# Sensitization manuals for Sensitizing the Religious & Community Leaders on Key Populations in Kenya


National AIDS & STI Control Programme

## ABBREVIATIONS

| | |
|---|---|
| AIDS | Acquired Immune Deficiency Syndrome |
| ART | Antiretroviral Therapy |
| CBO | Community-based Organization |
| CSO | Civil Society Organizations |
| DIC | Drop-In Centre |
| FBO | Faith Based Organizations |
| FSW | Female Sex Worker |
| GBV | Gender Based Violence |
| HCW | Healthcare Worker |
| HIV | Human Immunodeficiency Virus |
| HTC | HIV Testing and Counselling, or HIV Testing Centre |
| HTS | HIV Testing Service |
| IEC | Information, Education, and Communication |
| IP | Implementing Partner |
| IPV | Intimate Partner Violence |
| KASF | Kenya AIDS Strategic Framework |
| KNASP | Kenya National AIDS Strategic Plan |
| KP | Key Population |
| KP-TSU | Key Populations Technical Support Unit |
| KP-CTWG | Key Populations County Technical Working Groups |
| KP-NTWG | Key Populations National Technical Working Groups |
| MOT | Modes of Transmission |
| M&E | Monitoring & Evaluation |
| MAT | Medically Assisted Therapy |
| MSM | Men Who Have Sex with Men |
| NASCOP | National AIDS & STI Control Programme |
| NACC | National AIDS Control Council |
| NGO | Non-Governmental Organisation |
| NSEP | Needle and Syringe Exchange Programme |
| ORW | Outreach Worker |
| PBS | Polling Booth Survey |
| PC | Programme Coordinator |
| PE | Peer Educator |
| PEP | Post-Exposure Prophylaxis |
| PLHIV | People Living with HIV |
| PO | Programme Officer |
| PWID | People Who Inject Drugs |
| STI | Sexually Transmitted Infection |
| SENSITIZATION MANUAL | Sensitization manual |
| SRH | Sexual & Reproductive Health |
| SW | Sex Worker |
| ToTs | Trainer of Trainers |

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# 1. INTRODUCTION AND BACKGROUND

The Promotion of Interreligious Dialogue1 affirmed that mutual understanding and interreligious dialogue are important dimensions of the dialogue among civilizations and the culture of peace2. The resolution acknowledged that respect for religious and cultural diversity, tolerance, dialogue and cooperation can help diminish ideologies and practices based on discrimination, intolerance and hatred and promote world peace, social justice and friendship among peoples.

Kenya has the third largest population of people living with HIV in sub-Saharan Africa and the highest national HIV prevalence of any country outside of Southern Africa. The National HIV prevalence among people aged 15-49 is estimated to be 5.6% in 2015. Although the Spectrum results show a continued decline in HIV prevalence among adult population aged 16+ years over a period, the decline has almost stabilized since 2008.

HIV in Kenya is characterized as a generalized epidemic among the adult population but has a more concentrated epidemic among key populations who are considered at a heightened risk of HIV acquisition and transmission. The key populations include: Men who have Sex with Men (MSM); People Who Inject Drugs (PWID) and Sex Workers (SW). These populations due to specific higher-risk behaviour are at increased risk of HIV irrespective of where they live in the country. They experience cultural, social and legal barriers that reduce their ability to seek care and increase their vulnerability to HIV[1].

Mapping conducted in 2012 by NASCOP[2] reveal that estimates of key populations across different parts of Kenya are too high to ignore. There are 133,675 FSW; 13,019 MSM; 18,327 PWID. Key Populations also have higher HIV burden in comparison to general population. Prevalence among FSW is 29.3%, MSM is 18.2% and PWID is 18.7%[43]. Though KPs represent less than 2% of the population, 33% of the new HIV infections occur among them[4].

Key populations work and live in complex environments dominated by power structures within family, community, workplace and the state. They are highly stigmatized and condemned within the Kenyan cultural milieu, and categorized as immoral, a threat to the moral fabric of society and a nuisance in Kenya. Cultural attitudes and punitive policies towards the behaviours associated with KPs contribute to the high rates of violence. Currently, the Kenyan legal framework and county bylaws do criminalize behaviours related to sex work, same-sex relationships and drug use. As such KPs in Kenya are exposed to 'punishing' acts and actions including physical violence, emotional abuse, rape, and extortion from a range of actors, including community and religious leaders. Thus, their control over their lives is constrained, hampering their access to health.

The Ministry of Health through the National AIDS and STI Control Program (NASCOP) and National AIDS Control Council (NACC) which are the institutions mandated to spearhead the fight against HIV/AIDS, have come up with policies, strategies and programs to ensure achievement effective service delivery for the KPs. The Kenya AIDS Strategic Framework 2014/15-2018/19 (KASF) takes cognizance of violence, stigma and discrimination as some of the key barriers to accessing HIV service and has put forth a all-inclusive strategy under the KASF.

Religious and community leaders at all levels need to play a critical role both in policy development and in community mobilization to bring OVC issues high on the agenda of governments, civil society, donors and other actors so as to mitigate the negative assumptions and impact and to increase and improve services and care with regard to the KPs.

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[1] General Assembly resolution 59/23

[2] General Assembly resolution 58/128, adopted on 19 December 2003

### 1.1 Application of the Sensitization manual

This Sensitization manual is meant for all the agencies working for and with the key population, organisations working with HIV/AIDS related issues, all religious institutions and or organizations and any institution involved in religious sensitisation.

### 1.1 Duration of the Training

The duration of the sensitization according to this Sensitization manual is 2 days.

## 1.2 The Target Audience of the Sensitization manuals

The Sensitization manual is developed to sensitize the religious and community leaders on concepts and aspect of the key population. More specifically, it will engage the persons and or leaders into understanding and promoting prevention and or elimination of violence, stigma and discrimination regarding the aforesaid population and the impact of the same in the elimination and prevention of HIV.

## 1.3 Justification for engaging the Religious and Community Leaders Officers

Violence and HIV/AIDS are mutually reinforcing. Violence against KPs is a proven risk factor for HIV acquisition and is a human rights violation. Women KPs, especially young women including female drug users, female sex workers (FSW) and transgender women, experience high rates of violence. According to the Polling Booth Survey (PBS) 2015, 49% FSW, 26% (MSM) men who have sex with men/(MSW) male sex workers and 43% (PWID) People Who Inject Drugs reported experiencing violence from different perpetrators including the police and county 'askaris'. A stigma index survey spearheaded by NACC and other stakeholders in 2014 revealed that sex workers face disproportionately higher levels of stigma, in society and public institutions, including health facilities.

Community and religious leaders' view of members of Key populations has not always been the most compassionate. In Kenya HIV interventions for Key Populations have been framed by religious leaders as opportunities to spread foreign values. The leaders herein have an ordained role of leadership in their institutions and communities, serving as role models of care and compassion…. they have a moral responsibility to prevent violence, provide support and care, and strive to transform societal or religious norms or practices that perpetuate such violence and vulnerability to HIV" (Herstad, 2009).

The framing of the needs of the key population in this context of morality, creates the need to explore the religious underpinnings of the public morality debate and more particularly, how the divide between public morality and be bridged. Providing opportunities for members of Key populations to engage community and religious leaders may engender "Solomonic wisdom" in resolving the HIV crisis for Key Populations. A significant number of people accessing HIV treatment and care do so from Faith-based health care facilities in many African countries. Kenya for example, has 1,044 faith-based/owned health care facilities compared to 3,570 that are government owned (G.O.K, 2012). Hence, creating an effective and beneficial dialogue framework is essential to improving services for Key Populations.

The Sensitization manual is designed to help the KPs, community and religious leaders acquire the necessary skills that are needed when engaging each other on KP related issues and more so HIV/AIDS. The Sensitization manual aim to enhance the positive role that community and religious leaders can play in responding to and prevention of AIDS.

### 1.4 Objectives of the Sensitization manual

The core objective of the Sensitization manual is:

- Increased dialogue and acceptability of the key population in the society by sensitizing the participants on the importance and emphasize on respect of the rights of KP community while dispensing their duties as well as by providing a theologically sound basis for tolerance, acceptance and mutual respect for the key population in the society
- Improved image of key population in the society by understanding that KP s are human, they should not judge them regardless.
- Availability of a Sensitization manual for sensitizing community and religious leaders as well as the KP community
- Exposure to the same content and methodology and that the output in terms of knowledge, attitude and skill acquired will be shared by a wide range of leaders.
- Identify key areas and plans for coordination and collaborative action between the community and religious leaders and the key population programs as well as other stakeholders
- As opinion leaders, enable acquisition of the necessary knowledge and skills to better understand how to engage the key population
- Create a cadre of change agents who will continue to advocate for social and religious tolerance and mutual respect for all human beings in our society including the KPs

### 1.5 Selection Criteria for the participants/ participants

In undertaking the selection process of the participants, the national guidelines with regard to sensitizations will be applicable. Hence the following criteria will and is applicable:

1. Participants should be religious and community leaders, opinion leaders in the community, clergy men and other influential persons in the community. With regard to the key population representative and or members, they should emanate from either:
    i. The crisis response teams
    ii. Advocacy officers
    iii. Paralegal officers
2. The participants in one sitting should be 20 pax at the minimum and 40 at the maximum.
3. Participants should be able to dispense the same information to the rest of their colleagues
4. The participants should be able to understand the social and political systems laid down in their locality for influence.
5. Participants should be persons who will be committed in undertaking action plans thereafter the sensitization

### 1.6 Facilitators

This is a training that connotes professionals and passionate persons on their respective fields. Therefore, it requires a careful handling of various sessions and exercises so as to ensure their active participation. Therefore, the facilitator should have prior experience of conducting interactive workshops. Attempt should be made to involve experts as resource person during various technical sessions. It is important that the facilitators read through the Sensitization manual and understands the objectives of the workshop, as well as, the individual sessions. This will also allow the facilitator to be aware of situations which require prior preparation.

### 1.7 Selection Criteria for the Facilitators

1. They should be NASCOP certified facilitators
2. They should understand the concept of the Key population
3. They should understand and articulate precisely concepts of the social, religious and political environment regarding the key population

4. They should be able to research and read widely on hypothesis of the social, cultural and political regard the key population

## 1.8 Preparatory work

- Plan and schedule the workshop three to four weeks in advance.
- In case the workshop is conducted on a periodic basis, a calendar should be prepared and sent to the potential participants.
- In order to have a better turnout at the workshop, participants may be consulted before finalising the date and venue
- Identify the suitable venue and check for the available facilities including sitting arrangement, presentation equipment, white board etc.
- Issue invitation letter and follow up with the participant.
- Procure / ensure availability of workshop materials.
- Ensure arrangements for providing tea, snacks, lunch etc. to the participants.

## 1.9 Evaluation

Each and every sensitization should have a pre-test before the beginning of the sessions and a post-test after the sensitization. Participants should complete the pre- and post-workshop knowledge questionnaire (found in annex 2 of this manual) so that their learning can be assessed. At the end of every module, invite participants to give oral evaluations. Take note of participants' suggestions. At the end of the workshop participants will use the evaluation questionnaire in annex 3 to assess the entire workshop. This is to enable the facilitators as well as the planning organization gauge the change of attitude with regard to the perception of the key population.

# 2. METHODOLOGY AND PROCEDURE OF THE SENSITIZATION

## 2.1 Technology-Based Learning

In using this method, we will apply interactive video whereby a computer and projector will be used to project slides to the screen. In using this, the facilitator will get more of the participants involvement than in any other environment and they'll have the benefit of learning at their own pace.

*Required Materials*:

1. Computer
2. LCD projector
3. Writing Materials

## 2.2 Group Discussions & Tutorials

Since this sensitization is an interactive one and there will be various issues discussed therein, it is prudent to use group discussions and tutorials in the aforesaid activity. This is so by the fact that there is an assumption of an unfamiliar concept is to be implemented and hence group discussions would allow participants to ask questions and provide ideas on how the concept would work best. This method will be applicable since it allows all participants to discuss issues concerning the subject matter. It also enables every attendee to voice different ideas and bounce them off one another.

*Required Materials*:

1. Flip charts
2. Writing materials
3. Masking tapes

## 2.3 Role Playing

Role playing allows participants to act out issues that could occur and or happen in the dispensing of their duties. Key skills often touched upon are negotiating and teamwork. A role play could take place between two people simulating an issue that could arise. This could occur with a group of people split into pairs, or whereby two people role play in front of the training room. Role playing can be effective in connecting theory and practice, but may not be popular with people who don´t feel comfortable performing in front of a group of people.

## 2.4 Management Games

Management games simulate real-life issues faced in the society. They attract all types of participants including active, practical and reflective ones.

## 2.5 Case Studies

Case studies provide participants with a chance to analyze and discuss real societal issues. They develop analytical and problem-solving skills, and provide practical illustrations of principle or theory. They can also build a strong sense of teamwork as teams struggle together to make sense of a case.

# 3. MODULES

## 3.1 The organisation of the Sensitization manual

These Sensitization manual contains information/instructions for conducting a one to two-day workshop for the Religious and community leaders on "Key Population and HIV/AIDS in Kenya'. It consists of the details of the following five sessions:

1. **Session 1:** Orientation/ Introduction and Welcome (participants' introduction, participants' expectations, introducing the Workshop)
2. **Session 2:** Understanding Key Population and HIV/AIDS (HIV/AIDS scenario, basics of HIV/AIDS, facts & myths)
3. **Session 3:** The key population, religion and culture
4. **Session 4:** The key population, Violence and Human rights
5. **Session 5:** The role of religious and community leaders in the prevention of Violence, Stigma and Discrimination against the KPs
6. **Session 6:** Working Together; Action Planning

## 3.2 Module 1: Introductions and Welcome (1hr 30 min)

**Objectives**

- To help the participants become acquainted
- To establish a comfortable working environment
- To enable the participants to explain the goals and objectives for the sensitization
- To help the participants agree on the ground rules to be followed during the sensitization
- To assess the participants' pre-sensitization knowledge and learning needs

**Activity 1: Introduction Game:** *(Activity 1)*
**Establishing the Ground Rules:**
*Brainstorming*

- Explain that you all will be working together for the duration of the sensitization and that it would be a good idea to set some ground rules for how you will run the sensitization and how you will interact.
- Tell the participants that you are going to conduct a brainstorming exercise for that purpose.
- Ask the participants to suggest rules for how the sensitization should be run and how they should treat each other and write down the participants' responses.
- After all of the answers are written down on the flipchart, ask the participants if they all agree to follow those rules.
- Post the flipchart with the ground rules on a wall so that all of the participants can see it during the sensitization.

**Participants' Expectations and Goals**:
*(Slide 1.0- Objectives and goals)*
*Brainstorming and Presentation*

- Brainstorm to find out the participants' expectations for the training sensitization. Do a simple presentation of the objectives and goals of the sensitization and compare these with the participants' expectations.
- Distribute Participant pre-test and comment on it briefly and allow them to undertake the questionnaire
- Explain any logistical issues.

**Pre Test**

- At this point the participants are given the pre-test to undertake. The facilitator should guide and give instructions to the participants on how to do it.

## 3.3 Module 2: Introduction to HIV/AIDS and key populations in Kenya (3 hrs)

- **Unit 1:** Basics of HIV/AIDS (Definitions, causes, prevention etc)
- **Unit 2**: Understanding Key Population
    a. Definitions and terminologies
    b. basic concepts of KP (introduction, typology of the KP, sexual orientation, gender etc.)
    c. KP sensitivity
    d. Magnitude/statistics of KPs in Kenya
    e. Facts and myths
    f. Scenarios describing KP typology e.g.

**Objective**

1. To understand who the key population are and why focus on them
2. To understand the link between the key population and HIV
3. To get to know the country's' statistics with regard to key population and HIV
4. To understand concepts of sexuality, gender and identity
5. To understand KP programming

**Activity 1: HIV Transmission Game (Activity 2)**

- To demonstrate how easily HIV is transmitted.
- To discuss the stigma and myths surrounding HIV

**Summary**

Under this module, it would be prudent for the participants to understand that:

- Kenya's HIV epidemic is often referred to as generalised – affecting all sections of the population including children, young people, adults, women and men.
- The government's current HIV/AIDS strategy, the Kenya AIDS Strategic Framework 2014/2015 – 2018/2019 (KASF) acknowledges this, describing the epidemic as "deeply rooted among the general population" alongside "concentration of very high prevalence among key populations
- Low condom use and unsafe injecting practices exacerbate transmission of HIV among the persons who inject drugs.
- Kenya introduced needle and syringe programmes and opioid substitution therapy to help reduce HIV transmission among people who inject drugs.
- Female sex workers are reportedly better at protecting themselves from HIV transmission compared to other groups who are vulnerable to HIV such as men who have sex with men

## 3.4 Module 3: The key population, religion and culture (1hr)

- **Unit 1:** Understanding religion and culture)
    i. Basic understanding of the definition and terminologies in religious and cultural studies
    ii. Cultural, religious practices among the Kenyan community affecting the KPs
    iii. Understanding cultural, generational and religious dynamics in relation to KPs
- **Unit 2:** Impact and role of religion and culture towards the key population

**Objective**

- Define religion and understand its role in forming attitudes and perceptions
- Identify the role of religion in influencing social change

**Summary**

- Religious and cultural ideas and meanings indirectly influence society through people whose interests lie in pursuing those ideas. They also apply these ideas to social action by

forming the content of what a group of people wants and what their perceived interests are.

- People come from different backgrounds and today's generation is not the same, people are free to express themselves, if the church then condemns them for doing so, they leave out a large number of people who deserve
- Religious and cultural symbols frequently present an image for future change; they create a vision of what could be and suggest to society their role in bringing about change.
- Religion is a source of power which provide great dynamism and has the capacity to unite different segments of society thus bridging barriers of ethnicity, race, class, gender, family, nationality etc.
- The desire for change is usually articulated by a leader who can express desired change, motivate followers to act and direct their actions into larger movements for change.

## 3.5 Module 4: Key Population, Violence, Stigma and Discrimination (1hr 30 min)

- **Unit 1:** Definitions and key concepts in violence
- **Unit 2:** Understanding stigma and discrimination against KPs.
- **Unit 3:** Relationship between violence and HIV
- **Unit 4:** Forms of violence
- **Unit 5:** Causes, contributory factors and effects of violence.

**Objective**

1. To understand the types, forms and categories of violence, stigma and discrimination that the key population undergo
2. To understand causes and effects of violence, stigma and discrimination on the key population
3. To allow the participants to share their understanding of violence, stigma & discrimination related to HIV/AIDS.
4. To understand the perpetrators, victims and or survivors of violence, stigma and discrimination with regard to the key population
5. To help participants come out with ways to counter stigma & discrimination.
6. To understand the link between HIV and violence, stigma and discrimination with regard to the key population
7. To get to know the impact of violence, stigma and discrimination human rights has to the key population.

**Activity**: **Power Walk (30Min)**

- To demonstrate how violence acts as a barrier to access of different services by the KPs.
- To discuss how stigma and discrimination impacts the lives of the KP

**Summary**

- HIV has a direct link with Human rights.
- It has different faces including medical, social, cultural and economic, and its effect on different individuals, interest groups and communities around the world.
- A lack of respect for human rights fuels the spread and exacerbates the impact of the disease, while at the same time HIV undermines progress in the realisation of human rights
- **Increased Vulnerability**: Certain groups are more vulnerable to contracting the HIV virus because they are unable to realize their civil, political, economic, social and cultural.
- **Discrimination and stigma**: The rights of people living with HIV often are violated because of their presumed or known HIV status, stigmatisation and discrimination may obstruct their access to treatment and may affect their employment, housing and other rights.
- **Impedes an effective response**: An environment where human rights are not respected e.g. discrimination against and stigmatization of key populations such as injecting drug users, sex workers, and men who have sex with men drives these communities

underground. This inhibits the ability to reach these populations with prevention efforts, and thus increases their vulnerability to HIV

### 3.6 Module 5: The role of religious and community leaders in the prevention of Violence, Stigma and Discrimination against the KPs (1hr)

**Objectives:**

1. To be able to understand the role that the leaders can play in influencing the perception of the key population in the society.
2. To be able to come up with strategies and messages that would create an enabling environment between the key population and the society surrounding them.

**Summary**

- Everyone is influenced by many factors and people, without even realizing it.
- People are usually influenced the most by the people who are the nearest to them. They influence us in everyday life.
- Even faith community members who are not as close to us as friends and family influence how we think and act.
- Broader societal influences, like the religious and lay religious and community leaders, religious law, national laws and international conventions, also affect individuals, even if it isn't as direct or imreligious and community leaderste.
- Around all of us are circles of influence: family and friends, faith community members and society

### 3.7 Module 6: Working Together; Action Planning (1hr)

In undertaking this module, the participants should understand the various roles played by each party with regard to the key population. The parties will come up with action points and or plans so s to engage each other to achieve the objectives of the workshop therein. In designing the strategies and or plans, the following matrix will be applicable:

| objective | activity | when | Where | Target | Responsibility | Resources | Collaborators | Expected outcome |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| | | | | | | | | |

**Post Test**

At this point the participants are given the post-test to undertake. The facilitator should guide and give instructions to the participants on how to do it. The identifier used herein should be the same as the previous used in the pre-test.

## 4. ANNEXES

### 4.1 Agenda:

## AGENDA FOR RELIGIOUS & COMMUNITY LEADERS SENSITIZATION ON KEY POPULATION IN KENYA

| DAY 1: | | |
|---|---|---|
| **TIME** | **TOPIC** | **FACILITATOR** |
| **08:00 – 08:30** | Arrivals and registration | |
| **08:30 - 09:00** | Welcome and introductions | |
| **09:00 – 09:30** | Pre- test | |
| **09:30 – 10:00** | Expectations and Objectives | |
| **10:00 – 10:30** | Basic Concepts of HIV/AIDS | |
| **10:30 – 11:00** | **Break** | |
| **11:00 - 11:45** | Understanding the Key population | |
| **11:45 – 12:45** | Key population programming overview | |
| **12:45 – 13:00** | Taking a Stand | |
| **13:00 – 14:00** | **Lunch** | |
| **14:00 – 15:00** | Transmission of HIV-Activity | |
| **15:00 – 16:00** | Sexuality and Gender Concepts | |
| **16:00 – 16:30** | Scenery Experience Plenary- Life of a KP | |
| **16:30 – 17:00** | **Break & End of Day 1** | |
| **DAY 2:** | | |
| **TIME** | **TOPIC** | **FACILITATOR** |
| **08:30 - 09:00** | Recap of Day 1 | |
| **09:00 – 09:30** | Power Walk | |
| **09:30 – 10:30** | KPs Religion and Culture in Kenya | |
| **10:00 – 10:30** | **Break** | |
| **10:30 – 12:00** | Understanding Violence, Stigma & Discrimination against the KPs | |
| **12:30- 13:00** | The role of religious and community leaders | |
| **13:00- 14:00** | **LUNCH** | |
| **14:00- 14:30** | Post Test | |
| **14:30- 15:00** | Action Planning and Way forward | |
| **15:00 – 16:00** | **Closing Remarks** | |

## 4.2 Pre-and Post- Attitude test

## 4.3 Activities

### 4.3.1 Activity 1

| **Name of the activity** | **Show your hobby!** |
|---|---|
| **Objectives** | • This activity will set the tone for the workshop:<br>• it is easy and fun, it helps participants to relax and start to get to know each other. |
| **Time** | • 5 minutes |
| **Materials** | • None |
| **Method** | • group work |
| **How to run the activity** | • trainers ask participants to stand in circle then ask them to say their names and show their hobbies without saying anything<br>• other participants will guess what it could be |
| **Issues to consider** | • if somebody is not comfortable with showing his / her hobby they can say it |

### 4.3.2 Activity 2: HIV Transmission Game

| | |
|---|---|
| **Goals:** | • To demonstrate how easily HIV is transmitted.<br>• To discuss the stigma and myths surrounding HIV. |
| **Instructions:** | • Pens and paper for every participant.<br>• A small circle drawn on the back of one piece of paper.<br>• A small triangle drawn on the back of another piece of paper.<br>• Flipchart paper and markers. |
| **How to do it:** | • Handout the papers, ensuring that the circle and triangle have been handed out. Be aware of who gets the circle and the triangle.<br>• The person with the circle on the back of their paper will become the first person with the infection, pick someone who you think will be able to handle the experience; someone who demonstrates confidence and comfort with themselves. Use your discretion wisely so one feels picked on.<br>• Unless necessary, do not explain the circle/triangle yet. Instruct the group to get three legible signatures each on their paper. Each person needs at least one signature of someone they don't know very well. Tell the group that they are not supposed to sign their own paper. Encourage them to walk around the room and mingle (they should be going to the other side of the room for signatures, emphasize that they cannot just get the people around them to sign their paper).<br>• Once they are finished, ask the person with the circle on their paper to come to the front of the room.<br>• Explain that for the purpose of this game only, the circle on the back of the piece of paper represents that this person has HIV.<br>• That person then reads out the three people they have on their paper. These represent the people they had high-risk activities with (not necessarily unprotected sex).<br>• Ask these participants to come to the front of the room as well. Once at the front, get the new people standing to read out the names on their list. If all goes well the whole class will be standing at the front of the class by the end of the exercise. |

| | |
|---|---|
| | • Now ask the person with a triangle on their paper to step forward.<br>• Tell the group that this person practiced safer activities with the people on their paper. They have not contracted the HIV so they can sit down. However, everyone on their sheet probably has HIV because they engaged in unsafe behaviours with other people in the room. Ask class to sit down.<br>• **Note:** This activity can also be done with any STI instead of HIV. |
| **Debrief**: | **Discuss:**<br>*What is stigma and how stigma may prevent people from using protection?*<br>The hurtful names that people may get called or the negative way they are treated because they have an STI, have had an STI in the past, or are rumoured to have an STI, are examples of negative moral judgements called stigma. These examples of stigma not only make people feel ashamed and/or prevent them from getting tested; it can also affect/harm all of us by making us feel hesitant about using condoms or other forms of protection, for fear of being called names. |
| | **Discuss:**<br>*What are some myths surrounding condom use and how do they affect stigma?* Sometimes there are statements/assumptions made that are often not true that can increase stigma. These are called myths. There are many myths about STI. Ask the youth to give you examples of myths surrounding STI; what they have heard. (You may want to write these on a flipchart) o "I can tell if someone has an STI" o "He's not a player," o "I don't date dirty people" o "I know my partner really well/ I've known my partner for a long time, I'm sure they don't have an STI" o "I've never had sex before, so I can't get an STI" Ask if there are any other myths they would like to add to the list. Debrief how each of these myths are false and explain that if you buy into these myths you may not think you are at risk for an STI and therefore, not protect yourself. |
| | **Discuss:**<br>*How can we take responsibility for our own health?*<br>Respond by explaining that while someone may feel hurt, angry or embarrassed if they get an STI, part of taking responsibility is realizing that ultimately only you can be responsible for your health. This is why it is important to become comfortable communicating with your partner/s about using protection and getting tested. Discuss: How could someone protect themselves from an STI? Abstinence, using condoms and dental dams, getting tested and communicating comfort levels and boundaries. Talk about where youth can get tested and the testing procedures in your area. |

## 4.4 PRESENTATIONS:

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