

Sisters Informing Sisters about Topics on AIDS (SISTA)

Implementation Manual

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Prepared by:

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Purpose

The purpose of the *SISTA Implementation Manual* is to provide a set of guidelines and procedures, which explain how to implement the SISTA intervention in a community-based setting. The manual also includes information to assist in planning and evaluating the intervention.

This manual does not contain all of the materials needed to implement the intervention. Information about the Centers for Disease Control and Prevention's (CDC) training on the intervention can be found at www.effectiveinterventions.org.

Intended Audience

The intended audiences for this manual are persons and organizations who wish to implement the SISTA intervention. This manual is distributed as part of the CDC's SISTA Facilitators Training and assumes the users of the manual will complete the training.

Organization of the Manual

The manual is divided into ten sections:

Section I describes the purpose, intended audience, and organization of the implementation manual.

Section II provides an overview of the SISTA intervention explaining its core elements, key characteristics, and theoretical foundation. It outlines each session and booster session. This section also explains how the CDC is diffusing the SISTA intervention to community-based organizations (CBOs) and health departments.

Section III describes planning and pre-implementation activities, such as necessary materials and resources, staffing, agency capacity considerations, sample budget, and other preparations to implement SISTA.

Section IV reviews the elements of effective facilitation, facilitator preparations, communication and facilitation skills, and teaching strategies.

Section V provides an overview of how to change the SISTA intervention so that it best meets the prevention needs of the program target population.

Section VI provides in-depth instructions on how to facilitate each SISTA session and the booster sessions, participant handouts, and a list of materials needed.

Section VII provides a review of process and outcome evaluation activities specific to the SISTA intervention. Tools, which can be used for process and outcome monitoring and evaluation, are also provided, such as fidelity checklists, session observation forms, and participant pre- and post-tests.

Section VIII provides a discussion of culture and cultural competence as they relate to implementation of SISTA with African American women.

Section IX includes helpful resources.

Section X provides references and recommended readings.

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**OVERVIEW OF THE SISTA
INTERVENTION**

OVERVIEW OF THE SISTA INTERVENTION

SISTA (Sisters Informing Sisters about Topics on AIDS) is a peer-led, social skills-building, group-level intervention designed to reduce sexual HIV risk behaviors among heterosexual African American women, ages 18 to 29. The small group sessions consist of 10 to 12 African American women.

SISTA is delivered in five, two-hour sessions followed by two optional booster sessions. The topics of the gender-specific and culturally-relevant sessions include ethnic and gender pride, HIV risk-reduction information, assertiveness skills training, behavioral self-management, and coping skills. In the sessions, women participate in facilitator-led group discussions, role-play, and behavioral skills-building activities. They also view an HIV prevention video and are given take-home activities.^{1,2}

The SISTA intervention should be facilitated by two peer facilitators. Peer facilitators should be of the same race/ethnicity and gender as the target population. Facilitators should be well versed in HIV transmission and methods for preventing HIV transmission, possess group facilitation skills, and have a nonjudgmental attitude toward people at risk for acquiring HIV and people living with HIV/AIDS.

The CDC's SISTA intervention was first implemented and evaluated in an African American community in San Francisco, CA by researchers Gina M. Wingood and Ralph J. DiClemente in 1995.

Gina M. Wingood, ScD, MPH and Ralph J. DiClemente, PhD are the creators of the *SISTA Project: A Peer-Led Program to Prevent HIV Infection Among African American Women*. The SISTA intervention and its implementation are based on Wingood and DiClemente's research and continue to benefit from their on-going research and technical consultations.¹ We acknowledge Drs. Wingood and DiClemente's support and the research on which this product is based.

In Wingood and DiClemente's research study¹, 128 sexually active heterosexual African American women ages 18 to 29 participated in either a control group or the SISTA sessions that were led by African American women facilitators. The women who completed the SISTA intervention were found to be more likely to report:

- Increased consistent condom use.
- Greater sexual self-control.
- Greater sexual communication.
- Greater sexual assertiveness.
- Increased partners' adoption of norms supporting consistent condom use.

Results indicated a social skill training, which is delivered in a community setting, can positively affect condom use.

Theoretical Foundation

The SISTA intervention is based upon two social science theories:

1. The Social Cognitive Theory ^{3,4}
2. The Theory of Gender and Power ⁵.

These theories are used to explain how people change their behaviors. In this case, the theories are used to explain how to help African American women reduce their sexual HIV risk behaviors. These theories guided the design of activities used in the intervention.

The Social Cognitive Theory

The Social Cognitive Theory views behavior change as a social process influenced by interaction with other people. A person's physical and social environments reinforce and shape her ability to change her behavior. The theory suggests that a person learns from watching people, who have some influence on them, model or perform behaviors or attitudes. A person's belief that she is capable of performing the new behavior (i.e., self-efficacy) makes it more likely she will adopt the new behavior.

According to the Social Cognitive Theory, *before* people can change an HIV risk behavior they need:

- Information about HIV risk.
- Training in social and behavioral skills to apply risk reduction strategies.
- Knowledge about social norms.
- A belief that they can perform the new behavior (self-efficacy).

The Social Cognitive Theory is integrated into the intervention's activities in the following ways. As a small group intervention, SISTA uses peer support and influence from African American women, who are facilitators and group participants, to shape new risk reduction behaviors. Peer facilitators share information about HIV/AIDS and HIV risk reduction strategies, as well as model skills building through activities that help women learn about and practice effective risk reduction strategies. African American women peers in the group also provide peer support to each other, as they learn and practice new skills and risk reduction behaviors during the sessions and through take-home assignments.

During the SISTA sessions, practicing assertive communication skills and safer sex negotiation builds the participants' confidence in their ability to negotiate and practice risk reduction in real-life sexual situations (self-efficacy).

The Theory of Gender and Power

The Theory of Gender and Power is a social structural theory that accounts for gender-based power differences in male/female relationships. It examines the division of labor between men and women, the distribution of power and authority within male/female relationships, and gender-based definitions of sexually appropriate conduct. In addition, the theory considers a woman's willingness to adopt and maintain sexual risk-reduction strategies within heterosexual relationships, as it pertains to how much power she has, her commitment to the relationship, and her role in the relationship.

This theory suggests that difficulties arise in safer sex practices because self-protection is often influenced by the presence of abusive partners, economic needs, values around intimacy, and norms supporting women's passive behavior within sexual relationships.

The Theory of Gender and Power acknowledges the gender-based differences in male/female relationships in societies or cultures where men have more power than women. These power differences result in:

- The division of labor between men and women (e.g., what kind of jobs and positions women are likely to hold; how much they are paid compared to men; whether "women's work" is devalued resulting in no or low pay).
- The distribution of power and authority within male/female relationships (e.g., men hold more power than women; men have control over women; social mechanism such as popular media devalue and sexualize women).
- Gender-based definitions of sexually appropriate conduct (e.g., roles and characteristics that are deemed appropriate for women, such as non-assertiveness, sexual naiveté, valuing intimacy and relationships).

These gender-based differences impact a woman's ability to negotiate and practice HIV risk reduction strategies with male sexual partners. According to this theory, women may find it hard to engage in safer sex practices when they follow gender norms, which promote male partners making decisions about their sexual behaviors, they are in abusive relationships, or they depend on their male partners for financial and practical support.

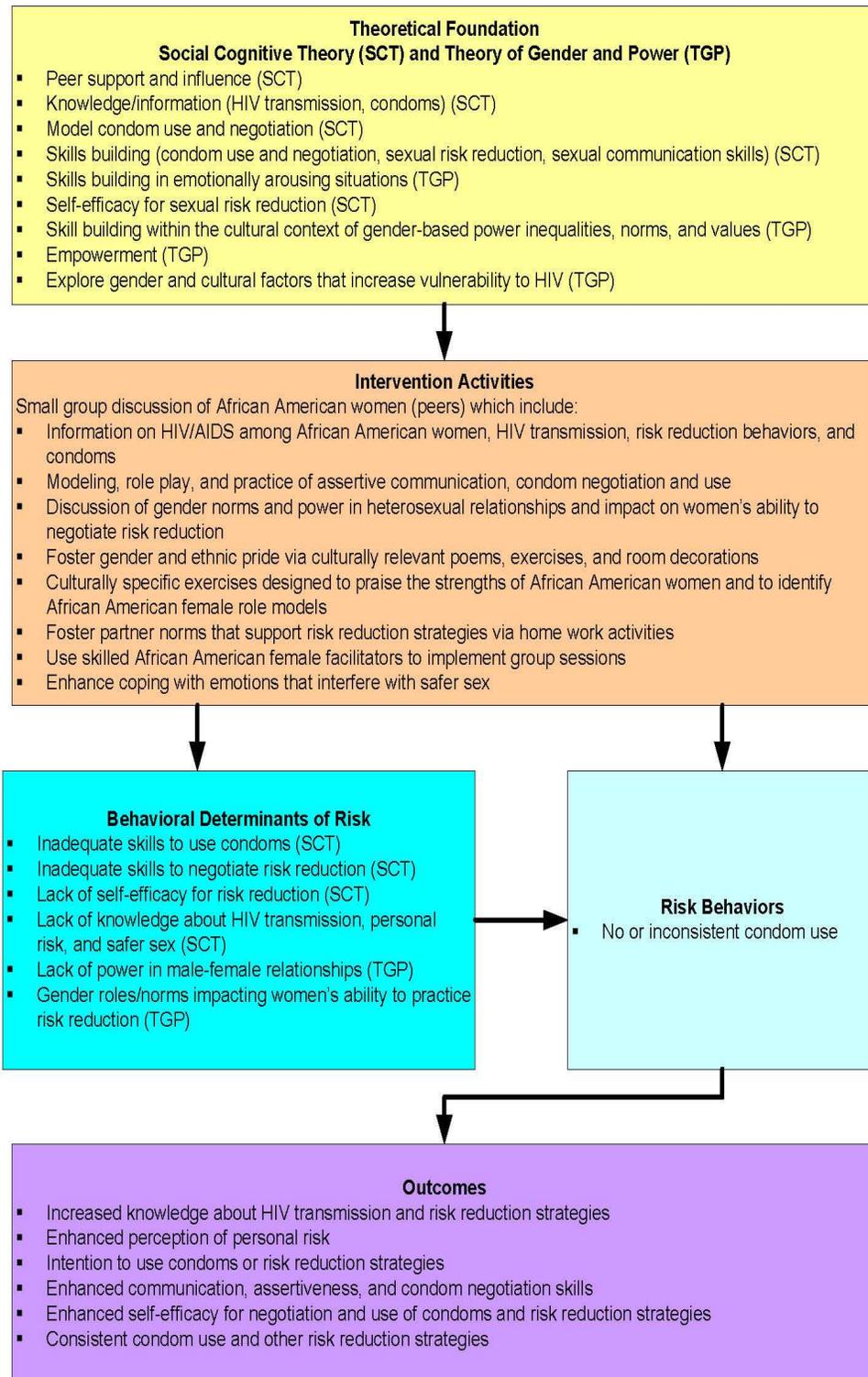
The Theory of Gender and Power is integrated into the activities of the intervention in the following ways. SISTA activities aim to empower African American women through discussions and shared experiences about ethnic and gender pride designed to praise the strengths of African American women and to identify African American female role models. SISTA activities include HIV risk reduction skills-building (e.g., assertive communication, condom use, etc.) within the context of gender-based power inequalities, norms and values, such as enhancing assertive communication skills, sexual risk reduction negotiation, and condom use skills. SISTA activities aim to enhance coping with emotions that interfere with safer sex decisions. Take-home assignments foster partner norms that support risk reduction strategies.

SISTA Behavior Change Logic Model

The SISTA Behavior Change Logic Model illustrates how the theories on which SISTA is based drive the intervention's activities. It also shows the HIV risk behaviors and behavioral determinants of risk (a.k.a. risk factors) that the intervention's activities are designed to change. Finally, it identifies the intended outcomes that the change in risk behaviors will achieve.



SISTA Behavior Change Logic Model



Core Elements

The core elements of the SISTA intervention are thought to be responsible for the intervention's effectiveness. The core elements come from the behavioral theory upon which the intervention is based. Core elements are those parts of an intervention that must be implemented. **Core elements are essential and cannot be ignored, added to, or changed.**¹

The core elements of SISTA are:

1. Convene small-group sessions to discuss the session objectives; model skills development; role-play women's skills acquisition; and address the challenges and joys of being an African American woman.
2. Use skilled African American female facilitators to implement SISTA group sessions.
3. Use culturally and gender appropriate materials to acknowledge pride, and enhance self-worth with regard to being an African American woman (e.g., use poetry by African American women).
4. Teach women to communicate both verbally and non-verbally to show they care for their partner and need to protect themselves (e.g., negotiation skills, assertive communication skills).
5. Instruct women on how to use condoms effectively and consistently (e.g., negotiation skills, assertive communication skills).
6. Discuss culture and gender-related barriers and facilitators to using condoms (e.g., provide information on African American women's risk of HIV infection).
7. Emphasize the importance of a partner's involvement in safer sex (e.g., enhance partner norms supportive of condom use).

Key Characteristics

Key characteristics are those parts of an intervention (activities and delivery methods) that *can* be adapted to meet the needs of the community-based organization (CBO) or target population.¹

The key characteristics of SISTA are:

1. SISTA can be adapted for different populations of African American women.
2. SISTA must be implemented with passion.
3. SISTA should be publicized as a program that was developed by African American women for African American women.
4. SISTA should include HIV prevention discussions that address relationships, dating, and sexual health within the context of the African American women's experiences.

Session Outlines

Prevention is the best strategy for reducing the human and economic toll from HIV/AIDS. To have the largest impact on the HIV epidemic, the Centers for Disease Control and Prevention (CDC) utilizes a comprehensive approach to HIV prevention. Dissemination of effective interventions is a critical part of building community capacity. The *Diffusion of Effective Behavioral Interventions (DEBI)* project is a national-level strategy to provide high quality training and on-going technical assistance regarding prevention interventions to state and community HIV/STD program staff. Like many prevention programs funded by CDC, the SISTA intervention is designed to meet the cultural needs, expectations, and values of the African American women that it serves. The SISTA intervention is an important part of the CDC's prevention, intervention, diffusion, and capacity building efforts.⁶

The SISTA intervention consists of five weekly, two-hour sessions that are followed by optional booster sessions. The purpose and activities of each session are outlined below.

Session 1: Ethnic and Gender Pride

Purposes:

- 1) To introduce the intervention and set cultural climate.
- 2) To discuss ethnic and gender pride and what it means to be an African American woman.
- 3) To identify and discuss strong and positive role models.
- 4) To discuss the importance of having personal values, prioritizing them, and knowing how they affect decision making.

Activities:

- 1.1 Introductions and SISTA Intervention Overview
- 1.2 Ground Rules: SISTA Agreements



- 1.3 Parking Lot: At the Kitchen Table
- 1.4 Opening Poem
- 1.5 Ethnic and Gender Pride
- 1.6 Personal Values Rankings
- 1.7 Take-Home Activity
- 1.8 Session 1 Evaluation
- 1.9 Closing Poem
- 1.10 SISTA Motto

Session 2: HIV/AIDS Education

Purposes:

- 1) To provide accurate and up-to-date information on HIV/AIDS and other sexually transmitted diseases.
- 2) To correct myths and misconceptions about HIV/AIDS and prevention.
- 3) To discuss the importance of sexual self-protection.

Activities:

- 2.1 Opening Poem
- 2.2 Review – SISTA Agreements and At the Kitchen Table
- 2.3 Review – Session 1 Key Learning Points and Take-Home Activity
- 2.4 Local and Up-to-Date HIV/AIDS Statistics
- 2.5 HIV/AIDS 101
- 2.6 Card Game
- 2.7 Video: “It’s Like This”
- 2.8 Take-Home Activity
- 2.9 Session 2 Evaluation
- 2.10 Closing Poem
- 2.11 SISTA Motto

Session 3: Assertiveness Skills Training

Purposes:

- 1) To teach the participants to recognize and understand assertive, aggressive, and non-assertive behaviors.
- 2) To teach how assertive communication skills can be used to negotiate safer sexual behavior.

Activities:

- 3.1 Opening Poem
- 3.2 Review – SISTA Agreements and At the Kitchen Table
- 3.3 Review – Session 2 Key Learning Points and Take-Home Activity
- 3.4 Assertiveness Skills Training
- 3.5 How Do I Handle This?
- 3.6 SISTAS Assertiveness Model
- 3.7 Take-Home Activity
- 3.8 Session 3 Evaluation
- 3.9 Closing Poem

3.10 SISTA Motto

Session 4: Behavioral Self-Management Training

Purposes:

- 1) To facilitate a discussion about the reasons women do not insist their partners use condoms.
- 2) To increase women's confidence in their skill and ability to use condoms.
- 3) To reduce anxiety about condom use.

Activities:

- 4.1 Opening Poem
- 4.2 Review – SISTA Agreements and At the Kitchen Table
- 4.3 Review – Session 3 Key Learning Points and Take-Home Activity
- 4.4 Reasons Why People DON'T Use Condoms
- 4.5 Condom Basics
- 4.6 Condom Line-Up Game
- 4.7 Condom Use Demonstration and Practice
- 4.8 Negotiating Safer Sex
- 4.9 Peer Norms
- 4.10 Take-Home Activity
- 4.11 Session 4 Evaluation
- 4.12 Closing Poem
- 4.13 SISTA Motto

Session 5: Coping Skills

Purposes:

- 1) To discuss coping strategies.
- 2) To discuss how alcohol and substance use affects sexual risk behaviors for STDs and HIV.
- 3) To discuss negative responses to safer sexual behavior.
- 4) To review sessions 1-4.

Activities:

- 5.1 Opening Poem
- 5.2 Review – SISTA Agreements and At the Kitchen Table
- 5.3 Review – Sessions 1-4 Key Learning Points and Take-Home Activity
- 5.4 Coping is...
- 5.5 Coping with Drugs and Alcohol in Sexual Situations
- 5.6 Coping with Rejection and Negative Responses
- 5.7 Session 5 Evaluation
- 5.8 Closing Poem
- 5.9 SISTA Motto

Booster Sessions

The SISTA intervention is designed to include two optional booster sessions. The booster sessions are provided at three and six month intervals after Session 5 has been completed. Booster sessions are unstructured and provide women opportunities to come together again to ask questions and to receive additional support from their peers. The booster sessions are also an opportunity for the facilitators to collect follow-up evaluation information about participants' HIV risk reduction behaviors, attitudes, and knowledge.

In Booster Session 1, the women are provided an opportunity to come together and discuss challenges to practicing the skills and the risk reduction behaviors they learned; practice skills taught during Sessions 1-5; and answer any questions they have. During Booster Session 1, women are provided an opportunity to design their graduation ceremony.

Booster Session 2 is the graduation ceremony. Facilitators answer women's questions, conduct the ceremony, and distribute certificates of completion for the SISTA intervention.

Diffusion of SISTA

SISTA is one of the evidenced based interventions in the Centers for Disease Control and Prevention's (CDC) Diffusion of Effective Behavioral Interventions (DEBI) project. The DEBI project was designed to bring science-based, individual-, community-, and group-level HIV prevention interventions to community-based service providers and state and local health departments. The goal is to enhance their capacity to implement effective interventions at the state and local levels, to reduce the spread of HIV and STDs, and to promote healthy behaviors.

The DEBI project is a national strategy to provide high quality training and on-going technical assistance on selected evidence-based HIV/STD/Viral Hepatitis prevention interventions to state and community HIV/STD program staff.

The interventions have been proven effective through research studies that showed positive behavioral changes (e.g., use of condoms; reduction in number of partners) and/or health outcomes (e.g., reduction in number of new STD infections). Studies employed rigorous research designs, with both intervention and control groups, so the positive outcomes could be attributed to the interventions. With input from the researchers, the materials necessary to implement the interventions have been packaged into user-friendly kits. With the appropriate training and intervention package, service providers can increase their opportunities to conduct effective HIV/STD/Viral Hepatitis prevention programs in their communities.

As part of the DEBI project, the CDC has conducted SISTA trainings for facilitators and provided the SISTA intervention package. As of September 2007, the CDC has provided 62 SISTA facilitator trainings for over 1,100 people. Participants of the SISTA facilitator training represent 350 community-based organizations, 64 health departments, and 127 other agencies. Organizations from 39 states, Puerto Rico, and the U.S. Virgin Islands have attended SISTA facilitator trainings.

The CDC has also conducted five SISTA Institute training sessions for trainers who conduct the SISTA facilitator training. These SISTA Institutes have built the capacity of health departments, the CDC grantees, and other agencies to train CBOs who would like to implement the SISTA intervention.

In addition to the SISTA intervention package, the CDC provides information and tools for those selecting, implementing, or evaluating SISTA. These materials can be found at www.effectiveinterventions.org



**PREPARING TO
IMPLEMENT SISTA**

PREPARING TO IMPLEMENT SISTA

Pre-implementation is the first phase of implementing any intervention. This phase involves the preparations that are made to begin the program activities. It may take three to six months for the community-based organization (CBO) to obtain project acceptance, develop community collaborations, establish a referral network, find a meeting location, do the community assessment, and recruit and train staff. This section provides information that will help your CBO prepare to implement SISTA.

CBO Resources

Before an organization can begin an intervention, they must assess what resources they have available to them and what resources they need. A CBO's resources include time, funds, staffing, and technology (computer software and hardware). It is important for the CBO to consider the resources needed for implementation several months before the intervention is set to begin. For example, funds for evaluation can be secured ahead of time by adding evaluation activities to budgets for grant applications.

CBO staff should consider the following:

- What resources does the organization already have that will help them implement SISTA?
- What resources does the organization still need to help them implement SISTA?
- What are possible strategies for filling in the gaps between resources needed and resources available?

CBO Readiness Assessment

On the following page is a brief assessment intended to help CBOs determine whether they possess the capacity, or can build the capacity, to adopt and implement the SISTA intervention.

CBO Readiness Assessment

Instructions: Please read each item and place a checkmark (✓) in only one response category. If all responses are in column 1 (Yes, we have this capacity) or column 2 (We do not presently have this capacity, but we can build the capacity), an agency is likely to be ready for SISTA.

Capacities and Resources Needed for SISTA	Yes, we have this capacity (1)	We do not presently have this capacity, but we can build the capacity (2)	No, we do not have this capacity (3)
1. Clients who are heterosexual African American women, between the ages of 18 and 29, who are at risk for HIV infection due to their sexual risk-taking behaviors.			
2. At least one staff person who is skilled at facilitating discussion groups and is a peer of African American heterosexual women who may participate in the intervention.			
3. Capacity to collect, maintain, and process monitoring and outcome data.			
4. Meeting space to conduct five 2-hour sessions.			
5. Access to a TV and VCR.			
6. Access to condom demonstration training models or commonly used substitutes (e.g., bananas or cucumbers for the male condom) and condoms.			
7. Low-cost incentives for participants (e.g., small stipends, transportation passes, snacks at group sessions, childcare at group sessions).			
8. A means to track program activities (e.g., recruitment of clients, sessions delivered).			
9. Agency commitment to participate in the evaluation of SISTA.			

CBO Implementation Worksheets

Three implementation worksheets—recruitment, logistics, and community collaborations—are provided to help CBOs plan for and prepare to implement the SISTA intervention. The success of SISTA will depend upon CBOs having the appropriate recruitment mechanism, resources, and relationships in place.

In completing the recruitment, logistics, and community collaboration worksheets, CBO staff should consider each item/issue, prepare an answer or response and identify possible challenges that may be encountered during implementation. Write the answer/response in the first column. Write challenges in the second column.

For example, in answering item number 8 on the *Recruitment Worksheet*, a CBO might make the decision to provide child care. Two challenges that might be encountered are:

1. The need to provide a salary/stipend to the sitter.
2. The need for a separate room for the children to play in.

In order to support recruitment efforts, a CBO must consider and address such recruitment challenges as the organization plans for and implements the SISTA intervention.

Recruitment Worksheet

SISTA sessions should be conducted with 10 to 12 women of the same race and ethnicity.

Recruiting SISTA Participants	Answers/Response	Challenges
1. What specific cultural needs do we need to take into account?		
2. What participants will we target?		
3. How will we tailor the sessions to meet the needs of the specific cultural group?		
4. How and when will we recruit participants?		
5. What can we say to encourage participation?		
6. Would gifts or other small incentives be appropriate? If so, what do we have as ideas about how to supply them?		
7. What forms of transportation are used by the majority of our participants?		
8. How will we address the child care needs of our participants?		

Logistics Worksheet

SISTA sessions should be held on a regular, consistent basis and offered to women who can benefit from them.

Logistics of Group Scheduling	Answers/Response	Challenges
1. How can we integrate SISTA into our other services?		
2. Are there clients who will be easier to include?		
3. Are there clients who will be harder to include?		
4. Where will we hold sessions?		
5. Do we have a VCR/TV and newsprint/easel?		
6. Do we have access to condoms to distribute?		
7. Do SISTA facilitators have time constraints they need to take into account?		
8. What resources do SISTA facilitators have in terms of support and supervision?		

Community Collaborations Worksheet

SISTA can be integrated into existing services, but requires the buy-in of staff and other community organizations.

Cooperative Partners	Answers/Response	Challenges
1. Who else at our CBO needs to support or participate in SISTA?		
2. Who needs to learn about SISTA and how can we reach them?		
3. What information about our SISTA participants do we need to collect for our organization's purposes?		
4. Which administrator can guarantee financial and material support (e.g., space, VCR, condom purchases)?		
5. Are there other staff (e.g., clinicians, intake workers, supervisors) or organizations that need to help us gain access to potential clients?		
6. Are there other local organizations or programs we might collaborate with to find clients?		

By collaborating with other organizations in the community, the CBO can benefit through the combining of organizations' resources, serving as referral and recruitment sites, and/or providing transportation, childcare and other incentives.

Resource Requirements

This section describes the staff, materials, and other resources needed to implement SISTA. These recommendations are based on the experiences of many community-based organizations (CBOs) with funding to implement SISTA.²

Personnel

Program Coordinator

A program coordinator (10% FTE), who will be responsible for all activities related to recruitment, pre-implementation, implementation, and evaluation, is recommended. A program coordinator may also be responsible for hiring and supervising SISTA facilitators, monitoring fidelity of SISTA sessions, and quality assurance.

Facilitators

In addition to the program coordinator, it is recommended that two women co-facilitate SISTA sessions. Two facilitators are useful to allow one facilitator to lead the discussions and activities, while the other can monitor the mood and energy of the group, as well as individuals.

Experiences of CBOs that have implemented SISTA have found two co-facilitators to be more effective than one. However, CBO capacity to hire two facilitators should be taken into consideration and, if necessary, one facilitator can be used. A skilled and experienced facilitator is the key to ensuring the success of the intervention.

Ideally, SISTA facilitators should:

- Be peers of the target population in terms of gender and race/ethnicity (African American women).
- Possess group facilitation skills.
- Have experience working with the target population.
- Speak the same language and dialect as the target population.
- Be able to create a culturally appropriate environment.
- Be knowledgeable about HIV transmission and prevention and be able to explain this information to others.
- Have a non-judgmental attitude toward persons living with HIV/AIDS or at risk for acquiring HIV.

Space

SISTA needs a place where the sessions can be held. This space must be:

- Large enough for 8 to 12 people to sit in a circle and move around comfortably.
- Easy to get to using public transportation.
- Private and secure, so confidentiality can be maintained.
- Quiet and without interruptions (such as people entering and exiting the room or outside noise).

Supplies

SISTA needs:

- Anatomical models (male and female) for condom demonstrations and practice (e.g., penile and vaginal models).
- Condoms (male and female).
- If incentives (e.g., bus tokens, toiletry items, food, child care for participants' children, phone cards, gift certificates, flowers) will be used, they must be purchased.
- TV/VCR player.
- Intervention materials (e.g., SISTA Implementation Manual, session handouts, Video: "It's Like This . . .").
- Culturally relevant decorations (e.g., decorative cloths, wall hangings, photos, drawings) for the meeting room to set the climate for the sessions and make participants feel comfortable.
- Printer or photocopier.
- Photocopies—the SISTA intervention uses materials that will need to be photocopied (e.g., handouts, session evaluations, homework).

Budget

The budget to implement SISTA will vary based on the costs in different regions of the country, the planned number of cycles of the intervention, and the use of optional components of the intervention (e.g., incentives, room decorations). A sample budget is provided to assist CBOs in planning the costs for their SISTA intervention.

Sample 1 Year Budget for 8 Cycles of SISTA

The sample budget is a conservative estimate for one year in which eight cycles of the SISTA intervention are conducted (1 cycle = 5 sessions and 2 booster sessions). It makes the following assumptions:

1. The CBO has access to the SISTA participants through an outreach mechanism or within agency referral.
2. A total of 96 participants will be served (12 participants x 8 cycles).
3. The CBO has an appropriate space that *does not require additional funds* (i.e., rent), to hold fifty-six (56) two-hour group sessions (this includes 40 SISTA sessions and 16 booster sessions).
4. The CBO has a computer and copy machine.
5. The CBO is situated either in or within close proximity to the community where the intervention will be implemented.

Sample SISTA Budget

RESOURCE			TOTAL COST
Staff	Salary/ Person	Persons	
Program Coordinator (10%)	45,000.00	1	4,500.00
Facilitator (100%)	30,000.00	1	30,000.00
Facilitator (50%)	30,000.00	1	15,000.00
Fringe Benefits @ 13%			6,435.00
		Total	\$ 55,935.00
Contracted Services			
Program Evaluation (15%)	65,000.00	Total	9,750.00
			\$ 9,750.00
Intervention Supplies	Costs/Unit	Units	
Supplies (cultural enhancements, decorations)	500.00	--	500.00
Copying—materials/session handouts	700.00	--	700.00
Easel	350.00	1	350.00
Newsprint paper pads	50.00	--	50.00
Marker set (8/set)	10.00	1	10.00
Tape, pencils, pens, scissors, etc.	30.00	--	30.00
Colored note cards	10.00	--	10.00
Penile models	10.00	10	100.00
Vaginal model	100.00	1	100.00
Condoms—female	1.50	100	150.00
Condoms—male 1,000/case	70.00	1	70.00
Dental dams 25/box (optional)	20.00	1	20.00
Lubricants 100/box	25.00	1	25.00
Plastic sandwich wrap	5.00	1	5.00
Rubber gloves 100/box	15.00	1	15.00
Envelopes, stamps, certificates, folders	2.00	96	192.00
		Total	\$ 2,327.00
Facilities/Equipment	Costs/Unit	Units	
Telephone/Fax	\$275.00	1	275.00
Computer/Ink cartridges/Maintenance	500.00	1	500.00
Internet Service Provider	180.00	1	180.00
Vehicles (gas, mileage)	235.00	1	235.00
TV/VCR player	300.00	1	300.00
		Total	\$ 1,490.00
Incentives	Costs/Unit	Units	
Coupons (phone cards, bus tokens)	5.00	192	\$ 960.00
Gift cards (\$10 each)	10.00	96	960.00
Childcare (56 sessions x 2 hours = 112 hours)	10.00	112	1,120.00
		Total	\$ 3,040.00

Grand Total \$72,542.00

Recruitment

SISTA was designed to target sexually active, heterosexual African American women ages 18 to 29 who are at risk for HIV through sexual behavior.

To encourage participation, SISTA should be publicized as a program for African American women; a program developed by African American women; and a program that discusses dating, relationships, healthy sex practices, and works to improve women's ability to communicate effectively with sex partners.

Women may be recruited from a CBOs' existing programs; health and social service organizations; family planning clinics; sexually transmitted disease clinics; community-based organizations; shelters; or focus groups.

If the CBO plans to use SISTA with a population other than the population from the original research study, the intervention could be publicized as a program that includes discussions on dating, relationships, and healthy sexual practices and works to improve women's ability to communicate effectively with sex partners.

Before implementing the SISTA intervention, develop a recruitment strategy that is designed to work:

1. In the setting in which the CBO plans to implement the intervention.
2. With the women who are targeted for recruitment.

Policies and Standards

Before a CBO attempts to implement SISTA, the following policies and standards should be in place to protect program participants, the CBO, and the facilitators²:

Confidentiality

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 participant is referred, signed informed consent from the participant or her legal guardian must be obtained.

Cultural Competence

CBOs must strive to offer culturally competent services by being aware of the demographic, cultural, and epidemiologic profile of their communities. CBOs should hire, promote, and train all staff to be

sensitive to the populations they serve. In addition, they should offer materials and services in the preferred language of participants, if possible, or make translation available, if appropriate. CBOs should facilitate community and participant involvement in designing and implementing prevention services to ensure 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*, which should be used as a guide for ensuring cultural competence in programs and services.

Data Security

CBOs should ensure data security and the confidentiality of participant information collected and reported to the Centers for Disease Control and Prevention (CDC) or other funders.

Informed Consent

CBOs must have a consent form that carefully and clearly explains (in appropriate language) the CBO's responsibility and the program participants' rights. Individual state laws apply to consent procedures for minors; but at a minimum, consent should be obtained from each participant and, if appropriate, a legal guardian if the participant is a minor or unable to give legal consent. Participation must always be voluntary, and documentation of this informed consent must be maintained in the participant's record.

Legal and Ethical Policies

CBOs must know their state laws regarding disclosure of HIV status to sex partners and needle sharing partners. CBOs are obligated to inform participants of the organization's responsibilities, if a participant receives a positive HIV test result, and the organization's potential duty to warn. CBOs also must inform program participants about state laws regarding the reporting of domestic violence, child abuse, sexual abuse of minors, and elder abuse.

Linkage of Services

Recruitment and health education and risk reduction should link program participants whose HIV status is unknown to counseling, testing, and referral services, and persons living with HIV to care and prevention services. CBOs should develop ways to assess whether and how frequently the referrals made by their staff members were completed.

Personnel Policies

CBOs conducting recruitment, outreach, and health education and risk reduction must establish a code of conduct. This code should include, but not be limited to, the following: do not use drugs or alcohol, do use appropriate behavior with program participants, and do not loan or borrow money.

Referrals

CBOs must be prepared to refer participants as needed. For program participants who need additional assistance decreasing risk behavior, facilitators must know about local referral sources for prevention interventions and counseling, such as partner counseling and referral services and other health department and CBO prevention programs.

At times, personal issues among participants may arise whereby they may need immediate referral attention. If there is only one facilitator, that facilitator may need to call a “time out” to address individually the participant’s issue.

Safety

CBO policies must exist for maintaining the safety of facilitators and program participants. Plans for dealing with medical or psychological emergencies must be documented.

Selection of Target Populations

CBOs must establish criteria for, and justify the selection of, the target populations. Selection of target populations must be based on epidemiologic data, behavioral and clinical surveillance data, and the state or local HIV prevention plan created with input from state or local community planning groups.

Volunteers

If the CBO uses volunteers to assist with or conduct this intervention, then the CBO should know and disclose how their liability insurance and worker’s compensation applies to volunteers. CBOs must ensure that volunteers also receive the same training and are held to the same performance standards as employees. All training should be documented. CBOs must also ensure that volunteers sign and adhere to a confidentiality statement.

Quality Assurance

The following quality assurance activities should be in place when implementing SISTA²:

1. Community-Based Organizations (CBOs)

- CBOs should have in place a mechanism to monitor facilitator activities in order to ensure that all sessions and core elements are implemented.
- Quality assurance activities can include direct observation and review of sessions by staff. The review could focus on the quality of the sessions, how well facilitators adhere to content, and the responsiveness and openness of the women to the facilitator.
- Facilitators should have extensive knowledge of HIV/AIDS/STD transmission and of local and national HIV/AIDS surveillance data.
- Facilitators should be representative of the target population in race/ethnicity and gender, and deliver information in a non-threatening and culturally relevant manner.
- Facilitators should collect all evaluation forms after each session and ensure participant confidentiality.
- Facilitators should ensure all program participants are actively involved in each of the sessions.
- Facilitators should meet with supervisors twice a month to discuss progress and opportunities for change.

2. Program Participants

- The participants' satisfaction with the intervention and their comfort should be assessed during each session. CBOs can use the evaluation forms provided in the evaluation section of this manual or can develop their own.

FACILITATING SISIA

FACILITATING SISTA

To facilitate means to “make easy or easier” or to “assist the progress of.” Strong facilitation skills are critically important to the successful implementation of SISTA. Every skillful facilitator needs a toolbox of ready-made creative ideas, activities, and stories to start a group discussion and to keep it going. SISTA facilitators need fresh and creative ways to get their groups to engage in meaningful discussions. This section provides information on the skills needed to facilitate SISTA effectively.

The SISTA intervention has been designed to be gender relevant and culturally specific. The importance of a culturally appropriate approach to facilitation in HIV education is emphasized in the article entitled “HIV/AIDS Education and Prevention Among African Americans”.⁷ The authors found that “only those HIV/AIDS intervention strategies that respect and reflect African American culture will be effective in halting the HIV/AIDS epidemic. Thus, while the endpoint of increased adoption of health promotion behavior is similar across cultural populations, the methods used to attain these behavioral modifications may differ substantially between cultural groups.”⁷ There are many important facilitation skills and teaching strategies to remember when working with African American women. However, with practice, it becomes easier to incorporate them into the sessions, allowing effective communication with participants.

Elements of Effective Facilitation

Effective facilitation of the SISTA intervention requires trained and prepared facilitators who are able to use good communication and facilitation skills and a variety of teaching strategies. Before attempting to facilitate the SISTA intervention, facilitators are encouraged to contact their local health department in order to make arrangements to take a basic HIV/AIDS training (a.k.a. HIV 101) and a group facilitation skills course.

Role of the Facilitator

A SISTA facilitator’s role is to lead the group and to make every participant feel safe and valued in the group. Facilitators also help the group participants to feel connected to each other (e.g., group cohesion) and to share and respond to each other. Good facilitators need to develop effective communication skills, and understand and use effective facilitation skills, as well as a variety of teaching strategies.

An effective SISTA facilitator is an effective communicator. She helps women to get interested and stay interested in SISTA discussions and activities. She shares up-to-date HIV/AIDS prevention information and she teaches women the skills they need to reduce their risk for infection. To accomplish these tasks, the SISTA facilitator must be able to communicate effectively.

SISTA facilitators should remember that some of the sessions and discussion might trigger very emotional responses from the participants. It is important that facilitators be prepared to handle emotional responses and have a detailed list of referrals for other local social service organizations. Remember the African proverb that states, “He who upsets a thing should know how to rearrange it.”

Preparation and Planning

The key to successful group facilitation is preparation. The time a facilitator spends preparing her presentation and activities (prep time) allows her to review the session plans in this manual so that she can set the tone for the best group discussions and participation. During prep-time, the facilitator can rearrange the room, set up various intervention materials, and decorate the room with selected cultural enhancement items. SISTA sessions and activities are **timed**. Facilitators should allow enough prep-time so they can be sure to have enough time during the session to get through the planned discussions and activities and to allow some time for focusing on the concerns of group members.

A useful tool in a facilitator’s toolbox is a prepared outline of the session topic that is being presented. A **Session At-A-Glance** is included in the instructions for implementing each SISTA session. Another useful tool is the facilitator’s checklist that you will also find in each session of SISTA. The checklist helps the facilitator ensure that the necessary supplies, materials, and equipment are on hand for the planned activities. The checklist can also help the facilitator stay on task and to document information that needs to be reported to the CBO. A sample facilitator’s checklist can be found on page 30.

Sample Facilitator's Checklist:

Session 4—Behavioral Self-Management Training

Facilitator's Checklist

Date: _____

Facilitator Name: _____

Facilitator Name: _____

Group Name: _____

Session Location: _____

Materials Checklist:

- SISTA Implementation Manual
- Community Referral List

Handouts:

- 4A Opening/Closing Poem: "The Way I Feel"
- 4B Session 3 Key Learning Points
- 4C SISTAS Assertiveness Model
- 4D 15 Steps
- 4E Condom Instructions
- 4F Negotiating Safer Sex
- 4G Take-Home Activity: Get a Condom and Ask Him to Use It!
- 4H Session 4 Evaluation

Supply Checklist:

- Sign-in sheet
- Name tags
- Easel and newsprint
- Markers
- Tape
- Pens/pencils
- Self-stick note pads
- Assortment of male and female condoms (include different colors, flavors, textures, sizes, non-lubricated), lubricants, and dental dams
- Anatomically correct vaginal and penile models
- Napkins, paper towels, and hand sanitizer or wet-wipes
- Baskets, boxes or zip lock bags for making safer sex kit samples
- Set of "Condom Line-Up Game" cards

Advanced Preparations:

- Copy participants' handouts listed above.
- Prepare a listing of places in your community where participants can purchase condoms or get condoms free.
- Prepare newsprints shown on page 172.

Communication Skills

The ability to share information clearly and to convey concern and caring is needed to communicate to others. This can be done in two ways:

1. Verbal communication—saying words or sounds.
2. Nonverbal communication—eye contact, body posture, hand and arm movements, or facial expression.

The purpose of learning effective communication skills, both verbal and nonverbal, is to enhance your ability to share information in a way that the listener can understand and to present yourself as an interested, caring, and nonjudgmental facilitator. It is important to realize that merely acting as though you are interested is not enough. Verbal and nonverbal communication skills are used together to communicate information and feelings. The purpose of learning these skills is to develop further the facilitator's ability to translate her intention to be helpful into action.

Verbal Communication

When a person shares a message with another person by speaking words or making a sound with the mouth, it is called verbal communication. Examples are statements, questions, one word (e.g., yes, okay), as well as noises such as throat clearing to get someone's attention or laughing. Verbal communication also includes the tone, the speed, and the volume in which the words are spoken as well as the choice of words.

Effective verbal communication—pleasant, interested, appropriate loudness of voice, moderate rate of speech, natural conversational style using simple, yet precise language, and fluid speech.

Ineffective verbal communication—monotone, overly enthusiastic tone of voice, too loud or too soft, rate of speech either too rapid or too slow, choppy, excessive use of slang, overly formal speech using language not easily understood, or excessive use of “you knows” or “um's”.

Nonverbal Communication

Nonverbal communication is sharing information or a message without spoken words or sounds. Nonverbal behaviors include eye contact, hand and arm movements, body posture, head and facial movements, and the space or distance between people. Other nonverbal cues such as type of clothing and physical appearance may also influence how the facilitator is perceived. What a person says verbally is strongly impacted by his/her nonverbal behaviors.

Facilitators will need to practice controlling nonverbal gestures. It is well worth the effort, both before presentations (in front of a mirror or some understanding friends or family members) and during presentations themselves.

Remember that verbal and nonverbal communication styles are culturally determined and may vary from one cultural group to another. These tips on nonverbal communication are relevant to African American women in general and may not apply to other cultural groups of women.

Eye Contact

Effective—looking directly at the person talking, indicating with your body language that you are listening. Eye contact is attentive and invites communication. The listener or presenter focuses exclusively on the other person.

Ineffective—not looking at the person, breaking eye contact often, staring blankly or overly intensely, looking down or away, or eye rolling.

Body Posture

Effective—a slight forward lean of the body, body positioned facing the audience, relaxed, but attentive posture. If sitting, hands loosely clasped on lap, occasional fluid arm and hand movements to emphasize important points.

Ineffective—leaning too far forward, slouching backward, body turned sideways from audience, a fixed, rigid, and tense body position, infrequent hand and arm movements, hands on the hips, or arms folded across chest.

Head and Facial Movements

Effective—occasional affirmative head nods, appropriate smiling, and expressions that match the mood of the participants.

Ineffective—constant head nodding, head down, neck rolling, continuous smiling, a cold, distant expression, rigid facial expressions, or overly emotional facial reactions.

Personal Habits

Effective—friendly, clean, and appropriate dress.

Ineffective—playing with hair, fiddling with a pencil, or tapping fingers or feet.

Facilitation Skills

Facilitation skills are a critical component when attempting to motivate behavior change in intervention participants. A skilled facilitator will be able to observe an entire picture of what is happening with individuals, as well as the group as a whole, and use this information to meet the needs of the group.

Several facilitation skills can help facilitators to understand better the participants' HIV/AIDS prevention information needs. In SISTA, the following facilitation skills are useful:

Create a “Safe” Climate

Be careful not to patronize, condemn, or trivialize the experiences and feelings of participants. SISTA facilitators do not “preach”. Creating a safe environment through appropriate verbal and nonverbal communication will encourage participants to open up and get the HIV prevention information they need.

Active Listening

Listening is probably one of the most important facilitation skills. To help participants accept HIV/AIDS information and apply it to their lives, facilitators must be skilled at hearing and understanding participants' comments and questions. Active listening also involves paying attention to participants' nonverbal behavior. Facilitators who are listening actively:

- Clear their heads of their own thoughts.
- Give full attention to what another person is saying.
- Do not predict what someone means in the first few words or sentences.

Using Open-Ended Questions

Open-ended questions are those questions that require more than just a “yes” or “no” answer. These usually begin with “what”, “who”, “when”, or “where”. Other questions encourage thinking and open a discussion of ideas. Usually, these begin with “how” or “why” and result in a variety of ways to look at an issue.

Feedback

Use positive and corrective feedback that provides a safe environment for individuals to participate freely in open discussion. Positive feedback can come in forms of affirmative nods, smiles, or statements such as “thank you for sharing that experience with us.” Corrective feedback should be given as soon as an error is made and should identify the mistake while offering an alternative action.

Encourage Questions

Look forward to answering questions. Questions indicate that information is being considered and processed, and that learning is occurring. Questions also give facilitators opportunities to check how well participants understand information and to see how participants plan to apply the information they have learned.

Answer All Questions

The only foolish question is the one that is not asked. Avoid ridiculing people for questions they ask and scolding questioners for “not listening”.

What’s Being Asked?

Figure out what is really being asked. Ask participants to clarify what they are saying. Facilitators should not assume they know what a participant means. Listen for euphemisms.

Be Honest

Be honest. Do not bluff. If you do not know an answer, commit to finding the answer and getting back to the participant who asked the question. If you have made a mistake, admit it.

Allow Anonymity

By allowing participants to write down and submit questions anonymously, you encourage them to get answers to questions that might be vital to their decisions about HIV prevention behavior.

Communication Leads

To understand another person's feelings and experiences, be cautious and open-minded. To be sure you are getting the true meaning of the message they are trying to convey to you, it is often helpful to rephrase what they have said. The following phrases may be useful:

It sounds like you're feeling . . . (angry, happy, sad, etc.)

What I hear you saying is . . .

Do you mean . . .

From your point of view . . .

So you are saying . . .

Phrases that are useful when you are having difficulty understanding may include:

Could it be that . . .

Correct me if I'm wrong, but . . .

You appear to be feeling . . .

I'm not sure if I'm with you, but . . .

This is what I think I hear you saying . . .

I get the impression that . . .

To engage participants and encourage them to take part in discussions you might say:

That sounds interesting, tell us more about it.

Referring Back to the Group

Another way to encourage more participation is to toss a participant's question back to the group so they can explore the issue. Hearing more than one person speak can enhance learning and it gives participants a chance to offer their own ideas or suggestions.

Bridging

Bridging is linking one topic to the next topic of discussion or transitioning from one activity to another. To bridge, a facilitator may use summaries and statements that appear to flow naturally and logically from one topic to another. This will help the participants to

move comfortably from something they know to something new and to understand how one topic relates to another.

Managing Silence

Effective facilitators learn to feel comfortable with silence and to see it as a natural part of facilitating discussions or exercises. Participants need time to think before answering a question or contributing to the discussion. Facilitators can manage silence by:

- Waiting 10 seconds after asking a question or asking participants for input.
- Asking the question in another way, if participants do not respond during that time.

Polling

Polling consists of asking all participants for their contribution. As the facilitator, you can get an idea or a response from everyone in the group. A facilitator may use polling for:

- Making introductions and sharing expectations.
- Getting initial ideas from everyone before starting a discussion.

In some situations, it may be important to offer participants the option to “pass” (e.g., not respond).

Managing Time

Facilitators often need to find a balance between meeting participants’ needs, taking advantage of teachable moments, and adhering to the schedule/agenda. When managing time, consider the following:

- Getting agreements from the group on starting, ending, and break times.
- Being responsible for starting and ending sessions on time.
- Making sure all important agenda items fit into the schedule.
- Reaching agreements with your participants regarding time and content issues.

Maintaining a Nonjudgmental Perspective

Another important skill for community facilitators is to maintain a nonjudgmental perspective. In order to learn, people need to feel safe and willing to participate in the session. Participants feel safe when their values and beliefs are respected. By remaining nonjudgmental, effective facilitators balance many skills at once. Effective facilitators:

- Apply skills they have learned, such as avoiding or repeating labels, and instead use language that describes behavior.
- Are actively listening and asking open-ended questions to involve participants.
- Give affirming feedback to all participants, regardless of their own values about issues and situations.

Teaching Strategies

The following teaching strategies are used in the SISTA intervention:

Task Groups

A task group is a method of dividing participants into small teams in order to find possible solutions to a given problem. Task groups carry the session in a direction defined by the material, which is then discussed by the participants in a way that helps them make stronger connections between their lives and the objectives of the activity. HIV prevention strategies shared by group participants may have greater credibility than the same ideas expressed by the facilitator. Your aim in facilitating task groups is to encourage exchange among participants so they can complete the task. Your role is not to insert yourself between participants, but rather to use your facilitation skills to (1) guide the task groups and (2) set the climate in ways that can encourage the participants to share and trust.

Facilitation Skills for Task Groups

- Asking open-ended questions
- Giving and receiving feedback
- Giving clear directions
- Keeping on topic
- Listening
- Being nonjudgmental
- Managing silence
- Referring to the group
- Setting the climate

Brainstorming

In brainstorming, everyone can comment on the topic. During brainstorming, no one judges the value of any idea. This allows the group to collect ideas on a topic from many, if not all, participants. List all ideas offered on newsprint so that everyone can see them. In brainstorming, there are no wrong answers. Brainstorming helps participants expand their thinking about a topic by hearing what others have to say. Groups engage in brainstorming without judging how useful any idea may be. Facilitators should encourage ideas, without making decisions about their worth, to make the list as long as possible. Reinforce opportunities for all participants to contribute. Avoid any sign of disapproval of an idea; criticism may affect the willingness of participants to contribute.

Facilitation Skills for Brainstorming

- Asking open-ended questions
- Giving directions
- Active listening
- Being nonjudgmental
- Polling (inviting each participant to speak)
- Setting the climate

Demonstration and Practice

SISTA facilitators will sometimes demonstrate or model a skill by showing participants the correct steps. The demonstration shows the participants the correct way to perform the skill, but also that they can learn how to do it. Of all the teaching strategies, demonstration requires that the facilitator give more directions.

Facilitation Skills for Demonstration and Practice

- Giving directions
- Giving information
- Managing time
- Asking open-ended questions
- Giving and receiving feedback
- Active listening
- Being nonjudgmental
- Setting the climate

Demonstrations are usually followed by practice of the skill the participants were just shown. This is true for physical skills such as putting on and taking off a latex condom, as well as using the SISTAS Assertiveness Skills Model to make decisions.

Good facilitators need to be sure to go over what will be demonstrated and practice until the task can be done easily and confidently. Practice helps to build your confidence to meet this challenge. Practice closes the gap between knowing and doing.

During practice, participants act on what they have learned in a setting that is comfortable and not intimidating. Practice makes it more likely participants will use the skill in real life because they know they can do

it. Be sure to set a climate that encourages full participation. Sometimes a participant may not want to participate. In this case, it will be okay to allow the participant to pass until she feels more comfortable.

During the practice, observe the participants. Listen to what they say in order to give them appropriate feedback about what they did correctly. Be ready to suggest how they could do something better.

Role-Play

Role-play is a teaching strategy in which participants play parts, as would an actor in a play. Participants do not express their own views and opinions, but express the views of the characters they have been asked to play.

The Elements of Role-Play

- *Creating a safe climate for the role-play activity.* Ways to do this include setting ground rules and using icebreakers.
- *Giving clear and detailed instructions before putting participants into role.* Make sure participants are clear about the characters or situation they are acting out. Ensure they understand the role-play activity is make-believe. This gives them the freedom to try other ways of saying things they might not say in “real life.”
- *Putting participants into role.* Do this by assigning certain chairs or space in the room where role-play takes place. Some facilitators use badges, hats, or signs as reminders to participants that they are “in role”. It is important to be very clear about when participants are “in role” and when they are not “in role”.
- *Asking for volunteers rather than assigning people to take the roles.* Some people may not feel comfortable playing roles in front of the group; therefore ask for volunteers.
- *Giving participants a chance to ask questions before beginning the role-play.*

Facilitation Skills for Role-Play

- Giving directions
- Giving information
- Managing time
- Asking open-ended questions
- Giving and receiving feedback
- Active listening
- Being nonjudgmental
- Setting the climate

TIP: Role-Play

Write role-play elements on newsprint.

Then post the list of elements in the room for participants to look at during the role-play demonstration and practice.

- *Having participants switch roles so each person gets to play both parts.* For example, with an activity focusing on postponing sex, each person gets to practice resisting pressure lines.
- *Listening carefully during the role-play.* Intervene if participants become too emotional, forget they are playing roles, or wander too far from the topic of the role-play.
- *Releasing participants from role.* After the role-play is completed, it is important to tell participants they are no longer “in role” and they can be themselves again. If space has been set aside in the room for the role-play, move to a different part of the room for the follow-up discussion.
- *Using open-ended questions to let participants share their role-play experiences.* Allow the role-play participants to express their feelings first. Afterwards, open up the discussion by allowing the rest of the participants to share their views on the role-play.

Summary

A critical component of a group-level intervention like SISTA is effective facilitation. Using the elements of effective facilitation—verbal and nonverbal communication skills, facilitation skills, managing time, and teaching strategies—will increase effectiveness as a SISTA facilitator. These skills will improve with practice and time.

ADAPTING SISTA

SISTA was originally designed to reduce sexual HIV risk behaviors among heterosexual, African American women ages 18 to 29. However, the HIV risk behaviors (e.g., unsafe sex) and behavioral risk determinants (e.g., condom use skills and self-efficacy, condom negotiation, assertive sexual communication skills) that SISTA is designed to affect have been shown to be central to HIV prevention for subpopulations of African-American women, as well as other groups of women. The theoretical framework, activities, and internal logic of the intervention are relevant to other racial/ethnic groups of women with similar sexual risk behaviors and contextual factors that put them at risk for HIV infection. Many issues that impact HIV risk reduction for women and the theoretical foundation of SISTA (e.g., empowerment, modeling, skill building, and gender-specific issues), transcend cultures.

Given the effectiveness of SISTA with African American women, many HIV prevention providers have expressed interest in adapting SISTA for subpopulations of African American women who were not included in the original research (e.g., older women, incarcerated women, substance abusers in treatment, prostitutes) as well as other racial/ethnic groups of women. The central challenge of adapting SISTA is to maintain fidelity to the essential or core elements of the original intervention, while adapting non-essential aspects of the intervention to accommodate needs of the target population. Ideally, the adapted intervention will be as gender-based and culturally relevant for the new population of women as the original SISTA intervention.

The Centers for Disease Control and Prevention (CDC) recognizes that a common implementation challenge is the community-based organization's (CBOs) need to make some changes to the SISTA intervention so it best meets prevention needs of the women in their communities.

Adaptation – When an organization makes changes in an intervention so it meets the needs of the target population, the community, or agency implementing the intervention. Adaptation can include small tweaks or significant changes to the intervention.

Implementation Tip:

Core elements and key characteristics are described on pages 8 and 9.

The **key characteristics** of the SISTA intervention may be changed for a better fit with prevention needs of a specific population of women.

Reinvention – When the core elements are added or deleted. This type of adaptation, called reinvention, is not a bad thing if done carefully with the needs of the new target population of women clearly in mind as the adaptation process takes place. CBOs that reinvent SISTA for their specific population of women can rename the intervention. This intervention would be based upon SISTA, but cannot depend on the research findings of the original SISTA intervention.

When making any changes in the SISTA intervention, an organization must consider to what extent an adapted or reinvented SISTA intervention can be expected to obtain the desirable prevention effects that were found in the original research study.

Adapting SISTA for Diverse Populations of African American Women

The original SISTA Project was conducted in a low income, urban neighborhood in California. The participants were sexually active, heterosexual, African American women 18 to 29 years of age who had not used crack cocaine or injected any other drugs in the three months before they were enrolled in the study. All of the women enrolled voluntarily.¹

The SISTA intervention is based on theories of behavior change that can be applied to many behaviors and populations. Because of this, the intervention can be adapted to meet the specific needs of African American women who were not part of the original research study. Adapting the intervention will be successful only if changes made are based on the known needs and special conditions of the population with whom the work is done.

Community-based organizations have adapted SISTA for several sub-populations of African American women who were not represented in the original research. Examples include, but are not limited to, older women (ages 30 to 60+), adolescents/youths, incarcerated women, women in substance abuse treatment, sex workers, women living in rural areas, and Haitian women living in the U.S.

About Community Assessment

Before adapting the SISTA intervention, the CBO must first do a community assessment. This is sometimes called a *formative evaluation* because it helps you to “form” your program. The community assessment will help the organization to know more about the group of women it is trying to reach. A good community assessment can help staff learn about the community where the women live, their culture, risk behaviors, and other factors that put them at risk for HIV infection (e.g., high levels of domestic violence or that none of the stores in the neighborhood sell condoms).

Following the steps of a community assessment can help CBOs find answers to questions about whether SISTA is right for the women it wants to work with. A good assessment will help an organization learn what's going on in the target community. It can provide answers, such as:

- **Who** the women are in the community who are at highest risk for HIV/AIDS.
- **What** the women and their male partners are doing that increase the women's risk for HIV infection (e.g., drug use, domestic violence, norms that encourage unprotected sex).
- **Where** the women at highest risk live, work and play in the community.
- **Where** SISTA will be implemented (e.g., neighborhood, facility).
- **When** the targeted women will be available to attend SISTA (e.g., summer, evenings, weekends, every Monday morning).

Steps of Community Assessment

1. Interview community gatekeepers and stakeholders.

- Determine whether SISTA can be done successfully in the group to be reached by talking with people who know the community and what's going on, like social service workers, church leaders, educators, and police.
- Check to be sure they believe SISTA is needed in the community and they are willing to help you.

2. Conduct focus groups with women that are members of the target audience.

Focus groups are conducted to learn what issues are most important to the women that are to be served. If the CBO finds the women being targeted are similar to the women who participated in Wingood and DiClemente's original research¹, i.e.:

- African American women ages 18 to 29
- Low to median income
- Reside in an urban area

- No recent history of crack cocaine or injection drug use

then the SISTA intervention may be the one to choose for adaptation. The focus groups must also discuss all the core elements of the original evidence-based intervention. Several focus groups may be needed in order to look at each core element.

Focus group discussions should indicate whether each of the core elements of the SISTA intervention is do-able and appropriate for the women in the target community.

3. Develop a logic model.

A logic model is a plan (often shown in a flow chart or table) that shows a sequence of activities that will be used to address a problem statement. These activities are then linked to measurable outputs and outcomes that show reduced HIV risk.

The CBO's SISTA Logic Model should fully describe the core elements of the SISTA intervention and how these activities work together to help prevent HIV. All intervention activities, based on the core elements of the intervention, should address the problem statement and be linked to clearly stated and planned results of the activities.

The logic model also needs information for each of the core elements of the SISTA intervention. This means the CBO must find all of the resources that are needed to do an evidence-based intervention. Resources include:

- People involved (employees, managers, and volunteers).
- Supplies.
- Costs for site to be used.
- Travel costs.
- Incentives.
- Ability to develop materials.

When putting together the SISTA Logic Model, look at the changes in behavior that happened as a result of the original research done on the intervention. Be sure the activities in your adapted program are designed to get the same or better results. A sample of a SISTA Logic Model is shown on page 47.

4. Pre-test your adapted intervention materials.

A community advisory board that includes women from the target audience would be a good group for pre-testing. Pre-testing ensures the materials are right for the women that are being targeted and meets their needs. Explore issues such as:

- Reading level of the target population.
- Community values and norms.
- Attractiveness of materials.
- Whether the messages and instructions are understood and can be remembered by the new target audience.

5. Pilot test to check how the intervention works in a small subgroup of the population you will serve.

Pilot testing shows the usefulness of the adapted intervention. **A group-level intervention such as the SISTA** can be divided into small pilot tests of each core element. Later, the entire intervention, including all core elements, can be pilot tested.

Choosing an appropriate population is the first step to adapting an intervention. After that, messages and strategies can be changed to help persons change behaviors that put them at risk. Also, the setting for the intervention needs to be chosen. This will help you know how to deliver the intervention best.

Adapting SISTA for Other Racial/Ethnic Populations of Women

CBOs that wish to adapt the SISTA intervention for racial/ethnic populations of women other than African American (e.g., Latinas, Native Americans) are advised to go back to the original theoretical foundations for SISTA and build an intervention appropriate for the women they serve. The first step in determining whether SISTA is appropriate for the new target population of women is to ask if the new population of women:

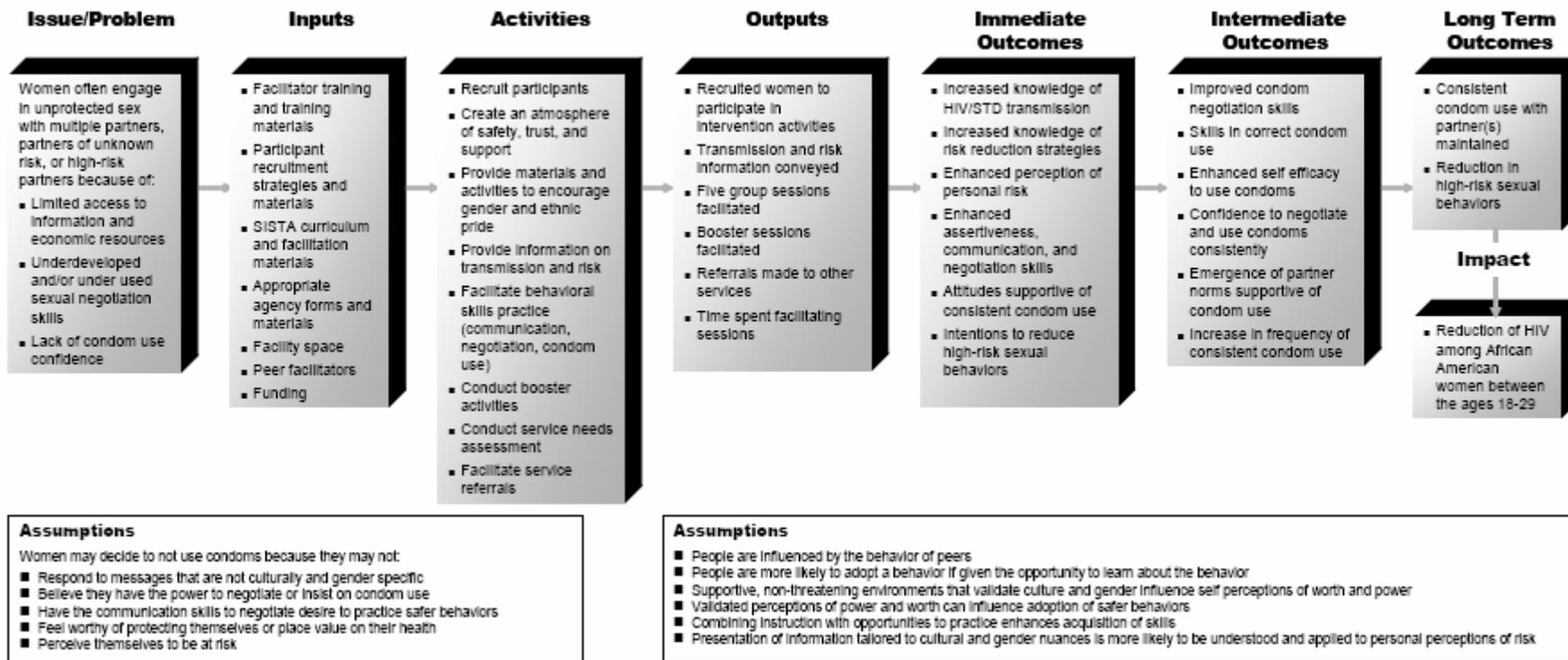
1. Live in communities where men are given more power than women, including sexual relationships and behaviors.
2. Have the same risk behaviors (i.e., unsafe sex) that the intervention focuses on.
3. Have the same or similar behavioral risk determinants (e.g., condom use skills and self-efficacy, condom negotiation, assertive sexual communication skills) that the intervention focuses on.

If the answer to these three questions is yes, then adapting the SISTA intervention for the new population may be appropriate. However, the process of adapting is more than replacing African-American inspired poems and decorations. It may involve offering new activities and discussions that are not included in SISTA to make the intervention culturally relevant to the new population of women.

CBOs that adapt SISTA for a new population of women can rename the intervention noting that the intervention is based upon SISTA. In the same way that SISTA is culturally relevant and meaningful to African American women, the new name should also be culturally relevant and meaningful to the new group of women. Before a CBO attempts to adapt SISTA for a new population, it will need to perform the following activities:

- **Interview** key stakeholders and gatekeepers.
- Conduct **focus groups** with the women you want to work with.
- Design a **logic model** for the adapted intervention (to assess risk determinants).
- Design, select and **pre-test** intervention materials (with a small group of women like the ones that you want to work with).
- **Pilot test** the intervention (also with a small group).
- **Train staff** to implement the new SISTA-based program in the community.

SISTA (SISTERS INFORMING SISTERS ON TOPICS OF AIDS) LOGIC MODEL



Implementing SISTA Sessions

DRAFT



Session 1

Ethnic and Gender Pride

DRAFT



	<h1>Session 1</h1> <h2>Ethnic and Gender Pride</h2>	<p>120 minutes</p>
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Purpose

Session 1 is a discussion on ethnic and gender pride and what it means to be an African American woman. Participants have an opportunity to identify positive role models in their lives and learn about the importance of having and prioritizing personal values, and how they affect decision-making. This session emphasizes the importance of self-love, pride, and the positive qualities of being an African American woman.

Facilitator Goals

1. Introduce facilitators and participants.
2. Provide the overview of the intervention and its purpose.
3. Establish ground rules and expectations for the intervention.
4. Generate a discussion about what it means to be an African American woman.
5. Create a safe and open climate that encourages group participation and interactive learning.

Participant Objectives

By the end of this session, participants will have:

1. Discussed what it means to be an African American woman.
2. Identified positive attributes of being an African American woman.
3. Identified African American women who are personal role models.
4. Discussed what values are and how having values and prioritizing values can have positive effects on one's life.

Session 1 At-A-Glance

Activities	Time (minutes)	Purposes	Materials
1.1 Introductions and SISTA Intervention Overview	10	Introduces facilitators to participants and provides brief background of the SISTA intervention.	<ul style="list-style-type: none"> • Prepared newsprints • Large white pillar candle
Icebreaker: <i>The Umoja Circle</i>	8	Participants have the opportunity to introduce themselves and get acquainted.	<ul style="list-style-type: none"> • Lighter or matches
1.2 Ground Rules: <i>SISTA Agreements</i>	5	Participants establish a set of agreements and principles to guide the sessions; sets a tone of safety and comfort.	<ul style="list-style-type: none"> • Prepared newsprint
1.3 Parking Lot: <i>At the Kitchen Table</i>	5	Participants can “park” or place their concerns or questions needing clarity, to be answered by facilitators at a later time during the session.	<ul style="list-style-type: none"> • Prepared newsprint • Self-stick note pads
1.4 Opening Poem	5	Poetry by African American women is used to highlight pride, values, creativity, and strength.	<ul style="list-style-type: none"> • <i>Ego Tripping</i> handout 1A
1.5 Ethnic and Gender Pride	40	Participants discuss what it means to be an African American woman and identify strong women in their lives.	<ul style="list-style-type: none"> • Prepared newsprint
1.6 Personal Values Rankings	30	Participants identify and rank their personal values, and discuss how values influence their decision-making.	<ul style="list-style-type: none"> • <i>Personal Values Examples</i> handout 1B • <i>Ranking My Personal Values</i> handout 1C
1.7 Take-Home Activity	5	Participants discuss today’s activities with partners. Builds confidence in participants’ ability to involve partner in SISTA concepts and goals.	<ul style="list-style-type: none"> • <i>Your Partner’s Thoughts</i> handout 1D
1.8 Session 1 Evaluation	5	Assesses and evaluates the effectiveness of Session 1.	<ul style="list-style-type: none"> • Evaluation handout 1E
1.9 Closing Poem	5	Poem promotes pride in being an African American woman.	<ul style="list-style-type: none"> • <i>Phenomenal Woman</i> handout 1F
1.10 SISTA Motto	2	SISTA Motto promotes unity and support within the group	<ul style="list-style-type: none"> • Prepared newsprint



Session 1—Ethnic and Gender Pride

Facilitator's Checklist

Date: _____

Facilitator Name: _____
Facilitator Name: _____
Group Name: _____
Session Location: _____

Materials Checklist:

- SISTA Implementation Manual
- Community Referral List (See advance preparation instructions below.)

Handouts:

- 1A Opening Poem: "Ego Tripping"
- 1B Personal Values Examples
- 1C Ranking My Personal Values
- 1D Take-Home Activity: Your Partner's Thoughts
- 1E Session 1 Evaluation
- 1F Closing Poem: "Phenomenal Woman"

Supply Checklist:

- Sign-in sheet
- Name tags
- Easel and newsprint
- Markers
- Tape
- Pens/pencils
- Self-stick note pads
- Large white pillar candle
- Lighter or matches
- Notebooks or folders for participants to keep their handouts

Advance Preparations:

- Community Referral List.* Compile and create a listing of community organizations and agencies for referral purposes. Include information about HIV/AIDS counseling, testing, and treatment resources in your community. Be sure to have this listing available at each session.
- Copy participant handouts listed above that are contained in Session 1 handouts folder.
- Prepare newsprints shown on pages 53 and 54.
- Before each session, you will need time to set up and decorate your meeting room. Choose culturally appropriate materials that will enhance sessions.



Prepared Newsprints: Session 1—Ethnic and Gender Pride

SISTA
Sisters Informing Sisters
about Topics on AIDS

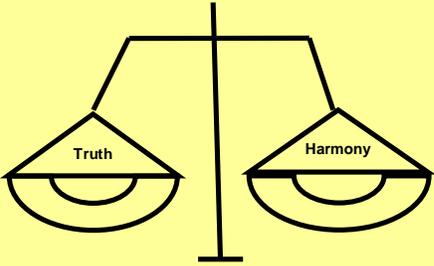
Your Organization's Name
Facilitator's Name
Co-Facilitator's Name

The Umoja Circle

Jambo, my name is _____.

I bring _____ to this gathering.

SISTA Agreements
(Ground Rules)



Truth
Harmony

At the Kitchen Table
(Parking Lot)

What does it mean to be an African American woman?

Who is a strong African American woman in your life?



The SISTA Motto

**SISTA Love is Strong,
SISTA Love is Safe,
SISTA Love is Surviving!**

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Activity 1.1 **18 minutes**
Introductions and SISTA Intervention Overview

Purpose

This activity is designed to introduce the SISTA facilitators and participants and to give a brief overview of the SISTA intervention. This activity helps to create a positive climate for group sharing and learning.

Introductions

- Be sure that all participants sign the sign-in sheet. Have everyone wear visible and readable name tags or badges throughout the session so participants can “put a name with the face.”
- Place the “SISTA” prepared newsprint on the easel.
- Welcome participants to SISTA. Introduce yourself and co-facilitator. Tell your names, organization, job title or position, and how long you have been in the HIV/AIDS field.

SISTA
Sisters
Informing
Sisters about
Topics on
AIDS

SISTA Intervention Overview

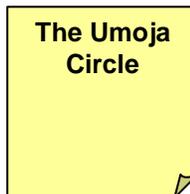
- Provide participants with a brief overview of the SISTA intervention, including its development, each session, and the booster sessions. Be prepared to answer any questions participants may have about the SISTA intervention.
- Use the following information from the original research article by the developers of SISTA to introduce the intervention to the participants:
 - SISTA (Sisters Informing Sisters about Topics on AIDS) is a social-skills building intervention for African American women. It is designed to help African American women reduce their sexual risk behaviors.
 - SISTA was developed by African American women for African American women and is gender relevant and culturally sensitive.



- The SISTA intervention consists of five, 2-hour sessions that are delivered in a community-based setting. The sessions include behavioral skills practice, group discussions, lectures, role-playing, and take-home activities.
 - The five sessions of the SISTA intervention focus on: ethnic and gender pride; HIV/AIDS risk reduction education; sexual assertiveness and communication training; condom negotiation and demonstration; and coping skills.
 - The SISTA intervention is followed up with two optional booster sessions, delivered after the completion of the initial five sessions in three and six months. The booster sessions provide an opportunity for participants to share their successes and challenges with practicing safer sex behaviors, ask follow up questions, and receive peer support. A graduation ceremony may be conducted at the second booster session.
- Answer any questions the participants may have about the SISTA intervention.

The Umoja Circle

- Place “Umoja Circle” newsprint on the easel.
- Use the “Umoja Circle” icebreaker to introduce the participants to each other and to set the climate and cultural tone of the intervention.
- Place the candle on a table in front of the participants. Light the candle and ask the group to stand in a circle. Then explain: 



“This candle symbolizes unity, UMOJA! I would like you to state your name and what you bring to this session. For example, you can bring peace or understanding to the session. After each person speaks, collectively we will nod in acknowledgement.”



- Pass the candle around the circle to each woman who says: “Jambo, my name is _____. I bring _____ to the session.”
- The group nods in acknowledgement and the candle is passed to the next person. Continue passing the candle around the circle until each woman has spoken.
- During this activity, be sure to adhere to local building and fire safety codes.
- At the end of the exercise, be prepared to answer any questions about the activity including its origin and relevance to SISTA.
- Bridge to the next section by saying :

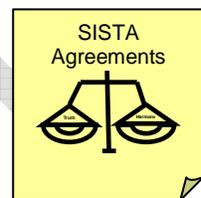
“Now that we know each others names and the gifts we bring to this session, let’s establish some ground rules we can all live by for the duration of SISTA sessions. To help us with that we are going to create our own SISTA Agreements to guide us.”

Ground Rules: *SISTA* Agreements**Purpose**

This activity will establish a set of agreed upon standards (ground rules) that will govern behavior during the *SISTA* intervention. It is the responsibility of the participants to set those standards and adhere to them throughout each session. By allowing the participants to generate their own agreements, they take ownership of setting a safe and comfortable climate.

SISTA Agreements

- Place prepared newsprint “*SISTA* Agreements” on the easel.
- Inform the participants of the importance of setting agreed upon rules for conduct and behavior to create a safe and comfortable environment during the sessions of the *SISTA* intervention.
- On the newsprint, write the ground rules the participants suggest.
- Ask participants to identify rules or agreements they want to govern their *SISTA* sessions.
- At the end of the exercise, be prepared to answer any questions about the activity.
- Post the newsprint in a visible area of the room. When behavior deviates from the list, refer the participants back to the agreements.
- Save the “*SISTA* Agreements” newsprint. It should be re-visited before the beginning of each session as a reminder of the agreed upon standards of conduct and behavior.
- Bridge to the next session by saying: 



*“We now have some agreements to live by during our time in *SISTA*. So let’s establish a safe space for you to anonymously post questions, comments, or concerns. For the *SISTA* sessions, we call that place, ‘At the Kitchen Table’.”*



Activity 1.3 **5 minutes**
Parking Lot: *At the Kitchen Table*

Purpose

“At the Kitchen Table,” or the “Parking Lot” is a sheet of newsprint placed in the room where participants can “park” or “place” their concerns and questions to be answered by the facilitators at a later time during the session. The Parking Lot allows participants to post questions anonymously, and assists facilitators with staying on time and task. If answers are not readily available, facilitators should find the answers to the questions and provide participants with the accurate information by the beginning of the next session.

At the Kitchen Table

- Before introducing this concept to the participants, decide what you want to call it. You may want to reinforce the cultural climate of the session by using a name for the Parking Lot that is based on cultural concepts, phrases, or experiences in African American communities. A list of suggestions follows:
 - At the Kitchen Table
 - Straight Off the Yard
 - Off the Cuff
 - Voices From the Villages
- Place prepared newsprint “At the Kitchen Table” on the easel.
- Distribute self-stick note pads and pens/pencils to participants. Also place note pads and pens/pencils at or near the area of the room where the newsprint will be hung.
- Explain the “Parking Lot” concept by using the information provided in this section. Tell the participants: 



“The purpose of ‘At the Kitchen Table’ or the ‘Parking Lot’, is for you to place your anonymous concerns and questions on the newsprint, and we will answer them at a later time during the days’ session. Please



feel free to write your questions on the self-stick note pads and then place them 'At the Kitchen Table.' You may post them at any time during the sessions and we will answer your question by the end of the session or at the beginning of the next session."

- Answer any questions.
- Bridge to the next activity by telling the group: 

"Now that we know each other, we have some rules to live by, and we have a place to 'park' our questions, let's get started with SISTA."

"Poetry by African American women is used to start and end each SISTA session. The opening poem for Session 1 is 'Ego Tripping' by Nikki Giovanni."

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Activity 1.4 **5 minutes**
Opening Poem: “Ego Tripping”

Purpose

Poetry by African American women is used to emphasize pride, values, creativity, and strength. “Ego Tripping,” written by Nikki Giovanni, is used as the introductory, culturally awakening, ethnic and gender affirming poem to highlight the history and accomplishments of African ancestors and their descendants.

Facilitator Note:

Be prepared to answer questions from the participants regarding background information on Nikki Giovanni and the historical context of the poem “Ego Tripping.” Below is a brief biography of Ms. Giovanni you may use. If you choose, you may share this information with the participants. As the facilitator, you should research all the poems and their authors that are used in the SISTA intervention.

For many of the participants, this will be the first opportunity they have had to hear poetry written by and for African American women. You, as the facilitator, are responsible for knowing the historical content of the poem; the correct pronunciation and definition of words used in the poems; and how and why the chosen poems are relevant to ethnic and gender pride for Session 1 or the topics of the session.

Background Information:

Yolande Cornelia "Nikki" Giovanni, Jr., was born in Knoxville, Tennessee. She is a world-renowned poet, writer, commentator, activist, and educator. Over the past thirty years, Nikki’s outspokenness, in her writing and in person, has brought the eyes of the world upon her. She is one of the most widely read American poets and she prides herself on being "a Black American, a daughter, a mother, and a professor of English." Her focus is on the individual; specifically, on the power one has to make a difference in oneself, and thus, in the lives of others.

Nikki Giovanni has written more than two dozen books, including volumes of poetry, illustrated children’s books, and three collections of essays. “Ego Tripping” first appeared in Ego Tripping and Other Poems for Young People, her acclaimed 1993 collection of poems for young people.

Source: Giovanni N. Nikki Giovanni: Biography. <http://www.nikki-giovanni.com/bio.shtml>



Opening Poem: “Ego Tripping”

- ❑ Distribute a copy of handout 1A—*Opening Poem: “Ego Tripping”* to each participant.
- ❑ Explain to the participants that you will begin reading the poem and after the first verse, volunteers may read a verse each. If there are no volunteers to read, the facilitator(s) should read the poem in its entirety.
- ❑ Do not randomly select participants to read because you may not know participants’ reading and vocabulary skills and abilities.
- ❑ After reading the poem, ask and discuss the following questions: 
 1. *“What did you think about the poem ‘Ego Tripping’?”*
 2. *“What parts of the poem relate to you as an African American woman?”*
- ❑ Thank the women for their responses and answer any questions.
- ❑ Briefly summarize and bridge by saying: 

“As we just read, as women of African descent, we have a lot to be proud of. We were queens, our sons conquered Roman empires, and we have a whole continent to call ‘home.’ We often forget our history and legacy, and the important role that African American women have played. So let’s talk about what it means to be African American women and about some of our role models.”

Purpose

In this brainstorming activity, which builds on the discussion generated by the poem “Ego Tripping,” the participants are asked to reflect on what it means for them to be African American women, and to identify strong African American women in their lives.

Facilitator Note:

Depending on the preferences of your target population, “Black” may be substituted for “African American.”

Remember, when participants provide answers to the processing questions, there are no correct or incorrect answers. Therefore, all answers that are given are to be written on the newsprint under the question.

As a facilitator, you should be nonjudgmental. Do not comment on or show disapproval of any answer a participant may give.

If participants make negative comments about another participant’s response(s) to the questions, the facilitator should remind the women of the SISTA Agreements regarding respecting each other and others’ opinions.

If the participants need an explanation or definition of the words ethnic, gender, and pride, you may use the following definitions or those from another source:

Ethnic refers or relates to a sizable group of people sharing a common and distinctive racial, national, religious, linguistic, or cultural heritage.

Gender refers to a person’s sex or the behavioral, cultural, or psychological traits typically associated with one’s sex.

Pride refers to a sense of one’s dignity, value, self-respect, and personal worth.

Source: www.dictionary.com



Ethnic and Gender Pride Discussion

- For this activity, you will need the two prepared newsprints, “What does it mean to be an African American woman?” and “Who is a strong African American woman in your life?”
- The questions are to be processed separately.
- Place the first prepared newsprint “What does it mean to be an African American woman?” on the easel.
- Instruct the participants to take a moment to think about this question.
- Ask for volunteers to share their thoughts.
- Write the participants’ answers to this question on the newsprint and ask them to share the reasons for their choices of women.
- Place the second prepared newsprint “Who is a strong African American woman in your life?” on the easel.
- Again, instruct the participants to take a moment to think about this question.
- Ask for volunteers to share their thoughts.
- Write the participants’ answers to this question on the newsprint and summarize their answers.
- Thank the women for their responses and answer any questions about the activity.
- Briefly summarize and close by telling the women: 

What does it mean to be an African American woman?

Who is a strong African American woman in your life?

“We just defined for ourselves what it means to be African American women, and we identified some of the women we look to for strength. Remember our culture is varied and rich, and as African American women, we are proud, dignified, and worthy.”



- ❑ Post each sheet of newsprint in a visible part of the room for the duration of the session.
- ❑ If space allows, the newsprints should be posted during each session of SISTA as a reminder to the women of how they view themselves as African American women, and who those female sources of strength are in their lives.
- ❑ Bridge to the next activity by saying: 

“We are now going to talk about having our own personal values and how those values influence the decisions we make.”

Personal Values Rankings**Purpose**

Participants have discussed their personal experiences of being African American women and identified strong women in their lives. This activity gives participants an opportunity to define and discuss values, the importance of having one's own set of values, and how those values impact their personal decision-making.

Facilitator Note:

In this activity, it is very important for the participants to define for themselves their values. If the participants need an explanation or definition of the word “values,” you may use the following definition:

***Values** are principles, standards, or qualities considered worthwhile or desirable. Values are also the beliefs of a person or social group in which there is an emotional investment (either for or against something). Values are regarded highly, and one's personal values are usually difficult to change.*

Source: www.dictionary.com

Personal Values Discussion

- Instruct the participants to take a moment to think about their personal values and which ones are important to them.
- Distribute a copy of handout *1B—Personal Values Examples* to each participant. Explain to the participants that this handout contains examples of personal values. However, these are just examples to give them ideas and their personal values may not be listed on the sheet.
- Give the group five minutes to read and discuss the examples on the handout. Answer any questions presented.
- Distribute a copy of handout *1C—Ranking My Personal Values* to each participant.

- 
- ❑ Ask the participants to write one of their personal values under each ranking category. The categories are:

- 1) Most Important Value
- 2) Very Important Value
- 3) Somewhat Important Value
- 4) Least Important Value

- ❑ Emphasize and explain that “*most important value*” means they would be willing to give up all other values for this one.
- ❑ Encourage participants to go with their first thoughts. They should not be made to feel there are correct or incorrect answers.
- ❑ Give the participants at least five minutes to complete this activity.
- ❑ Ask for volunteers to share their responses in the “most important” and then “least important” categories.
- ❑ Then ask the group the following questions. Do not call on individual participants.
 1. “*Was it hard to choose between different values? Which ones?*”
 2. “*Why is it important for us to know what our values are before we make decisions?*”
 3. “*What decisions in your life might this exercise help you with?*”
- ❑ Thank the women for their responses and answer any questions.
- ❑ Remind the group to keep their personal values in mind when they make decisions, because thinking about their values may stop them from making poor choices that could have negative consequences for them or their loved ones.
- ❑ Bridge to the next activity by telling the group: 

“The personal values ranking exercise we just completed helped us to understand how our own personal values and what we believe in influence the decisions we make. And as we come to the close of Session 1, let’s keep those values and beliefs in mind as we go over the take-home activity.”

Take-Home Activity**Purpose**

The take-home activities are a critical component of the SISTA intervention. They are designed to reinforce the learning objectives and key learning points of each session, and to offer the participants the opportunity to practice the knowledge and skills they acquired in the sessions.

Ideally, the take-home activities will be shared between the participants and their sexual partners or significant others. However, some participants may not be in relationships, or they may be in relationships where their partners are less than supportive of their involvement with the SISTA intervention. Although the take-home activities are important, participants should not jeopardize their safety and welfare in an attempt to complete the assignments.

Your Partner's Feedback

- Distribute a copy of handout *1D—Your Partner's Feedback* to each participant.
- Explain to the participants that take-home activities are an important part of the SISTA intervention and are designed to give them an opportunity to practice what they learned in the session.
- Tell participants the take-home activities are to be shared with their partners or significant others. However, if they are not in a relationship or don't have a supportive partner, they can discuss the take-home activity with a trusted friend or family member.
- Read and explain the instructions on handout *1D—Your Partner's Feedback* to the group.
- Answer any questions the participants have about the assignment. Remind the women to bring the completed take-home exercise to Session 2.



- Bridge to the evaluation activity by telling the participants:



“Let’s get ready to wrap up Session 1. In order for us to improve SISTA, we need your feedback on what you liked and how we can improve. By completing the Session 1 Evaluation form, you can help us make those changes.”

DRAFT

Purpose

Evaluation of the individual sessions is critical to the SISTA intervention. It provides important feedback on the process of the individual sessions and the intervention. This information is used to make adjustments and improvements to the intervention and serves as documentation that the session was implemented with fidelity.

Session 1 Evaluation

- Distribute a copy of handout *1E—Session 1 Evaluation* to each participant.
- Inform the participants of the importance of evaluation. Tell them their opinions are valued, important, and that they contribute to the success and improvement of the SISTA intervention.
- Instruct the participants not to put their names on the evaluation form and to complete each section.
- Remind the participants that “1” indicates a need for improvement and “5” indicates excellent.
- Allow 5 minutes for completion of the evaluation form.
- Collect the completed evaluation forms or have a designated area where participants can place their completed evaluations.
- Bridge to the closing poem by telling the group: 

“In today’s session we talked about what it means to be African American women, and our pride and strength. Our closing poem for today, ‘Phenomenal Woman’ by Maya Angelou, speaks to our beauty, creativity, and values.”



Activity 1.9

5 minutes

Closing Poem: “Phenomenal Woman”

Purpose

Poetry by African American women is utilized in the SISTA intervention to emphasize pride, value, creativity, and strength. In this closing poem, “Phenomenal Woman” by Maya Angelou, the physical, sensual, and mystical essence of woman is revealed and revered. This poem is an example of ethnic and gender pride and reinforces the goals and objectives of Session 1.

Facilitator Note:

Be prepared to answer questions from the participants regarding background information on Maya Angelou and the historical context of the poem, “Phenomenal Woman.” Below is a brief biography of Dr. Angelou that can be used. However, as the facilitator, you should research all the poems and their authors used in the SISTA intervention. For many of the participants, this will be the first opportunity they have had to hear poetry written by and for African American women. You, as the facilitator, are responsible for knowing the historical content of the poem; the correct pronunciation and definition of words used in the poems; and how and why the chosen poems are relevant to ethnic and gender pride, culture, and reducing sexual risk behavior.

Background Information:

Maya Angelou (born Marguerite Ann Johnson) in St. Louis, MO, April 4, 1928, is a poet, educator, historian, best-selling author, actress, playwright, civil-rights activist, producer, and director. Hailed as one of the great voices of contemporary literature, Dr. Angelou has authored twelve best-selling books including I Know Why the Caged Bird Sings and her current best-seller, A Song Flung Up to Heaven.

Dr. Angelou lyrically captivates her audiences with vigor, fire, and perception, and she has the unique ability to shatter the opaque prisms of race and class between reader and subject throughout her books of poetry and her autobiographies.

In January 1993, she became only the second poet in U.S. history to have the honor of writing and reciting original work at William Jefferson Clinton’s Presidential Inauguration. “Phenomenal Woman” first appeared in And Still I Rise, her acclaimed 1978 collection of poetry and verse.

Source: Angelou M. Maya Angelou: Biography. <http://www.mayaangelou.com/ShortBio.html>



Closing Poem: “Phenomenal Woman”

- Distribute handout 1F—*Closing Poem: “Phenomenal Woman”* to each participant.
- Explain to the participants that you will begin reading the poem and after the first verse, volunteers may read a verse each. If there are no volunteers to read, you or the co-facilitator should read the poem in its entirety.
- Do not randomly select participants to read because you may not know the participants’ reading and vocabulary skills and abilities.
- After reading the poem, ask the participants the following processing questions: 
 1. *“What did you think about the poem ‘Phenomenal Woman’?”*
 2. *“What parts of the poem relate to you as an African American woman?”*
 3. *“How does the poem correspond to today’s session on ethnic and gender pride?”*
- Thank the women for their responses and answer any questions.
- Bridge to the closing by telling the women: 

“Dr. Angelou, through her poetry, reminds each of us how much we have to be proud of as African American women. As we close each session of SISTA, we recite our own SISTA Motto, which also reminds us of our strength and survival.”

The SISTA Motto

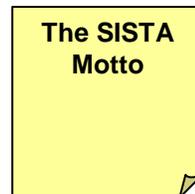
Purpose

The SISTA Motto is the closing activity for each SISTA session. The SISTA Motto is designed to instill a sense of strength, unity, and support among the participants.

Recitation of the SISTA Motto is done using the “call and response” method. Call and response is an African American cultural practice in which a group leader “calls” using a short motivating statement then pauses for the group to participate when they “respond” or answer with a follow through statement.

SISTA Motto

- Place the prepared newsprint “The SISTA Motto” on the easel.
- Ask the women to stand.
- Tell them the group will now recite the SISTA Motto in unison.
- Inform them you will use the “call and response” method for the recitation of the motto. Explain that you will say “SISTA love is” and they will say “Strong” and so on.
- Encourage the women to recite the motto with passion and enthusiasm.



Facilitator: **SISTA Love is . . .**

Participants: **Strong!**

Facilitator: **SISTA Love is . . .**

Participants: **Safe!**

Facilitator: **SISTA Love is . . .**

Participants: **Surviving!**

- Thank the women for their participation in Session 1 of the SISTA intervention.



- Answer any questions the women may have.
- Make sure all participants have signed the sign-in sheet and submitted their completed evaluation form.
- Remind the participants of the day, date, time, and location of Session 2.
- Make yourself available to the participants for at least 15 minutes after the session for questions or private discussions.

DRAFT



Session 1 Handouts

- 1A Opening Poem: “Ego Tripping”
- 1B Personal Values Examples
- 1C Ranking My Personal Values
- 1D Take-Home Activity: Your Partner’s Thoughts
- 1E Session 1 Evaluation
- 1F Closing Poem: “Phenomenal Woman”

DRAFT

EGO TRIPPING (there may be a reason why)

By Nikki Giovanni

I was born in the congo
 I walked to the fertile crescent and
 built the sphinx
 I designed a pyramid so tough that a
 star
 that only glows every one hundred
 years falls into the center giving
 divine
 perfect light
 I am bad

I sat on the throne
 drinking nectar with allah
 I got hot and sent an ice age to
 europe
 to cool my thirst
 My oldest daughter is nefertiti
 the tears from my birth pains
 created the Nile
 I am a beautiful woman

I gazed on the forest and burned
 out the sahara desert
 with a packet of goat's meat
 and a change of clothes
 I crossed it in two hours
 I am a gazelle so swift
 so swift you can't catch me

 For a birthday present when he
 was three
 I gave my son hannibal an elephant
 He gave me rome for mother's day
 My strength flows ever on

My son noah built new/ark and
 I stood proudly at the helm
 as we sailed on a soft summer day
 I turned myself into myself and was
 jesus
 men intone my loving name
 All praises All praises
 I am the one who would save

I sowed diamonds in my back yard
 My bowels deliver uranium
 the filings from my fingernails are
 semi-precious jewels
 On a trip north
 I caught a cold and blew
 My nose giving oil to the arab world
 I am so hip even my errors are
 correct
 I sailed west to reach east and had
 to round off
 the earth as I went
 The hair from my head thinned and
 gold was laid
 across three continents

I am so perfect so divine so ethereal
 so surreal
 I cannot be comprehended except by
 my permission

I mean...I...can fly
 like a bird in the sky...

Source: Giovanni, N. (1993). Ego Tripping and Other Poems for Young People. New York: Lawrence Hill Books.



Handout 1B

Personal Values Examples

These are a few examples of personal values. However, your personal values may not be listed on the sheet.

Personal Values Examples	
<ul style="list-style-type: none">• Being healthy and physically active• Having fun• Having a lot of money• Being famous• Having a close friend• Practicing my religion• Helping my community• Doing well in school• Standing up for myself• Getting high using drugs• Being honest with myself	<ul style="list-style-type: none">• Having a job that I like• Being invited to parties• Caring and providing for my child• Being smart• Having a boyfriend• Being the best at what I do• Having a baby• Having my parents' approval• Being liked by my friends• Being responsible and honest• Being considered good looking



Values Defined:

Values are a principle, standard, or quality considered worthwhile or desirable. Values are also the beliefs of a person or social group in which there is an emotional investment (either for or against something). Values are regarded highly, and one's personal values are usually difficult to change.

Instructions:

List one of your personal values in each of the categories below:

Category 1—Most Important Value

Category 2—Very Important Value

Category 3—Somewhat Important Value

Category 4—Least Important Value



Your Partner's Thoughts

In Session 1, *Ethnic and Gender Pride*, we discussed what it means to be an African American woman. You had an opportunity to identify and discuss positive role models in your lives and the importance of having personal values, prioritizing them and how they affect your decision-making.

Instructions:

Your take-home activity for Session 1 is to share with your partner or significant other what you learned in class today. However, if you are not in a relationship, or don't have a supportive partner, you may discuss the take-home activity with a trusted friend or family member.

After the discussion, write your partner's or friend's reactions and responses below. Bring this sheet with you to Session 2. We will discuss the take-home activity during Session 2.

Evaluation for Session 1: Ethnic and Gender Pride

Please take a moment to rate how effective we were in presenting information to you today.

Below are a number of statements. Please rate each statement on a scale from 1-5, where “1” means we did a poor job and “5” means we did an excellent job.

Statements: Rating

1.	I feel more pride in myself as an African American woman.	
2.	I have a better understanding of the importance of personal values.	
3.	I feel I got a lot out of the in-class games/exercises we did today.	
4.	Any questions I had were clearly answered.	
5.	The handouts were helpful.	
6.	The group discussions were interesting and informative.	

7. Overall, how would you rate the performance of the group leaders? Please circle a number.

Poor		Okay				Excellent			
1	2	3	4	5	6	7	8	9	10

8. Overall, how would you rate today’s session? Please circle a number.

Poor		Okay				Excellent			
1	2	3	4	5	6	7	8	9	10

9. How could this session be improved?

10. Any other comments?

Thank You, my SISTA!

Phenomenal Woman

By Maya Angelou

Pretty women wonder where my
secret lies
I'm not cute or built to suit a model's
fashion size
But when I start to tell them
They think I'm telling lies.
I say
It's in the reach of my arms
The span of my hips
The stride of my steps
The curl of my lips.
I'm a woman
Phenomenally
Phenomenal woman
That's me.

I walk into a room
Just as cool as you please
And to a man
The fellows stand or
Fall down on their knees
Then they swarm around me
A hive of honey bees.
I say
It's the fire in my eyes
And the flash of my teeth
The swing of my waist
And the joy in my feet.
I'm a woman
Phenomenally
Phenomenal woman
That's me.

Men themselves have wondered
What they see in me
They try so much
But they can't touch
My inner mystery.
When I try to show them
They say they still can't see.
I say
It's in the arch of my back
The sun of my smile
The ride of my breasts
The grace of my style.
I'm a woman
Phenomenally
Phenomenal woman
That's me.

Now you understand
Just why my head's not bowed
I don't shout or jump about
Or have to talk real loud
When you see me passing
It ought to make you proud.
I say
It's in the click of my heels
The bend of my hair
The palm of my hand
The need for my care.
'Cause I'm a woman
Phenomenally
Phenomenal woman
That's me

Source: Angelou, M. (1978). And Still I Rise. New York: Random House.

Session 2



Session 2
HIV/AIDS Education

DRAFT



	<h2>Session 2</h2> <h1>HIV/AIDS Education</h1>	 125 minutes
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Purpose

Session 2 provides participants with basic information on HIV/AIDS and its relationship to sex and drugs. This session provides the foundation for the remaining sessions of the SISTA intervention, so that participants clearly understand the facts about HIV/AIDS. The aims of this session are: 1) to provide factual, up-to-date statistical information on HIV/AIDS; 2) to provide correct information about HIV/AIDS transmission; 3) to encourage assessment of personal risk; and 4) to discuss the importance of protecting oneself from HIV and other STDs.

Facilitator Goals

1. Provide factual information about HIV/AIDS, transmission, and personal risk.
2. Explain statistics related to HIV/AIDS among African American women.

Participant Objectives

By the end of this session, participants will have discussed:

1. The difference between HIV and AIDS.
2. How people become infected with HIV.
3. The impact of HIV/AIDS on African American women.
4. Ways to protect themselves from becoming infected with HIV.
5. The benefits of knowing one's HIV status.

Session 2 At-A-Glance

Activities		Time (minutes)	Purposes	Materials
2.1	Opening Poem	5	Poetry is utilized to instill pride and a sense of accomplishment within the participants.	<ul style="list-style-type: none"> • <i>Always There Are the Children</i> handout 2A
2.2	Review – SISTA Agreements and At the Kitchen Table	3	Reviews the rules developed to guide the session to help everyone feel comfortable.	<ul style="list-style-type: none"> • SISTA Agreements and At the Kitchen Table newsprints
2.3	Review – Session 1 Key Learning Points and Take-Home Activity	10	Gives participants a chance to review Session 1 concepts and homework <i>Your Partner's Thoughts</i> .	<ul style="list-style-type: none"> • <i>Key Learning Points</i> handout 2B
2.4	Local and Up-to-Date HIV/AIDS Statistics	10	Provides current data on the HIV/AIDS epidemic in the United States and provides information about how to get local data.	<ul style="list-style-type: none"> • <i>African Americans & HIV/AIDS</i> handout 2C
2.5	HIV/AIDS 101	20	Basic education covering the facts about HIV/AIDS.	<ul style="list-style-type: none"> • Prepared newsprints • <i>HIV/AIDS Facts</i> handout 2D
2.6	Card Game	20	This interactive game provides participants an opportunity to learn how quickly HIV infection can spread throughout a community.	<ul style="list-style-type: none"> • Prepared newsprint • Colored index cards • Pens/Pencils
2.7	Video – “It’s Like This...”	45	This video reinforces HIV/AIDS facts.	<ul style="list-style-type: none"> • Video: “It’s Like This...” • TV/VCR
2.8	Take-Home Activity	3	Elicits continued dialogue between participants and their significant other and/or friends.	<ul style="list-style-type: none"> • <i>Fact or Fiction?</i> and <i>HIV/AIDS Knowledge Test</i> handouts 2E, 2F
2.9	Session 2 Evaluation	3	Evaluates and provides feedback on the session.	<ul style="list-style-type: none"> • <i>Evaluation</i> handout 2G
2.10	Closing Poem	5	Poetry is utilized to instill pride and a sense of accomplishment within the participants.	<ul style="list-style-type: none"> • <i>Always There Are the Children</i> handout 2A
2.11	SISTA Motto	1	SISTA Motto promotes oneness, womanhood, unity, and trust among the participants.	<ul style="list-style-type: none"> • The SISTA Motto newsprint



Session 2—HIV/AIDS Education

Facilitator's Checklist

Date: _____

Facilitator Name: _____

Facilitator Name: _____

Group Name: _____

Session Location: _____

Materials Checklist:

- SISTA Implementation Manual
- Community Referral List

Handouts:

- 2A Opening/Closing Poem: "Always There Are the Children"
- 2B Session 1 Key Learning Points
- 2C African Americans and HIV/AIDS
- 2D HIV/AIDS Facts
- 2E Take-Home Activity: Fact or Fiction?
- 2F Take-Home Activity: HIV/AIDS Knowledge Test
- 2G Session 2 Evaluation

Supply Checklist:

- Sign-in sheet
- Name tags
- Easel and newsprint
- Markers
- Tape
- Pens/pencils
- Self-stick note pads
- Red, pink, yellow and green 3 x 5 inch index cards
- Video: "It's Like This . . ."
- TV/VCR

Advance Preparations:

- Copy participant handouts listed above.
- Prepare newsprints shown on pages 88 and 89.
- Read the HIV 101 information in the Resources section beginning on page 302, so that you understand and are prepared to explain basic HIV information.
- Create *handout 2C—African Americans and HIV/AIDS* based on your community's local HIV/AIDS statistics. See instructions on page 86.



Create Handout 2C—African Americans and HIV/AIDS

You and your organization will need to create handout 2C—*African Americans and HIV/AIDS* to use in Activity 2.4. In developing this handout, it is important you gather and use the most up-to-date national and local statistics. When gathering HIV surveillance statistics and information, be sure you use credible sources.

The most up-to-date national HIV/AIDS information and surveillance statistics can be found at the Centers for Disease Control and Prevention's (CDC) website. The following CDC documents are released each year. These fact sheets will be helpful as you develop your handout for this activity:

- CDC HIV/AIDS Fact Sheet: HIV/AIDS Among Women
- CDC HIV/AIDS Fact Sheet: HIV/AIDS Among African Americans
- CDC HIV/AIDS Fact Sheet: HIV/AIDS Among Youth

Each of these fact sheets can be found at <http://www.cdc.gov/hiv>

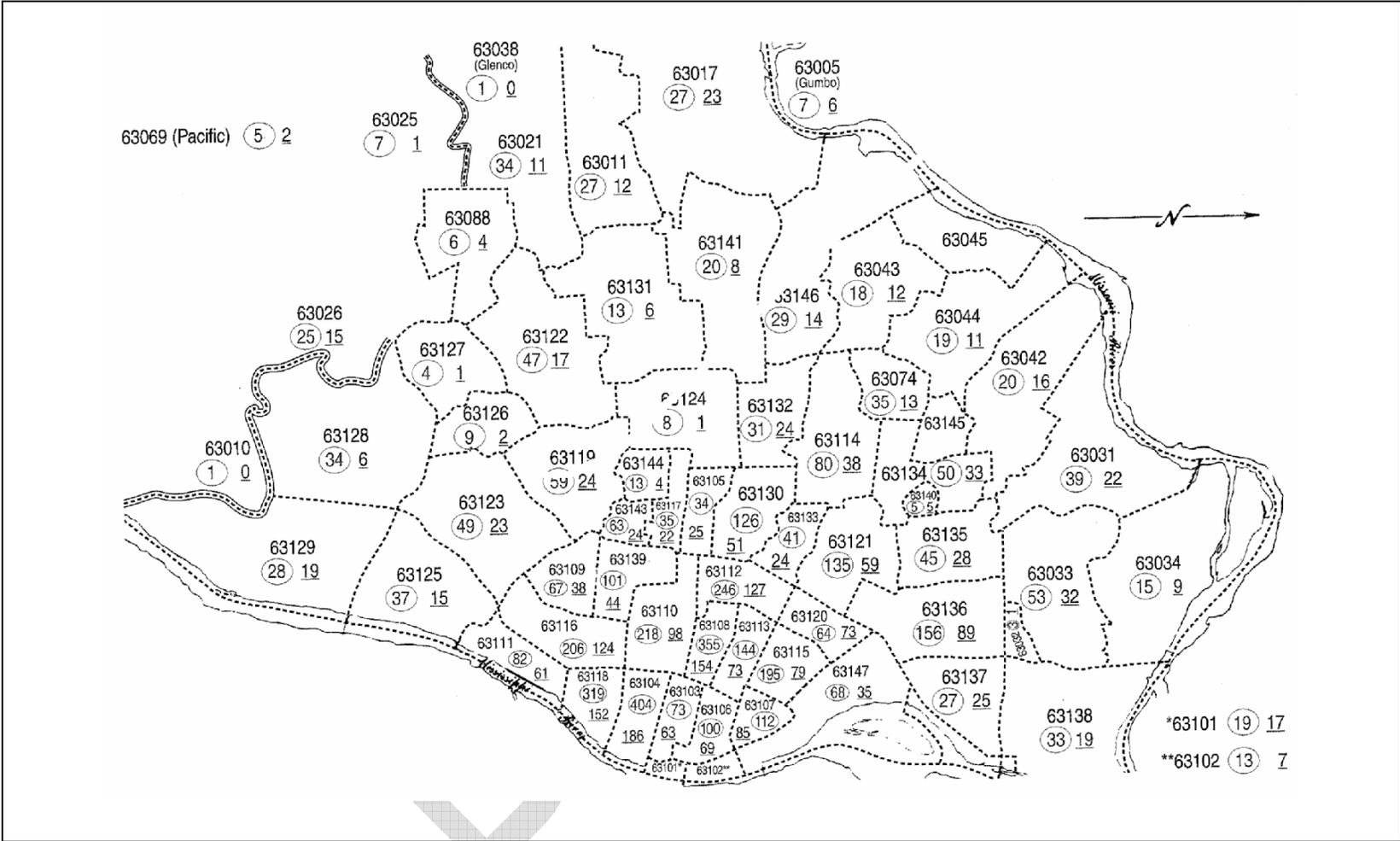
Local surveillance statistics and information about HIV/AIDS in your community can be obtained from your local and state health department websites; from reports published by your local Community Planning Group (CPG); and from the websites of HIV/AIDS service and prevention organizations in your community.

Kaiser Family Foundation has information about HIV/AIDS in your state at <http://www.statehealthfacts.org>

See page 87 for an example of local HIV/AIDS data that is presented in the form of a zip code map.

While creating the handout, be mindful of reading and literacy levels of your participants. It may be useful to include pictures, simple charts, and graphs. Use only a few words to communicate the information you have gathered about HIV/AIDS and African Americans.

Example of a Zip Code Map Showing Cases of HIV and AIDS

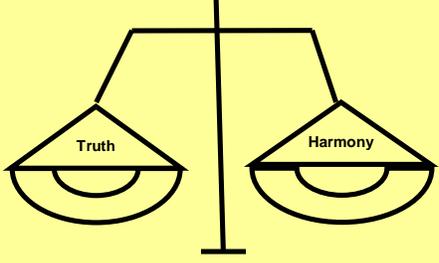


This map shows the number of AIDS cases (circled) and the number of HIV infections (underlined) per zip code. Your local health department may have zip code based HIV/AIDS and STD information for your community.



Prepared Newsprints: Session 2—HIV/AIDS Education

SISTA Agreements
(Ground Rules)



The diagram shows a balance scale with two pans. The left pan is labeled 'Truth' and the right pan is labeled 'Harmony'. The scale is balanced, indicating that both concepts are equally important.

At the Kitchen Table
(Parking Lot)

HIV/AIDS
“Learning the Facts”

H
I
V

A
I
D
S

How do people get infected with HIV?

Body Fluids that Transmit HIV

- 1.
- 2.
- 3.
- 4.

How don't people get infected with HIV?



How do people prevent HIV infection?

How can people reduce their risk for HIV infection?

- Card Game**
- Red** Sharing needles and syringes that have not been cleaned with bleach and water
 - Pink** Engaging in unprotected anal, oral or vaginal sex
 - Green** Engaging in safer sex—sex using a condom
 - Yellow** Engaging in casual contact—touching, kissing, or talking

The SISTA Motto

**SISTA Love is Strong,
SISTA Love is Safe,
SISTA Love is Surviving!**



Activity 2.1

5 minutes

Opening Poem: “Always There Are the Children”

Purpose

This activity introduces participants to the poem, “Always There Are the Children”, written by Nikki Giovanni. Poetry is used to instill pride and a sense of accomplishment within the participants.

Facilitator Note:

Session 1 of this manual contains background information on the poet Nikki Giovanni. You may choose to read this information to participants. However, reading background information on the poet is not required. This information is provided so you can answer participant’s questions about the poet.

You may read the poem to the group or ask for a volunteer to read the poem. Remember to be mindful of reading levels and use caution when **SELECTING** someone to read the poem.

Opening Poem: “Always There Are the Children”

- Distribute handout 2A—*Opening/Closing Poem: “Always There Are the Children”* to each participant.
- Explain to participants that you will begin reading the poem. After reading the first verse, ask for volunteers to read the remainder of the poem. Each volunteer will read one verse.
- If there are no volunteers to read, you or the co-facilitator should read the poem in its entirety.
- After reading the poem, ask and discuss the following questions: 
 1. “*What are your thoughts about the poem?*”
 2. “*What is the significance of ‘the children’ in this poem? Why?*”
 3. “*Why is it important to leave a history and legacy for our children?*”



- ❑ Thank the women for their responses and answer any questions.
- ❑ Briefly summarize and bridge to the next activity. Tell the group: 
“Let’s re-visit our SISTA Agreements.”

DRAFT



Activity 2.2

3 minutes

Review—SISTA Agreements and At the Kitchen Table

Purpose

The SISTA Agreements and a “Parking Lot” were established in Session 1. Reviewing these newsprints at the beginning of each session reminds participants of the rules, allows participants to add any additional rules, and reminds them they can ask questions anonymously.

SISTA Agreements and At the Kitchen Table

- Use the “SISTA Agreements” newsprint you developed during Session 1.
- Review the agreed on ground rules. Remind participants they have established these rules for themselves to set a comfortable tone and climate for everyone.
- Ask the participants:  “Does anyone have any other rules they would like to add to the list?”
- Remind the participants they may use the “At the Kitchen Table” newsprint to post any questions they have at any time during today’s session.
- Display the newsprints where all can see them throughout the session.
- Save the “SISTA Agreements” and “At the Kitchen Table” newsprints to re-visit during the remaining sessions.
- Bridge to the next activity by saying:  “Let’s look at the Key Learning Points from Session 1.”

**SISTA
Agreements**

**At the
Kitchen Table**



Activity 2.3

10 minutes

Review—Session 1 Key Learning Points and Take-Home Activity

Purpose

This activity is intended to reinforce Session 1 messages and to review the take-home activity.

Review—Session 1 Key Learning Points

- Distribute handout 2B—*Session 1 Key Learning Points* to each participant.
- Read and discuss the Key Learning Points. Be sure to clarify information that is still confusing for participants. Reviewing these points reminds the participants of the importance of self-love, pride and the positive qualities of being an African American woman. This review also ensures the women recognize the positive role models in their lives and the important effect personal values have on decision-making.

Review—Session 1 Take-Home Activity

- Remind the participants that the take-home activities are designed to help them think about and practice what they learn in each session.
- Ask the group to take out their completed Session 1 take-home assignment.
- Discuss Session 1 Take-Home Activity—*Your Partner's Thoughts*, with the participants.
- Ask for volunteers to talk about their partner's reactions or responses, and/or their experience doing this activity.
- After you have completed the reviews, ask the group: 

“What questions do you have regarding the review of Session 1 and/or the take-home activity?”



- Bridge to the next activity by telling the group: 

“Today we’re going to learn the facts about HIV and AIDS. We’ll start by talking about how HIV is impacting people in our community.”

DRAFT

Purpose

This activity will provide basic information on HIV/AIDS statistics to raise participants' awareness that HIV impacts African American women. To fully understand the impact of HIV, we need to discuss the current surveillance statistics of those who are infected with HIV/AIDS. Statistics are numbers that tell the story about how many people have HIV/AIDS, how they became infected, and the demographic characteristics (e.g., gender, age, race) of people with HIV/AIDS.

Local and Up-to-Date HIV/AIDS Statistics

- Distribute handout 2C—*African Americans and HIV/AIDS*.
- Allow 2-3 minutes for participants to review the handout.
- Begin a general discussion about the handout.
- Explain the statistics provided on handout 2C—*African Americans and HIV/AIDS*.
- Emphasize the following facts according to the CDC in 2007⁸:
 - African-American women continue to be disproportionately impacted by HIV/AIDS.
 - Black women and girls accounted for over half (64%) of all women living with HIV/AIDS in the United States.
 - HIV/AIDS is a leading cause of death for African American women ages 25 to 54.
 - The rate of AIDS diagnosis for Black/African American women was about 23 times the rate for white women and 4 times the rate for Hispanic women.
 - For African American women, like all women, the most common mode of HIV transmission is unprotected sex with an infected man.



- Summarize this activity by re-stating the importance of understanding how HIV/AIDS is impacting people in your community. This activity will help the participants to understand better how this disease is affecting African American women.

- Answer any questions and bridge to the next activity. Tell the group:


“Now let’s examine the ways that people can become infected with HIV.”

DRAFT

Purpose

This activity is designed to provide the basic information on HIV transmission. Understanding the facts about HIV transmission will assist participants in assessing their personal risks and choosing ways to protect themselves from becoming infected with HIV. This activity will also correct myths and misunderstandings about HIV.

Facilitator Note:

When sharing information about HIV and AIDS remember to be fact based, culturally sensitive, and nonjudgmental. If you are not sure of the answer, let the participants know that you do not know the answer, but you will find it out for them.

Cultural sensitivity means being aware that every group or community has its own set of values, attitudes, and beliefs, even though individuals within the group may have differing views. When we are culturally sensitive, we provide information in a neutral way that does not challenge the values and beliefs of any group or individual.

Nonjudgmental means that you avoid expressing opinions or judgments based on your own personal and moral standards. Being nonjudgmental helps people to hear and understand lifesaving information more easily. Additionally, it allows people to decide how they wish to apply information to their own lives within the context of their own values, attitudes, and beliefs. When the facilitator is judgmental, the participants may “shut down” and not receive the information.

Judgmental comments include statements about what is morally right or wrong, who deserves negative consequences, what is normal or abnormal, etc.

Avoid using or repeating labels such as homosexual, gay, and drug addicts to mention only a few. Instead use terms such as men who have sex with men or substance users. This will keep the focus on risk behaviors which can lead to HIV infection.



HIV/AIDS FACTS

What is HIV?

HIV is the **H**uman **I**mmunodeficiency **V**irus.

HIV is the virus that can cause AIDS.

What is AIDS?

AIDS is **A**cquired **I**mmune **D**eficiency **S**yndrome.

How do people get infected?

People become infected with HIV by:

- Having unprotected anal, oral, or vaginal sex with an HIV infected person.
- Sharing needles and syringes (drugs, steroids, vitamins, tattooing, body piercing and body jewelry) with an HIV infected person.
- An infected mother to child: before, during, or after birth
- The body fluids that transmit HIV—blood, semen, vaginal fluids or breast milk of an HIV infected person.

How don't people get infected?

People don't get infected with HIV through:

- Casual contact (sitting next to someone who is HIV infected, sharing eating utensils, using the same restrooms, drinking fountains, etc.).
- Donating blood.

How do people prevent HIV infection?

People prevent HIV infection by:

- **A**bstaining from sex, drugs, and alcohol.
- **B**eing faithful or postponing sexual activity.
- **C**ondom usage.

How can people reduce their risk for HIV infection?

- Maintaining a mutually faithful monogamous relationship with an HIV negative person.
- Cleaning needles or syringes with water and bleach.
- Using a latex condom/barrier with a water-based lubricant (K-Y Jelly, ID Glide, Cornhuskers lotion, Wet, SK-70) correctly each and every time you have sex.



HIV/AIDS 101

- For this activity you will need the prepared newsprints:
 - 1) HIV/AIDS
 - 2) How do people get infected with HIV?
 - 3) Body Fluids that Transmit HIV
 - 4) How don't people get infected with HIV?
 - 5) How do people prevent HIV infections?
 - 6) How can people reduce their risk for HIV infection?

- This activity is designed to be very interactive. The discussion should be an open dialogue between you and the participants.

- In the box on page 98, you will find the HIV/AIDS Facts you discuss during this activity. Be sure to cover all these facts during the discussion.

- Tell the group:  *"I am now going to provide some basic information about HIV/AIDS."*

- Post the prepared newsprint "HIV AIDS."

- Ask the group:  *"What is HIV? What do the letters H-I-V stand for?"*

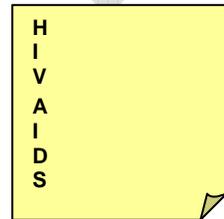
- Write the correct answers on the newsprint:
 - HIV is the **H**uman **I**mmunodeficiency **V**irus.
 - HIV is the virus that can cause AIDS.

- Be sure to **correct any misinformation immediately.**

- Then ask the group:  *"What is AIDS? What do the letters A-I-D-S stand for?"*

- Write the correct answers on the newsprint:
 - AIDS is **A**cquired **I**mmune **D**eficiency **S**yndrome.

- Be sure to correct any misinformation. Explain the difference between HIV and AIDS.





- Post prepared newsprint “How do people get infected with HIV?”

How do people get infected with HIV?

- Ask the group:  “How do people get infected with HIV?” Write the three correct answers on the newsprint:

- Having unprotected anal, oral, or vaginal sex with an HIV infected person.
- Sharing needles and syringes (drugs, steroids, vitamins, tattooing, body piercing and body jewelry) with an HIV infected person.
- An infected mother to child: before, during, or after birth

- Post the prepared newsprint “Body fluids that transmit HIV.”

Body fluids that transmit HIV

- Ask the group:  “What body fluids transmit HIV?” Write participants’ correct answers on the newsprint:

- Blood
- Semen
- Vaginal fluids
- Breast milk of an HIV infected person.

- Correct misinformation. Be sure to discuss which body fluids **do not** transmit HIV (urine, sweat, tears, saliva) and why.

- Post prepared newsprint “How don’t people get infected?”

How don’t people get infected with HIV?

- Ask the group:  “How don’t people get infected?” Write the correct answers on the newsprint:

- Casual contact (sitting next to someone who is HIV infected, sharing eating utensils, using the same restrooms, drinking fountains, etc.).
- Donating blood.

- Discuss the ways that people **don’t** get infected and why. Correct any misinformation.



- ❑ Post prepared newsprint “How do people prevent HIV infection?”

- **A**bstaining from sex, drugs and alcohol.
- **B**eing faithful or postponing sexual activity.
- **C**ondom usage.

How do people prevent HIV infection?

- ❑ Explain and discuss the ways people prevent HIV infection. Correct any misinformation.

- ❑ Post prepared newsprint “How can people reduce their risk for HIV infection?”

- ❑ Ask participants:  “How can people reduce their risk for HIV infection?”

How can people reduce their risk for HIV Infection?

- ❑ Write the correct answers on the newsprint:

- Maintaining a mutually faithful monogamous relationship with an HIV negative person.
- Cleaning needles or syringes with water and bleach.
- Using a latex condom/barrier with a water-based lubricant (K-Y Jelly, ID Glide, Cornhuskers lotion, Wet, SK-70) correctly each and every time you have sex.

- ❑ Correct any misinformation.

- ❑ Distribute handout *2D—HIV/AIDS Facts* to participants. Explain that the handout contains HIV/AIDS facts that were discussed and the correct answers to the questions. Ask the women to read the handout and to share the facts about HIV/AIDS and prevention with their family and friends.

- ❑ Summarize this activity by saying: 

“It’s not who you are, but what you do that puts you at risk for becoming infected with HIV. Understanding how HIV is spread can help you make the best decisions for your health and your life.”

- ❑ Clarify any questions the participants might have. Bridge to the next activity by telling the group: 

“Now we’re going to play a game that will help us to better understand how HIV is transmitted from one person to another.”



Activity 2.6

20 minutes

Card Game

Purpose

This activity is designed to demonstrate how HIV can be transmitted from person to person.

Facilitator Note:

This game requires an even number of participants (including the facilitator). If there are an odd number of participants, divide the group into an even number; the rest will be observers.

The facilitator must participate in this activity. The facilitator will need four index cards. It is very important the facilitator has one card in each color. The facilitator should write her name on the index cards.

It is very important the facilitator who participates in this game identify herself (for the purpose of the game) as HIV positive. The participants should not play the role of the person with HIV. This avoids blame, stigma, and unintentional disclosure of someone's HIV status.

Be prepared to answer any questions the participants may have about HIV transmission and risk behaviors that this game may bring up.

Card Game

- For this activity, you will need red, pink, yellow and green 3 x 5 inch index cards. If unable to obtain these specific colors, different colored cards may be substituted. For example, if you are unable to get green index cards you could substitute white cards.
- Distribute four blank cards to each participant (including the facilitator). Each participant can receive any combination of colors. Remember, the facilitator should receive one card in each color.
- Ask participants to write their name on all four of their cards. The facilitator should write her name on her four cards as well.
- Allow 1-2 minutes for participants to write their names on their cards.



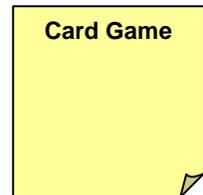
- ❑ Provide the following instructions to participants:

“This activity is designed to show how HIV can be passed from one person to another. We each have four cards with our names on them. When I call “swap,” find a partner and trade one of your cards with that person. I will also swap cards. I will call ‘swap’ four times. Each time I call ‘swap’, you should find a different partner with whom to trade a card. Make sure you only give away cards that have your name on them.”

- ❑ Instruct participants to stand for the game and to circulate throughout the room during the game.

1. Conduct four rounds of SWAPS, telling them to find a new partner for each SWAP.
2. After all four rounds have been completed, ask participants to sit down. Remember to facilitate this activity carefully. There may be participants in the session who have HIV infection. Discussing how HIV is transmitted to others may be a sensitive topic for people living with HIV.

- ❑ Post the prepared “Card Game” newsprint. Explain to participants that each card color represents a behavior.



- ❑ Tell the group: 

“Red means sharing needles and syringes that have not been cleaned with bleach and water.”

“Pink means engaging in unprotected anal, oral, or vaginal sex.”

“Green means engaging in safer sex—sex using a condom.”

“Yellow means engaging in casual contact—touching, kissing, or talking.”

- ❑ Say:  *“For the purpose of this game, I will **play** a person who is infected with HIV.”*

- ❑ Read the names on any red or pink cards that you are holding.



- Instruct the participants whose names were read to stand and to remain standing. If you do not end up with any red or pink cards from the participants, ask the participants who have a pink or red card with your name on it, to stand.

- Then tell the group: 

“These people who just stood up became infected with HIV because they shared needles (red cards) or had unprotected sex (pink cards) with me, a person with HIV infection.”

- Instruct each participant who is currently standing to read the names on any of the red and pink cards they have. Ask the participants whose names were called to stand.
- Explain that these women also became infected because they had unprotected sex or shared needles with someone who has HIV infection.
- Again, instruct the participants who have just stood to read the names on their red and pink cards. Ask the participants whose names were called to stand.
- By now, most of the participants will probably be standing. Instruct the participants who are sitting to look at their cards.
- Tell the participants who are seated: 

“If you have a red or pink card, it should only be from people who are also sitting. This means that you had unprotected sex or shared needles with someone who was not HIV-infected. It was a gamble, but you were not infected.”

“If you have green cards from the women who are standing, it means that you had safer sex with an HIV positive person. It is likely you weren’t infected with HIV, as long as you were careful not to exchange any semen, blood, or vaginal fluids. This means using a condom correctly from start to finish with vaginal, oral, or anal sex.”

“If you have green cards from other women who are sitting, it means you had safer sex with a person who was not infected with HIV. Both of you are safe from HIV infection this time.”



“Yellow cards mean you didn’t have sex or share needles at all with your partner. You talked, hugged, kissed, held hands, ate lunch, and rode the bus or whatever. Either partner could be infected with HIV, but you would not infect the other person by participating in the behaviors represented by a yellow card.”

- Instruct the game participants to sit down after the game is completed.
- Ask the group the following questions to begin the discussion: 
 1. *“What are the ways you can become infected with HIV?”*
 2. *“Was there any way to tell if the person you swapped cards with had HIV?”*
 3. *“How did you feel when you found out that you were infected?”*
 4. *“How did you feel about your partner?”*
 5. *“What could you have done differently to avoid being infected with HIV?”*
- Answer any questions the participants may have about HIV transmission.
- Summarize this activity by saying: 

“It’s important to understand how HIV is transmitted from one person to another person. This will help us to make better decisions concerning our health and our lives.”
- Bridge to the next activity by telling the group: 

“Now that we have looked at how HIV is transmitted, we’re going to watch a video.”

Purpose

This activity addresses the facts and fictions about HIV and AIDS. The discussion should focus on the importance of knowing the facts about HIV and how to protect oneself from becoming infected with HIV.

Facilitator Note:

Be sure to have a copy of the video, “It’s Like This . . .” and a television and VCR or DVD player.

The facilitator’s note following this activity provides background information and details about the video, “It’s Like This . . .”. You may find it helpful to read this information before you lead this activity’s discussion.

Your organization can select and use a different 30-minute video, if it can better serve as a catalyst to start the discussion about HIV, prevention, transmission, and relationships. If another video is selected, be sure the actors reflect the women your organization serves.

Do not use a video that endorses the use of nonoxynol-9 spermicide when discussing condoms.

Video: “It’s Like This . . .”

- Show the video to the group (it is approximately 30 minutes long.)
- After watching the video, begin a guided discussion, by asking and discussing the following questions: 



1. “What did you like best/least about the video and why?”
2. “What new information about HIV did you learn from the video?”
3. “What do you think Gladys could have done to protect herself from getting infected with HIV?”
4. “How can you incorporate what you learned into your life?”



- Summarize this activity by encouraging participants to learn the facts about the transmission of HIV/AIDS and other sexually transmitted diseases (STDs) and how to prevent becoming infected.
- Tell participants that with the information they learn during Session 2, they can now share the “facts” about HIV/AIDS with family and friends.
- Answer final questions.
- Bridge to the next activity by telling the group: 

“We’re at the end of Session 2, and as usual we have a take-home activity that will help increase our knowledge about HIV and AIDS.”

**Facilitator Notes:****Video: “It’s Like This . . .”****Video Characters:**

1. Gladys – Main character in the video living with HIV.
2. James – Boyfriend of Gladys
3. Cynthia – Sister of Gladys
4. Shana Pearl – Mother of Gladys
5. Darrel – Oldest son of Gladys
6. Robert – Youngest son of Gladys
7. Shana Pearl – Daughter of Gladys (named after the grandmother)

Detailed Notes and Video Overview:

- This video discusses the issues and concerns of an African American woman living with HIV.
- Gladys, a mother of two boys, finds out she is HIV positive during a prenatal visit. Her risk factors included using drugs and having unprotected sex with a drug user.
- Gladys emphasizes that after her diagnosis her whole life changed and she had to deal with feelings of depression, anger and being alone which resulted in bouts of crying and not being able to sleep or eat. She was also concerned that her boyfriend, James, would leave her because she was HIV positive and he was supposedly HIV negative. Gladys had to make a number of decisions that included deciding whether or not to have sex using a condom, how and when to tell her family about her HIV status, and most importantly how to live her life being HIV positive.
- James did not admit to being HIV positive when first approached by Gladys. He denied this fact and told Gladys he would be there for her during her illness. James’ risk factors included having unprotected sex with multiple partners, using drugs and sharing needles and syringes.
- James did not want to use condoms with Gladys even after knowing she was HIV positive. He confesses in a suicide note he was HIV positive and gave the virus to her and probably the unborn child.



- Pearl, Gladys' mom, was supportive of her daughter after she told her she was HIV positive. She was willing to take early retirement to assist with Gladys' children.
- Cynthia, Gladys' sister, was also very supportive and accepting of Gladys and wanted to be there for her and the children.
- Darrel, Gladys' oldest son, was very upset after finding out she was HIV positive. He refused to go to visit a counselor, started skipping school, and didn't want to talk to Gladys about the issue.
- Robert, Gladys' youngest son, was upset to learn his mother was HIV positive and started coming home early from school and wouldn't play with other children. Gladys got Robert into counseling and he started to learn how to deal with having an HIV positive parent.
- Shana Pearl is Gladys' daughter who was born after she learned she was HIV positive. Shana was not HIV positive and was celebrating her first birthday.

Other topics that may arise from the video discussion:

- Ways HIV is transmitted
- Living with HIV
- Disclosure of HIV status
- Connection between substance use and HIV
- Children and HIV
- HIV and childbirth

Take-Home Activity

Purpose

Take-home activities are a very important part of the SISTA intervention. They are designed to reinforce the information learned in the session. Session 2 provides an opportunity for participants to gain the HIV knowledge and information that is necessary to make changes that can reduce risk for HIV infection.

Fact or Fiction? and HIV/AIDS Knowledge Test

- Explain to the participants the importance of take-home activities. This take-home activity serves to increase knowledge about HIV. Increasing knowledge is the first step if people are going to make changes in risk-taking behaviors that are discussed in the session.
- Distribute handouts *2E—Fact or Fiction* and *2F—HIV/AIDS Knowledge Test*. Inform the participants they will need both handouts to complete the Session 2 take home activity.
- Read the instructions for completing the activity.
- Be sure the group understands the statements on handout *2E—Fact or Fiction?* are basic facts or common myths about HIV/AIDS and they should use handout 2E as a guide when they grade or correct the HIV/AIDS Knowledge Test (handout 2F). Then under each question they think is incorrect, they are to write “why” they think that answer is incorrect.
- Answer any questions participants may have about the take-home activities.
- Bridge to the evaluation activity by telling the group: 

“Let’s get ready to wrap up this session. As always, we need your feedback on what you liked and what you think needs to be improved. By completing the Session 2 Evaluation form, you can help us to improve our SISTA program.”

Purpose

The Session 2 evaluation allows the participants to evaluate and provide feedback on the day's session and activities.

Facilitator Note:

Evaluation of the individual sessions is critical to the SISTA intervention. It provides important feedback on the process of the individual sessions and the intervention. This information is used to make adjustments and improvements to the intervention, and as documentation that the session was implemented with fidelity. The evaluations are anonymous and should have no participant identifying information.

Session 2 Evaluation

- Distribute a copy of handout 2G—*Session 2 Evaluation* to each participant.
- Remind the participants the session evaluation is important because you and your organization value their opinions and feedback.
- Remind the participants they do not need to put their names on the evaluation form.
- Remind the group that “1” indicates a need for improvement and “5” indicates excellent.
- Allow three minutes for completion of the evaluation form.
- Collect the completed evaluation forms.
- Bridge to closing poem by telling the group: 

“In today’s session we learned the basic facts about HIV/AIDS, what it is, how it is transmitted, how it can be prevented and how we can reduce our risk for infection. We watched the video, ‘It’s Like This . . .’. We also played a game that helped us better understand what we learned today. Now let’s re-visit today’s poem, ‘Always There Are the Children’.”



Activity 2.10

5 minutes

Closing Poem: “Always There Are the Children”

Purpose

This activity allows participants an opportunity to briefly re-visit Nikki Giovanni’s poem and share their thoughts about the poem now that they have learned how HIV/AIDS is impacting African American women.

Facilitator Note:

Be sure you have your Community Referral List and that it is available at each session. The list includes information about local counseling and testing resources in your community.

Closing Poem: “Always There Are the Children”

- Ask the group to look at handout 2A—*Opening/Closing Poem: “Always There Are the Children”* they received at the beginning of this session.
- You or a volunteer should read the poem in its entirety.
- After reading the poem, ask and discuss the following question: 

“Now that you’ve learned about HIV/AIDS and how it is affecting the lives of African American women, what are your thoughts about the poem?”

- Thank the woman for their responses. Summarize this activity by telling the women: 

“In this session we’ve covered a lot of basic information about HIV/AIDS. Please let me know if you have any additional questions regarding the facts about HIV/AIDS or if any of you are interested in learning about available HIV counseling and testing.”

- Briefly summarize this activity and tell the group: 

“Now it’s time to close out Session 2 so let’s prepare to recite the SISTA Motto.”



Activity 2.11 **1 minute**
The SISTA Motto

Purpose

The SISTA Motto is the closing activity for each SISTA session. The SISTA Motto is used throughout the sessions to instill a sense of strength, unity, and support among the participants.

The SISTA Motto

- Place the prepared newsprint “SISTA Motto” on the easel.
- Use the call and response method and recite the motto:

Facilitator: **SISTA Love is . . .**
Participants: **Strong!**

Facilitator: **SISTA Love is . . .**
Participants: **Safe!**

Facilitator: **SISTA Love is . . .**
Participants: **Surviving!**
- Thank the women for their participation in Session 2 of SISTA.
- Answer any questions the women may have about the session and activities.
- Make sure all participants have signed the sign-in sheet and submitted their completed evaluation form.
- Remind the participants of the day, date, time, and location of Session 3.
- Make yourself available to the participants for at least 15 minutes after the session for questions or private discussions.





Session 2 Handouts

- 2A Opening/Closing Poem: “Always There Are the Children”
- 2B Session 1 Key Learning Points
- 2C African Americans and HIV/AIDS
- 2D HIV/AIDS Facts
- 2E Take-Home Activity: Fact or Fiction?
- 2F Take-Home Activity: HIV/AIDS Knowledge Test
- 2G Session 2 Evaluation

DRAFT

Always There Are the Children

By Nikki Giovanni

and always there are the children
there will be children in the heat of the day
there will be children in the cold of winter

children like a quilted blanket
are welcome in our old age

children like a block of ice to a desert sheik
are a sign of status in our youth

we feed the children with our culture
that they might understand our travail

we nourish the children on our gods
that they might understand respect

we urge the children on the tracks
that our race will not fall short

but the children are not ours
nor we theirs they are future we are past

how do we welcome the future
not with the colonialism of the past
for that is our problem
not with the racism of the past
for that is their problem
not with the fears of our own status
for history is lived not dictated

we welcome the young of all groups
as our own with the solid nourishment
of food and warmth

we prepare the way with the solid
nourishment of self-actualization

we implore all the young to prepare for the young
because always there will be children

Source: Giovanni, N. (2003). The Collected Poetry of Nikki Giovanni, 1968-1998. New York: William Morrow.



REVIEW
Session 1—Ethnic and Gender Pride

Key Learning Points

1. African American women have a legacy and history of strength, support, and valuing family.
2. African American women have always had strong, supportive relationships with each other, which have stood the test of time.
3. All African American women can be positive role models.
4. Your personal values affect your decision-making.

DRAFT



Your organization must create this handout based on your community's local HIV/AIDS statistics.

DRAFT

HIV/AIDS FACTS

What is HIV?

HIV is the **H**uman **I**mmunodeficiency **V**irus.

HIV is the virus that can cause AIDS.

What is AIDS?

AIDS is **A**cquired **I**mmune **D**eficiency **S**yndrome.

How do people get infected?

People become infected with HIV by:

- Having unprotected anal, oral, or vaginal sex with an HIV infected person.
- Sharing needles and syringes (drugs, steroids, vitamins, tattooing, body piercing and body jewelry) with an HIV infected person.
- An infected mother to child: before, during, or after birth
- The body fluids that transmit HIV—blood, semen, vaginal fluids or breast milk of an HIV infected person.

How don't people get infected?

People don't get infected with HIV by:

- Casual contact (sitting next to someone who is HIV infected, sharing eating utensils, using the same restrooms, drinking fountains, etc.).
- Donating blood.

How do people prevent HIV infection?

People prevent HIV infection by:

- **A**bstaining from sex, drugs, and alcohol.
- **B**eing faithful or postponing sexual activity.
- **C**ondom usage.

How can people reduce their risk for HIV infection?

- Maintaining a mutually faithful monogamous relationship with an HIV negative person.
- Cleaning needles or syringes with water and bleach.
- Using a latex condom/barrier with a water-based lubricant (K-Y Jelly, ID Glide, Cornhuskers lotion, Wet, SK-70) correctly each and every time you have sex.

Fact or Fiction?

Facts are indisputable truths. They are concepts, information or knowledge that has been verified as being true. The following statements are facts:

- Fact 1** You cannot tell if a person is infected with HIV by the way a person looks.
- Fact 2** African Americans can become infected with HIV.
- Fact 3** Having unprotected sex with just one person can put you at-risk for becoming infected with HIV.

Fictions are false or mistaken thoughts, ideas, or notions. Fictions are misunderstandings or myths. These statements are fictions:

- Fiction 1** Only men who have sex with men become infected with HIV.
- Fiction 2** People who are infected with HIV get sick quickly.
- Fiction 3** If a man pulls out before “cumming”, then sex is safe.
- Fiction 4** Exercising, eating nutritiously, and getting enough rest can prevent becoming infected with HIV.
- Fiction 5** Because your partner has not been using condoms for a while, he is probably already infected with HIV and asking him to use a condom now is not important.
- Fiction 6** A person must have a lot of different sexual partners to be at-risk for HIV.
- Fiction 7** Getting tested for HIV protects you from getting infected.

HIV/AIDS Knowledge Test

Directions: Pretend you are the instructor and this test was taken by a student to see how much they knew about HIV/AIDS. **Your** job is to grade this test. First, for each question, mark whether or not you think the student answered correctly or incorrectly by putting a “C” next to the question number if correct and an “IC” if incorrect. Then using the information on handout “2E—Fact or Fiction?” as a guide, you are to write why you think each question is correct or incorrect.

		True	False
1.	HIV is a virus transmitted through unprotected oral, anal, or vaginal sex and sharing needles and syringes.	✓	
2.	HIV is caused by a virus.	✓	
3.	HIV is transmitted through blood, semen, vaginal fluids, and breast milk of an HIV infected person.	✓	
4.	A person can be infected with HIV and not know it.	✓	
5.	Men can infect women with HIV.	✓	
6.	There is a cure for AIDS.	✓	
7.	You can become infected with HIV from sitting in the same room with an HIV infected person.		✓
8.	You can prevent becoming infected with HIV by abstaining from sex and never sharing needles or syringes.	✓	
9.	Using birth control pills protects women from becoming infected with HIV during sex.	✓	
10.	Using latex condoms consistently and correctly every time from start to finish is one way to prevent becoming infected with HIV.	✓	
11.	HIV can't survive in swimming pools, bathtubs, and hot tubs.	✓	

Page 2 HIV/AIDS Knowledge Test

		True	False
12.	You can tell by looking at a person whether or not he or she is infected with HIV.	✓	
13.	Only men who have sex with men and injection drug users become infected with HIV.		✓
14.	You can get a single blood test for infection with HIV.		✓
15.	There is a proven vaccine for AIDS.		✓
16.	You can become infected with HIV by drinking from the same cup of a person who has HIV.		✓
17.	Only white people become infected with HIV.		✓
18.	Women can transmit HIV to men.		✓
19.	A blood test can tell you whether or not you have AIDS.		✓

Evaluation for Session 2: HIV/AIDS Education

Please take a moment to rate how effective we were in presenting information to you today.

Below are a number of statements. Please rate each statement on a scale from 1-5, where “1” means we did a poor job and “5” means we did an excellent job.

Statements: Rating

1.	I learned new information about HIV.	
2.	The video could help me in my everyday life.	
3.	I feel I got a lot out of the in-class games/exercises we did today.	
4.	Any questions I had were clearly answered.	
5.	The handouts were helpful.	
6.	The group discussions were interesting and informative.	

7. Overall, how would you rate the performance of the group leaders?
Please circle a number.

Poor		Okay				Excellent			
1	2	3	4	5	6	7	8	9	10

8. Overall, how would you rate today's session? Please circle a number.

Poor		Okay				Excellent			
1	2	3	4	5	6	7	8	9	10

9. How could this session be improved?

10. Any other comments?

Questions continue on back of page.



11. As a result of last week's session, I made some positive changes in my life.

- Yes No Did not attend last week's session.

If you checked yes, please describe below the changes you made.

Thank You, my SISTA!



Session 3
Assertiveness Skills Training

DRAFT



	<h2>Session 3</h2> <h1>Assertiveness Skills Training</h1>	 <p>120 minutes</p>
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Purpose

Session 3 focuses on effective communication and sexual negotiation skills. Many women in heterosexual relationships either lack these skills or are afraid to communicate or address their wants and needs. This session will teach participants distinctions between assertive, non-assertive, and aggressive communication styles and behaviors. Participants will learn the importance of using “I” statements and will practice effective communication and negotiation skills. The SISTAS Assertiveness Model will be used to provide participants with an effective sexual decision-making process.

Facilitator Goals

1. Demonstrate and discuss the differences between assertive, non-assertive, and aggressive behaviors.
2. Discuss the consequences of assertive, non-assertive, and aggressive behaviors.
3. Develop participants’ assertive communication and sexual negotiation skills.

Participant Objectives

By the end of this session, participants will be able to:

1. Explain the differences between aggressive, non-assertive, and assertive behaviors.
2. Describe consequences of assertive, non-assertive and aggressive behaviors in real life sexual situations.
3. Use assertive communication skills to communicate their needs and negotiate safer sex practices with their partners.
4. Identify situations that may increase risks for unsafe sexual behaviors.



5. Identify the six steps of the SISTAS Assertiveness Model.
6. Apply the SISTAS Assertiveness Model to their decision-making processes for sexual behaviors.

DRAFT

Session 3 At-A-Glance

Activities		Time (minutes)	Purposes	Materials
3.1	Opening Poem	5	Poetry by African American women is used to highlight pride, values, creativity, and strength.	<ul style="list-style-type: none"> <i>The Transformation of Silence Into Language and Action</i> handout 3A
3.2	Review – SISTA Agreements and At the Kitchen Table	1	Reviews the rules developed to guide the session to help everyone feel comfortable.	<ul style="list-style-type: none"> SISTA Agreements and At the Kitchen Table newsprints
3.3	Review – Session 2 Key Learning Points and Take-Home Activity	5	Gives participants a chance to review Session 2 concepts and homework <i>Facts or Fiction?</i> and <i>HIV/AIDS Knowledge Test</i> .	<ul style="list-style-type: none"> <i>Key Learning Points</i> handout 3B
3.4	Assertiveness Skills Training	30	Provides information about differences between assertive, non-assertive, and aggressive language and behavior. Helps participants to recognize and understand the consequences of these behaviors.	<ul style="list-style-type: none"> <i>Communication Styles</i> handout 3C
3.5	How Do I Handle This?	30	Gives participants the opportunity to practice communication skills and observe others in role-play scenarios using the 3 communication styles.	<ul style="list-style-type: none"> <i>How Do I Handle This</i> handout 3D
3.6	SISTAS Assertiveness Model	40	Teaches use of the SISTAS Assertiveness Model to make safer sex decisions.	<ul style="list-style-type: none"> Prepared newsprints <i>SISTAS Assertiveness Model</i> and <i>See You At The Club</i> handouts 3E, 3F
3.7	Take-Home Activity	3	Reinforces what participants learned during the session and encourages continued discussion between participants and their significant others and/or friends.	<ul style="list-style-type: none"> <i>What Had Happened Was...</i> handout 3G
3.8	Session 3 Evaluation	3	Evaluates and provides feedback on the session.	<ul style="list-style-type: none"> <i>Evaluation</i> handout 3H
3.9	Closing Poem	2	Instills pride within the participants and reinforces Session 3 messages.	<ul style="list-style-type: none"> <i>The Transformation of Silence Into Language and Action</i> handout 3A
3.10	SISTA Motto	1	SISTA Motto promotes oneness, womanhood, unity, and trust among the participants.	<ul style="list-style-type: none"> SISTA Motto newsprint



Session 3—Assertiveness Skills Training

Facilitator's Checklist

Date: _____

Facilitator Name: _____

Facilitator Name: _____

Group Name: _____

Session Location: _____

Materials Checklist:

- SISTA Implementation Manual
- Community Referral List

Handouts:

- 3A Opening/Closing Poem: “The Transformation of Silence Into Language and Action”
- 3B Session 2 Key Learning Points
- 3C Communication Styles
- 3D How Do I Handle This?
- 3E SISTAS Assertiveness Model
- 3F Situation: See You In The Club
- 3G Take-Home Activity: What Had Happened Was
- 3H Session 3 Evaluation

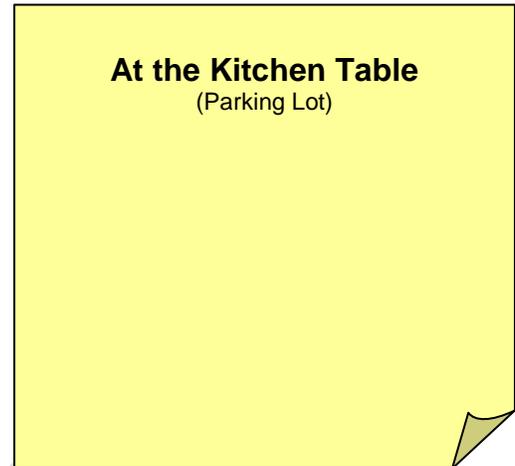
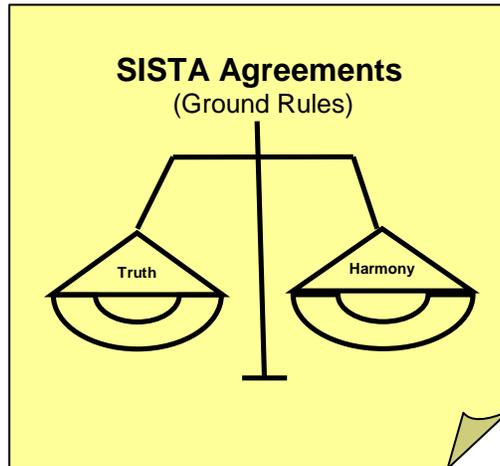
Supply Checklist:

- Sign-in sheet
- Name tags
- Easel and newsprint
- Markers
- Tape
- Pens/pencils
- Self-stick note pads

Advance Preparations:

- Copy participants' handouts listed above.
- Prepare newsprints shown on pages 129 and 130. Consider writing the SISTAS Assertiveness Model on poster board instead of newsprint. The SISTAS Assertiveness Model is used in Sessions 3 and 4.
- Review the correct answers to the Fact or Fiction? and HIV/AIDS Knowledge Test take-home activities.

Prepared Newsprints: Session 3—Assertiveness Skills Training



SISTAS Assertiveness Model

- S** I need to think about my **SELF** first.
What do I value?
(ETHNIC AND GENDER PRIDE)
- I** I need to use the **INFORMATION** I have about sex and HIV/AIDS.
What is safe for me to do?
(HIV/AIDS EDUCATION)
- S** I need to think about the **SITUATION** I am in.
What trouble does it put me in?
(HIV/AIDS EDUCATION)
- T** I need to state the **TROUBLE** to my partner.
What are my options? What are the consequences?
(SEXUAL COMMUNICATION)
- A** I need to tell my partner in an **ASSERTIVE** manner what I would like to do.
(SEXUAL NEGOTIATION)
- S** I need to **SUGGEST** an alternative.
Can I live with the consequences of the alternative?



**S
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The SISTA Motto

**SISTA Love is Strong,
SISTA Love is Safe,
SISTA Love is Surviving!**

DRAFT



Activity 3.1

5 minutes

Opening Poem: “The Transformation of Silence Into Language and Action”

Purpose

Poetry by African American women is used to emphasize pride, values, creativity, and strength. This is an excerpt from a speech famed poetess/activist Audre Lorde made in 1977 just two months after being diagnosed with breast cancer. In the speech, she talks about women being taught to respect fear more than they respect themselves.

Facilitator Note:

You may choose to read the background information to the women. This is optional. However, this background is included for your information so you can answer participants’ questions. Many times participants want to know more about the author and/or the poem.

You may read the poem to the group or ask for a volunteer to read the poem. Remember to be mindful of reading levels and use caution when **SELECTING** someone to read the poem.

Background Information:

Audre Geraldine Lorde was born in New York City to West Indian parents. She grew up in Manhattan and received her Bachelor’s degree from Hunter College in 1959. She continued her education at Columbia University in 1961 where she received a Master’s degree in library science. Lorde considered 1968 to be the high point in her life. In that year, she left her job as head librarian at the University of New York to become a lecturer and creative writer; accepted the poet-in-residence position at Tougaloo College in Mississippi; published her first book of poems, The First Cities; and she met Frances Clayton with whom she would share the remainder of her life.

Lorde described herself as “a black lesbian, feminist, mother, lover, poet.” In 1980, Audre wrote her first book of non-fiction, *The Cancer Journals*. This is a very personal work about her struggles with breast cancer and mastectomy, in addition to her feelings of hopelessness and despair at being diagnosed with breast cancer. Audre Lorde died in St. Croix, Virgin Islands, on November 17, 1992 at the age of 58.

SOURCE: <http://www.voices.cla.mn.edu>



Opening Poem: “The Transformation of Silence Into Language and Action”

- Distribute handout 3A—“The Transformation of Silence Into Language and Action” to each participant.
- You may read the excerpt or have one of the women volunteer to read. If there are no volunteers to read, you or the co-facilitator should read the excerpt in its entirety.
- Remember, do not randomly select participants to read because there may be issues with illiteracy or reading difficulties among the women in the group.
- After reading the excerpt, ask and discuss the following processing questions:
 - 1. *“One line in this excerpt states, “We can learn to work and speak when we are afraid in the same way we have learned to work and speak when we are tired.” How does this relate to being a strong black woman?”*
 - 2. *“How or why does being afraid cause us not to speak, even when it is necessary?”*
- Thank the women for their responses and answer any questions about the excerpt.
- Summarize the women’s responses to the two questions. Then say:
 -  *“Now let’s re-visit our SISTA Agreements.”*

Purpose

Ground rules and a “Parking Lot” were established in Session 1. Reviewing these newsprints at the beginning of each session reminds participants of the rules, allows participants to add any additional rules, and reminds them they can ask questions anonymously.

SISTA Agreements and At the Kitchen Table

- Use the “SISTA Agreements” newsprint you developed during Session 1.
- Review the ground rules. Remind participants they have established these rules for themselves to set a comfortable tone and climate for everyone.
- Ask the participants:  “Does anyone have any other rules they would like to add to the list?”
- Remind the participants they may use the “At the Kitchen Table” newsprint to post any questions they have at any time during today’s session.
- Display the newsprints where all can see them throughout the session.
- Save the “SISTA Agreements” and “At the Kitchen Table” newsprints to re-visit during the remaining sessions.
- Bridge to the next activity by saying: : “Let’s look at the Key Learning Points from Session 2.”

**SISTA
Agreements**

**At the
Kitchen Table**



Activity 3.3

5 minutes

Review—Session 2 Key Learning Points and Take-Home Activity

Purpose

This activity is intended to reinforce Session 2 messages and to review the take-home activity. Remind the participants that the take-home activities are designed to help them think about and practice what they learn in each session.

Review—Session 2 Key Learning Points

- Distribute handout 3B—*Session 2 Key Learning Points* to each participant.
- Read and discuss the Key Learning Points. Be sure to clarify information that is still confusing for participants. Reviewing the facts ensures participants have a basic understanding of HIV transmission and prevention, which is a primary goal of the SISTA intervention.

Review—Session 2 Take-Home Activity

- Ask participants to take out the two assignments distributed at the last session. Discuss Session 2 take-home activities with the participants.
- Discuss the *Facts or Fiction* handout first. When discussing the assignment, be sure to read each statement and have the participants discuss them so they understand HIV facts. This is the time to clear up any misconceptions participants may have.
- Discuss the *HIV/AIDS Knowledge Test* next. When discussing the test, review each question to make sure the participants understand why the statements are correct or incorrect.

NOTE: The incorrect questions are item numbers 6, 9, 12, 14, and 18.

- After you have completed the reviews, ask the group: 

“What questions do you have regarding the review of Session 2 and/or the take-home activities?”



Answer any remaining questions about the take-home activities or HIV/AIDS.

Bridge to the next activity by saying: 

“Today, we are going to learn how to speak up for ourselves in an appropriate manner in a sexual relationship, while considering the needs and rights of others.”

DRAFT

Purpose

This activity provides the participants with information about the differences between aggressive, non-assertive, and assertive communication styles. Understanding how to communicate effectively when expressing their wants and needs is important in sexual negotiations with their partner. This activity also helps participants to recognize and understand the consequences of these behaviors and communication styles.

Assertiveness Skills Training

- Begin this session by telling the group: 
 - *“In today’s session, we will discuss communication styles and behaviors.”*
 - *“There are numerous ways we can communicate our needs and wishes to others. However, some ways work better than others. We will explore three different styles of communication and expression: aggressive, non-aggressive, and assertive.”*
 - *“In the remaining activities, we are going to begin to feel empowered about expressing our true feelings when we are communicating, whether it is in our sexual relationships, in our everyday life, or in work-related situations. We also will have opportunities to practice some of these skills.”*
 - *“In order to express ourselves effectively, we must first be able to recognize the difference between the three communication styles.”*
- Ask the women the following questions: 
 1. *Have you ever wanted to talk with your partner about sex, but did not know where to begin?*
 2. *How did you feel about being in that situation?*
- After the women have responded to the questions above, say to the group: 

“Today’s activities will help you feel more comfortable sharing your



feelings and needs about safer sex. In order to express your feelings effectively, you need to be able to recognize the difference between aggressive, non-assertive, and assertive communication styles.”

- Distribute the handout 3C—*Communication Styles* to the participants.
- Define the terms aggressive, non-assertive, and assertive for the participants, using the descriptions and examples below.

What Is Being Aggressive?

Being aggressive means standing up for ourselves even at the expense of others. We use language that is threatening and/or punishing to others involved. When we are aggressive, we fail to consider the other person’s needs or feelings. Aggression can be direct or indirect.

Direct aggression involves name calling, threats or physical harm, and invading personal space.

Indirect aggression involves defiant stares, rigid posture, and talking behind someone’s back.

Example of Aggressiveness

Lovita and Donnell have been together for two years. Donnell has used Lovita’s car in the past, but got into a car accident the last time and did not give her the \$500 deductible to get it fixed. Donnell is late for work and asks to use Lovita’s car.

Lovita: (Speaking very loudly and pointing her finger) *“I don’t give a damn how you get to work! You still owe me for damages from the last time you drove my car!”*

What Is Being Non-Assertive?

Being non-assertive means we feel we don’t have the right to be heard. We are uncomfortable expressing ourselves and are willing to back down to avoid conflict. We do not tell others how we feel so our needs are not going to be met. Non-assertive people tend to have inconsistent eye contact, low or unsteady voice levels, and cautious body movements.



Example of Non-Assertiveness

Same situation with Lovita and Donnell.

Lovita: (Very quietly) *“Well (pause), umm, I guess you can use my car.”*

What Is Being Assertive?

When we are assertive, we are able to stand up for ourselves and tell others how we feel without threatening, punishing, or putting them down. We are able to express what we think, feel, and want without being anxious or afraid. Being assertive is a skill that can be learned. When we are assertive, we are communicating honestly and directly so the other person does not have to figure out what is on our minds. Being assertive does not mean the other person will agree, and that’s OK. But we should strive to express our concerns while considering the other person’s feelings in the process.

Example of Assertiveness

Same situation with Lovita and Donnell.

Lovita: (Calmly) *“Donnell, the last time I let you borrow my car you had an accident and you still owe me for repairs. I am not loaning you my car until you take responsibility for the deductible and pay me the money you owe.”*

- Ask participants to think about the three different ways Lovita responded to Donnell in this situation. Ask the group: 

“What do you see as the major difference between Lovita’s assertive response and her aggressive and non-aggressive responses?”

- Encourage the women to think critically and talk about Lovita’s assertive response. After the discussion, say to the group: 

“One difference in Lovita’s assertive response was the use of what are called ‘I’ statements.”

- 
- Explain to the women that when communicating, it is important to use “I” statements. They are statements that begin with the word “I.” For example, “I feel...”, or “I do not like it when you” By using the word “I,” this indicates to others how you feel and what you want. When people use “I” statements, it shows that they are taking ownership of their feelings, opinions, and points of view.
 - Inform the group that when a person uses “I” statements, others feel less defensive.
 - An example of an “I” statement is “I feel angry when you do not listen to me.”

- Tell the group: 

*“When you begin a sentence with the word ‘you,’ you are making the person you’re talking to accountable for what **you** think or feel. This can often make the other person feel defensive and may cause them to become aggressive.”*

- An example of a “you” statement is: “You make me sick!”
- Ask for and clarify any questions the participants have regarding the three communication styles or the use of “I” statements. Summarize this discussion.
- Bridge to the next activity by saying: 

“Now that we know the differences between aggressive, non-assertive, and assertive communication styles, let’s put our knowledge into practice. Let’s look at some real-life situations where we can practice these different communication styles.”

How Do I Handle This?

Purpose

This activity will give the participants opportunities to observe the three communication styles that were just explained and discussed—aggressive, non-assertive, and assertive.

How Do I Handle This?

- Distribute a copy of handout 3D—*How Do I Handle This?* to the participants.
- You (or the co-facilitator) will read Situation A aloud.

Situation A: Credit Card Debt

You and your partner have been together for two years. During this time, your credit has been spotless and his less than perfect. During your relationship, you have seen “Final Notices” regarding several bills lying around his house. He has a business trip coming up and asks you to add him as a user on your credit card account. He promises to pay you back for any expenses, but his track record with bill paying is inconsistent. You’re concerned because you plan to buy a house soon. You love him, but you do not want your credit rating affected by his irresponsible nature. What would you say?

- Then ask for a volunteer to share what she would say to the boyfriend in this situation. Tell the group: 

“In Situation A, I will read the part of the boyfriend. [Volunteer’s name] can choose to respond in an aggressive, non-assertive, or assertive manner. After we read this situation, the group will discuss [volunteer’s name] response.”

- Remind the group that if the volunteer chooses to respond in an assertive manner she should use “I” statements.

- 
- After Situation A is read and discussed, ask the group the following questions: 

1. *“What communication style was used?”*
2. *“What might be the consequences of responding in this manner?”*

- Close this discussion and read Situation B.

Situation B: Creative Nail Salon

You have finally decided to get acrylic nails at the local salon. You hear that the nail salon is clean and no appointment is necessary. After your nails are finished, you notice the acrylic is way too thick and the French manicure has too much white on the tips. You are less than happy with the services. The nail technician says you owe her \$30. What do you say?

- Ask for another volunteer. Then tell the group: 

“In Situation B, I will read the part of the nail technician. [Volunteer’s name] will choose to respond in an aggressive, non-assertive, or assertive manner. After we read this situation, we’ll discuss [volunteer’s name] response.”

- After Situation B is read, ask the group the following questions: 

1. *“What communication style was used?”*
2. *“What might be the consequences of responding in this manner?”*

- Close this discussion and read Situation C.

Situation C: He’s Just My Baby Daddy!

You and your son’s father, Keyshawn, have been together off and on for the past 10 years and your son is five. Lately, your relationship has been more on than off. You know he has five other children and still has a cordial “relationship” with two of his other baby’s mamas. One Friday, Keyshawn and you go to the movies and afterwards he wants to have sex. It has been two years since your last encounter and you are afraid that if you do not have sex, he will stop coming around. What do you do?

- 
- Ask for another volunteer. Then tell the group:



“In Situation C, I will read the part of Keyshawn, the baby’s daddy. [Volunteer’s name] can choose to respond in an aggressive, non-assertive, or assertive manner. After we read this situation, we’ll discuss [volunteer’s name] response.”

- After Situation C is read, ask the group the following questions:



1. *“What communication style was used?”*
2. *“What might be the consequences of responding in this manner?”*

- Close this discussion.

- If time permits, you may have different volunteers to respond to the situations using one of the other communication styles (i.e., aggressive, non-assertive, or assertive). Try to make sure that all three styles are demonstrated.

- Ask and answer any questions. Then bridge to the next activity by saying:



“Now that we have observed the communication styles and discussed consequences, let’s take a look at the decision-making process and the SISTAS Assertiveness Model.”

The SISTAS Assertiveness Model**Purpose**

In this activity, participants learn to use the SISTAS Assertiveness Model for making safer sex decisions. This activity explores how drug use can influence sexual behavior and builds on concepts and information covered in Sessions 1 and 2.

The SISTAS Assertiveness Model

- For this activity, you will need the two prepared newsprints “SISTAS Assertiveness Model” and “SISTAS.”
- Distribute handout 3E—*SISTAS Assertiveness Model* to participants.
- Remind the group that Session 1 addressed ethnic and gender pride and personal values. In Session 2, they learned the facts about HIV and how they could reduce their risk for infection. In this activity, they are going to look at the steps involved in making safe decisions about sexual behavior.
- Explain that through practice they can become familiar with the steps involved in making decisions and learn how to apply them easily in their everyday lives.
- Display the SISTAS Assertiveness Model newsprint.
- Read and explain each of the six steps in the model.
- Ask for any questions related to the six steps.
- Distribute handout 3F—*See You In The Club* to participants.
- Read the situation, *See You In The Club*, to the participants. Before you read the situation, ask the group to think about what they would do if they found themselves in this situation based on the six steps of the SISTAS Assertiveness Model.



SISTAS
Assertiveness
Model



Situation: See You In The Club

You and your girls go to Club Elite every Friday night. You have noticed one particular guy, named Marcus, several times and have asked about him. He has been rumored to have slept with several women in the club. However, you still think he is attractive and would like to date him. A friend introduces the two of you and you eventually go out on a date. After dinner and a few drinks, you go back to Marcus' house for a nightcap and the situation starts to get hot and heavy. What do you do?

- On the SISTAS newsprint, write the participants' responses for what they would do for each of the six steps of the decision-making process.
- The table on page 146 lists each step and some common responses.
- Use the following questions to guide the discussion:
 - *Did you think of your **self**?"*
 - *Did you use the HIV/AIDS **information** you learned?*
 - *Did you think about the **situation** you were in?*
 - *Did you state the **trouble** to Marcus, as well as options and consequences?*
 - *Did you tell Marcus, in an **assertive** manner, what you wanted to do?*
 - *Did you **suggest** an alternative that you could feel comfortable with?*
- After the discussion, explain that making a decision can be difficult and there are several factors that have to be considered; for example, our personal values or safety.
- Be sure to explain that this model works for many decisions and that it works best when used for decisions regarding sexual behavior.
- Ask the participants if they have questions regarding the SISTAS Assertiveness Model or the six step decision-making process for sexual behavior.
- Ask for any additional questions about any of the topics or activities covered in Session 3.



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- Summarize the activity by saying: 

“Today, we discussed aggressive, non-assertive, and assertive communication styles and behaviors. You had a chance to observe role-play which demonstrated the three styles of communication. We also discussed the consequences that may arise from each of the three styles. Finally, we talked about the SISTAS Assertiveness Model and the six step decision-making process.”

- Post the “SISTAS Assertiveness Model” newsprint in a visible area of the room.
- Save the “SISTAS Assertiveness Model” newsprint. The model will be used again in Session 4 activities.
- Bridge to next activity by saying: 

“In SISTA, we know homework is very important. Today’s take-home activity will be fun and will allow you to practice what you learned in today’s session.”



Steps	Examples of Possible Responses
<p>1. S I need to value my SELF first. What do I value? Ethnic and Gender Pride</p>	<ul style="list-style-type: none"> • My health • My children
<p>2. I I need to use the INFORMATION I have about sex and HIV/AIDS. What is safe for me to do? HIV/AIDS Education</p>	<ul style="list-style-type: none"> • Using condoms correctly and consistently greatly reduces the risk for contracting HIV • Abstinence
<p>3. S I need to think about the SITUATION I am in. What trouble does it put me in? HIV/AIDS Education</p>	<ul style="list-style-type: none"> • In Marcus' house • Under possible influence of alcohol
<p>4. T I need to state the TROUBLE to my partner. What are my options? What are the consequences? Sexual Communication</p>	<ul style="list-style-type: none"> • We can have unprotected or protected sex • Catch a cab home • Marcus could rape me • Consequences: HIV or other STD
<p>5. A I need to tell my partner in an ASSERTIVE manner what I would like to do. Sexual Negotiation</p>	<ul style="list-style-type: none"> • "Marcus, I like you, but I am not ready to have sex." • "Marcus, I really like you and I think we should use condoms if we are going to have sex."
<p>6. S I need to SUGGEST an alternative. Can I live with the consequences of the alternative? Sexual Negotiation</p>	<ul style="list-style-type: none"> • Do a hand job • Mutual masturbation • Get to know one another better before having sex.

Take-Home Activity

Purpose

Take-home activities are a very important part of the SISTA intervention. They are designed to reinforce the information learned in the session. This session's activity is designed to reinforce what participants learned about being assertive in communicating their wants and needs to others. The activity will provide them another opportunity to practice what they have learned about decision-making and to use the SISTAS Assertiveness Model.

What Had Happened Was . . .

- Remind the group of the importance of the take-home activities. Explain that this session's take-home assignment will give them another opportunity to practice what they have learned about communication styles and to use the SISTAS Assertiveness Model.
- Distribute handout 3G—*What Had Happened Was . . .* and read the instructions for completing the take-home activity.
- Tell the group that there are two parts to this activity. First, they are to think about a time when they got into a situation that caused them trouble (i.e., someone pressuring them for sex, friends made them shoplift, peer pressure to use drugs). Then they are to answer the questions using "I" statements.

Participants should use handouts 3C—*Communication Styles* and 3E—*SISTAS Assertiveness Model* to complete this part of the take-home activity.
- Explain that in the second part of the take-home activity the participants should have a conversation with their partner, a friend or a relative about safer sex. During the conversation, they should try to use an assertive communication style.
- Clarify the instructions for this activity. Answer any questions the participants may have.



- Bridge to the evaluation activity by saying: 

“Let’s get ready to wrap up Session 3. In order for us to improve SISTA, we need your feedback on what you liked and what you think needs to be improved. By completing the Session 3 Evaluation form, you can help us make those adjustments.”

DRAFT

Purpose

The Session 3 evaluation allows the participants to evaluate and provide feedback on the day's session and activities.

Facilitator Note:

Evaluation of the individual sessions is critical to the SISTA intervention. It provides important feedback on the process of the individual sessions and the intervention. This information is used to make adjustments and improvements to the intervention, and as documentation that the session was implemented with fidelity. The evaluations are anonymous and should have no participant identifying information.

Session 3 Evaluation

- Distribute a copy of handout 3H—*Session 3 Evaluation* to each participant.
- Remind the participants the session evaluation is important because you and your organization value their opinions and feedback.
- Remind the participants they do not need to put their names on the evaluation form.
- Remind the group that “1” indicates a need for improvement and “5” indicates excellent.
- Allow three minutes for completion of the evaluation form.
- Collect the completed evaluation forms.
- Bridge to closing poem by telling the group: 

“In today’s session, we learned about three different communication styles—aggressive, non-assertive, and assertive. We also learned we can tell others exactly what we want safely and without being aggressive. And we learned some steps for making safer decisions. Now that we’ve learned these things, let’s re-visit the opening poem.”

Activity 3.9

2 minutes

Closing Poem: “The Transformation of Silence Into Language and Action”

Purpose

In closing Session 3, the group will re-visit “The Transformation of Silence Into Language and Action” by Audre Lorde which was used to open the session. This re-reading of the excerpt allows the participants to reflect on the meaning of Lorde’s words in light of what they have learned in this session about assertiveness and communication styles.

Closing Poem: “The Transformation of Silence Into Language and Action”

- Refer the women to handout 3A—“*The Transformation of Silence Into Language and Action.*”
- Tell the group that you are re-visiting the excerpt from Audre Lorde’s speech because they may understand it differently, now that they have learned about and observed assertiveness as an effective communication style, and had an opportunity to use the SISTAS Assertiveness Model as a way to make good sexual decisions.
- Ask for a volunteer to read the excerpt. If there are no volunteers, you or the co-facilitator should read the excerpt.
- After reading the excerpt, say to the group: 

“In today’s session, we learned that it is important to be assertive when we are communicating our needs and wants to others. We also learned women often use non-assertive behaviors and communication styles because they are fearful or want to avoid hassles. And we learned aggressive behavior and communication styles can cause bad situations to get worse. Practicing assertive behaviors and communication methods can help with your positive decision-making about safer sex behaviors.”

- Bridge to the final activity by saying: 

“As we do in every session, let’s end with our SISTA Motto.”

The SISTA Motto**Purpose**

The SISTA Motto is the closing activity for each SISTA session. The SISTA Motto is used throughout the sessions to instill a sense of strength, unity, and support among the participants.

The SISTA Motto

- Place the prepared newsprint “SISTA Motto” on the easel.
- Use the call and response method and recite the motto:

Facilitator: **SISTA Love is . . .**
Participants: **Strong!**

Facilitator: **SISTA Love is . . .**
Participants: **Safe!**

Facilitator: **SISTA Love is . . .**
Participants: **Surviving!**
- Thank the women for their participation in Session 3 of SISTA.
- Answer any questions the women may have about the session and activities.
- Make sure all participants have signed the sign-in sheet and submitted their completed evaluation form.
- Remind the participants of the day, date, time, and location of Session 4.
- Make yourself available to the participants for at least 15 minutes after the session for questions or private discussions.



The SISTA
Motto



Session 3 Handouts

- 3A Opening/Closing Poem: “The Transformation of Silence Into Language and Action”
- 3B Session 2 Key Learning Points
- 3C Communication Styles—Being Aggressive, Non-Assertive, and Assertive
- 3D How Do I Handle This?
- 3E SISTAS Assertiveness Model
- 3F Situation: See You In The Club
- 3G Take-Home Activity: What Had Happened Was
- 3H Session 3 Evaluation

DRAFT

This is an excerpt from a speech that famed poetess/activist Audre Lorde made in 1977 just two months after being diagnosed with breast cancer. In the speech, she talks about women being taught to respect fear more than they respect themselves.

The Transformation of Silence Into Language and Action

By Audre Lorde

We can learn to work and speak when we are afraid in the same way we have learned to work and speak when we are tired.

For we have been socialized to respect fear more than our own needs for language and definition, and while we wait in silence for that final luxury of fearlessness, the weight of that silence will choke us.

Source: Lorde, A. (1984). Sister Outsider: Essays and Speeches. Freedom, CA: Crossing Press.



REVIEW

Session 2—HIV/AIDS Education

Key Learning Points

1. **HIV** is the virus that causes **AIDS**. **AIDS** is the result of **HIV** infection.
2. African American women are **disproportionately affected** by HIV.
3. **HIV** is transmitted through blood, semen, vaginal fluids, and breast milk.

Having **unprotected sex** and **sharing needles or syringes** with an HIV infected person can expose someone to the disease.

4. AIDS is a **leading cause** of death in African Americans ages 25-44.
5. A person can avoid getting HIV by: (ABC method)
 - **Abstaining** from having sex and sharing needles and syringes.
 - **Being faithful/monogamous** with a person who is not infected with HIV.
 - **Condoms** should be used consistently and correctly every time you have sex, to reduce your risk of becoming infected with HIV or another STD.

Handout 3C

Communication Styles—Being Aggressive, Non-Assertive and Assertive

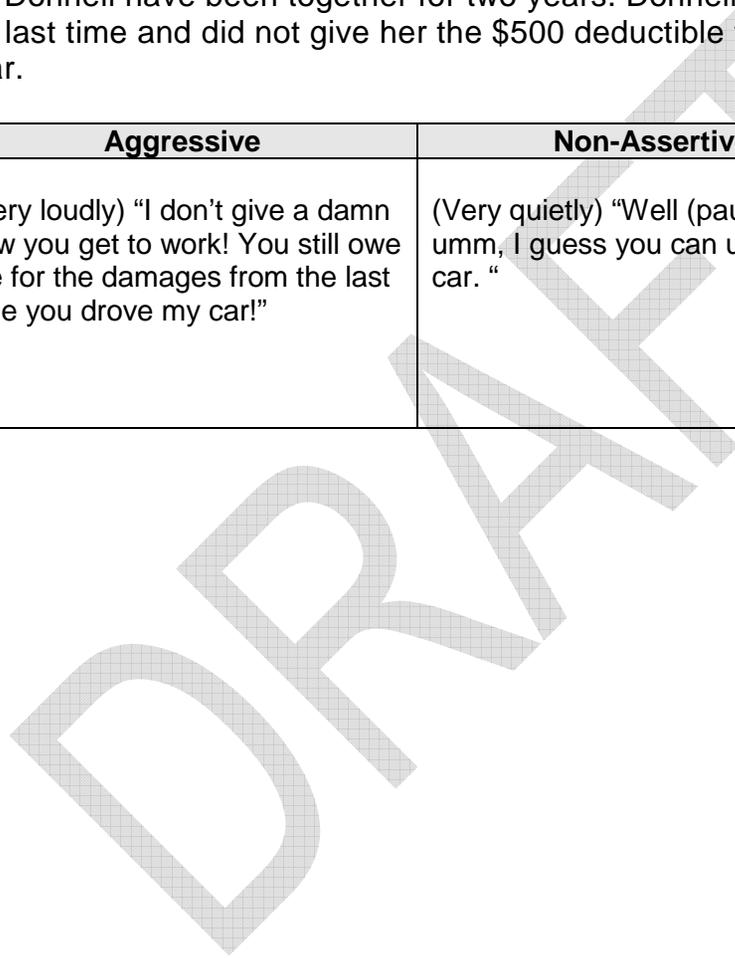
	Aggressive	Non-Assertive	Assertive
Definition	<ul style="list-style-type: none"> Communication style in which you stand up for yourself even at the expense of others. You use language that is threatening and/or punishing to others involved. When you are aggressive, you fail to consider the other person's needs or feelings. Aggression can be direct or indirect. 	<ul style="list-style-type: none"> Communication style in which you feel you do not have the right to be heard. You are uncomfortable expressing yourself and are willing to back down to avoid conflict. You do not tell others how you feel so your needs are not going to be met. Non-assertive people tend to have inconsistent eye contact, low or unsteady voice levels, and cautious body movements. 	<ul style="list-style-type: none"> Communication style in which you are able to stand up for yourself and tell others how you feel without anger or attack. Being able to express what you think, feel and want comfortably in a non-threatening manner. Being assertive is a skill that can be learned. The other person may not agree with your decision, that's OK. You should strive to express your concerns while considering the other person's feelings in the process.
What It Implies to Others	<ul style="list-style-type: none"> Their feelings are not important They don't matter I think I'm superior 	<ul style="list-style-type: none"> My feelings are not important I don't matter I think I'm inferior 	<ul style="list-style-type: none"> We are both important We both matter I think we are equal
Verbal Styles	<ul style="list-style-type: none"> "You" statements Loud voice Name calling and threats 	<ul style="list-style-type: none"> Apologetic, hesitant speech Overly soft or tentative voice level 	<ul style="list-style-type: none"> "I" statements Firm voice
Non-Verbal Styles	<ul style="list-style-type: none"> Staring, narrowed eyes, glaring looks Tense, clenched fists, rigid posture, pointing fingers Waving of arms and hands 	<ul style="list-style-type: none"> Looking down or away, poor eye contact Stooped posture, excessive head nodding, nervous body movements 	<ul style="list-style-type: none"> Looking direct Relaxed posture, smooth and relaxed movements
Potential Consequence	<ul style="list-style-type: none"> Guilt Anger from others Lowered self esteem Disrespect from others Feared by others 	<ul style="list-style-type: none"> Lowered self-esteem Anger at self False feelings of inferiority Disrespect from others Pitied by others Agreeing to have sex or use drugs when you prefer not to 	<ul style="list-style-type: none"> Higher self-esteem Self-respect Respect from others Respect of others

Handout 3C Communication Styles—Being Aggressive, Non-Assertive and Assertive

Examples of Aggressive, Non-Assertive, and Assertive Communication Styles

Situation: Lovita and Donnell have been together for two years. Donnell has used Lovita’s car in the past but got into a car accident the last time and did not give her the \$500 deductible to get it fixed. Donnell is late for work and asks to use Lovita’s car.

	Aggressive	Non-Assertive	Assertive
Lovita’s communication style and behavior could be:	(Very loudly) “I don’t give a damn how you get to work! You still owe me for the damages from the last time you drove my car!”	(Very quietly) “Well (pause), umm, I guess you can use my car. “	“Donnell, the last time I let you borrow my car you had an accident and you still owe me for repairs. I am not loaning you my car until you take responsibility for the deductible and pay me the money you owe.”



How Do I Handle This?**Situation A: Credit Card Debt**

You and your partner have been together for two years. During this time, your credit has been spotless and his less than perfect. During your relationship, you have seen “Final Notices” regarding several bills lying around his house. He has a business trip coming up and asks you to add him as a user on your credit card account. He promises to pay you back for any expenses, but his track record with bill paying is inconsistent. You’re concerned because you plan to buy a house soon. You love him, but you do not want your credit rating affected by his irresponsible nature. What would you say?

Situation B: Creative Nail Salon

You have finally decided to get acrylic nails at the local salon. You hear that the nail salon is clean and no appointment is necessary. After your nails are finished, you notice the acrylic is way too thick and the French manicure has too much white on the tips. You are less than happy with the services. The nail technician says you owe her \$30. What do you say?

Situation C: He’s Just My Baby Daddy!

You and your son’s father, Keyshawn, have been together off and on for the past 10 years and your son is five. Lately, your relationship has been more on than off. You know he has five other children and still has a cordial “relationship” with two of his other baby’s mamas. One Friday, Keyshawn and you go to the movies and afterwards he wants to have sex. It has been 2 years since your last encounter and you are afraid that if you do not have sex, he will stop coming around. What do you do?

SISTAS Assertiveness Model

S	I need to think about my SELF first. What do I value? Ethnic and Gender Pride
I	I need to use the INFORMATION I have about sex and HIV/AIDS. What is safe for me to do? HIV/AIDS Education
S	I need to think about the SITUATION I am in. What trouble does it put me in? HIV/AIDS Education
T	I need to state the TROUBLE to my partner. What are my options? What are the consequences? Sexual Communication
A	I need to tell my partner in an ASSERTIVE manner what I would like to do. Sexual Negotiation
S	I need to SUGGEST an alternative. Can I live with the consequences of the alternative? Sexual Negotiation



Situation: See You In The Club

You and your girls go to Club Elite every Friday night. You have noticed one particular guy, named Marcus, several times and have asked about him. He has been rumored to have slept with several women in the club. However, you still think he is attractive and would like to date him. A friend introduces the two of you and you eventually go out on a date. After dinner and a few drinks, you go back to Marcus' house for a nightcap and the situation starts to get hot and heavy. What do you do?

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What Had Happened Was . . .**Part One:**

Use handout 3E *The SISTAS Assertiveness Model* to complete this exercise.

Think about a time when you got into trouble. This may have been a time when friends pressured you into doing something you didn't want to do. A friend may have pressured you into smoking marijuana, drinking alcohol, having sex, or shoplifting at a department store.

If you can't remember something that might have happened to you, then think about something that might have happened to a friend or relative.

In the spaces below, describe what happened and answer the questions. Remember to use "I" statements.

DO NOT write your name on this worksheet.

1. Where were you? Who was there? What was said?
2. What was the trouble the situation put you in?
3. What did you do to try to get out of the situation? What seemed to work? What didn't work?
4. Looking back on the situation, what questions should have been asked at the beginning to foresee trouble was coming?
5. Do you feel you were aggressive, non-assertive, or assertive? Why?
6. Were you able to suggest any alternatives to the situation? If so, what did you suggest? How did you feel about the consequences of these alternatives?

Part Two:

Have a conversation with your partner, a friend, or a relative about safer sex. During this conversation, you should try to use an assertive communication style.

Evaluation for Session 3: Assertiveness Skills Training

Please take a moment to rate how effective we were in presenting information to you today.

Below are a number of statements. Please rate each statement on a scale from 1-5, where “1” means we did a poor job and “5” means we did an excellent job.

Statements: Rating

1.	I am confident I can communicate more effectively.	
2.	I am confident I can start a discussion about condom use with my partner.	
3.	I am confident I can apply the SISTAS Assertiveness Model in my life.	
4.	I feel I got a lot out of discussing today’s role-play situations.	
5.	Any questions I had were clearly answered.	
6.	The handouts were helpful.	

7. Overall, how would you rate the performance of the group leaders? Please circle a number.

Poor		Okay				Excellent			
1	2	3	4	5	6	7	8	9	10

8. Overall, how would you rate today’s session? Please circle a number.

Poor		Okay				Excellent			
1	2	3	4	5	6	7	8	9	10

9. How could this session be improved?

10. Any other comments?

Questions continue on back of page.



11. As a result of last week's session, I made some positive changes in my life.

- Yes No Did not attend last week's session.

If you checked yes, please describe below the changes you made.

Thank You, my SISTA!



Session 4
Behavioral Self-Management Training

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	<h2>Session 4</h2> <h1>Behavioral Self-Management Training</h1>	<p>135 minutes</p>
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Purpose

If women decide to have sex, then correct, consistent condom use is the most effective way for them to protect themselves from becoming HIV infected. Socio-cultural and economic factors, like traditional gender roles, health norms, and insufficient income, may reduce a woman's ability to use condoms and increases her risk for HIV infection.

In Session 4, you and the co-facilitator will explain, model, and demonstrate correct condom usage skills to the group. Participants will role-play safer sex negotiation situations that are used to enhance and reinforce the perception, adoption, and maintenance of consistent condom use as normative.

Facilitator Goals

1. Discuss reasons why people don't use condoms.
2. Encourage condom exploration.
3. Demonstrate correct condom usage.
4. Guide participants in role-playing safer sex negotiation and sexual assertiveness situations.
5. Discuss partner norms supportive of consistent condom use.

Participant Objectives

By the end of this session, participants will:

1. Practice sexual assertiveness and communication skills.
2. Gain confidence and the ability to overcome partners' objections to consistent condom use.



3. Correctly apply a condom to a penile model.
4. Communicate and negotiate safer sex practices.
5. Apply sexual risk reduction strategies.

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Session 4 At-A-Glance

Activities		Time (minutes)	Purposes	Materials
4.1	Opening Poem	3	Poetry by African American women is used to highlight pride, value, creativity, and strength.	<ul style="list-style-type: none"> • <i>The Way I Feel</i> handout 4A
4.2	Review – SISTA Agreements and At the Kitchen Table	1	Review group agreements.	<ul style="list-style-type: none"> • SISTA Agreements and At the Kitchen Table newsprints
4.3	Review – Session 3 Key Learning Points and Take-Home Activity	10	Participants review Session 3 key learning concepts and take-home activity.	<ul style="list-style-type: none"> • <i>Key Learning Points</i> and <i>SISTAS Assertiveness Model</i> handouts 4B, 4C
4.4	Reasons Why People DON'T Use Condoms	15	Participants discuss reasons people give for not using condoms.	<ul style="list-style-type: none"> • Prepared newsprints • Markers
4.5	Condom Basics	10	Participants gain confidence and comfort with touching condoms.	<ul style="list-style-type: none"> • <i>15 Steps</i> handout 4D • Condom use supplies
4.6	Condom Line-Up Game	20	Participants learn the 15 steps to correct condom use.	<ul style="list-style-type: none"> • <i>15 Steps</i> handout 4D • <i>Condom Line-Up Game</i> cards
4.7	Condom Use Demonstration and Practice	30	Participants view a demonstration and then practice how to apply a condom correctly.	<ul style="list-style-type: none"> • <i>Condom Instructions</i> handout 4E • Condom use supplies • Penile models
4.8	Negotiating Safer Sex	30	Provides opportunity for participants to role-play in safer sex negotiation situations and to use assertive “I” statements.	<ul style="list-style-type: none"> • <i>SISTAS Assertiveness Model</i> and <i>Negotiating Safer Sex</i> handouts 4C, 4F
4.9	Peer Norms	10	To initiate a discussion about correct and consistent condom use as a norm in their community.	<ul style="list-style-type: none"> • None
4.10	Take-Home Activity	3	Opportunity to practice assertive behavior and to continue discussions with friends and partners.	<ul style="list-style-type: none"> • <i>Get A Condom and Ask Him to Use It!</i> handout 4G
4.11	Session 4 Evaluation	3	Evaluates and provides feedback on the session.	<ul style="list-style-type: none"> • <i>Evaluation</i> handout 4H
4.12	Closing Poem	4	To instill pride within the participants and reinforce Session 4 messages.	<ul style="list-style-type: none"> • <i>The Way I Feel</i> handout 4A
4.13	SISTA Motto	1	SISTA Motto promotes oneness, womanhood, unity and trust among the participants.	<ul style="list-style-type: none"> • SISTA Motto newsprint



Session 4—Behavioral Self-Management Training

Facilitator's Checklist

Date: _____

Facilitator Name: _____

Facilitator Name: _____

Group Name: _____

Session Location: _____

Materials Checklist:

- SISTA Implementation Manual
- Community Referral List

Handouts:

- 4A Opening/Closing Poem: "The Way I Feel"
- 4B Session 3 Key Learning Points
- 4C SISTAS Assertiveness Model
- 4D 15 Steps
- 4E Condom Instructions
- 4F Negotiating Safer Sex
- 4G Take Home Activity: "Get a Condom and Ask Him to Use It!"
- 4H Session 4 Evaluation

Supply Checklist:

- Sign-in sheet
- Name tags
- Easel and newsprint
- Markers
- Tape
- Pens/pencils
- Self-stick note pads
- Assortment of male and female condoms (include different colors, flavors, textures, sizes, non-lubricated), lubricants, and dental dams
- Anatomically correct vaginal and penile models
- Napkins, paper towels, and hand sanitizer or wet-wipes
- Baskets, boxes or zip lock bags for making safer sex kit samples
- Set of "Condom Line-Up Game" cards

Advanced Preparations:

- Copy participants' handouts listed above.
- Prepare a listing of places in your community where participants can purchase condoms or get condoms free.
- Prepare newsprints shown on page 172.
- Create a set of laminated "Condom Line-Up Game" cards. See instructions and templates on pages 168 through 171.



Condom Line-Up Game Cards

Prepare a complete set of 15 cards for the Condom Line-Up Game exercise in Activity 4.6. Cut out each card and laminate.

Discuss having safer sex with your partner.

Get latex condoms.

**Store condoms in a cool dry place until
you are ready to have sex.**

Check expiration date.



Penis must be erect.

Open condom package carefully to avoid tearing the condom.

Visually inspect the condom for holes, tears, discoloration of condom or brittle texture.

If needed, add small amount of water based lubricant to the inside of condom.

Hold tip of condom and place it on the erect penis leaving room at the tip for ejaculate.



While gently smoothing out the air bubbles, unroll the condom to the base of the penis.

Engage in safer anal, oral or vaginal sexual activity.

After ejaculation, hold the condom at the base of the penis and withdraw the penis.

While the penis is still erect and pointing away from you, carefully remove the condom without spilling any fluids.

Discard the used condom in a tissue and throw it in a trash can. Do not flush condoms down the toilet.



Use a new condom with each act of vaginal, oral, or anal intercourse.

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Prepared Newsprints: Session 4—Behavioral Self-Management Training

SISTA Agreements
(Ground Rules)

Truth Harmony

At the Kitchen Table
(Parking Lot)

**Reasons Why People
DON'T Use Condoms**

<u>Obstacles</u>	<u>Strategies</u>

The SISTA Motto

**SISTA Love is Strong,
SISTA Love is Safe,
SISTA Love is Surviving!**


Activity 4.1**3 minutes****Opening Poem: “The Way I Feel”****Purpose**

In Session 4, Nikki Giovanni’s poem, “The Way I Feel”, is used as both the opening and closing poem. In this poem, a woman expresses how she feels about herself and her partner because of their relationship. This poem is used in this session to remind the women that their sexual wellness is their responsibility, and that they can 1) assert themselves in their sexual communication with their partners, and 2) confidently initiate and practice safer sex.

Facilitator Note:

You may choose to read the background information to the women. This is optional. However, this background is included for your information so you can answer participants’ questions. Many times participants want to know more about the author and/or the poem.

You may read the poem to the group or ask for a volunteer to read the poem. Remember to be mindful of reading levels and use caution when **SELECTING** someone to read the poem.

Background Information:

In preparing to answer questions from participants about this poem, you may want to re-read the background information about Ms. Giovanni that was included in Session 1. Remember, as the facilitator, you are responsible for knowing how and why the poems used in SISTA are relevant to ethnic and gender pride, African American culture, and the reduction of sexual risk behaviors.

Opening Poem: “The Way I Feel”

- Distribute handout 4A—“*The Way I Feel*” to the participants.
- Tell participants that you will begin reading the poem and after the first paragraph, volunteers may each read a paragraph. If there are no volunteers to read, the facilitator or co-facilitator should read the poem in its entirety.

- 
- ❑ Remember, you should not call on individuals to read because participants who have reading challenges or difficulties may be embarrassed.
 - ❑ After the poem has been read, ask the group the following processing questions: 

1. *“What did you like about the poem ‘The Way I Feel?’?”*
2. *“What was your favorite part of this poem? Why?”*
3. *“How does this poem make you feel?”*

- ❑ Thank the women for their responses and answer any questions.
- ❑ Briefly summarize the women’s comments. Then bridge to the next activity by saying: 

“If there are no more comments or questions regarding Nikki Giovanni’s poem, ‘The Way I Feel’, let’s review our SISTA Agreements.”

Purpose

SISTA Agreements and a “Parking Lot” were established in Session 1. Reviewing these newsprints at the beginning of each session reminds participants of the rules, allows participants to add any additional rules, and reminds them they can ask questions anonymously.

SISTA Agreements and At the Kitchen Table

- Use the “SISTA Agreements” newsprint you developed during Session 1.
- Review the ground rules. Remind participants they have established these rules for themselves to set a comfortable tone and climate for everyone.
- Ask the participants:  “Does anyone have any other rules they would like to add to the list?”
- Remind the participants they may use the “At the Kitchen Table” newsprint to post any questions they have at any time during today’s session.
- Display the newsprints where all can see them throughout the session.
- Save the “SISTA Agreements” and “At the Kitchen Table” newsprints to re-visit during the remaining sessions.
- Bridge to the next activity by saying:  “Let’s look at the Key Learning Points from Session 3.”

**SISTA
Agreements**

**At the
Kitchen Table**

**Review—Session 3 Key Learning Points and
Take-Home Activity****Purpose**

This activity is intended to reinforce Session 3 messages and to review the take-home activity. Remind the participants that the take-home activities are designed to help them think about and practice what they learn in each session. Throughout this session, participants will need a good understanding of what assertive behavior is and how to use the SISTAS Assertiveness Model in health protective communication and decision-making.

Review—Session 3 Key Learning Points

- Distribute handouts *4B—Session 3 Key Learning Points* and *4C—SISTAS Assertiveness Model* to each participant.
- Read and discuss the Key Learning Points. Be sure to clarify information for the participants. By reviewing these points, you can help the participants to understand assertive communication and the SISTAS Assertiveness Model better.

Review—Session 3 Take-Home Activity

- Discuss the first part of the Session 3 take-home activity with the group. Ask for volunteers to share their responses to this part of the take-home activity, *What Had Happened Was...*
- After volunteers have shared their responses, ask the group: 
“What was the most difficult part of this exercise?”
- Do not poll the group for answers; this is not a brainstorming activity. Also, do not comment on their answers. This exercise allows the participants to process degrees of difficulty in decision-making.
- Discuss the second part of the take-home activity. Remind participants the second part of the activity was for them to start a conversation about safer sex with their partner or a friend.

- 
- Ask for volunteers to share their responses; do not call on individual women by name.

- After volunteers have shared their responses, ask the group: 

“What was the most difficult part of this exercise?”

- Again, ask for volunteers to answer this question.
- Thank the women for their responses, answer any questions, and close the discussion.
- Summarize this activity by reminding the participants of the following:



“We may sometimes find ourselves in difficult situations similar to those in ‘What Had Happened Was’ But now that we have learned the SISTAS Assertiveness Model, we should be able to assert ourselves, speak in “I” statements, and ask for what we want. We also may feel more comfortable initiating conversations about safer sex with friends and partners, since we were able to practice.”

- Bridge to the next activity by saying: 

“Keeping in mind the Key Learning Points from Session 3, the practice we gained while completing the take-home activity, and our SISTAS Assertiveness Model, let’s use all of that knowledge to help us with our next activity, ‘Reasons Why People Don’t Use Condoms’.”



Activity 4.4 **15 minutes**
Reasons Why People DON'T Use Condoms

Purpose

In this activity, participants have the opportunity to openly, honestly, and safely discuss some of the reasons people don't use condoms. This activity helps prepare participants to give assertive responses to partners' objections to using condoms. The brainstorming exercise gives the group practice in using 1) the HIV/AIDS facts they have learned and 2) "I" statements to negotiate safe sex with partners.

Facilitator Note:

Below you will find some common reasons people give for not using condoms and examples of strategies based on HIV/AIDS facts that women can use to overcome these obstacles to safer sex practices.

Reason/Obstacle: People who use condoms don't trust each other.

Strategy: "It's not a matter of trust; it's a matter of respecting and caring for me and the person I'm with. My sexual wellness is my responsibility. However, both of us have a responsibility for having and using condoms, whether we trust each other or not."

Reason/Obstacle: Condoms are for people with diseases.

Strategy: "Do I look sick to you? Unfortunately, you can't tell by looking at someone if he or she has HIV or other STDs. A person can look, feel, and act healthy and still be infected. Condoms are for people who want to practice safer sex so they don't get a disease."

Reason/Obstacle: Condoms don't feel as good as the real thing. They kill the mood for sex.

Strategy: "If both of us make the effort, condoms can be an enjoyable part of our sexual activities. Condoms kill the mood only if we let them. In SISTA, I learned that for many couples, knowing they are both protected actually heightens and enhances sexual pleasure and makes for an enjoyable encounter."



Reason/Obstacle: Why do I need to use a condom, you're on the pill right.

Strategy: "They are called birth control, not STD control. Birth control pills and condom usage give us extra protection against both pregnancy and STDs."

Reason/Obstacle: If you insist that I use a condom, I'm leaving.

Strategy: "If you won't use a condom, I have to decide if I'm willing to take the risk of pregnancy or STD infection. Only I can look out for my sexual wellness. I respect and love myself enough not to compromise my health. I don't take chances."

Why People DON'T Use Condoms

- For this activity, you will need the prepared newsprint, "Reasons Why People DON'T Use Condoms".

Reasons Why
People DON'T
Use Condoms

- Ask the women:

"What have you heard people say about reasons why they don't use condoms?"

- Ask for volunteers to share the reasons they have heard.
- Write the reasons in the left column of the newsprint under "Obstacles."
- After volunteers have shared their responses, thank them. Then explain to the group that the reasons people give about why they don't use condoms can be obstacles or barriers to people who want to practice safer sex.

- Tell the group:

"Now that we've identified some of the obstacles to using condoms, let's brainstorm using the facts about HIV/AIDS prevention from Session 2 about what we can say and what strategies we can use to overcome these obstacles and still practice safer sex."

- Ask the group to think about some strategies and what they might say. Then ask for volunteers to share their answers. Again, do not call on particular participants.



- Write the participants' **correct** answers in the right column of the newsprint under "Strategies." Correct any HIV/AIDS misinformation or inaccuracies, and separate fact from fiction.
- If participants cannot come up with their own reasons and strategies, refer to the Facilitator Note box on pages 178 and 179 for examples to give.
- Explain to the group that these are the kinds of HIV/AIDS facts and strategies they can use to overcome obstacles to safer sex. Remind them that using "I" statements when they communicate their wants and needs is assertive behavior.
- Thank the women for their responses, briefly summarize, answer any questions, and close the discussion.
- Bridge to the next activity by saying:

"Since we've just explored some of the reasons why people don't use condoms, let's have some fun and actually see, touch, and play with a variety of latex condoms and lubricants that can be used to protect ourselves if and when we decide to be sexually active."

Condom Basics**Purpose**

The purpose of this activity is to allow the participants the opportunity to see and touch condoms and lubricants. For some of the participants, this will be the first time they have ever been in a safe environment where they could openly explore condoms and lubricants, and ask questions about how they should be used. This activity should be fun, adventurous, and comfortable for the participants.

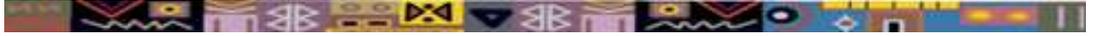
Facilitator Note:

As the facilitator and role model for SISTA, it is important that you are comfortable touching and playing with condoms. The women in the group are looking for you to be confident and skilled in your knowledge about and use of condoms.

Be sure you are non-judgmental in your comments and statements during this discussion. Set a tone of safety and openness for all participants. Have a little fun during the demonstration.

Condom Basics

- For this activity, you will need an assortment of male and female condoms. Be sure you have enough supplies so each participant gets a sample of assorted condoms and lubes. Each participant should be given at least two male condoms. There also should be at least one female condom that can be passed around for the participants to explore.
- Remind the participants they learned in Session 2 that using a latex condom correctly and consistently during each act of vaginal, anal, or oral sex helps sexually active people to reduce their risk of infection from HIV (the virus that causes AIDS) and other sexually transmitted diseases (STDs). Remind them that not having sex (abstinence) is the only 100% sure way to avoid contraction of STDs.
- Distribute condoms and lubricants (lubes) to the participants.
- After distribution, hold up a condom for the women to see.

- 
- ❑ Move around the room and encourage the participants to open their condoms, take them out of the package, and look at the texture, color, length, width, and shape.
 - ❑ Ask the women to smell the condom, stretch it, and blow them up like balloons. Point out the fact condoms do stretch and they are very sturdy.
 - ❑ As you move around the room, ask the group questions that will guide the discussion about condoms and condom use.
 - ❑ You can ask questions like: 
 1. *“How does the condom feel?”*
 2. *“Did you check for damage to the package?”*
 3. *“Did you feel the perforated edge?”*
 - ❑ Distribute clean up supplies, paper towels, and hand sanitizer or sanitized wet wipes to the participants.
 - ❑ Then summarize this activity reminding the women that not having sex (abstinence) is the only 100% sure way to avoid contracting HIV and other STDs.
 - ❑ Again, tell the group that if they choose to have sex, then using latex condoms is the best way for them to protect themselves from sexually transmitted infections. Remind the participants that when used **correctly** for each act of vaginal, anal, or oral sex, latex condoms are the best way for sexually active people to reduce the risk of infection from HIV (the virus that causes AIDS) and sexually transmitted disease (STDs).
 - ❑ Thank the women for their participation and close this discussion. Ask if participants have any questions.
 - ❑ Bridge to the next activity by saying: 

“Now that we’ve had some fun and gotten familiar with condoms and lubricants, let’s play a game.”

Condom Line-Up Game**Purpose**

This activity emphasizes the correct steps for condom use and promotes positive norms toward consistent use. This activity gives the participants an opportunity to build on the knowledge, skills, and Key Learning Points they've acquired in Sessions 1-4. By working interactively as a group, the exercise will help the participants increase their condom use knowledge.

Condom Line-Up Card Game

- You will need the set of 15 laminated Condom Line-Up Game cards you created during preparation for Session 4.
- Remind the group that in Session 3 they learned about the importance of decision-making and the need for assertive behavior using the SISTAS Assertiveness Model. Tell them that if they choose to be sexually active, this game will teach them the steps involved in using a condom correctly.
- Tell the participants, that in this exercise they will be playing the Condom Line-Up Game as a group.
- Explain there are 15 cards and each card describes one of the steps in the condom use process.
- Tell them that working as a group, they are to arrange the cards in the correct order from 1 to 15.
- Show the cards to the group. Read each card aloud. Shuffle the cards and have each participant pick one card. Some women will receive more than one card.
- The group is to discuss what they think is the correct order for the cards. Once the group has agreed on the correct order, they are to line the cards up from 1 to 15.
- Instruct the participants who are holding cards to line themselves up in what they think is the correct order. If space does not permit, participants may lay the cards on a table in the correct order.

- 
- ❑ Remind the participants of the SISTA Agreements, that there are to be no loud arguments or disagreements, and that the game should be fun.
 - ❑ Give the participants about five minutes to figure out the correct steps and to place the cards in order.
 - ❑ After the group has lined up the cards, distribute handout *4D—15 Steps* to each participant. Then read the correct steps to the group.
 - ❑ If there are cards in the wrong order, have the group review the steps on the handout, process the answer, and move the card(s) into the correct order.
 - ❑ Summarize this activity by reminding the women that not having sex (abstinence) is the only 100% sure way to avoid contraction of STDs. However, should they choose to have sex, when used correctly for each act of vaginal, anal, or oral sex, latex condoms are the best way for sexually active people to reduce the risk of infection from HIV and sexually transmitted diseases.
 - ❑ Thank the women for their participation. Answer any questions and close the exercise.
 - ❑ Bridge to the next activity by saying: 

“We have just learned the 15 steps for correct condom usage. Now, we will have the opportunity to apply the knowledge acquired in that activity to practice how to correctly apply a condom the next time we decide to be sexually active.”



Condom Line-Up Game—Correct Order of the 15 Steps

1. Discuss having safer sex with your partner.
2. Get latex condoms.
3. Store condoms in a cool dry place until you are ready to have sex.
4. Check expiration date.
5. Penis must be erect.
6. Open condom package carefully to avoid tearing the condom.
7. Visually inspect the condom for holes, tears, discoloration of condom, or brittle texture.
8. If needed, add a small amount of water-based lubricant to the inside of condom.
9. Hold tip of condom and place it on the erect penis leaving room at the tip for ejaculate.
10. While gently smoothing out the air bubbles, unroll the condom to the base of the penis.
11. Engage in safer anal, oral, or vaginal sexual activity.
12. After ejaculation, hold the condom at the base of the penis and withdraw the penis.
13. While the penis is still erect and pointing away from you, carefully remove the condom without spilling any fluids.
14. Discard the used condom in a tissue and throw it in a trash can. Do not flush condoms down a toilet.
15. Use a new condom with each act of vaginal, oral, or anal intercourse.

Purpose

The purpose of this activity is to give the participants an opportunity to apply the knowledge and skills they have acquired in the previous exercises. You will explain, model, and demonstrate correct condom use with penile models. Participants will then have an opportunity to develop and practice correct condom use skills. The exercise is designed to promote and reinforce the positive perceptions of consistent condom use as normal behavior for women who value good health.

Facilitator Note:

For this activity, you will need an assortment of male and female condoms. You will also need enough penile models (or substitutes) so that there is at least one model for every two participants. Be sure you have enough supplies so each participant gets two or three male condoms and clean-up supplies.

Remember, phallic-shaped fruit or vegetables, such as bananas or cucumbers, may be used if you do not have penile models or if you are in a setting/facility where penile models are not allowed (i.e., jails).

Practice until you are comfortable and confident in your condom demonstration skills. Remember, the women and you should have fun with this activity.

Condom Demonstration

- Remind the participants that they have talked about reasons why people don't use condoms; they have gained confidence with touching and playing with condoms; and they have identified the correct steps for correct condom use.

- Tell the group: 

“During the Condom Basics activity I observed some of you using your teeth (nails, pens, pencils) to open the condom packages.”

- Tell the participants that you or the co-facilitator will now demonstrate how to apply correctly a male condom on a penile model. Then, they will each have a chance to practice.

- 
- ❑ Remind the participants of the group rules. Tell them this is a safe space for learning and practice, and everyone will have the opportunity to practice, so they do not have to worry about getting it wrong the first time.
 - ❑ Remember, as the facilitator, it is your responsibility to know how to correctly apply a condom and remove it. Practice prior to this demonstration.
 - ❑ Ask the participants to look at handout *4D—15 Steps*. Tell the participants that you will first do a condom demonstration using the steps on the handout.
 - ❑ Stand in the front of the room, where everyone can see you clearly. Then demonstrate how to correctly apply and remove a condom. As you are demonstrating, explain each step and ask open-ended questions to encourage discussion.
 - ❑ Review the correct steps 1-15.

1. Discuss having safer sex with your partner.

The first step is to talk with your partner about safer sex.

Tell participants: 

“Talk with your partner and have an open and honest discussion about why you want to use condoms and practice safer sex; don’t assume they know your values. In previous SISTA sessions, we discussed communicating with your partner in an assertive way about the importance of using condoms to reduce your risk for HIV/AIDS infection. If your partner still refuses to use condoms, you may consider postponing having a sexual relationship with this person until you both agree to use them.”

2. Get latex condoms.

Tell participants: 

“Latex condoms are inexpensive, costing about \$1 each and can be purchased at many drug, grocery and convenience stores, service stations, and public restrooms. Many family planning clinics, HIV/STD clinics, and community-based organizations provide free condoms to clients. Anyone, of any age, can purchase condoms without parental consent.”



Explain to the participants that there are many different types of condoms. However, latex condoms are the only condoms tested and approved to help reduce your risk of contracting HIV and other STDs.

3. Store condoms in a cool, dry place until you are ready to have sex.

Tell participants: 

“Condoms should be kept in a cool, dry place out of direct exposure to sunlight or heat. Don’t keep condoms in your glove compartment, as the heat and sunlight may weaken them.”

4. Check expiration date.

Tell participants: 

“Condoms are perishable and have an expiration date. Check the expiration date on the condom package, and if the expiration date has passed, throw the condom away and use a new one.”

5. Penis must be erect.

Tell participants: 

“As we learned in Session 2, one of the body fluids that transmit HIV is pre-cum and semen. As the penis becomes erect, and prior to ejaculation, the penis can release small amounts of pre-cum or semen containing HIV. That is why it is important to put the condom on the penis as soon as it becomes erect, to protect yourself and your partner.”

6. Open condom package carefully to avoid tearing the condom.

Tell participants: 

“Open the condom package on the perforated (jagged) edge side. Do not use your teeth, fingernails, or other sharp objects to open the package as they may damage the condom, making it ineffective in reducing the risk of HIV/STD transmission.”

- 
7. **As you put the condom on, visually inspect it for holes, tears, discoloration, or brittle texture.**

Tell participants: 

“Never use condoms that are dry, brittle, discolored, or damaged in any way. If the condom or the package appears to have holes or tears, or is yellowish, sticky, or brittle to the touch, immediately throw that condom away. Only use condoms that are in good visible condition.”

8. **If needed, add a small amount of water-based lubricant to the inside of condom.**

Tell participants: 

*“A small amount (drop or two) of water-based lubricant may be added to the inside of the condom tip for additional pleasure. **Do not** use baby oil, petroleum jelly, or other oil-based lubricants, as they can cause condoms to break.”*

If time allows, blow up a condom like a balloon, tie the end, and rub petroleum jelly or baby oil on it. The oil will eat through the latex in about three minutes, causing the condom to tear and break.

9. **Pinch (or squeeze) the tip of condom and place it on the erect penis leaving room at the tip for ejaculate.**

Tell participants: 

“With your thumb and two fingers, pinch the reservoir tip and place the condom on an erect penis. Pinching the tip leaves room for the ejaculate. The condom will not go on a penis that is not yet erect.”

10. **While gently smoothing out the air bubbles, unroll the condom to the base of the penis.**

Tell participants: 

“If air is trapped in the condom, smooth out any air bubbles as you unroll the condom all the way to the base of the erect penis.”



Remember to leave room at the reservoir tip for the ejaculate. If the condom doesn't roll down easily, it may be inside out. Throw that condom away and start over with a new one."

11. **Engage in safer anal, oral, or vaginal sexual activity.**
12. **After ejaculation, while the penis is still erect, hold the condom at the base of the penis and withdraw the penis.**
13. **While the penis is still erect and pointing away from you, carefully remove the condom without spilling any fluids.**

Tell participants: 

"Remove the condom without your hands coming into contact with the fluids, and be careful not to spill any of the ejaculate."

14. **Discard the used condom in a tissue and throw it in a trash can. Do not flush condoms down the toilet.**

Tell participants: 

"After sexual activity, condoms should be wrapped in a tissue and thrown away in a trashcan. Never flush a condom down the toilet as it may cause plumbing problems."

15. **Use a new condom with each act of vaginal, oral, or anal intercourse.**

Remind participants: 

"Condoms are not reusable. A new condom should be used for each act of vaginal, anal, or oral sex. Condoms should never be used more than once."

- After you have completed the demonstration, ask the participants if they have any questions about the correct condom use steps you covered. Answer those questions.

Condom Use Practice

- Distribute handout 4E—*Condom Instructions*.



- ❑ Distribute condoms, lubes, and penile models to the participants and allow them to practice putting condoms on the models.
- ❑ As the participants practice, you and the co-facilitator should walk around the room watching the women as they practice. Advise them to use their handouts 4D and 4E, if necessary, to follow the steps correctly. Offer assistance as needed.
- ❑ After everyone has had an opportunity to practice placing condoms on the penile models, answer any questions that may arise. Participants should be allowed to continue to practice if they need the extra time. (Remember, this may be the first time that some of the participants have even seen or handled a condom.)
- ❑ If time permits, explain and demonstrate how to use a female condom.
- ❑ Distribute clean up supplies, paper towels, and hand sanitizer or sanitized wet wipes to the participants
- ❑ Summarize this activity by encouraging the participants to continue to practice the correct way of using a condom. Explain that having the skills to use a condom makes it more likely they will actually use one when the time is appropriate.
- ❑ Thank the women for their participation in these exercises. Ask for final questions and close this activity.
- ❑ Bridge to the next activity by saying: 

“In Session 3, we role-played how to be assertive in sexual communication and safer sex negotiation with our partners by using ‘I’ statements and the SISTAS Assertiveness Model. Now, let’s discuss how we can use what we’ve learned about being assertive during risky situations.”

Negotiating Safer Sex**Purpose**

This activity will help participants feel more comfortable and confident in their abilities to communicate and negotiate safer sex. The role-play exercises in this activity help the participants to review and practice the lessons they've learned about assertive communication and decision-making while negotiating safer sex.

Facilitator Note:

Use the following elements of a role-play as a guide while facilitating this role-play exercise.

- Ask for volunteers who will be the actors in the role-play situations.
- Prepare and provide clear directions for the actors so that each volunteer understands her role and the situation.
- Put the actors “in role” and let them act out their assigned situation.
- After the role-play is completed, call time and release the actors by saying “out of role.”
- Remember, it is important you release the actors from their roles. Be sure the actors “return” to their real selves.

During role-playing, be sure the actors respond to the situations in an assertive manner using “I” statements. Listen carefully as each situation is played out, in order to intervene if the actors become too emotional, forget that they are playing roles, or wander too far from the topic of the role-play.

Negotiating Safer Sex

- Place the SISTAS Assertiveness Model newsprint on the easel.
- Remind the participants that in Session 3 they learned how to communicate assertively and how to use the SISTAS Assertiveness Model in their decision-making.
- Refer the participants to handout 4C—*SISTAS Assertiveness Model*. Tell the group they are to keep the model in mind and to think about the decision-making steps during this activity.
- Explain that in this activity, members of the group will role-play in some situations that will give them opportunities to practice assertive communication skills.
- Distribute handout 4F—*Negotiating Safer Sex* to participants.
- Explain that this is a role-play activity and, in role-playing, volunteers pretend or act out a role in a situation. Tell the participants that members of the group will be able to volunteer to be actors in the safer sex negotiation situations.
- Three different situations will be acted out in this exercise. You will need two participants to volunteer to be actors in each situation:



	<u>Female</u>	<u>Male</u>
Situation A:	Candice	Roger
Situation B:	Keisha	Lamar
Situation C:	“You”	Dewayne

- Ask for volunteers to role-play in the situations. Assign and explain roles. Answer any questions. Ask the volunteers to read their assigned situation and to prepare to act out their role.
- Tell the volunteers: 

“While you are ‘in role’, you are to act out and express the views and behaviors of the character you have been asked to play. Remember to be assertive and to use ‘I’ statements.”

- 
- Read Situation A: *That's the Way Love Goes*. 

Situation A: That's The Way Love Goes

Candice and Roger have been married for 16 years. They have two beautiful girls, Crystal age 15 and Cecilia age 12. Roger is a good man who often struggles to keep a decent job. When he gets laid off or loses his job, he begins to use alcohol to cope with his stress. It's during these times that Roger and Candice's relationship gets on shaky ground. Candice knows Roger loves her and the girls, but she also remembers that in the past, especially when he's been drinking, she's caught him messing around with other women.

Recently, Candice attended a parent/student health information seminar with the girls where she learned about HIV/AIDS and other STDs. Being married for so long, she didn't think she needed to use condoms, but by the end of the seminar and thinking back to some of Roger's "flings" over the years, she decides that using condoms would be a good idea. Though she's been with Roger a long time, she knows using condoms would keep her safe from getting HIV or other STDs.

Candice's next step is to discuss using condoms with Roger.

- Conduct the role-play for Situation A. Using an assertive communication style, Candice discusses using condoms with Roger. Listen for "I" statements.
- After the volunteers have acted out the situation, thank them for their participation and ask them to share with the group how they felt about the situation and their reactions to the situation.
- Ask the group: 
1. "What information could Candice use in her response to Roger's refusal to use condoms?"
- Using the SISTAS Assertiveness Model, process this situation with the entire group by asking and discussing the following questions:
- "Did Candice think of her **self**?"
 - "Did she use the HIV/AIDS **information** she learned?"



- “Did she think about the **situation** she was in?”
 - “Did she state the **trouble** to Roger, as well as options and consequences?”
 - “Did Candice tell Roger, in an **assertive** manner, what she wanted to do?”
 - “Did she **suggest** an alternative she would feel comfortable with?”
- Have the group describe what consequences might have occurred based on the actors’ responses to each situation.
 - Continue to discuss with participants the consequences of responding to this situation in an assertive manner.
 - Close the discussion for Situation A.
 - Read Situation B: *Look What You Made Me Do!* 

Situation B: Look What You Made Me Do!

Keisha and Lamar have been campus sweethearts since their freshman year in college. Lamar, the campus all-star, loves Keisha and has no plans to leave her, but likes to get around with some of the other campus honeys. Keisha loves Lamar, but she’s not sure she wants to stay with him. About a year ago, Lamar gave Keisha Chlamydia and ever since then Keisha has not been as secure in their relationship.

Keisha is an active member in her sorority and recently volunteered at their annual health fair. After learning that condoms can reduce the risk of becoming infected with HIV and other STDs, Keisha decided she and Lamar should start using condoms.

When Keisha approached Lamar about using condoms, Lamar became very angry and started to question why they needed to use condoms and whether she is seeing someone else. He tells her that if she brings up the subject again he would hurt her bad.

- Conduct the role-play for Situation B. Using an assertive communication style, Keisha responds to Lamar’s question and threat.
- Thank the actors for their participation and ask them to share with the group how they felt about the situation and their reactions to the situation.

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- Ask the group:
- 

1. “What information could Keisha use in her response to Lamar’s refusal to use condoms?”

-
- Using the SISTAS Assertiveness Model, process the situation with the entire group by asking and discussing the following questions:

- “Did Keisha think of her self?”
- “Did she use the HIV/AIDS information she learned?”
- “Did Keisha think about the situation she was in?”
- “Did she state the trouble to Lamar, as well as, options and consequences?”
- “Did Keisha tell Lamar, in an assertive manner, what she wanted to do?”
- “Did she suggest an alternative she would feel comfortable with?”

-
- Again, ask the group to describe and discuss what consequences might have occurred based on the actors’ responses to each situation. Discuss the consequences of being assertive in this situation.

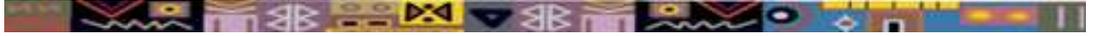
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- Close the discussion.

-
- Read Situation C:
- What You Working With?*

Situation C: What You Working With?

It’s Saturday night and you’re ready to get your party on! You and the girls hit your favorite spot for a drink, and you run upon one of the finest brothers you’ve ever see. This brother, Dewayne, is FINE! He’s built like 50 Cent, has lips like LL Cool J, and a smile like Denzel.

You begin to flirt with him and he flirts back. It’s almost midnight, and Dewayne asks if you would like to come back to his place. Once there, things start to get heated. Brother man is working you and before you go too far, you ask him, “Do you have a condom?” His response is, “No, I don’t need condoms. I don’t have anything, and besides I can’t ever find a condom that fits.”

- 
- ❑ Conduct the role-play for Situation C. Using an assertive communication style, the female responds to Dewayne’s excuses for not needing a condom.
 - ❑ Thank the actors for their participation and ask them to share with the group how they felt about the situation and their reactions to the situation.
 - ❑ Ask the group: 
 1. *“What information could the female have used in her response to Dewayne’s refusal to use condoms?”*
 - ❑ Using the SISTAS Assertiveness Model, process the situation with the entire group by asking and discussing the following questions:
 - *“Did she think of her self?”*
 - *“Did she use the HIV/AIDS information she learned?”*
 - *“Did she think about the situation she was in?”*
 - *“Did she state the trouble to Dewayne, as well as, options and consequences?”*
 - *“Did she tell Dewayne, in an assertive manner, what she wanted to do?”*
 - *“Did she suggest an alternative she would feel comfortable with?”*
 - ❑ Ask the group to describe and discuss what consequences might have occurred based on the actors’ responses to each situation. Discuss the consequences of being assertive in this situation.
 - ❑ Close the discussion and summarize by emphasizing the importance of being assertive during safer sex negotiations. Remind the women that the SISTAS Assertiveness Model is a useful decision making tool.
 - ❑ Ask for and answer questions.
 - ❑ Bridge to the next activity by explaining that being assertive in sexual communication and negotiation is important. Tell the group: 

“Now, let’s discuss perceptions about condom use in our community that may make it difficult to negotiate safer sex or to use condoms with our partners.”

Purpose

This activity is a discussion on condom use in African American communities. It lets the participants know there are many people in the African American community willing to use condoms. This is important because it confirms to the participants that their partners could be willing to use a condom, if asked to do so.

Peer Norms

- Initiate a discussion about the following statements. Read each statement that is printed in bold letters and ask the group the questions that follow that statement. Poll the group for their responses. 

Many African Americans use condoms.

1. *“Do you think this statement is true or false? Why?”*

African American women’s partners use condoms.

1. *“Do you think this statement is true or false? Why?”*

If a woman asked them to use a condom, many men say they would use a condom.

1. *“Do you think this statement is true or false? Why?”*
2. *“Why do you think women don’t ask their partners to use condoms?”*
3. *“What are some of the consequences, if women don’t ask their partner to use condoms?”*

- Briefly summarize this activity by saying: 

“Effective sexual communication skills are important. Assertive communication with a sex partner is an important self-protective health



behavior. Women need to ask their partners to use condoms. If women are assertive when communicating with their partners, they will find that many African American men are just as willing to protect their own health.”

- Ask for and answer questions.
- Bridge to the next activity by telling the group: 

“In SISTA, homework is very important. Today’s take-home activity will allow you to practice what you learned in today’s session.”

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Take-Home Activity

Purpose

Take-home activities are a very important part of the SISTA intervention. They are designed to reinforce the information learned in the session. This session's activity will provide participants with an opportunity to practice Steps 1 and 2 for correct condom use and to be assertive while negotiating safer sex.

Facilitator Note:

Use the list of places in your community you prepared for this session, where the women can purchase condoms, or get condoms free, to give them ideas where they can go to get a condom.

Get A Condom and Ask Him to Use It!

- Remind the group of the importance of the take-home activities. Explain that this session's take-home will give them another opportunity to practice what they have learned about the 15 Steps and being assertive while negotiating safer sex.
- Distribute handout 4G—*Get A Condom and Ask Him to Use It*. Read and explain the instructions for completing the take-home activity.
- Ask for questions. Clarify the instructions for this activity. Answer any questions the participants may have about the take-home activity.
- Bridge to the evaluation activity by saying: 

“Let’s get ready to wrap up Session 4. In our continuing efforts to improve SISTA, we need your feedback on what you liked and what we can improve upon. By completing the Session 4 Evaluation form, you can help us make those adjustments.”

Purpose

The Session 4 evaluation allows the participants to evaluate and provide feedback on the day's session and activities.

Facilitator Note:

Evaluation of the individual sessions is critical to the SISTA intervention. It provides important feedback on the process of the individual sessions and the intervention. This information is used to make adjustments and improvements to the intervention, and as documentation that the session was implemented with fidelity. The evaluations are anonymous and should have no participant identifying information.

Session 4 Evaluation

- Distribute a copy of handout *4H—Session 4 Evaluation* to each participant.
- Remind the participants the session evaluation is important because you and your organization value their opinions and feedback.
- Remind the participants they do not need to put their names on the evaluation form.
- Remind the group that “1” indicates a need for improvement and “5” indicates excellent.
- Allow three minutes for completion of the evaluation form.
- Collect the completed evaluation forms.
- Bridge to closing poem by telling the group: 

“In today’s session, we learned that if we decide to have sex, correct and consistent condom use is the most effective way for us to protect ourselves from becoming infected with HIV. As we close, we will re-read Nikki Giovanni’s poem, ‘The Way I Feel,’ to remind us we should



feel good about ourselves, our relationships, and our partners. We also should feel good about asking our partners to use condoms, and that safer sex can be exciting, sexy, and fun.”

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Closing Poem: “The Way I Feel”

Purpose

In closing Session 4, the group will re-visit Nikki Giovanni’s poem, “The Way I Feel”, which was used to open this session. This re-reading of the poem reinforces the idea that a woman should feel good about herself, her relationship, and her partner.

Closing Poem: “The Way I Feel”

- Refer the women to handout 4A—“*The Way I Feel*”.
- Tell the group, you are re-visiting Nikki Giovanni’s poem as a way to remind them about how a woman who is in a good, healthy relationship feels about herself, her relationship, and her partner.
- Remind the group that in order to feel good about themselves and their relationships with their partners, they must be able to know they are protecting themselves from harmful consequences, like HIV and other sexually transmitted diseases.
- Ask for a volunteer to read the poem. If there are no volunteers, you or the co-facilitator should read the poem.
- After reading the poem, tell the group: 

“In today’s session, we learned it is important to use condoms correctly and consistently, if we choose to have sex, because this is the best way for us to protect our sexual health.”

“We also learned that if we ask our partners to use condoms, we may find many African American men are just as willing as we are to protect their sexual health.”

“In order for us to feel good about ourselves and our relationships, we must value our sexual health and insist that our partners use condoms to protect us and them.”



- Then ask the group: 

“Thinking about what we have learned today, what do you think Nikki Giovanni meant when she wrote:

*i’ve noticed i’m happier
when i make love
with you
and have enough left over
to smile at my doorman”*

- Allow a few of the participants to share their responses with the group.
- Close the discussion and bridge to the SISTA Motto by saying: 

“As we do in every SISTA session, we close with our SISTA Motto. Let’s prepare to recite the motto.”

The SISTA Motto**Purpose**

The SISTA Motto is the closing activity for each SISTA session. The SISTA Motto is used throughout the sessions to instill a sense of strength, unity, and support among the participants.

The SISTA Motto

- Place the prepared newsprint “SISTA Motto” on the easel.
- Use the call and response method and recite the motto:

Facilitator: **SISTA Love is . . .**
Participants: **Strong!**

Facilitator: **SISTA Love is . . .**
Participants: **Safe!**

Facilitator: **SISTA Love is . . .**
Participants: **Surviving!**
- Thank the women for their participation in Session 4 of SISTA.
- Answer any questions the women may have about the session and activities.
- Make sure all participants have signed the sign-in sheet and submitted their completed evaluation form.
- Remind the participants of the day, date, time, and location of Session 5.
- Make yourself available to the participants for at least 15 minutes after the session for questions or private discussions.



The SISTA
Motto



Session 4 Handouts

- 4A Opening/Closing Poem: “The Way I Feel”
- 4B Session 3 Key Learning Points
- 4C SISTAS Assertiveness Model
- 4D 15 Steps
- 4E Condom Instructions
- 4F Negotiating Safer Sex
- 4G Take-Home Activity: Get a Condom and Ask Him to Use It!
- 4H Session 4 Evaluation

DRAFT

The Way I Feel

By Nikki Giovanni

i've noticed i'm happier
when i make love
with you
and have enough left
over to smile at my doorman

i've realized i'm fulfilled
like a big fat cow
who has just picked
for a carnation contentment
when you kiss your special place
right behind my knee

i'm glad as mortar
on a brick that knows
another brick is coming
when you walk through my door

most time when you're around
i feel like a note
roberta flack is going to sing

in my mind you're a clock
and i'm the second hand sweeping
around you sixty times an hour
twenty-four hours a day
three-hundred sixty five days a year
and an extra day in leap year

cause that's the way
that's the way
that's the way i feel
about you

Source: Giovanni, N. (2003). The Collected Poetry of Nikki Giovanni, 1968-1998. New York: William Morrow.



REVIEW
Session 3—Assertiveness Skills Training

Key Learning Points

1. Assertive behavior is not bitchy, aggressive, or unfeminine.
2. Women can assert their needs with positive results.
3. Women can have control in sexual situations.
4. Every woman has the right to say NO or YES!
5. Being assertive is assessing the situation and then making a decision which is positive for you.
6. Being assertive is taking care of yourself!

SISTAS Assertiveness Model

S	I need to think about my SELF first. What do I value? Ethnic and Gender Pride
I	I need to use the INFORMATION I have about sex and HIV/AIDS. What is safe for me to do? HIV/AIDS Education
S	I need to think about the SITUATION I am in. What trouble does it put me in? HIV/AIDS Education
T	I need to state the TROUBLE to my partner. What are my options? What are the consequences? Sexual Communication
A	I need to tell my partner in an ASSERTIVE manner what I would like to do. Sexual Negotiation
S	I need to SUGGEST an alternative. Can I live with the consequences of the alternative? Sexual Negotiation

**15 Steps
To
Correct Condom Use**

1. Discuss having safer sex with your partner.
2. Get latex condoms.
3. Store condoms in a cool dry place until you are ready to have sex.
4. Check expiration date.
5. Penis must be erect.
6. Open condom package carefully to avoid tearing the condom.
7. Visually inspect the condom for holes, tears, discoloration of condom, or brittle texture.
8. If needed, add a small amount of water-based lubricant to the inside of condom.
9. Hold tip of condom and place it on the erect penis leaving room at the tip for ejaculate.
10. While gently smoothing out the air bubbles, unroll the condom to the base of the penis.
11. Engage in safer anal, oral, or vaginal sexual activity.
12. After ejaculation, hold the condom at the base of the penis and withdraw the penis.
13. While the penis is still erect and pointing away from you, carefully remove the condom without spilling any fluids.
14. Discard the used condom in a tissue and throw it in a trash can. Do not flush condoms down toilet.
15. Use a new condom with each act of vaginal, oral, or anal intercourse.

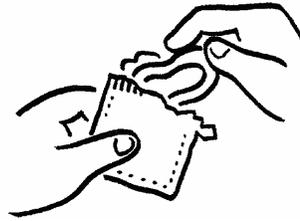
Male Condom Instructions

1.



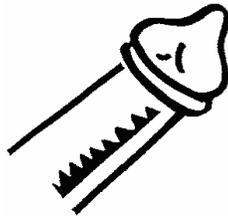
- If you decide to have sex, use a latex condom with each act of sex.
- Check the expiration date on the condom.
- Do not use expired condoms or condoms that are yellow, brittle, or sticky.

2.



- Handle the condom carefully so as not to damage it with fingernails, teeth or other sharp objects.

3.



- Put on the condom when the penis is erect and before any genital contact with partner.

4.



- Hold the tip of the condom so that air will not be trapped; and unroll the condom all the way down the erect penis.

5.



- To ensure adequate lubrication during sex, use a water-based lubricant on the outside of the condom so that it will be less likely to break. This lubricant should not be used inside the condom.
- Do not use oil-based lubricants which can cause a latex condom to break. These lubricants include petroleum jelly, shortening, mineral oil, massage oils, and body lotions.

6.

- To remove the condom, hold it firmly at the base of the penis and withdraw while the penis is still erect to prevent slippage. Throw the condom away.
- Leave condoms in cool, dry places where they will be used.

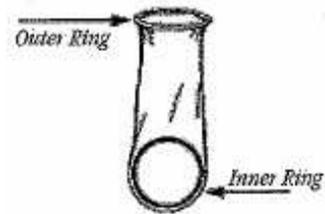
Remember. Abstinence is the only sure way to prevent the sexual transmission of HIV.

Source: MMWR, August 8, 1993

Female Condom Instructions

1. Open End (Outer Ring)

The open end covers the area around the opening of the vagina. The inner ring is used for insertion and to help hold the sheath in place.



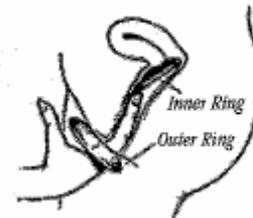
2. How to Hold the Sheath

- A. Hold the inner ring between the thumb and middle finger. Put your index finger on pouch between the other two fingers.
OR
 B. Just squeeze



3. How to Insert the Condom

Squeeze the inner ring. Insert the sheath as far as it will go. It's in the right place when you can feel it. Don't worry – it can't go too far and it won't hurt!



4. Make Sure Placement is Correct

Make sure the sheath is not twisted. The outer ring should be outside the vagina.



5. Removal

Remove before standing up. Squeeze and twist the outer ring. Pull out gently. Dispose with trash, not in the toilet.



Use More Lubricant if –

- The penis does not move freely in and out.
- You feel the outer ring is pushed inside
- There is noise during sex
- You feel *The female condom*TM when it is in place
- *The female condom*TM comes out of the vagina during use

Remove and Insert a New *female condom*TM if –

- *The female condom*TM rips or tears during insertion or use
- The outer ring is pushed inside
- The penis enters outside the pouch
- *The female condom*TM bunches inside the vagina
- You have sex again

Add lubricant to inside of sheath or to the penis. Start with drops and add more if desired.

Source: The Female Health Company, 2001. Copyright© All rights reserved.

Negotiating Safer Sex**Situation A: That's The Way Love Goes**

Candice and Roger have been married for 16 years. They have two beautiful girls, Crystal age 15 and Cecilia age 12. Roger is a good man who often struggles to keep a decent job. When he gets laid off or loses his job, he begins to use alcohol to cope with his stress. It's during these times Roger and Candice's relationship gets on shaky ground. Candice knows Roger loves her and the girls, but she also remembers that in the past, especially when he's been drinking, she's caught him messing around with other women.

Recently, Candice attended a parent/student health information seminar with the girls where she learned about HIV/AIDS and other STDs. Being married for so long, she didn't think she needed to use condoms, but by the end of the seminar and thinking back to some of Roger's "flings" over the years, she decides that using condoms would be a good idea. Though she's been with Roger a long time, she knows that using condoms would keep her safe from getting HIV or other STDs.

Candice's next step is to discuss using condoms with Roger.

Situation B: Look What You Made Me Do!

Keisha and Lamar have been campus sweethearts since their freshman year in college. Lamar, the campus all-star, loves Keisha and has no plans to leave her, but likes to get around with some of the other campus honeys. Keisha loves Lamar, but she's not sure she wants to stay with him. About a year ago, Lamar gave Keisha Chlamydia and ever since then, Keisha has not been as secure in their relationship.

Keisha is an active member in her sorority and recently volunteered at their annual health fair. After learning that condoms can reduce the risk of becoming infected with HIV and other STDs, Keisha decided she and Lamar should start using condoms.

When Keisha approached Lamar about using condoms, Lamar became very angry and started to question why they needed to use condoms and whether she is seeing someone else. He tells her that if she brings up the subject again he would hurt her bad.



Situation C: What You Working With?

It's Saturday night and you're ready to get your party on! You and the girls hit your favorite spot for a drink, and you run upon one of the finest brothers you've ever see. This brother, Dewayne, is FINE! He's built like 50 Cent, has lips like LL Cool J, and a smile like Denzel.

You begin to flirt with him and he flirts back. It's almost midnight, and Dewayne asks if you would like to come back to his place. Once there, things start to get heated. Brother man is working you and before you go too far, you ask him, "Do you have a condom?" His response is, "No, I don't need condoms. I don't have anything, and besides I can't ever find a condom that fits."

DRAFT



Get a Condom and Ask Him to Use It!

Directions

1. **Go to** a local store and **ask** to purchase a condom. **Or** go to a place in the community where condoms are given away free and **ask** for some condoms.
2. **Talk** to your partner about using a condom the next time you have sex.
3. **Write** a little about your experiences in:

A. Getting a condom.
What did you say? What happened?

B. Talking to your partner about using condoms.
What did you say? How did he respond? What did he say?

Evaluation for Session 4: Behavioral Self-Management Training

Please take a moment to rate how effective we were in presenting information to you today.

Below are a number of statements. Please rate each statement on a scale from 1-5, where “1” means we did a poor job and “5” means we did an excellent job.

Statements: Rating

1.	I am confident I can use a condom properly.	
2.	I am confident I can discuss condom use with my partner.	
3.	I am confident I can apply the SISTAS Assertiveness Model in my life.	
4.	I feel I got a lot out of today’s activities and discussions.	
5.	Any questions I had were clearly answered.	
6.	The handouts were helpful.	

7. Overall, how would you rate the performance of the group leaders? Please circle a number.

Poor			Okay				Excellent		
1	2	3	4	5	6	7	8	9	10

8. Overall, how would you rate today’s session? Please circle a number.

Poor			Okay				Excellent		
1	2	3	4	5	6	7	8	9	10

9. How could this session be improved?

10. Any other comments?

Questions continue on back of page.



11. As a result of last week's session, I made some positive changes in my life.

- Yes No Did not attend last week's session.

If you checked yes, please describe below the changes you made.

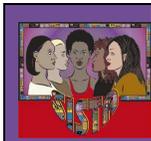
Thank You, my SISTA!



Session 5

Coping Skills

DRAFT



Session 5 Coping Skills



120
minutes

Purpose

Session 5 reviews the skills and facts discussed in the previous four sessions. This session reviews assertiveness principles and self-management techniques that promote sexual safety. The participants also discuss the effects of drugs and alcohol on safer sex behaviors. There is also a discussion of coping with rejection and negative responses from partners to engage in safer sex behaviors.

Facilitator Goals

1. Review and discuss Sessions 1-4 Key Learning Points.
2. Present and discuss information on coping and its relationship to substance use, HIV/AIDS risk, sexual situations, and rejection.

Participant Objectives

By the end of this session, participants will have discussed:

1. The concept of coping.
2. How drugs and alcohol are used to cope.
3. How drugs and alcohol can negatively affect decision-making.
4. How to use the SISTAS Assertiveness Model to make decisions in risky sexual situations.
5. Ways to cope with rejection and negative feedback.

Session 5 At-A-Glance

Activities		Time (minutes)	Purposes	Materials
5.1	Opening Poem	5	Poetry by African American women is used to highlight pride, value, creativity, and strength.	<ul style="list-style-type: none"> • <i>Still I Rise</i> handout 5A
5.2	Review – SISTA Agreements and At the Kitchen Table	3	Review the rules developed by the participants used to keep the session safe.	<ul style="list-style-type: none"> • SISTA Agreements and At the Kitchen Table newsprints
5.3	Review – Sessions 1-4 Key Learning Points and Take-Home Activity	30	Review key learning points from previous sessions.	<ul style="list-style-type: none"> • <i>Key Learning Points</i> handout 5B
5.4	Coping Is . . .	25	Define coping and discuss effective ways of coping.	<ul style="list-style-type: none"> • Prepared newsprints
5.5	Coping with Drugs and Alcohol in Sexual Situations	20	Gives participants a chance to discuss the effects of alcohol and to analyze scenarios concerning alcohol and sexual behavior.	<ul style="list-style-type: none"> • <i>Effects of Drugs and Alcohol and Coping with Drugs & Alcohol in Sexual Situations</i> handouts 5C, 5D
5.6	Coping with Rejection and Negative Responses	25	Allows the participants to analyze scenarios concerning coping with rejection or negative responses.	<ul style="list-style-type: none"> • <i>Coping with Rejection and Negative Responses</i> handout 5E
5.7	Session 5 Evaluation	4	Evaluates and provides feedback on the session.	<ul style="list-style-type: none"> • <i>Evaluation</i> handout 5F
5.8	Closing Poem	5	Poetry is utilized to instill pride and a sense of accomplishment within the participants.	<ul style="list-style-type: none"> • <i>Still I Rise</i> handout 5A
5.9	SISTA Motto	3	SISTA Motto promotes oneness, womanhood, unity, and trust among the participants.	<ul style="list-style-type: none"> • SISTA Motto newsprint



Session 5—Coping Skills

Facilitator's Checklist

Date: _____

Facilitator Name: _____

Facilitator Name: _____

Group Name: _____

Session Location: _____

Materials Checklist:

- SISTA Implementation Manual
- Community Referral List

Handouts:

- 5A Opening/Closing Poem: "Still I Rise"
- 5B Sessions 1-4 Key Learning Points
- 5C Effects of Drugs and Alcohol
- 5D Coping with Drugs and Alcohol in Sexual Situations
- 5E Coping with Rejection and Negative Responses
- 5F Session 5 Evaluation

Supply Checklist:

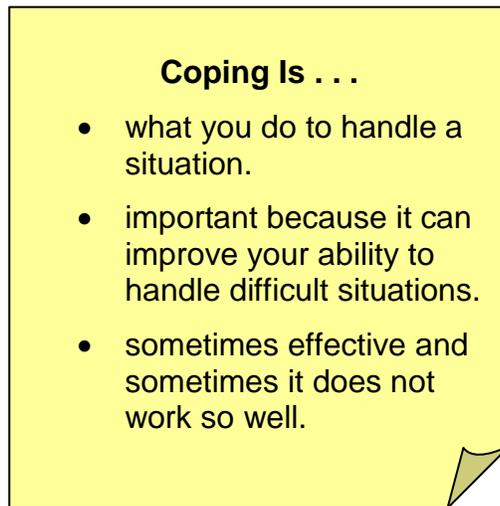
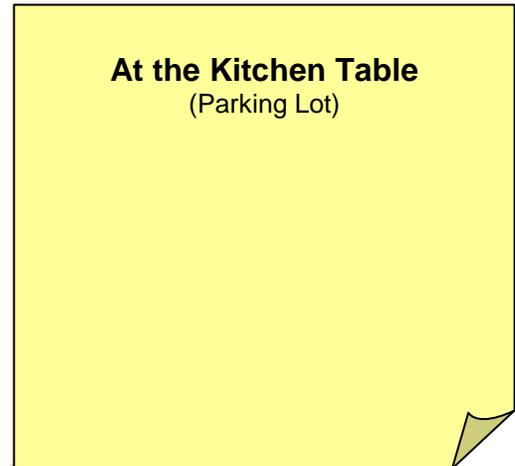
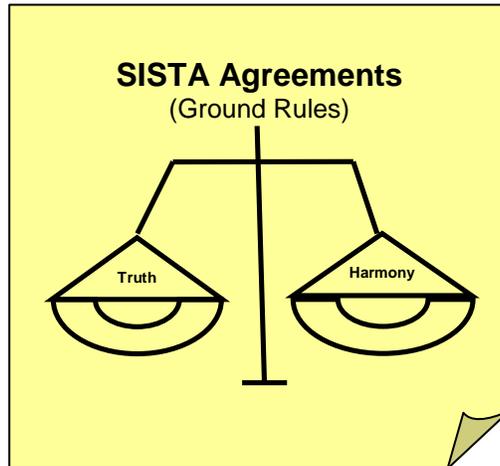
- Sign-in sheet
- Name tags
- Easel and newsprint
- Markers
- Tape
- Pens/pencils
- Self-stick note pads
- Paper and envelopes for each participant

Advance Preparations:

- Copy participant handouts listed above.
- Prepare newsprints shown on page 222.
- Session 5 is the last session of SISTA before the booster sessions. A graduation celebration could be held at this time. The celebration can include certificates or even a party. You can allow the women to invite family members or it can be for participants only. Use your discretion when deciding what would be appropriate for your group.



Prepared Newsprints: Session 5—Coping Skills



Opening Poem: “Still I Rise”

Purpose

Poetry by African American women is used to emphasize pride, values, creativity, and strength. This activity is the first activity that will focus on the topic discussed in Session 5, which is coping skills. This activity introduces the participants to the poem, “Still I Rise”, written by Maya Angelou.

Facilitator Note:

You may choose to read the background information to the women. This is optional. However, this background is included for your information so you can answer participants’ questions. Many times participants want to know more about the author and/or the poem.

You may read the poem to the group or ask for a volunteer to read the poem. Remember to be mindful of reading levels and use caution when **SELECTING** someone to read the poem.

Background Information:

The opening poem, “Still I Rise”, by Maya Angelou was penned in 1978. This poem has been described as an inspiring poem about overcoming great obstacles and/or oppression. Marguerite Ann Johnson (Maya Angelou) was born April 4, 1928 in St. Louis, Missouri. She is an African American poet, memoirist, actress and an important figure with the American Civil Rights Movement. Her volume of poetry, Just Give Me a Cool Drink of Water 'Fore I Die (1971), was nominated for the Pulitzer Prize, and in 1993, Angelou read her poem “On the Pulse of Morning” for Bill Clinton's Presidential inauguration at his request. She also had a role in Tyler Perry’s Madea’s Family Reunion in 2006.

SOURCE: Angelou M. Maya Angelou: Biography. <http://www.mayaangelou.com/ShortBio.html>

Opening Poem: “Still I Rise”

- Distribute handout 5A—*Opening/Closing Poem: “Still I Rise”*.
- Ask for a volunteer to read the poem. If no one volunteers the facilitator or co-facilitator should read the poem. The poem should be read with passion and enthusiasm.



- ❑ After reading the poem, ask the following questions: 

1. *“What are your thoughts about the poem?”*

2. *“How does the poem make you feel?”*

- ❑ Thank the women for their responses and answer any questions.

- ❑ In summarizing this activity, tell the group: 

“No matter how tired and overwhelmed we may get; whether or not people accept us for who we are, or respect the values we have set for ourselves; we can continue to find strength and survive as we always do. If we constantly think about the values that are important for our health and happiness, we may soon find true fulfillment rather than just struggling to survive.”

- ❑ Bridge to the next activity by saying: 

“As with each of our previous sessions, now let’s review our SISTA Agreements.”

Purpose

Ground rules and a “Parking Lot” were established in Session 1. Reviewing these newsprints at the beginning of each session reminds participants of the rules, allows participants to add any additional rules and reminds them they can ask questions anonymously.

SISTA Agreements and At the Kitchen Table

- Use the “SISTA Agreements” newsprint you developed during Session 1.
- Review the ground rules. Remind participants they have established these rules for themselves to set a comfortable tone and climate for everyone.
- Ask the participants:  “Does anyone have any other rules they would like to add to the list?”
- Remind the participants they may use the “At the Kitchen Table” newsprint to post any questions they have during this final session.
- Display the newsprints where all can see them throughout the session.
- Bridge to the next activity by saying:  “Now let’s review the Key Learning Points from Sessions 1, 2, 3 and 4.”

**SISTA
Agreements**

**At the
Kitchen Table**

**Review—Sessions 1- 4 Key Learning Points and
Take-Home Activity****Purpose**

In this last SISTA session, it is important to leave the participants with a sense of accomplishment. This activity is the final review of Key Learning Points from Sessions 1 through 4.

Review—Sessions 1- 4 Key Learning Points

- This activity reviews the Key Learning Points discussed in Sessions 1, 2, 3 and 4. Reviewing the Key Learning Points will help the participants become more familiar with the concepts.
- Distribute handout *5B—Sessions 1-4 Key Learning Points* to each participant.
- Read and discuss Session 1 Key Learning Points. Ask the group if they have any questions about Session 1 or its Key Learning Points. Answer any questions. Summarize the discussion on Session 1 content.
- Ask volunteers to read the Key Learning Points from Sessions 2, 3 and 4. After each session's learning points are read, ask the group if they have questions about the session or its Key Learning Points. Answer any questions. Be sure to clarify anything that is not clear for the participants. Remember, this may be the last opportunity you get to discuss these concepts with the group.
- Summarize and close the review discussion by telling the group: 

“We’ve covered all the Key Learning Points from Sessions 1-4. Now let’s take a look at Session 4’s take-home activity.”

- Move to the review of Session 4 take-home activity.

Review—Session 4 Take-Home Activity

- Remind the group that the take-home activities have been designed to help them think about and practice what they learned in each session.
- Ask the group to take out their completed Session 4 assignment.



- ❑ Discuss Session 4 Take-Home Activity—*Get a Condom and Ask Him to Use It!*
- ❑ Ask for volunteers to share their experiences in completing the take-home assignment *Get a Condom and Ask Him to Use It!*
- ❑ Discuss the first part of the assignment, getting condoms. Ask the group if they were all able to get condoms.
- ❑ Ask a volunteer to share with the group how it felt to go into a place of business to buy a condom.
- ❑ Ask another volunteer to share with the group what she had to do to get free condoms.
- ❑ Discuss the second part of the assignment, asking their partners to use a condom. Ask volunteers to share their experiences with the group.
- ❑ Ask each volunteer: 
 1. *“What did your partner say?”*
 2. *“How did your partner respond?”*
 3. *“How comfortable were you during the discussion?”*
 4. *“Were you able to be assertive during the discussion?”*
- ❑ Address any issues or concerns that may arise making sure there are no additional questions from participants before proceeding to the next activity.
- ❑ After you have completed the reviews, bridge to the next activity by telling the group: 

“Now that we’ve reviewed our Key Learning Points and the take-home activity, let’s learn about coping.”

Coping Is . . .

Purpose

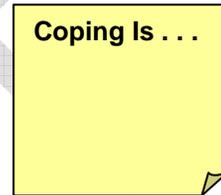
This activity is designed to define coping and provide examples of coping strategies.

Coping Is . . .

- Ask the group:  “What is coping?”
- Allow a few participants to respond.
- Display the prepared newsprint “Coping Is . . .”
- Read the definitions to the group.
- Ask the group to think back to Session 1’s discussion about strong African American women. Then ask the group: 

“Now that we understand the meaning of coping, what are some of the issues Black women have to cope with?”
- Give the group a few minutes to brainstorm about this question. Then move to the next question. Remember, there are no or right or wrong answers.
- Ask the women:  “What are some of the ways we cope?”
- Allow time for the group to brainstorm about this question.
- Then ask:  “What are some things we have to cope with in our relationships, especially when it comes to sex?”
- Brainstorm about this question. Then summarize and close the discussion.
- Ask if there are any additional questions. Then tell the group: 

“Now that we’ve defined and discussed coping and the many ways we cope, especially when it comes to our relationships, let’s talk about drugs, alcohol, and coping.”





Activity 5.5

20 minutes

Coping with Drugs and Alcohol in Sexual Situations

Purpose

In this activity, participants explore and discuss the effects drugs and alcohol can have on sexual decision-making.

Coping with Drugs and Alcohol in Sexual Situations

- Distribute copies of handout 5C—*Effects of Drugs and Alcohol*.
- Review each point on the handout.

Effects of Drugs and Alcohol

Drugs and alcohol slow down body functions; therefore, it takes a longer time to think and react.

Drugs and alcohol distort your vision, shortens coordination, and can damage every organ in the body.

Drugs and alcohol often make it easier to do and say things you wouldn't normally.

Drugs and alcohol impair your ability to make judgments about sex, increasing your risk for HIV and other STDs.

- After reviewing the handout, remind the group of the SISTA Agreements and emphasize that confidentiality is very important when group members share their personal experiences and feelings.
- Then ask the group the following questions: 
 1. *“How do people act when they use drugs or alcohol?”*
 2. *“How does using drugs or drinking alcohol affect a person’s ability to make decisions?”*

- 
- Give the participants enough time to explore and discuss their personal experiences and feelings.
 - Distribute copies of handout *5D—Coping with Drugs and Alcohol in Sexual Situations*.
 - Explain to the participants the group is going to explore some situations that deal with sex, drugs, and alcohol.
 - Ask for a volunteer to read each situation. If there are no volunteers, you or the co-facilitator should read the situations.
 - Read Situation A:

Situation A: Steve and Beverlee

Steve takes Beverlee out for a movie and dinner. After the movie, he takes her to a nice restaurant where they had a few glasses of wine. When the date is over, they both want to chill together a little longer. They decide to go to Steve's apartment. While they are there, Steve asks Beverlee if she wants to smoke a joint. She is having such a good time, that she agrees to smoke a joint even though she stopped getting high two years ago. A little while later, Steve is so into Beverlee that he wants to have sex, so he makes his move on her. At this point, Beverlee remembers the HIV class she took and gets a little nervous about what may come next. Beverlee asks Steve if they can hug and kiss and take it slow. Steve agrees.

- Ask the group the following processing questions: 
- 1. *“Do you think Beverlee acts differently when she has been drinking or getting high? How did her drinking influence her decision to smoke the joint?”*
- 2. *“How do you think drinking and getting high influenced Steve’s behavior?”*
- 3. *“How could Beverlee have avoided getting herself into this risky sexual situation?”*



4. *“What did Beverlee do well to handle the situation?”*
5. *“What are some possible consequences for Beverlee if she had unprotected sex with Steve?”*

Ask another volunteer to read the next situation.

Situation B: Friday Night Party

It’s been a rough week for Tonya. She’s a hard working sister in a very demanding job. A friend invites her to an intimate house party with a few friends, and reluctantly, Tonya accepts the invitation. At the party, Tonya meets Kevin. He’s attractive, educated, and more mature than the guys she typically goes out with. Tonya and Kevin have a great time. By the end of the party, everyone, including Tonya and Kevin, are drunk. Kevin invites Tonya back to his place where things get hot and heavy. They frantically take each others’ clothes off and end up having unprotected sex.

- Ask the group the following questions: 
1. *“How could Tonya have avoided this situation?”*
 2. *“If you were in Tonya’s situation, what would you have done differently?”*
 3. *“What would you say to Kevin to get him to use a condom?”*
 4. *“What are some consequences of Tonya having unprotected sex with Kevin?”*

Summarize this discussion and bridge to the next activity by telling the group: 

“We’ve discussed how drugs and alcohol use can negatively impact our decision-making abilities and can lead us into risky sexual situations. The next activity will allow us to explore ways we can cope with the rejection and negative responses we might encounter when we are negotiating safer sex.”



Activity 5.6

25 minutes

Coping with Rejection and Negative Responses

Purpose

This activity gives the participants an opportunity to explore ways they can cope with the rejection and negative responses that might arise when they negotiate safer sex. Participants build on what was learned during Session 1 about the importance of personal values and examine how personal values influence sexual decision-making.

Coping with Rejection and Negative Responses

- Explain the following points to participants:
 - Self-esteem means appreciating your own worth and importance. It helps you to cope better with the challenges of life. If we are thinking of trying to protect ourselves from HIV and other STDs, we must first know and trust that we are capable of facing and overcoming any challenges that await us. Without such belief, success in negotiating safer sex behaviors will be extremely difficult.
 - Sometimes we will be rejected or receive negative responses to our requests, and this may make us feel less than important or cause us to think that our way of thinking is not important. As we learned in Session 1, our values are important and we must know them before we make decisions.
 - Sometimes we may cope with situations, but it may not be the best way to handle the situation. Having effective coping skills is imperative to our health and well-being. You are worth the effort it takes to learn effective coping skills.

- Tell the participants: 

“We’re going to read and discuss some situations that will allow us to explore ways we can cope with rejection or negative responses when we negotiate safer sex.”

- Distribute copies of handout *5E—Coping with Rejection and Negative Responses*.

- 
- Ask for volunteers to read the situations. Discuss the questions that follow each situation.

- Read the first situation.

Situation A: Tamika Gets Dumped

Tamika and Terrell have been going together for two years. Tamika always makes sure they use a condom when they have sex, but Terrell hates using condoms. Up until now, he's only agreed to do so because he wanted to respect Tamika's wishes. Now, that they've been together for two years, Terrell doesn't feel he should have to use a condom. One night Terrell tried to get Tamika to have sex without a condom. They got into a heated argument when she refused, so Terrell broke up with her and hooked up with Shanice. Shanice doesn't like using condoms either. Two weeks later, Terrell decides he misses Tamika and wants her back. Tamika missed him as well, and they decide to get back together.

- Ask the group the following questions: 

1. *"How do you think Tamika was feeling when Terrell broke up with her because he didn't want to use condoms?"*
2. *"What do you think about the way Tamika handled Terrell's pressure to have unprotected sex?"*
3. *"How could Tamika have responded when Terrell said that he didn't feel that they should still have to use condoms after 2 years of being together?"*
4. *"The story doesn't tell us how Tamika coped with the break-up, but how do you think she might have coped?"*

- Ask the participants:  *"What should Tamika do?"* Then using the SISTAS Assertiveness Model, process the situation with the entire group by asking and discussing the following questions:

- *Did she think of her **self**?*
- *Did she use the HIV/AIDS **information** she learned?*
- *Did she think about the **situation** she was in?*

- Did she state the **trouble** to Terrell, as well as options and consequences?
- Did she tell Terrell, in an **assertive** manner, what she wanted to do?
- Did she **suggest** an alternative she would feel comfortable with?

Ask a volunteer to read the next situation.

Situation B: Three Is A Crowd

Rochelle has been going out with James for two years. About two months ago, Rochelle asked James to use condoms when they have sex. James refused and they haven't had sex since then. Although they continue to see each other, the relationship is rocky.

One day after work, Rochelle goes out with a co-worker, Robert. Rochelle and Robert hit it off immediately. Rochelle brings up condom use with Robert during their conversation and finds out that he uses condoms consistently with all of his partners. After a few more dates, Rochelle and Robert have protected sex.

Ask the group the following questions:

1. "How did Rochelle cope with James' negative response to using condoms?"
2. "If Rochelle chooses to go back with James, besides having unprotected sex, what are their other alternatives?"
3. "Now that Rochelle is dealing with both James and Robert, what trouble does this place her in?"

Ask the participants: "How might Rochelle cope with this situation?" Then using the SISTAS Assertiveness Model, process the situation with the entire group by asking and discussing the following questions:

- Did she think of her **self**?
- Did she use the HIV/AIDS **information** she learned?
- Did she think about the **situation** she was in?

- Did she state the **trouble** to James and Robert, as well as options and consequences?
- Did she tell James and Robert, in an **assertive** manner, what she wanted to do?
- Did she **suggest** an alternative she would feel comfortable with?

- Ask a volunteer to read the final situation.

Situation C: What You Gonna' Do?

A friend shares with you that she just found out she may not be able to have children because she had a sexually transmitted disease. You and your partner have been going together for two years. You really love him, but every time you bring up using a condom, he just refuses to listen.

- Ask the group the following questions: 

1. *“Even though you’ve repeatedly attempted to talk to your partner about condoms, what can you do or say that may get him to understand and accept your point of view?”*
2. *“What are your options if your partner continues to refuse?”*
3. *“Using the six steps of the SISTAS Assertiveness Model, what should you do?”*

- Summarize the activity by telling the participants: 

“In reviewing each of these situations, we identified and discussed various ways to handle or cope with rejection and negative responses. While it is challenging to deal with rejection and negative responses, it is important we think about the consequences of our actions and understand that the ways we choose to cope can impact our lives. Remember, you can use what you’ve learned during these five SISTA sessions to help you cope with the situations you encounter in your everyday life.”

- Thank the women for their responses and answer any questions.
- Bridge to the evaluation for Session 5 by telling the group: 

“We have finally completed all five SISTA sessions. Now please take a few minutes to complete the Session 5 Evaluation form.”

Purpose

The Session 5 evaluation allows the participants to evaluate and provide final feedback on the day's session and the SISTA intervention.

Session 5 Evaluation

- Distribute a copy of handout 5F—*Session 5 Evaluation* to each participant.
- Thank the participants for taking time to complete all the evaluations during their participation in SISTA. Explain that their opinions and feedback have been important and helpful to you and your organization.
- Remind the participants that “1” indicates a need for improvement and “5” indicates excellent.
- Allow three minutes for completion of the evaluation form.
- Collect the completed evaluation forms.
- If your organization has planned booster sessions, inform the participants of the date, time, and place where the boosters will take place.
- Bridge to the reading of the closing poem. Tell the group: 

“As we have done at the end of every session, it’s time to read our closing poem. Remember, our poems can provide us with a sense of strength or they can inspire us. We can all be proud of what we’ve accomplished today and everyday as African American women.”

Closing Poem: “Still I Rise”

Purpose

SISTA uses poetry to promote oneness, womanhood, unity and trust among the participants. Because this is the final session of SISTA, it should be noted that many of the participants may be quite emotional.

Closing Poem: “Still I Rise”

- Refer the participants to handout 5A— “Still I Rise”.
- Ask for two volunteers to read this poem. Explain to the volunteers they will alternate in reading each stanza of the poem. Volunteer one reads the first stanza and volunteer two will read the next. The two will alternate and read to the end of the poem. If there are no volunteers to read, you or the co-facilitator should read the poem in its entirety.
- After the poem is read, ask the participants the following questions: 
 1. *“What are your thoughts about this poem now?”*
 2. *“Now, how do you think this poem relates to today’s session? Why?”*
 3. *“What are your final thoughts concerning SISTA and the things that you have learned?”*
- Thank the women for their responses and answer any questions.
- Close the discussion about the poem and bridge to the recitation of the SISTA Motto by telling the group: 

“Now let’s recite our SISTA Motto together for the last time.”

The SISTA Motto

Purpose

The SISTA Motto has been the closing activity for each SISTA session. The SISTA Motto has been used throughout the sessions to instill a sense of strength, unity, and support among the participants.

The SISTA Motto

- Place the prepared newspaper “SISTA Motto” on the easel.
- Use the call and response method and recite the motto:

The SISTA
Motto

Facilitator: **SISTA Love is . . .**

Participants: **Strong!**

Facilitator: **SISTA Love is . . .**

Participants: **Safe!**

Facilitator: **SISTA Love is . . .**

Participants: **Surviving!**

- Thank the women for their participation in the SISTA intervention and tell them this is the last session.
- Answer any questions the women may have about the sessions or activities.
- Make sure all participants have signed the sign-in sheet and submitted their completed evaluation form.

If your organization does not plan to hold booster sessions:

- Thank the women for their participation in the SISTA program.
- Be sure you have your Community Referral List and make yourself available to the participants for at least 15 minutes after the session for questions or private discussions.



If your organization has planned to hold booster sessions:

- Tell the participants: 

“We will be conducting two booster sessions. The first booster session will be held in three months at (place), on (day/date) at (time). At that session, we will come back together to review the things we learned during SISTA, share how we’ve used the things we learned since the last time we saw each other, and get more support.”

“The second booster session will be held three months later at (place), on (day/date) at (time). Now let’s take a little time to prepare reminders about the upcoming boosters that we will mail to you.”

- Give each participant note paper, two envelopes and a pen. Then tell the women: 

“Take a sheet of the note paper and write yourself a reminder about Booster Session 1. Then put that note into an envelope. Address that envelope to yourself. When you’ve finished, we’ll collect those envelopes. Then you’ll write a reminder to yourself about Booster Session 2 and put that in an envelope. Address that envelope to yourself, too. We’ll collect those envelopes. When its time, we’ll mail your reminders to you about the booster sessions.”

- Thank the women for their participation in the SISTA program.
- Be sure you have your Community Referral List and make yourself available to the participants for at least 15 minutes after the session for questions or private discussions.



Session 5 Handouts

- 5A Opening/Closing Poem: “Still I Rise”
- 5B Sessions 1- 4 Key Learning Points
- 5C Effects of Drugs and Alcohol
- 5D Coping with Drugs and Alcohol in Sexual Situations
- 5E Coping with Rejection and Negative Responses
- 5F Session 5 Evaluation

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Handout 5A

Opening/Closing Poem

Still I Rise

By Maya Angelou

You may write me down in history
With your bitter, twisted lies,
You may trod me in the very dirt
But still, like dust, I'll rise.

Does my sassiness upset you?
Why are you beset with gloom?
'Cause I walk like I've got oil wells
pumping in my living room.

Just like moons and like suns,
With the certainty of tides,
Just like hopes springing high,
Still I'll rise.

Did you want to see me broken?
Bowed head and lowered eyes?
Shoulders falling down like
teardrops.
Weakened by my soulful cries.

Does my haughtiness offend you?
Don't you take it awful hard
'Cause I laugh like I've got gold
mines
Diggin' in my own backyard.

You may shoot me with your words,
You may cut me with your eyes,
You may kill me with your
hatefulness,
But still, like air, I'll rise.

Does my sexiness upset you?
Does it come as a surprise
That I dance like I've got diamonds
At the meeting of my thighs?

Out of the huts of history's shame
I rise

Up from a past that's rooted in pain
I rise

I'm a black ocean, leaping and
wide,
Welling and swelling I bear in the
tide.

Leaving behind nights of terror and
fear
I rise

Into a daybreak that's wondrously
clear
I rise

Bringing the gifts that my ancestors
gave

I am the dream and the hope of the
slave.

I rise

I rise

I rise.

Source: Angelou, M., (1978). And Still I Rise. New York: Random House.



REVIEW
Key Learning Points Sessions 1- 4

Session 1—Ethnic and Gender Pride

1. African American women have a legacy and history of strength, support, and valuing family.
2. African American women have always had strong, supportive relationships with each other, which have stood the test of time.
3. All African American women can be positive role models.
4. Your personal values affect your decision-making.

Session 2—HIV/AIDS Education

1. **HIV** is the virus that causes **AIDS**. **AIDS** is the result of **HIV** infection.
2. African American women are disproportionately affected by HIV.
3. **HIV** is transmitted through blood, semen, vaginal fluids, and breast milk. Having unprotected sex and sharing needles or syringes with an HIV infected person can expose someone to the disease.
4. **AIDS** is the leading cause of death in African Americans ages 25 to 44.

A person can avoid getting HIV by: (ABC method)

- **A**bstaining from having sex and sharing needles and syringes.
- **B**eing faithful.
- **C**ondoms should be used consistently and correctly every time you have sex, to reduce your risk of becoming infected with HIV or another STD.



Session 3—Assertiveness Skills Training

1. Assertive behavior is not bitchy, aggressive, or unfeminine.
2. Women can assert their needs with positive results
3. Women can have control in sexual situations.
4. Every woman has the right to say NO or YES!
5. Being assertive is assessing the situation and then making a decision which is positive for you.
6. Being assertive is taking care of yourself.

Session 4—Behavioral Self-Management

1. Condoms can be fun and sexy!
2. Saying NO to sex does not mean NO to love.
3. Sex is a major responsibility. The consequences affect you, your family, and possibly your health.
4. Women who are prepared to practice safer sex are **not** sluts, whores, or “toss-ups”.
5. Sex doesn’t just happen! We **plan** sex in many ways—soft music, nice panties, and fine food. Condoms, contraceptives, and conversation about sex need to be another part of the plan.



Effects of Drugs and Alcohol

- Drugs and alcohol slow down body functions; therefore, it takes a longer time to think and react.
- Drugs and alcohol distort your vision, shortens coordination, and can damage every organ in the body.
- Drugs and alcohol often make it easier to do and say things you wouldn't normally.
- Drugs and alcohol impair your ability to make judgments about sex, increasing your risk for HIV and other STDs.

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**Coping with Drugs and Alcohol in Sexual Situations****Situation A: Steve and Beverlee**

Steve takes Beverlee out for a movie and dinner. After the movie, he takes her to a nice restaurant where they had a few glasses of wine. When the date is over, they both want to chill together a little longer. They decide to go to Steve's apartment. While they are there, Steve asks Beverlee if she wants to smoke a joint. She is having such a good time, that she agrees to smoke a joint even though she stopped getting high two years ago. A little while later, Steve is so into Beverlee that he wants to have sex, so he makes his move on her. At this point, Beverlee remembers the HIV class she took and gets a little nervous about what may come next. Beverlee asks Steve if they can hug and kiss and take it slow. Steve agrees.

Situation B: Friday Night Party

It's been a rough week for Tonya. She's a hard working sister in a very demanding job. A friend invites her to an intimate house party with a few friends, and reluctantly, Tonya accepts the invitation. At the party, Tonya meets Kevin. He's attractive, educated, and more mature than the guys she typically goes out with. Tonya and Kevin have a great time. By the end of the party, everyone, including Tonya and Kevin, are drunk. Kevin invites Tonya back to his place where things get hot and heavy. They frantically take each others' clothes off and end up having unprotected sex.

Coping with Rejection and Negative Responses**Situation A: Tamika Gets Dumped**

Tamika and Terrell have been going together for two years. Tamika always makes sure they use a condom when they have sex, but Terrell hates using condoms. Up until now, he's only agreed to do so because he wanted to respect Tamika's wishes. Now, that they've been together for two years, Terrell doesn't feel he should have to use a condom. One night Terrell tried to get Tamika to have sex without a condom. They got into a heated argument when she refused, so Terrell broke up with her and hooked up with Shanice. Shanice doesn't like using condoms either. Two weeks later, Terrell decides he misses Tamika and wants her back. Tamika missed him as well, and they decide to get back together.

Situation B: Three Is A Crowd

Rochelle has been going out with James for two years. About two months ago, Rochelle asked James to use condoms when they have sex. James refused and they haven't had sex since then. Although they continue to see each other, the relationship is rocky.

One day after work, Rochelle goes out with a co-worker, Robert. Rochelle and Robert hit it off immediately. Rochelle brings up condom use with Robert during their conversation and finds out that he uses condoms consistently with all of his partners. After a few more dates, Rochelle and Robert have protected sex.

Situation C: What You Gonna' Do?

A friend shares with you that she just found out she may not be able to have children because she had a sexually transmitted disease. You and your partner have been going together for two years. You really love him, but every time you bring up using a condom, he just refuses to listen.

Evaluation for Session 5: Coping Skills

Please take a moment to rate how effective we were in presenting information to you today.

Below are a number of statements. Please rate each statement on a scale from 1-5, where “1” means we did a poor job and “5” means we did an excellent job.

Statements: Rating

1.	I feel I got a lot out of the role-play situations about coping.	
2.	I am confident I can apply these coping skills in my life.	
3.	I have a better understanding of the effects of drugs and alcohol.	
4.	Any questions I had were clearly answered.	
5.	The handouts were helpful.	
6.	The group discussions were informative.	
7.	The review of the Key Learning Points we covered in earlier sessions of SISTA was worthwhile.	

8. Overall, how would you rate the performance of the group leaders? Please circle a number.

Poor		Okay						Excellent	
1	2	3	4	5	6	7	8	9	10

9. Overall, how would you rate today’s session? Please circle a number.

Poor		Okay						Excellent	
1	2	3	4	5	6	7	8	9	10

10. Overall, how would you rate the SISTA intervention? Please circle a number.

Poor		Okay						Excellent	
1	2	3	4	5	6	7	8	9	10

11. How could Session 5 be improved?

Questions continue on back of page.



12. Any other comments?

13. As a result of last week's session, I made some positive changes in my life.

Yes No Did not attend last week's session.

If you checked yes, please describe below the changes you made.

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Thank You, my SISTA!

Booster Sessions



Booster Sessions 1 and 2

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Booster Session 1



120
minutes

The SISTA intervention is designed to include two optional booster sessions (refreshers). The booster sessions are provided at three and six months after Session 5 has been completed. Booster sessions are unstructured and provide women with opportunities to come together again, to ask questions, and to receive additional support from their peers. The booster sessions are also an opportunity for the facilitators to collect follow-up evaluation information about participants' HIV risk reduction behaviors, attitudes, and knowledge.

Participants should have had an opportunity to put what they have learned into practice and now have an opportunity to ask questions about the challenges they have had with implementing risk reduction skills. The first booster session is held approximately three months after Session 5.

Facilitator Goals

1. Provide an opportunity for the women to ask and answer questions in one another's company.
2. Refresh their understanding of risk reduction concepts.
3. Reinforce the importance of protecting themselves from HIV/AIDS and other STDs.

Participant Objectives

By the end of this session, participants will have:

1. Discussed challenges they may have experienced in their attempts to protect themselves when they had sex.
2. Discussed ways to effectively deal with the challenges they experienced.
3. Identified resources and referrals that are accessible to them.
4. Planned their SISTA graduation ceremony.
5. Identified ways in which the SISTA program can be strengthened.



Booster Session 1

Facilitator's Checklist

Date: _____

Facilitator Name: _____

Facilitator Name: _____

Group Name: _____

Session Location: _____

Materials Checklist:

- SISTA Implementation Manual
- Community Referral List

Handouts:

- 6A Pre- and Post-Knowledge Assessment Test

Supply Checklist:

- Sign-in sheet
- Easel and newsprint
- Markers
- Tape
- Pens/pencils
- Self-stick note pads
- Assortment of male and female condoms (include different colors, flavors, textures, sizes, non-lubricated), lubricants and dental dams.
- Anatomically correct vaginal and penile models
- Napkins, paper-towels and hand sanitizer or sanitized wet-wipes
- Baskets, boxes or zip lock bags
- Refreshments (optional)
- Incentives (optional)
 - Transportation
 - Hygiene bags
 - Child care
 - Food coupons
 - Gift certificates

**Facilitator Note:**

The booster session is intended to be an unstructured gathering. Suggested activities include the following:

- Invite the women to help one another answer their questions correctly.
- Encourage them to share situations in which they have used their skills, including challenging situations when they wished they had handled things differently. Consider using the challenging situations as the basis of discussion, in a manner similar to the more formalized “situation” exercises. How might they have reacted differently? What suggestions might they offer to one another about preventing recurrences of the more difficult moments?
- Encourage the women to discuss areas in which the intervention could be strengthened. What would they like to have more of? Less of? What suggestions might they offer for information or activities that would increase the intervention’s relevance?
- Design a “graduation” celebration in collaboration with the women in your SISTA group. Tell the women that the graduation will be conducted during the second booster session, in approximately three months. Consider scheduling the second booster session at this point. Invite each woman to design her own graduation certificate.
- Give the participants the post-test.
- Distribute and collect any additional evaluation forms required by your organization or funder.
- Close the session by summarizing the group’s discussions. Poll the participants to see if they have any additional questions or comments.
- Have the participants stand and recite the SISTA Motto before dismissal.

SISTA Love is . . . Strong!
SISTA Love is . . . Safe!
SISTA Love is . . . Surviving!



Booster Session 2



120
minutes

The second booster session should be held approximately six months after the completion of the intervention and should provide closure for the participants. At this point, the participants have had six months to put into practice the knowledge and skills gained during the five sessions of SISTA. They will also have had an opportunity to review information covered during Booster Session 1.

Facilitator Goals

1. Provide an opportunity for the women to ask and answer questions in one another's company.
2. Refresh their understanding of risk reduction concepts.
3. Reinforce the importance of protecting themselves from HIV/AIDS and other STDs.
4. Identify resources and referrals the participants can access.
5. Celebrate their completion of the SISTA intervention.

Participant Objectives

By the end of this session, participants will have:

1. Discussed challenges they may have experienced in their attempts to protect themselves when they had sex.
2. Discussed ways to effectively deal with the challenges they experienced.



Booster Session 2

Facilitator's Checklist

Date: _____

Facilitator Name: _____

Facilitator Name: _____

Group Name: _____

Session Location: _____

Materials Checklist:

- SISTA Implementation Manual
- Community Referral List

Handouts:

- 7A Graduation Certificates

Supply Checklist:

- Sign-in sheet
- Easel and newsprint
- Markers
- Tape
- Pens/pencils
- Self-stick note pads
- Assortment of male and female condoms (include different colors, flavors, textures, sizes, non-lubricated), lubricants and dental dams.
- Anatomically correct vaginal and penile models
- Napkins, paper-towels and hand sanitizer or sanitized wet-wipes
- Baskets, boxes or zip lock bags
- Refreshments (optional)
- Incentives (optional)
 - Transportation
 - Hygiene bags
 - Child care
 - Food coupons
 - Gift certificates



Facilitator Note:

The booster session is intended to be an unstructured gathering based on what the participants have designed for their graduation. Suggested activities include the following:

- The participants can invite family members and friends to the graduation.
- Certificates can be designed by project staff or with the assistance of the program participants. These certificates are to be handed to participants during the celebration.
- Consider culturally appropriate food and/or refreshments for the graduation celebration.
- After the completion of the graduation celebration, thank the participants for their time in completing the SISTA program and encourage them to contact you if they have any additional questions or comments.
- Have the participants stand and recite the SISTA Motto before dismissal.

SISTA Love is . . . Strong!
SISTA Love is . . . Safe!
SISTA Love is . . . Surviving!

Evaluating SISTA

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EVALUATING SISTA

To see if programs are meeting the needs of the community, it becomes essential to evaluate their worth. There is an African proverb that states, “A horse has four legs, yet it often falls.” Even though our programs or interventions may appear to have all the necessary components, it is important we evaluate and re-evaluate the situation. Evaluation helps us to assess our progress and also helps us to create and maintain programs that work.

Evaluation can be defined as “...the systematic collection of information about the activities, characteristics, and outcomes of programs to make judgments about the program, improve program effectiveness, and/or informed decisions about future programming”⁹. Simply put, evaluation is a process of determining the effectiveness of a program or intervention. This process can be seen as a circle, complete and continuous, and is an ongoing process.

Evaluation is an ongoing process and begins with the formulation of goals and objectives. Then, in order to have something tangible to evaluate, we must have a period of implementation of these objectives. Once the objectives have been implemented, evaluation occurs. At that point, a decision must be made.

Why evaluate SISTA?

Evaluation is the process of collecting information about the participants, activities, characteristics, and outcomes of programs. The collected information will be used to:

- Assess the uncertainties.
- Improve program effectiveness.
- Make decisions with regard to what the program is doing and to analyze its effects.

The more specific reasons for evaluating SISTA fall under four main categories. These four reasons are:

1. **Accountability:** Accountability to the funder, to the staff, to the clients, and to the community.
2. **Program Improvement:** Evaluation helps us to improve existing programs.



3. **Knowledge Development:** Evaluation helps us to plan future programs.
4. **Social Justice:** Evaluation can tell us if the most vulnerable populations are receiving appropriate and effective services.

Evaluation Terminology

There are many different types of evaluation, but for the purposes of the SISTA intervention, we will focus on formative evaluation, process monitoring, and outcome monitoring.

Formative Evaluation

Formative evaluation is the process of testing program plans, messages, material, strategies, or modifications, for weaknesses and strengths before they are put into effect. Formative evaluation is also used when an unanticipated problem occurs after beginning to implement the intervention. This type of evaluation shows us whether the intervention messages are likely to reach, be understood by, and are accepted by the target population.

In the case of the SISTA intervention, utilizing focus groups to pre-test materials is an excellent way to conduct a needs assessment or as a way to assess program effectiveness. The focus group findings can be used to adapt and/or tailor the SISTA intervention for your particular target audience. Using formative evaluation makes it more likely that the program is successful.

Sample Formative Questions:

1. What are the conditions and characteristics of the targeted population? Will the SISTA intervention address these identified conditions or characteristics?
2. Are the allocated staff and resources appropriate (skillful, culturally competent, etc.) for the SISTA intervention?
3. Are the SISTA materials culturally-, linguistically-, and age-appropriate for the specified target population?

If no is the answer to any of these questions, then the agency will have to make some changes either to the intervention or staff selection.



Process Monitoring

Process monitoring is a mechanism for testing whether the procedures for reaching the target population are working as planned. Process monitoring involves routine documentation of characteristics of the people served, the number of sessions conducted, the resources used to conduct the session, and modifications made to the intervention sessions. Process monitoring should be used as soon as SISTA is implemented, including the planning and recruiting process. It can be used to tell us how well the intervention and recruitment efforts are working. It is also useful because it identifies early any problems that occur in reaching the target population and allows program staff to evaluate how well the plans, procedures, activities, and materials are working. In the case of the SISTA intervention, utilizing session evaluation, fidelity/process forms, and facilitator observation forms are ways to conduct process monitoring.

Sample Process Questions:

1. How many women participated in the intervention?
2. What percentage of participating women completed all five sessions?
3. What was the demographic profile of participating women?
4. Which sessions were changed and why?
5. What was the feedback from the participating women?

Outcome Monitoring

Outcome monitoring is tracking changes in knowledge, skills, behaviors, attitudes, beliefs, and/or intentions of individuals participating in the intervention. In outcome monitoring, however, the change that occurs in participants cannot be directly attributed to the intervention because there is no comparison group. Outcome monitoring provides an understanding of participants' progress toward behavioral goals and objectives, and the differences in progress within subgroups of participants. This type of evaluation should be utilized after the implementation of the intervention has stabilized and the intervention is being implemented according to plan.

Outcome monitoring is useful because it identifies specific components of the intervention that show the greatest change. It allows management and program staff to modify materials or approaches to improve the effectiveness of the intervention and identify sub-groups of the target



population for whom the intervention may be more effective. In the case of the SISTA intervention, pre-post tests administered before the intervention or at Session 1 and after Session 5 or at the booster sessions, help to determine whether or not participants have experienced any change in their behavior.

Sample Outcome Questions:

1. What proportion of the women showed changes in condom use?
2. What were the differences between women showing increased condom use and those who did not?

Evaluation can be a daunting process. However, if the evaluation is well planned, it can be quite rewarding. Simply put, evaluation is a process of determining the effectiveness of a program or intervention. The evaluation process can be viewed as a circle; a complete, continuous and ongoing process.



Evaluation Tools

1. SISTA Evaluation Summary Sheet
2. SISTA Focus Group Protocol
3. SISTA Fidelity/Process Form
4. SISTA Session Evaluation Forms
5. SISTA Facilitator Observation Form
6. SISTA Pre-test/Post-test

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SISTA Evaluation Summary Sheet

Instrument	When to Use	Administered By	Completed By
Focus Group Protocol	Before implementation	Facilitator	Facilitator
Fidelity/Process Form	After each session	Facilitator	Facilitator
Session Evaluation Forms	After each session	Facilitator	Participants
Facilitator Observation Form	At least once each cycle of SISTA	Supervisor	Supervisor
Pre-test Survey	Before or during Session 1	Facilitator	Participants
Post-test Survey Contains the same Pre-test scales/measures	3 and 6 months after Session 5 or during booster sessions	Facilitator	Participants





SISTA Focus Group Protocol

Instructions:

This focus group protocol will help you gather information from women in your community that are likely to participate in your SISTA intervention. These focus groups can provide information about successful approaches to recruiting and retaining women in your project, developing/revising materials such as the messages, session handouts, session role-play scenarios and exercises, and getting feedback on evaluation tools.

We recommend that you do at least two focus groups with eight to ten women from the community.

It is important to conduct focus groups before implementing SISTA in your community. You can use the information to adapt SISTA so it meets the needs of the women in your community in a way that is acceptable and culturally appropriate.



Introduction:

Thanks everyone for coming today. We are really excited because we have been planning for this focus group. Today we are going to have fun. We are going to discuss your relationships, both current relationships you have, as well as your previous relationships. We are interested in knowing where you meet your partners, what attracts you to your partners, why you like having sex, and what you think about using condoms. So we are viewing you as the experts in these areas and would like to know your opinions, ideas, attitudes, and beliefs about relationships.

_____ and I will take turns asking the group questions about these topics.

Because everyone likes to talk about these topics, we have a couple of ground rules:

- 1) First, everything we say here today is confidential, which means please don't use anyone's last name. If you are talking about your partner, don't use their name and we will only address you by your first name.
- 2) While we want to hear from all of you, please let one person talk at a time. If everyone is talking at once, it is hard to understand what people are saying.
- 3) Please respect one another. This means don't call people ugly names, don't swear at anyone, and don't laugh at another person just because they may have a different opinion than you.
- 4) Also, we won't pressure you into answering any questions. Your opinions, beliefs, and ideas will help us develop programs for adolescents like you to live healthier lives.

In about an hour, we will have lunch. I hope everyone likes pizza! At the end of our meeting, you will be reimbursed.

Does anyone have any questions or would you like to add anything?

To begin, we are going to play a game. It is called three truths and a lie. To play this game, I would like for everybody to go around the room and tell us your name and four things about yourself. However, one of the things you tell us should be a lie. The group will try to guess which statement is a lie. I will begin.

(Conduct ice breaker)

Thanks for sharing that information. That was fun.



Now we are going to start asking you some questions. First, I would like to ask:

Meeting Potential Partners

Where do you meet guys?

(Probe: school, house party, bar...)

How do you meet guys?

(Probe: Does he approach you or do you approach him?)

What attracts you to a guy?

(Probe: looks, popular in school, like's older....)

Making the First Move

How soon after you meet your partner does he start coming on to you (i.e. kissing, caressing)?

Do you like it when he first comes on to you?

(Probe: If yes, why? If no, why not?)

How do you feel when he first does this to you?

(Probe: scarred, anxious, excited)

Why do you feel this way?

I am going to read you three responses and I would like you to choose one of them. I would like everyone in the group to answer this question.

Do you talk about what you want from the relationship?

- A) before your partner comes on to you
- B) after your partner comes on to you
- C) you never talk about what you want in your relationship.

The Condom Questions

Have you ever used condoms?

(Probe: How often do you use condoms?)

Have you ever asked your partner to use a condom?

Why is it difficult to ask your partner to use a condom (get detailed here)?

(Probe: You don't know what to say? You don't know how to say it? Afraid of what partner might think? Afraid of what he might say?)

If you thought your partner had an STD, would you ask him to wear a condom?

(Probe: If yes, why? If no, why not?)



The STD Questions

When you get an STD, how do you feel?

(Probe: upset at yourself, angry at your partner, do you want to get revenge)

Have you ever told your partner that you had an STD?

What was his reaction?

(Probe: What did he say? What did he do? Did he scare you? Did he yell at you? Did he leave you...?)

Have you ever asked your partner to get treated for an STD?

Why haven't you asked your partner to get treated for an STD? (get detailed)

(Probe: You don't know what to say? You don't know how to say it? Afraid of what partner might think? Afraid of what he might say? Afraid of what your partner might do?)

Ask all of the following questions:

If you knew that your partner had an STD would you...

- 1) Have sex with him without using a condom? Why?
- 2) Have sex with him, but use a condom? Why?
- 3) Ask him to get treated for his STD? How would you do it?
- 4) Go to the STD clinic to see that he gets treated? How would you do this?
- 5) Break up with him, Why?

The Abstinence Questions

What is the longest you have gone without having sex?

Why did you wait this long?

(Probe: didn't have a partner, wanted to not have sex for a while, too busy, not feeling well)

What made you have sex, after you had gone a long time of not having sex?

(Probe: started dating, felt horny, felt lonely...)

Could you date a guy and not have sex with him (get detailed)?

(Probe: If yes, why? If no, why not?)

What would it take for you to never have sex again until you were married?

(Probe: commitment?)



Conclusion

Thanks for participating in this program. We knew that you were the experts. Thanks for your opinions and ideas. Now we would like you to fill out this survey and after that we will give you your money and you can go home.

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SISTA Focus Group

Proposed Dates:

200x

Location:

Time:

9:00 am -1:00 pm

Staff 9:00 am -1:00 pm

Participants 10:00 am -12:30 pm

Facilitators:

(Female) xxx

Recorders: xxx

Participants:

African American Females (ages 18-50)

Not more than 10 women per group. An ideal group size is 7

Compensation:

Each participant will be compensated \$\$\$\$ for their time

Lunch provided by:

Topics:

- I. Relationships
- II. Emotional Reaction to Having an STD
- III. Prevention and Treatment
- IV. Partner Information
- V. Social Variables



SISTA Focus Group

Below is a sample of the consent that can be used for conducting your focus groups. You are encouraged to use a consent form so that participants are informed about the focus group and have the opportunity to indicate their willingness to participate. You may keep the wording or make adaptations.

Consent Form

TITLE: Focus Group for The SISTA Intervention

DESCRIPTION: The purpose of this intervention is to help women protect themselves from HIV infection. To do this, we need to know more about you. You have been asked to take part in this group discussion because you live here in the community and have knowledge to share that will help make this program acceptable to you and other community members. The discussion group should take about an hour and a half.

Although we are tape recording the discussion with audio tape, the recording is anonymous. For that reason, we will ask you to use first names only. Your name and identity will not be associated with the information you give. The tapes will be reviewed only by our staff who want to improve the program. When they have listened to the tapes, the tapes will be destroyed.

RISKS AND BENEFITS: There is no known risk in participating. The benefit to you from participating is contributing to our ability to develop an HIV prevention program that is accepted here in the community.

COSTS AND PAYMENTS: You will receive \$25.00 for taking part in the discussion group today. The cost of participating is time lost from your other activities.

CONFIDENTIALITY: I understand that any information obtained about me as a result of this discussion will be kept confidential. Such information, which will carry personal identifying material, will be kept in locked files. It has been explained to me that my identity will not be revealed in any description, publication, or research. Therefore, I consent to such publication for scientific purposes.

RIGHT TO REFUSE OR TO END PARTICIPATION: I understand that I am free to refuse to participate in this study or to end my participation at any time and that my decision will not cause a loss of benefits to which I might otherwise be entitled.

VOLUNTARY CONSENT: I certify that I have read the proceeding or it has been read to me and that I understand its contents. Any questions I have pertaining to the intervention have been or will be answered. A copy of this consent form will be given to me. My signature below means that I have freely agreed to participate in this discussion.

Participant Signature

Date

(Organization) Staff Signature

Date





SISTA Fidelity/Process Form Instructions for Facilitators

- **Do not distribute this instrument to the participants.** This *SISTA Fidelity/Process Evaluation* form is for **you**, the program facilitator. This evaluation instrument asks for feedback on the ways you implemented each component or activity within the program.
- **There is an evaluation page for each session.** The SISTA evaluation includes an “activity grid,” which provides an opportunity for you to give feedback on each activity within the session. For each program activity, indicate whether you *taught* the activity *as suggested*, *taught* the activity *with changes*, or *did not teach* the activity.
- **Complete the form promptly.** Complete the form while you are teaching the session, or within two days of presenting the material, so that your experiences are fresh in your mind.
- **Provide as much feedback as possible.** The more feedback you provide, the more helpful this evaluation tool will be in future implementations of the program. Please explain any changes made to the session in the *Session Notes* section as well as ways in which the session can be enhanced. Comments and suggestions concerning the program content, structure, and clarity of the materials are particularly helpful and should be shared with your supervisor.
- **Create your own form.** You may create your own form if you have significantly tailored or modified the sessions to meet your target population needs. An example is included in the handouts folder for you to review and use as a template to create a tailored SISTA fidelity/process evaluation form for your program.



<p>Activity 4.7 CONDOM USE DEMO</p> <p><input type="checkbox"/> Taught as suggested <input type="checkbox"/> Taught changes <input type="checkbox"/> Did not teach</p> <p>Remarks:</p>

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Evaluation for Session 1: Ethnic and Gender Pride

Please take a moment to rate how effective we were in presenting information to you today.

Below are a number of statements. Please rate each statement on a scale from 1-5, where “1” means we did a poor job and “5” means we did an excellent job.

Statements: Rating

1.	I feel more pride in myself as an African American woman.	
2.	I have a better understanding of the importance of personal values.	
3.	I feel I got a lot out of the in-class games/exercises we did today.	
4.	Any questions I had were clearly answered.	
5.	The handouts were helpful.	
6.	The group discussions were interesting and informative.	

7. Overall, how would you rate the performance of the group leaders? Please circle a number.

Poor		Okay				Excellent			
1	2	3	4	5	6	7	8	9	10

8. Overall, how would you rate today’s session? Please circle a number.

Poor		Okay				Excellent			
1	2	3	4	5	6	7	8	9	10

9. How could this session be improved?

10. Any other comments?

Thank You, my SISTA!



Evaluation for Session 2: HIV/AIDS Education

Please take a moment to rate how effective we were in presenting information to you today.

Below are a number of statements. Please rate each statement on a scale from 1-5, where “1” means we did a poor job and “5” means we did an excellent job.

Statements: Rating

1.	I learned new information about HIV.	
2.	The video could help me in my everyday life.	
3.	I feel I got a lot out of the in-class games/exercises we did today.	
4.	Any questions I had were clearly answered.	
5.	The handouts were helpful.	
6.	The group discussions were interesting and informative.	

7. Overall, how would you rate the performance of the group leaders? Please circle a number.

Poor			Okay				Excellent		
1	2	3	4	5	6	7	8	9	10

8. Overall, how would you rate today’s session? Please circle a number.

Poor			Okay				Excellent		
1	2	3	4	5	6	7	8	9	10

9. How could this session be improved?

10. Any other comments?

Questions continue on back of page.



11. As a result of last week's session, I made some positive changes in my life.

- Yes No Did not attend last week's session.

If you checked yes, please describe below the changes you made.



Thank You, my SISTA!



Evaluation for Session 3: Assertiveness Skills Training

Please take a moment to rate how effective we were in presenting information to you today.

Below are a number of statements. Please rate each statement on a scale from 1-5, where “1” means we did a poor job and “5” means we did an excellent job.

Statements: Rating

1.	I am confident I can communicate more effectively.	
2.	I am confident I can start a discussion about condom use with my partner.	
3.	I am confident I can apply the SISTAS Assertiveness Model in my life.	
4.	I feel I got a lot out of discussing today’s role-play situations.	
5.	Any questions I had were clearly answered.	
6.	The handouts were helpful.	

7. Overall, how would you rate the performance of the group leaders? Please circle a number.

Poor		Okay				Excellent			
1	2	3	4	5	6	7	8	9	10

8. Overall, how would you rate today’s session? Please circle a number.

Poor		Okay				Excellent			
1	2	3	4	5	6	7	8	9	10

9. How could this session be improved?

10. Any other comments?

Questions continue on back of page.



11. As a result of last week's session, I made some positive changes in my life.

Yes No Did not attend last week's session.

If you checked yes, please describe below the changes you made.

Thank You, my SISTA!



Evaluation for Session 4: Behavioral Self-Management Training

Please take a moment to rate how effective we were in presenting information to you today.

Below are a number of statements. Please rate each statement on a scale from 1-5, where “1” means we did a poor job and “5” means we did an excellent job.

Statements: Rating

1.	I am confident I can use a condom properly.	
2.	I am confident I can discuss condom use with my partner.	
3.	I am confident I can apply the SISTAS Assertiveness Model in my life.	
4.	I feel I got a lot out of today’s activities and discussions.	
5.	Any questions I had were clearly answered.	
6.	The handouts were helpful.	

7. Overall, how would you rate the performance of the group leaders? Please circle a number.

Poor			Okay				Excellent		
1	2	3	4	5	6	7	8	9	10

8. Overall, how would you rate today’s session? Please circle a number.

Poor			Okay				Excellent		
1	2	3	4	5	6	7	8	9	10

9. How could this session be improved?

10. Any other comments?

Questions continue on back of page.



11. As a result of last week's session, I made some positive changes in my life.

Yes No Did not attend last week's session.

If you checked yes, please describe below the changes you made.

Thank You, my SISTA!



Evaluation for Session 5: Coping Skills

Please take a moment to rate how effective we were in presenting information to you today.

Below are a number of statements. Please rate each statement on a scale from 1-5, where “1” means we did a poor job and “5” means we did an excellent job.

Statements: Rating

1.	I feel I got a lot out of the role-play situations about coping.	
2.	I am confident I can apply these coping skills in my life.	
3.	I have a better understanding of the effects of drugs and alcohol.	
4.	Any questions I had were clearly answered.	
5.	The handouts were helpful.	
6.	The group discussions were informative.	
7.	The review of the Key Learning Points we covered in earlier sessions of SISTA was worthwhile.	

8. Overall, how would you rate the performance of the group leaders? Please circle a number.

Poor			Okay				Excellent		
1	2	3	4	5	6	7	8	9	10

9. Overall, how would you rate today’s session? Please circle a number.

Poor			Okay				Excellent		
1	2	3	4	5	6	7	8	9	10

10. Overall, how would you rate the SISTA intervention? Please circle a number.

Poor			Okay				Excellent		
1	2	3	4	5	6	7	8	9	10

11. How could Session 5 be improved?

Questions continue on back of page.



12. Any other comments?

13. As a result of last week's session, I made some positive changes in my life.

Yes No Did not attend last week's session.

If you checked yes, please describe below the changes you made.

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Thank You, my SISTA!





SISTA Facilitator Observation Form

- When to Use:** At least once during each cycle of SISTA. A cycle of SISTA is Sessions 1-5 and any Boosters.
- Administered by:** Supervisor
- Completed by:** Supervisor

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SISTA Facilitator Observation Form

Facilitator: _____ Supervisor: _____ Date: _____

Session: _____ Location: _____

Session start time –
Scheduled: _____ Actual: _____ # of agenda items monitored: _____ out of _____

of agenda items presented by
facilitator: _____ out of _____ # of agenda items covered: _____ out of _____

of participants in attendance: _____ # of children _____ Child care available? _____ Yes _____ No

of women completing home activity? _____

Please circle the number that best represents your response to the questions.

1 – Not very well done 2 – OK, improve delivery; strengthen message 3 – Good
4 – Very well done 5 – Not applicable or not observed

How did the facilitator:					
Behavioral (Client)					
1. Control the group's behavior?	1	2	3	4	5
2. Empathize with participants?	1	2	3	4	5
3. Maintain neutral judgment?	1	2	3	4	5
4. Redirect the group?	1	2	3	4	5
5. Provide positive reinforcement?	1	2	3	4	5
6. Provide corrective feedback?	1	2	3	4	5
Behavioral (Facilitator)					
7. Encourage total group participation?	1	2	3	4	5
8. Respond to the group (i.e., address questions)?	1	2	3	4	5
9. Explain the didactic portions of the session?	1	2	3	4	5
10. Engage the group in role-playing negotiation scenarios?	1	2	3	4	5
11. Demonstrate respect and appreciation for cultural, racial, gender, and religious diversity?	1	2	3	4	5
12. Maintain their degree of professionalism?	1	2	3	4	5
Behavioral (Client)					
13. Presentation of key concepts? (read only or define, give examples)	1	2	3	4	5
14. Adhere to the agenda and fidelity forms?	1	2	3	4	5
15. Use a combination of kinesthetic, audio, and visual instruction?	1	2	3	4	5
16. Conduct condom use role modeling?	1	2	3	4	5
17. Conduct sexual negotiation modeling?	1	2	3	4	5
18. Topics and activities on the agenda match the fidelity form?	1	2	3	4	5
19. Manage all the materials (i.e., props)?	1	2	3	4	5



How did the facilitator: (Continued)					
Environment					
20. Organize a pleasant setting (e.g., tablecloth, refreshment setup, room arrangement)?	1	2	3	4	5
21. Room arranged for slide viewing by all participants?	1	2	3	4	5
22. Select space with separate adult and child rooms; provided child activities?	1	2	3	4	5

Observation Comments:

Facilitator strengths

Areas to be improved





SISTA Pre-test/Post-test Instructions for Facilitators

Instructions:

Please direct the participants to complete these forms as honestly and thoroughly as possible. The pre-test should be administered either before or during Session 1. The post-test should be completed three and six months after Session 5 or during each booster session. Participants' responses will help you assess the effectiveness of the SISTA intervention and make improvements, as necessary. The completed tests are your personal evaluation tool. The participant's birth month and day, and first and last initial can be used as a unique identifier for the Participant ID (example: 1122JC).

Before collecting the forms from the participants, be sure they have provided a unique identifier on the form. The same participant ID should be used for the post-tests.

The pre-test/post-test survey on the following pages was developed by Dr. Gina Wingood, original SISTA developer.





SISTA Pre-test/Post-test

Participant ID: _____ Pre-test Post-test Date _____

INSTRUCTIONS: Please complete this form as honestly and thoroughly as possible. The following questions ask demographic information about you. Circle your responses as necessary

1. How old are you? _____ (years)
2. What is the highest grade of school that you have completed?
 - a. No formal schooling
 - b. Less than a high school diploma
 - c. A high school diploma
 - d. Some college or a 2-year degree
 - e. 4-year college degree or graduate work
3. What is your employment status?
 - a. Unemployed
 - b. Part-time
 - c. Full-time
4. What is your total monthly income? (Not including your partner's)
 - a. I have no monthly income
 - b. My monthly income is \$ _____
5. Do you currently have medical insurance (i.e., Medicaid/Medical)?
 - a. No
 - b. Yes
6. Are you currently married?
 - a. No
 - b. Yes
7. How long have you and your main partner been together?
 - a. I do not have a main partner
 - b. We have been together for _____ (days/months/years)
8. Are you living with your main partner?
 - a. No
 - b. Yes
9. In the past 3 months, how often did you drink beer, wine or liquor?
 - a. Not at all
 - b. A few times
 - c. A few times each week
 - d. Everyday
10. In the past 3 months, how often did use drugs to get high or relax (i.e., marijuana, cocaine, crack)?
 - a. Not at all
 - b. A few times
 - c. A few times each week
 - d. Everyday



INSTRUCTIONS: The following statements are about your attitudes towards using condoms. Please indicate how much you agree or disagree with each statement by putting a check mark under your choice.

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. My main partner would get mad if I said we had to use a male condom.	_____	_____	_____	_____
2. Male condoms ruin the mood.	_____	_____	_____	_____
3. Sex doesn't feel as good when you use a condom.	_____	_____	_____	_____
4. My main partner would think I was having sex with another person if I said we had to use a condom.	_____	_____	_____	_____
5. Using male condoms would help build trust between my main partner and me.	_____	_____	_____	_____
6. Sex with condoms doesn't feel natural.	_____	_____	_____	_____
7. Using male condoms breaks up the rhythm of sex.	_____	_____	_____	_____



INSTRUCTIONS: The next questions ask about what kinds of situations are more difficult for you to use condoms when you have sex with your main partner. Even if the situation has not happened to you, try to imagine how you would handle it if it ever happened. Place a check mark under your choice.

	Definitely Not	Probably Not	Probably Yes	Definitely Yes
1. Can you discuss condom use with your main partner?	_____	_____	_____	_____
2. Can you insist on condom use if your main partner does not want to use one?	_____	_____	_____	_____
3. Can you stop and look for condoms when you are sexually aroused?	_____	_____	_____	_____
4. Can you insist on condom use every time you have sex even when you are under the influence of drugs?	_____	_____	_____	_____
5. Can you insist on condom use every time you have sex even when your main partner is under the influence of drugs?	_____	_____	_____	_____
6. Can you put a condom on your main partner without spoiling the mood?	_____	_____	_____	_____
7. Can you insist on condom use every time you have sex even if you or your main partner uses another method to prevent pregnancy?	_____	_____	_____	_____



INSTRUCTIONS: The next questions are about your confidence in using condoms with your main partner. Place a check mark under your choice.

Even if you've never used condoms before, how confident or sure are you that you could...

	Not Confident	Somewhat Confident	Very Confident
1. Put a condom on a hard penis.	_____	_____	_____
2. Unroll a condom down correctly on the first try.	_____	_____	_____
3. Start over with a new condom if you placed it on the wrong way.	_____	_____	_____
4. Unroll a condom fully to the base of the penis.	_____	_____	_____
5. Squeeze air from the tip of a condom.	_____	_____	_____
6. Take a male condom off without spilling the semen or cum.	_____	_____	_____
7. Take a male condom off before partner loses their hard on.	_____	_____	_____
8. Dispose of a used condom properly.	_____	_____	_____
9. Use lubricant with a condom.	_____	_____	_____



INSTRUCTIONS: The next 10 questions are about your knowledge of HIV. Circle 1 if **TRUE** and 0 if **FALSE**.

	True	False
1. Condoms can help protect you from transmitting or becoming infected with HIV.	1	0
2. Having sex with someone who has HIV is the only way to becoming infected with HIV.	1	0
3. Female condoms are effective in preventing HIV infection.	1	0
4. There is a cure for AIDS.	1	0
5. A positive HIV Antibody test means that you have AIDS.	1	0
6. To know if you have HIV you have to take a test.	1	0
7. Having unprotected anal sex increases a person's chance of getting HIV.	1	0
8. HIV is passed most effectively in semen and blood.	1	0
9. Women can not pass HIV to men.	1	0
10. The safest way to prevent getting HIV is to abstain from sex.	1	0



INSTRUCTIONS: The next few questions are about having sex and using condoms.

1. In the past 3 months, how many times have you had sex with a man who put this penis into your vagina?

_____ (# of times had sex with a man who put his penis in your vagina, in the past 3 months)

999 = I have not had sex with a man who put his penis into my vagina in the past 3 months.

2. In the past 3 months, when you had sex with a man who put his penis into your vagina, how many times of these times was a condom used?

_____ (# of times used a condom, in the past 3 months)

999 = I have not had sex with a man who put his penis into my vagina in the past 3 months.

3. In the past 3 months, how many men have put their penis into your vagina?

_____ (# of men who have put their penis into your vagina in the past 3 months)

999 = I have not had sex with a man who put his penis into my vagina in the past 3 months.

4. In the past 3 months, how many times did you exchange sex for drugs, shelter, food or cash?

_____ (# times exchanged sex in the past 3 months)

999 = I have not exchanged sex for drugs, shelter, food or money in the past 3 months.

Please circle 1 if YES and 0 if NO for the next questions.

	Yes	No
5. The last time you had sex did you use a condom?	1	0
6. The next time you have sex do you plan to use a condom?	1	0
7. In the next 3 months, do you plan on using a condom if you have sex?	1	0
8. In the next 3 months, do you plan on using a female condom?	1	0
9. In the past 3 months, did you attempt to use a female condom?	1	0



**CULTURE AND CULTURAL
COMPETENCE**

Culture and Cultural Competence

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CULTURE AND CULTURAL COMPETENCE

Culture and culturally competent service delivery are recognized as critical components of effective HIV prevention. Effective HIV prevention can only take place when the relationship between the providers and the intended audience is based on trust and mutual respect. You, as the facilitator of SISTA, your organization, and other individuals and organizations in your community are all partners in effective HIV prevention.¹⁰ You and your organization must work to establish the trust and respect of your community and the people that you serve. Through these shared values, you and your organization can develop an accurate understanding of the cultural context of HIV and AIDS in your community and better address the barriers to and enablers of effective HIV prevention.

What is Culture?

While there are many different definitions of culture, one useful way to think about culture is that it is the *shared ideas*—the customs, beliefs, values, norms, and knowledge—that are learned from others and passed from generation to generation. People experience the world around them in terms of their culture and language. Culture influences behavior through shared ideas about reality. What is real to a group of people depends on how that group interprets their experiences.¹¹

As a SISTA facilitator, you should understand that behavior is influenced by the cultural experiences of individuals and groups. We all learn ways to behave through our day-to-day interactions with others. Values, norms, attitudes, skills, and knowledge are learned from others—family, friends, teachers, classmates, and even television. Understanding the role of culture can help you better facilitate interactions with the groups that you serve, improve delivery of HIV prevention information, and ultimately influence program participants' commitment to the SISTA intervention and outcomes.

What is Cultural Competence?

Individuals and groups can differ in race, ethnicity, nationality, gender, socioeconomic class, religion, age, sexual orientation, and language. Their experiences may cause cultural variations that support these differences. It is important to look at the meaning of these kinds of cultural variations when preparing to implement and deliver the SISTA intervention in your community. Having the SISTA intervention delivered by a member of the target population does not mean it will be appropriate for, or successful with, the groups you intend to serve. Reaching your target population means understanding the culture of that



population. Cultural competency is important for your SISTA intervention to be successful.²

The Office of Minority Health defines cultural competence as:

A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. **Culture** refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. **Competence** implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.²

The primary aim of culturally competent HIV prevention interventions is to ensure that clients/consumers receive effective, understandable, and respectful services from organizations and staff and that these services are provided in a manner that is compatible with the target group's cultural beliefs and practices and preferred language.²

The goal of culturally competent HIV prevention programs is to incorporate critical components of culture to communicate better about identity and risk to targeted populations.¹² Cultural competence is integral to effective HIV prevention because it ensures effective communication, trust, and credibility of the provider with the consumer. It also ensures services are provided in an accessible and acceptable manner.¹⁰ To make the SISTA intervention successful in your community, you need to know the HIV prevention needs of the women that you are trying to reach, and you need to know and understand their culture. These are the first steps in the implementation of a culturally competent program.²

Cultural Competence in SISTA

What makes the SISTA intervention culturally competent? SISTA was first developed as a culturally relevant and gender specific HIV prevention intervention for sexually active, heterosexual African American women between the ages of 18 and 29.¹ Culture is communicated in various ways in the SISTA intervention, including:

- Discussions of African American women's gender and cultural issues from an African American women's standpoint.
- Poetry by African American women.
- Cultural forms of interaction, like "call and response".



But like an iceberg, this is only the tip of the concept known as culture. Understanding that cultural influences exist below the surface of interactions and identity is important to those implementing SISTA.

The success of SISTA depends on your facilitation skills and cultural competence. A skilled and culturally competent facilitator is someone who knows the target population and creates an environment that is conducive to learning. You must work to create an environment in which the SISTA participants feel valued and at ease in sharing their thoughts, beliefs, and experiences.²

- To be culturally competent, the SISTA facilitator must have:
- Awareness and acceptance of cultural differences.
- Awareness of your own cultural values, beliefs, and experiences.
- An understanding that people of different cultural groups have different ways of communicating, behaving, and problem solving.
- A basic knowledge about and understanding of the target group's culture.
- The ability and willingness to adapt the way you work so that it fits the target group's cultural background.¹³

Questions to ask yourself as a SISTA facilitator working within a specific cultural group:

- Can you assume everyone in the group (In the case of SISTA, other Black or African American women) will receive you, and your information and messages in the same way?
- Should you, as facilitator, assume you know “the group” just because you share racial, ethnic, or gender identity?
- How do your personal cultural norms, values, beliefs, and behaviors influence your interactions with participants?
- How can you adjust, adapt, and revise your message to assure it is heard and received by the participants?

Group facilitation is a transactional or two-way process, where both the participants and you work to develop a SISTA “culture” and learn more about how the complexities of culture in your target community influence women's HIV/AIDS risk.



Here are suggestions for maximizing a focus on cultural competence in the SISTA intervention:

- Assess your organization’s programming regularly—with evaluation that includes attention to components of cultural competency.
- Be open to suggestions from members of your community, SISTA participants, and others.
- If you don’t know about the HIV situation in your community, you need to find out from members of the target population and others in your community that have “local knowledge.”

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RESOURCES

Resources



ESSENTIAL FACTS ABOUT HIV AND AIDS

Facilitate a discussion on the facts about HIV/AIDS. Ask the following questions listed in bold.

What is HIV?

HIV is the Human Immunodeficiency Virus. HIV is the virus that can cause AIDS (a result of HIV infection). The virus was identified in 1983.

What is AIDS?

AIDS is Acquired Immune Deficiency Syndrome. AIDS is a condition that results from HIV infection. The infection is caused by a virus (HIV). By the time people with HIV develop AIDS, their immune systems have become damaged and may no longer be able to fight off other infections. Although treatments for HIV infection, including AIDS, have greatly improved, these infections may eventually lead to death.

What is the immune system?

Why is the immune system important?

What are antibodies?

The immune system is a collection of cells and substances that act as the body's defense against germs and other things that make people sick. Antibodies usually defend against illnesses and infections, although this is not the case with HIV antibodies.

What happens when someone gets the virus that causes AIDS?

HIV (the virus that can cause AIDS) attacks the body's defenses. People with HIV may be free of symptoms. However, they may develop severe or prolonged fevers, swollen lymph glands, diarrhea, and other symptoms. After some time, many develop AIDS (a result of HIV infection), making them susceptible to diseases that most healthy people resist.

How long does it take someone who is infected with HIV to develop AIDS?

What is the incubation period for AIDS?

Since 1992, scientists have estimated that about half the people who have HIV (the virus that can cause AIDS) will develop AIDS within 10 years after becoming infected. The time between becoming infected with HIV and developing symptoms of AIDS is known as the incubation period. However, combination treatments that include protease inhibitors have been shown to slow the pace of infection in some people, extending life and improving its quality.



How is AIDS diagnosed?

AIDS is a result of infection caused by a virus (HIV). Doctors look for signs of HIV by ordering special tests. Before making an AIDS diagnosis, doctors count the number of T-helper cells (a type of white blood cell) in the blood, a measure of how strong the immune system is. A T-cell count of less than 200 indicates AIDS. Doctors also look for other signs the body's defenses are damaged, for example, cancers or illnesses that usually attack only people whose defenses are not working.

How can I tell if I have the virus that causes AIDS?

People can find out if they have HIV (the virus that causes AIDS) by getting counseled and tested. Using a sample of blood or fluid from the mouth, EIAs (enzyme immuno-sorbent assays, formerly called ELISAs) can show whether people have antibodies to HIV (the virus that can cause AIDS). If the tests show people have HIV antibodies, it is assumed they have an HIV infection.

How long does the virus survive outside the body?

Although HIV (the virus that can cause AIDS) can live outside the body for a few hours in certain body fluids, it cannot function when dry. The virus cannot infect someone unless it enters the body.

What is an opportunistic infection?

An opportunistic infection is an illness that occurs only when someone's immune system isn't working normally. When the body is in a weakened state, germs can invade the body and multiply.

What is combination therapy?

What are "drug cocktails"?

There are a growing number of drugs that attack HIV (the virus that causes AIDS) itself. Currently, doctors combine these drugs to block the ability of HIV to multiply, thus protecting the immune system for some time. Research continues to find more and better treatments.

What is the viral load test that people are talking about?

What does the T-cell count tell doctors about somebody's health?

From the viral load test and the T-cell (CD4+) count, doctors get important information, about the amount of HIV (the virus that causes AIDS) in the blood of a person with HIV and the effect of HIV on that person's immune system.

The viral load test measures how much HIV RNA can be found in the blood. As the viral load increases, the chance of illness increases. The viral load test is



used to help make decisions about treatment. The T-cell count gives a picture of the strength (or weakness) of the body's defenses. As the T-cell count decreases, the possibility of illness increases.

TRANSMISSION AND PREVENTION

How is HIV transmitted?

- By having unprotected anal, oral, or vaginal sex with an HIV infected person
- Sharing needles and syringes (drugs, steroids, vitamins, tattooing, body piercing and body jewelry) with an HIV infected person
- Infected mother to child: before, during, or after birth
- The body fluids that transmit HIV are blood, semen, vaginal fluids, or breast milk of an HIV infected person
- HIV is not transmitted by casual contact (sitting next to someone who is HIV infected, sharing, eating utensil, using the same restrooms, drinking fountains, etc)
- HIV is not transmitted by donating blood

Note that in women, the lining of the vagina can sometimes tear and possibly allow HIV to enter the body. HIV can also be directly absorbed through the mucous membranes that line the vagina and cervix. In men, HIV can enter the body through the urethra (the opening at the tip of the penis) or through small cuts or open sores on the penis.

What are some common sexually transmitted diseases?

Some common sexually transmitted diseases (STDs) are Syphilis, Gonorrhea, Chlamydia, genital warts, herpes, Trichomoniasis, and Hepatitis B infection. Signs and symptoms of a particular STD may be different for women than men. With some STDs, people may show no symptoms. People can prevent STDs, including HIV infection, by not having sex or by using latex condoms the right way every time they do have sex.

Are health care workers at risk of getting HIV on the job?

AIDS (a result of HIV infection) is caused by a virus (HIV). The main risk of exposure to HIV for health care workers on the job is through injuries from needles and other sharp instruments that are contaminated with the virus. This risk, however, is minimal. Scientists estimate that less than one percent of workers who are pricked by HIV contaminated sharp instruments become infected with HIV.



Are condoms effective?

Don't condoms fail ten percent of the time?

Used correctly and consistently, latex condoms help protect people from HIV (the virus that causes AIDS) and other sexually transmitted germs. Although they greatly reduce the risk of infection, they are not 100 percent effective. Condom failures usually result from improper use.

I've heard of a female condom. What is it?

The female condom is made of polyurethane. Shaped like a closed tube, the female condom has a ring at each end. Unlike the male condom, the female condom allows women to protect themselves without having to convince male partners to put on condoms.

How is a dental dam used for oral sex?

How is plastic food wrap used for oral sex?

Generally, instructions for using a dental dam or plastic food wrap are to spread a water-based lubricant on one side of the dam or plastic wrap and then place that side against the partner's vagina or anus before having oral sex. No scientific studies have been done on how effective dental dams or plastic wrap may be against HIV during oral sex.

What are natural condoms?

How safe are natural condoms?

Although natural condoms (made from sheep intestine) work well as a birth control method, they may not keep someone from getting HIV (the virus that causes AIDS) or other sexually transmitted diseases, if his or her partner is infected.

What sexual activities are safe?

Sexual activities that have no risk of HIV transmission include the following:

- Sex between two mutually monogamous, uninfected partners who do not share needles and syringes with anyone
- Massage
- Massaging one's own genitals (masturbation)
- Activities that do not include touching a partner's penis, vagina, or anus
- Activities that do not include sex, whether oral, anal, or vaginal



**Can I get HIV from kissing someone on the cheek?
Can I get HIV from open-mouth kissing?**

Kissing someone on the cheek is very safe. Even if a person with HIV kisses someone else, that person's skin is a good protector against the virus.

Because there could be a risk of blood contact during prolonged open-mouth kissing, the Centers for Disease Control and Prevention (CDC) recommends against doing this with a partner who has HIV.

Can I get HIV from performing oral sex?

Some research suggests that it is possible to get HIV through oral sex with a partner who has HIV. HIV is in the blood and semen of infected men and in the blood and vaginal fluid of infected women. When people have oral sex, they can become infected by having contact with the partner's semen, vaginal fluid, or blood. People who choose to have oral sex can use a latex barrier to protect against HIV.

Can I get HIV from someone who performs oral sex on me?

It is unlikely that someone would get HIV if a partner with the virus performed oral sex on him or her. However, some experts think that the person who receives semen or vaginal fluid during oral sex may be at risk of becoming infected.

Can I get HIV from anal sex?

Yes. Even with a condom, anal sex puts people at risk for HIV infection. If people have anal sex, they can reduce their risk by using a latex condom. Using a water-based lubricant with the condom makes the condom less likely to break.

How can someone get HIV from a needle?

Because HIV can spread through blood, the person who uses a contaminated needle or syringe is at risk of becoming HIV-infected. A person using a contaminated needle can inject the virus directly into the body.

I clean my needles with water. Is that okay?

No. People can get HIV (the virus that causes AIDS) if they share needles and syringes with a person who has HIV. If people cannot use a more effective method (getting off drugs or using new, sterile equipment every time), cleaning their "works" properly with chlorine bleach and water can help reduce the risk of infection.



What drugs are associated with getting HIV?

The use of alcohol, marijuana, cocaine, crack, heroin, and amphetamines is associated with the transmission of HIV (the virus that causes AIDS). These drugs affect people's judgment and may lead them to engage in high-risk activities such as having sex or injecting drugs. Injected drugs greatly increase the risk because they carry HIV directly into the body if an HIV-contaminated needle is used.

Can I get HIV from someone's saliva?

There are no known cases of saliva, by itself, spreading HIV (the virus that causes AIDS). Although there is a theoretical possibility of this, much research suggests that it is highly unlikely.

CASUAL CONTACT

Can you get HIV from sharing a drinking glass, dishes, public toilets or drinking fountains, telephones or public transportation, or swimming pools, or from being in the same house with a person with AIDS?

The virus is not spread through casual contact. People cannot get HIV from just being around someone with HIV or from sharing utensils, office space, bathrooms, handshakes, or phones—even kisses on the cheek.

GETTING TESTED

Should I be tested to find out if I am infected with HIV?

People who think they are at risk of HIV infection are encouraged to seek individual counseling and testing. People can be at risk if they engage in risk behaviors, such as sharing needles and syringes or having sex with someone who has HIV, the virus that causes AIDS. Standard screening tests look for HIV antibodies, not the virus itself. If antibodies are present, it generally means the person being tested has HIV. People should not donate blood to find out if they are infected.

What does confidential testing mean?

What does anonymous testing mean?

Where can I get tested?

Some doctors, state and local health departments, and other health care professionals and organizations offer testing for HIV, the virus that causes AIDS. *Confidential testing* means that, although test results will be recorded, no one can give them out without permission of the people tested, except as required by the state law. *Anonymous testing* means that names are not recorded, and only



the people getting tested can find out their own test results. (Not all areas have facilities for anonymous testing.) Whichever method of testing is used, people need to get counseling both before being tested and after receiving the results.

**How long should I wait before being tested?
What is the “window period”?**

Before getting tested, it is useful for people to wait three months from the time they think they may have been infected with HIV (the virus that causes AIDS). This is enough time for most people to develop antibodies to HIV. (The average time is 25 days.) Otherwise, people may test negative even though they have HIV. This is called the “window period”. People need to avoid taking risks related to HIV during the period before they are tested.

What tests are most commonly used to tell if someone is infected with HIV?

The enzyme immunoassay (EIA) is the standard screening test used to detect HIV. If HIV antibodies are detected by an EIA, the test is repeated. If the second EIA shows antibodies, a test (either Western blot or IFA) is run to confirm the presence of antibodies to HIV. This procedure makes a positive test result nearly 100 percent accurate.

What does it mean if I test positive?

A positive EIA (enzyme immunoassay) result means that a person has antibodies to HIV (the virus that causes AIDS). Having HIV antibodies indicates that a person has HIV and can infect others through sex, or the sharing of needles and syringes with an infected person. A woman who has the virus may infect her baby before or during birth or through breast feeding.

Can I test positive and still look and feel healthy?

Yes. People can have HIV (the virus that causes AIDS) and still look and feel healthy. About half the people who become infected with HIV develop symptoms of AIDS within 10 years. After 12 years, 65 percent develop AIDS. More recently, powerful new combination therapy, including prostate inhibitors, has been shown to slow the pace of HIV infection extending life and improving quality of life for many people with HIV. Even if they feel healthy, people who have HIV can spread the virus to others through sharing needles and syringes or having sex without a latex condom.

What does a negative test result mean?

A negative EIA (enzyme immunoassay) result means that a person shows no sign of having antibodies to HIV (the virus that causes AIDS). However, a person with HIV might test negative, if he or she is tested before having produced a detectable level of antibodies.



BLOOD SUPPLY AND RELATED ISSUES

Can I get HIV by giving blood?

People cannot get HIV by giving blood In the United States. All equipment used to take blood is new and sterile. Needles are discarded after blood is drawn.

How does this country protect the blood supply?

Blood banks do several things to protect the blood supply from HIV (the virus that causes AIDS). In particular, blood banks educate donors about who should not give blood. Blood banks also interview everyone who wants to give blood, giving donors at least two chances to stop, without embarrassment, their donations from being used. Blood banks test all donors' blood each time they donate.

When did blood banks start testing blood for HIV?

In the spring of 1985.

Can I have my family members and friends give blood for me to use during surgery?

Yes. Like any other donated blood, blood donated by friends and family is tested for signs of HIV, the virus that causes AIDS.

CHILDREN AND HIV

How do babies and young children get HIV?

Babies and children under 13 years of age get this virus in the following ways:

- If their mothers have HIV, before or during birth or through breast-feeding, (Most babies and children with HIV become infected in this way).
- Through blood products or transfusions that contain the virus. (This now happens very rarely, because all blood products have been tested for signs of HIV since 1985)
- Through sexual contact by someone who has HIV. (This is a less common mode of transmission).

If a mother has HIV, will her baby automatically become infected?

No. Experts estimate that 25 percent of babies born to mothers with HIV become infected. Treatment with AZT (zidovudine) given to both mother and baby has been shown to reduce the rate to about 8 percent.



What approaches to prenatal testing are currently used in the United States? How soon can a baby be tested for HIV?

“Opt-out”: Pregnant women are notified that an HIV test will be routinely included in the standard battery of prenatal tests for all pregnant women, unless they decline HIV testing. This is the current standard recommended by the CDC.

“Opt-in”: Pregnant women are provided with pre-HIV test counseling and must specifically consent to an HIV antibody test, usually in writing. In addition, in cases where the mother’s HIV status is unknown at delivery, some states mandate that newborns be tested for maternal HIV antibody, with or without the mother’s consent, if the mother’s HIV status is unknown at delivery. Results must be available within 12 hours of birth in New York and within 48 hours in Connecticut, the two states that have implemented this approach.

How is HIV transmitted from infected mother to baby?

Perinatal transmission of HIV can occur during pregnancy (intrauterine), during labor and delivery (intrapartum), or after delivery through breast-feeding (postpartum). In the absence of breast-feeding, intrauterine transmission accounts for 25%– 40% of infection, and 60%–75% of transmission occurs during labor and delivery. Among women who breast-feed, approximately 20%–25% of perinatal infections are believed to be associated with intrauterine transmission, 60%–70% with intrapartum transmission or very early breast-feeding, and 10%–15% with later postpartum transmission through breast-feeding. In a randomized trial of formula feeding versus breast-feeding, approximately 44% of HIV infection was attributed to breast-feeding. In breast-feeding populations, a shift toward an increasing proportion of transmission related to breast-feeding is likely to occur as a consequence of successful preventive interventions directed at late prenatal and intrapartum transmission.

My child has HIV. What precautions should I take?

People cannot become infected with HIV (the virus that causes AIDS) through everyday casual contact with a child who has the virus. It is safe to maintain casual contact—such as through hugs and kisses—with a child who has HIV. People need to take care, however, to avoid contact with the child’s blood because it may carry HIV. For general healthy reasons, people should not touch urine or feces, and they should wash their hands after changing diapers.

Can my child get HIV through a schoolyard fight or during contact sports?

AIDS (a result of HIV infection) is caused by a virus (HIV). A child cannot get the virus from playing sports or fighting with an HIV-infected child unless that child bleeds. Even then, the risk is very low.



SOCIAL IMPACT

Are there laws protecting people with AIDS from discrimination?

Yes. The Americans with Disabilities Act (ADA) of 1990 protects people with disabilities (including HIV infection) from discrimination in the workplace and in public accommodations solely on the basis of their disabilities. Other laws give some protection from discrimination in certain areas. However, no laws completely protect HIV-infected people and their families from discrimination.

Why don't we have mandatory testing for HIV?

Public health experts say that prevention education and voluntary testing are more effective against the virus than mandatory testing.

What is nonoxynol-9?

Nonoxynol-9 is a chemical shown to kill sperm in laboratory tests. No studies show that nonoxynol-9 or other spermicides add protection against HIV equal to what a latex condom alone provides. The Centers for Disease Control and Prevention does **not** recommend the use of nonoxynol-9.

Why are condoms important for safer sex?

When used correctly for each act of vaginal, anal, or oral sex, latex condoms are the best way for sexually active people to reduce the risk of unplanned pregnancy, infection from HIV (the virus that causes AIDS) and sexually transmitted disease (STDs). Not having sex (abstinence) is the only 100% sure way to avoid pregnancy and contraction of STDs.

What is safer sex?

Safer sex means reducing risk for you and your partner(s) from STDs, including HIV. Safer sex can mean choosing activities other than vaginal, anal, or oral sex. For example, some people find sexual pleasure in fantasizing, caressing, dry kissing (with mouths closed), mutual body massage using heat producing lotions (water-based only), or mutual masturbation (no contact with semen or vaginal fluids).

How can condoms reduce my risk for HIV?

Latex condoms are an effective barrier against body fluids during sex. They help prevent contact with a partner's semen, blood (including menstrual blood), and vaginal fluids. These body fluids can contain viruses or bacteria that cause: HIV infection, Syphilis, Gonorrhea, Herpes, Chlamydia, Hepatitis B, genital warts and



Trichomoniasis. Latex condoms also offer 2-way protection because they protect you and your partner from disease when used properly. Latex condoms are also an effective means of birth control, which is essential unless you're planning to have a baby. Condoms work very well in preventing pregnancy, especially when used with water-based creams, jellies or foams.

Why use latex condoms?

Latex is safest. Male latex condoms are considered the most effective protection against HIV infection and other STDs, and male condoms give you choices.

- Lubricated or non-lubricated: You can buy latex condoms already lubricated. Some latex condoms have a spermicide and a lubricant; however, the Centers for Disease Control and Prevention (CDC) does not recommend using condoms with spermicide as they may cause irritation to the vagina and anus.
- Regular or flavored: Some latex condoms come in your favorite flavors: strawberry, grape, chocolate, vanilla, banana, and other yummy flavors. Flavored condoms cannot be used for vaginal or anal sex as the coloring and flavor may cause irritation. Flavored non-lubricated condoms can be used for oral sex.
- Reservoir or plain tip: Reservoir tips have a nipple at the end to catch semen and sperm, plain tips don't. If using a plain or "rolled end" tip, leave ½ inch of space at the end when you put on the condom.
- Ribbed or non-ribbed: Some latex condoms have ridges, knobs, or ticklers, which some people feel give added sensation and pleasure.
- Small, medium, large, or extra large: Condoms, like clothes, shoes, and hats, come in different sizes. Do use the size that most comfortably fits you or your partner's penis. A too small condom may break, or a too large condom may slip off in the vagina or anus.
- Colors: Latex condoms come in assorted colors like red, green, blue, black, yellow, orange, stripes, polka dots, multi-colored, and glow-in-the-dark. Be aware that colored condoms contain coloring, which may cause irritation to the vagina or anus.

Why use lubricants?

Lubricants can be used to enhance sexual pleasure, keep condoms lubricated, to reduce the chance of breakage, and lubricate the vagina and anus. Use only water-based lubricants with latex condoms. Popular brands of water-based lubricants include K-Y Jelly, ID Glide, Wet, and Corn Huskers lotion.



Why can't I use oil-based lubricants?

Never use "oil based" products with latex condoms because lubricants that contain oil or grease can cause condoms to break. Do not use: massage oils, butter or margarine, baby oil, petroleum jelly, cooking or vegetable oil, hair products, oil-based foods, or creams. Saliva should never be used as a lubricant, as it may contain disease causing viruses or bacteria or traces of blood.

Where can I get latex condoms?

Latex condoms are inexpensive, costing about \$1 each, and can be purchased at many drug, grocery and convenience stores, service stations, and public restrooms. Many family planning clinics, HIV/STD clinics, and community-based organizations provide free condoms to clients. Anyone, of any age, can purchase condoms without parental consent.

How do I take care of condoms?

Condoms should be handled with proper care. Condoms should be kept in a cool dry place without direct exposure to sunlight or heat. Don't keep condoms in your wallet or purse (unless you have a condom case), as they can be damaged by keys, pens and pencils, hairpins, and nail clips. Don't keep condoms in your glove compartment, as the heat and sunlight may weaken them. Only use condoms that are in good condition.

Never use condoms that are dry, brittle, discolored, or damaged in any way. If the package appears to have tears, holes, or is dry, throw it away immediately. Condoms, like food, are perishable and have an expiration date. If the expiration date has passed, throw the condom away and use a new one.

After sexual activity, condoms should be wrapped in a tissue and thrown away. Never flush a condom down the toilet, as it may cause plumbing problems.

Can I reuse condoms?

No. Condoms are not reusable. A new condom should be used for each act of vaginal, anal, or oral sex.

What is a female condom?

The female condom is a thin polyurethane barrier of protection that is inserted into the vagina to block sperm. There are two flexible rings, one to hold the female condom securely in the vagina, and the other ring rests outside the vagina covering the small lips of the vulva. The female condom is used alone; do not use a female and a male latex condom at the same time. Oil-based or water-



based lubricants can be safely used with the female condom. Remember, only water-based lubricants can be used with the male latex condom. If you are not going to use a male latex condom, you can use the polyurethane female condom to help protect you and your partner. Be sure to read the label and follow the directions exactly.

Where can I get the female condom?

Female condoms are expensive, costing about \$5 each, and can be purchased at many drug, grocery, and convenience stores. You can get the female condom at many family planning clinics, HIV/STD clinics and community-based organizations. Anyone, of any age, can purchase the female condom without parental consent.

How do I take care of the female condom?

You use the same proper care and precautions you would to take care of a male latex condom.

What if my partner is or I am allergic to latex?

Most persons can safely use a male latex condom without any irritation. However, if you or your partner experiences any itching, burning, or irritation, immediately stop the sexual activity and remove the male latex condom and try a polyurethane male or female condom. If the problem persists, consult your physician.

What if my partner refuses to use a condom?

Talk with your partner about condoms and safer sex. Have an open and honest discussion about why you want to use condoms. If your partner still refuses to use condoms, you may consider postponing having a sexual relationship with this person until you both agree to use them.

How do I negotiate safer sex and condom usage with my partner?

Negotiation is being able to make a decision that everyone agrees with while finding ways to stay in agreement. Being able to overcome objections to safer sex and condom usage, by using factual information, will help you stand firm in your decision to use condoms.

Some common objections to safer sex and condom usage include:

People who use condoms don't trust each other. "It's not a matter of trust; it's a matter of respecting and carrying for yourself and the person you're with." Your sexual wellness is your responsibility. However, both of you has a responsibility for having and using condoms, whether you trust each other or not.



Condoms are for people with diseases. “Do I look sick to you? Unfortunately, you can’t tell by looking at someone if they have HIV or other STDs.” A person can look, feel and act healthy and still be infected.

Condoms don’t feel as good as the real thing. They kill the mood for sex. If both partners make the effort, condoms can be an enjoyable part of sexual activities. Condoms kill the mood only if you let them. For many couples, knowing they are both protected actually heightens and enhances sexual pleasure and makes for an enjoyable encounter.

Why do I need to use a condom, you’re on the pill, right? They are called birth control, not STD control. Birth control pills and condom usage give extra protection against both pregnancy and STDs.

If you insist that I use a condom, I’m leaving. If your partner won’t use a condom, you have to decide if you are willing to take the risk of pregnancy or STD infection. Only you can look out for your sexual wellness. Respect and love yourself enough not to compromise your health.

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Sexually Transmitted Disease Chart

STD	CAUSE (PATHOGEN)	SYMPTOMS	TREATMENT	SPECIAL CONCERNS
Chancroid	<i>Haemophilus ducreyi</i> (bacterium)	WOMEN: Painful ulcers at entrance to vagina and around anus; may cause pain on urination or defecation, rectal bleeding, pain on intercourse, vaginal discharge; may have no symptoms MEN: Painful ulcers on penis or tenderness in groin	Antibiotics	
Chlamydia	<i>Chlamydia trachomatis</i> (bacterium-like organism)	WOMEN: Vaginal discharge, pain on urination, spotting after intercourse, dull pelvic pain, bleeding; up to 80 percent have no symptoms MEN: Urethral discharge, pain on urination; up to 50 percent have no symptoms	Antibiotics	If left untreated in women, can lead to pelvic inflammatory disease (PID), infertility, ectopic (tubal) pregnancy
Gonorrhea	<i>Neisseria gonorrhoea</i> (bacterium)	WOMEN: Vaginal discharge, pain on urination, spotting after intercourse, pelvic pain; may have no symptoms MEN: Urethral discharge (pus), pain on urination	Antibiotics	If left untreated in women, can lead to pelvic inflammatory disease (PID), infertility, ectopic (tubal) pregnancy
Hepatitis B	<i>Hepatitis B Virus</i>	WOMEN AND MEN: Jaundice (yellowing of the skin and eyes), fatigue, abdominal pain, loss of appetite, nausea, vomiting; may have no symptoms	Preventable with a vaccine	Symptoms may be ongoing; can result in cirrhosis, cancer of the liver
Syphilis	<i>Treponema pallidum</i> (spirochete)	WOMEN AND MEN: <i>Primary</i> – chancre (single, firm, painless bump) on vulva, cervix, penis, nose, mouth or anus <i>Secondary</i> – skin rash, fever, sore throat, headache, swollen lymph nodes <i>Tertiary</i> – cardiovascular problems, motor disturbances, paralysis, insanity	Antibiotics	Can cause congenital syphilis in newborns if the mother is not treated

Sexually Transmitted Disease Chart continued

STD	CAUSE (PATHOGEN)	SYMPTOMS	TREATMENT	SPECIAL CONCERNS
Trichomoniasis	<i>Trichomonas vaginalis</i> (protozoan)	WOMEN: Thin, green or yellow, frothy discharge with foul odor, itching, pain on urination, pain on intercourse MEN: Usually without symptoms but may involve urethral discharge, pain on urination, itching	Antibiotics	Not considered an "official" STD by some researchers
Genital Warts	<i>Human Papilloma Virus</i> (HPV)	WOMEN AND MEN: Small, firm, painless, cauliflower-like bumps that may appear in clusters, may have HPV with no visible warts	Topical solutions, laser surgery, cryotherapy (freezing)	Can be spread by skin-to-skin contact
<p>SOURCES: American Social Health Association Internet website: http://sunsite.unc.edu/ASHA/ James K. Jackson, M.D., <i>Wellness AIDS, STD and Other Communicable Diseases</i>, The Dushkin Publishing Group, Inc. 1992 Population Reports, Controlling, <i>Sexually Transmitted Diseases</i>, Series I, Number 9, June 1993 Public Health Service Healthfacts, <i>Sex-Transmitted Diseases – Nine More Reasons to Be Careful</i>, March 1993. U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Division of STD/HIV Prevention 1994 Annual Report U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Fact sheet: Series on <i>Sexually Transmitted Diseases Genital Warts</i>. U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, <i>Sexually Transmitted Disease Surveillance</i>, 1994; 1995</p>				



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Wingood, G. M., & DiClemente, R. J., (2006). Enhancing adoption of evidence-based HIV interventions: Promotion of a suite of HIV prevention interventions for African American women. AIDS Education and Prevention, 18, Supplement A, 161-170.

Wingood, G. M., & DiClemente, R. J. (2000). Effective interventions for women: Application of the theory of gender and power to examine HIV-related exposures, risk factors, and effective interventions for women. Health Education and Behavior, 27(5), 539-565.

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Wingood, G. M., & DiClemente, R. J., (1997a). Child sexual abuse, HIV sexual risk, and gender relations of African-American women. American Journal of Preventive Medicine. 13(5), 380–384.

Wingood, G. M., & DiClemente, R. J., (1997b). The effects of an abusive primary partner on the condom use and sexual negotiation practices of African-American women. American Journal of Public Health, 87, 1016–1018.



Important Additional DEBI Information

The following CDC materials found in this packet are now included as part of all DEBI training resources:

- Program Review Panel Guidelines for Content of AIDS-related written materials, pictorials, audiovisuals, questionnaires, survey instruments, and educational sessions in (CDC) Assistance Programs (Interim Revisions June 1992).
- Program Review Panel Instructions for Form 0.113
- Form 0.113
- CDC Statement on the ABCs of Smart Behavior
- CDC Statement on Nonoxynol-9 Spermicide, May 10, 2002
- CDC Statement on Study Results of Product Containing Nonoxynol-9
- Male Latex Condoms and Sexually Transmitted Diseases

Important Information for Users

This HIV/STD risk-reduction intervention is intended for use with persons who are at high risk for acquiring or transmitting HIV/STD and who are voluntarily participating in the intervention. The materials in this intervention package are not intended for general audiences.

The intervention package includes implementation manuals, training and technical assistance materials, and other items used in intervention delivery. Also included in the packages are: 1) the Centers for Disease Control and Prevention (CDC) factsheet on male latex condoms, 2) the CDC Statement on Study Results of Products Containing Nonoxynol-9, 3) the Morbidity and Mortality Weekly Report (MMRW) article "Nonoxynol-9, Spermicide Contraception Use—United States, 1999," 4) the ABC's of Smart Behavior, and 5) the CDC guidelines on the content of HIV educational materials prepared or purchased by CDC grantees (Content of AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions in CDC Assistance Programs).

Before conducting this intervention in your community, all materials must be approved by your community HIV review panel for acceptability in your project area. Once approved, the intervention package materials are to be used by trained facilitators when implementing the intervention.



CONTENT OF AIDS-RELATED WRITTEN MATERIALS, PICTORIALS, AUDIOVISUALS, QUESTIONNAIRES, SURVEY INSTRUMENTS, AND EDUCATIONAL SESSIONS IN CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) ASSISTANCE PROGRAMS (Interim Revisions June 1992)

Basic Principles

Controlling the spread of HIV infection and AIDS requires the promotion of individual behaviors that eliminate or reduce the risk of acquiring and spreading the virus. Messages must be provided to the public that emphasize the ways by which individuals can fully protect themselves from acquiring the virus. These methods include abstinence from the illegal use of IV drugs and from sexual intercourse except in a mutually monogamous relationship with an uninfected partner. For those individuals who do not or cannot cease risky behavior, methods of reducing their risk of acquiring or spreading the virus must also be communicated. Such messages can be controversial. These principles are intended to provide guidance for the development and use of educational materials, and to require the establishment of Program Review Panels to consider the appropriateness of messages designed to communicate with various groups.

- a. Written materials (e.g., pamphlets, brochures, fliers), audio visual materials (e.g., motion pictures and video tapes), and pictorials (e.g., posters and similar educational materials using photographs, slides, drawings, or paintings) should use terms, descriptors, or displays necessary for the intended audience to understand dangerous behaviors and explain less risky practices concerning HIV transmission.

Written materials, audiovisual materials, and pictorials should be reviewed by Program Review Panels consistent with the provisions of Section 2500 (b), (c), and (d) of the Public Health Service Act, 42 U.S.C. Section 300ee(b), (c), and (d), as follows:

"SEC. 2500. USE OF FUNDS.

(b) CONTENTS OF PROGRAMS. - All programs of education and information receiving funds under this title shall include information about the harmful effects of promiscuous sexual activity and intravenous substance abuse, and the benefits of abstaining from such

activities.

(c) LIMITATION. - None of the funds appropriated to carry out this title may be used to provide education or information designed to promote or encourage, directly, homosexual or heterosexual sexual activity or intravenous substance abuse.

(d) CONSTRUCTION. - Subsection (c) may not be construed to restrict the ability of an education program that includes the information required in subsection (b) to provide accurate information about various means to reduce an individual's risk of exposure to, or to transmission of, the etiologic agent for acquired immune deficiency syndrome, provided that any informational materials used are not obscene."

c. Educational sessions should not include activities in which attendees participate in sexually suggestive physical contact or actual sexual practices.

d. Messages provided to young people in schools and in other settings should be guided by the principles contained in "Guidelines for Effective School Health Education to Prevent the Spread of AIDS" (MMWR 1988;37 [suppl. no. S-2]).

Program Review Panel

b. Each recipient will be required to establish or identify a Program Review Panel to review and approve all written materials, pictorials, audiovisuals, questionnaires or survey instruments, and proposed educational group session activities to be used under the project plan. This requirement applies regardless of whether the applicant plans to conduct the total program activities or plans to have part of them conducted through other organization(s) and whether program activities involve creating unique materials or using/distributing modified or intact materials already developed by others. Whenever feasible, CDC funded community-based organizations are encouraged to use a Program Review Panel established by a health department or another CDC-funded organization rather than establish their own panel. The Surgeon General's Report on Acquired Immune Deficiency Syndrome (October 1986) and CDC-developed materials do not need to be reviewed by the panel unless such review is deemed appropriate by the recipient. Members of a Program Review Panel should:

- (1) Understand how HIV is and is not transmitted; and
- (2) Understand the epidemiology and extent of the HIV/AIDS problem in the local population and the specific audiences for

which materials are intended.

The Program Review Panel will be guided by the CDC Basic Principles (in the previous section) in conducting such reviews. The panel is authorized to review materials only and is not empowered either to evaluate the proposal as a whole or to replace any other internal review panel or procedure of the recipient organization or local governmental jurisdiction.

Applicants for CDC assistance will be required to include in their applications the following:

(1) Identification of a panel of no less than five persons which represent a reasonable cross-section of the general population. Since Program Review Panels review materials for many intended audiences, no single intended audience shall predominate the composition of the Program Review panel, except as provided in subsection (d) below. In addition:

(a) Panels which review materials intended for a specific audience should draw upon the expertise of individuals who can represent cultural sensitivities and language of the intended audience either through representation on the panels or as consultants to the panels.

(b) The composition of Program Review Panels, except for panels reviewing materials for school-based populations, must include an employee of a State or local health department with appropriate expertise in the area under consideration who is designated by the health department to represent the department on the panel. If such an employee is not available, an individual with appropriate expertise, designated by the health department to represent the agency in this matter, must serve as a member of the panel.

(c) Panels which review materials for use with school-based populations should include representatives of groups such as teachers, school administrators, parents, and students.

(d) Panels reviewing materials intended for racial and ethnic minority populations must comply with the terms of (a), (b), and (c), above. However, membership of the Program Review Panel may be drawn predominately from such racial and ethnic populations.

(2) A letter or memorandum from the proposed project director, countersigned by a responsible business official, which includes:

(a) Concurrence with this guidance and assurance that its

provisions will be observed;

(b) The identity of proposed members of the Program Review Panel, including their names, occupations, and any organizational affiliations that were considered in their selection for the panel.

CDC-funded organizations that undertake program plans in other than school-based populations which are national, regional (multi state), or statewide in scope, or that plan to distribute materials as described above to other organizations on a national, regional, or statewide basis, must establish a single Program Review Panel to fulfill this requirement. Such national/regional/State panels must include as a member an employee of a State or local health department, or an appropriate designated representative of such department, consistent with the provisions of Section 2.c.(1). Materials reviewed by such a single (national, regional, or state) Program Review Panel do not need to be reviewed locally unless such review is deemed appropriate by the local organization planning to use or distribute the materials. Such national/regional/State organization must adopt a national/regional/statewide standard when applying Basic Principles 1.a. and 1.b.

When a cooperative agreement/grant is awarded, the recipient will:

- (1) Convene the Program Review Panel and present for its assessment copies of written materials, pictorials, and audiovisuals proposed to be used;
- (2) Provide for assessment by the Program Review Panel text, scripts, or detailed descriptions for written materials, pictorials, or audiovisuals which are under development;
- (3) Prior to expenditure of funds related to the ultimate program use of these materials, assure that its project files contain a statement(s) signed by the Program Review Panel specifying the vote for approval or disapproval for each proposed item submitted to the panel; and
- (4) Provide to CDC in regular progress reports signed statement(s) of the chairperson of the Program Review Panel specifying the vote for approval or disapproval for each proposed item that is subject to this guidance.

Filling out CDC Form 0.113 for Written Educational Materials on HIV/AIDS

In conjunction with the Centers for Disease Control and Prevention's (CDC's) efforts to increase awareness and use of evidence-based effective HIV prevention interventions, we are distributing copies of CDC form 0.113 (see attached). The following provides rationale and instructions on how to complete form 0.113.

Form 0.113 asks you to list the names and other identifying information for the individuals who make up your Program Review Panel. A Program Review Panel is a group of at least five people, representing a cross section of the population in a given area, who review written materials intended for HIV/AIDS educational programs. The Program Review Panel represents local standards and judgment as to what materials are appropriate for selected local audiences.

Should you need to form a Program Review Panel, see CDC's "Content of AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions in Centers for Disease Control and Prevention (CDC) Assistance Programs (Interim Revisions June 1992)." Following are a few key points from that document:

- Written educational materials on HIV prevention should use language or displays necessary for the intended audience to understand dangerous behaviors and explain less risky practices regarding HIV transmission.
- Such materials should be reviewed by a Program Review Panel.
- Whenever possible, CDC-funded community-based organizations (CBOs) are encouraged to use a Program Review Panel formed by a health department or other CDC-funded organizations rather than establish a new one.

To complete the enclosed form 0.113:

1. List the name, occupation, and affiliation (organization, business, government agency, etc.) of each member of the Program Review Panel you are using. There must be at least five members of this panel. If there are more, list them on the back of the form.
2. List the name of your organization, your grant number (if known), and ensure the form is signed by both your project director and an authorized business official. Have each person date the form after signing it.
3. If you are not developing any new HIV/AIDS related materials and therefore do not need to use a Program Review Panel, complete the second page, "Statement of Compliance with Content of HIV/AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions." This states that your organization is using materials previously approved by the local Program Review Panel.

Please note that form 0.113 is currently undergoing revision. The revised version will soon be available. A key change in the new form is that it requires, rather than recommends, that CBOs use the Program Review Panel established by the local or state health department rather than forming a new one. Please contact us if you have questions or need technical support.

Once you have completed form 0.113, please return it to your Project Officer or maintain it in your files if you are not directly funded by CDC.



ASSURANCE OF COMPLIANCE
with the

**"REQUIREMENTS FOR CONTENTS OF AIDS-RELATED WRITTEN MATERIALS,
PICTORIALS, AUDIOVISUALS, QUESTIONNAIRES, SURVEY INSTRUMENTS, AND
EDUCATIONAL SESSIONS IN CENTERS FOR DISEASE CONTROL
AND PREVENTION (CDC) ASSISTANCE PROGRAMS"**

By signing and submitting this form, we agree to comply with the specifications set forth in the "Requirements for Contents of Aids-Related Written Materials; Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions in Centers for Disease Control and Prevention (CDC) Assistance Programs," as revised June 15, 1992, 57 Federal Register 26742.

We agree that all written materials, audiovisual materials, pictorials, questionnaires, survey instruments, proposed group, educational sessions, educational curricula and like materials will be submitted to a Program Review Panel. The panel shall be composed of no less than five (5) persons representing a reasonable cross-section of the general population; but which is not drawn predominantly from the intended audience. (See additional requirements in attached contents guidelines, especially paragraph 2.c. (1)(b), regarding composition of Panel.)

The Program Review Panel, guided by the CDC Basic Principles (set forth in 57 Federal Register 26742), will review and approve all applicable materials prior to their distribution and use in any activities funded in any part with CDC assistance funds.

Following are the names, occupations and organizational affiliations of the proposed panel members: (If panel has more members than can be shown here, please indicate additional members on the reverse side.)

NAME	OCCUPATION	AFFILIATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Health Department Representative)

Applicant/Grantee Name

Grant Number (If Known)

Signature: Project Director

Signature: Authorized Business Official

Date

Date



The ABCs of Smart Behavior

To avoid or reduce the risk for HIV

- **A** stands for abstinence.
- **B** stands for being faithful to a single sexual partner.
- **C** stands for using condoms consistently and correctly.



Nonoxynol-9 Spermicide Contraception Use --- United States, 1999

Most women in the United States with human immunodeficiency virus (HIV) become infected through sexual transmission, and a woman's choice of contraception can affect her risk for HIV transmission during sexual contact with an infected partner. Most contraceptives do not protect against transmission of HIV and other sexually transmitted diseases (STDs) (1), and the use of some contraceptives containing nonoxynol-9 (N-9) might increase the risk for HIV sexual transmission. Three randomized, controlled trials of the use of N-9 contraceptives by commercial sex workers (CSWs) in Africa failed to demonstrate any protection against HIV infection (2--4); one trial showed an increased risk (3). N-9 contraceptives also failed to protect against infection with *Neisseria gonorrhoeae* and *Chlamydia trachomatis* in two randomized trials (5,6), one among African CSWs and one among U.S. women recruited from an STD clinic. Because most women in the African studies had frequent sexual activity, had high-level exposure to N-9, and probably were exposed to a population of men with a high prevalence of HIV/STDs, the implications of these studies for U.S. women are uncertain. To determine the extent of N-9 contraceptive use among U.S. women, CDC assessed data provided by U.S. family planning clinics for 1999. This report summarizes the results of that assessment, which indicate that some U.S. women are using N-9 contraceptives. Sexually active women should consider their individual HIV/STD infection risk when choosing a method of contraception. Providers of family planning services should inform women at risk for HIV/STDs that N-9 contraceptives do not protect against these infections.

CDC collected information on types of N-9 contraceptives purchased and family planning program (FPP) guidelines for N-9 contraceptive use. The national FPP, authorized by Title X of the Public Health Service Act, serves approximately 4.5 million predominantly low-income women each year. Program data for 1999 were obtained from all 10 U.S. Department of Health and Human Services (HHS) regions on the number of female clients and the number of female clients who reported use of N-9 contraceptives or condoms as their primary method of contraception. CDC obtained limited purchase data for 1999 for specific N-9 contraceptives and program guidelines from eight state/territorial FPPs within six HHS regions. State health departments, family planning grantees, and family planning councils were contacted to request assistance in collecting data on purchasing patterns of the 91 Title X grantees; of the 12 FPPs that responded, eight provided sufficient data for analysis.

In 1999, a total of 7%--18% of women attending Title X clinics reported using condoms as their primary method of contraception. Data on the percentage of condoms lubricated with N-9 were not available. A total of 1%--5% of all women attending Title X clinics

reported using N-9 contraceptives (other than condoms) as their primary method of contraception (Table 1). Among the eight FPPs that provided purchase data, most (87%) condoms were N-9--lubricated (Table 2). All eight FPPs purchased N-9 contraceptives (i.e., vaginal films and suppositories, jellies, creams, and foams) to be used either alone or in combination with diaphragms or other contraceptive products. Four of the eight clinics had protocols or program guidance stating that N-9--containing foam should be dispensed routinely with condoms; two additional programs reported that despite the absence of a clinic protocol, the practice was common. Data for the other two programs were not available.

Reported by: *The Alan Guttmacher Institute, New York, New York. Office of Population Affairs, U.S. Dept of Health and Human Services, Bethesda, Maryland. A Duerr, MD, C Beck-Sague, MD, Div Reproductive Health, National Center Chronic Disease and Public Health Promotion; Div of HIV and AIDS Prevention, National Center HIV/AIDS, STDs, and TB Prevention; B Carlton-Tohill, EIS Officer, CDC.*

Editorial Note:

The findings in this report indicate that in 1999, before the release of recent publications on N-9 and HIV/STDs (4,6,7), Title X family planning clinics in the U.S. purchased and distributed N-9 contraceptives. Among at least eight family planning clinics, most of the condoms purchased were N-9--lubricated; this is consistent with trends in condom purchases among the general public (8). The 2002 STD treatment guidelines state that condoms lubricated with spermicides are no more effective than other lubricated condoms in protecting against the transmission of HIV infection and other STDs (7). CDC recommends that previously purchased condoms lubricated with N-9 spermicide continue to be distributed provided the condoms have not passed their expiration date. The amount of N-9 on a spermicide-lubricated condom is small relative to the doses tested in the studies in Africa and the use of N-9--lubricated condoms is preferable to using no condom at all. In the future, purchase of condoms lubricated with N-9 is not recommended because of their increased cost, shorter shelf life, association with urinary tract infections in young women, and lack of apparent benefit compared with other lubricated condoms (7).

Spermicidal gel is used in conjunction with diaphragms (1); only diaphragms combined with the use of spermicide are approved as contraceptives. The respective contributions of the physical barrier (diaphragm) and chemical barrier (spermicide) are unknown, but the combined use prevents approximately 460,000 pregnancies in the United States each year (1).

The findings in this report are subject to at least two limitations. First, data on specific products and patterns of contraceptive use were limited; CDC used a nonrepresentative sample of regions and states that voluntarily provided data, and specific use patterns of the contraceptives could not be extrapolated from these data. Second, data correlating use of N-9 contraceptives with individual HIV risk were not available.

Prevention of both unintended pregnancy and HIV/STD infection among U.S. women is needed. In 1994, a total of 49% of all pregnancies were unintended (9). Furthermore, 26% of women experience an unintended pregnancy during the first year of typical use of spermicide products (1). In 1999, a total of 10,780 AIDS cases, 537,003 chlamydia cases, and 179,534 gonorrhea cases were reported among U.S. women. Contraceptive options should provide both effective fertility control and protection from HIV/STDs; however, the optimal choice is probably not the same for every woman.

N-9 alone is not an effective means to prevent infection with HIV or cervical gonorrhea and chlamydia (2,7). Sexually active women and their health-care providers should consider risk for infection with HIV and other STDs and risk for unintended pregnancy when considering contraceptive options. Providers of family planning services should inform women at risk for HIV/STDs that N-9 contraceptives do not protect against these infections. In addition, women seeking a family planning method should be informed that latex condoms, when used consistently and correctly, are effective in preventing transmission of HIV and can reduce the risk for other STDs.

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3. Kreiss J, Ngugi E, Holmes K, et al. Efficacy of nonoxynol-9 contraceptive sponge use in preventing heterosexual acquisition of HIV in Nairobi prostitutes. *JAMA* 1992;268:477--82.
4. Van Damme L. Advances in topical microbicides. Presented at the XIII International AIDS Conference, July 9--14, 2000, Durban, South Africa.
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8. Moran JS, Janes HR, Peterman TA, Stone KM. Increase in condom sales following AIDS education and publicity, United States. *Am J Public Health* 1990;80:607--8.
9. Henshaw SK. Unintended pregnancy in the United States. *Fam Plann Perspect* 1998;30:24--9,46.

Table 1

TABLE 1. Number of women using male condoms or nonoxynol-9 (N-9) products as their primary method of contraception, by Title X Family Planning Region — United States, 1999

Region*	No. of women served	Male condoms		N-9 products†	
		No.	(%)	No.	(%)
I	179,705	27,726	(15)	1,251	(1)
II	404,325	73,069	(18)	21,515	(5)
III	487,502	73,088	(15)	4,807	(1)
IV	1,011,126	93,011	(9)	29,530	(3)
V	522,312	61,756	(12)	2,489	(1)
VI	478,533	40,520	(8)	11,212	(2)
VII	238,971	15,949	(7)	1,386	(1)
VIII	133,795	15,131	(11)	4,885	(4)
IX	672,362	109,678	(17)	14,547	(2)
X	186,469	17,320	(9)	1,275	(2)
Total	4,315,040	527,248	(12)	92,997	(2)

* Region I—Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont; Region II—New Jersey, New York, Puerto Rico, Virgin Islands; Region III—Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia; Region IV—Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee; Region V—Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin; Region VI—Arkansas, Louisiana, New Mexico, Oklahoma, Texas; Region VII—Iowa, Kansas, Missouri, Nebraska; Region VIII—Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming; Region IX—Arizona, California, Hawaii, Nevada, American Samoa, Guam, Mariana Islands, Marshall Islands, Micronesia, Palau; Region X—Alaska, Idaho, Oregon, Washington.

† Primary method of contraception reported by these women was one of the following: spermicidal foam, cream, jelly (with and without diaphragm), film, or suppositories.

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Table 2

TABLE 2. Number of nonoxynol-9 (N-9) contraceptives purchased by Title X Family Planning Programs in selected states/territories, 1999

State/territory	No. of clients served	Physical barrier method		N-9 chemical barrier methods				
		Condoms with N-9	Condoms without N-9	Gel	Vaginal			Foam
					Film	Insert	Jelly	
Puerto Rico	15,103	148,072	5,000	12,900	0	NA*	12,841	2,400
New York†	283,200	1,936,084	NA	0	73,788	NA	3,112	23,830
West Virginia	60,899	1,300,000	9,360	0	0	NA	1,200	9,900
Florida	193,784	3,920,000	580,000	0	488,720	NA	5,760	25,920
Tennessee	111,223	2,865,160	717,088	0	94,500	12,528	756	2,758
Michigan	166,893	631,000	254,000	0	0	NA	1,000	1,200
Oklahoma	58,362	708,480	0	0	394,560	NA	1,200	0
Oregon	57,099	151,800	276,000	345	25,764	2,074	272	3,007

* Not available.

† 41 of 61 grantees responded.

‡ Purchasing by family planning and sexually transmitted disease programs are combined and cannot be separated.

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Notice to Readers: CDC Statement on Study Results of Product Containing Nonoxynol-9

During the XIII International AIDS Conference held in Durban, South Africa, July 9--14, 2000, researchers from the Joint United Nations Program on AIDS (UNAIDS) presented results of a study of a product, COL-1492,* which contains nonoxynol-9 (N-9) (1). N-9 products are licensed for use in the United States as spermicides and are effective in preventing pregnancy, particularly when used with a diaphragm. The study examined the use of COL-1492 as a potential candidate microbicide, or topical compound to prevent the transmission of human immunodeficiency virus (HIV) and sexually transmitted diseases (STDs). The study found that N-9 did not protect against HIV infection and may have caused more transmission. The women who used N-9 gel became infected with HIV at approximately a 50% higher rate than women who used the placebo gel.

CDC has released a "Dear Colleague" letter that summarizes the findings and implications of the UNAIDS study. The letter is available on the World-Wide Web, <http://www.cdc.gov/hiv>; a hard copy is available from the National Prevention Information Network, telephone (800) 458-5231. Future consultations will be held to re-evaluate guidelines for HIV, STDs, and pregnancy prevention in populations at high risk for HIV infection. A detailed scientific report will be released on the Web when additional findings are available.

Reference

1. van Damme L. Advances in topical microbicides. Presented at the XIII International AIDS Conference, July 9--14, 2000, Durban, South Africa.

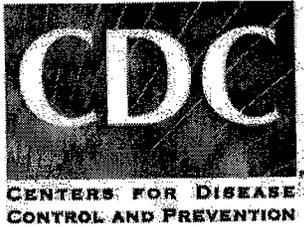
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<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm4931a4.htm>



For more information:
CDC's National Prevention Information Network
(800) 458-5231 or www.cdcnpin.org

CDC National STD/HIV Hotline
(800) 227-8922 or (800) 342-2437
En Espanol (800) 344-7432
www.cdc.gov/std

Fact Sheet for Public Health Personnel:

Male Latex Condoms and Sexually Transmitted Diseases

In June 2000, the National Institutes of Health (NIH), in collaboration with the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), and the United States Agency for International Development (USAID), convened a workshop to evaluate the published evidence establishing the effectiveness of latex male condoms in preventing STDs, including HIV. A summary report from that workshop was completed in July 2001 (<http://www.niaid.nih.gov/dmid/stds/condomreport.pdf>). This fact sheet is based on the NIH workshop report and additional studies that were not reviewed in that report or were published subsequent to the workshop (see "Condom Effectiveness" for additional references). Most epidemiologic studies comparing rates of STD transmission between condom users and non-users focus on penile-vaginal intercourse.

Recommendations concerning the male latex condom and the prevention of sexually transmitted diseases (STDs), including human immunodeficiency virus (HIV), are based on information about how different STDs are transmitted, the physical properties of condoms, the anatomic coverage or protection that condoms provide, and epidemiologic studies of condom use and STD risk.

The surest way to avoid transmission of sexually transmitted diseases is to abstain from sexual intercourse, or to be in a long-term mutually monogamous relationship with a partner who has been tested and you know is uninfected.

For persons whose sexual behaviors place them at risk for STDs, correct and consistent use of the male latex condom can reduce the risk of STD transmission. However, no protective method is 100 percent effective, and condom use cannot guarantee absolute protection against any STD. Furthermore, condoms lubricated with spermicides are no more effective than other lubricated condoms in protecting against the transmission of HIV and other STDs. In order to achieve the protective effect of condoms, they must be used correctly and consistently. Incorrect use can lead to condom slippage or breakage, thus diminishing their protective effect. Inconsistent use, e.g., failure to use condoms with every act of

intercourse, can lead to STD transmission because transmission can occur with a single act of intercourse.

While condom use has been associated with a lower risk of cervical cancer, the use of condoms should not be a substitute for routine screening with Pap smears to detect and prevent cervical cancer.

Sexually Transmitted Diseases, Including HIV

Sexually transmitted diseases, including HIV

Latex condoms, when used consistently and correctly, are highly effective in preventing transmission of HIV, the virus that causes AIDS. In addition, correct and consistent use of latex condoms can reduce the risk of other sexually transmitted diseases (STDs), including discharge and genital ulcer diseases. While the effect of condoms in preventing human papillomavirus (HPV) infection is unknown, condom use has been associated with a lower rate of cervical cancer, an HPV-associated disease.

There are two primary ways that STDs can be transmitted. Human immunodeficiency virus (HIV), as well as gonorrhea, chlamydia, and trichomoniasis – the discharge diseases – are transmitted when infected semen or vaginal fluids contact mucosal surfaces (e.g., the male urethra, the vagina or cervix). In contrast, genital ulcer diseases – genital herpes, syphilis, and chancroid – and human papillomavirus are primarily transmitted through contact with infected skin or mucosal surfaces.

Laboratory studies have demonstrated that latex condoms provide an essentially impermeable barrier to particles the size of STD pathogens.

Theoretical basis for protection. Condoms can be expected to provide different levels of protection for various sexually transmitted diseases, depending on differences in how the diseases are transmitted. Because condoms block the discharge of semen or protect the male urethra against exposure to vaginal secretions, a greater level of protection is provided for the discharge diseases. A lesser degree of protection is provided for the genital ulcer diseases or HPV because these infections may be transmitted by exposure to areas, e.g., infected skin or mucosal surfaces, that are not covered or protected by the condom.

Epidemiologic studies seek to measure the protective effect of condoms by comparing rates of STDs between condom users and nonusers in real-life settings. Developing such measures of condom effectiveness is challenging. Because these studies involve private behaviors that investigators cannot observe directly, it is difficult to determine

accurately whether an individual is a condom user or whether condoms are used consistently and correctly. Likewise, it can be difficult to determine the level of exposure to STDs among study participants. These problems are often compounded in studies that employ a "retrospective" design, e.g., studies that measure behaviors and risks in the past.

As a result, observed measures of condom effectiveness may be inaccurate. Most epidemiologic studies of STDs, other than HIV, are characterized by these methodological limitations, and thus, the results across them vary widely--ranging from demonstrating no protection to demonstrating substantial protection associated with condom use. This inconclusiveness of epidemiologic data about condom effectiveness indicates that more research is needed--not that latex condoms do not work. For HIV infection, unlike other STDs, a number of carefully conducted studies, employing more rigorous methods and measures, have demonstrated that consistent condom use is a highly effective means of preventing HIV transmission.

Another type of epidemiologic study involves examination of STD rates in populations rather than individuals. Such studies have demonstrated that when condom use increases within population groups, rates of STDs decline in these groups. Other studies have examined the relationship between condom use and the complications of sexually transmitted infections. For example, condom use has been associated with a decreased risk of cervical cancer -- an HPV associated disease.

The following includes specific information for HIV, discharge diseases, genital ulcer diseases and human papillomavirus, including information on laboratory studies, the theoretical basis for protection and epidemiologic studies.

HIV / AIDS

HIV, the virus that causes AIDS

Latex condoms, when used consistently and correctly, are highly effective in preventing the sexual transmission of HIV, the virus that causes AIDS.

AIDS is, by far, the most deadly sexually transmitted disease, and considerably more scientific evidence exists regarding condom effectiveness for prevention of HIV infection than for other STDs. The body of research on the effectiveness of latex condoms in preventing sexual transmission of HIV is both comprehensive and conclusive. In fact, the ability of latex condoms to prevent transmission of HIV has been scientifically established in "real-life" studies of sexually active couples as well as in laboratory studies.

Laboratory studies have demonstrated that latex condoms provide an essentially impermeable barrier to particles the size of STD pathogens.

Theoretical basis for protection. Latex condoms cover the penis and provide an effective barrier to exposure to secretions such as semen and vaginal fluids, blocking the pathway of sexual transmission of HIV infection.

Epidemiologic studies that are conducted in real-life settings, where one partner is infected with HIV and the other partner is not, demonstrate conclusively that the consistent use of latex condoms provides a high degree of protection.

Discharge Diseases, Including Gonorrhea, Chlamydia, and Trichomoniasis

Discharge diseases, other than HIV

Latex condoms, when used consistently and correctly, can reduce the risk of transmission of gonorrhea, chlamydia, and trichomoniasis.

Gonorrhea, chlamydia, and trichomoniasis are termed discharge diseases because they are sexually transmitted by genital secretions, such as semen or vaginal fluids. HIV is also transmitted by genital secretions.

Laboratory studies have demonstrated that latex condoms provide an essentially impermeable barrier to particles the size of STD pathogens.

Theoretical basis for protection. The physical properties of latex condoms protect against discharge diseases such as gonorrhea, chlamydia, and trichomoniasis, by providing a barrier to the genital secretions that transmit STD-causing organisms.

Epidemiologic studies that compare infection rates among condom users and nonusers provide evidence that latex condoms can protect against the transmission of chlamydia, gonorrhea and trichomoniasis. However, some other epidemiologic studies show little or no protection against these infections. Many of the available epidemiologic studies were not designed or conducted in ways that allow for accurate measurement of condom effectiveness against the discharge diseases. More research is needed to assess the degree of protection latex condoms provide for discharge diseases, other than HIV.

Genital Ulcer Diseases and Human Papillomavirus

Genital ulcer diseases and HPV infections

Genital ulcer diseases and HPV infections can occur in both male or female genital areas that are covered or protected by a latex condom, as well as in areas that are not covered. Correct and consistent use of latex condoms can reduce the risk of genital herpes, syphilis, and chancroid only when the infected area or site of potential exposure is protected. While the effect of condoms in preventing human papillomavirus infection is unknown, condom use has been associated with a lower rate of cervical cancer, an HPV-associated disease.

Genital ulcer diseases include genital herpes, syphilis, and chancroid. These diseases are transmitted primarily through "skin-to-skin" contact from sores/ulcers or infected skin that looks normal. HPV infections are transmitted through contact with infected genital skin or mucosal surfaces/fluids. Genital ulcer diseases and HPV infection can occur in male or female genital areas that are, or are not, covered (protected by the condom).

Laboratory studies have demonstrated that latex condoms provide an essentially impermeable barrier to particles the size of STD pathogens.

Theoretical basis for protection. Protection against genital ulcer diseases and HPV depends on the site of the sore/ulcer or infection. Latex condoms can only protect against transmission when the ulcers or infections are in genital areas that are covered or protected by the condom. Thus, consistent and correct use of latex condoms would be expected to protect against transmission of genital ulcer diseases and HPV in some, but not all, instances.

Epidemiologic studies that compare infection rates among condom users and nonusers provide evidence that latex condoms can protect against the transmission of syphilis and genital herpes. However, some other epidemiologic studies show little or no protection. Many of the available epidemiologic studies were not designed or conducted in ways that allow for accurate measurement of condom effectiveness against the genital ulcer diseases. No conclusive studies have specifically addressed the transmission of chancroid and condom use, although several studies have documented a reduced risk of genital ulcers in settings where chancroid is a leading cause of genital ulcers. More research is needed to assess the degree of protection latex condoms provide for the genital ulcer diseases.

While some epidemiologic studies have demonstrated lower rates of HPV infection among condom users, most have not. It is particularly difficult to study the relationship between condom use and HPV infection because HPV infection is often intermittently detectable and because it is difficult to assess the frequency of either existing or new

infections. Many of the available epidemiologic studies were not designed or conducted in ways that allow for accurate measurement of condom effectiveness against HPV infection.

A number of studies, however, do show an association between condom use and a reduced risk of HPV-associated diseases, including genital warts, cervical dysplasia and cervical cancer. The reason for lower rates of cervical cancer among condom users observed in some studies is unknown. HPV infection is believed to be required, but not by itself sufficient, for cervical cancer to occur. Co-infections with other STDs may be a factor in increasing the likelihood that HPV infection will lead to cervical cancer. More research is needed to assess the degree of protection latex condoms provide for both HPV infection and HPV-associated disease, such as cervical cancer.

Department of Health and Human Services

For additional information on condom effectiveness, contact
CDC's National Prevention Information Network
(800) 458-5231 or www.cdcnpi.org