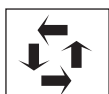


### 3. Understanding HIV/AIDS and STIs



#### Duration:



#### Methodology:

Group Discussion, Small Group Activity, Role Play



#### Materials:

Flip Chart, Markers



#### Activities:

##### Activity 1:

Understanding STIs

##### Activity 2:

Understanding HIV/AIDS

##### Activity 3:

Attributes of HIV/AIDS

##### Activity 4:

HIV Transmission

##### Activity 5:

HIV Prevention: Faithfulness

##### Activity 6:

HIV Prevention: PMTCT

##### Activity 7:

Stigma

##### Activity 8:

VCT/HCT

It is likely that a majority of couples in the workshop presume they are well informed about STIs and HIV/AIDS. However, as facilitators we should not assume the depth or accuracy of the participants' knowledge. Possibly, the emphasis on the dangers of HIV, however valid, has overshadowed the serious consequences of other STIs. To lay a proper foundation for future lessons and to ensure that everyone has the necessary facts, we will closely examine this topic, emphasizing abstinence before marriage and faithfulness in marriage as preventative methods to guard against sexually transmitted infections.

To gain a historical perspective, we will review the progression of HIV/AIDS in the world and more specifically, in Uganda. Discussion will include the common symptoms and long-term effects of sexually transmitted infections, as well as the attributes/characteristics and transmission modes of HIV/AIDS. Issues of stigma, PMTCT, and Counseling & Testing will complete the discussion. Any participant who has not been tested will be encouraged to do so. Finally, abstinence and faithfulness will be introduced as important protective measures for one's spouse, children, and community.

#### Objectives

After this session, the couples will:

- Have increased knowledge about HIV/AIDS and STIs
- Understand the importance of abstinence and faithfulness as an HIV prevention strategy

**Facilitator Note:** The workshop teaches life skills that can help protect couples from HIV/AIDS and other STIs. It is important to give the couples some background knowledge as you will be referring to HIV/AIDS and STIs throughout the workshop.



## Activity 1: Understanding STIs

### ① Step 1

**Explain the following to the participants:**

STIs are sexually transmitted infections that are spread by sexual contact from one person to another. They can cause pain, infertility, and death if not treated.

### ② Step 2

**Ask participants if they can think of any long-term side effects of STIs.**

**List responses on flip chart.**

**Tell them that while STIs may have many side-effects, there are four crucial ones that they should know.**

**Write the following on the flip chart:**

1. Tubes become blocked, leading to infertility or pregnancy in the tube wall.
2. Miscarriage or stillbirth due to transmission of the STI during pregnancy or childbirth.
3. Genital cancers
4. Higher risk of HIV transmission due to wounds, open sores, etc.

### ③ Step 3

**Tell the participants that there are some common symptoms of STIs.**

**Ask if they can name any common symptoms. List their responses on the flip chart.**

**Write the four common symptoms on the flip chart:**

1. Urethral discharge (men)
2. Genital ulcers (men or women)
3. Vaginal discharge (women)
4. Lower abdominal pain

**Facilitator Note:** The Facilitator must be clear and explain that having one or more of these symptoms does not necessarily mean that the cause is an STI. Instead, the presence of the symptoms makes it highly advisable to go to a medical centre for tests.

#### ④ Step 4

**Explain each symptom in more detail. Provide the participants with the following information:**

##### **1. Urethral Discharge**

- Can be seen primarily in men
- Most commonly caused by either gonorrhea (*Neisseria gonorrhea*) or chlamydia (*Chlamydia trachomatis*)

Common symptoms:

- Mucus-like discharge from penis
- Pain on urination (dysuria)
- Pain in testicles or scrotum
- Symptoms usually appear within 3-5 days (gonorrhea) to 7-14 days (chlamydia) after sexual exposure to organisms
- Untreated urethral discharge can lead to permanent narrowing and obstruction of the urethra and difficulty in urinating

##### **2. Genital Ulcer**

- Can be seen in either men or women
- Can be caused by several specific organisms, each a separate STI:
  - Herpes
    - Caused by Herpes simplex virus
    - One or more very painful small blisters around the vagina, on the penis, or around the anus
    - Blisters burst open and dry up to become scabs
    - Sores can last for 3 weeks or more with first infection and disappear.
    - Recurrent blisters usually appear from time to time, although they last a shorter time than on primary infection
  - Syphilis
    - Caused by *Treponema pallidum*
    - Painless ulceration (chancre) on the penis, vagina or anus. Ulceration may last only a few days, usually goes away without treatment, and a woman may not notice it
    - Ulceration usually has raised, indurated edges, clean base, and is not painful or tender
    - Weeks or months later, after the ulceration has disappeared, the person may have: sore throat, skin rash, mild fever
    - All these symptoms may disappear without treatment, however, syphilis eventually causes heart disease, paralysis, insanity, and

eventual death

- A pregnant woman can pass syphilis to her child before birth
- Chancroid
  - Caused by *Hemophilus ducreyi*
  - Begins with painful papule or ulceration in genital area
  - Associated with large, swollen lymph nodes in the groin that may ulcerate and drain
  - May be difficult to distinguish from syphilis except by RPR test

### **3. Vaginal Discharge**

- Seen only in women
- Discharge may be painless, or associated with vaginal burning or irritation, painful urination, or painful sexual relations
- Primary difference in treatment is to distinguish infection of vaginal mucosa alone (vaginitis); from bacterial infection of cervix (cervicitis)

### **4. Lower Abdominal Pain**

- Can be caused by many problems, such as appendicitis, pregnancy in tubes, ovarian cyst, kidney stone; but can also be caused by an STI – Pelvic Inflammatory Disease (PID)
- PID is a bacterial infection of the uterus, fallopian tubes, or ovaries caused by gonorrhea, chlamydia, and/or mixed bacteria
- Main task is to differentiate possible PID from other potential causes of lower abdominal pain – this can be done with 4 specific questions in history and brief examination of the abdomen. Examination of the abdomen should look for specific diagnostic criteria (both point toward significant abdominal infection which should be evaluated by a surgeon or other specialist):
- Guarding on palpation – significant tightness of the abdominal muscles because of pain of palpation
- Rebound tenderness on palpation – slowly pushing into abdomen, and suddenly releasing pressure causes significant increase in pain
- Pelvic examination and other studies are very helpful to confirm diagnosis, but not necessary to initiate treatment in the Health Center.

## **5 Step 5**

**Ask the Participants if they can guess the AB way to prevent STIs.**

List their guesses on a flip chart.

Write the AB's on the flip chart:

**A—Abstain from sex; this is the only guaranteed protection.**

**B—Be mutually faithful.**

## **⑥ Step 6**

### **Divide the participants into groups.**

Ask them to discuss what someone should do if they have an STI. Allow a few minutes, then ask each group to present their opinions. Record their statements on the flip chart.

The final list should include, but not be limited to, the following:

- Seek medical attention quickly.
- Do not spread the STI — abstain from sexual relations.
- Take all your medication to cure your infection.
- Your partner is probably also infected. Help them get treatment.
- Return to the doctor if symptoms persist after seven days.



## **Activity 2 : Understanding HIV/AIDS**

### **① Step 1**

#### **Explain the following to participants:**

HIV stands for the human immunodeficiency virus. It is a very small virus or germ that destroys a person's immune system. AIDS is a collection of diseases that results from the immune system being weakened by HIV. You cannot tell by looking at someone if they have the virus. HIV can only be detected by a medical test. You can see that a person is sick once their immune system is destroyed and they start getting many other illnesses. This can take many years to show up.

### **② Step 2**

#### **Explain the following to the participants (perhaps give as a handout):**

#### **A Brief History of HIV/AIDS**

HIV/AIDS first got the world's attention in 1981 when hospital emergency rooms in New York City began to see an occurrence of seemingly healthy young men presenting with fevers, flu like symptoms, and a pneumonia called Pneumocystis. A year later, the CDC (Centers for Disease Control) finally linked the illness to blood and coined the term AIDS (Acquired Immunodeficiency Syndrome). In that first year, over 1600 cases were diagnosed with close to 700 deaths.

As the number of deaths soared, medical experts scrambled to find a cause and, more importantly, a cure. In 1984, Institute Pasteur of France discovered what they called the HIV virus, but it wasn't until a year later a US scientist, Dr. Robert Gallo confirmed that HIV was the cause of AIDS. Following this discovery, the first test for HIV was approved in 1985. Over the next several years, medications to combat the virus were developed as well as medicines to prevent infections that flourish when the immune system is damaged by HIV.

Anti-retroviral drugs (ARVs) and early medical care have helped to reduce the amount of AIDS related deaths in some parts of the world (the United States, Canada, etc.). Unfortunately, this has not been the case in other parts of the world. For example, in the sub-Sahara region of Africa, some estimate that 40 percent of persons are HIV infected. And with no money available for expensive HIV drugs, the epidemic is expected to get much worse, with estimates of 20,000,000 infected over the next five years.

### **HIV/AIDS In Uganda**

In 1982, the first HIV/AIDS case was identified in Uganda along the shores of Lake Victoria. The initial government response was muted and people immediately reacted with talk of superstition and witchcraft. Doctors were already aware of cases of severe wasting, commonly known as 'slim disease', that was on the rise in the area. Finally, in 1982, the connection between 'slim disease' and AIDS was acknowledged, but Uganda did not have a clear HIV/AIDS prevention program until the end of the civil war in 1986.

In 1987, the government reacted to HIV/AIDS by setting up the first control program. The program endorsed the ABC approach (abstain, be faithful, use condoms), ensured the safety of the blood supply and started HIV surveillance. Small community-based organizations were also formed during this period. One in particular, TASO, began with just sixteen volunteers and is now one of the largest indigenous AIDS service organizations in Uganda.

From 1992 to 2000 the HIV prevalence fell dramatically, from a peak in 1991 of around 15% among all adults, and over 30% among pregnant women in the cities, to around 5% in 2001. The reasons for the drop in prevalence is a matter of debate but it is clear that both the government and the community-based programs were consequential. The Ugandan government's prevention initiatives continued throughout the nineties with high levels of funding from both the government and international donors such as the World Bank.

The 2004/05 National HIV/AIDS Sero and Behavior survey by the Ministry of Health Surveillance Unit estimated about 915,400 adults and children were living with HIV/AIDS in 2005. Prevalence among adults aged 15-49 yrs was

estimated at 6.4%, 0.7% among children less than five years, and 5.8% among persons ages 50-59 years. The Ministry of Health estimated 132,500 new infections in 2005 alone.

Free antiretroviral drugs have been available in Uganda since 2004. It is thought that the availability of drugs to treat HIV may have led to complacency as AIDS is no longer an immediate death sentence; this may have contributed to the suspected rise in new HIV infections.

There are currently an estimated 940,000 people living with HIV in Uganda, and 1.2 million children have been orphaned by AIDS.

### Question & Answer

1. Based on this information, how serious is HIV/AIDS?

2. Why is it important for both you and your children to know as much as possible about HIV/AIDS?



## Activity 3: Attributes of HIV/AIDS

### ① Step 1

**Ask the participants if they know the difference between HIV and AIDS. Ask them to define HIV and AIDS.**

Explain the following:

HIV stands for human immunodeficiency virus. It is the virus that causes AIDS. AIDS stands for acquired immunodeficiency syndrome. HIV is a virus that invades the immune system and slowly destroys it. This reduces the body's ability to fight off infections and cancer. Without treatment, people with HIV develop AIDS, which is fatal.

### ② Step 2

**Ask if they know the four important attributes of HIV. Write their responses on the flip chart.**

**Then name the first attribute: Fragility. Ask if anyone knows what we mean by 'fragility'. Give them time to respond.**

**Fragility:** Given its simplicity (it has only nine genes) and dependence on the human host (it can't live outside our bodies) the virus is extremely frag-

ile. It cannot survive on its own and can only be transmitted in ways that give it direct access to cells, especially immune cells.

**Ask them what this says about HIV? What does it say about how it is transmitted?**

**Direct them towards understanding that we must go out of our way to become infected; it is not like a cold.**

### **③ Step 3**

**Name the second attribute: High production and turnover rate. Ask if anyone knows what we mean by that attribute. Give them time to respond.**

**High production and turnover rate:** In a typical HIV-infected person, about 10 billion HIV viruses may be produced and destroyed each day.

### **④ Step 4**

**Name the third attribute: High mutation rate. Ask if anyone can guess what we mean by that attribute. Give them time to respond.**

**High mutation rate:** A high number of mutations (changes) occur in the process of HIV replication. The high production rate increases the chances of mutation. Such mutations can sometimes confer resistance to antiretroviral drugs (ARVs).

### **⑤ Step 5**

**Tell them the fourth attribute: Latent reservoir. Ask if anyone knows what we mean by that attribute. Give them time to respond.**

**Latent reservoir:** HIV “hides” within the DNA of a small proportion of infected cells in something of dormant state for long periods of time. Thus, drugs and the immune system, cannot typically get at all the virus, and currently cannot “cure” HIV.

### **⑥ Step 6**

**Ask why it is important to understand these facts about HIV/AIDS. Listen to responses then ask:**

1. If the virus is fragile, can I contract it through sharing food, washing hands, sneezing on someone, etc.? [No]
2. If it has a high production rate, does that make it harder for drugs and the immune system to fight? [Yes]



3. If it keeps changing, does that also make it harder to fight? [Yes]
4. If it can play “hide and seek,” does that also make it harder to fight? [Yes]
5. Does all of this information make it easier to explain why there is no cure for AIDS? [Yes]



## Activity 4: HIV Transmission

### ① Step 1

**Ask participants the following questions and write their answers on a flip chart:**

1. What are the different ways HIV/AIDS can be transmitted?
2. Is sexual contact the only means of transmission?
3. How should a person act around someone infected with HIV?

### ② Step 2

**Present the following information to the group:**

HIV is most commonly transmitted by sexual contact with an infected person. This, however, is not the only means of transmission. HIV can also be transmitted by sharing piercing or sharp instruments with someone who is infected, or through transfusions of infected blood or blood clotting factors. There is also mother-to-child-transmission (MTCT) in which babies born to HIV-infected women become infected before or during birth or through breast-feeding after birth.

### ③ Step 3

**Ask the participants to get into their groups and discuss the following questions:**

1. How do you think HIV spreads in a community?
2. What advice would you give your child to protect themselves 100% from HIV?
3. What advice would you give people in your community who are at high risk of HIV infection?
4. Are you 100% sure of your HIV status? How did you find out?
5. Where can one go for HIV testing and counseling?
6. What are the signs and symptoms of someone who is HIV positive? How can you tell if someone is HIV positive?

7. How can the community help those who are already HIV positive?



## Activity 5: HIV Prevention: Faithfulness

**Facilitator Note:** It is important that couples are aware of the role of faithfulness in HIV prevention. Although many issues may arise, assure the participants that there will be an opportunity to discuss this topic in depth in the next section.

### ① Step 1

**Ask the participants the following:**

1. What does it mean to be faithful?  
Answers may include: loyalty, honesty, dedication, reliability, allegiance, fidelity
2. What is the relationship between unfaithfulness and HIV?  
Answers may include: leads to multiple partners, high risk behavior, lack of respect

### ② Step 2

**Present the following:**

Faithfulness is the most effective way to prevent the sexual transmission of HIV to one's spouse, but testing is mandatory. If the couple is discordant (one partner is positive) then being faithful will not be effective and other methods should be discussed. For this reason, testing is critically important.



## Activity 6: HIV Prevention: PMTCT

### ① Step 1

**Present the following information:**

#### **Mother-to-Child Transmission**

As mentioned earlier, HIV can be transmitted from a mother to her baby during pregnancy, labor and delivery, and later through breastfeeding. The first step towards reducing the number of babies infected in this way is to prevent

HIV infection in women, and to prevent unwanted pregnancies through abstinence.

There are a number of ways to help an HIV+ pregnant woman avoid passing the infection to her child. A course of antiretroviral drugs given to her during pregnancy and labor, as well as to her newborn baby, can greatly reduce the chances of the child becoming infected. Although the most effective treatment involves a combination of drugs taken over a long period, even a single dose of treatment can cut the transmission rate by half.

### **Discuss.**



## **Activity 7: Stigma**

### **① Step 1**

**Request four volunteers. Take them aside from the group and ask them to role play the following situation:**

A man meets his friends. They all shake hands or hug. He tells them he is happy to see them because he needs their support. He shares that he is HIV +. They all take a step back while they are still saying “sorry”. Some start wiping their hands on their pants like they were dirty. Others start brushing at their shoulders. He asks if they want to go for dinner. Each one gives a different excuse and they run away.

### **② Step 2**

Ask the participants to discuss what happened.

Explain to them that this is called **stigma**. Tell them that in this case it was obvious, but it is not always so clear.

### **③ Step 3**

**Request two volunteers (male and female). Take them aside from the group and ask them to role play the following situation:**

A man and woman meet in the street. The man says “sorry” for the death of your husband. The woman opens her arms for a hug and the man raises his hands in fear.

Ask the participants to discuss what happened.

**④ Step 4**

Explain to them that the man assumed the woman had HIV/AIDS because her husband died of AIDS. While a husband may have HIV/AIDS, the wife may not or vice versa, even though they have been having intercourse. This is called **discordance**.

Most commonly, both partners are negative (concordant negative) or both partners are HIV positive (concordant positive). In discordant partnerships, only one partner is infected.

**Activity 8: VCT/HCT****① Step 1**

**Ask the participants what they know about VCT/HCT. Give the definitions:**

**VCT:** Voluntary Counseling and Testing

**HCT:** HIV Counseling and Testing

Counseling and Testing centers are client initiated (the client goes in voluntarily). Counseling for HIV clients addresses how to stay negative. For those who are positive, it addresses support, prevention, and linkages to care and treatment.

**② Step 2**

**Ask them why they think people refuse VCT/HCT.**

Note their responses and look for the following answers: (a) Fear of stigma, (b) Don't believe it will be confidential, (c) Poor access, (d) Fear of positive results, (e) "it couldn't happen to me"

**Discuss.**

**Personal Challenge**

As participants to write their own list of personal behaviors that they want to encourage or discourage. They should keep this list with them and promise themselves to try to be better husband/wife. After two weeks, they should ask their spouse if they have noticed anything different.



4

Session Four:



**Faithfulness**



## 4. Faithfulness



### **Duration:**



### **Methodology:**

Small Group Activity, Role Play,  
Group Discussion



### **Materials:**

Flip Chart



### **Activities:**

#### **Activity 1:**

Faithfulness

#### **Activity 2:**

What You Don't Know Can Hurt You

#### **Activity 3:**

Loyalty

#### **Activity 4:**

Advantages and Challenges of  
Faithfulness

#### **Activity 5:**

Strategies to Avoid Unfaithfulness

Marriage is intended to be a protective and secure environment for the couple and their children. However, since the emergence of HIV/AIDS and other STIs, this relationship can only remain safe through the faithfulness of two uninfected partners. Some have alleged that marriage actually puts women (and their children) at risk due to the infidelity of their husbands and their inability to refuse intimacy or insist on condoms. It is important to realize that the problem is not with the institution of marriage where the boundaries are respected, but rather with the spouse who violates the marital promise of fidelity. It is helpful to understand that “abstinence until marriage” is actually “abstinence in preparation for marriage”. Developing this self discipline and self-restraint prepares a person to be faithful once they enter a marriage relationship.

In this session, we will discuss the meaning of “faithfulness” and why loyalty is important for the overall well-being of the marriage relationship. Through the learning activities, the couples will consider how infidelity can negatively impact their own lives, their families, and their community. After considering these serious consequences, the couples will be challenged to make a commitment to faithfulness and to identify challenges and strategies to help them remain faithful.

### **Objectives**

Following this session, the couples will:

- Have an increased understanding of the importance of faithfulness
- Identify possible methods of ensuring a faithful marriage
- Understand the connection between faithfulness and preventing HIV/AIDS



### Activity 1: Faithfulness

**Facilitator Note:** In the previous section, faithfulness was discussed briefly. In this activity you will review the basic understanding of faithfulness.

#### ① Step 1

**Ask the participants to get into groups and discuss the following:**

1. What does it mean to be faithful?
2. Why is faithfulness important in a relationship?
3. What are some of the challenges/obstacles to being faithful?
4. How can a person help their spouse to remain faithful?

#### ② Step 2

**Groups will present their findings and discuss.**

#### ③ Step 3

**Remind the participants that faithfulness is not restricted to sexual activity. Prepare a list with the participants and discuss whether the behavior can be viewed as faithful. The list may look like the following:**

Behavior	Faithful?	
	Yes	No
1. Having sex with brother/sister of spouse		
2. Spending money on other men/women		
3. Confiding in other men/women about "home affairs"		
4. Telling spouses secrets to friends		



### Activity 2: What You Don't Know Can Hurt You

**Facilitator Note:** This activity attempts to dispel the common notion that 'ignorance is bliss' and 'what you don't know won't hurt you.' These statements may have come up in the previous activity when discussing the challenges concerning faithfulness.

**① Step 1**

Separate the participants into groups of males and groups of females. Ask the groups to list all the activities that their spouses may engage in that they prefer not to know about. Discuss why they think it is not important.

**② Step 2**

Ask the groups to switch lists (males give their lists to females and vice versa). Ask them to look at the list of activities written by the other group. They should write down why those activities are important to them.

**③ Step 3**

Ask the groups to present the final lists and discuss.

**Activity 3: Loyalty****① Step 1**

**Ask the following questions:**

1. What does it mean to be loyal?
2. What does it mean to be loyal to the human race?
3. What does it mean to be loyal to your country?
4. What does it mean to be loyal to your tribe?
5. What does it mean to be loyal to your family?
6. What does it mean to be loyal to your friends?
7. What does it mean to be loyal to your spouse?

**② Step 2**

Write their answers and ask them to rank their loyalties. What is first, loyalty to country or loyalty to spouse? Discuss.

**③ Step 3**

Next, ask them to rank the loyalties they desire from their spouse. Discuss.





## Activity 4: Advantages and Challenges of Faithfulness

### 1 Step 1

Ask the participants to break into three groups. Two groups will brainstorm about advantages of faithfulness and one group will brainstorm about the challenges of faithfulness. They should consider how it will affect them individually, their families, as well as their communities.

Group One will discuss: the advantages of being faithful for myself, my family and my community.

Group Two will discuss: the advantages of making a commitment of faithfulness for myself, my family and my community.

Group Three will discuss: the challenges of being faithful and/or making a commitment to faithfulness for myself, my family and my community.

Encourage them to think of physical, spiritual and emotional advantages (or challenges) for each point.

### Discuss.

The responses may resemble the following:

Advantages of being faithful	Advantages of making a commitment	Challenges to being faithful and making a commitment
Protection from STIs and HIV	Give joy to my spouse	Must have self-control
Protection for future offspring being born with HIV	Friends will hold me accountable to my word	Have to make consistent choices daily
Peace at home	It will encourage others in the community to be faithful	Friends and family members who challenge the decision to be faithful
No fear of “getting caught”	It will help me follow through	I may have to change my behavior
Communities have increased productivity	If I write it down, it will remind me to keep my word	I may have to change my schedule (to limit time away from my spouse)



## Activity 5: Strategies to Avoid Unfaithfulness

### ① Step 1

Divide the groups into small groups of four to five people.

### ② Step 2

Ask the groups to recall four behaviors of their peers that increase their vulnerability to being unfaithful. They should develop a role play based on one of their ideas and present to the rest of the group.

The role play should show: someone choosing the action, doing the action, and then moving towards being unfaithful. The role play must include all three parts and should be no longer than five minutes.

### ③ Step 3

After each performance ask the following questions:

1. What did you see?
2. How common is this situation where you live?
3. What made the person more vulnerable?
4. How could they have avoided this situation?
5. What alternative action would you suggest?

### ④ Step 4

Next, ask each group to act out their play again, but this time the audience can interrupt the role play by saying “Stop” when they think that the person is making a bad decision. The audience will then give suggestions of what the actor/actress in the role play should do differently to alter the outcome of the role play. The actor/actress must change their behavior based on the audience suggestions and continue the role play. Alternatively, you can ask a member of the audience to jump into the role play and portray the “right” behavior.

## Personal Challenge

Write a list of your challenges with faithfulness. Share this list with your spouse and find solutions to those challenges as a team.

# 5

## Session Five:

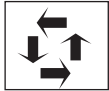


## Communication Skills

# 5. Communication Skills



## Duration:



## Methodology:

Group Discussion, Game,  
Case Studies, Small Group Activity,  
Role Play, Couples' Activity



## Materials:

Scenarios for role play,  
Flip Charts (2), Markers



## Activities:

### Activity 1:

Communication Skills

### Activity 2:

Three Types of Communication

### Activity 3:

Practicing 'I' Statements

### Activity 4:

Case Study

### Activity 5:

Temperament and Communication

### Activity 6:

Talking Money

Effective communication is a necessary skill for every area of life. Most people can probably recall a circumstance when a message they thought was very clear resulted in a miscommunication, creating a misunderstanding at best, or worst case, a very significant problem. Good communication paves the way for fulfilling and satisfying relationships, and marriage is no exception.

In this session, we will explore three types of communication styles, and learn how positive communication can help us to successfully express our concerns, feelings, unmet needs and desires. We will also discover how inappropriate body language and “you” statements create barriers, perhaps shutting down communication altogether. Understanding a spouse’s personality type or temperament is another useful tool in our “communication toolbox”, offering insight into their spouse’s communication style and how best to relate to them. Finally, couples will have an opportunity to discuss an important topic in every marriage—money!

## Objectives

After this session, the participants will:

- Learn the necessary skills to communicate effectively with their spouse(s).
- Understand the difference between positive communication skills and negative communication skills.





## **Activity 1: Communication Skills**

### **① Step 1**

**Ask the participants about the role of communication skills in marriage.**

### **② Step 2**

**Ask participants to define “communication” and why it is important. Next, ask them to define “effective communication” and why it is important.**

### **③ Step 3**

**Sit in a circle (if not already doing so). Think of a message, like “The rain in Spain is mainly on the plain.” Any message will do.**

### **④ Step 4**

**Tell them they are going to send a message around the circle by whispering it to each other. They can only whisper the message once. Start the message.**

### **⑤ Step 5**

**When the message arrives at the end, ask the last person to say it out loud. Then reveal the original message. Ask:**

1. Why did the message change?
2. What does this say about the need for effective communication?
3. What are some of the barriers to effective communication?  
[making assumptions, needing to be right, physical barriers (background noise, volume)]
4. How many times has a simple misunderstanding caused a terrible argument in your homes?

**Discuss.**



## Activity 2: Three Types of Communication

### ① Step 1

**Explain the following to the participants:**

The three types of communication are **passive, aggressive, and assertive**. People who are **passive** tend to be quiet during a conflict. They might stop communicating, accept the blame, and “go along” with whatever the other person says to avoid a fight. Passive communicators listen, but do very little speaking out for themselves.

The secondary type of communication is **aggressive**. People who communicate aggressively try to protect themselves from blame. They ignore the feelings and words of the other person and do not listen well. They are often angry and hurt people by the way that they speak. They make known all their opinions through their actions and words.

People who communicate **assertively** decide what they need and say it out loud. They explain their feelings and opinions and ask for the things they need. They do not speak too much or too little. They know what to say and say it. They use body language that is not threatening.

### ② Step 2

**Ask the following question:**

1. Which response (assertive, passive or aggressive) is most effective for communication?  
[Possible answer: Assertive is most effective. It allows us to share our concerns without being too pushy or letting others hurt us with their words. Assertive communication does not focus on what the other person is doing to us; it focuses on our reactions to that behavior.]
2. Do you think effective communication can promote faithfulness in marriage? If so, how?  
[Possible answers: Effectively communicating our unmet needs and desires to each other in marriage will strengthen the marriage. Effectively communicating our promises of faithfulness to our spouses on

a regular basis will strengthen our ability to say 'no' when a temptation for unfaithfulness comes.

Effectively communicating temptations will allow our spouses to help us remain faithful. For instance, if our spouse spends long periods of time away from home and we are able to communicate effectively that this makes it difficult for us to be faithful, we could work out a plan to reduce these times away from home.]



### Activity 3: Practicing “I” Statements

#### 1 Step 1

Explain to the participants that they are going to learn a technique call the “I” statement. The best ‘I’ statement does not demand or blame. It opens up the opportunity for discussion and leaves the next move for the other person. ‘I’ statements are very different from ‘you’ statements. ‘You’ statements put the blame on someone else and holds them responsible.

“You” Statements	“I” Statements
You are so lazy, you never keep the house swept, you are always late with my food and the children are always crying. I don’t know why I married you. You must start to work harder from now on.	When I come home I feel disappointed if the food is not ready and the house not swept. I would like us to discuss how we can arrange things better so that this would be possible.
You are always so drunk when you crash into the house at night. You never give me any money to buy food. I don’t know why I even married you. You must stop going to that bar from now on!	When you come home at night after the bar, I feel disappointed because I would like to see more of you and I would like some money for food for the children. I would like us to discuss how we can arrange things better.

#### 2 Step 2

Explain how body language differs between the ‘I’ statement and the ‘you’ statement. Ask what kind of body language one might see with ‘I’ statements and with ‘you’ statements.

‘You’ statements ⇨ finger pointing, furrowed brow, hands on hips.

‘I’ statements ⇨ person is standing firmly on both feet looking the person

in the face, but not showing anger or rage.

Present the following:

The formula for good 'I' statements:

- Describe the action, using the words, "When you..." (You must be specific and non-judgmental).
- State how this action makes you feel. Use the words, "I feel... (hurt/sad/happy/disappointed/ignored)." Do not say, "I think...". Do not say, "I feel you are a rotten person". You need to talk about your own feelings.
- Give the reason, using the word, "because".
- Offer suggestions, using the words, "What I would like is....".

### **③ Step 3**

**Ask the participants to practice their "I" statements using the following scenarios:**

1. Your spouse likes to listen to the radio/TV at night and you are unable to sleep.
2. Your spouse does not take care of his/her appearance (hygiene) and it embarrasses you.
3. Your spouse's relatives are coming from another town and he/she did not tell you in advance.
4. Your spouse left raw meat on the table and now you have rodents/bugs in the house.



## **Activity 4: Case Study**

### **① Step 1**

Explain that you are going to read a story and ask participants to reflect on the communication breakdown.



## **② Step 2**

**Read the following story:**

### **David's Dilemma**

David and Grace had been married for only two years when David's boss hinted that she wanted to have an affair with him. She invited him for long dinners, took him on unnecessary two-day field trips, and even gave him unexpected bonuses on his salary! David never indicated that he wanted to have the affair, but he did not confront his boss about it. Unsure about how to handle the situations, he decided to talk it over with his friend Sam.

Sam did not realize that David viewed his boss's advances as a problem. In fact, he thought David was asking him for advice on how to have the affair without getting caught! So Sam told his wife Ruth that David was considering having an affair! Ruth, who was Grace's friend, was so sad that David would ruin Grace's life, and immediately went to Grace with the news that David was having an affair with his boss!

Grace was so upset she packed her things (they did not have children yet) and left. On her way back to her parent's home she stopped by David's workplace and beat his boss senseless! As result, David was fired.

David was left with no job and no wife, yet he had not done a single thing!

## **③ Step 3**

Ask participants to identify what happened in the story:

1. How did David cause his problems?
2. What could David have done differently?
3. What did Ruth, Grace and Sam do wrong?
4. How could this situation have been solved without any problem?

## **④ Step 4**

Post two flip charts — one titled "Positive Communication Skills," the other titled "Negative Communication Skills." Invite participants to list positive and negative communication skills on the flip charts. They can use personal exper-