Section 6

Curriculum for Commercial Sex Workers
Section 6: Curriculum for Commercial Sex Workers

A comprehensive education program includes:

- Interactive, participatory training (this section)
- IEC materials and activities (see section 2)
- Possibly, Peer Education (see Section 1)

Involve people who are living with HIV or AIDS. This will improve knowledge, change attitudes, and lead to reduced stigma and discrimination.

For training to be successful sex workers also need access to:

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

Stigma and discrimination are strong barriers for sex workers to access health care. You can help address this by arranging special health care for sex workers and by advocating for the rights of sex workers.

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).
- Review Section 1: Trainer’s Guide before you start.

Additional training materials for sex workers:


Publication developed in Lao PDR. There are additional sessions that can be used from this publication, found on a CD Rom in this manual.

Learning about Healthy Living, Family Health International:


Developed by FHI in Lao PDR. Several of these sessions are used in this curriculum.
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**
- **Women only**
- **Men and women mixed**
- **Men and women separate**
### Training at-a-glance:
#### Curriculum for Commercial Sex Workers (Section 6)

<table>
<thead>
<tr>
<th>Session Name</th>
<th>Summary of Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HIV Transmission and Prevention</strong></td>
<td>By the end of this session, participants will be able to: &lt;br&gt;• Discuss vulnerability to HIV infection &lt;br&gt;• Identify activities that can and cannot transmit HIV &lt;br&gt;• List at least three ways that HIV can be prevented</td>
</tr>
<tr>
<td><img src="image1" alt="Image" /> 1½ hours</td>
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<tr>
<td><strong>HIV Prevention: Condoms</strong></td>
<td>By the end of this session, participants will be able to: &lt;br&gt;• Demonstrate comfort in handling male and female condoms &lt;br&gt;• Know the steps for proper use of male and female condoms &lt;br&gt;• Discuss the gender dynamics affecting condom use</td>
</tr>
<tr>
<td><img src="image2" alt="Image" /> 2 hours</td>
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<tr>
<td><strong>Condoms with Trusted Partners</strong></td>
<td>By the end of this session, participants will be able to: &lt;br&gt;• Realize that a partner’s past behavior may put you at risk even if his current behavior is faithful &lt;br&gt;• Understand that condom use is important even with trusted partners</td>
</tr>
<tr>
<td><img src="image3" alt="Image" /> 1 hour</td>
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<tr>
<td><strong>Condom Negotiation: Strategies for Responding to Pressure</strong></td>
<td>By the end of this session, participants will be able to: &lt;br&gt;• Share strategies for responding to pressure not to use condoms</td>
</tr>
<tr>
<td><img src="image4" alt="Image" /> 1 hour</td>
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<tr>
<td><strong>Saving and Managing Money: Snakes and Ladders Game</strong></td>
<td>By the end of this session, participants will be able to: &lt;br&gt;• Identify a goal and ways to save money to reach that goal</td>
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<tr>
<td><img src="image5" alt="Image" /></td>
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</tr>
<tr>
<td><strong>More on HIV: Immune System, Disease Progression, and Living Healthy</strong></td>
<td>By the end of this session, participants will be able to: &lt;br&gt;• Understand the effect of HIV on the body and how it progresses &lt;br&gt;• Explain the difference between HIV and AIDS &lt;br&gt;• Explain three ways to prevent mother-to-child-transmission of HIV &lt;br&gt;• List positive behaviors that can keep a person who is HIV+ or who has AIDS live healthy longer</td>
</tr>
<tr>
<td><img src="image6" alt="Image" /> 2 hours</td>
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</tr>
<tr>
<td><strong>Alcohol and Sex Work: Spin the Bottle</strong></td>
<td>By the end of this session, participants will be able to: &lt;br&gt;• Identify the relationship between alcohol and risk behavior</td>
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<tr>
<td><img src="image7" alt="Image" /> 1 hour</td>
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</table>
## Curriculum for Commercial Sex Workers (Continued)

<table>
<thead>
<tr>
<th>Session Name</th>
<th>Summary of Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Counseling and 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>1½ hours</td>
<td>- Understand what it means to feel at risk for HIV and make decisions about getting tested</td>
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<td></td>
<td>- Understand a typical C&amp;T session</td>
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<tr>
<td></td>
<td>- Identify options for getting tested locally</td>
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<tr>
<td><strong>Living with HIV</strong></td>
<td>By the end of this session, participants will be able to:</td>
</tr>
<tr>
<td>2 hours</td>
<td>- Describe what it means to live with HIV</td>
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<tr>
<td></td>
<td>- Understand the effects of stigma and discrimination on people living with HIV</td>
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<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>1½ hours</td>
<td>- Discuss different types of HIV-related stigma and discrimination</td>
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<td></td>
<td>- Understand some of the underlying causes of stigma and discrimination</td>
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<tr>
<td></td>
<td>- Suggest strategies for challenging stigma in their own contexts</td>
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<tr>
<td><strong>HIV/STI Risk</strong></td>
<td>By the end of this session, participants will be able to:</td>
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<tr>
<td>1 hour</td>
<td>- Clarify how HIV/STIs can be transmitted and cannot be transmitted.</td>
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<tr>
<td></td>
<td>- Consider one’s own risks of HIV/STI infection.</td>
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<tr>
<td><strong>Making Yourself Less Vulnerable to HIV (Situation Role Plays)</strong></td>
<td>By the end of this session, participants will be able to:</td>
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<tr>
<td>2 hours</td>
<td>- Practice responding to situations that may make them vulnerable to HIV infection</td>
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<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>2 hours</td>
<td>- Visualize their preferred futures</td>
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<tr>
<td></td>
<td>- Create a plan for the future</td>
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</tbody>
</table>

You may decide to organize groups differently based on your knowledge of the target groups and local culture.
## Training Schedule for Sex Workers

<table>
<thead>
<tr>
<th>Length of time (approximate)</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
</tr>
</thead>
<tbody>
<tr>
<td>1½ 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>
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<td></td>
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<tr>
<td>1½ 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></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1½ to 2 hours</td>
<td>Condoms with Trusted Partners</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></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 hours</td>
<td>Condom Negotiation: Strategies for Responding to Pressure Saving and Managing Money: Snakes and Ladders Game</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,
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 (point to Female Sex Worker #1)? How did she 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 sex workers vulnerable to HIV transmission.

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**Key Points:**

- Emphasize that it is not our role in life that dictates whether or not we are vulnerable to HIV. For example, Female Sex Worker #1 was careful to use condoms every time with her clients, but thought that it was safe not to use them with her boyfriend. Her boyfriend was having sex outside of the relationship without a condom, so they both got infected anyway.

- 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.)

- 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.

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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.

3. When discussing preventing blood-borne HIV transmission, briefly REVIEW how we can protect ourselves from blood-borne transmission.

   **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.

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

**Female sex worker #1 and her Boyfriend**

The sex worker always uses condoms with the partying men (clinks, but refuses to exchange fluid), but always exchanges fluid with her boyfriend. Once, her boyfriend exchanges fluid with Female sex worker #3 then again with his boyfriend (Female sex worker #1). Thus, both begin with water in their glasses, and end with tea in their glasses.

**Female sex worker #2**

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.

**Female sex worker #3**

This sex worker begins the skit with tea in her glass. She exchanges fluid often with the partying men, and once with the boyfriend.

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**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 it is understood that sex workers may not feel that they have the power to demand condom use, even though they know the risk. They may be raped or victims of sexual violence. Guide a short discussion about these situations, ways to improve self-protection, and what to do if they are assaulted.
“Partying” men (2) | These men actively seek sex with both the women and the men in the skit. 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.

HIV+ woman | 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 “party- ing” 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.)

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 #2, 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). Tea in a glass represents having HIV in the bloodstream. During rehearsal movements can be decided, but by the end, everyone but Female sex worker #2 and the other man should have some tea in their glasses.
Session B: HIV Prevention: Condoms

**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.

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**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 sex worker who was careful to use condoms with her clients but did not use them with her boyfriend. She contracted HIV from her boyfriend, even though she assumed that she would not. It is imperative that we protect 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. 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.

4. 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.

5. 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.

TRAINING 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.**

2. INVITE a participant to come to the front of the room and guide us through 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. You might want to INVITE someone to demonstrate how to put on a condom with her mouth. Use this opportunity to briefly discuss the reluctance of many clients to use condoms, and how to use this technique to keep oneself safe despite client reluctance. Indicate that we will have other sessions that address client reluctance and condom use in the future, and that this is simply an introduction to the topic.

6. 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. Acknowledge that 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. Also, we may not always feel that we can demand condom use from our clients. In cases such as these, the female condom may give women more control over condom use. Area and thus may offer greater protection against sexually transmitted infections (STIs), and so on.

**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, our financial needs, and so forth. Lead a brief discussion on this topic and share any resources that might exist for women who are victims of assault.
7. 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.

8. 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.

9. ASK if there is a volunteer that can demonstrate the use of the female condom on the demonstration model or juice glass. 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.

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

11. 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 boyfriend?</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.</td>
</tr>
</tbody>
</table>
Session C: Condoms with Trusted Partners

**Objectives**

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

- Realize that a partner’s past behavior may put you at risk even if his current behavior is faithful
- Understand that condom use is important even with trusted partners

**Time**

Approximately 1 hour

**Materials**

- Small photos of 10 beautiful women and 10 handsome men (film stars work well)
- Small papers cut the same size as the photos (10 blue and 10 green)

**Preparation**

Buy the small photos or make them by cutting pictures from magazines.

Place an X mark on the back of three of the pictures. (NOTE: Do not let participants see the back of the cards. At the end of the activity, the cards will be turned over and the X will indicate which person had HIV and will indicate how HIV may have been transmitted to the other partners.)

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**Activities**

**Activity I. Telling Our Stories**

1. WELCOME the group. SHOW the female pictures.

2. ASK a volunteer participant to choose the picture that she wants to represent herself.

3. ASK the participant to choose picture(s) of men who can represent her current boyfriend(s).

4. TELL her to place the male picture(s) next to the picture that represents herself.

5. ASK: Have these men had other partners in the past or do they have sex with other people now? The participant should select pictures of the women that her partner has had or does have sex with. If she has actually seen the other women, she can select a photo to represent that woman. If she knows about the other sex partner (e.g., the wife) but has never seen her, she should just add a green card and place it next to the man.

6. ASK: Have these female partners had other partners in the past? If so, place either photos or blank blue cards next to the females.

7. CONTINUE asking about previous partners of the main partner or of the part-
ners of those partners. When no more is known, ASK: “What if one of these partners were HIV positive. Is it possible that he or she had infected the next partner? Is it possible that that partner had infected the new partner?

8. HELP participants to understand that a previous partner might have infected their current boyfriend and that using condoms is therefore a wise decision.

9. TELL participants to turn over the cards. If one of them has an X on it, that illustrates that that person was HIV+. Show that HIV infection might have infected other people (in the picture network) and traveled to the service women.

10. SUMMARIZE: Have your boyfriends had other partners? Have his partners had other partners? Do you think that any of these people might have been infected with HIV? If someone is HIV positive, can you tell by looking at him? Do you think that someone you have had sex with might be HIV positive? Can you explain this process to your boyfriend? Can you convince him to use condoms? How? Can you convince your boyfriend(s) to have an HIV test?

**Trainer Tips**

• In our experience, many participants like to “tell” their own story with the pictures. It is a very light-hearted, interactive and fun activity. The co-workers usually joke about the pictures or the boyfriends.

• In the beginning, if no one volunteers to tell their story, the facilitator should “break the ice” and tell her own story (real or pretend.).
Session D: Condom Negotiation: Strategies for Responding to Pressure

**Objectives**

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

- Share strategies for responding to pressure not to use condoms

**Time**

Approximately 1 hour

**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: Excuses not to use Condoms

**Preparation**

Work with fellow trainers to develop and agree on the excuses 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.

**Activities**

**Activity I. The Best Response Game**

1. WELCOME the group back, and briefly review the previous session. INDICATE that we have talked many times about the importance of condom use, and we have even practiced how to use both male and female condoms. We know, however, that often it is difficult to negotiate condom use. This session gives us the chance to share specific strategies for responding to a partner who does not want to use condoms.

2. PROVIDE instructions for the Best Response Game.

   - Each table will be a team. The tables should meet right now for a minute or two and decide on their team name. They should write their team names on the table tents at the center of each table. (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 ask read a typical excuse that men give for not wanting to use a condom, and each team will get two minutes to meet together to decide on the best response to the excuse. 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 excuse.

- After a team has been awarded points, the facilitator will say the next excuse, and all of the teams will try again to get the best response and score points.

- Check for participants' understanding of the instructions, perhaps by inviting a participant to repeat them for the group. Clarify any questions.

- With a flourish, indicate that we will need a panel of judges to determine the best response to each excuse. Invite each table to choose one person from their team 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 excuse. 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 excuse. 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.

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**Trainer Tip**

This lively game is always well-received by participants and can really bring the group together. In addition, the exercise allows participants to hear a number of strategies for addressing pressure and build skills and confidence in responding to pressure situations.
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 get a partner or client to use a condom. Invite participants to share other strategies they have used. (An example might be putting on the condom with her mouth—you may wish to have this demonstrated if it comes up at this time).

10. STATE that sometimes, negotiation is not an option—for example when a client is very drunk or if participants are in a situation that may turn violent. Indicate that we will discuss these types of situations in an upcoming session, and that we realize condom use is impossible to negotiate in some instances.

Worksheet: The Best Response Game—Sample Excuses

It is important to brainstorm the local “excuses” with a co-facilitator, sex worker, or community member before facilitating this session. Some suggestions from other areas:

- Why eat the sweet with the wrapper still on?
- A condom makes me feel like I’m wearing a tire.
- If you loved me, you wouldn’t ask me to wear a condom.
- Why do you want me to wear a condom? Do you think I have a disease?
- I’ll pay you twice as much if we can do it without a condom.
- I can’t feel you if I’m wearing a condom.
- I’ll pull out before I come, so we don’t need to use a condom.
- I’m much too big—condoms don’t fit me.
Session E: 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

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: Guest gives US dollars. Go to #45.
#20: Business man wants you to be a minor wife. Go to #40.
#28: Business man no longer visits Go to #9.
#33: Business man buys you a motorbike. Go to #53.
#43: Parents are sick and need money. Go to #24.
#46: You play cards. Do not save money. Go to #7.
#52: Friend borrows money and runs away. Go to #32.
#63: Has many clients this month. Go to #79.
#83: Go out and drink with boyfriend. Go to #57.
#86: Buy expensive mobile phone for boyfriend. Go to #54.
#87: Has overseas clients. Go to #93.
#91: Lose mobile phone & buy new one. Go to #69.
#99: Play cards, take drugs, & in debt. Go to #1.
#100: Reach your goals (house, car, bank account)

Activities

Introduction (Approximately 5 minutes)

ASK: “Why do you want to save money? What is your goal for saving money?”
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
CURRICULUM FOR COMMERCIAL SEX WORKERS
Session F: 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?
- Act out typical behavior of a drunk customer.
- Why do people like to drink so much alcohol?
- Are there benefits of having sex while sober? What are they?
- Tell at least two ways to prevent HIV transmission.
- What is the difference between having HIV infection and having AIDS?
- How can you trick a drunk client into using a condom?
- How can you sell a lot of beer to clients without getting drunk yourself?
- Put a condom on the beer bottle using your mouth.
- Will you go on a motorbike with a drunk customer? Why or why not?
- 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. She then will do three things:

   - **ANSWER** the question card that is nearest to the top of the bottle when it stops spinning.
   - **SHARE** one experience that she has had involving alcohol or drugs and sex.
3. **DISCUSS:** What can sex workers do to avoid drinking too much?
Session G: HIV/STI Risk Cards

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

- Clarify how HIV/STIs can be transmitted and can not 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, in 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. DISTRIBUT 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
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
Card 13: Oral sex
Card 14: Sex with the same gender
Card 15: Masturbation
Card 16: Rubbing genitals together fully clothed
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 an infected person

Card 24: Touching/caring for an infected person
Curriculum for Commercial Sex Workers

Card 25: Healthcare provider caring for an infected person

‘High Risk’ Card

‘Low Risk’ Card

‘No Risk’ Card
Session H: 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.

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:  Possible Responses:

What are the lions? What do they represent?  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?”

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.

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.
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.

![Diagram of Disease Progression]

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
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.

8. 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.

9. 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>
<tr>
<td>Social Well-being</td>
<td>Support of one’s spouse or partner; Extended family support; Peer support; Productive work; Advocacy work; Protection from discrimination</td>
</tr>
<tr>
<td>-------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Psychological Well-being</td>
<td>Counseling; Positive attitudes; Stress reduction; Interpersonal skills-building; Self-esteem building</td>
</tr>
<tr>
<td>Spiritual Well-being</td>
<td>Faith; Meditation; Belief system; Prayer</td>
</tr>
</tbody>
</table>

3. SUMMARIZE and CONCLUDE the session.
Curriculum for Commercial Sex Workers
Session I: 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. INSTRUCT 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.
KEY FACTS

Women often bear an additional burden when deciding whether or not to be tested for HIV.

A woman may need the permission of her partner to be tested.

Discussing an HIV test with her partner may subject her to violence, rejection, or other negative consequences—so much so that she may never attempt to discuss it or to be tested.

Women often find out they are HIV-positive during especially distressing times—upon the illness or death of an infant, for example. She may thus find out about her own life-threatening illness at the same time as she finds out that her baby is sick or dying or has died—and she may bear additional guilt at the idea that she infected the child with HIV.

A woman may also be tested when she is pregnant, and may find out she is positive in the middle of her pregnancy, when she is worried about her own life as well as the health of her fetus.

Once tested, women may be blamed for “bringing HIV into the family,” even if they have been infected by their husbands. They may be subjected to violence, abandonment, and rejection by the community.

Obviously, a commercial sex worker has even more to fear from a positive result. She may no longer be able to work, and may have no way to make money, feed herself, and take care of her family. She may find herself living on the street in absolute destitution if the community or her clients find out that she is positive.

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?
Curriculum for Commercial Sex Workers

- 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.

5. SUMMARIZE the discussion of C&T, and indicate that we will spend the next session exploring testing positive and living with HIV. PROVIDE participants with information on where free or low-cost C&T can be accessed locally.
Session J: 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, 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 K: Confronting Stigma and Discrimination

**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.

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**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)

Trainer Tip
As commercial sex workers, participants may already be exposed to a great deal of stigma and discrimination. You may wish to guide a discussion about how the stigma that they are already coping with is similar to the stigma suffered by those of us living with HIV. What strategies have we used to cope with stigma against commercial sex workers? How might this stigma and discrimination be compounded by testing positive for HIV?

Trainer Tip
This part of the session is optional. You may wish to remove it, or to simply describe the difference between stigma and discrimination.

- 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>
<tr>
<td>Don't stand too close to someone with HIV</td>
<td>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.</td>
</tr>
<tr>
<td>I feel sorry for the children who get HIV, because they are innocent victims.</td>
<td>This statement makes it seem as if the adults who contract HIV are somehow guilty or deserving of getting infected.</td>
</tr>
<tr>
<td>If I got HIV, I'd kill myself.</td>
<td>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.</td>
</tr>
<tr>
<td>I don't want my children to go to school with a child who is HIV positive.</td>
<td>This stigmatizing statement contributes to the misconception that you can contract HIV through casual contact.</td>
</tr>
<tr>
<td>She looks so thin, she must have AIDS.</td>
<td>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.</td>
</tr>
</tbody>
</table>
**Sample statements** | **Key Points**
--- | ---
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.

Session L: 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.

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

Trainer Tip

If the group is large, you may wish to divide into smaller groups—but you will need to make sure that you have one facilitator to work with each group.
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.

You are a sex worker, and you usually use condoms with your clients, except for one or two of your regulars. You are with your boyfriend right now, about to have sex, and you suggest that he use a condom.

You are this woman’s boyfriend, and you know that she makes a living as a sex worker. You are about to have sex with her right now, and she asks you to use a condom. You expect her to use condoms with her clients, but you get angry when she suggests using them at home—after all, your sex is about love! You have had other girlfriends in the past and didn’t believe in using condoms then, either.

You are a sex worker, and you insist that all clients use condoms at all times. You are with a new client right now.
Suggested Situation Cards

You are about to have sex with a sex worker, and she is asking you to use a condom. You don’t want to and you try to persuade her not to—first with excuses, then by offering her double the money, then by getting angry.

You are a sex worker, and you hate your work. You have been saving money and sending it home to have a house built, and it is almost finished. You always use condoms with clients and even boyfriends. You are getting desperate to get out of this work, though, and it is getting harder to turn down extra money when clients suggest that you have sex without a condom. You are about to see a regular client now.

You have been seeing this sex worker for weeks now, and you think you can convince her not to use a condom this time. You offer to pay her three times the normal price if she will forget the condom, just this once.
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 sex worker, and you have gotten a call to come to a client’s home. You arrive at the house.

For all of the “men”: You have all been partying and you have called this sex worker to your home. When she gets there, you all force her to have sex, without using a condom.
Session M: 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
• Ball of yarn
• 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. String Spider Web (15-20 minutes)—Optional

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

2. PRESENT the ball of yarn, and explain the closing exercise:

3. Each participant should make a statement to describe how they feel about our time together, and then toss the ball of yarn across the circle to another participant. They should hold on to one bit of the string while they toss the yarn.

4. Participants can share anything they want to say in their statement—a new learning, new attitude, important idea, feedback, and so on.

5. STATE one comment about the workshop, and toss the ball of yarn to someone across the circle. Guide the group as they continue to make statements and toss the yarn across the circle. The final toss should place the ball of yarn back in your hands.

6. DRAW participants’ attention to the web of connections before them, and make some inspirational comments about how the work we’ve done together, the conversations we’ve shared, and the commitments we’ve made bind us together in a strong web like this one. Suggest that as we go on back to our work and try to meet our goals, we should always remember that we are bound together by this web, and that whenever one of us needs support or assistance, they need only reach out to someone else in this network to receive it. Allow the web to sag slightly and suggest that should one of us cease to offer that support and connection, we weaken the network among us, just as the web weakens when one of us drops it.

7. Close the workshop.
Sample Road Map

Move to bigger city
Save money
Back off drugs
Now - sending money home - Working as CSW
Open business
Money troubles
Relapse into drug use
Save more money
Get sick can't make money
Save money take classes
Money troubles
Business doing well
Meet loving husband
Have children
My "Happy Life"