swollen glands, fever and body aches Unusual infections, unexplained fatigue, night sweats and weight loss Soft, flesh-coloured warts around the genital area
Can STIs be prevented?	Yes. The only sure way to prevent STIs is by not having sex. You can lower your risk of getting an STI by having sex with someone who is faithful to you, and who does not have an STI. You should always use condoms when having sex, including oral and anal sex.

² www.familydoctor.org



Family Planning is a process that individuals and couples use to determine the number of children they would like to have through spacing and timing of births. Family planning also refers to helping couples conceive.

The best method of protection for unwanted pregnancy, HIV and STIs is dual protection. This is a barrier method (condoms) with another form of family planning method to prevent against HIV and other STIs and unwanted pregnancy at the same time.

List of Family Planning Methods Currently Available in Botswana:		
Category of Method	Name of Method	
Hormonal Methods	Oral contraceptives (Pill)Depo Provera	
Non-Hormonal Methods	Intra-uterine device or loop (IUD)	
Barrier Methods	Condoms (male or female)	
Natural Methods	Abstinence	
Voluntary Surgical Contraceptive Methods	VasectomyTubal Ligation	

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³ AED Botswana. PMTCT Project: Discussion Topic Guides for Peer Mothers and Peer Males.

Anti-Retroviral (ART) Adherence

Adherence	The process of taking the prescribed dosage of medicines at the right time, according to instructions, and storing them appropriately.		
Why is ART adherence important for people living with HIV?	A person taking ART should not miss any doses. Missing doses reduces the effectiveness of the drugs and can lead to treatment failure. Taking medicines correctly and consistently as prescribed ensures that treatment stays effective.		
What are the challenges to adherence?	 Side-effects from the medications. Clients should contact a doctor or a nurse as soon as possible in the event of severe or unexpected side effects. Lack of disclosure to a family member of friends who could provide support and reminders to take medications correctly. Economic constraints, including money for transport, and to pick-up medication from a health clinic. In these cases, clients can talk to their health worker to obtain a longer supply of medications to minimize the need for frequent returns. Fear of stigma/discrimination at being seen at the clinic: Such clients need to be supported to overcome these fears. Religious beliefs: Some people believe that God will heal them naturally and feel they do not need to take medication. Evidence can be provided to show that HIV treatment has been scientifically proven to be effective. 		
Ways to improve adherence	 Linking medication time to a routine activity such as meal time, listening to news, brushing teeth. Identifying a buddy to accompany the client to the clinic, or to remind and encourage adherence to drugs. Setting an alarm on a cell phone or watch. Disclosure to family members and to the partner. This will help HIV-positive people take their medication freely. Joining or forming a support group for people living with HIV. Pill counts conducted either at home or at a clinic with a nurse. This will indicate whether pills are being taken correctly. Education on the consequences of not adhering. Keeping extra tablets at work or in a bag that is used every day. 		

Notes

⁴ AED Botswana. PMTCT Project: Discussion Topic Guides for Peer Mothers and Peer Males.

Healthy Living

When you have HIV, it is important for you to eat well. It helps your body stay strong and helps you to manage the virus. Try to follow these tips for healthy eating.

Eat foods high in carbohydrates with every meal.

• These foods give you energy. Some foods that are high in carbohydrates are flour, rice, cornmeal, and potatoes

Notes

Eat animal and milk products every day.

- These foods are high in protein and can help build muscles and keep them strong.
- Try to eat these foods as often as you can: fish, all meats, chicken, turkey, eggs, and low-fat varieties of dairy products such as milk, sour cream, yoghurt, and cheese.
- If you are a vegetarian (someone who prefers to not to eat animal products) talk to your health care provider about how to get enough protein in your diet.

Eat fruits and vegetables every day.

- These foods help fight infection and provide vitamins.
- Yellow, dark red, green, and orange fruits and vegetables are great sources of vitamin A.
- Good choices are green leafy vegetables (such as spinach, lettuce, and collard greens), green peppers, squash, carrots, yellow peaches, apricots, mangoes, and papaya.
- *Cabbage, tomatoes, oranges, grapefruits, lemons, and pineapples are high in vitamin C.*

Eat some fat and oils.

- Some fat in your diet gives you extra energy.
- It can also help you keep weight on and gain back any weight you may have lost.
- Healthy fats are found in fish, nuts, seeds, canola oil, and olive oil.

Drink plenty of water.

- You must keep fluids in your body.
- This is important if you are vomiting, have diarrhea, or have a fever.
- If you experience these problems for three days or more, seek help from your health care provider.

Healthy Living

Being physically active and doing regular exercise is important for your health. Exercise does not mean you have to join a gym. You can walk, work in the yard, do housework, or ride a bike, just as long as you are exercising and staying active.	 Benefits of regular exercise: Relieve stress. Increase your appetite. Strengthen and build muscles. Your muscles store energy and protein that your body can use when fighting infection Improve your sleep. Make you feel better about yourself. Try to choose activities you enjoy doing. Dancing, walking, swimming, and jogging are all good choices. Try to fit physical activity into each day. This can help your mood as well as your health.
Depression and HIV	Do you feel sad, tired, or hopeless? Has it been hard for you to do normal, everyday things for a while? If so, you may be depressed. It is common for people with HIV to have symptoms of depression.
Depression can be treated	 Just like HIV infection, depression can be treated. Here are some common treatments: Go for therapy with a social worker, a therapist, or support group; this gives you a safe time and place to talk about what is going on. Medicines called anti-depressants can lessen the symptoms of depression. If you think you have depression, talk with a health care provider. Also contact your local community AIDS service organisation. They may be able to give you information about support groups and therapists in your area.

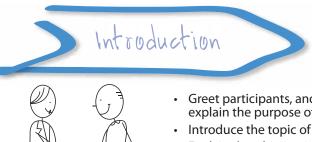
Notes (continued)



Communication Guide for Facilitator

HIV Prevention Series

Relationship Enrichment



- Greet participants, and then introduce yourself and your organisation and explain the purpose of the visit.
- Introduce the topic of discussion, in this case relationship enrichment and HIV .
- Explain that this session will take approximately 45 minutes to an hour.
- Encourage full participation from everyone, and ensure each person is given an opportunity to contribute to the discussions.
- Assure participants that you will not ask for any personal information.
- Ask participants to introduce themselves.



Begin the session with probing and questioning the participants' understanding and knowledge about relationship enrichment and HIV. It is a good idea to take notes to help you guide the discussion and inform follow-up sessions. Questions you ask may include:



idea to choose the activity you want to do BEFORE you begin the session. The activities are listed on page 3 and segmented into appropriate target groups to help make the activity more relevant for your group.

Activity #	Activity name	Type of activity	Activity Objective	Appropriate target group
Activity # 1	Courting and Cohabiting Partners	Case scenario review	To raise awareness on the HIV risks in long-term relationships, looking at condom use and communication.	Youth (20–24 years) Adults (25–50 years)
Activity # 2	Communication, Multiple Concurrent Partnerships (MCPs) and Marriage	Case scenario review	To raise awareness on how lack of communication in a marriage or relationship can put one at risk of HIV and MCPs.	Youth (20–24 years) Adults (25–50 years)



Addressing Issues That Put Couples at Risk of HIV

After the activity, explain that as a group we have explored understanding, knowledge, beliefs, and even some experiences with regard to relationships and HIV.

Now, ask participants to list possible strategies to address relationships and HIV in their lives and for their communities. Refer to the list below for guidance on possible strategies.

(Make a mental note of the strategies that are mentioned. If one of the strategies below is not mentioned, suggest it to the group).

A healthy relationship begins with good communication in couples. Communicate with your
partner about your expectations within a marriage, and your roles and responsibilities (e.g., who
makes decisions), finance, spirituality, in-laws, and culture. Couples who communicate about these
issues may be less likely to have extra-marital affairs.

Discuss intimacy, sexuality, and family planning with your partner. Try to be clear about their expectations in these areas, and also make your own position clear.

Protect yourself and your partner from HIV infection and/or re-infection. Commit to faithfulness within your relationship/marriage. If you cannot commit to this, then maybe you are not ready to get married.

Be committed to your partner and go for HIV Counselling and Testing together. You will receive information and make informed decisions about HIV prevention, care, support, and family planning together.

HIV and AIDS are linked to mobility. Try to avoid situations that take you or your partner away from home for extended periods of time. When this is unavoidable, discuss the risk of HIV and plan appropriately.

Practice safer sex with your partner. If either party cannot be faithful, condoms remain the best method for protecting yourself and your loved ones from HIV.

For discordant or HIV-positive couples, condoms are also the best means of protection if one or both partners are HIV positive. HIV re-infection (becoming infected with another strain of HIV) is harmful and can reduce treatment options.

Have a great start: see a pre-marital or marital counsellor/pastor for further support if you need it.





Knowledge Is Power



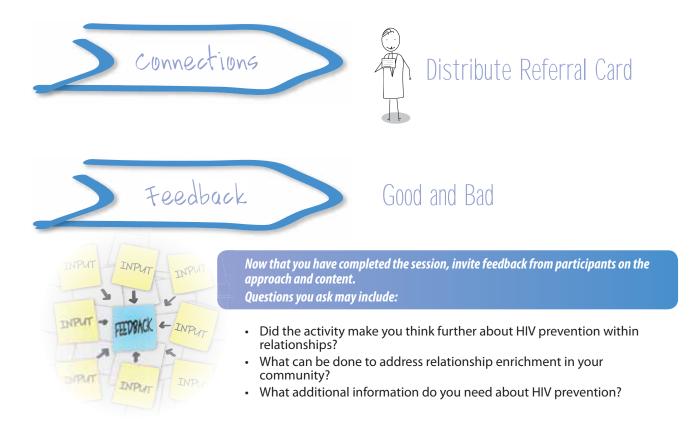
Together we have explored knowledge, beliefs, attitudes, and strategies related to relationships and HIV.

Now it is time to ensure that the information has been passed on and the levels of knowledge have increased in this group.

Ask participants to list important facts about relationship enrichment and HIV prevention. Refer to the facts listed (right). Again, check that these are mentioned. If there are any left out, ensure you include them when covering all the facts.

KEY FACTS

- The majority of new HIV infections in Botswana are sexually transmitted, and involve individuals who are in long-term and multiple concurrent relationships. Being married does not mean you or your partner are safe from HIV.
- Very few married couples or people in long-term relationships use condoms. Under such conditions, undergoing HIV testing together, testing periodically, and disclosing your HIV status to your partner can help you make informed choices about HIV and family planning.
- If you or your partner cannot stick to one partner, then correct and consistent condom use is the best means of protection.
- Couples that communicate openly about their expectations and needs may be more happy and fulfilled in their relationship and be less likely to seek other partners.





Activity 1 Courting a

Courting and Cohabiting Partners

TARGET GROUP: Youth (20–24 years) and adults (25–50 years)

AIM:

To raise awareness on the HIV risks in long-term relationships, looking at condom use and communication.

- What you will need:
- Copy of Sethole and Dimakatso Scenario
- Note pads for discussions

Ask a volunteer from the group to read Sethole and Dimakatso's scenario.

- 2. Discuss the following questions with participants:
 - a. What are some of the challenges that Sethole and Dimakatso might have after they get married?
 - b. What are the health risks that Sethole, Dimakatso, and Masego may be exposed to?

Probe for answers such as: HIV infection/re-infection; sexually transmitted infections (STIs); unplanned pregnancy.

c. If Dimpho and Sethole were your peers, what would you recommend they do? *Probe for: communicate about their expectations; discuss safer sex, faithfulness, and condom use.*

SCENARIO 1: Sethole and Dimakatso

1.



Sethole and Dimakatso are very excited about getting married. They have finally committed to each other. Sethole and Dimakatso's parents are equally excited and often say they can't wait to be grandparents.

Their wedding is in three months and Dimakatso cannot wait to wear a white dress. While revisiting her invitation list to make sure that all the important people are invited she says to Dimakatso, "Honey, when are we going for our HIV test?" Sethole says he is committed to their relationship and wants to marry only her. Now is just not the right time for testing. Besides, we do not have to worry about a thing since we love each other and want to be with each other. We can test after the wedding if you still want us to do that. You know I love you babe."

Now that they are committed to each other, they have stopped using a condom. Sethole's friends often tease him and say he should prepare to say goodbye to his small house because he is getting married. Sethole believes Masego 'serves' a purpose in his relationship with Dimakatso. He believes having an affair strengthens any relationship. Sethole and Masego have been seeing each other for the past two years.

Activities

Activity 2

Communication, Multiple Concurrent Partnerships (MCPs) and Marriage

TARGET GROUP: Youth (20–24 years) and adults (25–50 years)

😤 AIM:

To raise awareness on how lack of communication in a marriage or relationship can put one at risk of HIV and MCPs.

- What you will need:
- Copy of Kitso and Loago Morwe Scenario
- Note pads for discussions

Instructions
Ask a volunteer from the group to read Kisto and Loago's scenario, and then discuss the following questions:

What are some of the marriage challenges facing Kitso and Loago? *Probe for lack of intimacy, possible divorce, passion killing, lack of communication.*What advice would you give to Loago?
What advice would you give to Kitso?
What are some of the health risks Loago and Kitso might be exposed to? *Probe for HIV risk, STIs, unwanted pregnancy.*

Kitso and Loago Morwe have been married for six years. They have been blessed with three beautiful children, two girls and a boy. Loago is a nurse at the local hospital, while Kitso is a manager at the Education Centre. The Morwe's have a family business on the side, even though they have full-time jobs. The business is being run by Kitso, Loago's husband. It is a small but growing business, and takes up most of Kitso's time.

Kitso always gets home exhausted because he is balancing his full-time job and their family business. When he gets home, all he wants is to play with his children and catch up with them before going to bed. Loago and Kitso can go for weeks without having sex because of Kitso's busy schedule. Loago is not happy with the arrangement, but has not told Kitso as she wants to be a supportive wife. For nearly a year, Loago has not been happy about the lack of sex in the relationship, but has not told anyone - not even her friends. As a married woman, she does not want to bring shame to her home by discussing her 'family issues'.

Loago has since resorted to finding sexual satisfaction elsewhere. She has met Thabo, the manager of a chemist who usually comes to the local clinic to discuss medicine prescriptions. Loago and Thabo have been having a sexual affair for the past four months. Loago always thanks Thabo for being there for her. Thabo also has a long-term girlfriend, Setso. However, he can handle both relationships because Loago is married and therefore not too demanding. Kitso has no idea that his wife is not happy in their marriage. Loago has been good at making it seem that all is well. Kitso therefore believes they are in a happy marriage.

SCENARIO 2: Kitso and Loago Morwe



Some Important Questions

What is Marriage?	 Marriage is an interpersonal relationship with governmental, social, or religious recognition, usually based on a solemn contract. The most common form of marriage is a legally recognized union between a man and a woman by ceremony or common law as husband and wife. A marriage entails different meanings. True marriage in people's mind is based on a loving relationship between a man and a woman in which they publicly promise to live together 'for better or worse, for richer or poorer, in sickness and in health until death do them part'.
What is the meaning of Love?	Love has many meanings, but is often heard and spoke of within a romantic context.
What are some biblical verses that discuss love? (for faith based organisations)	The Bible paints a fuller picture of love. Love encompasses more than just emotional affection, and it is evident in 1 Corinthians 13:4-8: ⁴ Love is patient, love is kind. It does not envy, it does not boast, it is not proud. ⁵ It is not rude, it is not self-seeking, it is not easily angered, and it keeps no record of wrongs. ⁶ Love does not delight in evil but rejoices with the truth. ⁷ It always protects, always trusts, always hopes, always perseveres. ⁸ Love never fails. These verses highlight that love contains much more than what we usually assign to it. Just reading this view of love can be overwhelming, yet Jesus goes even further and calls us to love in this way. In Matthew 22:36-39, Jesus reveals the two greatest commandments: "Love the Lord your God with all your heart and with all your soul and with all your mind" and "Love your neighbor as yourself." Many of us have difficulty loving ourselves, much less loving God and others. How can we give and receive love of this high measure?





Some Important Notes (continued)

Being in a HEALTHY RELATIONSHIP means	If you are in an UNHEALTHY RELATIONSHIP
Loving and taking care of yourself	 You tend to focus on the other person only and neglect yourself, or you focus only on yourself and neglect the other person
 Respecting individuality, embracing differences and allowing each person to "be themselves" 	 You feel pressure to change to meet the other person's standards, you are afraid to disagree and your ideas are criticized. Or, you pressure the other person to meet your standards and criticize his/her ideas
 Spending time with friends and family, and partaking in activities that are independent of each other. 	 One of you has to justify what you do, where you go, and who you see
 Discussing important things, allowing for differences of opinion and compromising equally 	 One of you makes all the decisions and controls everything without listening to the other's needs
 Expressing and listening to each other's feelings, needs and desires 	 One of you feels unheard or 'silenced' and is unable to communicate what you want
 Trusting and being honest with yourself and each other 	 You lie to each other and find yourself making excuses for the other person
Respecting each other's need for privacy	 You do not have any personal space and have to share everything with the other person
 Respecting sexual boundaries and being able to say no to sex 	 Your partner has forced you to have sex or you have had sex when you do not really want to. Or, you have forced or coerced your partner into having sex
Resolving conflicts in a rational, peaceful and mutual way	 One of you yells and hits, shoves or throws things at the other in an argument
 There is room for positive growth and you learn more about each other as you develop and mature. 	• You feel stifled, trapped, and stagnant. You are unable to escape the pressures of the relationship.



Communication Guide for Facilitator



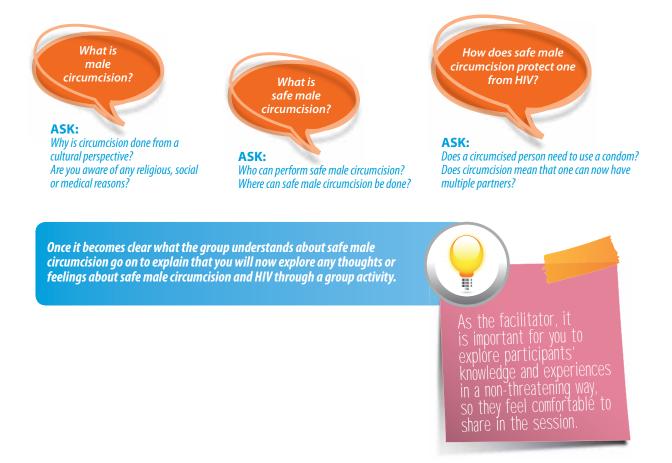
Safe Male Circumcision



- Greet participants, and then introduce yourself and your organisation and explain the purpose of the visit.
- Introduce the topic of discussion, in this case safe male circumcision and HIV.
- Explain that this session will take approximately 45 mins to an hour.
- Encourage full participation from everyone, and ensure each person is given an opportunity to contribute to the discussions.
- Assure participants that you will not ask for any personal information.
- · Ask participants to introduce themselves.



Begin the session with probing and questioning the participants' understanding and knowledge about safe male circumcision and HIV. It is a good idea to take notes to help you guide the discussion and inform follow up sessions. Questions you ask may include:



Activity



Food For Thought!



Addressing Safe Male Circumcision

After the activity, explain that as a group we have explored understanding, knowledge, beliefs, and even some experiences with regard to safe male circumcision.

Now, ask participants to list possible strategies to address safe male circumcision in their lives and for their communities. Refer to the list below for guidance on possible strategies.

(Make a mental note of the strategies that are mentioned. If one of the strategies below is not mentioned, suggest it to the group).

Find out more about safe male circumcision from your nearest health facility.

Encourage your partner to get circumcised. Discuss circumcision and HIV testing with him and make the decision together. Talk to a counselor at a hospital or clinic to ensure you both know the facts before your partner gets circumcised. Know how to support each other in the process.

After circumcision, ensure proper care and attention so that optimal healing can take place within a minimum period of six weeks. Do not have sexual intercourse (even with a condom) or masturbate for at least six weeks until you get confirmation about healing from your doctor. Follow your doctor's advice if you have any concerns.

After circumcision, continue to protect your and your partner from HIV. Remember that circumcision is not complete protection from HIV and other sexually transmitted infections (STIs) and does not protect your partner from HIV transmission. If you are HIV negative, circumcision can help reduce the risk of HIV, but you can still get infected if you have unprotected sex.

If you are HIV positive and decide to get circumcised, you can still re-infect yourself and infect your partner if you have unprotected sex. Make sure you test regularly for HIV and always know your status and that of your partner's. Use a condom correctly and consistently every time you have sex.





Knowledge Is Power

Together we have explored knowledge, beliefs, attitudes, and strategies related to safe male circumcision.

Now it is time to ensure that the information has been passed on and the levels of knowledge have increased in this group.

KEY FACTS

Ask participants to list important facts about relationship enrichment and HIV prevention. Refer to the facts listed (right). Again, check that these are mentioned. If there are any left out, ensure you include them when covering all the facts.

- Safe Male Circumcision (SMC) is a surgical procedure that removes the foreskin of a male's penis. It should be undertaken by a trained health professional who must be consulted beforehand so the procedure can be explained, and all the necessary information provided.
- As an HIV prevention strategy, SMC is targeted at HIV-negative males
- SMC reduces HIV transmission by 60%.
- After circumcision, abstain from all sexual activity (including masturbation) for at least six weeks to ensure full healing.
- After circumcision, it is important to use a condom correctly and consistently during every single sex act. Circumcision reduces chances of HIV infection by 60%, but it

does not completely eliminate chances of HIV transmission. Increased methods of HIV prevention strategies means better protection from HIV.

Other benefits of SMC include:

- lower risk of contracting other STIs
- less likelihood of cancer of the penis
- more hygienic and easier to clean, reducing the risk of inflammation under the foreskin
- less likely to get infected by the Human Papilloma Virus (HPV) a virus that causes cervical cancer in women.
- men can get circumcised at any age, but the sooner the better. A man is never too old to get circumcised because circumcision reduces the risk of HIV transmission.

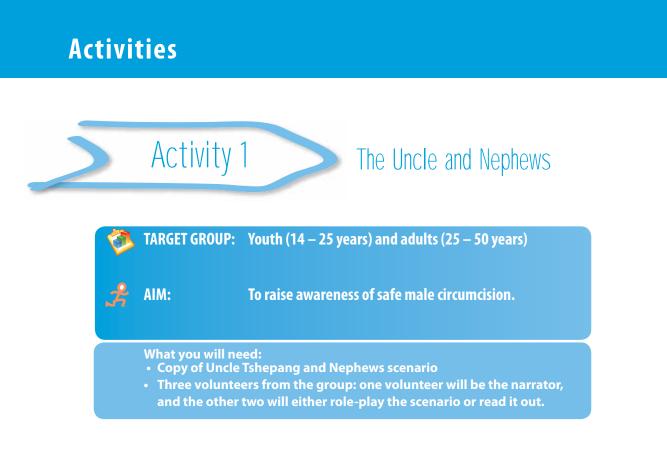
 connections
 Istribute Referral Card

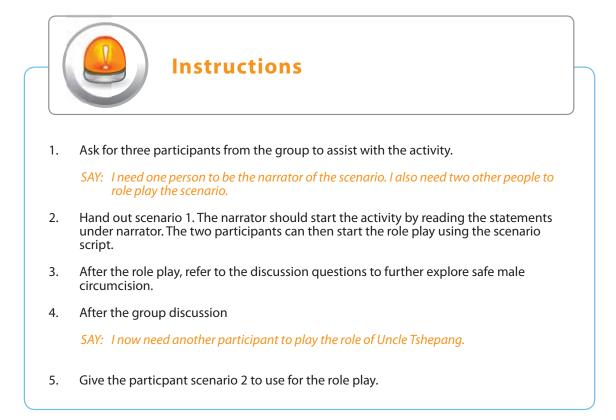
 Feedback
 Good and Bad

 Mentode Strengthered
 Invertigeneration of the session, invite feedback from participants on the approach and content.

 Questions you ask may include:

- Did the activity make you think further about safe male circumcision and HIV?
- What can be done about safe male circumcision in your community?
- What additional information do you need about HIV prevention?







Narrator:

Uncle Tshepang and his nephews, 25-year-old Lefika and 19-year-old Tom are best friends. They enjoy going out together and having fun, and they even play for the same football team, Makau A Motse. One Saturday afternoon, Uncle Tshepang sneaked up behind a door to listen in on Tom and Lefika who were having a chat about male circumcision. This is how the conversation went:

Role Play 1: Lefika and Tom

- Lefika: Hey Tom, how is it my man, I have exciting news for you my brother, the guys at work are all talking about a new way for men to prevent HIV ... my man, safe male circumcision...
 - Tom: Tell me about it Lefika, any news on preventing HIV is good news, I am all ears shoot.
- Lefika: Circumcision is the way to go Tom, my brother, circumcision has rescued all males I tell you, we don't have to worry about using condoms or sticking to one partner, we can now have as many partners as we want, Tom....
 - **Tom:** Get out of here, so you mean to tell me all I have to do is go and get circumcised ... and I am good to go? You want to tell me I can now date Rose and Maatla with no worries ...
- Lefika: That is what I heard ... I even saw a pamphlet with a message on it. I think you do not even have to test for HIV to be circumcised my brother, and it can be done on males of any age old men, young guys, you name it. And if you are HIV positive, circumcision can prevent HIV.
 - Tom: It's good to have a smart brother like you Lefika. Where would I have heard this great news? I have an idea ... let's talk to Uncle Tshepang after our soccer practice, and share this good news with him. He might know more about it, and you know how concerned he is about protecting ourselves from HIV.
- Lefika: Great idea Tom, I will call him now, I am still not sure about some things. Circumcision sounds great, but I am concerned about the pain during surgery, and how long it will take for me to start to have sex again. You know I can't resist Lesego for too long, she is beautiful.



Activities



The Uncle and Nephews (continued)



Role Play 1: Lefika and Tom (continued)

- 1. What do think of Lefika's advice to Tom? Please explain this.
- 2. If you were Uncle Tshepang and the boys invited you to discuss this, what advice would you give them?

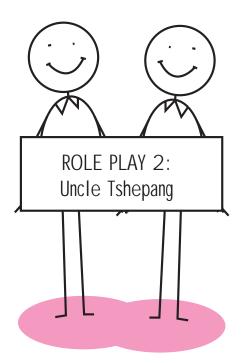
Role Play 2: Uncle Tshepang

"My nephews, I am glad that you are trying to get more information about SMC. You are correct to say that SMC can be done at any age for men. However, it seems you may not have the correct information.

Circumcision reduces chances of HIV transmission by 60% but it does not completely eliminate chances of contracting HIV. The more methods of HIV prevention strategies we have and utilize, the more able we are able to protect ourselves from HIV.

Circumcision is an effective HIV prevention strategy. However a man who is circumcised can still infect or contract HIV or STIs. It is important to adopt safer sexual behaviors through correct and consistent condom use; undertake regular HIV and Counseling Testing (HCT) to know your status and that of your partner; and stick to one partner and be faithful.

As an HIV prevention strategy, SMC is targeted primarily at HIV negative males of all ages. However, if someone is HIV positive, he should seek advice from his doctor about SMC. Let's go to the clinic together to learn more about the SMC procedure".



Activities



Some Important Questions

What is male circumcision?	Male circumcision is one of the oldest and most common surgical procedures in the world that removes or cuts away the foreskin of the penis. It is done for different religious, cultural, social, and medical reasons in many countries.
What is safe male circumcision?	Safe male circumcision is the surgical removal of the foreskin of the penis so that the penis head or knob is permanently exposed. This procedure is carried out in a health facility by a trained specialist.
How does safe male circumcision protect one against HIV infection?	 The foreskin has a large number of cells that easily attract HIV into the body. When the foreskin is removed, the number of these cells on the penis is reduced and the risk of HIV infection is lowered by 60%. SMC does not provide complete protection against HIV infection, therefore, it is important to use a condom consistently and correctly every time you have sex to provide more comprehensive protection against HIV infection.
Can HIV- positive men get circumcised?	Undergoing circumcision entails a considerable amount of risk for an HIV positive person, given that this procedure is done primarily to prevent HIV. However, safe male circumcision has other health benefits for HIV positive men. Contact your nearest health worker to understand more.
What are the other benefits of SMC apart from HIV prevention?	 Circumcised men have a lower risk of contracting other sexually transmitted infections (STIs). A circumcised man is less likely to get infected by the human papillomavirus (HPV), a virus that causes cervical cancer in women. A circumcised man is also less likely to get cancer of the penis. A circumcised penis is easier to keep clean, reducing the risk of inflammation under the foreskin.



Some Important Questions (continued)

How old does a man have to be to get circumcised?	Men can get circumcised at any age, although the sooner the better. A man is never too old to get circumcised because circumcision reduces the risk of contracting HIV.
What about circumcision for my son?	In many countries, circumcision occurs at birth or within the first few weeks when the procedure is simpler and recovery is faster. It is also safer and has fewer complications. Male circumcision reduces a baby's risk of urinary tract infections. If you have a teenage son, talk to him about the benefits of circumcision before he becomes sexually active. Give him all the facts, but let him make his own decision about whether to get circumcised or not.
What can a man expect after the procedure?	 Swelling or a little pain around the wound. Medication needs to be taken as prescribed by the doctor. The penis will take at least six weeks to heal after the surgery, and it is critical to refrain from all sexual activity while healing. This includes sex with a condom and masturbation. If you have sex before you are fully healed, you will increase your risk of contracting HIV. Resuming sex too early will also delay the healing process. The doctor will examine the wound and confirm that it has completely healed, letting you know when it is safe for you to resume sexual activity.



