AN HIV/STD SEXUAL RISK REDUCTION GROUP-LEVEL INTERVENTION FOR WOMEN

FACILITATOR GUIDE

Packaged by:
Nonprofit Consulting Services–a program of Public Health Solutions
and the HIV Center for Clinical and Behavioral Studies
at New York State Psychiatric Institute and Columbia University

ACKNOWLEDGEMENTS

We acknowledge the support provided by the Centers for Disease Control and Prevention (CDC) through cooperative agreement # 5 H62 PS000784-02 for the funding to develop The Future Is Ours (FIO) intervention package and by Dr. Anke A. Ehrhardt for the research on which this product is based. We also acknowledge the intervention package development team at Public Health Solutions: Heidi Arner, Pam Farquhar, Laura Frye, Jeff Natt, Inez Sieben, Imelda Walavalkar, and at Columbia University Medical Center, HIV Center for Clinical and Behavioral Studies: Dr. Susie Hoffman, Dr. Jessica Adams-Skinner, and Dr. Teresa Exner. FIO is one in a series of products sponsored by CDC's Prevention Research Branch-*Replicating Effective Programs (REP).* The FIO project was funded 100 percent by the CDC.

Other CDC-funded REP products can be found at http://www.cdc.gov/hiv/topics/prev_prog/rep

The original research was done by the HIV Center for Clinical and Behavioral Studies at the New York State Psychiatric Institute and Columbia University, New York and was supported by the National Institute of Mental Health Grant 5P50 MH-43520.

The research outcomes are published in: A.A. Ehrhardt, T.M. Exner, S. Hoffman, I. Silberman, C-S. Leu, S. Miller, & B. Levin (2002). A gender-specific HIV/STD risk reduction intervention for women in a health care setting: short- and long-term results of a randomized clinical trial. AIDS Care 14(2): 147-161.

Special Thanks to CDC Project Officer and other staff:

Alyce Vyann Howell

Patricia Jones

Winifred King

Arlene Edwards

Harnecya Hooper

LaShonda Roberson

Special thanks to the case study agencies for testing The Future Is Ours (FIO) intervention package:

Wyckoff Heights Medical Center (Brooklyn, N.Y.)

United Community Centers (Brooklyn, N.Y.)

DEDICATION

Sutherland Miller, Ph.D.

This Manual is dedicated to the memory of Sutherland Miller, Ph.D. (1932-2008), who played a prime role in developing FIO. Throughout a rich and varied career as a psychologist, Dr. Miller had a rare gift for understanding the HIV prevention needs of diverse groups. He used his skills and experience to craft many effective and engaging interventions, including for women in relationships with men—the focus of FIO.

TABLE OF CONTENTS

EXPLANATION OF THE FIO FACILITATOR GUIDE....5
OVERVIEW OF FIO....6
FIO Basics....6
Appropriate Audience....6
FIO Goals....6
FIO Description....7
Benefit to Women....7
Benefit to your Agency....8
Original Research and Findings for FIO....8
Core Elements....9
Key Characteristics....14
Cognitive Behavioral Interventions....15
Session Structure....17
Facilitator Skills....21
Materials Needed to Conduct FIO....23
Appropriate Venues to Implement FIO....25
Policies and Standards Needed to Implement FIO....26
Recruitment and Retention of FIO Participants....27
How to Use This Manual....30
SESSION ONE: WHY SHOULD I CARE ABOUT GETTING STDS AND HIV?....33
SESSION TWO: HOW DO I AVOID PARTNERS WHO DON'T CARE?....97
SESSION THREE: WHAT'S THE BEST WAY TO PROTECT MYSELF?....145
SESSION FOUR: HOW CAN I FIND OUT IF WE ARE INFECTED?....201
SESSION FIVE: HOW DO I ASK MY PARTNER TO USE PROTECTION?....273
SESSION SIX: HOW DO I INFLUENCE MY PARTNER TO USE PROTECTION?....345
SESSION SEVEN: HOW DO I REFUSE SEX OR UNPROTECTED SEX?....385
SESSION EIGHT: HOW DO I CONTINUE PROTECTING MYSELF AND OTHERS?....435
APPENDICES....477
APPENDIX A: THE FUTURE IS OURS (FIO) BEHAVIOR CHANGE LOGIC MODEL....478
APPENDIX B: BIBLIOGRAPHY....484
APPENDIX C: INFORMED CONSENT LANGUAGE....485
APPENDIX D: FIO PARTICIPANT FEEDBACK FORM....486

EXPLANATION OF THE FACILITATOR GUIDE

Purpose of the Facilitator Guide

The Future Is Ours (FIO) ("fee-oh") Facilitator Guide is a comprehensive guide that is designed to be used by facilitators within community-based organizations (CBOs) that are funded to implement FIO (fee-oh). It should be brought to every Session and used throughout the intervention.

Structure of the Facilitator Guide

Overview of FIO

This section of the Facilitator Guide provides the background material a facilitator will need to conduct the FIO intervention. Facilitators should read this section thoroughly before attempting to implement FIO so they have a clear picture of how to conduct it successfully. This section can be used throughout implementation as a reference and it is also suggested that facilitators reread this section after every cycle to refresh their memories.

This section provides a broad picture of the FIO intervention including who FIO is for; what FIO hopes to achieve; what science FIO is based upon; the Core Elements, Key Characteristics, and tools and techniques that FIO uses; how FIO is structured; what you'll need to conduct FIO including materials, appropriate space, and policies; and lastly, how to get participants into FIO. Some of the material is a refresher of information provided in the Training of Facilitators (TOF) and all of the information is also in the Program Manager Guide (PMG).

Sessions 1-8

This section provides scripts and step-by-step instructions on how to facilitate each of the sessions. It contains a detailed description of each session including objectives, rationale, scripts, time allocation, room set-up, equipment and supplies, exercises and activities, and facilitation hints.

Appendices

This section provides some reference documents to expand your understanding of FIO including the behavior change logic model, a bibliography, and language for acquiring informed consent.

OVERVIEW OF FIO

FIO Basics

The Future is Ours (FIO) is an eight-session evidence-based HIV prevention intervention that is delivered in interactive group sessions over an eight-week period.

Appropriate Audience

FIO is a gender-specific HIV/STD risk-reduction intervention designed for heterosexually active, at-risk women of diverse ethnicities (African American/Black, Caribbean, Latina, White), ages 18 to 30. Women are considered at-risk for HIV and other STDs if they are having unprotected sex with male partners whose past or current sexual and/or drug use risk behaviors place them at risk of infection. The intervention is designed for women who are not injection drug users, who are HIV-negative or of unknown status, are not pregnant or trying to become pregnant, and who live in communities where rates of HIV and other STDs are high.

In these communities, women often do not recognize that unprotected sexual intercourse in ongoing relationships with men potentially places them at risk for HIV and other STD infections. Many of these women may be disempowered within their intimate relationships due to economic dependence on men, traditional gender role expectations, and limited control over how sexual activity occurs. Even though they, themselves, may be monogamous, their sexual partner's past or current sexual behavior and/or drug use may place them at risk for infection[1,2,3]. Additionally, they may not have the knowledge, self-efficacy, and skills to use a range of protection strategies, including negotiating for male condoms, using the female condom, and refusing unsafe sex.

FIO Goals

The overall goal of FIO is to empower women to reduce unsafe sexual encounters (unprotected vaginal or anal sex contacts) by increasing the use of male and female condoms and alternate protection strategies. These alternate protection strategies include engaging in "outercourse" (sex without penetration), getting tested for HIV jointly with a partner (followed by mutual monogamy and a safety agreement), deciding to be celibate, and refusing unsafe sex or deciding to not get involved with a partner who will not use condoms.

For an extensive description of behavioral determinants, activities, and outcomes see Appendix A: FIO Behavior Change Logic Model.

---

1 Exner, T. M., Dworkin, S. L., Hoffman, S., & Ehrhardt, A. A. (2003). Beyond the male condom: The evolution of gender -specific HIV interventions for women. *Annual Review of Sex Research*, 14, 114-136.

2 Ehrhardt, A. A., Exner, T. M., Hoffman, S., Silberman, I., Leu, C-S., Miller, S., & Levin, B. (2002). A gender-specific HIV/STD risk reduction intervention for women in a health care setting: short- and long-term results of a randomized clinical trial. *AIDS Care*, 14(2), 147-161.

3 Seage, G. R., Holte, S. E., Metzger, D., Koblin, B. A., Gross, M., Celum, C., Marmor, M., Woody, G., Mayer, K. H., Stevens, C., Judson, F. N., McKirnan, D., Sheon, A., Self, S. & Buchbinder, S. P. (2001). Are US populations appropriate for trials of human immunodeficiency virus vaccine? The HIVNET Vaccine Preparedness Study. *American Journal of Epidemiology, 153*(7), 619-627.

FIO Description

FIO is a small-group, gender-specific, cognitive behavioral intervention that consists of eight two-hour interactive sessions. Sessions should contain eight to twelve women. These sessions are facilitated by two women, at least one of whom should match the ethnic background of the majority of participants. It allows women to connect with each other by sharing their feelings about relationships with men, values and personal vulnerability. It also teaches them to understand and personalize their risk for HIV and other STDs, identify gender-based barriers to safer sex, and gain practical knowledge about a range of risk-reduction strategies. Additionally, women build skills necessary to communicate and negotiate safer sex with their partners (including how to identify and respond to abuse in relationships), and how to solve problems to avoid setbacks. The group sessions (outlined below) incorporate a variety of techniques including demonstrations, exercises, goal setting, group discussions, lectures, review of printed materials, role-plays, skill practice, and a video. A key emphasis of FIO is that women consistently make choices regarding their sexual behavior which are often influenced by gender norms that are supported by society. Participants are made aware of these choices and their consequences and are taught how to make better choices that result in safer sex behaviors.

Session One: Why should I care about getting STDs and HIV?

Session Two: How do I avoid partners who don't care?

Session Three: What's the best way to protect myself?

Session Four: How can I find out if we are infected?

Session Five: How do I ask my partner to use protection?

Session Six: How do I influence my partner to use protection?

Session Seven: How do I refuse sex or unprotected sex?

Session Eight: How do I continue protecting myself and others?

Benefits to Women

Women who complete the FIO intervention benefit in numerous ways, including increases in:

⇒ Perception of personal risk for HIV and STDs and prioritization of HIV/STD prevention

⇒ Knowledge of own and partners' pasts and current HIV/STD risk behaviors

⇒ Knowledge of risky sexual acts, symptoms and effects of STDs, and various birth control methods

⇒ Knowledge of how to select and influence partners and deal with their negative reactions

⇒ Awareness of various strategies for how to protect themselves from HIV (male and female condoms, Mutual Testing, "outercourse," refusal of unsafe sex, and abstinence)

⇒ Understanding of how gender norms in relationship are barriers to safer sex

⇒ Positive attitudes toward male and female condoms and women's sexual pleasure

⇒ Self-efficacy to use male and female condoms and eroticize safer sex

⇒ Self-efficacy to affirm their sexual and relationship rights, negotiate with partners for condom use and testing, refuse unsafe sex, and deal with negative reactions from partners

⇒ Self-efficacy to ask partners about their past risk behaviors and assess their attitudes toward safer sex

⇒ Self-efficacy to help other women protect themselves

⇒ Self-efficacy to "problem solve" when safer sex is not maintained

⇒ Intention to reduce occasions of unprotected sex

⇒ Communication and negotiation skills

⇒ Condom-use skills

Benefits to Your Agency

If you choose to adopt FIO, you would be one of the first agencies to offer a gender-specific intervention scientifically proven to reduce sexual risks among sexually-active African-American, Latina, and Caucasian women. Case study agencies that implemented FIO reported that after completing FIO, the participants were better able to recognize patterns in their relationships with men that lead to unsafe sex. Women also reported using the tools and information they received in the FIO intervention in their lives between sessions.

Original Research and Findings for FIO

The original study that evaluated FIO (The Future Is Ours) was conducted among 360 women aged 18 to 30 years, who were recruited from a family planning clinic in Brooklyn, N.Y. between 1994 and 1997[4]. Seventy percent of the women were Black/African-American, 17% were Latina, and the remainder were White or of other ethnicities. In terms of risk, 64% of women reported having at least one of the following: an STD in the past year, two or more current partners, or six or more lifetime partners. Further, 53% of women reported their main partner had at least one risk, such as not having been tested for HIV or possibly having had outside partners, and 33% reported that their main partner had two or more risk characteristics.

Women were randomly assigned to an eight-session intervention, a four-session intervention, or a control group, which consisted only of regular interviews and referral services if necessary. Outcomes for the three groups were then compared. The study demonstrated that the eight-session FIO was effective in reducing unprotected vaginal and anal intercourse in both the short-term (one month after the intervention) and long-term (12 months after the intervention). This included both increasing use of male and female condoms and reducing the number of sexual contacts. Women in the eight-session FIO intervention were also more likely to use an alternative protection strategy that they had not used previously. Alternative protection strategies included refusing sex if a partner would not use a condom, having non-penetrative sex, engaging in mutual HIV/STD testing with a partner, or deciding not to have sex.

4 Ehrhardt, A. A., Exner, T. M., Hoffman, S., Silberman, I., Leu, C-S., Miller, S., & Levin, B. (2002). A gender-specific HIV/STD risk reduction intervention for women in a health care setting: short- and long-term results of a randomized clinical trial. *AIDS Care*, 14 (2), 147-161.

Core Elements

Core Elements are the components that are the most essential features of FIO and are considered to be responsible for its efficacy. They are the parts of an intervention that must be present and cannot be changed[5]. In other words, Core Elements must be implemented with fidelity. Fidelity is the practice of staying within the guidance of the approved intervention process; it is keeping the heart of the intervention unchanged so as to reproduce its effectiveness in the field with another population or in a different setting. Below is a listing of FIO's Core Elements and further information on their importance:

Core Element #1

Enable women to personalize their risk for HIV and other STDs and identify gender-related barriers to safer sex.

FIO does this by:

- Discussing how women's vulnerability is related to their relationships with men;
- Sharing of personal stories about relationships;
- Identifying traditional gender behaviors (or "gender scripts") in role-plays; and
- Evaluating their own risk and the risk of their partners.

Rationale: One of the greatest challenges to seeing themselves at risk for HIV and other STDs is for women to understand how their relationships with men, even relationships that are trusting and committed, can place them at risk. Traditional roles and expectations for how women and men should act in intimate relationships make it difficult to raise issues related to both partners' past and current sexual behaviors, and for women to insist that partners undertake behaviors to stay safe. This Core Element links to the M-ARRM component called **Susceptibility**.

Core Element #2

Encourage women to prioritize safer sex.

FIO does this by:

- Linking the need for protection to women's longer-term life goals; and
- Relating "helping themselves" to helping others protect themselves—women in the group, partners, friends, family, and the wider community.

5 AIDS Education and Prevention: Turning HIV Prevention Research Into Practice (2000), 12 (Suppl A), 145.

Rationale: Linking actions taken to protect oneself against HIV and STDs to women's longer-term life goals and projects provides a rationale for making difficult behavioral changes. Relating self protection to helping others draws on altruistic values and builds cohesiveness within the group. This Core Element links to the M-ARRM components called **Prioritization** and **Intention**.

Core Element #3

Reinforce women's sexual and relationship rights.

FIO does this by:

- Teaching skills for selecting partners who care about safer sex through demonstration, practice, and role-plays;
- Teaching skills for asking partners to get tested for HIV and other STDs;
- Sharing of personal experiences about relationships;
- Letter writing to partners; and
- Developing a Sexual Bill of Rights.

Rationale: Social and economic pressure to "have a partner" may hinder women from acknowledging that they have the right to relationships in which a partner respects them and their needs. Being able to ask partners to get tested for HIV and other STDs is an important part of determining whether a partner's past behaviors may put a woman at risk for disease. This Core Element links to the M-ARRM components called **Susceptibility**, **Intention**, **Enactment** and **Maintenance**.

Core Element #4

Affirm a positive view of women's sexuality and safer sex.

FIO does this by:

- Modeling frank and non-judgmental discussion of the range of sexual behaviors;
- Eliciting participants' preferences for sexual terminology;
- Developing a Sexual Bill of Rights;
- Doing a body-mapping exercise;
- Role-plays discussing sexual pleasure; and
- Brainstorming ways to eroticize safer sex and make sex more playful.

Rationale: Giving women permission to speak frankly about sex and affirming the importance of their own sexual pleasure empowers them to place value on what they want from sexual relationships. Research shows that neither men nor women like to use protection methods that decrease their sexual pleasure. Exploring ways to eroticize safer sex and to engage in sexual activity that does not entail intercourse broadens women's available choices for enjoyable, safe sexual encounters, reinforces the idea of choice, and increases the likelihood of long-term behavior change. This Core Element relates to the M-ARRM components called **Intention**, **Enactment** and **Maintenance**.

Core Element #5

Emphasize that women have choices in how to protect themselves.

FIO does this by:

Presenting options for safer sex and helping women consider which options will work for them and their partners. Options include:

- Male and/or female condoms;
- Undertaking mutual HIV and STD testing with a monogamous partner;
- Engaging in non-penetrative sex ("outercourse");
- Refusing unsafe sex; and
- Remaining abstinent.

Rationale: Making choices is a theme that runs throughout the intervention. Understanding that they have a range of options to protect themselves and that some of these are more under their control than male condoms helps women acknowledge their own ability and act to protect themselves. Some women also have limited knowledge about what options exist to prevent unintended pregnancy, disease, or both and that many methods that prevent pregnancy have no impact on disease prevention. This Core Element relates to the M-ARRM components called **Intention**, **Enactment** and **Maintenance**.

Core Element #6

Provide accurate information about HIV/STD risk and testing.

FIO does this by:

- Discussing STD effects if untreated;

- Covering Steps for Mutual Testing with a monogamous partner;
- Discussing HIV/STD testing, emphasizing that testing only tells about the past, not about future risk; and
- Going over methods of contraception that also protect against disease and those that do not.

Rationale: Many women are unaware of several facts related to STDs. For instance, many women do not know that most women and many men who are infected with an STD are asymptomatic—they have few, if any, signs or symptoms. Many are also unaware that some STDs are relatively common, and that, untreated, they can cause additional problems, including infertility and risks for the fetus. Knowing what tests are available for HIV, and that any test can only tell about the past and does not prevent HIV or other STDs helps in decision-making about getting oneself tested, asking a partner to get tested, and getting tested together with a partner. This Core Element relates to the M-ARRM components called **Susceptibility**, **Prioritization**, and **Intention**.

Core Element #7

Build skills for safer sex.

FIO does this by:

Demonstration, practice, role-plays, teaching others, and goal setting related to:

- Using male and female condoms;
- Negotiating with partners for male and female condom use;
- Negotiating with partners for mutual HIV/STD testing;
- Selecting partners who care about safer sex;
- Helping other women protect themselves;
- Eroticizing safer sex;
- Refusing unsafe sex; and
- Maintaining safer sex over the long term.

Rationale: Besides having an intention to change, people need to have the skills to change. Social Learning Theory says that these skills can be taught and reinforced through describing the behavior, modeling it, gaining practice, teaching it to someone else, and getting and giving positive feedback for reinforcement of one's efforts. Making one's sexual relationships safer is not a one-time behavior. Often, the barriers to safer sex increase over time; for example, partners in long-term relationships may want to stop using condoms. Women are given tools to deal with "slips" and maintaining safety over the long term. This Core Element relates to the M-ARRM components called **Enactment** and **Maintenance**.

Core Element #8

Teach women how to address negative reactions and resistance to safer sex, as well as to recognize and deal with relationship violence and other forms of abuse.

Rationale: Since negative reactions and resistance to safer sex are expected from some men, women need to be prepared to deal with resistance and not to "cave" when men object to male or female condom use or getting tested for HIV. Many women have already experienced abuse in their current or past relationships and may reasonably fear that raising issues related to testing or condom use could lead to abuse. All women need to know the signs of abuse and what to do if they are in an abusive situation. This Core Element relates to the M-ARRM components called **Enactment** and **Maintenance**.

Key Characteristics

Key Characteristics are the crucial activities and delivery methods for FIO. These may be adapted for specific agency and population needs but none of the Key Characteristics can be eliminated. Below is a summary of the Key Characteristics.

1. Target Audience:

- Young women (18-30 years)
- Ethnically diverse women
- At-risk women who have sex with men
- Women living in communities where rates of HIV and other STDs are high

2. Session Structure and Logistics:

- Bring together groups of eight-to-twelve women to build group cohesion and support.
- Conduct sessions in an enclosed space that is conducive to confidentiality, but large enough to allow the participants to move around.
- Conduct sessions once a week to allow women time to practice the material.

3. Techniques and Tools:

- Use a variety of tools for skill-building including demonstration, practice, discussions, role-play and goal setting.
- Use a variety of techniques to help women change their thoughts including sharing of personal experiences, letter writing, the Feeling Thermometer and relaxation.
- Build group cohesion through "Thanks" Chips which allow participants to get and give positive reinforcement.
- Use multi-cultural role-plays to stimulate discussion.

Cognitive Behavioral Interventions

FIO is guided by an adaptation or modified version of the AIDS Risk Reduction Model (M-AARM) and is considered a cognitive behavioral intervention. A cognitive behavioral intervention focuses on the interaction of the thoughts, feelings and behaviors of participants as they engage in the intervention activities. In FIO, this interaction occurs as women: (1) consider and question the gender roles and scripts that influence their sexual behaviors; (2) review their past and present sexual relationships to determine if they are at risk for HIV and other STDs; (3) think about their future goals and how unsafe sex could prevent them from achieving these goals; and (4) practice negotiating and using male and female condoms, refusing unsafe sex, and undergoing mutual HIV/STD testing with their partners.

In addition to identifying needs for behavior change, participants must have the resources to change their behaviors. They must have the skills, the intention to perform those behaviors and the capacity to reduce obstacles. Factors that influence specific behavior changes such as knowledge, self-efficacy, a person's values, peer norms, perceived advantages and disadvantages, and anticipated emotional responses, are dealt with throughout the FIO sessions. The importance of each of these factors will differ from behavior to behavior. Attention to them is woven throughout the sessions as they relate to a specific behavior.

Skills are taught, and obstacles confronted. All of the sessions include practice with role-plays because without realistic practice there is little hope of skill acquisition. In some sessions, participants will teach others to model a behavior since this technique helps increase the competency of the teacher.

Cognitive Behavioral Intervention Tools

Activities are designed to build group unity and increase self-esteem. Group members show appreciation for one another's contributions through the use of "Thanks" Chips which are designed to increase group cohesion and self-esteem.

Another tool used in the intervention is called the Feeling Thermometer. This is a tool often used in cognitive behavioral interventions to link thoughts with feelings and behaviors. In FIO the Feeling Thermometer is used to help participants be aware of their emotional state and to recognize situations that may be particularly stressful to them.

The Feeling Thermometer ranges from 0 to 100 with 100 representing the most discomfort: such as extreme anger, anxiety, nervousness, depression, etc. Women learn that in a situation where the Feeling Thermometer is really high, they are unlikely to have a successful negotiation or discussion because their emotions, not their brains, are engaged. Zero represents a total lack of discomfort. In this state, people are usually better able to perform the behaviors they aim to change.

At various points during FIO, facilitators ask participants where they are on the Feeling Thermometer. This is a way to "check in" on the emotional state of each participant. Often people are not even aware of these states. Being able to recognize and express her comfort level helps the participant become more conscious of her emotions. This awareness can help women begin to recognize how emotional states may lead her to behave in ways that may not have the best outcome.

A Note on Role-Plays

The scripted role-plays, which are part of this FIO package, were transcribed from videos that were written and produced by the HIV Center for Clinical and Behavioral Studies at the New York State Psychiatric Institute and Columbia University:

> "The Meeting" (Session One), "Aisha and Ray" (Session Two), "Yvonne and Carlos" (Session Five), "Janet and Richard" (Session Seven), and "Maria and Tony" (Session Seven).

These scripts (called "Soap Scenes") are part of the FIO intervention and can be found in the sections entitled “Session Activities.” Based on formative work with the target population, the Soap Scenes use brief, realistic dramas to portray typical situations between women and men in relationships. They provide a starting point for participants to discuss gender scripts and gender role norms in their own relationships.

Because the Soap Scenes are copyrighted by the New York State Psychiatric Institute the scripts cannot be altered. The original videos can be ordered at www.hivcenternyc.org/videos/.

Session Structure

The following table lists the major tools used in FIO and explains their purpose, procedures, the core elements to which they link, and the connection to the theories upon which FIO is based. This table is a great way to see how all the tools and techniques in FIO connect to the broader theoretical underpinnings. This table also provides concrete examples of how the three theories that guide FIO are expressed within the intervention.

FIO SESSION STRUCTURE				
TOOL	**PURPOSE**	**PROCEDURES**	**CORE ELEMENTS**	**Theory**
Positive Introductions	Every session begins with women introducing themselves and stating a positive aspect of themselves. This activity is designed to improve self-esteem and develop relationships between the women.	Facilitators should introduce the go-round by participating, but be very selective in disclosing (e.g., you may want to only disclose something neutral and/or not too revealing).	Not Applicable (N/A)	**M-ARRM:** N/A **Social Learning Theory:** Positive Introductions help to create an accepting and supportive environment. This helps the women feel comfortable trying out new behaviors. **Gender Script Theory:** During Positive Introductions women may present themselves in a way that differs from what is socially accepted for women (speaking positively about oneself in public).
Lottery	The lottery should be conducted at the beginning of each session in order to encourage women to attend each session and arrive on time.	During the beginning of Exercise 1 of each session, distribute and collect lottery tickets and ask for a participant volunteer to select winner. Tickets may also be distributed before the session begins to minimize the amount of time taken from the session.	N/A	**M-ARRM:** N/A **Social Learning Theory:** The lottery reinforces the new behavior of attending FIO regularly and on-time. **Gender Script Theory:** N/A

FIO SESSION STRUCTURE				
TOOL	**PURPOSE**	**PROCEDURES**	**CORE ELEMENTS**	**Theory**
Goal-Setting	Goal-setting is designed to have women take steps to apply the information they are learning within the intervention into their daily lives to reduce their risk of HIV/STD transmission. The following session then begins with a check-in on each woman's progress in meeting her between-session goals.	When women are setting their goals, it is important to make sure that the goals are challenging but doable within the time frame between sessions (usually a week). The purpose is to build self-confidence in their abilities to protect themselves. We want women to experience success in achieving their between-session goals in order to reinforce their abilities to make more substantial changes in their lives.	#2-Encourage women to prioritize safer sex #4-Affirm a positive view of women's sexuality and safer sex #7-Build skills for safer sex	**M-ARRM:** Prioritization Intention Enactment **Social Learning Theory:** Participants demonstrate the desired behavior and are rewarded through group support. This increases participants' sense of their personal ability to make behavioral changes (also called self-efficacy). **Gender Script Theory:** N/A
Present New Information	To introduce or review HIV-related risk information or risk-reduction options. This section of the session provides content for the skills-building and goal-setting.	Varies by session. May include risk assessment, presentation of information related to HIV/STDs, contraceptives and HIV/STD protection methods, information on HIV/STD testing, communication tips, etc.	#1-Enable women to personalize their risk for HIV and other STDs and identify gender-related barriers to safer sex #6-Provide accurate information about risk and testing	**M-ARRM:** Susceptibility Prioritization Intention Enactment Maintenance **Social Learning Theory:** For participants to perform new behaviors, such as using female and male condoms, they must first develop the necessary skills. Skills can be learned by direct teaching, by watching others perform the behaviors, and by practicing. **Gender Script Theory:** N/A

FIO SESSION STRUCTURE				
TOOL	PURPOSE	PROCEDURES	CORE ELEMENTS	Theory
Scripted Role-Plays	To enable participants to observe the demonstration of a particular skill. For the "actors," scripted role-plays begin the process of behavioral rehearsal.	Two participants read out a prepared script. Other participants discuss how the characters handled a particular situation, noting whether they followed the guidelines for the skill. For role-plays related to "gender scripts," participants discuss how the characters reflect common beliefs about how women and men should act in relationships or why women do not feel at risk.	#3-Reinforce women's sexual and relationship rights #4-Affirm a positive view of women's sexuality and safer sex #8-Teach women how to address negative reactions and resistance to safer sex, as well as to recognize and deal with relationship violence and other forms of abuse #7-Build skills for safer sex	**M-ARRM:** Susceptibility Prioritization Intention Enactment Maintenance **Social Learning Theory:** Women build and practice new skills, which increases their abilities to change their behaviors. **Gender Script Theory:** Women are able to explore how traditional gender roles that hinder their abilities to protect themselves may be able to be addressed through use of effective communication skills. Women are able to express and discuss with each other socially acceptable and expected behaviors.
Unscripted Role-Plays	To provide participants with an opportunity to practice skills presented in session.	Varies by session. To process these role-plays, the facilitators should ask the individual who was in the role practicing the skills, "What did you like about what you did?" "What would you have done differently?" The facilitator should then ask the other person in the role-play, "What did you like about what she did?" "What would you have done differently if you were in the role?" Observers should monitor how the volunteers implemented the skills using these two processing questions.	#3-Reinforce women's sexual and relationship rights #4-Affirm a positive view of women's sexuality and safer sex #8-Teach women how to address negative reactions and resistance to safer sex, as well as to recognize and deal with relationship violence and other forms of abuse #7-Build skills for safer sex	**M-ARRM:** Susceptibility Prioritization Intention Enactment Maintenance **Social Learning Theory:** Women build and practice new skills, which increases their abilities to change their behaviors. **Gender Script Theory:** Women are able to explore how traditional gender roles that hinder their abilities to protect themselves may be able to be addressed through use of effective communication skills. Women are able to express and discuss with each other socially acceptable and expected behaviors.

FIO SESSION STRUCTURE				
TOOL	**PURPOSE**	**PROCEDURES**	**CORE ELEMENTS**	**Theory**
Letter Writing	Letter writing offers women an opportunity to apply the information they have learned and to think through how their decisions impact their lives.	Varies by session. Facilitators should ask for volunteers to read their letters as scripted. As with all FIO activities, do not force participants to participate.	#3-Reinforce women's sexual and relationship rights #5-Emphasize that women have choices in how to protect themselves #8-Teach women how to address negative reactions and resistance to safer sex, as well as to recognize and deal with relationship violence and other forms of abuse	**M-ARRM:** Susceptibility Intention Enactment Maintenance **Social Learning Theory:** Letter writing provides an opportunity for skills building and observing others applying the information they have learned within a supportive environment. **Gender Script Theory:** Focuses on women's rights to define their own sexual behavior.
Demonstrations Followed by Practice	To enable participants to observe the correct way to perform a particular behavior, such as inserting a female condom, and then to practice the skill themselves.	Facilitators model the correct behavior, step by step. Participants watch (or follow along). Participants then practice the skill themselves.	#7-Build skills for safer sex	**M-ARRM:** Intention Enactment Maintenance **Social Learning Theory:** Women build and practice new skills, which increases their abilities to change their behaviors. **Gender Script Theory:** Women are able to explore how traditional gender roles that hinder their abilities to protect themselves may be able to be addressed through use of effective prevention skills.

Facilitator Skills

FIO should be implemented with two female facilitators. Past experience in delivering the intervention has demonstrated that women feel more comfortable and safe discussing issues of sex and sexuality with women facilitators. For women who have been victims of domestic violence or any crimes against women, the presence of a female facilitator will help to create a safe and supportive environment. Additionally, it is recommended that at least one facilitator match the ethnicity of the majority of participants.

Facilitators should be non-judgmental and preferably have group facilitation training experience. It is recommended that facilitators have training in HIV 101, strong self-help group facilitation skills, and experience working with women. It is important to note that the facilitators for FIO will operate in a role that is somewhere between a teacher and a group facilitator. You need to understand that although FIO is a scripted behavioral intervention, a good facilitator knows how to respond to the issues that participants present and can confidently handle the discussions and personalities that emerge in the group. Effective facilitators of FIO should have both knowledge of teaching strategies and group facilitation skills.

Teaching Skills	Group Facilitating Skills
• Modeling skills taught in curriculum • Engaging all participants in activities • Speaking to larger groups (e.g., projecting their voice so that they are heard) • Ensuring that participants grasp the structure and goals of exercises	• Group management • Responsiveness to participants' feelings • Good listening skills • Skill for paraphrasing participants' comments effectively • A non-judgmental attitude • Ability to respond positively to group dynamics

Recommended Facilitation Skills and Characteristics

Being a good facilitator requires several skills and characteristics.

Skills:

- Modeling skills for participant to practice
- Giving constructive feedback on role-plays
- Establishing trust
- Helping participants create bonds
- Keeping discussions on track and on time
- Keeping participants involved in the discussions
- Maintaining an open climate
- Maintaining a safe environment
- Maintaining respect among participants
- Managing different personality types
- Creating a sense of shared ownership in their input

Characteristics:

- Trustworthy
- Flexible
- Active listeners
- Able to promote communication
- Able to maintain eye contact
- Able to adapt to changing dynamics in the group
- Understanding and non-judgmental
- Able to manage and control problems
- Dynamic and friendly
- Respectful of confidentiality
- Patient
- Culturally competent
- Good observers
- Authentic
- Empathetic and supportive
- Able to use humor effectively and appropriately
- Interested in working with groups
- Able to create a warm and welcoming environment
- Respectful of others and their opinions
- Able to build rapport
- Willing to learn from the group
- Aware of their own comfort level, skills and limit

Materials Needed to Conduct FIO

Below is a checklist of materials you will need for FIO. Your agency should maintain a steady supply of these materials.

✓	Material
	Access to television
	Access to DVD player
	Access to laptop computer
	Access to LCD projector
	Easel
	Colored and white paper
	Easel paper
	Post-it notes
	Index cards
	Masking tape
	Pens
	Markers
	Male penis models
	Female pelvic models
	Male condoms
	Female condoms
	Lubricant
	Sex toys—dildos and vibrators
	Telephone
	Baby wipes
	Jar of honey
	Scarf
	Non-oil based massage cream
	Erotic book
	Lottery prizes
	Lottery tickets (roll)
	Bag for lottery tickets
	Clock

Recommended Sources

Listed are some recommended sources for models and condoms. Your community advisory board may be able to help you find cost-effective sources as well.

Penis models: Condomerie (www.condomerie.com)

Health Information Projects (www.superiormedical.com)

MOI Inc. (www.moiinc.com)

Total Access Group (www.totalaccessgroup.com)

Pelvic Models: Health Information Projects (www.superiormedical.com)

Ortho-McNeil Pharmaceuticals (www.ortho-mcneil.com)

Mentone Educational Centre (www.mentone-educational.com)

Total Access Group (www.totalaccessgroup.com)

Female Condoms: Many state and local health departments offer the female condom free of charge and/or at a deeply discounted rate. Contact your local department of health for information about obtaining female condoms for educational demonstrations.

Additionally, The Female Health Company (www.femalehealth.com) provides information about distributors throughout the United States and contact information for bulk orders.

Unlubricated Female Condoms: Total Access Group (www.totalaccessgroup.com)

Male Condoms: Male condoms can often be obtained from local health departments or family planning clinics at deeply discounted rates. Contact your local health department or family planning clinic for information about obtaining male condoms for educational programming.

Several Websites also offer discount rates on bulk orders:

www.condomhall.com

www.undercovercondoms.com

www.1stopcondomshop.com

www.condomdepot.com

Note on Lambskin vs. Latex Condoms: While lambskin condoms are effective at preventing pregnancy, they do not prevent the transmission of HIV and other STDs. Only condoms made of latex or polyurethane are effective at preventing the transmission of HIV. Individuals with latex allergies should use polyurethane condoms instead of lambskin condoms to help prevent HIV transmission.

Appropriate Venues to Implement FIO

FIO should take place in an enclosed space that is conducive to confidentiality, but large enough to allow the participants to move around. The following are some suggestions for location selection and room logistics:

Facility

- Centrally located and as close as possible to all major transit routes so it is easy for participants to access
- Open at flexible dates/hours to make the intervention as accessible as possible
- Allow for TV, DVD player and easel charts to be set up in advance

Room

- Big enough to seat 10-12 individuals (8-10 participants, 2 facilitators) comfortably in a circle
- Chairs should be easy to move around. Sofas are not recommended since they are not easy to move into a circle
- Tables for food and beverages
- Allows enough privacy so that participants are not distracted or interrupted by people in the nearby area

Policies and Standards Needed to Implement FIO

Before an agency attempts to implement FIO, the following policies and standards should be in place to protect clients and the agency:

Confidentiality and Informed Consent

A system must be in place to ensure that confidentiality is maintained for all participants in the program. Before sharing any information with another agency to which a client is referred, a signed informed consent form from the client must be obtained. This consent form should carefully and clearly explain (in appropriate language) the responsibility of the agency and the rights of the client. Participation must always be voluntary, and documentation of this informed consent must be maintained in the client's record.

Cultural Competency

Agencies must strive to offer culturally competent services by being aware of the demographic, cultural, and epidemiologic profile of their communities. They should hire, promote, and train all staff to be representative of and sensitive to these different cultures. Facilitators, in particular, should be aware of cultural differences within the group as well as between themselves and the group members. Facilitators should understand these differences and the potential implications and be prepared to address any resulting issues. In addition, they should offer materials and services in the preferred language of clients, if possible, or make translation available, if appropriate. Agencies should also facilitate community and client involvement in designing and implementing prevention services to ensure that important cultural issues are incorporated. The Office of Minority Health of the Department of Health and Human Services has published the *National Standards for Culturally and Linguistically Appropriate Services in Health Care*, (http://www.omhrc.gov/templates/browse.aspx?lvl=2&lvliD=15) which should be used as a guide for ensuring cultural competence in programs and services.

Legal and Ethical Policies

Agencies also must inform clients about state laws regarding the reporting of domestic violence, child abuse, sexual abuse of minors, and elder abuse.

Referrals

Agencies must be prepared to refer participants as needed. In order to best serve the HIV-related service needs of clients, providers must know about appropriate referral sources for additional prevention services and clinical needs, such as partner services, STD clinics, and other health department and CBO prevention programs as well as domestic violence, physical abuse and drug treatment programs. It is highly recommended that agencies create a detailed referral list of available resources and services for women, and to develop a tracking system for follow-up of referral completions. Specifics for the list may be created based on observations and findings during the intake process of FIO participants.

Data and Record Storage

Agencies need to have a policy on accessing and storing electronic and/or hardcopy records of potential intervention participants including the lists used for recruitment, the assessments and interviews done prior to the selection process, etc.

Recruitment and Retention of FIO Participants

If your agency does not have a systematic way to collect client information to help your staff recruit, retain, and follow-up with clients, your agency will need to develop a client recruitment and retention plan. This section will provide information about what questions to consider and possible methods to use. For additional guidance and practical information on how other agencies have responded to recruitment and retention issues, please consult the Technical Assistance Guide (TA Guide).

It is important to note that recruiting enough women who meet the eligibility criteria for FIO may require significant planning. It is advised to start recruitment well in advance (e.g., three months prior to first session) of the targeted implementation date and screen women as your staff recruits them into FIO as a means of maximizing your staff's time and efforts.

Recruitment of Participants

It is important to develop a recruitment plan detailing the following:

- ⇒ How and where will you recruit participants?
- ⇒ What are appropriate areas and times to recruit?
- ⇒ What kind of participants will you recruit? To be eligible, participants must be heterosexually active women between the ages of 18 and 30 who are not injection drug users, who are HIV-negative or of unknown status, are not pregnant or trying to become pregnant, and who live in communities where rates of HIV and other STDs are high.
- ⇒ What are recruitment strategies for your target population?
- ⇒ What kinds of marketing/recruitment materials will be used?
- ⇒ How many participants will you recruit? How often?
- ⇒ Who will be responsible for each of the associated activities?

A Community Advisory Board (CAB) can help you answer these questions. They can inform your agency on the most appropriate locations to find your target population, specific strategies that have been found to be effective in the past, and may even connect you with free or low cost resources to help with these activities. Refer to the FIO TA Guide for specific information on recruitment gathered from the piloting of the intervention with two case study agencies.

Methods Used to Recruit Participants

There are a number of methods that can be used to recruit clients, including posting flyers in areas your target population spends time, placing advertisements in community newsletters, and mobilizing agency representatives to do street outreach and agency in-reach at relevant times/locations.

Tapping into social networks is another low-cost, effective strategy for reaching large numbers of potential participants. Any agency in your network that has a specific and organized connection to your target population will be invaluable to your recruitment efforts. They can identify relevant participants and may even serve as a hosting site for sessions. This is particularly true for agencies that have a pre-existing group that

meets regularly, such as programs where participants are required to attend in order to meet legal or educational obligations. Aside from helping recruit the most appropriate individuals for FIO, agencies in your network can also be useful in making announcements at relevant events or informally spreading the word through existing social networks (e.g., you may designate several individuals to send out e-mails or post flyers in their agencies). Developing Memoranda of Agreement (MOA) with agencies may assist in assuring cooperation and collaboration with agencies in your network.

Designate Recruiters

Anyone familiar with the goals of the program or connected to your target population can be useful for client recruitment. This may include designated staff such as your facilitators, in addition to specific members of the community such as religious leaders, hairdressers, and social event organizers. Also, members of your Community Advisory Board, community gatekeepers, and previous clients of the agency or intervention can either serve as recruiters themselves or connect you to other individuals willing and able to recruit. While not necessary, if a formal designated recruiter is identified outside of existing staff and volunteers then subsequent adjustments to the cost worksheet and job descriptions should be made Refer to the FIO TA Guide for more guidance.

Locations to Find Clients

In order to maximize the effectiveness of your recruitment plan, your agency should first identify geographical regions within your area that are of higher HIV/STD risk due to having higher rates of HIV and/or STD infection, then identify locations within those areas in which to recruit. Organizations, agencies, and social venues where members of your target population receive services or spend time are ideal for recruitment. These can include other programs at your own agency, clinics or social service agencies such as Planned Parenthood or WIC centers, hair salons and laundromats, day care centers or more entertainment-focused venues including clubs, community centers, and neighborhood hang-out spots. Also consider public housing, apartment complexes, group homes and drop-in centers.

Sufficient Recruitment Time

Schedule plenty of time before you intend to begin FIO for recruiting participants. Through experience implementing FIO, it is recommended that recruitment begin at least one month prior to the start of each FIO cycle. Develop a plan to engage and retain those women who express interest while you continue to recruit for the group. This might include offering supportive group sessions, individualized services, and periodic phone/email/instant messages. Refer to the FIO TA Guide for specific information.

Sufficient Numbers to Recruit

When recruiting potential participants, ensure that you obtain commitments from approximately three times the total number of women who you want to complete the cycle. For example, if you want eight participants to complete the eight-session cycle of FIO, recruit 24 women. Implementation of multi-session interventions have shown that many women will commit to participation, but do not begin the intervention. Similarly, there is a certain percentage of participants who will not be retained in the intervention. In order for FIO sessions to be interactive and productive, having at least eight to ten participants for each cycle is important. Refer to the TA Guide for more information.

Retention of Participants

Below are a number of factors to think about when considering a plan to ensure clients attend all eight FIO sessions. High retention rates will help maximize the effectiveness of the intervention. Refer to the FIO TA Guide for specific information.

Scheduling FIO Sessions

A number of factors need to be considered when choosing the days, times, and location for your sessions. Surveying potential participants regarding available times and support needs will help determine the most appropriate times and locations for holding the group sessions. Some issues to consider include childcare responsibilities/accessibility, job and/or school commitments, and accessibility of the intervention location. Additionally, your staff may be able to address some of the factors that may help or hinder your target population's participation.

Location of Intervention Site

The location where the eight FIO sessions are being held can greatly influence retention rates. A location that your target population can access easily (and access in safety and comfort) can encourage regular attendance. Be flexible and creative and hold the intervention in various communities. Sessions do not have to be held at the agency's facility.

Incentives for Participants

Incentives are useful in both motivating participants to attend FIO for the first time, and ensuring they return on a consistent basis. Incentives can be both practical (e.g., transportation vouchers and food coupons), or more fun-focused (e.g., lottery prizes, gift baskets with miscellaneous travel-size items like liquid body wash, lotion, toothpaste, etc., make-up, clothing, or movie passes). Offering incentives, such as having an introductory open house breakfast, graduation ceremonies, or small tokens of appreciation given out at the end of each session can be a useful tool in bringing women in to introduce them to FIO as well as to keep them coming back. It is important to set aside time and resources for appropriate incentives. Your agency should research what their most cost-effective incentives are, and can use the guidance of selected members of the target population.

FIO Session Atmosphere

The pace, flow, and interest level of the sessions can have a great impact on the willingness of participants to return to later sessions. Facilitators thus have a large responsibility for supporting participant retention. Session contact should be exciting and presented in an innovative and fun way to encourage participants to return to later sessions.

Participants who feel alienated or disconnected are less likely to return to future sessions than those who feel welcomed, safe, and supported. Facilitators should ensure participants contribute to discussions, participate in role-plays, and feel supported when expressing themselves. Positive reinforcement (e.g., through the use of "Thanks" Chips) can be helpful to promote retention. Personal "thank-yous" for attendance from facilitators after the session is completed can serve as additional positive reinforcement tools—particularly if coupled with appreciation for specific contributions made by the participant during the session.

Keeping in Touch with Participants Between Sessions

Administrative actions such as regular session reminders can improve participant retention. Keeping in touch with participants can help support their commitment to the program and reinforce group support and cohesion. If possible, obtain contact information that is as extensive as possible, including information on friends and family who may be able to assist you in contacting participants. Successful retention may require staying in very consistent contact with participants. This may include sending meeting reminders, phone calls, post cards, email or text messages just prior to the next session, or as a thank-you for attending the previous session. Making multiple reminder calls to each participant every week is highly recommended. These concepts are of key importance given the social and cultural aspects of women's lives and the number of FIO sessions that are conducted.

HOW TO USE THIS MANUAL

This manual is formatted to assist you in conducting the sessions. Refer to the icons below which serve as prompts for guidance and instruction.

Goals of Exercise –Each exercise in FIO has a goal which is clearly stated at the beginning in bold.

Note to Facilitator– Sometimes there is extra information for a Facilitator that can help FIO run smoothly. Look for this icon in a gray box followed by a note in *italics.*

Time Allotted– FIO is a fast-paced intervention and in order to stay on task, it is important to note the time allotted for each exercise. Look for the clock icon next to the amount of time you should spend on the exercise.

Newsprint– Often, FIO will ask facilitators to use newsprint to write down key points. Sometimes they are prepared in advance and can be found at the end of the section in the materials, other times you will write down what participants say. Look for this icon to indicate when you need to use a newsprint.

Workbook– Participants each have a Workbook with many activities and exercises inside. This icon indicates that you should refer participants to their Workbooks.

Lottery— Each session of FIO begins with a lottery. Look for this icon to know when to conduct this activity.

Role-play— FIO often uses role-plays. Look for this icon to indicate when a role-play is coming.

Video— This icon indicates that it is time to watch a video.

Feeling Thermometer— This icon indicates that it's time to take the temperatures of participants on the Feeling Thermometer. You can use the Feeling Thermometer even when the icon isn't present it you feel that participants will benefit.

"Thanks" Chips- The star icon indicates suggested places to hand out "Thanks" Chips. These icons serve only as reminders and are not exhaustive. "Thanks" Chips should be used liberally throughout the intervention, any time the facilitator thinks it is appropriate, not just when this icon appears.

Core Elements— At the beginning of each session, the FIO Core Elements expressed within the session's activities are listed. This is done to emphasize the importance of each activity being conducted with fidelity to ensure the effectiveness of the intervention. Information on each Core Element may be found in the *Overview of FIO* section of this manual.

Additionally, the following type-set format provides further guidance to you relevant to how the curriculum has been formatted and to assist you in delivering the material to the audience.

⇒ **Bold** letters tell you what each exercise is to accomplish.

⇒ TEXT BOXES WITH CAPITAL LETTERS TELL YOU WHAT TO DO.

⇒ Small case letters give you an example of what to say. Feel free to put what you say into your own words.

⇒ *Italicized words provide you with tips on conducting the activities*.

ACTIVITIES SUMMARY: At the beginning of each session you will find a list of all the activities for that session, a summary of their content, and the allotted time for that activity. Each FIO session is designed to be delivered in two hours. In other words, there is two hours of content in each session. No breaks are scheduled as the curriculum is written. An agency implementing FIO may decide to schedule additional time for each session to allow for a break.

MATERIALS CHECKLIST: Each FIO session has a variety of materials needed to properly implement it. Some things are used in every session like the session list poster. Other materials are only required for some of the sessions. Before each session, go through the materials checklist to be sure you have everything you need. Materials lists at the beginning of each exercise do not include the materials that are always present throughout the intervention like the Feeling Thermometer or the Session List poster. Only materials that are featured in that exercise are listed.

ADVANCED PREPARATION: At the beginning of each session there is a list of everything you need to prepare in advance. This includes prepared newsprints, copying and cutting up cards, researching up-to-date material, creating resources, etc. Be sure to look at the advanced preparation before you begin any session. You can find all the items that need to be printed out on the Session materials file on the FIO CD.

NOTES TO MYSELF: At the beginning of each session space is provided to allow you to write notes. You might want to include reminders, key points to discuss, or other aids or notations that would help you prepare.

SESSION MATERIALS AND ACTIVITIES: At the end of each session there are copies of all the materials for that session. These include copies of the relevant portions of the Participant Workbook, examples of what prepared newsprints should look like, role-play and scenario cards, etc.

TRANSITIONS: It is not necessary to introduce each exercise as such, but rather just flow between them all. While we have written some transitions in between exercises, feel free to create your own.

SESSION ONE: WHY SHOULD I CARE ABOUT GETTING STDs AND HIV?

Core Elements: #1 and #2

Session Length: Two hours

OBJECTIVES:

After completing this session, participants will be able to:

1. Explain that the purpose of FIO is to learn how to protect themselves against HIV or STD infection, as well as how to protect their children, future children, and others in their communities.
   Recognize that protecting oneself against sexually transmitted diseases, including HIV, involves women making choices in their relationships with men.

2. Increase their sense of personal vulnerability to becoming infected with HIV and other STDs.

3. Explain why women deny their risk of STDs/HIV and do not take action to protect themselves.

4. Identify their personal values and long-term goals and explain how they may help or hinder their ability to protect themselves in their relationships.

5. Demonstrate how to assist another woman in assessing her risks.

RATIONALE:

Future Is Ours (FIO) addresses STD and HIV transmission through sexual activities primarily through heterosexual sex. This first session focuses on partners and the meaning of relationships in the context of women's lives. Women will explore their current and past relationships and their values, which can affect their ability to implement protection strategies with their partners. The session also introduces the idea that women have choices, and choices have consequences.

In addition to a focus on protecting themselves and their partners, the session explores the idea of protecting the women's present and future children, friends, and communities. Practice sessions include helping a friend in the community. Throughout Session One there is an attempt to appeal to altruism and personal values and goals for the future.

Taking into account the different types of relationships women have, practice activities explore new, casual, and steady relationships. The focus is on strengthening relationships rather than threatening them. Women's choices are emphasized.

Basic facts about STDs, HIV, and AIDS are also presented. Myths about transmission are corrected so that each participant has a basic knowledge base.

Many women do not perceive that they are at risk for HIV or STD infection. This first session examines the ways in which women minimize or deny their perception of risk. Material is covered in a way to minimize anxiety or denial. Hopefully, this exploration will allow some women to change their perceptions of risk.

For FIO to be successful, specific behaviors must be targeted and worked on. Therefore, in the first session those behaviors are identified through completion of a Personal Risk Form.

SESSION ONE ACTIVITY LIST	Time
• **Exercise 1: Who Are We and What is FIO All About?** Introduce participants and explain the purpose of FIO.	10 minutes
• **Exercise 2: How Does FIO Operate?** Explain how FIO will operate, develop ground rules, cover administrative matters and conduct a lottery.	15 minutes
• **Exercise 3: What About Our Relationships?** Introduce women's stories about their relationships in order to connect the personal meaning of relationships to their experiences.	10 minutes
• **Exercise 4: What is Important to Me?** Explore what is important (priorities) to each woman in the group.	15 minutes
• **Exercise 5: Am I Vulnerable?** Do a personal vulnerability analysis and answer what would make them feel as though they were at risk. Women complete the Self-Test on STDs and HIV to gauge their knowledge of how men and women can be at risk for contracting or transmitting an STD including HIV.	25 minutes
• **Exercise 6: Why Should I Worry About Getting Infected?** Use a scripted role-play "The Meeting" to identify why women do not consider themselves at risk.	15 minutes
• **Exercise 7: How Can I Help Another Woman Consider Her Risks?** Practice helping another woman examine her personal risks.	20 minutes
• **Exercise 8: What Is Next?** Cover administrative matters and have the group members show appreciation.	10 minutes
Total Session Time	120 minutes (2 hrs)

SESSION ONE MATERIALS CHECKLIST:

✓	Materials
	Nametags (1 per participant)
	"Thanks" Chips (20 per participant and facilitator)
	Lottery Tickets (1 per participant)
	Lottery Prize (1)
	Bag for Lottery Tickets
	Blank Newsprint
	Pens (1 per participant)
	Post-it Notes
	White Paper
	Markers (5)
	Easel
	Clock
	Priority Cards (1 set per participant)
	Participant Feedback Form (1 per participant)
	Prepared Newsprint—*Questions on Relationships and Sex*
	Prepared Newsprint—*Intervention Goals*
	Prepared Newsprint—*Session 1 Main Points*
	Prepared Newsprint—*Giving a Good HIV Prevention Message*
	Poster—*Session List*
	Poster—*Feeling Thermometer*

SESSION ONE ADVANCED PREPARATIONS:

Prepare Newsprints (see page 76):

Intervention Goals

Questions on Relationships and Sex

Giving a Good HIV Prevention Message

Session 1 Main Points

Prepare Materials (see session materials on CD):

Priority Cards

Participant Feedback Form

Prepare Room:

Hang up Poster—*Session List*

Hang up Poster—*Feeling Thermometer*

Put out Nametags and markers

Put out Post-it Notes

Practice:

Role-Play—"The Meeting"

NOTES TO MYSELF (REMINDERS, POINTS TO MAKE):

Exercise 1: Who Are We and What is FIO All About?

10 minutes

The purpose of this exercise is to introduce the participants and to explain what FIO will be covering. The collective development of group rules builds group cohesion. Women's future goals are explored to help illustrate what an STD or HIV might do to their plans. Positive introductions, an explanation of goals and a review of FIO outline are used.

Materials Needed:

- Prepared Newsprint—*Intervention goals*
- Blank Newsprint
- Participant Workbook—*FIO Sessions*

POSITIVE INTRODUCTIONS

Facilitator says:

Welcome to The Future Is Ours, FIO (fee-oh), an eight-session program to empower women by providing them with the necessary tools to protect themselves from HIV and STDs.

Let us first introduce ourselves. Please tell us your first name and one goal that you want to accomplish in the next couple of years.

For example, finish school, move to a better neighborhood, get married, have a child, get a good job, move up in your job, run a million-dollar company, be an airline pilot, be a professional athlete.

I'll start. My name is _____ and one goal that I have for the next few years is to_____.

INSTRUCTIONS:

GO AROUND TO EACH WOMAN AND HAVE HER GIVE HER FIRST NAME AND ONE GOAL THAT SHE HAS FOR THE NEXT COUPLE OF YEARS. BOTH FACILITATORS SHOULD INTRODUCE THEMSELVES AT THIS TIME AND STATE A GOAL AS WELL.

AT THE TOP OF A BLANK NEWSPRINT WRITE "PARTICIPANTS GOALS." WRITE EACH WOMAN'S GOAL ON NEWSPRINT, AND PLACE A CHECK NEXT TO DUPLICATE GOALS. THIS WILL VALIDATE THE GOALS (SOME SIMILAR) THAT THE WOMEN HAVE EXPRESSED.

That was great.

Now let me tell you about this program.

Women from many communities are frightened about what can happen to them health-wise, and to their sisters and brothers, and to the next generation.

We are here because we are concerned and want to keep ourselves healthy.

_____ (NAME OF CO-FACILITATOR) and I are here to assist you in understanding your health risks and reaching healthy goals.

GROUP RULES

INSTRUCTIONS:

AT THE TOP OF A BLANK NEWSPRINT WRITE "GROUP RULES."

Before we go further, we would like you to develop some group rules that will be used throughout the eight sessions. They will be posted on the wall each day.

How do you want to be treated by others in the group? What are some rules that will help us establish trust, encourage sharing, and develop our ability to work together as a group?

INSTRUCTIONS:

WRITE RULES GENERATED FROM THE GROUP ON NEWSPRINT.

GIVE OUT "THANKS" CHIPS FOR ACTIVE PARTICIPATION.

RAISE ISSUES AS NEEDED AND SHAPE A LIST THAT MIGHT END UP LOOKING AS FOLLOWS:

1. Maintain confidentiality; What you say is yours and what you hear is theirs.
2. Express your feelings but do so without hurting yourself, another group members, or the facilitators.
3. Ask questions; There are no dumb questions.
4. Be an active participant during exercises and discussions.
5. Don't judge others; accept group members as they are.
6. Listen actively with and open mind.
7. Participants have the right to pass during exercises.
8. Have fun!

Can we all agree on these rules? Great!

PARKING LOT

INSTRUCTIONS:

AT THE TOP OF A BLANK NEWSPRINT WRITE "PARKING LOT."

Now, as we move along throughout each session there may be times when you may have concerns or topics that may not be relevant to what we are discussing at the time or someone may ask a question that we may not have the answer to at the moment.

In those and similar instances, write it on a Post-it note and stick it on the Parking Lot. The Parking Lot newsprint will be posted on the wall at every session. We will leave time at the end of the session to review the Parking Lot to determine if we have addressed any of the items. If so it will be removed. If not, we will try our best to gather information needed to answer any questions and concerns the group may have even if it is during a future session.

Is everyone clear on how the Parking Lot works? Are there any questions?

INSTRUCTIONS:

ANSWER PARTICIPANT QUESTIONS.

OK, let's get started.

INTRODUCTION TO THE FUTURE IS OURS

The title of this intervention is The Future Is Ours. What does that mean to you?

INSTRUCTIONS:

ONE FACILITATOR SHOULD WRITE RESPONSES FROM PARTICIPANTS ON A BLANK NEWSPRINT WHILE THE OTHER FACILITATOR ELICITS FEEDBACK FROM THE GROUP.

ENCOURAGE SHARING BY GIVING OUT A "THANKS" CHIP TO PARTICIPANTS THAT RESPOND.

Thank you for sharing.

The "Future Is Ours" means being secure and confident; taking ownership of your life; having self-worth by valuing yourself and your relationship; caring about yourself and others; making choices that will keep you safe and healthy.

INSTRUCTIONS:

REFER PARTICIPANTS TO THE PREPARED NEWSPRINT OF THE INTERVENTION GOALS.

FIO has three main goals, which we will be covering weekly during the eight-sessions of this program:

1. To help you protect yourself from getting sexually transmitted diseases (STDs) and HIV while having satisfying relationships
2. To help you protect your future children from the effects of these diseases and to be with them over the years, so that you can give them the love they need to grow
3. To show you how to keep members of your family and your community from becoming infected

We want everyone to know how to stay healthy so you can continue to enjoy life, to enjoy your future.

Our role as facilitators is to help you achieve these goals and to use your individual concerns and strengths that you have to help the group reach these goals.

A lot of what we will be talking about throughout FIO will be about a woman's risk of contracting HIV/AIDS and other sexually transmitted diseases (STDs).

To make sure we are talking the same language, I want to clarify that sexually transmitted diseases include Gonorrhea, Syphilis, Chlamydia, Genital Herpes, and Genital Warts. Are you familiar with these? Have you heard other names used for these diseases?

INSTRUCTIONS:

ALLOW ONE OR TWO RESPONSES.

HIV (Human Immunodeficiency Virus) is the virus that leads to AIDS. HIV is also a sexually transmitted disease. This program is here to help you protect yourself from HIV and other STDs.

Now let's talk more about FIO.

PARTICIPANT WORKBOOK AND REVIEW OF FIO EIGHT-SESSIONS

INSTRUCTIONS:

DISTRIBUTE WORKBOOKS TO EACH PARTICIPANT.

Here is your Workbook.

Please bring the Workbooks with you to each session. We will be using material in there every time we meet.

INSTRUCTIONS:

REFER TO *FIO SESSIONS* ON PAGE 6 OF THE PARTICIPANT WORKBOOK. THE OUTLINE IS ALSO LOCATED IN THE *SESSION 1 ACTIVITIES AND MATERIALS* SECTION AT THE END OF THE SESSION.

On Page 6 is a copy of the sessions outline.

We're going to go over it with you.

Can I have a volunteer to read the names of the sessions to the group?

INSTRUCTIONS:

HAVE PARTICIPANTS READ SESSION TITLES ALOUD.

During today's session, we will talk about why you should care about not getting an STD and HIV, and how our choices have consequences and influence whether we achieve our goals.

We will talk about how women are vulnerable to STDs and HIV through our relationships. Lastly, we will be looking at our values and ways to make sex safer.

Exercise 2: How Does FIO Operate?

15 minutes

This exercise is designed to build group trust and comfort. Women learn about the main tools used in FIO including “Thanks” Chips and the Feeling Thermometer. This exercise stresses that women have the freedom to use the sexual language that they are most comfortable with. Giving appreciation to each other is emphasized through the use of "Thanks" Chips.

Materials Needed:

- Poster—*Feeling Thermometer*
- “Thanks” Chips
- Blank Newsprint
- Markers
- Lottery Tickets
- Bag for Lottery Tickets
- Lottery Prize

SESSIONS PROCESS

First let's talk about logistics, then we'll talk more about how the sessions will work.

The FIO sessions will include lots of practice to assist with our learning. Exercises and activities will take place in a safe environment where no one will be embarrassed or forced to do anything they don't want to do.

Let me cover some important things you should know while we are together as a group.

INSTRUCTIONS:

BRIEFLY GO OVER THE FOLLOWING ADMINISTRATIVE POINTS:

- Where the sessions meet
- When the sessions meet
- How long each session lasts
- Who can come to the sessions
- How long the entire workshop lasts
- Number of breaks and time allotted for each session
- When refreshments are provided
- Where the bathrooms are located and other comfort information such as smoke areas
- How participants will evaluate FIO
- The need to call the program in advance if the participant can't make it for a particular session
- If too few participants are present twenty minutes into the session, workshop will be rescheduled for the following week (Note: refer to your agency's decision on the number of participants needed to run a group.)
- Participants can miss no more than two sessions in order to receive a certificate of completion
- Other administrative details (e.g., baby sitting arrangements and other incentives)

What questions do you have?

INSTRUCTIONS:

ANSWER PARTICIPANT QUESTIONS.

"THANKS" CHIPS

INSTRUCTIONS:

HAND OUT 20 "THANKS" CHIPS TO EACH PARTICIPANT.

We think it is very important to show appreciation when we like what someone says or does in the session, or maybe simply appreciating someone's presence, her smile, her dress, or her style. We do that by giving "Thanks" Chips to each other.

We are handing out "Thanks" Chips. You will each get a set of them.

Please use them throughout each session by giving another woman one of your chips whenever you agree or appreciate something she said, or if it just makes you think.

The point of the "Thanks" Chips is that, while we are together as a group, they allow us to show our support and appreciation to someone else. So if you appreciate what someone has said, even if you disagree with them, give them props for expressing their thoughts and ideas; give them a "Thanks" Chip. The purpose of "Thanks" Chips are to give them to others, not to collect them. You will not receive a prize for having the most "Thanks" Chips nor are you to take them home with you. That means at the end of each session we will pick up all chips and give them back again the next time we meet.

NOTE TO FACILITATOR:

The key to everyone using "Thanks" Chips rests with the facilitators' comfort with them. If the facilitators take "Thanks" Chips seriously and use them at every opportunity to offer positive encouragement, the participants will also respect their value and will actively use them. It is recommended that "Thanks" Chips are used at every opportunity to encourage all participants to give positive feedback to each other.

FEELING THERMOMETER

INSTRUCTIONS:

REFER PARTICIPANTS TO THE FEELING THERMOMETER POSTER IN THE ROOM.

Now I want to explain the Feeling Thermometer. We will be discussing sensitive issues in this group. The Feeling Thermometer is a way that you can monitor your feelings. It has a range from 0-100. The most uncomfortable feelings are 100 and the most comfortable are 0. In between, is the entire range. For example, 25 might be mostly comfortable, whereas 75 might be moderately uncomfortable.

It is important to stay in touch with how much comfort or discomfort you are feeling and what those feelings mean. People experience different levels of comfort and discomfort in different situations and for different reasons. When you are experiencing a high level of distress, you will probably not be able to make good decisions or act on the goals you have set for yourself. When you become aware of the situations that make you feel distressed, you will be better able to identify the "triggers" that might lead you to act based on emotions.

In this workshop, when we ask you where you are on the Feeling Thermometer, we want you to "check in" with your emotions. This will help you to learn to be aware of your responses.

Now we are going to do a little exercise. I want you to think of a situation where you would feel 100—the most uncomfortable. For example, this might include getting fired from a job, breaking up with a boyfriend, getting into a big argument. Or, it could be finding out that someone you know is very sick or has passed away, or a friend is abusing drugs or alcohol.

Does everyone have the idea about what I mean about an uncomfortable situation?

Remember—there isn't a right or wrong answer. Feelings of comfort and discomfort are very personal and are solely based on the individual's perspective. A situation that may cause one person to feel uncomfortable may not generate the same feeling for someone else.

Now I would like you to think of a situation that represents the 0 end of the scale for you: the most comfortable. It could be getting your nails done, a massage, a picnic in the park, a day at the beach, listening to music, watching your favorite movie or television show curled up on the sofa.

OK. Think about how you are feeling right now. Would you say you are at 0, 100, or somewhere in between?

INSTRUCTIONS:

ASK TWO OR THREE PARTICIPANTS TO SAY WHERE THEY ARE ON THE THERMOMETER.

USE OF LANGUAGE

Another thing to keep in mind is the language we can use in our sessions. There are different ways of expressing sexual thoughts and behavior or describing sexual organs. Whatever you are comfortable with saying is acceptable here.

For example, if you want to say sexual intercourse, or screwing, or doing it or any other words, that's fine. What are some terms that you use—it could be these or others?

If you want to call a man's sex organ a penis, or a dick, or a cock, or a tool, or anything else, that is OK. What are some other terms that you use?

If you don't want to say clitoris, you can call it "clit." What else would you call it?

INSTRUCTIONS:

WRITE PARTICIPANTS' OWN TERMS FOR SEXUAL WORDS ON A BLANK NEWSPRINT.

HAND OUT "THANKS" CHIPS TO THOSE WHO RESPONDED TO REINFORCE THAT YOU ARE OPEN TO THEIR USING THEIR OWN LANGUAGE.

Whatever words you want to use are fine. It's up to you. We respect your own choice of language as we reminded you in our group rules that we do not judge others in our sessions.

NOTE TO FACILITATOR:

It is important that the facilitators demonstrate that it is acceptable to use colloquial terms for sexual intercourse (such as screwing), vagina and penis (e.g., pussy, dick, etc.) by speaking these terms themselves, and then asking participants what terms they use. This gives participants permission to speak frankly and demonstrates that in FIO we are serious about discussing sex and sexuality openly and in a way that is meaningful to participants.

LOTTERY

To show our appreciation for you coming today we are going to do a lottery; the winner will receive a small gift as a prize. The lottery will be conducted at the beginning of each session. Lotteries are our way of thanking you for coming to each session on time.

All you have to do to participate in the lottery is to arrive on time, get a lottery ticket, write your name on the ticket, and drop it in the bag at the beginning of each session.

INSTRUCTIONS:

GIVE EACH PERSON A LOTTERY TICKET.

HAVE EACH PARTICIPANT WRITE HER NAME ON A TICKET.

PUT THE TICKETS IN A BAG. MIX THEM UP.

HAVE SOMEONE DRAW THE WINNER AND GIVE OUT A PRIZE.

NOTE TO FACILITATOR:

Just jump right into the next exercise creating or modifying segues as appropriate. There is no need for participants to know that you are transitioning from one activity to another. This will help with the pacing and flow of the session.

Exercise 3: What About Our Relationships?

10 minutes

This exercise links participants' own experiences to the concept of how a woman's relationships with men affect her efforts to protect herself from STDs and HIV. The exercise asks each woman to begin to explore what her relationships have been like. It asks women to consider: What does she want from a relationship now? Years later, what does she think her current relationship will mean to her? How can she put her relationships in perspective? Brief stories are exchanged.

Materials Needed:

- Markers
- Prepared Newsprint—*Questions on Relationships and Sex*

Facilitator says:

These days, most women who contract HIV get it from having unprotected sex with an infected male partner, unless a woman is sharing needles or works for drug injection.

> **NOTE TO FACILITATOR:**
>
> *Getting HIV through a blood transfusion is now rare, and there are only a small number of hospital workers who have been infected through needle sticks. Although there have been a few reports of HIV infection from woman-to-woman sex, most HIV infected women are getting it from heterosexual sex. Other HIV/STD transmission facts will be reviewed later.*

Other sexually transmitted diseases or STDs—such as chlamydia and gonorrhea—are also spread by engaging in unprotected sex. And, having an STD makes a woman more susceptible to HIV infection than she would be otherwise.

So, in this workshop, we will talk about getting infected with HIV and other STDs through sex, and that means from a sexual partner or partners.

Therefore, a lot of the sessions focus on **you and your sexual partners**.

We make choices all the time, and these choices have positive or negative consequences. One area in which we make choices is in our relationships. Most women here have probably had sexual relationships with men, some with women, and some with both.

Some women have one main partner, some several partners, some have casual sex or one time sex with a partner. Some may have had sex with paying partners. Therefore, the challenges to protecting ourselves against HIV infection vary.

That is why we are going to explore our relationships, particularly with men. We will also examine challenges women face when saying they want to have safer sex with longer-term partners.

Each woman has different feelings about her relationships with men and what these relationships mean to her.

These feelings will influence whether she tries to protect herself from STDs; the risks she is willing to take and how she goes about protecting herself.

For example, being in a relationship with a partner who cares about what is important to you will make practicing safer sex a lot easier.

So let's begin thinking about what having a relationship and sex mean to you.

INSTRUCTIONS:

REFER TO PREPARED NEWSPRINT — QUESTIONS ON RELATIONSHIPS AND SEX.

Ask yourself what it means to be in a relationship. What are some specific characteristics you seek in a mate or partner?

INSTRUCTIONS:

ALLOW A FEW MOMENTS FOR WOMEN TO THINK BUT DO NOT TAKE ANSWERS ALOUD.

Some women seek a mate who will be the bread-winner; other women may choose a man who is well groomed. Other characteristics may include trustworthiness, honesty or being affectionate.

This can be different from relationship to relationship.

Ask yourself what you want from sex.

INSTRUCTIONS:

ALLOW A FEW MOMENTS FOR WOMEN TO THINK BUT DO NOT TAKE ANSWERS ALOUD.

Some women have sex for love, some for fun, and some for a place to stay.

Ask yourself: How does the quality of your relationship affect how you view yourself?

INSTRUCTIONS:

ALLOW A FEW MOMENTS FOR WOMEN TO THINK BUT DO NOT TAKE ANSWERS ALOUD.

What are your stories involving men? Here are some examples of stories we've heard from women:

INSTRUCTIONS:

SELECT ONE OR TWO STORIES FROM BELOW, DEPENDING ON WHICH ARE MOST APPROPRIATE FOR YOUR GROUP. THESE STORIES ARE MEANT TO GET PARTICIPANTS THINKING ABOUT THEIR PERSONAL STORIES.

"The man I am going with now is a nice guy, but I don't think I will end up spending a lot more time with him. He's kind of set in his ways. He tries to act like men and women are equal—which is important to me—but I don't think he really believes it. If I looked back 20 years from now, I'd have to say that this is a relationship of convenience. I like him but I'm in no big hurry to settle down."

"I love my man and I know he loves me. We've been together two years now. Sometimes I think that maybe he's out there messing around, but if I'm not seeing it, it's not happening."

"I met this guy where I worked last summer … he is sooo fine – funny, sweet, likes to have fun. We haven't talked much about sex, but I'm sure we'll be getting busy soon."

We haven't been together long enough to get to know each other well and establish a great deal of trust. Therefore, instead of sharing your thoughts and feelings with the larger group, we want to divide the group into pairs for a brief activity.

RELATIONSHIP DISCUSSION ACTIVITY

INSTRUCTIONS:

DIVIDE THE GROUP INTO PAIRS, IF THERE IS AN ODD NUMBER OF WOMEN, ALLOW ONE GROUP OF THREE.

Within your pairs we want you to briefly describe to each other your current relationships—just a few sentences. State whether you are in a relationship now or if you are in several relationships and describe what it is like.

INSTRUCTIONS:

AND ALLOW TWO MINUTES FOR EACH PARTICIPANT TO BRIEFLY DISCUSS HER CURRENT RELATIONSHIP.

Thank you for sharing. Was it difficult to discuss your relationships? If yes, in what way?

INSTRUCTIONS:

TAKE TWO TO THREE BRIEF RESPONSES.

This exercise may have made some of you feel a bit uncomfortable.

INSTRUCTIONS:

REFER TO FEELING THERMOMETER.

GIVE OUT "THANKS" CHIPS.

How comfortable were you based on the Feeling Thermometer?

Remember that the kind of partners and relationships we have will make it harder or easier to protect ourselves. Our relationships affect how we feel about ourselves.

So, it is good to start thinking about our relationships and the potential for staying healthy.

Exercise 4: What Is Important To Me?

15 minutes

The goal of this exercise is to find out the most important priorities of each participant. These priorities will then be explored to see how they affect each woman's risk and a woman's willingness or ability to take action to protect herself. Sorting priority cards is the approach used.

Materials Needed:

- Blank Newsprint
- Markers
- Priority Cards

Facilitator says:

Relationships are just one of the things that are very important to most women.

Other things that are important to us—our priorities—will guide the choices we make about safer sex and healthy relationships.

For example, if we have a priority of feeling financially stable, we might not want to risk losing a man who provides for us by requesting that a condom be used. Sometimes there is a conflict between our priorities and the realities of our lives.

For example:

- Wanting financial security versus wanting to be independent.

or

- Having a sure place to stay versus knowing you'll be around drugs and people who might make it easy to fall into destructive behavior patterns.

or

- Wanting to further your education and training versus day-to-day life struggles that eat up your time and energy.

In our busy lives it is hard to take the time to think about what is important to us. However, during this program we will have many opportunities to do just that.

Let's take time now to explore our priorities and how important they are to us.

You are each receiving a stack of 22 Priority Cards.

INSTRUCTIONS:

HAND OUT A SET OF 22 PRIORITY CARDS TO EACH WOMAN.

THE PRIORITY CARDS ARE LOCATED IN THE *SESSION ACTIVITIES AND MATERIALS* SECTION AT THE END OF THIS SESSION.

Please take about five minutes to sort the Priority Cards into three piles—Less Important, More Important, and Extremely Important. Make sure that you have several cards in each pile.

There are two blank cards to write priorities that are important to you that are not included in the Priority Cards. What questions do you have about this activity?

INSTRUCTIONS:

CLARIFY INSTRUCTIONS, IF NECESSARY.

ALLOW FIVE MINUTES TO SORT THE CARDS INTO PILES. MAKE SURE PARTICIPANTS HAVE SEVERAL CARDS IN EACH PILE.

Now that you all have sorted your cards, please pick the first, second and third most important ones from the "Extremely Important" pile. I know this may be difficult, as they all may seem important, but do your best to make your top choices.

Now, we would like you to briefly share your top three “extremely important” priorities with your neighbor to your right. Please say why these priorities are important to you. Everyone will be given the opportunity to share their priorities with the larger group if they wish.

INSTRUCTIONS:

ALLOW THREE MINUTES FOR SHARING WITH NEIGHBORS.

Who would be willing to share what their “extremely important” priorities are?

INSTRUCTIONS:

HAND OUT “THANKS” CHIPS TO ANYONE WHO SHARES.

WRITE THE TOP PRIORITIES SHARED ON A BLANK NEWSPRINT.

We want to talk about how our priorities in life relate to safer sex. Can you think of ways that your priorities will help or hurt your ability to protect yourself in a relationship?

INSTRUCTIONS:

ENCOURAGE DISCUSSION. USE THE EXAMPLES BELOW ONLY IF THE GROUP CANNOT COME UP WITH ANY.

The priorities we hold and the dreams we have can help you or stop you from making safer sex choices.

- For example, if a woman has a priority of family security, it may positively affect her desire to take care of herself by eating healthy, exercising, and having safer sex.
- Similarly, if a person has a priority of focusing on spirituality, it may positively affect her desire to maintain good health (spiritually, emotionally, and physically).
- Alternately, if a woman has a priority of having great sex, she may place herself at greater risk for contracting an STD or HIV because she may feel that condoms ruin great sex.
- These are just examples. (And, by the way, in this workshop we are going to show you how to have great sex AND use condoms!)

Do you see the connection between a woman's priorities and her ability or willingness to protect herself?

NOTE TO FACILITATOR:

Try to gauge if participants understand the concept. Answer any questions they may have and provide additional examples if necessary to ensure participants understand the link between priorities that make it easier to practice safer sex and priorities that make it more difficult.

Now that you have identified the priorities that are important to you, we would like everyone to share with the group one reason for maintaining good sexual health.

INSTRUCTIONS:

GO AROUND THE ROOM AND ASK EACH WOMAN TO GIVE ONE REASON FOR ACHIEVING GOOD SEXUAL HEALTH.

MAKE A GROUP LIST ON BLANK NEWSPRINT. PLACE A CHECK NEXT TO REPEAT RESPONSES.

Lots of issues come up that are going to be challenging to face. In this group, we'll be exploring and supporting each other in how we can choose healthier relationships by examining our goals, behaviors and past experiences.

It will take time, and sometimes we may take two steps forward and one step back. But in the end, we will move forward and make healthier choices.

Exercise 5: Am I Vulnerable?

25 minutes

This exercise explores personal vulnerability. It encourages women to consider themselves at risk by looking at their past and present sexual practices. Filling out a Personal Risk Form and an HIV/STD Self-Test are used.

Materials Needed:

- Participant Workbook—*Personal Risk Form*
- Participant Workbook—*Self-Test on STDs and HIV and Answer Key*
- Pens

Facilitator says:

Part of making healthier choices includes understanding where our risks are. So, to better understand your personal risk, we want you to complete the Personal Risk Form.

INSTRUCTIONS:

HAND OUT PENS.

REFER PARTICIPANTS TO THE *PERSONAL RISK FORM*, WHICH IS ON PAGE 7 OF THE PARTICIPANT WORKBOOK. IT IS ALSO LOCATED IN THE *SESSION ACTIVITIES AND MATERIALS* SECTION AT THE END OF THIS SESSION.

Please turn to Page 7 in your Workbooks. Review each question and circle your responses.

This form is for your information only. You will not be asked to share your answers.

You will have about four minutes to complete the form. Just complete this one form and not the one that follows it in the Workbook.

NOTE TO FACILITATOR:

The Personal Risk Form can be read orally by facilitators if participants' literacy level is perceived to be low. If any participant claims to have forgotten her glasses, the Risk Form should be read aloud for all participants.

INSTRUCTIONS:

ALLOW FOUR MINUTES FOR THIS ACTIVITY.

THERE IS ANOTHER TEST IN THE PARTICIPANT WORKBOOK AFTER THE PERSONAL RISK FORM. IF PARTICIPANTS TURN THE PAGE, ASK THEM TO WAIT TO FILL OUT THE NEXT FORM.

Time is up!

Some of you may have experienced some of these situations during current or past relationships. If you answered "yes" to any of the questions on the Personal Risk Form, you are or have been at risk of contracting an STD and HIV infection.

If that is you, one choice you have is to face your own vulnerability and do nothing. Another alternative choice would be to take STDs and HIV seriously and protect yourself. Opting for this choice can lead to a healthier life, and enjoying what is important to you.

To further personalize this for you—How you would feel if you got an STD? Where would you be on the Feeling Thermometer if you found out you were infected with an STD?

INSTRUCTIONS:

TAKE FEELING THERMOMETER READINGS FROM THE WHOLE GROUP. REMIND PARTICIPANTS THAT THEY ONLY NEED TO PROVIDE A NUMBER, NOT DESCRIBE THEIR FEELINGS.

The point of this exercise was NOT to scare you. The point was to help us all understand that having unprotected sex with a partner when we don't know if they have an STD or HIV can place us at risk for getting infected.

So let's make sure we are all knowledgeable about the types of behaviors and situations that can put us at risk.

There are still a lot of myths and confusion about how women and men can get HIV and other STDs from their sexual partners.

So we want you to do a Self-Test. Some of the questions might seem tricky, but they are not meant to make you feel confused.

Instead we want to correct some of the false information that's out there and create an opportunity to discuss information that you may be hearing for the first time or that you're unclear about.

INSTRUCTIONS:

REFER PARTICIPANTS TO THE *SELF-TEST ON STDs AND HIV*, WHICH IS ON PAGE 8 OF THE PARTICIPANT WORKBOOK. IT IS ALSO LOCATED IN THE *SESSION ACTIVITIES AND MATERIALS* SECTION AT THE END OF THIS SESSION.

Please turn to Page 8 of the Participant Workbook to find the Self-Test on STDs and HIV. Please take four minutes to complete the test.

Again, this is for you only. No one else has to see it. Once you complete the test we will review the correct answers and you will have the opportunity to ask any questions.

INSTRUCTIONS:

ALLOW FOUR MINUTES TO COMPLETE THE SELF-TEST.

Great job, everyone!

INSTRUCTIONS:

REFER PARTICIPANTS TO THE *SELFT TEST ANSWER KEY* FOUND ON PAGES 9 AND 10 OF THE PARTICIPANT WORKBOOK. IT IS ALSO LOCATED IN THE *SESSIONS ACTIVITIES AND MATERIALS* SECTION AT THE END OF THE SESSION.

Let's now turn to Pages 9 and 10 to review the correct answers.

INSTRUCTIONS:

GO QUESTION BY QUESTION READING THE CORRECT RESPONSE AND ANSWERING ANY PARTICIPANT QUESTIONS THAT ARISE.

HAND OUT "THANKS" CHIPS TO ANY PARTICIPANT WHO ASKS A QUESTION.

NOTE TO FACILITATOR:

Participants might share myths about HIV and STDs. Thank them for sharing but focus on the facts. Do not bring up other myths yourself since participants remember information the facilitators say as facts.

This is not meant to be AIDS 101 so focus on the facts listed in the Self-Test. If complicated questions arise, put them in the Parking Lot to address at a later time.

Exercise 6: Why Should I Worry About Getting Infected?

15 minutes

In this exercise, participants identify self-protective reasons for denying that they are putting themselves at risk. By bringing these reasons to light, women can begin to understand why they are engaging in behaviors that put them at risk. A scripted role-play is used.

Materials Needed:

- Participant Workbook—*Scripted Role-play: "The Meeting"*

Facilitator Says:

We just finished discussing vulnerability—being susceptible to STDs and HIV infection.

So, why would a woman deny that she was at risk? To answer that question and to get more insight into this, I would like to get volunteers to perform a scripted role-play, called "The Meeting."

INSTRUCTIONS:

REFER PARTICIPANTS TO "*THE MEETING*" LOCATED ON PAGE 11 OF THE PARTICIPANT WORKBOOK. IT CAN ALSO BE FOUND IN THE *SESSION ACTIVITIES AND MATERIALS* SECTION AT THE END OF THIS SESSION.

"The Meeting" is about three women friends: Roslyn, Joanne and Lydia. They get together at Joanne's home to discuss planning a raffle. Roslyn is overheard having a conversation with a friend about her recent illness. The three women go on to have a discussion about Roslyn's friend and the risks of contracting HIV and other STDs.

I need one volunteer to help us do this role-play. Who wants to show off their acting skills and are really comfortable reading a script?

INSTRUCTIONS:

FACILITATORS SHOULD SELECT ONE VOLUNTEER WHO IS COMFORTABLE READING TO PLAY THE ROLE OF LYDIA. IF THERE ARE NO VOLUNTEERS, EITHER A BACK-UP FACILITATOR OR SUPERVISOR CAN READ THE PART. THE FACILITATORS SHOULD PLAY THE ROLES OF ROSLYN AND JOANNE.

Great! You'll be playing the part of Lydia.

The rest of you will be observers. If you want to follow along with the actors, the script for the role-play is found on Page 11 of the Participant Workbook.

Let's begin...Action!!

INSTRUCTIONS:

PERFORM *"THE MEETING."*

HAND OUT "THANKS" CHIPS TO ALL PERFORMERS.

Great job everyone!

INSTRUCTIONS:

PROCESS THE ROLE PLAY BY ASKING THE FOLLOWING LIST OF QUESTIONS AND ALLOWING A FEW MOMENTS FOR PARTICIPANTS TO RESPOND TO EACH ONE.

What are your thoughts about the discussions these women had about their relationships?

Why do you think Joanne and Lydia did not see themselves as being vulnerable to contracting STDs and HIV—why did they deny their risk?

How do you relate to any of the women in the role-play?

How do they remind you of anyone you know?

NOTE TO FACILITATOR:

Encourage sharing of reasons. Focus on ***self-protective*** *explanations. Make sure participants understand that denial of risk is often serving a purpose. The purpose may be related to maintaining a positive self-view, to maintaining the relationship or to fulfilling needs in the relationship. This means that for many women, admitting they are at risk means admitting things they do not want to acknowledge about their relationship. Therefore, admitting risk* ***is a kind of psychological threat*** *as it produces discomfort and the idea that difficult changes need to be made.*

Those were great responses.

We will continue to explore these and other reasons why some women do not protect themselves from contracting HIV or another STD when we discuss the next exercise.

Exercise 7: How Can I Help Another Woman Consider Her Risks?

20 minutes

This exercise is based on the assumption that the act of helping someone else strengthens positive attitudes towards behavior change. The exercise also builds on the demonstrated fact that health messages are more effectively given by peers in casual conversations than through professionals. A role-play is used to reach this objective.

Materials Needed:

- Participant Workbook—*Giving a Good HIV Prevention Message*
- Prepared Newsprint—*Giving a Good HIV Prevention Message*

Facilitator says:

In the role-play, "The Meeting" that was just enacted, we saw how a woman can help her friends consider whether they may be at risk.

Now we are going to practice helping a friend recognize what her risks are.

There are two reasons for helping other women.

- First, people learn by teaching someone else.

- Second, we want to help others in our communities.

Where do you think people turn when they want advice on how to reduce their risk of STDs or HIV? Where do they go?

INSTRUCTIONS:

ALLOW WOMEN A FEW MOMENTS TO RESPOND.

IF THEY DO NOT COME UP WITH ANY ANSWERS, PROMPT SOME OF THE FOLLOWING:

- Doctors
- Ministers
- Health Departments
- Advertisements

Many women go to their friends. Also, studies have shown that friends educating friends really works.

Think of how that works in terms of trends in fashion and style—for example skinny jeans, bangs, mini skirts, etc.

Also, people often just need advice from someone they trust on how they can make changes.

I'm going to give you some tips on how to help a friend.

GIVING A GOOD HIV PREVENTION MESSAGE

INSTRUCTIONS:

DISPLAY PREPARED NEWSPRINT — *GIVING A GOOD HIV PREVENTION MESSAGE*.

REFER PARTICIPANTS TO *GIVING A GOOD HIV PREVENTION MESSAGE'* ON PAGE 20 OF THE PARTICIPANT WORKBOOK. THESE TIPS ARE ALSO IN THE *SESSION ACTIVITIES AND MATERIALS* SECTION AT THE END OF THE SESSION.

GO OVER EACH OF THE TIPS WITH PARTICIPANTS. TRY TO MAKE IT INTERACTIVE—HAVE A PARTICIPANT READ EACH TIP. ASK THEM WHAT EACH TIP MEANS. THEN ASK THEM QUESTIONS WHERE RELEVANT.

ANSWER ANY QUESTIONS PARTICIPANTS MAY HAVE.

IT IS WISE TO BE CONCERNED ABOUT GETTING A SEXUALLY TRANSMITTED DISEASE OR HIV

STDs and HIV are real threats to women.

Ignoring these threats can be harmful to your health and may lead to serious illness.

It can be scary. That is why some women are in denial or just turned off.

I'M LEARNING ABOUT HIV AND STDs AND HOW TO REDUCE MY OWN RISK

Be careful not to preach or tell them what to do.

We can learn from each other.

Sharing your own experience is best.

Say what you have done or are trying to do—(coming to this workshop, for example).

IT IS ACCEPTED—PROTECTING ONESELF IS THE ACCEPTED THING TO DO NOW

Now there is a big push to help women protect themselves, and women now have a method they can use, the female condom.

Having protected sex is going to be the norm when it comes to protecting yourself from infections and diseases.

THERE ARE MANY BENEFITS TO HAVING PROTECTED SEX

- It shows concern for yourself and your partner.
- It stops the spread of diseases.
- It prevents infertility because an untreated STD can cause infertility.
- It is part of maintaining good health.
- It increases your chance of giving birth to a healthy baby.
- It saves communities by keeping everyone safe from disease.

TELL YOUR FRIEND WHAT PROTECTED SEX MEANS

Using a latex male condom or a female condom every time you have vaginal, anal, or oral sex or share sex toys, and using a dental dam when your partner goes down on you.

GIVE SOME FACTS ABOUT WHY WE ARE AT RISK FOR GETTING A SEXUALLY TRANSMITTED DISEASE OR HIV

Here are some key points about why we are at risk:

- Women are more likely to get infected with HIV and other STDs by a man than the other way around.
- Many people do not know if they are infected.
- Your man can be infected and show no symptoms.

- You can not tell by looking at a man if he is infected.

- STDs can make you more likely to get HIV.

PROTECTING OURSELVES IS ABOUT MAKING CHOICES

We have the right to make choices for ourselves.

We can choose:

- A partner who cares
- A method that works for us
- Safer acts
- Whether to use the female condom
- When and how to ask a partner to use a condom or dental dam
- Whether to refuse sex or unsafe sex

What questions do you have about what we just covered?

At several times during this workshop we will practice helping a friend.

UNSCRIPTED ROLE-PLAY

Since this is the first time we're doing an unscripted role-play, I would like two volunteers to play the parts in front of the group.

INSTRUCTIONS:

SELECT TWO VOLUNTEERS FOR AN UNSCRIPTED ROLE-PLAY. ONE WILL BE THE "HELPER" AND THE OTHER THE "FRIEND."

Thank you for volunteering. Usually we will have role-play cards, but since we are doing this together, I'll set the scene:

> Imagine you and your friend are returning home from work. She begins telling you about the guy she's been dating for awhile. She tells you she's ready to take the relationship to the "next level" by having sex with her boyfriend. She tells you that her boyfriend works in a bank, is very intelligent, dresses really nice, and is fine as hell!!
>
> She confides in you that it's been awhile since she's had sex and she wants to have sex with her new boyfriend without a condom because she *knows* he doesn't have any diseases and she's clean.

INSTRUCTIONS:

DIRECT THE GROUP TO THE PREPARED NEWSPRINT WITH THE TIPS OF "GIVING A GOOD HIV PREVENTION MESSAGE."

(To the HELPER) Your goal is to help your friend see that if she is having unprotected sex or has had it in the past, she is at risk. Keep in mind the tips that we just described about how to help a friend.

(To the FRIEND) Your goal is to act as if you aren't sure that you are really at risk for infection, especially from this new partner.

It is important that the actors try to address most or all the points we reviewed on the newsprint.

The rest of us will be observers.

(To the OBSERVERS) During the role-play, listen closely to what both actors are saying. Try to see which tips

the Helper is using.

OK. Does anyone have any questions before we begin? Are the Friend and the Helper ready?

When I say action, begin the role-play...ACTION!

INSTRUCTIONS:

ALLOW FIVE MINUTES FOR THE ROLE-PLAY

ENCOURAGE PARTICIPANTS TO GIVE "THANKS" CHIPS TO THE VOLUNTEERS.

OK, time is up and you are out of character. Thank you. That was great!

(TO THE HELPER)

Tell us one thing you liked about the way you talked to your friend about reducing her risk for contracting HIV?

Is there something you would have done differently?

(TO THE FRIEND)

What did you like about how she tried to help you and what would you have done differently?

Now for the **observers,** did the friend cover the tips for helping a friend? How?

INSTRUCTIONS:

REFER BACK TO THE PREPARED NEWSPRINT.

A lot of good points were made about being at risk. As we continue in this workshop, we will be able to see the risks more personally. And you will be able to help friends and others in your community to also reduce their risk.

Exercise 8: What Is Next?

10 minutes

This exercise brings closure to the session and facilitates group cohesion. Participants give appreciation to each other and complete a Participant Feedback Form.

Materials Needed:

- Prepared Newsprint—*Session One Main Points*
- Participant Feedback Form

INSTRUCTIONS:

REFER PARTICIPANTS TO THE PREPARED NEWSPRINT—*SESSION ONE MAIN POINTS*. REVIEW EACH ITEM AND CONNECT THEM TO THE EXERCISES IN TODAY'S SESSION THAT REINFORCED EACH POINT.

Facilitator says:

So let's do a quick review. The main points of the session are:

- In FIO we will learn how to protect ourselves, our partners, our children, and our communities from getting HIV or other STDs.
- Protecting ourselves from HIV and other STDs involves making choices in our relationships with men.
- Many women are vulnerable to HIV and STD infection, and vulnerability comes from our relationships with our partners.
- Sometimes women deny their risk and then don't take precautions to protect themselves.
- We all have personal values which can either help or hurt our ability to protect ourselves.
- We can help other women learn about HIV and their own risk.

Are there any questions?

INSTRUCTIONS:

ANSWER QUESTIONS RAISED BY PARTICIPANTS.

PARKING LOT

INSTRUCTIONS:

CHECK THE PARKING LOT.

IDENTIFY QUESTIONS AND CONCERNS THAT HAVE BEEN ANSWERED IN THIS SESSION AND ADDRESS THOSE THAT CAN BE ADDRESSED NOW.

LET PARTICIPANTS KNOW THE ONES THAT CANNOT BE ANSWERED NOW WILL BE ADDRESSED IN THE NEXT SESSION.

FIO will explore a variety of ways for us to protect ourselves. There is a lot to cover ahead of us, and skills to try out.

Therefore we do not recommend going home and starting to make radical changes with your partners at this point.

Completing the whole workshop will prepare you to make changes, but trying to change now without properly preparing to do so can lead to undesired consequences.

Before our next session, we would like you to share with your family and friends some of the information you've learned today.

At the beginning of each session moving forward we will ask you to share things that you did between sessions to make your lives better and/or to protect yourself from STDs and HIV.

This group is different from other groups you may have attended. We have a lot of information to share with you. Each session is structured around a specific topic and the exercises and activities provide you the opportunity to practice.

Since your ideas are important to us and can benefit everyone in the group, we want you to be here for each session.

Remember, to receive a Certificate of Completion you can miss no more than two sessions, and if you can't make it to a particular session, please call the program in advance.

The next session is about taking first steps to protect yourselves from risks in your relationships and will be held on _____ (day) _____ (date) at _____ (time and place).

The last activity in each session is for the group members to show appreciation to each other.

Appreciation may be for things someone said or did, their attitudes, or simply for their presence.

INSTRUCTIONS:

ACTIVELY START THE APPRECIATION PROCESS BY MAKING SURE EVERYONE IS INCLUDED—BE A MODEL, USE "THANKS" CHIPS AS WELL AS VERBAL RECOGNITION.

PASS OUT THE PARTICIPANT FEEDBACK FORM, FOUND IN APPENDIX D.

That was good.

Please take a few minutes to complete the Participant Feedback Form. The form allows you to share what you liked about today's session, thoughts on how the session could be improved and what you would like to see covered in the remaining sessions.

INSTRUCTIONS:

COLLECT FEEDBACK FORMS.

We'll see you next time.

Remember—stay healthy.

THE END OF SESSION ONE

Session 1
Activities and Materials

Prepared Newsprints

Intervention Goals

1. To help you protect yourself from getting sexually transmitted diseases (STDs) and HIV while having satisfying relationships
2. To help you protect your future children from the effects of these diseases and to be with them over the years, so that you can give them the love they need to grow
3. To show you how to keep members of your family and your community from becoming infected

Questions On Relationships & Sex

1. What do you want from a relationship?
2. What do you want from sex?
3. How does the quality of your relationship affect your view of yourself?

Giving a Good HIV Prevention Message

- It's wise to be concerned about getting HIV or an STD
- I'm learning about HIV and STDs and how to reduce my own risk
- It's accepted—protecting oneself is the accepted thing to do now
- There are many benefits to having protected sex
- Tell your friends what protected sex means
- Give some facts about why women are at risk for getting an STD or HIV
- Protecting ourselves is about making choices

Session 1 Main Points

- In FIO we will learn how to protect ourselves, our partners, our children, and our communities from getting HIV or other STDs.
- Protecting ourselves from HIV and other STDs involves making choices in our relationships with men.
- Many women are vulnerable to HIV and STD infection, and vulnerability comes from our relationships with our partners.
- Sometimes women deny their risk and then don't take precautions to protect themselves.
- We all have personal values which can either help or hurt our ability to protect ourselves.
- We can help other women learn about HIV and their own risk.

Session One: Exercise 1 (in Participant Workbook)

FIO Sessions

Session One: Why should I care about getting STDs and HIV?

Session Two: How do I avoid partners who don't care?

Session Three: What's the best way to protect myself?

Session Four: How can I find out if we are infected?

Session Five: How do I ask my partner to use protection?

Session Six: How do I influence my partner to use protection?

Session Seven: How do I refuse sex or unprotected sex?

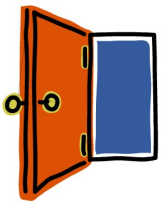
Session Eight: How do I continue protecting myself and others?

Session One: Exercise 4

Priority Cards

Being Clean *Being substance free*	**Secure Living Arrangement** *A safe, stable place to stay*
A Comfortable Life *A prosperous life*	**Family Security** *Taking care of loved ones*
True Friendship *Close companionship*	**Freedom** *Independence, free choice*

Safety *Protection from attack, crime and violence*	**An Exciting Life** *A stimulating, active life*
Self Respect *Self esteem*	**Inner Harmony** *Freedom from inner conflict*
Social Recognition *Respect, admiration*	**Spirituality** *Relating to higher powers*

Education *Personal growth, choices*	**Commitment** *Engaging oneself*
Great Sex *Eroticism*	**Happiness** *Contentedness*
Intimacy *Closeness*	**Honesty**  *Truth to yourself and others*

A Sense of Accomplishment *Lasting contribution*	**Pleasure** *An enjoyable, leisurely life*
Community Engagement *Build the community, be concerned for others, and solve problems together*	**Stable Employment** *A secure job and work environment*
Priority:_____ *Description:*_____ _____	**Priority:**_____ *Description:*_____ _____

Session One: Exercise 5 (in Participant Workbook)

Personal Risk Form

For each item circle Yes *or* No. *These questions will help you think about which behaviors are putting you at risk.*

1. Have you ever had a man put his penis in your vagina without using a condom?

   Yes No

2. Have you ever had a man put his penis in your anus without a condom?

   Yes No

3. Have you ever had a man put his penis in your mouth without using a condom?

   Yes No

4. Have you ever had sex with a man when the condom broke?

   Yes No

5. Have you ever had sex with a man when semen spilled out of the condom during removal and went into your vagina?

   Yes No

6. Have you ever had sex with a man without knowing if he had an STD or was infected with HIV?

   Yes No

7. Have you ever gone with a man who might have been having sex with someone else?

   Yes No

8. Have you ever had an STD?

   Yes No

9. Have you ever shared sex toys with a man (or woman) without applying a (new) condom?

   Yes No

Session One: Exercise 5 (in Participant Workbook)

Self-Test on STDs and HIV

Please read each statement and decide if it is true or false. If it is true, circle True. *If it is false, circle* False.

1. You don't have to worry about getting a Sexually Transmitted Disease (STD) from giving your partner oral sex.

   True False

2. There are some Sexually Transmitted Diseases (STDs) that cannot be cured.

   True False

3. A woman is more likely to get HIV from an infected man than a man is to get HIV from an infected woman.

   True False

4. Besides not having sex at all, condoms are the best protection there is against HIV and other STDs.

   True False

5. Infection with an STD can increase the chance that you will also become infected with HIV.

   True False

6. Most people who become infected with HIV will almost always feel sick within six months.

   True False

7. A Sexually Transmitted Disease (STD) is only dangerous to you if there are symptoms.

   True False

8. A person can be infected with HIV for 10 years or more and still feel perfectly fine.

   True False

9. If a person gets tested for HIV and the results are negative (no sign of infection), he or she doesn't have to worry about protection.

   True False

10. A negative HIV test result means that at the time of the test, the person definitely was not infected with HIV.

    True False

Session One: Exercise 5 (in Participant Workbook)

ANSWER KEY—Self-Test on STDs and HIV

1. **You don't have to worry about getting a Sexually Transmitted Disease (STD) from giving your partner oral sex.**

False

Details: Numerous STDs including HIV are transmitted this way. Transmission can occur through tiny cracks in the skin and mouth or through sores. Always use a condom when giving oral sex.

2. **There are some Sexually Transmitted Diseases (STDs) that cannot be cured.**

True

Details: Herpes, human papillomavirus (HPV), hepatitis B & C, and HIV cannot be cured although the symptoms can be reduced in some cases. For example, medication can shorten the course of Herpes and avoid spreading it to other parts of the body. The virus remains alive in the body, but the drug interferes with its ability to reproduce itself. Warts and cervical problems caused by HPV can be cured, but the virus may stay in your body. HPV can lead to cervical cancer.

3. **A woman is more likely to get HIV from an infected man than a man is to get HIV from an infected woman.**

True

Details: Studies have shown that a woman is more likely to get HIV from an infected man than a man is to get HIV from an infected woman. It is not totally clear why this is the case, but it appears that HIV is able to enter the cervix (tip of the uterus) more easily than the penis.

4. **Besides not having sex at all, condoms are the best protection there is against HIV and other STDs.**

True

Details: Condoms are best because they keep the fluid in which HIV exists contained and at the same time they protect the penis from contact with infected vaginal fluid and the vagina from infected semen.

5. **Infection with an STD can increase the chance that you will also become infected with HIV.**

True

Details: Many STDs cause sores or small cracks on the genitals. These tiny cracks and sores allow HIV to enter the body more easily.

6. **Most people who become infected with HIV will almost always feel sick within six months.**

False

Details: Some, but not all, newly infected people exhibit flu-like symptoms. Some people can go up to eight years and sometimes more without showing signs. However, they may be infectious and could transmit HIV while not feeling sick.

7. **A Sexually Transmitted Disease (STD) is only dangerous to you if there are symptoms.**

False

Details: Many STDs do not cause obvious symptoms, yet these STDs can cause serious illnesses, the inability to have children, and long term disabilities in newborns.

8. **A person can be infected with HIV for 10 years or more and still feel perfectly fine.**

True

Details: Approximately half of the people who are infected with HIV develop symptoms within eight or nine years. In other people it takes even longer. One of the reasons that HIV is spreading is that people don't realize that they have it. People who are infected could transmit HIV while they are not feeling sick

9. **If a person gets tested for HIV and the results are negative (no sign of infection), he or she doesn't have to worry about protection.**

False

Details: A negative test means that the person probably wasn't infected at the time, but he or she needs to continue to use protection to prevent infection.

10. **A negative HIV test result means that at the time of the test, the person definitely was not infected with HIV.**

False

Details: If a person is newly infected, the test may not detect the virus at that time. However, they may be infectious and could transmit HIV to their partner. It may take from three to six months for the virus to show up in a person. Therefore, getting tested again in six months is the wise thing to do. It is important to NOT have unprotected sex while waiting for a follow-up test.

Session One: Exercise 6 (in Participant Workbook)

THE MEETING

(Roslyn and Joanne are singing and dancing in the living room.)

Roslyn and Joanne *(singing)*: What you want, baby I got it. What you need, you know I got it. All I'm asking is for a little respect. Just a little—

(Doorbell buzzes.)

JOANNE: Oh, no!

ROSLYN: This is cruel, we were just getting into it!

JOANNE: We were great. Coming! It's time for business.

ROSLYN: I'm gonna make a quick phone call.

JOANNE: Okay.

(Joanne opens the door.)

JOANNE AND LYDIA: Hey!

(Joanne and Lydia hug.)

LYDIA: Sorry I'm late. The subways were taking so long.

JOANNE: That's all right. We were dancing, singing—

(Roslyn is talking on the phone.)

ROSLYN: Don't you think you should go see a doctor? Listen, I know you don't want to, but think of what could happen if you don't. No, I am not trying to scare you, you got that? All right, look, I'll be over as soon as I'm finished here. Bye, baby.

JOANNE: I don't think you two know each other. Roslyn, this is Lydia. Lydia, this is Roslyn.

LYDIA: Joanne, you've lost it.

ROSLYN: Hey.

(Lydia and Roslyn hug.)

LYDIA: Like we don't work together Monday through Friday, 9 to 5?

ROSLYN: Hey, wait a minute. Isn't this Saturday? Why am I seeing you two?

JOANNE: Now, don't start! We all agreed to do this, it's a good cause. I'm planning a raffle. It'll be fun. Think of all the money we'll raise for the kids in the hospital.

LYDIA: The money—

ROSLYN: The kids!

LYDIA: Okay, let's get going.

(All walk over to the counter to get some coffee.)

JOANNE: Come on, I made some coffee.

ROSLYN: Yeah, let's do it, let's do it. I'm in a little bit of a hurry. I have to go see someone after this.

LYDIA: Ohh, she's got a hot date!

JOANNE: That's very mysterious.

ROSLYN: No, it's not mysterious at all. I have to go visit a friend. She's been having some problems, and I'm worried about her.

JOANNE: What are you worried about?

LYDIA: I'll bet it has to do with a guy. She broke up, didn't she?

ROSLYN: No, she's been sick, off and on for a while now. She tells me there's nothing to worry about, but she's not been getting any better.

JOANNE: Well, maybe she doesn't have anything to worry about.

ROSLYN: I hope not, but she's been with this guy, and they didn't use protection. Now she's been having problems and—

LYDIA: Oh! This has to do with that HIV stuff you do, doesn't it?

ROSLYN: That "HIV stuff" I do just happens to be the women's group I invited you two to join. The group was started so that women can get together to talk about how to protect themselves from all the diseases we might get from S-E-X.

JOANNE: S-E-X, I know what that is!

(All walk over to the table and sit down.)

LYDIA: I was thinking about that just this morning... and lucky for me, so was Jorge!

ROSLYN: And of course, you two used protection, too.

LYDIA: Of course—

JOANNE AND LYDIA: Not!

(Joanne and Lydia high-five each other.)

ROSLYN: Now, come on, this is serious! In the group, we talk about how we need to protect ourselves. I mean, how do you really know about someone?

JOANNE: I could tell in a minute if Don was cheating on me, and I'd know if he was into drugs. You can tell whether to trust someone or not. You just know. And Don isn't the kind of guy who would get anything.

LYDIA: Don is so cute! He was the hit at the Christmas party last year at the office. Remember how Sylvia couldn't keep her hands off of him?

(Joanne goes to the refrigerator to get milk.)

JOANNE: Ugh, that party, I wanna forget it! God, do you know she even called him the next week?

LYDIA: Whoo!

(Joanne walks back to table.)

JOANNE: I had a big fight with him about that.

ROSLYN: I remember that. You were really upset.

LYDIA: Well, he's very attractive—

JOANNE: Hey!

LYDIA: You can't blame her!

JOANNE: Whose side are you on?

LYDIA: Yours, yours!

ROSLYN: Well, then you and Don must have discussed protection.

JOANNE: No, there was no need. I trust him now, he behaves himself. We have a mutual understanding. We are, as they say, faithful.

(Roslyn nods, unsure.)

Anyway, he knows I would kill him if he so much as looked at another woman.

ROSLYN: Oh, oh, the old death threat to keep him faithful. Well, what about you, Lydia? I remember when I asked you about the group, you said you didn't need it—so you must have discussed it.

LYDIA: I don't need any protection with Jorge. We used to use condoms at first, but after a while, we stopped. I picked him out very carefully. He's the right kind of guy. He's a Christian, healthy, and very mature.

JOANNE: That sounds sexy.

ROSLYN: Easy, girl. So you two never talked about protection?

LYDIA: Come on! Protection from what?

ROSLYN: What about his other relationships before you?

LYDIA: Jorge doesn't talk much. I know he went out a lot when he was in school, but if I had something to worry about, he would tell me. He's very romantic. The way he looks into my eyes... I can tell.

ROSLYN: Yeah, but what if he got HIV before he met you?

LYDIA: I don't have to worry about that anymore. That's all in the past. We're engaged now. I can tell he's very healthy. Hey, I am not about to bring it up. I've got a good thing going.

(Lydia sticks out her left hand, shows Joanne her engagement ring.)

JOANNE: Whoo!

LYDIA: Anyway, shouldn't we get to work here?

JOANNE: Yeah, we forgot, this was supposed to be a meeting to plan our raffle.

ROSLYN: You're right, it's my fault for going off about my friend. Let's do it.

JOANNE: Come on, let's go into the other room, we'll be a little more comfortable, we can start to work.

ROSLYN: Okay.

(All walk to the living room. Joanne sits on the couch, Lydia sits on the cushioned bench and Roslyn stands, looking through her bag.)

JOANNE: Lydia, do you have the lists we needed?

LYDIA: Yeah, yeah, I've got them. Wait a minute. I can't stop thinking about your friend. What happened?

JOANNE: Okay, finish the story. I can see we're not gonna get any work done.

ROSLYN: Well, she met this guy and they fell in love. Their families met, they even liked each other. I was in the wedding and it was beautiful. Everything was wonderful! She was happy.

JOANNE: Sounds good.

LYDIA: And?

ROSLYN: And, about a year later, her sister told her that one of his old girlfriends died... of AIDS. He was into drugs, so was the girlfriend. My friend didn't even ask him about it. She just decided that the girlfriend became infected after he broke up with her, so she didn't do anything about it. I tried to get her to join the group, but she wouldn't.

LYDIA: She should've talked to him.

ROSLYN: It was never the right time. She couldn't bring it up.

JOANNE: Who wants to talk about that?

ROSLYN: No one, it's hard. Maybe, you know, she was embarrassed. Maybe a little afraid of him. Maybe she was afraid she'd spoil what she had.

JOANNE: Aren't you supposed to trust the person you love?

ROSLYN: She did trust him. You never think it's gonna happen to you.

JOANNE: Why didn't he bring it up?

(Roslyn sits on the chair.)

ROSLYN: Maybe he was embarrassed. Maybe he was being macho. Maybe he couldn't bring up the drugs. I mean, after all, he was clean when they married, it was a long time ago. Who knows? They never talked.

LYDIA: So what happened?

ROSLYN: What really happened was they didn't think about the past, and they couldn't talk.

JOANNE: I'm sure it'll be okay.

(Lydia goes over to the couch, sits on the floor in front of it.)

ROSLYN: I hope so. She and I go way back, since we were kids.

LYDIA: Wait a minute. Roz, why did you join the group?

ROSLYN: Well, now you're gonna hear it.

(Roslyn stands up.)

I was with this beautiful man.

(Roslyn takes a pillow from the couch, puts it on the floor and sits on it.)

We were in love. I mean, he was delicious. I was so happy, you can't imagine. Then one day, I discovered he'd given me something.

JOANNE: Oh, no.

LYDIA: You mean—

ROSLYN: Herpes, darlin'! I told myself to never mind, it wasn't worth making such a big thing about.

JOANNE: Roz, how could you?

ROSLYN: It was easy. I was happy! So what? He wandered off once. It wasn't worth losing what I thought I had. I told myself so many stories, I finally believed every one of them.

JOANNE: What happened to get you into the group?

ROSLYN: He continued to have other women. I tried to ignore the signs, I didn't ask any questions, I didn't want anybody to know. My friend Brenda got a hold of me and finally talked some sense into me. Brenda's the one who started the group. She dragged me there.

LYDIA: All right, Brenda!

ROSLYN: I kept telling her I didn't need the group because I was okay. He was just cheating, that's all.

JOANNE: I can just see you at that group. You're tough to convince.

ROSLYN: Not once I got there and heard this woman talk about how she had herpes, stayed with the guy, and now she has HIV.

LYDIA: Whoa! What do you do in the group, anyway?

ROSLYN: We share information. I learned a lot. Let me tell you, I thought I knew it all, but I knew this much.

(Roslyn puts her thumb and forefinger together to show how little she knew.)

We talk about what's going on in our lives.

LYDIA: Isn't it embarrassing?

ROSLYN: Sometimes, at first, but the women are beautiful. We learn to talk about this and how to negotiate using protection with our partners. We support each other and give each other courage to bring it up.

(Joanne looks hesitant.)

LYDIA: Tell us more!

ROSLYN: Okay. But not today. If you wanna know more, you have to come to the group.

(Phone rings. Joanne answers the phone.)

JOANNE: Hello? Yes, she's here.

(Joanne suddenly looks dismayed.)

Okay, I'll tell her.

(Joanne hangs up the phone.)

Roz, your friend collapsed. They've taken her to the hospital. They want you to come.

ROSLYN: I was afraid of this. Look, I better go. You two sit. I can find my way out.

(Roslyn gets up and leaves.)

LYDIA: I think I'm going to join the group. It's not only who Jorge dated, but I dated a lot of guys, too. Maybe if I go, I could find a way for Jorge and me to talk. Maybe we should both go.

JOANNE: I don't think so.

LYDIA: Why not, Joanne? I think we should both go!

JOANNE: It's different with me. I've always done what's right. I've never taken any risks, and I know in my heart that Don is faithful to me.

LYDIA: Since when does anybody's heart ever know what's going on?

JOANNE: You don't get it. I know him. That Christmas party, I was in a bad mood that night, and he disappeared with Sylvia because I was being a bitch.

LYDIA: Think about it. Maybe we've been telling ourselves stories, too. We all need protection, no matter what the situation is. Don't you wanna protect yourself, Joanne?

JOANNE (looking very serious)**:** But Lydia, I am protecting myself.

Session One: Exercise 7 (in Participant Workbook)

Giving a Good HIV Prevention Message

- It's wise to be concerned about getting a sexually transmitted disease or HIV.
- I'm learning about HIV and STDs and how to reduce my own risk.
- It's accepted—protecting oneself is the accepted thing to do now.
- There are many benefits to having protected sex.
- Tell your friend what protected sex means.
- Give some facts about why women are at risk for getting a sexually transmitted disease or HIV.
- Protecting ourselves is about making choices.

Session One: Exercise 8 (in Participant Workbook)

Session One Main Points

The main points of this session are:

- In FIO we will learn how to protect ourselves, our partners, our children, and our communities from getting HIV or other STDs.
- Protecting ourselves from HIV and other STDs involves making choices in our relationships with men.
- Many women are vulnerable to HIV and STD infection, and vulnerability comes from our relationships with our partners.
- Sometimes women deny their risk and then don't take precautions to protect themselves.
- We all have personal values which can either help or hurt our ability to protect ourselves.
- We can help other women learn about HIV and their own risk.

SESSION TWO: HOW DO I AVOID PARTNERS WHO DON'T CARE?

Core Elements: #1, #2, #3

Session Length: Two hours

OBJECTIVES:

After completing this session, participants will be able to:

1. State what they know and don't know about their partner's past risky behaviors.
2. Describe characteristics of men (from past relationships) who did not care about their needs.
3. Name a factor that could lead a woman to become involved in a relationship with a partner who won't practice safer sex.
4. Explain the importance of being aware of their sexual rights in their relationships.
5. Describe a common gender stereotype and explain how it can create a barrier for a woman to protect herself from becoming infected.
6. Demonstrate how to check out a potential partner.

RATIONALE:

The main point of Session Two is to help women prevent relationships that lead to unsafe sex from starting in the first place. To prepare women for actively checking out potential partners, they need to first perceive that they have sexual and relationship rights, including the right to protect themselves. It is also critical that women examine their own beliefs about gender stereotypes, because if women buy into these beliefs it will be harder for them to assert themselves in a relationship. For example, if a woman believes that she should not question a man who says he doesn't need to use a condom because he is "clean," or if a woman believes that she is not entitled to pleasurable, safe sex, she may go along with his refusal to use a condom.

In this session women reflect on their own relationships where their partner did not care to protect them and they learn to recognize factors that may lead them into relationships where the man does not want to practice safer sex. These include feeling distressed, being influenced by peers to have a man, or feeling economically insecure. Drug and alcohol use also can make it harder to check out a man before getting involved with him.

The session assumes that women have choices and that it is useful to practice checking out a potential partner before getting into a relationship. All women check out potential partners in one way or another. This session emphasizes that it is important to check out a partner's attitude toward women's relationship rights and toward safer sex. Women learn to (1) collect data on a potential partner through observing and talking to him, (2) make decisions on the potential partner's suitability, and (3) prevent the relationship from progressing further if the woman decides he is not a good potential partner. This session teaches what to look for, how to look for it, and when and where to explore partner attitudes. Women practice all of these skills.

In conducting this session, facilitators need to be aware that checking out a partner's attitudes toward women and safer sex is an important first step, but it is not the only step women will need to take to protect themselves. For example, "nice men," i.e., those who know how to talk to women, are educated, professional, and/or financially secure, can have sexually transmitted diseases that they may or may not know about. This is dealt with in Session Four, where women learn how to use testing to get accurate information about whether a partner's past behaviors led him to become infected.

Another point to remember is that a man may have a positive attitude toward using protection, but this still must be translated into action. Some men "talk a good game," but don't want to act on it. In Sessions Five to Seven women learn how to enact safer sex behaviors with their partners. This session focuses on teaching women how to select partners who are more likely to work with them to have safer sex.

SESSION TWO ACTIVITY LIST	Time
• **Exercise 1: What Happened Between Sessions?** Welcome participants back. Review homework. Cover administrative details. Have women share actions they took to protect themselves and their partners between sessions.	20 minutes
• **Exercise 2: What About My Partner's Past Behavior?** Present statistics on the increase in HIV and STDs among women. Explain how women can get HIV or other STDs from their past and present partners' behaviors. Have women assess their knowledge of the partner's past sexual behaviors. Use the Feeling Thermometer.	15 minutes
• **Exercise 3: What Barriers Keep Me From Choosing Good Partners?** Help women identify partners who have not been responsive to their needs. Identify factors that may lead woman to get into relationships that are not going to be good for their health. Role-play helping another woman avoid mistakes in selecting a partner.	20 minutes
• **Exercise 4: What Are My Sexual Rights and How Do Gender Stereotypes Keep Me From Acting On Them?** Explore women's sexual rights and how gender stereotypes present a barrier to asserting one's rights in a relationship.	30 minutes
• **Exercise 5: How Do I Check Out a Potential Partner?** Present guidelines on checking out a potential partner. Role-play talking about important issues with a potential partner.	25 minutes
• **Exercise 6: What is Next?** End with determining tasks to accomplish between sessions and have group members show appreciation to each other.	10 minutes
Total Session Time	**120 minutes** **(2 hours)**

SESSION TWO MATERIALS CHECKLIST:

✓	Materials
	Nametags (1 per participant)
	"Thanks" Chips (20 per participant and facilitator)
	Lottery Tickets (1 per participant)
	Lottery Prize (1)
	Bag for Lottery Tickets
	Blank Newsprint
	Post-its
	Markers (5)
	Easel
	Clock
	Pens (1 per participant)
	White Paper
	Role-Play Cards—*Sabrina and the Older Woman*
	Role-Play Cards—Checking Out a Partner
	Participant Feedback Forms
	Prepared Newsprint—Parking Lot
	Prepared Newsprint—Group Rules
	Prepared Newsprint—Session 2 Main Points
	Prepared Newsprint—Session 2 Between-Session Goals
	Prepared Newsprint—Observer Tasks
	Poster—Session List
	Poster—Feeling Thermometer

SESSION TWO ADVANCED PREPARATIONS:

Prepare Newsprints (see page 136):

Observer Tasks

Session 2 Main Points

Session 2 Between-Session Goals

Prepare Materials (see session materials on CD):

Role-Play Cards— *Sabrina and the Older Woman*

Role-Play Cards—*Checking Out a Partner*

Prepare room:

Hang up Prepared Newsprint—*Parking Lot*

Hang up Prepared Newsprint—*Group Rules*

Hang up Poster—*Session List*

Hang Up Poster—*Feeling Thermometer*

Put out nametags and markers

Put out post-it notes

Put out Participant Workbooks

Research:

Statistics on HIV/STD rates in your community

NOTES TO MYSELF (REMINDERS, POINTS TO MAKE):

Exercise 1: What Happened Between Sessions?

20 minutes

The intent of this exercise is to reinforce positive actions that group members may have taken between sessions, break the ice for the session, and reward participants for attending. Participants' self-esteem is increased through positive introductions.

Materials Needed:

- "Thanks" Chips
- Lottery Tickets
- Bag for Lottery Tickets
- Lottery Prize

Facilitator Says:

Welcome back. I am glad to see you here again. Are there any new women here today?

INSTRUCTIONS:

ACKNOWLEDGE NEW PARTICIPANTS AND INFORM MEMBERS THAT THE GROUP IS CLOSED; THEREFORE, NEW MEMBERS CANNOT JOIN AFTER TODAY'S SESSION.

NOTE TO FACILITATOR:

This is the last session where new participants can enter the intervention.

POSITIVE INTRODUCTIONS

Let's begin with introductions.

Please tell the group your name and share one quality you like about yourself. For example—honesty, caring, or being strong.

To show you what I mean, I'll go first.

My name is _____ and one quality I like about myself is _____.

Who would like to go next?

INSTRUCTIONS:

GO AROUND TO EACH PARTICIPANT.

That was great!

Remember, last time we used "Thanks" Chips to show other women in the group that we liked what they said and did or just for their presence. Here are your "Thanks" Chips to use in this session.

INSTRUCTIONS:

PASS OUT 20 “THANKS” CHIPS TO EACH PARTICIPANT.

BETWEEN-SESSION GOAL REVIEW

We would like to begin today with a brief discussion on changes you made since our last meeting. It could be a change in your behavior or in how you think about protecting yourself.

What have you done since our last session that made life better for you or that was a step toward protecting yourself, your children, and your partner against infection? For example, maybe you went on the Internet to get information about HIV/AIDS? Or maybe you talked to a friend or family member about this group and the information you learned during our first meeting.

INSTRUCTIONS:

ENCOURAGE PARTICIPANTS TO SHARE BY HANDING OUT "THANKS" CHIPS AND ENCOURAGE PARTICIPANTS TO DO THE SAME.

Let's take a minute to cover administrative details that need mentioning.

INSTRUCTIONS:

BRIEFLY REVIEW ADMINISTRATIVE DETAILS, E.G., GROUP RULES, LOCATION OF BATHROOMS, LENGTH OF SESSION, ETC.

Are there any questions about any of the information we just reviewed?

INSTRUCTIONS:

ANSWER PARTICIPANT QUESTIONS.

Great!

LOTTERY

To show our appreciation for your being here today, we want to do a lottery.

INSTRUCTIONS:

GIVE EACH PERSON A LOTTERY TICKET.

HAVE EACH PARTICIPANT WRITE HER NAME ON A TICKET.

PUT THE TICKETS IN A BAG. MIX THEM UP.

HAVE SOMEONE DRAW THE WINNER AND GIVE OUT A PRIZE.

Exercise 2: What About My Partner's Past Behavior?

15 minutes

The purpose of this exercise is to increase women's sense of susceptibility by examining what they know of their partner's past behaviors. Facts are presented on the rise of STDs, stories are told about women who contracted HIV, and a Partner Assessment Form is included.

Materials Needed:

- Participant Workbook—*My Partner's Risky Behaviors*
- Pens

Facilitator says:

In this exercise we are going to talk about increasing your knowledge about how HIV can affect you even when you don't know it.

Did you know that HIV is spreading more rapidly among heterosexual women than among any other group? AIDS is a leading cause of death for African-American women in the United States. STDs are on the increase as well.

Many of us in this room know of someone with HIV or an STD. Let me tell you a few stories I know about getting HIV or an STD.

Rochelle had gone to high school with Derrick and he was her first sex partner. They'd broken up, but always kept in touch. After high school, she got into some trouble and ended up in prison. After she got out, they reconnected. She thought he'd be safe to move in with. He had a steady job; the sex was good. She knew she didn't have HIV, so why worry about condoms?

Recently Rochelle discovered that she was HIV positive. She got the virus from Derrick.

Here's another story...

Jalisa has been with her man for eight years. She thought they were the real thing. She just found out she's HIV positive. It turns out her man has been having sex with other men, but did not tell others about his interest in men.

How many of you know a story like this?

INSTRUCTIONS:

GET A SHOW OF HANDS.

Let's hear from two or three of you, if you don't mind sharing. What are some of the stories you know about women getting infected?

INSTRUCTIONS:

ENCOURAGE STORYTELLING FROM TWO OR THREE WOMEN.

GIVE OUT "THANKS" CHIPS.

In the last session we looked at what behaviors made you vulnerable to HIV and STDs. This includes having vaginal or anal sex without a condom or sharing needles or works.

Now we want to consider the actions of our partners—how they contribute to our being at risk to get infected.

PARTNER RISK ASSESSMENT

INSTRUCTIONS:

REFER PARTICIPANTS TO THE *"MY PARTNER'S RISKY BEHAVIORS"* FORM ON PAGE 23 IN THE PARTICIPANT WORKBOOK. IT CAN ALSO BE FOUND IN THE *ACTIVITIES AND MATERIALS SECTION* AT THE END OF THIS SESSION.

PASS OUT PENS TO PARTICIPANTS.

Please take a moment and fill out the form about your partner's behavior, on Page 23 of your workbook, titled "My Partner's Risky Behaviors."

If you don't have a current partner, use your last one. Or you could use any of your previous partners.

This form is for your own use only—no one will see it. Before you put a "no," think about how you know. Do you just *think* he didn't do it, or did you actually talk to him about it?

INSTRUCTIONS:

READ THE FIRST QUESTION TO DEMONSTRATE THE PROCESS.

FACILITATORS SHOULD ASSIST PARTICIPANTS WHO MAY NEED HELP READING AND COMPLETING THE FORM.

ALLOW TWO MINUTES FOR PARTICIPANTS TO COMPLETE THIS FORM.

Where are you on the Feeling Thermometer after having filled out the form about your partner?

INSTRUCTIONS:

GO AROUND THE ROOM AND HAVE EACH PARTICIPANT SHARE WHERE THEY ARE ON THE FEELING THERMOMETER. REMIND PARTICIPANTS THAT THEY DO NOT HAVE TO SHARE THEIR ANSWERS OUT LOUD. BRIEFLY DISCUSS, IF NECESSARY.

It's normal to feel uncomfortable when you think about the things you have done or didn't do that could have put you at risk.

Exercise 3: What Barriers Keep Me From Choosing Good Partners?

20 minutes

The purpose of this exercise is for women to identify ways to prevent relationships that put them at risk. In this exercise, women identify men who did not care to protect them. They imagine looking back at mistakes they may have made with men and consider what they might have done to avoid these mistakes. They learn what factors may prevent them from selecting a safe partner. Using an unscripted role-play, women practice coaching a younger woman about selecting a good partner.

Materials Needed:

- Participant Workbook—*Factors that may prevent a woman from selecting a safe partner*
- Markers
- Role-Play Cards—*Sabrina and the Older Woman*

Facilitator says:

We just examined how some of our choices in relationships may have put us at risk and how these choices have made us feel.

The point of this whole workshop is that we have choices.

- We decide who we have sex with.
- We select our partners.
- We decide whether or not to stay with a partner who meets some of our needs but is not good for our health.

Protecting ourselves and our partners is much easier if the partner is caring and willing to work with you for safer sex.

Sometimes, however, we select partners who end up ignoring our needs. Sometimes we are attracted to a man but there are signs that there may be trouble.

Take a few minutes to think of the characteristics of partners who have made things difficult for you.

- Maybe you had a physically or verbally abusive partner or a partner who abused drugs or alcohol.
- Think of partners you were attracted to but who were unwilling to practice safer sex.
- What did these relationships end up being like?

Who would like to share an experience with a partner who was unwilling to practice safer sex?

- What was going on? Why was the partner unwilling to use a condom?
- What led you to get involved with a partner who was not interested in your protection?

INSTRUCTIONS:

OBTAIN THREE OR FOUR RESPONSES. SUMMARIZE THE INFORMATION THE WOMEN SHARED.

GIVE OUT "THANKS" CHIPS FOR SHARING.

In this next exercise we are going to figure out how to avoid mistakes in choosing partners who may not respect your needs or choices.

Some of us in this group may already be in a relationship. This information is still relevant. We often change partners. Maybe you will choose to begin a new relationship. Or, maybe you will be able to help a friend who is checking out a man.

Imagine that it is 20 years later and you are that much wiser. You want to take a look back and see the mistakes you made with partners who put you at risk.

Now, looking back, you may have a better idea about how to avoid those situations. You now want to help a younger woman avoid those same mistakes.

UNSCRIPTED ROLE-PLAY

Let's do a role-play!!

I would like two volunteers to help me. One volunteer will play a young woman who is 19, and the other will play her older girlfriend. We will conduct this role-play for five minutes.

INSTRUCTIONS:

SELECT TWO VOLUNTEERS AND DECIDE WHO WILL PLAY EACH ROLE. PASS OUT ROLE-PLAY CARDS TO EACH VOLUNTEER. THE ROLE-PLAY CARDS ARE IN THE *SESSION ACTIVITIES AND MATERIALS* SECTION AT THE END OF THIS SESSION. YOU WILL ALSO BE READING THE ROLES TO THE GROUP ALOUD; THE TEXT FROM THE CARDS ALSO APPEARS BELOW.

ALLOW VOLUNTEERS A MINUTE TO REVIEW ROLES.

Here are your instructions.

(TO THE YOUNGER WOMAN) Your name is Sabrina and you just got kicked out of your home. Your family won't have anything to do with you, and the group home where you're staying is overcrowded and the furniture is falling apart. You met a guy (Louis) in the park and you've gone to his place a few times—gotten high and had a little sex, to get your mind off stuff. He seems nice enough and understanding of your difficult situation. Though you've only known him a month, he asks you to move in.

You have a good relationship with an older girl friend, who's been around. You ask her what she thinks about moving in with Louis.

(TO THE OLDER WOMAN) You have concerns about Sabrina's relationship with Louis. You wonder what he has in mind, how he gets his money; how getting high could set Sabrina back from her plans to get her GED, and whether he's been tested for HIV and other STDs. You know Sabrina will have to make her own mistakes, but with STDs and HIV around you want her to avoid any disasters. Help her.

The rest of us will be observers. Based on the scenario for the role-play, the observers should pay close attention to see how the actors address those red flags that this might not be the best partner.

Sabrina, you go first and ask your older girl friend what she thinks of Louis. OK. Go ahead and perform the role-play.

INSTRUCTIONS:

ALLOW FIVE MINUTES FOR THE ROLE-PLAY.

GIVE OUT "THANKS" CHIPS TO THE PLAYERS.

Time is up. Thank you. That was great! You are now out of character.

OBTAINING FEEDBACK AND PROCESSING

Now it is time for feedback.

(TO THE OLDER WOMAN) Please name one thing you liked about the way you worked with Sabrina and one thing you would do differently.

(TO THE YOUNGER WOMAN) What is one thing you liked about the way your older girl friend helped you and what is one thing you would have done differently if you had played her role?

(TO THE OBSERVERS) Now for the observers—name one thing you liked about the older girl friend's help and one thing you would have done differently.

What are some of the factors that prevented Sabrina from selecting a safe partner?

INSTRUCTIONS:

OBTAIN RESPONSES FROM PARTICIPANTS AND WRITE ON A BLANK NEWSPRINT.

POSSIBLE RESPONSES INCLUDE:

- HOMELESSNESS
- FEELING DISTRESSED—LONELY, DEPRESSED, ABANDONED BY FAMILY
- FAILING TO FIND OUT ABOUT THE MAN'S ATTITUDES TOWARD WOMEN AND SEXUAL PROTECTION
- USING DRUGS

That's a great list!

INSTRUCTIONS:

REFER PARTICIPANTS TO THE LIST *FACTORS THAT MAY PREVENT A WOMAN FROM SELECTING A SAFE PARTNER* ON PAGE 24 OF THEIR WORKBOOKS. THE LIST OF FACTORS IS ALSO LOCATED IN THE *SESSION ACTIVITIES AND MATERIALS* SECTION AT THE END OF THIS SESSION.

BRIEFLY REVIEW ANY THAT HAVE NOT ALREADY BEEN DISCUSSED.

On Page 24 in your Workbook there is a list of factors that may prevent a woman from selecting a safe partner. Some of them we've already talked about. Let's review the others.

- Failing to find out early enough about the man's attitudes toward women, caring, sexual protection, respecting a partner's needs
- Feeling distressed—lonely, depressed, hurt, abandoned by family
- Being with a group of people who put pressure on you to have a partner
- Being financially dependent and needing support from a man
- Having reduced control due to drug or alcohol use
- Being fooled by the partner's "acting nice"
- Being afraid to act assertively
- Ignoring the fact that a potential partner is a “player,” (i.e., likes to have sex with many women)

Have any of these factors caused you to choose a partner who did not want to protect you?

INSTRUCTIONS:

TAKE ONE OR TWO RESPONSES. GIVE OUT “THANKS” CHIPS.

Thank you for sharing your thoughts and ideas.

Later on in this session we are going to learn skills for checking out a potential partner.

But first we are going to discuss ideas about how women and men should act that our society teaches us and that may get in the way of us being assertive in checking out partners and stating our needs.

Sometimes even when we know what signs to look for to determine whether a partner is caring, we tend to doubt ourselves or what we are entitled to.

Exercise 4: What Are My Sexual Rights and How Do Gender Stereotypes Keep Me From Acting on Them?

30 minutes

This exercise is designed to reduce barriers to selecting a partner who cares about what is important to women. These barriers include feeling uncomfortable about questioning a partner, accepting gender stereotypes, and perceiving that women have few sexual rights. All of these are addressed in this exercise. Women learn to recognize their sexual rights and recognize gender stereotypes that may prevent them from acting assertively.

Materials Needed:

- Blank Newsprint
- Markers
- Participant Workbook—*Your Sexual Rights*
- Participant Workbook—*Scripted Role-Play:"Aisha & Ray"*

Facilitator says:

Attitudes can be barriers to making healthy choices. So, we want to explore some of the attitudes that we have been taught by other people in our communities.

Some men think they have sexual rights.

INSTRUCTIONS:
THE FOLLOWING QUESTIONS ARE NOT MEANT TO BE ANSWERED BY PARTICIPANTS. THESE QUESTIONS SERVE AS AN INTRODUCTION TO THE TOPIC.

But let's talk about us as women for a moment: What about these questions?

What about us as women?

Have we been taught to have sexual rights?

For example, do we have a right to our own bodies?

Do we have the right to feel good about sex and have sexual experiences that please us?

Do we have the right to say “no” to sex and the right to say “yes?”

These are examples of sexual rights—Now, I would like you to come up with a list of women’s sexual rights.

SMALL GROUP ACTIVITY—SEXUAL RIGHTS

Let's divide up into three small groups.

INSTRUCTIONS:

HAVE THEM COUNT OFF 1, 2, 3 TO ESTABLISH GROUPS.

GIVE EACH GROUP A SHEET OF BLANK NEWSPRINT AND MARKERS.

In your groups you will have an opportunity to come up with as many sexual rights that each one of you can think of. There are no right or wrong answers. Write down whatever comes to mind.

Once in your group, choose someone to write down all responses on the newsprint and someone to report back to the larger group.

You have seven minutes to come up with as many sexual rights women have.

INSTRUCTIONS:

FACILITATORS SHOULD CHECK IN ON EACH GROUP.

CALL THE GROUPS BACK TOGETHER AFTER 7 MINUTES TO REPORT ON THEIR LISTS.

Time is up. Let's see what you came up with and please also explain why.

INSTRUCTIONS:

GIVE OUT "THANKS" CHIPS TO EVERYONE WHO SHARES.

INSTRUCTIONS:

REFER PARTICIPANTS TO *YOUR SEXUAL RIGHTS* ON PAGE 25 OF THEIR WORKBOOK. THE LIST OF SEXUAL RIGHTS IS ALSO IN THE *SESSION ACTIVITIES AND MATERIALS* SECTION AT END OF THE SESSION.

POINT OUT ANY THAT WERE NOT INCLUDED ON THE GROUP LIST AND DISCUSS. RAISE QUESTIONS FROM THE LIST, IF NEEDED.

POST THE GROUP LIST OF SEXUAL RIGHTS AT EVERY SESSION.

Turn to the list of Sexual Rights in the Participant Workbook on Page 25. This list reflects some other examples of women's sexual rights. What questions do you have about sexual rights?

INSTRUCTIONS:

ANSWER PARTICIPANT QUESTIONS.

Sometimes it can be hard to act on all of these sexual rights.

SCRIPTED ROLE-PLAY

Let's do a role-play and watch how some things can get in the way of asserting these rights. It's called "Aisha and Ray."

Can I get two volunteers to play the roles of the man and woman?

INSTRUCTIONS:

SELECT TWO VOLUNTEERS TO CONDUCT A ROLE-PLAY.

REFER PARTICIPANTS TO THE ROLE-PLAY SCRIPT "*AISHA AND RAY*" FOUND ON PAGE 26 OF THE PARTICIPANT WORKBOOK. THE SCRIPT IS ALSO IN THE *SESSION ACTIVITIES AND MATERIALS* SECTION AT THE END OF THE SESSION.

GIVE VOLUNTEERS A MINUTE TO REVIEW THE SCRIPT.

The script for the role-play is found on Page 26 of the Participant Workbook if you want to follow along with the actors.

The role-play is about a couple, Aisha and Ray who recently started dating. Ray stops by Aisha's home and they begin to cuddle and things begin to get sexually charged. The role-play begins at this point.

Pay attention to how Aisha and Ray relate to each other as woman and man.

Are you ready to begin? When I call action, begin…Action!

INSTRUCTIONS:

OBSERVE ROLE-PLAY.

ASK THE FOLLOWING PROCESSING QUESTIONS ONE BY ONE, ALLOWING TIME FOR PARTICIPANTS TO ASNWER.

Thank you. You are now back to yourselves.

Did that role-play seem realistic? Did Aisha seem like a "typical" woman?

Can you think of any examples of how Aisha acted like a "typical" woman in that role-play?

What about Ray? Did he seem like a realistic character? In what ways did he act like a "typical" man?

INSTRUCTIONS:

ENCOURAGE SHARING OF SOCIALLY EXPECTED BEHAVIORS IN ROMANTIC SITUATIONS. IF NOT MENTIONED, POINT OUT THAT:

AISHA

- Aisha accepted Ray's right to decide whether or not condoms are necessary
- Aisha accepted his reasons for not wanting to use condoms
- That condoms ruin "the flow"
- That his nice "pad" shows he is "clean"
- That he would not be with her if he thought she could give him a disease
- That his pleasure (i.e., not wanting to use a condom) is more important than what she might want
- Aisha let Ray take the lead in moving from the couch to the bedroom without ever asking her what she wanted

RAY

- Ray took the lead in deciding whether they would use condoms
- Ray assumed that his reasons for not wanting to use condoms (less sexual pleasure for him) were more important than what Aisha might want
- Ray assumed that Aisha was on "the pill" (i.e., that contraception is a woman's responsibility)
- Ray never asked Aisha if she wanted to engage in sex; he just made the assumption

Great! These are some great examples of Aisha and Ray acting in the ways that are expected of them because of their gender.

All societies have expectations about how men and women are supposed to behave together. We are taught these expectations from the time we are young and they are reinforced throughout our lifetime. These ideas about how men and women are supposed to act together might include that a man should drive the car or a woman should do the grocery shopping. However, there are also a lot of ideas about what men and women are supposed to do sexually and how they are supposed to relate to each other.

LIST OF SOCIETAL EXPECTATIONS OF MEN AND WOMEN

Now, thinking about some of the behaviors we have discussed, let's make a list of some of the beliefs society has of how men or women are supposed to act in romantic or sexual relationships. What examples can you think of?

INSTRUCTIONS:

WRITE THE PARTICIPANTS' IDEAS ON A BLANK NEWSPRINT AS THEY COME UP.

IF PARTICIPANTS ARE HAVING DIFFICULTY COMING UP WITH RESPONSES, LEAD THEM THROUGH THE FOLLOWING LIST:

- Men should be the aggressor and women should be passive.
- Women should not know more about sex than men.
- All women want to have romance and to be swept off their feet. They don't want to think about condoms.
- A woman should put her man's sexual needs first.
- Women who plan for a sexual encounter are fast and loose.
- Protection against pregnancy is a woman's responsibility and she should take care of it on her own.
- Men should initiate sex, and women should limit how far it goes and how often it occurs.
- A man's sexual pleasure is more important than a woman's.
- Most men cannot control their urge for sex. If a woman does not give him what he wants, he will get it somewhere else.

GIVE OUT "THANKS" CHIPS.

NOTE TO FACILITATOR:

Look for how cultural traditions and gender expectations are represented by women in the group. Note traditions and expectations that go across all cultures and represent barriers to self-protection.

Are these ideas we have been taught by our families, peers and society in general while growing up?

If we believe some of these points of view, will it make it easier or harder to protect ourselves? Why would it be easier/harder?

INSTRUCTIONS:

ENCOURAGE RESPONSES AND DISCUSS.

So, you can see that what our society or culture teaches us about how women should act in a relationship may discourage us from doing what we need to do to stay healthy.

These stereotypes may prevent us from acting on our sexual rights. For example:

- If a woman believes she should not plan for sex, she may not carry a condom with her.
- If a woman believes that a man's pleasure is more important than her own, she may not insist that he use a condom.
- If a woman believes she should not know too much about sex, she may not learn how to use a female condom.

Once we are aware of how these ideas influence our behaviors, we are better able to make choices. We have a choice about what we believe. We can believe that we have sexual rights.

One very important right that we have as women is the right to select or reject a potential partner that we feel is or is not appropriate for us.

Exercise 5: How Do I Check Out a Potential Partner?

25 minutes

This exercise is designed to give women a chance to practice checking out a potential partner who cares about what is important to the woman—her health for one thing. Selection does not mean making a decision to have sex. It means that the woman will work together with the partner in finding a way to have safer sex. Role-playing is the primary way to reach the goal of the exercise.

Materials Needed:

- Participant Workbook—*Guidelines for Checking Out a Potential Sexual Partner*
- Prepared Newsprint—*Observer Tasks*
- Role-play Cards—*Checking Out a Partner*

Facilitator Says:

Now we want to practice checking out a potential partner. We have a choice.

When we talk about checking out a potential partner, we do NOT mean that you have decided to have sex with this person.

Ideally, after you check out a man, you will choose someone who you think will be concerned enough about your health to work with you to find a way to practice safer sex together.

You are looking for a "safer sex" man. You are trying to find out if this person will express caring for you by agreeing on a way that you both can accept to protect each other from STDs and HIV.

Obviously, in the end a man has got to support your use of a female condom or put a condom on himself and not just talk about it, but finding out what his views are before you get into a relationship with him is a good first step.

We all have ways of checking out a man. How do you typically check out a man? How do you find out if he would be a good partner?

INSTRUCTIONS:

OBTAIN TWO OR THREE RESPONSES AND BRIEFLY DISCUSS.

GUIDELINES FOR CHECKING OUT A POTENTIAL PARTNER

INSTRUCTIONS:

REFER TO THE *GUIDELINES FOR CHECKING OUT A POTENTIAL SEXUAL PARTNER* ON PAGE 27 OF THE WORKBOOK. THESE GUIDELINES ARE ALSO IN THE *SESSION ACTIVITIES AND MATERIALS* SECTION AT THE END OF THE SESSION.

On Page 27 of your Workbook are some guidelines for checking out a potential partner. Let's take a few minutes to look at these guidelines:

INSTRUCTIONS:

REVIEW WITH PARTICIPANTS EACH GUIDELINE. FOCUS ON HOW THESE STRATEGIES WOULD HELP A WOMAN FIND OUT A MAN'S ATTITUDES TOWARD WOMEN AND PRACTICING SAFER SEX.

When you are talking with a prospective partner, go slow—don't try to find out all the answers about everything at one time.

You don't have to cover all of his attitudes towards HIV, women and safer sex. Explore as much as you are comfortable with.

Start in a general way and gradually get more personal.

UNSCRIPTED ROLE-PLAY

It's time to give you a chance to practice checking out someone you're interested in.

Let's divide up into pairs.

INSTRUCTIONS:

DIVIDE THE GROUP INTO PAIRS. IF THERE ARE AN ODD NUMBER OF PARTICIPANTS, HAVE A FACILITATOR TEAM UP WITH A PARTICIPANT.

In your pairs, one of you will play a potential male partner and the other person will play the woman who is doing the exploring and selecting. Take time now to decide who will play the male and who will play the female. If you have not played a female yet, please do so now.

Now, each pair should join up with another pair, so, now we have groups of four.

INSTRUCTIONS:

MATCH PAIRS UP INTO GROUPS OF FOUR. IF THERE REMAINS A GROUP OF TWO LEFT OVER, HAVE A FACILITATOR ACT AS AN OBSERVER FOR THEIR ROLE-PLAY.

Each pair will take a turn doing the role-play. The other pair will be observers and give feedback.

Here are your instructions:

INSTRUCTIONS:

PASS OUT ROLE-PLAY CARDS TO PARTICIPANTS. CARDS ARE IN *SESSION ACTIVITIES AND MATERIALS* SECTION AT END OF SESSION. TEXT FROM THE CARDS ALSO APPEARS BELOW.

GIVE PARTICIPANTS A MINUTE TO REVIEW ROLES. THEN READ THE ROLES ALOUD TO THE GROUP.

(TO THE WOMAN) Before the role-play think of a name for the man and tell him. Also think of a name for yourself and tell him that. This role-play is not about condom negotiation, it is about ways a woman can "check out" a potential sexual partner.

Remember, you want to see how he treats women, his attitudes towards HIV/AIDS, and relationships in general, his thoughts about caring for someone, and his views on safer sex and STDs and HIV as well as whether or how he practices safer sex.

You want to find out if he will care enough about you to work on protecting both of you from infection but remember this is someone that you've known for just a few weeks; you're thinking this is someone you may want to hook-up with.

Play a confident, determined, perceptive woman.

(TO THE MAN) Play the man as you think a typical man would react. Use your own experience with men. However, don't make the man a terrible person.

INSTRUCTIONS:

REFER PARTICIPANTS TO PREPARED NEWSPRINT ON OBSERVER TASKS.

(TO THE OBSERVERS) You will observe how well the woman used the Guidelines for Checking Out a Potential Partner. Pay attention to:

- How did she check out his attitudes toward women?
- How did she check out if he was caring and willing to protect her?
- Did she act like she had some rights? How?
- Did she seem to feel confident and good about herself? How?

Let's start the first role-play.

NOTE TO FACILITATOR:

Some participants turn this role-play into condom negotiation. There will be future role-plays about negotiating condom use once a set of tips has been provided. For this role-play, try to keep women focused on checking out a partner, not negotiating condom use.

INSTRUCTIONS:

BEGIN ROLE-PLAYS. CIRCULATE THROUGHOUT THE GROUPS TO GET A SENSE OF HOW THE WOMEN ARE DOING.

AFTER THREE MINUTES ANNOUNCE THAT THE OBSERVERS SHOULD GIVE FEEDBACK TO THE FIRST PAIR.

AFTER ANOTHER TWO MINUTES BRING THE GROUP BACK TOGETHER.

GO AROUND THE ROOM AND HAVE EACH PARTICIPANT SHARE WHERE THEY ARE ON THE FEELING THERMOMETER.

BRIEFLY PROCESS USING THE QUESTIONS BELOW. OBTAIN ONLY TWO ANSWER FOR EACH QUESTION AND THEN MOVE ON.

Would anyone who just played a woman like to share how they felt doing that role-play?

Would anyone who just played a man like to share how they felt doing that role-play?

To those who observed, can someone tell us how the woman they were observing followed the guidelines for checking out a partner?

INSTRUCTIONS:

INSTRUCT THE SECOND PAIR TO CONDUCT THEIR ROLE-PLAY.

AFTER THREE MINUTES ANNOUNCE THAT THE OBSERVERS SHOULD GIVE FEEDBACK TO THE SECOND PAIR.

AFTER ANOTHER TWO MINUTES BRING THE GROUP BACK TOGETHER TO PROCESS USING THE QUESTIONS BELOW.

(TO THE WOMAN) How did you feel? What was one thing you did that you liked? What one thing would you do differently?

(TO THE MAN) What did it feel like to behave like the man? What one thing did the woman do that you liked? What is one thing she might have done differently?

(TO THE OBSERVERS) How did she follow the guidelines for checking out a future sexual partner?

- Did she check out his attitudes toward women?
- Did she check out if he was caring and willing to protect her?
- Did she act like she had some rights?
- Did she seem to feel confident and good about herself?

So now you have tried your hand at checking out a man to determine whether he could be a partner who cares to keep you safe. Now, how might this process of checking out a man affect your future relationships?

INSTRUCTIONS:

ENCOURAGE RESPONSES TO THE QUESTION AND DISCUSSION.

SOME RESPONSES MIGHT INCLUDE:

- IT MAY LEAD TO A MORE OPEN AND TRUSTING RELATIONSHIP.
- IT MAY PAVE THE WAY FOR COMMUNICATING ABOUT OTHER ISSUES AS THEY COME UP.
- IT MAY SHOW THAT YOU ARE AN ASSERTIVE WOMAN WHO RESPECTS HERSELF.

Consider the following situation:

Emily has been talking to Bernie for awhile and from their conversations, it is apparent that he has never taken responsibility for safer sex.

She has decided that he will not be a good partner. What should she say to him and what should she do?

What ideas do you have on how to stop a new relationship from going farther with someone you know will not be a partner who respects your health?

INSTRUCTIONS:

ENCOURAGE RESPONSES ABOUT HOW EMILY CAN DECIDE NOT TO GET INTO A RELATIONSHIP WITH BERNIE AND HOW SHE CAN TELL HIM.

INFORM PARTICIPANTS THAT THEY WILL LEARN MORE ABOUT REFUSING UNSAFE SEX IN SESSION SEVEN.

GIVE OUT "THANKS" CHIPS.

Thanks for your responses. Does anyone have any questions about this or anything we have covered so far?

Checking out a potential partner is the first step to keeping yourself safe. But even if a partner said he is concerned about your health and would use a condom, saying it is not the same as actually putting on a condom.

So, in the next few weeks we will learn about methods for protecting yourself, how to ask a partner to get tested together with you, how to persuade a partner to use a male condom or accept the use of a female condom, and how to refuse a partner who doesn't want to practice safer sex.

Exercise 6: What Is Next?

10 minutes

The purpose of this exercise is to wrap up Session Two, assign between-session tasks, and build group cohesion. Giving appreciation is the way to build group cohesion.

Materials Needed:

- Participant Feedback Form
- Prepared Newsprint—*Session Two Main Points*
- Prepared Newsprint—*Session Two Between-Session Goals*
- Markers

Procedure:

INSTRUCTIONS:

REFER PARTICIPANTS TO PREPARED NEWSPRINT OF THE MAIN POINTS FOR SESSION TWO.

The main points of today's session are:

- We need to know about our partner's past risky behaviors
- We can identify the characteristics of partners in the past who didn't care about our needs
- There are many factors that may lead us to get involved with a partner who won't practice safer sex
- We have sexual rights in our relationships
- Gender stereotypes can keep us from acting on our sexual rights
- We can select partners who will work with us to protect us both

What questions do you have on what was covered today?

INSTRUCTIONS:

ANSWER PARTICIPANT QUESTIONS.

PARKING LOT

INSTRUCTIONS:
CHECK THE PARKING LOT.
IDENTIFY QUESTIONS AND CONCERNS THAT HAVE BEEN ANSWERED IN THIS SESSION AND ADDRESS THOSE THAT CAN BE ADDRESSED NOW.
LET PARTICIPANTS KNOW THE ONES THAT CANNOT BE ANSWERED NOW WILL BE ADDRESSED IN THE NEXT SESSION.

In the next session we will explore different ways we can protect ourselves from infection and how these approaches fit in with contraception.

FIO is about giving you what is needed to make smart choices that fit your needs.

BETWEEN-SESSION GOAL SETTING

Between sessions it is important to take a step that will eventually lead to having a relationship in which your health is protected.

Think of something you can agree to do between sessions. Make sure whatever steps you choose or goals you set are:

- Realistic
- Clear
- Not too much
- Not too little
- Easy to tell if it is completed

Try to relate the steps you choose to take to the session we just completed.

INSTRUCTIONS:

REFER PARTICIPANTS TO PREPARED NEWSPRINT ON BETWEEN-SESSION GOALS.

Some examples of things to do may include:

1. Make a list of your sexual rights.
2. Make a list of gender beliefs that would prevent you from insisting on safe sex with a partner.
3. Write a letter to your partner (but don't give it to him) explaining why you have the right to sexual health.
4. Talk to a man who is a friend about his attitudes toward women and sexual roles.

You don't have to select one of these examples; however you should select one that is realistic for you and try your best to take the necessary steps to complete it.

We would like everyone to share with the group what step or goal they will practice during the time between sessions.

INSTRUCTIONS:

GO AROUND THE ROOM AND ASK EACH WOMAN WHAT STEP SHE WILL TAKE.

Thank you.

The next meeting will take place on _____ (day) ____ (date) at _____ (time and place).

Now please show your appreciation to each other for your contributions to the group today.

INSTRUCTIONS:

GIVE OUT "THANKS" CHIPS TO PARTICIPANTS. ENCOURAGE SHARING OF APPRECIATION. MAKE SURE NO ONE IS EXCLUDED.

We ask that you complete the Participant Feedback Form so that we can make sure that FIO is meeting your needs.

INSTRUCTIONS:

PASS OUT PARTICIPANT FEEDBACK FORM, FOUND IN APPENDIX D.

ALLOW 5 MINUTES FOR COMPLETION.

COLLECT COMPLETED FORMS FROM PARTICIPANTS.

We will see you next time.

THE END OF SESSION TWO

Session 2
Activities and Materials

Prepared Newsprints

Observer Tasks:

- Did she check out if he was caring and willing to protect her?
- Did she check out his attitudes toward women?
- Did she act like she had some rights?
- Did she seem confident and to feel good about herself?

Session 2 Main Points

- We need to know about our partner's past risky behaviors
- We can identify the characteristics of partners in the past who didn't care about our needs
- There are many factors that may lead us to get involved with a partner who won't practice safer sex
- We have sexual rights in our relationships
- Gender stereotypes can keep us from acting on our sexual rights
- We can select partners who will work with us to protect us both

Session 2 Between-Session Goals

1. Make a list of your sexual rights
2. Make a list of gender beliefs that would prevent you from insisting on safe sex
3. Write a letter to your partner (but don't give it to him) explaining why you have the right to sexual health
4. Talk to a male friend about his attitudes toward women and sexual roles

Session Two: Exercise 2 (in Participant Workbook)

My Partner's Risky Behaviors

Think about either your current partner or your last partner and circle Yes, No *or* Not Sure *for each item. These questions will help you think about how the actions of your partner put you at risk.*

1. **Has your partner had sex without a condom or dental dam with someone who had an STD?**

   Yes No Not Sure

2. **Has your partner had sex without a condom with someone who was HIV positive or whose status was unknown?**

   Yes No Not Sure

3. **Has your partner been an IV drug user and shared needles?**

   Yes No Not Sure

4. **Has your partner had anal sex without a condom?**

   Yes No Not Sure

5. **Has your partner had an STD?**

   Yes No Not Sure

6. **Has your partner tested positive for HIV?**

   Yes No Not Sure

7. **Has your partner had sex with someone else since you got involved?**

   Yes No Not Sure

8. **Has your partner ever shared sex toys (i.e., dildos) with you?**

   Yes No Not Sure

9. **Has your partner spent time in prison?**

   Yes No Not Sure

10. **If your partner is male, has your partner had sex with other men?**

    Yes No Not Sure

Session Two: Exercise 3

Role-Play Cards

Role Card:

Young Woman

Your name is Sabrina and you just got kicked out of home. Your family won't have anything to do with you, and the group home where you're staying is overcrowded and the furniture is falling apart. You met a guy (Louis) in the park and you've gone to his place a few times—got high and had a little sex, to get your mind off stuff. He seems nice enough and understanding of your difficult situation. Though you've only known him a month, he asks you to move in.

You have a good relationship with an older girl friend, who's been around.

You ask her what she thinks.

Role Card:

Older Woman

You have concerns about Sabrina's relationship with Louis. You wonder what he has in mind, how he gets his money, how getting high could set Sabrina back from her plans to get her GED, and whether he's HIV+. You think he may be out mostly for sex. You know Sabrina will have to make her own mistakes, but with STDs and HIV around you want her to avoid any disasters.

Help her.

Session Two: Exercise 3 (in Participant Workbook)

Factors That May Prevent a Woman From Selecting a Safe Partner:

⇒ Failing to find out early enough about the man's attitudes toward women, caring, sexual protection, and respecting partner's needs

⇒ Feeling distressed—lonely, depressed, hurt, abandoned by family

⇒ Being with a group of people who put pressure on you to act unsafely

⇒ Being financially dependent and needing support from a man

⇒ Having reduced control due to drug or alcohol use

⇒ Being fooled by the partner's "acting nice"

⇒ Being afraid to act assertively

⇒ Ignoring the fact a potential partner is a "player"

Session Two: Exercise 4 (in Participant Workbook)

Your Sexual Rights

1. You have the right to your own body
2. You have the right to feel good about sex and have sexual experiences that please you
3. You have the right to your own feelings, opinions, and convictions about sex whether or not they are acceptable to others
4. You have the right to say “no” to sex and the right to say “yes’’
5. You have the right to try and change sexual experiences for the better
6. You have the right to protest any treatment or criticism that feels bad to you
7. You have the right to expect that your sexual partner respect your body, thoughts, feelings, and physical/emotional health
8. You have the right not to take responsibility for someone else’s sexual or relationship problems
9. You have the right to be the final judge of how you feel without having to justify yourself
10. You have the right to protect your body
11. You have the right to decide if and when to have kids
12. You have the right to kick him to the curb if he is not good for you

Session Two: Exercise 4 (in Participant Workbook)

Aisha and Ray

(Aisha and Ray are "making out" on the couch. They stand up and start slow-dancing. There is no music playing)

Ray: Mmm, come on. Yeah, ooh, you look good. Hey, baby... You on the pill?

Aisha: Of course I'm on the pill.

Ray: Oh, good girl. You know, I don't use rubbers myself. They interfere with the flow of love. You know, I want everything to be natural between us.

(Ray grinds his hips into Aisha)

Aisha: Wait a minute, Ray. Aren't you afraid of getting HIV?

Ray: Honey, now if I thought you could give me HIV, I would've sent you home a long time ago.

(Aisha laughs)

Aisha: Okay.

Ray: Don't worry, baby. Listen, I take good care of myself. Now, look around you.

(Ray and Aisha glance admiringly at his nice living room)

Now, do I live like the kind of guy who would take chances?

Aisha: No, you don't.

Ray: All right then.

(Aisha and Ray start to leave the room)

Session Two: Exercise 5 (in Participant Workbook)

Guidelines for Checking Out a Potential Sexual Partner

Where?

In a comfortable place where sexual contact will not occur.

When?

Before you are engaged in any sexual contact. Don't wait until you are in bed.

How?

When you are with your partner, observe his behavior.

Also explore his attitudes toward:

- Women *(Are they respected and treated equally?)*
- The HIV/AIDS crisis *(Is he concerned?)*
- Getting tested for STDs and HIV *(Is he willing?)*
- Using a condom or dental dam *(Will he do it?)*
- Responsibility for safer sex *(Is it shared?)*
- Protecting you *(Does he care?)*

Remember:

Feel good about yourself.

You have the right to find out.

Session Two: Exercise 5 (in Participant Workbook)

Role-Play Cards: Checking Out a Partner

Role Card:

Woman

Think of a name for the man and yourself and tell him.

Tell the person playing the man how long you have known each other and where this scene is taking place.

Remember to see how he treats women, his attitudes toward the HIV/AIDS crisis, relationships, his thoughts about caring for someone, his approach to safer sex and HIV/STDs.

You want to find out if he will care enough about you to work on protecting both of you from infection.

Play a confident, determined, perceptive woman.

Role Card:

Man

Play the man as you think a typical man would react.

Use your own experience with men.

However, don't make the man a terrible person.

Session Two Main Points

The main points of the session are:

- We need to know about our partner's past risky behaviors
- We can identify the characteristics of partners in the past who didn't care about our needs
- There are many factors that may lead us to get involved with a partner who won't practice safer sex
- We have sexual rights in our relationships
- Gender stereotypes can keep us from acting on our sexual rights
- We can select partners who will work with us to protect us both

SESSION THREE: WHAT'S THE BEST WAY TO PROTECT MYSELF?

Core Elements: #4, #5, #7

Session Length: Two hours

OBJECTIVES:

After completing this session, participants will be able to:

1. Name an effective method of preventing pregnancy that is not effective at preventing HIV and other STDs.
2. Name an effective approach to preventing HIV and STDs as well as pregnancy.
3. Demonstrate and describe how to put on a male condom correctly.
4. Demonstrate and describe how to insert a female condom correctly.
5. Describe how to use male and female condoms during sex.
6. Give an example of how to make using condoms fun and sexy.

RATIONALE:

In this session women learn how to correctly put on a male condom and insert a female condom. Knowing the basic facts about condom use can help reduce barriers to using them. Because many women know very little about the female condom, the session emphasizes the benefits of the female condom: (1) that it is effective for pregnancy and disease prevention and (2) that the woman—not the man—inserts it. The session also introduces the idea that using condoms consistently and correctly can be made pleasurable and that it does not need to be seen as merely a chore.

Too often little attention is given to male resistance to condom use and the possibility that women might be exposed to physical violence, forced sex, and/or economic deprivation if they try to suggest condom use. These realities require examining a range of protective alternatives. Furthermore, women need to know that there are options that are better than doing nothing to protect themselves.

In this session, facts about different methods for preventing pregnancy and/or HIV/STDs are presented,

including their effectiveness, cost, and how they are used. This enables women to make informed choices. Session Three clarifies that some of the most effective contraceptive methods do nothing to protect against HIV and STD infection, and that male and female condoms are effective at preventing BOTH pregnancy and HIV/STDs. Women need to make a choice about whether to use two methods—one for contraception and one for disease prevention—or one method for both purposes.

SESSION THREE ACTIVITY LIST	Time
• **Exercise 1: What Happened Between Sessions?**	15 minutes
Welcome the participants. Review the progress made toward reaching goals, reward behaviors that have improved the women's lives, and do a lottery. Introduce the topic with stories.	
• **Exercise 2: What Are My Choices?**	20 minutes
Present an overview of different protective methods so that wise choices can be made. For each method, discuss the degree of control a woman has over its use and its effectiveness in preventing pregnancy, HIV and other STDs.	
• **Exercise 3: What Choice of Protection Should I Make?**	15 minutes
Practice making wise choices for protection against HIV by responding to letters asking for advice.	
• **Exercise 4: How Do I Use Male and Female Condoms?**	40 minutes
Demonstrate and practice (with models) putting on a male condom and inserting a female condom.	
• **Exercise 5: How Could I Help a Friend?**	15 minutes
Practice teaching a friend to put on a male and female condom.	
• **Exercise 6: What is Next?**	15 minutes
Discuss between-sessions goal setting, address administrative details, and show appreciation for group members.	
Total Session Time	**120 minutes (2 hours)**

SESSION THREE MATERIALS CHECKLIST:

✓	Materials
	Name Tags (1 per participant)
	"Thanks" Chips (20 per participant and facilitator)
	Lottery Tickets (1 per participant)
	Lottery Prize (1)
	Bag for Lottery Tickets
	Blank Newsprint
	Markers (5)
	Post-it Notes
	Easel
	Clock
	Unlubricated Male Condoms (3 per participant, 1 per facilitator)
	Lubricated Male Condoms (2 per participant, 1 per facilitator)
	Male Penis Models (10)
	Lubricated Female Condoms (3 per participant, 1 per facilitator)
	Tubes of Lubricant (1 per participant and facilitator)
	Unlubricated Female Condoms (2 per participant, 1 per facilitator)
	Female Pelvic Models (5)
	Baby Wipes
	Advice Letters
	“Female Condom…Gotta Have It” DVD
	DVD Player and TV
	Participant Feedback Form
	Prepared Newsprint—Parking Lot
	Prepared Newsprint—Group Rules
	Prepared Newsprint—Rank of Effectiveness Against Pregnancy
	Prepared Newsprint—Role Play Instructions
	Prepared Newsprint—Sexual Rights
	Prepared Newsprint—Session 3 Main Points
	Prepared Newsprint—Session 3 Between-Session Goals
	Poster—Session List
	Poster—Feeling Thermometer

SESSION THREE ADVANCED PREPARATIONS:

Prepare Newsprints (see pages 186-7):

Rank of Effectiveness Against Pregnancy

Role-Play Instructions

Session 3 Main Points

Session 3 Between-Session Goals

Prepare Materials (see session materials on CD):

Advice Letters

Prepare Room:

Hang Up Prepared Newsprint—*Parking Lot*

Hang Up Prepared Newsprint—*Group Rules*

Hang Up Prepared Newsprint—*Sexual Rights*

Hang Up Poster—*Session List*

Hang Up Poster—*Feeling Thermometer*

Put Out Nametags and markers

Put Out Post-it Notes

Put Out Participant Workbooks

Practice:

Applying a male condom onto a penis model

Inserting a female condom into a pelvic model

Research:

Most up-to-date information on HIV/STD prevention methods (check local and state health departments or the CDC website)

Availability of Emergency Contraception in the area (prescription vs. over-the-counter)

Where women can get female condoms for free (clinics, prescribed by a doctor and paid by Medicaid, etc.)

NOTES TO MYSELF (REMINDERS, POINTS TO MAKE):

Exercise 1: What Happened Between Sessions?

15 minutes

The purpose of this exercise is to build self-esteem and group cohesion. This exercise is designed to provide support for positive actions taken by the participants between sessions, to review homework, to cover administrative issues, to introduce the topic of the session and to break the ice with a lottery. Positive introductions also help to build self-esteem.

Materials Needed:

- "Thanks" Chips
- Lottery Tickets
- Pens
- Lottery Prize
- Bag for Lottery Tickets

Facilitator says:

I am glad to see you back here again. Let's start by expressing why we are worth protecting ourselves from infection.

POSITIVE INTRODUCTIONS

Please put your name tags on and complete the following sentence, "I am worth protecting myself because....."

For example, "I am worth protecting myself because I am a very special person."

I'll start. My name is _____, and I am worth protecting myself because _____.

INSTRUCTIONS:

GO AROUND TO EACH WOMAN IN THE GROUP, INCLUDING BOTH FACILITATORS.

Those are some excellent reasons for protecting yourselves!

Here are your "Thanks" Chips for the day. Remember to let other participants know that you like what they are saying and doing by giving them a "Thanks" Chip.

INSTRUCTIONS:

GIVE EACH WOMAN 20 "THANKS" CHIPS.

BETWEEN-SESSION GOALS REVIEW

Now let's get started with today's session. At the end of the last session you set a between-session goal for yourself—a step you were going to take to help you on your path to having a relationship in which your health is protected. Please tell us what your goal was and what happened.

If you forgot your goal—were there other things that you did in relation to checking out partners, being aware of your sexual rights, or something else to help you protect yourself from HIV/STDs?

Who would like to share?

INSTRUCTIONS:

ALLOW SEVERAL WOMEN TO SHARE THEIR PROGRESS.

GIVE OUT "THANKS" CHIPS TO THE WOMEN WHO SHARED.

COACH ON HOW THE WOMEN MIGHT HAVE SOLVED ANY PROBLEMS ASSOCIATED WITH REACHING THEIR GOAL. ELICIT RECOMMENDATIONS FROM OTHER PARTICIPANTS BY SAYING: "**DOES ANYONE HAVE AN IDEA OF HOW SHE COULD HAVE SOLVED THIS PROBLEM?"**

REMIND PARTICIPANTS THAT IF A GOAL WAS TOO DIFFICULT TO ACCOMPLISH, SOMETIMES IT IS HELPFUL TO BREAK IT DOWN INTO SMALLER STEPS.

NOTE TO FACILITATOR:

If a woman is having problems remembering her goal, this could mean that she may not have completed the assignment. Focus on other positive actions related to the objectives of the last session (e.g., awareness of sexual rights, assessing the attitudes of prospective partners, etc.).

LOTTERY

INSTRUCTIONS:

CONDUCT THE SESSION LOTTERY.

PASS OUT LOTTERY TICKETS. HAVE EACH WOMAN WRITE HER NAME ON A TICKET. COLLECT THE TICKETS. PUT THEM IN A CONTAINER. MIX THEM UP. HAVE A WOMAN DRAW A WINNER, AND GIVE OUT THE PRIZE.

We want to do a lottery now. That is one way that we would like to show you how happy we are that you are here.

PERSONAL STORIES

That was great. OK, to begin our session today I want to tell you a brief story.

INSTRUCTIONS:
FACILITATORS WILL EACH TELL A BRIEF STORY. FIRST FACILITATOR TELLS HER STORY ABOUT PROTECTIVE DEVICES. THEN THE SECOND FACILITATOR TELLS HER STORY ABOUT RISKY SEXUAL ACTS.

My friend, Shirley, was using DEPO for birth control. Its full name is Depo Provera and it's a contraceptive that is injected every three months to help prevent pregnancy.

She was totally shocked when I told her that DEPO did nothing to protect against STDs and HIV. She thought that by having DEPO shots, she wouldn't have to worry about anything anymore. Kind of like one-stop-shopping.

I have a story too.

A woman I know was trying to practice safer sex. When she had vaginal intercourse, her partner only put a condom on right before he came.

I told her that vaginal sex can be risky if he doesn't wear a condom from start to finish. She didn't know that.

You can probably guess from our stories that today we want to look at what are the best ways for women to protect themselves from infection with HIV and STDs. We'll look at different protective methods and talk about their advantages and disadvantages.

Also we will demonstrate and practice how to use male and female condoms correctly.

Exercise 2: What Are My Choices?

20 minutes

This exercise gives women the information they need to make an informed choice about protecting themselves from infection with HIV and other STDs. The exercise presents the challenge that the most effective methods are the ones that require more partner cooperation and therefore give the woman less control. This exercise discusses which methods only prevent pregnancy and which ones prevent both pregnancy and disease.

Materials Needed:

- Participant Workbook—*Fact Sheet on Disease Prevention and Contraception Methods*
- Blank Newsprint
- Markers
- Prepared Newsprint—*Rank of Effectiveness Against Pregnancy*

FACT SHEET ON DISEASE PROTECTION AND CONTRACEPTION METHODS

NOTE TO FACILITATOR:

This exercise is not meant to provide exhaustive information on all methods of contraception. Be careful to stay focused on the main goals of the exercise and not to fall into an in-depth discussion of side-effects, etc. Use the "Parking Lot" when specific questions arise that you do not readily have the answers to. Also refer participants to medical professionals if they have specific questions.

This exercise will give you information on the different methods of protection against STDs and HIV so that you can make an informed choice. There are three very important points that I want to emphasize:

- First, methods that may be good at preventing pregnancy may do nothing to protect against infection with HIV and other STDs.
- Second, the methods that work best at preventing infection require partner cooperation or willingness to go along.
- Third, women who want a contraceptive and also want to protect themselves against HIV/STDs have a choice: They can use one method for contraception and another method for disease prevention, OR they can use one method—male or female condoms—for both contraception and disease prevention.

INSTRUCTIONS:

REFER PARTICIPANTS TO THE *FACT SHEET ON DISEASE PROTECTION AND CONTRACEPTION METHODS* ON PAGES 31 TO 34 OF THE WORKBOOK AND REVIEW IT WITH THE GROUP. THE FACT SHEET IS ALSO LOCATED IN THE *SESSION ACTIVITIES AND MATERIALS* SECTION AT THE END OF THE SESSION.

Now let's go over a fact sheet that provides you with a summary of information on the methods. Turn to Pages 31 to 34 of your Participant Workbooks. The chart lists the different methods down the left-side. Then the next column tells you how effective the method is. After that is the cost, and finally comments on whether the method requires the partner's willingness to go along and other comments on using the method.

Let's look at whether a method works for both disease protection and contraception. Take a look at the "Hormonal" section of the chart where it lists the oral contraceptive pill, Depo Provera (the three-month injection), the ring (Nuva Ring), the patch (Ortho Evra Patch), and Implanon.

Do they work for both disease protection and to prevent pregnancy?

INSTRUCTIONS:

ENSURE THAT PARTICIPANTS UNDERSTAND WHICH METHODS DO NOT PROTECT AGAINST DISEASES.

What works for both contraception and preventing infections?

INSTRUCTIONS:

ENSURE THAT PARTICIPANTS RESPOND WITH THE CORRECT ANSWER: CONDOMS.

You see that the male and female condoms are by far the most effective methods against infection and that they also prevent pregnancy.

But, as you look down the "Comments" column, what do you see?

INSTRUCTIONS:

DRAW PARTICIPANTS' ATTENTION TO THE FACT THAT CONDOMS NEED TO BE USED EACH TIME YOU HAVE SEX AND THEY REQUIRE THE COOPERATION OF A PARTNER.

The most effective methods are the ones you have less control over because they have to be used every time you have sex and they require partner cooperation.

Both male and female condoms are visible when worn. Although you can insert the female condom before hooking up, the outer ring will remain outside of your vagina. Therefore, you have to depend on the man's willingness to go along and you may have to negotiate with him to use male or female condoms.

However, one important advantage of the female condom is that YOU control wearing it. Your partner does not have to do anything to put the female condom in, even though he will know you have one inserted.

INSTRUCTIONS:

REFER PARTICIPANTS TO THE PREPARED NEWSPRINT ON THE RANK OF EFFECTIVENESS AGAINST PREGNANCY.

Looking at the chart, how effective are these methods at protecting you against unintended pregnancy? Rank the methods from best to worse.

INSTRUCTIONS:

HAVE PARTICIPANTS ANSWER WHICH METHODS BELONG IN WHICH EFFECTIVENESS CATEGORIES AND WRITE THEM ON THE NEWSPRINT.

THE NEWSPRINT WITH THE CORRECT RESPONSES SHOULD LOOK LIKE THIS:

Excellent: IUD, Hormonal Methods, Male and Female Condoms

Fair: Diaphragm, Spermicides

Poor: Withdrawal.

Now let's summarize the methods for prevention of HIV and other STDs. Which are the only effective methods for protecting you against HIV and other STDs?

INSTRUCTIONS:

ALLOW SEVERAL RESPONSES BUT ONLY WRITE CORRECT ONES ON A BLANK NEWSPRINT.

CORRECT RESPONSES ARE: MALE CONDOMS, FEMALE CONDOMS, POST-EXPOSURE PROPHYLAXIS.

NOTE TO FACILITATOR:

As of this writing, the cervical diaphragm has not been demonstrated to be effective for prevention of HIV or other STDs (based on one study). However, other studies of the diaphragm are underway and it may eventually be found to provide protection against some STDs and/or some protection against HIV. Therefore, the most current information should be presented here which is that it is not protective.

Withdrawal provides some protection against pregnancy, although it is far less effective than hormonal methods or male or female condoms. It does not provide protection against HIV infection. Withdrawal does not provide protection against many common STDs because women can be infected even if a man does not ejaculate inside them. Therefore, withdrawal should only be considered as a "partial protection method" if the woman has no other option because her partner refuses male and female condoms and she is unable or unwilling to insist on condom use or leave the relationship. In following sessions, other prevention options are discussed—mutual testing, "outercourse," abstinence, refusal.

Microbicides are substances (like gels or creams) that could be inserted into the vagina or rectum prior to sex in order to prevent the transmission of HIV (and possibly other STDs). They are currently under development, but as of this writing, none has yet been found effective.

So right now, male and female condoms are the only methods that provide effective protection against HIV and other STDs. Post Exposure Prophylaxis (PEP) can protect against HIV but is only used in an emergency and cannot be relied on for regular protection. Hopefully, there may be more options in the future, such as microbicides or even vaccines.

Besides condoms and hormonal methods, the chart shows the diaphragm, spermicides, like the sponge and foam, and other methods—the IUD and withdrawal. Most of these other methods provide little or no protection against HIV and STDs. The methods using N-9 (nonoxynol-9), in fact, may increase the risk of HIV infection.

This leaves women with some choices to make. If a woman is taking the pill as a contraceptive, then she will have to also use condoms with her partner consistently and correctly to prevent HIV and STDs. This provides the most effective protection.

How do you feel about using two protection methods—the pill and the male condom for example?

INSTRUCTIONS:

ENCOURAGE RESPONSES AND DISCUSSION OF REASONS.

The other option is to use male or female condoms for prevention of pregnancy and HIV/STD. Male and female condoms are not as effective as hormonal methods like the pill or DEPO for prevention of pregnancy, but they have the advantage of offering dual protection—kind of like "one-stop-shopping" for disease and pregnancy prevention.

And, condoms can be a much more effective form of birth control IF emergency contraception (morning after pill) is used as a back-up in case the condom slips or breaks.

Some women prefer to tell their partner that they are using condoms for pregnancy prevention. How do you feel about using one protection method—male or female condoms—for both pregnancy and disease prevention?

INSTRUCTIONS:

ENCOURAGE RESPONSES AND DISCUSSION OF REASONS.

Before going further, let's review the three points we have covered so far:

- Many effective methods for pregnancy prevention do nothing to stop disease.
- The best methods for disease prevention (male and female condoms) require partner cooperation and willingness to go along with your choice.
- To protect themselves against pregnancy AND disease, women have the option of using two methods—one for contraception and one for disease prevention—or condoms for both, with emergency contraception (EC or the "morning after pill") as a back up if the condom breaks or slips.

What questions do you have?

INSTRUCTIONS:

ANSWER QUESTIONS AND CLARIFY POINTS.

Some women feel at risk from a partner but they are unable to get him to use a condom or even to wear a female condom themselves. They may be at risk of getting physically or emotionally hurt by their partner, forced to have sex, or may lose the relationship if they suggest condom use. What could these women do?

INSTRUCTIONS:

ENCOURAGE DISCUSSION.

Each woman knows her own situation. You know whether or not you will get physically or emotionally hurt by your partner, forced by your partner to have sex, or left if you suggest condom use.

In the next session, we are going to discuss mutual testing as an option for a couple who are both monogamous with each other. Later on, we also will be talking about how to refuse sex that is unsafe.

Exercise 3: What Choice of Protection Should I Make?

15 minutes

The purpose of this exercise is to increase women's skills in deciding which protective approach is best in a given situation. Small group work on "Dear Doctor" advice letters is the method used.

Materials Needed:

- Blank Newsprint
- Markers
- Advice Letters

Facilitator says:

In many newspapers and magazines there are advice columns on sexual matters—Dear Abby, and Dear Dr. Ruth, for example. You know the letters.

I want you to be a Doctor—**Doctor Viola**—and make recommendations to letter-writers.

To do this, we will divide you into three groups and each group will receive a letter. We will review each letter as a group just so everyone can hear what all of the problems are. Here are the letters:

INSTRUCTIONS:

DIVIDE THE GROUP INTO THREE SMALL GROUPS (3 TO 4 WOMEN EACH) BY HAVING THE PARTICIPANTS COUNT OFF FROM 1 TO 3.

PROVIDE BLANK NEWSPRINT AND MARKERS TO EACH GROUP.

PASS OUT AN ADVICE LETTER TO EACH GROUP. THEY CAN BE FOUND IN THE *SESSION ACTIVITIES AND MATERIALS* SECTION AT THE END OF THE SESSION. READ THE LETTERS ALOUD TO THE WHOLE GROUP.

Letter 1:

Dear Doctor Viola,

I asked my boyfriend—LeRoy—to use a condom, and he started telling me he was the boss and I would have to do what he wanted. He gets nasty at times, but I still love him. I yelled back at him but stopped because I knew he might get more ugly. He won't use one even though he was treated for syphilis before I knew him. What should I do? Keep pushing him to use a condom? I'm a little afraid. There must be some way to protect myself.

Fondly,

Charisse

Letter 2:

Dear Doctor Viola,

I'm in a new relationship with a guy I really like. I don't want to get pregnant or get any diseases and neither does he. He's a nice, caring guy. He's been pulling out (most of the time), but I know that's not very effective. What should we do? I don't know anything about his past relationships, but he tells me he hasn't had many girlfriends.

Very Sincerely,

Nelida

Letter 3:

Dear Doctor Viola,

I've been with my partner for five years. We used condoms in the beginning, but then I went on the pill. Lately, he's come home late a couple of times and told me he had to work overtime. I don't want to call him at work and check up on him. But something tells me that he may be cheating on me, "playing me dirty." If suddenly I ask him to wear a condom, he will know I suspect him. I don't want to get something from him. And I'm getting frustrated with the side effects of the pill, too. I feel bloated all the time and I don't have any sex drive. Any bright ideas? What about the female condom I keep hearing about?

Thanks,

Madeline

Now, we would like for each group to read their letter and write a response on your newsprint. Feel free to just write bullet points. Remember the information you learned from the last exercise about different disease prevention and contraception methods and from Session Two about selecting a caring partner. You may want to review the fact sheet on disease protection and contraceptive methods that we just went over. Take about five minutes to come up with a response.

As a group think about and jot down what you would write back. You will have five minutes to do this.

INSTRUCTIONS:

STOP GROUPS AFTER FIVE MINUTES.

Please tell us what your letter said and how you would respond. Group One, you go first.

INSTRUCTIONS:

DISCUSS HOW EACH GROUP RESPONSE FITS WITH THE INFORMATION THAT WAS PRESENTED ON DIFFERENT DISEASE PROTECTION METHODS.

USE THE FOLLOWING POINTS TO HELP PROCESS THIS ACTIVITY:

- The most effective methods to protect a woman from HIV/STD infection require cooperation from her partner in using male or female condoms. You have more control with the female condom.
- Male and female condoms can provide protection against both pregnancy and diseases. If used with emergency contraception (EC, morning after pill), they are very effective.

GIVE OUT "THANKS" CHIPS.

Good job everyone!

Exercise 4: How Do I Use Male and Female Condoms?

40 minutes

The purpose of this exercise is to improve skills in putting on a male condom and inserting a female condom. Facilitators will demonstrate on penis and vagina models and participants will practice putting on male and female condoms with these models.

Materials Needed:

- Male and Female Condoms (lubricated and unlubricated)
- Penis and Pelvic Models
- Participant Workbook—*Guidelines for Using a Male Condom*
- Participant Workbook—*Do's and Don'ts for Male Condoms*
- Participant Workbook—*Guidelines for Using a Female Condom*
- Participant Workbook—*Tips for Using a Female Condom*
- Baby Wipes
- Tubes of Lube
- TV/DVD Player and DVD of "Female Condom…Gotta Have It."

Procedure:

INSTRUCTIONS:

HAND OUT THREE UNLUBRICATED MALE CONDOMS TO EACH WOMAN.

We have been talking about condoms. Now it is time to practice putting on a male condom.

Get comfortable touching and feeling male condoms. Tear open the package and pull it out. Unroll it, stretch it, snap it, blow it up, throw it to your neighbor.

INSTRUCTIONS:

MODEL DOING SOMETHING PLAYFUL WITH A CONDOM.

ALLOW A MINUTE OR TWO FOR EVERYONE TO PLAY WITH THEM.

MALE CONDOM DEMONSTRATION AND PRACTICE

Now let's practice correctly putting a condom on a penis model.

First I have a question: Why do we need to know how to do this? Shouldn't men be the ones to put on a male condom?

INSTRUCTIONS:

POINT OUT THAT MANY MEN DO NOT KNOW HOW TO PROPERLY PUT ON A CONDOM.

Now I'm going to demonstrate how to put on a male condom and you are going to follow along with me, step by step, using your own penis model. You can find the steps in your Participant Workbook on Page 35.

If you are having trouble, just raise your hand and *[OTHER FACILITATOR]* will help you out.

INSTRUCTIONS:

HAND OUT TWO LUBRICATED CONDOMS AND A MALE PENIS MODEL TO EACH WOMAN. ALSO PASS OUT BABY WIPES FOR WIPING OFF THEIR HANDS. ENSURE THAT EACH WOMAN IS COMFORTABLE DOING THIS EXERCISE. IF SOMEONE IS NOT, SHE CAN WATCH A PARTNER PUT ON A MALE CONDOM.

REFER PARTICIPANTS TO *GUIDELINES FOR USING A MALE CONDOM (PUTTING ON A MALE CONDOM)* IN THEIR WORKBOOK ON PAGE 35. THIS CAN ALSO BE FOUND IN THE *SESSION MATERIALS AND ACTIVITIES* SECTION AT THE END OF THIS SESSION.

ONE FACILITATOR SHOULD READ THE STEPS WHILE THE OTHER DEMONSTRATES. BOTH FACILITATORS SHOULD WATCH TO SEE THAT ALL PARTICIPANTS ARE FOLLOWING THE STEPS CORRECTLY. IF SOMEONE IS HAVING TROUBLE, THE FACILITATOR WHO IS READING SHOULD GET UP AND HELP HER.

GIVE LOTS OF ENCOURAGEMENT, REINFORCEMENT, AND "THANKS" CHIPS EVEN IF THE ATTEMPT IS NOT PERFECT IN THIS PRACTICE. IT IS IMPORTANT TO CORRECT SOMEONE WHO IS PUTTING ON THE CONDOM INCORRECTLY.

PUTTING ON A MALE CONDOM

1. Make sure it is latex or polyurethane, because lambskin condoms let HIV through and will not protect you.
2. Check the expiration date on the package or box. If the expiration date has passed, do not use the condom.
3. Open the package carefully so as not to tear the condom.
4. Make sure the condom has a reservoir tip at the end of the condom to catch the semen after ejaculation.
5. You can put a drop of water-based lubricant inside the tip of the condom if condom is not lubricated, to make it easier to go on.
6. Roll down 1/2 inch of condom.
7. Put the condom against the head of the hard penis.
8. Squeeze any air out of the condom, leaving room for cum at the tip.
9. Roll the condom all the way down to the base of the penis.
10. Gently smooth out any extra air.

HAVING SEX WITH A MALE CONDOM

1. A condom should be on the man's penis when he first enters the vagina, anus, or mouth. It is much less effective if a man only puts it on right before he cums.
2. If the condom feels dry going in, add more lubricant.
3. If the condom slips off the man's penis before he cums, apply a new condom. Don't reapply the old one.

REMOVING A MALE CONDOM

1. After ejaculation, the man should pull out gently while the penis is still hard. Although some condoms have an elastic band to hold it in place, some don't. Condoms are less likely to come off if you or he holds it at the base of the penis while he's pulling out.
2. Starting at the base, slide the condom off carefully so the cum doesn't spill.
3. Tie a knot in the condom so the fluid will not spill out.
4. Throw the condom away (in the trash, not the toilet).
5. Never use a condom twice.

Are there any questions?

INSTRUCTIONS:

ANSWER ANY QUESTIONS RAISED BY THE PARTICIPANTS AND CLARIFY ANY ISSUES OR CONCERNS THEY MAY HAVE.

REFER PARTICIPANTS TO *DOS AND DON'TS FOR MALE CONDOMS* ON PAGE 36 OF THE PARTICIPANT WORKBOOK. THE DOS AND DON'TS ARE ALSO IN THE *SESSION ACTIVITIES AND MATERIALS* SECTION OF THIS SESSION. DO NOT REVIEW THIS HANDOUT UNLESS PARTICIPANTS HAVE SPECIFIC QUESTIONS RELATED TO THE CONTENT.

Did you know that manufacturers are competing to make male condoms sexier and better feeling? Some condoms are now made of polyurethane—plastic—for those who are allergic to latex. Some have ribs on the outside, which can make it more pleasurable for the woman.

The point is that using a condom can be fun, sexy, and pleasurable.

So, if you want to have some fun, you and a girl friend or partner could go online to condom sites and check out all the different colors, designs, fragrances, and flavors that are available now. Or, if you have a condom specialty shop in your neighborhood, you should go and have a look for yourselves.

FEMALE CONDOM INTRODUCTION

Now, I have a question for you.

What transmits warmth, makes a man's penis feel good, stimulates a woman's clitoris, and doesn't smell like latex?

A female condom!

What have you heard about female condoms? For example, what do you think they look like? What have you heard about using them? Who has ever seen or experienced a female condom?

INSTRUCTIONS:

HOLD UP A FEMALE CONDOM.

For those who have never seen one, is this what you thought they looked like?

What is your reaction to how it looks?

Do you notice that male and female condoms are about the same size? They are made out of different materials. Male condoms are made from latex (rubber). Some female condoms are made from polyurethane (plastic) and others are now made from synthetic latex, called nitrile. They are both barriers against HIV and STD infection.

INSTRUCTIONS:

PASS OUT A FEMALE CONDOM TO EACH PARTICIPANT.

MODEL EXPLORING THE FEMALE CONDOM AND WAIT WHILE THE WOMEN GET USED TO IT.

Here is a female condom for everyone. Take it out of the package. Look at it; get the feel of it; see if you can stick your hand inside of it. See what crazy thing you can make of it. I want to see you have some fun with it.

INSTRUCTIONS:

ENCOURAGE PLAYFUL EXPLORATION OF THE FEMALE CONDOM. ASK FOR FUN IDEAS OF HOW TO USE THEM.

HAND OUT "THANKS" CHIPS.

Those were great ideas! I see you guys really got into it!!

NOTE TO FACILITATOR:

Often women do not have experience using female condoms. In order to make the participants feel comfortable practicing the use of female condoms, demonstrate your comfort level with them by playfully exploring.

Now let's learn how to use the female condom correctly. I will demonstrate on a pelvic model. Instructions are in the female condom packets that are being passed out. They are also in your Workbooks on Page 37.

INSTRUCTIONS:

PASS OUT A SECOND FEMALE CONDOM WITH THE PRINTED DIRECTIONS FROM THE PACKET AND LUBRICANT TO EACH WOMAN.

REFER WOMEN TO THE *GUIDELINES FOR USING A FEMALE CONDOM* ON PAGE 37 IN THEIR WORKBOOKS.

SHOW THE PELVIC MODEL. PLACE IT BETWEEN YOUR LEGS OR IN FRONT OF YOU FACING AWAY FROM YOUR BODY.

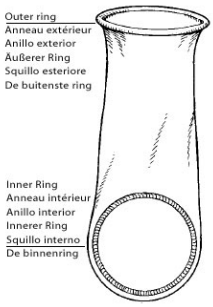
HAVE PARTICIPANTS READ EACH STEP AS YOU DEMONSTRATE INSERTING AND REMOVING THE FEMALE CONDOM ON THE MODEL. ANOTHER OPTION WOULD BE TO ALLOW ONE FACILITATOR TO READ THE INSTRUCTIONS ALOUD WHILE THE OTHER DEMONSTRATES.

Instructions for Inserting the Female Condom

Preparing for Use

- Start with one female condom (FC) package and a small bottle of lubricant.
- As with the male condom, it is important to check the expiration date prior to opening the FC.
- Locate the notch on the top of the package and tear in a smooth downward direction to open the packet.
- Remove the female condom and straighten it out.
- Rub the sides of the female condom together to spread the lubricant inside the condom from bottom to top.
- Choose a comfortable position for inserting the female condom.

Insertion Position

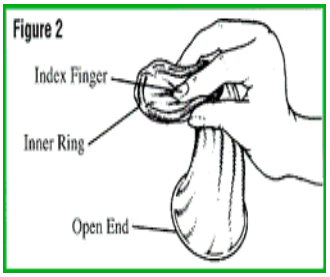


Many women find inserting the female condom to be similar to inserting a tampon or a diaphragm and use the same position for insertion of the FC. Other insertion positions/techniques include:

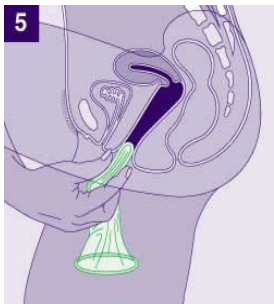
- Standing with knees apart and squatting down.
- Sitting on the edge of a chair with knees apart.
- Lying on one's back with knees bent.
- Standing and placing one foot on a chair.

How to Insert the Female Condom

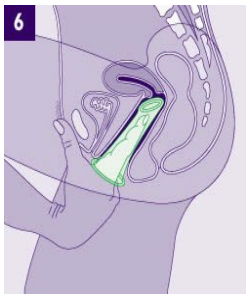
Insertion of the FC, while not difficult, requires some practice in order to ensure proper comfort and protection. The following steps provide a useful guide for insertion:



- Hold the condom with the open end hanging down. Grasp the inner ring between your thumb and middle finger. Put your index finger between your thumb and middle finger. Squeeze your fingers together—and keep squeezing.

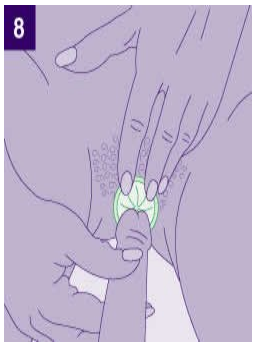


- With the other hand, spread the lips at the opening of the vagina. Push the squeezed part of the female condom (the inner ring) into the vagina.



- You do not have to push far at first. Once the condom is inside your vagina, put your index finger **inside** the condom and push the inner ring up as far as it will go. Make sure the sheath is not twisted and that the outer ring remains outside of the vagina.
- When the FC is in place the inner ring will sit comfortably over the cervix and above the pubic bone, which holds the condom in place.

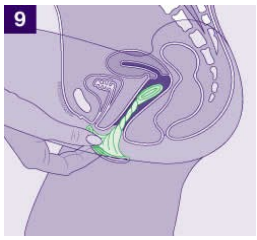
Use during Sex



Once you are ready to have sex:

- Add a few drops of lubricant to the partner's penis or inside the condom. This is important because if there is not enough lubricant, the condom may be pushed inside the vagina or stick to the penis during sex or on withdrawal.
- Gently hold the outer ring of the condom against your body.
- Guide the penis into the opening of the FC.

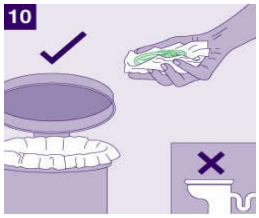
How to Remove the Female Condom



The FC does not need to be removed immediately after ejaculation, but remove the condom before you stand up and follow these steps:

- Squeeze and twist the outer ring to keep semen inside the condom.
- Gently pull out the condom.

Remember



- Throw the condom in the garbage and not the toilet.
- Wash hands with soap and water.

FEMALE CONDOM PRACTICE

INSTRUCTIONS:

HAVE EACH WOMAN TRY INSERTING THE FEMALE CONDOM ON THE MODEL WHILE THE OTHERS WATCH. IF TIME IS SHORT, HAVE TWO WOMEN WORK TOGETHER ON THE MODEL.

MAKE SURE THEY HOLD THE MODEL IN FRONT OF THEM OR BETWEEN THEIR LEGS.

REFER PARTICIPANTS TO *TIPS FOR USING A FEMALE CONDOM* ON PAGE 39 OF THE WORKBOOK.

I want to make a few comments on how to use the female condom. These are some other points in addition to what we just demonstrated—such as helping to insert the penis in the female.

- To get more comfortable using the female condom, practice inserting it by yourself. It is usually awkward at first, but stay with it—most users say that by the third time—it works like a charm.
- The female condom can be put on ahead of time and not in front of your partner if you wish.
- On the other hand you could teach your partner how to insert it and make it part of your lovemaking.
- Use more lubricant if needed. Most people find that a few drops added before and sometimes during sex (if it's long and vigorous) eliminates noise and the condom sticking to the penis.
- If the outer ring gets pushed into the vagina during sex, stop, take out the condom, and insert a new condom.
- Use a new condom every time you have sex.
- Never use a condom twice.
- Do not remove the condom's inner ring.
- Do not use a male condom and a female condom at the same time.

- **The female condom is NOT recommended** for anal sex. However, some heterosexual couples do use it for anal sex, usually without the inner ring. We don't have the research yet to know if it is effective and how effective, but common sense suggests it may be better than nothing. We DO know that a male condom protects a woman from infection during anal sex.

How comfortable were you practicing inserting and removing the female condom?

INSTRUCTIONS:

REFER PARTICIPANTS TO THE FEELING THERMOMETER ON THE WALL. ENCOURAGE EVERYONE TO SHARE THEIR LEVEL OF COMFORT.

GIVE OUT THREE FEMALE CONDOMS WITH INSTRUCTIONS TO EACH WOMAN.

To get comfortable with the female condom and to see how you react to inserting it, you may want to practice inserting one at home between sessions.

NOTE TO FACILITATOR:

Have the pelvic models and female condoms available after this session and before other sessions so women can practice, especially if they didn't get a chance during this session. By the end of the eight sessions, every woman should have been able to practice inserting the female condom on a pelvic model.

Like anything else, some couples will want to use the female condom and others won't.

Because the female condom is made of polyurethane and conducts heat, many people find that it allows for more sexual feeling. And it's important to note that the new FC2, which is made of synthetic latex, cannot cause allergies. It is cheaper than the polyurethane female condom and makes less noise during sex.

NOTE TO FACILITATOR:

Information on FC2, a synthetic latex female condom, has been included in this activity. It has been FDA-approved, although, as of this writing, it is not yet out on the US market. Determine current market availability and any new developments with male and female condoms.

FEMALE CONDOM VIDEO: *"FEMALE CONDOM…GOTTA HAVE IT"*

Now we're going to see a video about the female condom. This was made to help women present the female condom to their partners. It gives the man's perspective on the female condom—the benefits that men see. See what you think about it.

INSTRUCTIONS:

SHOW DVD "*FEMALE CONDOM…GOTTA HAVE IT*."

AFTER THE DVD, ASK THE QUESTIONS BELOW AND ALLOW A FEW WOMEN TO RESPOND.

What did you think about the video?

Is this something you and your partner might be interested in using?

VISUALIZATION ACTIVITY

As we mentioned earlier, condom use can be a part of a very sexy, pleasurable scene.

Let me show you. Let's relax for a minute. Yawn and stretch.

Do it again.

Yawn and stretch. Get in a comfortable position and close your eyes, breathing deeply and slowly. Deeply and slowly.

I'd like you to imagine a very sexy scene. Make it a scene with a partner who loves using condoms with you or wearing the female condom.

Enjoy all the delicious sensations as you imagine putting on or in the condom, or watching your partner do this. See, hear, and feel the two of you enjoying sex with condoms.

INSTRUCTIONS:

PAUSE FOR A MINUTE WHILE THE WOMEN THINK OF AN EROTIC SEX SCENE.

REFER PARTICIPANTS TO THE FEELING THERMOMETER ON THE WALL. ENCOURAGE EVERYONE TO SHARE THEIR LEVEL OF COMFORT.

You see, making condoms a regular part of your love life can be safe and sexy.

Exercise 5: How Could I Help a Friend?

15 minutes

This exercise is designed to demonstrate what has been learned in the session by helping a friend deal with the key issues. The reason is that by teaching someone else, the helper reinforces her own skills and positive attitudes.

Materials Needed:

- Prepared Newsprint—*Role-Play Instructions*

ROLE-PLAY

Now we want you to demonstrate what has been learned by doing a role-play of helping another woman.

We will divide the group in half. I need a total of four volunteers to perform an unscripted role-play. In each small group we will need two volunteers—one to play the "HELPER" and the other to play her "FRIEND." The players will have five minutes to perform the role-play.

INSTRUCTIONS:

DIVIDE THE GROUP IN HALF AND SELECT TWO VOLUNTEERS IN EACH SMALL GROUP TO DO THE ROLE-PLAY.

Here are your instructions; they're also on newsprint to guide you during the role-play. Feel free to look over at it if you get stuck during the role-play.

INSTRUCTIONS:

REFER PARTICIPANTS TO THE PREPARED NEWSPRINT OF ROLE-PLAY INSTRUCTIONS.

(TO THE FRIEND) You are considering what protection to use against STDs and HIV. First, ask the other person to show you how to put a male condom on a penis. Second, ask her if there is any other method besides the male condom. Make up what your relationship is like with your partner.

(TO THE HELPER) Your friend doesn't know much about ways to protect herself from STDs and HIV. Listen to what she asks of you and respond.

Remember some of the points about giving STD and HIV messages:

- "It's smart to be worried about HIV and STD." Therefore support your friend's interest.
- A lot of women are now trying to prevent themselves from getting STDs and HIV.
- Tell what you are doing or trying to do.
- Give practical tips.

Those of you who are not doing the role-play will be observers.

(TO THE OBSERVERS) Pay attention to whether the HELPER does the following:

- Supports the friend's interest in protecting herself.

- Indicates that more women are protecting themselves.
- Explains what she is doing to protect herself.
- Gives practical tips.

Are there any questions about this activity?

INSTRUCTIONS:
ANSWER PARTICIPANT QUESTIONS.

Does everyone know what they are responsible for doing?

Are the actors and observers ready?

Go ahead and perform the role-play.

INSTRUCTIONS:
A FACILITATOR SHOULD GO WITH EACH SUB-GROUP.
FACILITATORS SHOULD HAVE CONDOMS AND PENIS MODELS WITH THEM.
STOP THE ROLE-PLAY AFTER 5 MINUTES.

FACILITATORS' FEEDBACK QUESTIONS:

(TO THE HELPER) What one thing did you like about what you did? What one thing could you have done differently?

(TO THE FRIEND) What one thing did you like about what the "Helper" did? What one thing could she have done differently?

(TO THE OBSERVERS) What one thing did you like about what the "Helper" did? What one thing could she have done differently? What one thing did you like about what the "Friend" did? What one thing could she have done differently?

Exercise 6: What Is Next?

15 minutes

This exercise closes the session and encourages the women to support each other. Also participants set between-session goals.

Materials Needed:

- Prepared Newsprint—*Session Three Main Points*
- Prepared Newsprint—*Session Three Between-Session Goals*
- Participant Feedback Form

INSTRUCTIONS:

REFER PARTICIPANTS TO PREPARED NEWSPRINT OF THE MAIN POINTS FOR SESSION THREE.

Facilitator says:

Today's session covered a number of important points:

- We have many choices for how to protect ourselves from HIV and other STDs.
- There are lots of methods for preventing pregnancy, but only male and female condoms also protect us from HIV and other STDs.
- We need to know how to properly put on a male condom because our partners might not.
- Using a female condom is an option for women which provides us more control.
- We practiced putting on a male condom and inserting a female condom and we practiced helping other women find solutions to these issues.

What questions do you have on what was covered today?

INSTRUCTIONS:

ANSWER PARTICIPANT QUESTIONS.

PARKING LOT

INSTRUCTIONS:

CHECK THE PARKING LOT.

IDENTIFY QUESTIONS AND CONCERNS THAT HAVE BEEN ANSWERED IN THIS SESSION AND ADDRESS THOSE THAT CAN BE ADDRESSED NOW.

LET PARTICIPANTS KNOW THE ONES THAT CANNOT BE ANSWERED NOW WILL BE ADDRESSED IN THE NEXT SESSION.

Great! The next session will focus on finding out if someone is infected with HIV or STDs. What can HIV testing do? How do you ask your partner to get tested together with you?

BETWEEN-SESSION GOAL SETTING

At this point we need to set a goal that you want to accomplish between sessions.

Think of something you can agree to do between sessions. Make sure whatever steps you choose or goals you set are:

- Realistic
- Clear
- Not too much
- Not too little
- Easy to tell if it is completed

INSTRUCTIONS:

REFER PARTICIPANTS TO PREPARED NEWSPRINT ON BETWEEN-SESSION GOALS.

Try to relate the steps you choose to take to the session we just completed. Some examples of things to do may include:

1. Try putting a condom on a banana in the dark.
2. Practice inserting the female condom.
3. Buy condoms in a store.
4. Make an appointment to talk to a gynecologist about using two methods of protection, one for pregnancy and the other for STDs.

You don't have to select one of these examples; however you should select one that is realistic for you and try your best to take the necessary steps to complete it.

We would like everyone to share with the group what step or goal they will practice during the time between sessions.

INSTRUCTIONS:

GO AROUND THE ROOM AND ASK EACH WOMAN WHAT STEP SHE WILL TAKE.

Those are great steps!

The next meeting will take place on _____ (day) ____ (date) at _____ (time and place).

Let's close by having you show appreciation to each other for today's work together.

INSTRUCTIONS:

GIVE OUT "THANKS" CHIPS TO PARTICIPANTS. ENCOURAGE SHARING OF APPRECIATION. MAKE SURE NO ONE IS EXCLUDED.

PASS OUT THE PARTICIPANT FEEDBACK FORM, FOUND IN APPENDIX D.

We ask that you complete the Participant Feedback Form so that we can make sure that FIO is meeting your needs.

We will see you next time.

INSTRUCTIONS:

COLLECT FEEDBACK FORMS.

THE END OF SESSION THREE

Session 3
Activities and Materials

Prepared Newsprints

Rank of Pregnancy Effectiveness

EXCELLENT

FAIR

POOR

Role-Play Instructions

Friend:

- Is trying to determine the best protection against HIV or other STDs
- Asks "helper" to demonstrate how to put on a female condom
- Wants to learn about other protective methods besides the male condom

Role-Play Instructions

Helper:

- Your friend is not knowledgeable about methods to protect herself from HIV and other STDs
- Be an active listener. It's important to support your friend's interest

Session 3 Main Points

- We have many choices for how to protect ourselves from HIV and other STDs.
- There are lots of methods for preventing pregnancy, but only male and female condoms also protect us from HIV and other STDs.
- We need to know how to properly put on a male condom because our partners might not.
- Using a female condom is an option for women which provides us more control.
- We practiced putting on a male condom and inserting a female condom and we practiced helping other women find solutions to these issues.

Prepared Newsprints (continued)

Session 3

Between-Session Goals

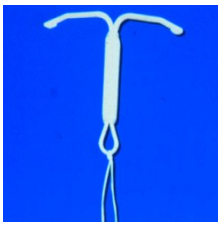
1. Try putting a condom on a banana in the dark.
2. Practice inserting a female condom.
3. Buy condoms in the store.
4. Make an appointment to talk to a gynecologist.

Session Three: Exercise 2 (in Participant Workbook)

Fact Sheet on Disease Prevention and Contraception Methods

Methods	Effectiveness for Preventing Pregnancy and Disease (assuming it is used always and correctly)	Costs	Comments
CONDOMS			
Male Condom	Good for both pregnancy and disease prevention.	$.50 per condom	Requires partner cooperation. May interrupt sex. Polyurethane condom is available (but more expensive) for those with latex allergy.
Female Condom	Good for both pregnancy and disease prevention.	$3.00 per condom	Requires partner willingness to have sex with it. Is visible outside the vagina. May enhance sexual pleasure of woman and man.
OTHER BARRIERS			
Diaphragm	Good for prevention of pregnancy if used with N-9 spermicide. N-9 does NOT protect against HIV and other STDs and may increase the risk of HIV infection. One study showed it does not provide greater protection against HIV than male condoms, but other research is underway.	$0.50 - $1.50 per use for spermicide	Requires no partner cooperation. Must be removed after 10-12 hours. Must be fitted by a health care provider and needs to be refitted after pregnancy or weight change. Requires initial outlay of $50-$150.
Sponge (contains N-9)	Fair for prevention of pregnancy among women who have not had a child and poor for those who have had a child. Does NOT protect against HIV and other STDs and MAY INCREASE THE RISK OF HIVINFECTION.	$5.00 per use	Requires no partner cooperation. Requires 15 minutes' waiting time. Must be applied within 1 hour of intercourse. Available over the counter.

Methods	Effectiveness for Preventing Pregnancy and Disease (assuming it is used always and correctly)	Costs	Comments
Spermicides (foam, cream/gels, suppository tablets) (contain N-9)	Fair to poor for prevention of pregnancy. Does NOT protect against HIV and other STDs and MAY INCREASE THE RISK OF HIV INFECTION.	$0.50 - $1.50 use	Requires no partner cooperation. Some require applicator or waiting time. Must be applied within 1 hour of intercourse. Available over the counter.
Note: The use of spermicide (N-9) is not recommended for women who need to use it daily or have other STDs, as it may increase the risk of HIV infection and provides no protection against other STDs.			
HORMONAL			
The Pill	No protection against disease. Excellent for preventing pregnancy.	$15 - $50 per month	Requires no partner cooperation. Needs to be taken every day.
Ring (Nuva Ring)	No protection against disease. Excellent for preventing pregnancy.	$30 - $50 per month	Requires no partner cooperation. Inserted in the vagina once a month.
Depo Provera	No protection against disease. Excellent for preventing pregnancy.	~$60 per injection	Requires no partner cooperation. Injection is needed every 3 months.

Methods	Effectiveness for Preventing Pregnancy and Disease (assuming it is used always and correctly)	Costs	Comments
Patch (Ortho Evra)	No protection against disease. Excellent for preventing pregnancy.	$15-50 per month	Requires no partner cooperation. Patch is applied to skin every week for 3 weeks in a month.
Emergency Contraception (EC, Plan B, Morning after pill)	No protection against disease. Good for preventing pregnancy. EC is a good pregnancy prevention back-up for those using the male or female condom in the case of slippage or breakage.	$8-$35 per use	Requires no partner cooperation. Is a high dose of birth control pill that prevents pregnancy. NOTE: EC is <u>not</u> the same as the abortion pill. EC delays ovulation, which prevents a pregnancy. It does **not** cause the abortion of an implanted egg.
Implanon	No protection against disease. Excellent for preventing pregnancy. Once inserted, lasts for up to 3 years.	$400-800 to insert and $75-150 to remove.	Requires no partner cooperation.
OTHER			
IUD 	No protection against disease. Excellent for preventing pregnancy.	~$250 per insertion	Requires no partner cooperation. Raises risk of pelvic inflammatory disease (PID) with insertion.

Methods	Effectiveness for Preventing Pregnancy and Disease (assuming it is used always and correctly)	Costs	Comments
Early Withdrawal (pulling out)	Some effectiveness for preventing pregnancy. It does NOT provide protection against HIV or many STDs, including herpes, syphilis, and HPV.	None	Depends completely on partner cooperation and cannot be counted on. There is a risk of pregnancy or HIV infection from pre-ejaculate, which may leak out before ejaculation.
Post Exposure Prophylaxis (PEP)	No protection against pregnancy. PEP may be effective in preventing HIV in a person who has been exposed through unprotected sex to someone known to be HIV+. PEP is a high dose of HAART (anti-HIV drugs), given for 28 days. Treatment must be started within 72 hours (3 days) of exposure to be effective.	~ $600 May be covered by insurance	Needs to be obtained through a hospital emergency room or other center where PEP is available. Some cities or states have hotlines.

Sources:
http://kidshealth.org/teen/sexual_health/contraception
http://www.plannedparenthood.org/health-topics/birth-control/birth-control-implant-implanon-4243.htm
http://www.thebody.com/content/art2632.html

Session Three: Exercise 3

Advice Letters

Letter 1:

Dear Doctor Viola,

I asked my boyfriend—LeRoy—to use a condom, and he started telling me he was the boss and would do what he wanted. He gets nasty at times, but I still love him. I yelled back at him but stopped because I knew he might get more ugly. He won't use one even though he was treated for syphilis before I knew him.

What should I do? Keep pushing him to use a condom? I'm a little afraid. There must be some way to protect myself.

Fondly,
Charisse

Letter 2:

Dear Doctor Viola,

I'm in a new relationship with a guy I really like. I don't want to get pregnant or get any diseases and neither does he. He's a nice, caring guy. He's been pulling out (most of the time), but I know that's not very effective. What should we do? I don't know anything about his past relationships, but he tells me he hasn't had many girlfriends.

Very Sincerely,
Nelida

Letter 3:

Dear Doctor Viola,

I've been with my partner for five years. We used condoms in the beginning, but then I went on the pill. Lately, he's come home late a couple of times and told me he had to work overtime. I don't want to call him at work and check up on him. But something tells me that he may be cheating on me, playing me dirty. If suddenly I ask him to wear a condom, he will know I suspect him. I don't want to get something from him. And I'm getting frustrated with the side effects of the pill, too. I feel bloated all the time and I don't have any sex drive. Any bright ideas? What about the female condom I keep hearing about?

Thanks,
Madeline

Session Three: Exercise 4 (in Participant Workbook)

Guidelines for Using a Male Condom

Putting on a Male Condom

1. Make sure it is latex or polyurethane, because lambskin condoms let HIV through and will not protect you.
2. Check the expiration date on the package or box. If the expiration date has passed, do not use the condom.
3. Open the package carefully so as not to tear the condom.
4. Make sure the condom has a reservoir tip at the end of the condom to catch the semen after ejaculation.
5. You can put a drop of water-based lubricant inside the tip of the condom if condom is not lubricated, to make it easier to go on.
6. Roll down 1/2 inch of condom.
7. Put the condom against the head of the hard penis.
8. Squeeze any air out of the condom, leaving room for cum at the tip.
9. Roll the condom all the way down to the base of the penis.
10. Gently smooth out any extra air.

Having Sex With a Male Condom

1. A condom should be on the man's penis when he first enters the vagina, anus, or mouth. It is much less effective if a man only puts it on right before he cums.
2. If the condom feels dry going in, add more lubricant.
3. If the condom slips off the man's penis before he cums, apply a new condom. Don't reapply the old one.

Removing a Male Condom

1. After ejaculation, the man should pull out gently while the penis is still hard. Although some condoms have an elastic band to hold it in place, some don't. Condoms are less likely to come off if you or he holds it at the base of the penis while he's pulling out.
2. Starting at the base, slide the condom off carefully so the cum doesn't spill.
3. Tie a knot in the condom so the fluid will not spill out.
4. Throw the condom away (in the trash, not the toilet).
5. Never use a condom twice.

Session Three: Exercise 4 (in Participant Workbook)

Dos and Don'ts for Male Condoms

DO

- Use only latex or polyurethane condoms.
- Use condoms consistently for vaginal, anal and oral sex on a man.
- Use only with water-based lubricant such as K-Y Jelly.
- For anal sex, make sure there is plenty of lubricant on the condom. This reduces the risk of the condom breaking or tearing during anal sex.
- Check out the condom packet for punctures, holes or tears.
- Check the expiration date on the package. If date has expired, do not use.
- Carefully open package so as not to damage the condom—do not use your teeth.
- Put condom on hard penis before penis even touches anus, vagina or mouth.
- Pull back foreskin if penis is uncircumcised.
- Store condoms at room temperature, not in your wallet or car.

DON'T

- Don't use Vaseline or other oil-based lubricants.
- Don't use a condom more than once.
- Don't puncture the condom.
- Don't use lambskin condoms.
- Don't have sex without a condom.
- Do not use condoms with nonxynol-9 spermicide—it may increase the risk of HIV infection.

Session Three: Exercise 4 (in Participant Workbook)

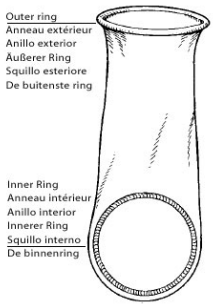
GUIDELINES FOR USING A FEMALE CONDOM

Instructions for Inserting the Female Condom (FC)

Preparing for Use

- Start with one female condom package and a small bottle of lubricant.
- As with the male condom, it is important to check the expiration date prior to opening the FC.
- Locate the notch on the top of the package and tear in a smooth downward direction to open the packet.
- Remove the female condom and straighten it out.
- Rub the sides of the female condom together to spread the lubricant inside the condom from bottom to top.
- Choose a comfortable position for inserting the female condom.

Insertion Position

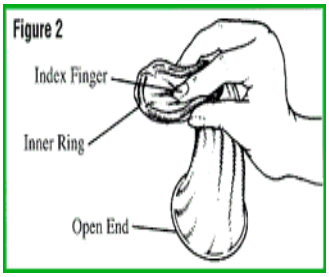


Many women find inserting the female condom to be similar to inserting a tampon or a diaphragm and use the same position for insertion of the FC. Other insertion positions/techniques include:

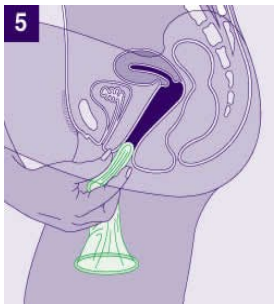
- Standing with knees apart and squatting down.
- Sitting on the edge of a chair with knees apart.
- Lying on one's back with knees bent.
- Standing and placing one foot on a chair.

How to Insert the Female Condom

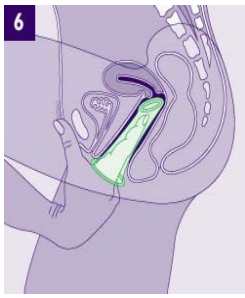
Insertion of the FC, while not difficult, requires some practice in order to ensure proper comfort and protection. The following steps provide a useful guide for insertion:



- Hold the condom with the open end hanging down. Grasp the inner ring between your thumb and middle finger. Put your index finger between your thumb and middle finger. Squeeze your fingers together—and keep squeezing.

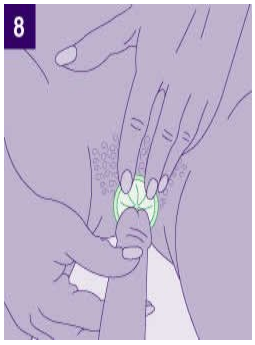


- With the other hand, spread the lips at the opening of the vagina. Push the squeezed part of the female condom (the inner ring) into the vagina.



- You do not have to push far at first. Once the condom is inside your vagina, put your index finger **inside** the condom and push the inner ring up as far as it will go. Make sure the sheath is not twisted and that the outer ring remains outside of the vagina.
- When the FC is in place the inner ring will sit comfortably over the cervix and above the pubic bone, which holds the condom in place.

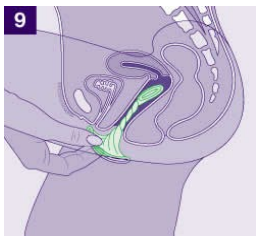
Use during Sex



Once you are ready to have sex:

- Add a few drops of lubricant to the partner's penis or inside the condom. This is important because if there is not enough lubricant, the condom may be pushed inside the vagina or stick to the penis during sex or on withdrawal.
- Gently hold the outer ring of the condom against your body.
- Guide the penis into the opening of the FC.

How to Remove the Female Condom



The FC does not need to be removed immediately after ejaculation, but remove the condom before you stand up and follow these steps:

- Squeeze and twist the outer ring to keep semen inside the condom.
- Gently pull out the condom.

Remember

- Throw the condom in the garbage and not the toilet.
- Wash hands with soap and water.

Session Three: Exercise 4 (in Participant Workbook)

TIPS FOR USING THE FEMALE CONDOM (FC)

- To get more comfortable using the FC, practice inserting it by yourself. It is usually awkward at first, but stay with it—most users say that by the third time—it works like a charm. You can teach your partner how to insert it and make it part of your lovemaking.

- The FC can be put on ahead of time and not in front of your partner if you wish.

- Use a new condom every time you have sex, never use a condom twice.

- Do not remove the condom's inner ring. If the outer ring gets pushed into the vagina during sex, stop and insert a new condom.

- Do not use a male condom and a female condom at the same time.

- Use more lubricant if needed. Most people find that a few drops added before and sometimes during sex (if it's long and vigorous) eliminates noise and the condom sticking to the penis.

- The female condom is NOT recommended for anal sex. However, some heterosexual couples do use it for anal sex, usually without the inner ring. Current research does not show if it is effective, or how effective it is. However, common sense suggests it may be better than nothing. We DO know that a male condom protects a woman from infection during anal sex.

Session Three: Exercise 6 (in Participant Workbook)

Session Three Main Points

The main points of this session are:

- We have many choices for how to protect ourselves from HIV and other STDs.
- There are lots of methods for preventing pregnancy, but only male and female condoms also protect us from HIV and other STDs.
- We need to know how to properly put on a male condom because our partners might not.
- Using a female condom is an option for women which provides us more control.
- We practiced putting on a male condom and inserting a female condom and we practiced helping other women find solutions to these issues.

SESSION FOUR: HOW CAN I FIND OUT IF WE ARE INFECTED?

Core Elements: #3, #5, #6, #7

Session Length: Two hours

OBJECTIVES:

After completing this session, participants will be able to:

1. Describe the effect of an untreated STD on a woman's health and the health of a baby born to her.
2. Explain that getting tested for STDs is the only way to know if a person is infected because many STDs have no symptoms, especially in women.
3. Explain why getting an HIV test (or even getting more than one HIV test) is NOT, on its own, a protection strategy.
4. Name one of their personal barriers to taking an HIV test.
5. Demonstrate how to ask their partner to take an HIV test and be checked for other STDs.
6. Demonstrate how to respond if a partner has a negative reaction to being asked to take an HIV or STD test.
7. Describe the steps in the safer sex strategy, "Mutual Testing with a Partner."

RATIONALE:

Session Four is designed to enable women to make informed choices about testing for STDs and HIV. First, this session provides basic facts about STDs. This session explores the effects of STDs in order to increase women's motivation to protect themselves. Many women do not realize that STDs often have no obvious signs or symptoms. For example, looking at a man's penis or a lack of itching or burning in the genitals does not mean one is free of STDs. For many women having children is important. Consequently, this session presents the effects of untreated STDs on a woman's fertility and on her child's health as another motivation for staying free of disease.

One of the earliest steps in the sequence of protecting oneself and one's partner from HIV and STDs is to find out if either person is already HIV positive or has another STD by getting tested. In many cases, the woman and her partner may never have been tested or were not tested recently. Therefore, this session

presents ways to ask partners about their HIV status and whether they have been tested for other STDs. The session teaches problem-solving techniques to help women address barriers to testing, such as a partner's negative reaction to a request to get tested. It also aims to help women think about their emotional reactions to getting tested for HIV and other STDs and learning the results of these tests.

Some people believe erroneously that simply getting tested is a kind of protective strategy. They might think that if they have not been infected in the past, they are unlikely to be infected in the future, even if they are not using condoms during sex. Therefore, the session emphasizes that testing can only tell a person about the impact of past behaviors. HIV testing does not inform the person about the impact of future and immediate past (within the past three months) behaviors.

While testing **alone** is not a protection strategy, testing is an important **part** of a protection strategy called mutual testing with a partner. This session presents mutual testing with a partner as an alternative protection strategy for couples where both the man and woman are monogamous and want to forego using condoms in the future. The steps for using mutual testing most effectively and the pros and cons of this approach are explained in detail.

SESSION FOUR ACTIVITY LIST	Time
• **Exercise 1: What Happened Between Sessions?** Conduct a welcoming exercise. Review homework on goal setting and what participants did to protect themselves. Present the main points of today's session. Do a lottery.	15 minutes
• **Exercise 2: Why Should I Worry About STDs?** Show the potential impact of STDs on women's fertility and on infants born to an infected mother in order to increase a sense of personal vulnerability and to provide a rationale for testing. Use STD cards.	20 minutes
• **Exercise 3: What Should I Do About Testing?** Present the key facts around HIV and STD testing, answer key questions about whether to test, look at disadvantages.	20 minutes
• **Exercise 4: What Do Testing and Test Results Mean to Me?** Write letters on the personal meaning of receiving HIV positive and negative test results.	10 minutes
• **Exercise 5: How Do I Request My Partner to Get Tested?** Review and practice communication tips to help women ask a partner about HIV status and request that a test be taken. Also problem-solve difficult reactions.	30 minutes
• **Exercise 6: How Do I Solve Problems Around Testing?** Problem-solve situations about getting tested.	15 minutes
• **Exercise 7: What Is Next?** End with between-session goal setting, administrative detail and group appreciation.	10 minutes
Total Session Time	**120minutes** **(2 hours)**

SESSION FOUR MATERIALS CHECKLIST:

✓	Materials
	Nametags (1 per participant)
	"Thanks" Chips (20 per participant and facilitator)
	Lottery Tickets (1 per participant)
	Lottery Prize (1)
	Bag for Lottery Tickets
	Newsprint
	Markers (5)
	Easel
	Post-it Notes
	Clock
	HIV/STD Information Cards (1 set)
	Palm Cards (1 per participant)
	Paper (1 per participant)
	Pens (1 per participant)
	Participant Workbooks (1 per participant)
	Scenario Cards for Personal Meaning Letters
	Problems to be Solved Cards (1 set)
	Role-Play Cards (3 sets)
	Participant Feedback Form
	Prepared Newsprint—Parking Lot
	Prepared Newsprint—Group Rules
	Prepared Newsprint—Sexual Rights
	Prepared Newsprint—Session 4 Main Points
	Prepared Newsprint—Session 4 Between-Session Goals
	Prepared Newsprint—Three Testing Questions
	Prepared Newsprint—STD Chart
	Prepared Newsprint—Steps for Mutual Testing
	Prepared Newsprint—Testing Role-Play
	Prepared Newsprint—Problem-Solving Steps
	Poster—Session List
	Poster—Feeling Thermometer
	Poster—Communication Tips

ADVANCED PREPARATIONS:

Prepare Newsprints (see Page 245):

Three Testing Questions

STD Chart

Steps for Mutual Testing

Testing Role-Play

Problem-Solving Steps

Session 4 Main Points

Session 4 Between-Session Goals

Prepare Materials (see session materials on CD):

Palm Cards

HIV/STD Information cards

Scenario Cards—*Personal Meaning Letters*

Problems to be Solved Cards

Role-Play Cards—*Negotiating Testing*

Prepare Room:

Hang Up Prepared Newsprint—*Parking Lot*

Hang Up Prepared Newsprint—*Group Rules*

Hang Up Prepared Newsprint—*Sexual Rights*

Hang Up Poster—*Session List*

Hang Up Poster—*Feeling Thermometer*

Hang Up Poster—*Communication Tips*

Put Out Nametags and Markers

Put Out Post-it Notes

Put Out Participant Workbooks

Check the "Testing Options and Information" Sheet in the Participant Workbook to ensure all information is up to date.

NOTES TO MYSELF (REMINDERS, POINTS TO MAKE)

Exercise 1: What Happened Between Sessions?

15 minutes

The first exercise is used to reorient the group to supporting each other by emphasizing successes in protecting themselves. This exercise also breaks the ice and highlights the session's objectives. Positive introductions, progress made between sessions, and a review of homework activity is covered.

Materials Needed:

- "Thanks" Chips
- Lottery Tickets
- Bag for Lottery Tickets
- Lottery Prize
- Blank Newsprint
- Markers
- Prepared Newsprint—*Three Testing Questions*

Facilitator says:

It's good to see you again.

POSITIVE INTRODUCTIONS

Let's start with some positive affirmations of ourselves.

Please tell us one thing about yourself that makes you feel proud.

I'll go first. My name is _____ and I am proud of _____.

INSTRUCTIONS:

GO AROUND TO EACH WOMAN IN THE GROUP, INCLUDING BOTH FACILITATORS.

Thank you.

Here are your "Thanks" Chips for today.

INSTRUCTIONS:

✪ GIVE EACH WOMAN 20 "THANKS" CHIPS.

Remember, when you like what another participant said or did or when you appreciate her presence in some way, let her know with a "Thanks" Chip.

LOTTERY

We want to do a lottery now. That's one way we can show you how pleased we are that you are here.

INSTRUCTIONS:

GIVE EACH PERSON A LOTTERY TICKET.

HAVE EACH PARTICIPANT WRITE HER NAME ON A TICKET.

PUT THE TICKETS IN A BAG. MIX THEM UP.

HAVE SOMEONE DRAW THE WINNER AND GIVE OUT A PRIZE.

BETWEEN-SESSION GOALS REVIEW

At the end of the last session, each of you identified a goal to reach in helping you protect yourself against HIV and STD infection in your relationship.

I would like you to share how meeting this between-session goal turned out. Please tell us what was the goal you were going to accomplish between sessions and what happened.

Remember when setting goals they should be realistic, clear, not too much and not too little, and easy to tell if accomplished.

Can you give us some examples of things you did to protect yourselves between sessions?

INSTRUCTIONS:

ALLOW EACH WOMAN WHO IS WILLING TO SHARE HER PROGRESS TOWARD HER BETWEEN-SESSION GOAL.

✪ HAND OUT "THANKS" CHIPS TO EACH WOMAN WHO SHARES.

BRIEFLY COACH ON SOLVING PROBLEMS THAT CAME UP IN TRYING TO MEET THE GOAL. FOR EXAMPLE, IF SOMEONE WAS UNABLE TO REACH HER GOAL, SUGGEST TO BREAK IT DOWN INTO SMALLER PIECES AND TO SET A SMALLER STEP AS A GOAL FOR THE FOLLOWING WEEK.

Did anyone try using a female condom or just inserting it without having sex?

INSTRUCTIONS:

✪ OBTAIN RESPONSES. GIVE OUT "THANKS" CHIPS.

IF WOMEN TRIED THE FEMALE CONDOM, CONGRATULATE THEM. IF THEY EXPRESS NEGATIVE REACTIONS TO TRYING IT, SUGGEST THEY TRY ANOTHER POSITION OR USE MORE LUBE.

IF WOMEN DID NOT TRY THE FEMALE CONDOM, ASK WHAT PREVENTED THEM. REINFORCE ALL EFFORTS AND ENCOURAGE WOMEN TO TRY THE FEMALE CONDOM BEFORE THE NEXT SESSION.

How comfortable were you with inserting the female condom? What did you like or dislike about it?

Remember, that with the female condom, it's not necessarily going to be easy the first time you insert it. We like to say "third time is the charm!" So, don't give up if it was difficult the first time; give it another try.

INTRODUCTION TO SESSION

INSTRUCTIONS:

REFER TO PREPARED NEWSPRINT OF THREE QUESTIONS ON TESTING.

Today's session covers three major questions:

1. Why should I and other women be tested for STDs and HIV?

2. Why should my partner and I be tested together for STDs and HIV?

3. What do we mean by Mutual Testing with a Partner?

We will be answering these questions later today.

Exercise 2: Why Should I Worry About STDs?

20 minutes

This exercise is designed to increase both a sense of vulnerability to STDs and awareness of their seriousness. STD information cards are used. It is not necessary for participants to know all the details about each STD. The most important points are that: (1) many women and men are infected with STDs but have no symptoms; (2) untreated STDs can cause harm to a woman and to her developing fetus; and (3) women should not assume that they will automatically be tested for STDs when they go for a medical check-up.

Materials Needed:

- Blank Newsprint
- Markers
- Participant Workbook—*HIV/STD Information Card Summary*
- Prepared Newsprint—*STD Chart*
- HIV/STD Information Cards
- Palm Cards

DISCUSSION ON SEXUALLY TRANSMITTED DISEASES

Before looking at testing as part of an overall plan to protect yourself, it is important to know what the testing is for and how serious STDs can be.

I am going to pass out an STD card to each of you. Each card includes crucial facts about an STD. Read about the STD on the card. As we go around the room, I want you to answer a couple of questions about the STD. I will record your answers on the chart.

INSTRUCTIONS:

PASS OUT ONE STD CARD TO EACH WOMEN. MAKE SURE YOU HAVE ENOUGH CARDS FOR ALL PARTICIPANTS. IT IS OKAY FOR SOME PARTICIPANTS TO HAVE THE SAME CARD.

Who will volunteer to begin?

What is the STD on your card?

Can it harm you? Tell us one way.

Can it harm your baby? Tell us one way.

Are there early warning signs?

Is it curable?

That was great! Who is next?

INSTRUCTIONS:

REFER WOMEN TO THE PREPARED NEWSPRINT—*STD CHART*. HAVE EACH WOMAN ANSWER THE QUESTIONS FOR HER STD AND WRITE "YES" or "NO" ON THE BASED ON THE INFORMATION PROVIDED.

NOTE TO FACILITATOR:

This exercise is not meant to provide exhaustive information on all STDs. Be careful to stay focused on the main goals of the exercise and not to fall into an in-depth discussion of every STD. Use the Parking Lot when specific questions arise that you do not readily have the answers to. An STD Fact Sheet is included in the Session Activities and Materials section of this session and in the Participant Workbook; it will be covered in more detail in the next exercise. Refer women to this document as needed.

INSTRUCTIONS:

THE COMPLETED CHART SHOULD LOOK LIKE THIS:

Disease	Harm you?	Harm baby?	Early signs?	Curable?
1. Chlamydia	Yes	Yes	No	Yes
2. Genital Herpes	Yes	Yes	Yes	No
3. Gonorrhea	Yes	Yes	No	Yes
4. Hepatitis B	Yes	Yes	No	No
5. Hepatitis C	Yes	Yes	No	No
6. HIV	Yes	Yes	No	No
7. Syphilis	Yes	Yes	Yes	Yes
8. Trichomoniasis	Yes	Yes	No	Yes
9. Human Papilloma Virus	Yes	Yes	Yes	No

What does this chart tell us?

INSTRUCTIONS:

OBTAIN ONE OR TWO ANSWERS.

First, people often don't know they are infected. The signs are hidden.

Second, these infections can make you infertile and dangerously ill, and they can seriously harm your baby.

You should know that many STDs are most common in young women. And, women are less likely to have symptoms than men.

INSTRUCTIONS:

REFER WOMEN TO PAGES 42-46 OF THE PARTICIPANT WORKBOOK FOR A SUMMARY OF THE HIV AND STD INFORMATION COVERED IN THE EXERCISE AND FOR ADDITIONAL INFORMATION. THIS INFORMATION CAN ALSO BE FOUND IN THE *SESION ACTIVITIES AND MATERIALS* SECTION AT THE END OF THIS SESSION.

HAND OUT AN STD PALM CARD TO EACH PARTICPANT.

Now that we have reviewed the seriousness of STDs, let's talk about how we can be tested for them.

Exercise 3: What Should I Do About Testing?

20 minutes

This exercise is designed to provide women with the most critical information that they need to know about STD and HIV testing. An information sheet and a scripted role-play are used.

Materials Needed:

- Participant Workbook—*Testing Fact Sheet*
- Participant Workbook– *HIV Testing: Options and Information*
- Participant Workbook—*STD Fact Sheet*
- Prepared Newsprint—*Three Testing Questions*
- Prepared Newsprint—*Mutual Testing with a Partner*
- Blank Newsprint

Facilitator says:

INSTRUCTIONS:

REFER PARTICPANTS TO THE *TESTING FACT SHEET* ON PAGE 47 OF THE PARTICIPANT WORK-BOOK. IT IS ALSO IN THE *SESSION ACTIVITIES AND MATERIALS* SECTION AT THE END OF THIS SESSION.

There are certain critical facts you need to know about testing for STDs and HIV. Turn to Page 47 of your Participant Workbooks. As I go over this fact sheet, please ask questions if something isn't clear.

INSTRUCTIONS:

REVIEW FACT SHEET PROVIDING EXPLANATIONS AS NEEDED.

Remember the critical questions introduced at the beginning of the session?

INSTRUCTIONS:

REFER TO QUESTIONS ON PREPARED NEWSPRINT.

1. Why should I and other women get tested for STDs and HIV?
2. Why should my partner and I get tested together?
3. What do we mean by Mutual Testing with a partner?

Let's address the first question: Why should I and other women get tested for STDs and HIV?

INSTRUCTIONS:

ELICIT ANSWERS FROM THE GROUP. WRITE THEM ON A BLANK SHEET OF NEWSPRINT.

MAKE SURE THE FOLLOWING ARE COVERED:

- Women are NOT routinely tested for STDs or HIV during yearly gynecological exams.
- You can't tell if you have an infection without testing.
- You can begin treatment and reduce the chance of infertility and serious illness.
- You can take steps to protect an unborn child.
- If you don't get treated, you can become infertile. STDs are the major preventable cause of infertility.

Has anyone ever heard someone say, "I know I am not at risk because I was tested and everything came out negative?" Does this statement make sense?

INSTRUCTIONS:

ELICIT ANSWERS FROM THE GROUP. WRITE THEM ON A BLANK SHEET OF NEWSPRINT.

MAKE SURE THAT THE FOLLOWING ARE COVERED:

- Testing can only tell you about what happened in the past.
- Testing cannot tell you if you will be infected in the future by your behaviors or a partner's behaviors.

Great! I can't emphasize too strongly that testing does not protect you from getting an STD.

Only using protection—male and female condoms—consistently and correctly does that.

Now let's look at the next question, "Should my partner and I get tested together?" What are your thoughts about that?

INSTRUCTIONS:

ELICIT ANSWERS FROM THE GROUP AND WRITE THEM ON A BLANK SHEET OF NEWSPRINT.

MAKE SURE THE FOLLOWING ARE COVERED:

- If you are HIV-negative but your partner has not been tested with you, he could still have STDs and pass them to you.
- You can both get treated for STDs together so that you won't pass them back and forth.
- It's a good way to start off a new relationship if you both get tested together before you start having sex.

Those are some good reasons!

Now let's look at the third question, "What do we mean by Mutual Testing with a partner?" A lot of people think this means you get tested and he gets tested. But there is really more to it than that.

Take this situation: Soraya and Julio have both been tested for HIV and STDs. They both think they are safe. Why are they not?

INSTRUCTIONS:

ELICIT ANSWERS FROM THE GROUP AND WRITE THEM ON A BLANK SHEET OF NEWSPRINT.

MAKE SURE THE FOLLOWING IS COVERED:

- If Soraya was tested a month ago but Julio was tested a year ago, he could have gotten infected since he was last tested.
- Getting tested together means you both get tested with each other on the same day.

So, you can see why it's important to get tested together with a partner in the same day.

Otherwise, one person could have no STDs and the other could be infected.

Now, I want you to think about this situation:

Shakiel and Tamika did go to the trouble of getting tested for HIV within the same week.

They wanted to have a baby and wanted to make sure they were both HIV-negative. Both of their tests came back negative. But three months later at her first prenatal care visit, Tamika found out she was HIV+.

Shakiel swears he wasn't playing around—and he was telling the truth. The last time he had sex with another woman was a few months before he decided to commit to Tamika and have a baby.

How could this happen?

INSTRUCTIONS:

ELICIT ANSWERS FROM THE GROUP AND WRITE THEM ON A BLANK SHEET OF NEWSPRINT.

MAKE SURE THE FOLLOWING IS COVERED:

- If Shakiel had gotten infected with HIV shortly before he and Tamika were tested, it would not have shown up on a standard HIV test.
- Right after becoming infected is when a person is most infectious—that is, capable of passing HIV to someone else.
- Tamika's infection showed up three months later when she went to the clinic for prenatal care and got another HIV test.

That story might seem far-fetched, but we do know this:

Many people are infected with HIV by a partner who recently became infected but does not even know he or she is HIV+ because it's too early for HIV to show up on the standard tests.

That's why it's so important for you and your partner to get tested twice, three months apart, and to use condoms all the time between the two tests.

The only time when it would be safe for you and your partner to get tested together only once is if you and he did not have any sex or share needles in the three months before the test.

MUTUAL TESTING WITH A PARTNER

INSTRUCTIONS:

REFER TO THE PREPARED NEWSPRINT ON STEPS FOR MUTUAL TESTING WITH A PARTNER.

So, let's review the steps in "Mutual Testing with a partner."

STEP 1: You and your partner both get tested for HIV and other STDs with each other on the same day.

STEP 2: You and your partner use condoms for three months and do not have unprotected sex with anyone else or share needles or works.

STEP 3: You and your partner get tested together again in three months. If you are both negative for HIV and other STDs the second time, you can be reasonably sure you are both free of infections.

So, now you understand what we mean by Mutual Testing with a partner. One of the things that's great about this strategy is that if you follow all of these steps, you MAY be able to give up condoms. And that is definitely something that a lot of couples want to do. But, if you and your partner want to do that, there is one more step you both need to take.

STEP 4: If you and your partner decide to give up condoms with each other, you need to negotiate a safety plan. Agree to use condoms all the time with other partners or only have sex with each other. And remember—getting tested every few months will NOT protect you.

By the way, this strategy—Mutual Testing with a partner—is also a way to ensure that if you want to get pregnant, you will not get HIV and pass it to your unborn child; however, this only works if both partners practice the strategy perfectly and faithfully.

People may not always be able to follow the "safety plan;" accidents can happen! So, you need to be aware of this and agree to talk to each other immediately if an accident does happen and also visit a doctor, health department or clinic if you need more help.

Are there any questions about testing or about Mutual Testing with a partner?

INSTRUCTIONS:

ANSWER PARTICIPANT QUESTIONS.

INSTRUCTIONS:

REFER TO THE *HIV TESTING: OPTIONS AND INFORMATION* ON PAGE 48 OF THE PARTICIPANT WORKBOOK AND *STD FACT SHEET* ON PAGE 51. THEY ARE BOTH ALSO IN THE *SESSION ACTIVITIES AND MATERIALS* SECTION AT THE END OF THIS SESSION.

THE INFORMATION IS FOR REFERENCE ONLY—DO NOT READ ALOUD.

REMIND PARTICIPANTS THAT LOCAL TESTING SITES CAN BE FOUND ON THE BACK OF THEIR STD PALM CARDS.

NOTE TO FACILITATOR:

The HIV Testing Options and Information Sheet contains general information on HIV testing. To make this more useful for your participants, include state laws and regulations related to HIV names reporting versus anonymous testing and partner notification.

BARRIERS TO TESTING

We've talked about many of the advantages of getting tested. What would you see as the disadvantages in getting tested for HIV? What are some reasons a woman would not want to get tested?

INSTRUCTIONS:

RECORD RESPONSES ON A BLANK NEWSPRINT.

OFFER THE FOLLOWING IDEAS IF THEY ARE NOT MENTIONED:

- Partner might think you do not trust him.
- Partner might think he shouldn't trust you.
- Might lose partner.
- Might face discrimination or stigma if results are positive.
- Might feel depressed and helpless if results are positive.
- Might have trouble getting a job if employer found out about HIV positive status.
- Someone might blab it around.
- May develop a false sense of security if your results are negative.
- If known to be HIV positive, might have trouble with insurance.

So, there are advantages and disadvantages to getting tested.

The important thing is that you have HIV testing choices. You have to decide what works for you.

In the next exercise, everyone is going to have an opportunity to think about what getting tested and learning the results means to them.

Exercise 4: What Do Testing and Test Results Mean to Me?

10 minutes

This exercise is designed to explore the personal reactions that women and their partners may experience regarding getting tested and receiving test results. As women connect these activities (testing and asking partners to get tested) to their personal values and goals, they are more likely to seriously consider these activities and to perform them. Letter writing is the method used to achieve this end.

Materials Needed:

- Scenario Cards for Personal Meaning Letters
- Blank Paper
- Pens/Pencils

Facilitator says:

Asking a partner to get tested and then finding out the results can have different kinds of meaning for each person.

This exercise will explore what testing and receiving test results mean to you.

Each person will receive a different scenario card; I want each person to write a brief letter (no more than a page).

The letters will be used throughout the rest of today's session.

Here's an example:

"Your partner was tested for STDs. He said he found out he has syphilis. Write him a letter. Tell him what it means to you that he has syphilis. Think of your future. Think of your past. Think of your dreams. Think of where you want your relationship to go. Then write the letter."

Is everyone clear on what to do? Are there any questions?

INSTRUCTIONS:

ANSWER PARTICIPANT QUESTIONS.

PASS OUT PENS OR PENCILS AND ONE SCENARIO INSTRUCTION CARD TO EACH PERSON. IT IS OKAY IF TWO WOMEN GET THE SAME SCENARIO. THESE CARDS CAN BE FOUND IN THE *SESSION ACTIVITIES AND MATERIALS* SECTION.

Great! Please begin writing your letter. You will have five minutes. We are going to walk around to see if anyone needs help.

INSTRUCTIONS:

BOTH FACILITATORS SHOULD CIRCULATE AND ASSIST ANY PARTICIPANTS WHO NEED HELP WITH WRITING DUE TO LOW LITERACY BY LETTING THEM DICTATE A LETTER FOR THE FACILITATOR TO WRITE DOWN.

CALL TIME AFTER FIVE MINUTES.

Would the (four) participants who wrote "Dear Me" letters like to read them aloud?

INSTRUCTIONS:

HAVE THE FOUR PARTICIPANTS WHO WROTE “DEAR ME” LETTERS READ THEM ALOUD TO THE GROUP.

IF PARTICIPANTS ARE RELUCTANT TO DO SO, OFFER TO READ THEIR LETTER(S) ALOUD AFTER GETTING THEIR PERMISSION TO DO SO.

GIVE OUT ‘‘THANKS’’ CHIPS.

We have heard some profound emotions and feelings expressed from you all as a result of the letters that were written. I know it’s not always easy for you to share these types of very powerful and meaningful feelings with others; I want to thank everyone who shared their letter with the group.

Please hold on to your letters as we will need some of them in a few minutes.

Exercise 5: How Do I Request My Partner to Get Tested?

30 minutes

This session provides the opportunity to practice asking a partner to get tested and ways of coping with emotional responses. Participants will continue to explore their values through the "HIV/STD Testing Meaning" letters. Guidelines for asking a partner to get tested and role-plays are used for participants to practice broaching and exploring the subject matter with their partner(s).

Materials Needed:

- Participant Workbook—*Communication Tips*
- Poster—*Communication Tips*
- Prepared Newsprint—Testing *Role-Play*
- Role-Play Cards—*Negotiating Testing*

Facilitator says:

We just finished writing letters to ourselves and our partners about getting tested.

Now let's practice asking a partner to get tested for STDs and HIV. Being able to talk about what you need is difficult. To help you with this, we have a list of Communication Tips.

INSTRUCTIONS:

REFER PARTICIPANTS TO THE *COMMUNICATION TIPS* FOUND ON PAGE 59 OF THE PARTICIPANT WORKBOOK AND ALSO TO THE POSTER. THE TIPS ARE ALSO LOCATED IN THE *SESSION ACTIVITIES AND MATERIALS* SECTION OF THIS SESSION.

These Communication Tips can be used in any situation. Now we are going to go over how you can use these tips to help you ask your partner to get tested or negotiate any other difficult topic with your partner. Let's go over them.

INSTRUCTIONS:

GO OVER THE LIST OF COMMUNICATION TIPS; ONE FACILITATOR SHOULD READ THE TOPIC HEADERS AND THE OTHER SHOULD GIVE THE EXAMPLES.

SELECT WHERE AND WHEN TO HAVE THE DISCUSSION

Bring it up in a safe and comfortable environment, which helps to control emotional reactions.

As for the timing, don't bring it up when engaging in sex or about to have sex. And don't bring it up when one or both people are tired or stressed out.

BE CLEAR ON WHAT YOU WANT

Before beginning a discussion about getting tested, be clear in your own mind what you want to come out of it.

For example, if you want your partner to be tested together with you, then you will not be satisfied if he says he has already been tested.

START WITH A POSITIVE REMARK

For example, you can say "I really like spending time with you."

STATE HOW YOU FEEL

"I am afraid of STDs and HIV, and I will be really happy once we get tested."

SAY "I" INSTEAD OF "YOU"

Not "You should get tested." or "You may have a disease."

"I" statements communicate confidence and knowing what you want.

"You" statements are either accusatory or orders.

STATE YOUR NEEDS AND GIVE REASONS

For example, you can say "I need to know that neither of us has any infections."

"I want to have a child. As a start, let's get tested for STDs and HIV."

STATE WHAT YOU WANT FROM YOUR PARTNER

"I want you to go with me and get tested for HIV so we can start our relationship knowing that we both are healthy."

LISTEN ACTIVELY—SAY BACK WHAT YOUR PARTNER IS EXPRESSING

"I heard you say that you don't want to get tested because that would be like admitting that you've had sex with other women."

EXPLAIN THAT YOU WOULD LIKE TO SOLVE THE PROBLEM TOGETHER

"I can't work this out on my own. I'd like to keep on seeing you. Isn't there some way we can both feel comfortable about getting tested?"

DO NOT BLAME YOUR PARTNER OR UNDERCUT YOUR PARTNER'S SELF-ESTEEM

Resorting to negative comments will make him defensive and he won't hear you.

OFFER SUGGESTIONS OR OPTIONS

"We'll go together and get tested at the same time."

WHEN YOUR PARTNER DOES SOMETHING YOU LIKE, TELL HIM

"I'm glad that you're listening to me, even if you don't agree."

WHEN YOUR PARTNER MAKES SNIDE, SARCASTIC OR DEMEANING REMARKS, IMMEDIATELY TELL HIM YOU DO NOT LIKE IT

"I do not like when you call me names. Let's have a positive discussion here."

STAY CALM. END ANY FIGHTS IMMEDIATELY

If you partner gets angry, don't join the anger. Say: "This is important to me, but I can see it is making you angry. Maybe we should talk about it another time."

Some women have found that it is often easier to explain to a new partner why testing is desirable than it is to explain this to a man you have been with for some time.

STAY FIRM

"There are many things I will compromise on but this is my bottom line."

APPLYING COMMUNICATION TIPS

So these tips might be used differently depending on if you are talking to a new partner or a steady partner.

To the new partner you can say:

> "You know, I like being with you. Nowadays it is smart to be worried about STDs and HIV because you can't tell if you have them without testing and most of us really aren't sure about past partners. I think it makes sense for us to get tested. I know it would make me feel better. What do you think about this?"

Which Communication Tips were used in that example?

INSTRUCTIONS:

ALLOW SEVERAL RESPONSES.

MAKE SURE THAT WOMEN NOTE THE USE OF THE FOLLOWING TIPS:

- Start with a positive remark
- State how you feel
- Say "I" instead of you
- State your needs and give reasons

Now let's say you've been with your partner for awhile. You're not using condoms and you never got tested. When talking to a steady partner, it is better to emphasize the past and the fact that a person can have HIV or other STDs a long time before signs appear. For example you could say:

> "I hear that STDs and HIV can be in your body for years without your knowing. I wonder if I am infected and if you are. It would really please me if we could both get tested together just to check things out. If we have something, we can get treated together."

INSTRUCTIONS:

ALLOW SEVERAL RESPONSES.

MAKE SURE THAT WOMEN NOTE THE USE OF THE FOLLOWING TIPS:

- Say "I" instead of you
- State your needs and give reasons
- Explain that you want to solve the problem together

Here's another scenario with a regular partner. You've been using condoms consistently and now you want to give them up. This can be an even easier way to bring up Mutual Testing with a three-month waiting period and getting tested again. For example, you can say:

> "Honey, we've been together for awhile and I know we both want to stop using condoms. Before we do that, I want for us to get tested together for HIV and STDs, use condoms for three more months just to be safe, and then get tested together again. Then we can be sure that neither of us has anything. If we want to stop using condoms, we've got to promise each other that we will always use protection with any outside partners, or never have any other partners. And if we accidentally break our promise, we need to tell each other so we can get tested again and protect ourselves—because we love and care for each other. How do you feel about that plan?"

Which tips were used in that example?

INSTRUCTIONS:

ALLOW SEVERAL RESPONSES.

MAKE SURE THAT WOMEN NOTE THE USE OF THE FOLLOWING TIPS:

- Be clear on what you want
- Say "I" instead of you
- State your needs and give reasons
- Explain that you would like to solve the problem together

Are you ready to practice?

UNSCRIPTED ROLE-PLAY

INSTRUCTIONS:

DIVIDE THE GROUP INTO PAIRS AND THEN HAVE TWO PAIRS FORM A GROUP. IF THERE IS AN ODD NUMBER OF PARTICIPANTS IN THE GROUP, HAVE THE EXTRA PERSON BE AN OBSERVER.

Please find a partner you have not worked with before. Now team up with one other couple.

I'm going to tell you whether you are a new couple or one that has been together for awhile. The rest will be up to you. Also, we want to make sure every woman has a chance to practice different skills. So, if you recently played the part of the woman in a role-play, let someone else play that part today.

INSTRUCTIONS:

REFER PARTICIPANTS TO THE PREPARED NEWSPRINT THAT SUMMARIZES THE AIM OF THE ROLE-PLAY, THE CHARACTERS, AND WHAT THE OBSERVERS SHOULD FOCUS ON.

PASS OUT ROLE-PLAY CARDS TO EACH PARTICIPANT. CARDS ARE IN *SESSION ACTIVITIES AND MATERIALS* SECTION AT END OF SESSION.

ASSIGN ONE PAIR IN EACH GROUP TO DO A ROLE-PLAY PORTRAYING A NEW COUPLE AND THE OTHER PAIR TO PLAY A COUPLE THAT HAS BEEN TOGETHER FOR AWHILE.

GIVE VOLUNTEERS A MINUTE TO REVIEW THEIR CARDS.

Here are the instructions.

The first couples will be playing partners in a new relationship:

(TO THE WOMAN) For those of you playing the woman:

Your goal is to ask your partner to get tested for HIV, STD, or both. That is your choice. Your goal is to obtain a positive answer using the communication tips we just went over that are also in your Workbooks.

Prior to starting the role-play tell your "partner" his name and your name.

(TO THE "PARTNER")—For those of you playing the partner:

The partner's goal is to communicate what he thinks about getting tested and about being asked to do so.

Act in the way that a male partner may react. Don't be too hard or too easy. Feel free to behave like someone you know.

Those women who are not doing the role-play will be observers.

Observers will pay attention to:

- Did she start off with a positive statement?
- Did she use "I" statements?
- Did she make clear what she wanted?
- Did she use active listening, feeding back what her partner was saying?
- Did she suggest solving the problem together?
- Did she stay calm and stop any fights immediately?

Go ahead and begin. You will have five minutes to act out your role-play.

INSTRUCTIONS:

A FACILITATOR SHOULD GO FROM GROUP TO GROUP TO ASSIST.

STOP ROLE-PLAYS AFTER FIVE MINUTES.

Now for some feedback.

(TO THE WOMAN)

How did you feel in the role of the woman?

What was the one thing you liked about what you did and one thing you would do differently?

(TO THE PARTNER)

How did you feel in the role of the man?

What was the one thing you liked about what the woman said and one thing you would say differently?

(TO THE OBSERVERS)

Did she start off with a positive statement?

Did she use "I" statements?

Did she make clear what she wanted?

Did she use active listening, feeding back what her partner was saying?

Did she suggest solving the problem together?

Did she stay calm and stop any fights immediately?

Now, let's move on to the second role-plays. These couples are in a steady relationship:

(TO THE WOMAN) For those of you playing the woman:

Your goal is to ask your partner to get tested for HIV, STD, or both. That is your choice. Your goal is to obtain a positive answer using the communication tips we just went over that are also in your workbooks.

Prior to starting the role-play tell your "partner" his name and your name.

(TO THE PARTNER) For those of you playing the partner:

The partner's goal is to communicate what he thinks about getting tested and about being asked to do so.

Act in the way that a male partner may react. Don't be too hard or too easy.

Again, you will have five minutes to act out your role-plays. Those women who are not doing the role-play will be observers.

Observers will pay attention to:

- Did she start off with a positive statement?
- Did she use "I" statements?
- Did she make clear what she wanted?
- Did she use active listening, feeding back what her partner was saying?
- Did she suggest solving the problem together?
- Did she stay calm and stop any fights immediately?

Again, you will have five minutes for this role-play, let's begin!

INSTRUCTIONS:
A FACILITATOR SHOULD GO FROM GROUP TO GROUP TO ASSIST. STOP ROLE-PLAYS AFTER FIVE MINUTES.

Now for some feedback.

INSTRUCTIONS:
ALLOW ONE OR TWO RESPONSES TO EACH OF THE PROCESSING QUESTIONS BELOW.

(TO THE WOMAN)

How did you feel in the role of the woman?

What was the one thing you liked about what you did and one thing you would do differently?

(TO THE PERSON PLAYING THE PARTNER)

How did you feel in the role of the man?

What was the one thing you liked about what the woman said and one thing you would say differently?

(TO THE OBSERVERS)

Did she start off with a positive statement?

Did she use "I" statements?

Did she make clear what she wanted?

Did she use active listening, feeding back what her partner was saying?

Did she suggest solving the problem together?

Did she stay calm and stop any fights immediately?

(TO ALL WOMEN)

How realistic were the role-plays? Could you imagine yourself having this conversation with your partner?

Now, let me ask you this: How would you respond to your partner in a non-threatening way if your partner said, "Damn you! You really piss me off telling me I should get tested!"

How would you respond to your partner in a non-threatening way if your partner said, "I'm really hurt that you asked me to get tested. I thought you cared for me and trusted me."

We will be using these communication tips during the next and later sessions.

READING OF LETTERS

At this time let's read two of the letters written earlier to your partners about getting tested.

First, will a woman whose task was to write to the partner who refused testing read her letter?

INSTRUCTIONS:

GIVE OUT "THANKS" CHIPS TO THE WOMAN WHO READS HER LETTER.

Thank you very much.

Now will a woman whose partner got tested read her letter aloud?

INSTRUCTIONS:

GIVE OUT "THANKS" CHIPS TO THE WOMAN WHO READS HER LETTER.

I really appreciate your sharing that with us.

What are your reactions to the letters?

INSTRUCTIONS:

ALLOW THREE MINUTES OF DISCUSSION.

DISCUSS AND RAISE ISSUES OF WHAT THE PARTNER'S ACTION MEANS IN TERMS OF THE RELATIONSHIP, OPENNESS, POWER AND CONTROL, AND INTIMACY.

Thank you for your participation.

Exercise 6: How Do I Solve Problems Around Testing?

15 minutes

The purpose of this exercise is to improve problem-solving skills around testing. Participants review the "meaning" letters that they wrote earlier in order to remind themselves of their personal values. Being aware of these values helps the participants solve problems more easily.

Materials Needed:

- Blank Newsprint
- Markers
- Prepared Newsprint—*Four Steps for Problem-Solving*
- Problems to be Solved Cards

Facilitator says:

So, now we want to work on problem-solving around asking a partner to get tested.

But to solve problems it is critical to know what is important to you. To understand what is important to you, it would help to read some of the letters you wrote earlier to your partners.

That means having the women whose partners had an STD or were HIV positive and those who were free of infection read their letters to the group. Is anyone willing to share her letter?

What are the group's reactions?

If you were really in this situation, how would your relationship change?

INSTRUCTIONS:
THESE QUESTIONS ARE NOT MEANT TO BE ANSWERED.

PROBLEM-SOLVING STEPS

In small groups we are going to discuss some problems related to testing.

INSTRUCTIONS:

REFER PARTICIPANTS TO THE PREPARED NEWSPRINT ON THE FOUR STEPS FOR PROBLEM-SOLVING.

There are four steps to problem-solving:

1. First, define the problem.

2. Second, brainstorm ideas by coming up with lots of alternative things you can do. Do not limit yourself—all ideas that come to mind are useful. Do not judge them.

3. Third, when you have a list of different things you could do to solve the problem, evaluate the options.

4. Choose one option.

Here is a brief example of problem-solving:

Example of a Problem:

Yvette and her partner decided they wanted to have a baby.
She doesn't know if he is infected.

She told her partner that they could go together to get tested for HIV and STDs now, and again in three months to be sure they don't have anything. They would need to use condoms until they get the results from the second test.

He says that it's crazy to wait.

They should begin having unprotected sex now until she gets pregnant and not wait.

She wants to reduce the risk of getting an STD or HIV. This will be her first child.

What should she do about her partner's attitudes?

INSTRUCTIONS:

GIVE OUT "THANKS" CHIPS AS THE WOMEN RESPOND.

Let's go through the problem-solving steps:

1. Identify the problem.
2. Brainstorm options.
3. Evaluate the options.
4. Choose one.

INSTRUCTIONS:

WRITE IDEAS GENERATED FROM THE GROUP FOR EACH STEP ON BLANK NEWSPRINT.

DO NOT READ THE ANSWERS BELOW UNLESS THE GROUP CANNOT COME UP WITH THEM.

First of all, let's identify the problem.

Answer: Yvette wants to reduce the risk of getting an STD or HIV but her partner wants to go ahead and have unprotected sex until she gets pregnant.

Now, let's brainstorm ideas of alternative things she can do.

Examples of alternatives include:

1) Give in to him.
2) Leave him.
3) Tell him her doctor says her way is best for her health and the health of their future baby.
4) Beg him to do it her way.
5) Give him some different sexual excitement that doesn't require intercourse.

Let's evaluate one of these ideas.

Example of evaluating **one** of the alternatives:

Giving in to him would stop his complaining, but may expose her to STD or HIV infection.

It doesn't sound like the best idea.

SMALL GROUP PROBLEM-SOLVING ACTIVITY

INSTRUCTIONS:

DIVIDE THE GROUP INTO THREE SMALL GROUPS. GO AROUND THE ROOM AND HAVE THE WOMEN COUNT OFF 1, 2, 3 TO DETERMINE PARTICIPANTS FOR EACH GROUP.

GIVE EACH GROUP A CARD WITH A PROBLEM TO BE SOLVED. THESE CARDS ARE IN THE *SESSION ACTIVITIES AND MATERIALS* SECTION OF THIS SESSION.

So, now we want you to try your hand at solving a problem.

Each group should take five minutes to review the problem they have been assigned and come up with solutions on how to resolve the problem using the problem-solving steps. Again, you want to:

1. Identify the problem.
2. Brainstorm options.
3. Evaluate the options.
4. Choose one.

Are there any questions?

INSTRUCTIONS:

ANSWER ANY QUESTIONS AND THEN BEGIN.

FACILITATORS SHOULD GO FROM GROUP TO GROUP, COACHING AS NEEDED.

HAVE THE GROUP WORK FOR FIVE MINUTES AND THEN BRING THEM BACK TOGETHER.

Please tell us what the problem was and your solutions.

INSTRUCTIONS:

HAVE EACH GROUP PRESENT AND DISCUSS.

What do you see as the main obstacles to women getting tested?

INSTRUCTIONS:

WRITE A LIST ON NEWSPRINT OF MAIN OBSTACLES TO WOMEN GETTING TESTED. REVIEW LIST AND USE PROBLEM-SOLVING STEPS.

If you can relate to some of these obstacles, maybe you can apply problem solving to your own situation.

Exercise 7: What Is Next?

10 minutes

This exercise closes the session and encourages the women to support each other. It also looks forward by setting future goals.

Materials Needed:

- Prepared Newsprint —*Session Four Main Points*
- Prepared Newsprint—*Session Four Between-Session Goals*
- Participant Feedback Form

INSTRUCTIONS:

REFER PARTICIPANTS TO PREPARED NEWSPRINT OF THE MAIN POINTS FOR SESSION FOUR.

Facilitator says:

The main points of today's session are:

- Untreated STDs can have serious effects on the health of a woman and her future baby.
- Getting tested for STDs is the only way to know if a person is infected because many STDs have no symptoms, especially in women.
- Getting an HIV test is NOT a protection strategy.
- We each experience barriers to getting an HIV test, but we can apply problem solving to them.
- There are communication tips that can help us discuss testing with a partner.
- Mutual Testing involves four steps:
    1. Get tested together on the same day.
    2. Use condoms for three months; do not have unprotected sex with anyone else or share works during that time.
    3. Get tested together again in three months.
    4. If you give up condoms, negotiate a safety plan.

What questions do you have on what was covered today?

INSTRUCTIONS:

ANSWER PARTICIPANT QUESTIONS.

PARKING LOT

INSTRUCTIONS:

CHECK THE PARKING LOT.

IDENTIFY QUESTIONS AND CONCERNS THAT HAVE BEEN ANSWERED IN THIS SESSION AND ADDRESS THOSE THAT CAN BE ADDRESSED NOW.

LET PARTICIPANTS KNOW THE ONES THAT CANNOT BE ANSWERED NOW WILL BE ADDRESSED IN THE NEXT SESSION.

The next session deals with how you go about getting your partner to wear a condom or accept a female condom.

BETWEEN-SESSION GOAL SETTING

Between sessions it is important to take a step that will eventually lead to having a relationship in which your health is protected.

What goals do you want to achieve between the sessions?

Try to have goals related to testing for HIV or STDs.

Remember that the goals should be realistic, clear, not too much or too little, and easy to know if the goal was achieved or if steps were taken to accomplish the goal.

INSTRUCTIONS:

REFER PARTICIPANTS TO PREPARED NEWSPRINT ON BETWEEN-SESSION GOALS.

Some examples of things to do may include:

1. Get tested for HIV.
2. Practice asking a partner to get tested, using a friend to act the role of your partner.
3. Read the STD fact sheet in your Workbook.
4. Make a list of the advantages/disadvantages of testing in your current relationship.

You don't have to select one of these examples; however you should select one that is realistic for you and try your best to take the necessary steps to complete it.

We would like everyone to share with the group what step or goal they will practice during the time between sessions.

INSTRUCTIONS:

GO AROUND THE ROOM AND ASK EACH WOMAN WHAT STEP SHE WILL TAKE.

Thank you.

The next meeting will take place on _____ (day) ____ (date) at _____ (time and place).

Now please show your appreciation to each other for your contributions to the group today.

INSTRUCTIONS:

GIVE OUT "THANKS" CHIPS TO PARTICIPANTS. ENCOURAGE SHARING OF APPRECIATION. MAKE SURE NO ONE IS EXCLUDED.

We ask that you complete the Participant Feedback Form so that we can make sure that FIO is meeting your needs.

INSTRUCTIONS:

HAND OUT PARTICIPANT FEEDBACK FORM, FOUND IN APPENDIX D.

ALLOW FIVE MINUTES FOR COMPLETION.

COLLECT COMPLETED FORMS FROM PARTICIPANTS.

END OF SESSION FOUR

Session 4
Materials and Activities

Prepared Newsprints

Three Testing Questions

1. Why should I and other women get tested for STDs and HIV?
2. Why should my partner and I get tested together?
3. What do we mean by mutual testing with a partner?

STD CHART

[Set up a chart like on page 247]

Steps for Mutual Testing

1. You and your partner both get tested for HIV and other STDs with each other on the **same day**

2. You and your partner **use condoms for three months** and do not have unprotected sex with anyone else or share needles or works

Steps for Mutual Testing

3. You and your **partner get tested together again in three months**. If you are both negative for HIV and other STDs the second time, you can be reasonably sure you are both free of infections.

4. If you and your partner decide to give up condoms with each other, you need to **negotiate a safety plan**. Agree to use condoms all the time with other partners.

Prepared Newsprints (continued)

Testing Role-Play

Goal: For the woman to get her partner to consent to getting tested

Woman: Use the Communication Tips to get a positive response

Partner: Communicate your concerns or reasons not to get tested

Partner: Focus on the techniques and approaches the woman uses and how she responds to his reluctance

Problem-Solving Steps

1. Identify the Problem
2. Brainstorm Options
3. Evaluate the Options
4. Choose One

Session 4
Main Points

- Untreated STDs can have serious effects on the health of a woman and her future baby.
- Getting tested for STDs is the only way to know if a person is infected because many STDs have no symptoms, especially in women.
- Getting an HIV test is NOT a protection strategy.
- We each experience personal barriers to getting an HIV test, but we can apply problem solving to overcome them.
- There are communication tips that can help us discuss testing with a partner.
- Mutual Testing involves four steps.

Session 4
Between-Session Goals

1. Get tested for HIV.
2. Practice asking a partner to get tested, using a friend to act the role of your partner.
3. Read the STD fact sheet in your Workbook.
4. Make a list of the advantages/disadvantages of testing in your current relationship.

SESSION ACTIVITIES AND MATERIALS

Session Four: Exercise 2

CHART ON IMPACT OF STDs AND HIV ON WOMEN AND INFANTS

Disease	Harm You?	Harm Baby?	Early Signs?	Curable?
Chlamydia				
Genital Herpes				
Gonorrhea				
Hepatitis B				
Hepatitis C				
HIV				
Syphilis				
Trichomoniasis				
Human Papilloma Virus				

Session Four: Exercise 2

STD PALM CARD TEMPLATE

FRONT OF CARD

Disease	**Harm You?**	**Harm Baby?**	**Early Signs?**	**Curable?**
Chlamydia	Yes	Yes	No	Yes
Genital Herpes	Yes	Yes	Yes	No
Gonorrhea	Yes	Yes	No	Yes
Hepatitis B	Yes	Yes	No	No
Hepatitis C	Yes	Yes	No	No
HIV	Yes	Yes	Yes	No
Syphilis	Yes	Yes	Yes	Yes
Trichomoniasis	Yes	Yes	No	Yes
Human Papilloma Virus	Yes	Yes	Yes	No

BACK OF CARD

LOCAL STD TESTING SITES

DEVELOP A LIST OF LOCAL STD/HIV TESTING SITES INCLUDING ADDRESS, HOURS OF OPERATION, CONTACT INFORMATION, AND FEES/INSURANCE REQUIREMENTS.

Session Four: Exercise 2 (in Participant Workbook)

HIV/STD Information Cards

CHLAMYDIA

What harm can it do to you?
Pelvic inflammatory disease, infertility, chronic pelvic pain, permanent damage to fallopian tubes/ uterus, inflamed rectum, inflamed eyes, and more vulnerable to HIV.

What harm can it do your baby?
If exposed, the newborn baby can get eye infections and pneumonia. It can also cause the baby to be born before it is ready (premature delivery).

What are the early warning signs?
None or very mild. May have vaginal discharge or pain peeing. 75 percent of women and 50 percent of men experience no symptoms.

Is it curable?
Yes, with antibiotics.

GENITAL HERPES

What harm can it do to you?
Can keep happening again and again. It causes damaged tissue (lesions). Makes you more easily infected with HIV. Nearly one out of four women are infected.

What harm can it do to your baby?
Can be passed to the baby, depending on the stage in the mother. Can lead to the baby being born before it is ready (premature delivery). Could cause a potentially life-threatening infection in babies.

What are the early warning signs?
Some early signs such as itching, burning sensations, pain in legs and buttocks, vaginal discharge, sores, painful blisters, flu-like symptoms, fever, swollen glands and abdominal pressure. Most people have no symptoms. The first outbreak is usually two weeks after exposure.

Is it curable?
No, but anti-viral medications can reduce symptoms.

GONORRHEA

What harm can it do to you?
Can spread and result in pelvic inflammatory disease (PID). Can lead to a woman not being able to get pregnant (infertility) or a dangerous pregnancy outside of the womb (ectopic pregnancy). It makes you more easily infected with HIV. If untreated, can damage the heart valves, joints, and brain.

What harm can it do to your baby?
Can be passed to the newborn who will be vulnerable to the same diseases. It can also cause blindness and joint or blood infection.

What are the early warning signs?
Many have none or they are so mild you can't tell. Could experience burning during peeing and abnormal vaginal discharge or bleeding.

Is it curable?
Yes, with antibiotics.

HEPATITIS B

What harm can it do to you?
Damage your liver by either making the tissue die (cirrhosis) or causing long-term liver destruction (chronic liver disease). Weakens your body's ability to fight infections (the immune system) and leads to immune system disorders. Makes you more easily infected with HIV.

What harm can it do to your baby?
Can be passed to baby during pregnancy.

What are the early warning signs?
No obvious signs. Persons may experience fever, headache, tiredness, itching, yellowing of the eyes (jaundice), dark pee, joint pain, grey colored stool (feces), and loss of appetite.

Is it curable?
No, but anti-viral treatment is available for chronic infections. Also vaccination is available to prevent infection.

HEPATITIS C

What harm can it do to you?
Damage your liver by either making the tissue die (cirrhosis) or causing long-term liver destruction (chronic liver disease). Weakens your body's ability to fight infections (the immune system) and leads to immune system disorders. Makes you more easily infected with HIV.

What harm can it do to your baby?
Can be passed to baby during pregnancy.

What are the early warning signs?
Most people have no symptoms. Symptoms can appear years after the infection. Persons may experience tiredness, feeling sick to their stomach (nausea), fever, dark pee, and yellowing of the eyes (jaundice), pain in the right side as the disease progresses.

Is it curable?
No, but treatment is available.

HIV

What harm can it do to you?
Weakens your body's ability to fight infections (the immune system) and makes you more likely to get sick from infections that your body would normally be able to fight off (opportunistic infections). Can kill you without treatment.

What harm can it do to your baby?
Baby may become infected with HIV.

What are the early warning signs?
Very early infection: fever, rash, swollen glands, and headaches (could be severe). Later no symptoms until the disease is very advanced, at which time the person becomes weak, loses weight, and is more likely to get sick from infections that their body would normally be able to fight off (opportunistic infections).

Is it curable?
No, but treatment is available to help you live a longer and better life.

SYPHILIS

What harm can it do to you?
It can cause heart problems, mental disorders, blindness and increase the risk of getting HIV. It can also kill you.

What harm can it do to your baby?
Can be passed to newborns and can cause serious physical and mental problems; can cause your baby to be born dead.

What are the early warning signs?
Signs include very mild symptoms such as sores and rashes.

Is it curable?
Yes, in the early stages.

TRICHOMONASIS

What harm can it do to you?
Increases the risk of HIV.

What harm can it do to your baby?
It can result in your baby being born before it's ready (premature) or too small (low birth-weight).

What are the early warning signs?
Often no symptoms. Symptoms can appear years after the infection. When symptoms occur, they are a yellow-green vaginal discharge, pain when peeing, pain when having sex, and a bad smell from your vagina.

Is it curable?
Yes.

HUMAN PAPILLOMAVIRUS (HPV)

What harm can it do to you?
It can lead to cervical, anal and genital cancer and to genital warts. Makes a person more easily infected with HIV.

What harm can it do to your baby?
It can cause warts in the throat of an infant from which they can die.

What are the early warning signs?
Most people have no symptoms that they can see. Some types of HPV can cause warts with various characteristics (small or large, flat or raised, single or multiple). Some types of HPV can cause changes to your cervix (the opening of your uterus) that can cause cancer.

Is it curable?
No, but there is treatment for warts and changes to your cervix. There is also a shot (vaccine) for young women that protects against the most dangerous strains of HPV.

Session Four: Exercise 3 (in Participant Workbook)

STD/HIV Testing Fact Sheet

Why get tested?

- You can't tell if someone is infected with an STD or HIV by looking.
- You can be infected with an STD and HIV and show no outward signs.
- STD and HIV infections can be passed to your unborn child in the uterus or during birth.
- Some STDs can be treated and cured. HIV, Hepatitis B and C, HPV, and herpes cannot be cured but can be treated and managed.
- The sooner you find out if you are infected, the sooner you can begin treatment.

Facts about testing:

- STD testing is fast and accurate.
- If HIV testing shows you do not have the virus, get tested again in three months because it may have been too early for HIV to show up on the test if you were recently infected.
- If HIV testing shows you are infected, the test results are probably accurate.
- HIV and STD testing tell you about the past only—not the present or the future.
- HIV testing is not a prevention strategy. Just because you were HIV-negative in the past, does not mean you will stay that way in the future. Only protecting yourself with male or female condoms can ensure that.

Session 4: Exercise 3 (in Participant Workbook)

HIV Testing: Options and Information

HIV Testing: Options

There are several options for how the HIV test can be done:

Rapid HIV Antibody Test

- Names: Also known as "Oraquick," “Clearview,” and “Bio-STAT.”
- Wait Time: Gives results while you wait.
- Sample Type: Small finger stick sample of blood or oral swab.
- Comments: If the test shows the presence of HIV antibodies, then the result must be verified with a confirmatory test called the “Western Blot.”

Standard Blood Test

- Wait Time: It may take up to two weeks to get test results.
- Sample Type: It involves taking a sample of blood, usually from the arm.
- Comments: This was the first HIV test that was developed and made available. It is the most widely used.

Oral Mucosal Transudate Test

- Names: Often referred to as an "oral test" or "Orasure test."
- Wait Time: It takes two weeks to get test results.
- Sample Type: A small pad is placed in the person's mouth between the lower cheek and gum for a few minutes. The pad collects oral tissue that will contain HIV antibodies if a person is infected with HIV.

At least two different types of laboratory tests are conducted before a positive test result is given. Combined, the two tests are accurate about 99.5 percent of the time.

Not everyone who is infected will test HIV positive. It takes up to three months after getting infected with HIV for a person's body to start producing HIV antibodies. About 5 percent of people take longer than two months to produce antibodies. During this "window period," an HIV-infected person can transmit the virus to others even though his or her HIV antibody test may be negative. So, to be sure that you and your partner do not have HIV, you both need to get tested, practice safer sex for three months, have NO outside sex, and get re-tested three months later.

ANONYMOUS VERSUS CONFIDENTIAL TESTING

Anonymous Testing

- You will not be asked for your name at any time during the counseling and testing experience.
- A "Unique Testing Code" will be used to identify you as an individual without using your name to identify your test results.
- You will not receive anything in writing about your test result.
- Some places may ask you if you would like to convert to confidential if you test HIV+ because it will help to link you to appropriate medical care.

Confidential Testing

- You give your name, your social security number and your date of birth.
- In many states, names of people who test HIV-positive are sent to the state health department, where it is kept under the strictest security. The state health department then turns this information into a non-name code that is sent to the Centers for Disease Control and Prevention (CDC). This process enables the CDC and the health department to know how many people living in each county and state have HIV, ensuring that they properly fund services in each area.
- Information will NOT be disclosed to other government or private agencies like the U.S. Immigration and Customs Enforcement (ICE), welfare, insurance companies, employers, schools, families or landlords.
- One particularly useful aspect of confidential testing is that you can get your results in writing. If you test HIV-positive, a written result enables you to access medical and other support services. Having your results in writing may also be helpful if you want to show partners when disclosing your HIV status.

If you are concerned about giving your name, you may test anonymously first if it is available in your area, and then re-test "confidentially" if you receive an HIV-positive result.

Where to Get Tested

Options include:

- Health departments
- Doctors' offices
- Community-based organizations offering HIV testing

Please refer to your Palm Card for more information on where to go.

Partner Notification

Many states also have partner notification laws. These laws require doctors to talk with their HIV-positive patients about who they may have infected through sex or needle sharing. If an HIV infected person tells a counselor or case manager at a social service agency that they are HIV-positive, the counselor does NOT have to report that information to the health department.

HIV positive persons are not legally obligated to reveal names of people they have had sex or shared needles with. Individuals cannot be punished if they choose not to disclose the names of their partners to a doctor or public health worker. However, it is important for all HIV infected individuals to consider that the right thing to do is to let the doctor or public health worker know if others may have been exposed to HIV so they could be notified of their possible exposure, be tested and receive HIV treatment as needed. If an HIV-positive patient does discuss her partners with a doctor or a public health worker, the law says that when those partners are told they might be infected they are NOT given the name of the HIV-positive patient who identified them.

STD Testing

STD testing is available from health departments, Planned Parenthood, and many other community health care sites at no- or low-charge.

In some places, you do have to ask for STD testing. Women should not assume that if they get a gynecological exam, they will automatically get tested for all STDs.

Session Four: Exercise 3 (in Participant Workbook)

STD Fact Sheet

Information obtained from www.cdc.gov/std and www.cdc.gov/hiv

STD	Chlamydia
Description, Ways it is Spread	• Caused by the bacterium, Chlamydia trachomatis. The cervix (opening to the uterus) is the first site of infection, but it can spread to fallopian tubes (egg canals). • Can be transmitted during vaginal, anal, or oral sex. Condoms provide good protection. • Can be passed from mother to child during delivery. • Cannot be transmitted through touch or through contact with toilet seats. • The most frequently reported bacterial STD in the US. Many cases go undetected.
Symptoms	• About ¾ of infected women and about ½ of infected men have no symptoms. • If symptoms do occur, they usually appear within one to three weeks after exposure. • In women: An abnormal vaginal discharge or a burning sensation when urinating. • If the infection spreads to the fallopian tubes, some women have lower abdominal or back pain, nausea, fever, pain during intercourse, or bleeding between menstrual periods. • In men: Discharge from the penis, burning and itching around the penis opening.
What Harm It Can Do to You	• Left untreated, chlamydia can cause permanent damage, including pelvic inflammatory disease (PID) and infertility. These can occur "silently" before a woman ever recognizes a problem. • Having chlamydia increases the risk of contracting HIV, if you are exposed to HIV.
What Harm It Can Do to Your Baby	• Chlamydia can be passed from an infected mother to her baby during vaginal childbirth. • Chlamydial infection may lead to premature delivery of the baby. • Babies who are born to infected mothers can get chlamydial infections in their eyes and respiratory tracts. • Chlamydia is a leading cause of early infant pneumonia and conjunctivitis (pink eye) in newborns.
How it is Diagnosed	• There are laboratory tests to diagnose chlamydia. Some can be performed on urine, other tests require that a specimen be collected from the penis or cervix.
Treatment/ Prevention	• Chlamydia can be easily treated and cured with antibiotics. • All sex partners should be evaluated, tested, and treated and persons with chlamydia should abstain from sexual intercourse until they and their sex partners have completed treatment to avoid re-infection.

STD	Gonorrhea
Description, Ways it is Spread	• Caused by Neisseria gonorrhoeae, a bacterium that can multiply in the cervix, uterus, and fallopian tubes, and in the urethra (urine canal) in women and men. • The bacterium can also grow in the mouth, throat, eyes, and anus. • Spread through contact with the penis, vagina, mouth, or anus. Ejaculation does not have to occur for gonorrhea to be transmitted. • Condoms provide good protection. • Can also be spread from mother to infant during delivery. • Cannot be transmitted through touch or through contact with toilet seats.
Symptoms	• Women: Most have no symptoms. Even when present, symptoms can be mild and mistaken for a bladder or vaginal infection. • Initial symptoms include a painful or burning sensation when urinating, increased vaginal discharge, or vaginal bleeding between periods. • Men: Some have no symptoms. Some have symptoms that appear two to five days (but possibly as long as 30 days) after infection. • Symptoms include a burning sensation when urinating, or a white, yellow, or green discharge from the penis. Sometimes men with gonorrhea get painful or swollen testicles. • Symptoms of rectal infection may include discharge, anal itching, soreness, bleeding, or painful bowel movements. • Infections in the throat may cause a sore throat but usually causes no symptoms.
What Harm It Can Do to You	• In women: Is a common cause of pelvic inflammatory disease (PID). PID can damage the fallopian tubes enough to cause infertility or increase the risk of ectopic pregnancy (when a fertilized egg grows in a fallopian tube). • In men: Gonorrhea can cause epididymitis, an infection of the ducts attached to the testicles. May lead to infertility if left untreated. • Gonorrhea can spread to the blood or joints. • People with gonorrhea can more easily contract HIV and HIV-infected people with gonorrhea can transmit HIV more easily to someone else than if they do not have gonorrhea.
What Harm It Can Do to Your Baby	• Can be transmitted by a woman to her baby during delivery. Can cause blindness, joint infection, or a life-threatening blood infection in the baby
How it is Diagnosed	• Can be diagnosed by several different laboratory tests. Some can be performed on urine; other tests require that a specimen be collected from the penis or cervix.
Treatment/ Prevention	• Can be cured with antibiotics. Drug resistant strains are increasing in many areas. This is making successful treatment more difficult. Although medication will stop the infection, it will not repair any permanent damage already caused. • All sex partners should be evaluated, tested, and treated and persons with gonorrhea should abstain from sexual intercourse until they and their sex partners have completed treatment to avoid re-infection.

STD	Hepatitis B and Hepatitis C
Description, Ways it is Spread	• A serious liver disease caused by a B virus (HBV) or C virus (HCV). • Spread by having sex with an infected person or by exposure to infected blood from needle pricks, injection drug use, or cuts in the mouth of an infected person. • Also spread from an infected mother to her infant during birth. • A vaccine is available that protects against HBV, but there is no vaccine for HCV.
Symptoms	• Often a person with HBV or HCV infection has no symptoms at all. A person might be infected and be spreading the virus and not know it. • Symptoms can include yellow skin or yellowing of the whites of the eyes (jaundice); tiredness; loss of appetite; nausea; abdominal discomfort; dark urine; grey-colored bowel movements; or joint pain.
What Harm It Can Do to You	• Can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death.
What Harm It Can Do to Your Baby	• Can be transmitted from mother to baby during birth.
How it is Diagnosed	• Both types of hepatitis are diagnosed through a blood test.
Treatment/ Prevention	• There are no medications for recently acquired (acute) HBV and HCV infection. • There are antiviral drugs available for the treatment of chronic infection, but they do not cure the disease.

STD	Human Immunodeficiency Virus (HIV)
Description, Ways it is Spread	• Spread through vaginal and anal sex, blood contact through infected needles. Condoms provide good protection. • Also can be transmitted from pregnant woman to her infant during pregnancy, delivery or breastfeeding.
Symptoms	• Three to six weeks after infection people may have flu-like symptoms, including fever and chills and swollen lymph nodes. If early infection is suspected, a person should get an HIV test that can detect early infection. At this stage, persons are very infectious and can easily pass the disease to sex partners. • After this stage, there may be no symptoms for many years, although the virus can still be passed to others.
What Harm It Can Do to You	• AIDS is the final stage of HIV infection. It can take years for a person infected with HIV, even without treatment, to reach this stage. Having AIDS means that the virus has weakened the immune system to the point at which the body has a difficult time fighting infections.
What Harm It Can Do to Your Baby	• HIV can be transmitted from a pregnant woman to her infant during pregnancy or delivery. Effective treatments are available to reduce the chances that an HIV+ woman passes the disease to her infant. All infants of HIV+ women will test positive at birth because they have the mother's antibodies to HIV in their systems. However, uninfected babies will clear the antibody.
How it is Diagnosed	• By a test for the antibodies to the virus in blood or saliva.
Treatment/ Prevention	• There is no cure for HIV, but drugs are available to reduce the body's "viral load," reduce symptoms and the risk of getting an opportunistic infection, and extend life.

STD	Herpes
Description, Ways it is Spread	• Genital herpes is caused by the herpes simplex viruses type 1 (HSV-1) and type 2 (HSV-2). • Most genital herpes is caused by HSV-2. HSV-1 can cause genital herpes, but it more commonly causes infections of the mouth and lips, so-called “fever blisters." • Herpes can be spread from an infected partner who does not have a visible sore and may not know that he or she is infected. The virus is spread by oral, anal, or vaginal sex. • Condoms may not provide complete protection against herpes, because they may not cover the affected area. • Cannot be transmitted through touch or through contact with toilet seats.
Symptoms	• Most people infected with HSV-2 are not aware of their infection or they may have very mild symptoms that they mistake for insect bites or another skin condition. • Symptoms include blisters on or around the genitals or rectum that appear within two weeks after exposure. The blisters break, leaving tender ulcers (sores) that may take two to four weeks to heal the first time they occur. • Other symptoms during the first attack may include fever and swollen glands. • Often, another outbreak can occur weeks or months after the first, but it almost always is less severe and shorter than the first outbreak.
What Harm It Can Do to You	• Genital herpes can cause painful genital sores that recur, and can be severe in people with suppressed immune systems. • Genital herpes frequently causes psychological distress in people who know they are infected. • Herpes can make people more susceptible to HIV infection, and it can make HIV-infected individuals more likely to transmit HIV to others.
What Harm It Can Do to Your Baby	• Herpes can cause potentially fatal infections in babies. • Fortunately, infection of a baby from a woman with herpes is rare. • If a woman is first infected with herpes during pregnancy there is a greater risk of passing it to the baby than if she was infected earlier. • If a woman has active genital herpes at delivery, a cesarean delivery is usually performed.
How it is Diagnosed	• Herpes can by diagnosed by lab tests on a sample taken from the sores. • Blood tests may be helpful, although the results are not always clear-cut.
Treatment/ Prevention	• There is no treatment that can cure herpes. • Antiviral medications can shorten and prevent outbreaks. • During an outbreak, a person can take medication to reduce the risk of passing the infection to partners .

STD	Human Papilloma Virus (HPV)
Description, Ways it is Spread	• Genital HPV infection is caused by the human papilloma virus (HPV). • Is spread by vaginal, anal, and oral sex. • There are many different strains or types of HPV. Some types can cause cervical cancer in women and can also cause anal cancer in both men and women. Other types of HPV can cause genital warts in both males and females. • At least 50 percent of sexually active men and women get HPV infection at some point in their lives. Most people do not have any symptoms and clear the infection on their own. • Condoms may not provide complete protection. • Regular pap smears can identify any changes in the cervix caused by HPV. • The vaccine, Gardasil®, prevents cervical cancer and genital warts due to HPV. It protects against the four types of HPV that most commonly cause these diseases. • The vaccine is licensed by the FDA for girls and women ages 9 through 26 years. It provides protection if a woman is not already infected with one of these viruses.
Symptoms	• The virus lives in the skin or mucous membranes and usually causes no symptoms. Some people get visible genital warts, or have pre-cancerous changes in the cervix, vulva, anus, or penis. • After sexual contact with an infected person, warts may appear within weeks or months, or not at all. • Most infected persons are unaware they are infected, yet they can transmit the virus to a sex partner.
What Harm It Can Do to You	• In many people, HPV goes away on its own and does not cause health problems. • Some of these viruses are called "high-risk" types, and may cause abnormal Pap tests. They may also lead to cancer of the cervix, vulva, vagina, anus, or penis. • Others are called "low-risk" types, and they may cause mild Pap test abnormalities or genital warts. Genital warts are single or multiple growths or bumps that appear in the genital area, and sometimes are cauliflower shaped.
What Harm It Can Do to Your Baby	• Not known to be transmitted to infants during pregnancy or delivery.
How it is Diagnosed	• Genital warts are diagnosed by visual inspection. • HPV is usually diagnosed from an abnormal Pap test. • There also is a specific test to detect HPV DNA.
Treatment/ Prevention	• The Human papilloma virus itself is never treated, but its effects are. Medical providers treat warts by freezing, burning, or cutting them off or by prescribing creams that are self-applied. • The most common treatments for abnormal Pap smears are cryotherapy (freezing of abnormal cells) or LEEP (the cutting away of the abnormal cells). • It is difficult to predict when HPV is no longer contagious. Experts disagree on whether the virus is eliminated from the body or whether it is reduced to undetectable levels.

STD	Syphilis
Description, Ways it is Spread	• Caused by the bacterium Treponema pallidum. • Syphilis is passed from person to person through direct contact with a syphilis sore during vaginal, anal, or oral sex. Condoms do not provide complete protection. • Many people are not aware of these sores, but they can still transmit the infection. • Pregnant women with the disease can pass it to their infants. • Syphilis cannot be spread by contact with toilet seats, doorknobs, swimming pools, bathtubs, shared clothing or eating utensils.
Symptoms	• Many people infected with syphilis do not have any symptoms for years. • In the primary stage of syphilis there is usually a single sore (called a chancre), but there may be multiple sores. The time between infection with syphilis and the first symptom can range from 10 to 90 days (average 21 days). • The chancre is usually firm, round, small, and painless. It appears at the spot where syphilis entered the body. The chancre lasts three to six weeks, and it heals without treatment. • However, if treatment is not administered, the infection progresses to the secondary stage and can be fatal.
What Harm It Can Do to You	• Besides rashes, symptoms of secondary syphilis may include fever, swollen lymph glands, sore throat, patchy hair loss, headaches, weight loss, muscle aches, and fatigue. • Without treatment the infection will progress to the latent and late stages of disease, where it can cause heart problems, neurological problems, and other serious conditions. • Genital sores (chancres) caused by syphilis make it easier to transmit and get HIV infection sexually.
What Harm It Can Do to Your Baby	• The syphilis bacterium can infect the baby during pregnancy. • Infected women may have a high risk of having a stillbirth (a baby born dead) or of giving birth to a baby who dies shortly after birth. • An infected baby may be born without signs or symptoms of disease. However, if not treated immediately, the baby may develop serious problems within a few weeks.
How it is Diagnosed	• Through a blood test or by taking a sample from one of the sores.
Treatment/ Prevention	• Syphilis is easy to cure with antibiotics in its early stages. • Treatment will kill the syphilis bacterium and prevent further damage, but it will not repair damage already done.

STD	Trichomoniasis
Description, Ways it is Spread	• Caused by the single-celled protozoan parasite, Trichomonas vaginalis. • The most common curable STD in young, sexually active women. • The vagina is the most common site of infection in women, and the urethra (urine canal) is the most common site of infection in men. Women can get the disease from infected men (through vaginal intercourse) or women (from vulva to vulva contact), but men usually contract it only from infected women. • Cannot be transmitted through touch or through contact with toilet seats.
Symptoms	• Women: Some have symptoms of infection. • Symptoms include a frothy, yellow-green vaginal discharge with a strong odor, irritation and itching of the female genital area. May cause discomfort during intercourse and urination. Symptoms usually appear in women within five to twenty-eight days of exposure. • Men: Most do not have symptoms. Some men may temporarily have an irritation inside the penis, mild discharge, or slight burning after urination or ejaculation.
What Harm It Can Do to You	• Can increase a person's susceptibility to HIV infection if exposed to the virus. • Having trichomoniasis may increase the chance that an HIV-infected person passes HIV to sex partner(s).
What Harm It Can Do to Your Baby	• Infected women may have babies who are born early or with low-birth weight.
How it is Diagnosed	• A healthcare provider must perform a physical examination and laboratory test to diagnose trichomoniasis. • The parasite is harder to detect in men than in women.
Treatment/ Prevention	• Trichomoniasis can usually be cured with prescription drugs. • The symptoms of trichomoniasis in infected men may disappear within a few weeks without treatment. However, an infected man can continue to infect or re-infect a female partner until he has been treated. Therefore, both partners should be treated at the same time to eliminate the parasite. • Persons being treated for trichomoniasis should avoid sex until they and their sex partners complete treatment and have no symptoms.

Session Four: Exercise 4

Letters—Scenarios for Personal Meaning Letters

SCENARIO 1 You asked your partner to get tested for HIV and STD. He didn't necessarily like the idea but he agreed to do it. Instructions: Write him a letter. Tell him what it means to you that he went and got tested.	**SCENARIO 2** You asked your partner to get tested for STDs and HIV. He refused. Instructions: Write him a letter. Tell him what it means to you that he refused to get tested.
SCENARIO 3 Your partner was tested and is HIV-positive. Instructions: Write him a letter. Tell him what it means to you that he is HIV-positive.	**SCENARIO 4** Your partner was tested and has syphilis. Instructions: Write him a letter. Tell him what it means to you that he has syphilis.
SCENARIO 5 Your partner was tested and does not have any STDs. Instructions: Write him a letter and tell him what it means to you that he doesn't have any STDs.	**SCENARIO 6** Your partner was tested twice for HIV within three months and is not infected with HIV. Instructions: Write him a letter. Tell him what it means to you that he is not infected and what you want to do for the future.

SCENARIO 7 You were tested for STDs and the results showed that you were not infected. Instructions: Write yourself a letter—"Dear Me"—and tell yourself what it means to you that you do not have any STDs.	**SCENARIO 8** You were tested for STDs and the results showed that you have chlamydia. Instructions: Write yourself a letter—“Dear Me”—and tell yourself what it means to you that you have an STD.
SCENARIO 9 You were tested for HIV and the results showed that you tested negative. Instructions: Write yourself a letter—"Dear Me"—and tell yourself what it means to you that you are probably not infected with HIV.	**SCENARIO 10** You thought about getting tested for HIV and decided not to do it. You don't want to know if you are infected. Instructions: Write yourself a letter—"Dear Me"—and tell yourself what it means to you that you do not know if you are infected with HIV.

Session Four: Exercise 5 (in Participant Workbook)

Communication Tips

- Select where and when to have the discussion
- Be clear on what you want
- Start with a positive remark
- State how you feel
- Say “I” instead of “You”
- State your needs and give reasons
- State what you want from your partner
- Listen actively—say back what your partner is expressing
- Explain that you would like to solve the problem together
- Do not blame your partner or undercut your partner’s self-esteem
- Offer suggestions or options
- When your partner does something you like, tell him
- When your partner makes snide, sarcastic or demeaning remarks, immediately tell him you do not like it
- Stay calm. End fights immediately
- Stay firm

Session Four: Exercise 5

Role-Play Cards—Negotiating Testing

Role Card:

Woman

Your goal is to ask your partner to get tested for HIV, STD, or both.

That is your choice.

Your goal is to obtain a positive answer using the communication tips in your Workbooks.

Prior to starting the role-play tell your "partner" his name and your name.

Role Card:

Partner

The partner's goal is to communicate what he thinks about getting tested and about being asked to do so.

Act in the way that a male partner may react. Make it real depending on whether you are in a new relationship or if you and the woman have been together for awhile.

Don't be too hard or too easy.

Session Four: Exercise 7

'Problems to be Solved' Cards

PROBLEM 1

Marzella has been going with her boyfriend for six months. He thinks that is long enough to have shown her that he doesn't have any diseases. He refuses to get tested for either STDs or HIV and wants unprotected sex. Up until now he has agreed to wear a condom and has kept his agreement. She knows that he was into drugs, but has stopped. She likes him very much, but is not sure this is forever. There are few other attractive men around. He tells her she is his only woman. He doesn't seem to worry about her having any STDs. Marzella has genital warts and is getting treatment but didn't tell him. What should she do about his refusal to get tested?

PROBLEM 2

Denise and Lucas want to give up condoms. He agreed to be tested twice and to have protected sex while they wait for the three months to pass. The first testing was completed and neither of them was positive. One month has gone by. Lucas says he can't wait any longer and wants that good old feeling again—no condom. Denise explains that it will ruin the whole testing plan they had agreed to. He says it is too hard on him. He is sure they have nothing to worry about. After all, they both passed the first time. What should Denise do to ensure she is safe now and in the future?

PROBLEM 3

Before Maria got involved with Dan she had unprotected sex with three different men. She had gone with each of them for a while, but it never worked out. Then she met and fell for Dan. Maria has found out that one of the men she was with has gonorrhea. Maria is terrified of being tested. She knows it is the wise thing to do but it scares her to death. She doesn't want to know if she has one of those sexually transmitted diseases or HIV. She doesn't want to risk losing Dan. Maria knows all about getting tested to see if treatment is needed and to protect Dan, but she keeps putting it off. What could help Maria get up the courage to get tested?

Session Four: Exercise 7 (in Participant Workbook)

Session Four Main Points

The main points of this session are:

- Untreated STDs can have serious effects on the health of a woman and her future baby.
- Getting tested for STDs is the only way to know if a person is infected because many STDs have no symptoms, especially in women.
- Getting an HIV test is NOT a protection strategy.
- We each experience personal barriers to getting an HIV test, but we can apply problem solving to overcome them.
- There are communication tips that can help us discuss testing with a partner.
- Mutual Testing involves four steps:

    1. Get tested together on the same day.
    2. Use condoms for three months; do not have unprotected sex with anyone else or share works during that time.
    3. Get tested together again in three months.
    4. If you give up condoms, negotiate a safety plan.

SESSION FIVE: HOW DO I ASK MY PARTNER TO USE PROTECTION?

Core Elements: #3, #5, #7, #8

Session Length: Two hours

OBJECTIVES:

After completing this session, participants will be able to:

1. Demonstrate how to request a casual or new partner to wear a condom or accept her using a female condom during sex.

2. Demonstrate how to request a steady partner to wear a condom or accept her using a female condom during sex.

3. Demonstrate how to respond assertively to negative attitudes toward using protection and how to counter these attitudes.

4. Demonstrate how to respond effectively to a difficult partner reaction, such as when a partner displays anger over being asked to wear a condom.

5. Describe what types of sexual activities are considered to be “outercourse.”

RATIONALE:

The sexual behaviors we are trying to encourage occur in situations with a partner. These situations can arise in either a casual relationship or in a more committed one. This session provides women an opportunity to practice asking a casual or new partner and a steady partner to wear protection or accept the women’s use of female condom.

In this session, women will explore what it means to them to ask a partner to use protection or to accept the use of a female condom. To have behavior change, both partners must share the same understanding of safer sex. First, women’s own attitudes that present barriers toward safer sex are confronted and modified. Communication skills introduced in Session Four are applied within this session to ask both casual and steady partners to use condoms or accept the use of the female condom. These skills are both demonstrated and practiced.

Women use brainstorming techniques and practice using “self-talk” to learn how to handle situations in which the partner becomes angry or says, "You don’t trust me." “Outercourse” is also explored as another option for practicing safer sex.

Group building takes place through the positive introductions, sharing of feelings related to asking a partner to use protection and by showing appreciation to each other. Throughout the session, the emphasis is on skill development, reduction of barriers to using these skills, and problem-solving.

SESSION FIVE ACTIVITY LIST	Time
• **Exercise 1: What Happened Between Sessions?** Introduce the participants, discuss steps taken to achieve between-session goals, and review efforts to stay safe sexually.	15 minutes
• **Exercise 2: What Would It Mean to Ask My Partner?** Explore whether women feel that it goes against accepted gender behaviors in relationships to ask a man to wear a condom or accept the woman's use of a female condom. Use a Soap Scene script.	20 minutes
• **Exercise 3: How Can I Prepare for Asking My Partner?** Prepare the participants by role-playing and practicing assertive responses to partner rationalizations and countering their own negative reactions to using protection.	10 minutes
• **Exercise 4: Asking a Partner to Protect Us** Use role-plays to practice asking a casual/new partner and a steady partner to wear a condom or to accept the woman's use of the female condom. Review communication skills and demonstrate prior to each role-play.	30 minutes
• **Exercise 5: How Do I Deal with Difficult Situations?** Have women identify difficult partner reactions to making a request for condom use and brainstorm ways of dealing with these reactions.	20 minutes
• **Exercise 6: What is "Outercourse"—Non-insertive Sex?** Explore "outercourse" by coming up with sexy ways to use objects such as a jar of honey.	15 minutes
• **Exercise 7: What is Next?** End with setting between-session goals, administrative issues, and group appreciation.	10 minutes
Total Session Time	**120 minutes** **(2 Hours)**

SESSION FIVE MATERIAL CHECKLIST:

✓	Materials
	Nametags (1 per participant)
	"Thanks" Chips (20 per participant and facilitator)
	Lottery Tickets (1 per participant)
	Lottery Prize (1)
	Bag for Lottery Tickets
	Newsprint
	Markers (5)
	Post-it Notes
	Easel
	Clock
	Jar of Honey (1)
	Scarf (1)
	Erotic Book (1)
	Telephone (1)
	Non-Oil Based Massage Cream
	Sex Toys (1 or 2 different external sex toys e.g., vibrators)
	Partner Statements
	Reason Statements
	Participant Feedback Form
	Prepared Newsprint—*Parking Lot*
	Prepared Newsprint—*Group Rules*
	Prepared Newsprint—*Sexual Rights*
	Prepared Newsprint—*Donna and Jeff*
	Prepared Newsprint—*Session 5 Main Points*
	Prepared Newsprint—*Session 5 Between-Session Goals*
	Poster—Session List
	Poster—*Feeling Thermometer*
	Poster—*Communication Tips*

ADVANCED PREPARATIONS:

Prepare Newsprints (see Page x):

Donna and Jeff

Session 5 Main Points

Session 5 Between-Session Goals

Prepare Materials (see session materials on CD):

Hang Up Prepared Newsprint—*Parking Lot*

Hang Up Prepared Newsprint—*Group Rules*

Hang Up Prepared Newsprint—*Sexual Rights*

Hang Up Poster—*Session List*

Hang Up Poster—*Feeling Thermometer*

Hang Up Poster—*Communication Tips*

Put Out Nametags and markers

Put Out Post-it Notes

Put Out Participant Workbooks

Ensure that sex toys have batteries if appropriate.

NOTES TO MYSELF (REMINDERS, POINTS TO MAKE):

Exercise 1: What Happened Between Sessions?

15 minutes

The purpose of this exercise is to increase self-esteem and build group cohesion. Strategies include: reviewing positive actions taken between sessions, self-enhancing introductions, and a lottery.

Materials Needed:

- "Thanks" Chips
- Lottery Tickets
- Bag for Lottery Tickets
- Lottery Prize
- Pens

Facilitator says:

Welcome back—it's good to see you.

POSITIVE INTRODUCTIONS

As always we want to start with introductions. Make sure you have your name tags.

Today we're going to introduce ourselves by telling one personality characteristic that you like about yourself. Maybe it is your honesty or friendliness.

I'll start. I like my _____.

INSTRUCTIONS:

GO AROUND TO EACH WOMAN IN THE GROUP, INCLUDING BOTH FACILITATORS.

Thank you.

Here are your "Thanks" Chips for today.

INSTRUCTIONS:

GIVE EACH WOMAN 20 "THANKS" CHIPS.

Remember, when you like what another participant said or did or when you appreciate her presence in some way, let her know with a "Thanks" Chip.

LOTTERY

Let's do a lottery to build our excitement for being here today!

INSTRUCTIONS:

GIVE EACH PERSON A LOTTERY TICKET.

HAVE EACH PARTICIPANT WRITE HER NAME ON A TICKET.

PUT THE TICKETS IN A BAG. MIX THEM UP.

HAVE SOMEONE DRAW THE WINNER AND GIVE OUT A PRIZE.

BETWEEN-SESSION GOAL REVIEW

Now let's check in on how reaching your goals went.

Who would like to volunteer first to tell us what your goal was for between the sessions and how you made out?

INSTRUCTIONS:

ALLOW EACH WOMAN WHO IS WILLING TO SHARE HER PROGRESS TOWARD HER BETWEEN-SESSION GOAL.

HAND OUT "THANKS" CHIPS TO EACH WOMAN WHO SHARES.

BRIEFLY COACH ON SOLVING PROBLEMS THAT CAME UP IN TRYING TO MEET THE GOAL. FOR EXAMPLE, IF SOMEONE WAS UNABLE TO REACH HER GOAL, SUGGEST TO BREAK IT DOWN INTO SMALLER PIECES AND TO SET A SMALLER STEP AS A GOAL FOR THE FOLLOWING WEEK.

Exercise 2: What Would It Mean To Ask My Partner?

20 minutes

The personal meaning of asking a partner is explored in this exercise. "What would it say about me if I asked him?" "Would I be changing the way my partner and I relate?" "Would this challenge his masculinity?" "Would this go against how society thinks a woman should act?" A Soap Scene script is used to explore these issues.

Materials Needed:

- Participant Workbook—*Scripted Role-play:"Yvonne and Carlos"*
- Blank Newsprint
- Markers

Facilitator says:

Today's session introduces the idea of using protection during sexual encounters with your partner.

The goal of the session is to assist you in being able to ask your sexual partners to practice safer sex.

Some of you may already be very skilled at dealing with a partner; so we can learn from each other.

There is a sequence of behaviors:

- You introduce the idea of safer sex,
- You ask your partner to use a condom or try a female condom,
- You try to influence him by telling him why you should practice safer sex,
- You negotiate and problem-solve with your partner, and
- You avoid sex or refuse if your partner is unwilling to practice safer sex.

In today's session, we will discuss, demonstrate and practice introducing and asking our partners to practice safer sex. Session Six will focus on influencing partners to use protection, including negotiating and problem-solving. Session Seven will focus on how to refuse unprotected sex. Session Eight will pull it all together by focusing on how to continue to protect ourselves and others.

Today we will work on introducing the topic of using protection to a partner.

We are going to focus on male and female condom use, because it is through our relationships with men that women are getting infected. Using the Feeling Thermometer, rate how you feel about being in a situation where you have to ask a partner to use a condom or accept a female condom.

INSTRUCTIONS:

REFER TO THE FEELING THERMOMETER POSTER ON THE WALL. POLL TWO OR THREE PARTICIPANTS TO SHARE HOW THEY WOULD FEEL IN THIS SITUATION. INSTRUCT PARTICIPANTS TO PROVIDE NUMBER READINGS.

There are many different outcomes that could occur—successes, hurt feelings, irritation, becoming closer, misunderstandings, fears, or drifting apart.

For those of you with readings in the most uncomfortable area—about 75 to 100: What are some examples of uncomfortable situations around asking a partner to use protection? How about those of you with readings in the middle—what are some examples of medium uncomfortable or comfortable situations? And, those of you with very comfortable readings: Tell us about these situations.

INSTRUCTIONS:

ENCOURAGE SHARING AND DISCUSS. GIVE OUT "THANKS" CHIPS.

Thank you for sharing. Often these discussions are new for us. We might not feel comfortable bringing up condoms. Let's explore how this type of interaction plays out for one couple.

SCRIPTED ROLE-PLAY

Now we would like two volunteers to play the roles of “Yvonne” and “Carlos” in a scripted role-play. It’s found on Page 62 of your Workbook. Let’s begin.

INSTRUCTIONS:

SELECT TWO PARTICIPANTS TO READ THE SCRIPT "*YVONNE AND CARLOS*" WHICH IS FOUND IN THE PARTICIPANT WORKBOOK ON PAGE 62 AND IN THE *SESSIONS ACTIVITIES AND MATERIALS* SECTION AT THE END OF THE SESSION.

HAVE PARTICIPANTS READ THROUGH THE SCRIPT.

GIVE OUT “THANKS” CHIPS.

Great job! Let’s talk about what we just heard. What was going on in the scene?

Now we want you to think about yourselves. How would asking your partner to use a condom change how you think of yourself?

For example, would it be too aggressive? Would you feel confident, shy, nervous, or proud? Would it go against how your society or culture has taught you a woman should act? Do you think it would threaten your partner’s masculinity if you asked him?

INSTRUCTIONS:

ALLOW FIVE MINUTES FOR A DISCUSSION ON HOW INTRODUCING A CONDOM CHANGED THE WAY YVONNE AND CARLOSE RELATED.

ENCOURAGE IDEAS AROUND MASCULINITY AND GENDER SCRIPTS.

It looks like how we think of ourselves and what our society or culture expects of us can both play an important role in feeling comfortable about asking our partners to protect us.

Exercise 3: How Can I Prepare for Asking My Partner?

10 minutes

With the use of one-line rationalizations, this exercise provides women with practice in being assertive and countering negative beliefs. It also is a lively exercise that helps to loosen up participants for the role-playing that follows later in the session.

Materials Needed:

- Blank Newsprint
- Markers
- Partner Statements and Reason Statements

Facilitator says:

We want to do a quick exercise to prepare you for performing a role-play on asking a partner to use a condom or to engage in sex using a female condom.

Sometimes women have difficulty being assertive with men. In this exercise you are to think of yourself as a confident woman who can come up quickly with an assertive response. By assertive we mean a response that is strong and shows that you are confident.

I will ask each person to give a quick "one-line" response to statements that a partner may have after a woman requests the use of protection. By "one-line" I mean one sentence that gets your point across. If you get stuck, you can ask another woman to help you.

Now, let's do an example.

INSTRUCTIONS:

THE FACILITATORS SHOULD MODEL WHAT THE WOMEN SHOULD DO.

ONE FACILITATOR STANDS FACE TO FACE WITH THE OTHER FACILITATOR AND MAKES THE FOLLOWING STATEMENT:

"If I wear a condom, sex won't feel any good anymore."

THE OTHER FACILITATOR THEN PROVIDES A ONE-LINE ASSERTIVE RESPONSE SUCH AS:

"Having an STD would feel worse."

Get the idea? You want to make an assertive one-line response that counters your partner's negative view, attitude or belief about using condoms.

OK, now it's your turn.

INSTRUCTIONS:

THE FACILITATORS SHOULD GO AROUND THE ROOM, STAND FACE TO FACE WITH EACH WOMAN AND SAY ONE OF THE PARTNER STATEMENTS. THE PARTNER STATEMENTS ALSO APPEAR IN THE *SESSION ACTIVITIES AND MATERIALS* SECTION. THE FACILITATORS MUST THEN WAIT FOR A QUICK ONE-LINE RESPONSE FROM THE PARTICIPANT.

✪ GIVE "THANKS" CHIPS AND MOVE QUICKLY TO KEEP A RAPID PACE.

PARTNER STATEMENTS:

1. "If I try to wear a condom, I'll lose my erection."
2. "Wearing protection takes too much preparation."
3. "I get so hot during sex that I couldn't possibly stop and put something on."
4. "I care for you, but I just don't want to do it."
5. "I don't do condoms."
6. "Why don't you ever think of my needs?"
7. "I just can't see sticking it in one of those female condoms."
8. "If you are asking me to wear protection, it must mean that you don't trust me anymore."
9. "Maybe you don't think that I'm a good lover."
10. "None of our friends wear male or female condoms."

Now we're going to go around again. This time I want you to imagine that you have asked a woman friend why she doesn't want to use a condom.

I want you to argue against my reason for not wanting to use a condom. Give me a one-line response which goes against my position and tells me why my partner or I should wear a condom.

Let's see what you can come up with.

INSTRUCTIONS:

ONCE AGAIN, THE FACILITATOR SHOULD STAND IN FRONT OF EACH PARTICIPANT AND PRESENT THE REASON FOR NOT WANTING TO USE A CONDOM. THE FOLLOWING REASON STATEMENTS ALSO APPEAR IN THE *SESSION ACTIVITIES AND MATERIALS* SECTION.

REASON STATEMENTS:

1. "I don't want him to use a condom because it might come off in me."
2. "I don't want him to use a condom because it might break."
3. "If I ask him to use a condom, he'll kick me out."
4. "Condoms irritate me."
5. "I like skin-to-skin."
6. "If I insist he uses a condom, he'll just find somebody else."
7. "Condoms interrupt sex."
8. "I don't want to wear the female condom because it looks weird."
9. "I don't want to use condoms because it will mean we don't trust each other."
10. "I don't like inserting things in me, so a female condom is out."
11. "If he tried to put on a condom, he will lose his erection and then sex will be over."
12. "If I ask him to use a condom or wear the female condom, he'll think I have something."
13. "I think men only need to wear condoms with one-night stands."
14. "We've been together forever."

ENCOURAGE SUGGESTIONS ON ARGUMENTS AND GIVE OUT "THANKS" CHIPS.

That was great! Everyone did a great job!!! Are there any other reasons a woman might give for not wanting to use a male or female condom?

INSTRUCTIONS:

ALLOW ONE OR TWO RESPONSES.

How would you argue against those reasons?

INSTRUCTIONS:

ALLOW ONE OR TWO RESPONSES.

Exercise 4: Asking a Partner to Protect Us

30 minutes

This exercise is the skills-oriented component of the session. Here women practice introducing the topic of protected sex and asking a man to use a male condom or accept a female condom. Role-play is used to help women practice this skill.

Materials Needed:

- Poster—*Communication Tips*
- Participant Workbook—*Communication Tips*
- Participant Workbook—*Scripted Role-Play:"Sandy and Phil"*
- Participant Workbook—*Scripted Role-Play:"Krista and Karim"*
- Prepared Newsprint— *Unscripted Role-Play:"Donna and Jeff"*

Facilitator says:

It is practice time. Now you will have a chance to practice either asking your partner to use a male condom or go along with you using the female condom.

We will role-play asking either a casual or new partner or asking a steady partner to use a condom or have sex when the woman is wearing a female condom.

But first, we will review the Communication Tips we talked about in the last session. We will look at strategies and then practice these.

INSTRUCTIONS:

REFER TO *COMMUNICATION TIPS* WHICH CAN BE FOUND ON PAGE 59 OF THE WORKBOOK AND ON THE POSTER ON THE WALL. FACILITATORS CAN FIND THE TIPS IN THE *SESSION ACTIVITIES AND MATERIALS* SECTION AT THE END OF THIS SESSION.

SELECT WHERE AND WHEN TO HAVE THE DISCUSSION

It is important to discuss protected sex before you are involved in a sexual act. If you are already having unprotected sex, bring the topic up in a non-sexual situation—not when you and he are already engaged in foreplay or having sex.

Select a safe place—a neutral setting like a restaurant, or where you are safe.

It's easier and safer to discuss protection if you and your partner are not high, and where you could get help if you needed it.

BE CLEAR ON WHAT YOU WANT

Is it protection against disease? Contraception? Both?

START WITH A POSITIVE REMARK

It never hurts to let your partner know you value him.

STATE HOW YOU FEEL

"I am worried because...." "...having sex without a condom is not healthy."

"I will feel happy when...." "...you listen to me and try things that are important to me."

SAY "I" INSTEAD OF YOU

"I need to be healthy."

STATE YOUR NEEDS AND GIVE REASONS

"I don't want to get pregnant."

STATE WHAT YOU WANT FROM YOUR PARTNER

What exactly do you want your partner to do?

"I want you to wear a condom when we have sex."

"I want you to be OK with me using a female condom."

LISTEN ACTIVELY—SAY BACK WHAT YOU PARTNER IS EXPRESSING

It helps to check out your understanding of the other person's point of view.
"I understand you don't like using condoms."
"So you feel that I don't trust you if we use condoms."
Use body language to let your partner know you are listening.

EXPLAIN THAT YOU WOULD LIKE TO SOLVE THE PROBLEM TOGETHER

Don't dictate—that would turn anyone off.

DO NOT BLAME YOUR PARTNER OR UNDERCUT YOUR PARTNER'S SELF-ESTEEM

Resorting to negative comments will make him defensive and he won't hear you.

OFFER SUGGESTIONS OR OPTIONS

There are alternatives—male condoms, female condoms, "outercourse."

WHEN YOUR PARTNER DOES SOMETHING YOU LIKE, TELL HIM

People are more likely to repeat behaviors that are acknowledged.

WHEN YOUR PARTNER MAKES SNIDE, SARCASTIC OR DEMEANING REMARKS, IMMEDIATELY TELL HIM YOU DO NOT LIKE IT

You need to show respect for your partner, and calmly insist that he shows you respect, too.

STAY CALM. END FIGHTS IMMEDIATELY

You can be in control. If things start getting off course, don't let it turn into a fight. Put it on hold. Try later.

STAY FIRM

You have a right to protect yourself.
"I am hearing that you don't want to use a condom but this is something I'm not going to compromise on."
"Either we use a condom or we don't have sex. You choose."

SCRIPTED ROLE-PLAY

The two of us (FACILITATORS) will act out a scene for you on asking a casual partner to use protection.

The script is on Page 66 of the Workbook.

We want everyone to observe how Sandy handles the situation. Notice when Sandy and Phil use one of the strategies outlined in the tips we just reviewed. Please be critical.

I am Phil, and she is Sandy. Here we go.

INSTRUCTIONS:

ACT OUT THE SCRIPT *"SANDY AND PHIL"* LOCATED ON PAGE 66 OF THE WORKBOOK. THE SCRIPT CAN ALSO BE FOUND IN THE *SESSION ACTIVITIES AND MATERIALS* SECTION OF THIS SESSION.

ALLOW ONE RESPONSE TO EACH OF THE PROCESSING QUESTIONS BELOW.

What did you think of Sandy's approach?

What else could Sandy have done or said?

Let's see if she followed some of the Tips.

Did Sandy…

- State her needs? How?

INSTRUCTIONS:

MAKE SURE PARTICIPANTS NOTE THAT SANDY STATED THAT SHE WANTED SEX WITH CONDOMS USING "I" STATEMENTS.

- Acknowledge Phil's point of view? How?

INSTRUCTIONS:

MAKE SURE PARTICIPANTS NOTE THAT SANDY REFLECTED BACK PHIL'S VIEWS THAT HAVING SEX WITH A CONDOM DOES NOT FEEL AS GOOD.

- Remain calm and stayed firm about what she wanted? How?

INSTRUCTIONS:

MAKE SURE PARTICIPANTS NOTE THAT SANDY STATED THAT HER BOTTOM LINE WAS THAT SHE WOULD NOT HAVE SEX WITHOUT A CONDOM.

Great!

Now, it can be a lot tougher to approach a steady partner to use a condom or to accept a woman using a female condom. Let's look at the Communication Tips again. This time I want to highlight a few things to keep in mind when dealing with a steady partner.

COMMUNICATION TIPS—STEADY PARTNER

INSTRUCTIONS:

REFER PARTICIPANTS TO *COMMUNICATION TIPS* WHICH IS FOUND ON PAGE 59 OF THE WORKBOOK AND ON THE POSTER ON THE WALL. FACILITATORS CAN FIND THESE TIPS IN THE *SESSION ACTIVITIES AND MATERIALS* SECTION OF THIS SESSION.

The Communication Tips we have been using might be more difficult to use when you are in a steady relationship. Let's go over how we can successfully use these tips with a steady partner.

With a steady partner, it may be a good idea to select a time to discuss condom use when changing from one birth control method to another. Men are used to women being in charge of contraception.

And remember male or female condoms, when used correctly, are effective for both STDs and pregnancy.

With a steady partner it can be tricky to be clear on what you want and your strategy.

> **Is it contraception?** That's often the easiest way to go with a steady partner.
>
> **Is it prevention from disease?** This could be the issue if your partner is a player, using drugs, or in recovery or if you don't know whether you have HIV or an STD.

Trust is the hardest problem to deal with in a steady relationship. If he's using drugs or is in recovery, concern about using drugs or relapse can be easier to talk about than trust. Again, framing condoms as a way to prevent pregnancy without using hormones may be more acceptable to many men.

Personalize and state what is important to you—to stay healthy, to avoid pregnancy.
You could say something like:

> "I've been hearing about how some STDs can go undetected for years and can lead to real health problems. I think we need to check this out." OR
>
> "I am not ready to get pregnant."

We sometimes get into bad communication patterns in our relationships.

> Don't interrupt.
>
> Let your partner get out his opinion before asking questions or making your points.

It’s really important to let him know you hear his point of view.

For example, you can say,

"As I understand it, you think that using condoms seems like we don't care as much for each other."

It is key to explain that you would like to solve this problem together. You might say,

"How can we work this out?"

Of course, you need to show respect for your partner, and let him know you expect the same. If things are starting to take a negative turn, it's time to step back, pull away and talk about it another time. Your partner’s response tells you a lot about the kind of person he is.

SCRIPTED ROLE-PLAY

Let's observe a role-play; it's about asking a steady partner to use protection.

The script is found on Page 68 of your workbooks. We'd like two volunteers to read the parts of Krista and Karim.

INSTRUCTIONS:

REFER PARTICIPANTS TO PAGE 68 OF THE WORKBOOK FOR THE *SCRIPTED ROLE-PLAY: KRISTA AND KARIM*. THE ROLE-PLAY IS ALSO LOCATED IN THE *SESSION ACTIVITIES AND MATERIALS* SECTION AT THE END OF THIS SESSION.

SELECT TWO VOLUNTEERS AND HAVE THEM PERFORM THE ROLE-PLAY.

Krista will introduce using condoms into their relationship.

INSTRUCTIONS:

ONCE THE ROLE-PLAY IS OVER, HAND OUT "THANKS" CHIPS TO VOLUNTEERS AND ENCOURAGE THE REST OF THE GROUP TO SHOW THEIR APPRECIATION AS WELL.

REFER TO THE COMMUNICATION TIPS ON THE POSTER AND ALLOW ONE RESPONSE TO EACH OF THE PROCESSING QUESTIONS BELOW.

That was a great job!

Let's go over a few of the Communication Tips and see if she followed them.

Did Krista…

- Select a good time and place? How?

INSTRUCTIONS:

MAKE SURE THAT PARTICIPANTS NOTE THAT KRISTA STARTED THE CONVERSATION DURING DINNER WHICH WAS WHEN THE COUPLE HAD A HISTORY OF HAVING GOOD CONVERSATIONS. IT WAS NOT DURING A SEXUAL ENCOUNTER.

- State how she felt? How?

INSTRUCTIONS:

MAKE SURE THAT PARTICIPANTS NOTE THAT KRISTA STATES THAT SHE DIDN'T LIKE THE SIDE EFFECTS OF THE PILL AND DIDN'T WANT TO WORRY ABOUT GETTING PREGNANT OR STDs/HIV.

- Try to problem solve with Karim? How?

INSTRUCTIONS:

MAKE SURE THAT PARTICIPANTS NOTE THAT KRISTA OFFERED MULTIPLE OPTIONS INCLUDING MALE AND FEMALE CONDOMS AND TESTING.

How might you have handled this conversation differently?

INSTRUCTIONS:

ALLOW ONE OR TWO RESPONSES.

UNSCRIPTED ROLE-PLAY

Now that we have covered some strategies on how to introduce the topic of using protection with casual and steady partners, let's practice with one another.

Let's divide up into pairs.

INSTRUCTIONS:

DIVIDE THE GROUP INTO PAIRS. IF THERE ARE AN ODD NUMBER OF PARTICIPANTS, HAVE A FACILITATOR TEAM UP WITH A PARTICIPANT.

In your pairs, one of you will play a male, Jeff, and the other person will play the woman, Donna. Take time now to decide who will play the male and who will play the female. If you have not played a female yet, please do so now.

Now, each pair should join up with another pair, so, now we have groups of four.

INSTRUCTIONS:

MATCH PAIRS UP INTO GROUPS OF FOUR. IF THERE REMAINS A GROUP OF TWO LEFT OVER, HAVE A FACILITATOR ACT AS AN OBSERVER FOR THEIR ROLE-PLAY.

Each pair will take a turn doing the role-play. The other pair will be observers and give feedback.

Here are your instructions:

INSTRUCTIONS:

REFER THE GROUP TO THE PREPARED NEWSPRINT OF THE ROLES FOR THE DONNA AND JEFF UNSCRIPTED ROLE-PLAY. ALSO REMIND PARTICIPANTS OF THE NEWSPRINT THAT LISTS THE COMMUNICATION TIPS.

For the couple doing the first role-play:

(TO THE "WOMAN—DONNA") If you are playing the woman (Donna), you will be asking your new partner Jeff to either wear a condom or to engage in sex with you using the female condom.

(TO THE "MAN—JEFF") If you are playing the partner (Jeff), you are a new partner. Share your concerns about why you would prefer not to use protection. Do not be too difficult to deal with or too easy.

Donna, take a moment to look at the Communication Tips so they are fresh in your mind.

Are there any questions?

INSTRUCTIONS:
ANSWER PARTICIPANT QUESTIONS.

OK. Let's get started. We're going to take about four minutes for each role-play.

INSTRUCTIONS:

WHILE THE PAIRS PERFORM THEIR ROLE-PLAY, CIRCULATE AROUND TO LISTEN IN. MAKE SURE THE MAN DOESN'T GIVE IN TOO EASILY.

AFTER FOUR MINUTES, STOP THE FIRST ROLE-PLAY.

(TO THOSE PLAYING THE WOMAN) What did you feel while being the woman? What was one thing you did that you liked? What one thing would you do differently?

(TO THOSE PLAYING THE MAN) What did it feel like to be the man? What one thing did the woman do that you liked? What is one thing that you would do differently?

(TO THE OBSERVERS) How did she follow the Communication Tips? What could she have done better?

INSTRUCTIONS:
OBTAIN BRIEF FEEDBACK. DO NOT GO OVER EACH COMMUNICATION TIP BUT GET TWO OR THREE EXAMPLES OF HOW SHE APPLIED THEM.

Great!

Now, we're going to switch roles. The next pair is going to do the role-play, but this time Donna and Jeff are steady partners.

Are you ready? OK, begin.

INSTRUCTIONS:

ALLOW FOUR MINUTES FOR THE SECOND ROUND OF ROLE-PLAYS.

BRING THE GROUP BACK TOGETHER AND PROCESS THE ROLE-PLAY GETTING A FEW RESPONSES TO EACH OF THE QUESTIONS BELOW.

GIVE "THANKS" CHIPS.

Good job everyone!!!

(TO THOSE PLAYING THE WOMAN) What did you feel? What was one thing you did that you liked? What one thing would you do differently?

(TO THOSE PLAYING THE MAN) What did it feel like to be the man? What one thing did the woman do that you liked? What is one thing that you would do differently?

(TO THE OBSERVERS) How did she follow the Communication Tips? What could she have done better?

Great! Was there a difference between how the woman in the new relationship versus the woman in the steady relationship approached the conversation? How?

Was it difficult bringing up your desire to have safer sex?

Were you able to follow the Communication Tips?

As we saw through today's role-plays, it's not easy to raise a conversation with a casual or steady partner to discuss the importance of using a male or female condom; however, you now have tools and strategies you can use when you are ready to take that step.

Exercise 5: How Do I Deal with Difficult Situations?

20 minutes

The purpose of this exercise is to increase the women's knowledge of techniques to use in response to her partners' concerns when she requests that protection be used. This exercise uses several techniques to teach the material including identifying problem situations and brainstorming positive techniques to manage these situations including self-talk, problem-solving, relaxation, and negotiation.

Materials Needed:

- Blank Newsprint
- Markers
- Participant Workbook—*Dealing with Difficult Reactions from Partners*
- Participant Workbook—*Self-Talk*

Facilitator says:

We talked earlier about difficult situations and partner reactions like anger or questioning whether you trust him.

Sometimes a partner might get angry. Anger can be hard for some of us to deal with. Some women are not aware that they are intimidated when a partner becomes annoyed or angry.

They tend to say, "Maybe he's right. We have been going together for a couple of years."

They don't recognize that his anger makes them uncomfortable or that anger can be used in a manipulative fashion. He knows you'll back-down if he raises his voice loud enough.

A partner might accuse you of not trusting him. He might say, "You don't trust me!"

Can you think of some partner reactions to your request for male or female condom use that would be really hard to deal with? For example, your partner might accuse you of sleeping around or he might start yelling at you. What are some other things he might do?

INSTRUCTIONS:

WRITE DOWN RESPONSES ON BLANK NEWSPRINT.

SELECT TWO OF THE REACTIONS LISTED AND WRITE EACH ONE ON A BLANK NEWSPRINT.

What are some ideas that you have about how you could deal with these situations? When things go poorly, what do you do?

INSTRUCTIONS:

FOR THE FIRST DIFFICULT REACTION, LIST THE IDEAS PARTICIPANTS COME UP WITH TO DEAL WITH THIS SITUATION ON THE NEWSPRINT. ENCOURAGE BRAINSTORMING.

AFTER FIVE OR SIX RESPONSES SWITCH TO PARTNER REACTION #2 AND HAVE THE GROUP GENERATE IDEAS ON HOW TO RESPOND TO THIS SCENARIO.

That is a great list of ideas. Let's keep thinking through this.

DEALING WITH DIFFICULT REACTIONS

INSTRUCTIONS:

REFER PARTICIPANTS TO THE *DEALING WITH DIFFICULT REACTIONS FROM PARTNERS* ON PAGE 71 OF THE WORKBOOK. THE GUIDE IS ALSO FOUND IN THE *SESSION ACTIVITIES AND MATERIALS* SECTION AT THE END OF THIS SESSION.

On Page 71 of the Workbook is a guide to *Dealing with Difficult Reactions from Partners*. Let's take a look at it. Some of these things happen in your head and others we have gone over through our use of the Communication Tips.

Negotiation: Work toward reasonable no-lose solutions.

- "If you do this, I'll do that."
- For example,

  "If you agree to use a condom, I'll go along with watching the sexy movies you like."

Relaxation: Helps to stay calm and in control.

- Take a few deep breaths when your partner expresses resistance to either of you using a condom. This helps to keep you calm.
- Don't join the anger. Focus and take a deep breath when you feel like lashing back at his anger.

Problem-Solving: Jointly try to solve a problem.

- A woman can say to her partner,

  "Let's see how we could solve this problem together. I want to be safe from getting pregnant and disease and I don't want to be on hormones anymore.

  You feel that I don't trust you if I ask you to use a condom. We could agree to try the female condom.

  Then we could discuss if we want to go for testing together—two times, three months apart and use condoms until we get the second results.

  I'd have to find another contraceptive too."

Empathy: Showing that you understand how the other person feels.

- An example could be:

  "I can understand that you feel very angry that I'm asking you to use a condom after we've been together for six months. That's a natural reaction. But please understand, I do trust you."

Assertiveness: Stating how you feel, what you need, and what your bottom line is.

- An example of a response a woman could give her partner is:

  "Right now, I need to feel safe in order to enjoy sex. I'll feel safest if you wear a condom or I wear a female condom. If we can't agree on one of those, I can't have sex with you."

Delaying: Diverting attention to something less provocative.

- A good example is:

  "I can see that you are very angry right now, so let's drop this for now and talk about it another time."

Leaving: Removing yourself from the scene.

- Use this strategy when you feel the slightest bit unsafe or if you feel that your partner is out of control verbally or physically.

Now, there's another technique you can use to help psych yourself up to deal with difficult reactions or situations—self-talk.

SELF-TALK

INSTRUCTIONS:

REFER PARTICIPANTS TO PAGE 72 OF THE WORKBOOK FOR INFORMATION ON HOW TO USE *SELF-TALK* TO STRATEGIZE A DIFFICULT SITUATION. THE INFORMATION SHEET ON *SELF-TALK* IS ALSO LOCATED IN THE *SESSION ACTIVITIES AND MATERIALS* SECTION AT THE END OF THIS SESSION.

Self-talk is that little voice in your head.

The idea behind self-talk is that the things we tell ourselves actually affect what happens.

- Self-talk can be useful for preparing for provocative situations and for staying calm and focused in confronting them. It's your private pep rally.

- What if your self-talk (the voice in your head) keeps saying, "I can't do this. This is too hard." How likely is it that you'd really be able to sit down and talk to your partner?

- What if your self-talk voice says, "I can do this?" It stands to reason that you will be much better prepared to handle the challenge.

- It's important to remember that self-talk before and during situations such as introducing the use of protection with a new or steady partner can really help you psych yourself up—or, if your self-talk is negative, you could psych yourself down.

An explanation and examples of how to use self-talk to strategize about a difficult situation are in your Workbook on Page 72. We recommend that you review this as well as the Guidelines for *Dealing With Difficult Reactions from Partners* during your time between sessions to become more familiar with them and even practice with a friend if you're not ready to talk with your partner.

We are coming to the end of the session, which has focused on how to ask your partner to use protection.

It's almost always better to talk with your partner before pulling out a condom during sex.

But there may be times with a partner, particularly with a new, casual, or one-time partner, when, rather than asking him to use protection, you just go ahead and do it.

Some women just bring out the condom or have one in their mouth to put it on the man's penis without a discussion. The attitude is "this is the way I do sex." Some women put the condom on him or begin intercourse with the female condom inserted. No discussion ahead of time.

Can you see this happening?

Some partners won't have any objections at all—bring on the sex! Sometimes men do object. A woman's attitude—she's surprised that he isn't with the program and calmly insists that it can be safe and fun—can persuade many new or one-time partners that it is OK to use a condom.

If a partner strongly objects to using condoms—male or female—there are other ways to have safer sex. In the next exercise, we're going to explore "outercourse" and non-insertive sex as possible alternatives.

Exercise 6: What Is "Outercourse"—Non-insertive Sex?

15 minutes

The purpose of this exercise is to provide ideas for having non-insertive sex. Brainstorming how to use objects in a sexy manner is employed.

Materials Needed:

- Jar of Honey
- Scarf or Feather
- Non-oil-based Massage Cream
- An Erotic Book
- Telephone
- Participant Workbook—*Essence Magazine Article: Sacred Sex*
- Sex Toys—One or Two different external sex toys e.g., vibrators
- Participant Workbook—*Safely Using And Maintaining Sex Toys*

NOTE TO FACILITATOR:

Be aware of potential participant sensitivity to this exercise's subject matter, particularly handling sex toys. Women have the option of sitting out of any FIO activities.

The sex toys shown should be for external use to go with the theme of "outercourse." Sex toys like dildos that simulate penetration are not recommended for this exercise.

Facilitator says:

We have been talking about asking a partner to use a condom or have sex when you use the female condom. You may also ask a partner to enjoy intimacy without insertion of the penis.

This is called "outercourse" or "non-insertive" sex. This might sound like an alien idea to a lot of you, but it's been around for a long time.

"Outercourse" can be handy with steady partners when you are both waiting for STD or the second HIV test results to return.

So what could a steady couple do if they didn't want to use a condom during that time or if they wanted to

have a change of pace in their love making, or when you're with a new or casual partner who's not on the same page about using condoms yet?

There are many sexual activities that a couple can enjoy, which are pleasurable even though they do not necessarily result in intercourse.

These approaches can slow down the process of love-making and at the same time allow for partners to be more intimate and giving.

There can be increased variety, mutual sensitivity, and pleasure.

Sometimes women are confused about “outercourse,” thinking it is foreplay leading to intercourse.

“Outercourse” or non-insertive sex is a substitute for intercourse.

It is having a sexy and exciting time without inserting the penis.

Orgasm may occur with “outercourse,” but it comes as a result of the “outercourse”—not due to intercourse.

Let's have a little fun.

INSTRUCTIONS:

DIVIDE THE GROUP INTO THREES. HAVE THE PARTICIPANTS COUNT OFF 1, 2, 3 TO DETERMINE WHICH INDIVIDUALS BELONG IN EACH GROUP. GIVE EACH TRIO A DIFFERENT OBJECT.

THE OBJECTS ARE:

- A jar of honey
- A scarf
- Non-oil based massage cream
- An erotic book
- A telephone

I am going to give each group a different object.

Your task is to think of as many sexy things you and your partner could do with this object, as long as it does not involve insertive sex.

INSTRUCTIONS:

ALLOW FOUR MINUTES TO COMPLETE THE TASK.

FACILITATORS SHOULD CIRCULATE AMONG THE GROUPS AND MONITOR GROUP BRAINSTORMING.

TRAINER OPTION: YOU COULD OFFER A PRIZE TO THE GROUP THAT COMES UP WITH THE MOST EROTIC THINGS TO DO WITH THEIR OBJECT.

Tell us what you came up with.

INSTRUCTIONS:

HAVE EACH GROUP REPORT AND DISCUSS FOR FOUR MINUTES.

Those are some great examples of "outercourse!" They are all ways to get sexual pleasure without insertive sex.

OUTERCOURSE ARTICLE

INSTRUCTIONS:

REFER PARTICIPANTS TO PAGE 75 OF THE PARTICIPANT WORKBOOK TO REVIEW THE ARTICLE. THE ARTICLE CAN ALSO BE FOUND IN THE *SESSION ACTIVITIES AND MATERIALS* SECTION AT THE END OF THIS SESSION.

DO NOT HAVE PARTICIPANTS READ THE ARTICLE IN THE SESSION.

Several years ago there was an article in Essence Magazine called "Sacred Sex."

In this article, Brenda Peterson talks about a relationship in which she and her partner were abstinent for a number of months. She discusses the variety of ways she and her partner were intimate, without intercourse. Bathing together with special soaps, candles, and bath salts; reading poetry; caressing each other to music; feeling each others' pulses; etc. She explains "in all our erotic explorations we hardly missed 'going all the way,' since we found so many other pleasurable ways."

She uses this early experience to understand the HIV/AIDS epidemic. She explains that "... as AIDS sets boundaries and limits on our sexuality, maybe we need to respond to the danger of intercourse not by closing ourselves off from one another but by exploring other ways of making love."

There is a copy of the entire article on Page 75 in your Workbook in case you want to read this later.

What are your thoughts and feelings about non-insertive sex or "outercourse" sexual activities?

INSTRUCTIONS:

OBTAIN RESPONSES AND DISCUSS.

Now let's talk about other specific "outercourse" activities.

You and your partner can simply touch and rub each other's sex organs until you both have an orgasm—that's called mutual masturbation.

Or you can watch each other masturbate until you both cum. Or you can stimulate your partner with a vibrator or your partner can use a vibrator on you without insertion or sharing.

SEX TOY REVIEW

I've brought along some sex toys that some women and men feel can really spice things up.

INSTRUCTIONS:

PASS AROUND SEX TOYS. DESCRIBE HOW THEY'RE USED IF THERE ARE QUESTIONS.

REFER PARTICIPANTS TO PAGE 81 OF THE WORKBOOK FOR *SAFELY USING AND MAINTAINING SEX TOYS*. THE GUIDE IS ALSO FOUND IN THE *SESSION ACTIVITIES AND MATERIALS* SECTION AT THE END OF THIS SESSION.

Now, if you do use sex toys, there are some important things to keep in mind to keep it safe—to not risk infection with STDs or HIV.

- Do not share sex toys with your partner
- Clean them between uses—if they are silicone you can boil them
- Use lubrication if you do insert them
- Do not put used sex toys in your or your partner's mouth
- Do not insert the sex toy from anus to vagina

So what do you think about these techniques—"outercourse" as an alternative to penetrative sex?

INSTRUCTIONS:

ALLOW TWO OR THREE ANSWERS.

- Non-insertive sex can be a good thing to introduce in a relationship anytime if both you and your partner are interested.

- Non-insertive sex can make sexual times more fun and romantic.

- But, "outercourse" may not be for you if intercourse is where you'll end up. It is important to be in control of your sexual encounters. If you decide that "outercourse" or non-insertive sex is your best protection at that time, it is important to stay firm and not have intercourse unless your partner is willing to use a condom.

Exercise 7: What Is Next?

10 minutes

The purpose of this exercise is to wrap up the session, move forward, and build group cohesion. Developing between-session goals and giving appreciation to each other are used.

Materials Needed:

- Prepared Newsprint—Session Five Main Points
- Prepared Newsprint—Session Five Between-Session Goals
- Participant Feedback Form

Procedure:

INSTRUCTIONS:

REFER PARTICIPANTS TO PREPARED NEWSPRINT OF THE MAIN POINTS FOR SESSION FIVE.

The main points of today's session are:

- There may be different techniques necessary to ask a steady partner or a casual partner to wear a condom or accept you wearing a female condom.
- We can respond assertively to negative attitudes toward using protection.
- When we encounter difficult partner reactions to condom use we can try negotiation, relaxation, problem-solving, empathy, assertiveness, delaying, leaving, or self-talk.
- There are many fun, sexy things we can do that do not include penetration called "outercourse."

What questions do you have on what was covered today?

INSTRUCTIONS:

ANSWER PARTICIPANT QUESTIONS.

PARKING LOT

INSTRUCTIONS:
CHECK THE PARKING LOT. IDENTIFY QUESTIONS AND CONCERNS THAT HAVE BEEN ANSWERED IN THIS SESSION AND ADDRESS THOSE THAT CAN BE ADDRESSED NOW. LET PARTICIPANTS KNOW THE ONES THAT CANNOT BE ANSWERED NOW WILL BE ADDRESSED IN THE NEXT SESSION.

The next session will focus on helping women influence their partners to use protection.

BETWEEN-SESSION GOAL SETTING

Between sessions it is important to take a step that will eventually lead to having a relationship in which your health is protected.

Think of something you can agree to do between sessions. Make sure whatever steps you choose or goals you set are realistic, clear, not too much or too little, and easy to tell when they are completed.

Try to relate the steps you choose to take to the session we just completed.

INSTRUCTIONS:

REFER PARTICIPANTS TO PREPARED NEWSPRINT ON BETWEEN-SESSION GOALS.

Examples of activities that may lead to accomplishing or striving towards achieving the goal of talking to your partner about using a male or female condom might include the following:

1. Role-play with a friend asking a partner to use a condom.
2. Role-play with a male friend asking your partner to accept you using a female condom.
3. Write a letter to your partner (don't mail it) asking him to wear a condom or for you to wear a female condom.
4. Make a list of reasons for your partner to agree to wearing a condom.
5. Think of some "outercourse" activities you may want to try with a sex partner.
6. Read the material in your Workbook on self-talk, and decide how you can use self-talk to psych you up to introduce condom use, or even your life in general.
7. Read the ESSENCE article by Brenda Peterson—*Sacred Sex.*

You don't have to select one of these examples; however you should select one that is realistic for you and try your best to take the necessary steps to complete it.

We would like everyone to share with the group what step or goal they will practice during the time between sessions.

INSTRUCTIONS:

GO AROUND THE ROOM AND ASK EACH WOMAN WHAT STEP SHE WILL TAKE.

The next meeting will take place on _____ (day) ____ (date) at _____ (time and place).

Now please show your appreciation to each other for your contributions to the group today.

INSTRUCTIONS:

GIVE OUT "THANKS" CHIPS TO PARTICIPANTS. ENCOURAGE SHARING OF APPRECIATION. MAKE SURE NO ONE IS EXCLUDED.

We ask that you complete the Participant Feedback Form so that we can make sure that FIO is meeting your needs.

INSTRUCTIONS:

PASS OUT PARTICIPANT FEEDBACK FORM, FOUND IN APPENDIX D.

ALLOW FIVE MINUTES FOR COMPLETION.

COLLECT COMPLETED FORMS FROM PARTICIPANTS.

THE END OF SESSION FIVE

Session 5
Activities and Materials

Prepared Newsprints

Donna and Jeff

Donna: Determine whether you want Jeff to wear a condom or ask him to engage is sex with you using the female condom.

Jeff: Share concerns about why you would prefer to not use protection. Don't be too difficult or too easy.

Observers: Determine if Donna follows the Communication Tips

Session 5 Main Points

- There may be different techniques necessary to ask a steady partner or a casual partner to wear a condom or accept you wearing a female condom.
- We can respond assertively to negative attitudes toward using protection.
- When we encounter difficult partner reactions to condom use we can try negotiation, relaxation, problem-solving, empathy, assertiveness, delaying, leaving, or self-talk.
- There are many fun, sexy things we can do that do not include penetration called "outercourse."

Session 5 Between-Session Goals

1. Role-play with a friend asking a partner to use a condom.
2. Role-play with a male friend asking your partner to accept you using a female condom.
3. Write a letter to your partner (don't mail it) asking him to wear a condom or for you to wear a female condom.
4. Make a list of reasons for your partner to agree to wearing a condom.
5. Think of some "outercourse" activities you may want to try with a sex partner.
6. Read the material in your Workbook on self-talk, and decide how you can use self-talk to psych you up to introduce condom use, or even your life in general.
7. Read the ESSENCE article by Brenda Peterson—*Sacred Sex.*

SESSION ACTIVITIES AND MATERIALS

Session Five: Exercise 2 (in Participant Workbook)

Scripted Role-Play—Yvonne and Carlos

(Carlos is sitting at the table in his and Yvonne's apartment. Yvonne just walked in and is standing next to him.)

CARLOS: Where's the baby?

YVONNE: He's with Rosa.

(Yvonne puts her keys and purse on the table.)

CARLOS: I thought you were picking him up.

YVONNE: I decided not to.

(Yvonne kisses Carlos' forehead. Carlos smiles.)

What are you doing?

CARLOS: Just finishing up this report. I'm going over my figures one more time before I hand it in tomorrow.

YVONNE: You look tired. Quieres un masaje?

(Yvonne rubs Carlos' shoulders.)

CARLOS: A massage sounds good. Mmmm. How was your meeting?

(Yvonne sits on Carlos' lap.)

YVONNE: Fine. I want to talk to you about something.

CARLOS: What's the something?

YVONNE: HIV.

CARLOS: *(laughing)***:** You gotta be kidding. HIV? What do we have to say about HIV?

YVONNE: Well, I think we should discuss it, that's all.

(Yvonne gets up and sits on the other chair.)

CARLOS: *(suddenly aggravated)***:** Wait a minute. Are you trying to tell me something? Don't tell me you've been fooling around!

YVONNE: *(calmly)***:** That's what I mean. We've never talked about what we might have done that might give us something to worry about.

(Yvonne strokes Carlos' arm and face.)

You know that in the two years that we've been married, I have never even looked at another man, but I don't know about you.

(Carlos is getting angry. He points his finger at Yvonne.)

CARLOS: Who put this into your head? Can't you see that I am busy? I have to hand this report in tomorrow. You don't have enough to worry about, that's your trouble.

(Yvonne takes the calculator from Carlos' hands.)

YVONNE: Didn't you used to go out with Luz Rivera? You know, the pretty one that used to sleep with all the guys from the neighborhood?

(Carlos yanks the calculator back.)

CARLOS: So what if I did?

YVONNE: She has HIV. Did you make love to her?

(Carlos is angrier now, pointing at Yvonne, getting close to her face.)

CARLOS: Look, I'm not talking to you! There's nothing you need to know! I'm gonna finish this report, then I'm going to bed. I have a rough day at work tomorrow, and I don't need you or your crazy notions!

(Yvonne stands up behind the chair.)

Next thing you know, you'll be telling me we should use condoms.

(Yvonne is mad now, too.)

YVONNE: Maybe we should use condoms! I'd feel better if we did! I am just trying to take care of us, that's all.

CARLOS: You are just trying to take care of us?

(Carlos stands up. He is getting louder and louder. He moves closer toward Yvonne and is more "in her face" with every sentence.)

I'm the one who takes care of us, and I say no condoms and no more talk about HIV. I'll tell you if we need to be worried. And if you don't like the way I'm taking care of you or the baby, just keep it to yourself!

(Carlos puts his hand under Yvonne's chin.)

Just because you're a career woman now doesn't meant that you should forget what your main concern should be, and that's our son! Not Luz Rivera!

Now leave me alone.

(Carlos turns away from Yvonne, then quickly swings his hand back towards her face. Yvonne looks scared and takes a step back.)

Session Five: Exercise 3

Partner Statements

1. "If I try to wear a condom, I'll lose my erection."
2. "Wearing protection takes too much preparation."
3. "I get so hot during sex that I couldn't possibly stop and put something on."
4. "I care for you, but I just don't want to do it."
5. "I don't do condoms."
6. "Why don't you ever think of my needs?"
7. "I just can't see sticking it in one of those female condoms."
8. "If you are asking me to wear protection, it must mean that you don't trust me anymore."
9. "Maybe you don't think that I'm a good lover."
10. "None of our friends wear male or female condoms."

Session Five: Exercise 3

Reason Statements

1. "I don't want him to use a condom because it might come off in me."
2. "I don't want him to use a condom because it might break."
3. "If I ask him to use a condom, he'll kick me out."
4. "Condoms irritate me."
5. "I like skin-to-skin."
6. "If I insist he uses a condom, he'll just find somebody else."
7. “Condoms interrupt sex."
8. "I don't want to wear the female condom because it looks weird."
9. "I don't want to use condoms because it will mean we don't trust each other."
10. "I don't like inserting things in me, so a female condom is out."
11. "If he tries to put on a condom, he will lose his erection and then sex will be over."
12. "If I ask him to use a condom or wear the female condom, he'll think I have something."
13. "I think men only need to wear condoms with one-night stands."
14. "We've been together forever."

Session Five: Exercise 4 (in Participant Workbook)

Communication Tips

- Select where and when to have the discussion
- Be clear on what you want
- Start with a positive remark
- State how you feel
- Say “I” instead of “You”
- State your needs and give reasons
- State what you want from your partner
- Listen actively—say back what your partner is expressing
- Explain that you would like to solve the problem together
- Do not blame your partner or undercut your partner’s self-esteem
- Offer suggestions or options
- When your partner does something you like, tell him
- When your partner makes snide, sarcastic or demeaning remarks, immediately tell him you do not like it
- Stay calm. End fights immediately
- Stay firm

Session Five: Exercise 4 (in Participant Workbook)

Scripted Role-Play—Sandy and Phil

Phil: Baby, are you free next weekend and the weekend after that? I'm really feeling you!

Sandy: You sure want to capture the market on my time.

Phil: You bet.

Sandy: Whoa, we need to talk first. You understand. I don't want to go too fast here.

Phil: Whatever you say. What's it about?

Sandy: I just know about too many women with HIV. It worries me. And some of these other infections can make a woman unable to have children. I don't want that.

Phil: So, what are you telling me?

Sandy: Before we hit the bedroom, I'd feel a lot better if you wore a condom.

Phil: I hate condoms. Sex feels terrible with them.

Sandy: It doesn't feel good?

Phil: You got the idea. It feels like screwing a rubber glove.

Sandy: That doesn't sound too exciting.

Phil: You got it.

Sandy: Well, it may not feel as exciting, but it keeps me from getting anything.

Phil: What makes you think I got something?

Sandy: I don't know. Do you? Have you ever been tested for sexually transmitted diseases?

Phil: No, but I'm sure I haven't got anything.

Sandy: You can't tell without testing. I'll leave you wanting more but you ain't gonna get inside of me without a condom.

Phil: I don't know. You're not getting serious are you? We're just having a little fun. I find you really exciting, but .... Well, I'm not looking for anything long term right now.

Sandy: Neither am I. I want to have fun too. And I know how to make condoms fun.

Phil: I can't buy that.

Sandy: That's my bottom line. I can't get into it if I'm worried about getting pregnant or getting an infection. I will feel sexy only if you wear a condom.

Session Five: Exercise 4 (in Participant Workbook)

Scripted Role-Play—Krista and Karim

Krista: That fish was cooked perfectly.

Karim: I'm glad you liked it. I really went for your chocolate cake. It was heavenly.

Krista: Thank you.

Karim: You know, Krista, I wasn't sure you liked my part of the dinner. You were so quiet, like you had something on your mind.

Krista: No, I didn't have anything on my mind.

Karim: Come on now. We've been together too long for that. I can tell when you're thinking about something.

Krista: It's nothing bad. I guess I was just thinking about what I heard on the radio.

Karim: What's that?

Krista: It's not dinner conversation.

Karim: We're finished. Besides our best talks have always been at dinner.

Krista: Well, OK. They announced that there are new programs to promote the female condom, and I can get some free.

Karim: What's that—a female condom? You're kidding. I never heard of one.

Krista: The woman wears it. It kind of looks like a big condom. The closed end goes inside the vagina, and it has an opening where the entrance to the vagina is. So it covers the whole inside, and you can see it a little bit outside, you know.

Karim: I can't picture it. You would have to show it to me.

Krista: Does that mean you wouldn't mind if I used one?

Karim: I can't really answer that until you tried it, but it sounds kind of stupid to me.

Krista: So, I can try it?

Karim: I'm not crazy about the idea. It sounds kind of weird. It might take the good feelings out of sex. Do you have to pop out of bed and put one on?

Krista: No, you can put it in hours ahead of time.

Karim: Why do you want to do it anyway?

Krista: It's pretty simple. I hate how my body reacts to the side effects from taking the pill, and I don't want to get pregnant right now. Things are going good for us and I don't want us to get HIV or something and mess up everything just because we were not with each other. I could enjoy myself sexually a lot more if I knew we were safe.

Karim: I just don't see it.

Krista: OK, then. Are you willing to wear a condom?

Karim: No. We've been together three years, even if there have been a few gaps in our relationship....we don't need to worry.

Krista: I like it that you feel safe with me. Still, there were those times when we had broken up for a few weeks. And we've never gotten tested together, so we don't know for sure. How about us getting tested together?

Karim: I'm not sure I want to know. Say you find out you got HIV. Then you'd just sit around and wait to die.

Krista: Well, there is treatment if you do have HIV and it can help you to be healthy and live longer. But if we're not infected, then I want to stay that way. So, it's either the male condom or the female condom.

Karim: I'd lose my erection with a condom. Don't you trust me?

Krista: I care about you very much. That's what counts. It sounds like the female condom is the only choice.

Karim: Hmmm, OK, go ahead and get one, and we'll see what it looks like. I'm not promising anything. Is that clear?

Krista: Yes.

Karim: It kind of bothers me that you bring this up. I'll have to think about it. But, remember, I'm not agreeing.

Krista: You really make me happy by at least seeing what it's like.

Session Five: Exercise 5 (in Participant Workbook)

Dealing with Difficult Reactions From Partners

Negotiations:	Works toward reasonable no-lose solutions
Relaxation:	Helps you remain calm and in control
Problem-solving:	Jointly trying to solve a problem
Empathy:	Showing that you understand how the other person feels
Assertiveness:	Stating how you feel, what you need, what you want and what your bottom line is
Delaying:	Diverting attention to something less provocative
Leaving:	Removing yourself from the scene
Self-talk:	Good for preparing for provocative situations and for staying calm and focused in confronting them. It's your private pep rally.

Session Five: Exercise 5 (in Participant Workbook)

Self-Talk

There are two types of **self-talk.**

- Self-talk can be used to manage your own feelings, so you can function better.
- Self-talk can also be used to work on fixing a problem situation.

Both kinds of self-talk can really come in handy when you're dealing with difficult situations.

When negotiating with your partner, consider the following phases of self-talk:

1. Preparing for the situation
2. Dealing face to face with the situation
3. Becoming overwhelmed—many people do not experience this phase, but it can happen
4. Afterwards—evaluating how you did

Examples of Self-Talk:

Say you're getting ready to talk to your partner—you're in the preparation phase.

Maybe your self-talk is:

- "I'm uncomfortable because he might get angry at me."

To remain calm, and keep yourself from being highly stressed, self-talk may be helpful and could include the following:

- "I'll take a few deep breaths."
- "I can stand his getting angry at me."
- "I can handle this even if I'm nervous."

What you tell yourself can really make a difference in how you feel.

Self-talk can also help you plan how you'll talk to your partner. For example, you can tell yourself,

- "If he gets angry, he's the one with the problem."
- "I will decide when and where to talk with him."
- "I will figure out exactly what to say to him."
- "I'll anticipate what he might say and think of how to respond to him."
- "I'll go through it in my mind ahead of time and practice the whole scene."
- "I can deal with his anger."

More Examples of Positive Self-Talk:

To Keep On Track

- "Stay with the plan."
- "Keep focused."

- "Don't let him intimidate me."
- "Don't throw it back in his face."
- "Remember not to undercut his self-esteem."
- "Listen and show him you got his message, even if you don't agree with it."
- "Stay firm."
- "Let him know what my needs are and don't get off track."
- "I can deal with him."

To Control My Feelings

- "It's OK to feel panicky."
- "Don't be afraid of losing control."
- "Step away for a minute and take a few deep breaths."
- "Shake out my hands and let my body go limp for a minute."
- "Walk around."
- "Take a break."
- "I can always take a break and bring it up again later."
- "What's the worst that can happen?"

To Handle Anticipated Negative Reactions

- "I'll tell him to stop yelling at me."
- "I'll just keep repeating what my needs are."
- "I'll leave the room."
- "I know he is just trying to get me upset."
- "I'll try very hard to stay focused on the target and ignore the rest."
- "I can stop this nonsense any time."
- "No matter what, I will make sure I tell him what I want."

AFTERWARDS:

If the Situation Resulted in a Favorable Outcome

- "How do I feel? I feel good!"
- "I did a pretty good job."
- "I surprised myself."
- "Maybe I can learn from this how to handle these situations."
- "I think I'll go buy myself a treat."
- "He knows what is important to me—what I need."

If the Situation Was Not as Successful as Desired

- "I feel pretty good but a little disappointed."
- "I can do better next time."
- "I did some things pretty well."
- "I can see how to improve."
- "Next time I will start with a different approach."
- "It was really tough but I gave it a good try."
- "He was really angry, but now he knows what I need and what I want from him."
- "I can get advice from a counselor or friend."

Session Five: Exercise 6 (in Participant Workbook)

Copyright 1994 Essence Communications, Inc,

Essence, January 1994, page 63

Sacred Sex

by Brenda Peterson

"If we open ourselves to other ways of looking at sex, we'll discover that making loves does not always have to be about intercourse, but is as much an act of the spirit as of the flesh."

BODY:

When, in 1968, I was 19 and in my freshman year at college, I took part in an experimental program called Self and Society. Our program included sexual-relations studies and introduced the college's first coed dorm, with males and females sharing everything from bathrooms to bedrooms. Oddly enough, familiarity between the sexes bred neither contempt nor couples. Instead, most of us found ourselves living side-by-side like siblings.

My boyfriend, Daniel, and I were one of those few couples who met sharing the same bathroom mirror, he shaving and I putting on makeup. Daniel was dreamy and imaginative. We would escape to his room and read novels together and act out the dialogue and love scenes. We were, in fact, both virgins. I was on the health clinic's waiting list for birth-control pills and was very afraid of pregnancy in that time of illegal abortions. Daniel did not trust condoms. We both wanted the protection of the Pill. This meant that for four months we would have to figure out how to make love without intercourse.

One day Daniel showed me an old Chinese Taoist pillow book he had bought in Hawaii. It was an instructional manual usually given to newlyweds for practicing sexual arts. Illustrated with elegant watercolors and indecipherable Chinese characters, the book did have on English inscription in delicate penmanship: "Practice with careful tenderness. Breathe together."

We lay propped up over the exquisite picture book: Here were couples gazing tenderly into each other's eyes, their delicate limbs entwined in elegant postures of worship, abandon and surrender as they stroked thighs, toes, bellies, gently sloped backs or graceful buttocks. Our favorite picture was a couple in a garden, a languid willow falling over their pallet as the woman lay back, contented and trusting, against the man's chest. Embracing her from behind, his hands held her breasts as if they were the most precious porcelain vases held up to the golden daylight. At her feet a pink lotus burst open with their pleasure.

Another favorite was a bathing picture that Daniel and I decided to recreate every weekend. During the week I spent hours in health-food stores buying lavender soap, loofah sponges and a bubble elixir called Treasures of the Sea, whose beads turned the bath into hot blue. He brought volcanic pumice stone for my feet and coconut massage oil for my skin. Because he was deeply interested in geology, he made a life-size topographical map of my body, naming his favorite places—my back, hand and neck. I wrote him poetry, reciting it in our bath as we faced each other, encircled by candles. In our glowing water cave, we were two initiates, learning the luxurious language of touch and time.

Some weekends studying our pillow book we would play my Miriam Makeba album. The drumming flowed through our bodies—our heartbeats. The music moved our hands as we slowly caressed each other. One night, as we embraced, we imagined we were snakes in a slow-motion dance under the earth. In our play we were all the animals we loved, making love. And in our animal selves we glimpsed that this intimacy was a prayer for the whole Earth.

Sometimes we would sit naked, back to back, and simply breathe together. I could feel his heartbeat through my backbone, and I trembled to hear his pulse in my body. Then, turning face to face, we let waves of energy wash over us, and our bellies rose and fell together like molten lava. Each time Daniel felt himself on the edge of orgasm we would both keep still, our bodies against each other. Daniel discovered, quite by accident, that he could stop the urge to ejaculate by pressing on a sensitive point between his scrotum and anus for several seconds. This pressure would only increase his pleasure, allowing him to build wave after arousing wave. Instinctively, I would place my hand on top of his head, the other on his buttocks. It was like holding the whole of him between my hands. After a moment, we would both grow calm and tenderly draw away from the fire in our genitals.

"Breathe, breathe," we would say and inhale in sync. The energy moved to our heads and feet all at once like an ecstatic undertow, a sensual, slow flow that awakened arms, tingled in legs and sung along our spines. "Bottom of the ocean" we called this joy, as our bodies tumbled together, sinking deep, settling at last on the seabed where the pulse of something greater like the sea rocked us. Our skin smelled salty, and our naked bodies gleamed like phosphorescent fish. We gave off our own light, our own spinning gravity. Sometimes I would fall asleep, my body stretched on top of Daniel's; sometimes I would wake to find him resting atop mine. Even when we were apart during the day, we would carry each other's bodies against our own like a fragrance, sweet and spicy.

It is a great irony of my youth that Daniel and I parted before I obtained the birth control pill to allow us actual intercourse. But in all our erotic explorations we hardly missed "going all the way," since we found so many other pleasurable ways.

I finally got the Pill, my own little compact wheel of life, and I lost my virginity then with a young man who was kind but less inspired than Daniel, my first lover. When I told another friend about my search, she responded, "What I'm putting on the pillows of my two teenage daughters these days aren't how-to's, but how -not-to's—I mean, I'm giving them AIDS pamphlets."

My friend, a single parent, was deeply concerned. "Having teenagers gives me nightmares," she told me. "Here my girls are supposed to be awakening to the mysteries and pleasures of their bodies. Instead, they have to reckon with a fatal disease. What do I tell my 19-year-old when she says, 'To make love now is to make death, isn't it, Mom?'"

The fears of my friend and her daughter are understandable. In the nineties, to lose one's virginity can also be to lose one's life. But as AIDS sets boundaries and limits on our sexuality, maybe we need to respond to the danger of intercourse not by closing ourselves off from one another but by exploring other ways of making love, by seeking a new Eros in this time of epidemic. I am not an authority on sex—in fact, I consider myself a pilgrim on my meandering, often bewildered way—but as a writer, I'm becoming increasingly aware that our sexual stories are getting narrower and more limited while our imaginations are dominated by the fear of this modern plague. If we open ourselves to other ways of looking at sex, might we find alternatives to terror?

INTIMACY OF TOUCH

Even those of us who do not face a high risk of AIDS can benefit from creating new sexual stories. For instance, my generation was at the front lines of the sexual revolution, armed with our birth control mandalas. Few of us remained virgins for long. Yet I have come to feel that another kind of virginity has remained intact for many of us who were teens in the sixties: the virgin territory of touch. What we did not realize about our sexual freedom was that we had much to lose—not physically, but emotionally—once we had power to go from A to Z in a single night. In our rush to reach the genitals and intercourse, we take the straight and narrow freeways and miss the astonishing, lavish countryside of the body itself. We hurriedly pass on through, territory that is wide open, awaiting our touch: the curves of calf and shoulder, the sculpted glory of low backs, the insides of thighs, the lovely flanks and forearms and finger; the lips like the bright flesh of silken pearls, so sensitive and telling.

Then there is the deep soul-searching of long, moving embrace, our bodies entwined and growing together like trees. In one of her 1985 advice columns, Ann Landers asked women this question: "Would you be content to be held close and treated tenderly and forget about the act?" Within four days, she received 100,000 replies. Seventy-two percent said yes, they would be content simply being held, and of those respondents, 40 percent were women under 40-years-old. I suspect that if this same question were asked of young men, a surprising number would agree that being sensually and tenderly held is oftentimes preferable to intercourse. In the recent anthology *To Be a Man: In Search of the Deep Masculine*, writer Don Hanlon Johnson lamented the loneliness of the male body and the masculine ideal of standing alone: "Alone, we ache for contact. That ache, we now know from various medical studies, is a major factor in male patterns of illness, addiction and death."

Might we add AIDS to that lonely list of killers? Recent scientific studies show that the AIDS virus survives our cures because it can easily change and mutate new forms; we might outwit AIDS by following the same strategy—changing our ways in order to survive. What if we had sex with fewer partners and touch each other more? It is our loss of sensuality's life force, our focus on sex instead of intimacy and our forgetting to truly touch another body and soul that have contributed to the spread of sexually transmitted diseases. A massage-therapist friend of mine who volunteers for In Touch, a Seattle organization of licensed therapists devoted to massaging people with AIDS, tells me: "Often my clients weep and say I know their bodies better than their lover, that I've touched them more often than anyone in their lives."

The current widespread interest in the therapeutic massage and other bodywork techniques may well be an effort to teach ourselves how to touch and be touched, to learn forms of physical expression that have to do with the whole body, play and trust rather than the genitals, orgasm and danger. If we teach ourselves and our children skillful, conscious touch, we might find a healing—not only from the inner would that come from living in a culture in which sexuality has silenced much of our native sensuality. It is not enough anymore to pass out condoms and AIDS education brochures or preach impossible abstinence. Young and mature alike, we all deserve enlightened education that includes specific sensual techniques and alternatives to intercourse.

Here are a few lessons we might consider teaching ourselves and our children:

TANTRA IN THE TIME OF AIDS

For thousands of years, the Tibetans, Indians and Chinese have apprenticed themselves to the ancient sexual art of tantra by practicing lovemaking as a sacrament. According this Hindu tradition, tantra was first embodied in the god Shiva and goddess Shakti, whose divine lovemaking was a dance that they believed kept the world spinning. In today's world, with the AIDS epidemic and other impediments to intimacy spinning out of control, this ancient tradition seems more relevant than ever.

In Sanskri, the word *tantra* means "expansion" or "weaving." When we weave other ways of giving and receiving sexual energy—expanding our sensual repertoire to include everything from bathing to gazing to bodywork to prayer to playful dialogue—we are invoking this ancient tantric spirit.

Tantric yoga was a partnership that focused on health as well as spiritual and sexual intimacy. The word *yoga* means to "join together" the self with the sacred. In other words, tantra has long been seen as a holistic approach to union—of bodies, mind and souls.

Today, we need intimacy that involves all our senses, our science, our healing and our health. Turning to tantra in time of AIDS is one way that we can heal the spirit—body—mind split that has harmed our bodies for so many years. Studying tantra together can offer couples a new definition of lovemaking.

Tantra is not always sexual—it is a realm of intimacy entered through conscious touch and reverence for another's body. At one end of the spectrum, you can practice tantra with a friend, giving and receiving nonsexual touch. With a massage so widely available in so many varieties—from the gentle acupressure of *jin shin jyutu* to the deep muscle work of Rolfing—we have a tremendous opportunity to explore one another's bodies through healing touch. Nonsexual touch can be a powerful life force and a physical communion. By learning to touch and by teaching touch to our children, we create a future in which we'll have a multitude of choices during intimacy and in our everyday life. We open ourselves and our relationship to being touched by more people than simply our sexual partner. This, too, is tantra—the weaving of the non-sexual into territory where we previously only allowed our lovers.

With practice and play our hands can learn to listen to another's body as if hearing the most astonishing music: There is the pulse of the blood rivers running like rapids in our veins; the delicate wind chimes of the breath; the subtle energies of the nervous system that sing high and clear as a tuning force; and the *thrum thrum* of the heartbeat, like a strong drum from the Motherland, telling stories from the interior of our bodies—our true shelter—our home.

TOUCHING WITH LOVE

In describing her healing ministry with lepers in India, Mother Teresa has said: "We must touch with love." Her words embody a truth that much of modern touch has forgotten: that compassion (literally, "to suffer with") can be part of the essential gift exchange we offer one another's bodies. Many of us have experienced that when touching a body broken or in pain, we feel an actual movement in our hearts—an echoing ache, an opening, as if our bodies resonate with another's anguish. It is a physical reaction, body to body, as our hands sense the other's agony. And in response, our hands soothe, hold, embrace, massage, memorize.

Elisabeth Kubler-Ross, M.D., a psychiatrist who studied acceptance of death and grief, tells this story of her early medical training. There was a hospital aide who was a favorite of the patients. Every time she visited, the patient's vital signs would pick up and the person would seem remarkably improved or at least free of pain. No one in the hospital staff paid much mind to the woman's restorative visits until Kubler-Ross took her aside and asked, "What are you doing to the patients when you visit?" At first the aide was afraid of reprimand and wouldn't answer, but finally, her confidence won, the woman said simply: "I touch them. I just touch them."

If we were to teach compassionate touch as part of our sex-education courses, wouldn't lovemaking become a truly healing encounter? If instead of denying the specter of AIDS in our sex lives, we were to face it fully by admitting our terror—of intimacy, of death—might we be more able to touch one another with kind, conscious hands? Might we make sexual contracts that we didn't break, knowing that we literally hold another's life in our hands? Might this new compassion for another's body inspire honesty and profound trust? A mindful preliminary to intercourse, then, would be getting an AIDS test together. This is certainly a prerequisite for understanding sex as compassion.

PRACTICING SELF-LOVE

A massage-therapist colleague recently told this story. She used to hate her hair. "It was thin and patchy," she said. "Every morning I'd glare at it in the mirror and demand to know why it was so ugly. One day during this daily cursing, I touched my hair, and it felt so...so sad, dejected. I suddenly understood that all my life I'd focused on my hair as my worst liability, blamed it. How could my hair have grown under such contempt?"

The woman made a promise to herself. Every morning for a month she would brush her hair and sing to it, tell it how beautiful it was. "Such loving kindness works on plants," she said, "why not my hair?" After the month, she noticed that her hair had a new shine. She decided to continue this loving practice, and within a year her hair was no longer growing in patches but was think and strong—astonishing her hairdresser.

The new physics tells us that when we look at something we change it by the simple fact of observing it. Because for so much of history humans have viewed loving the body and exploring sexuality as sinful, doesn't it make sense that we would involve self-hatred and despair every time we intimately touched ourselves or others? The real sin is not, as some religions might warn us, the "self-abuse" of touching our own bodies sexually; it is abusing the body by despising it. In the same way that my friend changed her hair from the inside out, we might teach ourselves self-love by choosing to honor whatever part of our body we have always dislike. By creating rituals and rites that celebrate those thighs or bellies or buttocks that have borne so much of our contempt.

The same is true for our genitals. In her book *Masturbation, Tantra and Self Love,* Margo Woods describes the practice of self-love as a kind of meditation, as an "opening of the heart." "The most important thing to know about being a partner is knowing how to be with yourself," Woods writes. "It is absolutely necessary to have a private sex life." When we open our body to another for sex, it's as though we are opening our home to share with that person. Our private acts of self-love can help instill in us a respect for our body that will prevent us from sharing our "home" with someone who would condemn or damage it. Our inner critics are always with us; all we can do is balance them with a tolerance for our own frailties, our inevitable shortcomings, our humanness. We are not perfect, but we are still, every one of us, holy.

SEXUAL HEALING AND SACRED SENSUALITY

In some ancient civilizations, such as those of Sumeria, Egypt and Greece, sacred sex was a healing act. Those who returned from war were taken first to the temples of the Holy Prostitutes. Here the soldiers were restored to their sense of self after having seen so much bloodshed and violence and death. Each maiden in the society was asked to serve at least a day in this temple ritual. These women considered their service a sacred honoring of the goddess; it was a privilege to perform the holy arts of sexual healing. The priestesses—prostitutes—offered ritual bathing, cleansing, massaging, praying and purification through lovemaking. This holy lovemaking restored health and balance so that the solider could return to daily life.

"The ancients knew what we've forgotten," writer and therapist Deena Metzger said in a recent television interview about the Holy Prostitutes. Metzger believes that this ancient ritual was less about sex than about soul-making. In her essay: "Revamping the World: On the Return of the Holy Prostitute" (*Utne Reader,* August/September 1985), she wrote "through the Holy Prostitute, one came to God."

The ancient recognized sensuality as a life force strong enough to redeem the warrior from death's stranglehold. If we as a culture choose to restore the life wish of our sexuality and so balance the death wish that lurks now within our lovemaking, we could change our future. Sensual education can be as vital as sex education. If every couple were to make pillow book together, what new story might we write on the open book of our broken bodies?

Sexual healing is *the* healing of our times. Like those ancient soldiers surviving the battlefields to return to the temple of the Holy Prostitutes and reenter the doorway to the divine life here on the earth, we have all been through our own personal wars. We've all borne witness to terror and violence. Too long has death been what declared us divine. Our religions have focused on it; our warrior myths celebrated it. We have seen so much death we are breeding it.

In his moving essay "Bodhi is the Body" (from *The Erotic Impulse*), Marco Vassi writes: "To know oneself as a body is more important, at this moment in history, than to read the words of all the wise men who have ever lived." And to learn how to touch each other's bodies as if they were our hearts and souls, as if we could save our own lives, is the work and foreplay of the future.

Session Five: Exercise 6 (in Participant Workbook)

⇒ Do not share sex toys with your partner.

⇒ Clean them between uses—if they are silicone you can boil them.

⇒ Use lubrication if you do insert them.

⇒ Do not put used sex toys in your or your partner's mouth.

⇒ Do not insert the sex toy from anus to vagina.

Session Five: Exercise 7 (in Participant Workbook)

Session Five Main Points

The main points of this session are:

- There may be different techniques necessary to ask a steady partner or a casual partner to wear a condom or accept you wearing a female condom.
- We can respond assertively to negative attitudes toward using protection.
- When we encounter difficult partner reactions to condom use we can try negotiation, relaxation, problem-solving, empathy, assertiveness, delaying, leaving, or self-talk.
- There are many fun, sexy things we can do that do not include penetration called “outercourse.”

SESSION SIX: HOW DO I INFLUENCE MY PARTNER TO USE PROTECTION?

Core Elements: #3, #5, #7, #8

Session Length: Two hours

OBJECTIVES:

After completing this session, participants will be able to:

1. Describe an approach or technique that they typically use to influence their partner.
2. List the steps to take to prepare for influencing their partners to engage in protected sex.
3. Demonstrate how to express their need for protection to their partners.
4. Demonstrate a strategy to influence condom use in their particular relationship.
5. Describe a way to make condom use more erotic.

RATIONALE:

A woman's desire and ability to encourage condom use is affected by her relationship. Both the relationship and the attempt to change a behavior within the relationship have specific meaning to women in terms of how they see themselves and the relationship, their future goals, and the options they see available to them. Therefore, this session first explores personal meaning and values before demonstrating and practicing ways to approach making a change. The session emphasizes that women have choices, and the choices have consequences. For example, there are choices of whether to approach a partner, when and where to make an approach, and different ways to influence a partner to use protection.

The skills taught are framed within the context of the women's relationships. Couples approach conflict and problem solving in different ways. A couple's effectiveness to handle conflict involves the balance of the positive and negative in their relationships. Effective couples get out of negative interchanges more quickly than ineffective couples do. To be effective in influencing a partner to use protection, women need to build on past successes and to prepare carefully for introducing the need for protection. Being assertive while responding to the partner's values, culture and self-esteem is critical in implementing an influencing strategy. In this session women explore and practice different strategies to encourage condom use.

SESSION SIX ACTIVITY LIST

ACTIVITY	Time
• **Exercise 1: What Happened Between Sessions?** Introduce the participants, review goals worked on between sessions, check on between- session actions to take care of self and conduct lottery.	15 minutes
• **Exercise 2: How Do I Usually Influence My Partner?** Role-play influencing a partner about a non-sexual topic to identify the typical ways that each woman tries to influence her partner.	20 minutes
• **Exercise 3: How Can I Influence My Partner?** Present and model the skills of influencing.	20 minutes
• **Exercise 4: Practicing How to Influence a Partner.** Practice influencing a partner through role-plays.	40 minutes
• **Exercise 5: How Can Using a Condom Be Made Sexy?** Identify ways to make condom use more erotic.	15 minutes
• **Exercise 6: What Is Next?** End with goal setting, administrative matters, and showing appreciation to each other.	10 minutes
Total Session Time	**120 minutes** **(2 hours)**

SESSION SIX MATERIALS CHECKLIST:

✓	Materials
	Name Tags (1 per participant)
	"Thanks" Chips (20 per participant and facilitator)
	Lottery Tickets (1 per participant)
	Lottery Prize (1)
	Bag for Lottery Tickets
	Newsprint
	Markers (5)
	Post-it Notes
	Easel
	Clock
	Scenario Cards—Influencing a Partner
	Participant Feedback Form
	Prepared Newsprint—Parking Lot
	Prepared Newsprint—Group Rules
	Prepared Newsprint—Sexual Rights
	Prepared Newsprint—Influencing Tips
	Prepared Newsprint—Session 6 Main Points
	Prepared Newsprint—Session 6 Between-Session Goals
	Poster—Session List
	Poster—Feeling Thermometer
	Poster—Communication Tips

ADVANCED PREPARATIONS:

Prepare Newsprints (see page 376):

Influencing Tips

Session 6 Main Points

Session 6 Between-Session Goals

Prepare Materials (see session materials on CD):

Scenario Cards—*Influencing a Partner*

Prepare Room:

Hang up Prepared Newsprint—*Parking Lot*

Hang up Prepared Newsprint—*Group Rules*

Hang up Prepared Newsprint—*Sexual Rights*

Hang up Poster—*Session List*

Hang up Poster—*Feeling Thermometer*

Hang up Poster—*Communication Tips*

Put Out Nametags and markers

Put Out Post-it Notes

Put Out Participant Workbooks

NOTES TO MYSELF (REMINDERS, POINTS TO MAKE):

Exercise 1: What Happened Between Sessions?

15 minutes

The purpose of this exercise is to increase efficacy and group cohesion. It is designed to provide support for positive actions taken by the participants between sessions, to explore attempts to reach goals, and to identify what they need from a partner.

Materials Needed:

- Lottery Tickets
- Bag for Lottery Tickets
- Lottery Prize
- "Thanks" Chips

Facilitator says:

I am glad to see you again.

Today, let's begin with thinking about what we, as women, need from our partners in our lives.

POSITIVE INTRODUCTIONS

Complete the following sentence, "What I need from a partner is ....."

I will start off... What I need from a partner is... "someone who is respectful of my thoughts and values."

INSTRUCTIONS:

GO AROUND TO EACH WOMAN IN THE GROUP, INCLUDING BOTH FACILITATORS.

I like those responses!

Here are your "Thanks" Chips for the day. Remember to let other participants know that you like what they are saying and doing by giving them a "Thanks" Chip.

INSTRUCTIONS:

✪ GIVE EACH WOMAN 20 "THANKS" CHIPS.

BETWEEN-SESSION GOALS REVIEW

At the end of the last session, each of you identified a goal to reach in helping you protect yourself against HIV and STD infection in your relationship.

I would like you to share how meeting this between-session goal turned out. Please tell us what was the goal you were going to accomplish between sessions and what happened.

INSTRUCTIONS:

ALLOW EACH WOMAN WHO IS WILLING TO SHARE HER PROGRESS TOWARD HER BETWEEN-SESSION GOAL.

HAND OUT "THANKS" CHIPS TO EACH WOMAN WHO SHARES.

BRIEFLY COACH ON SOLVING PROBLEMS THAT CAME UP IN TRYING TO MEET THE GOAL. FOR EXAMPLE, IF SOMEONE WAS UNABLE TO REACH HER GOAL, SUGGEST TO BREAK IT DOWN INTO SMALLER PIECES AND TO SET A SMALLER STEP AS A GOAL FOR THE FOLLOWING WEEK.

Thanks for sharing. It's great to hear the progress you are making.

LOTTERY

Let's do a lottery.

INSTRUCTIONS:

GIVE EACH PERSON A LOTTERY TICKET.

HAVE EACH PARTICIPANT WRITE HER NAME ON A TICKET.

PUT THE TICKETS IN A BAG. MIX THEM UP.

HAVE SOMEONE DRAW THE WINNER AND GIVE OUT A PRIZE.

Exercise 2: How Do I Usually Influence My Partner?

20 minutes

The purpose of this exercise is to provide an opportunity for the women to identify their own approach to influencing their partners. How do they feel when they try to persuade a partner to do something? What techniques do they typically use? How does the process of influencing their partner fit into how they want the relationship to go? Role-playing is used to explore these issues.

Materials Needed:

- None

Facilitator says:

Let's explore strategies that you may use to influence your partner to do something.

For example, how do you persuade your partner to buy something you want, to go somewhere with you, to take a trip?

Before we practice some new strategies for influencing your partner, let's think how you usually get your partner to do something now or in the past.

So, let's role-play a situation where you try to convince a partner to do something that is important to you and that he initially does not want to do.

I'd like each one of you to think about a situation that you do not mind sharing.

This situation should **NOT** be about sex.

Maybe you wanted to go out to dinner and he didn't want to.

Maybe you wanted to see one movie and he wanted to see another.

Did you want him to buy you those gorgeous shoes you saw in the store?

After you think about the situation, think about what techniques you used to try to influence him.

Did you:

- Sweet talk him? Tell him how much you love him and wouldn't it be great if you went out to dinner tonight.
- Make a good argument? Try to convince him why your old DVD player was no good anymore and that you would be saving money to buy a new one now rather than wait until it completely breaks down.
- Give him something that he wanted? Promise him that if he did the laundry, you'll get "take out" for a week.
- Plead with him? Tell him how much you really want the new shoes and beg him to get them for you.
- Tell him that everyone else is doing it? Tell him all your friends liked the movie you want to see.
- Get angry with him? Tell him he was no good if he didn't go along with you?
- Just do it? Tell him that you already bought the tickets for the game you want to go to with him and hope he'll join you.

These are all examples of strategies you might have used in the past. Of course, you might have other ways of trying to get what you want. Think about things you have done that got you what you wanted with your partner and things that didn't work.

UNSCRIPTED ROLE-PLAYS

Now that you have thought of how you usually influence your partner, I'd like a volunteer to act out their situation with me. If there is enough time, I will select a few more of you to take a turn.

INSTRUCTIONS:

SELECT ONE VOLUNTEER.

OK, I will play the partner.

I want you to use a technique that you typically use when you are trying to convince your partner, whether or not it has been successful in the past. First, tell me what you want from me and why I don't want to do it.

For those of you observing the role-play—focus on what techniques the woman used to persuade her partner. What was effective? What wasn't?

Any questions on what we are doing and why?

INSTRUCTIONS:

ANSWER PARTICIPANT QUESTIONS

OK, let's get started.

INSTRUCTIONS:

PLAY THE MALE PARTNER. IN PLAYING THE PARTNER PUT UP SOME BARRIERS—YOU DON'T WANT TO DO WHAT THE WOMAN WANTS.

WITHOUT BEING UNPLEASANT, TRY TO FRUSTRATE THE WOMAN IN ORDER TO BRING OUT HER TYPICAL STYLE OR STRATEGIES FOR PERSUASION.

KEEP THE ROLE-PLAYS VERY BRIEF—JUST LONG ENOUGH TO GET A FEEL FOR THE STRATEGIES USED. SECOND FACILITATOR SHOULD CALL TIME AFTER A MAXIMUM OF THREE MINUTES.

AFTER THE ROLE-PLAY, CHECK IN WITH THE VOLUNTEER REGARDING HER FEELING THERMOMETER READING.

INSTRUCTIONS:

HAND OUT "THANKS" CHIPS.

PROCESS BRIEFLY USING THE QUESTIONS BELOW.

What is your comfort level when working on your partner to do something you want? Where are you on the Feeling Thermometer?

What was one thing you liked about what you did? What is one thing you would do differently?

For those of you observing the role-play, what did the woman do to convince her partner to do something he initially didn't want to do?

What worked well? What could have been said or done differently?

Great!

INSTRUCTIONS:

REPEAT ROLE-PLAY WITH ONE OR TWO OTHER VOLUNTEERS, TIME PERMITTING AND PROCESS IN THE SAME WAY.

Good job everyone!!

We've just heard different approaches we have used to influence a partner to get what we want.

Each of us has different ways we approach our partners. We change the way we try to influence depending on the relationship and the partner. Knowing what will work with your partner is important. You should consider what may work for you in a sexual situation like influencing your partner to use a condom.

Next we are going to go over some tips on influencing your partner and then we'll practice.

Exercise 3: How Can I Influence My Partner?

20 minutes

The purpose of this exercise is to present guidelines a woman can use in trying to influence her partner to use protection. A review of guidelines and modeling are employed.

Materials Needed:

- Participant Workbook—*Tips to Influence Your Partner*
- Participant Workbook—Scripted Role-Play: *"Theresa and Gabriel"*
- Prepared Newsprint—*Influencing Tips*
- Poster—*Communication Tips*
- Blank Newsprint
- Markers

Facilitator says:

In Session Four we introduced communication tips to request that your partner get tested for HIV and STDs. In Session Five we used these same communication tips to ask a partner to use a condom or accept the use of the female condom. Now, we are going to use these communication tips along with other strategies to influence your partner to actually use condoms. In other words, we are moving from effectively communicating your needs to trying to get your partner to change his behavior.

These tips are geared towards steady or developing relationships, although they may also apply to new or casual relationships.

There may be some instances where your partner is not as open to changing. These tips may not work if your partner drinks heavily, abuses drugs, or is prone to becoming violent. If these issues are present, he may not be willing or able to listen to you or agree with what you are asking.

In these or similar instances, it may be harder to influence your partner, and you might have to take a very different approach. Choose the right time to bring up the topic.

TIPS TO INFLUENCE YOUR PARTNER.

INSTRUCTIONS:

REFER PARTICIPANTS TO PAGE 84 OF THE WORKBOOK TO REVIEW THE *TIPS TO INFLUENCE YOUR PARTNER*. THE TIP SHEET CAN ALSO BE FOUND IN THE *SESSION ACTIVITIES AND MATERIALS* SECTION AT THE END OF THIS SESSION.

Now let's go over some tips on influencing your partner; they can be found on Page 84 of the Workbook

PREPARE

It is important to prepare yourself when you plan to influence your partner to use a condom or have sex when you are using the female condom.

Don't get started with trying to influence him until you have made a plan. You have choices about how to proceed, and your choices have consequences.

Here are tips for getting ready:

1. Use strategies that worked in the past.

   Determine when, where and how you successfully persuaded a partner to do something he did not want to do in the past. If you find a strategy that worked for you in the past, build on your past successes.

   What did you do?

   Where was it? Some place away from home?

   When was it? After a nice meal?

   Can you anticipate what will cause problems? For example, if he reacts negatively if you say that your girlfriend suggested something (like use a female condom), don't use that approach.

2. Decide on your bottom line and what trade-offs you are willing to make.

   Before you approach your partner, decide on your bottom line.

   Are you willing to make trade-offs—if your partner does this, you will do that? Will you stop having sex if he won't wear a condom?

   Will you leave him?

Don't get started if you know you will "cave in" at the end of it all. This just reinforces the idea that you don't really mean what you say, that he does not need to take you seriously.

3. **Figure out what and whom your partner respects to serve as examples.**

   Does your partner have a friend or relative who got sick and who he respects? If your partner respects a celebrity or sports figure who is HIV-positive, like Magic Johnson, or died from AIDS, like Eazy E, can you use one of them as an example?

4. **Identify what challenges and what supports your partner's self-esteem.**

   What does your partner value or feel is important? How can you persuade your partner without cutting him down? Can you use his strong feelings about family or a role as the protector? Find reasons to change that make sense to your partner.

5. **Develop strategies that fit you, your partner, and your relationship.**

   No two couples are the same. You have a choice about what strategy seems best. Feel comfortable about your approach.

   For example, if sex is really important, you can say you feel more at ease when protected.

   If sex is not important, maybe sex can get better if you are not worrying about getting pregnant or getting a disease. Talking about your wish to avoid pregnancy can often be a very convincing argument.

COMMUNICATION TIPS

INSTRUCTIONS:
REFER PARTICIPANTS TO COMMUNICATION TIPS POSTER.

After taking the time to prepare yourself using the influencing tips, now is the time to begin communicating and influencing your partner. Let's look back at our communication tips poster. Here are the main points to remember:

1. **Select where and when to have the discussion.**

   Not when the atmosphere is sexually charged.

2. **Be clear on what you want.**

3. **Start with a positive remark.**

   Couples usually give each other back what they get. If you start your discussion positively, you set the stage for a more cooperative environment in which to resolve your differences.

4. **State how you feel.**

5. **Say "I" instead of "You."**

6. **State your needs and give reasons.**

   Express your needs and feelings with firmness, confidence, and intelligence.

   You have a right to your feeling and wants. Be assertive. Use "I" statements. Even if you are scared, make it clear where you are coming from.

   The more you are open and accessible to your partner, the more likely your partner will open up to you. Being responsive to each other builds trust and makes it easier to solve problems.

7. **State what you want from your partner.**

8. **Listen actively—say back what your partner is expressing.**

   When you understand your partner's thoughts and feelings, (even if you disagree) let him know. Showing you understand your partner's position makes it easier for your partner to hear what you have to say.

9. **Explain that you would like to solve the problem together.**

10. **Do not blame your partner or undercut your partner's self-esteem.**

    Blaming puts him on the defensive. Blaming encourages attacking you back or withdrawal. Support your partner's self-esteem.

11. **Offer suggestions or options.**

12. **When your partner does something you like, tell him.**

    People tend to continue behavior that they're praised for.

13. **When your partner makes snide, sarcastic or demeaning remarks, immediately tell him you do not like it.**

    The cycle of starting nice, dealing with negative behavior, forgiving if cooperative behavior is shown, and confronting negative behavior if it reappears is a pattern that works.

14. **Stay calm. End fights immediately.**

    When the communication keeps getting more and more negative, stop. Don't let yourself get caught up in a cycle of anger.

15. **Stay firm.**

What questions do you have?

INSTRUCTIONS:

ANSWER PARTICIPANT QUESTIONS. IF THERE ARE A LOT OF DETAILED QUESTIONS, REMIND PARTICIPANTS THAT IT IS EASIER TO UNDERSTAND THESE POINTS WHEN OBSERVING THEM IN AN INTERACTION, SUCH AS THE NEXT SCRIPT.

Remember, you have choices over which technique to use when trying to influence your partner.

"THERESA AND GABRIEL" ROLE-PLAY

INSTRUCTIONS:

REFER PARTICIPANTS TO THE *SCRIPTED ROLE-PLAY—"THERESA AND GABRIEL"* ON PAGE 85 IN THE WORKBOOK. THE SCRIPT IS ALSO LOCATED IN THE *SESSION ACTIVITIES AND MATERIALS* SECTION AT THE END OF THIS SESSION.

Now let's watch a scene of a couple in a steady relationship where the woman is trying to influence her partner to use condoms. This couple argues a lot. Can I have two volunteers to read the parts of "Theresa" and "Gabriel?"

INSTRUCTIONS:

SELECT VOLUNTEERS, HAVE THEM REVIEW THE SCRIPT ON PAGES 85 OF THE WORKBOOK TO DECIDE WHO WILL READ WHAT ROLE AND PREPARE TO READ THE PARTS OUT LOUD.

I would like the observers to focus on the following:

How well does "Theresa" communicate her needs in this situation?

Which influencing and communication tips does she follow?

Which ones does she miss?

Are there any questions before we begin?

INSTRUCTIONS:

ANSWER PARTICIPANT QUESTIONS AND CLARIFY INSTRUCTIONS AS NEEDED.

Great! Action!

Let's take a look at the *Tips for Influencing Your Partner* in our Workbooks.

INSTRUCTIONS:

ONCE THE ROLE-PLAY IS OVER, REFER PARTICIPANTS TO THE INFLUENCING TIPS IN THEIR WORKBOOK AND THE COMMUNICATION TIPS ON THE POSTER.

What tips did you observe “Theresa” using to influence “Gabriel?”

LIST THEIR RESPONSES ON NEWSPRINT. IF THEY DON’T GENERATE THE ANSWERS BELOW, ADD THEM TO THE LIST.

Theresa used the following influencing tips:

- Decide on bottom line
- Identify what challenges and supports partner’s self-esteem
- Develop strategies that fit your relationship

The following communication tips were used:

- State how you feel
- Say “I” instead of “you”
- State your needs and give reasons
- Explain that you would like to solve problem together
- Do not blame your partner
- Stay calm
- Stay firm

USE THE FOLLOWING QUESTIONS TO PROCESS THIS ROLE-PLAY FOR FIVE MINUTES

What did you like about “Theresa's” approach and what would you have done differently?

Where could her approach have gone wrong?

Which of her strategies are similar to what you use to influence your partner?

How do you think it will turn out? Will “Gabriel” wear condoms?

What do you think would have happened if Theresa offered mutual testing as another option?

Alright, now that we’ve seen Theresa, let’s try this ourselves.

Exercise 4: Practicing How to Influence a Partner

40 minutes

This exercise is designed to allow each participant an opportunity to practice trying to influence a partner. By acting as a fictional person for the role-playing, women are free to try and present the person they wish to be. Role-playing is the primary method used.

Materials Needed:

- Participant Workbook—*Tips to Influence Your Partner*
- Scenario Cards—*Influencing a Partner*
- Poster—*Communication TIps*

UNSCRIPTED ROLE-PLAY

Now it is time to practice some skills used to influence a male partner to use condoms or to support you in using female condoms.

INSTRUCTIONS:

REFER PARTICIPANTS TO THE *TIPS TO INFLUENCE YOUR PARTNER* ON PAGE 84 OF THE WORKBOOK AND THE COMMUNICATION TIPS POSTER.

Let's return to the *Tips to Influence Your Partner* we just went over on Page 84 in your Workbook and look again at the poster on how to communicate with your partner. This time around, everyone will have a chance to play the woman who is influencing the man. First, one person will play the man and the other the woman.

Let's divide up into pairs. Take time now to decide who will play the man and who will play the woman. If you have not played a woman yet, please do so now.

INSTRUCTIONS:

DIVIDE THE GROUP INTO PAIRS. IF THERE ARE AN ODD NUMBER OF PARTICIPANTS, HAVE A FACILITATOR TEAM UP WITH A PARTICIPANT.

Now, each pair should join up with another pair, so, now we have groups of four.

INSTRUCTIONS:

MATCH PAIRS UP INTO GROUPS OF FOUR. IF THERE REMAINS A GROUP OF TWO LEFT OVER, HAVE A FACILITATOR ACT AS AN OBSERVER FOR THEIR ROLE-PLAY.

Each pair will take a turn doing the role-play. The other pair will be observers and give feedback.

INSTRUCTIONS:

GIVE EACH PAIR A ROLE-PLAY SCENARIO CARD– INFLUENCING YOUR PARTNER. THE SCENARIO CARDS ARE LOCATED IN THE *SESSION ACTIVITIES AND MATERIALS* SECTION AT THE END OF THIS SESSION.

GIVE PARTICIPANTS A MINUTE TO REVIEW SCENARIO. THEN READ THE INSTRUCTIONS ALOUD TO THE GROUP.

Here are your instructions:

(TO THE WOMAN) In whatever role-play scenario you get, you are to act the part of a strong, confident woman. You will be the person who begins the conversation.

(TO THE MAN) You don't like using condoms.

If this is a steady relationship:

Wearing one with someone you don't know may be necessary, but, it seems to you if you have been going with someone long enough, wearing a condom shouldn't be necessary.

You never heard of the female condom.

If this is a casual relationship:

Reject the idea of wearing a condom because you know you don't have a sexually transmitted disease or HIV. You may want to include the myth that women can't give a man HIV so there's nothing to worry about. Don't give in too easily or on the other hand don't be too stubborn or harsh.

(OBSERVERS) The rest of the group will be observers. After each role-play, the observers and facilitators will give the couple feedback. Before the role-play begins, those playing the woman role should take a minute to prepare herself by thinking of past successes she has had at influencing a partner and what strategies might work with this particular partner with his values and needs. We will be calling time after five minutes. Let's begin.

INSTRUCTIONS:

FACILITATORS SHOULD CIRCULATE AND MAKE SURE THE MAN DOES NOT GIVE IN TOO EASILY.

CALL TIME AT FIVE MINUTES EVEN IF THE COUPLE FEELS THAT THEY WERE NOT FINISHED.

INSTRUCT THE SECOND PAIR TO START THE ROLE-PLAY.

ALLOW FIVE MINUTES FOR THE SECOND ROUND OF ROLE-PLAYS.

BRING THE GROUP BACK TOGETHER AND PROCESS BOTH ROLE- PLAYS TOGETHER.

Great! Let's take a few minutes to talk about how both those role-plays went.

INSTRUCTIONS:
PROCESS THE ROLE-PLAY FOR FIVE MINTUES USING THE QUESTIONS BELOW.

(TO THOSE PLAYING THE WOMAN)

What were you thinking as you were doing the role-play?

What was one thing you did to influence him that you liked?

What one thing would you do differently?

Where are you on the Feeling Thermometer?

(TO THOSE PLAYING THE MAN)

What did you have in your mind as you were playing the man?

What one thing did the woman do to influence you that you liked?

What is one thing that she did to influence you that you did not like?

Where are you on the Feeling Thermometer?

(TO THE OBSERVERS)

Did she follow the Tips on Influencing Partners?

How effective was her strategy/style in convincing her partner to use condoms?

What key communication tips did she follow?

Did you observe any differences between couples that were steady versus casual?

Did you observe any style or strategy that you think you would use when talking to your partner?

Good job everyone!!!

What questions do you have concerning influencing a partner to use protection?

INSTRUCTIONS:
ANSWER PARTICIPANT QUESTIONS.

Exercise 5: How Can Using a Condom Be Made Sexy?

15 Minutes

The purpose of this exercise is to teach the participants ways to make using a condom more erotic, which will make acceptance and continuation of condom use easier to achieve. The exercise also highlights that women have choices about what would work for them during sex.

Materials Needed:

- Blank Newsprint
- Markers

Facilitator says:

The work we've done today has been heavy stuff.

So, let's lighten things up and have a little fun.

We want the group to take a few minutes to consider how to make using a condom sexy.

The idea is that by increasing the pleasure of using a condom, you can make using it more fun for you and it will be easier to get your partner to accept it.

Remember that you have choices about which approaches to use in your sexual relationships, and you also have a right to enjoy sex in a way that feels safe.

INSTRUCTIONS:

DIVIDE THE GROUP INTO THREE SMALL GROUPS BY GOING AROUND THE ROOM AND HAVING EACH WOMAN COUNT OFF 1, 2, 3 TO CREATE EACH GROUP. WHEN GROUP ATTENDANCE IS SMALL, MAKE SURE YOU AT LEAST HAVE SMALLER GROUPS OF 2-3 PARTICIPANTS EACH. GIVE EACH SMALL GROUP NEWSPRINT AND A MARKER.

Let’s divide into three small groups.

I want each group to come up with as many “sexy” ideas when using a condom as possible.

Here are some hints. Maybe there are ways to use non-oily food, like syrup, on the condom during oral sex. You may want to explore ideas on how you can put the condom on your partner in new and exciting ways.

Think about different kinds of condoms you have seen. Think of ways you can use clothing, water, fantasies or sweet talk to help stimulate the moment.

Think of what excites you so that wearing a condom is erotic for both of you. Write your ideas on the paper. I will give you five minutes.

Now let’s hear what you came up with.

INSTRUCTIONS:

ALLOW EACH SMALL GROUP TO SHARE THEIR LISTS.

✪ GIVE OUT “THANKS” CHIPS TO EACH WOMAN.

From all the examples that everyone came up with today, you can see how creative you and your partner can be when it comes to making condom use sexy and erotic. You could use some of these ideas to make condom use more appealing to you and your partner.

Good job!

Exercise 6: What Is Next?

10 Minutes

The purpose of this exercise is to help the group unwind from the session's exercises and to encourage showing appreciation for each other's contributions. Also, women will select their "between sessions" goal to practice, cover administrative matters, and briefly discuss the session.

Materials Needed:

- Prepared Newsprint—Session Six Main Points
- Prepared Newsprint—Session Six Between-Session Goals
- Participant Feedback Form

Procedure:

INSTRUCTIONS:

REFER PARTICIPANTS TO PREPARED NEWSPRINT OF THE MAIN POINTS FOR SESSION SIX.

You worked hard today. Thank you all for your participation. The main points of today's session were:

- We can influence our partners to use protection.
- To prepare to influence our partners we can think about what worked in the past, decide on our bottom line and what trade-offs we will make, figure out what and whom our partners respect, identify what challenges and supports our partner's self-esteem, and develop strategies that fit our relationships.
- There are lots of fun ways to make condoms more erotic!

What questions do you have on what was covered today?

INSTRUCTIONS:

ANSWER PARTICIPANT QUESTIONS.

PARKING LOT

INSTRUCTIONS:
CHECK THE PARKING LOT.
IDENTIFY QUESTIONS AND CONCERNS THAT HAVE BEEN ANSWERED IN THIS SESSION AND ADDRESS THOSE THAT CAN BE ADDRESSED NOW.
LET PARTICIPANTS KNOW THE ONES THAT CANNOT BE ANSWERED NOW WILL BE ADDRESSED IN THE NEXT SESSION.

BETWEEN-SESSION GOAL SETTING

Once again, we would like each of you to set a goal to practice between sessions. The activity you choose should be related to today's session.

Don't forget whatever activity you choose should be realistic, clear, not too much or too little, and easy to tell when it's completed.

INSTRUCTIONS:

REFER PARTICIPANTS TO PREPARED NEWSPRINT ON BETWEEN-SESSION GOALS.

Some examples of things to do may include:

1. Practice with a male friend playing the partner, trying to influence him to use a condom.
2. Write a letter—but do not mail it—to your partner trying to influence him to use a condom.
3. Make a list of the negatives and positives in trying to influence your partner.
4. Make a list of what sexual actions you would be willing to take instead of having intercourse.
5. Make a list of what you would be willing to do to make using a condom more sexy.

If none of these choices appeal to you consider something else but be mindful of the focus of today's session and make sure it's not too easy, or difficult, and you will be able to know whether you completed the task or action.

We would like everyone to share with the group what step or goal they will practice during the time between sessions.

INSTRUCTIONS:

GO AROUND THE ROOM AND ASK EACH WOMAN WHAT STEP SHE WILL TAKE.

Thank you.

The next meeting will take place on _____ (day) ____ (date) at _____ (time and place).

Now please show your appreciation to each other for your contributions to the group today.

INSTRUCTIONS:

GIVE OUT "THANKS" CHIPS TO PARTICIPANTS. ENCOURAGE SHARING OF APPRECIATION. MAKE SURE NO ONE IS EXCLUDED.

We ask that you complete the Participant Feedback Form so that we can make sure that FIO is meeting your needs.

INSTRUCTIONS:

PASS OUT PARTICIPANT FEEDBACK FORM, FOUND IN APPENDIX D.

ALLOW FIVE MINUTES FOR COMPLETION.

COLLECT COMPLETED FORMS FROM PARTICIPANTS.

THE END OF SESSION SIX

Session 6
Activities and Materials

Prepared Newsprints

Influencing Tips

- Use Strategies that worked in the past
- Decide on your bottom line
- Use people your partner respects as examples
- Identify what challenges and supports his self-esteem
- Develop strategies that fit your relationship

Session 6 Main Points

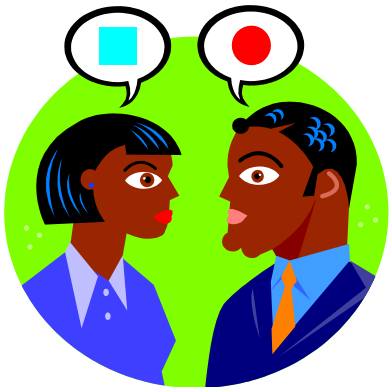
- We can influence our partners to use protection.
- To prepare to influence our partners we can think about what worked in the past, decide on our bottom line and what trade-offs we will make, figure out what and whom our partners respect, identify what challenges and supports our partner's self-esteem, and develop strategies that fit our relationships.
- There are lots of fun ways to make condoms more erotic!

Session 6 Between-Session Goals

1. Practice with a male friend playing the partner, trying to influence him to use a condom.
2. Write a letter—but do not mail it—to your partner trying to influence him to use a condom.
3. Make a list of the negatives and positives in trying to influence your partner.
4. Make a list of what sexual actions you would be willing to take instead of having intercourse.
5. Make a list of what you would be willing to do to make using a condom more sexy.

Session Six: Exercise 3 (in Participant Workbook)

Tips to Influence Your Partner



- **Use strategies that worked in the past.**

Determine when, where and how you successfully persuaded a partner to do something he did not want to do in the past. If you find a strategy that worked for you in the past, build on your past successes.

- **Decide on your bottom line and what trade-offs you are willing to make.**

Before you approach your partner, think through what your bottom line is: you don't want to "cave in" later because you will likely lose your credibility in your partner's eyes. The next time you want to have a similar discussion, he may not take you seriously.

- **Figure out what and whom your partner respects to serve as examples.**

If your partner respects a friend, celebrity or famous person who is living with, or died from AIDS, use that person as an example to reflect your concerns about getting infected with the virus.

- **Identify what challenges and what supports your partner's self-esteem.**

Don't forget the culture from which you both come. What are your partner's values within that culture? How can you persuade your partner without cutting him down? Can you use his strong feelings about family or a role as the protector? Find reasons to change that make sense to your partner.

- **Develop strategies that fit you, your partner, and your relationship.**

No two couples are the same. You have a choice about what strategy seems best. Feel comfortable about your approach.

Session Six: Exercise 3 (in Participant Workbook)

Theresa and Gabriel

Theresa: Hey Gabriel, remember when I told you about this course I'm taking at the women's health agency. The one on HIV. Remember? You encouraged me to go.

Gabriel: What are you going to be? A volunteer for people who got AIDS?

Theresa: No. This is about protecting yourself and your partner. That's you—my good old partner. And protecting your kids, if you want them. And about stopping the spread of HIV and other STDs in our community.

Gabriel: You're not going to get HIV. How could you get it?

Theresa: Look. I love you. I want us to have children.

Gabriel: I want them too. You're the one who wanted to wait. Six kids. I want a big, big family.

Theresa: OK. Big Daddy! Before we try to have all these kids, I need to be sure. If I got one of these sexually transmitted diseases, I could become infertile.

Gabriel: You mean you couldn't have kids?

Theresa: Right.

Gabriel: You're not going to get anything. What are you talking about?

Theresa: Do you know you could have a disease and not know it?

Gabriel: You said "you." Are you talking about me? Of course, I'd know it. You'd get sores or something.

Theresa: You're wrong. I learned that with a lot of these diseases there are no signs. And they can just sit in you waiting to show up.

Gabriel: Don't tell me I'm wrong. I knew this guy who had syphilis. He got big sores. I know what I'm talking about.

Theresa: Did you ever hear of Chlamydia?

Gabriel: OK. OK. You're so smart now. No, I never heard of it.

Theresa: Well, there are no signs, and it can make you or me infertile.

Gabriel: Not me. I got very powerful sperm.

Theresa: I'm not kidding. We've got to do something about it—we could use condoms or get tested.

Gabriel: Oh, come on. Now you be serious. Tested? Condoms? Give me a break!

Theresa: That's what I want. I want us to use condoms. That would make me very happy.

Gabriel: That would make me very unhappy.

Theresa: You said you care about me getting sick.

Gabriel: Give me a break, Theresa! You know I care about you. You think I don't love you enough? What did I do wrong? You know I take care of you better than anybody you ever met.

Theresa: I'm not accusing you. I just want to feel safe.

Gabriel: This is stupid. You're healthy. I'm healthy. We've been together forever. What do you want?

Theresa: I want to be healthy. I want us to be healthy. And anyway, you can't tell if someone has an infection by looking. A lot of healthy looking people have sexually transmitted diseases.

Gabriel: Sure, but where did they get it? You know I don't play around. You better not be.

Theresa: I'm not.

Gabriel: Come here.

Theresa: No. Don't try that on me. We've got to come to some agreement.

Gabriel: I am not wearing a condom.

Theresa: Yes you are.

Gabriel: Don't tell me what to do.

Theresa: Don't tell me what not to do.

Gabriel: I love you. What more do you want from me?

Theresa: I know you love me. I'm just asking that you show it in this way—wear a condom.

Gabriel: I have not got a sex disease!

Theresa: So you say. I don't know. I don't know what you did before we got together.

Gabriel: Wait a minute! Wait a minute! Remember. Never talk to me about that. Never! I don't want to know nothing about you, and never ever ask me about my business.

Theresa: Fine. Then wearing a condom answers all questions. You told me you like the way we make love. Didn't you? I'm really good. Right? And you're a really horny guy. Right?

Gabriel: Yes. What's this leading to?

Theresa: If I keep worrying about getting sick, I'm not going to be able to let myself go. I'll just lie there like a dish rag.

Gabriel: Look I'm tired. Really tired. Can't we drop it for now?

Theresa: I'm not going away. Sure, we can talk about it some more later. But you know what I want?

Gabriel: For me to wear a condom.

Theresa: Do it for me and the kids we want to have. For you, too. I want your babies. I want you healthy.

Gabriel: Get me a beer, will you?

Theresa: Give me a kiss first.

Session Six: Exercise 4

Scenario Cards—Influencing a Partner

SCENARIO 1: NEW COUPLE

Roberto and Felicia both attend the same college and work on the campus newspaper. Roberto aspires to be a television political correspondent and Felicia wants to become an entertainment lawyer. Though they have known one another for two years, they started dating very recently. Roberto is really into Felicia and wants their relationship to become sexual; Felicia feels the same, however Roberto has stated that he doesn't like using condoms. Felicia cares a lot about Roberto and decides to talk to him to try to convince him that using a condom (male or female) is best for both of them. Felicia invites Roberto over to her apartment for dinner to discuss the matter.

SCENARIO 2: STEADY COUPLE

Kimberly and Victor have been dating off and on for three years. During their time apart, Victor was involved with another woman and she had a child with him. Recently, Victor has been contacting Kimberly to re-kindle their relationship and has stated that he wants to marry Kimberly. Kimberly wants to resume her relationship with Victor but she has to convince him that they have to use a condom each time they have sex. Victor feels that because he took an HIV test a year ago, he is not infected with the virus and doesn't have an STD therefore they don't have to use condoms.

SCENARIO 3: NEW COUPLE

Vanessa and Derrick met at a club and have been dating for about one month. Derrick has been wining and dining Vanessa with the hope of having sex with her soon. Vanessa likes Derrick but she feels he is dating other women in addition to her. Derrick told Vanessa that he is allergic to latex therefore he doesn't use condoms, he feels "raw" is the only way to go. Vanessa is very comfortable using the female condom and wants to broach the topic with Derrick the next time they are together.

SCENARIO 4: STEADY COUPLE

Cecilia and Antonio are a couple who have been married five years; the couple has a 6-month-old child and are in couple's therapy because Antonio admitted to cheating on Cecilia three months ago. Though Antonio has told Cecilia he is no longer having an extra-marital affair, she doesn't believe him; she wants Antonio to wear a condom when they are intimate with one another.

SCENARIO 5: STEADY COUPLE

Lisa and Jonathan have been dating for a little over one year. Recently Lisa stepped out of her relationship with Jonathan and wound up contracting an STD from her other partner. She feels guilty for sleeping with someone else and knows she has to discuss the matter with Jonathan though she doesn't want to "come clean" about the other guy. Lisa and Jonathan currently do not use condoms though they have discussed the matter from time to time. During her visit to the doctor's office, Lisa learned how to use the female condom, which she wants to use with Jonathan; but first she has to convince him that this is best for both of them. Jonathan was to continue his education and wants to get his Master's degree therefore he doesn't want to start a family yet even though he loves Lisa.

Session Six: Exercise 6 (in Participant Workbook)

Session Six Main Points

- We can influence our partners to use protection.
- To prepare to influence our partners we can think about what worked in the past, decide on our bottom line and what trade-offs we will make, figure out what and whom our partners respect, identify what challenges and supports our partner's self-esteem, and develop strategies that fit our relationships.
- There are lots of fun ways to make condoms more erotic!

SESSION SEVEN: HOW DO I REFUSE SEX OR UNPROTECTED SEX?

Core Elements: #5, #7, #8

Session Length: Two hours

OBJECTIVES:

After completing this session, participants will be able to:

1. Demonstrate how to refuse sex and unprotected sex.
2. Explain what it means to them personally if a partner refuses to practice protected sex.
3. Explain why abstinence is an **option**.
4. Describe a sign of abuse in a relationship.
5. Describe a self-protective strategy that can be used in an abusive relationship.
6. Name a place to get additional help to deal with abuse if needed.

RATIONALE:

In many cultures, women are expected to do what men ask of them. At the same time they are expected to be responsible for managing important decisions such as contraception and setting sexual limits. In these environments, many women may have little experience in taking an assertive stance and saying "no" to sex. In addition, they are hampered by the common belief that their role is to please men. To empower women to care for themselves, the time may come when women have to refuse sex without protection. This session provides the participants an opportunity to practice refusing unprotected sex and to explore what refusal means to them.

The session also points out that women have critical choices to make. Abstinence is a conscious alternative for some women. Furthermore, the session addresses the issue of a partner making an abusive response to her choice to take care of her own needs.

SESSION SEVEN ACTIVTY LIST:

Activity	Time
• **Exercise 1: What Happened Between Sessions?**	15 minutes
Review between-session goal setting, explore what participants have done to protect themselves and their partners since the last session, conduct the lottery and answer administrative questions.	
• **Exercise 2: What About Life Without Sex?**	15 minutes
Use recent magazine articles to raise the issue of abstinence.	
• **Exercise 3: How Do I Refuse Unprotected Sex?**	40 minutes
Present tips on refusal, model refusing, and role-play refusals.	
• **Exercise 4: What Would It Mean to Me If He Refused?**	15 minutes
Use a letter to the partner to explore the meaning of a partner's unwillingness to have protected sex.	
• **Exercise 5: What If He Becomes Threatening?**	20 minutes
Teach participants how to recognize and deal with abuse.	
• **Exercise 6: What Is Next?**	15 minutes
End the session with relaxation, goal setting and group appreciation.	
Total Session Time	**120 minutes (2 hours)**

SESSION SEVEN MATERIALS CHECKLIST:

✓	Materials
	Nametags (1 per participant)
	"Thanks" Chips (20 per participant and facilitator)
	Lottery Tickets (1 per participant)
	Lottery Prize (1)
	Bag for Lottery Tickets
	Blank Newsprint
	Blank White Paper (8.5” x 11”)
	Markers (5)
	Post-it Notes
	Easel
	Clock
	Pens (1 per participant)
	Notepaper (1 sheet per participant)
	Participant Feedback Form
	Prepared Newsprint—*Parking Lot*
	Prepared Newsprint—*Group Rules*
	Prepared Newsprint—*Sexual Rights*
	Prepared Newsprint—*Session 7 Main Points*
	Prepared Newsprint—*Session 7 Between-Session Goals*
	Prepared Newsprint—*Questions on Abstinence*
	Poster—Session List
	Poster—Feeling Thermometer
	Poster—Communication Tips
	Resource list for battered women (1 per participant)
	Participant Workbooks

ADVANCED PREPARATIONS:

Prepare Newsprints (see Page 423):

Questions on Abstinence

Session 7 Main Points

Session 7 Between-Session Goals

Prepare Materials:

Resource list for battered women and abusive men

Prepare Room:

Hang Up Prepared Newsprint—*Parking Lot*

Hang Up Prepared Newsprint—*Group Rules*

Hang Up Prepared Newsprint—*Sexual Rights*

Hang Up Poster—*Session List*

Hang Up Poster—*Feeling Thermometer*

Put Out Nametags and markers

Put Out Post-it Notes

Put Out Participant Workbooks

NOTES TO MYSELF (REMINDERS, POINTS TO MAKE):

Exercise 1: What Happened Between Sessions?

15 minutes

This exercise is designed to reinforce women taking care of themselves. It sets the climate for the session through an ice breaker and encourages women to identify some of their personal rights.

Materials Needed:

- Lottery Tickets
- Bag for Lottery Tickets
- Lottery Prize
- "Thanks" Chips

Facilitator says:

Hello!

Good to see you again.

Since we've been together we have been talking about our goals and values—those things that are important to us.

Just being able to talk about our goals and values assumes that each of us has worth and dignity and individual rights. So, let's begin by talking about rights.

POSITIVE INTRODUCTIONS

I would like everyone to complete the following sentence, "I have the right to _____." Fill in the blank.

INSTRUCTIONS:

GO AROUND TO EACH WOMAN IN THE GROUP, INCLUDING BOTH FACILITATORS.

Those are some excellent reasons for protecting yourselves!

Here are your "Thanks" Chips for the day. Remember to let other participants know that you like what they are saying and doing by giving them a "Thanks" Chip.

INSTRUCTIONS:

✪ GIVE EACH WOMAN 20 "THANKS" CHIPS.

LOTTERY

Before we delve into our discussion for today, let's do a lottery!

INSTRUCTIONS:

GIVE EACH PERSON A LOTTERY TICKET.

HAVE EACH PARTICIPANT WRITE HER NAME ON A TICKET.

PUT THE TICKETS IN A BAG. MIX THEM UP.

HAVE SOMEONE DRAW THE WINNER AND GIVE OUT A PRIZE.

BETWEEN-SESSION GOALS REVIEW

At the end of the last session, each of you identified a goal to reach in helping you protect yourself against HIV and STD infection in your relationship.

I would like you to share how meeting this between-session goal turned out. Please tell us what was the goal you were going to accomplish between sessions and what happened.

Can you give us some examples of things you did to protect yourselves between sessions?

INSTRUCTIONS:

ALLOW EACH WOMAN WHO IS WILLING TO SHARE HER PROGRESS TOWARD HER BETWEEN-SESSION GOAL.

HAND OUT "THANKS" CHIPS TO EACH WOMAN WHO SHARES.

BRIEFLY COACH ON SOLVING PROBLEMS THAT CAME UP IN TRYING TO MEET THE GOAL. FOR EXAMPLE, IF SOMEONE WAS UNABLE TO REACH HER GOAL, SUGGEST TO BREAK IT DOWN INTO SMALLER PIECES AND TO SET A SMALLER STEP AS A GOAL FOR THE FOLLOWING WEEK.

Today's session (Session Seven) is on refusing to have sex with a partner who won't practice safer sex.

INSTRUCTIONS:

REFER PARTICIPANTS TO THE FEELING THERMOMETER CHART POSTED ON THE WALL. ENCOURAGE EVERYONE TO SHARE THEIR TEMPERATURE READINGS.

Using the Feeling Thermometer's scale, how comfortable or uncomfortable are you in refusing unprotected sex with a partner?

Refusing a partner who will not practice safer sex is about making a choice, and choices have consequences—both good and bad. One choice that we will explore is abstinence.

Exercise 2: What About Life Without Sex?

15 minutes

The purpose of this exercise is to present abstinence or celibacy as an alternative to having sex and to make it a feasible possibility. The exercise explores abstinence among young women and raises questions concerning choosing this option. It explores the group's thinking about abstinence as a viable option.

Materials Needed:

- Prepared Newsprint—*Questions on Abstinence*

Facilitator says:

Abstinence **or celibacy** means that you make a conscious choice not to be in a sexual relationship with a man so you would not have sex or be sexually active for a period of time. Abstinence is different from "outercourse." Abstinence means that you do not have any sexual contact with another person while "outercourse" are sexual activities that do not involve penetration.

There are different reasons why women may choose to be abstinent. Some women choose abstinence because they would rather be away from destructive partners, or partners who keep them away from their own agenda—e.g., going back to school, getting clean, not getting pregnant, getting their kids back.

You may decide that you do not want to have sex because you think the kind of man who will willingly agree to having safe sex without a big argument is really…hard to find.

There have been articles published about young women choosing to be abstinent. We're going to read you a couple of quotes from *Essence* magazine about abstinence.

NOTE TO FACILITATOR:

Religion and culture influence women's views of abstinence.

From "Young, Hot and Celibate:"

"Maybe it's just me, but most of my 20-something friends aren't having sex unless they're in a serious relationship."

"HIV/AIDS is nothing to play with."

"We came of age with the terrifying knowledge that unsafe sex could kill us."

"For the majority of us celibacy beats death and we're beginning to live our lives accordingly."

Here are some quotes from another article "Life Without Sex:"

"I've gone a year without sex. There I've said it. It's not as painful as it sounds—it's worse. During the last 365 days, I've developed a new respect for priests and nuns.

But then again, we're not really in the same boat: They don't know what they're missing.

I am 24 years old, five foot two, 125 pounds, I have a college degree and I'm employed and healthy. I work out regularly. I have to...the tension has to go somewhere, and I'd rather be buff than bonkers. When I'm bored, I read. When I'm lonely, I call friends, and we go to the movies. And when I'm busy, I work (I know, I know. It's all so-o-o exciting!)"

As you can see, these women made conscious choices to abstain from sex; the first one to avoid the possibility of HIV and the second as a current life choice.

INSTRUCTIONS:

REFER PARTICIPANTS TO THE PREPARED NEWSPRINT OF QUESTIONS ON ABSTINENCE.

ENCOURAGE A DISCUSSION OF ABSTINENCE USING THE QUESTIONS (ALSO LISTED BELOW).

REMIND THE WOMEN ABOUT THE GROUND RULE THAT "THIS IS A SAFE PLACE TO SHARE PERSONAL THOUGHTS" AND "WHAT IS SAID IN THIS ROOM STAYS IN THIS ROOM."

What do you think about practicing "abstinence?"

How would it fit into your life now?

How could you handle not having sex?

What would you do with your own sexual desires?

Would you be comfortable touching your own genitals for pleasure or using a vibrator?

How would you avoid sex?

INSTRUCTIONS:

HAND OUT THANKS CHIPS.

Thank you for discussing ideas about abstinence and sharing your thoughts. As we have been discussing over these past seven sessions, you have options available to best protect yourself given what you want out of life and your current circumstances. We have seen how abstinence might fit into your life now or in the future.

NOTE TO FACILITATOR:

The purpose of this exercise is to explore an option—not to reach a conclusion. Try to examine whether women are open to the idea of abstinence.

Exercise 3: How Do I Refuse Unprotected Sex?

40 minutes

The purpose of this exercise is to improve refusal skills. "Refuse" is being used in two ways here. In this exercise participants are given the opportunity to practice how to refuse unprotected sex and to receive feedback on their approach. We also explore how to handle a partner's refusal to use condoms. Role-plays are used.

Materials Needed:

- Participant Workbook and Poster—*Communication Tips*
- Participant Workbook—*Tips to Influence Your Partner*
- Participant Workbook— "*No!" (scripted role-play Julie and Leon)*
- Participant Workbook— "*Patricia and Tommy"*
- Participant Workbook— "*Inez and Wilfredo"*

Facilitator says:

During this exercise, we are going to practice how to refuse unsafe sex.

Remember the "Communication Tips" we first discussed in Session Four? They are on Page 59 of your Workbook and on newsprint.

Can I have a volunteer to read each step so they are fresh in our minds?

INSTRUCTIONS:
SELECT A VOLUNTEER TO READ EACH COMMUNICATION TIP.
ANSWER ANY QUESTIONS AND PROVIDE FURTHER GUIDANCE IF NECESSARY.

Great. Let's also review the *Tips to Influence your Partner* on Page 84 of your Workbooks.

Can I have a volunteer to read each step?

INSTRUCTIONS:
SELECT A VOLUNTEER TO READ EACH INFLUENCING TIP.
ANSWER ANY QUESTIONS AND PROVIDE FURTHER GUIDANCE IF NECESSARY.

SCRIPTED ROLE-PLAY

Next we're going to do a scripted story that will show how these tips can be used when refusing to have unprotected sex with a steady partner.

INSTRUCTIONS:

REFER PARTICIPANTS TO THE SCRIPT FOR THE ROLE-PLAY ENTITLED *"NO!"* ON PAGE 90 OF THE PARTICIPANT WORKBOOK. THIS SCRIPT CAN ALSO BE FOUND IN THE *SESSION SEVEN ACTIVITIES AND MATERIALS* SECTION AT THE END OF THIS SESSION.

Turn to Page 90 in your Participant Workbook to the role-play *"No!"* and follow along.

Can I have two volunteers to read the roles? One of you will play the role of "Julia" and the other will play "Leon." The rest of the group should observe the role-play to see when each one of the tips is used.

INSTRUCTIONS:

SELECT TWO VOLUNTEERS FROM THE GROUP TO PLAY THE ROLES OF "JULIA" AND "LEON" IN THE SCRIPTED ROLE-PLAY ENTITLED "NO."

CONDUCT ROLE-PLAY.

Great job!

(TO THE OBSERVERS) Which of the tips did you observe Julia using to handle the situation?

INSTRUCTIONS:

ELICIT SEVERAL ANSWERS.

ENSURE PARTICIPANTS IDENTIFY THAT SHE USED "I" STATEMENTS, STAYED FIRM, AND DEMONSTRATED ACTIVE LISTENING.

PROCEED TO ASK THE FOLLOWING QUESTIONS AND ALLOW ONE OR TWO RESPONSES.

Even though we don't know how this is going to end, do you agree with her choices so far?

If you were "Julia" is there anything you would have done differently?

UNSCRIPTED ROLE-PLAY

Now we want more of you to practice refusing unsafe sex by acting out one of two role-plays.

I need four volunteers. Each role-play calls for a man and woman; those of you who are not participating in the role-plays will be observers. Who will play the roles of "Patricia" and "Inez?" Who will play the male characters—"Tommy" and "Wilfredo?"

INSTRUCTIONS:
SELECT FOUR VOLUNTEERS FROM THE GROUP TO PLAY THE ROLES OF "PATRICIA" AND "TOMMY" AND "INEZ" AND "WILFREDO." HAVE A PARTICIPANT WHO DID NOT HAVE A CHANCE TO PRACTICE DURING THE LAST SESSION PLAY ONE OF THE FEMALE ROLES.

REFER PARTICIPANTS TO PAGE 92 OF THEIR WORKBOOK FOR THE ROLE-PLAY SCENARIOS. THE SCENARIOS CAN ALSO BE FOUND IN THE *SESSION ACTIVITIES AND MATERIALS* SECTION AT THE END OF THIS SESSION.

PASS OUT THE SCENARIO CARDS.

We will begin with the "Patricia and Tommy" role-play.

The other two volunteers can be seated until the first role-play is completed and we've had the opportunity to discuss it.

I will read the first scenario to you, and then we can begin the role-plays.

PATRICIA AND TOMMY

(TO THE WOMAN: "PATRICIA") You and Tommy met through friends a few weeks ago. You have hung out at clubs and found yourself getting more physical with him. You invite Tommy to come home with you. You want to have sex and have condoms on hand. You will refuse to have unsafe sex.

(TO THE MAN: "TOMMY") You have been going after Patricia since you saw her with some of your friends. You want to have sex. You refuse to use condoms.

Those of you who are not participating in the role-play will be observers.

(**TO THE OBSERVERS**) Your role will be to assess how each character conveys his/her point of view and how the Communication and Influencing Tips are used.

Are there any questions? Does everyone know what to do and what you're looking for?

INSTRUCTIONS:

ANSWER ANY QUESTIONS PARTICIPANTS MAY HAVE.

START THE ROLE-PLAY.

STOP THE ACTION AFTER FOUR MINUTES.

HAND OUT "THANKS" CHIPS TO THE VOLUNTEERS.

Good job everyone! Now let's talk about the scenario that was acted out.

INSTRUCTIONS:

BREIFLY PROCESS THE ROLE-PLAY USING THE QUESTIONS BELOW. ALLOW ONE OR TWO RESPONSES TO EACH QUESTION.

(TO THE WOMAN "PATRICIA")

How effectively did you communicated with "Tommy?"

What was one thing you did that you liked?

What one thing would you do differently?

(TO THE MAN "TOMMY")

What did it feel like to be the man?

What one thing did the woman do that you liked? Was there something she said that was particularly effective?

What one thing would you do differently?

(TO THE OBSERVERS)

Did she ("Patricia") follow the "Communication and Influencing Tips?" How so? What tip was not used that you think could have helped?

Great! Now it's time for the second role-play, "Inez and Wilfredo."

INEZ AND WILFREDO

(TO THE WOMAN: "INEZ") You have been with Wilfredo for a few months. You have had unprotected sex a few times and have recently been diagnosed with Chlamydia. You suspect that he's seeing another woman. You want to keep seeing Wilfredo but want to start using condoms. You will refuse unsafe sex.

(TO THE MAN: "WILFREDO") You have been seeing Inez for the last few months and have had unprotected sex a few times. You are seeing another woman. You do not like using condoms. You choose women who look healthy and make sure they are using the pill or something else to keep from getting pregnant. You refuse to use condoms.

(TO THE OBSERVERS) Your role will be to assess how each character conveys his/her point of view and how the *Communication and Influencing Tips* are used.

Are there any questions? Does everyone know what to do and what you're looking for?

NOTE TO FACILITATOR:

Emphasize that Inez wants to continue seeing Wilfredo—this role-play should not be a break-up scene but rather look at possible solutions.

INSTRUCTIONS:

ANSWER ANY QUESTIONS PARTICIPANTS MAY HAVE.

START THE ROLE-PLAY.

STOP THE ACTION AFTER FOUR MINUTES.

HAND OUT "THANKS" CHIPS TO THE VOLUNTEERS.

Good job!

Now let's talk about the scenario.

INSTRUCTIONS:

BREIFLY PROCESS THE ROLE-PLAY USING THE QUESTIONS BELOW. ALLOW ONE OR TWO RESPONSES TO EACH QUESTION.

(TO THE WOMAN "INEZ")

What do you think about how you conveyed your position to "Wilfredo?"

What is one thing you did that you liked?

What one thing would you do differently?

(TO THE MAN "WILFREDO")

What did it feel like to be the man?

What one thing did the woman do that you liked? Was there anything she said that was particularly effective?

What is one thing you think she should have done differently?

(TO THE OBSERVERS)

Did "Inez" follow the "Communication and Influencing Tips?" How? What tip was not used that you think could have helped?

Did Inez act like she had sexual rights?

You have seen two slightly different approaches to refusing unsafe sex.

Did you find the role-plays realistic in relation to what you face in your personal life?

What techniques that they used do you think could work with you and your partner?

We've practiced refusing unprotected sex. Where are you all on the Feeling Thermometer?

INSTRUCTIONS:

GO AROUND THE GROUP AND TAKE A FEELING THERMOMETER READING.

Now, we need to talk about what it would mean to you personally if your partner refused to use a condom or have sex with you if you used a female condom.

Exercise 4: What Would It Mean to Me if He Refused?

15 minutes

The purpose of this exercise is to explore what a partner's unwillingness to have protected sex (either male or female condom) would mean to the woman and to her sense of her presence in the relationship. The Feeling Thermometer and writing letters are the approaches used here.

Materials Needed:

- Feeling Thermometer
- Blank Sheets of Paper (8.5" x 11")
- Pencils

Facilitator says:

In this exercise, we'll be dealing with how we'd respond to our partner's refusal to practice safer sex.

What would you think about your partner and your relationship if he refused to cooperate in protecting you from HIV?

Now I want us to look at what your partner's unwillingness to have protected sex means personally to you and to your relationship.

Would each of you please write a brief letter to a partner of yours telling him what it means to you that he has been unwilling to use a male or female condom. You will not be asked to read this to the group if you don't want to.

You should be honest in expressing your thoughts, specifically on what you think about your place in the relationship and the impact it has/can have on your relationship with one another.

INSTRUCTIONS:

PASS OUT PAPER AND A PENCIL TO EACH WOMAN.

FACILITATORS SHOULD CIRCULATE THE ROOM ANSWERING QUESTIONS AND OFFERING TO HELP WITH WRITING THE LETTER IF A WOMAN APPEARS TO NEED IT.

CALL TIME AFTER FIVE MINUTES.

Can I please have a couple of volunteers who are willing to share their letters?

INSTRUCTIONS:

HAVE TWO TO THREE VOLUNTEERS READ THEIR LETTERS.

IF THERE IS ENOUGH TIME TO READ A FEW MORE LETTERS AND STILL ALLOW FOR DISCUSSION, GO AHEAD AND DO SO.

ENCOURAGE GROUP TO GIVE OUT "THANKS" CHIPS.

ALLOW FIVE MINTUES OF DISCUSSION USING THE QUESTIONS BELOW.

Do other women have an experience or situation they would like to share?

What were your reactions to writing the letter to your partner?

Did anyone think they were doing something that a woman should not do?

INSTRUCTIONS:

REFER PARTICIPANTS TO THE FEELING THERMOMETER POSTED ON THE WALL.

HAND OUT "THANKS" CHIPS.

Using the Feeling Thermometer, how did it feel writing your letters?

How did it feel reading your letters?

From what we have heard from one another or know from our own experiences, it seems like your partner's unwillingness to have protected sex with you would have a big impact on how you feel about him and your relationship.

Choosing to protect yourself in your relationship is important and sometimes you may have to do things that are new and maybe even different from what you have done in the past.

Exercise 5: What If He Becomes Threatening?

20 minutes

This exercise is designed to confront the issue of violence as a result of the woman's refusal to have sex without protection. Problem solving some typical situations is used.

Materials Needed:

- Prepared Newsprint—*Group Rules*
- Scripted Role-play— *"Janet and Richard"*
- Scripted Role-play— *"Maria and Tony"*
- Participant Workbook—*Examples of Abuse*
- Participant Workbook—*Dealing with Abuse*
- Resource list of service providers that serve battered women and abusive men

NOTE TO FACILITATOR:

It is important that all group members feel safe during this exercise.

Facilitator says:

Next we want to deal with the issue of physical, sexual and psychological abuse. At times refusing to have sex with a partner because he refuses to use protection may lead to various forms of abuse.

Some women may find this discussion particularly upsetting. I want to stress that if you feel overwhelmed or do not want to participate in this exercise, please feel free to leave the room.

INSTRUCTIONS:

REFER PARTICIPANTS TO THE GROUP RULES NEWSPRINT. REMIND PARTICIPANTS OF THEIR AGREEMENT. IT IS IMPORTANT THAT GROUP MEMBERS FEEL SAFE DURING THIS EXERCISE.

I want to remind you of our group rules we agreed on during our first session together:

- Maintain confidentiality—what you say is yours, what you hear is theirs.
- Express your feelings but do so without hurting yourself, another group member, or the facilitator.
- Ask questions—there are no dumb questions.
- Be an active participant during this exercise and discussion.
- Don't judge others—accept group members as they are.
- Listen actively with an open mind.
- You have the right to pass during this exercise.

Some women in this group may have personally experienced violence or abuse and others may know of someone who has. I want to stress that this really isn't and can't be a therapy group; however, this exercise is about recognizing abuse, and knowing broadly what you can do if you experience abuse.

It's not therapy and I want to remind you that if you need to, we can talk more on a one-on-one basis afterwards. We can refer you for additional help here at the agency or at another service provider in the community if this is something you are experiencing or want to talk to someone about.

Since we know this can be a difficult topic, we can't really talk about everyone's personal issues here in the group, but we are certainly available to help anyone who wants or needs additional support or assistance. If so, please let us know after the session.

NOTE TO FACILITATOR:

If anyone leaves, one facilitator needs to check on them and, if necessary, refer them to a mental health provider.

SCRIPTED ROLE-PLAY

Now we are going to do two scripted role-plays that deal with the issues of anger and abuse. Again, these role-plays have scenes related to male anger and abuse. If you feel that you will be unable to participate, please feel free to leave the room. We will come for you once this exercise is complete.

The characters for the first role-play are "Richard" and "Janet."

INSTRUCTIONS:

REFER PARTICIPANTS TO *THE SCRIPTED ROLE-PLAY: "JANET AND RICHARD"* FOUND ON PAGE 93 IN THE PARTICIPANT WORKBOOK. THE ROLE-PLAY IS ALSO LOCATED IN THE *SESSION ACTIVITIES AND MATERIALS* SECTION AT THE END OF THE SESSION.

"Janet and Richard" work together. Richard asked Janet out on a date during work. They are now getting to know each other. Richard wants to take the relationship to the next level while Janet feels that they need to discuss their past with each other. Janet thought Richard was dating someone else. However, Richard thinks that they know enough about each other and he becomes angry that Janet does not feel the same way.

For this role-play, we the facilitators will read the script.

All of you will be observers. Your role will be to assess Janet's refusal to have sex and Richard's reaction to her refusal. Keep in mind the list of sexual rights that we developed.

Great! Let's get started.

INSTRUCTIONS:

FACILITATORS SHOULD ACT OUT THE "JANET AND RICHARD" ROLE-PLAY.

Now let's talk about the role-play.

INSTRUCTIONS:

REFER PARTICIPANTS TO THE FEELING THERMOMETER POSTER ON THE WALL.

Where are you on the Feeling Thermometer after watching this role-play?

INSTRUCTIONS:

LEAD A DISCUSSION USING THE QUESTIONS BELOW.

ENSURE THAT WOMEN GRASP THAT ABUSE CAN BE MORE THAN JUST PHYSICAL.

What did you see in the role-play that could affect Janet's choice to ask a man to wear a condom in the future?

How did the way Richard reacted to Janet's refusal to have sex affect/relate to her sexual rights?

Many women define abuse as physical abuse, but it can be more than that. Here we see that Richard was manipulating and threatening Janet which can be considered a form of abuse. We are going to talk a bit more about what abuse is, but before we go into detail about abuse, let's do one more role-play.

INSTRUCTIONS:

REFER PARTICIPANTS TO THE *SCRIPTED ROLE-PLAY: MARIA AND TONY* FOUND ON PAGE 95 IN THE PARTICIPANT WORKBOOK. THE ROLE-PLAY IS ALSO LOCATED IN THE *SESSION ACTIVITIES AND MATERIALS* SECTION AT THE END OF THE SESSION.

"Maria and Tony" live together and have been in a relationship for some time. Maria thinks that he is working too hard and suggests that he give up one of his jobs so they can spend more time together. Besides, she also thinks that since she is now working, Tony does not need to work that hard. She indicates that she tried to reach him at work but he was not there and he becomes angry, accusing her of checking up on him and he stalks out of their apartment.

Again, everyone will be observers. Your role will be to assess Maria's strategy to get Tony to not work so hard, and Tony's reaction to her approach. Again, watch for violations of her sexual rights.

INSTRUCTIONS:

FACILITATORS SHOULD ACT OUT THE "MARIA AND TONY" ROLE-PLAY.

Now let's talk about the role-play.

INSTRUCTIONS:

REFER PARTICIPANTS TO THE FEELING THERMOMETER POSTER ON THE WALL.

Where are you on the Feeling Thermometer after watching this role-play?

What signs of abuse did you see in the role-play?

How do you feel about Tony's reaction to Maria's suggestion about him working less?

INSTRUCTIONS:

LEAD A DISCUSSION USING THE QUESTIONS BELOW.

AGAIN EMPHASIZE THAT ABUSE MAY INCLUDE MORE THAN HITTING.

Good job and thanks to the group for sharing.

I want to take a moment to emphasize that yelling alone is not necessarily abuse. Some couples relate to each other in a way that involves lots of yelling. Abuse is more than that— let's take a look at what exactly we mean by abuse.

NOTE TO FACILITATOR:

While it is very important that participants understand that abuse is more than just hitting, it is equally important that they don't assume any types of loud, heated arguments are necessarily abuse. Some cultures relate in a high-contact manner so it is important that these sorts of interpersonal dynamics are not stigmatized.

EXAMPLES OF ABUSE

INSTRUCTIONS:

REFER PARTICIPANTS TO PAGE 97 OF THEIR WORKBOOK *EXAMPLES OF ABUSE.* THIS CAN ALSO BE FOUND IN THE *SESSION SEVEN ACTIVITIES AND MATERIALS* SECTION AFTER THE END OF THIS SESSION.

Turn to Page 97 of your Participant Workbook. Here is a list of different forms of physical, sexual and psychological abuse.

Let's take a minute and review the examples.

EXAMPLES OF ABUSE

PHYSICAL ABUSE:

Hit, Slap, Grab, Shove, Push, Kick, Choke, Scratch, Punch, Pull, Pinch, Bend.

SEXUAL ABUSE:

Force you to have sex against your will.

Force you to engage in sexual acts you do not enjoy.

Force you to have sex with other people.

Force you to have sex with animals.

Force you to have sex with objects.

PSYCHOLOGICAL ABUSE:

Threaten to hurt your children.

Threaten to hurt your pets.

Threaten to hurt your friends and family members.

Threaten to damage your property.

Use intimidation or manipulation to control you or your children.

Become jealous without reason (want to know where you are every minute).

Prevent you from seeing your family and friends.

Prevent you from going where you want and when you want.

Deny you access to family assets, bank accounts, credit cards, the car.

Control all your finances and make you account for what you spend.

Insult you or call you derogatory racial or sexual names.

Humiliate you in front of others.

Cut you off from speaking.

Speak to you in a harsh manner.

Talk down to you.

Put you down all the time.

Refuse to allow you to make any decisions for yourself.

As you can see there is a lot more to abusive behavior than getting hit.

Women may have experienced different forms of abuse on this list.

Being abused is not unusual, although it is unacceptable.

What starts as emotional and psychological abuse can sometimes escalate and become physical abuse—especially when a partner is very controlling. We want to talk in more depth about physical abuse. This is a form of abuse that literally can kill you, so you need to be prepared to deal with it.

There is usually a pattern (sequence) to abusive behavior displayed by the abuser.

1. Tension builds up in the relationship.

2. The partner becomes abusive—exploding, hurting, controlling, manipulating.

3. He is sorry, so there is the calm, loving stage which lasts until the tension builds up again.

4. The longer the abusive relationship lasts, the worse the abuse will become.

DEALING WITH ABUSE

Dealing with abuse is a big and complicated problem, which is too much to cover in this session. However, we want you to be aware of abusive behavior and give some thought about what you could do if you find yourself in an abusive relationship.

From the role-plays that were just performed or your own experiences, what ideas occur to you about ways to handle abuse? Remember, we are looking for strategies for dealing with abuse, not so much finding out what happened to you.

INSTRUCTIONS:

WRITE ALL PARTICIPANT RESPONSES ON A BLANK NEWSPRINT.

MAKE SURE "THANKS" CHIPS ARE GIVEN OUT.

Those are some good ideas.

NOTE TO FACILITATOR:

Facilitators should not judge any suggestions provided, even if they do not agree.

Participants may begin to provide personal stories of abuse. Since there is insufficient time to properly process personal experiences within the session, politely and promptly interrupt the participant. Thank her for sharing personal experiences, reflect that these are clearly personally important issues, and say that you are available after the session to talk with her in more detail about her experiences and refocus on the script. Be gentle and concerned. Do not shut that woman down. Keep the opportunity open for later discussion. If the participant appears to need to talk with someone, the facilitator who is not presenting should determine the need to step out of the room to assist the participant. Be prepared to help make referrals or actual connections with local services for women experiencing abuse. Have an agreement with Mental Health professionals to be available/on call during this session.

INSTRUCTIONS:

REFER PARTICIPANTS TO *DEALING WITH ABUSE* ON PAGE 98 OF THEIR WORKBOOKS. THIS LIST CAN ALSO BE FOUND IN THE *SESSION SEVEN ACTIVITIES AND MATERIALS SECTION* AT THE END OF THIS SESSION.

We would like you to turn to Page 98 in your Workbook, you will find additional strategies (tips) on dealing with abuse.

TIPS ON DEALING WITH ABUSE

1. Determine the signs your partner would show if he were to start becoming abusive (e.g., cursing, put-downs).

2. Have a plan for what you would do if your partner became abusive. If you had to leave, what would you take with you? Where would you go?

3. Know when to leave—early in the sequence.

4. Protect yourself—your physical safety comes first.

5. Obtain outside support at the first sign of abuse.

There are two dilemmas for a woman here. The first dilemma is **when does protecting yourself against physical violence become more important than your rights**?

The second dilemma revolves around your bottom line: **How much abuse and exposure to HIV or other STDs are you willing to put up with in order to keep your partner?**

These are very personal and difficult questions to answer.

Only you can decide but there are services that can assist you in making your decision.

Programs for battered women usually help women think through problems or situations that they face while staying with an abusive partner, if that is your choice.

Women who decide to leave their abusive partners go through a process before actually leaving. We have resources available to help you with planning, once you decide to leave an abusive partner. If you would like to get more information about these services, please let us know after the session.

As we have discussed, a man may become threatening or abusive when a woman behaves in a way that is unexpected or trying to exercise her right to be in a sexually healthy relationship.

Recognizing patterns of behavior and being armed with techniques and strategies on how to effectively communicate your thoughts and feelings may diffuse a stressful or harmful situation. In the event you find yourself in a potentially violent or abusive situation you have information on where to go and who to contact if you fear for your and your children's safety.

INSTRUCTIONS:
DISTRIBUTE RESOURCE LISTS FOR BATTERED WOMEN AND ABUSIVE MEN.

If you would like to talk with us after the session, we are available to share some safety tips and make sure you are referred to someone who can help you.

Exercise 6: What Is Next?

15 minutes

This session has several purposes: to wind down, to assign between-session tasks, and to bring the group members closer together. A power oriented relaxation exercise and giving appreciation to each other are used.

Materials Needed:

- Prepared Newsprint—*Session Seven Main Points*
- Prepared Newsprint—*Session Seven Between-Session Goals*
- Participant Feedback Form

Procedure:

INSTRUCTIONS:

REFER PARTICIPANTS TO PREPARED NEWSPRINT OF THE MAIN POINTS FOR SESSION SEVEN.

We have discussed some heavy situations related to relationships, your sexual rights in a relationship and sexual partners. The main points of today's session are:

- We can refuse sex or unprotected sex.
- Abstinence is an option for protecting ourselves.
- Abuse is not just physical, it can be sexual and psychological as well.
- When dealing with abuse, we should determine the signs, have a plan, know when to leave, protect ourselves, and obtain outside support.

What questions do you have on what was covered today?

INSTRUCTIONS:

ANSWER PARTICIPANT QUESTIONS.

RELAXATION EXERCISE

So, let's do a brief positive relaxation exercise to end this session and to let go of any tension or stress that may have developed inside us. Relaxation can have many purposes. It can make us feel calmer, stronger, more focused, and maybe even happier.

INSTRUCTIONS:
LEAD THE GROUP THROUGH A SUPPORTIVE RELAXATION SEQUENCE.

PROVIDE THE INSTRUCTIONS IN A GENTLE, CALMING VOICE.

Get yourself in a comfortable position, placing your feet firmly on the floor and your hands in your lap.

If you feel comfortable, gently close your eyes. If not, just find a point to focus on.

Take a deep breath through your nose and breathe out slowly through your mouth.

PAUSE

Again—take a deep breath through your nose and breathe out slowly through your mouth.

PAUSE

Take a moment and simply *feel* your breathing in and out—slowly and naturally.

PAUSE

Now, think of the sun.

PAUSE

The sun has a warm healing light that shines throughout your body healing the mind, body and emotions. The sun's light is the giver of all life.

Imagine that you can feel the sun's rays throughout your body.

PAUSE

In your mind's eye, see yourself as a plant opening in the morning enjoying a beautiful golden sunrise.

PAUSE

See yourself as basking in the morning sun, being warmed in the earth and burning off the haze.

PAUSE

See yourself in the noon sun, feeling the heat.

PAUSE

See yourself feeling the afternoon sun shining on the tops of your shoulders.

PAUSE

Feel the enormous power that you have.

PAUSE

See yourself as the setting sun—crimson and majestic.

PAUSE

Feel your strength and beauty.

PAUSE

Breathe in and out deeply, letting the warm air flow into the universe.

PAUSE

Feel the sun expanding in you.

PAUSE

Now slowly come back to this world.

PAUSE

You are back in this room.

PAUSE

Now yawn and stretch.

PAUSE

Yawn and stretch.

PAUSE

I hope you feel strong and refreshed.

The next session is Session Eight, and it is the last one. It will focus on maintaining the new practices that we have been doing throughout the sessions.

PARKING LOT

Let's take a look at today's Parking Lot.

INSTRUCTIONS:

CHECK THE PARKING LOT.

IDENTIFY QUESTIONS AND CONCERNS THAT HAVE BEEN ANSWERED IN THIS SESSION AND ADDRESS THOSE THAT CAN BE ADDRESSED NOW.

LET PARTICIPANTS KNOW THE ONES THAT CANNOT BE ANSWERED NOW WILL BE ADDRESSED IN THE NEXT SESSION.

BETWEEN-SESSION GOAL SETTING

Again, I would like each of you to set a goal to practice between sessions.

The activity you choose is best if it is realistic, clear, not too much or too little, and easy to tell when it's completed.

Try to relate the steps you choose to take to the session we just completed.

INSTRUCTIONS:

REFER PARTICIPANTS TO PREPARED NEWSPRINT ON BETWEEN-SESSION GOALS.

Some examples of things to do may include:

1. Role-play refusing sex with a male friend playing your partner.
2. Write a letter to yourself describing the pluses and minuses of refusing sex.
3. Write a letter to yourself about what your bottom line is in your relationship.
4. Make a list of the personal advantages and disadvantages of being abstinent.

You don't have to select one of these examples; however, you should select one that is realistic for you and try your best to take the necessary steps to complete it.

We would like everyone to share with the group what step or goal they will practice during the time between sessions.

INSTRUCTIONS:

GO AROUND THE ROOM AND ASK EACH WOMAN WHAT STEP SHE WILL TAKE.

Thank you.

We will be around after the session if anyone needs more information or would like to talk about the session.

INSTRUCTIONS:

PASS OUT PARTICIPANT FEEDBACK FORM, FOUND IN APPENDIX D.

ALLOW FIVE MINUTES FOR COMPLETION.

COLLECT COMPLETED FORMS FROM PARTICIPANTS.

END OF SESSION SEVEN

Session 7
Activities and Materials

Prepared Newsprints

Questions on Abstinence

1. What do you think of abstinence?
2. Would it be right for you?
3. How could you handle not having sex?
4. What would you do with your sexual desires?
5. Would you be comfortable touching your own genitals for pleasure?
6. How would you avoid sex?

Session 7 Main Points

- We can refuse sex or unprotected sex.
- Abstinence is an option for protecting ourselves.
- Abuse is not just physical, it can be sexual and psychological as well.
- When dealing with abuse, we should determine the signs, have a plan, know when to leave, protect ourselves, and obtain outside support.

Session 7 Between-Session Goals

1. Role-play refusing sex with a male friend playing your partner.

2. Write a letter to yourself describing the pluses and minuses of refusing sex.

3. Write a letter to yourself about what your bottom line is in your relationship.

4. Make a list of the personal advantages and disadvantages of being abstinent.

Session Seven: Exercise 3 (in Participant Workbook)

Communication Tips

- Select where and when to have the discussion
- Be clear on what you want
- Start with a positive remark
- State how you feel
- Say “I” instead of “You”
- State your needs and give reasons
- State what you want from your partner
- Listen actively—say back what your partner is expressing
- Explain that you would like to solve the problem together
- Do not blame your partner or undercut your partner’s self-esteem
- Offer suggestions or options
- When your partner does something you like, tell him
- When your partner makes snide, sarcastic or demeaning remarks, immediately tell him you do not like it
- Stay calm. End fights immediately
- Stay firm

Session Seven: Exercise 3 (in Participant Workbook)

Scripted Role-Play—"No!"

Julia: I want to talk to you.

Leon: About what?

Julia: About using a—

Leon: I don't want to hear it

Julia: About using a condom. I want to tell you—

Leon: There's nothing to talk about.

Julia: Please let me finish. I've told you I don't want sex without a condom. I've explained to you why it is so important to me. I care for you. I want to keep our relationship going. I want you to care for me.

Leon: You want me to do what you tell me.

Julia: I realize that's how you see this, but I'm not trying to boss you around. I just don't want us to get sexually transmitted diseases and HIV. I don't want any children of ours to get them either.

Leon: You are supposed to respect me.

Julia: Before you ignored my requests, I respected you a lot. I told you a lot. I told you I'd try to make sex more exciting. I've tried lots of different ways to please you, and you've said you've liked it. I don't know what more I can do.

Leon: You could have sex like we have been doing it for years.

Julia: I feel really upset that you won't protect us. It seems like a small thing to ask. If you can't tell, I am deeply hurt.

Leon: I can't believe you turned out to be such a bitch.

Julia: Leon, calling me names won't change anything. I'm not trying to put you down. I just want to protect us and our future family. I realize that you are angry.

Leon: I'm not angry.

Julia: Well, whatever it is, that's your feeling.

Leon: There's nothing more to say.

Julia: We have a big problem. You want sex. I want sex. We should both enjoy it. You won't give in and I won't give in. If we want to make it together, we had better find some way to solve this problem.

Session Seven: Exercise 3 (in Participant Workbook)

Role-Play Card—Patricia and Tommy

Scenario

Patricia

You and Tommy met through friends a few weeks ago. Both of you have hung out together at clubs and you found yourself getting more physical with Tommy. You call Tommy and invite him to come over. You want to have sex and have condoms on hand. You will refuse to have unsafe sex.

Tommy

You have been pursuing Patricia since you saw her with some of your friends. You want to have sex. You don't like using condoms. You refuse to use condoms.

Role-Play Card—Inez and Wilfredo

Scenario

Inez

Inez has been dating Wilfredo for a few months. She's had unprotected sex a few times with Wilfredo and was recently diagnosed with Chlamydia. She suspects Wilfredo has been seeing another woman. Inez wants to keep seeing Wilfredo but she wants them to start using condoms. You, as Inez, will refuse unsafe sex.

Wilfredo

Wilfredo has been seeing Inez for the last few months; they have had unprotected sex a few times. He is also seeing another woman. Wilfredo does not like using condoms. Wilfredo chooses women who look healthy and make sure they are using the pill or something else to keep from getting pregnant. You, as Wilfredo, refuse to use condoms.

Session Seven: Exercise 5 (in Participant Workbook)

Scripted Role-Play—Janet and Richard

(Janet and Richard are sitting on the floor at Richard's place. They are looking at a photo album.)

RICHARD: This is me the day we won our first little-league game. I pitched. What were you doing when I was winning little-league games? I wanna know everything.

JANET: I was probably watching my older brother lose at baseball. He was awful, couldn't hit. The whole family had to go and watch all his games and tell him he was great, no matter what. Oh, and if his team lost, he wouldn't speak to anyone for hours afterwards.

RICHARD: You look at the rest. I wanna look at you. You are very beautiful. You know, Janet, I'm very attracted to you. I've wanted to know you for some time. This evening's been very special.

(Richard reaches for Janet's hand. They start to kiss.)

JANET: Richard, shouldn't we talk first? We're going a little fast.

(Richard is getting more aggressive.)

RICHARD: We are talking. We've been talking all night. I know everything about you. I know about your brother, a lousy hitter. I know how you got that scar on your knee. I know that I've never, ever... been so attracted to someone before. I know that I want you.

JANET: Richard, no, really. We really should talk first. Look, I'm very attracted to you, and it's been a lovely evening, but sex is a little more complicated than it used to be.

RICHARD: What is that perfume you're wearing? I don't think I can concentrate any longer, but ask me anything.

JANET: Okay, all right. If we are gonna have—if we are gonna have a sexual relationship, what about your past relationships? And what about a condom?

RICHARD *(sounding angry or defensive)*: Condoms? What do... What do you think I am? And what do my past relationships have to do with us?

JANET: Richard, things are different now. I don't wanna get any diseases. I wanna take precautions. Look, this has nothing to do with how I feel about you. It just makes good common sense. You shouldn't take it personally. We both need to take care of ourselves.

RICHARD (*sounding upset*)**:** What is your problem? Condoms? I haven't thought about condoms since I was in high school. I don't understand you. I thought you liked me.

JANET: Look, I'm sorry. I didn't mean to upset you, Richard, but it just makes sense to me that two adults who want to be intimate with each other should be able to discuss taking precautions without a fight.

(Richard is getting angry.)

RICHARD: Without a fight? First, I get the third-degree, then you tell me you're afraid I'm gonna give you some disease. I must say, this is a first. Look, Miss FBI, I don't need this! Obviously, I made a big mistake. I can't wait to tell the other guys at the office— warn them about the FBI.

I think we've wasted enough of each other's time. I'll get your coat.

(Richard gets up to get Janet's coat.)

JANET: Richard, we can clear this up if we just listen to what each other is saying. Look, it's been a lovely evening, I just thought that maybe we could—

RICHARD: Here's your coat. I'll walk you to the door.

Session Seven: Exercise 5 (in Participant Workbook)

Scripted Role-Play—Maria and Tony

(Maria and Tony are sitting on the couch. Tony is reading a newspaper. Maria looks like she has something on her mind.)

MARIA: Where'd you go last night?

TONY: Where'd I go? I had two shifts.

MARIA: Why? You don't have to work that hard. I mean, we're doing better. And we don't need the money now that I'm working.

TONY: To hell we don't. That's how much you know.

MARIA *(moving closer to Tony)*: I need you to be with me. I mean, we need to spend more time together. What do we need the money for, anyway? I'd rather be with you than have the money.

TONY: We do need the money. I mean, how else can I buy you nice things? I like to give my lady the best. Yo te quiero. I love you, baby.

(Tony has his arms around Maria. He kisses her forehead.)

MARIA: I love you, too. But... Tony, I know that you don't want to talk about where you've been, but I'm scared about this virus that's going around. You know, HIV? Look, we just need to talk. I just don't want us to get sick.

TONY: Look, I told you I was working!

MARIA: You weren't at work. I called there.

(Tony throws down the newspaper.)

TONY *(getting angry)*: So you're checking up on me now? Mira, if you don't like it, you can go back to your mother's. Es más, just drop it.

MARIA: Tony, you don't understand.

TONY *(getting louder)*: Look, what do you want to do—come to work with me and follow me around everywhere I go? Look, I don't wanna talk to you. You'd better not bring this up again, otherwise you'll be seeing less of me around here. Comprende?

MARIA: Tony, please. Por favor, just talk to me. Tony, just talk to me—

TONY: Look, I've been talking to you, but you don't get it. I mean, that's it, that's enough! Se acabo! I'm not listening to another word. I'm leaving.

(Tony gets up and leaves.)

Session Seven: Exercise 5 (in Participant Workbook)

EXAMPLES OF ABUSE

PHYSICAL ABUSE:

Hit, Slap, Grab, Shove, Push, Kick, Choke, Scratch, Punch, Pull, Pinch, Bend.

SEXUAL ABUSE:

- Force you to have sex against your will.
- Force you to engage in sexual acts you do not enjoy.
- Force you to have sex with other people.
- Force you to have sex with animals.
- Force you to have sex with objects.

PSYCHOLOGICAL ABUSE:

- Threaten to hurt your children.
- Threaten to hurt your pets.
- Threaten to hurt your friends and family members.
- Threaten to damage your property.
- Use intimidation or manipulation to control you or your children.
- Become jealous without reason (want to know where you are every minute).
- Prevent you from seeing your family and friends.
- Prevent you from going where you want and when you want.
- Deny you access to family assets, bank accounts, credit cards, the car.
- Control all your finances and make you account for what you spend.
- Insult you or call you derogatory racial or sexual names.
- Humiliate you in front of others.

Session Seven: Exercise 5 (in Participant Workbook)

Dealing with Abuse

- Determine the signs your partner would show if he were to start becoming abusive.

- Have a plan for what you would do if your partner became abusive. If you had to leave, what would you take with you? Where would you go?

- Know when to leave—early in the sequence.

- Protect yourself—your physical safety comes first.

- Obtain outside support at the first sign of abuse.

Session Seven: Exercise 6 (in Participant Workbook)

Session Seven Main Points

The main points of this session are:

- We can refuse sex or unprotected sex.
- Abstinence is an option for protecting ourselves.
- Abuse is not just physical, it can be sexual and psychological as well.
- When dealing with abuse, we should determine the signs, have a plan, know when to leave, protect ourselves, and obtain outside support.

SESSION EIGHT: HOW DO I CONTINUE PROTECTING MYSELF AND OTHERS?

Core Elements: #1, #2, #4, #5, #7

Session Length: Two hours

OBJECTIVES:

After completing this session, participants will be able to:

1. Demonstrate comfort in talking about women's sexuality.
2. Name what safer sexual activities please them.
3. Demonstrate how to help others have safer sex.
4. Describe a way to make sex more playful and enjoyable.
5. Describe a way to handle slips in maintaining safer sex practices.
6. Make a commitment to taking steps to protect themselves, others, and their communities.

RATIONALE:

Session Eight emphasizes the importance of women taking responsibility for their own sexual pleasure. Many women have been raised with the idea that women should focus on pleasing men sexually. In this session, participants are encouraged to explore what gives them pleasure and how to make sex more fun. They are encouraged to understand that women can choose to seek sexual pleasure and develop ways to make sex more enjoyable.

First, we work to increase women's comfort level in talking openly about their sexuality. In addition, this session places emphasis on sexual pleasure including "outercourse" and non-insertive activities. Making sex pleasurable will increase women's motivation to protect themselves over the long term.

Next, we explore how to handle slips in protecting oneself sexually. Having an encounter of unprotected sex does not mean failure and does not warrant abandoning attempts to use a male or female condom or other types of protection during their next sexual encounter. Women learn and practice skills to help them deal with relapse situations.

Finally, each woman is asked to personally commit to protecting herself, others, and her community. This process of making public affirmations strengthens protection goals and long-term actions.

Note: *Materials on sexual pleasure have been adapted from Whipple, B. & Ogden, G (1987) Safe encounters, New York, McGraw-Hill.*

SESSION EIGHT ACTIVITY LIST

Activity	Time
• **Exercise 1: What Happened Between Sessions?** Review the between-sessions goals, and identify actions taken to make life better and sex safer, and conduct the lottery.	15 minutes
• **Exercise 2: How Do I React to Talking About Female Sexuality?** Role-play women discussing sexuality in order to acquire comfort in openly talking about sex.	15 minutes
• **Exercise 3: What Are My Personal Sexual "Turn-ons?"** Identify what gives each woman sexual pleasure.	15 minutes
• **Exercise 4: How Can I Make Sex Playful and Enjoyable?** Explore ways to make sex more playful.	15 minutes
• **Exercise 5: What Is Important to Us?** Describe what is important in the lives of the women and build a group list.	10 minutes
• **Exercise 6: How Do I Handle Slips?** Problem-solve relapse situations.	20 minutes
• **Exercise 7: What Are Some Commitments I Could Make?** Make commitments to future actions to protect self, friends, and the community.	10 minutes
• **Exercise 8: Are We At The End?** Close the session with the participants giving appreciation to each other.	20 minutes
Total Session Time	**120 minutes (2 hours)**

SESSION EIGHT MATERIALS CHECKLIST:

✓	Materials
	Nametags (1 per participant)
	"Thanks" Chips (20 per participant and facilitator)
	Lottery Tickets (1 per participant)
	Lottery Prize (1)
	Bag for Lottery Tickets
	Blank Newsprint
	Markers (5)
	Post-it Notes
	Easel
	Clock
	Safe Sex Kits (1 per participant)
	Participant Workbooks
	Blank Index Cards (3 per participant)
	Pens (1 per participant)
	Scenario Cards—Situations That Led to a Slip
	Role-Play Cards—Inexperienced Woman and Experienced Woman
	Certificates of Participation (1 per participant who attended 6 or more sessions)
	Participant Feedback Form
	Prepared Newsprint—*Parking Lot*
	Prepared Newsprint—*Group Rules*
	Prepared Newsprint—*Sexual Rights*
	Prepared Newsprint—*Session 8 Main Points*
	Prepared Newsprint—*"Easy" and "Hard"*
	Prepared Newsprint—*Categories for Safe and Fun Sex*
	Poster—*Session List*
	Poster—*Feeling Thermometer*
	Poster—*Enlarged Touching by Hand Body Map*

ADVANCED PREPARATIONS:

Prepare Newsprints (see Page 470):

"Easy" and "Hard"

Categories for Safe and Fun Sex

Session 8 Main Points

Prepare Materials (see session materials on CD):

Role-Play Card—*Inexperienced Young Woman and Experienced Woman*

Scenario Cards—*Situations That Led to a Slip*

Safe Sex Kits: Contain 3 male condoms, 3 female condoms, 3 packets of lube

Certificates of Participation

Prepare Room:

Hang up Prepared Newsprint—*Parking Lot*

Hang up Prepared Newsprint—*Group Rules*

Hang up Prepared Newsprint—*Sexual Rights*

Hang up Poster—*Session List*

Hang up Poster—*Feeling Thermometer*

Put Out Nametags and markers

Put Out Post-it Notes

Put Out Participant Workbooks

NOTES TO MYSELF (REMINDERS, POINTS TO MAKE):

Exercise 1: What Happened Between Sessions?

15 minutes

The purpose of this exercise is to give reinforcement for taking care of oneself. It serves as a prelude to the session by encouraging women to think of what gives them pleasure. Between session activities are discussed and processed.

Materials Needed:

- Name tags
- "Thanks" Chips
- Lottery Tickets and Bag
- Lottery Prize
- Pens

Facilitator says:

Welcome to the eighth and last session of FIO.

POSITIVE INTRODUCTIONS

As always, make sure you have your name tags on and let's go around and have each of you complete the sentence "I like to be rubbed on my ....."

For example: "I like to be rubbed on my feet."

I will start.

I like to be rubbed on my _____.

INSTRUCTIONS:

GO AROUND TO EACH WOMAN IN THE GROUP, INCLUDING BOTH FACILITATORS.

WRITE RESPONSES ON NEWSPRINT AND POST IT ON WALL. PARTICIPANTS WILL BE ABLE TO REFER TO THIS LIST LATER DURING THE SESSION.

Thank you for your responses.

We are going to post these on the wall and come back to them later on in the session.

Here are your "Thanks" Chips for the day. Remember to let other participants know that you like what they are saying and doing by giving them a "Thanks" Chip.

INSTRUCTIONS:

GIVE EACH WOMAN 20 "THANKS" CHIPS.

LOTTERY

Let's do a lottery so that we can let you know we are glad you're here.

INSTRUCTIONS:

GIVE EACH PERSON A LOTTERY TICKET.

HAVE EACH PARTICIPANT WRITE HER NAME ON A TICKET.

PUT THE TICKETS IN A BAG. MIX THEM UP.

HAVE SOMEONE DRAW THE WINNER AND GIVE OUT A PRIZE.

BETWEEN-SESSION GOALS REVIEW

At the end of the last session, each of you identified a goal to reach in helping you protect yourself against HIV and STD infection in your relationship.

I would like you to share how meeting this between-session goal turned out. Please tell us what was the goal you were going to accomplish between sessions and what happened.

INSTRUCTIONS:

ALLOW EACH WOMAN WHO IS WILLING TO SHARE HER PROGRESS TOWARD HER BETWEEN-SESSION GOAL.

HAND OUT "THANKS" CHIPS TO EACH WOMAN WHO SHARES.

BRIEFLY COACH ON SOLVING PROBLEMS THAT CAME UP IN TRYING TO MEET THE GOAL. FOR EXAMPLE, IF SOMEONE WAS UNABLE TO REACH HER GOAL, SUGGEST TO BREAK IT DOWN INTO SMALLER PIECES AND TO SET A SMALLER STEP AS A GOAL FOR THE FOLLOWING WEEK.

Today we will explore women's sexual pleasure and strategies to help you continue to practice safer sex with a partner.

We will also discuss how to handle slips—a slip is when you have sex without a condom. Having unprotected sex does not mean failure and a slip does not mean you should give up trying to stay safe.

Exercise 2: How Do I React to Talking About Female Sexuality?

15 minutes

The purpose of this exercise is to increase comfort in talking openly about women's sexual pleasure. A role-play is used to address this issue.

Materials Needed:

- Role-Play Cards—*Inexperienced Young Woman and Experienced Woman*
- Prepared Newsprint—*"Easy" and "Hard" Columns*

Facilitator says:

Women have a variety of reactions to talking openly about their sexual feelings and sexual pleasures. Therefore, today we want to start by exploring this area so that the group will be more comfortable as the session progresses.

UNSCRIPTED ROLE-PLAY

Can I have two volunteers to play a scene between an inexperienced young woman who has had bad experiences with male sexual partners and an experienced woman who has had many enjoyable sexual experiences with male partners?

INSTRUCTIONS:

SELECT TWO VOLUNTEERS. DECIDE WHO WILL PLAY WHICH ROLE AND GIVE THEM ROLE-PLAY CARDS.

Great!

(TO THE INEXPERIENCED YOUNG WOMAN)

You can't figure out what all the fuss is about. The first time you had sex as a 15-year-old, you hadn't expected that you would do it.

Your partner surprised you. You had been kissing a little and he had caressed your breasts. Then suddenly, he was on top of you.

He used a condom without lubrication, and intercourse was very painful. It hasn't been so great with other men—wham, bam, thank you ma'am, done. You assume there's got to be more to sex than this.

You want to know—Isn't there some way to make sex more enjoyable?

(TO THE EXPERIENCED WOMAN)

You enjoy sex and you look out for your own pleasure.

You like various kinds of sex—slow and easy, wild and passionate, and a little rough sometimes.

Your friend hasn't had pleasurable experiences.

The first time she had sex was rushed and painful.

She's had "wham, bam" sex with male partners, and she figures there's got to be more.

She wants your advice on how to make it better.

The rest of us will be observers. Pay attention to how the “experienced woman” discusses sexual matters.

Let's have the inexperienced young woman start the conversation.

INSTRUCTIONS:

HAVE THE PARTICIPANTS DO THE ROLE-PLAY.

STOP AFTER FIVE MINUTES.

GIVE OUT "THANKS" CHIPS TO THE VOLUNTEERS.

Let's get some reactions from everyone.

INSTRUCTIONS:

REFER TO THE FEELING THERMOMETER POSTED ON THE WALL.

First, I want to ask the “**experienced woman**.” What was one thing you did that you liked and one thing you would do differently? What is your reading on the Feeling Thermometer?

Now let me ask the “**inexperienced young woman.**” How did you feel talking openly about sexual matters? What is your reading on the Feeling Thermometer?

What was one thing your friend, the “**experienced woman**” did that you liked and what was one thing you would have done differently if you had played her part?

Let's hear from the **observers**. How would you have felt talking openly about sexual matters? Where would you be on the Feeling Thermometer?

What was one thing you liked about the “experienced woman's” response and what is one thing you would have done differently?

DISCUSSING SEX

What makes it easy or hard to talk openly about sexual feelings, sexual experiences, and sexual pleasure?

INSTRUCTIONS:

WRITE ALL PARTICIPANT RESPONSES ON THE PREPARED NEWSPRINT WITH TWO COLUMNS TITLED “EASY” AND “HARD.”

ENCOURAGE SHARING. GIVE OUT "THANKS" CHIPS.

Talking openly about sex and sexual matters is not necessarily easy to do. We may have grown up with the idea that sex is extremely private, not to be discussed. The purpose of this exercise was to increase our comfort with talking about sex.

Now, let’s talk about increasing our enjoyment with sex.

Exercise 3: What Are My Personal Sexual "Turn Ons?"

15 minutes

The purpose of this exercise is to increase women's freedom to think of their own pleasure. To accomplish this, participants complete a sexual body map, which shows what turns each woman on. Parts of the woman's body are matched with a kind of touch and she is asked to rate how good it feels.

Materials Needed:

- Participant Workbook—*Body Maps* (*Touching by Hand* and *Touching by Mouth*)
- Poster —Enlarged *Touching by Hand Body Map*
- Markers (Green and Red)

BODY MAPS

The first step in enjoying sex is knowing your own body and what feels good to you.

So, we are going to show you how to make a personal body map of pleasure.

INSTRUCTIONS:

REFER PARTICIPANTS TO THE *BODY MAPS* ON PAGES 101 AND 102 IN THE PARTICIPANT WORKBOOK. A BODY MAP CAN ALSO BE FOUND IN THE *SESSION ACTIVITES AND MATERIALS* SECTION AT THE END OF THIS SESSION.

There are two types of body maps in your Participant Workbook.

The first one begins on Page 101, "Body Map—Touching By Hand" and the second is on Page 102 —"Body Map—Touching By Mouth."

These body maps are for your own use. No one else will see them.

Why do you think we do a body map?

INSTRUCTIONS:

ELICIT ONE OR TWO RESPONSES FROM PARTICIPANTS.

GIVE OUT "THANKS" CHIPS.

Those were good responses.

Doing a body map helps you figure out what kinds of physical touch you like and where. In essence, it's about what feels good to you.

It helps us to get away from thinking that the only thing that feels good is stimulating the clitoris. You might also use it with a male partner to help him see there are other areas of sexual pleasure than the penis.

The more we know our whole bodies, the more we can enjoy sex and sexual experiences that do not involve intercourse or penetration.

INSTRUCTIONS:

WHILE ONE FACILITATOR EXPLAINS THE BODY MAP, THE OTHER FACILITATOR SHOULD DRAW THE EXPLANATION ON THE PARTIAL ENLARGED BODY MAP POSTER AS IT IS DESCRIBED.

To fill in the body map, you will look at each body part and choose whether you **love being touched there, like it, dislike it, or have never tried it.**

- If you love being touched there, put a heart in the space next to that body part.
- If it feels good, put a smiley face.
- If you don't like to be touched there, put an X on the line.
- If you've never been touched in that place, put a question mark.

For example, you'll see on the body map that pointing to the earlobe, there is a blank line. How much do you like having your earlobes touched by a hand? Think of all the different kinds of touches—stroking, patting, rubbing, squeezing, pinching, and spanking. Draw a heart, smile, X, or question mark next to the earlobe to correspond to how your body feels when your earlobe is touched.

The first body map is about *touching by hand* and the second body map is about *touching by mouth*.

For touching by mouth you'll see the same picture, but this time you should think of all the ways you might get touched by a mouth—sucking, nuzzling, licking, fluttering, blowing, or biting. Go ahead and complete the two maps by figuring out what you like best.

Are there any questions?

INSTRUCTIONS:

ANSWER PARTICIPANT QUESTIONS.

Take approximately eight minutes to do your own body maps. Go ahead and do both the hand and the mouth maps. Take your time. We will be available in case you have questions.

INSTRUCTIONS:

ALLOW EIGHT MINUTES FOR PARTICIPANTS TO COMPLETE THEIR MAPS. DO NOT CIRCULATE AS WOMEN MAY PREFER THAT YOU NOT SEE THEIR MAPS.

How did you feel doing the body maps? Was one part more difficult to figure out than the other?

INSTRUCTIONS:

OBTAIN A FEW BRIEF RESPONSES FROM PARTICIPANTS.

This is about personal discovery of our sensual selves. You do not have to share your findings. However, if you are comfortable, please share examples of what is pleasurable for you. You can share examples from either body map.

INSTRUCTIONS:

GIVE OUT "THANKS" CHIPS.

So again—the more we know our whole bodies, the more we can enjoy sex and the more sex can be pleasurable without always having intercourse. Now that we have explored areas on our bodies where we enjoy being touched, let's look at how we can incorporate some of these while having sex with our partners.

Exercise 4: How Can I Make Sex Playful and Enjoyable?

15 Minutes

The purposes of this exercise are to reinforce a woman's right to sexual pleasure and to brainstorm ways to make sex more playful and enjoyable. By promoting positive attitudes toward sex, women are encouraged to want to have sex and stay healthy at the same time. Women work in small groups to develop playful non-insertive sex acts. Participants also write secret pleasures on index cards.

Materials Needed:

- Prepared Newsprint—*Categories for Safe and Fun Sex*
- Blank Newsprint
- Markers
- Blank Index Cards
- Pens/Pencils

Facilitator says:

Throughout this workshop we have dealt with a woman's right to sexual pleasure and comfort.

This exercise is about making sex more playful and enjoyable.

Many women find it hard to think of making sex playful or having fun.

Many people—both men and women—believe that “safe sex” is not “fun sex.”

Our goal is to show you how you can have more fun and be safe at the same time.

Remember: Women have choices about whether to make sex more interesting, fun, and enjoyable and how to do that safely.

The strategies we are going to talk about may lead to intercourse and to orgasm, but that is not their intent.

The goal is to have safe, fun sex.

Making sex more playful can give a great deal of pleasure and provide motivation to protect oneself.

I am aware that not everyone may feel comfortable with this area, but let's give it a try.

SMALL GROUP ACTIVITY

First, let's break up into three small groups.

INSTRUCTIONS:

DIVIDE THE GROUP INTO THREE SMALL GROUPS.

HAVE PARTICIPANTS COUNT OFF 1, 2, 3 TO DETERMINE GROUP ASSIGNMENTS.

We are going to be thinking about playful, erotic sexual acts that do not involve intercourse. To help you come up with ideas, we have six categories. Let me tell you about each of them.

INSTRUCTIONS:

REFER PARTICIPANTS TO THE PREPARED NEWSPRINT WITH THE SIX CATEGORIES.

Out-of-Bed Encounters—Where would you like to become sexy and excited?

Indoors in the shower?

Outdoors on a blanket in the woods or park?

In a swimming pool?

At a restaurant?

Dressing and Undressing—What would be fun and sexually arousing about putting on or taking off lingerie, hot clothing, jewelry, makeup, body decoration?

What dressing or undressing scene can you imagine would really turn you on?

Smelling Good—Women generally have much more sensitive reactions to smell than men. They receive much more pleasure from fragrance.

What could you do with incense, perfume, oils, and body odors that would be sexually exciting?

Are there places on his body you like to smell?

Would scenting your sheets be sexually fun?

Playing With Food—How about feeding each other, dribbling food on each other, eating favorite foods off each other's bodies?

What would be wild and sexy that you would like to do with food?

Remember: Don't put oily food on a condom as it will cause the condom to break.

Enjoying Sexy Material—Would reading sexy stories turn you on?

How about writing something horny—tell him in a letter what you want to do to him?

Would you like to look at something erotic?

How about telling each other your secret fantasies?

What about acting out a sexy scene?

Like you are the teacher and he is the student who has to stay after class.

Other—This category might include going slower, touching the clitoris longer, talking more during sex, talking less during sex, and other ideas not found in the sections above.

INSTRUCTIONS:

DISTRIBUTE BLANK NEWSPRINT AND MARKERS TO EACH GROUP.

Now, we want each group to take seven minutes to come up with at least one turn-on in three of the six areas we just went over. Write your "turn-ons" on newsprint to present back to the group.

We've set up newsprint and markers for each group to record their information. Are there any questions?

Again, each group's task is to come up with at least one turn-on in three of the six categories that are listed here on this newsprint. Each group should decide who will write the group's ideas and who will present back to the larger group.

INSTRUCTIONS:

ALLOW SEVEN MINUTES TO COMPLETE THIS TASK.

OK, let's see what each group came up with.

INSTRUCTIONS:

HAVE EACH GROUP SHARE WHAT THEY WROTE ON THEIR NEWSPRINTS.

GIVE OUT "THANKS" CHIPS.

NOTE TO FACILITATOR:

Ensure that any ideas about using food do not combine oily foods with condoms.

How did you feel about talking about this in a group?

INSTRUCTIONS:

REFER PARTICIPANTS TO THE FEELING THERMOMETER POSTER.

Rate your comfort level using the Feeling Thermometer's scale.

INSTRUCTIONS:

ASK THE FOLLOWING QUESTIONS AND WRITE RESPONSES ON BLANK NEWSPRINT.

How do you view a woman who thinks about her own sexual pleasure and how to make sex more playful?

What have you been taught about these things?

The things you have been taught throughout your life about how to act with a man are "gender scripts." How do those "gender scripts" for women influence our ratings on the Feeling Thermometer?

INDEX CARD—SEXUAL PLEASURE

INSTRUCTIONS:

PASS OUT A BLANK INDEX CARD TO EACH WOMAN.

On the blank index card please write what would increase your own sexual pleasure. Write neatly and do not put your name on the card.

INSTRUCTIONS:

AFTER A MINUTE OR TWO, COLLECT THE CARDS, SHUFFLE THEM, AND PASS THEM BACK OUT.

ALTERNATIVELY, THE FACILITATORS COLLECT THE CARDS AND TAKE TURNS READING THEM ALOUD.

Please read what your card says. This is anonymous so please don't identify if the card being read is yours.

NOTE TO FACILITATOR:

This activity encourages a fun and light atmosphere as the cards are read.

What a bunch of sexy ideas! As we've been discussing over these last few weeks, we have the right to sexual pleasure and you all came up with some great ideas to satisfy this right.

Some of these ideas might involve changes to how we relate to our partners or how we feel about making these changes.

Exercise 5: What Is Important To Us?

10 minutes

The purpose of this exercise is to reinforce staying healthy. The women return to their personal values in order to identify specific reasons to stay healthy. Moreover, the women look at group values as a way to reinforce group solidarity.

Materials Needed:

- Blank Newsprint
- Markers

Facilitator says:

Throughout these eight sessions of this program we have explored what "making changes" would mean to you and to your relationship with your partners.

We also explored what you value in life.

And, we discovered that there is a lot that we enjoy and value.

Remember the session in which you sorted value cards into piles depending on how important they were in your individual lives?

Now, let us think about how we want our lives to go from now on, for the rest of our lives.

Let's divide into pairs.

INSTRUCTIONS:
DIVIDE THE GROUP INTO PAIRS. IF THERE ARE AN UNEVEN NUMBER OF PARTICIPANTS, ALLOW ONE GROUP OF THREE.

Share with your partner how you want your life to work out—sexually, personal relationships, family, job, education or other things.

What is really important to you? What are some of your important goals in life?

INSTRUCTIONS:

ALLOW FOUR MINUTES FOR SHARING WITHIN THE PAIRS.

Can you give me some examples of important goals that you shared?

INSTRUCTIONS:

WRITE THREE OR FOUR RESPONSES ON NEWSPRINT.

These sound like some great reasons for staying healthy.

We have done a great deal of work over the course of these eight sessions. You might have started making some positive changes such as trying a female condom with your partner or you may be ready to make some changes. It's important for us to consider what happens when we "slip" or we have unprotected sex.

Exercise 6: How Do I Handle Slips?

20 Minutes

This exercise is designed to help participants recognize that a slip does not mean failure and to learn skills to prevent relapse. The group will problem-solve some relapse situations.

Materials Needed:

- Blank Newsprint
- Markers
- Scenario Cards—*Situations That Led to a Slip*

Facilitator says:

Sometimes a couple is doing fine in protecting themselves and then a "slip" occurs. A slip means that the couple had intercourse without a male or female condom.

Slips provide a chance to learn how to handle things better the next time you have sex.

A slip doesn't mean that you are a failure and should give up on trying to protect yourself.

Can you give me some examples of situations when a slip occurs?

INSTRUCTIONS:

WRITE RESPONSES ON NEWSPRINT.

ENCOURAGE SHARING BY HANDING OUT "THANKS" CHIPS.

ADD THE FOLLOWING EXAMPLES IF NOT MENTIONED BY THE GROUP:

- You have both been monogamous for a year and don't see the need to continue using protection.
- One of you became over-stimulated and didn't get the condom on in time.
- You had sex some place where a condom was not available.
- You were high on alcohol or drugs.
- You were lonely or depressed.
- You were using protection but making love was so dull and boring.

DEALING WITH A SLIP

Good job. Now let's talk about how a woman can deal with a slip.

When working on a slip, you want to do two things:

1) You want to learn from it.

2) You want to figure out how to prevent it from happening again.

Here is a brief example of a slip and a method to use to work on not letting it happen again.

Tanya and Carl have been going together for two years. They always used condoms and had them available in many rooms of their apartment. They went on a lovely romantic picnic in a secluded woodland area outside of the city. The whole scene really turned them on and they made love even though neither of them thought to bring a condom with them.

What could they learn from this situation?

INSTRUCTIONS:

WRITE SUGGESTIONS ON BLANK NEWSPRINT.

INCLUDE ITEMS BELOW IF PARTICIPANTS DO NOT PROVIDE THESE RESPONSES.

Suggestions:

- Carry condoms at all times
- "Outercourse" as an alternative to sex with insertion
- Mutual masturbation
- Establish a point of sexual arousal that does not include sexual insertion

Tanya and Carl learned that they needed to carry condoms with them as well as have them in their apartment.

They also realized that they completely forgot about suggesting sex without insertion.

They had some sexy times in the past using mutual masturbation.

They wondered if they could have stopped things earlier—before they got too excited.

Now let's talk about how a couple can prevent a relapse. They could:

1) Discuss together how to prevent a repeat situation.

2) Make it a shared responsibility.

3) Always carry condoms, even if it means sticking one in her bra.

4) Agree to use non-insertive sex more.

5) Design a way to call a stop to unsafe sex that you both can agree on before the passion grows too strong.

6) Put a condom in the picnic basket.

SITUATIONS THAT LED TO A SLIP SCENARIO CARDS

Now I want you to work on several situations in which a slip occurred. Let's break up into two groups. Review the entire list of scenario cards.

INSTRUCTIONS:

DIVIDE THE GROUP IN HALF. HAVE PARTICIPANTS COUNT OFF 1, 2 TO DETERMINE THE GROUPS. A FACILITATOR GOES WITH EACH GROUP.

HAND OUT AN ENTIRE SET OF SCENARIO CARDS (*SITUATIONS THAT LED TO A SLIP*) TO EACH GROUP. THESE CARDS ARE IN THE *SESSION ACTIVITIES AND MATERIALS* SECTION.

IF A GROUP HAS ITS OWN IDEA OF A SCENARIO THEY CAN INCLUDE THAT ONE AS WELL TO WORK ON.

From these problems, try to figure out:

1) What could you learn from the slip?

2) What would you do to make sure the slip didn't happen again?

Are there any questions?

INSTRUCTIONS:

ANSWER PARTICIPANT QUESTIONS AND CLARIFY INSTRUCTIONS IF NECESSARY.

ALLOW FOUR MINUTES TO WORK ON THE EXERCISE. THEN BRING THE GROUPS BACK TOGETHER AGAIN.

HAVE EACH GROUP SHARE THEIR RESPONSES ON WHAT WAS LEARNED, AND HOW TO MAKE SURE IT DOES NOT HAPPEN AGAIN.

Thank you.

So, we learned that slips do not mean failure. Just because you have experienced an episode of unsafe sex does not mean you should give up on safer sex. It is important to protect yourself next time. You can learn from slips to prevent future occurrences of unprotected sex.

Exercise 7: What Are Some Commitments I Could Make?

10 minutes

The purpose of this exercise is to obtain commitments from the women to protect themselves, others, and the community. Each woman shares what she plans to do in the future.

Materials Needed:

- None

Facilitator says:

The group is near the end of the eight sessions, and it is time to make a commitment to protect ourselves, others, and the community—our friends, our lovers, our kids, our future.

Remember that between each session you took a step toward the goal of having protected sex only.

Your steps were to be realistic, clear, not too easy and not too hard, and obvious when completed.

I want you to think of the next step you plan to take; a step you will work on during the next month.

The step can be related to taking care of yourself, or to helping other women protect themselves, or it can be a step you plan to take to protect your community.

.

INSTRUCTIONS:

ALLOW PARTICIPANTS A MINUTE OR TWO TO THINK OF NEXT STEPS.

GO AROUND THE ROOM AND ASK ABOUT NEXT STEPS.

ENCOURAGE GROUP MEMBERS TO SUPPORT EACH OTHER'S STEPS, MAKING SUGGESTIONS, AND RESPECTFULLY RAISING ISSUES TO THINK ABOUT.

GIVE OUT "THANKS" CHIPS.

Exercise 8: Are We At The End?

20 minutes

The purpose of this last exercise is to provide an opportunity for the women to share appreciations with each other, say goodbye, and celebrate completion of the Future Is Ours through a graduation ceremony.

Materials Needed:

- Safe Sex Kit (contains three male condoms, three female condoms, two packets of lubricant)
- Certificate of Participation
- Participant Feedback Form
- Prepared Newsprint—*Main Points for Session Eight*

Facilitator says:

INSTRUCTIONS:

REFER PARTICIPANTS TO PREPARED NEWSPRINT OF THE MAIN POINTS FOR SESSION EIGHT.

The main points of today's session are:

- If we understand our own sexual pleasure we can help our partners learn how to make us feel good.
- We can recommit to protecting ourselves after a slip and come up with strategies for avoiding future slips.
- We all have goals and it is worth keeping ourselves healthy to work toward them.

What questions do you have on what was covered today?

INSTRUCTIONS:

ANSWER PARTICIPANT QUESTIONS.

ALSO ANSWER ANY REMAINING QUESTIONS IN THE "PARKING LOT."

This is the end of FIO.

Both of us have really enjoyed working with you.

As you all know each other pretty well by now, I would like you to share at least one thing about your experience participating in FIO. For example, did you learn a new skill? Did you develop new friendships? Who would like to volunteer to start us off?

INSTRUCTIONS:

HAND OUT "THANKS" CHIPS TO ENCOURAGE SHARING. FACILITATORS SHOULD ALSO SHARE WHAT THEY LEARNED FROM THE GROUP.

Let's form a circle holding hands. Each woman will turn to the person to her right and state the person's name and say something positive she appreciates about her based on what she has experienced in the group session.

Examples:

"LaTasha, I noticed that you are very confident and strong and I appreciate you."

"Carol, I feel that you have grown stronger and more confident since we started in the group, and I appreciate you."

INSTRUCTIONS:

HAVE EACH PERSON SHARE SOMETHING POSITIVE ABOUT THE PERSON NEXT TO HER. FACILITATORS START THE PROCESS AS PART OF THE CIRCLE.

Thank you. We appreciate each of you.

That was great.

Here's something to take with you.

INSTRUCTIONS:

PASS OUT TO EACH WOMAN AN ATTRACTIVE SAFE SEX KIT.

CONSIDER HANDING OUT PROGRAM-SPECIFIC MEMENTOS SUCH AS T-SHIRTS, LAPEL PINS, WATER BOTTLES, AND JOURNALS.

GIVE OUT CERTIFICATES OF PARTICIPATION TO WOMEN WHO COMPLETED AT LEAST 6 OF THE 8 SESSIONS.

TAKE PICTURES FOR DOCUMENTATION, EXHIBITS AND SCRAPBOOKS (GET SIGNED PERMISSION FROM PARTICIPANTS).

HAVE PARTICIPANTS COMPLETE THEIR PARTICIPANT FEEDBACK FORM FOR SESSION EIGHT, FOUND IN APPENDIX D.

Congratulations for participating in the program. This is a great accomplishment; you all should be proud of yourselves.

Remember to continue to be secure and confident; your life has value, take care of it; continue to make choices that will keep you safe and healthy.

Please give appreciation to each other now and say goodbye.

THE END OF SESSION EIGHT

Session 8
Activities and Materials

Prepared Newsprints

Easy	Hard

Categories for Safe and Fun Sex

1. Out-of-bed encounters
2. Dressing and undressing
3. Smelling good
4. Playing with food
5. Enjoying sexy material
6. Other

Session 8 Main Points

- If we understand our own sexual pleasure we can help our partners learn how to make us feel good.
- We can recommit to protecting ourselves after a slip and come up with strategies for avoiding future slips.
- We all have goals and it is worth keeping ourselves healthy to work toward them.

Session Eight: Exercise 2

Role-play Cards—Inexperienced Woman and Experienced Woman

Role Card:

Inexperienced Young Woman

You can't figure out what all the fuss is about. The first time you had sex as a 15-year-old, you hadn't expected that you would do it.

Your partner surprised you. You had been kissing a little and he had caressed your breasts. Then suddenly, he was on top of you.

He used a condom without lubrication, and intercourse was very painful. It hasn't been so great with other men—wham, bam, thank you ma'am, done. You assume there's got to be more to sex than this. You want to know—isn't there some way to make sex more enjoyable?

Role Card:

Experienced Woman

You enjoy sex and you look out for your own pleasure.

You like various kinds of sex—slow and easy, wild and passionate, and a little rough sometimes.

Your friend hasn't had pleasurable experiences.

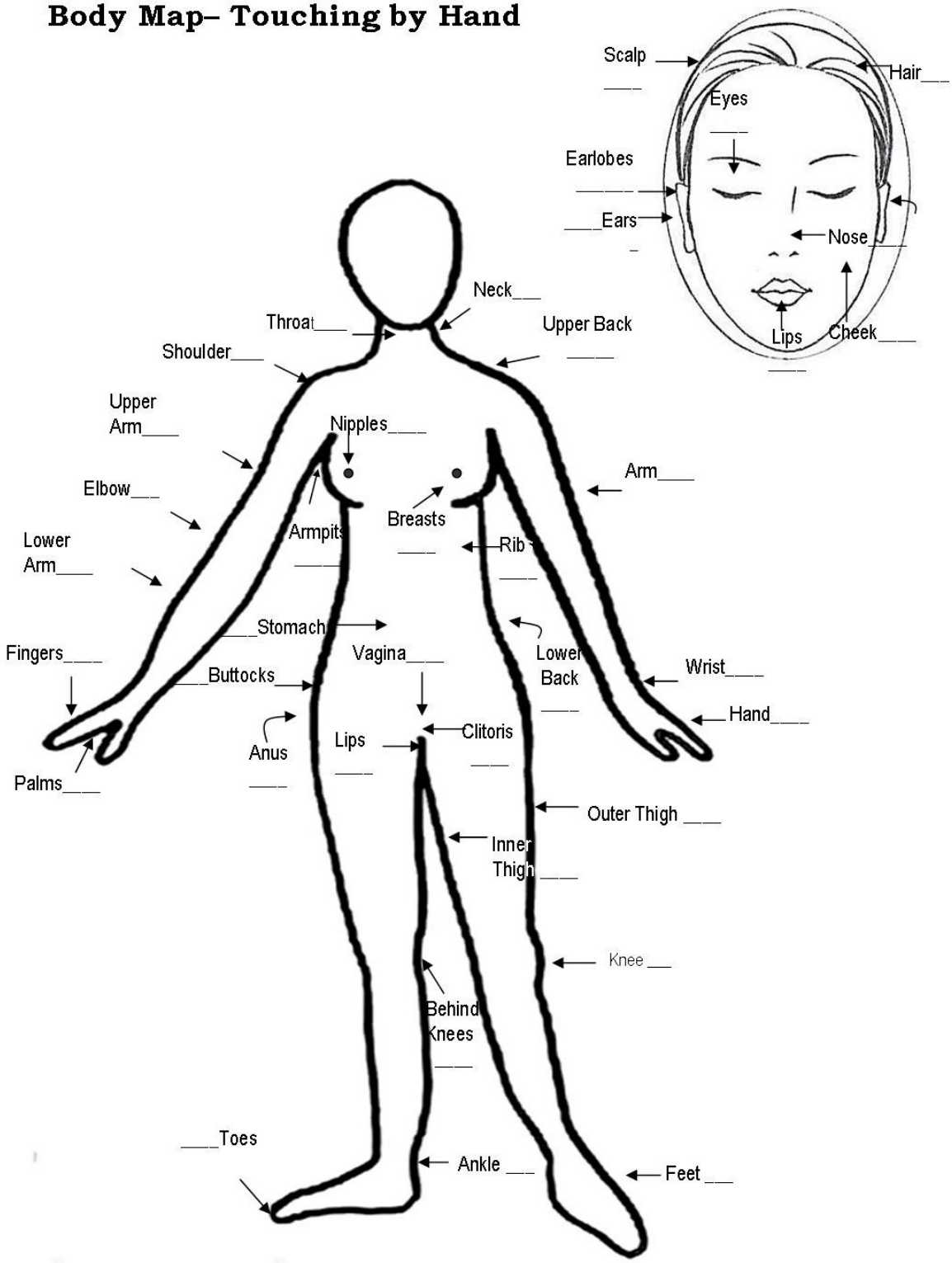
The first time she had sex was rushed and painful.

She's had "wham, bam" sex with male partners, and she figures there's got to be more.

She wants your advice on how to make it better.

Session Eight: Exercise 3 (in Participant Workbook)

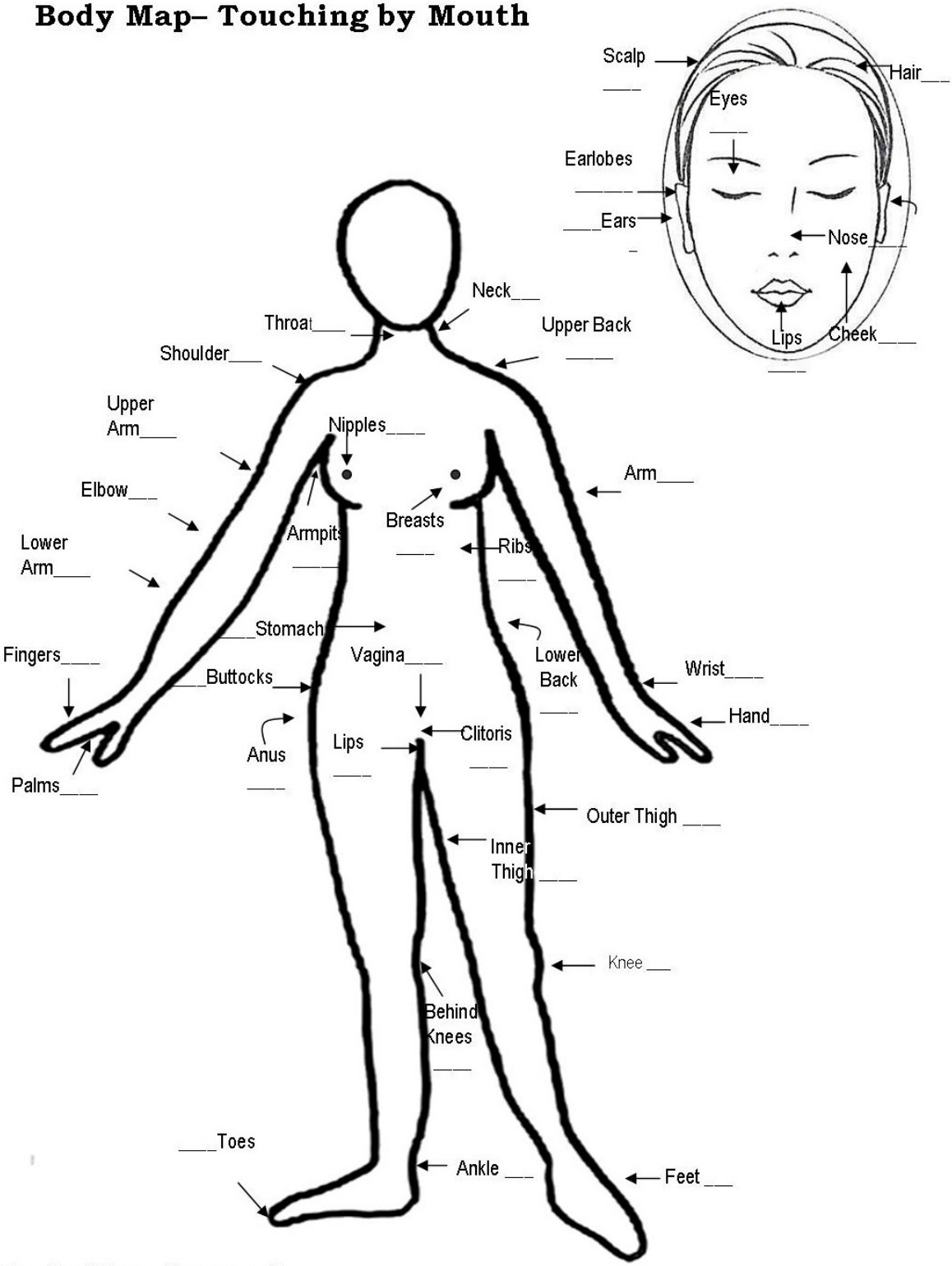
Body Map– Touching by Hand



Body Map Legend:

I Love It | I Like It | I Do Not Like It | ? Never Tried It

Body Map– Touching by Mouth



Body Map Legend:

I Love It | I Like It | I Do Not Like It | Never Tried It

Session Eight: Exercise 6

Scenario Cards—Situations That Led to a Slip

SCENARIO 1 You slipped because you met a guy at a club and he invited you back to his place. It was too late to get a condom at a store.	SCENARIO 2 You slipped because you and your partner were both drunk and high.
SCENARIO 3 You slipped because you figured it was the "safe" time of the month—you would not get pregnant.	SCENARIO 4 You slipped because your partner promised to pull out.
SCENARIO 5 You slipped because you both had an HIV test and the test came back negative.	

Session Eight Main Points

The main points of this session are:

- If we understand our own sexual pleasure we can help our partners to learn how to make us feel good.
- We can recommit to protecting ourselves after a slip and come up with strategies for avoiding future slips.
- We all have goals and it is worth keeping ourselves healthy to work toward them.

APPENDICES

A: Behavior Change Logic Model

B: Bibliography

C: Informed Consent Language

D: FIO Participant Feedback Form

APPENDIX A: BEHAVIOR CHANGE LOGIC MODEL

Problem Statement

Target Population: The Future Is Ours (Project FIO) is a gender-specific HIV/STD risk-reduction intervention designed for heterosexually active at-risk women of diverse ethnicities (African-American/Black, Caribbean, Latina, White), ages 18 to 30, who are not injecting drug users, are HIV-negative or of unknown status, are not pregnant or trying to become pregnant, and who live in communities with high rates of HIV and other STDs.

Risk Behaviors: This **population** is at risk for HIV and other STDs due to having unprotected sex with male partners whose past or current sexual and/or drug use risk behaviors place them at risk of infection.

Behavioral Determinants *Corresponds to risk or contextual factors*	Activities* *To address behavioral determinants*
• Low perception of their own and their partners' risks for HIV and STDs • Little understanding of gender-related barriers to safer sex • Safer sex is a low personal priority	• Conduct eight separate interactive two-hour sessions in a small group • Discuss how women's vulnerability is related to their relationships with men. • Share personal stories about relationships. • Evaluate personal risks for HIV and other STDs. • Evaluate partners' risks for HIV and other STDs. • Discuss why women deny their risk and read a role-play script about this. • Role-play helping another woman assess her risk. • Discuss how gender stereotypes make it difficult for women to ask partners about past and current risk. • Identify traditional gender behaviors in role-play. • Identify personal values in order to link the need for protection to women's longer-term life goals. • Review long-term life goals by sharing with a partner. • Affirm and support individual and group long term goals to stay healthy by providing peer and social support to each individual's commitments to protect herself and others and the community. • Develop a list of women's sexual rights. • Connect group discussions and role-plays to sexual rights list.

Major Risk and Contextual Factors for HIV: Heterosexually active women who live in communities with high rates of HIV and other STDs often do not recognize that they are at risk for these infections. Many women are disempowered within their intimate relationships due to economic dependence on men, traditional gender role expectations, and limited control over the circumstances of sex. Women may not be aware that even though they are monogamous, their current or former partners' past or current sexual and/or drug use behaviors may place them at risk. Additionally, they may not have the knowledge, self-efficacy, and skills to use a range of protection strategies, including negotiating for male condoms, using the female condom, and refusing unsafe sex.

Outcomes

Expected changes as a result of activities targeting behavioral determinants

Immediate Outcomes	Intermediate Outcomes (at least one month post intervention)
Increases in: • Perception of personal risk for HIV and STDs • Knowledge of partners' past and current HIV/STD risk behaviors and HIV status • Understanding of how gender norms in relationships are barriers to safer sex • Personal priority placed on HIV/STD prevention • Self-efficacy to affirm their sexual and relationship rights	• Reduction in unprotected vaginal and anal sex occasions • Increase in male and female condom protected vaginal and anal sex occasions • Increase in use of alternative strategies for protection (Mutual HIV Testing, "outercourse", refusal of unsafe sex, leaving a relationship or not starting one because of concerns about safer sex, abstinence)

Behavioral Determinants *Corresponds to risk or contextual factors*	Activities *To address behavioral determinants*
• Negative attitudes toward male and female condoms • Negative attitudes toward women's sexuality	• Play casually with male and female condoms to increase comfort levels. • Conduct a role-play of an older woman giving advice to a younger woman on how to make sex pleasurable and discuss how it feels to talk openly about sexual pleasure. • Identify what gives each woman sexual pleasure and ways to make sex more playful by completing a body map, brainstorming ideas in small groups, and writing on a card as a way to increase one's own sexual pleasure. • Discuss whether being a woman who thinks about her own sexual pleasure and how to make sex more playful conflicts with gender norms.
• Low awareness of choices for how to protect themselves	• Explore the use of female condoms if partners refuse male condoms. • Discuss the option of Mutual Testing for those who do not want to use condoms forever or who want to get pregnant. • Introduce "outercourse" and have small groups brainstorm ideas for non-insertive sex. • Discuss refusal of unsafe sex as a strategy for protection. • Discuss issues around abstinence by reviewing a magazine article on the topic and eliciting responses.

• Little knowledge of :
  • Risky sexual acts
  • Effects of untreated STDs
  • Role of HIV and STD testing in prevention
  • Steps for Mutual HIV Testing with a partner
  • Methods for protection against disease, pregnancy, and both
	• Identify risky sexual acts through a group game.
	• Review information on STD symptoms (and lack thereof), and effects of untreated STDs on women's health and fertility.
	• Provide facts about and discuss pros and cons of getting tested for HIV.
	• Review information on how to engage in HIV testing with a mutually monogamous partner before giving up condom use or trying to get pregnant.
	• Discuss information on a variety of methods that provide protection against STDs, pregnancy, or both, and reinforce knowledge by answering "Dear Dr. Viola" letters.

Outcomes *Expected changes as a result of activities targeting behavioral determinants*	
Immediate Outcomes	**Intermediate Outcomes** (at least one month post intervention)
• Positive attitudes toward male and female condoms • Positive attitudes towards women's sexual pleasure • Intention to reduce unprotected occasions of sex • Awareness of various strategies for how to protect themselves from HIV (male and female condoms, Mutual Testing, "outercourse," refusal of unsafe sex, and abstinence) • Knowledge of risky sexual acts • Knowledge that STDs often cause no symptoms and knowledge of the effects of untreated STDs • Recognition that HIV testing is not a prevention strategy • Knowledge of the steps in Mutual HIV Testing • Knowledge that male and female condoms offer protection against both disease and pregnancy • Knowledge that hormonal methods do not protect against disease	

Behavioral Determinants *Corresponds to risk or contextual factors*	Activities *To address behavioral determinants*

• Few skills to :
  • Use male and female condoms
  • Negotiate with partners for male and female condom use
  • Eroticize safer sex
  • Refuse unsafe sex
  • Negotiate with partners for Mutual HIV/STD Testing
  • Select partners who care about safer sex
  • Help other women protect themselves
  • Maintain safer sex over the long term
	• View demonstration of correct use of male and female condoms and practice use on anatomical models.
	• Review guidelines for influencing a partner to use a condom or accept a female condom, read a script, and practice through role-plays.
	• Practice assertive responses to men's reasons for not wanting to practice safer sex.
	• Explore strategies to make using condoms erotic.
	• Review guidelines on refusing unsafe sex, demonstrate through a script, and role-play refusal.
	• Develop and practice skills for asking partners to be tested for HIV and STDs through role-playing and letter writing.
	• Practice problem-solving skills in relation to testing issues in small groups.
	• Identify characteristics of past partners that prevented practicing safer sex and consider how to select partners who care about safer sex.
	• Practice helping a younger woman consider a partner's risk.
	• Present guidelines for handling "slips" and practice problem-solving strategies in small groups.

• Experience with negative reactions from partners, including verbal or physical abuse	• Through reading a script, discuss how asking a partner to use a condom might change a relationship or conflict with gender norms. • Identify possible partner reactions to being asked to use protection and review guidelines for responding • Using the Feeling Thermometer and letter writing, explore what it means to the relationship if a partner is unwilling to have protected sex. • Present examples of verbal, sexual, and physical abuse, read role-play scripts related to this, present guidelines for dealing with abuse, and give out list of local resources for abused women

Outcomes *Expected changes as a result of activities targeting behavioral determinants*	
Immediate Outcomes	**Intermediate Outcomes** (at least one month post intervention)
• Self-efficacy to use male and female condoms • Knowledge of the steps in influencing new/casual and steady partners to use condoms or accept the female condom • Self-efficacy to influence and negotiate with new/casual and steady partners to use male and female condoms • Self-efficacy to eroticize safer sex • Self-efficacy to refuse unsafe sex or not start a relationship if partner is unwilling to practice safer sex • Self-efficacy to ask partners to get tested • Knowledge of factors to consider in selecting a potential partner • Self-efficacy to ask partners about their past risk behaviors and assess their attitudes toward safer sex • Self-efficacy to help other women protect themselves • Self-efficacy to "problem solve" when safer sex is not maintained • Knowledge of strategies for dealing with negative reactions • Self-efficacy to deal with negative reactions from partners, including verbal or physical abuse	

*Some activities are used throughout the intervention that do not relate specifically to a Core Element but are linked to the theoretical basis of FIO. These important activities include:

⇒ As weekly homework, women set small achievable goals that are steps toward safer sex and review achievement of them the following week.

⇒ Use of the Feeling Thermometer to process emotional reactions to various situations.

⇒ Use of "Thanks" Chips to give and receive positive affirmation from other group members and build group cohesion.

APPENDIX B: BIBLIOGRAPHY

Bandura, A. Social Learning Theory. General Learning Press; 1977.

Catania, J. A., Kegeles, S. K., & Coates, T. J. (1990). Towards an understanding of risk behaviors: An AIDS risk reduction model (ARRM). *Health Education Quarterly*, 17, 53-72.

CDC (2005). *National Surveillance Data for Chlamydia, Gonorrhea, and Syphilis*. Trends in Reportable Sexually Transmitted Diseases in the United States.

CDC (Revised August 2008). *HIV/AIDS Among Women*. CDC Fact Sheet.

Ehrhardt, A. A., Exner, T. M., Hoffman, S., Silberman, I., Leu, C-S., Miller, S., & Levin, B. (2002). A gender-specific HIV/STD risk reduction intervention for women in a health care setting: short- and long-term results of a randomized clinical trial. *AIDS Care*, 14(2), 147-161.

Exner, T. M., Dworkin, S. L., Hoffman, S., & Ehrhardt, A. A. (2003). Beyond the male condom: The evolution of gender-specific HIV interventions for women. *Annual Review of Sex Research*, 14, 114-136.

Miller, S., Exner, T. M., Williams, S. P., & Ehrhardt, A. A. (2000). A gender-specific intervention for at-risk women in the USA. *AIDS Care*, 12(5), 603-612.

Seage, G. R., Holte, S. E., Metzger, D., Koblin, B. A., Gross, M., Celum, C., Marmor, M., Woody, G., Mayer, K. H., Stevens, C., Judson, F. N., McKirnan, D., Sheon, A., Self, S. & Buchbinder, S. P. (2001). Are US populations appropriate for trials of human immunodeficiency virus vaccine? The HIVNET Vaccine Preparedness Study. *American Journal of Epidemiology, 153*(7), 619-627.

Wingood, G. M., & DiClemente, R. J. (2000). Application of the theory of gender and power to examine HIV-related exposures, risk factors, and effective interventions for women. *Health Education & Behavior, 27*(5), 539-565.

APPENDIX C: INFORMED CONSENT LANGUAGE

An example of possible language to use for acquiring informed consent drawn from New York State Law. Please check your state laws to ensure the language is correct.

This form authorizes release of medical information including HIV-related information. You may choose to release just your non-HIV medical information, just your HIV-related information, or both. Your information may be protected from disclosure by federal privacy law and state law. Confidential HIV-related information is any information indicating that a person has had an HIV-related test, or has HIV infection, HIV-related illness or AIDS, or any information that could indicate a person has been potentially exposed to HIV.

Under New York State Law HIV-related information can only be given to people you allow to have it by signing a written release. This information may also be released to the following: health providers caring for you or your exposed child; health officials when required by law; insurers to permit payment; persons involved in foster care or adoption; official correctional, probation and parole staff; emergency or health care staff who are accidentally exposed to your blood, or by special court order. Under State law, anyone who illegally discloses HIV-related information may be punished by a fine of up to $5,000 and a jail term of up to one year. However, some re-disclosures of medical and/or HIV-related information are not protected under federal law. For more information about HIV confidentiality, call the New York State Department of Health HIV Confidentiality Hotline at 1-800-962-5065; for information regarding federal privacy protection, call the Office for Civil Rights at 1-800-368-1019.

By checking the boxes below and signing this form, medical information and/or HIV-related information can be given to the people listed on page two (or additional sheets if necessary) of the form, for the reason(s) listed. Upon your request, the facility or person disclosing your medical information must provide you with a copy of this form.

I consent to disclosure of (please check all that apply):

□ My HIV-related information

□ Both (non-HIV medical and HIV-related information)

□ My non-HIV medical information

APPENDIX D: FIO PARTICIPANT FEEDBACK FORM

Name of Facilitator #1: _____

Name of Facilitator #2: _____

Session #: *Please check only one*

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

Session Date: ___ ___/___ ___/___ ___

INSTRUCTIONS:
For each question check (√) in the box next to the answer that most closely describes what you think or feel about today's session. Thank you!!

1) How interesting was this session?

☐ Very interesting ☐ Somewhat interesting ☐ A little interesting ☐ Not at all interesting

2) How relevant was this session to your life right now?

☐ Very relevant ☐ Somewhat relevant ☐ A little relevant ☐ Not at all relevant

3) How comfortable did you feel participating in this group?

☐ Very comfortable ☐ Somewhat comfortable ☐ A little comfortable ☐ Not at all comfortable

4) How helpful was the problem-solving exercise?

☐ Very helpful ☐ Somewhat helpful ☐ A little helpful ☐ Not at all helpful

5) How confidential do these sessions feel?

☐ Very confidential ☐ Somewhat confidential ☐ A little confidential ☐ Not at all confidential

If you checked 'Somewhat confidential', 'A little confidential' or 'Not at all confidential', please explain:

_____

_____

_____

6) Do you keep in touch or plan on keeping in touch with other members of the group following the sessions?

☐ Yes

☐ No

If you checked 'Yes', how many people do you keep in touch with or plan to keep in touch with?: _____

Please describe how you keep in touch or plan to keep in touch:

_____

_____

_____

7) Since the last session, have you protected yourself or helped others protect themselves from HIV and STDs?

☐ Yes

☐ No

If you checked 'Yes', who have you protected or helped? *Check all that apply*

☐ Protected myself

☐ Helped other women to protect themselves

☐ Helped protect my community

What steps did you take to do it?

_____

_____

_____

8) If you could change or add something to the session, what would that be?

_____

_____

_____

9) What did you like most about the session?

_____

_____

_____

10) If you checked 'Yes', who have you protected or helped? *Check all that apply*

☐ I liked them very much

☐ I liked them somewhat

☐ I liked them a little

☐ I did not like them

11) If you checked 'Yes', who have you protected or helped? *Check all that apply*

☐ I liked them very much

☐ I liked them somewhat

☐ I liked them a little

☐ I did not like them

12) If you checked 'Yes', who have you protected or helped? *Check all that apply*

☐ I liked them very much

☐ I liked them somewhat

☐ I liked them a little

☐ I did not like them

THANK YOU!