How to make a “condom comeback wheel”

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!

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 away. 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 often 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 pregnancies, 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?

To prevent AIDS, have sex with only one faithful partner

Please turn to page 2

Women’s Health Exchange
A resource for education and training
Issue No. 4, 1999
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 her husband or partner uses condoms may be wrong in fact because her husband or partner uses unprotected sex with others.

People can look and feel healthy, but still have HIV. The only way a person can learn if she or he 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)

A young man and woman, their relationship, and their futures can be shaped by whether or not they know they are at risk for HIV and AIDS. The Warrior is a video that shows how young people can help protect themselves from HIV and AIDS.

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. But many young people know of someone who has lived with HIV/AIDS and see firsthand the impact it has on their families and friends. For example, a young man comes into the shop and asks the store keeper for condoms. Then an older man comes in and asks the same thing and tells the shop keeper, “They are for my 4th wife!”

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 stories to start community discussions about how people might lower their risk for getting HIV.

Two winning stories:

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

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 stories to start community discussions about how people might lower their risk for getting HIV.

The Global Dialogues Trust
BP 11589
Dakar/Peyitou
Senegal (West Africa)
tel: 221-825-3304
fax: 221-824-0742
e-mail: gdt@ijsndak

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.

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 misses from the fields eager to make love with his wife, who has HIV. She insists they use a condom and asks him to buy and use some. He travels far and wide to discover his wife has condoms all the time. She wanted to see if he loved her enough to look after his own health.
5. How to lower our risk of HIV.

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 woman 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?

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 these 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.

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 3BQ, England
fax: 44-171-242-0041
publications@healthlink.org.uk

Family Health International
AADSCAP
AIDS/HIV Department
201 W. Florida St.
Arlington, VA 22201 USA
Fax: 703-561-9781

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

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.
Learning activities guide:

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 their 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.

3. Play the bead game. This game helps people compare 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!


   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, unfailthful, drug addicted or characters who have never had sex.
   - Ideas on how to make up soap opera, 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.

   3 Women’s Health Exchange

   5 Women’s Health Exchange

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.

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.

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.
Learning activities guide:

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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.

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• 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.

An HIV soap opera

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 boyfriend, Rajiv, would never wear condoms, she is still very safe because she has an IUD. (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 a condom, but it won't protect her as well as a condom, but it is better than using nothing!
Taking steps to lower our risk of HIV: A training guide about safer sex

How do people get HIV during sex?

Sex and the risk of HIV

Women’s Health Exchange
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 her partner has been tested and is negative may not be aware of the risk of transmission, especially if she is pregnant. In such cases, education programs can help women practice safe 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, and to discuss issues of family planning and sex and desired number of children. It’s not 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. This is why the very important aspects to include in health education to help empower women.

To reduce their risk of HIV, women need:

- Skills to negotiate safer sex with their partners.
- Support from their families and communities.
- Training in problem-solving and decision-making.
- Opportunities to share their experiences and concerns with others.

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. The HIV test kits 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.

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Newport Beach, California 92660 USA
tel: 1-949-955-4959
fax: 1-949-955-4969
email: rick@transhealth.com

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 to people in other places. When the first project was set up in Senegal, most young people said they didn’t know where AIDS was from. Since 1993, more than 12,000 young people and others in Senegal, Mali, and Burkina Faso participated in a scenario from the Sahel contest. The scenario was about a young woman who is sad because she has been diagnosed with AIDS. She has to go to the hospital, but she is afraid of what people will think. The main feature of the scenario was that the jury looked for ways to:
- Create a storyline
- Creative, original, educational stories
- 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 scenarios, directed by Mr. Idrissa Ouédraogo and Ms. Fanta Nacro of Burkina Faso, have recently been shown on national television there and people have loved them. One is shown every evening right after the news when many people are watching television. Here is one of the stories:

The Shop

By Ms. Oliva Klowen I-Saids Ouédraogo, age 20, Ougarou du Sud, Burkina Faso.

Story: A young man and woman, Adam and Khady, are about to have sex. She says he must use a condom so he goes to a shop to buy one. But Adam 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 shopkeeper for condoms. Then an older man in and says the same thing and tells the shopkeeper, “They are for my 4th wife!” Adam 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 she sees him 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, then what am I worried about?
- They aren’t embarrassed about buying condoms, then what am I worried about?

Two winning stories:

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

A young woman 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

(Not available in the USA)

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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.

To make the wheel:

1. Cut out 2 circles that are the same size.
2. Draw lines on both circles that divide them into 4 equal parts.
3. Draw a small circle in the center of one of the circles where you will attach the pin.
4. Cut out one section of the top circle. Be careful not to cut on the small circle in the center.
5. Place the top circle on the bottom circle and attach them in the center with a pin. The circle in the center will be able to read different sections of the bottom circle.

To use the wheel:

1. In the center 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 bottom circle. Now you can use the wheel to prepare women to talk to their partners about condoms.

Adapted from a Condom Comeback Wheel produced by the California AIDS Clearinghouse.

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

Grace Delano: Abstinence is not an easy option, chastity is collapsing, and fidelity and honesty are being thrown away. 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 often 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 might 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 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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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 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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