Section 4

Curriculum for Construction Workers
The following pages give an overview of the Workshop and Curricula described in detail in Sections 3 through 6 of *The Road to Good Health*. Session times (¿) are approximate. Recommended workshop participants are indicated by the following icons:

- Men only
- Women only
- Men and women mixed
- Men and women separate
Section 4: Curriculum for Construction Workers

A comprehensive HIV education program includes:

- Interactive, participatory training (this section)
- IEC materials and activities (see section 2)
- Possibly, Peer Education (see Section 1)
- IEC activities, such as community awareness events, use of mass media, and display of IEC materials in public places, will provide awareness and information to large numbers of people.

For training to be successful workers need access to:

- good quality condoms
- counseling and testing for HIV
- treatment and support for people who are HIV positive

Construction projects differ greatly. Learn about the workers and where they come from. Think about the diversity of languages, cultures, religions, and ethnic groups they represent. Use this information to make sure examples used in training fits the local context and to be sure that IEC materials can be understood. Local trainers or key informants can help you.

Most sessions utilize a “prepared wall space” where note cards can be displayed as needed. Options include:

- A wall surface
- Large sheets of paper attached to the wall
- Portable “walls” made of cardboard or other material
- A “sticky wall” (see Section 1: Trainer’s Guide).

**Trainer Tip**
The words “trainer” and “facilitator” are both used to describe the person leading the session. We suggest more than one trainer.

**Trainer Tip**
While most construction workers are men, there are a growing number of women, as well as women who perform other jobs on construction sites.

**Training-at-a-Glance**
The following pages give an overview of the Workshop and Curricula described in detail in Sections 3 through 6 of *The Road to Good Health*.

Session times are approximate.

Recommended workshop participants are indicated by the following icons:

- Men only
- Men and women mixed
- Women only
- Men and women separate
### Training at-a-glance: Curriculum for Construction Workers (Section 4)

<table>
<thead>
<tr>
<th>Session Name</th>
<th>Summary of Objectives</th>
</tr>
</thead>
</table>
| **HIV Transmission & Prevention** | By the end of this session, participants will be able to:  
- Discuss vulnerability to HIV infection  
- Identify activities that can and cannot transmit HIV  
- List at least three ways that HIV can be prevented |
| ☐ 1½ hours | |
| **HIV Prevention: Condoms** | By the end of this session, participants will be able to:  
- Demonstrate comfort in handling male and female condoms  
- Know the steps for proper use of male and female condoms  
- Discuss the gender dynamics affecting condom use |
| ☐ 2 hours | |
| **Saving and Managing Money: Snakes and Ladders Game** | By the end of this session, participants will be able to:  
- Identify a goal and ways to save money to reach that goal  
- Think about the connections between saving money and protecting one’s family |
| ☐ 1 hour | |
| **Playing It Safe: Responding to Pressure** | By the end of this session, participants will be able to:  
- Identify some of their own positions regarding gender-based power dynamic and gender-based violence  
- Share strategies for responding to pressure that may lead to risky behavior |
| ☐ 1½ hours | |
| **More on HIV: Disease Progression and Living Healthy** | By the end of this session, participants will be able to:  
- Understand the effect of HIV on the body and how it progresses  
- Explain the difference between HIV and AIDS  
- Explain three ways to prevent mother-to-child-transmission of HIV  
- List positive behaviors that can keep a person who is HIV+ or who has AIDS live healthy longer |
| ☐ 2 hours | |
| **Alcohol and Risk: Spin the Beer Bottle** | By the end of this session, participants will be able to:  
- Identify the relationship between alcohol and risk behavior.  
- Identify ways to provide peer support to not drink in excess. |
| ☐ 1 hour | |
## Curriculum for Construction Workers (Continued)

<table>
<thead>
<tr>
<th>Session Name</th>
<th>Summary of Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Counseling &amp; Testing (C&amp;T): The Decision to Test</strong></td>
<td>By the end of this session, participants will be able to:</td>
</tr>
<tr>
<td></td>
<td>• Understand what it means to feel at risk for HIV and make decisions about getting tested</td>
</tr>
<tr>
<td></td>
<td>• Understand a typical C&amp;T session</td>
</tr>
<tr>
<td></td>
<td>• Identify options for getting tested locally</td>
</tr>
<tr>
<td><strong>Living with HIV</strong></td>
<td>By the end of this session, participants will be able to:</td>
</tr>
<tr>
<td></td>
<td>• Describe what it means to live with HIV</td>
</tr>
<tr>
<td></td>
<td>• Understand the effects of stigma and discrimination on people living with HIV</td>
</tr>
<tr>
<td></td>
<td>• Describe how their attitudes towards people living with HIV have changed after the session</td>
</tr>
<tr>
<td><strong>Confronting Stigma and Discrimination</strong></td>
<td>By the end of this session, participants will be able to:</td>
</tr>
<tr>
<td></td>
<td>• Discuss different types of HIV-related stigma and discrimination</td>
</tr>
<tr>
<td></td>
<td>• Understand some of the underlying causes of stigma and discrimination</td>
</tr>
<tr>
<td></td>
<td>• Suggest strategies for challenging stigma in their own contexts</td>
</tr>
<tr>
<td><strong>HIV/STI Risk Cards</strong></td>
<td>By the end of this session, participants will be able to:</td>
</tr>
<tr>
<td></td>
<td>• Clarify how HIV/STIs can and can not be transmitted</td>
</tr>
<tr>
<td></td>
<td>• Consider one’s own risk of HIV/STI infection</td>
</tr>
<tr>
<td><strong>Making Yourself Less Vulnerable to HIV</strong></td>
<td>By the end of this session, participants will be able to:</td>
</tr>
<tr>
<td></td>
<td>• Practice responding to situations that may make them vulnerable to HIV</td>
</tr>
<tr>
<td></td>
<td>• Share strategies for responding to these situations</td>
</tr>
<tr>
<td><strong>Planning for the Future &amp; Closing</strong></td>
<td>By the end of this session, participants will be able to:</td>
</tr>
<tr>
<td></td>
<td>• Visualize their preferred futures</td>
</tr>
<tr>
<td></td>
<td>• Create a plan for the future</td>
</tr>
</tbody>
</table>
## Suggested Training Schedule for Construction Workers

<table>
<thead>
<tr>
<th>Length of time (approximate)</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 ½ to 2 hours</td>
<td>Welcome &amp; Opening HIV Transmission and Prevention</td>
<td>More on HIV: Disease Progression and Living Healthy</td>
<td>Confronting Stigma and Discrimination HIV/STI Risk Cards</td>
</tr>
<tr>
<td>15 minutes</td>
<td>Break</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 ½ to 2 hours</td>
<td>HIV Prevention: Condoms</td>
<td>(More on HIV session continues, if necessary) Alcohol and Risk: Spin the Beer Bottle</td>
<td>Making Yourself Less Vulnerable to HIV</td>
</tr>
<tr>
<td>1 hour</td>
<td>Lunch</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 ½ to 2 hours</td>
<td>Saving and Managing Money: Snakes and Ladders Game Play It Safe: Responding to Pressure</td>
<td>Counseling and Testing: The Decision to Test</td>
<td>Planning for the Future &amp; Closing</td>
</tr>
<tr>
<td>15 minutes</td>
<td>Break</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 ½ hours</td>
<td>Break for the Day</td>
<td>Living with HIV</td>
<td></td>
</tr>
</tbody>
</table>

Options include:

Create ½ day trainings over a period of six weeks.
Provide just one session at a time, once a week, over several months.
Session A: HIV Transmission & Prevention

Objectives

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

- Discuss vulnerability to HIV infection,
- Identify activities that can transmit HIV and activities that cannot transmit HIV,
- List at least three ways that HIV can be prevented.

Time

Approximately 1 hour, 30 minutes.

Materials

- Individual condoms, candy, or other small giveaways
- Clear cups or glasses (8); tea; water
- Prepared flipchart: What’s the fluid? Where’s the door?
- Prepared cards: Can Transmit HIV, Cannot Transmit HIV, activities cards
- Prepared wall space

Preparation

Fill a bowl with the giveaways and have it ready for the opening of the session.

Fill 6 of the glasses with water, only half full; fill 2 glasses with coffee, tea, or dark soda, also half full. Prepare 8 people (facilitators and/or participants) to play in the initial skit. The following roles will be needed: Husband, Wife, Female Sex Worker #1, Female Sex Worker #2, Partying Men (2), Quiet man, HIV+ woman. It is best to prepare the actors at least the night or morning before the session.

Prepare a wall space in a prominent location. Tape one activities card under each participant seat. Place the “What’s the fluid? Where’s the door?” flipchart on the flipchart stand at the front of the room.

Activities

Activity I. Welcome and Introduction (Approximately 20 minutes)

1. WELCOME the group and pass around the bowl of giveaways as you introduce yourself and any fellow facilitators.

2. INDICATE that we would like to take a few moments to introduce ourselves to each other before beginning our sessions on HIV.

3. INSTRUCT participants to say their names as we go around the room, and
they must each tell us one interesting thing about them for every condom, candy, or other giveaway that they have taken. (So, if a participant has taken 3 condoms or candies, he or she must say 3 interesting things about himself or herself.)

4. After the entire group has introduced themselves, WELCOME them again and briefly describe the purpose of our time together during these sessions. Indicate that these sessions are intended to provide us with life-saving information about protecting ourselves from HIV and other sexually-transmitted infections, and that we look forward to the information and skills we will share together. Also, use this time to talk about any logistics, such as how long the sessions will last, when they will be held, location of the restrooms, and so forth. Explain that this is a safe space, and that all questions are welcome.

5. Before moving to the next part of the session, take a few minutes to DISCUSS the importance of respectful language when talking about HIV or other potentially-sensitive issues. Indicate that those of us living with HIV often must deal with stigma and discrimination associated with the disease, and it is a major goal of HIV education projects to reduce this stigma. Suggest that the way we talk about HIV is important in reducing stigma and creating a more respectful, supportive environment for all of us living and dealing with HIV. One way that we can be respectful and inclusive is to change the way we talk about those of us living with HIV. When you want to refer to people living with HIV, say instead “those of us living with HIV.” This is more inclusive and does not separate those living with HIV from the rest of the group. It is also far better than other phrases used to describe those living with HIV such as “AIDS victims” (which implies that those of us living with HIV are weak) or “people dying of AIDS” (which is not accurate, as people can live long and relatively healthy lives with HIV infection). Indicate that in this workshop, we will use the phrase: “those of us living with HIV.”

Activity II. Introductory Skit (Approximately 15 minutes)

1. INDICATE that we will begin with a discussion of how HIV is transmitted, the basics of how to prevent it, and a look at when we might be most at risk for HIV infection.

2. Without any further explanation, DIRECT participants’ attention to the front of the room, and step to the side as the group silently performs the introductory skit.

3. After the performers move off of the “stage,” PROCESS the skit using some of the following questions:

   • What happened in the skit? What struck you? What stands out from the skit?
   • What did the clinking represent? The
exchange of water or tea?

- What was going on with her (refer to the sex worker who always used condoms—Female Sex Worker #1)? What was she doing? Why did she not get infected?
- What was the basic behavior of the husband? How did his wife get HIV?
- Describe the behavior of the (refer to the HIV+ woman). Did she pass HIV on? and so on.

4. SUMMARIZE the discussion, briefly describing some of the situations of vulnerability raised by the skit. Invite participants to talk a bit about the situations that make construction workers vulnerable to HIV transmission.

**Key Points:**

- Emphasize that it is not our role in life that dictates whether or not we are vulnerable to HIV. For example, the wife in the skit thought that she was staying safe from HIV. She was only having sex with her husband, yet she got infected. Similarly, many people think that sex workers are automatically exposing themselves to HIV, but note that the first sex worker in the skit, who always uses a condom, has not put herself at risk of HIV.

- Be sure to discuss the issue of men offering more money to sex workers for sex without a condom. Discuss the inherent dangers in this practice, using the role play as an example.

- Point out that the woman who began the skit as HIV-positive chose not to engage in relations with anyone and did not transmit HIV to anyone. Use this as an opportunity to talk about stigma against those of us living with HIV. Some people fear those of us living with HIV because they think they can get HIV from us, but often, those of us living with HIV have become better informed and protect ourselves well. (Emphasize that one has to know that one is infected for this to be true.)

- Use the men in the skit as an example of how men may pressure each other to take risks that may lead to infection with HIV or other sexually-transmitted infections (STI).

- Emphasize that the only actors in the skit who did not get infected with HIV in the skit were those who chose either to abstain from sex, or those who chose to protect themselves when having sex. Remind the group that we will talk more about protection in a bit.

5. Be sure to DE-ROLE the actors, and to emphasize that the skit was only intended as an example of risk and vulnerability. It was not intended to say that all sex workers are HIV positive, that all men who party are HIV positive, that all construction workers have sex with sex workers, and so on.
Activity III. What’s the Fluid? Where’s the Door? (Approximately 20 minutes)

1. SEGUE into a discussion of HIV transmission. Point out that despite the many myths surrounding HIV and the fear that surrounds the disease, one of the sources of hope is that we are clear in how HIV is transmitted, and thus can be clear about how to prevent it.

2. ASK participants to brainstorm which fluids in the body are capable of transmitting HIV. Record the correct answers at the top of the “What’s the fluid?” flipchart. For responses with fluids that cannot transmit HIV, record them in a separate box at the bottom of the page; these will be addressed later.

Explain the meaning of any terms that are confusing, or use local terms where appropriate.

<table>
<thead>
<tr>
<th>Can Transmit HIV</th>
<th>Will not transmit HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Blood</td>
<td>• Vomit</td>
</tr>
<tr>
<td>• Semen</td>
<td>• Diarrhea</td>
</tr>
<tr>
<td>• Vaginal secretions</td>
<td>• Saliva</td>
</tr>
<tr>
<td>• Pre-ejaculate</td>
<td>• Tears</td>
</tr>
<tr>
<td>• Breast milk</td>
<td>• Sweat</td>
</tr>
<tr>
<td>• Other examples include amniotic fluid, sinovial fluid, cerebral-spinal fluid, but these will not be an issue for any but health workers or birth attendants and will probably not be mentioned in this session.</td>
<td>• Urine</td>
</tr>
</tbody>
</table>

3. After the correct answers have been given, be sure to stress that whereas fluids such as vomit, diarrhea, saliva, tears, and urine do contain HIV, there is not enough HIV in them to transmit the virus from one person to another. However, these fluids may transmit other diseases, so care should be taken with them.

4. Next, INDICATE that in addition to a fluid infected with HIV, the virus also needs an entry point to get into the body—a “door” called a “portal of entry.” It is a place on the body that allows the virus to enter. Ask participants to think of possible “doors” that may allow HIV into the body, and write the answers on the “Where’s the Door?” flipchart. Some suggested answers include cuts, sores, needle punctures, soft tissues of the vagina, tip of the penis, anus, mouth, eyes, or nose.

5. STATE that we can always tell whether or not it is possible for HIV to be transmitted by asking ourselves these two questions: What is the fluid? (Is one of the fluids present and in enough quantity that it can transmit HIV?) Where is the door? (Is there a portal of entry for the virus to pass through?)

6. ASK participants to brainstorm some of the most common ways for HIV to be transmitted. These include vaginal or anal sex, possibly oral sex, sharing
needles or other sharp objects, through blood transfusion of untested blood (emphasize that most countries now test blood for HIV so most sources are safe), from mother to infant during pregnancy, during delivery, or through breastfeeding.

**Key Points:**

- Some of the answers should include:
- The vagina has a larger surface area as portal of entry
- There is a higher concentration of HIV in semen than vaginal fluids
- There is more semen than vaginal fluids during sex, and women are the “recipient” of the semen,
- The vagina may tear during sex – particularly if it is forced, or violent
- A woman may not be aware that she has another STI, and the presence of an STI increases the chance of transmission of HIV. (This last point may be too much detail for some groups.)

7. INDICATE that we are going to do a quick practice of our “What’s the fluid? Where’s the door?” test.

8. ASK participants to reach under their chairs and pull out the cards placed there. Ask participants to read their cards, then quickly come to the front of the room and place the cards under the appropriate heading—“Can Transmit HIV,” or “Cannot Transmit HIV.” Participants should all come up at the same time and place their cards simultaneously, then return to their seats.

9. Briefly REVIEW the placement of the cards, and ask for feedback from participants. If a card is misplaced, use the “What’s the fluid? Where’s the door?” test to clarify the answer.

10. Before moving on to prevention, INFORM participants that women and girls are more biologically vulnerable to HIV transmission. Ask them why this might be so. Guide the discussion, perhaps by referring back to the “fluid” and “door” ideas.
Activity IV. HIV Prevention (Approximately 20 minutes)

1. SUGGEST that this clarity around transmission makes it clear how to prevent HIV, as well.

2. On a flipchart, GUIDE participants through each of the activities that might transmit HIV, and invite participants to share the methods of prevention for each activity.

**Key Points:**

- Answers can include:
  - Wear gloves whenever cleaning up blood or other bodily wastes.
  - Only accept blood transfusions or other injections from hospitals or health centers that use safe practices, such as testing their blood and only using needles once before discarding them.
  - Properly discard any used needles or other sharp cutting objects.
  - Don’t get tattoos or engage in other piercing practices, or ensure that new needles are always used

**Key Points:**

- Using condoms, correctly and consistently, every time, all the time
- Being faithful with a mutually-faithful, tested, HIV-negative partner, that is, only having sex with that partner and no one else
- Not having sex at all (abstaining from sex)
- Be sure to make the point that due to cultural, religious, social, political, and economic reasons, many women do not have the power to make the safest choice in keeping themselves safe from sexually-transmitted HIV. Wives may not feel that they can deny their husbands sex, even when they know that their husbands are having sex outside of the marriage. Sex workers may not feel that they have the power to demand condom use, even though they know the risk. Women may be raped or the victim of sexual violence. Guide a short discussion about the role of men in these situations, and their responsibilities for preventing HIV in these circumstances.
3. When discussing preventing blood-borne HIV transmission, briefly REVIEW how we can protect ourselves from blood-borne transmission.

4. When discussing sharing needles, INDICATE that it is imperative to use a new or clean syringe every time one uses a needle. Refer the group to any needle-exchange programs in the area, if relevant and available.

5. When discussing sexually transmitted HIV, REVIEW the ways to remain safe from sexually-transmitted HIV.

6. INVITE participants to take a break, and suggest that we will discuss condoms more fully in the next session (or close the sessions for the day).
## Worksheet: Introductory Skit

### Trainer Tip

If this exercise seems too challenging to facilitate, you might consider adapting the role play from the Managers and Supervisors curriculum, Session C: Understanding Vulnerability to HIV Infection in Infrastructure Projects, instead.

<table>
<thead>
<tr>
<th>Character</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Construction worker and his wife</td>
<td>The construction worker and his wife are very loving together (hugging and often exchanging fluid), and then he sets off for his work site. He tries very hard not to have sex with anyone else, but when he goes out drinking with his friends, they convince him to engage with a sex worker. He finally exchanges fluid with sex worker #2, and then exchanges fluid again with his wife. Thus, both begin with water in their glasses, and end with tea in their glasses.</td>
</tr>
<tr>
<td>Female sex worker #1</td>
<td>Although she clinks glasses often with the partying man and the other man, this woman always uses a condom. She is seen to clink glasses and exchange money, but she never exchanges fluid. (She keeps her hand over the top of her glass.) She begins and ends with water in her glass.</td>
</tr>
<tr>
<td>Female sex worker #2:</td>
<td>This sex worker begins the skit with tea in her glass. She exchanges fluid often with the partying men, and once with the husband.</td>
</tr>
<tr>
<td>“Partying” men (2)</td>
<td>These men actively seek sex with both the women and the men in the skit. They also try to convince the other men (construction worker, quiet man) to have sex with the female sex workers. One begins the skit with tea in his glass, while the other begins the skit with only water. Both offer more money to the sex workers if they will exchange fluids.</td>
</tr>
<tr>
<td>HIV+ woman</td>
<td>This woman begins the skit with tea in her glass, but refuses to clink glasses or share liquid with anyone in the skit. She is approached often by the “partying” man, and is given some attention by the quiet man, but refuses to engage with anyone. (Doesn’t clink glasses or exchange fluid at all.)</td>
</tr>
</tbody>
</table>
**Quiet man:**

This man has a quieter manner than the partying men. The sex workers often approach him and try to get him to clink glasses, but he only gives in once, to Female sex worker #1, and uses a condom. He is approached once by one of the partying men (while the partying man’s glass is still filled with just water), and he exchanges fluid.

The skit is performed silently, with all actors gathered in the front of the room. Every few moments, one of the actors engages with another, before going back to his or her position. The actors may sometimes clink glasses (which represents having sex), and may sometimes clink glasses and exchange fluids (which represents having unprotected sex). Having tea in one’s glass represents having HIV in the bloodstream. During rehearsal we will determine the natural order of the movements, but by the end, everyone but Female sex worker #1 and the quiet man will have some tea in their glasses.

**Trainer Tips**

- This exercise has been used successfully with groups from many cultures all over the world, including East Asia. Participants enjoy performing it and there are many advantages to engaging workshop participants in the skit. An option is for facilitators and others involved in the program to serve as the actors with the one advantage that they can prepare and practice earlier.

- If this exercise seems too challenging to facilitate, you might consider adapting the role play from the Managers and Supervisors curriculum, Session C: Understanding Vulnerability to HIV Infection in Infrastructure Projects, instead.

- If the topic of men having sex with men is too volatile a topic you can delete this, although if at all possible this aspect of HIV transmission should be included.
Worksheet: What’s the Fluid? Where’s the Door?  
—Sample Cards

**Can Transmit HIV**

- Vaginal sex
- Direct blood transfusion of untested blood
- Sharing needles
- Contact with blood of an HIV-infected person
- Breastfeeding
- Mother to child during delivery
- Mother to child during pregnancy
- Contact with semen
- Contact with vaginal fluids
- Cleaning up blood without using gloves

**Cannot Transmit HIV**

- Working with an HIV+ person
- Living with an HIV+ person
- Eating from the same dish as an HIV+ person
- Hugging a person living with HIV
- Kissing an HIV+ person
- Shaking hands with a person living with AIDS
- Proper use of a condom during sex
- Sharing a drinking cup with an HIV-positive person
- Letting someone cry on your shoulder
- Stepping on a nail outside
- Cleaning up vomit or diarrhea with gloves on
Session B: HIV Prevention

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

- Demonstrate comfort in handling male and female condoms
- List the steps for proper use of male and female condoms
- Demonstrate effective use of male and female condoms on a model

Time
Approximately 2 hours

Materials
- Prepared condom “balloons”—4 or 5
- Small tape player with music
- Male and female condoms, male and female condom models (or bananas and small juice glasses)
- Vaseline or other oil-based lubricant
- Water-based lubricant
- Markers, Flipcharts, Masking Tape
- Prepared wall space

Preparation
Prepare condom “balloons” by writing each condom question on a small slips of paper, folding it up, placing it inside a condom, and blowing the condom up into a balloon.

Ensure that there are enough male and female condoms for participants to practice, and enough bananas and small juice glasses for pairs to practice.

Place one female and one male condom at each participant’s seat.
Place one banana and one juice glass on each participant’s seat.

Activities

Activity I. Condom Carousel (Approximately 20 minutes)

1. WELCOME the group back, and briefly review the information covered in the last session. Indicate that today and for many of the upcoming sessions, we will be focusing on condom use. Refer back to the introductory skit, and specifically, to the husband and wife. The husband passed HIV to his wife by accident, even though he loved her very much. It is clear that being away from home can often increase one’s likelihood of visiting sex workers or having other girlfriends. It is therefore imperative that we protect those we love, and ourselves, by using condoms correctly, every time, all the time. We will talk a good deal about how to use condoms correctly, and provide everyone a chance to practice in this session and others.
2. INVITE participants to stand up and join you in a circle.

3. SUGGEST that sometimes it may be difficult to talk about condoms, and it is often quite uncomfortable to touch or handle them if you are not accustomed to doing so. Indicate that the next two activities are designed to help us become more comfortable with handling and using condoms.

4. INDICATE that our first exercise will allow us a chance to become familiar with the look, feel, and smell of condoms while we discuss common questions about condom use.

5. SHOW participants the condom balloons, and indicate that you will circulate one while the music is playing. Participants should pass it around the circle until the music stops. Whoever is holding the condom balloon when the music stops should break it, take out the slip of paper inside, and answer the question.

6. INVITE participants to return to their seats, and ask participants to share any feedback around how comfortable they felt handling the condoms. Allow time for participants to express any discomfort or negative feelings they might have about condoms.

**Activity II. Condom Demonstrations (Remainder of session)**

1. SEGUE immediately from the Condom Carousel activity to a discussion about the proper use of a condom.

2. INVITE a participant to come to the front of the room and guide us through

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**Trainer Tips**

- Clarify any misconceptions raised by the questions as the exercise progresses.
- If a participant finds it difficult to break one of the balloons, be sure to point out how strong condoms are and how difficult it is to break them!
- Also remember to point out how large a condom is when it is blown up, and link this to the myth that condoms are too small for some men.
- When reviewing the type of lubricant to use, do a brief demonstration—rub one of the condom balloons with non-water-based lubricant, and watch the condom burst. Then rub another with water-based lubricant, and discuss how it is safe to use with condoms. At this point, INFORM the participants that a man can greatly increase his sensation by adding a few drops of water-based lubricant to the very tip of the inside of the condom before putting it on. This can often make condom use much more pleasurable for a man.
the proper steps for using a male condom on one of the models. Suggest that fellow participants provide feedback or advice should the volunteer need it. Correct any misinformation.

3. If necessary, DEMONSTRATE the correct way to put on and remove the male condom, and be sure to explain each step as you go.

4. ASK participants to take a moment and open one of the condoms at their seats. INVITE participants to practice the steps for putting on a condom in pairs. Each participant should have one chance to explain the steps for putting on a condom to his or her partner. Each pair will thus go through the demonstration twice.

5. When pairs appear to be finished, INTRODUCE the female condom. Indicate that there is a shared responsibility between men and women for condom use, whether for disease prevention or family planning or both. Point out that

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**Trainer Tips**

- It is important to take the time here to talk to participants a bit about the gender dynamics of condom use and of decision-making around sex. Remind the group of our discussion in the last session about factors that make it difficult for women to choose to keep themselves protected from HIV, such as violence against women, unequal power relationships with men, and so forth.

- Ask the group what responsibility men have in these situations to protect themselves and the women in their lives from the risk of HIV infection. Lead a brief discussion on this topic.
sometimes women may not have the decision-making power in a relationship, and thus may not be able to convince a partner to use a condom. In cases such as these, the female condom may give women more control over condom use.

6. ENCOURAGE each participant to remove the condom from the wrapper and to explore it. State that female condoms are not made of latex like a male condom, but of polyethylene (rubber), which is a stronger material than latex and less likely to break. Show participants that the female condom is covered in lubricant. Explain some of the advantages of female condoms: they may be inserted up to 8 hours before a sexual encounter; they cover a wider surface area and thus may offer greater protection against sexually transmitted infections (STIs), and so on.

7. DESCRIBE some of the challenges of using the female condom, as well, including the higher cost or lack of availability in some areas, the awkwardness of application, the noise it may make, and so on. Inform participants that the noise the condom makes can be reduced if the woman inserts the female condom a few hours before a sexual encounter; the warmth from her body lessens the noise over time.

8. ASK if there is a volunteer that can demonstrate the use of the female condom using one of the juice glasses provided. Demonstrate it yourself if there are no volunteers. Invite participants to follow along with you on their models, so that they may practice the steps for female condom use.

9. ENCOURAGE participants to practice the use of the female condom in pairs.

10. SUMMARIZE the condom segment, and indicate that we will revisit this discussion in upcoming sessions.
**Worksheet: Condom Carousel—Sample Questions**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many times can you use a condom?</td>
<td>• Male condoms can only be used once, and they should never be reused.</td>
</tr>
<tr>
<td></td>
<td>• It is recommended that female condoms also be used once. But in resource-poor settings, it is possible to wash the female condom and use it again. A protocol for properly cleaning the female condom is available from the Centers for Disease Control.</td>
</tr>
<tr>
<td>Petroleum jelly (i.e. Vaseline, or local brand) is a good lubricant to use with a condom. True or false?</td>
<td>It is not safe to use any oil-based lubricant with a condom (i.e. petroleum jelly, Vaseline, and so on). Water-based lubricants should be used, such as K-Y Jelly or (insert local brand).</td>
</tr>
<tr>
<td>Is it safer to wear two condoms instead of just one, or a male and female condom at the same time? Is it double the protection?</td>
<td>It is not safe to use two condoms at the same time. The friction between the two condoms makes it more likely that the condoms will break. Also, using two condoms may be so uncomfortable, it may reduce the likelihood that you will use condoms again. One condom, properly used, is the best protection against HIV infection.</td>
</tr>
<tr>
<td>Condoms sometimes transmit HIV. True or false?</td>
<td>False. Condoms do not transmit HIV. They offer good protection against HIV transmission. (In some countries, there have been rumors that HIV is actually inside condoms.)</td>
</tr>
<tr>
<td>Why is it good for married couples to use condoms, or to use a condom with your sweetheart?</td>
<td>Couples can use condoms to prevent HIV and also to prevent unwanted pregnancy. Unless the couple is trying to conceive a child, condoms are a good choice of family planning that offer the added protection against HIV and other STIs. At the same time, if you are married, using a condom with other sexual partners may protect your wife from HIV transmission.</td>
</tr>
<tr>
<td>If you use a condom too often, you can become sterile (not able to have children). True or False?</td>
<td>False. No matter how often you use a condom, it will not make you sterile.</td>
</tr>
</tbody>
</table>
Session C: Saving and Managing Money: Snakes and Ladders Game

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

- Identify a goal and ways to save money to reach that goal
- Think about the connections between saving money and protecting one’s family

Time
Approximately 1 hour

Materials
- Markers (stones, small papers, etc.) One for each player.
- One dice or a six-sided pencil that can have numbers written on each side.
- A “Snakes and Ladder” type game board. Facilitator must make this. See under Preparation below.

Preparation
Make a “Snakes and Ladder” type game board.
- Use a large piece of paper (flip chart paper).
- Divide it into 100 squares: 10 rows and 10 squares in each row.
- Write the number of each square starting at the lower left hand square as #1 and continuing to #100 at the top right hand corner.

Write instructions in these squares:
- #17: You get paid for the month. Go to #45.
- #20: A friend pays back the money he owes you. Go to #40.
- #28: You buy drinks for a pretty girl at the bar. Go to #9.
- #33: You get a bonus (or overtime) at work. Go to #53.
- #43: A child is sick at home and you need to send money. Go to #24.
- #46: You play cards and lose some money. Go to #7.
- #52: You visit a sex worker after a night of drinking. Go to #32.
- #55: You get paid again. Go to #65.
- #63: You get extra money for a side job. Go to #79.
- #83: You feel lonely, so you buy a visit a sex worker to cheer you up. Go to #57.
- #86: Girlfriend wants you to buy her a mobile phone. Go to #54.
- #87: You get paid again, and manage to save all of the money. Go to #93.
- #91: Girlfriend loses her mobile phone and asks you to buy a new one. Go to #69.
- #99: Plays cards, drinks beer, and borrows money. Go to #1.
- #100: You reach your goals.
Activities

Introduction (Approximately 5 minutes)

ASK: “Why do you want to save money? What is your goal for saving money?” You may ask if going home more frequently is a reasonable goal (this will depend on the cost).

EXPLAIN: “In this game, you will reach your own personal goal if you can reach square # 100.”

Activity I. The Game
(Approximately 55 minutes)

PLAY:

1. 4 – 6 participants choose their markers (each a different color or shape.)
2. All participants start at square 1.
3. Participants take turns rolling the dice (or the pencil) and moving markers the number of squares that appears on the dice.
4. If a marker lands on a square that has written instructions, the participant must follow the instructions and either go forward toward her goal or fall backwards away from her goal.
5. The first participant to reach square # 100 wins.
6. SUMMARIZE THE GAME:
7. ASK: Are there some things in this game that are like your life? If you saved money would you be able to go home more often? Can you think of things to do for entertainment other than going to a beer shop and visiting with women? How might this increase your chance of protecting your family [from HIV].
Game Board
Session D: Playing It Safe: Strategies for Responding to Pressure

Objectives

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

- Identify some of their own positions regarding gender-based power dynamics and gender-based violence
- Share strategies for responding to pressure that may lead to risky behavior

Time

Approximately 1 hour, 30 minutes

Materials

- Flipchart, markers, masking tape
- Stacks of cards—3” x 5” or 5” x 8”; works best if each team gets a different colored card
- Timer (Egg timer, alarm clock, something that rings)
- Prizes for the winning team(s)
- 8 ½” x 11” paper folded over for teams to write the team names
- Prepared questions: Pressure Lines
- Prepared large cards: Agree, Disagree
- Prepared Agree/Disagree statements

Preparation

For the Agree/Disagree exercise, work with fellow trainers to develop and agree on the statements before the session begins.

- Post the “Agree” sign on one wall or tree, and the “Disagree” sign on the opposite wall or tree—leaving a gap big enough for all of the participants in between.
- For the Best Response Game, work with fellow trainers to develop and agree on the pressure lines before the session begins. Set up a flipchart at the center of the room to serve as a scoreboard. Set one table at the front of the room, a bit to the side, for the Judges. Create a table card that reads, “Judges’ Table.”
- Place stacks of cards on each participant table. It works best when each table gets a different color card. Place several markers at the center of each table. Place a couple of colored sheets of 8 1/2” x 11” paper at the center of each table, folded into table tents.
- It is often better for a man to facilitate this session, especially if most participants are men.

Activities

Activity I. Agree/Disagree Exercise

(Approximately 20-30 minutes)

1. WELCOME the group, and briefly review the previous session. Suggest that we have talked about the risk activities that can lead
to the transmission of HIV or other STI, and we have talked about and practiced using condoms. We have even talked about how to manage money and avoid risk to better meet your goals in life. Nevertheless, we know that it can still be difficult to avoid risky situations. Sometimes, it may be that we are using alcohol or drugs, so we aren’t thinking clearly when we make decisions that put us at risk. Other times, we may have beliefs that affect the chances we take and the choices we make. As we have discussed before, in some situations, women simply don’t have the power to make sexual decisions. In today’s session, we will first take a look at some of our own beliefs that may affect risk behavior, and then we will take a look at the pressure we sometimes face from others to take risks.

2. INVITE participants to stand in the center of the room or area, between the “Agree/Disagree” signs.

3. PROVIDE instructions for the activity.

- The facilitator will read out a statement.
- If you agree with the statement, you should go over and stand by the “Agree” sign. If you disagree with the statement, you should walk over and stand by the “Disagree” sign. (You do not need to indicate that if people are not sure, they can remain in the center—participants figure that out quickly and it is more challenging to have them try to take a stand at first.)
- We will briefly ask one or two people to explain their choices and then we will move on to the next statement. Everyone will return to the center and we will do the same exercise with the next statement.
- Check for participants’ understanding of the instructions, perhaps by asking a participant to explain the instructions to the group one more time.
4. BEGIN the exercise. Be sure to make note of where people are standing for every statement. For each statement, choose one or two people from each side to explain their perspectives. In some cases, a debate can ensue. Allow and even encourage this, and be sure that it remains respectful.

5. CONCLUDE the exercise when all statements or finished or when participants appear to be losing interest in the activity. INVITE participants to take a seat.

6. SUMMARIZE the discussion. Use this opportunity to speak a bit about gender-based violence, and its consequences for all parties, including increasing risk for HIV/STI transmission.

Activity II. The Best Response Game (Remainder of the session)

1. SEGUE into the next part of the session. Indicate that in addition to our own beliefs, we can often be put at risk by responding to the pressure of others—friends, fellow workers, girlfriends, or sex workers. This session gives us the chance to share specific strategies for responding to such pressure.

2. PROVIDE instructions for the Best Response Game.
   - Each table/small group will be a team (or form teams). Teams should meet right now for a minute or two and decide on their team name. They should write their team names on the tents at the center of each table or on the floor in front of where they are seated. (Refer to the “table tents”.)
   - Allow a minute or two for teams to decide on their names. As groups decide on their names, write each name on the scoreboard (flipchart).
   - Make sure that the teams have written their names on the table tents. (This will make it easier for you to call on them.)
   - Continue with your instructions...
   - The facilitator will read a typical “pressure line,” and each team will get two minutes to meet together to decide on the best response to the pressure. They should write this response on one of the cards provided.
   - All of the teams will share their answers, but only one will score points. Many teams may have a good response, but we are looking for the best response to each instance of pressure.
   - After a team has been awarded points, the facilitator will say the next pressure line, and all of the teams will try again to get the best response and score points.
   - Check for participants’ understanding of the instructions and clarify any questions.
   - With a flourish, indicate that we will need a panel of judges to determine the best response to each pressure line. Invite each team to choose one person to send to the judges’ table. Allow a moment or two for this, and guide the judges to their table.
   - Give the judges the following instructions: After each question,
each team will read out their response to the pressure line. The teams will also give their answer cards to the judges. The judges will have two minutes to choose the best response, and award one point to the winning team. There can be no ties! The judges’ must choose the best response.

3. BEGIN the game by reading out the first pressure line. Urge the groups to come up with the best response in two minutes, and dramatically put on the timer.

4. ANNOUNCE when only 30 seconds remain, and URGE the groups to write their answers on the cards.

5. INVITE each team to read out its answer in turn for the judges’ consideration. After each team reads, COLLECT the cards and hand them over to the judges.

6. INVITE the judges to consider the answers for two minutes. ASK the judges to announce the winning response, and the winning team. Put a tick under the winning team’s name on the scoreboard.

7. CONTINUE in this way for the remaining statements, until time is up, or when participants appear to be tired of the exercise.

8. TALLY up the scores, and jovially present the winning team with its prize at the end. Dramatically THANK the judges for their service.

9. Briefly PROCESS the exercise. Discuss what types of responses are most convincing when trying to respond to pressure. Invite participants to share other strategies they have used. Also suggest that sometimes we are in the position of pressuring others and may not even realize it. We hope that this exercise will make it more apparent to us the next time we are pressuring someone or being pressured ourselves.

10. CONCLUDE the session.
Agree/Disagree Exercise—Sample Statements

**TRAINER TIPS**
- These statements were created for men, and must be further adapted if female construction workers are participating in the session.
- The statements suggested below are provocative and are intended to engage men in a discussion about power relationships between men and women. It is important to think about the local context and local beliefs around gender and to prepare yourself to guide this discussion.
- The nature of this exercise is such that participants should disagree with each other, and the trainer should remain out of the discussion until the end. This encourages participants to more freely express their true beliefs, whereas trainer opinions on each statement might stifle such expression.

- If I am paying a sex worker for sex, she doesn’t have the right to insist that I use a condom.
- It is okay for me to sometimes have sex with other women, but my wife should always remain faithful to me.
- I work hard for the money I make, so I deserve to spend some of it on my own pleasure—with sex workers, girlfriends, alcohol or drugs.
- Girls who walk around in tight or sexy clothing “get what they deserve” if they are attacked by men.
- If a woman does not do what she is supposed to as a wife and mother it is okay to beat her, and expected, as long as you don’t really hurt her.
- Once a man becomes aroused, there is no way for him to stop (having sex), and a woman should understand this.
- If my wife or girlfriend asked me to use a condom (or asked me to be tested for HIV), I would beat her or leave her—she may as well admit that she is having sex with other men!
- If a man came on to me, I would beat him.
- If a woman flirts with me and teases me, I have a right to force her to have sex with me.

**KEY POINTS:**

Once the exercise is over, it is critical to review some of the statements and to provide a human rights perspective, especially if these points have not been raised by other participants. Try to do this without sounding like you are lecturing participants about their beliefs. Some of the suggested key points include:

- Whether or not a person is being paid for sex, she or he still has the right to de-
cide what she or he will do, and should not be forced or coerced. She or he can insist upon condom use, and refuse sex if condom use is refused.

- Talk about the potential consequences of having sex with other women while married, including the risk of HIV transmission for the husband, the wife, and even the children (if the wife becomes HIV positive and then becomes pregnant).

- No matter what a woman wears or even how she performs in the role of wife or girlfriend, it is a violation of her human rights to be attacked, beaten, or raped.

- Debunk the myth that a man cannot stop once he becomes sexually aroused. It does not hurt or injure a man to stop having sex, and he should stop if a woman indicates that she does not want to have sex.

- Talk about the right of men who have sex with men to remain safe from violence. Brainstorm other ways to address the situation if a man “comes on” to you.

- It is against a woman’s human rights for a man to force her to have sex.

The Best Response Game—Sample Pressure Lines

It is important to brainstorm the appropriate pressure lines with a co-facilitator, construction worker, or community member before facilitating this session. Some suggestions from other areas:

- A sex worker says, “Come on, baby, your wife isn’t here now. Let me take care of you.”

- Your lover says, “Why do you want to wear a condom? Do you think I am a prostitute?!”

- Your co-workers say, “Let’s go get drunk and pick up some girls—we’ve got nothing else to do!”

- Your co-workers say, “Come on, don’t you want a woman? What are you, _____ (insert local term for gay man)?”

- A drug dealer (use local term) says, “Take a couple of these, buddy, and all of your troubles just go away.”

- Your inner voice says, “My wife is far away, and I am lonely. She’ll never have to know I am sleeping with other women.”

Trainer Tip
Once the exercise is over, it is critical to review some of the statements and to provide a human rights perspective, especially if these points have not been raised by other participants.
Session E: Alcohol and Risk: Spin the Beer Bottle

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

- Identify the relationship between alcohol and risk behavior
- Identify ways to provide peer support to not drink in excess.

**Time**
Approximately 1 hour

**Materials**
- Cards (about 15) to write short statements on
- An empty beer bottle

**Preparation**
Decide on appropriate statements for your audience and write one on each card. Decorate the back of the cards with fun pictures. Suggestions include the following:

- Drinking a lot of alcohol can harm your health. True or False?
- What can you say to a friend who is drinking too much?
- Why do people like to drink so much alcohol?
- How expensive is alcohol? Drugs?
- What are the benefits of having sex while sober?
- What are the benefits of staying sober and not getting drunk with friends?
- List at least two ways to prevent HIV transmission.
- Is it safe to drive a motorbike or car after drinking a lot of alcohol or taking drugs?
- Tell a story about a time you or a friend had too much to drink.
- What will you tell your children about drinking alcohol? Taking drugs?
- How does drinking alcohol increase your risk of getting infected with HIV?
- Spin the bottle again.

**Activities**

**Activity I. The Game (Approximately 55 minutes)**

1. **ASK** participants to sit on the floor in a circle. **EXPLAIN** that the purpose of the game is to have fun and to think about how risking situations arise when people are drinking too much alcohol.

2. **EXPLAIN** that each will take a turn spinning the bottle. He then will do three things:

   - ANSWER the question card that is nearest to the top of the bottle when it stops spinning.
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- SHARE one experience that he has had involving alcohol or drugs and sex.
- EXPLAIN what he could have done to avoid the situation.

3. DISCUSS: What are some of the risks from drinking and having sex? What can workers do to avoid drinking too much. How can they support each another in trying not to drink too much. What other entertainment might they engage in?
Session F: HIV/STI Risk Cards

Objectives

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

- Clarify how HIV/STIs can be transmitted and cannot be transmitted
- Consider self-risk of HIV/STI infection

Time

Approximately 1 hour

Materials

- Set of risk cards
- One paper that says “high risk”
- One paper that says “low risk”
- One paper that says “no risk”

Preparation

Make copies of the risk cards provided at the end of this session or create your own.
Decide whether participants will work in teams, small groups, pairs, or as a large group.
Be prepared to help participants think about the behavior on each card and help them understand the risk (or lack of risk) in each card.

Activities

Activity I. Welcome and Introduction (5 minutes)

1. Welcome the group.

2. TELL participants to make 3 columns on a large piece of paper. Title each column: “High Risk,” “Low Risk,” or “No Risk.” Or, they can put 3 signs in 3 different places, for example on a large table, on a wall, or on the floor.

3. DISTRIBUTE the picture cards randomly to the participants. Give each group the same number.

4. EXPLAIN: Each of the risk cards has a picture of an action. Some of the pictures show an action that could transmit an STI or HIV.

Activity II. Card Sort and Discussion (up to 55 minutes)

4. TELL the participants to discuss each picture and decide if it illustrates an action that is high risk, low risk or no risk for the transmission of STIs. Put the
Key Points

- Key Points
- There are several different ways to use the Risk Cards. The objective is for the participants to think about each picture and make a decision about the following:
  - What is happening in this picture
  - Could HIV or another STI be transmitted in this way
  - Should I put it in the place called “high risk”, “low risk”, or “no risk”.

picture in the appropriate column.

5. GUIDE A DISCUSSION: When all of the cards are placed, pick up cards in the “high risk” group. ASK: Do you agree that this is a high risk activity? If you don’t agree, where do you think we should put this card? Is there anyway that this behavior can be made safer?

6. CONTINUE THE DISCUSSION with the cards in the “low risk” group and the “no risk” After discussion, ask the participants again where the card should be placed. Put it in the correct group.

7. SUMMARIZE: Ask, “Will the information you learned today help you protect yourself?”
HIV/STI Risk Cards

Card 1: Mosquito bite

Card 2: Cough/Sneeze

Card 3: Blood transfusion

Card 4: Sharing needle
Card 5: Breastfeeding from an HIV-infected mother

Card 6: Vaginal sex during menstruation without a condom

Card 7: Vaginal/Oral sex with an infected partner without a condom

Card 8: Having sexual intercourse without a condom
Card 9: Sharing sharp objects

Card 10: Manual sexual stimulation of the penis

Card 11: Vaginal sex with a condom

Card 12: Deep (tongue) kissing
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Card 17: Oral sex without a condom

Card 18: Sharp objects, coin, toothbrush

Card 19: Sharing utility (toilet)

Card 20: Sharing food with an infected person
Card 21: Vaginal/Anal sex without a condom

Card 22: Touching an infected person

Card 23: Caring for infected person

Card 24: Touching/caring for an infected person
Session G: More on HIV: Disease Progression, and Living Healthy

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

- Describe the basic effect of HIV on the immune system
- Explain the difference between HIV and AIDS
- Describe the stages of HIV progression in the body
- List some co-factors that can make an HIV+ person develop AIDS faster
- State three ways to prevent mother-to-child-transmission of HIV
- State five aspects of wellbeing
- List positive behaviors that can lengthen the honeymoon period and keep an HIV+ person healthy longer
- Describe the importance of treating opportunistic infections to staying healthy

Time
At least 2 hours

Materials
- Prepared wall space
- Prepared cards: Window period, honeymoon period, incubation period, AIDS, chills, fever, cough, weight loss, night sweats, diarrhea, yeast infections, cervical cancer, herpes zoster (shingles), tuberculosis, dementia, pneumonia, Kaposi sarcoma, STIs
- Blank cards (You may wish to use local terms.)
- Prepared wall-sized wellbeing chart, markers, flipchart

Preparation
Prepare all materials, and cards before the session. Tape cards under participants’ seats.
- Prepare a wall space to place cards or position flipcharts prominently in front of the room. Arrange participants’ chairs in a semi-circle around the wall space or flipcharts.

Activities

Activity I. Introduction
(Approximately 5 minutes)

1. WELCOME participants back to the sessions, and summarize the sessions up to this point.

2. INDICATE that it can be helpful to understand more about HIV—how it affects our bodies once infected, ways we can remain healthy even once we
test positive, what it is like to live with HIV—in order to feel more comfortable around those living with the virus, and in order to feel more comfortable to be tested ourselves. We will spend the first part of the session exploring the effect HIV has on the body once a person has become infected. We will discuss the many positive approaches to reducing the effects of HIV on the body, and living healthy longer with the virus. The session will build on the HIV facts we learned earlier.

Activity II. Elephant and Lions Game
(Approximately 15 minutes)

1. SUGGEST that we will do a short activity to get us started. This activity can give us a simple way to remember the impact of HIV on the immune system.

2. INVITE one volunteer to join you in the center of the semi-circle. Tell the group that this person is the “baby elephant.”

3. ASK for six more volunteers. These volunteers are the adult elephants. Their job is to protect the baby elephant. They should form a circle around the baby elephant, facing out, away from the baby elephant, and link arms or join hands.

4. Now, ASK for four or five more volunteers. These people are the lions. Their job will be to attack the baby elephant. Let this go on for about 10 seconds—until the baby elephant has been shoved or touched—but don’t let her get hurt!

5. INDICATE that when you say “GO!” the lions should try to attack the baby elephant. Let this go on for about 10 seconds—until the baby elephant has been shoved or touched—but don’t let her get hurt!

6. PROCESS this part of the exercise with the group, perhaps by asking some of the following questions:

<table>
<thead>
<tr>
<th>Possible Questions:</th>
<th>Possible Responses:</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the baby elephant? What does it represent?</td>
<td>The baby elephant represents the human body.</td>
</tr>
<tr>
<td>What are the adult elephants? What do they represent?</td>
<td>The adult elephants represent the immune system. Their job is to protect the baby elephant, just as it is the job of our immune systems to protect our bodies from disease.</td>
</tr>
</tbody>
</table>
Possible Questions:

What are the lions? What do they represent?

Possible Responses:

The lions represent the diseases or infections that try to attack our bodies often. We are often exposed to germs and organisms that invade our bodies and make us sick. The immune system tries to fight off these germs and organisms—to keep us healthy, or to help us to get healthy once we are sick.

Even though the “lions” or diseases attack the human body, are they able to kill it?

Usually not, as the immune system protects the body and helps us to get better after an illness.

7. Next, MOVE dramatically from one of the adult elephants to another, and say, “But suppose I am HIV. I come to this body and begin to attack and kill the immune system. Remove a few of the adult elephants by asking them to sit down. Leave only two adult elephants, then ask the group, “What will happen to the baby elephant when the lions attack now?”

8. Once more, GIVE the signal for the lions to attack, but only for a few seconds, to show the impact of the diseases on a weakened immune system.

9. PROCESS the exercise and be sure to review the key facts. Then, thank all participant volunteers and segue immediately into the next session.

Key Points

- HIV is yet another germ or invading organism. It comes into the body and attempts to infect it, or make it sick.

- But HIV is different from other organisms in important ways. Usually the immune system protects the body and fights the invader, but HIV attacks the immune system, making it weaker. So, HIV makes it easier for other diseases and illnesses, like diarrhea, tuberculosis, and so on, to attack and hurt the body.
Activity III. Disease Progression (Approximately 30 minutes)

1. INDICATE that we are going to do an exercise to help us to better understand what happens to our bodies once we have become infected with HIV.

2. INVITE participants to join you in constructing the Disease Progression diagram on the wall. Draw one long blue line the entire length of the flipchart, and state that this line represents time. Next, put an X on the line at the far left in red marker, and say, “Imagine that you have engaged in some risky behavior, such as unprotected sex or intravenous (IV) drug use, and you have been exposed to HIV. This X is the day that you got infected. HIV has entered your bloodstream.”

3. CONTINUE: “When HIV first comes into your body, a lot of HIV is present—a big dump of ‘viral load.’ Use the red marker to draw a line indicating viral load. “When HIV first enters your body, your immune system is being attacked by it, and it takes awhile before the immune system is able to start responding to attack HIV. During this time, the viral load (or amount of HIV in your body) is high, and the amount of antibodies is low. (Explain that antibodies are created by the immune system to fight HIV or other invaders.)” DRAW a blue line to show the antibody response to HIV.

4. INDICATE that this time, when HIV has just entered the body, is an important time in terms of living with HIV. ASK if anybody knows the name of this time, and then invite the participant with the “Window Period” card to place it on the diagram. ASK participants if they think they would have any symptoms during the window period, and allow those with the following terms to post them: fever, chills, cold symptoms.

**KEY FACTS**

- When HIV first infects the body, you might have symptoms like a fever, chills, or other signs of minor illness. It is difficult to imagine that you have been infected with HIV at such a time, since these symptoms are common to many other illnesses.
- During the window period, it is impossible to tell if you are HIV positive. This is because the HIV test looks for antibodies in your blood. (Point to the low levels of antibodies on the
diagram.) As you can see, there are not enough antibodies to show up on the test, so it is difficult for the tests to show that you are HIV-positive.

- Be sure to ask participants the significance of this, and to point out that the window period is potentially dangerous in terms of transmission because a lot of HIV is in your system, and you don’t know that you have it. It is especially easy to infect others at this time. Also, you do not look at all sick at this time.

5. Next, GUIDE the group through the honeymoon period. Drawing a line with the blue marker, indicate that after a time, the antibody response to the initial HIV infection kicks in, and the number of antibodies fighting HIV grows. So, we see the amount of antibodies go higher, and the amount of HIV in your bloodstream decline. (Draw a line with the red marker to show the viral load declining.)

6. INDICATE that this is the best time in terms of living with HIV, because antibodies are fighting the virus, so you are feeling well and healthy. Also, you have less HIV in your blood and the risk of transmitting it to others is still present, but a bit lower. Indicate that we often call this the “honeymoon period,” because we are living healthily with the virus at this time. INVITE the participant with the “honeymoon period” to place it on the diagram.

7. ASK participants what might make this time less healthy for those of us living with HIV. What might make HIV begin to win the battle against the antibody response? (As people list co-factors, invite those with those co-factors to put them on the diagram.)

**Key Facts**

- Our immune systems are fighting hard against HIV at this time, so it is important to help our immune systems in this fight by staying as healthy as possible. When we get sick with other illnesses like colds, diarrhea, other sexually-transmitted infections, and so on, our immune systems must fight those illnesses, and cannot fight HIV as well.

- Another reason that other illnesses affect the fight against HIV
is that HIV attacks the very cells that the immune system calls out to fight diseases. So, if immune system cells come out to fight diarrhea, those cells can get infected with HIV, which increases the viral load, or amount of HIV in your system.

- So, it is important to do everything you can to remain healthy at this time, including eating well, exercising, avoiding infection if possible, not smoking or drinking, and so on. It is also vitally important to get treatment as soon as possible whenever you are sick, so that you recover from the illness faster, thus preventing HIV from infecting more cells, and helping the immune system to focus its efforts on HIV.

- An important point to remember is that it is also critical at this time not to get re-infected with HIV. This may be a difficult idea to understand, but there are many different kinds or “strains” of HIV. Every time HIV enters the bloodstream, there is a huge viral load dumped into the body. (Point to the original X on the diagram.) At this point, the antibody response has to kick in all over again, to attack this new strain of HIV, so many cells come out to fight the virus, and these cells can become infected with HIV. So, for those of us living with HIV, it is critical to use condoms whenever we have sex, and to protect ourselves from other ways HIV is transmitted, so that we will not become re-infected with HIV.

Finally, GUIDE the group through a discussion of the transition from HIV to AIDS. Indicate that after a time, the antibody response may begin to fail, and one’s viral load may begin to climb again. There are only so many immune system cells that one body can generate in a lifetime, and the immune system begins to fail after a time and loses its battle against HIV. At this time, the viral load climbs, and the antibody response drops. (Draw a declining line with the blue marker and a rising line with the red marker.) Ask participants if they know what this time in the life of someone living with HIV is called. Invite the participant with the “AIDS” card to add it to the diagram.

Indicate that at this time, when other diseases or illnesses attack the body, the immune system is unable, or less able, to respond. A disease that otherwise would not do much damage, like diarrhea, may now be capable of making
that person seriously sick. Remind the group about the same situation in the “Elephants and Lions” exercise. When someone has AIDS, these diseases can now attack and even kill the person, just like the lions were able to attack the baby elephant once the mother elephants were eliminated.

10. CHECK for participants’ understanding of HIV disease progression, by asking a few questions:

<table>
<thead>
<tr>
<th>Questions</th>
<th>Possible Answers</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the difference between HIV and AIDS? Can someone explain it?</td>
<td>HIV is the virus that enters the body and attacks the immune system. When the antibody response begins to fail and the amount of HIV in the body climbs, the person develops Acquired Immune Deficiency Syndrome, or AIDS, which is a syndrome of diseases that continue to make the person sick and may eventually lead to the person’s death.</td>
</tr>
<tr>
<td>Can someone die of HIV?</td>
<td>No, people do not die of HIV. As a matter of fact, people can live a relatively long life with HIV with proper treatment and care. People die of AIDS, which develops if HIV is able to defeat the immune system’s antibody response against HIV.</td>
</tr>
<tr>
<td>What about these new HIV drugs? Where do they fit on this diagram?</td>
<td>The drugs that we think of as HIV drugs or AIDS drugs are called ART, or antiretroviral therapy. These drugs fit in during the late part of the honeymoon period, or just at the beginning of the time when someone develops AIDS. These drugs help the immune system to fight HIV, and they can boost the amount of antibody response, and drop the HIV viral load to minimal or even undetectable levels. They can, in effect, keep people in the honeymoon period for years or decades—we don’t yet even know how long they can keep someone alive and healthy living with HIV.</td>
</tr>
</tbody>
</table>

**Trainer Tip**

Emphasize that in many locations, cesarean birth is not safe enough for this to be an alternative, and a natural birth is recommended. Similarly, in many areas, it is not safe to use alternatives to breast milk, due to cost, availability, or contaminated water. In these cases, breastfeeding is still recommended.
### Questions

<table>
<thead>
<tr>
<th>Questions</th>
<th>Possible Answers</th>
</tr>
</thead>
<tbody>
<tr>
<td>How might a mother prevent mother-to-child transmission of HIV?</td>
<td>First, she must know that she is infected with HIV, so she should be tested at the beginning of her pregnancy (if not before) to find out her HIV status. Next, there are specific antiretroviral drugs that she can use before delivery, and that can be given to her infant after delivery, to help keep the baby HIV-negative. Also, it is best if she is able to give birth by cesarean birth, if that is safe and available, as it limits the amount of blood and amniotic fluid the baby is exposed to during labor and delivery, which is the time when most infants become infected. Finally, if alternatives are safe and available, she should not breastfeed the infant, as HIV can be passed through breast milk.</td>
</tr>
</tbody>
</table>

11. SEGUE immediately to the Living Healthy segment, by reminding participants that the honeymoon period is perhaps the most significant part of disease progression. The honeymoon period can be a time of hope for those infected with HIV, as it offers the opportunity to remain healthy for a longer period of time, and to delay the onset of AIDS.

**Activity IV. Living Healthy—The Well-being Wheel**

(Up to 30 minutes)

1. POST the Well-being Wheel flipchart directly over the honeymoon period in the diagram.

2. REVIEW the five aspects of well-being on the chart. Take each in turn, and brainstorm possible interventions for each of the five segments on the wheel.

<table>
<thead>
<tr>
<th>General Well-being</th>
<th>Good nutrition and sanitation; Rest and exercise; Avoiding smoking, drugs, alcohol; Avoid STIs and re-infection with HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Well-being</td>
<td>Immune system enhancers; Traditional herbs; Acupuncture; Prompt treatment of opportunistic infections; Treatment with antiretroviral therapy</td>
</tr>
</tbody>
</table>
3. SUMMARIZE and CONCLUDE the session.
Session H: Counseling & Testing (C&T): The Decision to Test

**Objectives**

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

- Experience the feelings of someone who feels at risk and decides to get tested for HIV
- Experience the reactions of those who test positive for HIV, and those who test negative for HIV
- Discuss the additional difficulties faced by women when deciding to get tested for HIV and when disclosing an HIV-positive result
- Describe some of the factors to consider when deciding to get tested for HIV
- Describe a typical Counseling & Testing (C&T) session
- Identify options for getting tested locally

**Time**

Approximately 1 hour, 30 minutes

**Materials**

- Brown paper bags, white beans, red beans
- Flipchart, markers, masking tape
- Props for the role play
- Handout or prepared flipchart with information on where to access C&T locally

**Preparation**

Arrange participants’ chairs in a half circle.

Prepare bags of beans. All bags should contain white beans, except for one, which will contain red beans.

Place bags of beans on participants’ chairs before the session, and instruct them not to look into the bags.

Work with a co-facilitator or with a participant in crafting a role play of a typical C&T session in the local community. If you are not sure what local C&T sessions are like, be sure to visit a C&T center before conducting this session, so you will be able to prepare the role play and speak knowledgeably about the services offered there.

**Activities**

**Activity I. Experiencing Feelings about HIV** (Approximately 30 minutes)

1. WELCOME the group. Remind participants about our earlier discussions about the importance of knowing one’s status to avoid transmission and to take steps to live healthy longer.

2. SUGGEST that despite the benefits of knowing
one’s status, it is often a difficult and sometimes terrifying decision to go for Voluntary Confidential Counseling and Testing (C&T).

3. **SUGGEST** that the next exercise we will do is intended to help us better understand our own reluctance to use C&T services, and the myriad issues that go into one person’s decision to get tested. Indicate that sometimes this exercise can feel a bit difficult or uncomfortable. Stress that it is designed to give them an opportunity to experience what it might feel like to discover that one has been exposed to the virus, and that this simulation is for learning purposes only. It in no way implies or suggests anything about people’s real lives and HIV status.

4. **INVITE** all participants to stand and listen carefully to the instructions.

5. **PROVIDE** instructions for the C&T activity:

- Each participant has been given a bag of beans. At no time during the exercise should participants look inside their bags, and they should not look at their beans.
- When the facilitator gives the word, participants should get up and mill about the room. The facilitator will say “Greet!” When participants hear the word “Greet!” they should introduce themselves to one other person.
- When participants introduce themselves in pairs, they should remove a small amount of beans from their bag and place those beans in the bag of the person they are meeting. Demonstrate this, and emphasize that neither participant should look at the beans at all.
- The participants should then mill about the room again until the facilitator says, “Greet!” The participants will then introduce themselves to a different person and exchange beans again.
- Continue in this way until the facilitator instructs the group to stop.

6. **CHECK** for participant understanding of the instructions, perhaps by asking someone in the group to repeat them, and begin.

7. **BEGIN** the exercise, and when participants have finished the greetings, ask them to take their seats.

8. **INSTRUC**t participants that everyone began the exercise with a bag of white beans, except for one person, who had a bag of red beans. Explain that the bag of red beans represents “exposure to HIV infection.” Participants should still not look at their bags.

9. **EXPLAIN** that anyone who has a red bean in his or her bag has been infected with HIV.
10. ASK participants to describe their feelings about these circumstances. Ask them what they would like to do at this point. They might simply return their bags to the facilitator without looking, or they can take a look at the beans in their bag. Opening their bags and looking means that participants have decided to go for an HIV test. Suggest to them the possibility of going for a test, perhaps by asking some of the following questions:

- How do they feel about going for the test?
- What do they need to take into consideration before having the test?
- Who would they tell the result to, and how might they react?
- How would they feel if they found out they were negative? Positive?
- What additional issues might a woman need to consider before deciding to be tested for HIV?
11. WALK to each person, and ask each if he/she wishes to be tested. Take away the bags of those who decide not to be tested.

12. INVITE the rest of the participants to look into their bags. Remind them that even if they have one red bean in their bags, they have been infected with HIV. Allow a few quiet moments for participants to absorb the news.

13. INVITE those who have tested positive to move their chairs into the center of the circle.

14. ADDRESS those who have tested positive, perhaps by asking some of the following questions:
   - Describe your feelings right now. How do you feel about the results?
   - What do you intend to do next? Will you tell someone in your life? Who? How?

15. Next, ADDRESS those who tested negative. Ask them how they felt about their test results. Ask what they intend to do now. Be sure to use this opportunity to discuss the window period, ways to reduce risk, and so on.

16. Finally, ADDRESS those who decided not to be tested. Spend some time exploring the reasons and fears that may keep people from going for testing, even after they’ve been exposed to risk situations. Explore their feelings now, especially around not knowing for sure what their HIV status is. Ask those who tested negative how they feel about the untested potentially positive people sitting next to them. Then ask how they feel about those who tested positive. Use this opportunity to discuss the stigma associated with testing positive for HIV.

17. DE-ROLE the “positive” and “negative” participants, and be sure to reiterate that this was merely an exercise and is not at all related to actual status or risk. Ask participants to return to their seats.

**Activity II. Pre- and Post-Test Counseling**  
(Remainder of the session)

1. Referring to the previous exercise, briefly REVIEW the components of pre-test counseling and post-test counseling sessions.

2. INDICATE that it may make participants more comfortable to go for C&T if they know what to expect from a C&T session.

3. DIRECT participants’ attention to the front of the room and begin the role play.

4. PROCESS the role play, by asking the following questions:
   - Reflect on the C&T session you just watched. What stands out for you? What strikes you?
What was surprising about the counseling session?
What questions did the role play raise for you?
How comfortable do you think you would be to undergo C&T?
How would you react if your wife or girlfriend asked you to go for C&T?

Key Points

- Based on your visit to a local C&T center, be sure to highlight what participants should expect in a pre-test session and a post-test session.

- Pre-test counseling sessions typically include a discussion of the person’s potential risk behavior before having the test, an explanation of how the test works, a discussion of who the person might tell or what the person might do if he or she gets a positive result, and so on. The session will also include a blood draw. Depending on the type of test used, the person will either get the results almost immediately or have to come back to get the results.

- A post-test session typically includes the test result, a discussion about HIV prevention and a condom demonstration. If the result is negative, the session may also include a plan for remaining negative, a discussion of the window period and a suggested date to return for a re-test to confirm the negative result. If the result is positive, the session may explore ways that the person can get support, a discussion about the options for living healthily with HIV, and referrals to resources and support groups. The session will also include a discussion on avoiding re-infection and protecting others from infection.
Session I: Living with HIV

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

• Describe what it means to live with HIV
• Understand the effects of stigma and discrimination on people living with HIV
• Describe how their attitudes towards people living with HIV have changed after the session

Time
1 hour, 30 minutes to 2 hours

Materials
• Water for the speakers
• Tissues
• One index card for each participant, cut into five strips
• One bowl

Preparation
It is important to prepare the panel of people living with HIV carefully for this session in advance. Meet with the panelists to identify the major issues that they have encountered as people living with HIV, and to explore the topics that they wish to raise in the session. Possibilities include stories of testing, disclosure of status to partners or family members, support or lack thereof, specific examples of stigma and discrimination, and so on. You may also wish to ask the panelists to identify any questions that they wish to avoid during the session, so that the facilitator may intervene should participants’ questions become too personal.

Before the session, arrange the chairs in a circle, and place five card strips on each chair. As participants come in, ask them to bring a pen and take a seat in the circle. Keep the bowl at the front of the room for facilitator use.

Activities

Activity I. Introduction—The Loss Exercise
(30 minutes)

1. WELCOME the group. Briefly review the last session on C&T.

2. SUGGEST that this next session will give us a glimpse into the lives of those who test positive for HIV.

3. SUGGEST that before we begin our panel discus-
sion, we would like to engage in a short activity that may provide us with some emotional common ground for our discussions with the people living with HIV who are with us today.

4. PROVIDE instructions for the Loss Exercise.

   - Participants have each been given five card strips.
   - Explain that you are going to read five statements, and participants should respond to those statements—one response on each strip.
   - Emphasize that no one else in the room will see these cards.

5. READ the following five statements, pausing for a minute or so between each to allow participants time to write their answers.

   - Write down the name of the personal possession that means the most to you. Perhaps it is your house, or a special item from your grandmother, or something else. What one thing that you own means the most to you? Write that possession on #1.
   - Write down the part of your body that means the most to you. Perhaps you like to listen to music, so your ears mean the most to you, or you like to take long walks, so you treasure your strong legs. What one part of your body means the most to you? Write this down on #2.
   - Write down the activity that you most enjoy doing. Perhaps it is going to a religious event, watching the World Cup, playing with children, dancing, or any other activity. What do you most enjoy doing? Write that activity on #3.
   - Write down one secret or confidential piece of information about yourself that no one or few people know about. It might be something very private to you, which you would prefer no
one finds out. Write down this secret or personal piece of information on #4. Indicate that participants may write it in code if they are very worried someone will see their answers.

- Lastly, write down the name of the person whose love and support means the most to you in the world.

6. After participants have finished, EXPLAIN that an accident or tragedy has just happened in their lives. Because of this situation, they will be forced to lose two of the items in their hands. They can choose which two things they will lose. They might also choose to have their secrets exposed. Indicate that you will come around the room and collect the two cards that they choose.

7. MOVE around the room with the bowl, and collect two cards from each participant.

8. ALLOW a few silent moments for the participants to experience the emotions associated with these losses. Some participants may be a bit upset or uncomfortable at this point.

9. ASK participants to describe in one word or phrase the emotions they are feeling. Write the words on a blank flipchart. Keep brainstorming until all of the ideas are exhausted.

10. Next, INDICATE that this same tragic occurrence will lead to additional losses, and participants may not always have control over these changes in their lives. Indicate that you will now go around the room and randomly take cards from participants.

11. MOVE around the room with the bowl, and randomly take cards from participants. You might take all cards from some, and take no cards from others,
Curriculum for Construction Workers

while you might take 1-2 cards from others.

12. ALLOW a few moments for participants to process these new losses.

13. ASK participants to describe in one word or phrase the emotions they are now feeling. Write the words on another section of the flipchart.

14. INVITE participants to look at the lists they have created. Ask them to imagine how these feelings might relate to testing positive for HIV. Discuss the potential links between this exercise and testing positive, with special emphasis on the feelings of loss, fear, stigma, isolation, and so on.

15. Be sure to ELABORATE on the fact that as in the first part of the exercise, people living with HIV may have control over some losses to suffer as a result of their status (for example, they may decide to lose a certain amount of comfort by refusing to disclose their status to close family and friends, or they may decide to give up some particular activity in order to afford treatment, etc.). Other losses, however, might be randomly taken away (for example, their rights to property or to work might be taken due to HIV-related discrimination).

16. GUIDE a discussion around what this might mean for the support that they might give to people living with HIV in their own communities.

17. REMIND participants that this was only an exercise, and that the possession they value, the body part that is most important to them, the activity that they most enjoy are all still available to them. The personal information is still confidential, and the person whose support and love means so much is still there for them.

18. SEGUE to the panel discussion and ask participants to keep the emotions they experienced during this exercise in mind as we dialogue with the men and women living with HIV who have agreed to speak with us about their experiences today.

Activity II. Panel Discussion with people living with HIV Guests (1 hour)

1. INDICATE that this short exercise has given us a glimpse into the potential experiences of people living with HIV. Suggest that the members of our panel have courageously volunteered to share their experiences with us, so that we may better understand HIV.

2. INDICATE that we will listen to each of our friends’ stories, before opening up the floor for participants’ questions.

3. INVITE each panelist to speak, in turn, about the various issues identified in the pre-session meeting.

4. GUIDE the group through a question and answer period with the panelists.

5. SUMMARIZE the session and thank the speakers.
Session J: Confronting Stigma and Discrimination Objectives

Objectives

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

- Describe specific instances of HIV-related stigma and/or discrimination that they have observed
- Define self-stigma, felt stigma, enacted stigma (discrimination), and stigma by association
- Demonstrate an understanding of the underlying causes behind stigma and the impact of stigma and discrimination on the individual, the family, the workplace, and the fight against HIV
- Suggest strategies for challenging stigma in their own contexts

Time

1 hour to 1 ½ hours

Materials

- List of “Hot Seat” statements
- Flipchart, markers

Preparation

It can be difficult to find a word that means the same as “stigma” in many communities. Be sure to take the time to choose the best language to use in this session to help participants to understand the concepts of stigma and discrimination.

Activities

Activity I. Introduction (Up to 15 minutes)

1. WELCOME participants back and briefly discuss the last session. Provide an opportunity for participants to talk about how they felt after hearing the stories of people living with HIV.

2. If applicable, REMIND the group of the stories of stigma and discrimination shared by the panel members. If no such stories emerged, refer back to the brief discussions of stigma we have had thus far during the C&T session and other sessions. Indicate that we will spend the remainder of the session focusing specifically on stigma, its causes and consequences, and some strategies for confronting it.

Activity II. Defining Stigma (20-30 minutes)

1. REMIND the group of the discussion around C&T. Suggest that perhaps the most powerful deterrent to C&T and to disclosing status is the stigma and discrimination that people fear they will be subject to in their homes and communities.

2. SUGGEST that it is often said that there are three
phases to the AIDS epidemic in any society. The first of these is the epidemic of HIV infection. This enters a community silently and unnoticed. Next follows the epidemic of AIDS, which appears when HIV triggers life-threatening infections. Finally, there is the third epidemic—the epidemic of stigma, discrimination, blame and collective denial—that makes it so difficult to effectively tackle the first two.

3. ASK participants to think about instances of stigma and discrimination around the topic of HIV in their own lives, in their communities, in their countries. Ask, “What have you seen that strikes you as stigma?”

4. PROCESS the stories, by asking the following questions. (You may wish to ask a co-facilitator to write the answers on a flipchart.)

- What are some of the forms of stigma that you saw in the stories? What does it look like? (Name calling, scapegoating, ridicule, shaming, blaming, judging, gossiping, not sharing food or utensils, blaming and isolating oneself, stigma by association, and so on)
- What might be some of the causes of stigma? Why do people stigmatize others? (Morality; people’s beliefs about contagion or impurity; fear of infection; fear of the unknown; fear of death; ignorance—lack of knowledge and misconceptions; gender and poverty; prejudice, and so on)
- What might be some effects or consequences of this stigma? What is the impact of stigma? (Shame, denial, self-isolation, loneliness, neglect, loss of hope, depression, self-blame, self-pity, anger, loss of opportunities, and so on)
- It is very important to emphasize here that two of the most hurtful consequences of stigma are 1) those who need access to services like C&T, treatment, and so on may not feel safe to seek access to these services—this may result in becoming sick or even dying as a consequence of stigma, and 2) prevention of HIV is hampered, because HIV becomes too stigmatized a topic to address.

Activity III. Stigma and Discrimination—Some definitions (10-15 minutes)

1. WRITE the following terms on the flipchart and guide a brief discussion about the definition of each, asking participants for specific examples of each type of stigma:

- Self-stigma: self-hatred, shame, blame, people feel judged by others so they isolate themselves
- Felt stigma: Perceptions of feelings towards people living with HIV
- Enacted stigma: discrimination; denying people living with HIV rights to goods, services, legal rights
• Stigma by association: sometimes felt by those who teach about HIV or work with HIV—these HIV educators, counselors, and so on may experience stigmatization from others based on their association with HIV; also may be felt by those who have relatives or partners living with HIV

Activity IV. Confronting Stigma (Remainder of session)

1. INDICATE that it is up to each and every one of us to confront stigma when we see or hear it—in our homes, communities, and where we work.

2. SUGGEST that one of the most powerful ways to combat stigma is to challenge stigmatizing statements that we might hear.

3. PROVIDE instructions for the exercise. Move a chair to the front of the room for the “hot seat” volunteer.

• This exercise is designed to help us to practice and think about challenging statements that stigmatize HIV and issues around HIV.

• One person will volunteer to be in the “hot seat.” He or she will respond to statements as they are presented. Statements can be those that are provided below or others that are appropriate for the context.

• The group will discuss the volunteer’s strategy for challenging stigma, and suggest others.

• The next volunteer will take the hot seat, and the play continues.

• Some examples of “hot seat” statements are in the chart below (Feel free to add or remove statements, especially based on issues that come up from the group in other sessions.)

<table>
<thead>
<tr>
<th>Sample statements</th>
<th>Key Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>People who sleep around deserve to get AIDS.</td>
<td>No one deserves to be infected with HIV. This statement puts the blame on the person who has been diagnosed as HIV-positive. Being stigmatized in this way may make it difficult for this person to receive the health care, counseling, treatment, and support needed to live healthily with HIV</td>
</tr>
</tbody>
</table>
### Sample statements | Key Points
---|---
Don’t stand too close to someone with HIV | This statement stigmatizes people living with HIV by talking about them as if they are contaminated and shouldn’t be touched. Statements like this also spread false information or myths about how HIV is transmitted, as you certainly cannot get HIV by standing next to someone who has it.

I feel sorry for the children who get HIV, because they are innocent victims. | This statement makes it seem as if the adults who contract HIV are somehow guilty or deserving of getting infected.

If I got HIV, I’d kill myself. | This stigmatizing statement asserts that those living with HIV should not even want to live. Such stigma cannot help but affect those of us living with HIV—as we are made to feel like our very lives are no longer valuable. Such a statement also contributes to incorrect information about HIV, as HIV infection is no longer a death sentence, and people live long and healthy lives with HIV.

I don’t want my children to go to school with a child who is HIV positive. | This stigmatizing statement contributes to the misconception that you can contract HIV through casual contact.

She looks so thin, she must have AIDS. | This stigmatizing statement contributes to the myth that you can tell when someone has AIDS. As we have discussed people can look very healthy and be living with HIV. Similarly, there are many reasons why someone may look thin.

In the workshop, several AIDS victims came to speak to us | This language is stigmatizing because calling those of us living with HIV “victims” makes us sound powerless and weak, when in fact, we can be strong and healthy even with HIV infection.

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Session K: Making Yourself Less Vulnerable to HIV

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

- Practice responding to situations that may make them vulnerable to HIV infection
- Share strategies for responding to these situations

**Time**
Approximately 2 hours

**Materials**
- Prepared situation cards

**Preparation**
Prepare situation cards prior to the session. It is important to choose situations that are relevant to participants and that resonate for them.

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**Activities**

**Activity I. Introduction and Set-Up (Approximately 15 minutes)**

1. **WELCOME** the group. Indicate that we have shared a great deal of information about HIV. But we know that information is not enough to keep people from contracting HIV or other sexually-transmitted infections. Vulnerability to HIV may have more to do with knowing how best to respond to a difficult situation, or having the resources to get out of a difficult situation.

2. **TALK** a bit about the situations that make participants vulnerable to HIV infection. Indicate that it can be helpful to think about and create strategies to address these issues before participants find themselves in these situations. This session is intended to provide an opportunity to create and share such strategies, and to practice responding to certain situations.

3. **PROVIDE** instructions for the activity.

   - We will sit in a circle.
   - In turn, the facilitator will choose 2-3 people from the group for a practice exercise. These people will be given small “situation” cards. They will quickly read the card and act it out.
   - Try to act as realistic to the situation as possible, and try to implement strategies to make you less vulnerable in the...
situation.
  • Each situation will take about 5 minutes, and then new participants will be chosen for another situation.
  • Check for participants’ understanding of the instructions.
  • Before beginning, remind the group that this is their opportunity to practice and integrate the many bits of different information they have shared during our time together. Urge them to really use this time to learn, practice, and apply their new learnings.

Activity II. Practice in Reducing Vulnerability (Remainder of the Session)

1. BEGIN the exercise by choosing participants for the first situation, and handing them their cards. You may need to guide the first one a bit to ensure participant understanding of the process:

  • Choose participants to serve in the situation. They should come into the center of the circle, either standing or sitting in chairs that they bring into the circle.
  • After the situation has concluded, provide time for participants in the outer circle to offer feedback and suggestions or to ask questions and clarify information. Offer advice and guidance about possible approaches to the situation.
  • Begin the next situation, by choosing new participants for the center of the circle.
  • Continue in this way until all situations have finished. Be sure to flesh out any resources available.

2. When all role plays have finished, RECONVENE the large group. PROCESS the activity:

  • Invite participants to offer feedback about the activity. What are their impressions? What stands out for them? What particular situation(s) caught their attention the most?

  • If time, briefly review each of the role play situations and invite feedback from participants regarding how they recommend dealing with the situation.
  • Be sure to emphasize the human rights of each person, regardless of sex or profession, to determine what happens to their body. Discuss the rights of sex workers to decide how and when they will have sex.

3. SUMMARIZE the discussion.
Suggested Situation Cards

You are a construction worker, and you have been away from your wife for months. You are feeling lonely and homesick, but you want to remain faithful to her. Your good friend is pressuring you to come out to drink and party. You are really bored, so you are more interested in going than usual.

You are a construction worker, and you are tired of seeing your good friend so sad, lonely, and homesick. You have met a nice woman at the local bar, and she has promised to bring her good friend today so that you will have a lady to introduce to your friend. You are trying to get your friend to come with you to drink, party, and feel better!

You are a construction worker, and you are about to have sex with a sex worker. You don’t do this often and want to fully enjoy the experience. The sex worker wants you to use a condom but you don’t want to. You are willing to pay her twice the usual fee to have sex without a condom.

You are a sex worker, and you are with a new client—a construction worker from the local roads project. He wants to pay you more to not use a condom. You refuse.

You are a construction worker, and you have been seeing a really nice girl in the nearby village. You have bought her some nice things and you think she will sleep with you tonight. You usually use condoms when you visit sex workers (although now and then you don’t) but this is different – this is a girlfriend. If she asks you will tell her that it is not necessary.

You are a young woman from a village near a construction site. You have been getting to know a nice construction worker. He has bought you some nice things and you are falling in love. You think he will want to have sex tonight and you are ready. You just attended a session about HIV and want to be sure he uses a condom but you can’t go buy one – what would people think?
The following situation may raise difficult feelings for participants. Think about whether or not it is an appropriate situation to raise with your group, and be prepared to handle the difficult emotions it may raise. Choose 3 or 4 people to serve in the role of the men before beginning this situation.

You are a construction worker, and you have been getting drunk in a nearby hotel room. One of your friends calls a sex worker. When she arrives, the men try to force her to have sex with all of them—without using a condom. Everyone is trying to pressure you into forcing her into unprotected sex, too. You try to leave.

For all of the “men”: You have all been partying and you have called this sex worker to a hotel room you rented for the night. When she gets there, you all force her to have sex, without using a condom. You notice that one of your friends is trying to leave, and you begin to pressure him to have sex with her, too.
Session L: Planning for the Future

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

• Visualize their preferred futures
• Create a plan for the future

Time
Approximately 2 hours

Materials
• Flipchart paper and markers for each participant
• Masking tape
• Prepared flipchart: Head, Heart, Feet
• Three Post-It notes for each participant (3 different colors)
• Markers for each participant

Preparation
Make sure that there is space to post or lay out the participants’ road maps somewhere in or around the training area.
Prepare the Head, Heart, Feet wall space before the session. Tape three flipcharts together and draw the outline of a construction worker on the paper (or trace someone’s body). Be sure to draw a prominent heart on the chest. Post the paper, and roll it up until later in the session.
Distribute one marker and one of each of the colored Post-Its to each participant.

Activities

Activity I. My Life Story (Approximately 45 minutes)

1. WELCOME the group back, and remind them that this will be our last session together. Summarize our time together.

2. REMIND the group that we have been talking HIV prevention, and protecting ourselves so that we may reach the goals we have set out for ourselves. We’ve strategized about how to save money to better reach our goals. In this final session, we want to take some time to visualize our desired futures, so we can keep this vision in mind and let it take us closer to the realization of these goals.

3. INVITE participants to sit back and close their eyes. Invite them to imagine what the future holds for them. At the end of their lives, what story do they most want to tell? What is their preferred future?

4. INVITE participants to meet in pairs and share their life stories. Encourage them to start at the beginning, and to talk about how they moved from where they are now to the realization of their goals and dreams.
5. ALLOW about 15 minutes for the first life story, then remind the partners to switch, so that the other partner can tell her life story, too.

Activity II. The “Road Map”—a Planning Exercise

1. RECONVENE the group.
   INDICATE that we are now going to do a bit of planning to help us to bring these dreams closer to reality.

2. SKETCH a sample road map on the flipchart. (Be sure to make a joke about building roads together...) Begin by drawing a box, circle, house, etc. at the far right, and put in the various components of the “happy ending” or the dreams that the people in the group might have. (Examples might include having a healthy family, having a house or business of their own, and so on.)

3. Next, SKETCH a box or circle at the far left, and fill in the current situation there. (For example, working on the roads project, but sending money home to build a house, and so forth.)

4. SHOW participants how to make a “road map” between the current situation and the preferred future. Along the road, participants should fill in the various steps needed to move from their current realities to their preferred futures. Also take time to put in bumps or potholes in the road—things that can take the participants off track from their preferred futures. (Examples may be getting addicted to drugs, unwanted STIs, and so forth.) How will they build a bridge to get over those potholes, or make a detour to get around those times?

5. INDICATE that we are now going to make our own road maps, keeping in mind the preferred futures we just discussed with our partners.

6. PROVIDE each participant with a sheet of flipchart paper and a couple of markers.

7. INDICATE that participants will have 15-20 minutes to create their road maps. CIRCULATE among the group to check for understanding.

8. As participants finish their maps, ASSIST them in posting them in the appropriate places.

9. RECONVENE the group and INVITE everyone to walk around and have a look at all of the road maps. Allow about 10 minutes for this.

10. RECONVENE the group. Process the activity a bit, perhaps by asking some of the following questions:
What strikes you from the many maps you just saw? What stands out?
Are there similarities in the maps? What are they?
Did anything surprise you?
What are the most common “potholes” or “bumps in the road?” What are our best strategies to avoid them?

Activity III. Closing—Head, Heart, Feet (15-20 minutes)—Optional

1. SUMMARIZE the sessions, and indicate that we would like to join in a closing exercise to affirm the importance of our time together.

2. UNROLL the “Head, Heart, Feet” flipchart and guide them through the closing exercise:
   - We would like to take an opportunity to reflect upon what we will take away from our time together using this exercise.
   - Point out the head on the flipchart. Ask participants to think about one new thing that they have learned during our sessions. They should write the most important new thing they have learned on the yellow Post-It.
   - When all participants seem ready, point to the heart on the flipchart. Ask participants to think about any new feeling, opinion, emotion they may have as a result of our sessions. They should write the most important new feeling, attitude, or emotion on the pink Post-It.
   - When all participants seem ready, point to the feet on the flipchart. Ask participants to write down one thing that they will now do differently as a result of our sessions. They will write this on the blue card.
   - When all participants have finished, invite each to come, in turn, to the front of the room. Each should state the new knowledge and then post the yellow card at the head, then state the new attitude or emotion and paste the pink card at the heart, then state what they will do differently, and post the blue card at the feet.
   - Allow all participants to engage in the exercise. Finish the exercise by putting up your own “head, heart, and feet” comments and cards.

3. Close the workshop.

Trainer Tip
Note that the Post-It notes from the “Head, Heart, and Feet” exercise can serve as a snapshot assessment for what participants have gotten out of this short workshop.