



# An Integrated Condom Training Manual





# List of Abbreviations

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>CCP</b>	Comprehensive Condom Programming
<b>CE Mark</b>	Conformité Européen (European Conformity mark)
<b>FAQs</b>	Frequently Asked Questions
<b>FC1</b>	FC1 Female Condom (First generation)
<b>FC2</b>	FC2 Female Condom (Second generation)
<b>F/C</b>	Flip chart
<b>FHC</b>	Female Health Company
<b>FP</b>	Family Planning
<b>FSW</b>	Female Sex Worker
<b>HIV</b>	Human Immunodeficiency Virus
<b>IEC</b>	Information, Education & Communication
<b>IUD</b>	Intra-Uterine Device
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MoH</b>	Ministry of Health
<b>MSM</b>	Men who have Sex with Men
<b>OHP</b>	Overhead Projector
<b>PHC</b>	Primary Health Centre
<b>PMTCT</b>	Prevention of Mother-to-Child Transmission (of HIV)
<b>PP</b>	Powerpoint
<b>Q&amp;A</b>	Question and Answer
<b>RH</b>	Reproductive Health
<b>SRH</b>	Sexual & Reproductive Health
<b>STIs</b>	Sexually Transmitted Infections
<b>UNFPA</b>	United Nations Population Fund
<b>USFDA</b>	United States Food and Drug Administration
<b>VCT</b>	Voluntary Counseling and Testing
<b>W/B</b>	Whiteboard
<b>WHO</b>	World Health Organization

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# Introduction

## How to use this Training Manual

### Background

Governments around the world have set out to achieve a significant reduction of new HIV/AIDS infections, among both the general population and specific high-risk groups, whilst also addressing the increasing impact of the HIV epidemic on women and girls. Cultural, sociological, economic and biological factors make women more vulnerable to HIV infection; in addition, gender inequalities, discrimination and stigma often limit a woman's ability to negotiate safer sex. In this context, prevention strategies that focus on abstinence, mutual fidelity and male condom use are meaningless for many women, who continue to be increasingly vulnerable to HIV infection. At the same time, the unmet need for family planning remains high in many countries around the world. Women and men should have the right to access all available family planning methods so that they can space or postpone pregnancy.

This manual is an 'integrated' condom training manual which means that it discusses both FC2 female and male condoms. Since female condoms and especially FC2 female condoms are often less well known than male condoms, the manual aims to bring trainers and others up to speed on FC2 female condom so that eventually people have the same knowledge of, skills and familiarity with both condoms.

FC2 is the latest version of the FC female condom which is worn by a woman and offers dual protection – i.e. protection against both unintended pregnancy and also sexually transmitted infections, including HIV.

This prevention method presents two important opportunities:

- the opportunity to address immediate prevention needs;
- in the longer term, the opportunity to initiate change in the underlying issues of empowering women and promoting gender equality.

FC2 has been successfully distributed in numerous countries around the world. The aim of current FC2 distribution is to fully integrate male and female condoms so that there is an expanded range of contraceptive and STI prevention choices available for all people: men, women and young people.

FC2 can be made available in a broad range of settings: through family planning clinics for dual protection; through targeted interventions with sex workers; in reproductive health (RH) programs or with MSM (Men who have sex with men)<sup>1</sup>. FC2 female condom activities should focus on women and address their reproductive health needs but they must also seek to encourage male participation and responsibility for both family planning and HIV/STI prevention by providing men with information and skills on both condoms.

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<sup>1</sup> FC2 is not approved for anal use but there is evidence to suggest that MSM use the female condom by removing the inner ring and placing the sheath over their penis. Some men put the inner ring over the sheath.

## FC2 Female Condom

FC2 Female Condom, or FC2 for short, is manufactured by The Female Health Company's (FHC).

The aim of developing FC2 was to reduce the cost of making the female condom and thereby reduce its unit price. Research has shown that FC2 is just as effective and acceptable as FC1 (the first generation female condom). In March 2009, FC2 was approved by the United States Food and Drug Administration (USFDA). In 2006, the World Health Organization judged FC2 acceptable for purchase by UN agencies. In 2005, FC2 received the CE Mark in Europe.

## Purpose of the Training Manual

The purpose of this training manual is to provide a package of resources for use in training workshops for STI/HIV Prevention, Family Planning (FP) service providers, health care professionals, health workers, master trainers and anyone else with similar sexual and reproductive health (SRH) training needs.

## Objectives for Training Workshops

Building the capacity of people to manage and train others within condom programs is essential for the longevity of condom distribution and use. As with all new reproductive health technologies, the successful introduction of FC2 requires a network of well trained and highly skilled health care providers. This ensures that women and men are provided with the knowledge, skills and support they need in order to make informed choices about protection from unintended pregnancy and STIs, including HIV.

It is expected that facilitators at Integrated Condom Training Workshops will transfer their knowledge and skills to participants, who will in turn share them with other people within their organization/partner organization etc. To make this happen effectively, it is recommended that workshop facilitators use this Integrated Condom Training Manual in their workshops.

The overall goal of an Integrated Condom training workshop is to provide participants with knowledge about male as well as female condoms, and about how they are used to prevent unintended pregnancies and the spread of Sexually Transmitted Infections (STIs), including HIV.

The specific objectives include the following:

- to develop knowledge, skills, confidence and competence in the use of both male condoms and FC2 Female Condoms as a method of prevention against HIV, STIs and unintended pregnancy;
- to develop knowledge, skills and attitudes on how to communicate, counsel and assess the risk of clients;
- to develop skills in conducting programming initiatives, including training sessions, for audiences such as program managers, service providers, researchers, community leaders, educators and users, to enable them to successfully integrate FC2 female condoms into HIV/STI prevention and RH programs;
- to develop skills in training others in the use of male and FC2 female condoms, including communication and risk assessment.



## Structure of the Training Manual

The training manual consists of a detailed curriculum divided into modules and a series of appendices containing additional information.

Each module covers a distinct topic. Ideally, a workshop will include all the modules, since this will give participants a complete understanding of all the factors involved and the necessary skills and attitudes. However, the modular structure also makes it possible to select the most directly relevant topics for particular audiences, if there is only limited time available. Sessions can be removed or revised depending on the experiences and needs of the participants and of individual projects and programs. The manual can also be used over a series of shorter workshops. Each integrated condom training workshop should be adapted to meet the specific needs of particular groups of participants.

Workshop organizers should take into account that additional Modules can also be included in the training to make it more relevant to the training needs of their organizations or their participants. Such additional modules could include:

- family planning policies;
- current information on condom use and barriers to use;
- FC2 background within the country and the global overview of FC2;
- post training plan and roll out;
- program implementation;
- development of action plans;
- monitoring and evaluation.

It is strongly recommended that initial training sessions should be followed up with refresher training sessions. These should be conducted after participants have had a chance to apply their new skills and knowledge in actual program or project activities.

## How to use this Training Manual

The Training Manual is divided into 18 Modules. Within each module there are activities and exercises on a particular topic. Icons alert trainers to specific types of information within each module.



**Objectives:** target icon indicates the attitudes, skills and knowledge learners should acquire during the session.



**Total Time:** a guideline for the anticipated total time that is likely to be needed for the module.



**Preparations in advance:** clipboard icon indicates preparatory steps the facilitator should complete before the module is conducted.





**Handouts:** folder icon indicates what handouts, worksheets or similar print materials are needed.



**Equipment and other materials:** overhead projector icon indicates equipment, stationery or other items needed for the module.



**Activity/Process:** exercise icon indicates the activities, presentations and discussions for the module.

The appendices contain explanatory materials and tools that will help the facilitator conduct the training activities as effectively as possible. Appendices are as follows:

- **Appendix A:** *Trainee Needs Assessment Form.* This form should be sent out to all individual participants of training workshops at least 4 to 6 weeks prior to the training workshop. Trainee Needs Assessments can be valuable tools to pinpoint training and other performance improvement needs and ensure that the level and contents of the training is specifically tailored to meet the needs of participants.
- **Appendix B:** *Sample Agendas for Training Workshops.* The facilitator can adapt these agendas according to the needs of their participants.
- **Appendix C:** *Daily Evaluation Form.* The Facilitator can make and distribute copies of this form at the end of each day as appropriate.
- **Appendix D:** *Energizers.* Warm-ups or energizers are activities the facilitator may use throughout the workshop to encourage participant involvement and interaction.
- **Appendix E:** *List of Resources for Facilitators.* The Facilitator can use the Facilitator Resource Kit resources – Powerpoint presentations and supporting information (PDF) - to facilitate specific training activities.
- **Appendix F:** *List of Participant Handouts.* The Facilitator can use the Participant kit to make and distribute copies of the handouts for each module at the beginning of the workshop or distribute particular handouts at the end of the relevant session. If all the handouts are distributed at the beginning of the workshop, participants should be asked to refrain from reading the handouts until the relevant session is over.

## Monitoring the Training Workshop

It is recommended that trainers/facilitators monitor the training daily in order to identify early on any issues that might affect the workshop's success. One option is to ask participants to write comments on a blank sheet of flip chart paper posted on a wall. The facilitators can then review these comments during the evening and respond to them the following day.

Another option is to ask participants to complete a short daily evaluation form. ([Appendix C](#)).

A brief 'Reflections' session at the start of each day is also recommended. This is an opportunity to review the previous day's learning, and discuss any homework. It also functions as an additional tool for monitoring the workshop's progress, and the learning that has taken place. One effective way to do this is shown in the Box below:

### Using the Reflections session to monitor learning

- ❖ The facilitator asks a participant to mention a key word or phrase that they learned about the previous day.
- ❖ The participant sitting next to them has to explain what it means.
- ❖ Repeat with several participants...

For workshops of 4 days or longer, a mid-course evaluation discussion session is also recommended. Some of the suggestions for final evaluation given in the Evaluation Module ([Module 18](#)) can be easily adapted for mid-workshop use.

To evaluate the effectiveness of the workshop as a whole, facilitators should ask participants to take the same questionnaire at the beginning and end of the workshop. The pre-course questionnaire is included as an exercise in [Module 1](#) and the post-course questionnaire is included in [Module 18](#).

## General Guidelines for Trainers / Facilitators

- It is recommended that the group being trained should not exceed 15 - 20 participants. This allows active participation during the training, and creates a forum where participants are able to share their experiences openly and ask questions without feeling uncomfortable.
- It is important that as a trainer you familiarize yourself with the contents of the Training Manual before starting the training. This will enable you to deliver your training in a confident manner, and will enable you to answer possible questions that participants may ask.
- For the purposes of integrated condom training, it is important that you try to use all the accompanying tools that are relevant to your participants. The tools have been selected as having information that you need to share with your participants.
- Some of the handouts provided in this training manual are intended to be read for homework. The homework should be reviewed in a Reflections session at the start of the following day.
- All handouts should be duplicated for participants before the training workshop begins.

## Some Practical Training Tips

- Try to arrive 30 minutes before the start of each training day. Set up the room and organize the equipment and materials you will need for the day.
  - Make sure you are fully prepared for each session.
  - If you feel the need to practice certain presentations or instructions for activities, try using a mirror and/or a tape recorder.
  - During the workshop sessions, ensure that all participants have an opportunity to participate.
  - Speak clearly; be sure to clarify key concepts.
  - Give summaries at the end of activities or discussions.
  - The level of contribution and participation may vary within the group. Be aware of participants who tend to dominate, and also of those who are shy.
  - Call participants by their names as often as possible. That way they will feel valued and want to participate.
  - Use humour where appropriate. It will help you relax, and also will help you to get your point across.
  - Guide the group's discussions; keep them focused on the main points and on participants' concerns.
  - Acknowledge and value all participants' contributions.
  - Remember that HIV & AIDS may be real and sensitive topics for many participants.
  - Be aware of time limits. Don't spend too long on one activity, as you may lose the interest of your participants. Manage time carefully.
  - If you don't know the answer to a question from the participants, agree to try and find one.
- ❖ *Finally - don't panic! If things go wrong, relax, take a deep breath, collect your thoughts...and continue.*

## Tips for Co-Facilitating

If you are co-facilitating the workshop with someone else, it will be helpful to go through the following checklist:

- leave enough time to plan, design and prepare for the workshop together, including agreeing on who will lead each session;
- agree in advance on how to support each other (writing on the flip chart or board while the other facilitates, taking notes, being the timekeeper, etc);
- avoid interrupting when another facilitator is speaking;
- decide how to deal with disagreements between yourselves;
- agree how to deal with controversial issues amongst participants;
- at the end of each day, meet to discuss how the facilitation went, including any problems that arose and how to achieve full participation in future sessions.

## Presentations – Powerpoint, OHP or flip chart?

Several of the Tools in the Manual contain technical content in the form of Powerpoint presentations. You are of course free to present this content by other methods if you prefer, or if you do not have access to Powerpoint equipment. Alternatives to Powerpoint include overhead projector (OHP) slides and flip charts.

**Powerpoint (PP)** gives a polished presentation. It is excellent for use with large audiences and for presenting a lot of information in a short time.

If you want the information to be remembered, a supporting handout is essential. (One method is to distribute print-outs of the Powerpoint before the presentation and suggest that participants use them as a framework for making notes on the presentation.)

**Overhead Projector (OHP)** slides can either be typed or hand written. (You can also photocopy onto OHP sheets, but you need a special type of heat-resistant OHP paper to do this.)

It can take a lot more time to make OHP overlays than to produce a Powerpoint presentation. This may be only worth the effort if you are likely to use the materials several times. It's also wise to have a spare projector bulb available and that you know how to install it. Also check you have a screwdriver.

*[Additional Tip: some trainers like to make a stiff card frame round each sheet of an OHP overlay sequence. This makes it easier to align each sheet accurately during a presentation. You can also write numbers or additional notes on the frames.]*

**Flip charts** of course don't need electricity, which can be a major advantage in some places. They enable you to add participants' contributions. Also flip charts can be displayed on the training room wall for reference as the presentation proceeds, and kept there for reinforcement in later sessions.

## Checklist: Preparing for the Workshop

Below is a checklist that the facilitator can use to ensure all the necessary steps have been taken to prepare for the workshop.

ENSURE THAT YOU DO THE FOLLOWING	Yes	No
<b>BEFORE THE WORKSHOP</b>		
1. Send out invitations & Trainee Needs Assessment Forms to participants		
2. Read the training manual and prepare yourself for conducting the training		
3. Develop a Workshop Schedule appropriate to your participants and the time available		
4. Arrange venue & accommodation for participants		
5. Confirm attendance of participants		
6. Follow up with participants who have not returned their Trainee Needs Assessment Form		
7. Arrange for any necessary technical equipment		
8. Confirm participation of any outside facilitators		
9. Procure workshop materials (folders, pens, markers, flip chart paper, name badges or sticky labels to write on etc.)		
10. Practice how to use all equipment prior to the start of the workshop		
11. Prepare any necessary photocopies (agenda/timetable, list of participants, handouts, evaluation forms etc.)		
12. Prepare/Co-ordinate facilitators guide with detailed notes for each session		
13. Leave welcome letter at venue for participants		
14. Make a large welcome sign and display it near the entrance to the training room		
15. Arrange seating so that all participants can see each other (semi-circle or U-shape) and ensure that you can walk around during your presentations, so that you can interact with your participants		
<b>AT THE WORKSHOP</b>		
16. Give a copy of the Workshop Agenda to each participant		
17. Bring to workshop copies of relevant materials (e.g. Resource materials, participant handouts, etc.)		
18. Confirm names of those attending workshop		
19. Reimburse out-of-town partners for travel		
20. Give participants per diem & incidentals		

ENSURE THAT YOU DO THE FOLLOWING	Yes	No
AFTER THE WORKSHOP		
21. Reconcile invoices with venue		
22. Prepare report on outcomes		
23. Send Thank You letter and feedback to participants, as well as confirmed participant contact list		
24. Send Thank You letter to outside facilitators		
25. Plan for follow-up, refresher training and evaluation of impact		

# Module 1

## Climate Setting





# Module 1

## Climate Setting

Activity #	Content	Time
1.	Registration	
2.	Introductions	
3.	Welcome and Opening remarks	10 minutes
4.	Inauguration	5 minutes
5.	Introductions/Ice breaker/Warm up game	30 minutes
6.	Workshop Norms	5 minutes
7.	Workshop expectations discussion	25 minutes
8.	Overview of workshop program	10 minutes
9.	Pre-Course Questionnaire	25 minutes
10.	Workshop Goals	10 minutes



### Total time

2 hours



### Learning Objectives

- To introduce facilitator, co-facilitator and participants to one another.
- To create and discuss the expectations for the workshop.
- To create the norms for the training workshop.
- To discuss the objectives of the workshop.
- To review the workshop program.
- To establish a supportive atmosphere for participatory learning.



### Preparations in advance

- Make a big Welcome sign and display it near the entrance to the training room or display a welcome slide on PP.
- Make a copy of the attendance register ([Facilitator Resource PDF 1.1](#)) with enough spaces for all participants to write their details.
- Make enough copies of all relevant handouts for participants.



## Handouts

- Name sign for desk ([Participant Handout 1A](#))
- Introducing Yourself form ([Participant Handout 1B](#))
- Workshop Program
- Pre-Course Questionnaire ([Participant Handout 1C](#))



## Equipment and other materials

- Projector or Powerpoint equipment, including power cable(s)
- Writing pads and pens for participants
- Flip chart/newsprint
- Pens/markers for newsprint
- Name-tags for participants and training team
- Index cards or newsprint (for Activity 7)
- Bostik, paper glue or tape
- Box/hat with folded pieces of paper numbered 1 to 30 (if there are 30 participants) for Activity 9.



## Activities/Process

### 1. Registration ([Resource PDF 1.1](#))

Participants register by writing their details in the attendance register ([Resource PDF 1.1](#)). The following details are needed:

- name, surname and designation
- organization
- gender
- address, E-mail
- phone number.

*If appropriate, a photocopy can be made of Resource 1.1 and distributed to all participants on the last day during the Evaluation and Close of Workshop session – see Module 18, Activity 3. This will allow program managers to contact participants to check on the progress of further training workshops and participants to keep in touch with each other, if they so wish.*

- ❖ Everyone should make themselves a name-tag and a name-sign for their desk ([Participant Handout 1A](#)).

### 2. Introductions ([Participant Handout 1B](#))

Participants fill in an Introducing Yourself form (1B) with the following information:

- name
- place of work
- responsibilities
- positive comments about condoms
- concerns about condoms
- reason(s) for coming to the training workshop.

3. **Welcome and Opening Remarks** by host organization and invited stakeholders. A welcome note can be placed on the overhead projector during the Welcome. This welcome note may include the logos of the host organization and stakeholders. (10 mins)

4. **Inauguration of the Workshop** by implementing organization. (5 mins)

5. **Introductions/Ice breaker/Warm-Up Game** (30 mins)

Ask everyone to introduce themselves in a participatory game, as follows:

- participants introduce themselves one at a time;
- the other participants clap three times as a welcome to the person;
- the facilitator welcomes the person to the workshop;
- the participant then explains what s/he has written on the ‘Introducing Yourself’ form.

The facilitator should do this with each participant in turn until everyone has introduced themselves.

Other methods of introduction can also be used; however, they must include the concerns and positive comments as captured in the Introducing Yourself form.

Two possible alternative methods are described below.

### Alternative A

Ask each participant to introduce herself or himself to the participant sitting next to them, based on what they have written on the “Introducing Yourself” form. Explain that after a few minutes the facilitator will ask each participant to introduce the person they have been talking to (so they introduce another person rather than themselves).

Allow 5 minutes for the participants to talk in pairs. Remind them after 3 minutes, to ensure that each person in each pair knows about the other person.

Then each participant introduces his or her partner to the group.

If you wish, the other participants can clap 3 times and the facilitator then welcomes the participant, as in the standard method above.

[Rationale of Alternative A: This method gets participants talking informally before they have to address the whole group.]

## Alternative B

**Before the workshop:** buy a number of picture postcards of the country or city where the workshop is held. Cut each postcard in two in an irregular way (like a jigsaw puzzle).

**At the workshop:** tell participants that this is going to be an active learning workshop, so we will start by being active instead of just sitting. Explain that you are going to give each person half of a postcard. They have to walk around and find the person who has the other half of their postcard. When they have found that person, they introduce themselves to each other. Then they will return to their seats and each participant will introduce the person they have been talking to.

Mix up all the half-postcards. Give each participant one half-postcard. Ask them to find their partners and start getting to know each other.

Allow some time for participants to talk to each other. Then ask them to return to their seats. Each participant introduces their partner to the group, as in Alternative A above.

[Rationale of Alternative B: This method gets participants out of their seats, walking around and mingling with several other participants, as well as talking to each other informally before they have to address the whole group.]

## 6. Workshop Norms (5 mins)

The purpose of this short activity is for all participants (and the training team) to agree a set of ground rules, or norms, for behaviour at the workshop.

- Explain the purpose to the participants.
- Put up a flip chart sheet with the heading: Agreed Norms For Our Workshop.
- Participants propose norms; facilitator (or co-facilitator) records all agreed suggestions on the flip chart.
- Confirm that everyone agrees to the norms.
- Remind participants that these norms will act as rules that everyone needs to follow in order to ensure a successful training program.
- Post the completed flip chart on a wall (preferably at the front of the training room).

[The participants could also decide on the form of discipline that will be used on individuals who transgress against the norms. E.g. if a participant is not punctual the group could start clapping as the participant enters the training room.]

## Examples of possible norms

No interrupting when someone is talking  
Respect for people and their ideas  
The right to ask questions - but no silly questions  
People should be on time to all sessions  
Confidentiality  
Express opinions without criticizing others  
Right to silence  
No cell phones  
Full participation by all  
Facilitators should end sessions on time  
Have fun and be flexible

- ❖ Ask for one or two volunteers to act as time-keepers to keep track of tea and lunch breaks.

### 7. Workshop Expectations Discussion (25 mins)

(10 mins to discuss in groups and 15 mins to present and discuss in plenary)

- Divide the participants into 3 groups.
- Give each group some newsprint.
- Ask each group to choose a leader, scribe and presenter.
- The group leader holds a small group discussion or brain storms the expectations from the workshop.
- The scribe records the expectations on newsprint.
- Ask each presenter to present the information to the whole group.

OR

- Ask participants to discuss and write on index cards their 3 - 5 most important expectations from the workshop, i.e. the things they most hope to learn about.
- The facilitator should arrange the cards on a flip chart so that related expectations/topics are displayed together.
- Review the expectations and clarify which expectations will relate to the program and which expectations won't.
- Display the Participants' Expectations flip chart on a wall for the duration of the workshop and review these at the end of the workshop to ensure that all the expectations have been met.

### 8. Overview of Workshop Program (10 mins)

Give out copies of the Workshop Program and present an overview of the proposed content of the training.

Ask participants if there is anything that needs to be clarified.

## 9. Pre-Course Questionnaire ([Participant Handout 1C](#)) (25 mins)

The pre-course questionnaire is not intended to be a test but rather an assessment of what the participants, individually and as a group, know about the course topics. Participants, however, are often unaware of this and may become uncomfortable at the thought of being “tested” in front of others on the first day of a workshop. The facilitator should be sensitive to this and administer the questionnaire in a neutral and non-threatening way.

- Ask participants to draw numbers from a box to assure anonymity.
- Distribute copies of the pre-course questionnaire ([1C](#)) and ask participants to enter their anonymous number and complete the questionnaire.
- Collect the completed questionnaires from participants.
- Provide the answers to the questionnaire ([Facilitator Resource PDF 1.2](#)) if appropriate and assure participants that these topics will be covered in detail during the training workshop.
- At the end of the day, the facilitator should complete the group learning matrix for each participant ([Facilitator Resource PDF 1.3](#)) by collating their responses. This will guide the facilitator on what areas need most emphasis during the workshop. This data can also be compared with the post-course questionnaire at the end of the workshop.

## 10. Workshop Goals (10 mins)

Show the Workshop Goals on a flip chart, PP or OHP. Review these with the participants. Lead a discussion which includes the following issues:

- Contribution to preventing unintended pregnancies.  
Encourage participants to think about the effects that unintended pregnancies can have on the mother and the child. If appropriate for your participants, extend the discussion to consider the effects of unintended pregnancies on the family, community and country.
- Contribution to the reduction in the incidence and prevalence of sexually transmitted infections and HIV.  
Encourage participants to think about the effects of STI transmission and HIV/AIDS on individual people, and the potential importance and value of their role in reducing the suffering caused by such illnesses. If appropriate for your participants, extend the discussion to consider the effects of STIs and HIV on the family, community and country.

Use this discussion to make a link with the next session.





# Module 2

## Overview of HIV and RH



# Module 2

## Overview of HIV and RH

Activity #	Content	Time
1.	Introduction	1 hour
2.	Overview of HIV and Reproductive Health	



### Total time

1 hour



### Learning Objectives

- To provide participants with an overview of the HIV epidemic and reproductive health in the country.



### Preparations in advance

- Obtain necessary information OR arrange for an external Resource Person for Activity 2.
- Obtain or make fact sheets on the HIV epidemic and other relevant RH issues in the country, for Activity 2.
- Make enough copies of relevant handouts for all participants.



### Handouts

- Fact sheets on the HIV epidemic and RH generally in the host country/community.



### Equipment and other materials

- Overhead projector or Powerpoint equipment, power cable
- Flip chart or newsprint and markers.



### Activities/Process

#### 1. Introduction

Present the objectives of the module on a Flip chart or PP.

## 2. Overview of HIV and Reproductive Health (1 hour)

Present an overview of the HIV epidemic and reproductive health in the country.

This session will vary widely according to the group's level of knowledge regarding HIV and other reproductive health issues. The facilitator or a special resource person should give participants factual information about HIV, other STIs, information about preventing HIV transmission or re-infection during pregnancy and breastfeeding, anti-retroviral therapy and fertility, and other relevant issues related to HIV or STIs. Factual information should also be given on the status of reproductive health in the country, especially relating to maternal health. Ideally, fact sheets should be given to participants beforehand and the session can focus on answering questions.

It may be useful to present information on HIV and reproductive health issues in the country, including:

- HIV prevalence (disaggregated by sex, age, marital status, employment, education);
- contraceptive prevalence (disaggregated by method, sex, age, marital status, employment, education);
- infant and child mortality;
- maternal morbidity and mortality;
- life expectancy;
- adult death rates.



# Module 3

## Barrier Methods & Dual Protection



# Module 3

## Barrier Methods & Dual Protection

Activity #	Content	Time
1.	Introduction	
2.	Discussion on concept of 'dual protection' and 'barrier methods'	15 minutes
3.	Presentation on Barrier Methods and Dual Protection	15 minutes
4.	Reading handout	15 minutes
5.	Barriers and Challenges – group discussion	30 minutes
6.	Role plays on explaining Barrier Methods and Dual Protection	30 minutes



### Total time

Up to 1 hour 45 minutes



### Learning objectives

By the end of this module participants should be able to:

- explain the terms Dual Protection and Barrier Methods in simple language;
- understand and explain the various strategies against unintended pregnancy and STIs/HIV.



### Preparations in advance

- Study the notes on barrier methods and dual protection ([Participant Handout 3A](#)) in preparation for discussion on the barrier methods and dual protection presentation ([Facilitator Resource PP 3.1](#)).
- Make enough copies of relevant handouts for participants.



### Handouts

- Barrier Methods and Dual Protection ([Participant Handout 3A](#))



### Equipment and other materials

- Overhead projector or Powerpoint equipment, cable(s)
- Flip chart and markers.



## Activities/Process

### 1. Introduction

Present the objectives of the module on a Flip chart or PP (Facilitator Resource PP 3.1).

### 2. Discussion of 'Dual Protection' and 'Barrier Methods' (15 mins)

- Ask participants what they think 'dual protection' means, writing some of the suggestions on a flip chart. Refer to Participant Handout 3A to supplement the list.
- Ask participants to identify situations where dual protection may be most needed.
- Ask participants to explain what they understand by the term 'barrier methods'. Ask participants to identify situations where barrier methods may be appropriate. Examples may include use:

- by women who wish to avoid methods that have systemic affects i.e. methods which affect the body as a whole;
- for protection with emergency contraception;
- for extra protection when commencing other contraceptive methods, that may take a while to provide protection;
- by women who have contraindications to other contraceptive methods;
- as a dual protection method;
- by all persons who are sexually active, regardless of age, marital status, sexual orientation or gender who want to protect themselves from STIs and HIV;
- as extra protection when women have defaulted on other contraceptive methods.

### 3. Presentation on Barrier Methods and Dual Protection ([Resource PP 3.1](#)) (15 mins)

Show the Powerpoint presentation and explain each slide.

The presentation deals with the following topics:

- definition;
- how condoms work;
- dual protection strategies.



#### 4. Handout on Barrier Methods and Dual Protection ([Participant Handout 3A](#)) (15 mins)

Distribute copies of [Participant Handout 3A](#).

Give participants time to read it. Tell them to ask if they have any questions.

***Choose one of the following Activities (5 or 6), or use both if you have time and think it will be useful for your participants to do both.***

#### 5. Barriers and Challenges (30 mins)

Break into small groups to discuss the barriers and challenges of dual protection and how to overcome them. Give each group flip chart sheets and markers to write up their ideas for presentation.

Ask one group to present the barriers and another group to present the challenges. Groups not presenting should add anything that their group came up with that was not included in the presentation.

#### 6. Role Plays on Barrier Methods and Dual Protection (30 mins)

Ask participants to work in groups of four and take turns to conduct the following two role-plays.

### Role-Plays

- (i) One participant is a health professional who is very skeptical about barrier methods, especially condoms. The second participant has to try and convince him/her of their merits. The other two participants act as observers. They should note any inaccuracies or omissions and responses that were well made and feed them back to the role players when they have finished.

***NB: The participant playing the health professional should ask a lot of questions, to test the knowledge of the other participant!***

- (ii) One participant is a health care provider. The second participant is a client who has read a handout about barrier methods and dual protection but says s/he doesn't understand all the technical words s/he has read. S/he asks a lot of questions; the first participant has to answer the questions using very simple language. The other two participants act as observers. As in the first role play, they should note any inaccuracies or omissions and responses that were well made and feed them back to the role players when they have finished.

Monitor the groups as they work:

- note any common problems or misunderstandings;
- commend any good responses and explain why.

If necessary, conclude with a short plenary addressing these.

# Module 4

## Sexual & Reproductive Health Rights



# Module 4

## Sexual & Reproductive Health (SRH) Rights

Activity #	Content	Time
1.	Introduction	
2.	Discussion of the concept of SRH Rights	30 minutes
3.	Debate on women's right to dual protection	45 minutes



### Total time

1 hour 15 minutes



### Learning objectives

By the end of this module participants should be able to:

- explain what is meant by SRH rights;
- state basic sexual and reproductive health rights;
- identify when rights are violated;
- argue the case for a woman's right to practice dual protection, and refute arguments against this right.



### Preparations in advance

- Study the notes on What are SRH rights? ([Participant Handout 4A](#)) and Examples of SRH rights ([Participant Handout 4B](#)) in preparation for the discussion on SRH in activity 2.
- Make enough copies of all relevant handouts for participants.



### Handouts

- What are Sexual and Reproductive Health Rights? ([Participant Handout 4A](#))
- Examples of Sexual and Reproductive Health Rights ([Participant Handout 4B](#))



### Equipment and other materials

- Flip chart or newsprint and markers.



## Activities/Process

### 1. Introduction

Present the objectives of the module on a Flip chart or PP (Facilitator Resource PP 4.1).

### 2. Sexual and reproductive health rights (30 mins)

The aim of this Activity is to review the concept of sexual and reproductive health rights.

#### Procedure

- ❖ Ask participants to share what they understand by the term sexual and reproductive health rights. List their responses on a flip chart.
- ❖ Ask participants to share examples of what they consider to be sexual and reproductive health rights. List the examples on a flip chart.

Responses might include the following:

- the right to be informed when a partner tests HIV positive;
- the right of a partner to be protected from HIV infection;
- the right to have access to all methods of protection from HIV;
- the right to choose whether or not to have children;
- the right to plan family size;
- the right to choose a contraceptive method;
- the right to choose one's sexual partner;
- the right not to be coerced or forced into a sexual relationship;
- the right not to be discriminated against in the workplace because of pregnancy or having children.

- ❖ Ask participants for examples of when sexual and reproductive health rights are violated. List these on a flip chart.

At the end of the presentation, distribute copies of [Participant Handouts 4A](#) and [4B](#).

### 3. Debate on women's right to have access to dual protection (45 mins)

Tell participants that we are going to have a debate on the following question:

*Do all women have **the right** to have access to dual protection?*

The reason for having this debate is so that everyone will better understand the arguments for such a right and also the possible objections that might be raised against it, and how to counter such objections.

### Procedure for the debate

- Two participants will present arguments in favour of women having this right, and two will argue against it.
- One participant will speak in favour of the right, then another will speak against it, then a third will bring further arguments in favour, and finally the fourth will conclude the arguments against it. (So the third and fourth speakers will be able to respond to arguments from the other side).

Ask for two volunteers to argue for this right and another two volunteers to argue against it. Four more volunteers should form a panel of judges.

Give the volunteers who will speak in the debate 5 - 10 minutes to prepare their arguments. (If you prefer, you can set this up the previous day, or before a lunch break).

The judges should consider the arguments and select the debate winner, based on which side's arguments were more convincing.

Ask the rest of the participants to say whether or not they agreed with the judges' decisions, and why.

# Module 5

## Values Clarification



# Module 5

## Values Clarification

Activity #	Content	Time
1.	Introduction	
2.	Presentation on values clarification	30 minutes
3.	Controversial statements exercise	30 minutes
4.	Brainstorm/Discussion on Sex	30 minutes
5.	Values Clarification activity	40 minutes
6.	Talking About Sex	45 minutes



### Total time

Up to 3 hours



### Learning objectives

By the end of this module, participants should be able to:

- discuss the difference between personal and professional values;
- describe how values affect the quality of services;
- identify factors that may cause barriers to effective provision of their services;
- discuss the importance of distinguishing between personal and professional views in providing services to clients.



### Preparations in advance

- Study the article on Values ([Facilitator Resource PDF 5.1](#)) in preparation for discussion of the Values Clarification presentation ([Facilitator Resource PP 5.2](#)).
- Select which statements from the Controversial Statements sheet ([Participant Handout 5A](#)) you plan to use in Activity 3.
- Choose the three most relevant Case Studies in Activity 6 and write them on index cards (or similar).



### Handouts

- Controversial Statements sheet ([Participant Handout 5A](#))





## Equipment and other materials

- Overhead projector or Powerpoint equipment, power cable
- Flip chart or newsprint and markers
- Large whiteboard (if available) and markers. If no large whiteboard is available, consider taping two flip chart sheets together to make a larger one.



## Activities/Process

### 1. Introduction

Present the objectives of the module on a Flip chart or PP (Facilitator Resource PP 5.2).

### 2. Presentation and discussion on Values Clarification ([Resource PP 5.2](#)) (30 mins)

Before starting the presentation, ask participants what they understand by the word 'Values'. Discuss participants' suggestions. Write the most useful or interesting ones on flip chart or whiteboard.

The Values Clarification presentation deals with the following issues:

- definition of values clarification;
- objectives of values clarification;
- the concept of values;
- the concept of beliefs;
- the concept of attitudes;
- helping others to examine their values;
- personal reflection;
- prejudices.

During the presentation, elicit the following from participants:

- examples of values, beliefs and attitudes (their own or other people's);
- examples of how values and beliefs can shape attitudes;
- examples of how understanding people's values, beliefs and attitudes could affect their interactions with clients;
- examples from their own experience of how other people's attitudes have created barriers for them;
- examples of prejudice they have experienced because of other people's negative attitudes towards them;
- examples from their own experience of how condoms are perceived in their communities and how they can help change negative perceptions of condoms.

*[You may wish to ask the participants to try and analyze the causes – i.e. identify the values or beliefs behind any prejudice they have experienced themselves. They could use this to start reflecting on whether they themselves hold any similar prejudices against other people. But be careful not to challenge people too directly at this early stage of the workshop. It is enough to plant some questions about their own attitudes at this stage.]*

### 3. Controversial Statements exercise (Participant Handout 5A) (30 mins)

The purpose of this exercise is to appreciate the importance of self-awareness, and to understand that different people hold different values.

#### Procedure – Option A

- i. Ask the participants to work in pairs or groups of three (triads) for this activity.
- ii. Give one copy of the Controversial Statement sheets (5A) to each pair or triad.

*(Avoid giving a copy to each individual at this stage, or they will work alone instead of collaboratively. If they want a copy for each person, assure them they can have extra copies at the end of the activity.)*

- iii. Ask the pairs/triads to complete the Controversial Statements sheet by marking the blanks with a tick ✓ for 'Agree', ✗ for 'Disagree' and ? for 'Unsure'. If they are not unanimous, they should mark the item 'Unsure'.

*(To save time, you can assign just a few statements to each group, for example, just the odd or just the even numbered statements, or statements 1 to 10, 11 to 20, etc.)*

- iv. When the groups have completed their sheets, ask them to form a larger group by combining with the pair or triad next to them. They should discuss some of the differences within their larger group.

*[If you wish, you can repeat this step again, to make groups of 8 or 12 participants. This is sometimes called "snowballing".]*

- v. Emphasize that differences of opinion on these statements reflect different personal values, attitudes and beliefs. Write the following question on the whiteboard or on a flip chart:

“What should we do to prevent our own personal opinions on issues like these from affecting our work with clients?”

Lead a discussion on this question. Write any useful suggestions on the whiteboard or flip chart. *[This flip chart should be displayed on a wall during the workshop, and also typed up and given to participants the next day.]*

OR:

### Procedure – Option B

- i. Write the words 'Agree', 'Disagree' and 'Unsure' on three separate sheets of paper. Put the Agree and Disagree signs at opposite sides of the room. Place the 'Unsure' sign midway between the other two signs.
- ii. Point out the location of the signs to the participants. Explain that you are going to read a set of opinion statements to them. These are opinions on controversial issues. The opinions reflect values, beliefs or attitudes.
- iii. After you have read each statement from [Participant Handout 5A](#), participants must decide whether they agree, disagree or are unsure, and stand by the corresponding sign.
- iv. Read the first controversial statement. Ask one or two participants in each group to explain their reasons for where they have chosen to stand.
- v. Tell participants they can change positions and move to another sign if they hear anything which changes their opinion.
- vi. If participants move, ask them why they changed their opinion.
- vii. Repeat the process for all the statements you want to discuss. *(You will probably not have time to do more than a few of the statements using this method, so select in advance the statements you feel are most relevant to your participants, and read the most important ones first. There is no need to follow the sequence on the sheet.)*

After either option, lead a discussion on the exercise. The following are some suggested questions to guide the discussion. Use the ones you feel are most useful.

- How did you feel during this exercise? What was it like for you?
- Which statements were the most controversial, and why?
- How did you feel when other people expressed values and beliefs different from your own?
- How did it feel to hold a minority opinion? (i.e. when most other people disagreed with you?)
- How did it feel to hold a majority opinion? (i.e. when you had the same opinion as most other people?)
- How can you explain the differences of opinion within the group?

#### Points to emphasize

- We are all influenced by the society and culture within which we live, develop and mature.
- Society and culture contribute to the development of personal attitudes, values and beliefs.
- Our attitudes, values and beliefs:
  - guide day-to-day behaviour;
  - influence our interpretation, explanation and response to events;
  - are usually specific to the culture in which they evolved;
  - vary between and within countries, regions and groups.

#### 4. Brainstorm/Discussion: Why People Have Sex (30 mins)

The purpose of this activity is to lead the participants into a discussion on who has sex and why they have sex.

While there are two basic reasons for having sex – either for procreation or for pleasure, or of course both – there are also many other possible reasons. People may have sex for money, in exchange for food or protection, to relieve anxiety or stress, out of fear or coercion, to assert power, to please a partner, to gain favour or promotion, to cause jealousy, from curiosity or peer pressure, and so on. These different reasons apply for people in different situations: spouses, lovers, sex workers, youths, employees, refugees, prisoners etc.

An understanding of the many different situations in which sexual activity takes place is important in clarifying one's values because it helps us realize that one's own values, which are based on one's own experience of life, do not always transfer easily to other people's situations.

Use a flip chart or whiteboard for this activity so that you can build up the discussion in response to participants' contributions.

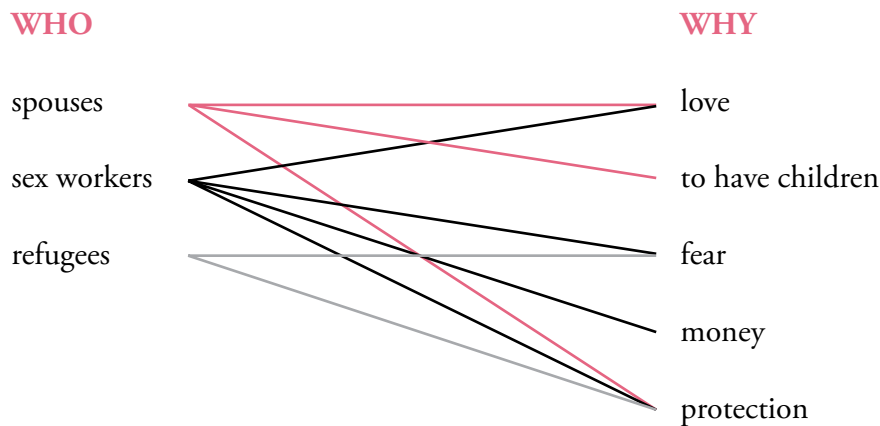
##### Procedure

1. Write the word SEX in large letters in the middle of the whiteboard. Explain to the participants the purpose of the activity (as stated above: to discuss WHO has sex and WHY they have sex).
2. Write the words WHO and WHY on the board. Ask participants to brainstorm words to write under each heading. The facilitator should only suggest words her/himself if participants do not mention any important ones.

Record all participants' suggestions under the appropriate heading (WHO or WHY).

3. Draw lines to connect items in the WHO and WHY columns. Elicit from participants their suggestions as to where lines should be drawn. Note that there will often be several lines from or to the same item. [See Box A below for some examples. Using different coloured markers may be helpful.]
4. Point out that the complexity of the resulting lines shows the complexity of human sexuality. Draw attention to some lines that reflect situations which are sometimes overlooked, e.g. that protection can be a motivating factor for sex even in some marriages, or that sex workers also have sex for love.

## Box A



5. Add the phrase CONSEQUENCES OF UNPROTECTED SEX? to the chart. Ask participants to give examples of the consequences of unprotected sex in different situations:

e.g.

- between a wife and a husband whom she believes to visit sex workers;
- between a female sex worker and a client;
- between a male sex worker and a client;
- between a female sex worker and her lover;
- between a wife and her bisexual husband.

### 5. Values Clarification exercise (40 mins)

The purpose of the exercise is:

- for participants to explore their personal and professional values;
- to develop professionalism and focus on clients' needs rather than our own.

#### Procedure

1. From the following case studies, present three that are most relevant to your participants. (Change the names to make them relevant to your country. If none of the Case Studies provided seem relevant to your participants, write new ones of your own).

## Case Studies

- A. Susan is living with HIV and has two daughters from a previous relationship. She is aware of her status but wants to have another baby with her new boyfriend hoping it is a boy.
- B. Mary has been treated numerous times for STIs. She is aware of the risk of having unprotected sex but still refuses to use a condom during sex.
- C. Frank has a lot of girlfriends. Up till now he has used condoms while having sex with them but he wants to have unprotected sex because he enjoys the sensation more.
- D. Jalsa is a 24-year old FSW. She would like to use protection with her temporary husband who she believes is having sex with other women but he is reluctant to use a condom and she is scared he will abandon her if she insists.
- E. Geeta is a young FSW. Several of her clients refuse to use a condom and she is losing money because of this. They have offered her more money for unprotected sex which she desperately needs.

2. After each example ask participants to react with their **personal** feelings to the case study. Reassure participants that it is acceptable to disagree with the individuals in the case study. Do not object or comment on the opinions of the participants.
3. Then ask participants how they would react in a **professional** setting as health care providers.
4. Allow participants to reflect on this exercise for 1 minute. (This can be either silent reflection or discussion in small groups.)
5. Discuss with the group lessons learnt from this exercise.

*Points to make in discussion should include the following:*

- the purpose of this exercise is to illustrate that in many situations health care workers react to clients using their personal beliefs, attitudes and values;
- the goal of values clarification is that health care providers become able to understand not only their own values but also those of each client who is at risk of contracting STIs (including HIV) or having an unintended pregnancy;
- participants should be urged to react professionally and focus on the needs of the individual client. Participants should not react to clients with their own personal beliefs and values.

*Alternative Procedure for this exercise*

1. Divide participants into three groups. (If you have participants from different professions, consider arranging the groups by profession for this exercise.)
2. Ask each group to choose one person to record their discussion.

3. Give each group ONE of the case studies. These should be written on index cards or small pieces of paper, with a copy for each person in the group.
4. As above, ask each group to react first with their **personal** feelings to the case study.
5. Then ask the groups to discuss how they would react in their **professional** setting.
6. Ask the groups to compare their personal and professional reactions, note any differences or difficulties, and make a summary of these to report back to the plenary.
7. Display a flip chart with all three case studies written on it (or give out copies of the other case studies to the groups who have not yet seen them). Ask each group to report back in turn on the case study they discussed. The other participants can ask them questions if they wish.
8. Discuss with the group the lessons they have learnt from this exercise. The discussion could include the following talking points:
  - different people have different values in their lives;
  - it is the responsibility of the caregiver to help people live in safety and good health. However, this includes a responsibility for the safety and health of the client's partner(s) and any other people affected by the client's decisions;
  - there may sometimes be difficult situations for the caregiver, but even when it's difficult the responsibility remains;
  - respect for every client's values has to be one of the caregiver's own values;
  - clients are only likely to decide on a course of action if it is in line with their own values;
  - the caregiver may need to help a client understand the consequences of his or her proposed actions, and help the client assess whether they are in line with the client's real values.
9. Finally, make the point that the ability to separate our personal values from our professional values is a key factor in communication skills and counseling, which will be discussed later in the workshop.

### *Possible follow-up activity*

If you have more time available, a useful follow-up activity would be to ask participants to conduct role-plays based on the case studies. This could be done either in small groups or as a plenary activity.

## 6. Talking about sex (45 mins)

### Aims

- To examine personal beliefs and opinions about sex and sexuality
- To understand issues associated with differences of opinions between men and women, providers and clients.

*Note to facilitator: Use this session as an opportunity to probe reasons why men might resist male or female condom use, such as: fear of loss of power, notions of masculinity, anxiety over sexual performance, condoms symbolize unfaithfulness or disease, genuine feeling that condoms reduce sexual pleasure.*

## Procedure

1. Give participants some background to the session. In many countries and cultures, talking about issues related to sex is uncomfortable – between parent and child, between boyfriend and girlfriend, between husband and wife. The following activity gives participants an opportunity to explore personal beliefs about sex and condom use.
2. Ask the participants to sit quietly and take a minute to think about the first time they talked about sex with a partner. Ask them to think about their feelings at the time, and whether it feels differently to talk about sex now.
3. Ask participants to stand in the centre of the room. Designate one side of the room “Yes” and the other side “No.” (Put up signs as a reminder.) Explain that you will be reading a series of questions. After each question, participants will decide if the answer is “Yes” or “No” and move to the corresponding side of the room. Let the participants know that they will have the opportunity to change their mind.
4. Read a question aloud and ask the group to go to the side that matches their response. After they are in place, invite one or two participants from each side to explain why they chose to stand where they are. After hearing from each side, give the participants the option of switching positions. If participants move, ask them what prompted their decision. Repeat this process until you have asked all the questions that you wish the group to consider:

### Questions for participants

- ❖ If a man suggests using a condom with a new partner, does it mean he doesn't trust her?
- ❖ If a woman suggests using a condom with a new partner, will he be angry?
- ❖ Is it acceptable for a married woman to refuse her husband when he desires sex?
- ❖ Is it acceptable for a married man to refuse his wife when she desires sex?
- ❖ Do couples usually discuss sexual issues?
- ❖ Are men and women equals in deciding what method of contraception or HIV protection to use?
- ❖ Is it acceptable for a pregnant woman to suggest condom use?
- ❖ Is it acceptable for a breastfeeding woman to suggest condom use?

5. After all the questions are posed, ask participants to return to their seats. Facilitate a discussion based on the following questions:
  - How did you feel during the exercise?
  - How did you feel when people expressed opinions different than yours?
  - How can you explain differences of opinion among participants?
  - What differences would you expect to find among service providers and clients? Men and women?
  - How might such differences affect your work in promoting condoms?
  - How can we keep our own opinions about sex, sexuality and condom use from influencing our work in a negative way?



# Module 6

## Gender & HIV/AIDS



# Module 6

## Gender & HIV/AIDS

Activity #	Content	Time
1.	Introduction	
2.	Gender Norms and Roles	1 hour
3.	Gender and HIV/AIDS (WHO Gender Matrix)	1 hour



### Total time

2 hours



### Learning objectives

By the end of this module participants should be able to:

- explain the concept of gender;
- describe how gender affects vulnerability to STIs including HIV;
- describe how gender issues can influence condom promotion.



### Preparations in advance

- Prepare two flip chart sheets, one headed *Act Like A Man* and the other headed *Act Like A Woman*.
- Make a flip chart of the WHO Gender Matrix ([Participant Handout 6A](#)).
- Make enough copies of relevant handouts for participants.



### Handouts

- WHO Gender Matrix ([Participant Handout 6A](#)) – copies for participants, and extra copies for groups to work on.



### Equipment and other materials

- Whiteboard or flip chart
- Markers
- Index cards or pieces of paper cut to the size of index cards or Post-its.



## Activities/Process

### 1. Introduction

Present the objectives of the module on a Flip chart or PP (Facilitator Resource PP 6.1).

### 2. Gender Norms and Roles (1 hour)

The purpose of this Activity is to increase participants' awareness and understanding of the impact of gender on people's values, attitudes and behaviour.

#### *Materials*

One flip chart headed **Act Like A Man** and another headed **Act Like A Woman**.

#### **Procedure**

1. Begin by asking participants: *“When did you first become aware of your gender – i.e. when did you first realize that you were a girl/boy (rather than just a child)?”*

Encourage participants to recall and describe incidents or experiences in childhood that first made them aware of their gender. Use these to clarify the concept of ‘gender’.

Some examples may include:

- a girl realized that only boys went to school;
- boys were told that they should not cry;
- girls had to help with the housework;
- boys played football.

2. Put up the flip chart “Act Like A Man”.

Ask participants what it means to act like a man. Have they ever been told or expected to “act like a man” or been criticized for being “like a man” (or woman)? Ask participants to share experiences. Ask them why someone may have said this or why they were expected to behave in a certain way. How did this experience make them feel?

Generate a list on the flip chart of what it means to participants to “act like a man.”

Consider asking these questions.

What messages does society give to men about:

- taking risks?
- being in pain or needing help?
- violence?
- engaging in sexual activity?

Ask participants how men are treated when they do not “act like a man.”

Ask participants how “acting like a man” can affect:

- a man’s relationship with his partner and children;
- his sexual and reproductive health;
- his choice and relationship with a health care provider.

### 3. Put up the flip chart “Act like a Woman.”

Ask participants to share ideas about what it means. To ensure that sexual and reproductive health behaviours are included, consider asking these questions:

What messages does society give to women about:

- being assertive?
- being beautiful?
- being “good”?
- engaging in sexual activity?

Ask participants how women are treated when they do not “act like a woman.”

Ask participants how “acting like a woman” can affect:

- a woman’s relationship with her partner and children;
- her sexual and reproductive health;
- her choice of and relationship with a health care provider.

Explain that society often defines and reinforces our gender roles. Ask what participants can do to overcome the negative impacts of gender roles on men’s and women’s SRH, and specifically how to provide gender-sensitive preventive, contraceptive and related RH services.

Discuss with participants how attitudes about gender roles can influence condom promotion.

## 3. Gender and HIV/AIDS (WHO Gender Matrix [Participant Handout 6A](#)) (1 hour)

The purpose of this Activity is:

- to understand the differences between men and women in rates of sexual transmission of HIV;
- to understand how gender norms influence vulnerability, prevention, treatment, outcomes and consequences related to HIV and AIDS.

### *Materials*

- Gender Matrix on flip chart or similar large paper. (*The Matrix is shown below. [Handout 6A](#) provides a copy with more space for writing responses.*)
- Index cards or pieces of paper cut to the size of index cards or Post-its.

## Procedure

1. Explain the purpose of the activity (as given above).
2. Post a blank flip chart copy of the Gender Matrix on the wall.

Explain that the matrix explores the links between gender roles and their impact on access to prevention, treatment and care.

3. Divide the participants into 3 groups. Give each group a blank A4 copy of the Gender Matrix (6A) for reference and several index cards or Post-its. Assign each group a vertical issue to discuss in relation to each of the horizontal issues. The outcome of these discussions should be entered on to the main matrix either directly or by posting the index cards into the relevant sections. Encourage the groups to be country and program specific, rather than too general.
4. When the groups have finished, give copies of the Matrix to all participants so they can take notes during the reports from groups.

*(If you do this earlier, some participants may focus more on their individual copies than on the group discussion.)*

WHO Gender Matrix ( <i>Adapted</i> )			
In relation to HIV & unintended pregnancy... ⇒	<i>How do gender specific norms, values and activities affect men's &amp; women's:</i>	<i>How do access and control over resources affect men's &amp; women's:</i>	<i>How do biological differences affect men's &amp; women's:</i>
Vulnerability?			
Access to health services?			
Prevention & treatment options?			
Experience of health services and health providers?			
Outcomes (pregnancy, illness, death)?			
Consequences (economic, social, attitudinal)?			

5. Ask a volunteer from each group to explain their column of the matrix. Ensure that the following key points are covered:

- biological differences contribute to women's higher risk of HIV infection;
- gender norms increase vulnerability to HIV infection;
- violence against women is an important factor in HIV transmission;
- gender is a factor in health-seeking behaviour;
- gender is a factor in access to prevention;
- access to health services is limited by access to resources;
- service provider attitudes can be a barrier to health care;
- there are gender differences in the social and economic consequences of HIV;
- in many developing countries same sex relations among men which enhance the risk of HIV are ignored, stigmatized and often illegal;
- early initiation of sexual activity among young girls is directly related to early marriages;
- sexual partners are often older men who have had more sexual exposure.

6. Facilitate a discussion on the implications of the gender matrix for condom programming.

- How can condom promotion efforts address gender issues?
- How can prevention programs integrate gender issues?
- How can health services (including HIV counseling and testing) recognize, identify and address gender issues?
- How can antenatal and PMTCT programs address gender issues?
- How can care and treatment programs promote gender equity?
- How can Community Home Based Care approaches promote gender Equity?

# Module 7

## Factors Contributing to the Spread of STIs including HIV





# Module 7

## Factors Contributing to the Spread of STIs including HIV

Activity #	Content	Time
1.	Introduction	
2.	Factors that contribute to the spread of STIs including HIV – group work and discussion	30 Minutes
3.	Piot's Pyramid: presentation and discussion	30 Minutes
4.	Sexual Networking and Partner Management	30 Minutes



### Total time

1 hour 30 minutes



### Learning objectives

By the end of this module participants should be able to:

- discuss the biological, social, cultural and economic factors that contribute to the spread of STIs including HIV/AIDS in men, women and children including infants;
- discuss service-related reasons for failure to reduce the spread of STIs;
- explain the importance of partner management and how it can be achieved.



### Preparations in advance

- Study the various exercises in this module and ensure that you have all the appropriate tools.
- Prepare sets of [Facilitator's Resource PDF 7.1](#) (if you plan to use Option B in Activity 3).
- Make enough copies of all relevant handouts for participants.



### Handouts

- Factors Contributing to the Spread of STIs/HIV ([Participant Handout 7A](#))
- Impact of STIs on Women ([Participant Handout 7B](#))
- Extra copies of Piot's Pyramid ([Participant Handout 7C](#)) for group work in Activity 3
- STI Prevention and Control ([Participant Handout 7D](#))
- Sexual Networking Exercise ([Participant Handout 7E](#))
- Partner Management and Sexual Networking ([Participant Handout 7F](#))
- STI Key Messages and Facts ([Participant Handout 7G](#))





## Equipment and other materials

- Overhead projector or Powerpoint equipment, power cable(s)
- Newsprint or flip chart
- Markers for newsprint/flip chart.



## Activities/Process

### 1. Introduction

Present the objectives of the module on a Flip chart or PP (Facilitator Resource PP 7.2).

### 2. Factors that contribute to the spread of STIs/HIV (30 mins)

The aim of this activity is to ensure that all participants have a basic knowledge of the different categories (biological, social, cultural and economic) of factors that contribute to the spread of STIs, including HIV.

#### *Materials*

Newsprint or flip chart sheets and markers.

To gain greater insight into the factors that contribute to the spread of STIs, including HIV, the facilitator should study the following Handouts:

- Factors contributing to the spread of STIs/HIV ([Participant Handout 7A](#))
- Impact of STIs on women ([Participant Handout 7B](#))

#### **Procedure**

1. Divide participants into 4 groups. Ask each group to choose:
  - a group leader to facilitate the brainstorm;
  - a scribe to record the group's ideas;
  - a reporter who will present the group's findings.
2. Task: three of the groups list the factors that contribute to the spread of STIs among one of the following population segments (one segment for each group):
  - women (including adolescent girls);
  - children (including infants);
  - men (including adolescent boys).

Tell the groups they should consider *biological, social, cultural and economic factors*. If necessary, give one or two examples of each.

The 4<sup>th</sup> group should make a list of factors that affect diagnosis and treatment in health services.

3. Monitor the groups' discussions. Make suggestions only if the groups have overlooked any important factors.
4. Groups present their findings. The facilitator and/or co-facilitator can ask questions to elicit any factors that were omitted, or suggest such factors themselves.
5. Facilitate a discussion with the whole group (plenary), ensuring the following points are noted:
  - different factors influence the spread of STIs/HIV in different population groups;
  - it is important to know the community in which you work so that you are aware of these factors;
  - service providers must recognize that there are different factors affecting different people. Therefore health information needs to be tailored to the needs of each individual or group.
6. Finally, give each participant the handouts:
  - Factors Contributing to the Spread of STIs/HIV ([Participant Handout 7A](#))
  - Impact of STIs on Women ([Participant Handout 7B](#))

Ask them to read these handouts overnight and if they have questions or comments to raise them in the Reflections session next morning.

### 3. Presentation on Piot's Pyramid ([Participant Handout 7C](#)) (30 mins)

Piot's pyramid is a diagrammatic representation that illustrates the different levels at which conditions impact on the incidence and management of STIs.

Using this diagram, appropriate interventions can be planned to:

- reduce the number of people who become infected with an STI;
- increase the number who are effectively treated.

It is based on a model developed by the epidemiologist, Peter Piot.

**Note** The length of each bar is diagrammatic and not intended to indicate a proportional relationship between each step.

#### Procedure (Option A)

1. Introduce and explain Piot's Pyramid ([Participant Handout 7C](#)) on OHP, flip chart or Powerpoint.
2. Ask participants to suggest possible strategies that could be used to reduce the spread of STIs/HIV at each level of the pyramid. If necessary, give them one or two examples from the list given below.

## Possible strategies to reduce the incidence of STIs/HIV

- Reaching people before they become sexually active
- Increasing awareness amongst the sexually active of factors contributing to STIs
- Reaching those at high risk – strategies for prevention and for treatment
- Increasing awareness of STI symptoms
- Reaching people with asymptomatic STIs
- Encouraging appropriate health seeking behaviour
- Ensuring clinicians have the knowledge and skills to diagnose correctly
- Ensuring knowledge, skills, attitudes and resources for correct management
- Encouraging compliance and prevention of re-infection
- Ensuring partner management
- Referral strategies for people not cured

3. **Buzz groups activity:** divide participants into groups of three (triads).

Give ONE copy of the pyramid diagram (7C) to each triad. Ask them to continue discussing possible strategies that could be used to reduce the spread of STIs/HIV at each level of the pyramid.

4. When the buzz groups have finished their discussions, give out individual copies of Piot's Pyramid to all participants, so that they can make their own notes on their personal copies.
5. Elicit from the participants their ideas for possible strategies to reduce the spread of STIs/HIV at each level of the pyramid. Where necessary, add points from the list above.

Encourage participants to think about how these strategies might be made to work in practice, in their own organizations, programs or projects.

6. Give out copies of STI Prevention and Control ([Handout 7D](#)).

Ask participants to read it for homework and if they have questions or comments to discuss them in the Reflections session next day.

### Procedure (Option B)

If you think your participants will have difficulty identifying the strategies listed above, use [Resource PDF 7.1](#) (this consists of the strategies listed, which should be cut out so that each strategy is on a separate small slip of paper).

1. Make one set of the strategies for each triad in advance.
2. Give each triad one copy of the Piot's Pyramid diagram and one set of strategy slips.

**Task:** match each strategy to its appropriate level of the pyramid.

3. Lead a plenary feedback using an OHP or flip chart of the pyramid.

(First give out individual copies of Piot's Pyramid and of the strategies to all participants, so that they can make their own notes on their personal copies.)

4. Ask participants to give examples of how these strategies – or others that they think of – could be applied in practice in their own work.
5. Give out copies of the handout on STI Prevention and Control ([Handout 7D](#)).

Ask participants to read it for homework and if they have questions or comments to discuss them in the Reflection session next day.

#### 4. Sexual Networking and Partner Management ([Facilitator Resource PP 7.2](#)) (30 mins)

1. Use the Sexual Networking diagram ([Resource PP 7.2](#)) on Powerpoint or OHP to explain the concept.
2. Give a copy of [Participant Handout 7E](#) to each participant. Explain that this gives an outline of three main questions to be addressed in Partner Management.
3. Ask the participants to work in buzz groups (3 participants per group).
4. Explain that one way of describing partners is in terms of four categories. Ask the participants to quickly write some examples of each of the four categories for Question 1 on their sheets.
5. After a few minutes ask one or two of the groups for their answers. Check that all groups have correctly explained the four categories. Ask if they think this adequately covers all categories of partner. If they have additional suggestions, add these.
6. Use the same procedure for Question 2 – buzz groups for a few minutes, followed by quick feedback.
7. For Question 3, ask participants as a whole group if anyone knows the answer. If not, write the two approaches on whiteboard or a flip chart and explain them. Ask the participants to make their own notes.
8. Discuss which approach to partner management would be most feasible/effective in their situations, and what practical steps will be needed to implement it. It is important to focus on practical implementation issues at this stage, in order to increase the chances of training leading to impact.
9. Finally, distribute copies of [Participant Handout 7F](#) (Partner Management) and [Participant Handout 7G](#) (STI Key Messages and Facts).

*Remind participants to read their handouts for homework, to be ready to discuss them in the Reflections session next day.*

# Module 8

## Risk Assessment



# Module 8

## Risk Assessment

Activity #	Content	Time
1.	Introduction	
2.	Presentation on Risk Assessment	20 Minutes
3.	Risk Perception exercise	30 Minutes
4.	Risk Assessment exercise	40 Minutes



### Total time

1 hour 30 minutes



### Learning objectives

By the end of this module participants should be able to:

- define risky behavior;
- perform risk assessment with clients;
- train other health care providers to perform risk assessment with clients.



### Preparations in advance

- Study the various exercises in this module and ensure that you have all the appropriate handouts.
- Prepare an OHP or F/C of the process for assessing a client's risk ([Participant Handout 8B](#)), and copies of this as a handout.
- Make enough copies of all relevant handouts for participants.



### Handouts

- Risk Assessment Behaviour Checklist Rating Sheet ([Participant Handout 8A](#))
- Risk Assessment process ([Participant Handout 8B](#))



### Equipment and other materials

- Overhead projector or Powerpoint equipment, power cable(s)
- Flip chart and markers and/or whiteboard and markers
- Three large manila or flip chart sheets
- Tape for fixing manila or flip chart sheets to wall
- A cardboard box (or similar) with cards, each with a behaviour of high, low or no risk of infection (see Activity 3 for what to write on each card).



## Activities/Process

### 1. Introduction

Present the objectives of the module on a Flip chart or PP (Facilitator Resource PP 8.1).

### 2. Risk Assessment (Facilitator Resource PP 8.1) - Presentation and Discussion (20 mins)

The Risk Assessment presentation deals with the following subjects:

- factors for STI risk assessment;
- risky behaviour;
- factors that influence development of behaviour;
- what is risk assessment?;
- risk behaviour reduction;
- reasons for clients not wanting to change behaviour.

Most slides of the presentation contain lists of points. To make the presentation more participatory and encourage discussion, you may wish to use one of the following methods with each of these slides:

**Brainstorm:** before showing the slide, ask participants to suggest points to be made under the relevant heading. Record participants' suggestions on whiteboard (W/B) or flip chart (F/C). Then show the slide and compare the list on the slide with the participants' suggestions. Note any points not covered.

**Buzz groups:** as above (brainstorm) but first ask participants to brainstorm in small groups (3 or 4 participants per group). Then elicit one point from each buzz group in turn. Record on W/B or F/C and continue as above.

**Note** The last item in Slide 3 is 'Gender issues'. This 'catch-all' phrase covers a wide range of issues. Encourage participants to think more precisely and mention specific gender issues that could be risk factors.

### 3. Risk Perception Exercise (30 mins)

The purpose of the activity is to discuss how different types of risk are perceived.

#### *Materials*

- Three large manila or flip chart sheets, labeled "high risk", "low risk" and "no risk" respectively;
- A card board box with cards, each with a statement concerning a behaviour of high, low or no risk of infection as listed below.

## Cards for High Risk, Low Risk or No Risk Behaviours

Many sexual partners  
Vaginal sex without a condom  
Vaginal sex without a condom with a partner who has not had sex in a long time  
Blood transfusion  
Dry sex  
Breast feeding  
Non-penetrating sex  
Kissing  
Shaking hands  
Cleaning a person living with HIV  
Sharing food  
Using toilets  
Sleeping in a room with a person living with HIV  
Mosquito bites  
Anal sex without a condom  
Oral sex without a condom

### Procedure

1. Stick three large sheets on the wall labeled High Risk, Low Risk or No Risk.
2. Participants volunteer to pick a card and stick it on the appropriate sheet.
3. Participants must explain in detail why they placed their card on the chosen sheet.
4. Discuss the activity and summarize.

Points that should be noted include:

- a risk is a risk whether it is high or low;
- a person can become infected through unprotected sex with an infected partner;
- a person with an STI is at increased risk of contracting HIV;
- women are at greater risk of HIV infection because often they cannot negotiate for safer sex;
- an infected pregnant woman can pass the infection to her baby in the womb, during childbirth or through breastfeeding;
- donated blood should be tested for viruses that can be transmitted through blood transfusions, including HIV;
- HIV can be transmitted by sharing needles/syringes with someone who is living with HIV;
- you cannot tell by looking at a person whether he/she is living with HIV.

## 4. Risk Assessment Exercise (Participant Handouts 8A and 8B) (40 mins)

The purpose of the exercise is that:

- participants will view and discuss a behaviour risk assessment;
- they will evaluate and discuss aspects of behaviour risk assessment.



## Materials

Copies of the Risk Assessment Behaviour Checklist Rating Sheet (8A)

Copies of the Risk Assessment process (8B)

## Procedure

1. Handout the Risk Assessment Behaviour Checklist Rating Sheet (8A) to participants.
2. Select two volunteers from the participants. One volunteer will be the client and the other will be the counselor.
3. The client selects one of the following case studies to present to the counselor:

### Case Study 1

A 28 year-old man is complaining of penile discharge. During discussion with the counselor he indicates that it is the 3rd time he has had this problem. The man is in a multiple-partner relationship.

### Case Study 2

A 17 year-old girl comes to the clinic for contraception. She has recently met an older man whom she loves. However, she does not want to become pregnant.

4. The counselor must do a behaviour risk assessment for the client.
5. After the assessment the other participants give comments on the risk assessment. Urge them to give constructive feedback on the role-plays and avoid making negative criticisms.
6. The facilitator then guides a Q&A session with participants. S/he should include elements of behaviour risk assessment that were omitted in the role play.
7. Show the process for assessing a client's risk on Powerpoint (Facilitator Resource PP 8.1, last slide), OHP or F/C (See below, this is a copy of Participant Handout 8B):

### Process for assessing a client's risk

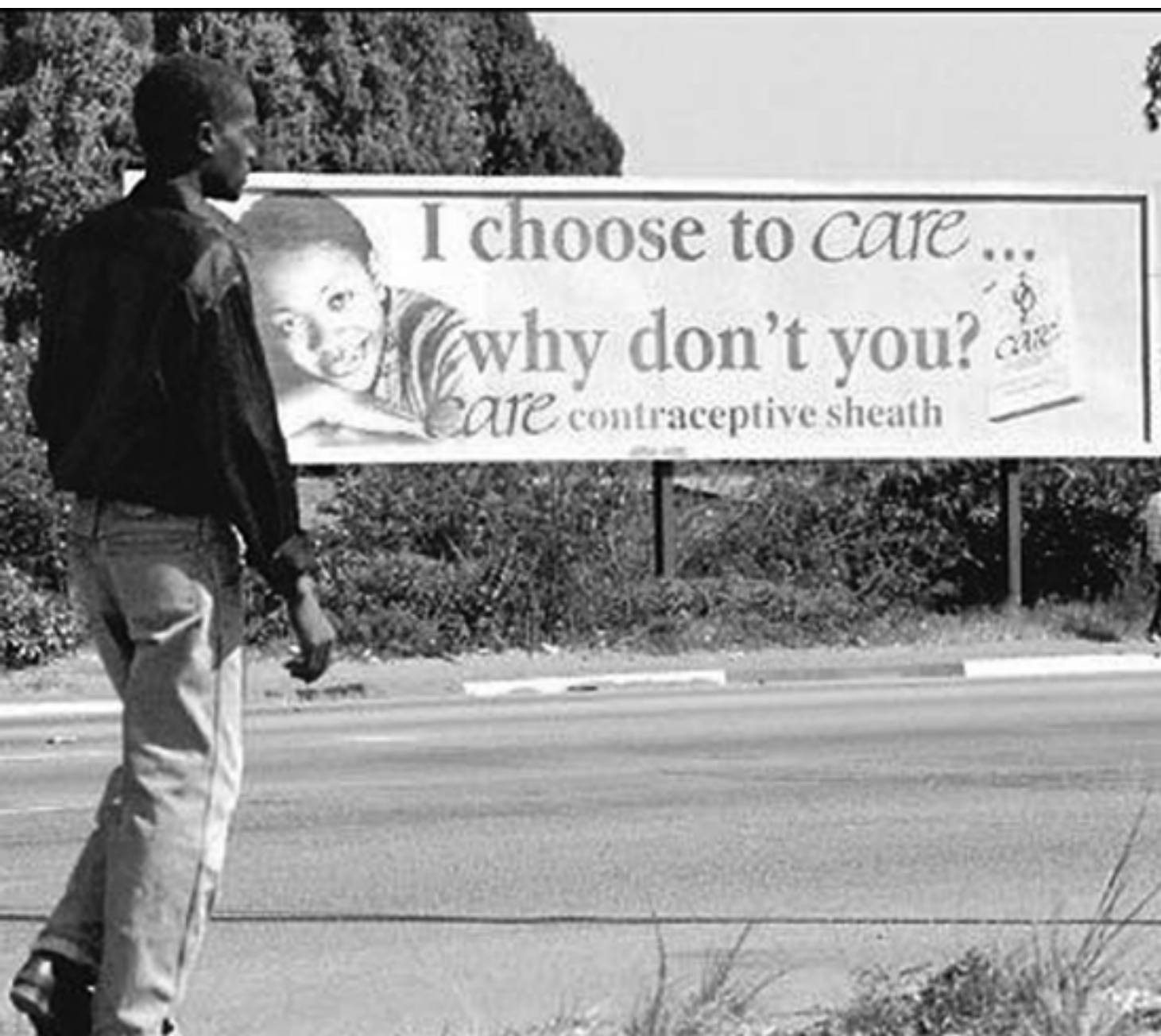
- i. Assess client risk level.
- ii. Counsel and inform client of risk.
- iii. Identify barriers to change and discuss course of action.
- iv. Give information on dual protection.
- v. Discuss options for behaviour change.
- vi. Encourage Voluntary Counseling and Testing.

Give copies of ([Handout 8B](#)) the Risk Assessment Process to participants. Ask them to make notes on their own copies as you talk them through the OHP or F/C.

8. If there is time, repeat the role play process with another pair of volunteers. A second role play gives the opportunity to correct any omissions and is valuable in reinforcing the learning.
9. Finally, remind participants that the purpose of this exercise is to enable service providers and counselors to help clients who might be at risk of being infected, to recognize and understand the complications and the need to change any current risky behaviour.

# Module 9

## Behaviour Change



# Module 9

## Behaviour Change

Activity #	Content	Time
1.	Introduction	
2.	Steps Towards Sustained Behaviour Change	30 Minutes
3.	Presentation on Behaviour Change	30 Minutes



### Total time

1 hour



### Learning objectives

By the end of this module participants should be able to:

- describe a range of different stages in the process of behaviour change;
- demonstrate understanding of the process of behaviour change;
- demonstrate how to help clients change their behaviour.



### Preparations in advance

- Study the various exercises in this module and ensure that you have all the appropriate handouts.
- Make enough copies of relevant handouts for all participants.



### Handouts

- Visual aid: Steps Towards Sustained Behaviour Change ([Participant Handout 9A](#))
- Creating Risk Awareness ([Participant Handout 9B](#))
- Promoting Behaviour Change ([Participant Handout 9C](#))



### Equipment and other materials

- Overhead projector and/or Powerpoint equipment, power cable(s)
- Flip chart and markers.



## Activities/Process

### 1. Introduction

Present the objectives of the module on a Flip chart or PP (Facilitator Resource PP 9.1).

### 2. Steps Towards Sustained Behaviour Change (Participant Handout 9A) (30 mins)

- ❖ Distribute copies of the visual aid (Handout 9A) and/or show this visual on Powerpoint or OHP (Facilitator Resource PP 9.1). Explain that this is a case study on FC2 Female Condom use and the picture shows people at a range of different positions on the way to sustained behaviour change. The small gap – or threshold – between the two halves represents the point at which a decision to change behaviour is actually put into practice for the first time.
- ❖ Explain the following points with reference to the visual aid.

- Behaviour change is a process. Sometimes it can be achieved quickly, but usually it takes some time.
- Different people will be at different points in the process at different times.
- The process can go in both directions; at some points, some people may ‘change direction’, or ‘backslide’.
- The threshold (represented by the small gap between the two halves of the drawing) is the most crucial time. Nudging people to move towards this point is the first goal of communication (or counseling) for behaviour change.
- Once people have crossed the threshold, the goal becomes to sustain the behaviour change, i.e. to avoid reversing direction and reverting to previous behaviour.
- There are many reasons why people might resist behaviour change, or revert to previous behaviour at a later stage. Some are suggested in the picture; you can probably think of many more.

Let participants study the visual aid for a few minutes.

- ❖ Ask participants if they can think of more examples of steps in this process of sustained behaviour change (or if they think any of the positions illustrated are not realistic). Encourage participants to use the visual aid as a stimulus to discuss other possible positions where clients might be in this process.

[Additional Option: Ask participants to work in buzz groups and draw some more stick figures, with appropriate speech bubbles. Then join pairs of buzz groups together to share their ideas.]

- ❖ Ask participants to think about this question:

What does this picture tell us about the range of different kinds of support that people might need in order to achieve – and sustain – behaviour change?

Lead a discussion in which participants suggest ideas as to how they can help clients change risky behaviour into safe behaviour, and sustain the change. Encourage participants to draw on their own experience, or their experiences with clients, in this discussion.

Record participants' suggestions on flip chart or OHP. Write this up as a handout (or photocopy the OHP) after the session, and distribute copies at the Reflections session next morning.

### 3. Behaviour Change Presentation ([Facilitator Resource PP 9.1](#)) and Discussion. (30 mins)

The Behaviour Change presentation consists of only two slides. They deal with the following stages in behaviour change:

Stages of Behaviour Change
<ul style="list-style-type: none"><li>• Seek to establish where the client is</li><li>• Encourage movement from knowledge to motivation</li><li>• Provide support for trying new behaviour</li><li>• Help evaluate the benefits of the new behaviour</li><li>• Encourage sustained behaviour change knowledge, attitude and skills.</li></ul>

To gain greater insight into Behaviour Change the facilitator should study the notes on Creating Risk Awareness ([Participant Handout 9B](#)) and Promoting Behaviour Change ([Participant Handout 9C](#)).

#### Procedure

1. Use the presentation to explain the stages in the process of behaviour change.
2. Elicit from participants examples from their own experience of people at different stages of this process.
3. Also ask them if they have any examples of practical methods that they have found effective in their own experience.
4. Distribute copies of the handouts ([9B](#) and [9C](#)). Ask participants to read them for homework and be ready to discuss it in the Reflections session next day.

# Module 10

## Communication Skills





# Module 10

## Communication Skills

Activity #	Content	Time
1.	Introduction	
2.	Presentation on Communication	15-30 minutes
3.	'Tailored communication' exercise	15 minutes
4.	Discussing sexuality exercise	10 minutes
5.	Barriers to communication/enhancing effective communication	15-25 minutes
6.	Communication in Personal Relationships	30 minutes
7.	Communication Styles – Passive, Aggressive, Assertive (including role plays)	1 hour



### Total time

Up to 2.5 hours, depending on which Activities you choose for your group.



### Learning objectives

by the end of this module participants should be able to:

- explain the importance of effective two-way communication in service delivery;
- understand the difficulty many people experience in talking about sex and sexuality;
- describe barriers to communication and factors that enhance communication;
- engage more effectively in interpersonal communication;
- distinguish between passive, aggressive and assertive styles of communication;
- monitor their own styles of communication and improve them;
- train, coach or mentor clients so as to help them communicate more effectively.



### Preparations in advance

- Study the various activities in this module and ensure that you have all the appropriate tools for the activities you plan to use.
- Produce enough copies of relevant handouts for participants.



### Handouts

- Communication Skills ([Participant Handout 10A](#))





## Equipment and other materials

- Overhead projector or Powerpoint equipment, power cable(s)
- Rubber ball or tennis ball or similar
- Flip chart or newsprint and markers
- Whiteboard and markers
- Masking tape or similar to put flip chart sheets on the wall.



## Activities/Process

### 1. Introduction

Present the objectives of the module on a Flip chart or PP (Facilitator Resource PP 10.1).

### 2. Presentation and Discussion on Communication (Facilitator Resource PP 10.1) (15-30 mins)

The Communication presentation deals with the following topics:

- Types of Communication;
- Types of Communication in SRH;
- Effective Communication.

To gain greater insight into Communication the facilitator should study the notes on Communication Skills ([Participant Handout 10A](#)).

### Note

One of the key points the presentation makes is the importance of two-way communication. Since a Powerpoint presentation is essentially one-way, you may wish to consider using a series of flip charts, prepared in advance, instead of a Powerpoint. This gives the possibility of eliciting contributions from participants and adding them to the flip chart sheets during the presentation. Each sheet can be put up on the wall, so that the trainer can refer back to previous sheets as the presentation goes on, thereby reinforcing points already made. However, be aware that doing the presentation this way will take longer. The additional time is justified if you think this topic is important for your participants, because communication is a skill, and skills cannot be acquired simply by following a presentation. For effective learning to take place, participants need to engage in activities which help them to **process** the points being taught.

At the end of the presentation, distribute copies of [Handout 10A](#) (Communication Skills) if you consider it relevant and useful for your participants. If so, ask them to read it overnight so that they can ask any questions during the Reflections session next morning.

### 3. 'Tailored Communication' exercises (15 mins)

The purpose of this activity is to illustrate that communication needs to be tailored for the specific client or audience.

#### Materials

One rubber ball or tennis ball.

#### Procedure

1. Ask participants to stand in a circle, with their hands behind their backs.
2. A ball squeezed between the collar bone and chin must be passed from one participant to the next without hugging or using hands.
3. Explain that the ball represents a message in communication.
4. Ask participants if they can suggest how this activity resembles communication.

#### Points to elicit

- It is possible to pass the ball even if the participants are different heights/at different levels.
- If the ball is dropped this would represent a break in communication.
- Passing the ball, like communication, is an interactive process. It works best when both parties are fully aware of what each is trying to achieve, i.e., two-way communication.
- The exercise illustrates that messages can be conveyed but the health care provider needs to adjust to the level of the client (language, terminology) in order to effectively communicate with them.
- Healthy dialogue between a service provider and client is essential so that neither party is negatively affected by the end of the discussion.

### 4. Discussing Sexuality exercise (10 mins)

The purpose of this activity is to demonstrate that talking about one's own personal sex life is extremely difficult for most people.

#### Procedure

1. Ask participants to get into pairs.
2. Ask participants to discuss their last sexual act and also whether condoms were used.
3. After a very short time, stop the discussion and ask participants how they felt when they were asked to discuss their last sexual act.

*[You will probably find that most people were very uncomfortable with this Activity. That is precisely the point of the exercise.]*

Points for discussion

- Participants should recognize that it is not easy to talk about sex and sexuality. Sex and sexuality is usually private and a sensitive issue to talk about openly especially in relation to STIs and HIV.
- Service providers should have adequate communication and counseling skills to assist clients to discuss issues related to their sexuality freely.

## 5. Barriers to Communication and Enhancing Effective Communication (15 - 25 mins)

The purpose of this activity is to discuss barriers to effective communication.  
[NB: see also Activity 6 below, which addresses a similar topic in a more active way.]

### Materials

Newsprint/flip chart sheets and markers, or whiteboard and markers.

### Procedure, Option A (25 mins)

1. Divide participants into two groups.
2. Ask each group to select a group leader to lead the discussion, a reporter to take notes and a presenter to present the group's results.
3. Group 1 will discuss and list 'Barriers to effective communication.'
4. Group 2 will discuss and list 'Factors enhancing effective communication.'
5. Ask each group to present its findings.
6. Lead a discussion on the findings. Add more barriers or factors if needed.

See Box below for some examples of barriers to communication and factors that enhance it. Note that these are examples only, not a comprehensive list.

Barriers to Communication	Factors that Enhance Communication
Some examples <ul style="list-style-type: none"><li>- Negative body language</li><li>- Shouting</li><li>- Ignoring people</li><li>- Hectoring/lecturing/ranting</li><li>- Interrupting</li><li>- Looking bored</li><li>- Looking out of the window</li><li>- Talking too fast</li><li>- Information overload</li><li>- Technical terms/jargon</li><li>- Bad temper</li><li>- Not listening/not understanding the other person</li><li>- Untidy physical environment.</li></ul>	Some examples <ul style="list-style-type: none"><li>- Being genuine and warm</li><li>- Listening</li><li>- Empathy</li><li>- Politeness/courtesy</li><li>- Respecting the other person</li><li>- Eye contact</li><li>- Non-judgmental approach</li><li>- Patience</li><li>- Tolerance</li><li>- Shared purpose</li><li>- Humour</li><li>- Language that takes into account the other person's level of education</li><li>- Welcoming physical environment.</li></ul>

Points for discussion

- Different barriers and factors influence effective communication.
- Participants must recognize the barriers to effective communication and overcome them.
- Service providers must also recognize the factors that enhance effective communication and ensure they apply these factors in order to help and guide clients to make informed choices.

### **Procedure, Option B** (15 mins)

Instead of dividing participants into two groups, conduct the activity as a plenary brainstorm. Use either two flip charts sheets (one headed 'Barriers to Communication', the other headed 'Factors that Enhance Communication') or a whiteboard divided into two columns.

## **6. Communication in Personal Relationships** (30 mins)

The purpose of this activity is to reflect on the importance of communication and how much is communicated by tone, gesture and manner rather than actual words.

### **Procedure**

1. Ask for five volunteers. The five persons position themselves to form a wall. Explain that each of them will take turns facing the other four and trying to pass 'through' the wall.
2. Each of the five volunteers should think of a phrase that will help them get through the wall. For example a participant may choose the phrase "Excuse me please" or "Hello, I'm in a bit of a hurry" etc, any of which can be said in a variety of ways - pleading, demanding, polite, assertive etc. Once they choose the phrase, they CANNOT change it. What they can do is repeat it, using different tones of voice and body language.
3. Next, the volunteer stands in front of each of the four remaining persons that form the wall and uses the chosen phrase to try and convince the person to let him/her pass. The volunteer can only pass through the wall when s/he obtains the permission of all four members.
4. Allow all five volunteers to have their turn at trying to get through the wall.
5. Thank the volunteers for participating and facilitate a discussion with the following questions:

Ask the volunteers:

- How did you feel when you went through the wall?
- What attitudes did you adopt when you were the wall? (collaboration, openness, willingness, indifference, competition).
- What strategies did you adopt to get through the wall? What made the persons in the wall allow you to pass through?
- In the case of someone who was unable to get through the wall, ask: Were you really convinced that you would get through the wall, or did you foresee that you were not going to succeed? How did you feel not getting through?

Ask the observers:

- What did you observe?
- How did you feel in the role of observers?

- Did this exercise tell us anything about how we express ourselves and get what we need in life?
- In our everyday lives, do we use different ways to express ourselves, or usually just one or two?

Close the exercise by explaining that good interpersonal communication is achieved by recognizing the desire of others to know something about us. It also involves knowing the other person better, without interpreting or judging what that person is telling us. (Ask open-ended questions, using active listening, paraphrasing and empathy.)

## 7. Communication Styles – Passive, Aggressive, Assertive (1 hour)

The purpose of this activity is:

- to recognize different ways of expressing oneself;
- to develop assertiveness skills.

### Procedure – Stage one

1. Ask the full group what comes into their heads when they hear the word ‘communication.’ As they are talking, note what they say on a flip chart.
2. Ask everyone to choose a partner and relate to them a situation where communication felt satisfactory. When they have finished, ask them to join another pair and share their examples. When they have finished, ask the whole group what conclusions they reached about what is required for good communication.
3. Write the words “Passive,” “Assertive,” and “Aggressive” on flip chart. Ask for volunteers to explain each of the three types of communication:

### *PASSIVE*

- Giving in to others without thought for yourself
- Hoping to get what you want without actually having to say it
- Letting others guess what you want or letting them decide for you
- Taking no action to assert your rights
- Remaining silent when something bothers you
- Apologizing a lot
- Acting submissive: talking quietly, laughing nervously, sagging shoulders, avoiding disagreement, hiding face with hands, looking at the floor.

### *AGGRESSIVE*

- Expressing feelings, opinions or desires in a way that threatens or punishes the other person
- Standing up for your own rights with no consideration for the other person
- Overpowering or belittling others
- Reaching your goals at the expense of others
- Dominating by shouting, demanding, not listening, calling others name, blaming, threatening, fighting.

## ASSERTIVE

- Telling someone exactly what you want without being 'pushy'
- Standing up for your rights without putting others down
- Respecting yourself and the other person
- Listening and talking
- Staying balanced and firm: using "I" statements, talking face to face, staying calm and focused
- Win/win situation.

### Procedure – Stage Two

Ask the participants to form four groups. Ask each group to role play one of the following situations. In the role play, each group should illustrate the three forms of communication: aggressive, passive and assertive.

<b>Role-Play 1</b>
A husband introduces the female condom into a marriage.
<b>Role-Play 2</b>
A woman living with HIV introduces the male condom into her relationship with a man living with HIV.
<b>Role-Play 3</b>
A girlfriend introduces the female condom into a relationship with a married man.
<b>Role-Play 4</b>
A pregnant or breastfeeding woman introduces the male condom into a marriage.

[If any of these role plays do not relate closely to the situations of your participants, design more relevant ones.]

Give the groups about 10 minutes to discuss and develop their role play and then 5 minutes to present it to the other groups.

As a full group, facilitate a discussion on how participants felt doing the exercise:

- When was one type of communication more effective than another?
- How did gender roles influence the type of communication used? (Refer back to the session on Gender if one has already been conducted.)
- Which type of communication felt most comfortable to you?

# Module 11

## Counseling



# Module 11

## Counseling

Activity #	Content	Time
1.	Introduction	
2.	Presentation on Counseling	30-40 Minutes
3.	Nine Rights of a FP or Dual Protection Client	20-30 Minutes
4.	Motivating and Assisting Clients in Successful Condom Use (case studies discussion)	1 hour



### Total time

2 hours



### Learning objectives

By the end of this module participants should be able to:

- explain key principles of counseling;
- state the rights of a client seeking FP/Dual Protection services;
- demonstrate good counseling techniques.



### Preparations in advance

- Study the activities/options in this module and ensure that you have all the appropriate materials for the activities you plan to use.
- Make enough copies of relevant handouts for participants.
- Make an OHP or flip chart of [Participant Handout 11B](#) (Nine Rights of a Family Planning or Dual Protection Client).
- If you intend to use the alternative methods of presentation for Activities 2 and/or 3, prepare the necessary flip charts and/or sets of cards.



### Handouts

- Counseling ([Participant Handout 11A](#))
- Nine Rights of a Family Planning or Dual Protection Client ([Participant Handout 11B](#))





## Equipment and other materials

- Overhead projector and/or Powerpoint equipment, power cable(s)
- Flip chart or newsprint and markers
- Whiteboard and markers
- Masking tape or similar to put flip chart sheets on the wall.



## Activities/Process

### 1. Introduction

Present the objectives of the module on a Flip chart or PP (Facilitator Resource PP 11.1).

### 2. Presentation and Discussion on Counseling ([Facilitator Resource PP 11.1](#)) (30-40 mins)

The Counseling presentation deals with the following topics:

- principles for counseling;
- criteria for effective counseling;
- the SOLER principle;
- counseling norms: the GATHER approach;
- free and informed choice.

For further information on Counseling please refer to the [Handout 11A](#).

### Note

As in Module 10 on Communication, you may wish to consider using a series of flip charts, prepared in advance, instead of a Powerpoint for this presentation. Using flip charts gives the possibility of eliciting contributions from participants and adding them to the flip charts during the presentation. Each sheet can be put up on the wall, so that the trainer can refer back to them as the session goes on, reinforcing points already made. However, be aware that this method will take more time. This additional time is justified if you think this topic is important for your participants, because counseling is a skill, and skills cannot be acquired simply by following a presentation. For effective learning to take place, participants need to engage in activities which help them to **process** the points being taught.

**Option 1.** For Slide No. 4 (Criteria for Effective Counseling) a more participatory activity may be more effective than showing the Powerpoint and reading from the handout. Instead, and to act as an energizer, try this activity:

- Write each heading (Individualization, Confidentiality, etc) on separate index cards, and the explanations, from [Handout 11A](#), Pages 1 and 2, also on separate index cards (total 18 cards).

*[Note: the simplest way is to cut up a copy of the handout and paste the sections onto the cards. Cutting up an enlarged photocopy is even better.]*

1. Mix up the cards.
2. Give one card to each participant. Tell them not to show their card to anyone else.
3. Give the following instruction: “Read your card - Remember it – Hide it.”
4. Ask them to stand up, move around and speak aloud what is written on their card (a summary or paraphrase of the text is fine), and also listen to what others are saying aloud. The task is to form matching pairs (heading + explanatory text).
5. When they think they have found their partners, they can check by looking at each other’s cards.
6. The pairs then form a circle, displaying their cards.
7. Each pair reads aloud their card – the title and the explanation. Other participants can ask questions if the explanation is not clear. The facilitator helps answer if necessary.
8. The pairs of cards can be stuck onto a flip chart and displayed on the wall for reference.

**Option 2.** A less active but faster version of the above is to give similar sets of mixed-up cards to participants seated in groups, and ask them to sort the cards and then present the content to the plenary.

At the end of the presentation, distribute copies of the information on Counseling ([Handout 11A](#)) if you consider it relevant and useful for your participants. If so, ask them to read it overnight so that they can ask any questions during the Reflections session next morning.

### 3. Clients’ Rights ([Participant Handout 11B](#)) (20-30 mins)

- Use one of the two Options described above in Activity 2 to present the Nine Rights of a Client seeking FP or Dual Protection services by writing the heading (Information, access, choice etc) on separate index cards, and the explanations, also on separate index cards (total 18 cards).

You can also show an OHP of the Rights ([11B](#)).

Give out copies of [Handout 11B](#). Urge participants to do all they can to ensure that a client’s rights are acknowledged and fulfilled.

Ask participants to discuss how they can implement these rights in practice in their real work situations. Discuss what practical difficulties they might have, and encourage them to suggest possible solutions.

For some groups, it may be appropriate to extend this into a small group activity in which participants identify constraints on fulfilling clients' rights in their projects (e.g. overcrowding, work load, time constraints) and then develop action plans for the implementation and monitoring of clients' rights. The action plans should address the identified constraints. The groups could then share their ideas and action plans. You will need to allocate additional time if you want to do such an extended activity.

#### 4. Motivating and Assisting Clients in Successful Condom Use (1 hour)

Divide participants into groups of three. Within each group one person should assume the role of Client, Health Care Provider and Observer. Give each group a copy of the three role plays and explain that they will have an opportunity to role play each scenario. As they change scenarios, the group members should take turns being the client, the health care provider and observer. The role of the health care provider is to discuss the situation with the client and motivate him/her to use a male or female condom. The role of the observer is to give feedback to the health care provider and add suggestions.

##### Role Plays

Jalsa is 24 years old. She would like to use protection with her husband who she believes is having sex with other women but he is reluctant to wear a condom and she is scared he will abandon her if she insists.

Geeta is a young FSW. Several of her clients refuse to use condoms and she is losing money because of this. They have offered her more money for unprotected sex which she desperately needs.

Sanjeev is 26-years old and married. He sometimes visits sex workers and does not always wear a condom because he does not like them.

If these role plays are not relevant to your country context then they should be adapted.

As a full group, generate a discussion using the following points:

##### Client

- How did you feel when the Health Care Provider was speaking to you?

##### Health Care Provider

- How did it feel to be the Health Care Provider?
- Which clients were most challenging to motivate?
- What challenges did the clients face?
- What did you do to help them to overcome these challenges?
- Did you consider gender & power dynamics?

## Observers

- What did you notice as an observer?
- Did the counseling improve with different situations?
- What myths, fears and misperceptions were encountered?
- What problems were encountered and how were they addressed?
- How practicable and feasible were the approaches or strategies used?

# Module 12

## Introduction to FC2 Female Condom



# Module 12

## Introduction to FC2 Female Condom

Activity #	Content	Time
1.	Introduction	20 Minutes 45-60 Minutes
2.	Presentation on the Female Reproductive Organs	
3.	An Introduction to FC2	



### Total Time

About 1 hour 20 minutes



### Learning objectives

By the end of this module participants should be able to:

- locate and describe the main female reproductive organs;
- have an understanding of FC2 Female Condom;
- describe the characteristics and advantages of FC2 and who can use it.



### Preparations in advance

- Study the activities in this module and ensure that you have all the necessary materials for those you decide to use.
- Make enough copies of relevant handouts for all participants.
- Obtain samples of FC2 female condoms for participants to examine. (If available, include a few with expired dates and/or slightly damaged packaging.) Also obtain the other items listed below under equipment and other materials.



### Handouts

- Female reproductive organs ([Participant Handout 12A](#))
- The FC2 female condom (leaflet) ([Participant Handout 12B](#))
- What do we know about FC2? ([Participant Handout 12C](#))



## Equipment and other materials

- Overhead projector, Powerpoint equipment, power cables
- Samples of female condoms (FC2) for participants
- Tissues and/or wipes for cleaning hands
- Flip chart and markers and/or whiteboard and marker
- Model of female torso and reproductive organs, or apron with diagrams of these, or other relevant visual aid, as available.



## Activities/Process

### 1. Introduction

Present the objectives of the module on a Flip chart or PP (Facilitator Resource PP 12.1).

### 2. Female Reproductive Organs ([Facilitator Resource PP 12.1](#)) (20 mins)

#### *Materials*

- Powerpoint or OHP of [Resource PP 12.1](#) (Female Reproductive Organs)
- Copies of [Handout 12A](#) (Female Reproductive Organs)
- If available, model of female torso (or apron, or similar).

See [Handout 12A](#) for general information on the female reproductive organs.

#### **Procedure**

From the following options, choose the one most appropriate for your participants (or use a combination of them).

#### *Option A*

Give each participant a copy of [Handout 12A](#) (Female Reproductive Organs). Talk them through each organ. Where possible and appropriate, ask participants to locate the organ on their own bodies and explain the organ's functions at the same time. (For the more intimate organs, ask participants to complete the activity for homework.)

You can use the presentation on the female reproductive organs (12.1) on Powerpoint or OHP to summarize, or give a print copy to anyone who wants one.

#### *Option B*

Show the presentation on Powerpoint (12.1), OHP or flip chart.

(If a model of the relevant organs is available, use it instead of the presentation – a model is preferable to a diagram.)

Point out the name of each organ and explain its function.

Then give out [Handout 12A](#) and ask participants to read it and locate the organs on their own bodies for homework.

### *Option C*

- Give participants printed copies of [Handout 12A](#) with the words blanked out from the diagram and written as a list at the bottom of the page.
- Ask them to work in pairs to copy the words in the correct places on the diagram.
- Use a Powerpoint or OHP of the reproductive organs to show the correct answers.

## 3. An Introduction to FC2 Female Condom ([Facilitator Resource PP 12.2](#))

(45 mins to one hour, depending on methods used and how wide-ranging a discussion you want to have)

For detailed information about FC2 female condom please study The FC2 female condom ([Handout 12B](#)) and What do we know about FC2? ([Handout 12C](#))

### *Materials*

- Samples of female condoms
- Supply of tissues and/or hand wipes
- Powerpoint or OHP of [Resource PP 12.2](#) (An Introduction to FC2 female Condom)
- The FC2 female condom (leaflet) ([Participant Handout 12B](#))
- What do we know about FC2? ([Participant Handout 12C](#))

### **Procedure**

1. Start by passing around samples of female condoms. Ask participants to check that the condoms are not date-expired and that the packaging is intact. (It is best to include a small number of samples that are expired and/or in damaged packaging, to make the point that this is a genuine precaution. This will also help to wake people up! If you know exactly how many faulty condoms you have distributed, you can ensure that all participants check their samples thoroughly.)
2. Ask participants to open the packets AND take out the condoms, unroll them, explore them, play with them, make funny noises with them – anything to make them familiar, comfortable and interested. Also pass around tissues or wipes so that people can wipe their hands whenever they want to.
3. Elicit from participants words they would associate with female condoms – how they feel, how they look, etc. Write responses on a flip chart.
4. When participants have adequately explored what a real female condom is, start the Powerpoint presentation ([Resource PP 12.2](#)).



This presentation deals with the following topics:

- description;
- advantages of the female condom;
- noted issues;
- helpful hints;
- who can use the female condom.

The presentation is a long one and contains a lot of information. It will be important to avoid boredom and help participants actively process the information that you want them to remember and be able to use. It is also valuable to get the benefit of participants' own ideas and experience. The following are therefore some suggestions for making this presentation more participatory.

#### Slide What is FC2 female condom?

- Tell participants that the next slide mentions specific characteristics of FC2 female condom.
- Read them the first TWO only as examples.
- Then ask participants to work in buzz groups (three or four people per group) to make a list of more features of FC2 that they consider important for potential users to know about.
- Allow the groups several minutes to work on this. Monitor the groups to check the task has been understood (if necessary, give another example).
- When the groups have finished, ask for one suggestion in turn from each buzz group. Record these on flip chart or whiteboard.
- Then show the slide What is FC2 female condom? and compare with the buzz group suggestions. Discuss any major differences.

#### Slides (Advantages of the female condom):

Ask participants to work in pairs and brainstorm a list of advantages of the female condom. Then show slides Advantages of the female condom. Ask participants if they came up with any additional ideas. (Some may have already been mentioned on previous slides.)

#### Slides (Noted Issues, Helpful Hints):

These two slides are probably best discussed in plenary.

Finally, distribute copies of The FC2 female condom ([Handout 12B](#)) and What do we know about FC2? ([Handout 12C](#)) to participants. Ask them to read them carefully for homework and be ready to raise any questions or make comments at the Reflections session next morning.



# Module 13

## Using and Promoting FC2 Female Condom



# Module 13

## Using and Promoting FC2 Female Condom

Activity #	Content	Time
1.	Introduction	
2.	Presentation on How to Use FC2 Female Condom	40 Minutes
3.	Female Condom Race exercise	20 Minutes
4.	Presentation/discussion on How to Explain the Female Condom to Potential Users	30 Minutes
5.	Female Condom: Myths, Perceptions & Fears	40 Minutes
6.	Counseling Users - Female condom role play	40 Minutes



### Total Time

2 - 3 hours, depending on which activities/methods you choose to use.



### Learning objectives

By the end of this module participants should be able to:

- demonstrate correct use of the female condom;
- explain the use of the female condom to clients;
- be familiar with myths and fears regarding the female condom;
- be able to address common questions, concerns and provide solutions for successful FC2 use.



### Preparations in advance

- Study the various activities in this module and ensure that you have all the necessary materials for those you decide to use.
- Make enough copies of relevant handouts for all participants.
- Samples of FC2 (for Activity 2, Step 1, slightly damage the packaging on a few samples).
- Make one copy of [Participant Handout 13B](#) (correct answers to Female Condom Race) on OHP.



## Handouts

- Female Condom Race questions ([Participant Handout 13A](#)) and answers ([Participant Handout 13B](#))
- Explaining FC2 female condom to potential users ([Participant Handout 13C](#))
- Solving Potential Issues with FC2 use ([Participant Handout 13D](#))
- Myths, Perceptions and Fears ([Participant Handout 13E](#))
- All about the FC2 female condom ([Participant Handout 13F](#))
- Checklist rating sheet for female condom demonstration ([Participant Handout 13G](#))



## Equipment and other materials

- Overhead projector, Powerpoint equipment, power cables
- Samples of female condoms for participants
- Tissues and/or wipes for cleaning hands
- Flip chart and markers and/or whiteboard and markers
- Three flip chart sheets, each with one of the following headings:  
Myths – Perceptions - Fears
- Demonstration model for FC2 insertion if available.



## Activities/Process

### 1. Introduction.

Present the objectives of the module on a Flip chart or PP (Facilitator Resource PP 13.1).

### 2. How to Use FC2 Female Condom ([Facilitator Resource PP 13.1](#)) (40 mins)

#### *Materials*

- Powerpoint presentation (How to Use FC2 Female Condom)
- Samples of FC2 female condoms (including a few with damaged packaging)
- Supply of tissues and/or hand wipes.

#### **Procedure**

1. Start by passing around samples of FC2 female condoms. Ask participants to check that the packaging is intact.

#### Note

- (i) It may be a good idea to include a small number of samples that are in damaged packaging, to make the point that this is a genuine precaution. If you know exactly how many damaged packages you have distributed, you can ensure that all participants check their samples thoroughly.
- (ii) Ask participants to check the dates on the packages.

2. Ask participants to open the packets and take out the female condoms, being careful not to damage them with long nails or jewelry, etc. Also pass round tissues or wipes so that people can wipe their hands when they want to.
3. Show the Powerpoint presentation ([Facilitator Resource PP 13.1](#)) and use the notes at the foot of each slide to explain the procedure for correct insertion of FC2. Use a model to demonstrate FC2 insertion or a clenched hand if a model is not available. Encourage participants to relate what they see on the Powerpoint to the actual FC2 samples in their hands.

Ask participants if they have any questions or comments. Return to earlier slides as needed.

### 3. Female Condom Race exercise ([Participant Handouts 13A and 13B](#)) (20 mins)

The purpose of this exercise is to ensure that participants have accurate knowledge of correct female condom use, and also the confidence to counsel, promote, motivate and give information on female condoms.

#### *Materials*

Female Condom Race questions ([Handout 13A](#))

Female Condom Race answers for overhead projector ([Handout 13B](#)), and copies for participants.

#### **Procedure**

1. Explain the purpose of the exercise (as above) and how it works:

The Female Condom Race has jumbled up instructions on the correct use of the female condom. The task is to work out the correct sequence of instructions, and write the letters for each step in the blocks at the foot of the sheet.

Although the exercise is a race to try and finish first, the most important thing is to get all the steps in the correct sequence.

Therefore there will be penalty points deducted for wrong answers!

2. Hand out copies of the Female Condom Race ([13A](#)) to the participants.

Make sure everyone has a pen or pencil; if anyone doesn't, provide one.

[Alternative: Ask participants to work in pairs for the race. In that case, give one copy of the FC2 Race questions to each pair rather than to each individual. The advantage of this method is that participants will discuss any items they are not sure about, and so be better 'primed' to learn the correct answer.]

3. Give a signal for all participants to start the race at the same time.

4. When all participants have finished the exercise, use [Handout 13B](#) to show the correct answers and give a copy to each participant.
5. Finally, acknowledge the participant(s) who finished first with all answers correct (a round of applause from the group).

#### 4. How to Explain FC2 Female Condom to Potential Users ([Facilitator Resource PP 13.2](#)) (30 mins)

##### *Materials*

- Powerpoint presentation ([Facilitator Resource PP 13.2](#))
- How to explain FC2 to potential users ([Participant Handout 13C](#))
- Solving Potential Issues with FC2 Use ([Participant Handout 13D](#))

The presentation deals with the following topics:

- explaining FC2 female condom to potential users;
- specific issues on FC2 female condoms;
- barriers to promoting FC2 female condoms;
- motivating clients to use FC2 female condoms.

For detailed information on this topic please refer to How to Explain FC2 Female Condom to Potential Users ([Handout 13C](#)) and Solving Potential Issues with FC2 use ([Handout 13D](#)).

##### **Suggestions for using the Powerpoint presentation**

**Slide** Explaining FC2 to Potential Users. This is a list of five items. First elicit some ideas from participants by asking: “*What general suggestions do you have for explaining the Female Condom to potential users?*” Then show Slide 3 and note any points which were not suggested by participants.

**Slide** Barriers to FC2 Promotion. Elicit some ideas from participants by asking: “*What barriers can you identify to promoting FC2?*” Then show Slide 5 and note any points which were not suggested by participants.

To conclude, distribute the Handouts on How to Explain FC2 to potential users ([13C](#)) and Solving Potential Issues with FC2 Use ([Tool 13D](#)).

Ask participants to read it for homework and be ready with comments, new ideas or additional suggestions at the Reflections session next morning.

#### 5. Myths, Perceptions and Fears exercise (40 mins)

Aims of the exercise:

- to familiarize participants with the **myths**, **perceptions** and **fears** they are likely to confront when promoting FC2;

- to provide participants with facts and skills to dispel myths, negative perceptions and fears.

### *Materials*

- 3 flip charts, headed respectively: Myths, Perceptions, Fears
- Flip chart and marker pens for each of the three groups (Use three different colour markers if you have them.)
- Myths, Perceptions and Fears ([Participant Handout 13E](#))
- All about the FC2 female condom ([Participant Handout 13F](#))

### **Procedure**

1. Fix the flip charts headed Myths, Perceptions and Fears on the wall or on easels/stands. You need to be able to write on them.
2. Ask the participants to call out common myths, negative perceptions and fears associated with the female condom. Write their responses on the appropriate flip chart, leaving plenty of space after each response for the answers. (Use extra flip charts for each heading if needed.)
3. Divide participants into three groups. Give each group one of the flip charts.
4. Ask the groups to write on the flip chart information, ideas, etc that will dispel the myths, clarify the negative perceptions or alleviate the fears.
5. Bring participants back together and ask each group to present its completed flip chart.
6. Discuss which issues they think will be the most difficult to address with potential users. How will they best prepare themselves to address these issues?

### *Some points to raise in discussion:*

- most obstacles to the successful use of FC2 can be overcome with high quality counseling, support and follow-up;
  - women should feel respected; building trust is an important step in introducing FC2 and counseling about FC2 use;
  - while it is the individual's responsibility to make a decision and carry it out, health care providers can help women better assess their prevention and contraceptive needs and the challenges they may face in carrying out their decisions;
  - counseling and support must be personalized for the individual woman by exploring her needs. This means asking questions and listening carefully;
  - a good counselor will avoid overloading a woman with too much information. Figure out what the woman may need and then help her to determine how to meet her needs;
  - help women explore the medical, social and cultural context of their risks and their decisions. This context includes the ability of an individual to carry out their decisions.
7. To conclude, distribute the Handouts on Myths, Perceptions and Fears ([Handout 13E](#)) and All about the FC2 female condom ([Handout 13F](#)) to all participants. Ask participants to read them for homework and be ready with comments, new ideas or additional suggestions at the Reflections session next morning.



## 6. Female Condom Role Play exercise ([Participant Handout 13G](#)) (40 Mins)

In this exercise, participants view and discuss a female condom demonstration, and evaluate aspects of the demonstration.

### *Materials*

- FC2 Female Condoms
- Checklist Rating Sheet ([Participant Handout 13G](#)).

### **Procedure**

1. Hand out copies of the Checklist Rating Sheet. Ask participants to read it. Allow enough time for this.
2. Ask for two volunteers. Explain that one volunteer will role-play a client and the other will role-play a health care provider/counselor demonstrating correct use of the female condom. The other participants will assess the demonstration, using the rating sheet.
3. The 'health care provider/counselor' demonstrates correct use of the female condom, with supporting explanations, to the client. The other participants observe, and complete the rating sheet.

### **Note**

This is actually a quite difficult exercise for the person playing the counselor role, because there is a lot to remember. If the counselor is missing a lot of points, the facilitator should consider helping, perhaps by dropping some hints, or miming, or even acting as an assistant who comes in with an 'important message' and shows the counselor the rating sheet...whatever will be most helpful. The two aims are: (i) ensure learning and (ii) avoid embarrassment.

4. When the demonstration is complete, thank the volunteers. Ask the other participants to give comments, based on the rating sheet. Urge them to give constructive feedback on the role plays and avoid negative criticisms.
5. Lead a Q&A session with participants. Include elements of female condom demonstration that were omitted or incorrect. Emphasize that counselors and service providers need to be knowledgeable on all aspects of female condom use in order to effectively promote it to clients.

### *Points for discussion:*

1. high client turnover may mean that service providers have to demonstrate correct female condom use in rushed circumstances. How can we do this?;
2. sex is spontaneous and sometimes hurried. It is important that clients understand how to correctly use a female condom in these situations.



# Module 14

## Male Condoms



# Module 14

## Male Condoms

Activity #	Content	Time
1.	Introduction	
2.	Presentation on the Male Reproductive Organs	20 Minutes
3.	Male Condom Information – Demonstration	25 Minutes
4.	Presentation and Discussion	
4.	Presentation on Male Condom Use	15 Minutes
5.	Male Condom Race exercise	15-30 Minutes
6.	Male condom role play and checklist	30-45 Minutes
7.	Condoms: Myths & Facts	30 Minutes



### Total Time

2 to 2.5 hours, depending on how new the topic is to participants and how much practice is needed.



### Learning objectives

By the end of this module participants should be able to:

- demonstrate correct use of the male condom;
- instruct others in correct use of the male condom;
- dispel myths and misconceptions about the male condom.



### Preparations in advance

- Study the activities in this module and ensure that you have all the necessary tools and materials.
- Make enough copies of relevant handouts for all participants.
- Make a copy of [Facilitator Resource PDF 14.1](#) in two versions: one as it is, and copies for participants with the words blanked out, for use in Activity 2. (If you want to make the task easier, write the words as a list below the diagram.)
- Make copies of [Participant Handout 14E](#) (correct answers to Male Condom Race) for all participants.
- Obtain samples of male condoms for participants to examine. (If possible, include a few with expired dates and/or slightly damaged packaging.)
- Experiment with inflating some male condoms, filling them with water, etc, in preparation for Activity 3 Step 3.



## Handouts

- Male Reproductive Organs ([Participant Handout 14A](#))
- General male condom information ([Participant Handout 14B](#))
- How to use the male condom correctly ([Participant Handout 14C](#))
- Male Condom Race questions and answers ([Participant Handouts 14D and 14E](#))
- Checklist rating sheet for male condom demonstration ([Participant Handout 14F](#))



## Equipment and other materials

- Overhead projector and/or Powerpoint equipment, power cable(s)
- Flip chart and markers
- Samples of male condoms for participants
- Penis models or substitutes (dildos, vibrators, bananas, carrots)
- Tissues and wipes for cleaning hands after handling condoms
- Supply of water (to demonstrate strength and capacity of a condom)
- Three flip chart sheets, each with one of the following headings:  
Myths – Perceptions - Fears.



## Activities/Process

### 1. Introduction

Present the objectives of the module on a Flip chart or PP.

### 2. Male Reproductive Organs ([Resource 14.1 Male Reproductive Organs PP and PDF](#)) (20 mins)

#### *Materials*

- Powerpoint or OHP of [Facilitator Resource PP 14.1](#) (the male reproductive organs)
- A set of print copies of [Facilitator Resource PDF 14.1](#) with the words blanked out (so that participants have to work out the labels)
- If you want to make the task easier, give the deleted words as a list below the diagram (or on a separate sheet, or on the whiteboard or flip chart).

[See [Participant Handout 14A](#) for general information on the main male reproductive organs.]

#### **Procedure**

1. Ask participants to work in pairs or threes for this activity.  
Give a copy of [Facilitator Resource PDF 14.1](#) with the words blanked out to each pair.
2. Explain that the words for each organ have been blanked out on the diagram, and that their task is to write in the names of each organ at the end of each of the lines pointing to an organ.

If you want to make this activity more lively, do it either as a competition (ask which pair got the most labels correct?) or, if you provided the words in a list, as a race (which pair finished first?).

3. When the pairs have finished, show the Powerpoint or OHP and ask participants to check how many organs they named correctly.
4. Finally, give a copy of [Participant Handout 14A](#) to all participants.

### 3. Male condom information ([Facilitator Resource PP 14.2](#)) – Demonstration, Presentation and Discussion (25 mins)

#### *Materials*

- Powerpoint or OHP of [Facilitator Resource PDF 14.2](#) (The Male Condom)
- The Male Condom ([Participant Handout 14B](#))
- Samples of male condoms, tissues or hand wipes
- Bucket of water (unless there is a tap in the training room).

#### **Procedure**

1. Start by passing around samples of condoms. Ask participants to check that the condoms are not date-expired and that the packaging is intact. It is best to include a small number of samples that are expired and/or in damaged packaging, to make the point that this is a genuine precaution. This will also help to wake people up! If you know exactly how many faulty condoms you have distributed, you can ensure that all participants check their samples thoroughly.

Ask participants to open the packets and take out the condoms, unroll them, explore them, play with them, inflate them, make funny noises with them – anything to make them familiar, comfortable and interested. Also pass round tissues or wipes so that people can wipe their hands whenever they want to.

2. Elicit from participants words they would associate with condoms – how they feel, how they look, etc.
3. While participants still have condoms in their hands, demonstrate the strength of a condom by filling one with water (but stop before it bursts - conduct a trial experiment before the actual training). Keep the outside of the condom dry (or dry it with a towel). Take the water-filled condom around for participants to confirm that the outside is dry.
4. Point out that water molecules are far smaller than viruses (a water molecule contains only three atoms – H<sub>2</sub>O), so if water cannot pass through the condom then it is clearly impossible for a virus to do so.
5. When participants have adequately explored what a real male condom is, start the Powerpoint presentation on the male condom ([Facilitator Resource PP 14.2](#)). Refer to the actual condoms whenever relevant.

The presentation deals with the following topics:

- description;
- characteristics of the male condom;

- latex condoms;
- efficacy;
- who can use the male condom;
- advantages;
- disadvantages;
- common myths/misconceptions.

6. If you think it is relevant give out [Handout 14B](#) (The Male Condom) to participants.

#### 4. Correct use of the male condom ([Facilitator Resource PP 14.3 Male Condom Use](#)) (15 mins)

##### Procedure

1. Distribute copies of [Handout 14C](#) (Male Condom Use).
2. Ask participants to look at the sheet of diagrams attached as the 2nd page.
3. Show (Powerpoint) on male condom use and talk through it.
4. Ask participants if they have any questions or need any points clarified.
5. Ask them to read the handout for homework.

#### 5. Male Condom Race exercise ([Participant Handouts 14D and 14E](#)) (15 - 30 mins)

The purpose of this exercise is to ensure that participants have fully accurate knowledge of correct condom use, and also the confidence to counsel, promote, motivate and give information on male condoms.

##### Materials

Male Condom Race questions ([Handout 14D](#)), Male Condom Race answers ([Handout 14E](#)) for overhead projector, and as handout if desired.

##### Procedure

1. Explain the purpose of the exercise (as above) and how it works:

The Male Condom Race has jumbled up instructions on correct use of the male condom.

The task is to work out the correct sequence of instructions, and write the letters for each step in the blocks at the foot of the sheet.

Although the exercise is a race to try and finish first, the most important thing is to get all the steps in the correct sequence.

Therefore there will be penalty points deducted for wrong answers!

2. Hand out copies of the male condom race questions to the participants.

Make sure everyone has a pen or pencil; if anyone doesn't, provide one.

[Alternative: Ask participants to work in pairs for the race. In that case, give one copy of [Handout 14D](#) to each pair rather than to each individual. The advantage of this method is that participants will discuss any items they are not sure about, and so be better 'primed' to learn the correct answer.]

3. Give a signal for all participants to start the race at the same time.
4. When all participants have finished the exercise, use [Handout 14E](#) – Male Condom Race Answers to show the correct answers. Give all participants a copy of [Handout 14E](#).
5. Finally, acknowledge the participant(s) who finished first with all answers correct (a round of applause from the group).

## 6. Male Condom Role Play exercise ([Participant Handout 14F](#)) (30 - 45 mins)

In this exercise, participants view and discuss a male condom demonstration, and evaluate aspects of the demonstration.

### *Materials*

Checklist rating sheet for male condom demonstration ([Handout 14F](#))

### **Procedure**

1. Hand out copies of the Checklist Rating Sheet. Ask participants to read it. Allow enough time for this.
2. Ask for two volunteers. Explain that one volunteer will role-play a client and the other will role-play a counselor demonstrating correct use of the male condom. The other participants will assess the demonstration, using the rating sheet.
3. The 'counselor' demonstrates correct use of the male condom, with supporting explanations, to the client. The other participants observe, and complete the rating sheet. These observers should be instructed to record both the good aspects and negative aspects of the role play.

### **Note**

This can be a difficult exercise for the person playing the counselor role, because there is a lot to remember. If the counselor is missing a lot of points, the facilitator should consider helping, perhaps by dropping some hints, or miming, or even acting as an assistant who comes in with an 'important message' and shows the counselor the rating sheet...whatever will be most helpful. The two aims are: (i) ensure learning and (ii) avoid embarrassment.



4. When the demonstration is complete, thank the volunteers. Ask the other participants to give comments, based on the rating sheet. Urge them to give constructive feedback on the role plays, highlighting demonstration aspects or responses that were well made and avoiding criticisms.
5. If necessary, repeat Steps 2 – 4 with another pair of participants.
6. Lead a Q&A session with participants. Include elements of male condom demonstration that were omitted or incorrect. Emphasize that counselors and service providers need to be knowledgeable on all aspects of male condom use in order to effectively promote it to clients.

*Points for discussion:*

1. high client turnover may mean that service providers have to demonstrate correct male condom use in rushed circumstances. How can we do this?;
2. sex is spontaneous and sometimes hurried. It is important that clients understand how to correctly use a male condom in these situations.

## 7. Condoms: Myths and Facts (30 mins)

The aims of the activity are:

- to familiarize participants with the myths, perceptions and fears they are likely to confront when promoting condoms;
- to provide participants with facts and skills to dispel myths, negative perceptions and fears.

*Materials*

- Three flip chart sheets, each with one of the following headings: Myths – Perceptions - Fears
- Flip chart marker pens for each of the three groups. (Use three different colour markers if you have them).

**Procedure**

1. Fix the flip charts headed Myths, Perceptions and Fears on the wall or on easels/stands. You need to be able to write on them.
2. Ask the participants to call out common myths, negative perceptions and fears associated with the male condom. Write their responses on the appropriate flip chart, leaving plenty of space after each response for the answers. (Use extra flip charts for each heading if needed.)
3. Divide participants into three groups. Give each group one of the flip charts.
4. Ask the groups to write on the flip chart information, ideas, etc that will dispel the myths, clarify the negative perceptions or alleviate the fears.
5. Bring participants back together and ask each group to present its completed flip chart.
6. Discuss which issues they think will be the most difficult to address with potential users. How will they best prepare themselves to address these issues?
7. Ask participants if there are any additional myths or misconceptions prevalent in their community or country. If there are, discuss how to address or correct these.



# Module 15

## Emergency Contraception



# Module 15

## Emergency Contraception

Activity #	Content	Time
1.	Introduction	
2.	Information on emergency contraception	20-30 Minutes
3.	Discussion on counseling clients needing emergency contraception	20 Minutes
4.	Role plays on counseling clients	30-45 Minutes

An external Resource Person may be needed to explain national policy and/or guidelines on emergency contraception in countries where emergency contraception is available.



### Total Time

70 – 95 minutes, depending on complexity of situation and amount of role-play practice and discussion.



### Learning objectives

By the end of this module participants should be able to:

- state country policy on emergency contraception;
- explain country guidelines on emergency contraceptives;
- explain currently available emergency contraceptives to potential clients;
- know what information to discuss with clients or users in the case of unprotected sex, condom slipping or breaking.



### Preparations in advance

- If necessary, identify and invite an external Resource Person to speak on this topic.
- Study the guidelines and country policy on emergency contraceptives.
- Study the activities in this module and ensure that you have any necessary materials.
- Print a set of the role-play scenarios ([Facilitator Resource PDF 15.1](#)) for each group of participants. Fold them so they cannot be seen, and put each complete set in a separate envelope.



### Handouts

- Any available/appropriate guidelines or information on emergency contraception services available in the country concerned.



## Equipment and other materials

- Whiteboard or flip chart, and markers
- Small envelopes for sets of role-play scenarios.

## Activities/Process

### 1. Introduction

Present the objectives of the module on a Flip chart or PP (Facilitator Resource PP 15.2).

### 2. Information on Emergency Contraception (20 - 30 mins)

The facilitator explains what emergency contraception is and when it is appropriate to use it.

The facilitator or other Resource Person presents facts of government policy, national guidelines and method(s) available (10 mins).

Distribute any relevant handouts or information sheets. Allow participants time to read them (if they are not too long). Answer any questions.

### 3. Discussion on what to advise clients (20 mins)

Lead a plenary discussion on what to advise clients in cases of male or female condom slipping or tearing.

Write any suggestions agreed by the group (or by a significant number of participants) on a flip chart.

Acknowledge that if there are no clear national guidelines then there may be differences of opinion, and these need to be respected. Try to achieve a consensus on at least a minimum number of agreed points.

### 4. Role plays on counseling clients ([Facilitator Resource PDF 15.1](#)) (30 - 45 mins)

1. Tell participants that we will now do some role plays to practice counseling clients in cases of male or female condom slipping or tearing.
2. Start with a brief recap of some key counseling principles (e.g. SOLER and GATHER). Refer to [Module 11](#) on Counseling for details.
3. Ask participants to work in groups of 3 people per group, each taking turns at the following roles:
  - **Role A:** Client
  - **Role B:** Counselor
  - **Role C:** Observer

4. Give each group an envelope containing 3 scenarios. The participant playing Role A takes one scenario. S/he should read the scenario and then role-play the character (without showing the card). The participant playing Role B should respond. After each role play, the Observer gives feedback on the Role B performance. This feedback should be based on two aspects:
  - the quality of the counseling, in terms of what was learned in the modules on Communication and Counseling;
  - the appropriateness of the information or advice, in terms of how well it reflected, what was agreed in Activity 3 above (the discussion on what to advise clients).

[At the feedback stage, the scenario paper can be shared with the group.]

5. Then the next participant to play Role A takes their scenario from the envelope.

The scenarios in [Facilitator Resource PDF 15.1](#) are reproduced below. If any of the role-play scenarios do not relate closely to the situations of your participants, change them or write more relevant ones.

Remind participants that the person seeking help in each scenario may also need counseling on SRH issues other than just emergency contraception, for example Voluntary Counseling and Testing, and hence a return visit at a later date.

### Scenario 1

You are a woman aged about 30. You left your husband some time ago because he had begun to drink large amounts of alcohol, spent all the household money and became violent. You were pregnant with your second child when you left him. You are now unemployed with two young children. You are in a relationship with a man who is married. He is quite rich, and quite generous. You depend on his financial support. He always uses a condom with you, because he says he cannot stay with you if you get pregnant. But last night the condom broke during intercourse. Your partner was drunk and you think he probably damaged the condom while taking it out of the package. You are afraid of getting pregnant. You are midway through your menstrual cycle. You want to know what you should do. You are very shy and don't talk much; however, you will answer direct questions truthfully.

### Scenario 2

You are a female student. You have a steady boyfriend. You have been using a female condom, but last night you and your boyfriend were both rather drunk and he made love and his penis went in by the side of the female condom. By the time you stopped him it was too late. Your parents will be very shocked if you get pregnant, and so will your boyfriend's parents. You think that he will probably have to leave you. You are midway through your menstrual cycle. You want to know what you should do. You are very worried and upset and tend to talk a lot. You are mostly focused on what you should say to your parents and on whether you should have an abortion or have the baby adopted.

### Scenario 3

You are a female sex worker. You insist that your customers always use condoms. But last night a customer's condom broke inside you. You are midway through your menstrual cycle, and afraid of getting pregnant. You want to know what you should do. You are worried about getting pregnant because then you will have to tell your parents what you do for a living, and they think you are working in a restaurant.

- 6. Optional:** Ask volunteers to perform some of the role-plays for the whole group. (Remind participants to give constructive feedback, focusing on the positive aspects of the role plays and avoiding negative criticism.)
- 7.** Discuss any issues arising from the role plays. If necessary, amend the flip chart from the Activity 3 to take account of any issues that emerged from the role plays.





# Module 16

## Negotiating Safer Sex



# Module 16

## Negotiating Safer Sex

Activity #	Content	Time
1.	Introduction	
2.	Presentation on Negotiating Safer Sex	20 minutes
3.	Strategies for Negotiating Condom Use	30 Minutes
4.	Negotiating Safer Sex and Condom Use Exercise	30 Minutes
5.	Dealing with Aggression and Violence	1 hour



### Total Time

2 hours 20 Minutes



### Learning objectives

By the end of this module participants should be able to:

- conduct productive negotiations for safe sex, and help others develop skills for doing so;
- discuss ways in which condoms (male and female) can affect sexual pleasure, both positively and adversely;
- use effective negotiation strategies in trying to deal with aggression or violent behaviour in a sexual partner, and help others develop skills for doing so.



### Preparations in advance

- Study the activities in this module and ensure that you have all the necessary materials for those you decide to use.
- Make enough copies of relevant handouts for all participants.
- Print the role play scenarios for Activity 5 ([Facilitator Resource PDF 16.2](#)) on separate cards, or print on paper and paste onto cards.



### Handouts

- Tips for Communicating with your Partner about Sex ([Participant Handout 16A](#))
- Talking to your partner ([Participant Handout 16B](#))



## Equipment and other materials

- Whiteboard or flip chart, and markers
- A stick (for Activity 4).



## Activities/Process

### 1. Introduction

Present the objectives of the module on a Flip chart or PP (Facilitator Resource PP 16.1).

### 2. Discussion on Negotiating for Safer Sex

([Facilitator Resource PP 16.1](#)) (20 mins)

The presentation deals with the following topics:

- what is negotiation?;
- factors that enhance negotiation for safe sex;
- tips for communicating with your partner.

It will be important to help participants actively process the information that you want them to remember and be able to use. It is also valuable to get the benefit of participants' own ideas and experience. The following are therefore some suggestions for making this presentation more participatory:

**Slides** What is negotiation for safer sex?

- Ask participants what they understand by the term negotiation? How might this be applied in the context of safe sex?

**Slide** Factors that enhance negotiation for safer sex

- Elicit suggestions from participants (plenary brainstorm). Record their suggestions on a flip chart or whiteboard. Then show slide 4 and compare with participants' responses.

**Slides** Tips for Communicating with your Partner

- These four slides list tips to enhance communication, in this case for safe sex. Ask participants in plenary to suggest factors that may enhance communication for safer sex. Record their responses on a flip chart or whiteboard.

Then show slides Tips for Communicating with your Partner and compare with participants' responses. (You could tick off each suggestion on the flip chart or whiteboard as it appears on the Powerpoint.)

Distribute copies of [Handout 16A](#) (Tips for communicating with your partner about sex) to participants.

### 3. Strategies for Negotiating Condom Use (30 mins)

#### Procedure

1. Divide participants into groups of three or four people. Give each group flip chart paper and markers.
2. Assign half of the small groups to discuss **How Condoms May Enhance Sexual Pleasure**.  
Assign the other half of the groups to discuss **How Condoms May Diminish Sexual Pleasure**.
3. Tell the groups they have 15 minutes to write their ideas on a flip chart.
4. When the time is finished, bring the groups together and have each group post their flip chart on a wall.
5. Invite all of the groups who discussed **How Condoms Enhance Pleasure** to review their ideas, followed by the groups who discussed **How Condoms Diminish Pleasure**.
6. Facilitate a discussion based on the following questions and suggestions:
  - How would you discuss the use of condoms objectively with one of your clients, and talk about how condoms affect sexuality?
  - Is it possible to have a fulfilling and pleasurable sexual experience using condoms? Do male and female condoms offer different pleasures in sexual relationships?
  - In our role as providers, what can we do to help our clients appreciate the positive aspects of condom use (both male and female) while we acknowledge and address the potentially difficult aspects?
  - How can people make condoms more attractive, fun and desirable?

### 4. Negotiating Safer Sex and Condom Use (30 mins)

The aim of this Activity is to practice negotiating safer sex, incorporating the arguments for using condoms.

#### Procedure

1. Divide participants into four groups:
  - Group 1:** men who do not want to use the female condom;
  - Group 2:** men who do not want to use the male condom;
  - Group 3:** women who want to use the male condom;
  - Group 4:** women who want to use the female condom.
2. Tell the whole group that having sexual intercourse is the desired outcome. Now, Group 1 (men who do not want to use FC2) negotiates with Group 4 (women who want to use FC2.) After negotiating, ask them how they felt and what types of communication or what phrases were helpful. Ask the other two groups who were observing to present their comments.

3. Next, the second negotiation takes place - Group 2 (men who do not want to use the male condom) with Group 3 (women who want to use the male condom). The discussion is considered in the same way as above.
4. Lead a discussion with the whole group, using the following discussion questions:
  - How was the negotiation similar to real life?
  - What are the consequences of unsuccessful negotiation?
  - What are the options when someone is sure about wanting safe sex, but the other person does not accept it?
  - What other aspects of the person in the group were involved? (Gender, power, communication styles, attraction, self-esteem, fear, etc.)
  - When is the best time to negotiate condom use?
5. Close the activity by reminding participants that negotiating safer sex does not mean a win-lose situation, but finding the best situation for both partners. When it comes to sex, things can be complex because of all the human emotions and feelings involved.

Distribute copies of [Handout 16B](#) (Talking to your Partner) to participants.

## 5. Dealing with Aggression and Violence ([Facilitator Resource PDF 16.2](#)) (1 hour)

The Aims of the Activity are:

- to explore situations that could lead to violent behaviour;
- to link counseling with mutual respect and a balance of power.

### *Materials*

- Each scenario from [Facilitator Resource PDF 16.2](#) should be written on a separate card or paper
- A Stick.

**Note to facilitator** In the scenarios below, each partner is vulnerable to HIV. Remind participants to avoid labeling people - for example, the ‘guilty’ man and ‘vulnerable’ woman.

### **Procedure**

1. Explain to participants that in some situations, discussion of safer sex can lead to aggression. When ever one person is attacked or hurt in a sexual way, it is sexual assault. Rape is one kind of sexual assault. Women may fear introducing condoms into a relationship because of potentially aggressive or violent outcomes.
2. Let the participants know that they will be doing role plays to practice dealing with aggressive behaviour. For each scenario, one volunteer will play the role of the “Client” and another volunteer will be the “Counselor”. The person who plays the Client will be provided with information about the client s/he will be playing, and must NOT show this information to the other volunteer (the Counselor).

3. Give the scenario card to the volunteer who will play the Client. Allow a few minutes for the volunteer to read the scenario and get into the “Client” role.

[The scenarios are reproduced below for reference, but can be printed from [Facilitator Resource PDF 16.2.](#)]

4. After a few minutes, stop the role play and allow another volunteer to step in as the Counselor (with the client remaining the same.) Continue until each scenario is given 10 minutes.

### Scenario A

You are a 25-year old woman in a relationship with a 30-year old man. He buys you nice dresses and gifts. He feels strongly about not using male condoms because they interrupt his pleasure. Last night you suggested using a female condom but he threatened to hit you. You went ahead and had unprotected sex.

### Scenario B

Your husband travels for work and you suspect he might be having sex with other women while he is away. You recently asked him to start using a condom. He accused you of being unfaithful and threatened to sleep with other women saying, "Since you are sleeping around, why shouldn't I?"

### Scenario C

Your husband was sick for some time and not interested in sexual relations. He has just started taking anti-retroviral medicine and is looking and feeling healthier. Your only child died and now your husband insists on having unprotected sex with you in order to have another child.

[If these scenarios are not relevant to the people in your group, please change them or develop more locally relevant ones.]

5. Explain to the group that for the next 20 minutes you are going to discuss the different role plays using a ‘Talking Stick.’ The talking stick contains the right to be heard by others. In order to speak, participants need to request the stick.

To start, the facilitator holds the stick, but after that, the stick should be passed directly between the members of the group, so they control the discussion. Begin by posing the following discussion questions:

- How could aggression or violence have been avoided?
- Who was vulnerable in each situation?
- If the situation will not change, who should the person turn to?
- For those who played the role of counselor, what were the most challenging aspects? What felt most comfortable?
- When and how should negotiation on safer sex take place?

6. Close the session by explaining that relationships, such as the ones in the scenarios and even the one between client and counselor, can have an imbalance of power. Ask participants if using the talking stick helped create a feeling of shared power.
- How did they feel when holding the stick, or when someone else asked to speak?
  - Did holding the stick increase their sense of power?
  - How did it feel to ask for the stick?
  - What lessons did they learn about improving the balance of power in relationships? (For example, active listening, not interrupting, etc.)

### Important Note

Dealing with a client who's STI may be due to sexual abuse or rape requires great sensitivity and may be very difficult. It may be wise to involve a service provider who has the necessary training, skills and experience to handle such situations correctly.





# Module 17

## Planning Future Condom Training



# Module 17

## Planning Future Condom Training

Activity #	Content	Time
1.	Introduction	
2.	Planning Future Training	2 - 3 hours
3.	Sharing Training Plans	1 – 2 hours



### Total Time

3 - 5 hours, depending on how important you consider this Module to be for your participants, and how much time you can afford. The ideal would be to devote one whole training day to this Module, but that may not always be possible.



### Learning objectives

By the end of this Module, participants should be able to:

- identify the likely learning needs of people to whom they will pass on condom training in the future (outreach workers, community based organizations, colleagues within their own organizations or partner organizations...and so on);
- identify the topics they will need to cover in their own future trainings;
- select the most appropriate topics, activities and materials from this manual;
- design appropriate condom training workshops to meet the needs of people with whom they will work in the future.



### Preparations in advance

- Review the activities in this Module and ensure that you have the necessary handouts and materials.
- Make enough copies of [Participant Handout 17A](#) (Planning Future Training) for all participants.
- Also make an OHP of Handout 17A if you wish.



### Handouts

- Tasks for Planning Future Training ([Participant Handout 17A](#))



## Equipment and other materials

- Overhead projector, power cable
- Flip chart or newsprint and markers
- Tape to display flip charts on walls.



## Activities/Process

### 1. Introduction

Present the objectives of the module on a Flip chart or PP.

### 2. Planning Future Condom Training ([Participant Handout 17A](#)) (2 – 3 hours)

For the activities in this module, organize participants to work either in groups or individually, in which ever of the ways suggested below is most appropriate for your group. The basic aims in organizing the groups are:

- participants will work on developing training ideas and plans specifically aimed at their future work;
- participants will be able to share ideas and get feedback from colleagues (as well as from the facilitator/co-facilitator) on their own ideas.

Therefore choose whichever of the following best suits your participants.

- ❖ Organize participants in groups of 3 – 5 people who have similar jobs and/or work for the same (or similar) organization(s).

OR

- ❖ Organize participants in groups of 3 – 5 people who are likely to conduct similar kinds of training in the future and/or who have similar professional qualifications.

OR

- ❖ If you have participants who will be doing very different kinds of training in the future, ask them to work on individual projects but still organize them in small groups to share ideas and get feedback on their training plans within their group. In this case, very small groups of just 3 people (or even pairs) will probably work best.

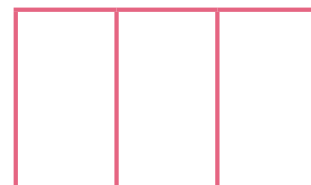
Ask participants to work through the set of tasks listed below. For each task, they should produce a written statement (or set of statements) that they can put on flip chart and share with the plenary.

The set of tasks for the groups or individuals is listed in [Participant Handout 17A](#) and is shown below for reference. [Handout 17A](#) should be given to participants and explained. (You can also show it on OHP.) Remind participants that these tasks are the first stages of developing a training plan; they are not a complete plan.

## TASKS FOR PLANNING FUTURE CONDOM TRAINING

1. **Who will you be training?** Write or record a brief description of the kind of people with whom you will share condom training, and the reasons why they need this training.
2. **Who will be responsible for coordinating the training?**
3. **How will the training be organized?** Write or record a brief description of how the training time will be organized (e.g. a workshop, occasional short sessions spread over a longer period, informal peer education) and where it will take place.
4. **When do you plan to commence the training and how many training sessions will you conduct over a year?** Indicate if your training will be on-going.
5. **What resources will you have available?** Write or record a list of training resources that you will be able to use. This could be anything from just some simple visual aids or condom samples to a fully equipped training room.
6. **What will your participants need to learn?** Write or record a list of what you feel your future participants will need to learn. Organize this list in three sections:
  - Most important
  - Very useful but not essential
  - Useful but could be left out if there is not enough time

If you are writing on flip chart you might want to make 3 columns, with the flip chart horizontal, like this:



7. **Which Modules/Activities/Tools from this workshop do you think will be most useful for your future participants?** Review the present workshop and identify the modules, activities and materials that you think will be most useful for the training that you will do in the future. Write or record a list of these.
8. **How will you sequence the modules and activities in your own training?** Once you have decided what topics/activities you will include, decide how you will arrange them in sequence. This might be the same as in the present workshop – or, you might want to change some around. In that case, check that your proposed new sequence will still work effectively.
9. **How will you follow up and monitor participants** to ensure that the knowledge, skills and attitudes learnt in training sessions are being implemented?

## ADDITIONAL POSSIBLE TASKS

[The following tasks could be added for participants who are able to do them, if there is enough time available, or for people who finish work early on the previous tasks.]

10. Write overall goals for your training.
11. Develop a rough draft of a training schedule/workshop agenda/timetable.
12. Make a list of tasks to be done in order to prepare for your training – e.g. resources needed, materials to be produced, external resource persons, venue, invitations, how you will evaluate etc.

### 3. Sharing Training Plans (1 – 2 hours)

The purpose of this Activity is for participants to share their ideas with each other and get feedback and suggestions. Remind participants to give constructive feedback and suggestions, and avoid negative criticism. Depending on the time available and the number of groups or individuals, choose one of the following methods:

- ❖ **Presentations by Groups.** Each group in turn presents their work on flip charts to the plenary. The other participants can ask questions or make suggestions.
- ❖ **Exhibition.** Participants display the flip charts of their work on the walls. Ask participants to walk around and view each other's work. (It is best if participants take turns to stay by their flip charts to answer questions and take notes of suggestions.)
- ❖ **Sharing within small groups.** If a lot of participants have been working individually, it may be most useful for them to share their work and receive feedback within their small groups, or perhaps to combine small groups of three people into groups of six.
- ❖ The person coordinating training in-country needs to keep a copy of all the training plans. If this is not possible during the workshop, then participants should forward these plans to the person responsible for training. Implementation of these plans needs to be followed up by the responsible person/s.



# Module 18

## Evaluation & Closing



# Module 18

## Evaluation & Closing

Activity #	Content	Time
1.	Introduction	
2.	Post-Course Questionnaire	25 minutes
3.	Workshop evaluation	30 - 45 minutes
4.	Contacts list	5 minutes
5.	Presentation of certificates	15 minutes
6.	Thanks	5 minutes
7.	Close of workshop	10 minutes
8.	Any remaining administrative matters	? minutes
9.	Evaluation by facilitation team	



### Total Time

1 – 1.5 hours



### Learning objectives

By the end of this Module, we will have:

- obtained participants' feedback on the training and shared ideas for improving future trainings;
- completed the post-course questionnaire and compared results with the pre-course questionnaire;
- administered and collected the participants' workshop evaluation forms;
- exchanged contact information;
- presented certificates;
- thanked everyone involved in the training;
- closed the workshop in a positive way/finished on a high note.



### Preparations in advance

- Review the activities for this Module and ensure that you have any necessary tools and materials.
- Make enough copies of relevant handouts for all participants.
- Make an OHP of the evaluation form if you think it needs explaining for your participants.
- Make a copy of the Attendance Register (*Completed [Facilitator's Resource 1.1](#) from [Module 1](#)*) for all participants if appropriate.





## Handouts

- Post-Course Questionnaire ([Participant Handout 18A](#))
- Workshop Evaluation Form ([Participant Handout 18B](#))
- Contacts list (Copies of Completed [Facilitator Resource 1.1](#))



## Equipment and other materials

- Overhead projector, power cable(s)
- Flip chart and/or whiteboard; a flip chart marker for each participant
- Tape for sticking flip charts on wall
- Post-it notes or small papers and blu-tak or similar material for sticking notes onto flip charts
- A ball (optional – see Activity 7)
- Certificates of Attendance.



## Activities/Process

### 1. Introduction

Present the objectives of the module on a Flip chart or PP (Facilitator Resource PP 18.2).

### 2. Post-Course Questionnaire ([Participant Handout 18A](#)) (25 mins)

Distribute copies of the post-course questionnaire. This is the same questionnaire that participants completed on the first day of the training workshop. Ask participants to use the same anonymous number that they used in the pre-course questionnaire. Once they have completed the questionnaire, gather the forms and enter the information onto the Individual and Group Learning Matrix ([Facilitator Resource PDF 18.1](#)). As entering responses may take some time, complete the Matrix while participants are filling out their evaluation forms and then show results to the group and compare with those from the pre-course questionnaire. Any topics that have been poorly answered as a group should be addressed.

### 3. Workshop Evaluation ([Participant Handout 18B](#)) (30 – 45 minutes)

Depending on the time available, you could choose any of the following evaluation activities (or an activity of your own), either instead of or in addition to using the evaluation form ([Handout 18B](#)).

- ❖ **Charts and Post-its.** Put two flip charts on the wall, one headed with a smiling face and the other with a frowning face. Give participants some Post-it stickers. Ask them to write comments on the workshop (organization, content, sessions, facilitation – any aspect they want) and stick them on the appropriate chart. Participants can do this individually or in small groups.

You can also add a third flip chart, headed ‘Suggestions for future trainings’. If you haven’t got post-its, use small pieces of paper and ‘blu-tak’ or other sticky material, or ask participants to write their comments directly on the flip charts.

- ❖ **Small group discussions.** Ask participants to discuss in small groups (about 4 participants per group) their evaluation of the workshop. Ask them to list aspects they liked, aspects they felt needed improvement, and suggestions for future workshops.

An alternative is to ask each group to evaluate a particular aspect of the workshop (e.g. content, organization, training methods and materials, etc).

- ❖ **Talking Wall.** Put up on the wall a series of flip chart sheets, each headed with a particular aspect of the workshop, or a particular topic/session/group of sessions. Give each participant a marker. Ask them to walk along the wall and write their comments on the flip charts.
- ❖ **Tossing a ball.** Participants stand in a circle and toss a ball from one participant to another, until all participants have had a chance to express one essential thing they learned from the workshop. This activity has two advantages: first, it is fun and creates a sense of group solidarity; secondly, it goes some way towards assessing what participants have learned.
- ❖ Distribute the workshop evaluation form ([Handout 18B](#)).

Remind participants that the evaluation form is anonymous and they should NOT write their names.

Check that all participants understand how to fill in the form.

Allow participants 15 minutes to complete the form.

Collect all the evaluation forms.

#### 4. **Contacts List - Copies of Completed Attendance Register** ([Facilitator Resource 1.1](#)) (5 minutes)

If appropriate, a photocopy can be made of the completed Attendance Register and distributed to all participants. This will allow program managers to contact participants to check on the progress of further training workshops and participants to keep in touch with each other, if they so wish.

Circulate this while participants are filling in the workshop evaluation form.

#### 5. **Certificates** (15 minutes)

Present participants with certificates if available. This can be done either by the facilitator or by an invited guest.

## 6. Thanks (5 minutes)

Thank everyone for their participation. This could include:

- all participants;
- co-facilitators;
- any invited guests;
- host organization and/or sponsoring organizations;
- ancillary staff (such as admin/finance assistants, drivers);
- caterers for refreshments, etc.;
- anyone else you want to include.

## 7. Closing the workshop (10 minutes)

If you have not already done this as part of Activity 2, you could have a final feedback activity in which participants stand in a circle and toss a ball from one participant to another, until all participants have had a chance to express one essential thing they learned from the workshop (or alternatively one special quality they admired or appreciated in another participant).

Finally, thank all participants for their full participation.




## 8. Administrative matters (time needed will vary)

This will include any payments for reimbursement of travel expenses or similar matters.

## 9. Workshop Review and Evaluation by facilitation team.

In addition to the participants' evaluation of the workshop, it is also important for the facilitation team to meet and formally review and evaluate the workshop, including making their own recommendations for changes and/or improvements to future training events. Depending on the time available, this meeting could be held immediately at the end of the workshop, or else at a later date (but not too much later), perhaps after the participants' evaluation comments/evaluation forms have been collated and processed.

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