

DAY 3

Condoms and Voluntary Counselling and Testing (VCT)

Objectives for DAY 3

By the end of Day Three, participants should be able to:

- Distinguish between fact, rumour and opinion and demonstrate the ability to convince a peer of the facts about condoms.
- Describe the advantages and disadvantages of condom use.
- Explain how to use male and female condoms correctly.
- Demonstrate correct condom use on male and female anatomy models.
- Illustrate condom negotiation skills and condom purchasing skills in a role play.
- Understand concepts and issues of voluntary counselling and testing (VCT).

Format for Day Three
Training Time: Approximately 6 hours

TRAINING SESSION	TIME NEEDED	CONTENT	ACTIVITY	OUTCOME
1. Facts, Opinions, and Rumours about Condoms	30 Minutes	Review and discuss opinions, rumours and facts about condoms	Interactive Discussion	Participants learn facts about condoms
2. Why use a condom?	30 Minutes	Review why condoms are used	Interactive Discussion	Participants learn advantages and disadvantages of using condoms
3. Using condoms correctly and consistently.	30 Minutes	Review steps required to use condoms correctly and discuss why it is important to be consistent	Activity	Participants learn the correct steps to using female and male condoms and the importance of consistent use
4. Practicing correct condom use	One hour	Practice using male and female condoms	Demonstration	Participants develop skills to demonstrate condom use and increase level of comfort with the process
5. Condom Role Play (Negotiating Condom use)	30 Minutes	Practice discussions with peers about buying, using and negotiating condom use with a partner	Role Play	Participants develop skills in discussing condom use with peers
6. VCT 7. Listening Role Play	One hour	Participants observe role plays and discuss listening skills	Role Play	Participants become aware of the importance of good listening skills
8. Listening and Referral Skills	One hour	Trainer discusses counselling and the group observes pairs of participants	Interactive Lecture	Participants increase knowledge and skills related to counselling
9. Feelings about HIV Testing	30 Minutes	Role play followed by discussion of feelings about testing	Role play and discussion	Participants increase understanding of feelings associated with getting tested
10. Voluntary Counselling and Testing	30 Minutes	Discuss the process of testing and counselling	Interactive discussion	Participants increase knowledge of testing and counselling procedures

TRAINING PROGRAMME

Information for Trainer:

- ◆ A male condom is a latex rubber sheath worn on a man's penis during sexual intercourse. The female condom is a polyurethane (plastic) sheath with rings on both ends. The end with the small ring is inserted in the vagina.
- ◆ Condoms, when used correctly and consistently, prevent pregnancy and STIs including HIV.
- ◆ Correctly means that there is a right way to use condoms. Using condoms incorrectly or the wrong way is probably one of the reasons leading to some of the opinions and myths, many people have about condoms.
- ◆ Consistently means every time someone has sexual intercourse. Not some of the time, but every time.
- ◆ No penis is too big or too small for a condom (a condom can be stretched to fit over a forearm)
- ◆ Condoms do not eliminate sensation, although they may change sensation.
- ◆ HIV cannot leak through condoms.
- ◆ Almost all condoms are lubricated. If extra lubrication is desired, use a water-soluble lubricant such as KY jelly (show an example if available). Water and saliva are good substitutes. Petroleum jelly (vaseline) should NOT be used as it is oil-based and can cause condom breakage.
- ◆ An important part of the job of the peer educators is teaching your peers correct condom use. The peer educator must learn to use condoms correctly and learn to be comfortable talking about condoms.

1. Facts, Opinions and Rumours about Condoms

Activity:

Handouts and Materials: None

- Tell the participants that they are going to play the fact, opinion and rumour game. First, teach them the following physical signals and have them practice once or twice.
FACT: Raise one arm
OPINION: Put both your hands on your head
RUMOUR: Cross your arms in front of your body
- Tell participants that you will read some statements, one at a time. They should decide whether the statement is a fact, an opinion or a rumour and show their decision by making the appropriate physical signal.
- Read the statements that you have selected one at a time. Allow the participants to make their signals.
- Ask 2-3 participants to tell why they chose that particular physical signal for this statement. (Let the participants correct each other if there are differences in their answers.)

STATEMENTS FOR FACTS, OPINIONS AND RUMORS ACTIVITY

- Sex with a condom isn't "real sex"
- Condoms prevent STIs and HIV
- Condoms always burst
- Condoms can get lost inside a woman
- Condoms prevent pregnancy
- Condoms are laced with HIV
- Using condoms means you are unfaithful
- Putting condoms on is sensual
- Condoms are only for casual partners
- Using condoms is easy
- Sex isn't pleasurable with a condom
- Lubricated condoms feel good
- Condoms are embarrassing
- Condoms are for sex workers
- Condoms cost too much
- Condoms cause irritation and pain
- You don't feel close to your partner when using a condom
- Using condoms shows that you care for your partner
- Condoms increase promiscuity
- Condoms are unnecessary in a steady relationship

- Take one example of a clear rumour (such as, “ Condoms are laced with HIV”) and ask the group the following questions:

Why do you think rumours like this exist?

- What are some of the consequences of rumours? (Depending on the answers, you can give examples of fear, ignorance, strong beliefs and denial that are reinforced by rumours.)
- Take examples of a clear opinion, both negative and positive (such as, “Using a condom doesn’t let you feel close to your partner” and “Condom use shows you care for your partner”). Ask the group the following questions:
 - How are these opinions different from facts?
 - Are opinions true or false, right or wrong? Why or why not?
- Tell the group that many people believe rumours are facts. Ask the group the following question: What do you think is the best way to approach and talk to someone who believes a rumour, such as “condoms are laced with HIV”, is a real fact? Ask the group if they have heard of other rumours. Discuss them and make sure that each participant knows how to convince a peer that the rumour is not true.

Purpose of Activity: Participants distinguish between facts and rumours about condoms.

2. Why Use a Condom?

Activity:

Handouts and Materials: Male condom, female condom, flip chart paper, markers

- Unwrap and show a male condom. Pass it around so the participants can feel and touch it. A condom is a latex rubber or sheath worn on a man's penis during sexual intercourse. When used properly, condoms can prevent pregnancy and the transmission of STIs and HIV. (Start with the male condom and then demonstrate the female condom.) The Female condom is a plastic sheath with rings at both ends. Show a female condom and pass it around if the participants want to see and feel it.
- Divide the participants into two teams. Tell the first team to brainstorm a list of advantages of using condoms. Ask for a volunteer from the group to write down all of their answers on a flip chart under "ADVANTAGES". The other group will write down all of their answers on a flip chart under "DISADVANTAGES"
- When the groups are finished, tape their charts side by side on a wall where everyone can see. Ask one person from each team to read all good answers, but point out that advantages and disadvantages may be different for different people.
- Tell the group that the answers on both lists are all good answers, but that some might be more important than others.
- Ask the group to:
Give a few examples of advantages that you think are most important and tell why you think these are most important.
- Ask the group:
What if there was only one advantage (that using condoms correctly and consistently will prevent getting HIV) and 20 disadvantages. What would you conclude and why?
- Again ask the group:
How would you use the discussion on advantages and disadvantages of using condoms for STI and HIV prevention in your community as peer educators?

Purpose of activity: Participants discuss the advantages and disadvantages of condom use.

3. Using Condoms Correctly and Consistently

Interactive Discussion: (see handouts on pages 31-34)

- ◆ Using condoms, correctly and consistently, will substantially reduce the risks of getting an STI including HIV, during sexual intercourse. Two words are important here CORRECTLY and CONSISTENTLY.
- ◆ Correctly means that there is a right way to use condoms. Using condoms incorrectly or the wrong way is probably one of the reasons leading to some of the opinions and myths that we discussed earlier (that condoms burst, etc.).
- ◆ Consistently means every time someone has sexual intercourse. Not some of the time, but every time.
- ◆ Tell them that they will now do some exercises to ensure that we all have a common understanding of CORRECTLY.
- ◆ Show the chart: “Facts about Condoms”. Read the chart to the group.

FACTS about Condoms

- No penis is too big or too small for a condom (a condom can be stretched to fit over a forearm)
- Female condoms come in one size
- Condoms do not eliminate sensation, although they may change sensation
- HIV cannot leak through condoms
- Almost all condoms are lubricated. If extra lubrication is desired, use a water-soluble lubricant such as KY jelly (show an example if available) and saliva are good substitutes. Petroleum jelly, vaseline or hair oil should NOT be used as it can cause condom breakage.

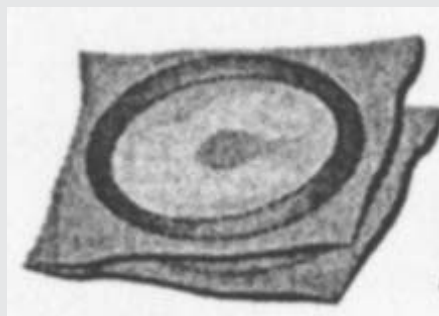
Activity:

Handouts and Materials: Cards: steps for using a condom

Ask for 15 participants to come forward. Give one card to each participant. Ask each to read their card and show it to the group.

Male Condom

- Card Check expiry date or date of manufacture
- Card Discuss condom use with partner
- Card Have condoms with you
- Card Have an erection
- Card Open the condom wrapper carefully
- Card Squeeze out air from tip of condom
- Card Roll condom on erect penis all the way down to the base
- Card Intercourse
- Card Ejaculation
- Card Withdraw penis from partner, holding onto condom at base
- Card Be careful not to spill semen
- Card Remove condom from penis
- Card Penis gets soft
- Card Throw condom away in a place where children won't find it or touch it (e.g. a rubbish bin or latrine)
- Card Open another condom (if you have sex again)

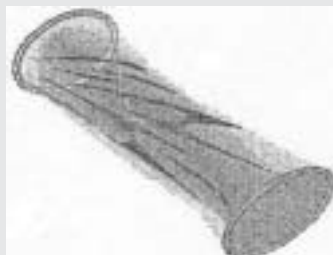


Female Condom/Femidom

- Card Check expiry date
- Card Discuss condom use with your partner
- Card Have condom with you
- Card Hold the sheath with the open end hanging down.
- Card Squeeze inner ring for insertion (make sure the inner ring is at the closed end)
- Card Find a comfortable position to insert the sheath. You may squat, sit with your knees apart or stand with one foot on a chair.
- Card Insert in vagina (like a tampon/Lil-let).
- Card Push inner ring as far up into the vagina as it will go
- Card Outer ring stays outside the opening of the vagina
- Card Outer ring covers opening of vagina during sex
- Card Use your hand to guide your partner's penis into the condom
- Card Intercourse
- Card Remove condom by twisting outer ring one full turn to stop contents from spilling
- Card Gently pull out condom
- Card Wrap condom in paper and throw it away (do not flush down toilet)

- Ask the participants to form a line in the correct order so that their cards describe the step-by-step use of a condom.
- When they are finished, ask the rest of the participants to comment on the order. Make any changes that are necessary. Be sure that the final line-up is correct.
- Ask the large group the following questions:
What might happen when condoms are not used correctly, in the way that the line-up showed?
What are the consequences of this?

Purpose of Activity: Participants learn specific steps of using male and female condoms.



Activity:

- Tell the group that you will now discuss the term CONSISTENTLY and that you will read statements about behaviour. The participants are to show whether or not you agree that the behaviour shows CONSISTENT use of condoms. **If you agree, move to the right, if you disagree, move to the left.**
- Read the following statements one at a time, letting participants move to the place that indicates whether or not they agree or disagree.
 - A man always uses condoms with his casual partners, other than his wife
 - A sex worker uses condoms every single time with clients. That way, she feels safe to have sex with her boyfriend who doesn't like to use condoms
 - A woman uses a condom every single time she has sex.
- Discuss the answers and correct any misinformation on consistent use of condoms.

Purpose of Activity: Participants discuss the importance of consistent condom use.



4. Using Condoms Correctly

Interactive Discussion:

NOTE TO TRAINER: You need to be sensitive as you begin this session and only begin if you think the educators are comfortable with the exercise. You may want to start this session separating men and women, and as they get more comfortable with the practice they can join together.

- ◆ It is very important that people know how to use condoms correctly in order to protect themselves from HIV infection and other STIs
- ◆ Part of your job as peer educators is teaching your peers correct condom use. This means you must learn to use condoms correctly and learn to be comfortable talking about condoms
- ◆ This may be hard to do at first, but talking about condoms and actually using them is easy once you know how
- ◆ All peer educators need to know how to use condoms even if they do not use condoms themselves (this may be for personal or religious reasons)
- ◆ All of you may wish to try using condoms with your partners. Personal experience may make describing condom use easier.

Activity: (optional)

Handouts and Materials: Four sheets of paper and four blindfolds (optional)

- Tell the group that they will begin this session by playing a folding paper game
- Ask four people to move out in front of the other participants
- Ask each of the four people to either put on a blindfold or to promise to keep their eyes shut
- Tell the large group that no one is to ask any questions during the game
- Hand each of the four participants one piece of paper (all pieces should be the same size)
- Now, give the four participants the following instructions:

Fold your paper in half

Tear off the bottom right hand corner of the paper

Fold the paper in half again

Tear off the lower left-hand corner

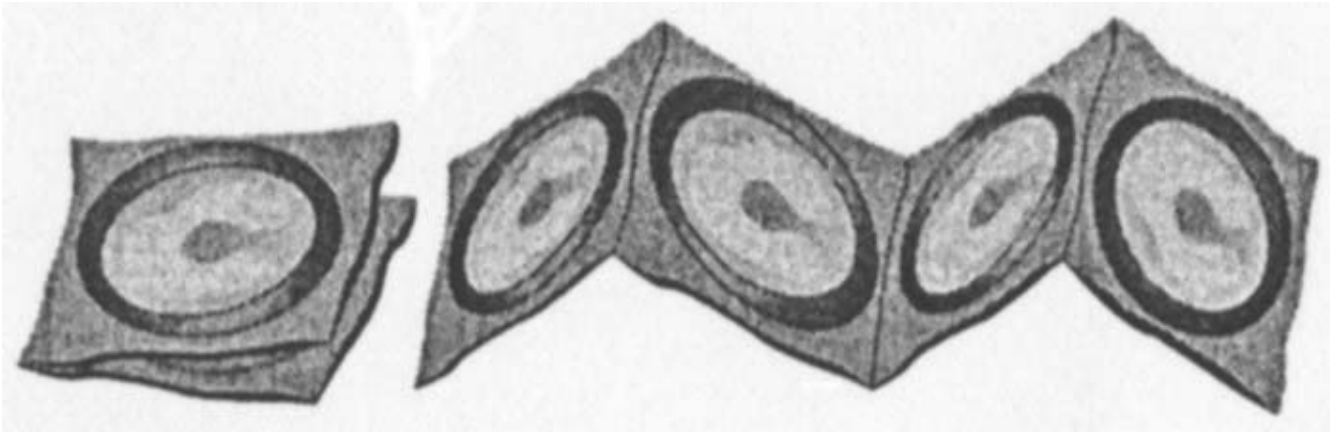
- Ask all four volunteers to open their eyes or take off their blindfolds. Tell them to display their paper to the entire group. (It is highly unlikely that all four papers will look the same). Ask the participants the following questions:

What does this game show us?

What does this game tell us about educating peers to use a condom?

- Summarise by saying: We often think we are saying something clearly to someone, only to discover later that what we said and what they did were quite different! This is why we will practice putting condoms on models many times.

Purpose of activity: Participants understand that people do not follow directions in the same way.



Activity: Condom Demonstrations

Handouts and Materials: Male and Female Condoms with directions

- Demonstrate to the group proper condom use with a penis model and a vagina model. Follow these steps to demonstrate the male condom, explaining what you are doing as you go along:

For the Male Condom:

- Store in a cool, dry place, preferably near the bed
- Look at the expiry date
- Open the package carefully
- Be careful of long fingernails tearing the latex
- Hold tip of condom as you roll it down over the penis model
- Roll the condom down to the base of the model
- Be sure you leave a space at the tip, so that the ejaculated semen can be captured there. After ejaculation, withdraw your penis from your partner
- Be sure to hold the base of the penis model (explain that to prevent spilling of the semen, the condom must be held at the base while withdrawing from the partner's body). The condom should be removed before the penis goes soft
- Remove the condom and discard it in a place where children will not find or play with it.

For the Female Condom:

- Store in a cool, dry place
- Look at the expiry date
- Open the package carefully
- Bend the smaller ring on the closed side
- Hold the sheath with the open end hanging down
- Squeeze the inner ring and twist to form a figure eight and insert in the vagina
- Use your index finger to push the ring inside the vagina
- The outer ring should lie flat against the opening to your vagina
- After sex remove the condom by twisting the outer ring and pulling it out
- Wrap condom in paper and throw it into a bin. Do not flush. Dispose of condom carefully.



Trainer from AIDS Care Trust demonstrates the female condom on a female anatomy model

- Ask participants to choose a partner. Pass out a condom and penis model to each pair (if you do not have a penis model, use banana, cucumber or an ear of maize) Ask each pair to role-play a counsellor, showing a client how to use condoms correctly. Every participant should demonstrate correct condom use at least once. Watch the participants practice and note what kinds of problems they are having.
- Ask participants to explain the female condom and the steps for using it
- Choose one participant to act as judge and observe all the pairs. Ask the judge to pick out the most skillful pair and have them demonstrate to the group.



5. Negotiating Condom Use

Interactive discussion:

An important part of using a condom is negotiating use with a partner.

Strategies for Negotiating Condom Use

- ◆ Pull some of these ideas from the participants and write on the flip chart paper. Note that this is also provided as a handout to give out at the end of the session.
- ◆ The best time to discuss condom use is before things get passionate. It should be a thoughtful discussion not an emotional argument. Both partners need to feel comfortable.
- ◆ Keep an open mind. Be prepared to listen to your partner's concerns.
- ◆ Prepare rational responses to all arguments that your partner may use against you (this will increase your confidence).
- ◆ Be assertive rather than aggressive. Try to persuade rather than intimidate. Do not threaten.
- ◆ Incorporate using a condom into your foreplay. Make condom use sexy and have fun putting them on!
- ◆ Have alternative solutions and plenty of condoms ready.
- ◆ Be confident and do not beg. Establish in advance what you will and won't do so that your health and well-being are always foremost and can't be compromised. Be willing to walk away if your partner refuses.
- ◆ Find strength in numbers. Let your partner know that everyone who cares about themselves is doing it with condoms now.

Arguments For and Against Condom Use	
AGAINST:	Responses...FOR:
◆“I can’t feel anything. It’s like wearing a raincoat”	◆“I know there is some sensation lost, but sex with a condom can still feel very good.”
◆“I know I’m clean (disease-free) I haven’t had sex with anyone in months”	◆“Thanks for telling me your status. As far as I know, I am also disease-free. But I’d still like to use a condom since either of us could be infected and not know it.”
◆“I’ll lose my erection by the time I stop to put it on: I won’t be in the mood”	◆“I can help you put it on, which will make it more enjoyable.”
◆“It’s just so messy and it smells funny”	◆“Well, sex is like that, but this way we’ll be safe”
◆“Just this once, let’s do it without”	◆“Once is all it takes”
◆“I don’t have a condom with me”	◆“I do”
◆“You never asked me to use a condom before”	◆“This will help prevent infection or re-infection”

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Condom Negotiation

- Ask participants to break into pairs. One for condom use, one against
- Ask them to role-play a couple discussing condom use
- Ask them to demonstrate effective negotiation techniques

6. VOLUNTARY COUNSELLING AND TESTING (VCT)

Interactive Discussion:

- ◆ The role of the peer educator is to encourage individuals who are concerned about their HIV status to get tested.
- ◆ Peer educators need to listen, console and refer. The peer educator should listen to people's concerns and fears and help them make the decision to seek testing or advice from a medical professional. The decision to get tested is in the hands of the individual. Peer educators can tell people where testing services are, but they should let the individual feel free to follow up with the peer educator after testing. The peer educators should never ask, "What were the results?" or "How did the test go?" This information is confidential and the peer educator must respect that confidentiality.
- ◆ Tell participants that they are not expected to be professional counsellors. Tell them that this session will help them develop basic listening skills so that they can provide information and referrals to people worried about their status, comfort to people with HIV/AIDS, to people afraid of HIV and AIDS, or to people with problems or questions concerning STIs, HIV and AIDS.

Peer educators should try to help others:

- Solve their problems
- Feel better about themselves
- The best way to do this is to try and understand what the other person is going through and then work through problems with them to find a solution. Good listening skills will help a peer educator to do this.

Voluntary Counselling and Testing (VCT) is a term used for the process of being tested for the presence of HIV antibodies in the blood.

V= Voluntary: This means that no person can be tested without his or her informed consent.

C= Counselling: Before getting the test – the person and the counsellor have a discussion (pre-test counselling) where the HIV test and the possible implications of knowing one’s HIV status are explained. This way a person’s consent is “informed” – he/she has the information needed to consent. After getting the test – the person and the counsellor have another discussion (post-test counselling) where the test results are explained and information, support, referral and encouragement to reduce risk behaviours is given.

T= Testing: A small amount of blood from the client is tested for HIV antibodies. (Antibodies are what the body produces to fight infections.)

An important task for a peer educator, in addition to holding regular meetings with peers, is to meet with individual peers to discuss problems or issues, and referral to appropriate counselling and testing services for STI and HIV. In Namibia more VCT centres are being opened, such as the “New Start” Voluntary Counselling and Testing Centres. For more information on VCT Centres in your area consult the Resources Section in the Appendix of this manual.

7. Listening Skills

- Ask for 6 participants to volunteer to participate in the role plays
- Ask participants to carefully observe the following three short role plays

Role Play #1: A peer educator and a peer meet. The peer educator starts to talk about the training s/he just received as peer educator on HIV prevention. S/he gets so excited and involved in telling what they learned that s/he pays no attention to the peer. The peer tries several times to speak, to ask a questions on HIV, but the first person talks on. The peer gives up trying and remains silent.

Role Play #2: A peer educator and a peer meet. The peer starts telling the peer educator about a personal problem with STIs. The peer educator interrupts the peer and starts talking about preventing STIs. The peer looks confused and tells the educator that his/her question is about treatment, not prevention. The peer educator jumps to conclusions, saying, “oh, you have an STI” and starts telling the peer where to go. The peer becomes angry and the peer educator becomes bewildered, saying that s/he is just trying to help. They start talking at the same time and then walk off angrily.

Role Play #3: A peer educator and a peer meet. The peer expresses his or her concern about an STI. The peer educator listens carefully and asks some clarifying questions. The peer is embarrassed and the peer educator gives him/her some silent time to gain courage and expresses sympathy for how the peer feels. The peer educator helps the peer think about some ways s/he could solve the problem.

- When the role plays end, ask each small group to answer the following questions and then choose a reporter to share their answers:
What did you see happening in each of the three role-plays?
Do these things happen in real life? How?
What can we do to improve listening skills?
- Ask each group to answer the three questions. Note the response to the third question on a flip chart entitled “Good Listening”
- Add other good listening skills if the group does not name them
 - Show interest
 - Be supportive
 - Create an atmosphere of trust
 - Express sympathy
 - Listen for the causes of the problem
 - Be silent when silence is needed.
- End the session by asking this question: What listening skills do you think are the most important when you meet with individuals from your community as a peer ?

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8. Listening and Referral Skills

Interactive Discussion:

- ◆ Remind participants that they are not expected to be professional counsellors. Tell them that this session will help them get basic counselling skills so that they can listen to people's concerns, provide comfort to people with HIV, to people afraid of AIDS, or to people with problems or questions concerning STIs, HIV or AIDS, and provide them with referrals to the appropriate medical services.

- ◆ Give the large group a mini-lecture using the information that follows: If someone finds out s/he has HIV, finds out someone they love has AIDS or feels at risk from HIV, they can have many strong feelings. The feelings might include:
 - Fear
 - Anger
 - Guilt
 - Isolation or loneliness
 - Depression
 - Denial
 - Grief

- ◆ These feelings are normal. In fact it is healthier to bring these feelings into the open. Discussing these feelings can help a person begin to accept the situation. This is why listening is so important.

- Ask participants if they know someone who ever went to a friend, relative, religious person, colleague, teacher or counsellor with a problem to discuss. Ask a few participants to describe how that person helped to solve the problem.
- Tell the large group that they will do something called a “fishbowl” to practice counselling skills.
- Ask two volunteers to play a peer educator and a peer. Tell the other participants to make a circle around the volunteers. Tell them that they are to observe how the peer educator applies listening skills and counsels the peer. Give the “peer” role-player one of the following scenarios:

Role Play #1: You are a male factory worker. You just found out that you have an STI. You are very angry and are blaming others. You’ve come to see the peer educator.

Role Play #2: You are a pregnant woman with two children. You learned that you are HIV positive. You are very distressed and worried about what will happen to your children. You come to see the peer educator.

Role Play #3: You are a sex worker. You have gotten yet another STI. You tell this to the peer educator denying that it is of any importance. It’s just an occupational hazard.

- End the role-play after a few minutes. Ask the observers the following questions:
What listening skills do you see the peer educator use?
What suggestions do you have to help the peer solve his or her problem or to make him or her feel better about themselves?
- Ask everyone to sit down. On the chart write: “When Should I Refer?”
- Ask the large group to think of situations where they would want to refer a peer to a trained professional counsellor, such as a health care provider, teacher or religious leader. Write their answers on this chart. Add any appropriate responses that the group did not think of (someone who is thinking about suicide, etc)

9. Feelings About HIV Testing

ROLE PLAY

- Tell participants that we will begin this session by seeing and discussing a role-play.
- Ask the volunteer participants to perform the one-minute role-play.

Role Play: Two male friends meet. They are debating whether to get tested for HIV infection. One says that if he knew he was going to die, he would do something desperate. The other says that he would quit work and wait for death.

- Ask the large group the following questions
 - What did you see happening in this role-play?**
 - Why does this happen?**
 - What problem does this cause?**
 - Why might pre-test counselling and post-test counselling help these men?**
 - How does this happen in your community?**
 - What can be done to change this situation?**
- Close the session by asking participants to summarize some of the advantages of counselling and testing for HIV. (See list of advantages in the handout section.)

10. Voluntary Counselling and Testing

Interactive Discussion: (see overhead on page 35)

- ◆ Remind participants that they are not expected to be professional counsellors. Tell them that this session will help them get basic skills so that they can help encourage individuals who are worried about STIs/HIV to seek counselling and testing.
- ◆ Remind participants of the discussion on stages of HIV and AIDS during the session “What is HIV? What is AIDS?” Remind them that a person in the infectious stage does not have signs or symptoms so they can only know their HIV status through an HIV antibody test.
- ◆ Show the participants the chart “Voluntary Counselling and Testing” and explain the meanings of these words using the information below.

V= Voluntary: This means that no person can be tested without his or her informed consent.

C= Counselling : Before getting the test – the person and the counsellor have a discussion where the HIV test and the possible implications of knowing one’s HIV status are explained. This way a person’s consent is “informed” – he or she has the information needed to consent. After getting the test – the person and the counsellor have another discussion where the test result is explained and information, support, referral and encouragement to reduce risk behaviours is given.

T= Testing: A small amount of blood is taken from the client and tested for HIV antibodies (antibodies are what the body produces to fight infections).

- ◆ Show the chart and tell participants the following:

“What does it mean if a person tests negative for HIV”

- It means the HIV antibody test did not detect any antibodies against HIV, and therefore the person is not infected with the HIV virus. OR the person has been recently infected and is therefore still in the so-called “Window Period”.
- The Window Period is the time between infection with HIV and the body developing antibodies against HIV. The Window Period is usually between 3 weeks to 3 months after initial HIV infection, and may be as long as 6 months. However, even during the Window Period, a person is infectious and can transmit the virus to a partner.
- It is recommended to be retested 3 to 6 months after the initial HIV negative test, if the person has engaged in unprotected sex in the past 6 months.

“What does it mean if a person tests positive for HIV”

- It means that the person has been infected with the HIV virus.
- Testing positive does not mean the person has AIDS right now. People can live for many years without AIDS. Most likely the person will develop AIDS sometime in the future. People infected should be told to live healthily, eat well and seek treatment for any illness, and protect their partners.
- ◆ Ask participants for their questions/clarification on VCT or HIV testing.
- ◆ Now, show the following chart. Tell participants that people who get tested for HIV have rights and they should know them. The Namibian government policy on HIV testing says that:

“Rights of People Who Get Tested for HIV”

- No person may be tested without his or her consent.
- Test results are confidential.
- Pre- and post-test counselling must be given.
- Informed consent means that through pre-test counselling a person has been made aware, in language he or she can understand, of the possible consequences of the test.
- The person agrees to the test without coercion, and the person feels equally free to refuse to give consent.
- Confidential testing means that only the client and the health worker involved know that a test was performed and have access to the results.
- The information is not to be given under any circumstances to other health care providers, employers, insurers, schools or anyone else without the person’s very clear permission.
- Pre-test counselling is a dialogue between the client and a health worker aimed at explaining the HIV test and the possible implications of knowing one’s HIV sero-status.
- It is intended to lead to an informed decision to take or not take the test. It is also intended to provide accurate information about HIV and AIDS.
- Post-test counselling is a dialogue between the client and a counsellor aimed at explaining the HIV test result, providing appropriate information, support and referral and encouraging risk reduction behaviours.
- ◆ Ask participants if they have questions on the rights of people who get tested.
- ◆ Remind the peer educators of their role in relation to HIV testing:
 - Listen, sympathise, encourage testing, alleviate fears
 - Refer to medical professional or services for testing
- ◆ Ask for a volunteer from the large group to summarise what VCT is. Ask others to listen and to correct any misconceptions or misinformation.

HANDOUTS AND OVERHEADS for

DAY 3

SOURCES, CARE, STORAGE, PROPER USE AND DISPOSAL OF CONDOMS

Remember:

Condoms are almost 100% effective if they are used correctly and consistently

Three Reasons for Using Condoms.

1. To prevent the spread of HIV
2. To prevent the spread of other STIs like gonorrhoea and syphilis
3. To prevent unwanted pregnancy

Where to Obtain Condoms

- ◆ MOHSS clinics
- ◆ Family Planning Clinics
- ◆ Pharmacist/chemist/drug store, chemical seller
- ◆ Supermarkets
- ◆ Anywhere displaying the Femidom (female condom) or “Cool Ryder”, “Maximum Gold” or other male condom brand signs
- ◆ Private doctors
- ◆ Hospitals
- ◆ NaSoMa and SMA (condom social marketing distributors)
- ◆ Multi-Purpose Centres

Proper Storage

- ◆ Condoms that have not been stored correctly are more likely to break and tear. Proper storage of condoms keeps them strong.

These are the rules for storing condoms:

- ◆ Store condom in a dry, cool place out of the sun
- ◆ Do not use condoms that are old. Check the expiry date on the package

Using Male Condoms Correctly and Consistently

- ◆ Use a condom every time you have sex
- ◆ Put the condom on when the penis is hard and before the penis enters the vagina.
- ◆ Open the condom package carefully. Do not tear the condom with your finger nails or teeth
- ◆ Hold the tip of the condom between your thumb and finger on one hand and squeeze air out of the tip. Allow space at the tip of the condom to collect semen
- ◆ With your other hand put the condom on the end of the penis and unroll the condom down to the base of the penis (near pubic hair). Now you can begin intercourse
- ◆ After ejaculation, withdraw the penis while it is still hard so the condom will not slip off in the vagina
- ◆ Hold the condom at the base of the penis while withdrawing
- ◆ Wrap the condom in toilet paper and throw it in the dustbin or latrine. Or, bury or burn it as soon as convenient.

Using the Female Condom

- ◆ Use the female condom (or male condom if preferred) every time you have sex
- ◆ Carefully tear open the packet along the edge and remove the sheath
- ◆ Hold the smaller inner ring (near the closed end) and hold it with the open end hanging down
- ◆ Squeeze the inner ring between your fingers
- ◆ Find a comfortable position to insert the sheath into your vagina
- ◆ Still squeezing the sheath, insert it into your vagina
- ◆ Insert your index finger to push the ring inside the vagina as far as it will go.
- ◆ The outer ring lies flat against the opening of your vagina
- ◆ Use your hand to guide your partner's penis into the sheath. Make sure the outer ring remains flat against your vagina
- ◆ To remove, twist the outer ring to keep the semen inside and gently pull the sheath from the vagina
- ◆ Wrap the used sheath in paper and throw it into a bin, never in a flush toilet

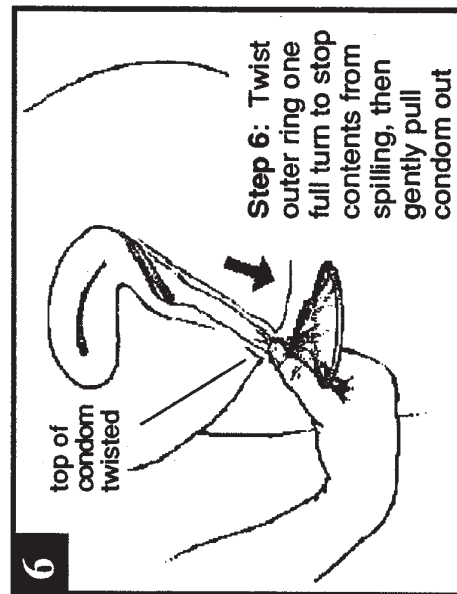
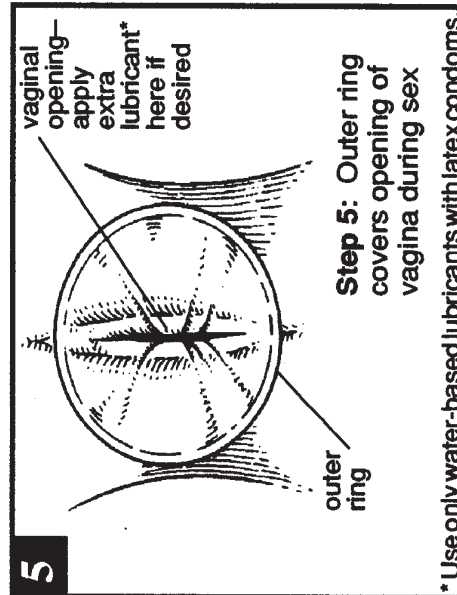
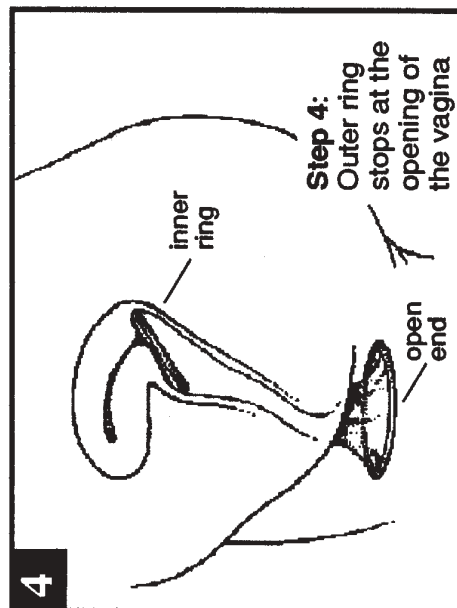
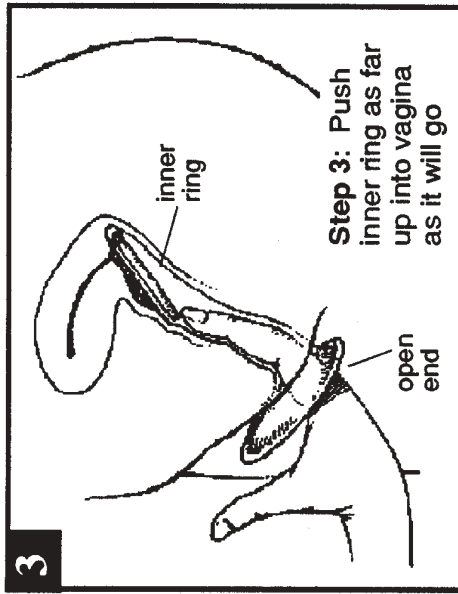
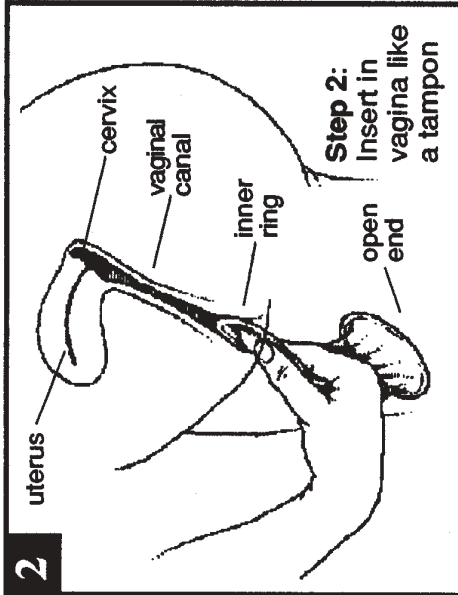
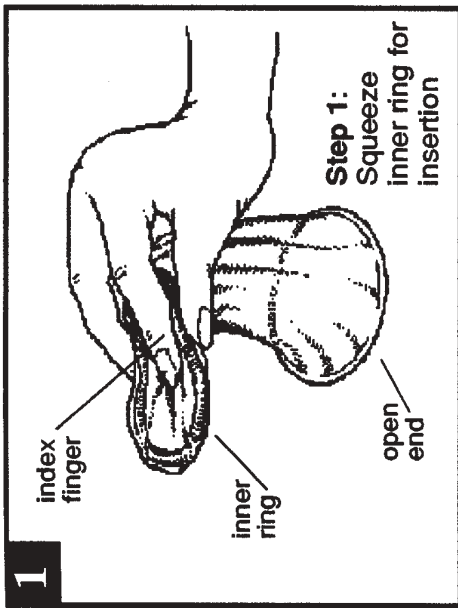
Important Points to Remember about Using Condoms

- ◆ Use a condom only once. Do not re-use condoms.
- ◆ Do not use condoms that are dry or stiff. Throw them away and use another condom.
- ◆ If using liquids to make the condom wetter or more slippery, use water or any product made with water to do this. Do not use cooking oil, Vaseline, or any other kind of oily product. Oil damages condoms and makes them break more easily.

Condom Disposal

- ◆ Throw in a pit latrine (condoms can clog water filled toilets)
- ◆ Burn in a fire
- ◆ Bury in the ground
- ◆ Do not leave where children or animals can get into them
- ◆ Tie and throw in appropriate waste bins (dust bins)

Instructions for Use of the Female Condom

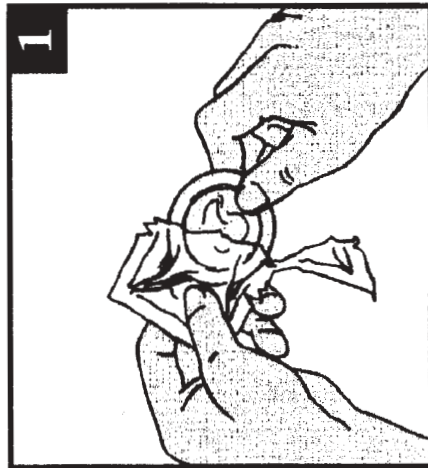


Disposal: Wrap condom in paper and throw it away immediately after use. Do not flush down toilet. Do not reuse.

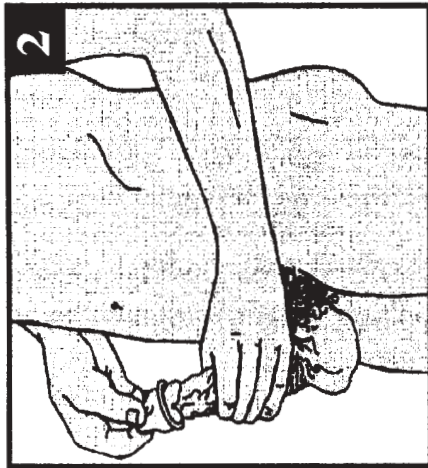
Caution: Avoid damaging the condom with sharp objects such as rings or fingernails.

Illustrations compliments of Wisconsin Pharmaceutical Company makers of the Reality Female Condom

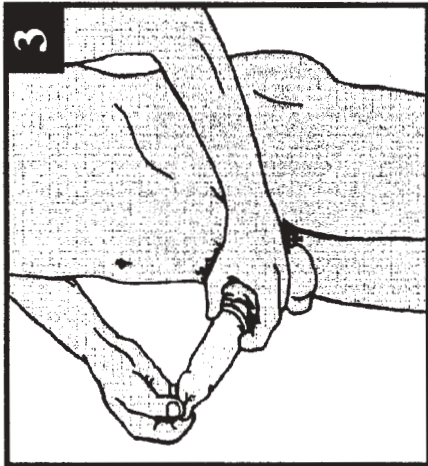
Instructions for Use of the Male Condom



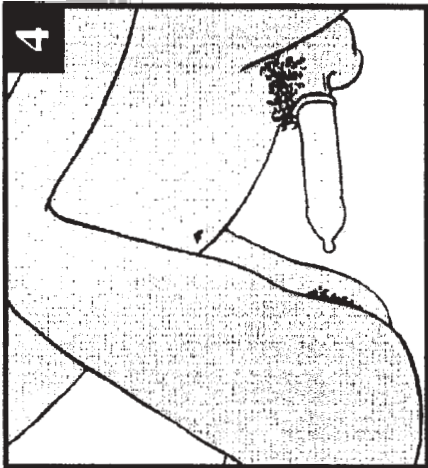
1 Carefully open the package so the condom does not tear. Do not unroll condom before putting it on.



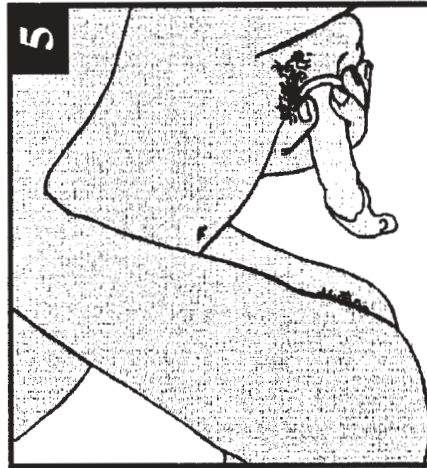
2 If not circumcised, pull foreskin back. Squeeze tip of condom and put it on end of hard penis.



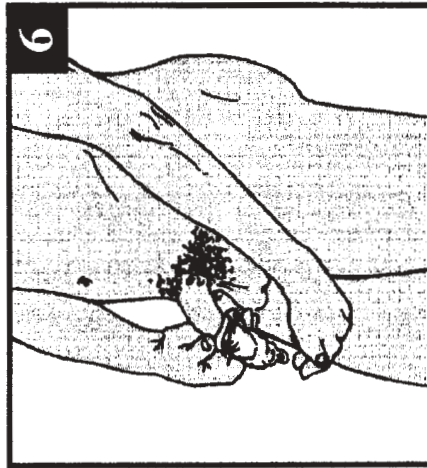
3 Continue squeezing tip while unrolling condom until it covers all of penis.



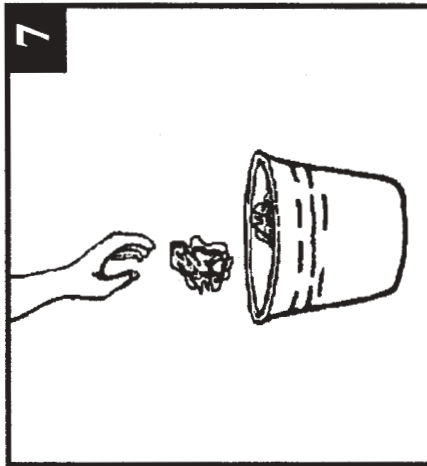
4 Always put on a condom before entering partner.



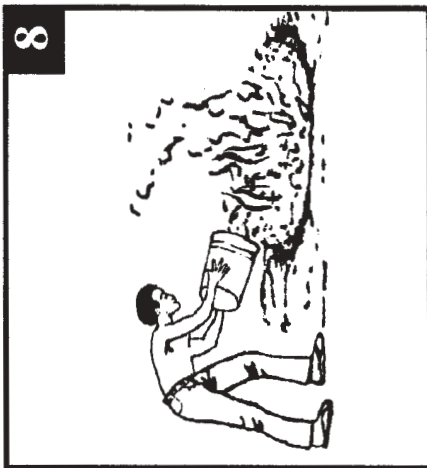
5 After ejaculation (coming), hold rim of condom and pull penis out before penis gets soft.



6 Slide condom off without spilling liquid (semen) inside.



7 Tie and wrap the condom (in paper, if available) then throw in dust bin. Wash hands.



8 Burn or bury the condom with other trash. Wash hands.

VCT:

V= Voluntary

This means that no person can be tested without his or her informed consent.

C= Counselling

Before getting the test – a person and the counsellor or health worker have a discussion (pre-test counselling) about the HIV test and what the results mean. This way a person's consent is "informed" – he or she has the information needed to consent. After getting the test – a person and a counsellor or health worker have another discussion (post-test counselling) about the results. At this point, information, support, referral and encouragement to reduce risk behaviours are provided.

T= Testing

A small amount of blood from the client is tested for HIV antibodies (what the body produces to fight HIV).

Voluntary Counselling and Testing

Positive reasons to get tested:

- ◆ You can learn that you are negative
- ◆ Protect yourself and partner in the future
- ◆ The earlier you know your HIV status, the more options there are for treatment
- ◆ If you are positive you can be careful and start living positively
- ◆ You company's medical aid may provide treatment
- ◆ If you are positive you can protect your partner
- ◆ You can begin to plan your future
- ◆ Seek out emotional, legal and spiritual support
- ◆ If you are pregnant, there are drugs to help reduce the chance of passing HIV to your baby.

Negatives reactions to getting tested:

- ◆ Fear of the death
- ◆ No cure available
- ◆ Can't afford treatment
- ◆ People will find out
- ◆ I will lose my job
- ◆ I will be rejected by my friends and family
- ◆ My spouse and child will be abandoned.