

Women's Health Exchange

A resource for education and training

A HESPERIAN FOUNDATION PUBLICATION



Issue No. 4, 1999

Helping women reduce their risk of HIV

We recently spoke with Grace E. Delano, Executive Director of the Association for Reproductive and Family Health (ARFH) in Ibadan, Nigeria. She discussed the importance of developing realistic sexual health education that respects women's needs and realities.

Interview with Grace E. Delano

Hesperian Foundation: Many programs teaching women how to protect themselves against HIV/AIDS and other sexually transmitted infections rely on abstinence and fidelity. From your point of view, why is this not effective?

Grace Delano: Abstinence is not an easy option, chastity is collapsing, and fidelity is being thrown overboard. Basically, all of these strategies can be very difficult for women to use.

Fidelity, having sex with just one person, only works when both people practice it. Yet because of gender inequality between men and women, women are expected to be faithful while men are not. In societies where men dominate, men folk enjoy more freedom to have other sexual partners. In fact, in polygamous societies, where men may have more than one wife, a man practicing fidelity may be counted as cheating!

Abstinence, or not having sex, is not a useful way for a married woman to protect herself. Sex is an important human need, and an expected and stabilizing force in most marriages. Certainly abstinence is not a choice for those who want to have children.

Abstinence is also not very realistic for many young people. Many adolescents are becoming more and more sexually active, in part due to the increasing influence of Western ideas. Young men sometimes use sex to prove their sexual prowess and manhood. Girls can feel pressure to

have sex in exchange for favors or to fulfill obligations. Girls also face completely inconsistent messages about sex before marriage. It may be frowned upon and yet expected at the same time, as a way to prove their fertility.

With parents struggling to make ends meet, young people get less attention and support from their families. Girls particularly need family support to deal with pressures about sex.

Economic recession and other changes in the economy have also meant that more and more women and girls are forced to exchange their bodies for money, to fulfill their daily needs and escape the tortures of poverty.

HF: What do you think are the worst consequences for women and girls, when health education programs focus only on strategies that are not as effective?

GD: The consequences can be grievous, especially to women and girls who, with no other options, will continue to have sex without any form of protection at all. This leads to unintended pregnancy, abortion, early/forced marriage, sexually transmitted infections and HIV/AIDS, with related complications and death.

Knowledge is power. Yet education programs that focus only on abstinence and fidelity leave women and girls uninformed about realistic ways they can reduce their risk of HIV and powerless to negotiate sexual



activities that could greatly lower their risk.

HF: Many groups we have heard from say one of the main obstacles HIV education must overcome is that women do not know when they may be at risk. What are some of the reasons women you work with do not believe they are at risk?

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Helping women reduce HIV risk

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First of all, many women have misconceptions about HIV/AIDS. They may not understand how it is transmitted, or they may have heard that AIDS is not real or is a foreign disease. But even those who know about HIV/AIDS may not understand that they are at risk, not just because of their own actions, but because of what their partner does. For example, a woman who believes she is safe because she is faithful to her husband may in fact be at very high risk if her husband has unprotected sex with others.

HF: What are some ways sexual health education could be made more effective for women?

Education programs should help women practice safer sex by giving

them information about several kinds of protection, not just condoms. Other barrier methods like the diaphragm may not work as well as condoms, but should also be included in discussions about HIV prevention.

Education programs should also encourage women to talk with their partners about sexual practices. In a recent project we carried out in 8

Nigerian states, the central strategy was to sensitize and create awareness among women about reproductive health and rights. And some women's reproductive health practices changed. After the project, more women said they can now talk with their husbands about issues of family planning, timing of sex, and desired number of children.

It isn't easy to empower women to negotiate safer sex, particularly because of women's low economic and social status. But we have been successful in helping women and girls think about their futures and develop self-esteem. These are very important aspects to include in health education to help empower women.

To reduce their risk of HIV, women need:



— New developments in women's health —

A low-cost HIV test

People can look and feel healthy, but still have HIV. The only way a person can learn if he or she has the virus is to get tested for HIV by a health worker.

Since most HIV tests are expensive and have to be sent to a laboratory, HIV testing programs have been out of reach for many communities. But now there is a resource if you are thinking about starting a testing program in your community: HIV test kits that cost less than US \$3 each. The kits use a drop of blood from a finger prick and give results in less than 30 minutes, without a laboratory.

To buy HIV test kits for your health project, you can contact:

Rick Hall, TransHealth International Inc.
4400 MacArthur Blvd. 5th floor
Newport Beach, California 92660 USA
tel: 1-949-955-4959
fax: 1-949-955-4969
Tests cost US \$2.38 each + shipping
(Not available in the USA)



with their test results (whether they have HIV or not), make sure that the test is private and that the result will be kept secret. A testing program also should explain to people when and how often they should be tested for HIV.

These issues can be difficult to address. But many health projects have found that testing is a useful tool to help people protect their sexual health. For example, a person who knows he or she has HIV can take steps, like using condoms, to keep from infecting others.

A negative HIV test does not guarantee a person does not have HIV. But getting tested for HIV at the beginning of a sexual relationship can be part of a plan to protect both people's sexual health. Both people need to be tested twice over 6 months. (During this time, they should only have safer sex.) If both people have 2 negative test results, and do not have sex with anyone else, they will probably not get HIV from each other, even if they do not use condoms.

Setting up an HIV testing program can involve difficult issues. For example, a program needs to help people cope

HIV testing is an important part of HIV prevention. A low-cost HIV test can make it easier for health projects to start testing programs in their communities.

Taking steps to lower our risk of HIV:

A training guide about safer sex

When a man and woman have sex, the woman has a higher risk of getting HIV than the man. But women do not always have the power to insist that their partners wear condoms. This training guide helps women learn about other ways to lower their risk when they cannot use condoms. People are sexual in many ways, and some ways are safer than others.

Even if a woman only has sex with one man, she can still be at risk of getting HIV if the man has unsafe sex with other people. People share each other's risks during unsafe sex but this is more dangerous for women because it is easier for them to get HIV than men.

It is important for women to learn about ways they can lower their risk of HIV. But if men do not know how HIV is spread, it may be difficult to convince them to try safer ways of being sexual. If the whole community learns the facts

about HIV and safer sex, couples may feel more comfortable making changes in their sex lives to protect themselves from HIV.

Goals of this training guide

The activities in this guide can help women:

- learn how people become infected with HIV through sex.
- compare different ways of having sex to learn which have less risk of HIV and which are very risky.
- understand that a woman's health depends on the risks her partner takes, and what they can do to make sex safer.
- learn ways to protect themselves from HIV.

Note: This guide only discusses the ways people can get HIV through sex. Make sure your group also learns about non-sexual ways HIV can spread. (such as sharing needles to inject drugs, or from mother to child during pregnancy.)

Sex and the risk of HIV

What is HIV?

HIV is the virus that makes people sick with AIDS. Millions of people die from AIDS each year. Many people who have HIV do not know it because they can be healthy for years before they get sick with AIDS. But even though they look healthy, they can give HIV to other people during unsafe sex. There is no cure for HIV.

How do people get HIV during sex?

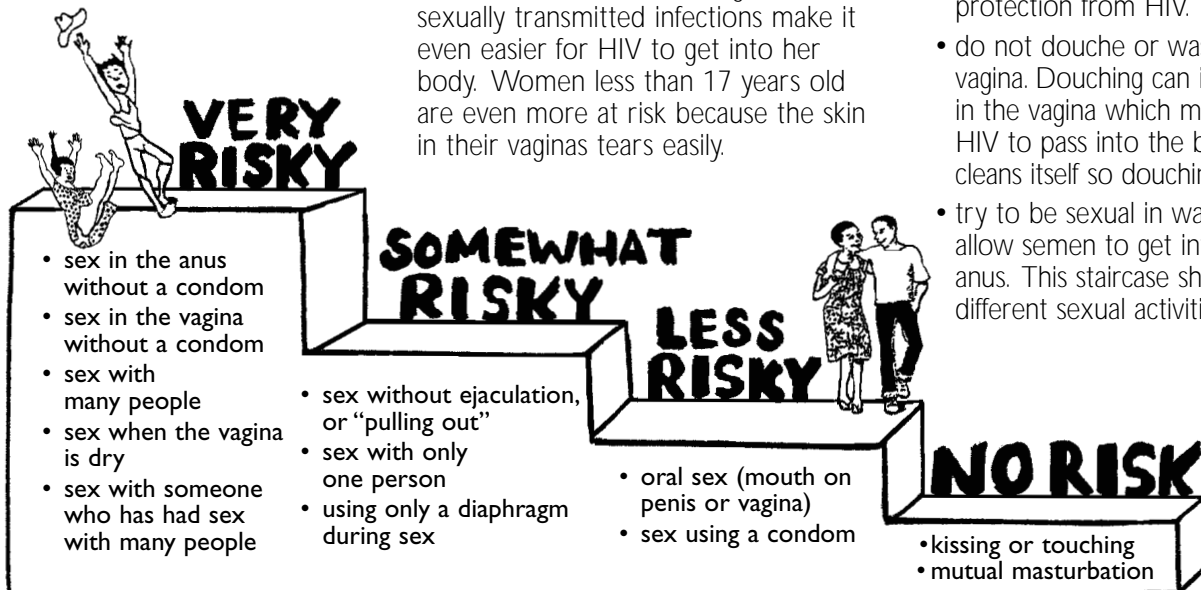
HIV lives in the blood, semen and vaginal fluids of people who have the virus. When these fluids get into another person's body through the vagina, penis, anus or through cuts or sores on the skin, that person can get HIV.

Why does sex put women at greater risk for HIV than men?

When a man climaxes inside a woman, semen stays inside her body for a long time. If the man has HIV, the virus in his semen has a lot of time to pass into her body through her vagina, cervix or anus. Cuts or sores on the genitals or sexually transmitted infections make it even easier for HIV to get into her body. Women less than 17 years old are even more at risk because the skin in their vaginas tears easily.

How can women protect themselves from HIV?

- not have sex at all (safest option)
- not have sex with men
- always use a new latex condom during sex
- have the man pull out during sex without ejaculating inside the body
- avoid dry sex (dry sex makes tiny cuts inside the vagina so it is easier for HIV to get into the body)
- only have sex with one person who does not have HIV
- use a diaphragm. They give a little protection from HIV.
- do not douche or wash inside the vagina. Douching can irritate the skin in the vagina which makes it easier for HIV to pass into the body. The vagina cleans itself so douching is not necessary.
- try to be sexual in ways that do not allow semen to get into the vagina or anus. This staircase shows the risks of different sexual activities.



Learning activities guide:

This guide is designed to be used with groups of women. But you can also use it with men or mixed groups of women and men. Women may talk more freely if the meeting is in a private place away from children or men. These learning activities and discussions may last 1 to 2 hours. A medium-sized group (5 to 6 people) works best. If people do not know each other well, you can start the meeting with a "get-to-know-you" activity so they feel more comfortable.

Your group can make some rules about privacy so that everyone will feel more comfortable talking.



1. Why do we take risks?

Introduce the idea of risk, explaining that risk is the chance that something bad might happen when we do something. Give an example of a risk people may have to take in your community. For example, to go to work, people may have to ride on an unsafe bus.

Ask each person to give one example of a risk they take in their lives every day. Ask the group to discuss which risks are most dangerous and which risks are not so dangerous. Why are we willing to take some risks but not others? What are some things we do to make risks safer? For example, washing hands lowers the risk of passing germs into food before cooking.

2. Explain how we risk HIV during sex. (See box on page 3.)

Make sure the group understands that:

- **HIV is spread when semen**, vaginal fluids or blood from a person with HIV get into the vagina, penis, or anus of another person. Cuts or sores in the vagina, anus or on the penis make it easier for HIV to get inside the body.
- **To make sex less risky**, people can use condoms or other barriers to keep semen away from the vagina or anus. There are also many ways to be sexual that do not let semen enter the vagina or anus, such as oral sex, masturbation or kissing.



If the group can talk openly about sex, hold a contest to see who can think of the most ways that people can be sexual. If women learn about many kinds of sex, it may be easier for them to find a less risky way to be sexual.

3. Play the bead game. This game helps people compare the HIV risk of different kinds of sex.

To prepare:

- Make a list of different kinds of sex using the examples from the staircase on page 3 along with your own ideas.
- You will need beads in three different colors (or 3 different kinds of shells or coins) and a small bag.

To play:

- Give each woman several beads of each color. Explain which color means *very risky*, which color means *somewhat risky*, and which color means *not risky*.
- Say each sexual activity out loud.
- Ask the women to decide how much HIV risk a woman would face during that type of sex and to put a bead of that color into the bag as it is passed around.
- Once everyone has put a bead in the bag, take out the beads and let the group look at the results. What color are most of the beads in the bag? What does that color mean? How risky does the group seem to think that activity is? Why is it risky or why not? What is the correct answer?

This game helps people participate who may feel embarrassed about talking about sex in front of everyone!



4. Create an HIV soap opera.

This game shows the group that we share the risks our partners take or have taken in the past. If they have had risky kinds of sex with others, then risky sex with them is dangerous to us.

To prepare:

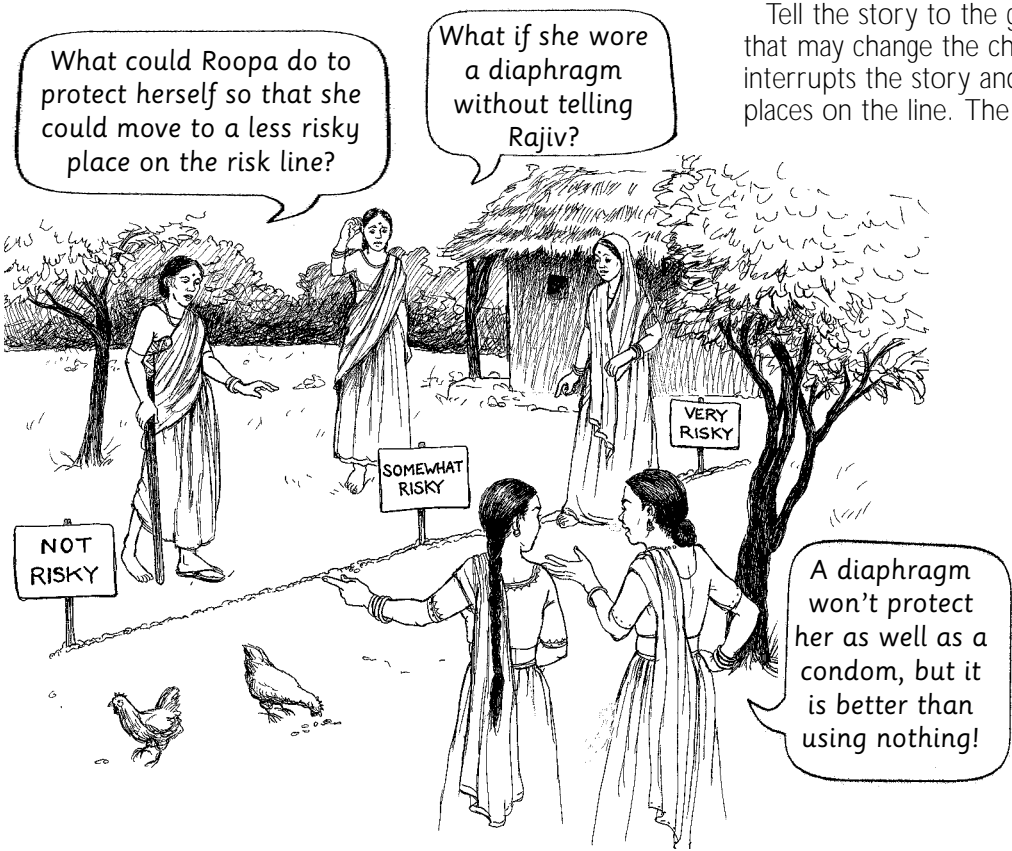
- Create a soap opera that has several sexual situations that connect different characters to each other. You can make up characters that are faithful, unfaithful, drug addicted or characters who have never had sex. For ideas on how to make up soap operas, see the boxes on pages 5 and 6. Describe each character to the group before the story. For example, "Pep is a truck driver who has a wife and girlfriend" (see the example in the box on page 5).
- Make a line on the ground long enough for everyone to stand on. The line can be a string, tape, or a mark on the ground. Draw a symbol that means "very risky" on one end of the line and one that means "safe" on the other end. For example, you could draw the line as a river with a safe beach on one end and with alligators on the other end.

finding ways to lower our risk

How to play the game:

Assign each person to be a character in the soap opera and describe them. Ask the group to decide where on the HIV risk line each "character" should stand based on their first impression. The actors should move to those places on the line.

This game helps people understand that it is not WHO you are but WHAT YOU DO that puts you at risk. A sex worker can have a low risk of HIV if she always uses condoms!



Tell the story to the group. When they hear something that may change the character's risk of HIV, the group interrupts the story and moves the actors to different places on the line. The group can ask the actors questions to find out if they are doing things to protect themselves from HIV. The group should talk about what happens to the characters who have sex with someone standing on the "very risky" end of the line. How could the story be changed so the characters protect themselves better?

How to finish the game:
Ask the actors to move away from the line and have everyone sit in a circle. Ask the group to talk about how the different characters shared their HIV risk with others.

An HIV soap opera

Characters

- Nina:** 18 years old, religious, married to Rajiv with 3 children.
- Rajiv:** truck driver, married to Nina, visits the city often and has a girlfriend named Roopa in another village.
- Roopa:** Rajiv's girlfriend, she has one baby by him.
- Mohan:** married and faithful to Maya. Mohan has HIV but does not know it.
- Maya:** married to Mohan. She is the village health worker.
- Gita:** commercial sex worker who works in the city.

The Story

Roopa takes her sick baby to a clinic in a neighboring village to see Maya, the health worker. After taking care of the baby, Maya begins to talk to Roopa about HIV. Maya asks Roopa if her boyfriend wears condoms. Roopa says no—her boyfriend, Rajiv, would never wear condoms. (Stop here to see if the actors want to change places on the risk line.)
Maya tells Roopa that even though her husband Mohan is faithful, they always use condoms because they had sex with other people in the past. At first Mohan did not want to use them but now he is used to them. (Stop again.)

Meanwhile, Rajiv is driving his truck to the city. That night, he has sex with Gita, a commercial sex worker. (Stop again.)
To his surprise, Gita insists on using condoms! She is in a union that teaches the women about HIV and they agreed to demand that their customers use condoms. Of the many women Rajiv has had sex with, Gita is the first one to make him use protection. (Stop again.)
In the morning, Rajiv returns to his wife, Nina. He thinks about what Gita said about HIV. Rajiv considers talking to his wife about condoms but decides that she would suspect he is not faithful. That evening, Rajiv and Nina have sex without a condom....

Soap operas make good teaching tools

In a soap opera, the characters face many problems that could happen in real life. People enjoy soap operas because the characters are always getting into trouble and the stories have lots of surprises.

Soap operas are good tools for teaching about complex health topics like HIV. Because soap operas use made-up characters, they can explore sexual behavior without embarrassing people.

After teaching the facts about a health topic, use a soap opera to explore personal relationships and other situations related to that topic. Make up a soap opera to share with a group or to act out. You can also tape record a soap opera like a radio program, or draw one as a comic book.

Ideas for making fun and useful soap operas

1. The characters should be interesting.
2. A good soap opera tells several stories at the same time, connecting different characters to each other.
3. In a soap opera, you can show characters doing things no one talks about, such as a man visiting a sex worker or having sex with another man.
4. After the soap opera, ask the group about the problems the characters faced and how they might solve them.

(For more ideas on telling stories and acting them out, see *Helping Health Workers Learn*, chapters 13 and 27.)

5. How to lower our risk of HIV.

People do not always tell the truth about their sex lives. But if you use condoms, you do not have to worry as much about the risks your partner may take.



Ask the group to list all the things they can think of to protect themselves from HIV. Make sure to include all the ideas from the box on page 3. Remind the group that condoms are the best protection from HIV. But if you cannot use a condom, doing something to lower your risk a little is better than doing nothing at all.

Help the group talk about whether or not they can use any of these ideas to protect themselves from HIV. Which ideas need the man to cooperate? Are there some things women can do to protect themselves without telling the man? How would men react to a women who asked them to use a condom? Are there ways to convince men to do what women want? What are some things women can say to persuade a man to have safer sex?

Raul might wear a condom if he knew other men used them.

6. Building a community that helps people protect themselves from HIV.

In most places, it is easier for people to change the ways they have sex when the community's attitudes about HIV and AIDS start to change. Help the group plan ways to create community support for safer sex.

Start by asking these questions:

- What skills or talents do people have? How can we use those talents to teach people about HIV?
- What can the group do to support women and men who want to protect themselves from HIV?
- Are there respected community members who will help the group teach the community about AIDS and HIV?
- How can we talk to our children about HIV and AIDS?

Make a list of things you can do together to help everyone in the community protect themselves from HIV.

If the soccer team could teach men in our neighborhood about HIV, it would be a lot easier to talk to them about using condoms.



Resources for HIV education

Many groups have creative materials for teaching about HIV. Check with groups in your area for more resources.

Healthlink Worldwide
Farrington Point
29-35 Farrington Rd.
London EC1M 3JB, England
fax: 44-171-242-0041
publications@healthlink.org.uk

Family Health International (AIDSCAP)
HIV/AIDS Department
2101 Wilson Boulevard, Suite 700
Arlington, VA 22201 USA
fax: 703-516-9781

PPASA National Office
Box 1008, 31 Plantation Rd.
Auckland Park, Melville 2109
South Africa
fax: 27-1482-4601
ppasa@wn.apc.org

Young people make videos to teach about HIV

Teaching young people how to protect themselves from HIV can be difficult. Youth often believe they will live forever, will never get sick, and that HIV and AIDS happen only to people in other places.

A project called *Scenarios from the Sahel* in Western Africa has begun to produce 5-minute videos for television and cinema about HIV and AIDS, based on stories written by young people themselves. In 1997, some 13,000 young men and women under age 24 from Senegal, Mali and Burkina Faso participated in a *Scenarios from the Sahel* contest by writing story ideas, or scenarios, for short videos on HIV and AIDS. An international jury of experts in film and HIV prevention chose 30 winners. The main features the jury looked for were:

- creative, original, educational story ideas
- realistic stories with characters and situations that young people would identify with
- a sensitive and respectful understanding for people who live with HIV and AIDS
- stories that will be good resources on their own and will also work well with the others when all 30 videos are looked at together

Three winning stories, directed by Mr. Idrissa Ouédraogo and Ms. Fanta Nacro of Burkina Faso, have recently been shown on national television there and people really seem to enjoy them. One is shown every evening right before the news when many people are watching television. Here is one of the stories:

The Shop

by Ms. Olga Kiswend-Sida Ouédraogo, age 20, Ouagadougou, Burkina Faso.

Story: *A young man and woman, Adama and Khady, are about to have sex. She says he must use a condom so he goes to a shop to buy one. But Adama is too embarrassed to buy condoms in front of other people, so he buys a packet of biscuits instead...and then another...and another! Another*

young man comes into the shop and asks the store keeper for condoms. Then an older man comes in and does the same thing and tells the shop keeper, "They are for my 4th wife!" Adama realizes there is no reason for him to feel embarrassed and he buys a whole carton of condoms. Feeling very happy he goes back to his girlfriend, but he sees her angrily leaving. He has kept her waiting too long. But at least he will be ready the next time they get together!



Important messages:

- A strong young woman says she will not have sex without condoms, and her boyfriend accepts her point of view without argument.
- Some people feel embarrassed about buying condoms. But many people buy them all the time.
- If you do not bring condoms, you might end up not having sex at all!

Videos are very popular among young people. When they are free to give their own ideas for a movie, young people can create realistic stories that describe situations that could happen to themselves or their friends. Videos also create a little distance between the people in the videos and those watching them. This gives people a way that is less direct and personal than role-plays or street theater to talk about things like sex. Since the videos are so realistic, they can also help health workers and public health planners understand the language and concerns of young

people so they can plan better programs to help young people protect themselves from HIV.

A video project like *Scenarios from the Sahel* can be organized at a local or regional level. A single village or a group of villages can hold a contest, or a school can work by itself or with other schools. Any group can hold a competition and use the winning scenarios to start community discussions about how people might lower their risk for getting HIV.

It is important for young people to know they are at risk for HIV and that they need to protect themselves. This project enables young people to take the lead in helping their friends, families and communities. For more information on how to start a video contest in your community or school, contact:

The Global Dialogues Trust

BP 11589
Dakar/Peytavin
Senegal (West Africa)
tel: 221-825-3554
fax: 221-824-0742
email: gdt@enda.sn

Two other winning stories:

The Warrior (by Ms. Amy Badiane, age 14, from Tambacounda, Senegal)

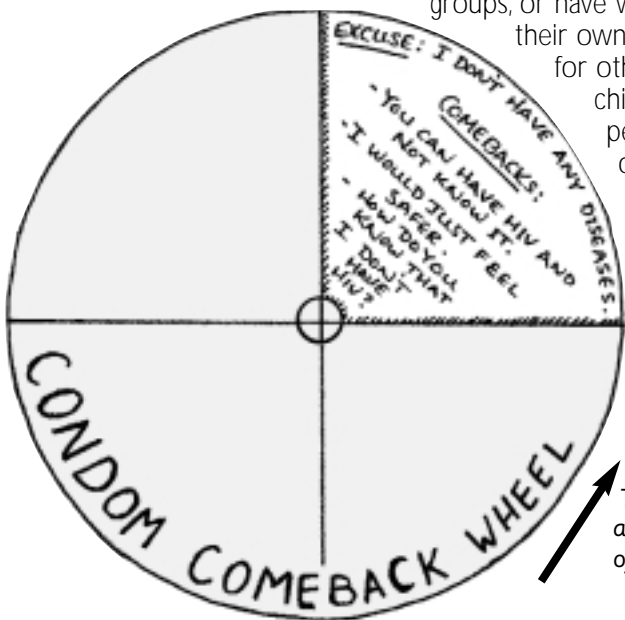
A young warrior hears about the devastation caused by AIDS and thinking AIDS is a human enemy, sets off to fight "him." He meets instead a beautiful woman who tells him how the epidemic is really spread and shows him effective and loving ways to fight it.

Just Once (by Diarra Diakhaté, age 17, Dakar, Senegal)

A man returns from the fields eager to make love with his wife, who has HIV. She insists they use a condom and asks him to go and buy some. He travels far and wide and cannot find any. Finally, he finds some and races home—only to discover his wife had condoms all the time. She wanted to see if he loved her enough to look after his own health.

How to make a “condom comeback wheel”

The “condom comeback wheel” prepares women to respond to the excuses a man may give when he does not want to use condoms. If a woman knows what she can say when a man uses an excuse, it may be easier to convince him to use a condom. You can make a wheel with common excuses men use in your community. Do not be afraid to use humor! You can make a big wheel to use with groups, or have women make small wheels of their own. Wheels like this can be used for other health topics such as ways children can respond when people offer them drugs or alcohol.

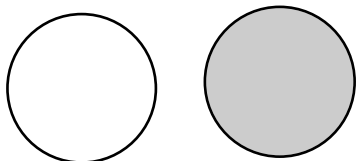


The wheel is made from 2 paper or cardboard circles that are attached loosely in the center with a pin. The top circle has a piece missing that shows only one part of the bottom circle at a time.

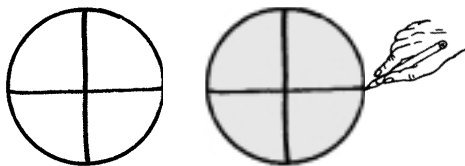
Turn the top circle to be able to read different sections of the bottom circle.

To make the wheel:

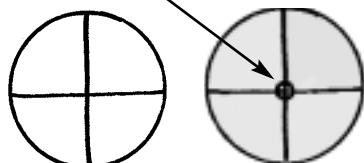
Step 1: Cut out 2 circles that are the same size.



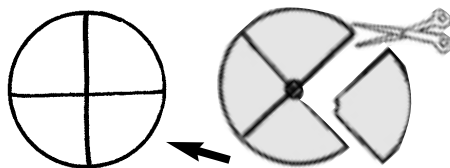
Step 2: Draw lines on both circles that divide them into 4 equal parts.



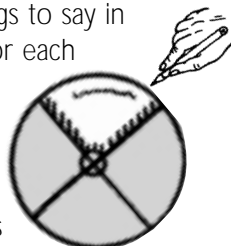
Step 3: Draw a small circle in the center of one circle where you will attach the pin.



Step 4: Cut out one section of the top circle. Be careful not to cut on the small circle in the center.



Step 5: Place the top circle on the bottom circle and attach them in the center with a pin. On the edge of each section of the bottom circle, write one excuse for not wearing condoms. Then, below the excuse, write a few “comebacks” or things to say in response. Do this for each section of the circle. Now you can use the wheel to prepare women to talk to their partners about condoms!



The **Women's Health Exchange** is a publication of the Hesperian Foundation.

The Hesperian Foundation is a non-profit organization committed to improving the health of people in economically poor communities throughout the world by providing tools and resources for informed self-care. We believe that people can and should take the lead in their own health care.

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