

Keys to a Healthy Relationship

A Guide to
Reduce HIV Transmission and
Strengthen Long-Term Committed Relationships



Version 2.0
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Acknowledgements

There were two resources that were particularly useful in preparing this curriculum. *Stepping Stones* has many creative exercises and role plays which have been adapted to faithfulness and used throughout the curriculum. The illustrations on the cover and in the review sections were created by Regina Doyle. Other illustrations have also come from *Stepping Stones* and *Where There is No Artist*. The energizers which are used in the opening and closing games and are available through the HIV/AIDS Alliance website as noted below.

Röhr-Roendaal, Petra (1997). *Where There Is No Artist. Development drawings and how to use them*. London, UK: Intermediate Technology Publications.

Welbourn, A. & Williams, G. A. (2002). *Stepping Stones. A Training Package on HIV/AIDS, Communication and Relationship Skills*. London, UK: ACTIONAID.

International HIV/AIDS Alliance. (2002). *100 ways to energize groups: games to use in workshops, meetings and the community*. Available at: www.aidsalliance.org

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Curriculum Objective

This curriculum was developed in an effort to help curb the HIV/AIDS transmission among the general population in four selected countries. By being sexually faithful in a long-term committed relationship (or reducing the number of sexual partners outside of this relationship), great strides can be made to reduce the incidence of HIV in the general population. At the end of the training, participants will have learned the importance of faithfulness, had the opportunity to make a commitment to faithfulness, and have learned techniques that will support them in a decision for faithfulness.

Who is the Target Audience?

This curriculum targets men and women who are married, or in a long-term committed relationship. Throughout the text we use the phrase “long-term relationship” to refer to a marriage relationship, or a relationship where people are living together but do not have a formal commitment.

Studies have shown that youth who are married at a very young age (prior to the average age of sexual debut) have a higher risk of HIV infection as compared to those who are married after the average age of sexual debut.¹ For this reason, it is important to include very young couples who are married or in long term committed relationships. They are at higher risk and need to know how to protect themselves from infection.

In any community group, there will be a variety of committed relationships. People will also be at different stages of readiness to make a commitment to faithfulness. This curriculum is for people at all stages of readiness. The manual is geared towards an audience with a Christian faith background, but the curriculum can be used and adapted to fit those of different religious faiths.

Committed Polygamous Relationships

This training should also be used for men and women in polygamous relationships. If men and women are in a long-term committed relationship, recognized by civil or social society, then no matter what our personal belief, we should recognize that vow too. Invite men and women from polygamous long-term relationships. Give them the tools to protect to themselves from HIV and strengthen the commitments they have made to their long-term partner(s).

Structure of the Curriculum

This guide uses the Stages of Change model as its foundation. This model is based on research of Prochaska and DiClemente (1984) who found that personal change takes place over time in a series of distinct stages. They found that people generally move through five different stages as they make a change or a decision to adopt a particular behavior, each of which is predictable, well defined, and associated with a particular set of thoughts and actions. The curriculum starts at the first stage (pre-contemplation) and works to move individuals towards behavior change and maintenance in the last stage.

¹ Bongaarts, J. (2006). Late Marriage and the HIV Epidemic in sub-Saharan Africa. Policy Research Division Working Papers. New York, NY, Population Council.. pp. 10-11. Available: <http://www.popcouncil.org/pdfs/wp/216.pdf>

Motivational Interviewing techniques will be used to train the facilitators. This is an approach pioneered by Miller and Rollnick to explore and resolve ambivalence related to change. This will enable facilitators to work with the participants and help to resolve their conflict over behavior change without confrontation or blame.

It is reasonable to expect that some people have no interest in being faithful (or making a commitment to faithfulness) while others are already practicing a faithful relationship (and have made a commitment). The group model will allow those at various levels of faithfulness to learn from one another and not feel singled out or stigmatized because of past behavior. The discussion and reflection segments will allow individuals to assess their personal level of agreement and to make personal decisions as we cannot expect everyone in the group to be at the same stage of readiness or to make the same decisions.

Our Barrier Analysis² research in the target regions has also helped to shape the structure of the curriculum. This rapid assessment tool helps to identify the reasons why people do not adopt a particular health behavior. Food for the Hungry and its partners interviewed men and looked at faithfulness in marriage and long-term, committed relationships. As a result of those studies, FH and its partners have promoted working on different barriers to faithfulness found in each national and sub-national area where the study was conducted. This manual principally focuses on two of the determinants of faithfulness in men that were found to be particularly important in multiple countries where the studies were carried out: perceived self-efficacy (i.e., convincing men that they can be faithful in long-term relationships, and giving them the skills to do so) and perceived action efficacy (i.e., helping men to see that being faithful to one partner [and partner reduction] will help them to avoid AIDS).

A recent MACRO study³ however, prompted gender changes to this second edition. The first edition was based upon the assumption that most males in committed relationships were the source of HIV transmission through unfaithfulness. However, the 2007 MACRO study found that in 4 out of 11 African nations, more than 60% of the female partners were HIV positive in serodiscordant, committed relationships. For this reason, the curriculum shifts to encourage both men and women in committed relationships to take responsibility and remain faithful.

Lesson Structure

Sessions include group discussions with significant time spent in peer groups. *Session 1* incorporates time for the participants to decide how to divide into peer groups. Participatory learning techniques including games, role plays and stories are used extensively in the lessons. Groups are led by facilitators who should be trained in motivational interviewing (see below), use of the curriculum, and non-formal, participatory methods. More information about these participatory methods and facilitation techniques are found in *Annex 5* and *Annex 6*.

Session Format

There are a total of nine sessions which run approximately 2-3 hours each. The structure of each session is as follows:

² See <http://barrieranalysis.fhi.net>

³ “Africa: Sharing More than just the Matrimonial Bed.” *PlusNews*, June 19 2007. IRIN. Visited November 1, 2007. Available: <http://www.plusnews.org/report.aspx?ReportID=72825>.

- **Session Objectives:** At the start of each session is a list of objectives. It is important to make sure that each of these objectives is met during the session.
- **Materials Needed:** Listed here are the suggested materials needed for all of the exercises and participatory games used in this session.
- **Activities:** This includes a breakdown of all of the exercises included in the session with approximate times, and a description of the group size.
- **Optional Faith Application:** Biblical verses that may be integrated into the session are outlined here.
- **Introduction and Review:** This segment reinforces the messages from the previous session, allows for questions from the participants, and participant feedback from the creative assignment. See below for details.

The Question Box: Sometimes people feel uncomfortable asking personal questions related to faithfulness and HIV. We suggest that you provide a question box where workshop participants can write down their questions privately and drop them into the box. At the beginning of each session, the facilitator is prompted to take a few minutes to answer questions that were put in the box since the last session. The facilitator can answer the question themselves, or if appropriate, ask the group to discuss the question together. Be sure that the questions are appropriate for the large group and specific to faithfulness and HIV. Do not spend time reading aloud personal complaints or issues that might distract from the theme of the workshop. *For a non-literate group, designate a facilitator or someone well-trusted by the participants (it is best to have the participants choose someone themselves) who will collect verbal questions from the group and ask on their behalf at the beginning of each session.*



- **Opening Game:** These exercises serve as “energizers” to invigorate the participants prior to the start of the session and encourage participatory learning.
- **Exercises:** All participatory learning activities are described in this section.

The aim (objective) and exercise description are listed in a box underneath each exercise title.

Say: This is the script for the facilitator to use when speaking with the participants. The script directs the discussion and activities of the session. It is very important that the script is read as written. Although you may embellish the script with personal stories and ideas, the script should be read as printed so as to preserve the intention of the message.

Do: This section gives directions for the facilitator – what to do for an activity, or how to guide the discussion.

Talking points: After asking questions to the participants, wait for people to respond. If only one or two people respond, rephrase the question, and ask again in a different way. Talking points prompt the facilitator with the main messages that need to be stressed during the group discussion. It is important that each point listed in the talking points is mentioned by the

facilitator. The facilitator can use leading questions, or prompt the participants with the topic for discussion. In some cases, the group may offer different ideas not listed in the talking points. This is encouraged. However, it is important that the issues listed in the talking points are added to those that the participants mention. There are a few exceptions to this rule, in which case it is noted that the facilitator should only talk about the things which are culturally appropriate. We encourage the use of newsprint to write important messages for all of the participants to view. This also reinforces learning. *Newsprint should not be used if the audience is not 100% literate.*

Optional Faith Applications: Biblical applications are included throughout the sessions. The New International Version (NIV) and The Message are the two translations used in Biblical references. Some passages have been simplified by the author with alterations in [brackets].

- **Closing Game:** This is another energizing game which encourages participants to “cool down” after the learning sessions and have a good laugh.



Creative Assignment: At the end of each session there is a creative assignment. This encourages participants to apply the skills and knowledge they have learned from the session. The assignments are to be done at home prior to the next meeting.

Notes about the Exercises and Activities

- **Role Plays.** Several sessions include the use of role plays. Participants are asked to create and act out a short drama to represent something that happens in real life. Role plays help participants to “see” and discuss real life situations, without forcing them to share private information – especially as it relates to their own committed relationship. Participants can talk about what people do in a role play, whereas they may not be able to talk about the things that they do in their own relationships.
- **Newsprint.** It is suggested throughout the curriculum that facilitators reinforce main messages by writing on newsprint. Newsprint is large paper that can be displayed in front of the group so that everyone can see and read the writing. Great care must be taken that written notes are only used if *all* of the participants are literate. If even one or two are illiterate, all participants must use pictures and drawings to display messages so that everyone will understand and feel involved. Writing on newsprint also takes more time – use it sparingly.
- **Approximate Session Time.** The sessions are designed with a lot of discussion and activities. The larger the peer group, the more time it will take to hear the comments and work through the material. The time listed on the exercises is estimated for a group of 8-12 participants. Adapt the groups and timeline accordingly so that you will be able to do all of the activities in the suggested time.
- **Games.** Many of the sessions include games and exercises which some participants (and facilitators) might find childish. Often it is the reluctance of the facilitator to bring enthusiasm and energy to the game that makes

them “fail.” Games are great at allowing people to get to know one another as well as helping people work through issues in a way that can’t be done through a discussion. They are also a good tool to use if participants are looking sleepy or tired. Facilitators should be adventurous in trying these exercises and inspire participants to have fun and enjoy them!

Facilitators

Facilitators should be trained in Motivational Interviewing (MI) techniques⁴ and use MI guiding values and principles to facilitate discussions. Train facilitators of both genders so male and female facilitators can work together. It is best to have one facilitator for every ten participants. This way, when you break into peer groups, one facilitator can work with each group of ten. If only one facilitator is available, choose an opposite sex participant to help guide and lead the opposite sex participants when working in small groups.

Workshop Timeline

The curriculum is divided into nine sessions with an option for a continuation of meetings after the last session. Sessions are two-to-three hours in length. The total training time needed is between 21-27 hours. Adaptations can be made to fit the curriculum into what works best for your community. Many exercises have been marked optional to allow adaptation to a shorter format. Here are several different options for scheduling this training in your community:

- Hold one three-day retreat (teaching six-to-seven hours each day) OR
- Hold three or four one-day retreats (teaching six-to-seven hours each day) OR
- Hold two-to three-hour meetings each week for nine weeks.

Following this initial training, it is recommended that accountability / support group meetings be held on a weekly, biweekly, or monthly basis to help support people in their decisions. See *Session 9* for more details regarding these accountability groups.

Training of Facilitators



This graphic is used to provide information for the training of facilitators (TOF). These segments can be deleted from future copies of the manual after the initial Training of Trainers has been completed. (Facilitators are those who will be teaching the sessions. Trainers are defined as those who train other trainers and facilitators in using the curriculum.)

Adaptations

Each country should make changes to this curriculum so that it meets the needs, desires and lifestyle of those in your area. You may hire a local artist to design a new cover. Employ a consultant to make changes to the games so that they are relevant to your culture. Hire a religious leader to supplement the faith applications with supportive messages from their faith tradition. Change the names of the men and women in the stories so that they reflect common names used in your language. (Please do not change the names of characters in the stories adapted from Stephanie Nolen’s book, 28 Stories of AIDS in Africa.)

⁴ See <http://mi.fhi.net> for more information and the training manual

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(Optional) Raising Community Awareness: The Relationship Game

Here is one way to promote the *Keys to a Healthy Relationship* training within the community. Make adaptations to the game as necessary.

Objective:

- To promote the upcoming *Keys to a Healthy Relationship* training.
- To give public recognition to couples who know each other well.
- To bring the community together for a fun and laughter.

Preparation:

- Make food and venue arrangements for the competition.
- Prepare a sign-up sheet (with a deadline). Encourage couples of ALL ages (newly weds as well as older couples) to play. Polygamous couples are also encouraged to play. (On the day of the competition, you will randomly select 10-15 couples to perform in front of the audience.)
- Make radio announcements or announcements in private meetings (churches, mosques, elder meetings, and government meetings) about the upcoming competition. Encourage couples (and those in polygamous relationships) to sign up.
- (Optional) Ask a religious or community leader to prepare a BRIEF message about the importance of healthy long-term relationships to be given prior to the competition.
- Be sure that you have finalized the dates, cost, etc for the *Keys to a Healthy Relationship* training to be announced after the competition.

Materials needed for the day of the competition:

- Refreshments, chairs, megaphone, etc as needed.
- At least one blank piece of paper for each participant for each question.
- A hat (or bowl) with names of all of the couples inside.
- Someone to tally scores for each couple so that a winner can be chosen.
- A prize for the winner.

Agenda for the day of the Competition:

- (Optional) Presentation by a religious leader or community leader about the importance of healthy long-term committed relationships.
- Randomly select the 10- 15 couples who will be playing the game from the participants list.
- Have the women and men answer the questions below in separate rooms, or you can have them seated opposite one another (men on one side, women on the other) facing away from each other. This way, they cannot look at each other while answering the questions. Each person should write one answer for each question on one piece of paper.
- After everyone is finished, pull one couple's name out of the hat (or bowl). This couple will show their answers first. The facilitator will read the first question and the couple should show their answers, one at a time.

- Give one point for each question where both partners (husband and wife, or committed partners) have the same answer.
- Continue selecting couples randomly until everyone has answered all of the questions.
- Award the winning couple (the couple with the most points).
- Introduce the *Keys to a Healthy Relationship* training giving dates and cost (if applicable). Explain how this training will help couples improve their long-term relationship.

Possible Questions for Women:

1. Name one thing that your long-term partner really likes about you.
2. What is the one activity that you like to do the most? What activity makes you the happiest?
3. If your long-term partner had extra money in his pocket right now, what is the one thing that he would most likely spend it on?
4. What is your long-term partner's favorite meal?
5. If you and your committed partner were to go on a vacation, where would you choose to go? (A place you would both agree upon.)
6. What is the strangest gift that your long-term partner has ever bought for you?
7. When was the last time that you and your long-term partner kissed passionately?
8. When you first met your committed partner, what was the one thing which first caught his attention about you?
9. What is your committed partner's greatest strength or best part of his character?
10. When it comes to fixing up the home and making repairs, who does the work in your house, you or your partner?
11. Where was your first date?
12. How many times did you ask your committed partner to sign up for this competition, before he agreed?
13. What feature about your committed partner's body do you like the most?
14. What is your committed partner wearing today?

Possible Questions for the Men:

1. Name one thing that you really like about your long-term partner.
2. What activity makes your long-term partner the happiest? What is one thing that she really likes to do?
3. If you had extra money in your pocket right now, what is the thing that you would most likely spend it on?
4. What is your favorite meal?
5. If you and your partner were to go on a vacation, where would you choose to go?
6. If we were to ask your committed partner, "What is the strangest gift that your long term partner has ever given to you," what would she answer?
7. When was the last time that you and your long-term partner kissed passionately?
8. When you first met your partner, what was the first thing about her that caught your attention?

9. What would your committed partner say is your greatest strength, or the best part of your character?
10. When it comes to fixing up the home and making repairs, who does the work in your house, you or your partner(s)?
11. Where was your first date?
12. How many times did your committed partner ask you to sign up for this competition, before you agreed to come?
13. What feature about your body, does your partner like the most?
14. What is your committed partner wearing today?

Session 1 Defining Faithfulness

Approximate Time: 2½ - 3 hours

Session Objectives:

- The facilitator will know the names of each participant and something about them.
- Individuals will express their hopes and fears about the workshop.
- The facilitator will address expectations of members and note things that need to be added or discussed during the workshop.
- Individuals will be able to define faithfulness as given by the group definition.
- Participants will identify ways in which faithfulness positively impacts couples and their community as a whole.

Materials Needed:

- Pretest documents for each participant (Exercise 1B)
- A secure box or place for participants to put questions (Exercise 1B)
- Newsprint and markers (Use throughout to note main points)

Activities:

- | | |
|--|--------|
| • 1A: Opening Game – Introductions – large group | 20 min |
| • 1B: Hopes and Fear + Pretest – large group | 35 min |
| • 1C: Defining Faithfulness – peer groups | 30 min |
| • 1D: Results of Faithfulness – large group | 45 min |
| • 1E: (optional) Closing Game - Knotty Problem – large group | 30 min |
| • Session Review – large group | 5 min |

Optional Faith Application:

- | | |
|-------------------------|--------|
| • Defining Faithfulness | 15 min |
|-------------------------|--------|

Exercise 1A: Opening Game - Introductions

Aims: For the facilitator to learn the names of participants. For everyone to speak early and to laugh.

Description: Large group discussion.

Time: 20 minutes

Do: *Be sure to read Annex 6 prior to beginning the first session.* Seat everyone together in a circle. If you have more than 20 participants, break the group into two parts and have one facilitator run each group. It is important for the facilitator to sit **WITH** the participants at the same eye level. This way, everyone is an equal and no one person is seen as more important than the others.

Say: I would like to learn everyone's name and something special about each of you. Think of an adjective that describes you – but,

the adjective must also begin with the same sound as your name. For example, I could say, "I am radiant Rose and I like my cooking," or "I am ravishing Rose and I like to sew." This is not a competition; if someone needs help finding an adjective we can help you. Once you tell us your name and adjective, tell us something that you like about yourself or something you like to do. Is everyone ready?

Do: Facilitators should begin by introducing themselves. Cheerful adjectives help everyone to laugh. Go around the circle to your right, each group member in turn introducing her/himself to the rest of the group and saying something special about themselves. Participants may prefer to choose a clan name or something else, rather than something which has the same letter as their first name. Some participants may find it embarrassing to say something about themselves. Give a lot of praise and encouragement to those who are shy throughout the workshop.

Say: Thank you very much for sharing. I look forward to working with you during this workshop. We would like to hear from you about your expectations for the workshop. This will help us understand your needs as well as let you know what our goals are for the workshop.

Exercise 1B: Hopes and Fears + Pre-test
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Aims:	A chance for each participant to voice their hopes and fears. The facilitator should gauge the participants understanding of the workshop goals, adjust any misunderstandings, and make changes and adaptations to the content as necessary.
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Description:	Large group discussion. This activity might work better in same sex groups – adapt as appropriate.
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Time:	15 minutes + Pretest (20 minutes)
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Say: We will go around the circle and each person can share one hope for this workshop and one worry or fear that you may have about this workshop. You can begin by saying... "I hope that..." and "I fear that..." Is someone ready to begin?

Do: Do not make any comments about the hopes or fears as you go around the circle. At the end of everyone's sharing, you will need to make your own comments. If any hopes are beyond the scope of the workshop, you will need to explain this now. Try to reassure people about their fears. If a topic is mentioned by several participants that is not currently included in the curriculum, try to find resources to address their concerns and make a note so that future versions of the curriculum can include other topics of interest.

Say: *(Remind participants about the schedule of the workshop and the number of days/times etc.)* Each session gives you better understanding of the

next session, so it is important that you come to each and every meeting. It will also help us to learn from one another. We will be working in large groups and small groups so you will have time to share on a more personal level. The sessions that we will teach include... *(Read through the summary or contents page and describe each session briefly. Ask if anyone has any questions about the content.)*

Say: It is sometimes difficult for people to ask questions in a large group. Sometimes, you may be too embarrassed or shy to ask a question. If you have a question related to HIV and relationships that you would like to ask anonymously, you can write it on a piece of paper and put it in this box. *(Show box.)* At the beginning of each session, we will answer the questions in the box. However, be sure that your question is appropriate for discussion in the large group. Questions or complaints about your partner's cooking or financial management are not appropriate for our time together. We only have time to discuss questions about healthy relationships and HIV. *(If the group is semi-literate, have the group select someone whom they trust to take questions for the others.)*



Do: If no questions, proceed.

Say: It has been found that working in smaller, peer groups allows people to be more comfortable talking about relationships. It reduces embarrassment and encourages us to share our experiences more openly. Peer groups will help everyone to have privacy, time, and opportunity to voice their own opinions in a safe atmosphere. Do you agree with this idea?

Talking points: Although some participants *may want* to talk about faithfulness together with their partners, it has been found that this arrangement does not allow open and honest conversations and can cause strife. Explain that there will be opportunities to discuss these issues in mixed groups and in couples, but to begin with we will meet separately. The groups could separate by age and sex (older men, younger women, etc). It could be that the older men want to sit with the younger men to provide advice and counsel!

Do: Ask how they would like to divide up. Each group will need a trained facilitator with a maximum of 12 people each. Alternatively, you may have one trained facilitator working with 2 groups (up to 24 participants) if necessary.

Say: We are going to begin with a short quiz which will help us to know your background better. We will give you the same quiz at the end of the workshop to see how much you have learned. You do not need to worry about your score, we will keep it confidential.

Do: Hand out the Pre-test (see Annex 7). Allow about 20 minutes for participants to complete. *For a semi-literate population use an oral posttest. A facilitator will need*

to orally ask each individual the listed questions and document their answers. It is best to have multiple facilitators for this activity, as oral posttests will take more time.

Exercise 1C: Defining faithfulness

Aims: For people to define faithfulness and begin to discuss how our actions affect others.

Description: Discussion in peer groups.

Time: 30 minutes



When training facilitators... Make sure that all of the facilitators understand how to teach in a participatory fashion. After asking the questions, it is important to **WAIT** for a response, **PROBE** for more answers, if necessary **ASK** again by rephrasing the question. After everyone has shared their suggestions, mention any of the remaining Talking point messages – and see if the audience agrees or has any additions or changes. Talking points are not the only “right answers;” they should be used to guide discussion.

Say: What does it mean to be faithful?

Do: After asking the question, wait for people to respond. If only one or two people respond, rephrase the question and ask again. For instance, what does it mean to be a faithful friend? Or a faithful mother? Encourage discussion.

Talking points: Possible responses include: Being devoted to a person. Being constant – not changing your devotion because of circumstances. Someone who is faithful is reliable and trustworthy.

Say: During our workshop we are going to talk about “faithfulness” in long-term committed relationships. What does it mean to be faithful in a long term relationship?

Do: Encourage discussion.

Talking points: Faithfulness in a long-term relationship usually refers to our sexual relationship. To be faithful means that you choose to only have sexual intercourse with your long-term partner. It means that you choose not to have other lovers, or participate in sexual acts outside of the committed long-term relationship.

Say: You may have heard of HIV programs that talk about how faithfulness in long-term committed relationships can prevent the spread of HIV. How does sexual faithfulness prevent the transmission of HIV?

Do: Allow group discussion. Reinforce the following points:
HIV is passed between people in three ways:

1. Sex. The most common way of transmitting HIV is through genital fluids exchanged during sexual intercourse with an infected person.
2. Blood to blood. A person becomes infected with HIV if blood that contains the virus enters into their bloodstream. This could happen in the following ways:
 - a. Sharing contaminated needles or syringes
 - b. Receiving a transfusion of infected blood
 - c. Sharing contaminated instruments used for piercing, cutting, or tattooing skin.
3. Mother to child. HIV-infected mothers may pass the virus to their baby during pregnancy, delivery, or breast-feeding.

Say: The most common way that HIV is passed is through sex with an infected person. HIV can be transmitted through the sexual relationship we have with our long-term partner if we do not remain faithful or if we had previous partners and have not been tested for HIV.

Think about it this way... If a person remains sexually faithful to their long-term partner, and neither of them has been exposed to HIV, then they form a “fence of protection” around their home. However, if one of them has sex outside of the home, they can bring HIV back home and infect their long-term partner. If that long-term committed partner is also unfaithful they can spread HIV to their sexual partners. By remaining sexually faithful to your long-term partner you greatly reduce the chance of spreading the virus to others in your family and community. Once a person begins to have sex, the fewer lifetime sexual partners he or she has lowers the risk of contracting or spreading HIV.



When training facilitators... Ask the facilitators to think of a metaphor that would help to better illustrate the spread of the disease and the “fence of protection”. Is there a metaphor that relates to food- a food item that if mixed with other foods will alter the taste of everything (in a negative way). Or a common disease – like the flu which is spread from family to family if a visitor comes with the infection. Once a regional specific metaphor is found, use this illustration in the talking points above to reinforce the message.

Say: Is sexual faithfulness in long-term relationships a personal decision or something that both partners must agree together?

Talking points: A true faithful relationship requires both people to commit (and all people to commit in a polygamous relationship). One person in the relationship can commit to being sexually faithful, but the other may have other sexual partners. A faithful long-term relationship requires commitment from both long-term partners.

Say: However, as you know none of us are perfect. We all have temptations in our life – men and women alike! During this

training, we will talk about the things that make faithfulness and long-term relationships difficult and how we can overcome these obstacles to improve our long-term relationships.

To begin, let us break into groups by age and gender. All women will meet and discuss things that make it difficult for women to be faithful, and men will discuss things that make it difficult for men to be faithful (*no more than 12 people in each group*).

For the women's groups:

Say: As women, we are not responsible for (or in charge of) the behavior of our long-term partner, but we are responsible for our own behavior.

However, sometimes there are traditions and cultural practices that make it difficult for women to be sexually faithful in a committed relationship. What are some of the things in our society that make it difficult for women to be sexually faithful?

Talking points: (Only discuss those that apply.)

- A woman may be forced to have sex with someone other than her committed partner (rape).
- Some women have sex outside of their long-term relationship to obtain financial things that they couldn't get from their long-term partner (transactional sex).
- If a woman is widowed, she is sometimes forced to remarry a brother or relative who does not treat her well – which may encourage unfaithfulness.
- Abuse and violence in the home may encourage women to seek out other lovers.
- If there is a large age difference between long-term partners, this may make it difficult for the woman to find satisfaction.
- Traditions such as not being able to sleep with your long-term partner during pregnancy, after giving birth, or while breast feeding may encourage women to seek out other relationships in secret.

Say: (optional) Can women in polygamous relationships be faithful?

Talking points: Faithfulness means that you remain true and committed to your long-term partner. In this training, it does not matter if you are the only wife, or one of many wives. You can remain faithful to your commitment and encourage your co-wives and husband to keep their commitments too.

For the men's groups:

Say: This training is designed to help men take more responsibility for their actions and learn to be more faithful. As men, we can control our behavior and if we do, it will help stop the spread of HIV to our wives and families.

There are some traditions and cultural practices, however, which encourage men to have sex outside of long-term committed relationships. What are some of the things that make it difficult for men to be sexually faithful in our society?

Talking points: (Only discuss those that apply.)

- Traditions such as not being able to sleep with your long-term partner during pregnancy, after giving birth, or while breast feeding may encourage men to seek out other relationships in secret.
- Some societies encourage unfaithfulness as a sign of being “macho.”
- Some work cultures force men to spend long periods of time away from their long-term partner which encourages unfaithfulness.

Say: (optional) Can men in polygamous relationships be faithful?

Talking points: Faithfulness means that you remain true and committed to your long-term partner or partners. In this training, it does not matter if you have one wife, or many wives. You can remain faithful to your commitments and encourage your wives to keep their commitments too.

Say: It is very important for us to think about how our actions and culture influence our sexual relationship with our long-term partner and how this relates to our risks of HIV infection. Sometimes there are outside influences that make it difficult for us to remain faithful.

During this training we want to focus on our *personal choices*. We will focus on the things that *we can do* personally to change our family and our community. We will also give you an opportunity to make a public commitment to faithfulness and improving your long-term relationship at the end of this training.

Optional Faith Reflection – Defining Faithfulness (15 minutes)

Say: How does our faith tradition define faithfulness?

Do: Allow participants to share specific passages or spiritual teachings which help to define faithfulness – sexual faithfulness as well as faithfulness in other areas of life.

Say: Now that we have defined faithfulness, we will talk about the results of faithfulness.

Exercise 1D: The Results of Faithfulness

Aims:	For participants to discover how faithfulness can affect the community at large.
Description:	Large group drawing exercise (or peer group if more appropriate).
Time:	45 minutes

Say: Let us think about this idea for a moment. How could remaining faithful to your long-term partner change the community? Before you answer, let's first brainstorm some of the advantages of faithfulness.

Do: Allow about five minutes to discuss some of the advantages of faithfulness. These could include advantages for the person, the couple, or the community.

Talking points: *If people are having trouble you can list some of the following ideas. However, the question is to help them prepare for the following exercise. We will spend more time on advantages in Session 4. Prompt them only if they need ideas.* Advantages include: Being faithful reduces the chances of getting STIs and HIV. If you are faithful, you do not have the fear and anxiety about being caught with someone else. Your long-term partner has greater trust in you if you are committed to faithfulness. There is more peace and agreement in the family. A faithful long-term partner has more time and money to spend with his/her family.

Say: Now that we have discussed some of the advantages, let's think about how faithfulness impacts relationships with couples as well as the community. Let's break into four groups. Each of you will have a piece of newsprint. You should draw pictures which show the RESULTS of faithfulness and the RESULTS of unfaithfulness for couples as well as the community.

Do: Split the group into four and give each group newsprint and markers. Assign each group one of the following jobs. They will have 15 minutes for this exercise.

- Group 1: If couples are faithful, what will life be like for them? What are the results of faithfulness for a couple? Draw pictures of faithful couples to explain your answer.
- Group 2: If couples are unfaithful, what will life be like for them? What are the results of unfaithfulness for couples? Draw pictures of unfaithful couples to explain your answer.
- Group 3: Draw pictures of a community of faithful couples. If couples are faithful in a community, what are the RESULTS for the community? How will it impact the community?
- Group 4: Draw pictures of a community of unfaithful couples. If couples are unfaithful in a community, what are the RESULTS for the community? How will it impact the community?

Do: After the groups have started to think of ideas, prompt them with the following questions. They do not need to answer the questions out loud, but it will help them to think of more ideas for their pictures.

- In which group would you suspect more HIV infections? How would this affect your drawings?
- What about the effect on children and orphans?
- What about the effect on health workers?
- What about the effect on attendance at worship services?
- What about the effect on the economy?

Do: After 15 minutes, call all the groups back together. Have a spokesperson from each group show their newsprint and explain what they have drawn and why. They may have both positive and negative pictures. The most important thing is for them to display their feelings about faithfulness and its impact. Ask for feedback from the other groups if they agree or disagree with the pictures. Summarize the points made for each group.

Exercise 1E: Closing Game - Knotty problem (optional)

Aims: This fun exercise illustrates how the people who can best work out solutions to problems are the ones who have the problems themselves.

Description: Large group activity – or same sex groups if more appropriate.

Time: 30 minutes

Say: Now, we are going to have a short activity. This activity is called the “Knotty problem.” It is an activity that will help us to think about how to solve our problems. First, we will need two volunteers. These volunteers will be our relationship counselors.

Do: Tell the volunteers to go away until you call them back to the room. They should not hear what you are telling the rest of the group.

Have everyone stand together around a central point. Everyone should reach over the group with their right hand and grab the hand of one other person. Then, everyone should reach over the group with their left hand and grab the hand of one other person (a different person). Once everyone is in a tangled mass, call in the two relationship counselors. People in the knot should not talk to each other, and they should not go out of their way to help the relationship counselors. Only do as they ask.

Say: The relationship counselors need to unravel the knots of the others using verbal instructions only. You must not use your hands. You can move around the circle and instruct them on what they need to do. You cannot touch anyone. You only have three minutes.

Do: You will find that the relationship counselors will move around the group and may manage to change the positions of a few of the group slightly, but they will fail to disentangle them. After 3 minutes call them to stop.

Say: You can now drop your hands. Everyone should now group together again around a central point like we did the first time, but we will now include the relationship counselors and all the facilitators. Let's tie ourselves in another knot as before. This time, we will time ourselves and see how long it will take us to unravel. This time, everyone can talk to each other and you should work together to disentangle the knot.

Do: Have the group unravel – it should take much less time.

Say: What can we learn from this exercise? What principles do you think we can use to apply to our lives?

Talking points: The outsiders (relationship counselors) do not have the solutions for all problems. Nor can one person who has the problem direct everyone how to fix the problem. The community should have the major role in solving its own problems. There needs to be lots of dialogue and problem solving. Sometimes you need to back up a bit to solve a problem. Sometimes you only need a little input from the outside to make a great advance in our achievements. If we work together as a community to solve our problems, we are much more efficient.

Do: Encourage the participants to relate this game to their own lives by asking them for examples of when they have experienced this for themselves in their long-term relationship.

Session Review – 5 minutes

Review: Ask participants to review the information that was covered today. *To reinforce the main points, write the message points on newsprint. Only do this, however, if all participants are literate.* Make sure that someone mentions each of the following points:

- Faithfulness in long-term relationships means having sex only with one's long-term partner.
- Whether we have one long-term partner or are in a committed polygamous relationship, we can all learn to be faithful to our commitments and improve our long-term relationships.
- HIV is transmitted in three main ways – through sexual intercourse, blood exposure, and from mother to child.
- This workshop will focus on the *personal choices* that we can make.
- Unfaithful behavior in long-term relationships spreads the HIV virus through our communities.
- How does faithfulness affect couples and our communities? *List a few of the examples given from the drawing exercise.*

Do: Remind them of the Question Box for questions that are relevant to the large group related to HIV and faithfulness.



Creative Assignment: Ask participants to think of an object that represents faithfulness and commitment. In some cultures committed couples exchange rings – the ring represents a committed and never-ending (like a circle) relationship. Perhaps there was something that was purchased for them that reminds them about commitment and faithfulness in their long-term relationship. Ask each participant to bring an object to the next session and be prepared to explain why it represents commitment and faithfulness to them.

A note to facilitators about the Pre-test. The curriculum is based upon the assumption that the participants were part of the HIV/AIDS Awareness Campaigns and already have a basic understanding of HIV and its transmission. When scoring the pretest, if many participants score poorly on the HIV/ AIDS questions, refer to the Annex3 for Additional HIV and AIDS Information. Begin supplementing each session with HIV education.

Session 2 The Ideal Relationship

Approximate Time: 2 - 3 hours

Session Objectives:

- Participants will identify ways in which gender roles affect their expectations for their long-term partner.
- Participants will identify ways in which their faith teachings model and endorse long-term committed relationships.
- Participants will be to explain the importance of HIV testing.

Materials Needed:

- If appropriate, reference materials – Bible, Qur'an, or other (Exercise 2C).
- Papers and pencils (Exercise 2A)
- If using Annex 1 for discussion, gather information about where abused men and women can go for help.

Activities:

- | | |
|---|--------|
| • Introduction and Review – large group | 15 min |
| • 2A: Agree or Disagree – large group game | 15 min |
| • 2B: Friends and Lovers – peer group and pairs | 45 min |
| • 2C: (Optional) Faith and Long-term Relationships – peer group | 60 min |
| • 2D: Gideon's Expectations – large group | 30 min |
| • Session Review – large group | 10 min |

Optional Faith Applications:

- *See Annex 1 for a detailed discussion using the Bible* 60-90 min
- *See Annex 2 for applicable verses from the Qur'an*

Introduction and Review – 15 minutes

Review: Ask participants what they have learned from the previous session – Defining Faithfulness. If they have forgotten, go over the review points from the previous page.



Do: Answer questions from the Question Box. Review the questions prior to reading them aloud. If some of the questions are not appropriate for the large group (for example, how do I get my husband to give me more money?), then remind the group that you will only address questions related to faithfulness, relationships and HIV.



Do: Ask participants to share their objects that represent faithfulness and commitment from the Creative Assignment from *Session 1*. (If more appropriate, this session can be moved after Exercise 2B for discussion in peer groups.)

Exercise 2A: Agree or Disagree

Aims: An icebreaker to prepare for the discussion on expectations.

Description: Large group activity

Time: 15 minutes

Do: Ask each participant to number a piece of paper from 1 to 10. Read each of the 10 statements below, asking them to write “agree” or “disagree” after each statement is read. Tell them to write their responses quickly, without thinking too long about the answer. *If some of the participants are not literate, ask everyone to stand in rows, as described below. Ask participants to close their eyes as you read each statement. They should step forward or backward as described below. After everyone has moved, they can open their eyes to see if their answer matches their partner’s answer. Continue in the same way for each statement.*

1. When my partner and I moved in together, we were prepared for the responsibilities and challenges of a long-term relationship.
2. A long-term relationship is a lot harder than I thought it was going to be.
3. I continue to learn new things about my long-term partner every day.
4. I think that my long-term partner and I have good communication skills.
5. When something is bothering my long-term partner, we work together to solve the problem.
6. Raising children was a lot more difficult than we thought it would be.
7. My long-term partner often finishes my thoughts for me; he/she usually knows exactly what I am thinking.
8. My long-term partner and I have a good relationship with our in-laws.
9. My long-term partner and I feel comfortable talking with one another about sex.
10. My long-term partner and I have very few arguments; we agree about most everything.

Do: Next, ask the men to stand in a row. Ask their wives to stand opposite them so that the two rows are facing each other about one meter apart. Each person should face their long-term partner. Tell each participant to look at their answer for question one. If they have written AGREE after question one, they should step forward. If they have written DISAGREE, they should step backward. Ask everyone to move according to their answer.

Then, read the question aloud and see how many of the couples agreed on question one. Ask everyone to return to the line. Continue with the rest of the questions in the same manner. Congratulate the couples who agreed about the largest number of responses.

Say: This is a fun game to get you thinking about how well you really know your long-term partner! Today, we are discussing the ideal long-term relationship. We will begin talking about our expectations for a long-term relationship.

Exercise 2B: Friends and Lovers

Aims: To compare friendship to long-term relationships to see how gender and intimacy affect our expectations and behavior.

Description: Discussion in pairs and large group.

Time: 45 minutes

Say: In *Session 1*, we discussed the definition of faithfulness, now we will work in pairs to talk about relationships. You have 5 minutes to discuss the following questions.

- What are three qualities that you would *show to* a close brother or sister or friend? That is, what are three qualities that you would want a close brother or sister or friend to see in you?
- What are three qualities which you *would expect* your close sibling or friend to have? What qualities do you want them to show to you?

Do: Allow pairs to meet and discuss for five minutes.

Say: Let us share together what you discussed in pairs. Who would like to share?

Do: Let several people share the qualities that they discussed for *showing* as well as *receiving* in a friendship.

Say: Do you think that the person (sibling or friend) whom you were considering expects the *same* of you or has different expectations from you?

Talking points: Although people have different expectations – usually in a good friendship - you would both show and ask for the same treatment.

Say: Now let's think about a committed relationship. Meet in pairs to discuss what three qualities that you would show to a long-term partner whom you love, as well as three qualities that you would expect from a loving long-term partner.

Do: Allow pairs to meet and discuss for five minutes.

Say: Now that we have had time to discuss in pairs, let us share our responses. Who would like to share what they discussed?

Do: Allow time to hear and discuss among the group. Try to have the groups agree upon the “ideal” qualities you expect from a long-term partner as well as the “ideal”

qualities you would show to a loving long-term partner. Use newsprint to write down the main points.

Say: Do you think that a loving long-term partner would expect the same qualities from you that you would expect from them?

Do: Ask the participants to define these differences. Encourage them to try to explain why these differences exist. Most likely their responses will correlate to gender roles. Encourage discussion. Use the following discussion questions if needed.

(Optional) **Say:**

- Would it be OK if your community thought that only men needed to be faithful?
- Would it be OK if your community thought that only women needed to be honest?
- Would it be OK if your community thought that only men needed to show respect?

Say: Why is it important for each partner to have and share the qualities you suggested?

Talking points: In order to have a healthy relationship, there are essential qualities that both men and women should give and receive. Some of these qualities may be difficult for a man to give, some qualities may be difficult for a woman to give, but both men and women need to learn to share these qualities for a healthy relationship.

Say: Let's compare our ideas about the important qualities of a long-term relationship with what our faith traditions teach us.

Exercise 2C: Faith and Long-term Relationships (optional)

Aims: To explore the creation, purpose, and principles of long-term relationships according to faith traditions. Use this exercise to reinforce the behavioral determinant, divine will.⁵ Throughout this exercise, emphasize (as appropriate) that faith traditions encourage faithfulness and commitment to long-term partnerships.

Description: Peer group discussion.

Time: 60 minutes



When training facilitators... Each trainer should answer the following questions according to the different faith traditions in their region. Review *Annex 1* and *Annex 2* for exercises on Christianity and Islam. Facilitators need to anticipate the answers

⁵ Divine will is one of the determinants identified in FH's Barrier Analysis studies. If someone believes that it is not God's will (or the gods' will) that they become infected with HIV, they may not do anything to prevent infection. On the other hand, if someone believes that faithfulness is in line with their faith teaching, they are more likely to adopt this behavior for HIV prevention.

to each faith tradition prior to teaching this session so that they know how to respond and if this session in the given religious context is appropriate for the intended goals. Have facilitators develop “talking points” which relate to the faith traditions in their communities.

See Annex 1 and Annex 2 for applications to Islam and Christian faiths. You may substitute Exercise 2C with the discussion in Annex 1, or integrate verses from Annex 2 as appropriate.

Say: Some of our opinions of what is right and wrong in long-term relationships come from our faith. Many faiths have a story that explains how man and woman were created and how they are to live with one another. In small groups, discuss the teachings of your faith and what they teach you about the creation of men and women and their purpose in society.

Do: If there are people of differing religious backgrounds, help the groups to split up by faith tradition. Allow 10 minutes for discussion. Have them report back to the other groups if desired.

Talking points: Emphasize through this discussion how faith teachings show long-term committed relationships as a divine creation with an intended purpose.

Say: Next, meet in your small group to discuss sex within long-term committed relationships. What does your faith teaching say about sex within long-term relationships? What is the purpose of sex and what guidelines does it give for healthy sex in long-term relationships? What does your faith teaching say about faithfulness and adultery? (Allow 10 minutes for discussion. Have them report back to the other groups if desired.)

Do: Allow different groups to share about sex and faith. This is not a time to criticize different beliefs. If there are harmful beliefs and values mentioned (for instance the belief that many sexual encounters brings one closer to God) then you will need to address these issues. Perhaps by asking, “Are these beliefs still widely practiced/believed or are there some in your faith that do not follow this practice. Or do you think practicing this behavior will put you at greater risk for infection of HIV? Does your faith give you guidelines about avoiding behaviors that might cause health problems?”

Talking points: Emphasize through this discussion that sex was a divine creation and has instructions for proper behavior.

Say: Next meet in your small groups to discuss what your faith tradition says about the relationship between long term partners. How does your faith describe the ideal relationship in regards to faithfulness, communication, intimacy and love? (Allow 10 minutes for discussion.)

Talking points: Emphasize teachings which show the need for mutual giving among couples in speech, action, and intimacy. Again, if there are harmful beliefs mentioned, address these issues as needed.

Say: How do the teachings of your faith affect *your* devotion and faithfulness to your long-term partner? How has your faith impacted your actions towards your long-term partner?

Talking points: This is a time which people can share how these principles apply to their daily interactions. Emphasize that we are often not able to live up to the “ideal relationship” that our culture and/or our faith traditions teach us. However, our faith teachings should guide our actions towards faithfulness in long-term relationships.

Say: We have been talking about the ideal relationship. We will end this topic with a true story about a priest from Uganda. He had great expectations when he began his marriage, but things did not turn out as he planned. We will hear the beginning of his story today and learn more about Gideon later in the training.

Exercise 2D: Gideon’s Expectations

Aims:	To explore how HIV can destroy our expectations. Use this exercise to reinforce the behavioral determinant, perceived susceptibility. ⁶ Emphasize that we are all susceptible to HIV infection, no matter what our career, religion, ethnicity or heritage.
Description:	Story and discussion.
Time:	30 minutes

Do: Read the following story.

Reverend Canon Gideon Byamugisha is an Anglican priest from Uganda.⁷ Born in 1959, he is the eldest of fourteen children. He worked as deputy headmaster at a secondary school, before deciding to study theology and become a priest. In 1990, Gideon and his wife, Kellen, had a baby daughter, Patience, and they were making plans to go abroad. Both were accepted to graduate programs at a British university, and they were, Gideon said, eager to study, to travel and to grow together into a life in the church. And then one day in 1991 his vibrant wife – his twenty-five year old wife – woke up with chest pains. A week later, she was dead.

⁶ Perceived susceptibility is one of the important barriers to faithfulness identified in FH’s Barrier Analysis studies. If someone does not believe they can get HIV (i.e., that they are vulnerable to it), they will probably not do anything to prevent infection. However, if they are convinced of their own vulnerability, they will be more likely to take action to protect themselves and others from infection.

⁷ Gideon Byamugisha’s story has been shortened and simplified by permission. Nolen, Stephanie. 28 Stories of AIDS in Africa. New York: Walker & Company, 2007. Pages 257-268. Available: www.28stories.com.

Gideon barely remembers the next few months, left suddenly alone with a baby daughter and a demanding ministry; he abandoned his dreams of life in England. He *does* remember a visit from his sister-in-law Eunice. She alone knew that Kellen was tested for HIV, and for six months had been living with a secret: Kellen was HIV positive. Finally Eunice worked up the courage to tell Gideon.

He was stunned, and scared – could AIDS have killed Kellen that quickly? Could it kill him? Could it kill his tiny daughter?

Say: What were Gideon's expectations for his family? Were these expectations met? Why or why not?

Talking points: He planned to move to England with his family, go to university and expand his work in the church. His wife died of AIDS and Gideon abandoned his hopes.

Say: Were you surprised that the priest's wife was infected? Why?

Talking points: Many people don't think that religious leaders or their families can be infected or affected with HIV. However, all of us are vulnerable to infection, even those who are religious.

Say: Why do you think that Kellen kept this secret from her husband?

Talking points: We do not know why Kellen kept her secret from Gideon. However, at the time of her illness, there was great stigma and fear of the HIV and AIDS. Kellen may have worried what her husband would think of her, or say after it was discovered.

Say: Gideon is now worried about the health of his family. If he came to you for advice, what would you tell him to do?

Talking points: Both Gideon and his daughter Patience should have an HIV test. If they are infected, he will need to plan how he can access medication or get help if he or Patience becomes ill.

Say: Why should Patience be tested?

Talking points:

- If Kellen had HIV during her pregnancy, there is a chance (15-30%) that she could have passed the infection to Patience before or during delivery. She may have also infected Patience while breastfeeding. (Another 10-20% of infants are infected this way). Mothers should take ARVs to reduce the risk of HIV transmission during pregnancy, birth and breastfeeding. If ARVs are not available, talk to a healthcare provider about making delivery and breastfeeding as safe as possible. *See Annex 3 for more information about mother to child transmission.*

- Breastfeeding infants have HIV antibodies in their bodies from their mother's milk. HIV tests look for antibodies. The doctor cannot tell if the antibodies are from the mother's milk, or because the infant is infected. Depending upon the type of test, an infant may require several tests to confirm accurate HIV test results.

Say: We will hear what happened to Gideon and Patience later in the training. Let's close this session with a short review.

Session Review – 10 minutes

Review: Ask participants to review the information that was covered today. Make sure that someone mentions each of the following points:

- Sexual faithfulness means that you choose not to have other lovers, or participate in sexual acts outside of your long-term, committed relationship.
- Gender affects our expectations from our long-term partner.
- Our ideals of the perfect relationship are shaped by our faith.
- (If applicable) Our faith traditions show us that the relationship and sex are divine creations. There are faith guidelines which affect our sexual behaviors as well as how we interact with our long-term partner. (Include positive messages from the Faith and Long-term Relationships exercise about faithfulness, communication, intimacy and love in long-term relationships.)
- We are all vulnerable to HIV infection.
- If our long-term partner becomes infected, the first thing we should do is to have an HIV test.



Creative Assignment: Ask participants to think of songs, proverbs or local sayings that talk about the ideal committed relationship. What are the messages that these stories promote? Do they encourage faithfulness, why or why not? Tell them that you will ask them to share with the rest of the group at the next session.

Session 3 Healthy Long-term Relationships

Approximate Time: 2 -2 ½ hours

Objectives:

- Participants will know and be able to list the nine characteristics of a healthy long-term relationship.
- Participants will be able to evaluate the strengths and weaknesses in their long-term relationship.
- Participants will be able to list the steps to communicate relationship strengths and weaknesses with their partner.

Materials Needed:

- If possible, copies of the Relationship Self Evaluation for each participant (Exercise 3B).
- Two copies of each drama; one for each performer (Exercise 3C)
- Popcorn, candies or some other food (real or imaginary) for the drama (Exercise 3C).
- Select the volunteers in advance and give them the script in advance so they can prepare (Exercise 3C).

Activities:

- | | |
|---|--------|
| • Introduction and Review – large group | 15 min |
| • 3A: Qualities of a Healthy Long-term Relationship – large group | 60 min |
| • 3B: Relationship Self Evaluation – individual work | 30 min |
| • 3C: The Good things in Life – role play | 20 min |
| • Session Review – large group | 10 min |

Optional Faith Applications:

- | | |
|---|-------|
| • James 1:19, Ephesians 4:25-31 – Encouraging One Another | 5 min |
| • Philippians 2:2-4 – Looking Out for Others | 5 min |

Introduction and Review – 15 minutes

Review: Ask participants what they have learned from the previous session – The Ideal Relationship. If they have forgotten, go over the review points from the previous page.



Do: Answer questions from the Question Box. Make sure the questions are relevant to the workshop and appropriate for the large group.



Do: Have participants share their songs, proverbs or local sayings about the ideal long-term relationship. What are the messages that these stories promote? Do they encourage faithfulness? Why or why not?

Exercise 3A: Qualities of a Healthy Long-term Relationship

Aims: To discuss the characteristics of a healthy long-term relationship

Description: Large group presentation.

Time: 60 minutes

Say: We have defined the ideal long-term relationship, discussed expectations, and what our faith says about long-term relationships. Now we are going to hear what the “relationship specialists” say about a healthy long-term committed relationship.⁸

First, let’s review a few basic guidelines.

- A healthy long-term relationship is not like a new car, you either have one, or you don’t. Relationships change over time. You may feel very close to your partner this month, but maybe last year was very difficult for you. Maybe you feel that you are very healthy in one part of your relationship, but other parts of your relationship are not very healthy. We all need to work towards a healthy relationship, every day.
- Your long-term relationship is unique. Some of you may have been in a relationship for many years. Some of you may have just started living together. Some of you have many children, some have none. Each relationship is unique. We need to be sensitive to each other. The best advice from one couple may not be the best advice for another couple. Only *you* know what is best for your relationship.
- The steps to a healthy long-term relationship can be learned. When BOTH partners are interested and willing to change, you can work together to improve your relationship. Together, you can do it! During this training, we will give you ideas and skills to help you.
- There are many things that might improve a long-term relationship (like a good job, or financial stability), but these things are not a requirement. We want to focus on the character traits, attitudes and behaviors that make a long-term relationship healthy.

Do: Ask participants if they agree with these guidelines. Answer questions as needed.

⁸ Adapted and edited for simplicity, Moore, Kristen Anderson, et al. “What is ‘Healthy Marriage’? Defining the Concept”. Child Trends Research Brief. September 2004. 2004-16. Available: <http://www.childtrends.org>.

Say: Here are the qualities that the “relationship specialists” say are necessary for a healthy long-term relationship. We can compare these ideas with yours.

Do: Write the nine qualities on newsprint (or use drawings) so that participants can refer to them later.

1. **Commitment:** In a healthy long-term relationship, the couple understands that they have made a long-term commitment. They are committed to care for the other person and work through difficulties. Healthy couples don’t think about themselves, but focus on what is best for the couple; they are committed to each other.
2. **Satisfaction:** Individuals in a healthy long-term relationship are satisfied and feel happy about life. They are content with their own life, and their relationship with their partner.
3. **Communication:** Healthy couples know how to communicate with one another with respect and compromise. They have learned how to communicate well.
4. **Conflict Resolution:** Every long-term relationship has conflict. In a healthy long-term relationship, each person works together to resolve problems when they are small, so that they do not grow into bigger problems that may hurt the relationship.
5. **No Violence:** Violence may be physical (hitting, or pushing) or include emotional and verbal abuse (harsh words and threats against a partner or child). Violence is not healthy for any relationship.
6. **Sexual faithfulness:** Trust and fidelity are essential for a healthy long-term relationship. When there is infidelity or fear of infidelity, the relationship is in trouble.
7. **Quality time:** In healthy long-term relationships, couples make time for one another and do things together that they enjoy.
8. **Intimacy and emotional support:** Healthy couples support and care for each other with affection, intimacy, and emotional support. They show their love in many ways; not only through sex.
9. **Commitment to children:** In healthy long-term relationships the couple is committed to caring for the children born or adopted into the family. It is possible for healthy long-term relationships to exist without children, but if children are present, healthy couples are committed to raising their children well.

Say: What do you think? Do you disagree with any of these statements? Do some of the ideas surprise you? If so, why?

Do: Allow discussion. The nine qualities were taken from a North American study. African or Haitian cultures may need to make small changes, or adaptations. Allow the participants to adapt the qualities as needed.

Say: If faithfulness is only one of the nine qualities for a healthy long-term relationship, why are we talking so much about it?

Talking points: Allow discussion.

Say: Although faithfulness is only ONE of the qualities of a healthy long-term relationship, as we can see from Gideon's story, the simple act of unfaithfulness can bring HIV into the family and destroy it.

We know that HIV is most often transmitted through sexual intimacy. Are couples in long-term relationships having sex? Yes! This means we are vulnerable. Very few long term partners think about using condoms to prevent STIs or HIV infection at home. However, if one partner is unfaithful, becomes infected, and returns home, he/she can easily infect the other long-term partner, putting everyone at risk of HIV and its consequences.

For this reason, we focus on faithfulness. We are concerned about your health, and the health of the community! If we each work to protect our homes, we can reduce the transmission of HIV and save our community from harm.

Exercise 3B: Relationship Self Evaluation

Aims: To encourage couples to reflect on how they can improve their long-term relationship.

Description: Individual reflection.

Time: 30 minutes

Say: Now that we know some of the qualities of a healthy long-term relationship let us to take a deeper look at our own relationship. How well are we doing?

We will be doing a short activity to find out. The evaluation is for you only. We will not collect it or look at your answers. You can use this form to talk with your long-term partner, or you can keep it to yourself. Keep in mind that all relationships have good and bad times. As we continue our training, we encourage you to work through the nine healthy relationship qualities to make sure you are doing everything possible to strengthen your relationship.

Do: Hand out one Relationship Self Evaluation to each participant. (The evaluation is at the end of this session.) Review the instructions. Allow them to fill out the forms (they can do this at home to save time). Encourage them to share their evaluation with their long-term partner and compare answers. Instruct them to be honest. They can only improve the areas where they admit they are having trouble. *If some participants are not literate, or if paper copies are not available, read through each statement on the self evaluation. Ask participants to reflect on one or two areas where they have done well and one or two areas where they need to improve.*

Say: After they have completed the evaluation... If your long-term relationship is perfect, you and your long-term partner would both have chosen strongly agree (1) for each statement.

Did anyone have a perfect score? *See if anyone raises their hand.*

We all have areas where we need to improve our relationship. Use this evaluation to talk with your partner after the session is over. Here are some guidelines to help you...

It is important to celebrate the areas where you are healthy! Share these things first. Encourage one another with the things that you are doing well.

There may be areas where one partner feels unsatisfied with things in their own life. They may want your help finding solutions to overcome the unhappiness they feel about their own circumstances (e.g. work, finances, health, etc.). They may just need you to listen and understand.

There may be other areas, where your relationship needs to improve. Discussing these areas can be difficult. Remember, both committed partners need to take steps towards improvement. Here are some steps to help you discuss these areas.

1. Be sure to listen!
2. Make sure you understand what your partner is saying.
3. Accept what your long-term partner is saying and do not criticize their opinions, blame them, or defend yourself. Just listen.
4. Work together to find solutions to the areas where you need to improve.
5. Take small steps to improve in the areas where you have scores of 3 or higher. Try to do one or two new things each week to work towards improvement in this area.
6. Ask your long-term partner how you are doing at the end of the week.
7. If what you are doing isn't working, try something else.

Do: Repeat the seven steps orally. Ask for volunteers to repeat the steps until you are sure that everyone knows each step of the process.

Optional Faith Application – Encouraging One Another (4 minutes)

Say: Here are some verses that remind us how to talk with one another.

- James 1:19 “My dear brothers, take note of this: Everyone should be quick to listen, slow to speak and slow to become angry.”
- Ephesians 4:25-31 “Therefore each of you must put off falsehood and speak truthfully to his neighbor, for we are all members of one body. In your anger do not sin: Do not let the sun go down while you are still angry... Do not let any unwholesome talk come out of your mouths, but only what is helpful for building others up according to their needs, that it may benefit those who listen... Get rid of all bitterness, rage and anger, brawling and slander, along with every form of malice.”

Exercise 3C: The Good Things in Life

Aims: To illustrate the importance of sharing in a relationship.

Description: Two short dramas followed by discussion.

Time: 20 minutes

Say: To end this session, we have two short dramas about sharing the “good things.”

Do: Ask the first couple to perform Part 1.⁹

Part 1: *[A man and his wife are seated together. He has a large bag of good food from which he is taking handfuls and stuffing them in his mouth.]*

Man: Wow, this is good. I was starving and this is really good. I have been thinking about eating this all day and it is really great. *[Man puts more in his mouth and eats loudly, smacking his lips.]*

Woman: That looks really good, dear. May I have some too?

Man: Of course you may. You know how much I love you. *[Man takes a very small pinch of the food from the bag and puts it in her open, cupped hands. Then he continues to put large handfuls into his mouth.]*

Woman: *[She looks at the small pinch sadly and eats it.]* Oh, that was very nice, but there was barely enough there for me to taste it. May I have some more, please?

Man: I would really like to give you some more, but it is almost gone and there is just enough left to satisfy me. Sorry.

Say: Which of the nine qualities of a healthy long-term relationship are missing from this couple’s life?

⁹ Part I and II adapted from the following resource: Samaritan’s Purse International Relief, Prescription for Hope. One Love Faithfulness Curriculum. 2007.

Talking points:

- Commitment of the couple – the man is only thinking about himself, instead of considering the needs and desires of the woman.
- Communication - although they are speaking with one another, they do not understand each other; plus the woman does not tell the man her desires.
- Conflict Resolution - the woman is upset, but she does not address the conflict with the man.
- Emotional support – he is not paying attention to the feelings of the woman.
- (Allow other ideas from the participants)

Do: Ask the next couple to perform Part 2.

Part 2: *[A man and his wife are seated together. He has a large bag of popcorn, or other food next to him.]*

Man: I was so hungry coming home from work. I stopped at the shop and bought this *[He shows her the bag of food]*. It smells so good. I can't wait to try it. Here, try some. *[Man offers the bag to the woman. She takes some and then he takes some. They both eat together.]*

Woman: This is delicious. Thank you for being so thoughtful and bringing this home for us.

Man: I'm glad that you are enjoying it. Here, have some more.

Woman: *[She reaches into the bag.]* There is not much left, maybe you should have it.

Man: Let's share what is left.

Man and Woman together: *[They each take a small portion of the food. He puts some in her mouth while she puts some in his mouth.]* Wow, it is even better when we eat it like this.

Say: What are the qualities of a healthy relationship that you saw in this role play?

Talking points:

- Commitment - the man brought home the treats to share; they ate together.
- Satisfaction - both of the couples have eaten and are satisfied.
- Intimacy and Emotional support – they are showing love and care for one another in the way they speak with one another.
- Communication - they are sharing encouragement and positive communication.

Say: Does this story apply to other areas of a long-term relationship? How?

Do: Allow group discussion. Examples might include sharing finances, sharing sexual intimacy, etc.

Optional Faith Reflection – Looking out for others (5 minutes)

Say: This principle of sharing with our long-term partner is also a message that we read about in Philippians.

Philippians 2:2-4 “...Be as one in thoughts and actions. Nothing should be done because of pride or thinking about yourself. Think of other people as more important than yourself. Do not always be thinking about your own plans. Be happy to know what other people are doing.”

Review – 10 minutes

Review: Ask participants to review the information that was covered today. Make sure that someone mentions each of the following points:

- Sexual faithfulness means that you choose not to have other lovers, or participate in sexual acts outside of the long-term committed relationship.
- Review the nine qualities of a healthy long-term relationship: commitment, satisfaction, communication, conflict resolution, no violence, sexual faithfulness, quality time, intimacy and emotional support, and commitment to children.
- Review the seven steps for discussing the evaluation: 1)listen, 2) understand, 3) do not criticize, blame or defend yourself, 4) find solutions, 5) take small steps, 6) ask how you are doing, and 7) try something else if needed.
- Healthy relationships involve sharing “the good things” in life.



Creative Assignment: Review the evaluation with your long-term partner. Each partner should choose one area in which they will try to improve. Try new things this week to take small steps towards improvement. Don't forget to celebrate the areas in your life where you are doing well! Remember, both partners need to choose areas to improve and make changes for a healthy long-term committed relationship.

Relationship Self Evaluation

How are we doing in our long-term relationship?

Strongly Agree	Don't feel strongly	Strongly Disagree
1	2 3	4 5

Choose the number which best reflects how you feel about each item below. If you strongly agree, circle number 1. If you strong disagree, circle number 5. If you are somewhere between agree and disagree, circle 2, 3, or 4. *For non-literate participants, read each statement aloud and ask them to ponder whether they strongly agree, strongly disagree, or don't have a strong feeling either way.*

1. It is important for me to keep my long-term relationship together. I am committed to working out our differences to make things better.
1.....2.....3.....4.....5
2. I am very happy (or satisfied) with my work (or the way I spend my time each day).
1.....2.....3.....4.....5
3. I am very happy (or satisfied) with the way our house is managed (chores, cleanliness, etc)
1.....2.....3.....4.....5
4. I am very happy (or satisfied) with the amount of relaxation and social time that I have in my life (spending time with friends, neighbors, and being involved in the community).
1.....2.....3.....4.....5
5. I am very happy (or satisfied) with my sexual relationship with my long-term partner (I feel we have sex often enough and are affectionate enough with one another.)
1.....2.....3.....4.....5
6. (If appropriate) I am very happy (or satisfied) with the way we parent our children (discipline, etc).
1.....2.....3.....4.....5
7. I am very happy (or satisfied) with how we handle money (the amount of money that we earn and how we spend this money).
1.....2.....3.....4.....5
8. I communicate freely with my long-term partner and do not keep secrets from him or her.
1.....2.....3.....4.....5

9. Before I make a decision that affects the family, it is important to ask my long-term partner for his or her opinion.
1.....2.....3.....4.....5
10. I respect the opinions and ideas of my long-term partner and often ask them for their opinion.
1.....2.....3.....4.....5
11. When something is wrong in our relationship, I talk to my long-term partner about it so we can solve the problem.
1.....2.....3.....4.....5
12. When we have an argument, I listen to my long-term partner and do not try to get my own way.
1.....2.....3.....4.....5
13. I do not punch, hit or use force to resolve arguments.
1.....2.....3.....4.....5
14. I am committed to being faithful to my long-term partner. I know myself and am confident that I can be sexually faithful to my long-term partner throughout our long-term relationship.
1.....2.....3.....4.....5
15. I spend enough quality time with my partner.
1.....2.....3.....4.....5
16. The time that I spend with my long-term partner is happy and makes me feel closer to him/her.
1.....2.....3.....4.....5
17. I know when my long-term partner is unhappy and needs to be comforted.
1.....2.....3.....4.....5
18. I am committed to working with my long-term partner to raise our children.
1.....2.....3.....4.....5

Session 4 The Importance of Faithfulness

Approximate Time: 2 - 3 ½ hours

Objectives:

- Participants will be able to explain how HIV can spread through a community of unfaithful partners.
- Participants will evaluate the importance of faithfulness to their community and themselves.
- Participants will determine and be able to list at least four advantages of faithfulness and making a commitment to faithfulness.
- (Optional) Participants will be able to explain the action efficacy of faithfulness.
- (Optional) Participants will be able to name and discuss reasons why people in their lives would support a decision for faithfulness.

Materials Needed:

- Be sure to select “carriers of disease” in secret (Exercise 4A)
- Note cards and pens for each group (Exercise 4B)
- Three glasses of water (Optional Exercise 4C)
- Newsprint and markers for group work (Exercise 4E)
- Small objects: rocks, pebbles, cotton balls, or other items (Optional Exercise 4D)

Activities:

- | | |
|---|--------|
| • Introduction and Review – large group | 15 min |
| • 4A: Opening Game – Transmission – large group | 30 min |
| • 4B: The Importance of Faithfulness* – peer group | 30 min |
| • 4C: (Optional) Does it work – large group | 15 min |
| • 4D: (Optional) What would my friends say – large group | 20 min |
| • 4E: Advantages and Challenges – peer group | 45 min |
| • 4F: Closing Activity - Showing Appreciation* – peer group | 20 min |
| • Session Review – peer group | 5 min |

Optional Faith Applications:

- | | |
|---|-------|
| • Proverbs 5:15-21 – Drink from your own Well | 2 min |
|---|-------|

***If you plan to use Exercises 4C and/or 4D, you may eliminate Exercise 4B or 4F to keep the session under 3 hours.**

Introduction and Review – 15 minutes

Review: Ask participants what they have learned from the previous session – Healthy Long-term Relationships. If they have forgotten, go over the review points from the previous page.



Do: Answer questions from the Question Box. Make sure the questions are relevant to the workshop and appropriate for the large group.



Do: Ask for volunteers to share improvements they have seen in their long-term relationship after the last session. Were they able to discuss the evaluation forms and find solutions?

Exercise 4A: Opening Game - Transmission

Aims: To illustrate how fast HIV can spread in the general population. Use this exercise to reinforce the behavioral determinants, perceived susceptibility¹⁰ and action efficacy¹¹. Reinforce that the more sexual partnerships we have, the more we are at risk of infection (susceptibility). Faithfulness keeps us safe from infection (action efficacy).

Description: Large group activity followed by discussion.

Time: 30 minutes

Game Preparation: Count the number of participants. Select 20% of the total number of participants to be “carriers” of disease. (Multiply the total number of participants by .20 to find out how many “carriers” you will need). Speak to the “carriers” of disease privately before the game begins. Instruct them to place a coin in their hand FACE UP for the opening game, even though you will be instructing everyone else to place their coins FACE DOWN. They should keep their coins hidden until the game begins, so that others can not see that their coin is FACE UP.

Do: Bring extra coins for this exercise, in case some of the participants do not have coins.

Option 2: If coins are not available, choose 20% of the participants to be carriers of disease. Speak to them privately and tell them not to tell others about the disease until the game is over. Instruct all participants to meet and greet five others in the room. After everyone has greeted five others, ask the carriers of disease to raise their hands. Use the explanation and discussion questions from the following pages, making changes as needed.

¹⁰ Perceived susceptibility is one of the important barriers to faithfulness identified in FH’s Barrier Analysis studies. If someone does not believe they can get HIV (i.e., that they are vulnerable to it), they will probably not do anything to prevent infection. However, if they are convinced of their own vulnerability, they will be more likely to take action to protect themselves and others from infection.

¹¹ Perceived action efficacy is one of the important barriers to faithfulness identified in FH’s Barrier Analysis studies. If someone does not believe that faithfulness really works to prevent sexually-transmitted HIV, then they will probably not be interested in committing to faithfulness. This is sometimes a problem when people mistakenly believe that HIV is primarily transmitted in other, non-sexual ways (e.g., shaking hands, curses). However, if they are convinced that faithfulness really *does* work then they are more likely to commit to faithfulness and succeed in maintaining it.

Say: We are going to start this session with a learning game. We are giving everyone a few minutes to meet and greet people in the room. Everyone will need to have a coin in their hand. We have pre-selected some people whose coins are FACE UP. Everyone else should carry their coin FACE DOWN in your hand.

Introduce yourself to 5 people in the room, and look at their coins. If the person's coin is FACE DOWN, greet them and move on to the next person. If the person's coin is FACE UP, flip your coin to FACE UP also, greet them and move to the next person. Once your coin is FACE UP, you can never flip it back down. Does anyone have any questions? [Ask someone to explain the rules so you can see if they understand.]

Do: Be sure to participate with the others meeting and greeting. After everyone in the room has greeted 5 people move onto the group discussion.



Say: How many people have face up coins? Raise your hands.

In this exercise, which is only for pretend, people with FACE UP coins represent those who have been infected with HIV. This is only a game. You can not get HIV from shaking hands or greeting your neighbors. However, let us think about what this illustration means. Only 20% (or insert the number of disease carriers here) of you began this exercise with your coins FACE UP. How many people are infected now?

Talking points: Count the number of infected. Emphasize that the actions of a small number of people infected many others.

Say: What if the infected persons had interacted with only three people? How many would be infected now?

Talking points: The number of infected people would be much smaller.

Say: What if the infected persons had each interacted with only one person?

Talking points: It would reduce the number of infected to only a few people.

Say: What are the messages that we learn from this exercise?

Do: Remember to ask, wait for a response, probe when people respond and ask again.

Talking points: This exercise illustrates how quickly HIV can spread through a community that does not practice faithfulness.

- The more sexual partners that we have, the more quickly HIV will spread, and the more people it will affect in our communities.
- You can not always tell a person is infected. They often appear normal and healthy.
- How we act affects others.
- By remaining sexually faithful in our long-term relationships, we have the capability to slow the spread of HIV. Faithfulness works!

Exercise 4B: What is the importance of Faithfulness?

Aims: To assess the level of importance participants place on faithfulness. The aim of this session is not to convince participants that faithfulness should be very important to them (that comes later), but to assess what level of importance they give to faithfulness.

Description: Large group discussion. If you have more than 20 participants, you should break into 2 groups.

Time: 30 minutes

If you plan to use Exercises 4C and/or 4D, you may eliminate Exercise 4B to keep the session under 3 hours.



When training facilitators...

Ask them to develop a list of priorities for the region as a whole instead of individual communities as listed below.

Say: In the last session we spoke about the nine qualities that bring about a healthy long-term relationship. We even took a short test to find the areas where we need to improve. In this training, we continue to emphasize faithfulness. There are reasons, why we think faithfulness is important, but what about you? What are the real concerns that your families have? Is faithfulness important? We will begin with a short exercise to find out.



Say: Each of you should think of the things that cause you the most concern in your family. These should be common concerns that people in your community share as well. For instance, you may worry about finances, maybe you are concerned about paying the school fees for your children, or

perhaps you are worried about the health of your family. What are some issues that families worry about in your community?

Do: Have someone who can read and write put each of the issues that the group mentions on a separate note card. *If any of the participants are semi-literate (or illiterate) ask a volunteer draw pictures instead of words.* Try to come up with only four or five main concerns. Urge the group to decide upon the issues that are most important.

Say: Now I would like you to rank these issues according to importance. Which one is the most important issue or concern for families? Put the card that is most important to most families at the top. This concern is the one that people worry about the most. Which concern is next? We will put that card underneath.

Do: Demonstrate for the participants how to rank the cards on the floor or table. Ask the participant who is writing (or drawing) to mark two cards – one which stands for the top of the list (most important) and one which stands for the bottom of the list (least important). Participants can arrange the cards on the floor or other flat surface. Allow time for discussion and for the participants to agree upon the order of importance of the issues which they have selected.

Say: Is faithfulness in long-term relationships a concern for families in your community?

{ If they answer “yes” } How important is it?

{ If they answer “no” } Why is it not an important issue?

Talking points: If HIV is listed, ask them if they think that faithfulness would be an effective way to slow the spread of HIV.

Say: Let’s add faithfulness to the list. You are the only ones who can say how important this issue is for families in your community. Is it more important than this concern (point to the last issue)? Is it more important than this concern (point to another issue on the floor or table)? Where do you think you should place faithfulness?

Do: Let the group discuss and rank faithfulness with the other items. Do not give suggestions; we will come back to this discussion later.

Say: Our next few exercises will help us to continue thinking about the importance of faithfulness.

Exercise 4C: Does Faithfulness work? (optional)

Aims: To show how faithfulness works to prevent infection. Use this exercise to reinforce the behavioral determinant perceived action efficacy.¹² Avoiding multiple partnerships prevents us from getting sexually transmitted HIV. It works!

Description: Large group (or peer group) demonstration and discussion.

Time: 15 minutes

Do: Fill three glasses (or bottles) with water before the demonstration begins.

Say: I have brought three glasses (or bottles) of water with me. One glass of water was taken from a well in a village where there is a cholera outbreak. The other two glasses contain water that is clean and free of cholera. As you know, within 1 to 5 days of drinking water with cholera you will develop severe diarrhea.

But let us say that you are very thirsty. It is a warm day and you would like a drink. However, you are really concerned about cholera and you want to avoid getting sick. You do not know which glass contains the cholera bacteria, because you can not tell by looking at the glass. But you are still very thirsty...

Which choice is the best choice?

A - Refrain from drinking until you go home and can get water from your own well, a source that you know is clean.

B - Wait for a few hours, and then drink from one glass.

C - Drink a little bit from each glass. You are very thirsty.

Talking points: Only Choice A (drinking from your own well) will give you 100% confidence that you will not get cholera. Choice B (adding another sexual partner) and Choice C (having multiple partners) both have a risk of infection.

Say: In our meetings, we focus on faithfulness? Why? Because it is the only choice that gives 100% protection from sexually

¹² Perceived action efficacy is one of the important barriers to faithfulness identified in FH's Barrier Analysis studies. If someone does not believe that faithfulness really works to prevent sexually-transmitted HIV, then they will probably not be interested in committing to faithfulness. This is sometimes a problem when people mistakenly believe that HIV is primarily transmitted in other, non-sexual ways (e.g., shaking hands, curses). However, if they are convinced that faithfulness really *does* work then they are more likely to commit to faithfulness and succeed in maintaining it.

transmitted HIV infection. Just as we can make wise choices about the water that we drink, we also need to make wise choices about our sexuality.

Optional Faith Application – Drink from your own well (5 minutes)

Say: In the book of Proverbs, we hear the advice of King Solomon who also speaks about faithfulness. He said....

Proverbs 5:15-21 “Drink water from your own cistern, running water from your own well. Should your springs overflow in the streets, your streams of water in the public squares? Let them be yours alone, never to be shared with strangers. May your fountain be blessed, and may you rejoice in the wife of your youth. A loving doe, a graceful deer— may her breasts satisfy you always, may you ever be captivated by her love. Why be captivated, my son, by an adulteress? Why embrace the bosom of another man's wife? For a man's ways are in full view of God, and he examines all his paths.”

Say: What can we learn from this passage?

Allow group discussion.

(Optional) **Say:** Even if we decide it is important for *our own* health and the health of our relationship to be faithful, we are also influenced by the thoughts and beliefs of the people around us. We will consider what others think in our next exercise.

Exercise 4D: What would my friends say? (optional)

Aims: To encourage participants to identify people in their life who would support a decision for faithfulness. Use this exercise to reinforce perceived social acceptability.¹³ Reinforce that many people support faithfulness and would encourage them to make a decision for faithfulness.

Description: Peer group discussion.

Time: 20 minutes

Do: Give each participant 5-8 small objects. (Alternatively you can ask them to use coins, or bills, or objects in their pockets.) Ask participants to think of the main people whom they go to for advice, and the people who often influence their everyday decisions.

¹³ Perceived social acceptability is one of the important barriers to faithfulness as identified in FH's Barrier Analysis studies. If someone believes that the majority of people important to them (e.g., friends, family) would disapprove of a decision for faithfulness, they may not be willing to commit to faithfulness. However, if someone believes that these people would support a commitment to faithfulness, they are more likely to make a commitment and succeed in maintaining it.

Next, ask them to associate one object for each person. They should not say the person's name aloud; only select the right number of objects, and associate each object with one of the influencers.

Say: Now put the people into two separate piles. Make one pile to identify the people in your life who you think would support and encourage you to be faithful to your long-term partner. In the other pile, place the people that you feel would discourage you from being faithful to your long-term partner.

Now let us compare piles...

Do: Look at the different piles that people have. Depending upon what you see for the majority of the group, respond in one of the following ways:

1. **If the encouragement piles are bigger**, emphasize that the majority of their friends would support them in a decision for faithfulness. Ask everyone to put their piles together at the front of the room so that they can see the difference in the amount of people who would support versus discourage faithfulness.
2. **If the discouragement piles are bigger**, acknowledge that faithfulness is a difficult decision. Many of the people in our lives do not know or understand why faithfulness is important. Encourage the participants to begin sharing with these people the things that they are learning. However, shift the rest of the discussion towards focusing on those who DO support faithfulness as written below.
3. **If both piles are about the same**, acknowledge that faithfulness is a difficult decision. Encourage them to weigh the advantages and disadvantages during this training so that they can make the best decision and help to influence their friends as well. Then continue with discussion below.

Say: Let us focus now on the people that you feel would support you in a decision for faithfulness. Who are these people? Are they religious leaders, or family members, or relatives, or friends?

Do: Make a list of the types of people (friends, or family, or educators, etc) whom the participants have identified that would support a decision for faithfulness. Post the list on the wall for the rest of the training. If the participants are non-literate, verbally reinforce the types of people whom they have identified.

Say: Why do you think these people would support you in a decision for faithfulness? Are they worried about your health? Is it for religious reasons? Are they concerned about your children?

Do: List the reasons mentioned by the participants. Refer to these reasons throughout the training as you discuss advantages and benefits of faithfulness.

Say: We have considered what other people would say about a commitment for faithfulness, but how would a commitment to faithfulness impact us? Let's consider the advantages and disadvantages of a commitment to faithfulness.

Exercise 4E: Advantages and Challenges of Faithfulness

Aims: To emphasize the advantages of making a commitment to faithfulness, while also acknowledging the challenges.

Description: Discussion in peer groups.

Time: 45 minutes

Say: Now we will break into two groups. One group will brainstorm about advantages of a commitment to faithfulness and one group will brainstorm about the challenges of a commitment to faithfulness. We want to consider how it will affect us individually, our families, as well as our communities. You can either write notes or draw pictures on newsprint to list the advantages and challenges. Some of this will be review from the previous sessions. You will have 15 minutes.

Do: Have participants split into two groups. The groups are as follows:

1. the advantages of being faithful and/or *making a commitment* to faithfulness for myself, my family and my community. What are the advantages (or positive outcomes) that might happen if I make a public commitment that I will be faithful to my long-term partner?
2. the challenges of being faithful and/or *making a commitment* to faithfulness for myself, my family and my community. What are the disadvantages (or negative things that might happen) if I make a public commitment that I will be faithful to my long-term partner?

Do: Encourage them to think of physical, spiritual and emotional advantages (or challenges) for each point. After 15 minutes have the peer groups come back together and share their ideas.

Talking points: Be sure to emphasize the following points and include others from the discussions.

Advantages of being faithful:

- Faithfulness will protect me and my partner from new STIs and HIV.
- Faithfulness can protect our future offspring from being born with HIV (if the woman is free from HIV while pregnant).
- (If applicable) Faithfulness is in line with my faith tradition.
- (If applicable) Religious people will approve and support my decision.
- Faithfulness brings peace to my home – there is trust and honesty.
- Faithfulness means there will be no fear of “getting caught” with someone else.
- Faithful couples have fewer arguments and fights.
- Faithful people have more time for their family.
- Faithful relationships are healthier (physically and emotionally) and make a stronger more united community.

- Faithful communities have increased productivity (the people are healthier and able to work to produce more goods and services) than communities with AIDS.

Advantages of making a commitment:

- It will give joy to my long-term partner.
- My friends will hold me accountable to my word.
- Making a commitment will help me to follow through (if I say it out loud I will be more likely to be faithful and not bring shame on my family).
- It will encourage others to be faithful in my community.
- If I write it down on paper, it will remind me to keep my promise.
- It can be an encouragement to others and will help others to not feel alone in their decision of faithfulness.

Challenges to being faithful and making a commitment

- It means that I must have self-control.
- I have to make consistent choices every day to keep my commitment.
- Some of my friends and family members might challenge my decision to be faithful.
- I may have to change my behavior.
- I may have to change my schedule (limit the time away from my long-term partner to avoid sexual temptations).

Say: Does this discussion affect your ideas about the ranking of the importance of faithfulness for families in your community? If so, why?

Talking points: Allow the participants to make changes to their community priorities. Open up discussion if necessary.

Exercise 4F: Closing Activity - Showing Appreciation

Aims: To reinforce the advantages of faithfulness.

Description: Peer group activity.

Time: 20 minutes; role plays will be performed at the next session.

If you plan to use Exercises 4C and/or 4D, you may eliminate 4F to keep the session under 3 hours.

Do: Assign half of the peer groups - option 1. Assign the other half of the peer groups - option 2. Each group will have 20 minutes to prepare a 2-5 minute presentation. The presentations will be done at the start of the next session.

Option 1: Develop a song, dance, poem, or role play that demonstrates what it would mean to them if their long-term partner made a commitment to faithfulness. The role play or song needs to include how it will make them feel, how it will benefit their family, how it will keep them healthy, how it would build their faith, or how it would

build trust and respect for their long-term partner. It should not be a negative role play condemning men's or women's behavior; it should have a positive message.

Option 2: Develop a song, dance, poem, or role play that shows that being sexually faithful is being responsible to their family. The role play should demonstrate their understanding of the advantages of faithfulness – how it will impact their long-term partner and children. The role play should be in a positive light, not what we should not do, but if we commit to faithfulness, this is why we will be better men or women.

Session Review – 5 minutes

Review: Ask participants to review the information that was covered today. Make sure that someone mentions each of the following points:

- The fewer sexual partners that a person has, the larger the reduction in the spread of HIV.
- Faithfulness has spiritual, emotional, and physical advantages for each one of us individually, for our long-term relationship, and for our community. *Briefly mention the main points written on newsprint from the exercise on advantages and challenges.*
- (If this reflects the group discussion.) Faithfulness needs to be (or already is) a priority for our communities.
- (Optional) Faithfulness is effective in preventing sexually transmitted HIV.
- (Optional – If this reflects the group discussion) There are many people in our community who would support us in a decision for faithfulness. *Review the reasons listed in Exercise 4D.*



Creative Assignment: Tell the participants that they should ask at least two people (who are not part of the training) whether they think faithfulness is an important issue in their community. Participants should then tell them about the training and what they have learned so far.

Session 5 Skills Development – How to be Faithful

Approximate Time: 2 ½ - 3 hours

Session Objectives:

- Participants will develop greater confidence (perceived self-efficacy) in their ability to be faithful by listing at least one other promise they have kept in the past.
- Participants will be able to identify four situations or actions that draw people into unfaithfulness.
- Participants will be able to list two alternative things which they can do to avoid the everyday situations that bring temptation into their lives.

Materials Needed:

- none

Activities:

- | | |
|--|--------|
| • Introduction and Review – large group | 15 min |
| • 5A: Opening Activity – Showing Appreciation* – large group | 20 min |
| • 5B: Keeping My Promise – peer group | 45 min |
| • 5C: Strategies to Avoid Unfaithfulness – peer group role plays | 60 min |
| • 5D: Gideon Shares His Secret | 25 min |
| • Session Review – peer group | 5 min |

Optional Faith Applications:

- Faith as our Strength 10 min

* Exercise 5A may be deleted if this activity was skipped in the previous session.

Introduction and Review – 15 minutes

Review: Ask participants what they have learned from the previous session – The Importance of Faithfulness. If they have forgotten, go over the review points from the previous page.



Do: Answer questions from the Question Box. Remind the participants that the questions should be related to HIV, healthy relationships, and faithfulness.



Do: Ask participants what kinds of things people were saying in their community about faithfulness? What did participants learn from their discussions?

Exercise 5A: Opening Activity – Showing Appreciation

Aims: To reinforce the advantages of faithfulness.

Description: Performances by each peer group (role plays, songs, dance, etc.)

Time: 20 minutes

Do: Participants will perform their song, dance, poem, or role-play which they prepared in the last session (Exercise 4F) to demonstrate the advantages of faithfulness and show what their long-term partner's faithfulness would mean to them. Presentations should be 2-5 minutes long. Reinforce the important messages that are displayed in each performance and allow the audience to make comments, or give feedback to each group.

Exercise 5B: Keeping My Promise

Aims: To remind participants of past successes. Use this exercise to reinforce the behavioral determinant perceived self efficacy.¹⁴ Throughout this exercise, emphasize that if we were able to keep our promises in the past, we will be able to keep new promises, like faithfulness. We can do it!

Description: Peer group sharing and discussion.

Time: 45 minutes

Say: We often make verbal promises or commitments to others. Maybe we made a promise to help our child on a special project for school. Maybe we made our long-term partner a promise to cook their favorite meal. Maybe we made a promise to a neighbor that we would care for their children if something happened to them. Some of us are very good at making and keeping our promises. For others, making promises and keeping them is more difficult.

Take two to three minutes to think of a promise or commitment that you made in the past - a promise or commitment to your long-term partner, or another family member, or someone in your community. Perhaps it was hard for you to keep this commitment, but you succeeded. Maybe it was a commitment that you had to maintain for a long time; but you succeeded in keeping it until the end. Let's all think of one example from our own life.

¹⁴ Perceived self efficacy is one of the important barriers to faithfulness identified in FH's Barrier Analysis studies. Perceived self efficacy is whether or not you believe that you are able to perform a certain healthy behavior given your current time, training, and resources. If someone doubts their ability to be faithful, they will be less likely to follow through and succeed. However, if they are given confidence and skills to overcome their doubts, they will be more likely to make a commitment and succeed in maintaining it.

Do: Wait for two to three minutes. If they are having a hard time trying to think of an example, encourage them to talk to their neighbor to share ideas. The facilitator can share an example to get things started.

Say: We are each going to share with the peer group about the situation and the promise that we made – and how (or why) we were able to keep the promise. The listeners also have a responsibility. After each person shares, the person on their right should summarize what happened and say something positive about the speaker. For instance, David kept his promise to his son, which shows he is a good father. Or Rebecca kept her promise to pay back the debt that she owed which shows that she is trustworthy.

Do: When everyone is ready, begin by telling the story of your promise [facilitator]. Model for the group the length and detail that you want people to share about their promise. Ask the person to your right if they can summarize and give positive feedback. Be sure to help the participants summarize and give feedback. Continue with the person on the facilitator's left side. Go around the circle until everyone has finished. Thank everyone for sharing their stories.

Say: Do you think it is more difficult to keep the promise of faithfulness than these other promises? Why?

Talking points: The group will probably have different ideas about this question. Keeping a promise of sexual faithfulness is very difficult for some people because of their sexual desires/urges. It may be more difficult for some to keep a promise of sexual faithfulness, but they can still learn from other promises that they have kept. Our personal success stories can teach us things about how to overcome new challenges (faithfulness).

Optional Faith Application – Faith as our strength (10 minutes)

Say: Are there stories or other principles from our faith tradition that help us to face new challenges?

Talking points: Allow group discussion.

Exercise 5C: Strategies to avoid unfaithfulness

Aims: Participants will consider temptations that people confront and will be able to give alternative actions to avoid these temptations in the future. Use this exercise to reinforce the behavioral determinant perceived self efficacy.¹⁵ We have the skills and abilities to be faithful. We can do it!

Description: Peer group discussion and role plays.

Time: 60 minutes

Say: From this last exercise, we can see that we all have had some success in keeping our promises. However, sometimes people *do* things that make it harder for them to keep their promise of faithfulness. Maybe it is the people that they socialize with. Maybe it is the alcohol or chat (drugs) that keeps someone from making a wise decision. Maybe they spend a lot of time *thinking* about someone other than their long-term partner. Maybe they tell themselves that it is ok if they are unfaithful when they are working far away from home. Their own actions and thoughts lead them down a path of unfaithfulness.

Do: Divide the peer group into small groups of four to five people.

Say: In small groups (four to five people) think of four things that people in your peer group *do*, *or think about* that, make them more vulnerable to being unfaithful. Write or draw pictures of your answers on newsprint. Once you have chosen four things – develop a role play to demonstrate one of your ideas to the rest of your peer group. Your role play should show someone choosing the action (or thought process), doing the action, and then moving towards being unfaithful. You will have 20 minutes to choose your four actions and then make one of them into a role play. Your role play must have all three parts (see above) and should be no longer than five minutes.

Do: Be sure that the women talk about what women do - and the men talk about what men do. Examples might include drinking alcohol, reading pornography, travelling for long distances away from home, fantasizing about someone, or starting up conversations with strangers of the opposite sex.

¹⁵ Perceived self efficacy is one of the important barriers to faithfulness identified in FH's Barrier Analysis studies. Perceived self efficacy is whether or not you believe that you are able to perform a certain healthy behavior given your current time, training, and resources. If someone doubts their ability to be faithful, they will be less likely to follow through and succeed. However, if they are given confidence and skills to overcome their doubts, they will be more likely to make a commitment and succeed in maintaining it.

When everyone is ready, ask the first group to show everyone the list of their four temptations. Then allow them to perform their role play for the others in the peer group. After each performance ask the audience the following questions:

Say:

- What did you see?
- How common is this situation where you live?
- What made the person more vulnerable?
- How could they have avoided this situation?
- What alternative action would you suggest?

Talking points: Make sure that they give an action or behavior as an alternative. For instance, not drinking alcohol, but going home and talking to their long-term partner. Or not taking money from a stranger, but going home and working more hours in the market store. Or spending time with same-sex friends playing dominos while your partner is away.

Say: Now I would like the group to act out the role play once more, 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 new suggestions of what the actor/actress in the role play should do differently to alter the outcome of the role play. (See option 2 below) For instance – don’t pick up the beer – but do this.... The actor/actress must then change their behavior according to what the audience suggests and continue the role play. In this way, you will point out ways to avoid and prevent these behaviors and provide a different outcome to the end of the role play.

Option 2: *As an alternative, you can ask a member of the audience to jump into the role play and portray the “right” behavior and continue the role play with the “new” actor or actress acting out the alternative behavior.*

Do: Repeat this exercise for each group. If time allows you can have the groups work on another role play from the four actions that they identified at the beginning of the exercise.

Exercise 5D: Gideon Shares His Secret	
Aims:	To reduce stigma and prepare participants as they consider what they should do if their partner becomes infected with HIV.
Description:	Story and discussion.
Time:	25 minutes

Say: We will continue with our story about Gideon¹⁶... In Part 1, Gideon's wife, Kellen, woke with chest pains and died soon after. Gideon discovers from his sister-in-law that Kellen had been infected with HIV and had lived with her secret for six months before her death. The last time we heard from Gideon he was alone and afraid.

Do: Read the following story:

The first thing that Gideon did after Kellen's death was to get tested for HIV. He waited for two weeks for the results. He was HIV-positive. To his relief, his daughter, Patience, was negative.

Gideon faced a huge dilemma. How could he keep such a secret? He knew that he could not live a double life, wearing a smile, and saying that everything was fine. Yet there was not a single member of his church living openly with HIV. Not just in his diocese, or his country, but anywhere in Africa at that time. If people knew he was infected, he might lose his job, his ministry, and the support of his community. Nevertheless, he began to tell others. He knew that there may be consequences. In fact, people from his church began to question his actions. "Why is he talking about his infection? Doesn't he care about the image of the church?"

But Gideon did not believe that his infection damaged the church or his authority as a priest. "I never felt guilty about my status," Gideon says. "The only regret I have is that I lacked information. I have many years of education – two degrees, one first class – but I failed an HIV test."

As word spread, there was one thing everyone wanted to know: how was he infected. In Gideon's words, "I am a priest who did some good things like some of you, and failed in some, like others. But because I lacked information, I got infected." He doesn't know when it happened: he and Kellen did not test before their marriage, so either of them might have already had the virus. Plus in 1988, Gideon was in a biking accident and needed a blood transfusion and many injections (at a time when few blood supplies in Africa were screened for HIV).

In those first years after Kellen died, Gideon missed her terribly. He tried his best to raise their daughter, Patience on his own. He had a fatal illness, but he was still very much alive. He did not believe God meant him to be celibate forever, but as a devout priest, he also had no intention of seeking physical or romantic comfort outside the vows of marriage. Yet, how could a person in this situation get remarried?

Say: How was Gideon infected with HIV?

Talking points:

- We do not know how Gideon was infected. Both he and his wife had sexual relations prior to their marriage, and were not tested when they married. He also

¹⁶ Gideon Byamugisha's story has been shortened and simplified by permission. Nolen, Stephanie. 28 Stories of AIDS in Africa. New York: Walker & Company, 2007. Pages 257-268. Available: www.28stories.com.

received a blood transfusion prior to the time when blood supplies were tested for HIV.

- Gideon says he was infected because he did not have information about HIV; they didn't know how to protect themselves.
- HIV in Africa (and Haiti) has seeped into the general population affecting husbands, wives, long term partners, and youth. We are all susceptible. No one is perfect, and as Gideon said, we have all failed in some areas. We should not spend our time blaming others for HIV infection, but work to stop the disease.

Say: Why did Gideon decide to tell others about his infection? Do you think this was a good decision?

Talking points: Gideon could not keep HIV a secret. He wanted to share the message to let others learn how to protect themselves.

Say: What do you think about Gideon's desire to remarry?
Allow group discussion.

Say: We will hear how Gideon resolved his desire to remarry in *Session 8!*

Session Review – 5 minutes

Review: Ask participants to review the information that was covered today. Make sure that someone mentions each of the following points:

- We have the ability to keep our promises to be faithful – just as we have kept other promises that we have made to our family and friends.
- There are activities and behaviors that make it more difficult to be faithful.
(Review the four temptations from each group in Exercise 5C and the alternative actions that the audience suggested. Make sure that each participant can list alternative actions and at least four temptations.)
- We are all susceptible to HIV infection.
- We should not stigmatize and blame others for infection.
- Review the three main routes of HIV infection.



Creative Assignment: Ask participants to share with their long-term partner the four tempting situations they discussed in their peer group. Each long-term partner should identify one tempting situation which they face on a regular basis and together develop an alternative action to prevent that situation in the future. Each partner will need to share a situation and a solution.

Session 6 Communication Techniques

Approximate Time: 3 - 3½ hours

Objectives:

- Participants will be able to define the three types of communication and give an example of each.
- Participants will be able to identify two ways in which good communication promotes faithfulness.
- Participants will be able to develop an assertive “I feel” statement to combat conflict in a long-term relationship.

Materials Needed:

- Note cards with the “I feel” statement scenarios written on them (Exercise 6D)
- Markers and newsprint (Exercises 6C and 6D)
- “A Question of Balance” copied onto newsprint for reference (Exercise 6C)

Activities:

- | | |
|--|-----------|
| • Introduction and Review – large group | 10 min |
| • 6A: (Optional) Nonverbal Communication – large group | 15 min |
| • 6B: Difficult Situations – peer group | 45 min |
| • 6C: Types of Communication – large group | 30-45 min |
| • 6D: Practicing “I feel” Statements – peer groups and pairs | 60 min |
| • Session Review – peer group | 5 min |

Optional Faith Applications:

- | | |
|---|--------|
| • Corinthians 13:4-6 – Speaking Truth in Love | 10 min |
|---|--------|

Introduction and Review – 10 minutes

Review: Ask participants what they learned from the previous session – Skill Development. If they have forgotten, go over the review points from the previous page.



Do: Answer questions from the Question Box. Make sure the questions are relevant to the workshop and appropriate for the large group.



Do: Ask for a few volunteers to share feedback from their discussion with their long-term partner about tempting situations.

Exercise 6A: Opening Game - Nonverbal Communication (optional)

Aims: A fun way to get participants moving while introducing the challenges of good communication.

Description: Game for couples in front of large group.

Time: 15 minutes

Preparing for the Game: Gather 12 note cards or pieces of paper. On each note card write one phrase such as, “close the door,” “sit in a chair,” or “hop on one foot.” Some of the tasks may be repeated, but try to think of 12 different actions.

Ask four couples to volunteer. Give one person in each pair three cards. They should not show the cards to their partner.

Explain that each person must ask their long-term partner to do what is written on the cards without using words. They must communicate the message to their long-term partner without touching them or speaking. The responsibility of the audience is to make sure that the couples complete the tasks without touching or speaking!

If you want to add more excitement, time the participants and see which couple can complete all three tasks first.

Say:

- Why were some couples better at communicating than others?
- What were the techniques that helped them to communicate?

Exercise 6B: Difficult situations

Aims: To identify communication difficulties in long-term relationships and discuss ways to bring change.

Description: Peer group role plays.

Time: 45 minutes

Say: Today we are discussing communication techniques. As we saw in the game, people can communicate in many different ways. Communication is simply the exchange of information. We communicate with our eyes, with our voices, with words, as well as body language. We can also communicate a message by not saying anything!

Sometimes we send a message with our voice or body language or actions, but our partner does not understand what we are trying to say. Did some of you have trouble understanding what your partner was trying to tell you in the opening game?

Sometimes, even the people whom we love send us messages that we don't understand! This is poor communication, and it can cause problems if we don't work to improve it.

Say: Today, we will learn new skills to help us improve communication with our long-term partner. Not only will we use our voices and body language, but we will also learn how to use the right words. We will begin with a role play. Think about situations in your a long-term relationship where it has been difficult to say the things that you need to say. Perhaps you do not agree with how your long-term partner disciplines the children. Perhaps you have some sensitive questions about sex that you have not been able to ask. Think about these things in your peer group. Make a short role play to illustrate a situation where it is difficult to communicate with your long-term partner – a situation that is common to people your age and gender. Your role play should only be a few minutes long. We will perform the role plays in front of the other peer groups.

Option 2: *If peer groups are more than 10 people - divide your peer group into 2 to 3 groups to develop role plays. They will perform for the peer group only.*

Do: Remind the groups to make their role plays as close to real life as possible. They should not try to exaggerate difficulties, but use situations that others can relate to. They will have 10 minutes to decide upon a situation and practice it. After each role play, ask the peer group to discuss.

Say:

- What was this role play about? (Ask someone to summarize so that everyone understands.)
- What were the "obstacles" to good communication?
- What could have been done to remove the obstacle? Or how could the people in the role play have reacted differently?

Exercise 6C: Three types of communication

Aims: To understand the three types of communication and how they are used.

Description: Large group teaching and discussion.

Time: 30-45 minutes

Do: Refer to "A Question of Balance" at the end of this session. Use newsprint to define the types of communication. *Use the seesaw drawing for participants who are not literate.*

Say: People communicate in different ways. Sometimes we communicate in certain ways because of our gender roles. We may speak differently when we are standing in front of our long-term partner as compared to when we are standing in front of our children or our friends. There are three main types of communication. We may use all three of them at different times in our life, or we may use one type of communication more often than the others. We will discuss all three types and talk about the best way to communicate to our long-term partner about difficult things.

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. They give in to what others want – hoping to get what they actually want, without saying it. They let others make choices and decisions for them.

The second 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 of their opinions through their actions and words.

(Optional discussion - There are also people who communicate both passively AND aggressively; this type of communication is called passive-aggressive. They may look very passive and “go along” with the other person, but they communicate aggressively with their actions. They may refuse to speak to their partner, or exclude them from family activities, or other subtle actions that they know will irritate their long-term partner while pretending to be kind. The passive aggressive communicator does not show overt anger, but the anger comes out in his or her actions.)

People who communicate assertively decide what it is that they need and say it out loud. They explain their feelings and opinions and ask for the things that 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.

Let us think back to the role plays that we saw regarding “saying difficult things”. Who was acting passively in the play? Who was acting aggressively? Was anyone acting assertively?

What are some examples from your own life? Which type of communication do you usually use? Have you interacted with someone who uses a different style of communication? How did it make you feel?

Talking points: Allow group discussion.

Say: Which response (assertive, passive or aggressive) is most effective or the best way to communicate?

Talking points: Assertive is most effective. It allows us to share our concerns without being too pushy or letting others hurt us with their words. In assertive communication the speaker does not focus on what the other person is doing wrong; they focus on their own reactions to that behavior.

Say: Do you think effective communication can promote faithfulness in a long-term relationship? If so, how? I will give you a few minutes to discuss this question in pairs.

Talking points: After working in pairs, allow the participants to share their ideas. Some participants may not see how effective communication can promote faithfulness. Encourage them to consider these possibilities:

- Effectively communicating our unmet needs and desires to each other will strengthen the long-term relationship (allow each partner to adapt to meet those needs for the other) and decreases the desire to leave the relationship.
- Effectively communicating temptations will allow our long-term partner to help us remain faithful. For instance, if my partner spends long periods of time away from home and I am able to communicate effectively that this makes it difficult for me to be faithful; we could work out a plan to reduce these times away from home.
- If we truly want to love our long-term partner, we need to communicate effectively - not with anger or bitterness or deception - but with honest and clear communication. This again will strengthen the relationship and helps to avoid unfaithfulness.

Say: Who defines what our “unmet needs and desires” are? Can we ask our long-term partner for whatever we *want*?

Talking points: No. Our needs and desires should be based on what encourages one another and strengthens the long-term relationship.

Optional Faith Application – Speaking the Truth in Love (10 minutes)

Say: What does the Bible say about speaking the truth in love?

The foundation of our speech needs to be a commitment of love. 1 Corinthians 13:4-6 (NIV) “Love is patient, love is kind. It does not envy, it

does not boast, it is not self-seeking, it is not easily angered, it keeps no records of wrongs. Love does not delight in evil but rejoices with the truth.”

Say: Speaking to our partner in a loving way will help us to communicate more effectively.

Say: Sometimes we need help to learn how to communicate more effectively, especially in our long-term relationship. We are going to start an exercise now that will help us to respond more assertively.

Exercise 6D: Practicing “I Feel” Statements

Aims: To show how it is possible to face someone with whom you have a problem without antagonizing them or withdrawing from the problem. To practice making non-judgmental statements and using a structure that can open, rather than close, discussion. Use this exercise to reinforce the behavioral determinant perceived self efficacy,¹⁷ showing participants how these strategies will enable them to discuss difficult topics such as faithfulness. Together, we are ABLE!

Description: Peer group discussion and practice in pairs

Time: 60 minutes

Say: We are going to learn a technique called the “I feel” statement. The best “I feel” statement does not demand or blame. It opens up the opportunity for discussion and leaves the next move for the other person. “I feel” statements are very different from “you” statements. “You” statements put blame on someone else and holds them responsible.

Here are two bad examples of people using “you” statements.

- Man to Woman: “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 am living with you. You must start to work harder from now on.”
- Woman to Man: “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 stay with you. You must stop going to that bar from now on!”

¹⁷ Perceived self efficacy is one of the important barriers to faithfulness identified in FH’s Barrier Analysis studies. Perceived self efficacy is whether or not you believe that you are able to perform a certain healthy behavior given your current time, training, and resources. If someone doubts their ability to be faithful, they will be less likely to follow through and succeed. However, if they are given confidence and skills to overcome their doubts, they will be more likely to make a commitment and succeed in maintaining it.

“You” statements are very judgmental and make the listener feel cornered and defensive.

Here are two good examples using “I feel” statements.

- Man to Woman: “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.”
- Woman to Man: “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.

How do the “you” statements differ from the “I feel” statements?

Talking points: The “you” statements carry blame and annoy the listener. The “you” statements are judgmental. They accuse the listener. They demand something.

Say: Body language also differs between the “I feel” statement and the “you” statement. What body actions might you see with “you” statements? With “I feel” statements?

Talking points: “You” statements – finger pointing, furrowed brow, hands on hips. “I feel” statements – person is standing firmly on both feet looking the person in the face (if culturally appropriate), but not showing anger or rage.

Say: The formula for a good “I feel” statement is as follows:

- Describe the action, using the word, “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 – are a few good example of feelings)
- Do not say, “I think...” always use “I feel...”
- Do not say, “I feel... you are a rotten person.” You need to talk about your own feelings.
- Give the reason, using the words, “because...” if you think you should explain why. Do not blame.
- Offer suggestions, using the words, “What I would like is...” It is OK to say what you want, but do not demand it from the other person. Suggest something that requires input from both of you. “What I would like is for us to discuss this.” Or “What I would like is to make arrangements that we can both keep,” not, “What I’d like is for you to stop being lazy!”
- When using “I feel” statements, do not demand something of the other person. You may offer some solutions, but you must also ask the other person for their ideas about how to solve the problem.

Have any of you used the “I feel” statements in your long-term relationship?

Talking points: If yes, have the participant explain how it worked.

Say: Let us practice to see if this is something that we can use for the future. What are the four main things that you need to say?

Do: Write (or draw) the following four points on newsprint.

1. When (describe the action)
2. I feel (talk about your own feelings/emotions)
3. Because... (the reason for your feelings) – this is optional
4. What I would like is...

Remember: Statements should be clear (to the point) and clean (without blame).

Say: In pairs, one-at-a-time, each person should prepare two clean and clear “I feel” statements relating to one or two scenarios that I will hand out. Give feedback to your partner for the good points of their “I feel” statements. Help each other to improve. You will have 10 minutes.

Do: Hand out the scenario cards for participants to use to practice their “I feel” statements. Alternatively, you can write the four scenarios on newsprint so that everyone can see. *If some of the participants are not literate, read the scenarios a few times until everyone has selected one for practice.*

Scenarios:

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

Do: Allow the groups to practice. Facilitators need to go around to the different pairs and observe. Coach them on their “I feel” statements.

Say: Now that everyone has had time to practice, please share with your peer group some of your “I feel” statements.

Do: If you are doing this exercise with a large group, have groups of eight people share their “I feel” statements with one another. Encourage the group to give suggestions for improvement and add any comments after each person shares. Then continue with the large group discussion as follows.

Say: How could “I feel” statements have been used in the role play about difficult situations? Can someone give me an “I feel” statement that could have been used?

By show of hands, who thinks that “I feel” statements are helpful for communication? Who is still not sure if “I feel” statements will really work? Who thinks that they could use an “I feel” statement with their long-term partner?



Creative Assignment: Challenge *everyone* to begin using the “I feel” statement this week. If they feel that it would be too difficult to talk to their long-term partner this way, encourage them to try first with a friend or acquaintance.

Session Review – 5 minutes

Review: Ask participants to review the information that was covered today. Be sure that the following main ideas are mentioned:

- Three types of communication - passive, aggressive, and assertive.
Passive communicators use little or no communication. They accept the blame and “go along” with whatever the other person says to avoid a fight.
Aggressive communicators try to protect themselves from the 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.
(Optional) Passive - Aggressive communicators do not communicate their opinions or feelings verbally, but use their actions to punish or blame others.
Assertive communicators are the most effective. They explain their feelings and opinions and ask for the things that they need without judgment.
- Effective communication can promote faithfulness by 1) communicating and resolving unmet needs, 2) effectively communicating our “temptations” can allow us to make an alternative plan to reduce the chances of being unfaithful and 3) strengthening our love relationship – speaking truth in love.
- The best type of communication is assertive communication. An example of assertive communication is an “I feel” statement.
- The four main points to an “I feel” statement are: When... I feel... because... what I would like...

A QUESTION OF BALANCE: SUPPORT NOTES FOR ASSERTIVENESS

We can look upon aggression, assertiveness and passiveness as different points along a line:

AGGRESSIVENESS:

Expressing your feelings, opinions or desires in a way that threatens or punishes the other person – you are insisting on your rights while denying their rights.

ASSERTIVENESS:

Telling someone exactly what you want in a way that does not seem rude or threatening to them – you are standing up for your rights without endangering the rights of others.

PASSIVENESS:

Giving in to the will of others – hoping to get what you want without actually having to say it – leaving it to others to guess or letting them decide for you.

DOMINATING, for instance:

- shouting – demanding –
- not listening to others
- saying others are wrong –
- leaning forward – looking down on others – wagging finger or pointing at others –
- threatening – fighting.

BALANCED – know what you

- want to say – say “I feel...”, not “I think...” – be specific
- use “I” statements – look the person in the eye – don’t whine or be sarcastic – use your body language too (stand your ground, be centred).

SUBMISSIVE, for instance:

- talking quietly – giggling nervously – looking down or away – sagging shoulders –
- avoiding disagreement –
- hiding face with hands.



Stepping Stones, page 158

Session 7 Conflict Resolution

Approximate Time: 2½ - 3 hours

In this session, partners are encouraged to resolve conflict one-on-one with each other. This idea may sound very foreign to some cultures. Before teaching this session to large groups, try teaching a small group of participants to make sure that the exercises are acceptable to the local culture. Adapt the exercises as necessary to reflect the socially acceptable rules of conflict resolution.

Objectives:

- Participants will be able to describe possible consequences of avoiding conflict in a long term relationship.
- Participants will be able to identify the six steps to resolve conflict.
- Participants will be able to explain the importance of condoms in unfaithful partnerships.
- Participants will understand the importance of discussing faithfulness in their long-term relationship.

Materials Needed:

- Two copies of the role play for the volunteers (Exercise 7C)

Activities:

- | | |
|--|--------|
| • Introduction and Review – large group | 15 min |
| • 7A: Rolake tries to improve her marriage – large group | 45 min |
| • 7B: Steps to Conflict Resolution – large group | 45min |
| • 7C Applying Conflict Resolution – large group with role play | 30 min |
| • 7D: Practicing my Skills – work in pairs | 20 min |
| • Session Review – large group | 5 min |

Optional Faith Applications:

- | | |
|--|-------|
| • Proverbs 19:11 – Forgive and Forget | 2 min |
| • Matthew 18:15 – Work things out together | 2 min |
| • Ecclesiastes 3:1, 7-8 – A Time and Season for Everything | 2 min |
| • Ephesians 4:29 – Show Understanding | 2 min |
| • Luke 17:3 – Forgive One Another | 2 min |
| • 2 Corinthians 2:7 – Forgive One Another | 2 min |

Introduction and Review – 15 minutes

Review: Ask participants what they have learned from the previous session – Communication Techniques. If they have forgotten go over the review points from the previous page.



Do: Answer questions from the Question Box. Make sure the questions are relevant to the workshop and appropriate for the large group.



Do: Ask participants to share their experiences using the “I feel” statements.

Exercise 7A: Rolake tries to improve her marriage

Aims: To demonstrate how avoiding conflict can be destructive. Use this exercise to reinforce the behavioral determinant perceived susceptibility.¹⁸ Emphasize that we are all susceptible to HIV infection, even in marriage.

Description: Story and discussion in large group.

Time: 45 minutes

Say: We are going to begin today’s session with a story about a woman from Nigeria.¹⁹

Do: Read the story below.

On the night in May 1998 when Rolake’s husband came home with news that he was infected with HIV, Rolake tugged him into the bedroom. She sweet-talked him until they made love. As she describes that night, she says, “He wasn’t sure how I was going to take the news. I wanted to reassure him. That very night we had sex.” Rolake didn’t even suggest that they use condoms. She was determined to show her husband that the diagnosis changed nothing between them, including their sex life.

Their marriage was in trouble. Rolake feared that if she reacted poorly to the news, her husband would leave her. Rolake says, “Even though I did not want to be infected, in my heart I was really hoping, ‘Let it be both of us, maybe that will bring us closer and maybe together we can fight this.’”

Her two-year marriage was floundering because her husband was sleeping with other women – but she was determined to stay with him. Rolake knew that she would have very little hope of a new relationship if she was divorced. She explains, “Being able to keep a man and keep a home is how your womanhood is defined in Nigeria. Not the job you do, or the head on your shoulders; it doesn’t matter how intelligent you are.”

Seven years later, Rolake is now in her thirties, living in her childhood bedroom in her parents’ house after the shame of a broken marriage. Rolake knows she did not have the virus when her husband was diagnosed with HIV. Six months later she was HIV-positive. “It was just chance,” she said. “Was this the first man I was with? No.

¹⁸ Perceived susceptibility is one of the important barriers to faithfulness identified in FH’s Barrier Analysis studies. If someone does not believe they can get HIV (i.e., that they are vulnerable to it), they will probably not do anything to prevent infection. However, if they are convinced of their own vulnerability, they will be more likely to take action to protect themselves and others from infection.

¹⁹ Moralake Odetoynbo’s story has been shortened and simplified by permission. Nolen, Stephanie. 28 Stories of AIDS in Africa. New York: Walker & Company, 2007. Pages 289-295. Available: www.28stories.com.

Did I have protected sex with the others? No. It was just chance that I got this from him. Does that make him a monster? No. He did exactly what I did. He was just unfortunate, that's all. It could have been the other way around."

Say: Why did Rolake have sex without a condom the day that she found out her husband was HIV positive?

Talking points: She did not want her husband to think that his infection would hurt their relationship. She wanted to act as if nothing had changed in their lives.

Say: Do you agree with Rolake's opinion that her husband's infection was just chance?

Talking points:

- Every act of sexual intercourse with an infected person (or someone who does not know their status) has a chance (or risk) of infection. Because they both had previous partners, they were both at risk of infection.
- The best way to reduce "chance" is for you and your long-term partner to be sexually faithful to one another. If there is a chance that one of you was infected through previous sexual relationships, get tested, and vow to remain faithful to eliminate the risk of infection.

Say: What should a serodiscordant couple (when only one partner is infected) do? Is it safe for them to continue having sex?

Talking points: If only one partner is infected – a condom should be used during sexual intercourse to help protect the uninfected partner. Although condoms are not 100% safe, if used consistently and correctly every time a serodiscordant couple has sex, it reduces the risk of infection for the uninfected partner. *For more information on condom usage, see Annex 8.*

Say: Do you think talking about faithfulness and the risks of HIV before their problems began could have prevented her husband from being unfaithful and getting HIV? (Why do you think this way?)

Talking points: Many cultures have a fatalistic view of disease and may not see the benefit of talking about prevention. Use this discussion to encourage participants to consider how prevention could make a difference.

- If both long term partners are not faithful, condoms should be used correctly and consistently every time they have sex with each other – as well as other partners. Even if only one partner is unfaithful, the same is true. If Rolake and her husband were able to talk openly about this, they could have started to use condoms earlier in their marriage.
- Talking about prevention can encourage us to consider the consequences to ourselves and our family. It can help us to remain faithful.

Exercise 7B: Steps to Conflict Resolution

Aims: To learn how to deal with conflict.

Description: Presentation in large group.

Time: 45 minutes

Say: Rolake was trying to save her marriage by avoiding the problems. She knew that something was wrong in their relationship, but she was too afraid to talk about it.

Which of the nine qualities of a healthy long-term relationship seem to be missing from this relationship? (*Session 3*)

Talking points: Conflict resolution, communication, sexual fidelity, and satisfaction are all possible answers.

Say: We will focus on conflict resolution today. What is conflict?
Allow group discussion.

Conflict is when two people feel very strongly about an issue but have different opinions, and cannot come to an agreement.

Why does conflict happen? *Allow group discussion.*

We are all unique individuals, with our own desires, needs and goals. We love people because of their differences, but these differences also cause frustration when we try to live and work together. The good news is that everyone has conflict. There will be times when you disagree and this is normal. However, we must learn the skills to deal with conflict in a healthy way.

Let's say that you and your committed partner have been discussing money. You have both communicated assertively about how you want to spend the family funds. You have both used "I feel" statements to explain your point of view. But you can not come to a conclusion. Anger is building. How can you resolve this conflict?

Here are six steps to help resolve conflict.²⁰

Step 1: Ask yourself, "Is this disagreement worth arguing about?"

Step 2: Find a good time to talk about the problem.

Step 3: Explore the conflict.

Step 4: Show understanding.

Step 5: Work together to come to a temporary solution.

Step 6: If anger is involved, ask for and give forgiveness.

²⁰ Steps adapted from Stevens, David Md. "Conflict Resolution, cont'd. Section XII: Taking Care of Self." The Center for Medical Missions E-pistles. September 2007. Available: <http://www.cmda.org>

Step one, “Is this disagreement worth arguing about?” Is it an important issue? Is this problem hurting me or my long-term partner? If it is not harming anyone, and it is not a serious problem then you should forgive that person and not discuss the issue. For example, let’s say that you and your long-term partner disagree about what should be served for dinner on Sunday. Is this worth arguing about?

Talking points: It will not harm you or your long-term partner if your favorite meal is not served, and there will be other days when you can eat your favorite meal. The meal is not very important, and is probably not worth arguing about.

Say: If the problem is ongoing, not very important, and does not harm you or your long-term partner, then learn to forget the problem and move on.

Optional Faith Application – Forgive and Forget (1 minute)

Say: The Bible talks about people who know when to speak, and when to “hold their tongue.” What does it say about these people? *Allow participants to guess. There may be other verses that also mention this topic.*

Proverbs 19:11 “Smart people know how to hold their tongue; their grandeur is to forgive and forget.”

Say: What about this example, your long-term partner repeatedly dishonors you by telling embarrassing stories about you in public. Is this an important issue?

Talking points: Yes, it has happened more than once. It is hurtful, and affects how you love and feel loved by your long-term partner.

Optional Faith Application – Work out your Differences (1 minute)

Say: It may be that your partner does not realize that they have offended you. The Bible encourages us to talk with those who hurt us and resolve the conflict.

Matthew 18:15 “If a fellow believer hurts you, go and tell him – work it out between the two of you.”

Step 2: Find a good time to talk about the problem. You may need to arrange a time to talk later. The earlier you address the problem the better, but make sure that both of you are ready to discuss the issue.

Example 1: Your relatives have just arrived from out of town. Is this a good time to talk with your long-term partner about your money problems?

Talking points: No. Be sure that you and your partner are alone so that other people do not meddle in your discussion.

Example 2: Your long-term partner arrives home from work and you immediately tell him/her that you need to talk about the bottle of alcohol you found in the trash. Is this a good time to talk about the problem?

Talking points: No. It is better to ask your long-term partner when he/she is relaxed and ready for a discussion, not the minute he/she walks in the door.

Optional Faith Application –A Time for Everything (1 minute)

Say: Even the Bible tells us that there are good times and bad times for everything, including times to speak out and times to be silent.

Ecclesiastes 3:1, 7-8 “There is a time for everything, and a season for every activity under heaven... a time to tear and a time to mend, a time to be silent, and a time to speak, a time to love and a time to hate...”

Say: We need to make sure we speak to our partner at a time which is right for both of us.

Step 3: Explore the conflict. What is the real issue? When there is a disagreement you need to look at the real problem behind the conflict.

Example 1: Maybe your long-term partner will not introduce you to his/her friends at work. What is the reason they are acting this way? Is it because they are embarrassed of their friends? Are they afraid that you will be jealous of these relationships? Find out the real reason behind the conflict.

Example 2: Your long-term partner gets very angry when you visit your neighbor. He/she demands that you never see this friend again. What is the reason for their anger? Is it because they want more time with you? Are they jealous of your relationship with this friend? Find out the real reason behind the conflict.

Step 4: Show understanding. Use “I feel” statements. Make sure you understand what your long-term partner is saying. Accept what your long-term partner is saying. Do not criticize their opinions, blame them, or defend yourself. Just listen.

Optional Faith Application - Speak Encouragement (1 minute)

Say: Blaming and criticizing your partner will not help you to find a solution. The Bible says that we should use our words to help others.

Ephesians 4:29 “Watch the way you talk. Say only what helps, each word a gift.”

Say: Use your words to work towards a solution, not a new argument.

Step 5: Work together to come to a temporary solution. Try out one solution for a short period of time then reevaluate and discuss a different solution, if needed.

Step 6: If anger is involved, ask for and give forgiveness.

Optional Faith Application - Forgiveness (2 minutes)

Say: There are many Bible verses which talk about forgiveness. Here are two.

Luke 17:3 “Be alert. If you see your friend going wrong, correct him. If he responds, forgive him.”

2 Corinthians 2:7 “Now is the time to forgive this man and help him back on his feet. If all you do is pour on the guilt, you could very well drown him in it.”

Say: Forgiveness is a principle that is repeated throughout the Bible. It is also something that will help us to build a healthy relationship with our long term partner.

Do: Review the six steps. Ask for volunteers to list each step from memory. Review the steps until each participant can name them in order.

Exercise 7C: Applying Conflict Resolution	
Aims:	To observe use of the six steps in conflict resolution
Description:	Large group presentation.
Time:	30 minutes

Say: Now that we have learned the six steps, let's observe a couple using the steps to resolve a conflict.

Do: Ask for two volunteers. Give each volunteer a copy of the role play below. Allow them a few minutes to review the script as you continue with the introduction below.

Say: Benjamin is the five year old son of David and Elizabeth. Benjamin has many toys and likes to leave them on the floor. Elizabeth thinks Benjamin must learn responsibility by putting his toys away each night. David feels that the boy is too young to be disciplined, or told where to put his toys. David feels that Benjamin will learn to be responsible with his toys as he grows older.

The first step in conflict resolution is to ask the question "Is this disagreement worth arguing about?" What do you think?
Allow the participants to respond.

Say: Elizabeth feels very strongly that the boy should be disciplined. She is also very upset about the issue and wants to come to a conclusion. Since they plan to have more children, they both know that this is an important issue to resolve while their first child is young.

The next step is to find a good time to talk. David and Elizabeth have set aside time after dinner and have sat down to talk.

Now they will begin with step three, exploring the conflict.

Role Play²¹

- Elizabeth: I can't stand Benjamin's toys all over the floor. I have fallen twice today because he left his toys in my path. I spend my whole day cleaning up after him.
- David: Are you angry because you have to pick up his toys?
- Elizabeth: Yes, and I am angry at you for not making him do it. He respects you, and you don't say a word. You don't seem to care.
- David: I know you want me to tell him to put his toys away, but I don't think it does any good. He is only a boy. He will grow up soon. If you just ignore the toys, he will learn as he grows older.
- Elizabeth: Do you really think that if I ignore the toys, he will pick them up?

Say: What is the real issue? Are they arguing about toys, or is there something else that Elizabeth is upset about?

²¹ Role play adapted from *Time for a Better Marriage: Training in Marriage Enrichment* © 2002 by Jon Carlson and Don Dinkmeyer. Reproduced for the AERDO ABY Healthy Choices Leading to Life grant by permission of Impact Publishers, Inc., P.O. Box 6016, Atascadero CA 93423, USA. Further reproduction prohibited. Pages 99-101.

Talking points: Elizabeth is upset because David is not listening to her and taking her concerns more seriously.

Say: The next step, step four, is to show understanding. During this step, it is important to listen and use “I feel” statements. Of course, understanding and “I feel” statements can be used in every step, but they are most helpful as you work to find a solution.

Elizabeth: It seems as if you have to be right all the time.

David: Are you angry because I have the answer to the problem, and you don't?

Elizabeth: Yes. I think we are having a contest to see whose way is right. When you respond this way, I feel angry because you are not considering my point of view, or my concerns. What I would like is for us to come to a decision together.

David: It is true that I have not been willing to listen to your ideas. And if we are going to come to a solution, I guess I am going to have to change.

Elizabeth: Well, the way I am handling it does not seem to be working either...

Say: Both David and Elizabeth have agreed that their approaches have not worked. They have taken responsibility and agreed to try something new. They are moving onto step five, working together to find a solution.

David: How about putting a box at the back of the house and whenever he leaves a toy in the middle of the room, we put it into the box for three days?

Elizabeth: I am not sure he will miss his toys at first, but as soon as some of his favorite toys disappear, maybe he will learn. Your suggestion will also make sure that his toys are not in my way.

David: What do you think? Should we try this for the next two weeks?

Elizabeth: Yes. I am willing if you promise to do it too.

David: I promise.

Say: Notice that David *was* the one to give a new suggestion, but he also asked Elizabeth if she thought this was a good plan. He was willing to try something new since his partner was very concerned about this issue. They continue with step six, and ask forgiveness for the anger that they showed towards one another.

Elizabeth: I am sorry that I was so angry with you. Will you forgive me?

David: I forgive you. I now understand that you were angry because I was not listening to your ideas. I am sorry Elizabeth. I will try my best not to treat you that way in the future.

Exercise 7D: Practicing my Skills

Aims: To practice the six steps for conflict resolution.

Description: Practice in pairs.

Time: 20 minutes

Say: Now that we have reviewed the steps, and observed a couple using the steps, we want you to practice with your long-term partner.

Do: Read the following scenario, or write it on a piece of paper so that everyone understands the situation.

The Conflict

John and Sara have been living together for six years. They have three children. Over the past year, one of the children has been very ill. Sara and John have spent a lot of money purchasing medication for their daughter, and they are having difficulty paying their bills. Sara wants to work to help support the family. She has already asked the neighbors to help her find a job. John doesn't want Sara to work; he believes that she needs to be at home with the children. He is angry that she has already spoken to the neighbors about this. John wants to go to the capital city to find a better job. Sara is worried that if John goes to the city for long periods of time, he may be tempted to see other women. They both agree this is an important decision and have just sat down to talk about the issue.

Say: Work with your committed partner to find a solution to the problem. Pretend that *you* are John and Sara working through the problem together. You have 15 minutes to work on a solution. Focus on steps three, four, five and six.

Do: After fifteen minutes, ask the group if they were able to find a solution.

Say: Did any of you decide to send John to the capital to find a job?

- {If they answer "yes"} How did you respond to Sara's fear that John would see other women?
- {If they answer "no"} Why not? Were you unable to reassure Sara that John would be faithful?

Talking points: Listen to group responses. Reinforce the importance of discussing temptations and finding solutions to situations where temptations arise (*Session 5*). For example, if John agreed that this may be a temptation for him, they could make arrangements to visit each other frequently so that he would not be tempted (and Sara could feel better about this decision).

Do: Get feedback from the couples about the six step process. Answer questions as needed.

Session Review – 5 minutes

Review: Ask participants to review the information that was covered today. Be sure that the following main ideas are mentioned:

- If you try to avoid conflict in your long-term relationship, you may succeed in destroying it!
- A serodiscordant couple should use condoms consistently and correctly every time they have sex to protect the uninfected partner from HIV.
- If a person is persistent in having multiple partners (and unwilling to be faithful) they should use condoms consistently and correctly every time they have sex with their long term partner as well as other partners.
- One of the nine characteristics of a healthy long-term relationship is conflict resolution. Conflict is normal. All couples will have conflict.
- There are six steps to healthy conflict resolution. Step 1: Ask the question “Is this disagreement worth arguing about?” Step 2: Find a good time to talk about the problem. Step 3: Explore the conflict. Step 4: Show understanding. Step 5: Work together to come to a temporary solution. Step 6: If anger is involved, ask for and give forgiveness.



Creative Assignment: Ask couples to use these steps to resolve conflict in their relationship this week.

Session 8 HIV and Long-Term Relationships

Approximate Time: 2¼ hours

Objectives:

- Participants will be able to identify three high risk activities which increase the rate of HIV transmission in serodiscordant couples.
- Participants will be able to describe three safe practices for serodiscordant couples.
- Participants will be able to name where they can obtain an HIV test as well as where condoms can be purchased.

Materials Needed:

- Blindfolds or scarves – one for every two people, if possible (Exercise 8A)
- Note cards with behaviors written on them for each peer group (Exercise 8C)
- Facilitator will need to know where to refer individuals for HIV testing and to obtain condoms (Exercise 8C).

Activities:

- | | |
|--|--------|
| • Introduction and Review – large group | 15 min |
| • 8A: Opening Game – Leading and Guiding – large group | 20 min |
| • 8B: Gideon Finds His Heart's Desire | 30 min |
| • 8C: Risky Sex Practices – peer group | 40 min |
| • 8D: Closing Game – Muddling Messages – peer group | 15 min |
| • Session Review – peer group | 5 min |

Optional Faith Applications: none

Introduction and Review – 15 minutes

Review: Ask participants what they have learned from the previous session – Conflict Resolution. If they have forgotten, go over the review points from the previous page.



Do: Answer questions from the Question Box.



Do: Ask couples to share their experiences using the six steps. Have these steps helped them to improve their long-term relationship?

Exercise 8A: Opening Game – Leading and Guiding

Aims: To physically demonstrate how we must depend upon one another for our safety and protection against HIV.

Description: Large group activity.

Time: 20 minutes

Do: Split the participants into pairs. One person in each pair puts on a blindfold. *If there are not enough blindfolds, you can have some participants serve as obstacles.* Their partner then leads them around the area making sure that they don't trip or bump into anything. After a few minutes, ask the pairs to change roles. At the end, participants can discuss how they felt when they had to trust someone else to keep them safe.

Say: How might this exercise relate to faithfulness and long-term relationships?

Talking points: This exercise can mean many different things to different people. Allow participants to give their ideas. One idea is this: We don't want to walk blindly in our relationship. Being open and honest with one another will help us to work together. When it comes to faithfulness, we can not always "see" what our long-term partner is doing. We must trust one another and help protect each other from danger (HIV).

Exercise 8B: Gideon Finds His Heart's Desire

Aims: To discuss ways in which infected couples can protect each other and their children.

Description: Large group story and discussion.

Time: 30 minutes

Say: Now we will continue with Gideon's story²².

In those first few years after Kellen's death, Gideon missed her very much. He did his best to raise his daughter on his own. However, he did not like being alone. He did not believe God meant him to be celibate, but as a devout priest, he also had no desire to seek physical or romantic comfort outside the vows of marriage. He had a fatal illness, but he was still very much alive. Could a person with HIV get married? He concluded that the best solution was to find a wife who was living with HIV – who would understand what his infection might mean for their future together.

²² Gideon Byamugisha's story has been shortened and simplified by permission. Nolen, Stephanie. 28 Stories of AIDS in Africa. New York: Walker & company, 2007. Pages 257-268. Available: www.28stories.com

He began asking his friends for help. They introduced him to Pamela. Pamela was twenty-one. She was capable and friendly, widowed by her husband who died of AIDS not long before. Yet when they announced their engagement, church leaders tried to dissuade them from marrying. Their reaction left Gideon confused and frustrated. The leaders could not understand the great loneliness that comes with living with HIV, or the care with which he and Pamela had made this choice.

When they married, they agreed they would not have unprotected sex (sex without a condom) because of the risk of new infections, and the risk of having children with HIV. But Pamela yearned to have children. Gideon pleaded with his new wife to be patient. Gideon asked her to wait until God gave them a miracle. In 2000, the miracle arrived in the form of ARV drugs to prevent mother-to-child transmission of HIV. They had a daughter, Love, and another two years later, Gift. Both girls are HIV-negative, like Gideon's first child, Patience.

The couple nevertheless faced criticism for this decision. People said, "Don't you feel guilty that you are producing children who will be orphans?" Gideon doesn't feel guilty. When his girls are old enough to ask about their parents' HIV status, Gideon plans to tell them. He knows that he and his wife waited seven years so that his children could be born with a very low risk of infection. He believes that now, it is society's job to obtain access to ARVs to prolong the lives of HIV- infected adults.

Say: Do you agree or disagree with Gideon's decision to remarry and have children?

Do: Allow group discussion. Some people may disagree with Gideon's choice. Allow everyone to express their opinion. Then move to the next question. This is not the right time to argue about who is right or wrong.

Say: Gideon mentions that he always wears a condom to prevent new infections. What does this mean?

Talking points:

- If both partners are infected, wearing a male or female condom will help prevent each partner from becoming infected with another strain (or type) of HIV. (There are many types of HIV, and Pamela and Gideon may have different strains.) Infection with a different type of HIV can bring on AIDS symptoms more quickly.
- By wearing a condom, Gideon and Pamela also reduce the risk of being infected with other STIs (sexually transmitted infections) that they may have from previous partners. STIs can weaken the immune system.

Say: How do ARVs protect children from HIV infection?

Talking points: If the mother is HIV infected, there is a 15-30% chance the baby will be infected before or during delivery. There is a 10-20% chance the baby will be infected later through breastfeeding.²³ ARVs can be very expensive and difficult for

²³ The Linkages Project. Breastfeeding and HIV/AIDS FAQ Sheet 1. June 2006. Available: http://www.linkagesproject.org/media/publications/FAQ_HIV_Eng_Update_10-06.pdf

an adult to afford for the duration of his or her lifetime, but there is a smaller dose specifically for infected mothers that can be taken for a short period of time to prevent transmission to an infant. If taken correctly, it is very effective in preventing HIV transmission. *For more information about mother-to-child transmission see Annex 3.*

Say: In our next exercise we will talk about different sexual behaviors and how they relate to transmission of HIV. We will work together to develop advice for serodiscordant couples - where only one partner is infected and couples like Pamela and Gideon where both partners are infected.

Exercise 8C: Risky Sex

Aims: To identify safe and risky sexual practices when one partner (or both partners) may have HIV.

Description: Categorizing peer group exercise and discussion.

Time: 40 minutes

Preparing for the Exercise: Listed below are sexual practices that have different levels of risk when one partner is HIV positive. Write each practice on a note card (a set for each peer group) along with three cards that say, “High Risk,” “Low Risk,” and “Safe.” Peer groups should categorize each note card as being High Risk, Low Risk or Safe in regards to HIV transmission.

Do: Encourage the peer group to discuss the words and define each practice so that everyone understands. *Make sure there is one literate person in the group. Alternatively read off the words and have someone in the group draw a picture of each word – and then continue with the exercise.*

Put each practice on a note card and distribute to the peer groups.		
Safe Practices	Low Risk Practices	High Risk Practices
Kissing (regular or deep kissing)	Vaginal sex with a condom	Sex with a partner who has an STI
Massaging (e.g. rubbing the person’s back)	Oral Sex	Forced sex (rape)
Non-penetrative sex (where the penis does not enter the rectum, vagina, or mouth and no bodily fluids are exchanged)		Using a condom with an oil based lubricant
Cuddling / Hugging		Anal sex
Mutual stimulation (e.g., using hands with or without lubricants)		Withdrawing before the man ejaculates (if the man is HIV +)
		Dry sex (use this card only if culturally relevant)



Do: Allow the peer group 15-20 minutes to talk about the items and categorize them into the three categories for HIV transmission (safe, low risk or high risk). After the peer group has finished, ask each person in the peer group to talk about one card, what it means, and which category it belongs in. Correct any misunderstandings as they discuss the activities.

Talking points:

Safe Practices (No Risk)

- Kissing, cuddling (hugging), massaging (rubbing one another), mutual stimulation (using hands with or without lubricants to stimulate sensitive parts of the body), and non-penetrative sex (a general term for any of the above activities or others that do not include vaginal, oral, or anal penetration) - all are safe practices because they do not involve the exchange of body fluids. Kissing can involve some exchange of saliva, but no cases of HIV transmission from kissing have been found.

Low Risk Practices

- Vaginal intercourse with consistent and correct condom use has a lower risk of HIV transmission than no condom, or when condoms are used improperly. A condom is generally 80-95% effective in preventing the transmission of the HIV virus. When they break, come off during intercourse, or are removed improperly (allowing liquid to leak out) they are not effective.
- Sex with a condom is always safer than sex without a condom. However, a condom can only be used once and it must be worn correctly to be effective. Even then, condoms are not 100% effective in reducing transmission.
- Oral sex (the stimulation of the genitals with the mouth or tongue) carries a very low risk of HIV infection, but should not be practiced if there are cuts or sores on the mouth or genitals (this increases the chances of HIV infection).
- Using a dental dam or female condom (on the women's genitals) or male condom (on the man's genitals) reduces the risk of getting an STI during oral

sex. A dental dam is a non-lubricated condom that is cut in half horizontally and placed over the woman's genitals. *For more information about male and female condoms see Annex 8.*

High Risk Practices

- Forced sex (rape) often increases the chances of HIV transmission as the woman's vaginal canal may tear.
- (Only discuss if culturally relevant.) Dry sex is practiced in some societies where women dry out their vagina with herbs or local products. This increases the chances of vaginal tears and suppresses the natural bacteria that live in the vagina (the germ fighting agents) which increases the chances of HIV infection.
- When one of the partners has a sexually transmitted infection (STI) and a condom is not used, there is an increased risk of infection because of the sores and open wounds on the genitals.
- Anal sex (the insertion of the penis into the anal cavity) has a high risk of HIV transmission if one of the partners is infected as it often causes fissures or tears in the anal canal. Using latex condoms and lots of water-based lubricant helps reduce tears, but does not eliminate the risk of transmission.
- Oil based lubricants damage condoms. Using an oil-based lubricant with a condom is more risky than having sex with a condom and no lubricant, or using a water-based lubricant with a condom.
- Withdrawing before ejaculating (if the male is HIV infected) does not lower the risk of HIV transmission since the virus is present in pre-ejaculation fluids and therefore is as risky as having sex without a condom. A condom used correctly and consistently is the best way to protect each other during sex.

Say: It is normal for couples who are HIV infected to be challenged with the many guidelines for healthy sex. It is important to talk about your HIV status with your long-term partner and find activities and safe sex practices that will protect each other.

What is our advice to someone who suddenly discovers that her long-term partner is infected?

Talking points:

- 1 – She should get tested at a clinic to find out her status.
- 2 – They should use a condom consistently and correctly every time they have sex.
- 3 – If they choose to use a lubricant, only use water-based lubricant with condoms to prevent tears.
- 4 – Practice more safe sex activities like kissing, cuddling, mutual stimulation, and non-penetrative sex to please one another.

Say: What is your advice to a couple where both partners are infected?

Talking points: See the talking points above, numbers 2, 3, and 4.



When training facilitators...

Ask where people in their area can be tested for HIV. They will need to use this information to advise participants where they can go, what they can expect, if it is free, or if there is a charge. It would also be appropriate to discuss where a couple can buy condoms, or if they are available for free. Facilitators will need to research this information prior to teaching this session.

Do: Discuss where one can obtain an HIV test in the region and answer any questions participants may have about what they can expect when getting an HIV test. Also mention where couples can purchase condoms and the approximate cost.

Say: I know that it can sometimes be difficult to talk about these issues. I appreciate your openness. Please remember if you have more specific questions, you can put your questions in the question box and we will answer it at our next meeting.

Exercise 8D: Closing Game – Muddling Messages

Aims: A fun game to lighten the mood and let people relax. It will serve as a reminder to ask questions and clarify their concerns in the workshop.

Description: A whispering game in peer groups.

Time: 15 minutes

Do: Ask everyone to sit in a circle. Tell the participants to think of a long message about something they have learned today or something they would like to share with their committed partner. Select one person to begin. Tell them that they should whisper their message into the ear of the person on their right. Ask the listener to whisper the message to the person sitting on their right until the message is passed all around the circle to the last person. Ask the last person to say the message aloud. Compare the final message with the original message. Most likely the message will be nothing like the message that the first person spoke and will encourage laughter.

Say: What can we learn from the listening game?

Talking points: This game illustrates that we should not always believe the things that we hear. Often information changes as it passes through friends and family. Encourage participants to ask questions about relationships, HIV and sex. Tell them if we (facilitators) do not know the answer, we will try to find out for you.

Session Review – 5 minutes

Ask participants to review (verbally) the information that was covered today. Make sure that someone mentions each of the following points:

- If one person in a relationship is infected he/she can do the following to protect him/herself 1) Use a condom correctly and consistently, 2) If they choose to use a lubricant, only use a water-based lubricant, 3) Have regular HIV tests, and 4) practice more safe sex activities.
- If both partners are infected, they should practice more safe sex activities, use condoms consistently and correctly every time they have sex, and if they choose to use a lubricant, only use a water-based lubricant.
- Safe sex activities include kissing, cuddling, massaging, mutual stimulation and non-penetrative sex.
- The following sex activities have high risk of transmitting HIV: forced sex, sexual intercourse with someone who has a STI, anal sex, vaginal sex without a condom, withdrawing before ejaculating, (and if culturally relevant - dry sex).
- Low risk sexual practices include using a condom during vaginal sex, and oral sex.
- Where can you have an HIV test? Where can you purchase a condom?

Say: Our next session will give you an opportunity to make a decision about faithfulness. Sometimes it is difficult to discuss faithfulness with our long-term partner. In the next session we will be talking about making commitments for the future – and not talking about the past. There will be an opportunity for us to meet with our long-term partner and discuss our commitment if you think this would be helpful. What do you think? Do you think you would be able to declare your intentions with your long-term partner in the next meeting – or would you rather make your decision and discuss it in the peer group?

Do: Get a decision from the peer group – discuss this decision with the other peer groups and decide whether you will have couples meet in pairs or in peer groups for the next session.



Creative Assignment: Encourage couples to talk to their long-term partner about what they have learned; the importance of faithfulness to their long-term relationship; and how they will protect themselves if one of them becomes HIV positive.

Session 9 Making a Decision about Faithfulness

Approximate Time: 2½ -3½ hours

During this session, participants will be asked to make a private or public decision about faithfulness. Some participants may have been leading a life of faithfulness to their long-term partner, while others may want to recommit. Some may be committing to faithfulness for the first time. Some may not be ready to make a commitment at all.

Be careful not to make those who are not ready to commit feel judged or ridiculed. They may be ready to make a decision for faithfulness in the future.

You will need to decide how to celebrate the act of making a commitment to sexual faithfulness. Participants should feel rewarded for taking action steps to improve their long term relationship and decrease the risks of HIV in their family.

(Optional) Thirty minutes of this session are set aside for planning a celebration. However, it would be a good idea to brainstorm for ideas before this session. Use your own creativity and the voices of the participants to develop something that is culturally relevant and reinforcing.

Objectives:

- Participants will commit to one of the four faithfulness options.
- Participants will give feedback about the workshop and improvements needed.
- (Optional) Participants will develop a work plan for future accountability group meetings.
- (Optional) Participants will develop a work plan for a faithfulness outreach to share the workshop with others.

Materials Needed:

- Paper and pencils for all participants (Exercise 9B)
- Posttest for all participants (Exercise 9D)

Activities:

- | | |
|---|--------|
| • Introduction and Review – peer group | 15 min |
| • 9A: Opening Game – Fruit Salad – large group | 15 min |
| • 9B: Declaration of Commitment – large group | 45 min |
| • 9C: (optional) Planning the Commitment Ceremony – large group | 30 min |
| • 9D: Wrap Up Discussion + Posttest – large group | 45 min |
| • 9E: Closing Game – Hopes and Fears Revisited – peer group | 20 min |
| • 9F: (optional) Planning for Follow-up Meetings – small group | 45 min |

Optional Faith Application:

- | | |
|---|-------|
| • Numbers 30:2, Ephesians 4:25 – Keeping our Word | 2 min |
|---|-------|

Introduction and Review – 15 minutes

Review: Ask participants what they have learned from the previous session – HIV and Long-Term Relationships. If they have forgotten, go over the review points from the previous page.



Do: Answer questions from the Question Box.



Do: Ask for volunteers to share feedback about last week's creative assignment – talking with your long-term partner about faithfulness and HIV.

Exercise 9A: Opening Game - Fruit Salad

Aim: To energize the participants and prepare them for the session.

Description: Large group game.

Time: 15 minutes

Do: Divide the participants into an equal number of three to four fruits, such as oranges and bananas. (If there are 4 or more peer groups, you can assign each peer group a fruit.) All participants sit on chairs in a circle. One person must stand in the center of the circle of chairs. (If everyone is sitting on the ground, the group will need to watch to see who sits down last.) The facilitator shouts out the name of one of the fruits, such as “oranges,” and all of the oranges must change places with one another. The person who is standing in the middle tries to take one of their places as they move, leaving another person in the middle without a chair (or if sitting on the ground - the last person to find a seat). The new person in the middle shouts another fruit and the game continues. A call of “fruit salad” means that everyone has to change seats.

Say: Now that we are energized, we are going to prepare for making our commitments.

Exercise 9B: Declaration of Commitment

Aim: To give the opportunity for individuals to recommit to positive changes in their long-term relationship.

Description: Large group discussion.

Time: 45 minutes

Say: Making a commitment is a pledge for action. It means that we will do everything that we can to keep that commitment. By sharing this commitment with others, we are asking them to encourage us and help us to keep the commitment. If you are not ready to commit to a lifetime of faithfulness, then you should not feel pressured by others to make this commitment.

Maybe you are willing to make a commitment to be faithful for twelve months as a small step towards making a longer commitment in the future. Maybe you are willing to make a commitment for only six months. We need to be truthful with each other and only make commitments that we plan to keep.

Optional Faith Application: Keeping Our Word (2 minutes)

Say: The Bible also talks about making commitments.

Numbers 30: 2 “When a man makes a vow to [God] or takes an oath to obligate himself by a pledge, he must not break his word but must do everything he said.”

Ephesians 4:25 “Therefore, each of you must put off falsehood and speak truthfully to his neighbor, for we are all members of one body.”

Say: We shouldn’t let others influence our decision, but choose the commitment which we intend to keep.

Say: As part of this final session, we want to allow couples to make a commitment to faithfulness as well as commitments to other action steps that can improve their long-term relationship.

Here are the four options for faithfulness that we have so far.

Option 1, lifetime faithfulness: There are some here who are very committed to faithfulness and are ready to commit to faithfulness to their long-term partner(s) for the rest of their life.

Option 2, faithfulness for one year: There are some here who are still unsure about their ability to commit to faithfulness for the rest of their life. However, they want to make a small step towards making that commitment. They are ready to commit to remaining faithful to their long-term partner for the next 12 months. This does not mean that they will stop being faithful after 12 months. Sometimes a short term goal helps us to develop our confidence so that we can make longer commitments in the future.

Option 3, faithfulness for six months: There are others who are willing to commit to faithfulness for then next six months – the first step towards making a longer commitment in the future.

Option 4, no commitment: Still others are not yet convinced and do not wish to make a commitment about faithfulness right now.

That gives us 4 different options for faithfulness. Does anyone have questions about these commitments? Do you think we should add anything else to this list or make any changes?

We also want to allow you to make commitments to improve other areas of your relationship. Maybe you would like to commit to taking steps to improve communication with your partner. Maybe you would like to commit to taking steps to improve quality time with your partner. If there are other commitments that are important to you, add these commitments to your decision about faithfulness.

Do: Answer questions as needed. Make changes to the options if requested. Then, give each participant a piece of paper.

Say: Write or draw pictures to represent the decisions that you are making today. This paper is a reminder for you. Use your own words (or pictures) to represent your decisions. After you have written your decision, put down two action steps – things that you will do to help you with this commitment. Will you use some of the skills that you learned at this training? Will you commit to meeting with a friend to help you with this decision? Will you set up regular meetings with your long-term partner each month to discuss your progress? What will you do to make this happen?

Do:

- If the participants decided in the previous session that they wanted to meet with their long-term partner to discuss their decision – then announce after 5 minutes that they may meet with their long-term partner when they have finished. Tell them to share their decision and action steps with each other. Afterwards, ask them to return to the large group.
- If the participants decided in the previous session that they did not want to meet with their long-term partner to discuss their decision – then announce after 5 minutes that they may return to their peer groups when they have finished. Tell them to share their decision and action steps with their peers.

Say: (For peer or large group.) Would anyone like to share about the commitments that they made?

Do: Allow others to share their commitments and action steps. Celebrate each person's decision and encourage them in the choices that they have made.

Exercise 9C: Planning the Ceremony (optional)

Aims: To make arrangements for the recommitment celebration

Description: Large group discussion on commitment celebration.

Time: 30 minutes

You may decide to move this planning meeting to the end of the workshop, to allow those who did not make a commitment to leave. Do what works best for your situation.

Do: Discuss how to celebrate these decisions. It is important to celebrate with those who have made commitments for change. One way to celebrate is to have a marriage renewal ceremony. There is a sample renewal ceremony included in *Annex 4*. Community members, friends and family of the participants can be invited to attend and rejoice with those who are making recommitments.

Depending on the number of participants, you may decide to have a small ceremony for each couple, or one ceremony in which all couples recite the vows together. Talk with your group and find a culturally relevant and reaffirming way to publicly declare their commitments. This could be done as part of the closing ceremony, or in a follow-up meeting which would give people time to prepare and invite guests to attend.

Exercise 9D: Wrap Up Discussion + Posttest

Aims: To bring the training to a close.

Description: Open discussion (15 minutes) and posttest (30 minutes).

Time: 45 minutes

Say: We would like to get some feedback from you about the workshop and if it has been a help to you.

- Do you think this workshop will help you in your long term committed relationship? Explain.

Talking points: Allow discussion. Facilitators should take notes so that they can report back to their trainers.

- How important is it to you - to continue meeting and discussing the issues of faithfulness and healthy relationships?

Do: After some discussion, take a consensus from the group.

For individuals who do NOT wish to continue to meeting: Do not try to persuade them to change their minds. No group will work unless they *want* to meet. Instead try to find out why. Perhaps they are not ready to belong to other groups. Perhaps they do not have time. Perhaps they found these meetings too difficult or boring. Please note their responses for future feedback. See if they are willing to meet for one accountability meeting in six months time.

For individuals who want to continue meeting: Ask them to remain after the closing game so that you can work with them to develop a plan for future meetings. This will allow those who do not wish to continue meeting to leave.

Say: Before our closing game, we would like you to fill out the post test and evaluation form. This will help us to hear from you what you liked and didn't like about the workshop. It will help us to make changes for future workshops and will also help us to see what you have learned.

Do: Hand out the posttest (*Annex 7*).

Exercise 9E: Closing Game – Hopes and Fears Revisited	
Aims:	To allow participants to give verbal feedback about the workshop.
Description:	Peer group discussion.
Time:	20 minutes

Do: Explain to the group that it is helpful to learn from them about what they think of his or her (facilitator's) guidance. It is also helpful to review the workshop so that everyone has a chance to reflect on the things that they have learned as well as reflect on the hopes and fears that they had at the start of the workshop. Ask them to do the following.

- 1 – Say the hope and fear that they first mentioned.
- 2 – Comment on whether their hope was fulfilled.
- 3 – Comment on whether their fear came true.
- 4 – Make an overall comment about what they thought of the workshop.

Discuss any negative points which are raised by the participants. Make sure that you take notes so that you can modify the way in which you run future workshops. Be sure to accept criticism of yourself (if anyone mentions these things) without being defensive. Thank everyone for their participation and feedback.



Creative Assignment: Remind participants that they must work each day towards a healthy relationship. Encourage participants to ask, “What are you doing today to strengthen your long-term relationship?” every time they see someone from the training.

End of Workshop

Exercise 9F: Planning Future Meetings (optional)

Aims: For those who would like to continue meeting for accountability, add the following activity.

Description: Small group discussion.

Time: 45 minutes

Say: For the next 30 minutes, we will meet in groups to discuss plans for follow-up meetings in which we can keep one another accountable and encourage each other with the things we have learned.

You agreed that you would like to continue meeting to strengthen your relationship, but do you think there are messages in this training that need to be shared with others?

Do: Allow discussion. If some people are interested in discussing follow-up meetings, and others are interested in sharing messages with others – split them into two groups. Ask each group to work on the designated questions for the next 30 minutes. Make sure that each group has someone who can take notes and report back to the large group.

For those interested in discussing future meetings – ask them to discuss the following:

1. When should they meet?
2. What kinds of things will they discuss?
3. What will the structure be for the meetings?
4. What kind of activities will be included?
5. How often will they meet?
6. Where will they meet?
7. When will they begin to meet?
8. How long (i.e. six weeks, three months, one year) should they plan to meet?
9. Will they invite others to join their group? How will they do this?
10. Who will be in charge of the meetings?
11. Who will be in charge of following up on this – and making sure that it happens?

For those interested in sharing the training with others, ask them to discuss the following:

1. What approach would you take to sharing the things you have learned? Sharing of testimonies? Use of the entire t? Community outreach?
2. What groups would you target?
3. How would you encourage them to come to the meetings?
4. Write up a sample agenda of your sharing meeting plan.
5. Who will be in charge of the outreach or training?
6. Who will be in charge of following up on this – and making sure that it happens?

Do: After thirty minutes ask each group to report to the large group. Encourage the groups to follow-through with their plans.

Recommendations:

- At least one follow-up meeting is recommended for all participants. Ideally, groups will continue to meet on a regular basis (monthly or bi-monthly) to encourage one another in faithfulness and improving their relationship.
- Although this training can be shared in one-on-one meetings with others, it is designed for large group training. Encourage individuals who would like to share the message with others to become trained as group facilitators. Inform them of the next TOF (Training of Facilitator) training. Brainstorm with them for ideas to cover the costs of training materials and supplies needed for future *Keys to Healthy Relationship* training.

ANNEX

Annex 1: Additional Biblical Notes for Exercise 2C

Aims: To discuss what the Bible says about how men and women should relate to one another. Use this exercise to reinforce the behavioral determinant, divine will.²⁴ Throughout this exercise, emphasize (as appropriate) that faith traditions encourage faithfulness in committed, long-term relationships.

Description: Peer group discussion

Time: 60 minutes (optional exercises would add another 30 minutes)

Say: We will read several Bible passages; let's discuss what they teach us about marriage, sex and relationships. Some of the Bible passages apply specifically to marriage. Feel free to participate in the discussion even if you are not married.

Do: Go to the following pages for Questions for the Men's or Women's Groups.

Questions - Women's group

Do: Have someone read Ephesians 5:24. (NIV) "Now as the church submits to [God], so also wives should submit to their husbands in everything."

Say: What does it mean to submit to your husband?

Talking points: Willing to submit to his requests, not resistant; voluntarily giving of oneself. Submission does not imply that women are of less worth. It is a willingness to give up something you want for the good of your relationship.

Say: What might be a practical application that someone can share from their own experience of submission in a healthy relationship? For example, is there a time when you showed submission towards the wishes of your spouse?

Talking points: Encourage discussion. If no one wants to share an example, use one from your own life. You should discuss submission in daily chores and decisions as well as submission when it comes to intimacy.

Say: What does this verse NOT mean? Does this mean that you should do anything that is asked of you?

Talking points: No. It does not mean that a woman should be a slave to her husband and that she has to do whatever he commands and quietly tolerate whatever he does.

²⁴ Divine will is one of the determinants identified in FH's Barrier Analysis studies. If someone believes that it is not God's will (or the gods' will) that they become infected with HIV, they may not do anything to prevent infection. On the other hand, if someone believes that faithfulness is in line with their faith teaching, they are more likely to adopt this behavior for HIV prevention.

Our husbands are required to act with respect and gentleness. Domestic violence and abuse are not things that women are required to tolerate with submission.

Do: If there are services available for women in abusive relationships or churches or other sources where abused women can receive help – discuss those options here.



When training facilitators...Ask what advice they would give to women in abusive relationships. Where/Who can they go to for help? Facilitators will need to refer women to culturally relevant resources when teaching this segment.

Do: Read Ephesians 5:31 (NIV) “For this reason a man will leave his father and mother and be united to his wife, and the two will become one flesh.”

Say: What does this verse mean?

Talking points: One flesh has two meanings. Becoming “one” through sexual intercourse, but also the uniting and sharing our lives – not just our bodies, but our material possessions, our thoughts and dreams, our joys and sufferings. “Leaving his father and mother” refers to changing the focus of our devotion. All other family relationships (family, clan, etc) should become secondary to the relationship of our spouse.

Say: What is a practical application of this verse? Give examples from your own life in ways in which you have “become one” by the uniting of your thoughts, joys, or sufferings.

Do: Remember to encourage discussion. Ask, Probe, Rephrase and Ask Again....

Talking points: Encourage the participants to give examples from their own life. The facilitator should also share stories from their life to help encourage discussion.

Do: Read 1 Corinthians 7:2-5 (NIV) “But since there is so much immorality, each man should have his own wife, and each woman her own husband. The husband should fulfill his marital duty to his wife, and likewise the wife to her husband. The wife’s body does not belong to her alone but also to her husband. In the same way, the husband’s body does not belong to him alone but also his wife. Do not deprive each other except by mutual consent and for a time, so that you may devote yourselves to prayer.”

Say: What does this passage teach us about marriage?

Talking points: Marriage should protect us from sexual immorality. Sexual fulfillment should come from our partner only. Sex outside of marriage violates our spouse – our body is not our own – we are one flesh with our spouse. Don’t deprive one another.

Say: So who decides when a couple should have sex?

Talking points: Both partners mutually own each other's bodies. That means that each partner needs to try to satisfy the needs of the other. Sometimes satisfying each other means that the husband will wait until the wife is ready to have sex. Sometimes it means that the wife will have sex even if she is not really in the mood. She does this because she loves and honors her husband. In fact, sometimes the wife needs to wait until her husband wants to have sex! It also means that when the husband wants to have sex, he cannot force it on his wife. She owns his body. Both the wife and the husband should decide jointly about sex and should avoid depriving each other for very long. Wives and husbands should both commit to never using sex as a weapon against each other. That is, when one spouse deprives the other of sex because they are unhappy. They should work through any issues that keep them from being intimate.

Do: Read Genesis 41:38-49 (NIV) "Then Pharaoh said to his servants, 'Can we find a man like this, in whom is a divine spirit?' So Pharaoh said to Joseph, 'Since God has informed you of all this, there is no one so discerning and wise as you are. You shall be over my house, and according to your command all my people shall do homage; only in the throne I will be greater than you.'"

Say: Joseph was exalted by Pharaoh, the king of Egypt. He was given wealth and responsibility because of his wisdom. Many years before Joseph was given the opportunity to sleep with the wife of an Egyptian – in his master's house. Does anyone know the story of what he did?

Do: If no one knows the story – read the following. Genesis: 39:7-12 (NIV) "Now Joseph was well-built and handsome, and after a while his master's wife took notice of Joseph and said, 'Come to bed with me!' But he refused. 'With me in charge,' he told her, 'my master does not concern himself with anything in the house; everything he owns he has entrusted to my care. No one is greater in this house than I am. My master has withheld nothing from me except you, because you are his wife. How then could I do such a wicked thing and sin against God?' And though she spoke to Joseph day after day, he refused to go to bed with her or even be with her. One day he went into the house to attend his duties, and none of the household servants were inside. She caught him by his cloak and said, 'Come to bed with me!' But he left his cloak in her hand and ran out of the house."

Say: Why do you think that the woman in this story tried to sleep with Joseph?

Talking points: She might have been unhappy with her husband. Perhaps her husband had not been giving himself sexually to her. (Allow the women in the group to offer up their hypothesis as to why the woman approached Joseph).

Say: If you could give advice to the Egyptian woman, what would you advise her to do the next time she has temptation? What can we learn from Joseph's response?

Talking points: Like Joseph, the woman can make a personal decision to remain faithful to her commitment to her spouse. Like Joseph, she can avoid the presence of those she desires (v. 10). Like Joseph, she can flee from her lust. Perhaps she can find a woman friend to talk to, or busy herself with something else when temptation comes. 2 Timothy 2:22 teaches us to “Flee the evil desires of youth, and pursue righteousness, faith, love and peace, along with those who call on [God] out of a pure heart.”

Say: Some may think that Joseph was a weak man because he ran from the woman, but we can see from his life, that his behavior and actions led him to become a strong leader second only to Pharaoh of Egypt.

Questions - Men’s group

Do: Have someone read Ephesians 5: 28-29 (NIV) “Husbands ought to love their wives as their own bodies. He who loves his wife loves himself. After all, no one ever hated his own body, but he feeds and cares for it, just as [God] feeds the church...”

Say: How does this verse tell us to love our wives?

Talking points: Love our wives as we love ourselves.

Say: If we really loved our wives as much as we loved ourselves, how would this change the way we behave (or should behave) in our marriage relationship?

Talking points: Encourage men to share practical examples from their marriage.

Say: When the Bible says that a woman should be submissive to her husband, does this mean that he can do anything to his wife? (Ephesians 5:24. (NIV) “Now as the church submits to [God], so also wives should submit to their husbands in everything.”)

Talking points: No. It does not mean that a woman should be a slave to her husband and that she has to do whatever he commands and to quietly tolerate whatever he does. When a husband does things to his wife that are against God’s commandments then the wife does not have to comply. Examples include: forced sex (rape), physical, emotional, and verbal abuse.

Do: If there are services available for men or women in abusive relationships or churches or other sources where abused women can receive help – discuss those options here.



When training facilitators... Ask the trainers, what advice they would give to men in abusive relationships. Where/Who can they go to for help? Facilitators will need to refer men to culturally relevant resources when teaching this segment.

Do: Read Ephesians 5:31 (NIV) “For this reason a man will leave his father and mother and be united to his wife, and the two will become one flesh.”

Say: What does this verse mean?

Talking points: One flesh has two meanings. Becoming “one” through sexual intercourse, but also the uniting and sharing our lives – not just our bodies, but our material possessions, our thoughts and dreams, our joys and sufferings. “Leaving his father and mother” refers to changing the focus of your devotion. All other family relationships (family, clan, etc) should become secondary to the relationship of our spouse.

Say: What is a practical application of this verse? Give examples from your own life in ways in which you have “become one” by the uniting of your thoughts, joys, or sufferings.

Do: Remember to encourage discussion. Ask, Probe, Rephrase and Ask Again....

Talking points: Encourage the participants to give examples from their own life. The facilitator should also share stories from their life to help encourage discussion.

Do: Read 1 Corinthians 7:2-5 (NIV) “But since there is so much immorality, each man should have his own wife, and each woman her own husband. The husband should fulfill his marital duty to his wife, and likewise the wife to her husband. The wife’s body does not belong to her alone but also to her husband. In the same way, the husband’s body does not belong to him alone but also his wife. Do not deprive each other except by mutual consent and for a time, so that you may devote yourselves to prayer...”

Say: What does this passage teach us about marriage?

Talking points: Marriage should protect us from sexual immorality. Sexual fulfillment should come from our partner only. Sex outside of marriage violates our spouse – our body is not our own – we are one flesh with our spouse. Don’t deprive one another.

Say: So who decides when a couple should have sex?

Talking points: Both partners mutually own each other’s bodies. That means that each partner needs to try to satisfy the needs of the other. Sometimes satisfying each other means that the husband will wait until the wife is ready to have sex. Sometimes it means that the wife will have sex even if she is not really in the mood. Sometimes the wife needs to wait until her husband wants to have sex. It also means that when the husband wants to have sex, he cannot force it on his wife. She owns his body. Both the wife and the husband should decide jointly about sex and should avoid depriving each other for very long. Wives and husbands should both commit to never using sex as a weapon against each other. That is, when one spouse deprives the other of sex because they are unhappy. They should work through any issues that keep them from being intimate.

Do: Have someone read Genesis 41:38-49 (NIV) “Then Pharaoh said to his servants, ‘Can we find a man like this, in whom is a divine spirit?’ So Pharaoh said to Joseph, ‘Since God has informed you of all this, there is no one so discerning and wise as you are. You shall be over my house, and according to your command all my people shall do homage; only in the throne I will be greater than you.’”

Say: Joseph was exalted by Pharaoh, the king of Egypt. He was given wealth and responsibility because of his wisdom. Many years before Joseph was given the opportunity to sleep with the wife of an Egyptian – in his master’s house. Does anyone know the story of what he did?

Do: If no one knows the story – read the following. Genesis: 39:7-12 (NIV) “Now Joseph was well-built and handsome, and after a while his master’s wife took notice of Joseph and said, ‘Come to bed with me!’ But he refused. ‘With me in charge,’ he told her, ‘my master does not concern himself with anything in the house; everything he owns he has entrusted to my care. No one is greater in this house than I am. My master has withheld nothing from me except you, because you are his wife. How then could I do such a wicked thing and sin against God?’” And though she spoke to Joseph day after day, he refused to go to bed with her or even be with her. One day he went into the house to attend his duties, and none of the household servants were inside. She caught him by his cloak and said, ‘Come to bed with me!’ But he left his cloak in her hand and ran out of the house.”

Say: What does Joseph’s reaction show us about responding to advances?

Talking points: The Bible teaches us to flee from lust. He did not stop to talk to her. He avoided her presence (v. 10). And when she forced herself on him, he ran. 2 Timothy 2:22 teaches us to “Flee the evil desires of youth, and pursue righteousness, faith, love and peace, along with those who call on [God] out of a pure heart.”

Say: Some may think that this is not a very manly reaction – but we can see from his life, that his behavior and actions led to him being second only to Pharaoh, the king of Egypt.

(Optional) For Further Discussion – Men (30 minutes)

Say: What does 1 Corinthians 7:5 say about going away on a long trip for work or pleasure?

Talking points: Being apart from each other for longer periods can lead to temptation and deprives the spouse of sex. Longer times apart should be avoided whenever possible. Frequent visits home should be planned so that partners do not deprive each other.

Do: Have someone read Malachi 2:13 (NIV) “You flood [God’s] altar with tears. You weep and wail because he no longer pays attention to your offerings and accepts them with pleasure from your hands.”

Say: How do you think the people knew that [God] was no longer “paying attention” to their offering?

Talking points: They were probably experiencing some type of misfortune.

Do: Continue reading Malachi 2:14-15 (NIV) “You ask, ‘Why?’ It is because [God] is acting as the witness between you and the wife of your youth, because you have broken faith with her, though she is your partner, the wife of the marriage covenant. Has not [God] made them one? In flesh and spirit they are his.”

Say: What was the problem? What had they done to bring about God’s disfavor?

Talking points: The men were not being faithful to their wives. God had made them “one” flesh and they were not behaving as if that were the case.

Do: Continue reading Malachi 2:15-16 “So guard yourself in your spirit and do not break faith with the wife of your youth. ‘I hate divorce... and I hate a man’s covering himself with violence as well as with his garment,’ says [God]. So guard yourself in your spirit, and do not break faith.”

Say: What does God command them to do?

Talking points: To be faithful to their wives, to not divorce them, and to not be violent towards them – not to hit or beat them.

Say: So, in this passage, why weren’t the offerings that the people offered God accepted by God?

Talking points: The people have become unfaithful to their wives. They are separating, divorcing and becoming violent with their wives.

Say: What can we learn from this passage?

Talking points: Allow group discussion.

Annex 2: Additional Islamic Notes for Exercise 2C

Below are a few verses from the Qur'an related to marriage and relationships. They can be used to develop talking points for a Muslim audience.²⁵

- The idea of marriage is not restricted to a platonic relationship between husband and wife, nor is it confined to sex for the purpose of procreation. The legal term for marriage is "nikah" which means sexual intercourse.
- And Allah has made for you your mates of your own nature, and made for you, out of them, sons and daughters and grandchildren, and provided for you sustenance of the best (Q 16:72).
- And among His signs is that He has created for you spouses from among yourselves so that you may live in tranquility with them; and He has created love and mercy between you. Verily, in that are signs for those who reflect (Q 30:21).
- Marry the spouseless among you...if they are poor, God will enrich them of His bounty (Q 24:32). The first word of this verse begins with "ankihu" (Marry!) which is an imperative form of the word nikah.
- Women and men are one another's "protectors" (Q 9:71).
- When they [i.e., the wives] have cleansed themselves [after menstruation], you go into them as Allah has commanded (Q 2:222).
- They (your wives) are as a garment to you, and you are as a garment to them (Q 2:187).
- He it is who created you from a single soul, and of the same did He make his spouse, that he might find comfort in her (Q 7:189).
- And do not go anywhere near adultery: it is an outrage, and an evil path (Q 17:32).

²⁵ Sources: 1) <http://www.brandeis.edu/projects/fse/muslim/mus-essays/mus-ess-diffverse.html>. Visited 07-07-2006. 2) http://al-islam.org/m_morals/chap2.htm#anchor225714. Visited 07-07-2006. 3) http://www.ummah.net/Al_adaab/hadith/muslim/had8.html. Visited 07-07-2006.

Annex 3: Additional HIV and AIDS Information

What are HIV and AIDS? ²⁶

HIV stands for Human Immunodeficiency Virus. HIV is too small to see, but can be passed between people through genital fluids, blood, and breast milk. HIV weakens the immune system (the body's disease fighting system), making the body susceptible to, and less able to recover from infections. At first, a person with HIV may look and feel well. Over time, without treatment, a person infected with HIV will become sick with many illnesses that do not go away. At this point, when the body is unable to fight infection, the person is said to have AIDS. AIDS stands for Acquired Immune Deficiency Syndrome. There is no cure for AIDS. Medication can help to reduce these illnesses, but the damage to the immune system is permanent. If medication is taken properly, and a physician provides adequate care, those infected can live a long time. Eventually however, everyone with AIDS will die of the disease or related causes.

How is HIV passed from one person to another?

HIV is passed between people in three ways:

1. Sex. The most common way of transmitting HIV is through genital fluids exchanged during sexual intercourse with an infected person.
2. Blood to blood. A person becomes infected with HIV if blood that contains the virus enters into their bloodstream. This could happen in the following ways:
 - a. Sharing contaminated needles or syringes
 - b. Receiving a transfusion of infected blood
 - c. Sharing contaminated instruments used for piercing, cutting, or tattooing skin.
3. Mother to child. HIV-infected mothers may pass the virus to their baby during pregnancy, delivery, or breast-feeding.

HIV is not spread by:

- by touching someone with HIV
- by mosquitoes or other insects
- by kissing someone with HIV
- by sharing eating utensils – spoons, forks, or bowls with someone with HIV
- by swimming or bathing with someone with HIV
- by living in the same house or working with someone with HIV
- by using the same toilet as someone with HIV
- by witchcraft

²⁶ Adapted from Choose Life Guide for Peer Educators and Youth Leaders: For Youth Ages 10-14, copyright ©2006 World Relief, used by permission. Resources referenced from their guide include the following: 1) LINKAGES FAQ Sheet 1: Breastfeeding and HIV/AIDS Frequently Asked Questions. Academy for Educational Development. Updated April 2004. www.linkagesproject.org 2) www.youthandhiv.org 3) The Effectiveness of Condoms in Preventing HIV Transmission, Amfar Issue Brief No. 1. American Foundation for AIDS research. January 2005. www.amfar.org 4) KwaZulu Natal Dept of Health www.kznhealth.gov.za/testing.htm and 5) AIDS Info A Service of the U.S. Department of Health and Human Services, November 2004; Introduction of ARV Drugs - Family Health International, Handbook on access to HIV/AIDS related treatment – UNAIDS/WHO/International AIDS Alliance.

How can someone avoid sexually transmitted HIV?

1. Abstaining from sex before entering a long-term committed relationship is the best way to avoid all sexually transmitted infections including HIV.
2. Once someone enters a long-term committed relationship, they should be sexually faithful (no sex with others) to protect their long-term partner and family. If HIV status is unknown, they should be tested to confirm they are free of infection.
3. If someone is unable to be abstinent, faithful, or not sure if their long-term partner is infected, they should follow the guidelines below to lower the risk of infection.
 - Use condoms consistently and correctly every time they have sex.
 - Avoid high risk sexual practices (see Exercise 8C for more details).
 - Treat all sexually transmitted infections immediately.
 - Males can be circumcised to reduce their risk of infection.

How do sexually transmitted infections increase the risk of HIV infection?

When one sexual partner has a sexually transmitted infection (STI) and a condom is not used, this increases the risk of HIV infection because of the sores and open wounds on the genitals. Using condoms consistently and correctly every time you have sex helps to lower the risk of STI infection. However, some STIs such as genital warts (also called Human Papillomavirus or HPV) can easily be transmitted by skin-to-skin contact and are not prevented by condom use. For this reason, someone who is at risk of STI infection should not only use condoms consistently and correctly every time they have sex, but also to treat STIs immediately to prevent the risk of HIV transmission.

Does male circumcision protect against HIV transmission?

Recent studies show that circumcision is associated with 50-60% reduction in risk of HIV transmission (from female to male) during sexual intercourse.²⁷ Circumcised men can still become infected and, if HIV-positive, infect their sexual partners. However, combined with other prevention methods (correct and consistent use of male or female condoms, reduction in the number of sexual partners, and delayed sexual debut), circumcision greatly reduces the risk of HIV transmission. To prevent infection during the procedure, clean and sterilized equipment must be used. Circumcised males must also wait until they are completely healed before having sexual intercourse.

How does someone use a condom correctly and consistently?

- Male and female condoms reduce the risk of HIV transmission if used correctly and consistently every time someone has sex with any partner - whether or not they know they are infected. See *Annex 8* for more information.

How can someone avoid HIV transmission through blood?

- Avoid direct contact with blood and bodily fluids of an infected person.
- Do not share instruments with others that cut, pierce or tattoo the skin. If an instrument must be shared, sterilize the instrument after contact with blood or bodily fluids.

²⁷ WHO and UNAIDS Secretariat. Welcome Corroborating Findings of Trials Assessing Impact of Male Circumcision on HIV Risk. World Health Organization. Available: <http://www.who.int/mediacentre/news/statements/2007/s04/en/index.html>. Visited February 2007.

- Avoid blood transfusions. If a transfusion is necessary, be sure the blood has been tested for HIV.

How can an HIV- infected mother avoid transmission to her baby?

Without interventions, it is estimated that 15-30% of infants born to HIV-infected mothers will be infected before or during delivery. Another 10-20% will be infected through breastfeeding.²⁸ Specific anti-retroviral drugs can be taken to prevent transmission during pregnancy and birth. Contact a healthcare provider for more information.

For HIV-infected and non HIV-infected mothers, immediate and exclusive breastfeeding for the first six months of the child's life greatly improves the chances of survival. If the mother is HIV-infected and a breast milk substitute is available, feasible/culturally acceptable, affordable, safe and sustainable (AFASS) for the duration of the infant's life, the mother should talk with her healthcare provider about this option. However, in all other settings, the HIV-infected mother should exclusively breastfeed her baby until six months of age. After six months, the mother should reassess the situation. If replacement feeding is still not AFASS, continuation of breastfeeding with additional weaning foods is recommended.²⁹

Although there is a risk of HIV transmission with prolonged breastfeeding, without an AFASS substitute, it is best to strengthen the health and nutrition of the child with breast milk during the first year of growth.

Who is a carrier?

Anybody who has HIV is a carrier and can infect others. Often, an infected person does not know they are a carrier, because they look and feel healthy. The carrier may not have symptoms, and the person who infected them may not have any symptoms either. A person can be a carrier unknowingly for many years before they become ill. During this time, they can transmit the virus to others.

What is acute HIV infection?

The amount of HIV in the blood rises dramatically within a few days or weeks after HIV infection. This first stage of infection is called acute HIV infection. Some people may not feel well during this time, others do not notice any unusual symptoms. The most common symptoms are fever, tiredness and a rash. Other symptoms may include headaches, swollen lymph glands, sore throat, muscle aches, vomiting, diarrhea, nausea and night sweats.

When is a person with HIV most infectious to others?

The number of HIV particles a person's body is much higher during the acute phase of HIV infection (the first two to four weeks) than during the months or years before the onset of AIDS. Exposure to the blood, genital fluids, or breast milk of someone in the acute phase of infection is more likely to result in infection than exposure to

²⁸ The Linkages Project. Breastfeeding and HIV/AIDS FAQ Sheet 1. June 2006. Available: http://www.linkagesproject.org/media/publications/FAQ_HIV_Eng_Update_10-06.pdf

²⁹ WHO HIV and Infant Feeding Technical Consultation Held on behalf of the Inter-agency Task Team. Geneva. World Health Organization. October 2006. Available: <http://www.who.int/hiv/mediacentre/Infantfeedingconsensusstatement.pf.pdf>

someone who has been a carrier for many years and shows no symptoms. Once the immune system (the body's disease fighting system) becomes overwhelmed by the virus, the person will show symptoms of AIDS. At this point they are highly infectious to others because of the increase in HIV particles in the body.

What is the time period between the acute infection and the onset of AIDS?

After the early symptoms of HIV disappear, the HIV infected person usually does not develop any further symptoms for two to ten years. Some people develop AIDS symptoms within months of the infection. During this time, HIV continues to multiply in the body reducing the number of germ fighting cells.

Children born to HIV-infected mothers develop AIDS symptoms faster than others. HIV positive children usually develop symptoms of AIDS within two years.

What are the symptoms of AIDS?

People with AIDS will develop some or all of the following symptoms:

- Excessive weight loss
- Diarrhea for more than one month
- A persistent fever
- A cough that does not stop
- Respiratory illnesses (especially tuberculosis and pneumonia)
- Sores on the body and lips
- White coating in the mouth and on the tongue (thrush)
- Swollen glands in the neck and arm-pit
- Itchy skin rash

Not everyone with these symptoms has HIV or AIDS. The only way to know if a person has HIV is to be tested at a health clinic or testing center.

What is VCT?

VCT stands for Voluntary Counseling and Testing for HIV. Special sites for VCT have been established in urban and rural communities. At these sites, HIV counseling and testing are provided for a small fee, or free of charge. Counseling helps people to cope with the results of their test and can educate them about lowering their risk of HIV infection and transmission.

What is an antibody test?

The most common type of HIV test is the antibody test. When a virus enters the body, the immune system (the body's disease fighting system) begins to produce antibodies, to neutralize the virus. By taking a sample of blood or saliva, a health care provider can look for these antibodies. If HIV antibodies are present, the person is infected with HIV.

It can take up to three months after a person is infected with HIV for their body to produce enough antibodies to be detected with an antibody test. This is called the "window period," the time between the HIV infection and the immune system's response to the virus. If a person has an HIV antibody test during the window period, the test will be negative, even though they may have HIV and are able to infect others.

What drugs are available for people living with HIV or AIDS?

There are many drugs available to treat people living with HIV or AIDS. Some drugs treat the symptoms and illnesses that affect people with AIDS. These include fever reducers, pain medications and antibiotics.

Other drugs work on the virus itself. These are called antiretroviral (ARV) medications. There are many different types of ARVs and a doctor must decide which combination of drugs is best for each patient. ARVs help to reduce the speed at which HIV multiplies inside the body. This helps the person stay healthy longer. ARVs do not cure AIDS. A person taking ARVs can still pass the virus to others. However, ARVs greatly improve a person's health, life expectancy, and lowers the risk of HIV transmission to others.

New international laws are lowering the price and increasing availability of HIV drugs. Contact a healthcare provider for more information about the availability and cost of ARVs in the region.

Not all of the illnesses related to AIDS require drugs from a clinic. You can make some simple and effective treatments at home, such as Oral Rehydration Solution for diarrhea. Talk with a healthcare provider to get advice about treating the symptoms of AIDS with low-cost treatments.

How should I advise people who might have HIV or AIDS?

If you think a person might have HIV or AIDS, encourage them to go to a health facility to be tested. Talk with them about sexual practices which lower the risk of HIV transmission. Make sure that they understand how HIV is transmitted so they can protect themselves and others from new infections.

Should I avoid a person with HIV or AIDS?

There is no reason why you should be afraid to be around an HIV infected person. Like others who are ill, they need compassion and support. Since AIDS is an illness that causes a lot of fear, a person with AIDS needs your support and friendship even more.

What if my partner is infected?

You must always use a condom correctly to protect yourself, even if your partner has no symptoms. See *Session 8* for more details.

Annex 4: Sample Marriage Renewal Ceremony

Declaration of Intent

We have come here today to celebrate the marriage commitment of (insert the names of the Groom and Bride) and to give recognition to the beauty of their commitment to one another.

Exchange of Vows

(Insert Names of Groom and Bride), have you come here with the intention of a renewal of your marriage commitment?

(Both answer, We have.)

Will you continue to love and honor each other as husband and wife every day as you have promised to do?

(Both answer, We do.)

Will you love, comfort and honor, keeping faithful to one another forever more?

(Both answer, We will.)

(To the Groom) Do you again take (insert Bride's name) as your wife, will you continue to be faithful to her in tender love and honor, offering encouragement and companionship and will you continue to live with her and cherish her?

(Groom answers, I do.)

(To the Bride) Do you again take (insert Groom's name) as your husband, will you continue to be faithful to him in tender love and honor, offering encouragement and companionship and will you continue to live with him and cherish him?

(Bride answers, I do.)

Rings (optional) *Other gifts or trinkets may be substituted for rings if more appropriate.* The wedding ring is an outward reminder of the bond that unites husband and wife in love. These circles are designed without ending to represent eternity. May these rings represent a love growing with increasing luster through the years and an eternal commitment of faithfulness.

(Insert the name of the Groom), repeat after me...

With this ring, I continue my promise to you that I will be your faithful partner in life.

(Insert the name of the Bride), repeat after me...

With this ring, I continue my promise to you that I will be your faithful partner in life.

(Optional) Sacred Passage or song or poem can be inserted here.

A marriage ceremony represents one of life's greatest commitments. But it also is a declaration of love. I wish to read to you what Paul wrote in a letter to the Corinthians. I believe it is a true model of love and it is a model of love I hope you pursue in your marriage:

Love is patient and kind, never jealous or envious, never boastful or proud.
Love is never haughty or selfish or rude. Love does not demand its own way.
Love is not irritable or touchy. Love does not hold grudges and will hardly notice when others do it wrong. Love is never glad about injustice, but rejoices whenever truth wins out. If you love someone, you will be loyal to

them no matter what the costs. You will always believe in them, always expect the best in them, and will always stand your ground in defending them.

(Optional) Prayer, closing song or sacred reading

Dear God, our hearts are filled with great happiness as (Groom and Bride) renew their marriage vows and today reaffirm their faith for one another. We ask that you will keep them true and faithful to one another, living together in such a way as to honor you. Fill their hearts with kindness and understanding. Help them to remember to be each other's helpmate, friend and guide, so that together they may meet the cares and problems of life more bravely. Bless this marriage we pray and walk beside (Groom and Bride) throughout their lives together. Amen.

Pronouncement

(Insert the names of the Groom and Bride) Because you have agreed to live together in Holy Matrimony, have promised your love for each other by these vows, the joining of your hands and the giving of these rings, I now declare you to be husband and wife.

Annex 5: Principles of Non-formal / Adult Education

1. **We should respect the learner.** How do we put this principle in practice?
 - Learn and call each participant by his or her **name**.
 - **Do not laugh or get angry** at a participant who has a strange question or gives a strange answer during an educational session.
 - **Speak to the participants as equals** and **sit in a circle** with them. Remember what Aristotle, the father of philosophy said: “Who can I teach but a friend?” A friend sits beside you.
 - Use educational **methods that are participatory and interesting**. Mix your methods. Try to not use a single method because that often bores the learners.
2. **We should value the experiences of the participants.** How do we put this principle in practice?
 - Always **ask them questions to discover their knowledge** on a subject and to let them use their knowledge before teaching them what you know about it. Use **brainstorming**.
 - The questions that you use should be **related to the participants’ experience**.
3. **It is better to help someone discover the truth for themselves rather than just telling them what the truth is.** How do we put this principle in practice?
 - Once you have used questions to find out what participants know and believe, try to **use exercises, case studies, and simulations to help them discover more knowledge** that they already have on a subject.
4. **Provide a safe and comfortable atmosphere in which people can learn.** How do we put this principle in practice?
 - A cheerful, relaxed person learns more easily than one who is fearful, embarrassed, or angry. **Resolve all potential logistical problems** related to who pays for transportation, food, per diems, etc. *before* the training begins.
 - **Avoid gossip**. Encourage people to respect confidentiality and explain to them why it is necessary to respect confidentiality. People should feel free to talk about their own problems or their communities’ problems without the information getting back to their community.
 - **Provide good food and shelter**, when possible, so that people can look forward to trainings.
5. **The topics discussed during educational sessions should be related to the lives of the people with whom we are talking.** How do we put this principle in practice?
 - Let learners share the responsibility for their own learning because they know their own needs. **Ask the participants what they would like to learn**. Mix in some of what they want to learn, and some of what you believe they need to know.
 - When you are preparing a lesson, ask yourself: “Is this something that the people in this area really need to know, something that will help them to deal with a problem that they are concerned about? Or is it something I teach just because I was taught it? Motivation to learn is the highest when it **meets the immediate needs of the learner**.”

- The most effective learning is from shared experience. When only a small number of people have had a particular problem, they might not be interested in learning how to prevent it. Because of that, you should **try to include practical applications as part of a training**, (e.g., pictures, role plays or stories) to raise the participants interest in what you are teaching. Include a part in the workshop where they get to experience a problem first hand. This helps them to gain interest in what you are teaching. It also will help you to know what needs to be taught.
 - **Use words that the participants understand** instead of technical language.
 - **Do an oral evaluation** at the end of a series of educational sessions to determine which topics were most interesting to them, which bored them, and which topics they think you should add.
6. **Raise the participants' consciousness about political, social and economic problems.** How do we put this principle in practice?
- **Draw connections between what you are teaching and the political, social, spiritual, and economic problems of the country.** Help people to understand how their problems are connected or due to these bigger types of problems.
 - **Encourage people to form groups and to make their ideas and desires known** to political bodies when that can be done safely. (For example, in Haiti, women's clubs would sometimes send a "delegation" of people to talk to the local political leader about a sanitation problem and what needed to be done in the community.)
7. **Encourage people to work in groups to resolve their problems.** How do we put this principle in practice?
- **Give participants "homework" that they can do in their communities in groups** while you are not there. Follow-up on their activities the next time you meet with them. Ask to see their plans and hear their progress during the next meeting.
 - **Encourage participants to talk to each other during educational lessons.** ("What do you think about Felipe's idea, Ernesto?")
 - **Get participants to work in small groups during the educational session**, and to report on their work to the larger group afterwards. People need to practice working in groups and giving reports. Maximum learning takes place when people have time to reflect on what has been taught, draw conclusions, develop plans, and apply the principles to other situations.
 - **Ask participants to evaluate the work of other participants.** For example, a participant could demonstrate something, and the other participants could talk about what s/he did well, and what s/he left out or needed to improve.
8. **Teach people to change society, not to adapt to society.** How do we put this principle in practice?
- **Teach people skills that they can use to analyze and change their communities.**
 - **Give people hope** that things can change. Share with them how other communities have changed their situation, and how individuals have changed their lives, with God's help. Help them remember God's promises.

Annex 6: Facilitation Techniques

To have perfect performance...

METHODS

1. You will seat people so that everyone can see each others' faces.
2. You will wear appropriate clothing (e.g., not over dressed).
3. You will sit at the same level as the other participants, especially in the beginning of the session.
4. You will use a participatory method (e.g., game, skit, song, story, participatory talk).
5. You will introduce the topic well, explaining who you are, what the topic is, and how long the session will take.
6. You will ask questions to relate the topic to the participants' experience.
7. You will use the brainstorming technique at appropriate times.
8. You will speak loud enough so that everyone can hear.
9. You will use proper eye contact with everyone as you speak. You will not appear to favor certain people in the group.
10. You will use changes in voice intonation (not monotone).
11. You will speak slowly and clearly.
12. You will use props when appropriate (flipcharts, note cards, pictures).
13. You will verify that people understand the main points that you have presented by using open-ended questions or some other appropriate means.
14. You will summarize the essential points at the end.
15. You will use energizers and games to promote participation and energy during the session.

DISCUSSION

16. You will ask the participants lots of (non-rhetorical) questions.
17. You will give participants adequate time to answer questions prior to referring to the written talking points.
18. You will encourage discussion amongst participants.
19. You will encourage comments by paraphrasing what people say (repeating statements in your own words).
20. You will ask the other participants if they agree with a statement that someone makes.
21. You will encourage participants by nodding, smiling, or other actions that show that you are listening and happy that people are making comments.
22. You will ALWAYS reply to participants in a courteous and diplomatic way.
23. You will prevent domination of the discussion by one or two people.
24. You will encourage timid participants to speak/participate.
25. You will summarize the discussion to be sure that everyone understands it and so that the conversation will continue in the proper direction.
26. You will reinforce statements by sharing relevant personal experience, or asking for others to share personal experience.
27. You will use questions to determine if people disagree with the new behaviors that you are promoting.
28. You will offer suggestions and answer questions related to participant questions about the material.

LAST STEPS

29. You will explain to the participants when you will meet with them again.

CONTENTS

30. You will ensure that the entire content of your educational messages is
CORRECT.
31. You will ensure that you have presented the content in a CLEAR manner.
32. You will ensure that the content of the educational messages is RELEVANT.
33. You will ensure that the content of the educational messages is COMPLETE
(given your objectives for the session).

Annex 7: Pre- and Posttest Questions

For literate and non-literate populations



When training facilitators... Instruct them to use questions 1-6 for recording pre- and posttest results. They should report the pre- and posttest scores to the ABY lead agency each quarter. They should use questions 7-11 to improve their training skills. Facilitators may adapt the test as necessary (using a multiple choice format, adding more questions, etc.).

Name _____ Interviewer _____ Date _____

1. What does it mean to be sexually faithful in a long-term relationship?

2. Name three ways that HIV is transmitted? _____

3. Name three advantages of faithfulness. _____

4. If your partner is HIV infected, and you want to continue having sex, what is the best way to protect yourself? _____

5. Name five of the nine characteristics of a healthy long-term relationship.

6. Name two things that you can do to promote faithfulness in your marriage.

Posttest Only

Ask questions 1-6 and the following.....

7. Which faithfulness commitment option did you choose today? (Check all that apply)

- ☐ I made a commitment to be faithfulness for the rest of my life.
- ☐ I made a commitment to be faithful for the next 12 months.
- ☐ I made a commitment to be faithful for the next 6 months.
- ☐ I am not ready to make a commitment to faithfulness. *Why not?* -

8. Which of the nine sessions did you attend? *Check all that apply.*

- ☐ Defining Faithfulness and the Results of Faithfulness - *Session 1*
- ☐ The Ideal Relationship and our Faith - *Session 2*
- ☐ Nine qualities of a Healthy Long-Term Relationship – *Session 3*
- ☐ The Importance of Faithfulness and its Advantages - *Session 4*
- ☐ Keeping my Promise and Avoiding Difficult Situations - *Session 5*
- ☐ Three types of communication and “I feel” statements – *Session 6*
- ☐ Conflict Resolution – *Session 7*
- ☐ Protecting my Partner and Risky Sex Practices - *Session 8*
- ☐ Making a Decision about Faithfulness - *Session 9*

9. What did you like best about the workshop?

10. What did you like least about the workshop?

11. What changes or suggestions do you have to make the workshop better?

Pre- and Posttest ANSWER KEY

(Total possible points = 16)

1. What does it mean to be sexually faithful in a long-term relationship? (Give two points for a correct answer.) *To only have sexual intercourse with your long-term partner. It means that you choose not to have other lovers, or participate in sexual acts outside of the long-term, committed relationship.*
2. Name three ways the HIV virus is transmitted? (Give one point for each correct answer. A total of three points.)
 - *Having sexual intercourse with an infected person.*
 - *Sharing contaminated needles or syringes*
 - *Receiving a transfusion with infected blood.*
 - *Sharing contaminated instruments used for skin piercing or for circumcision*
 - *Pregnant woman to her unborn child through the placenta or blood during delivery*
3. Name three advantages of faithfulness. (Give one point for each correct answer. A total of three points.) There may be other advantages that were discussed during the workshop which will also be accepted.
 - *Faithfulness will protect me and my partner from new STIs and HIV.*
 - *Faithfulness can protect our future offspring from being born with HIV (if the woman is free from HIV while pregnant).*
 - *(If applicable) Faithfulness is in line with my faith tradition.*
 - *(If applicable) Religious people will approve and support my decision.*
 - *Faithfulness brings peace to my home – there is trust and honesty.*
 - *Faithfulness means there will be no fear of “getting caught” with someone else.*
 - *Faithful couples have fewer arguments and fights.*
 - *Faithful people have more time for their family.*
 - *Faithful relationships are healthier (physically and emotionally) and make a stronger more united community.*
 - *Faithful communities have increased productivity (the people are healthier and able to work to produce more goods and services) than communities with AIDS.*
4. If you partner is HIV infected, and you want to continue having sex, what is the best way to protect yourself? (Give one point for a correct answer.) *Use a condom during sex.*
5. Name five of the nine characteristics of a healthy long-term relationship. (Give one point for each correct answer. A total of five points)
 - *Commitment, Satisfaction, Communication, Conflict Resolution, No Violence, Sexual Faithfulness, Quality Time, Intimacy and Emotional support, and Commitment to Children.*

6. Name two things that you can do to promote faithfulness in your relationship. (If there were other skills discussed during the workshop, you can use these as well.) (Give one point for each correct answer. A total of two points.)
- *Use effective communication techniques (using “I” statements).*
 - *Talk to my long term partner about temptations.*
 - *Develop a plan (or action steps) to avoid temptations.*
 - *Make a written commitment to faithfulness and share it with my partner.*
 - *Work with my partner to improve the nine qualities of a healthy relationship.*

Annex 8: Condom Discussion³⁰

This optional discussion explicitly discusses the advantages and use of condoms as an HIV prevention method. If desired, you can integrate this discussion into the training. Because of the sensitivity of these issues, some facilitators may not feel comfortable leading this discussion. Consult a local health worker or a community leader with health background who is willing to lead it. This session could also be held off-site at a local clinic or someone's home if that would be more appropriate.

Encourage your participants to do as much of the asking and answering as possible - remember you are there to prompt and guide - not to lead! Below is a long list of questions. You may not want to ask them all at one setting. Alternatively, you may find that many of them are asked by participants. The answers are listed below for your information. Details about both male and female condoms are included. If female condoms are not available in your region, then you may skip those sections.

(Optional) As you encourage discussion of each question, produce some condoms in their sealed wrappings and hand one to each participant, so that everyone has a chance to become familiar with them.

Encourage people to draw diagrams to share with one another, if they think this will help to describe or understand things better. This may be quite a difficult session for some people. Humor helps! Try to keep it light, but make sure that everyone understands and gets their questions answered.

Objectives:

1. Couples will discuss the use and disposal of condoms.
2. Couples will handle condoms to understand how to use them properly.

Materials:

- (Optional) If appropriate, bring a male or female condom for each participant.
- (Optional) If you bring a condom for demonstration, you will also need a glass of water.
- (Optional) If appropriate, bring a tube of K-Y jelly, or other locally available, water-based lubricant.
- Newsprint and markers to draw pictures if necessary

Time: 60 minutes (depending upon the amount of questions and discussion)

³⁰ This session is adapted from Stepping Stones. A Training Package on HIV/AIDS, Communication and Relationship Skills. London, UK: ACTIONAID. Available: <http://www.talcuk.org/>

Throughout this whole exercise, encourage participants as much as possible to tell one another the answers to your and their own questions. Ask those who know something about condoms already to join in and share their knowledge with the others. Only provide the answer to a question yourself if they do not know it, or if you think it is not accurate enough. This means that most of the talking in this exercise should, as much as possible, be amongst your participants and not from you.

Directions: Sit in a circle with the participants and explain that we are now going to show one another how to use a condom.

? What are condoms?

Response:

- *They are made of rubber and are very strong. They are tested in the factory by being stretched and filled with water to check that they are completely watertight.*
- *A **male condom** is worn on a man's penis. A condom will stop sperm or other fluids coming into contact with a woman's vaginal fluids so she will not be able to get pregnant and, if either the man or the woman has a sexually transmitted disease (such as HIV); it reduces the risk of infection. However, condoms sometimes break or slip off, so they are not 100% effective.*
- ***The female condom** is worn inside the woman's vagina during sex. It is also made of strong rubber. It has a small closed end that is inserted inside the woman's vagina, and a larger open end that remains on the outside the vagina. Each end contains a flexible ring.³¹*
- *(Optional: Open a female condom so that everyone can see and touch it.)*
- *(Optional: Fill a male or female condom carefully with water, to show its watertight qualities to everyone.)*

? What is the most important thing about a condom?

Response: Be sure you have one before you need it! (Optional: Hand out male or female condoms to each participant.)

? How do you know if a condom packet is good?

Response: If you have a choice, choose pre-lubricated condoms that come in sealed wrappers and are packaged so that light does not reach them. (Optional: Help everyone to feel how the condom feels lubricated inside the still-sealed wrapper.)

? How do you open the wrapper?

Response: You must open the wrapper carefully so that you do not tear the condom. (Optional: Show everyone how to do this.)

³¹ Information regarding the female condom obtained from "What is the Female Condom?" Avert. Updated September 6, 2007. Visited October 2007. Available: www.avert.org/femcond.htm and "The Female Condom: Common Questions, Problems and Concerns." The Female Health Company. Visited November 2007. Available: www.femalehealth.com.

? What do you look for or feel for to know that a condom is good?

*Response: Check that it is not discolored, or sticky or brittle or damaged.
(Optional: Encourage everyone to inspect their condom gently.)*

? What can damage condoms?

*Response: Oil-based lubricants, such as Vaseline, damage male and female condoms. Only use water-based ones, such as K-Y jelly, or glycerin. Lubricants may need to be used if the condoms have no lubricant themselves. However, if both partners make sure that the woman is properly aroused at the start, then her vagina will be moist enough and no extra lubrication will be needed with a **male condom**.*

***Female condoms** are already lubricated. You may need to add here an explanation about the importance of foreplay in enabling a woman to feel properly aroused. However, it is important to stress that during foreplay, the penis should not come into contact with the vagina. (Optional: Show a tube of KY jelly or other water-based lubricant if locally used or available.)*

? How many times can you use a condom?

Response: Only once. Each time you have sex, you must use a new, unused male or female condom.

? Can a male and female condom be used together, at the same time?

Response: No, never use a male condom and female condom at the same time. Using the condoms together does not increase your protection. The condoms may stick together increasing the risk of slipping and tearing.

? When do you put the condom on?

*Response: **Male condom** – Only when the penis is erect (hard). **Female condom** – It must be properly positioned before the penis comes into contact or enters the vagina and/or rectum.*

? What do you do if the penis is uncircumcised?

*Response: **Male condom** – Pull the foreskin of the penis back before putting on the condom. **Female condom** – Circumcision does not matter when using a female condom.*

? How do you put the condom on?

*Response: **Male condom** – Pinch the top, closed end of the condom first. This leaves a small empty space to hold the semen. Then, unroll the condom down the length of the penis all the way to the base. **Female condom** – Squeeze the smaller ring and insert it into the vagina. The large end should be placed over the vaginal opening to protect the outer genitalia from infection. For anal sex, it is best to use a male condom.*

? What happens if the condom tears during sex?

Response: This is less likely to happen if the condom is good quality and if you have put it on properly. However, it does occasionally happen. The best thing to do is to withdraw the penis immediately and put on a new condom.

? What do you do after ejaculation?

*Response: **Male condom** – After ejaculation, before the penis goes soft, hold on to the bottom of the condom as you pull the penis out, so that the condom does not slip off, then take off the condom carefully without spilling semen. **Female condom** – Remove it immediately after sex and before standing up. To avoid spilling semen, twist the large out ring. Then pull the condom out and dispose of it.*

? How do you dispose of the condom?

Response: Wrap the condom in paper (such as newspaper) or in a piece of cloth or leaf until you can dispose of it in a toilet, or a pit latrine or by burying or burning it. Then, if you wipe yourselves after sex, remember to use separate cloths. Condoms should be disposed of away from where children or animals can find them and play with them.

? Where is the best place to store male and female condoms?

Response: If possible, condoms should be stored in a cool, dark, dry place. Heat, light and humidity can damage condoms.

? What else can a condom protect against (besides HIV)?

Response: Latex condoms (both male and female condoms) when used correctly and consistently every time you have sex can reduce the risk of transmission of STIs including gonorrhea, chlamydia, and trichomoniasis. Latex condoms when used consistently and correctly every time you have sex can also reduce the risk of genital herpes, syphilis, and HPV, but only if the infected area is covered or protected by the condom. Condoms also protect against unwanted pregnancy.

? Do you have any other questions?

Response: If you do not know the answers to some of the questions from the group, say you do not know and promise to find out for them. It is much better to be honest than to give false information!