AQUI ENTRE NOS...

Ideas y Herramientas para la Prevención del VIH/SIDA en el Hombre Adulto

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Bibliography

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The HIV/AIDS epidemic in Honduras is testing the ability of Hondurans and the established systems and structures to educate and prevent the dissemination of sexually transmitted infections (STIs). The statistics show that this epidemic has reached alarming levels in Honduras and that many people don’t even know basic information that would permit them to protect themselves and those they love.

Many educational strategies of HIV/AIDS prevention and control have been established in Honduras. However, the reality is that these have shown few results in stopping the spread of the disease. Experience indicates that various factors exist that block these efforts. One of these factors is that the male population is neither receiving nor seeking information in appropriate places due to machismo. This machismo, which unfortunately is prevalent in Latino society and which is strengthened in countries with poor education like ours, is what stops the male Honduran population from going to a health center to look for and request information about HIV/AIDS. In the same way, HIV/AIDS prevention and control is made more difficult by the existence and perpetuation of false beliefs about the disease.

In order to obtain the desired results of HIV/AIDS education in Honduras, we need to improve our strategies, make them more dynamic, less threatening and stigmatizing, and above all, bring the information to those who need it. This manual presents a strategy that is creative, innovative and practical to educate one part of the Honduran population about HIV/AIDS and other STIs: adult, sexually active, heterosexual men. This manual proposes and illustrates a methodology that makes use of the language that men use, in the places where they meet, and in a provocative and practical manner. The reader, as much as the facilitator, will find exercises, activities, and basic scientific information to educate the men that for whatever reason do not go to health centers or other trainings that would bring them the information that they need, on both how to protect themselves against HIV/AIDS, other STIs, and other issues unique to men.

This manual presents the adult male perspective to educate adult males. It is based in a dynamic presentation to grab the attention of the target audience, and it suggests that facilitators speak as their audience speaks. To this end, some words, expressions and photographs are frank and explicit; that is why this manual should be used as an educational tool and not as leisure reading. Even with this level of frank discussion, in no way is this manual trying to degrade women. On the contrary, it proposes healthy practices to men in order to protect themselves as well as their sexual partners.

In addition, this manual presents field experiences that have proven to be useful and effective for reaching the adult male population of Honduras. The Volunteers of Peace Corps Honduras and their community counterparts have put to the test what this manual proposes. Therefore, its validity and application should be seen and analyzed from this perspective. It is a manual that, I am sure, many men would have liked to have seen before now. Nevertheless, it is here now to be put into practice and also to be seen as a living document, always ready to be improved and adapted.

Congratulations to the Peace Corps Honduras HIV/AIDS Prevention and Child Survival Project Team for this valuable resource.

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Honduras is currently in an interesting situation in the prevention of HIV/AIDS in the male population. Few organizations that work with HIV/AIDS focus their work on the adult heterosexual male population, and some say that it is difficult to change the behavior of this group. The various educational projects in Honduras are mainly directed at the youth population and towards women. The men, who represent half of the population, have stayed at the margin of the educational process.

In Honduran society it is the men who decide whether or not to have sexual relations, and how to have them. Without obtaining the support and “complicity” of a male population trained in the prevention of HIV/AIDS, the high prevalence of the disease will continue to rise.

The objective of this manual is to offer a training curriculum directed at men, one which can be implemented by men and used to reach not only the men involved in community groups, but also those that don’t belong to any kind of formal group. Our curriculum is a mix of new and modified tools, designed to motivate and involve male participants from different groups. The exercises and information are presented using the analogy of a tool box.

One of the key tools from this tool box is a “matrix” that is composed of ten 30-minute exercises that have different and complementary objectives addressing the most relevant aspects of HIV/AIDS prevention in men. These exercises can be used perfectly with transient populations and are presented in an animated and fun way in order to entice the men to participate in all of the exercises.

Other tools in the manual include: information and knowledge such as the Useful Vocabulary tools, Critical Information about HIV/AIDS, Sexually Transmitted Infections and Men’s Health Topics. Others are supplements for the implementation of the manual such as the tool of Icebreakers and the example of a Conventional Presentation on HIV/AIDS. Others provide ideas that a facilitator can use in his community, such as the Tournament tools and From Education to Services.

The manual is a way to find men and approach them in the most friendly and realistic manner possible. It is recognized that the methodology used is strong and provocative, and that the language is at times colloquial. Some questions and comments that may seem racy are a reflection of the way that the target audience speaks and were added during the testing process of this methodology.

This manual should be presented through training workshops for the purpose of creating male facilitators. We hope that this manual becomes a useful tool for approaching men about important reproductive and sexual health topics, and consequentially for preventing HIV/AIDS.
WHY A MANUAL FOR MEN?

One thing seriously lacking from HIV/AIDS prevention work in Honduras, and in many other Latin American countries, is the existence of interventions directed at men. Men are seen as decision-makers for the couple in terms of sexual and reproductive health, but the majority of interventions that deal with these themes are directed at women.

There is limited clear information about the attitudes of men with respect to sexuality, sexual relations, and protection against sexually transmitted diseases. Listed below are some of the aspects which should stand out in order to understand better what influences the adult male in making decisions regarding his general health and the prevention of sexually transmitted infections, in particular HIV/AIDS:

THE BEGINNING OF MALE SEXUALITY

In the course of the social construction of a man there occurs a double process, which emphasizes both the similarities between men and their differences from women.

One example of a difference is sexual initiation and the pressures that the adult world and friends exert on an individual. At the beginning of male sexuality, virginity is a punishment, something that the young man must lose as soon as possible in order to be seen by the rest of society as a “real man.” This kind of social pressure has its origin in traditional masculine stereotypes that suggest that young men should always be ready and available for a physical relationship, that they should become sexually active before women, and be more sexually experienced than them. Their companions and friends act as gender “police” who constantly threaten to unmask the young man as being effeminate, or not a real man. The pressure is expressed in stigmatizing comments, insults or jokes which results in the young man constantly having to prove that he is indeed a man.

Many adolescent males become sexually active with commercial sex workers. This practice comes from the moral double standard for male and female sexuality, in which men should lose their virginity, and women keep theirs, for as long as possible. Turning to a commercial sex worker is validated by the idea that a man must be more experienced, know what sex is like and how to have sex, and be always ready.

The fears of a young man have to do with his performance in a sexual relation: fear of not being good, of “not getting it up,” and his fear suppresses a whole range of emotions, needs and feelings, that don’t actually disappear so much as they are silenced and repressed. The biggest fear is an inability to fulfill the social mandate that awaits all men, a “superior” power associated with masculinity that implies sexual control over women, for through greater knowledge of sex and experience with sexual activity they will be able to initiate and guide the woman in a sexual relation.
MASCULINITY INFLUENCES HEALTH INTERVENTIONS WITH MEN

Masculinity is socially constructed and it exerts pressure over men to behave in a determined manner. Nevertheless, what is considered masculine is not always the same, as ideas of masculinity change with the times. This opens the possibility of being able to promote the development of different versions of masculinity or incorporating new ideas in the current version.

It is necessary that men have the opportunity to examine how the dominant ideologies concerning masculinity and sexual relations might cause harm to their lovers, partners, families, children, and themselves, principally through transmission of STIs. It is important to allow men to express their needs, without losing sight of the fact that throughout all their work they will also have to keep in mind the inequality of genders.

MALE SEXUALITY AND THE RISK OF STIs AND HIV/AIDS

In many studies it is seen that the majority of men prefer sexual relations to be “dry” and that the vagina remain without much lubricant during coitus. This practice is particularly dangerous in terms of infection with HIV, in that it can predispose women to ruptures in the epithelial wall of the genital tract.

It is assumed in many groups that heterosexual anal sex is a method to preserve virginity and avoid pregnancy. However, recent studies suggest that for some men anal coitus may also be symbolic of power and control. Some men consider anal coitus to be taking a woman’s virginity a second time.

A man’s occupation influences his risk of HIV/AIDS. Groups that are considered to be especially at risk include truckers, who travel a lot and may pass long periods of time away from home, migrants, who are separated from their families and communities, clients of commercial sex workers and those who suffer from sexually transmitted infections. Men who do high-risk jobs (such as miners) feel powerless about the possibility of suffering a fatal accident on the job. This feeling of powerlessness is a determining factor that is reflected in their behavior with respect to health and the use of protection.

When men pay for sexual services at fairs, markets or places not identified as brothels, the sexual act is carried out more quickly and the use of condoms is less frequent. Women who sell sexual services in these circumstances are not defined by men as commercial sex workers, but as “friends,” or “easy women.”

Even though their existence may be officially denied, sexual relations between men take place in every society. These relations are frequently the object of stigmatization and discrimination. In many countries people choose not to see the homosexual and bisexual behavior that takes place. Notions of “active” and “passive” in sexual relations continue to be fundamental when considering whether or not a man is homosexual. In this context, masculine identity is not seen as threatened if a man takes the “active” or penetrating role in anal and oral sexual relations. Some authors have suggested that sexual relations between men play an
important role in the transmission of HIV, as it is transmitted to subsequent heterosexual partners or from mother to child.

**Resistance to Condom Use**

Resistance to condom use by men may have its origin in their attitudes regarding sex. The condom is perceived to be more appropriate in the case of occasional sexual relations, but not in the context of a permanent relationship at home. Some men consider their wives’ asking to use a condom to be a betrayal, or an attempt to deprive the man of his right to decide in sexual relations. The request that condoms be used at home may disturb the intimate character of the relationship and give rise to violence, abandonment, or rape. Outside of the house, women who request the use of condoms are considered by many men to be commercial sex workers or women who have other lovers.

In many cultures it is believed that a man’s need for sex is uncontrollable. Some men believe that they cannot pass up any opportunity to have sexual relations, even when they do not have a condom at hand. The chosen moment to request the use of a condom is important. Men admit that if the use of a condom is requested before sexual arousal, it is more likely that they will use it. They recognize, however, that if the use of a condom is requested when they are already excited, they may act in a coercive or violent manner.

The difficulty in finding or being able to obtain male condoms may explain part of the problem. Shame, lack of experience or the inadequate measurement of the condom may cause men to fail in their first attempt to use a condom, and as such make them not want to use one again in the future. Another issue can be difficulty achieving or maintaining an erection, which can happen to older men or those who have consumed alcohol or drugs.

The loss of sensation in the penis, or the belief that condoms reduce sensation, is the most reported reason as to why men don’t use condoms. One can regain a large part of the sensation by applying a small quantity of the appropriate (water-based) lubricant to the inside of the condom; nevertheless, these lubricants are generally not available in the majority of the communities.

An alternative to coitus, which is not dangerous and does not require the use of condoms, is to have sexual relations without penetration. Nevertheless, men are brought up with the idea that only penetration “counts,” and that other forms of sexual expression are childish or unsatisfactory for them and their partners.
VIOLENCE AND HIV/AIDS

Male violence is responsible for the propagation of HIV in several ways, one of which is forced sexual relations. Every year there are millions of cases of sexual violence against women and young girls, sometimes within the family or home. Some of the identified factors that influence violent behavior in men are summarized in the 7 Ps of violence:

**Patriarchal power.** Violence or the threat of violence among men is a mechanism employed from childhood to establish a hierarchical order. A result of this is that men “internalize” violence.

**The perception of a right to privileges.** Many men perceive that they have the right to have someone that serves them. An example is the man that sexually attacks a woman during a date: this has to do with his perception of the right to physical pleasure, even when this pleasure is entirely one-sided.

**Permissiveness.** There exists in social customs, legal codes, the application of the law and certain religious teachings an explicit or tacit permission to exercise violence. Violent acts are celebrated in sports and film, in literature and war. Violence is not only permitted, it is also glamorized and rewarded.

**The paradox of male power.** The way in which men construct their social and individual power is, paradoxically, the source of a strong dose of fear, isolation and pain for the men themselves. This occurs particularly because the internalized masculine expectations are impossible to satisfy or reach. In many cases this results in an emotional state where violence is converted into a compensatory mechanism.

**Psychic armor.** In patriarchal cultures, masculinity is codified as a rejection of the mother and the feminine, which is to say, a rejection of qualities associated with caring for others and emotional support. The result of this psychological process is a diminished ability to empathize (to experience what others are feeling) and a limited capacity to understand the needs and feelings of other people.

**The pressure cooker.** The emotional language of men is often silent and the capacity to empathize is weak. Children learn at an early age to repress feelings of fear and pain. Some cultures celebrate a stoic masculinity: in sports we teach children to ignore pain. At home we tell them not to cry and to act like men. The result is that the range of repressed emotions is channeled into rage.

**Past experiences.** Too many men in the world are raised in homes in which the mother is beaten by the father. They grow up seeing violent conduct towards women as the norm, as a normal way to live. It has been shown that boys and girls who are raised in the presence of violence are much more likely to act violently later in life.
Why then do we concentrate on men?

To summarize:

1. Men’s health is important but does not receive adequate attention
2. The behavior of men exposes them to risk of contracting HIV
3. The behavior of men exposes women to the risk of HIV
4. Sexual relations between men places women at as great a risk as the men themselves
5. Men need to pay more attention to the problem of AIDS because it affects the family

CHARACTERISTICS OF EFFECTIVE INTERVENTIONS DIRECTED AT MEN

Listed below are some of the lessons learned in terms of the interventions directed at men that we have tried to incorporate in this manual.

† Men obtain information concerning sexual questions from older people and their friends while they’re growing up, and from their peers in adulthood.

† Masculine ideologies and associated practices are constructed and reinforced within predominantly male groups. From this it may be useful to work with men in groups in order to promote more equitable gender roles and the prevention of HIV/AIDS.

† Precarious work conditions and the dangers that result in injuries or the loss of life in certain determined work environments can facilitate dangerous attitudes in relation to the transmission of HIV. It is a good idea to raise these questions at the work site.

† Even though work with truckers, migrant workers, clients of commercial sex workers and men who have sexual relations with other men is very important, in cultural environments in which men habitually have multiple partners it is also fundamentally important to work with men that are not included in any of the especially vulnerable groups mentioned.

† It is good practice to use men to educate other men. The men who are trained to act as educators help to develop new attitudes towards sexual practices and the prevention of HIV.

† Even though work with groups separated by gender is important, there are indications that, in some contexts, work with men and women together can also be useful for both.

† Because it is likely that women are blamed for infection with HIV, it is necessary to work with men in order to counteract the stigma and discrimination linked with this blame.

† The worry expressed by many men about the health and the well-being of their children can provide a point of entry through which workers can attract attention to HIV-related efforts.

† There are many themes besides HIV and Sexually Transmitted Diseases that have not yet been raised with men. These themes include the mental, physical and psychological health of men.
METHODOLOGY

To teach health themes to adult men requires special skills and the ability to break free of traditional methods of teaching about HIV/AIDS. To present the themes in this manual, a strong and provocative methodology is sometimes used, sometimes fun and playful, and other times more serious. The authors have made an effort to maintain intact the basic knowledge about the disease of HIV/AIDS and to maintain the purpose of providing tools that achieve the behavioral change in the male population in order to stop the transmission of the HIV virus.

This manual is directed at two types of men: those who belong to less organized groups (which are located in informal places and represent a changing population) and those who belong to more stable groups (in formal areas and with men who can more easily accommodate a structured intervention). In this context, some of the exercises are directed specifically at the first group, others at the second group, and some can be used with either group. This gives the facilitator more freedom and flexibility to use the exercises of this manual in accordance with the audience, moment and place.

The following are examples of groups with which this manual can be used:

Unstable groups
- Taxi drivers
- Bus drivers
- Men at pool halls
- Clients at brothels
- Clients at bars
- Prison inmates
- Construction workers
- Workers and clients at car-repair shops and car wash businesses
- Shoeshine men
- Clients of barbershops
- Men who visit the Health Center
- Men at fairs and community parties

Stable groups
- PTA members
- Men from religious groups
- Male teachers
- Male members of the community water authority
- Police, army
- Male members of cooperatives
- Agricultural groups
- Firemen
- Male students – especially from technical and night schools
- Teams of male workers from offices and public service, trash collectors, etc.
- Barbers
For each of these groups a different methodology (or a mix of exercises) is appropriate for the presentation of the theme of HIV/AIDS. To speak with a group of male PTA members, for example, implies a smoother technique than that used with a group of men at a pool hall.

In this manual we have followed certain guidelines on design and message developed for programs with male participants. These include:

- **Focused on men.** Efforts to focus on men have been an integral part of the ideas dealt with in this document.

- **Look for men where they are found.** The exercises are planned to be brought to men where they congregate, including schools, places of work, sporting events and military barracks. The programs will use language and methods that attract men.

- **Men need a safe place.** The activities help to create an atmosphere in which men can reveal their worries, hopes and fears.

- **Appeal to adults as mentors and models for young men.** We will promote male participation and the participation of young men together with adult men. Experience suggests that young men look to older companions (men 5 to 7 years older), as an effective spokesperson for messages regarding health. In some cases facilitators can be models for younger men.

- **The exercises are based in the local culture.** The exercises are based on the manner that men think, and we take into account an understanding of their cultural and religious values. It is suggested that the facilitators/readers adapt the exercises to the local subculture of their geographic regions and communities.

- **Local interventions in the community.** As with any idea, to be productive one needs to consult with the community to plan activities and calm worries. The participation of the community also helps to maintain current interventions.
A TOOLBOX FOR THE FACILITATOR

The manual is structured with various “tools,” some of which are purely informative and others that are more operational. Keep in mind that inside the “Toolbox for the Facilitator” there are a sufficient variety of activities to permit the facilitator to find something for any audience.

Tool 1: The Matrix

This tool was designed with the purpose of reaching unstable groups. The matrix consists of a series of 10 provocative activities, to grab and maintain the attention of groups of men that might not have a particular interest in HIV/AIDS and other health topics. One means of implementing the matrix is to use all the activities in the suggested order, to give the audience a wide understanding of the different aspects of HIV/AIDS and the factors that influence its transmission and prevention. The activities can also be used separately or within other tools, for example: speaking with men in a “Male Health Clinic” or with taxi drivers, or during a pool tournament.
Tool 2: Useful Vocabulary

This tool is for the facilitator to know the means by which the general population refers to anatomy, genitals and sexual relations. It also provides a glossary of appropriate terms to be used in HIV/AIDS education.

Tool 3: Critical Information about HIV/AIDS

This tool contains essential knowledge that any facilitator needs to know about HIV/AIDS. It is a document to study and also to have at hand if any doubts arise during an intervention.

Tool 4: Sexually Transmitted Infections

In this tool the facilitator can find a brief description of the most common sexually transmitted infections, including incubation period, clinical manifestations and available treatments. It is also a reference and study guide that should be revised by the facilitator before sitting down with a group of participants. The tool includes some photos that show the symptoms of these infections.

Tool 5: Men's Health Topics

Certain themes have been included in this tool to give basic information to the facilitator regarding some of the more common diseases in men’s health that often go unmentioned. These diseases include arterial pressure disorders and topics such as metabolism, exercise, diet and cancer. One of the exercises of the matrix, “May the Force Be With Me” is directed at these themes.

Tool 6: Managing the Group (Icebreakers)

This tool provides the facilitator some tips for good group management. Also included are icebreakers to animate the participants and to gain trust. These suggestions and icebreakers will be of value during any intervention: the Matrix, a pool tournament, a basic lecture, etc.

Tool 7: Conventional Presentation

This is another tool that can be used with any group of men, but due to its duration it is perhaps more appropriate with stable groups. This kind of presentation is good for providing information to participants with a higher academic level. It is a presentation of basic knowledge about HIV/AIDS.

Tool 8: Tournaments

It has been shown that this tool is valuable for reaching men who belong to informal groups. It is a special technique appropriate for men who, due to limitations of time, cannot receive more than one intervention. So, one afternoon in a pool hall or a soccer field can become a fun educational experience. A tournament as it is described could also be used at the end of a workshop or a formal presentation in order to review information. This section includes detailed instructions for assembling a pool.
tournament, and the same competitive style can be used with other sports to teach about HIV/AIDS. Also included are ideas for other types of competitions.

**Tool 9: From education to services**

This tool offers ideas about programs that the readers can undertake in their communities. The three ideas included here are: “Male Health Clinic,” “Network of Condom Distribution,” and “Taxi Drivers Against AIDS”. These projects are easy to do and can form part of a wider strategy in men’s health in Honduras.

**Examples of possible interventions using this manual**

**With high school students**

1. Exercises 1-10 of the Matrix, over the course of several days.
2. Last day: basic presentation about HIV/AIDS.
3. With the new knowledge and the support of the facilitator, the students organize and offer a soccer tournament about HIV/AIDS in their community.

**With taxi drivers**

1. Draw them in: A “mini workshop” of three hours about repairing tires.
2. Exercises from the Matrix: “Tell the Truth, Man,” “Hot Girls,” and “Putting on the Hat.”
3. Celebrate the end of the “mini workshop” by offering a pool tournament about HIV/AIDS.

**With police**

1. Draw them in: A three-hour lecture about the legal aspects of HIV/AIDS.
2. Exercise from the Matrix: “The Language of Men.”
3. Basic presentation about HIV/AIDS.

**With bus drivers**

1. Exercises 1-10 from the Matrix, over the course of several days.
2. The facilitator trains the participants to talk about HIV/AIDS on the buses, touching on basic knowledge with the passengers in small 20-minute lectures.
3. Pool tournament to celebrate.
4. At the end of the tournament, the facilitator promises to visit the participants at their jobs to follow up on the training.
This manual was written by men and is directed at other men. It may be difficult to find a group of men interested in listening to a lecture about HIV/AIDS or another topic related to health. It is even more difficult to find men who are willing to become facilitators and health promoters for other men. To be a facilitator requires the use of all of one’s creativity in order to create interest in the intervention. It also requires belief in the message, expressing it honestly, clearly and responsibly, and being a role model for the participants. This is of particular importance when men from the same community as the facilitator are being trained, as it is necessary to have local credibility to achieve any real change in the men’s behavior.

Listed below are some suggestions that the facilitator should follow in his work:

The facilitator should try to

- Make himself a friend to the men.
- Direct the discussion and debate about sexuality in an attention-grabbing manner.
- Use language that is clear and appropriate for the audience.
- Manage the group and the process in such a manner as to maintain the elements of surprise and learning.
- Work in a team of two facilitators for better security.
- Modify the exercises during the intervention to adapt them to the group: the interventions do not need to be “sexy” but they do need to respond to the energy and style of the audience.
- Be receptive, flexible and dynamic to the situation in order to make pertinent changes.
- Ask opening questions for each intervention. If two or three inventions are being done in one hour, one question is sufficient.

The facilitator needs to avoid

- Condemning in any manner any of the behaviors discussed by the participants during the sessions.
- Provoking or being aggressive towards the participants.
- Presenting himself or speaking in a pompous manner, or being very formal and alienating the audience.
- Excessive written aids during the implementation of the exercises, including the use of posters: it may be that the audience does not feel comfortable reading and writing. This applies especially to less-structured situations or when there are time limitations, such as at a car wash, or when talking to taxi drivers.
- Judging the participants by what they say or what they think.
- Dogmatically following the points of discussion included in this manual.
CHALLENGES IDENTIFIED IN FACILITATION

Listed below are some of the most common challenges that have been identified in working with men.

Challenge 1: Integrating oneself into the group (becoming a friend)

Once the facilitator arrives to work with a group of men, they can become his “friends.” It is the facilitator, with his sense of humor and his warm personality, who has to try to integrate himself into the group. For example:

- If it is the first time that the facilitator speaks with the participants, the facilitator can simply pass a little time with them, get to know them, and ask them if he can come another day to speak with them about HIV/AIDS.
- If the men are working on something, such as repairing a bicycle or a motor, the facilitator should be genuinely interested in their work and ask them questions related to their work.
- If the men are seated, chatting, the facilitator introduces himself and sits as well. If the men are playing cards, the facilitator asks “What are you playing?” and asks if he can join the game.

Note: When possible, it is much easier if the facilitator knows someone in the group who can introduce him.

Challenge 2: Managing the group

The activities in this manual have been designed to draw the attention of a group, at times in an intense and even dramatic manner, but the responsibility to create a confidential environment and maintain the attention of the men falls entirely on the facilitator, who should:

- Know how to break the ice and get along well with other men.
- Know how to project the image of “just another guy.”
- Win the respect and confidence of the men so that there is no shame in talking about delicate topics, such as sexuality.
- Share his own experience when asking the men in the group to do the same.
- Control the dominant participants and encourage the more timid (and if possible, leave it to the rest to encourage them).

As in many groups, working with men implies the possible presence of strong personalities among the participants. In the case of conflict, the facilitator should know how to guide the discussion towards a peaceful solution. The facilitator should also be able to tell when a conflict amongst participants becomes dangerous.

In order to make sure that the message is being understood, the men must be spoken with in their own language. To this end the facilitator should know and manage well the popular speech of the country, especially language that refers to sexual anatomy and sexual relations. Instead of using “you”, the facilitator should try to speak as much as possible of “us.” So for example, “We are here tonight because we want to know about HIV…” This helps to create a secure and informal environment.
The facilitator should be prepared to change the subject of the conversation. In the end what we want is a discussion between men, and if something suddenly comes up in the conversation that is more interesting, the facilitator can take advantage of this interest in order to guide the conversation towards that topic. There is no need to force a discussion if it is clear that the men are not interested in the theme. This is of greatest importance in informal circumstances, where maintaining the interest of the participants may be more difficult.

**Challenge 3: Handling myths and false beliefs**
Correcting false information is one of the most important roles of an educator in preventing HIV/AIDS. Misunderstandings and myths about HIV/AIDS can be more dangerous than simple ignorance. Because of this when the facilitator hears a myth or false belief during the intervention he must:

- Try to identify where the myth or belief came from
- Correct this myth/belief with correct information
- Abstain from answering questions when unsure of the answer and simply say, “I don’t know, but I will investigate.”
- Make becoming an expert in the subject of HIV/AIDS a personal goal so that he won’t doubt himself when difficult questions arise

**Challenge 4: The reality of machismo**
Working with men in a group implies possible friction with the cultural phenomenon of “machismo.” The facilitator will have become used to listening to opinions that he may consider inappropriate. In these circumstances the facilitator needs to be able to use this “machismo” as a learning opportunity about the sexuality of men and how to be a part of the change in prevention.

Many of the exercises in this manual have been written starting from the idea that machismo exists in the audience. Machismo, more than any other obstacle in the prevention of HIV/AIDS, is an attitude that the facilitator can take advantage of in order to make his message more relevant to the audience. The facilitator who uses this manual will see that, instead of rejecting machismo, the authors have used it to bring to the participants a positive message of responsibility in the prevention of HIV/AIDS.

**Challenge 5: Low participation and discussion on the part of the participants**
For various reasons, it is sometimes difficult to animate the participants to participate. It may be that the topic is not interesting to them, or that they feel confused, offended, or uncomfortable by something that the facilitator has said. In these cases, there will be little to no participation or discussion, or the discussion will drift to a different theme. In this case, the facilitator should:

- Have a firm understanding of what the men think before doing activities with them, so that the facilitator can talk with them in an appropriate manner.
- Understand why the discussion has stopped or gone off course: Was it because the men did not understand something? Do they feel offended or uncomfortable by the topic that is being discussed?
- If the discussion continues focusing on other topics despite the intentions of the facilitator in directing the group towards a relevant theme or a theme of interest to
the activity, the facilitator should stop and not force an activity that is not appropriate for the group of men.

**Challenge 6: Limited time and space**

Before doing any activity with a group of men in a specified location, the facilitator should make sure of the following:

- When the facilitators arrive at the place where they will be doing the intervention, are the men doing something that might impede participation, such as playing cards, discussing something serious, eating, repairing something, etc.?
- If the place is a “waiting room” (car wash, auto mechanic, etc.), how long will the men be waiting? If the wait is short (less than 15 minutes), what can the facilitator do to keep the men there for 5 or 10 minutes more?
- The facilitator must remember that he should ask the participants if they agree to be a part of the activity. He also needs to maintain composure even when the participants become distracted or are not giving all of their attention to the intervention. One good means to maintain or win attention is to add a dose of humor to the moment.

The activities in the Matrix have been designed to be done in whatever environment, without spatial limitations. Despite this, some of the activities are more convenient if there is a wall where materials can be taped up (such as photos of beautiful women, a list of ways to love without having sexual relations, etc.). If there is no wall, these materials can be taped to another surface (the side of a car or bus) or can be placed on the floor or on a table.

**Challenge 7: Maintaining credibility and professionalism**

Due to the nature of some of these activities, the facilitator must find a balance between camaraderie with the men and being a health educator.

A few suggestions:

- **Educate, don’t be vulgar.** The facilitator can use slang when he believes it to be necessary or particularly convenient. However, it is always advisable to use scientific terms, when these terms are understood by the participants. This helps to maintain an image of professionalism for the facilitator.

- **Be a role model.** The facilitator should try to be a behavioral model for the men with whom he is working. This is meant to not contradict the message by the behavior of the facilitator, before, during, or after the intervention. This assures the facilitator’s credibility and professional reputation.
Why a matrix?

The matrix is a strategy to reach men that do not belong to stable groups and as such are difficult to reach with conventional methods. Many of the exercises may sound provocative, even aggressive, and in many cases utilize street language. The advantage of the matrix is its flexibility: these 10 exercises are self-contained, which is to say that they can be used independently from one another. They can additionally be combined and used in any order.

There is the possibility of combining one exercise with another to achieve a more complete intervention (for example, exercises 1 and 2 presented together), and the authors recommend – though it is not necessary – that the exercises be done in the order presented in this manual. Once a participant has received one of the ten listed interventions, he may receive a nominal award, such as a diploma, access to a health service, etc., which serves to promote his participation until the end of the process.

**Note to the facilitator:** These exercises are designed to attract men in less-organized public situations. By this the facilitator must do his job in a flashy manner, and then, after he has captured the attention of the men in his audience, there is a more serious discussion at the end of the half hour in order to reinforce the main points and assure the understanding and participation of the listeners.

**Time:** Each one of the activities has an approximate duration of 30 minutes.

**Activities:** There are 10 interventions or activities in the matrix. The themes cover basic knowledge of HIV/AIDS, its prevention, and its transmission. Each of the interventions is equally important. It is essential that the men participate in all of the activities in order to receive an award or diploma.

<table>
<thead>
<tr>
<th>No.</th>
<th>Activity</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The Language of Men</td>
<td>Create a confidential environment to enable frank and open discussion of themes in sexual health. Raise the level of knowledge about the scientific terminology of sex, sexuality, HIV/AIDS, and discrimination.</td>
</tr>
<tr>
<td>2</td>
<td><strong>Tell the Truth, Man!</strong>&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Clarify the facts concerning beliefs and myths about sexual health and HIV/AIDS.</td>
</tr>
<tr>
<td>3</td>
<td><strong>Hot Girls</strong> (†)</td>
<td>Experience the HIV chain of transmission. Understand that you cannot know a person is</td>
</tr>
</tbody>
</table>

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<sup>1</sup> <Como Planear Mi Vida, with responses from Jóvenes sin Fronteras>
<table>
<thead>
<tr>
<th>No.</th>
<th>Activity</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.</td>
<td>Sticky Fluids (†)</td>
<td>Understand the dynamic of HIV transmission through bodily fluids.</td>
</tr>
<tr>
<td>5.</td>
<td>Putting on the Hat</td>
<td>Learn the correct way to use a condom.</td>
</tr>
<tr>
<td>6.</td>
<td>Penalties for Life (†)</td>
<td>Promote HIV testing and motivate the participants to evaluate their need to have testing done.</td>
</tr>
<tr>
<td>7.</td>
<td>Risky Business(†)</td>
<td>Talk about the risk of different sexual activities and promote abstinence.</td>
</tr>
<tr>
<td>8.</td>
<td>Women from my Past (†)</td>
<td>Identify dangers of promiscuity and risky behaviors. Discuss fidelity with partners.</td>
</tr>
<tr>
<td>9.</td>
<td>Man to Man (†)</td>
<td>Strengthen the communication of the men with their partners. Discuss the HIV test and promiscuity.</td>
</tr>
<tr>
<td>10.</td>
<td>May the Force Be With Me (†)</td>
<td>Increase general knowledge about men’s health in a fun and entertaining way.</td>
</tr>
</tbody>
</table>

(†) Original Exercises
(‡) From "Hot Girls" by Brandon Roche
**ACTIVITY**  THE LANGUAGE OF MEN

**Objectives**
Create a confidential environment to enable frank and open discussion of themes in sexual health.

Raise the level of knowledge about the scientific terminology of sex, sexuality, HIV/AIDS, and discrimination.

**Materials**
10 pages of letter-size bond paper with the following terms written on the top of the page: penis, testicles, vagina, breasts, sexual relations, masturbation, menstruation, homosexual, person living with HIV/AIDS, arm.

**Additional Resources**
None

**Time**
30 minutes

**Opening Icebreaker**
Wash the Banana
- Everyone gets into a circle.
- Everyone chooses a fruit and announces their choice to the group.
- In the second round, if the facilitator’s fruit is “watermelon,” he begins by saying: “The first thing that I do when I get up in the morning is wash my watermelon.”
- Everyone follows the facilitator’s example, using their own fruit.

**Opening Question**
In what part of the country do the most beautiful women live?

**Procedure**
- The participants sit and form a tight circle.
- The facilitator states “I have here papers with some biological terms (Ex. testicles)” and then asks:
  
  “What words do people use in the street to refer to testicles?” (Balls)

- **Note:** Minimize the use of papers and written materials. Try to verbally manage the exercise.

- One of the sheets is given to each participant, which they will have for a few seconds in order to write down ONE slang word that comes to mind in describing the biological term written on the paper. (In the case that the participants cannot write, the facilitator can get the answers verbally and write them on the paper.)

- Once the participants have written their word, they will pass the sheet of paper to the person seated next to them, such that all the sheets of paper will circulate between all the participants.

- The facilitator asks that the participants write their answers quickly and that they do not repeat answers.

- The participants continue until most of the lists have a few answers (5 or more), or until the sheets have passed everyone in the circle.

- The participants, one by one and in a loud voice, read the answers written on the sheets.

**Discussion**
- How do you feel? Why are you laughing so much? (Are you embarrassed?)
ACTIVITY THE LANGUAGE OF MEN

- Who uses these words? Do you use these words? Do women use these words?
- Why do we use these words? Why is there only one word for “arm” and so many words for “penis?” *(If we are ashamed or have problems expressing the correct word, we invent euphemisms).*

**Conclusion**

- Given that in this activity, since we are all men, we will use words with which we feel comfortable. If we want to say “dick” or “cock” instead of penis, then it’s alright. Is it alright with all of you?
- Reflecting on the sheets “sexual relations” and “homosexual,” what is the difference between each one as they are listed? The list for “homosexual” refers to a person, and using synonyms or vulgar words could be damaging or offensive to that person. Naming an action, such as “to fuck” for “to have sexual relations,” is different from saying “faggot” which would refer to a person.
- Do you think that some of the words that we’ve heard today discriminate against certain groups or people? Why does this happen? *(Because we are afraid of what is different. We are afraid of contracting HIV, and we feel that these things are distant from our lives.)*
- Even though we use common words, we want to assure ourselves we don’t speak offensively, or that we denigrate or minimize a person or a group.

Optional: “Memorize the vocabulary for HIV/AIDS” Game

The facilitator puts all cards of HIV/AIDS vocabulary *(see page 62)* on the table, face down, and explains that each card is part of a pair: each HIV/AIDS term has its definition on the other card.

- The game consists of the participants finding the term and the definition, turning over the cards two at a time. After turning over all of the cards, flip them back over so that they are all face down. The participants need to remember the location of the cards in order to match them up with their pairs.
- The game continues in rounds until all of the terms have been paired up and removed from the table. The participant with the most pairs of cards (term/definition) is the winner.

There should be a pause after each term in order to make sure that everyone understands the term and its definition.
**ACTIVITY**  
**TELL THE TRUTH, MAN!**

**Objectives**  
Clarify the facts concerning beliefs and myths about sexual health and HIV/AIDS.

**Materials**  
Pencils

**Additional Resources**  
Papers with each question from the list at the end of the exercise placed in a hat so that the person remaining without a seat reads the question out loud.

**Time**  
30 minutes

**Opening Icebreaker**  
None

**Opening Question**  
**What is your favorite place to get to know girls?**

**Procedure**

- All the participants stand up and make a circle. Everyone chooses a name for the group. The name of the group can be the town or neighborhood where they’re from.

- The facilitator places himself in the center of the circle. Using masking tape or chalk, the facilitator marks an “X” on the floor or simply places a piece of paper with a rock on top in front of each participant.

- The facilitator asks that when the name of the group is stated, everyone quickly changes place, and whoever does not find a place remains in the center of the circle and asks the next question. The facilitator should make sure that everyone is changing places, and if someone does not change places he has to go to the center.

- The facilitator reads out loud the first question from the list.

- The facilitator stays until a participant answers and then explains his reasoning why he answered “True” or False.

- The facilitator accepts the opinions/answers without rejecting or accepting them.

- Once the opinions/answers are discussed, the facilitator confirms the correct answer (True or False) and clarifies any remaining doubt.

- After each question, the person in the middle of the circle says the name and everyone changes place, and the person who doesn’t find a place remains in the center of the circle.

- The person in the center of the circle reads the next question.

- The exercise continues until all the questions are asked.

- The facilitator should clarify any doubt as thoroughly as possible.

- **Note:** This exercise can be done with chairs. It is always necessary that there be one chair less than the number of participants (including the facilitator), such that there is always one person without a chair.

- **Note:** The facilitator should keep them in suspense. If the facilitator
<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>TELL THE TRUTH, MAN!</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>says the answer too soon, the participants will stop listening.</td>
</tr>
</tbody>
</table>
ANSWERS FOR THE EXERCISE, TELL THE TRUTH, MAN!
TOPIC: GENERAL INFORMATION ABOUT HIV/AIDS AND REPRODUCTIVE HEALTH

One must be conscious of the fact that there are people who have different types of sexual experiences within the group. Always act with respect towards everyone else, and if you don't have the information that a participant asks for, make a note of it and seek assistance so that the question can be addressed in the following session.

Answer each question with T (True) or F (False).

1. You can tell if someone is infected with HIV simply by looking at them.
   (F) No, because if the person is in the window period or is asymptomatic or is taking anti-retroviral medication, the person can look perfectly healthy.

2. If a mosquito bites a person that has HIV/AIDS, then the virus can be passed to the next person that the mosquito bites.
   (F) No, the virus only lives in human blood and if it is passed to another animal, in this case a mosquito, then the virus dies.

3. People who suffer from other sexually transmitted infections have a higher risk of contracting HIV/AIDS.
   (T) Yes, people with sexually transmitted infections are more prone to HIV/AIDS because their genitals may have open sores, which results in a greater opportunity to exchange bodily fluids.

4. A condom can be used more than once.
   (F) Condoms are designed to be used only once.

5. A person that has sexual relations with many people is at greater risk of becoming infected with HIV/AIDS.
   (T) Yes, the more partners a person has, the greater his risk of contracting HIV/AIDS – remember the chain of transmission. If a person does not use protection when having sexual relations with a partner, then that person runs the same risk as if he were to have sexual relations with all of his partner’s previous sexual partners.

6. A mother infected with HIV will always transmit the virus to her baby during delivery.
   (F) No, if the mother is under medical supervision she can take anti-retroviral medication beginning at 36 weeks and deliver by cesarean in order to avoid putting the baby at risk. It is important that every woman who is pregnant be tested for HIV.

7. Anal sex is safer than vaginal sex in protecting oneself from HIV.
   (F) No, anal sex is possibly the most dangerous type of sexual relations. People sometimes engage in anal sex in order to remain a virgin or to avoid becoming pregnant. This type of sex easily transmits HIV/AIDS.
because when the penis enters the anus it can cause lacerations, which facilitates the exchange of semen and blood.

8. Currently, HIV is transmitted most frequently among homosexuals. (F) No, the vast majority of cases of HIV are contracted through heterosexual intercourse.

9. To have sexual relations with a prostitute places you more at risk. (T) Remember the chain of transmission; if you have unprotected sexual relations with a woman, it is the same as having sexual relations with all the men that have also slept with the woman.

10. You can become infected by drinking from the same cup that someone with HIV drank from. (F) No, saliva does not transmit the HIV virus.

11. Siblings of children with AIDS are usually infected as well. (F) No, because the siblings usually have only casual contact. The virus is not transmitted by simply living with someone.

12. There is no cure or vaccine for HIV/AIDS. (T) There is currently no vaccine or cure for HIV/AIDS. The best means of prevention remain abstinence and practicing mutual fidelity with a partner not infected with HIV.

13. It is safe to have sexual relations with a person who recently took the test for HIV/AIDS and whose test result was negative. (F) No, because during the window period (3-6 months) the test result can be negative even though the person is infected.

14. Using two condoms at the same time can give a person added protection against HIV/AIDS. (F) The friction between the two condoms can cause them to break – use only one condom at a time.

15. It’s possible to contract HIV/AIDS from only one sexual encounter with a person infected with HIV/AIDS. (T) Yes, one time is all it takes.

16. A woman can become pregnant even though her partner does not ejaculate inside of her. (T) Before ejaculation, an erect penis secretes lubricating drops that can contain sperm.

17. Urinating after having sexual relations prevents pregnancy. (F) No, the vagina is entirely separate from the urethra, where women excrete urine from the body.
18. You can contract the HIV virus from a toilet seat.
   (F) The HIV virus can only survive inside of the human body. The virus dies after only a few seconds outside of the body.

19. The best way to protect oneself from HIV is to abstain from sexual relations.
   (T) The only 100% effective means of protecting oneself from HIV is abstinence, which means no sexual relations.

20. Vaseline destroys condoms.
   (T) Water-based lubricants must be used with latex condoms. Oil-based lubricants can weaken and break latex condoms.

21. You can become infected with the HIV virus by sharing syringes or needles used for tattoos.
   (T) Fluid contact, particularly blood, is one of the ways of contracting HIV/AIDS. In general, you should minimize the use of drugs, and if you use drugs then needles should never be shared with another person.
Activity | HOT GIRLS
---|---
**Objectives** | Experience the HIV chain of transmission.
Understand that you cannot know a person is infected with HIV by sight alone.

**Materials** | Adhesive tape, white letter-sized sheets of blank paper, sheets of poster paper.

**Additional Resources** | Ten pictures of women, some scantily clad, each with a sheet of white paper underneath the photo. (The most attractive woman has a ‘H’ behind the photo. The photos can be cut from magazines or newspapers. It can also be interesting to add photos of less-attractive women to the game).

**Time** | 30 minutes

**Opening Icebreaker** | None

**Opening Question** | **What is your favorite way to approach a beautiful woman?**

**Procedure** |  
- The facilitator asks the group “How does somebody look if they have HIV?” Write the answers in a list on the poster paper that becomes ‘List 1.’
- Give a condom to one of the men in the group, without giving an explanation of why.
- Tape to the wall the photos of the 10 attractive women, and place a sheet of blank paper underneath each photo.
- Ask the participants to write their names on at least three sheets beneath the women they want to sleep with.
- When all of the participants have written their names, the facilitator gets the group back together and asks them: “Why did you select these women? Why are they attractive to you?” The answers are written on a sheet of poster paper that becomes “List 2.”
- The facilitator shows the group the photo of the woman with the ‘H’ written on the back side.
- The facilitator then asks that everyone who signed their name to the sheet below this woman to stand up. The facilitator should keep the group on task.
- Continuing, the facilitator asks one of the participants now standing to indicate the other two women that he selected to sleep with. The facilitator should avoid asking the participant who has the condom in order to avoid interrupting the chain of transmission.
- Next, the facilitator reads the names of the men who selected the same women (from the lists beneath the photos) and asks them all to stand up.
### Activity

**HOT GIRLS**

- Ask one of the participants to name the other two women who he "slept with".
- Continue until all of the participants are standing.

### Discussion

- Inform the participants that the woman with the 'H' written on the back side of the photo is infected with HIV. Discuss with the participants how the woman transmitted the disease through the population.
- The facilitator calls attention to the participant who was given the condom and tells him that he can sit down. Because he used a condom, he was protected from the HIV virus. The rest of the participants are infected. Ask everyone to return to their seats.
- Compare the two lists that were made at the beginning of the exercise, explaining that a carrier of the virus may be as beautiful as one of the models in the photos and still be infected.

### Conclusion

- The simulation demonstrates that cases of HIV/AIDS can quickly multiply.
- You cannot know that someone is infected with the virus simply by looking at somebody. A person with HIV looks and feels fine for many years, and may infect others with the virus. Eventually the person infected with HIV will have symptoms and develop AIDS.
- To have sexual relations with one person is to run the same risk as having sexual relations with all of the previous sexual partners of that person.
- The window period lasts 3-6 months. During this time, any HIV/AIDS test may be negative even though the person being tested is positive.
Activity | STICKY FLUIDS
---|---
Objectives | To understand the dynamic transmission of HIV through bodily fluids.
Materials | A pair of oversized, cardboard dice with the name of 6 bodily fluids written on the sides of both dice: 4 that transmit HIV (semen, vaginal fluid, blood, and breast milk) and 2 that do not (saliva, urine, tears, sweat, etc…). You can use drawings of the fluids in order to introduce the theme (look at the drawings upon finishing this exercise). 4 cards with the names of the 4 fluids that transmit HIV.
Additional resources | None
Time | 30 minutes
Starting dynamic | None
Initial question | During sex, what is your favorite position?
Procedure | **Introduction**
- In general, what are your bodily fluids like?
In order to help conceptualize, the facilitator can give some examples. One way to do it is to classify the bodily fluids by color: clear like saliva, yellow like mucous, white like semen, red like blood.
Another way to clarify the theme is to show drawings of the fluids and demonstrate their locations on the body.
- Begin by showing the dice, explaining which fluids transmit HIV and which do not.
- Explain that they are going to throw the dice and according to the combination, the group will have to imagine a situation in which these fluids can mix. There are no right or wrong answers and the facilitator should encourage creativity in the group.
- Example: A situation where saliva mixes with semen would be oral sex.
- Ask the participants if this situation can transmit HIV or not.
- Continue in this way until they have discussed all possibilities (oral sex, vaginal and anal) using other possible combinations.
- Next, the facilitator passes out cards with the names of the fluids that transmit HIV in descending order: Blood, semen, vaginal secretions, breast milk.
- The participants given the cards should be selected by order of height so that the fluid most likely to transmit HIV corresponds to the tallest participant.
- The participants with a card line up facing the room in order to show the relative difference in the capacity for transmitting HIV of the selected fluids.
<table>
<thead>
<tr>
<th>Activity</th>
<th>STICKY FLUIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Discussion</strong></td>
<td>When, using the dice, “blood” mixing with “blood” comes up, show the drawing of a mosquito and ask if the exchange of blood from a mosquito bite is capable of transmitting HIV (no, because the virus dies outside the human body). Additionally, the facilitator can discuss the risk of transmission through blood transfusions and the importance of blood testing. Other forms of transmission include the use of contaminated needles and contact with open wounds. Other discussion possibilities include:</td>
</tr>
<tr>
<td></td>
<td>* Asking participants about anal sex: who has anal sex? (Prostitutes, transvestites, men, girlfriends, housewives?)*</td>
</tr>
<tr>
<td></td>
<td>* Where do they do it? Is it practiced in your town? Why? (Keep virginity intact, avoid pregnancy)*</td>
</tr>
<tr>
<td></td>
<td>* Do you believe that anal sex is natural?*</td>
</tr>
<tr>
<td></td>
<td>* Is anal sex safe? Why or why not? (It is not safe. The anus is more fragile than the vagina and there is more risk of creating an open wound during sex)*</td>
</tr>
<tr>
<td><strong>Conclusion</strong></td>
<td>Anal sex combines blood with semen, the two of which have the highest concentration of HIV, and this act carries the highest risk of HIV transmission.</td>
</tr>
</tbody>
</table>
ACTIVITY: PUTTING ON THE HAT

Objective
Learn the correct way to use a condom.

Materials
One condom for every participant and two for the facilitator. Cards with the correct steps for putting on a condom, 5-10 wooden penises, plantains, or another penis-like instrument (enough for at least half the class).

Additional Resources
None

Time
30 minutes

Starting activity
None

Starting Question
Where is the craziest place you have ever had sex? This is to lighten the mood and establish the tone of the activity. It is recommended that the facilitator share a story as well.

Procedure
- Everyone stands up.
- Explain that one side of the class is the beginning and the other is the end.
- The challenge is to organize the group in a sequence of beginning to end as fast as possible.
- Ask that they do a practice run and order themselves in the following sequences: 1. In alphabetical order using their first names. 2. In order of month of birth. 3. In order of the number of women they have slept with (wait to see their reactions and then tell them that it is a joke).
- Once they understand the concept, give them the cards with the steps for putting on a condom. Make sure they are out of order. Those that do not receive a card must help to organize the order, but NOBODY CAN TALK.
- When they are done, congratulate them on a job well done.
- Correct the cards’ order to be sure there are no errors.

Note: If there are only 8 participants, the facilitator can explain steps 1 and 7 verbally in order to have only 8 steps. Also, with this small number of participants, the facilitator can put himself in the lineup and have the most knowledgeable participant organize the group.
**ACTIVITY**

<table>
<thead>
<tr>
<th>PUTTING ON THE HAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>The steps to correctly use a condom:</td>
</tr>
<tr>
<td>1. Make sure there is air in the condom and that the condom is not expired.</td>
</tr>
<tr>
<td>2. Carefully open the package using only your hands. Do not use teeth, scissors, or other instruments that can damage the condom.</td>
</tr>
<tr>
<td>3. Upon opening the package, make sure the condom is not dry.</td>
</tr>
<tr>
<td>4. Make sure of the correct side to unroll the condom (put in the palm it looks like a little hat)</td>
</tr>
<tr>
<td>5. Squeeze the tip to force out any air (it can break if there is air).</td>
</tr>
<tr>
<td>6. With the penis erect, unroll the condom little by little until it covers the entire penis.</td>
</tr>
<tr>
<td>7. Penetration/sex</td>
</tr>
<tr>
<td>8. Grasp the condom by the base of the still erect penis after ejaculation.</td>
</tr>
<tr>
<td>9. Pull out the erect penis while still grasping the condom at the base.</td>
</tr>
<tr>
<td>10. Take off the condom without spilling any semen.</td>
</tr>
</tbody>
</table>

**Demonstration:**
- Explain that you will do a demonstration and put into use all of the steps that the cards explain.
- The facilitator will put the participants into pairs and explain that first he will demonstrate and then each pair will have the opportunity to practice as well.
- Using a wooden dildo or banana, the facilitator will demonstrate while using all of the required steps.
- Distribute 2 condoms and one dildo or banana to every pair.
- One person from each pair will simultaneously with the facilitator, step by step, do the demonstration. Make sure that they do not get ahead of you and that they follow each step simultaneously.
- The second member of each group will proceed to do the demonstration alone while the facilitator supervises.
- Discard all disposable items and clean the area.

**Conclusion**
Remind them that they have a new way to prevent HIV/AIDS.
INSTRUCTIONS FOR USING A MALE CONDOM

Although everyone assumes that all men know how to use a condom correctly, incorrect usage is the leading cause of failure in the prevention of HIV/AIDS/STIs and unplanned pregnancies.

Remember:
- Do not use oils, lotions or Vaseline to increase lubrication. These substances can make the condom break. Use only lubricants and creams that are water based, not oil based.
- Use a condom EVERY TIME you have sex.
- Never reuse a condom. Use it once and throw it away.
- Keep unused condoms in a dry, cool place.
- Never use a condom that looks dry or damaged.

Do not use a condom if:
- The package is broken or past the expiration date.
- The condom feels dry or broken.
- Has changed color or has discolored patches.
- The condom feels strangely sticky.

Before having sex:

1. Carefully open the package in order to not damage the condom (do not use teeth or sharp objects). Do not unroll the condom before putting it on.

1. If the penis is not circumcised, pull the foreskin toward the base (showing the head of the penis). Do not leave air in the condom and put it on beginning with the head of the erect penis.

2. Making sure that there is no air in the condom, begin unrolling it until you arrive at the base of the penis.
3. Check the condom once more for damage and air. Now you are ready to enjoy safe sex.

After having sexual intercourse:

4. After ejaculation, hold the base of the condom and pull the still erect penis out of the vagina.

5. Carefully remove the condom without spilling any liquid and throw the condom into the wastebasket.
**ACTIVITY**

**PENALTY SHOTS FOR LIFE**

**Objectives**
Promote HIV testing and motivate the participants to evaluate their need to have testing done.

**Materials**
Two sets of cards that say, ‘L,’ ‘C,’ and ‘R’ indicating Left, Center and Right. A hat filled with 17 pieces of paper, each with one of the questions found in this section. A large sheet of paper with the drawing of the tournament plan. A goal, a ball, and a cardboard man for a goalie. A table.

**Additional resources**
For the “live” version: A plastic ball and two chairs or a table to serve as the goal.

**Time**
30 minutes

**Beginning dynamic**
None

**Beginning question**
Which is your favorite soccer team?

**Procedure**
**CAREFUL:** This game is designed for 8 people. If there are more than 8, the rest can act as spectators. Explain that they still are participating, although they are not playing, so long as they PAY ATTENTION.

- The facilitator puts up the drawing of the tournament with the names of 8 teams, as shown below. It can be fun to use 4 international teams playing against a national team in the first round.

- The facilitator arranges the playing field, the kicker and the cardboard goalie on the table. The facilitator then assigns the names of the teams when everyone is still seated and asks that only the first two teams come forward.

- The facilitator clarifies which side is Left (L) and Right (R). An easy way of doing this is just to write the letters on the cardboard.

- Flip a coin in order to decide who will be kicker and who will be goalie. The winner is the kicker. The facilitator is referee.

- The facilitator brings the cards with L, C and R to the players. Allow them 10 seconds to decide which card representing which direction they want to choose.

- El facilitator calls the game enthusiastically, e.g.: “The kicker from Liverpool shoots…to the left! And the goalie from Olimpia dives…to the right! GOOOOOOAAAAAAAAALLLLLLL!!!!!!

- If the kicker and the goalie choose different locations it is a goal and the kicker wins a point.

- If the kicker and the goalie choose the same location then the goalie blocks the shot and there is no goal. The point goes to the goalie. This is of course different than real soccer, and is done so to avoid ties.

- The kicker and the goalie will have the opportunity to score another point by answering correctly from the questions in the hat. Each
**ACTIVITY**

**PENALTY SHOTS FOR LIFE**

- player must answer a previously unasked question.
- The two players will then change places.
- Play again after switching places and the player with the most points wins. If they are tied the winner must be decided with a coin flip, unless it is decided that there is enough time to play another round.
- With this system you will need only 7 games to have a champion.

The tournament goes like this:

```
A Vrs. B
Juego 1
Semifinal 1
Ganador juego 1
Vrs.
Ganador de juego 2

C Vrs. D
Juego 2
Semifinal 2
Ganador juego 3
Vrs.
Ganador juego 4

E Vrs. F
Juego 3

G Vrs. H
Juego 4

Gran Final
del ganadores
de las semifinales
```

**Note:** In the championship match, there are no ties. The players keep playing until there is a clear winner.

For the “live” version a real ball and a table or chairs for the goal can be used. To make it fair, improvise a rule, e.g. the goalie cannot move his feet.

The challenge for the facilitator is that the participants focus on learning and not just on playing soccer. He needs to be creative and dynamic while reviewing the information.

**Discussion**

This discussion can take place while the participants are answering questions.

- Has one of your friends had an HIV test?
- Where can you find a prostitute here? How much does she cost?
- Do you know if the prostitutes have had an HIV test done?
- Have the prostitutes’ clients had tests? Why or why not?
**QUESTIONS FOR THE EXERCISE “PENALTY SHOTS FOR LIFE”**
**THEME: HIV/AIDS TESTING**

Answer each question with the correct response: T (true) or F (false)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
| 1. Often times a person will decide to be tested because of having had a relation they believe has put them at risk.  
  (T) If the person has had some form of risky sexual relations, he will want the test in order to know and protect himself. | T | F |
| 2. The test result will only mark me as HIV positive  
  (F) Whatever the result, the clinic will provide advice, information and support. If the result is positive, the clinic will keep it confidential. | T | F |
| 3. An HIV test can only be done using a blood sample  
  (F) The test is usually done with blood, but can also be performed using urine or a cell sample from the mouth. | T | F |
| 4. An HIV test identifies if the virus is present in the body  
  (F) The test measures the presence of antibodies against HIV in the body. | T | F |
| 5. The test result is confidential and only you and your medical examiner will know.  
  (T) Only you and the medical examiner will know. | T | F |
| 6. It is recommended that all pregnant women get an HIV exam.  
  (T) Yes, if the woman knows she is infected there are steps which may be taken to protect the child. | T | F |
| 7. Having symptoms like night sweats and loss of weight could mean that the person is infected with HIV  
  (T) Night sweats and substantial weight loss are often manifestations of major illnesses, in some cases chronic. These symptoms are some of the manifestations of AIDS. If you have these you should visit your nearest health center. | T | F |
| 8. My partner had a negative HIV test result, therefore I am not infected.  
  (F) It is possible to suffer from this illness, although your partner is negative. It is also possible your partner tested negative if she is still within the initial window period of the virus. | T | F |
| 9. If I were to have unprotected sex, I should get an HIV test.  
  (T) One time is enough to get infected with HIV. The only way to be sure is to get tested. | T | F |
| 10. It is easy to find out where to have a test done near my home  
  (T) In every hospital in the country they do HIV tests. Many health centers will also do the test or can refer you to somewhere that does. | T | F |
| 11. HIV can be contracted by donating blood | T | F |
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You can get the test done for free in the nearest health center.
OBJECTIVES

Discuss the risk of different sexual activities. Promote abstinence.

MATERIALS

Adhesive tape. Cards that say: ‘risk’ and ‘no risk.’ 8 photos of women. Cards with 8 actions: Hug her, kiss her forehead, meet her parents, have sex with her, etc... and 8 periods of time: 30 seconds, 15 minutes, 1 hour, 2 days, etc... paper. Markers.

ADDITIONAL RESOURCES

A list of all the actions which you want to discuss in the game of risk and pieces of paper with one action on each.

TIME

30 minutes

BEGINNING QUESTION

What one thing do you like most about a woman? (“Everything” is not a valid answer)

PROCEDURE

- The facilitator presents the photos of the women. Then he shows the actions with the times.
- The facilitator explains that they are going to choose one action to do with each woman.
- When they have chosen an action for each woman, the facilitator asks them: “How much time would it take you to get this girl to do this activity with you?”
- They will assign a period of time to each action.
- The facilitator explains that, independently from the risk that each one of these actions carries, during these periods of time they are not in risk of contracting HIV.
- The facilitator explains that they are going to do some brainstorming and that the participants have to use all their creativity.
- The facilitator asks: “what is the most exciting thing a couple can do without exposing themselves to the risk of contracting HIV?”
- The participants give their answers and the facilitator writes them on the paper.
- Then the participants have to discuss and decide on which of the activities listed is indeed “the most exciting.”

GAME OF RISK

- The facilitator designates two areas: “risk,” and “no risk.”
- The facilitator will put these cards on the wall to designate the areas.
- The facilitator explains that he is going to give an action to a participant and that the participant is going to act out that action for the rest to guess what it is he is doing (they will understand better if the facilitator acts out an example).
- Make sure to have a readable list of all the actions for the participants to guess from.
**RISKY BUSINESS**

The facilitator asks the participants about the risk of contracting HIV that each situation implies. The participant that just finished acting out the situation sits down and the facilitator hangs the card with the action in the appropriate area of the wall.

**Risky Situations**

**Without Risk**
- Hug your partner
- Masturbate with your partner
- Abstain
- Wet kisses
- Someone with HIV/AIDS coughs or sneezes near you
- Take care of someone that is infected
- Be a mutually faithful couple where neither partner is infected with HIV
- Have an HIV/AIDS test done

**With Risk**
- Be mutually faithful, without having HIV tests done.
- Oral sex without a condom
- Drink or take drugs and have sexual relations
- Anal sex without a condom
- Vaginal sex without a condom
- Vaginal sex without a condom and take out the penis before ejaculating
- Pregnant mother infected (risk for the baby)

**Discussion**

- The facilitator asks, “Do you believe that oral, vaginal, or anal sex with a condom is an activity with risk or without risk?” They will probably want to discuss the condom or have questions about its safety.
- The facilitator explains that the only way to 100% positively prevent the contraction of HIV/AIDS is abstinence, but if they decide to have sex, the condom has proven to be an effective form of protection.
- Why, as men, is it so difficult for us to practice abstinence?
- What might a woman say or do when a man tells her that he is not going to have sex with her?
- Do you believe that a man should put his life at risk only because he is scared that a woman will accuse him of being “gay”?

**Conclusion**

- A man should not risk his life only for fear of what others may say.
- Abstinence does not have to be a life decision, but can also be only a temporary decision. It could be that we only practice abstinence in a given moment when we decide that to do otherwise would be a risk to our health, our life, and our family.
- There are things that we can do with a woman that are fun and do not carry a risk of contracting HIV/AIDS.
ACTIVITY WOMEN FROM MY PAST

Objectives
Identify dangers of promiscuity and risky behaviors. Discuss fidelity with partners.

Materials
Glass bottle (empty) or plastic (filled with water). 10 photos of women, tape. Photos of sexually transmitted infections (STIs).

Time
30 minutes

Procedure
**The Human Knot**
- Begin by spreading out into a circle (or two if there are many participants).
- Everyone raises his right hand.
- The facilitator instructs everyone to take the right hand (not the wrist) of another man from the circle. Afterwards, all raise their left hands and take another man’s left hand, ensuring that no one has two hands from the same other man. This will form the knot.
- Without letting go of the hands, everyone must untie the knot to form a new circle.
- The facilitator should explain that it isn’t necessary that all end facing the same direction to succeed.

**For the photos of Sexually Transmitted Infections**
- Show the STI photos and describe the types of diseases.
- The educator should explain that the majority of STIs are invisible. Although it is recommended to look at the partner’s vagina before having sex with her, often the infections cannot be seen.
- The educator should explain that oral sex carries much risk as well.
- “If the ‘family jewels’ are so important, why expose them to risk?”

**A Friend’s Past**
- The facilitator should hang the photos of the women on the wall and explain that a friend has slept with these 10 women this year and didn’t use a condom with any of them.
- Next, the facilitator should ask the participants to discuss and estimate the number of men each woman has slept with, without protection, in her life. The educator can take the responses by group or individually.
- After receiving the number of partners for the women in the photos, the facilitator adds the total number: The total number of men the ten partners have slept with, without protection.
- The facilitator then writes the total and asks the participants: “What does this number mean for our friend?”

**Response:** “It’s the number of men HE has slept with (exchanged fluids with) this year”
ACTIVITY WOMEN FROM MY PAST

- “Do you know anyone in your community like our friend here?”
- “If our friend has a wife and has had sex with ten women without using a condom this past year, how might his actions affect the ones he loves? How might they affect him?”
- Continuing, the facilitator asks: “What can we do to avoid this type of contact with that many other men?” *(Fidelity or, at least, fewer partners is better. Also correct usage of condoms)*

“Spin the Bottle”

- Participants sit in chairs in a circle. If there are no chairs they can stand in a circle.
- The facilitator spins the bottle. When the bottle stops, the mouth and base of the bottle will each pick a member of the group.
- Whoever corresponds to the mouth of the bottle asks the person the base points to: “Why don’t you use condoms?” and the person at the base will give an excuse as to why not.
- Afterwards the person corresponding to the mouth of the bottle responds to his companion’s excuse with a reason to use condoms.
- Each participant will only give one answer. Those that have already participated must pull out slightly from the circle (but not leave the circle completely nor distract the others). The facilitator needs to keep the participants interested and make sure no one repeats responses.

**Optional**

- Discuss the advantages and disadvantages of being in a stable relationship.

**Conclusion**

- Having unprotected sex with one person runs the same risk as having sex with all the previous partners of that person.
- Fidelity is one way to prevent HIV/AIDS and STIs. If you don’t practice fidelity, condoms provide an alternative form of protection.

The educator can review the exercise with “Advantages of the condom” and “the three means of sexual prevention” found below.

**Advantages of the condom**

- Effective when used correctly
- Cheap
- Small enough for your pocket
- Easy to acquire
- No side effects
- The man shares the responsibility
- Protection against HIV/AIDS
ACTIVITY  WOMEN FROM MY PAST

- Prevention of pregnancy

Sexual Prevention (The ABCs)

- **ABSTINENCE**
  The only way that is 100% effective.

- **BE FAITHFUL**
  Fidelity with an uninfected partner.

- **CONDOMS**
  Correctly use a condom each time you have sex.

### Reasons to not use a condom
- With a condom it doesn’t feel as good.
- Real men don’t use condoms.
- Cheaper not to (I can buy food with those 25 cents).
- I don’t know where to get them.
- I want to have the children God intended me to have.
- Condoms smell strange.
- My partner will think I’ve been unfaithful.
- I’ve never used them before.

### Reasons to use a condom
- Condoms are the only contraceptive that helps you not get infected by Sexually Transmitted Infections (STIs) including HIV when used consistently and appropriately.
- When used correctly condoms also help prevent unplanned children.
- Condoms don’t have medical side effects, as do other methods.
- Condoms are available in different shapes, colors, textures, and sizes to make protected sex more enjoyable.
- You can find them in health centers, pharmacies, supermarkets, as well as small community distribution booths and displays, and they don’t require a prescription.
- Condoms are user-friendly. With a little practice, you can increase your confidence as well as your overall enjoyment of sex.
- You only need them in the appropriate moment; you don’t need to have them on you at all times.
- There won’t be abandoned children conceived by casual sex.
### ACTIVITY

<table>
<thead>
<tr>
<th>Objectives</th>
<th>MAN TO MAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengthen the communication of the men with their partners. Discuss the HIV test and promiscuity.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>A tube or a broomstick, two pieces of paper and two pencils, tape, large paper presenting the reasons to take an HIV test, pages of photos for the exercise.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 minutes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Wedding Night</strong></td>
</tr>
<tr>
<td>- You will need four volunteers</td>
</tr>
<tr>
<td>- The volunteers must stand: two form a pair and stand back to back while the other two will be designated to write.</td>
</tr>
<tr>
<td>- The facilitator places the stick between the two standing and they must grab it with both hands (behind their backs).</td>
</tr>
<tr>
<td>- The pair must try to end up face to face, without letting go of the stick, working together while communicating orally.</td>
</tr>
<tr>
<td>- Those writing must write down everything their volunteer says.</td>
</tr>
<tr>
<td>- At the end, the volunteers sit, and those that wrote will read what the pair said during the exercise.</td>
</tr>
<tr>
<td>- The facilitator will ask the group, “What did they have to do to resolve the problem?” <em>(They needed to communicate with each other).</em></td>
</tr>
<tr>
<td>- The facilitator then reads some of the words said during the exercise, placing emphasis on the less clear instructions such as, “ok, up, just like that”.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Using the activity as an example the facilitator asks, “Is this an example of good communication? Why? Why not?”</td>
</tr>
<tr>
<td>- “Is good communication important for a couple? Why?”</td>
</tr>
<tr>
<td>- “There are still women who say ‘He got me pregnant,’ as if she didn’t have anything to do with the act of conception. How will we protect ourselves if we can’t talk honestly about sex?”</td>
</tr>
<tr>
<td>- “If we can’t talk about sex, how can we talk about HIV/AIDS in a relationship?”</td>
</tr>
<tr>
<td>- Do any of you know a couple that has taken an HIV test together?</td>
</tr>
<tr>
<td>- Is there someone here that has taken an HIV test and would like to share how they felt before and after receiving the results?</td>
</tr>
<tr>
<td>- If not having sex is 100% safe and nearly everyone knows it, why do we still have this problem of HIV? <em>(Most people can’t keep it up, they’ll eventually give in and have sex)</em></td>
</tr>
<tr>
<td>- If a guy goes on a trip and meets a woman who’s ready and willing, what’s going to happen? Is he going to resist?</td>
</tr>
</tbody>
</table>
ACTIVITY

MAN TO MAN

- And the women? Why are women at times unfaithful?
- What do you think of women who carry condoms? (Often they will respond that they are “sluts” or “whores”)
- What are some other reasons that a woman would have condoms? (Protect herself from diseases and unwanted pregnancy)

The Rooster’s Crowing

Procedure

- The facilitator must arrange the space so that all the participants can form a circle.
- The facilitator marks an “X” on the floor below each participant in the circle, excluding himself. Then he tells each participant to stand on their “X” which forms a circle. (The activity can also be done with chairs)
- The facilitator reads a statement from the first card. The facilitator says: “The rooster’s crowing!” and the group responds, “What’s the rooster saying?”
- “The rooster’s crowing and saying that those who have four or more siblings have to move.”
- All participants for whom this statement is true must leave their position in the circle and find another spot (or “X”) that is unoccupied. Each time there’s a change of positions there will be one person without a spot who will have to go to the center of the circle.
- The facilitator then gives the cards to this person and he must read a statement from the card.
- After each card the facilitator will announce again, “The rooster’s crowing!” followed by the group’s question of “What’s the rooster saying?” The person in the middle must then say “The rooster’s crowing and saying that those who…move” and read the statement from the card.

The statements start off being very basic but slowly become more complicated and more personal.

The educator must take advantage of these moments between “crows” to stop the game and open a discussion about some of the mentioned themes.

Note The Rooster’s Crowing is a good exercise for reviewing information; the statements can be changed to emphasize other themes.

Statements

1. …are wearing black shoes.
2. …are wearing long sleeves.
3. …have four or more siblings.
### ACTIVITY

<table>
<thead>
<tr>
<th></th>
<th>MAN TO MAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.</td>
<td>…think that HIV/AIDS is transmitted by homosexuals more than anyone else in this country.</td>
</tr>
<tr>
<td>5.</td>
<td>…think that oral sex can transmit HIV/AIDS.</td>
</tr>
<tr>
<td>6.</td>
<td>…have never been cheated by their partner.</td>
</tr>
<tr>
<td>7.</td>
<td>…have taken an HIV test.</td>
</tr>
<tr>
<td>8.</td>
<td>…think that it can be transmitted by a long and deep kiss.</td>
</tr>
<tr>
<td>9.</td>
<td>…believe that a woman can transmit HIV to her child during birth.</td>
</tr>
<tr>
<td>10.</td>
<td>…think that sex with a commercial sex worker carries more risk.</td>
</tr>
<tr>
<td>11.</td>
<td>…think that there is a cure for HIV/AIDS.</td>
</tr>
<tr>
<td>12.</td>
<td>…know where one can get an HIV test in his or her community.</td>
</tr>
<tr>
<td>13.</td>
<td>…believe they can contract HIV by having sex one time with an infected person.</td>
</tr>
</tbody>
</table>

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**Am I at risk of contracting HIV?**

The facilitator tapes up a list of risky behaviors:

“You need to ask yourself, ‘Have I exposed myself to the risk of contracting HIV?’”

To find out, respond YES or NO to the following questions:

1. Have I had sex without being absolutely sure that my partner or partners were not infected with the HIV virus?
2. Have I had sex with penetration and without protection (without using a condom)?
3. Have I had sex without protection with a commercial sex worker?
4. Have I had sex with many people or with someone who has had sex with many people?
5. Have I had sex with penetration while I was drunk or on drugs?
6. Was I infected with a sexually transmitted infection, like genital herpes, syphilis, or gonorrhea?
7. Have I injected myself with a used syringe or have I shared needles by injecting myself with drugs?
8. Have I gotten a tattoo or punctured or pierced a part of my body in a place where they might not have properly sterilized equipment?

If your answer was “YES” to any of these questions, you may have exposed yourself to the risk of contracting HIV. This is not to say that you have HIV. Nevertheless, you should really consider taking an HIV test and obtaining more information.
<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>MAN TO MAN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Remember:</strong></td>
<td>The test is for HIV antibodies, not for the virus itself. It can take up to six months after the infection for the body to produce these antibodies. If you take the test within the first six months after being infected, the result could be negative, but you could still be HIV positive.</td>
</tr>
<tr>
<td><strong>Discussion</strong></td>
<td>How come a lot of guys don’t want to take the test? <em>(Fear of dying)</em></td>
</tr>
<tr>
<td></td>
<td>• To be HIV+ doesn’t mean an immediate death. Antiretroviral treatment (ART) can improve the state of the person and prolong their life.</td>
</tr>
<tr>
<td></td>
<td>• The facilitator can show before and after photos of patients taking ART.</td>
</tr>
<tr>
<td></td>
<td>Have any of your friends taken an HIV test?</td>
</tr>
<tr>
<td><strong>Conclusion</strong></td>
<td>• We can protect our families by being responsible. HIV infection is invisible; we really don’t know who’s infected, though they may be friends or people we know. Even the people we are close to have their secrets.</td>
</tr>
<tr>
<td></td>
<td>• The theme of trust is important. The facilitator should not tell people to be suspicious of their partner (wife); rather people can protect their partner by being responsible and taking an HIV test.</td>
</tr>
<tr>
<td></td>
<td>• Although many people decide to not use condoms with their regular partner (wife) it is absolutely necessary with other partners, for example, with commercial sex workers.</td>
</tr>
<tr>
<td><strong>One more time</strong></td>
<td>If the situation is more intimate, you can ask, “What do you say to your children about sex?”</td>
</tr>
<tr>
<td></td>
<td>Where do they learn about sex?</td>
</tr>
<tr>
<td></td>
<td>Do you know if your children are having sex?</td>
</tr>
<tr>
<td></td>
<td>Where are your children now?</td>
</tr>
<tr>
<td></td>
<td>Do you really know what they are doing at this moment?</td>
</tr>
<tr>
<td></td>
<td>Is there a difference in the education you must give a girl and the education for a boy? Why?</td>
</tr>
<tr>
<td><strong>ACTIVITY</strong></td>
<td><strong>MAY THE FORCE BE WITH ME</strong></td>
</tr>
<tr>
<td>---------------</td>
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</tr>
<tr>
<td>Objectives</td>
<td>Increase general knowledge about men’s health in a fun and entertaining way.</td>
</tr>
<tr>
<td>Materials</td>
<td>A watch, a table, poster paper, markers, a hat with the questions about “Men’s Health”</td>
</tr>
<tr>
<td>Time</td>
<td>30 minutes</td>
</tr>
<tr>
<td>Opening Icebreaker</td>
<td>None</td>
</tr>
<tr>
<td>Opening Question</td>
<td><strong>What makes a woman attractive to you?</strong></td>
</tr>
</tbody>
</table>
| Procedure     | - Divide the participants in two teams fairly taking into account their physical size.  
- The facilitator asks each team to pick a team name, which will be written on the blackboard or on poster paper in the front where the points will be marked.  
- The facilitator requests that each team select a representative.  
- Seated facing each other, the two participants place their right elbows on the table and lock right hands (arm wrestling position). To brace themselves they can hold left hands below the table.  
- The facilitator explains that they have one minute to earn a point by making their competitor’s back of the hand touch the table without either person lifting their elbows. Then he gives the order to start and times it.  
  - If after one minute, no one defeats their opponent, no one wins a point. If someone wins within a minute, their team gains a point.  
- Whatever the outcome, both men take a question from the hat, and if they respond correctly and can justify their answers, they will gain an additional point.  
- The activity continues in this manner until everyone participates and a team wins. If there is enough time and people want to, the activity can be redone with the same rules but with the left hand.  |
FALSE QUESTIONS FOR THE EXERCISE “MAY THE FORCE BE WITH ME”
THEME: MEN’S HEALTH

Answer each question with the correct response, T (True) or F (False).

1. Once a man is excited and has an erection, he must finish (ejaculate) because it’s bad for him, possibly dangerous, if he doesn’t.
   (F) No, it’s not bad for him and nothing will happen to his physical or mental health. Some men might feel a discomfort until they eventually ejaculate (“blue balls”).

2. Eating fruits and vegetables is better than eating chips and Coke.
   (T) Fruits and vegetables have vitamins and minerals necessary for life. Neither colas nor chips provide nutritional benefits to the body.

3. Impotence (or erectile dysfunction) is a disease that causes a guy to be less of a man.
   (F) The most common cause of impotence (ED) is damage to the nerves, arteries, and other parts inside the penis, often the result of a disease. Psychological factors like stress, anxiety, guilt, depression, low self-esteem, and fear of poor sexual performance cause only 10-20% of ED cases.

4. The majority of violent conduct occurs in a moment of temporary insanity.
   (F) When someone commits a violent act, normally this person knows what he is doing, even if he doesn’t understand why. Violence often occurs when someone is so frustrated and angry that he doesn’t know how to communicate.

5. The majority of alcoholics end up becoming bums on the street.
   (F) This is the stereotype of the alcoholic, but only a small percentage of alcoholics live on the street. Most alcoholics hold full time jobs and are respected in their communities. They are members of all professions and socio-economic levels.

6. Women are generally raped by strangers.
   (F) No, most often they are raped by relatives, close friends, neighbors, or someone else they know. If a woman is raped she must understand that it wasn’t her fault, and she should find someone she can trust to discuss what happened and seek help.

7. Impotence (erectile dysfunction) is just part of getting older.
   (F) Erectile dysfunction doesn’t have to be a part of getting older. It’s true that as you age you might need more stimulation – caressing and touching – to achieve an erection. It is also possible that you will need more time between erections. But older men are just as capable of getting an erection and enjoying sex as young men.
8. To maintain a healthy body 30 minutes of moderate exercise per day is recommended.
(T) In addition to a healthy diet and not smoking, physical activities like running, dancing, playing with children, etc. will help keep you healthy.

9. Only older men suffer from testicular cancer.
(F) Testicular cancer is the most common form of cancer in young men 15-34 years old.

10. Alcohol affects some people more than others.
(T) The factors that influence how alcohol will affect a person include: weight, quantity consumed, presence of other drugs in his system, current general health of the individual, and how recently he has eaten.

11. When someone stops smoking, they can reverse some of the damage to their body.
(T) If there is no permanent damage to the heart or lungs, the body can begin to heal itself when a person quits smoking.

12. The prostate gland is not a part of the male reproductive system.
(F) The prostate is in fact an important part of the male reproductive system. The prostate produces a liquid which mixes with sperm and other liquids during ejaculation. A normal prostate is the size of a walnut.

13. Adults are victims of more violent crimes than adolescents.
(F) Youth are more often victims of violent crimes and automobile accidents than adults of any age.

14. A man can examine himself to detect signs of testicular cancer.
(T) The best time to give yourself an exam is during or immediately after taking a bath or shower because tepid or warm water relaxes the skin of the scrotum to help facilitate the exam. The testes should be smooth and firm. If you feel any kind of mass, hardening, or any kind of abnormality you should visit your doctor immediately.

15. Violence in men is a normal, instinctive response to feelings of anger and aggression.
(F) Violence is a learned conduct, not a biological instinct. It occurs in cultures where children grow up watching adults or adolescents acting violently. Children who were violently mistreated often grow up to be violent. In cultures that don’t practice violence, the children do not learn it. Nor is violent behavior related to gender. In some cultures, the women are more violent and aggressive, while the men are more passive and nonviolent, because everyone grows up seeing women and men behave this way.

16. Girls can get pregnant if they have sex during their period.
(T) Yes, adolescents can have very irregular menstrual periods, which
17. **High levels of stress affect mental health.**
   *(T)* Excessive stress can cause an individual to feel depression, nervousness, guilt, and tiredness, in addition to headaches, stomach pains, or difficulty sleeping.

18. **Prostate cancer develops slowly.**
   *(F)* Prostate cancer can develop aggressively, which means it can grow quickly and then spread to other parts of the body.

19. **It’s necessary to be of age to be able to buy condoms.**
   *(F)* In most countries one can buy condoms at any age. The real issue is whether people know where condoms are available and if they know what the best ways to maintain and use them are.

20. **Alcohol is a sexual stimulant.**
    *(F)* Alcohol, cocaine, and other drugs can depress one’s sexual capacity. Drugs and alcohol can diminish inhibitions with a sexual partner but cause problems like the inability to obtain an erection, loss of sexual sensation or inability to have an orgasm. Moreover, drugs and alcohol can cause a person to have sex or do something that they would not do had they been sober.

21. **Older men run the risk of suffering from prostate cancer.**
    *(T)* In spite of the fact that men can get prostate cancer at any age, it more frequently occurs in men over 50 years. In fact, over eight out of ten men with prostate cancer are over 65 years old.

22. **The majority of violent crimes are committed under the influence of alcohol and other drugs.**
    *(T)* The majority of stabbings and shootings are alcohol related. In the same way, date rape occurs more often under the influence of alcohol and drugs.

23. **Stress is always a bad thing.**
    *(F)* No. In fact a little stress is good. The majority of us can’t exert ourselves to do things well (sports, music, dance, study) without feeling the pressure of competition.

24. **Alcoholism runs in families.**
    *(T)* Children of alcoholics are more likely to become alcoholics themselves than children of non-alcoholics. Some theories claim alcoholics have different chemical components in their nervous system that can pass from one generation to the next.

25. **Violence is only occurs in families that live in poverty.**
    *(F)* Independent of their socio-economic status, any family can experience
26. **The easiest way to detect prostate problems is by a rectal exam (the medical procedure of placing a finger in the anus).**

   *(T)* Your doctor can examine your prostate by placing a gloved and lubricated finger inside the rectum to feel your prostate. A normal prostate feels firm. If there are hard areas of the prostate, your doctor might do further testing to see if it’s cancer.

27. **A cup of coffee and a cold shower can sober up a drunk.**

   *(F)* Only time will help someone get sober. It takes an hour for the liver to process half an ounce of pure alcohol.

28. **Inhalants are basically harmless though adults make a big deal about them.**

   *(F)* The use of inhalants like gasoline, lacquer, cleaning fluids, glue, or paint thinner can be the most dangerous. Contrary to the majority of drugs, inhalants can cause permanent damage to organs like the liver, brain, and nervous system. They are also very flammable and can cause serious injuries if someone lights a match nearby (e.g., to light a cigarette).

29. **Excessive consumption of meat can be bad for a man’s health.**

   *(T)* Eating too much meat is connected to high cholesterol and certain types of cancer. It is more appropriate to eat a balanced diet that includes fruits and vegetables. Avoid eating meat daily, and when you do eat meat, be sure it is well cooked, for it could contain parasites.
TOOL 2
USEFUL VOCABULARY

LANGUAGE GUIDELINES
Many organizations have adopted the following principles to talk about HIV and AIDS.

The language must be inclusive and not create or reinforce a mentality or approach of US vs. THEM. Such words as “control” establish a particular type of relationship between the speaker and the “audience”. You must take care when using pronouns like “them”, “you/you people” (as opposed to me), etc.

It’s much better to use words that engender peace and progress rather than anger. In this way, instead of using words such as “campaign”, “control”, “vigilance”, we should use more neutral synonyms.

It’s advisable to use descriptive terms that are preferred or chosen by the people to whom they refer. For example, “Sex workers” is a term often preferred by the people to whom it refers, rather than “prostitutes”. “People living with HIV or AIDS” prefer to be called as such, rather than “victims”.

The language must be neutral, sensitive to gender, and empowering. Such terms as “promiscuous” or “druggie” are derogatory terms that, instead of creating an environment of respect and trust, facilitate one of alienation. Such terms as “victim” or “patient” suggest uselessness; “hemophiliac”, “patient with AIDS” are terms that identify person solely by their medical condition. “Intravenous drug users” is a more appropriate term than “drug addict”. Terms such as “living with HIV” recognize that an infected person can continue living well and productively for many more years.

The used terms must be very precise. For example, “AIDS” describes conditions and diseases associated with a significant progression of the viral infection of HIV. If this is not the case, the terms one must use should be like “infected with HIV”, “HIV epidemic”, “HIV-related illness”, etc. “Risky situation” is better to use than “risky behavior” or “risky types”, since the same act can be safe in one given situation and unsafe in another. Each situation must be examined in context to determine risk.

Terms used must be appropriate to allow for accurate information. For example, the modes of transmission of HIV and the options of safe sex practices must be explicitly indicated, so that they are understood within their cultural contexts.
### USEFUL SCIENTIFIC VOCABULARY LIST FOR HIV/AIDS EDUCATION

**Useful Vocabulary-HIV/AIDS**

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus. It is the virus that produces the condition known as AIDS. It is transmitted by contact with the blood, sexual fluids, or breast milk of an infected person. This virus attacks the immune system and can be in the human body for many years without producing any symptoms.</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired Immuno-Deficiency Syndrome. It is an advanced stage of HIV infection. When the disease reaches this stage, a person is much more susceptible to other infections and diseases such as a cold or tuberculosis, since the immune system is so debilitated that the body is incapable of defending itself.</td>
</tr>
<tr>
<td>Mutually Monogamous</td>
<td>Expression describing two people who only have sexual relations with each other (who are faithful). If both take an HIV test and Sexually Transmitted Infections (STI) tests, have negative results, and remain faithful, this is considered one method to avoid HIV infection and other STIs.</td>
</tr>
<tr>
<td>Safe Sex</td>
<td>Sexual activities that prevent the exchange of blood, semen, and vaginal fluid. The use of a condom during sex is one of these methods, but abstinence is the only one that is 100% safe.</td>
</tr>
<tr>
<td>Intravenous Drug Use</td>
<td>It is the injection of chemical substances in the veins with a syringe. It is one of the methods of transmission of HIV.</td>
</tr>
<tr>
<td>Abstinence</td>
<td>The personal decision to not have any form of sex. It is the only way that is 100% effective to prevent HIV infection, other STIs and pregnancy.</td>
</tr>
<tr>
<td>Latex</td>
<td>A type of higher quality rubber used in condoms.</td>
</tr>
<tr>
<td>Asymptomatic</td>
<td>When there are no exterior signs of an infection. Someone infected with HIV can live like this for many years.</td>
</tr>
<tr>
<td>Confidential Test</td>
<td>An HIV test of which only the patient and the doctor know the results.</td>
</tr>
<tr>
<td>Immune System</td>
<td>It is the protective system of the body which destroys germs and foreign bodies inside the body. HIV attacks this system directly.</td>
</tr>
<tr>
<td>Useful Vocabulary-HIV/AIDS</td>
<td>Definition</td>
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<tr>
<td><strong>Condom</strong></td>
<td>A very thin latex tube which covers the penis during sex. Correct use can significantly reduce the risk of contracting HIV, other STIs, and pregnancy.</td>
</tr>
<tr>
<td><strong>PLWHA</strong></td>
<td>People Living With HIV/AIDS. These persons many times feel rejected and are discriminated against just because they are infected with HIV.</td>
</tr>
<tr>
<td><strong>Virus</strong></td>
<td>Parasitic agent that lives and reproduces inside the cells of other living organisms. HIV is a fatal virus for human beings.</td>
</tr>
<tr>
<td><strong>Rapid HIV Tests</strong></td>
<td>Tests that tell us quickly if someone is infected with HIV. However, you must wait at least 3 months (without returning to risky sex practices) before repeating the test to know with certainty whether you are infected with HIV.</td>
</tr>
<tr>
<td><strong>Opportunistic Infections</strong></td>
<td>Infections that show up when the immune system is damaged. Normally the immune system is capable of destroying or controlling them, but with a damaged system, they can be fatal.</td>
</tr>
<tr>
<td><strong>Antiretrovirals</strong></td>
<td>Medications that help delay the destruction of the Immune System by HIV/AIDS.</td>
</tr>
<tr>
<td><strong>Window Period</strong></td>
<td>A minimum period of 3 months after exposure to the virus when HIV infection is not always detectable.</td>
</tr>
<tr>
<td><strong>Vertical Transmission</strong></td>
<td>Transmission of the HIV virus from a mother to her baby. This can occur during pregnancy, birth, or from breastfeeding. If the mother knows she is infected during pregnancy and seeks medical attention, then she can greatly reduce the risk of this type of transmission.</td>
</tr>
<tr>
<td><strong>Stigma and Discrimination</strong></td>
<td>This refers to acts or attitudes of rejection or of harassment done to a person or a group of people simply for being different than us. Many people living with HIV/AIDS suffer mistreatment from their family or friends because these people have failed to understand their predicament.</td>
</tr>
</tbody>
</table>
What is HIV?

HIV means Human Immunodeficiency Virus and causes the infection that leads a person to suffer from AIDS.

**Virus:** One of the smallest external infectious agents that affect the human body.

**Immunodeficiency:** The virus destroys the immune system (or the white blood cells) which are the cells that defend the body against diseases.

**Human:** The virus cannot live outside the human body.

To date, there is no known medicine that destroys the virus.

What is AIDS?

AIDS is when a person with HIV develops symptoms of secondary diseases.

HIV debilitates the body’s defense system to the point that it cannot defend itself against secondary diseases. AIDS causes people to get sick and die from diseases that a healthy person would not suffer from.

What behaviors transmit HIV?

HIV only spreads through the exchange of four fluids: blood, semen, vaginal secretions and breast milk.

- **Sexual Relations:** The virus is transmitted from an infected person to his/her partner during sexual contact between the penis and the vagina, the penis and the anus or oral contact (mouth to vagina, mouth to penis).
- **Blood:** The most common forms of infection in this case are blood transfusions or its derivatives that are infected with HIV. Likewise, transmission occurs through the use of needles or other instruments that perforate the skin – as in the application of tattoos – and that have been previously contaminated with infected blood.
- **Mother to Child:** The infected mother can transmit the virus to her child during pregnancy, birth, or breast feeding.

How do you prevent HIV through sexual transmission?

- **Abstinence:** Delay the first sexual relation for the longest time possible.
- **Fidelity:** If the person already has a sexual partner, maintain a relationship of mutual fidelity, and if the suspicion arises that one partner has been exposed to HIV, get an ELISA test done, taking into account the window period of HIV.
- **Correct Condom Use:** Get informed about correct condom use and use a condom in all sexual relations.
How does the HIV/AIDS infection progress?

1. **Window Period**: This period begins the moment a person is infected with the virus until 3 to 6 months after. During this time the infection cannot be detected with common laboratory exams or tests.

2. **Asymptomatic Period**: When a person looks and feels healthy. The virus continues multiplying in the body, infecting other cells and organs until the white blood cell count (defense cells) goes down and the body's defense progressively deteriorates.

   In this phase and the window period the person receives the title ‘asymptomatic virus carrier.’ That is, the person has the virus in their body but does not show signs of having it. They are also known as 'people living with HIV.' **Carriers can transmit the virus to others if they do not follow adequate preventative methods.**

3. **AIDS Period**: In this stage the HIV/AIDS virus has significantly affected the body’s defenses and it no longer has protective barriers against other infections. It is characterized by a person suffering from different diseases and at this point a person is considered to have developed AIDS.

### Some Symptoms and Signs of AIDS:
- Weight loss for no apparent reason
- Chronic diarrhea
- Chronic or intermittent fever
- Persistent dry cough
- Painless purple or brown blotches on the skin.
- Inflamed glands in the armpits, neck, or groin.
- Tiredness or fatigue.
- White blotches in the mouth or throat.
- Sores on the lips, torso or genitals.
- Memory or personality disorders.

**NOTE**: In all stages of HIV/AIDS the person living with the illness can infect other people if he/she does not take the necessary preventative measures.

### HIV/AIDS Test

The HIV test is called ELISA and it shows if there are antibodies fighting HIV in the blood. A positive result means that a person has HIV antibodies and is “seropositive.” A negative result means that a person does NOT have HIV antibodies and is “seronegative.”

It is possible for a person to have HIV and not have a sufficient number of antibodies to give a positive ELISA result. Because of this, it is recommended to repeat the tests after six months. After six months a body will have had enough time to produce more antibodies.
Sexually Transmitted Infections (STIs) are passed from one person to another through sexual contact, be it anal sex, oral sex or vaginal penetration. For many years, STIs were known as venereal diseases. STIs has become the accepted name for these diseases because venereal disease carried connotations of rejection, scorn, abandonment and stigmatized the persons infected.

STI prevention is an important component of youth leader training for several reasons. First of all, many STIs can be equally as fatal as AIDS or can leave the infected person permanently disabled if the disease is not treated. Secondly, STIs in Honduras are common, especially syphilis and gonorrhea. Third, if a pregnant woman is infected with an STI, the disease can be transmitted to the fetus during pregnancy or childbirth. Fourth, STIs which produce ulcers provide an entry point for other infections including HIV. Finally, studies have shown that someone with a secretion producing STI, along with HIV, is more infectious because of the high quantity of the HIV in these secretions. Therefore, an HIV positive person with an STI passes HIV more readily to their sexual partner.

STIs are caused by four types of organisms - bacteria, virus, fungus and parasites. Each STI has its own set of symptoms and usually these symptoms present themselves differently in women and in men.

**The most common symptoms in women are:**
- Abnormal vaginal discharge of any color, with or without a bad odor
- Ulcers or sores in the vulva, vagina, anus or mouth
- Lower abdominal pain or cramping
- Pain during sexual relations
- Burning, discomfort or itching in the vaginal area
- A slight fever and a feeling of malaise

**The most common symptoms in men are:**
- Discharge of any color from the penis
- Burning or pain during urination
- Inflammation, itching or irritation of the genitals
- Ulcers or sores in the genitals, mouth or anus
- Inflammation of the glands near the genitals
Gonorrhea
The bacteria *neisseria gonorrhoeae* causes urethritis most commonly in men and cervicitis in women. More rarely, gonorrhea may also attack the throat, eyes or rectum. Symptoms appear between 2 to 21 days after sexual contact; however, over fifty percent of all cases do not present symptoms.

What are the symptoms?
- A thick yellow or white vaginal discharge
- Burning or pain during urination during a bowel movement
- More pain then usual during menstruation
- Lower abdominal pain or cramping
- A white or yellow pus-like discharge from the penis

If not treated, gonorrhea may cause permanent damage to one’s reproductive system, possibly causing sterility. Also a pregnant woman can infect her baby during the birth.

Chlamydia
Infections caused by *chlamydia trachomatis* have a longer incubation period than gonorrhea, and often symptoms appear from 7 to 21 days after sexual contact. As with gonorrhea, many men and women do not have symptoms. In fact, 75% of women and 25% of men show no signs of having the disease.

What are the symptoms?
- White or clear discharge from penis
- Burning or pain during urination or during a bowel movement
- Vaginal discharge
- Vaginal bleeding between cycles
- Burning or painful urination
- Lower abdominal pain, possibly accompanied by fever and nausea

If not treated, chlamydia can permanently harm your reproductive organs and even cause sterility. A pregnant woman can infect her baby during the birth and if not treated, cause permanent blindness.

Trichomoniasis
This STI is caused by the protozoa *trichomonas vaginalis* and in women causes vaginitis, while men are usually asymptomatic. Although the infection is usually spread through sexual intercourse, it can also be transmitted through moist objects like towels, washcloths, etc.

What are the symptoms?
• Abundant foamy discharge with a foul odor
• Burning with urination
• Men do not usually have symptoms

If not treated, trichomoniasis can cause miscarriages or premature births in pregnant women. Although men are typically asymptomatic, they can still transmit the infection to other sexual partners or reinfect the woman after she has received treatment. Therefore, it is very important that men receive treatment as well.

**Bacterial Vaginosis**
Bacterial vaginosis is the leading cause of vaginal symptoms in women of reproductive age. This infection is the result of an imbalance in the vagina’s ecosystem where the friendly bacterium *lactobacillus* is replaced by anaerobic bacteria like *gardnerella vaginalis* and *mycoplasma hominis*. They consider it an STI because it is much more common among sexually active women than non-sexually active women. But in the case of bacterial vaginosis, the partner is not treated.

What are the symptoms?
- White vaginal discharge with a foul fish odor
- Men usually have no symptoms
If not treated, a woman may experience more problems during pregnancy, miscarriages or premature births.

**Syphilis**
This disease is caused by the bacteria *treponema pallidum* which can be passed through sexual contact or simple skin contact. It passes through many stages as it aggressively attacks the entire body.

*Primary Stage*
This stage begins from nine to ninety days after contact with the bacteria. The first sign is the appearance of a chancre or a painless sore which appears usually on the genitals or near the place where the bacteria entered. It has also been known to appear on the breasts, lips, hands, anus, or mouth. Sometimes the person can’t see the sore because it is in the folds of the vulva, vagina, or scrotum. The sore usually disappears from one to five weeks after its appearance but the bacteria are still in the body as it moves into the secondary stage.

*Secondary Stage*
Now the bacteria is beginning to spread throughout the body and the following symptoms can develop anywhere from one week to six months later. It starts with a rash over the palms of the hands or the soles of the feet; the rash can also spread over the entire body. One may experience flu-like symptoms such as a mild fever or headache, painful joints or aching bones. The infected person may experience hair loss. During this stage of the
disease it can be passed by simple physical contact, like kissing, because the bacteria is present in syphilitic sores which can appear anywhere on the body.

**Latent Stage**
This stage can last a very long time, from ten to twenty years, possibly with no signs or symptoms, but the bacteria are still invading the organs of the body, such as the heart or brain. It is no longer infectious after the first few years of the latent stage.

**Late Stage**
Depending on what organ was invaded during the latent stage, there is a general breakdown of that organ. For example, if the heart was affected, one would see serious heart disease, or in the case of the brain, serious mental incapacity.
If not treated, syphilis can cause permanent damage to one’s body. During pregnancy, syphilis can attack and cause damage to the fetus.

**Genital Herpes**
Genital herpes is caused by the herpes virus VHS-2. Symptoms usually begin within 2-30 days after sexual contact. Some people however do not present symptoms although they still have the disease.

What are the symptoms?
- Feelings of general malaise, as if one were getting a cold
- Small painful blister like sores on the sexual organs or the mouth
- Burning or itching before the outbreak of the sores

The lesions last one to three weeks and although they disappear, one still has the virus and the lesions may still reappear.

**There is no cure for herpes, but there are medications that help control the symptoms. Recurrent outbreaks are often triggered by stress, illness, pregnancy or menstruation. A poor diet and drug use can lower one’s immune system thus becoming more vulnerable to herpes outbreaks.**

**Genital Warts**

Genital warts are a sexually transmitted infection that is caused by human papillomavirus (HPV). Human papillomavirus is the name of a group of viruses that includes more than 100 different strains or types. More than 30 of these viruses are sexually transmitted, and they can infect the genital area of men and women including the skin of the penis, vulva (area outside the vagina), or anus, and the linings of the vagina, cervix, or rectum. Most people who become infected with HPV will not have any symptoms and will clear the infection on their own.

What are the symptoms?
• Single or multiple growths or bumps that appear in the genital area, and sometimes are cauliflower shaped.

Some of these viruses are called "high-risk" types, and may cause abnormal Pap tests. They may also lead to cancer of the cervix, vulva, vagina, anus, or penis. Others are called "low-risk" types, and they may cause mild Pap test abnormalities or genital warts.

**What is the treatment for STIs?**
The treatment of STIs varies depending upon the type of infection. Hondurans often believe that any type of antibiotic will treat their infection and possibly because of feelings of embarrassment or shame, will not get treatment through their health center. But it is important to explain that the treatment varies according to the disease, and that they should get treatment through their health center or another reputable doctor. Also, the earlier the STI is diagnosed, the more simple and effective the treatment will be. It is important to remember that treatment of an STI means treatment of the patient as well as all of his or her sexual partners. If the partners are not treated as well, reinfection is likely to occur.

Prevention of STIs is quite simple and includes being faithful to one sexual partner, condom use, washing the genitals before and after sexual relations, immediate treatment of STIs and testing and treatment of pregnant women to avoid infection of the fetus. It is also recommended that both sexual partners are tested for STIs before initiation of sexual relations.
Some activities that can be great complementary help for work as a Men’s Health Facilitator.

Activity: WELCOME QUESTIONS

Objective: To establish a participatory environment and get to know the group

Materials: None

Time: 10 minutes

Procedure:
- The facilitator throws a question to the participants so that each one says his name and a short answer to the question.
- Wait until all respond and get them motivated with positive feedback (this is a key moment in establishing the participation of each group member).
- The participants cannot repeat a response to the question.

Examples:
- Imagine that today is a special day, what dish would you like to be served?
- For what reasons would you fight in a war?
- What’s your favorite scar and how did you get it?
- What was the moment in which you were most scared and why?

Note: With groups of men it’s good to be creative. For example:
- What’s your favorite sexual position?
- Where do prostitutes get together in your town?
- Who was the girlfriend that you remember best and why?
- What do you look for in a woman?
## 5 MINUTE ICEBREAKERS

<table>
<thead>
<tr>
<th>Activity</th>
<th>HELIUM TUBE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Materials</strong></td>
<td>One meter of plastic tube (PVC)</td>
</tr>
</tbody>
</table>
| **Procedure** | - All the participants put both their index fingers at chest height. The facilitator places the tube on the index fingers of the group.  
- All the fingers have to touch the tube at all times.  
- The facilitator indicates that everyone must lower the tube down to their feet. (They have to work together!)  
- Bring the tube back up to chest height. |

<table>
<thead>
<tr>
<th>Activity</th>
<th>THE STORM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Materials</strong></td>
<td>None</td>
</tr>
</tbody>
</table>
| **Procedure** | - Everyone in a circle, sitting or standing.  
- One by one, the participants have to follow the facilitator’s movements without beginning or changing until their neighbor has done so. (The movements travel to the right).  
- The facilitator first rubs his hands together, later snaps his fingers and then claps.  
- The facilitator doesn’t begin a new movement until everyone in the circle has begun the previous movement.  
- The storm ends when the facilitator does the movements in reverse order. |

<table>
<thead>
<tr>
<th>Activity</th>
<th>NEMA NEMA</th>
</tr>
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<tbody>
<tr>
<td><strong>Materials</strong></td>
<td>None</td>
</tr>
</tbody>
</table>
| **Procedure** | - The participants form a circle looking towards the middle and put both arms around the shoulders of their neighbors.  
- They then separate their feet, each placing his right foot between the feet of the participant to the right.  
- Repeat the phrase: ‘Nema nema nema mamaruscha nema nema nema porparai’  
- When the phrase is repeated they move their hips left and right.  
- After that they say: ‘HEY, HEY,’ and they bend their body forward two times, then ‘HO, HO’ and bend the body back two times.  
- Repeat the complete sentence and each time speed up the hip movements at the discretion of the facilitator. |
# 10 MINUTE ICEBREAKERS

<table>
<thead>
<tr>
<th>Activity</th>
<th>LOAN ME A HAMMER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Materials</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Procedure</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>The facilitator asks everyone to stand and form a circle. The facilitator includes himself in the circle.</td>
</tr>
<tr>
<td></td>
<td>The facilitator begins by telling his neighbor: “loan me a hammer” and makes the motion of hammering a nail.</td>
</tr>
<tr>
<td></td>
<td>“What for?” the neighbor asks.</td>
</tr>
<tr>
<td></td>
<td>“So I can hammer” the facilitator responds.</td>
</tr>
<tr>
<td></td>
<td>The question and the motion advance around to all the participants in the circle, keeping the first motion while adding others.</td>
</tr>
<tr>
<td></td>
<td>“Loan me a saw.”</td>
</tr>
<tr>
<td></td>
<td>What for?”</td>
</tr>
<tr>
<td></td>
<td>“So I can saw,” mimicking the motion of sawing wood.</td>
</tr>
<tr>
<td></td>
<td>Now the participant has to make the hammering motion while adding the motion of the saw.</td>
</tr>
<tr>
<td></td>
<td>When this motion has gone across the entire circle and everyone is pretending to hammer and saw, add the blender by swinging the waist in a circular motion.</td>
</tr>
<tr>
<td></td>
<td>Everyone will continue to do the three motions together until ‘the blender’ goes through the entire circle.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activity</th>
<th>FRUIT COCKTAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Materials</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Procedure</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>This activity is recommended for large groups (12-20 people).</td>
</tr>
<tr>
<td></td>
<td>Everyone sits in chairs in a large circle with the facilitator standing in the middle.</td>
</tr>
<tr>
<td></td>
<td>The facilitator names four fruits, for example, orange, pineapple, banana and strawberry, and each participant selects a fruit.</td>
</tr>
<tr>
<td></td>
<td>The facilitator says out loud the name of a fruit and everyone that picked the named fruit has to stand up and change seats. If ‘fruit cocktail’ is said everyone stands up and changes seats.</td>
</tr>
<tr>
<td></td>
<td>There will always be one person left without a seat and that person calls out the next fruit or fruit cocktail.</td>
</tr>
</tbody>
</table>
**Activity**  
*COCK FIGHT*

**Materials**  
2 sheets of paper, pen

**Procedure**  
- Write a large number on both sheets of paper.
- The facilitator asks for two volunteers and places a piece of paper with a number on the back of each one. The volunteers then cross their hands behind their backs.
- The game requires that each person try to see the other’s number while the other tries not to let it be seen.
- The winner is the first to see the number on the other’s back.

**Activity**  
*DEER, HUNTER, WALL*

**Materials**  
None

**Procedure**  
- Divide the group into teams.
- Explain the rules; each team will select one sign to show: deer, hunter or wall.
- Show the positions for each sign.
  - Hunter kills the deer.
  - The wall beats the hunter.
  - The deer jumps over the wall.
- Each team member gets in line and, on the count of one, two, three, they all show the sign.
- If one team member shows a different sign, the team loses the point.
- Keep playing until there is a winning team (it might be necessary to do a short tournament).

**Activity**  
*RISK, NO RISK*

**Materials**  
The ten photocopies of situations and masking tape. Two signs, one that says, ‘Risk,’ and another that says, ‘No Risk’.

**Procedure**  
- Make two lists on the board, one that says ‘Risk’ and another that says ‘No Risk’.
- Explain the two lists; ‘Risk’ is for behaviors that do transmit HIV, ‘No Risk’ is for those behaviors which cannot.
- Give a copy to each participant (if there are more than 10 participants, some will go without a card).
- The participants have to go to the front of the group and explain if the behavior on their cards can transmit HIV or not, later placing it in the correct place (‘Risk’ or ‘No Risk’).
RISK

NO RISK
### Activity

**WHITE BLOOD CELLS**

### Materials

Ten pieces of cardboard with one that says, “The Body” and four others that say, “White Blood Cells.” Three pieces of cardboard with names of opportunistic diseases such as, “Chronic Diarrhea,” “Pneumonia,” “Flu.” Another piece of cardboard with “HIV” and another with “AIDS.”

### Procedure

- The facilitator asks for eight volunteers and gives each one of the cardboard. One man is needed for the role of the human body, three for the diseases and four to be white blood cells.
- The facilitator asks that “The Body” stand up in front of the class. Explain that this person looks as healthy as the rest.
- The “White Blood Cells” are asked to form a circle around “the Body.” The lock elbows with their backs toward “the Body.”
- Explain that our bodies are defended by “soldiers” that are called white blood cells (or antibodies).
- Insist that the diseases force as hard as they can to enter the body. The facilitator can yell, “Get him! Get in there!” to motivate the participants.
- Even with all their effort, the diseases don’t manage to enter the body.
- Follow that up explaining that the human body has had sexual relations without a condom and is now an HIV carrier.
- Ask the white blood cells to lose their strength; they cannot lock elbows and almost fall to the floor from exhaustion.
- Ask the diseases to restart their effort to enter the body. They should enter without much difficulty (if they don’t, add another disease to help).
- When the diseases have entered the body, explain that “now the body has AIDS.”
Activity: THE FOOTBALL MATCH

Materials: Two brooms, small ball

Procedure:
- Large groups can be formed and all participants will take part.
- Pick out from among the participants the one that is best with announcing, talks fast and knows the names of the participants and the rules of the game. It is also necessary to include a “referee,” and this position should be chosen to strengthen leadership and respectability of one member of the group.
- The teams line up face-to-face, two teams of numbered players that will be mixed for comparison/contrast of physical capability. In the case of an organization, organize them as representatives of the different departments of the organization. Line up the participants in the following manner:

```
TEAM A FAN SECTION

<table>
<thead>
<tr>
<th></th>
<th>1A</th>
<th>2A</th>
<th>3A</th>
<th>4A</th>
<th>5A</th>
<th>6A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team A’s Broom</td>
<td>1A</td>
<td>2A</td>
<td>3A</td>
<td>4A</td>
<td>5A</td>
<td>6A</td>
</tr>
</tbody>
</table>

TEAM A’S GOAL

| 6B | 5B | 4B | 3B | 2B | 1B | Group B’s Broom |

TEAM B FAN SECTION

TEAM B’S GOAL

- With a small plastic ball or a paper ball and having made “fan sections” for each of the teams, each team picks a name for their team.
- Begin the match dropping the ball in the center of the pitch. The commentator begins rapidly calling out the different players’ numbers, making occasional changes. The players, upon hearing their numbers, will run to take the broom and will try to score a goal on their opponents’ goal. The rest of the team can only help the team member that has the broom by pushing the ball with their feet. The commentator should keep the game lively and animated.
TOOL 7
CONVENTIONAL HIV PRESENTATION

ACTIVITY

CONVENTIONAL HIV PRESENTATION

Objectives
To impart a basic presentation on the topic to clarify doubts and expand understanding of the HIV/AIDS situation.

Materials
8 signs about HIV/AIDS (see designs below).

Additional Resources
Materials for ‘White Blood Cells’ ‘Risk or No Risk’

Time
35-45 minutes.

Opening Icebreaker
Facilitator’s choice.

Procedure

Sign # 1
- The facilitator greets the men and involves them in an icebreaking activity (see tool “Icebreakers”.)
- The facilitator asks: “Who can tell me what HIV/AIDS is?”
- After listening to the men’s responses, the facilitator explains that HIV is a virus that attacks the body’s defenses and produces AIDS, the stage of infection when opportunistic infections can kill the person. In addition, he/she may mention that it is a human virus that cannot survive outside the human body.

Sign # 2
- The facilitator asks: “Does this country have an HIV problem?” (Yes, the country has X number of cases).
- The facilitator asks: “Who can get HIV/AIDS?” (Anyone can get HIV/AIDS.)
- The facilitator displays the sign, ‘Who can get HIV/AIDS?’ and asks a participant to read it aloud. The facilitator then explains the HIV situation in their country, emphasizing that the most common method of transmission is via heterosexual sex.

White blood cells:
- The facilitator leads the participants in the game “White Blood Cells” (see page 88).

Review of game:
- The facilitator asks: “What happens when bacteria and fungi enter a healthy body?” (They are destroyed by the white blood cells).
- “What happens when bacteria and fungi enter an HIV-infected body?” (The white blood cells are fewer and weaker, and they cannot kill them. The illnesses are more severe).
- “What is the difference between HIV and AIDS?” (The presence of secondary illnesses).

Sign # 3
- Using the sign about HIV infection, the facilitator explains the danger of HIV due to the window period.
- Next, explain the symptoms of AIDS, always emphasizing the fact that, although a person may appear to be healthy before they begin to show symptoms, they can still transmit the virus to others.
- The facilitator says: “A person with AIDS may suffer from illnesses that do not affect healthy people. Why?” (Lack of defenses/white blood cells).
ACTIVITY

CONVENTIONAL HIV PRESENTATION

- “What does a person with AIDS die from?” *(He/she dies from these illnesses.)*

**Sign # 4**
The facilitator displays the sign about fluids that DO NOT transmit the virus, explaining that HIV is not transmitted via casual contact.

**Sign # 5**
The facilitator displays the sign about fluids that can transmit the virus and explains why sexual transmission is so common, emphasizing this point:
- HIV is present in higher quantities in semen and blood than in vaginal secretions, which makes unprotected anal sex the most dangerous for both men and women.
- HIV/AIDS can also be transmitted through oral sex.

**Si Da, No Da**
The facilitator conducts the game ‘Risk or No Risk, *(see page 85).* He/she clarifies any doubts about the drawings: Mosquito *(No Risk)*, tattoo *(Risk)*, brushing teeth *(No Risk)*, sexual activity *(Risk)*, mother to child *(Risk)*, kisses *(No Risk).*

**Sign # 6**
The facilitator displays the sign about transmission of the virus and explains the methods through which it can be transmitted.
- The facilitator can explain transmission through blood, explaining that contact with sharp objects can be dangerous (needles, syringes, tattoos, etc.), as well as contact with open wounds or lesions.

**Sign # 7**
The facilitator displays and explains the sign about preventing sexual transmission of HIV.
- Men almost never want to hear about abstinence, but it is the best way to protect themselves.
- “What is the problem with fidelity?” *(Sometimes people lie.)*
- “What is the problem with condom use?” *(It is not 100% effective, but it is better than nothing.)*

**Sign # 8 (optional)**
The facilitator displays the sign, “Should I be tested?” and says: “To find out if you should be tested, answer YES or NO to the following statements.” Next, read the statements from the sign.
- The facilitator says: “If you answered "YES" to any of these statements, you may be at risk for HIV. This does not mean that you have HIV. However, you should think about getting tested and finding more information.”

**Sign # 9 (optional)**
Visually present and explain the natural cycle of the illness. The facilitator should emphasize that although death is part of the cycle, this should not discourage people from being tested for HIV.
- Knowing the results, although they may be positive, can allow access to antiretroviral drugs and thus prolongs and improves quality of life.
<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>CONVENTIONAL HIV PRESENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review</td>
<td>The facilitator asks: “What have we learned today?”</td>
</tr>
<tr>
<td></td>
<td>- Can you transmit HIV through kissing? <em>(No)</em></td>
</tr>
<tr>
<td></td>
<td>- Can you transmit HIV through sex? <em>(Yes)</em></td>
</tr>
<tr>
<td></td>
<td>- Through oral sex? <em>(Yes)</em></td>
</tr>
<tr>
<td></td>
<td>- Can a mosquito transmit HIV? <em>(No)</em></td>
</tr>
<tr>
<td></td>
<td>- A tattoo? <em>(Yes)</em></td>
</tr>
<tr>
<td></td>
<td>- What is the only method that is 100% effective against HIV/AIDS? <em>(Abstinence)</em></td>
</tr>
<tr>
<td></td>
<td>- If you have sex with an infected person only once, can you still get HIV? <em>(Yes)</em></td>
</tr>
<tr>
<td></td>
<td>- In this country, what is the most common method of HIV transmission?</td>
</tr>
</tbody>
</table>
Human Immunodeficiency Virus

Acquired Immune Deficiency Syndrome

Who can get HIV/AIDS?

IN THIS COUNTRY:

- X% of cases are transmitted through heterosexual contact
  (Heterosexual means sex between a man and woman.)
- X% through other methods of transmission
  (Transmission through blood, vertical transmission between mother and child.)
- X% bisexual contact
  (A bisexual is attracted to both genders)
- X% homosexual
  (Sex between man and man or woman and woman.)

ANY person can get HIV/AIDS without regard to:
AGE, SEX, RACE, NATIONALITY, or SOCIAL STATUS.

FLUIDS That DO NOT transmit HIV/AIDS:

- Urine
- Saliva
- Sweat
- Tears

FLUIDS That CAN transmit HIV/AIDS:

- Blood
- Semen
- Vaginal Secretions
- Breast Milk

INFECTION WITH HIV
HIV CARRIER

- Window period:
  For 3-6 months, the ELISA test cannot detect HIV even if the person is infected.
- For 2-4 years, the person looks and feels normal but they may infect other people.

AIDS Symptoms:

1. Cough
2. Fever
3. Diarrhea for more than a month
4. Sores filled with liquid
5. Significant weight loss

DEATH
Should I be tested for HIV?

1. Have I engaged in sexual activity without being **100% certain** that my partner or partners were not infected with HIV?
2. Have I had unprotected sex with penetration (without a condom)?
3. Have I had unprotected sex with a sex worker?
4. Have I had sex with various partners, or with someone who has had sex with various partners?
5. Have I had sex with penetration while I was drinking or using drugs?
6. Have I had a sexually transmitted infection like genital herpes, syphilis, or gonorrhea?
7. Have I injected myself with a used syringe or shared needles to inject drugs?
8. Have I gotten a tattoo or pierced any part of my body in a location that may not have properly sterilized their equipment?
Combining sports with education in games or tournaments can be an effective technique for bringing together men who are not members of an existing group. The competition and excitement of sport are sufficient incentives to encourage men to participate actively. Soccer penalty kicks, basketball free throws, and pool tournaments are examples of the tournaments that can be organized to encourage men in any community to participate. A few points to have in mind while planning a contest or tournament:

- The number of participants should be kept to a minimum, aiming for an average of 15 to 20 participants per tournament. With more, it is difficult to maintain all listeners’ attention. In addition, the session will be more effective with fewer participants as competition between individuals is more effective than competition between teams.

- A nominal prize can be offered to the winner in order to attract more participants.

- If deemed necessary, an incentive may be offered to all participants at the end of the tournament. This gives the losers of each round a motive to stay and listen to all of the presentations.

- The incentives should reinforce the information shared during the contest in order to take advantage of participants’ desire to win. Examples:
  - **Soccer/Football:** The winner is whoever scores the most goals in 10 penalty kicks. For the final round, when a goal is scored, the player must answer a question about HIV/AIDS prevention, drawn randomly from a hat or bag. If the response is incorrect, the goal does not count.
  - **Basketball:** Follow the same format as the soccer tournament, but with free throws. Again, each finalist must answer a question chosen at random, and if he answers incorrectly, the point is lost.
  - **Pool:** In this tournament, players follow the hall rules. At the end of the last round, however, players must answer a question about HIV/AIDS for each ball they pocket. If they answer incorrectly, the ball is removed and the player loses his turn and the point.
HIV/AIDS POOL TOURNAMENT
This section was contributed by PCV Brandon Roche

Purpose
To bring men together in a safe, informal environment to talk about HIV/AIDS in a fun way.

Materials
- A pool hall, permission arranged with the owner.
- Money to pay for the games and a nominal prize for the winner. This money can be donated by a local business.
- Signs to publicize the tournament, posted both in and outside of the hall.
- A box of condoms, available in any health center.
- Printed material about HIV/AIDS to distribute during the tournament, available in any health center.

Procedures
- The facilitator posts the rules and the tournament objectives on a wall in the pool hall at least a week before the tournament.

Tournament Rules
1. Only the winners will continue to the next round
2. Between rounds, players will listen to a short presentation about HIV/AIDS
3. During the last game, the two players will answer questions about the presentations, according to the number of the ball that they pocket. If they do not answer correctly, the ball will be removed from the pocket and placed back on the table.

This means that in order to win, one must listen to the presentations in addition to being the best player.

- The facilitator should make an effort to visit the pool hall a few times to promote the tournament in person and encourage regular players to participate.
- The facilitator introduces him/herself and explains the purpose of the tournament.
- The 16 participants sign up in order of arrival.
- The facilitator explains the structure of the tournament:
  o With 16 participants, there are 15 games per tournament and it will last approximately 2 hours.
  o Each participant plays against another and the winner continues to the next round.
  o Between rounds, participants and spectators will listen to a short presentation on HIV/AIDS.
  o During the last round, the two players will answer questions about what they have learned, according to the ball that they pocket. If they do not answer correctly, the ball will be removed from the pocket and placed back on the table.
In other words, participants must pay attention during the presentations in order to win the tournament.

- The facilitator selects the pairs of players randomly and notes them on a chart.
- The facilitator announces that the first round will begin, and waits while the first 8 games are played.
- At the end of the first round, the facilitator stands in front and brings the players together.
- The facilitator begins the first presentation, which will introduce HIV/AIDS and mention the following points:
  - The immune system
  - The difference between HIV and AIDS
  - Mention the four bodily fluids that can transmit HIV and tell participants that they will be discussed in further detail after the second round.
- The facilitator asks if there are any doubts and announces that he/she will answer any questions the men may have while the rest are playing.
- The facilitator provides a recap of the first round and begins the second. At the end of the second round, the facilitator stands in front and brings the men together again.
- The facilitator begins the second presentation, which should focus on HIV transmission and mention the following points:
  - Blood, semen, vaginal secretions, and breast milk.
  - Risky sexual behaviors: unprotected anal and vaginal sex (High risk). Oral sex (Lesser risk).
  - The vast majority of HIV/AIDS cases are transmitted through unprotected sexual activity.
  - The more sexual partners, the higher the risk (Promiscuity).
- The facilitator provides a recap of the second round and begins the third.
- At the end of the third round, the facilitator stands in front and brings the men together again.
- The facilitator begins the third presentation, which should focus on HIV prevention and mention the following points:
  - Mutual fidelity and correct condom use are the most effective methods for sexually active men.
  - Condoms also can prevent pregnancy and STIs.
  - Condoms are only effective when used correctly.
- The facilitator picks up a pool cue and demonstrates the correct way
to put on a condom.

- Using other pool cues and condoms, the facilitator walks through the room and asks for volunteers that want to learn to use condoms.

**Discussion**

**The Last Round:**

- The facilitator calls the finalists to the front and tells the others that they cannot help answer questions during the game.

- When a player pockets a ball, the facilitator asks a question, drawn blindly from a hat. If the question is answered incorrectly, the ball is placed back on the table and the player loses his turn.

- Possible questions:
  1. Can a baby be born with HIV?
  2. Can you get HIV by sharing a glass with an infected person?
  3. Can you get HIV from having unprotected sex with an infected person?
  4. Can you tell that a person has HIV just by looking at them?
  5. Is there a cure for HIV/AIDS?
  6. Is HIV/AIDS fatal?
  7. Without a blood test, is it possible to know if someone is HIV positive?
  8. Can you get HIV from using a public toilet?
  9. Can you get HIV from a virgin?
  10. Are condoms an effective way to protect yourself from HIV?
  11. Can you get HIV from anal sex?
  12. Is the HIV test expensive?
  13. Is it better to use two condoms at once?
  14. What country in this region has the most AIDS cases?
  15. What body fluids can transmit HIV?

**Some suggestions and pertinent information**

- In addition to the sixteen players, there will be many spectators in the hall. Some will want to ask the facilitator about the topic in a more private manner, while the rest of the participants are playing.

- It is important to maintain the audience’s attention while providing education. If possible, turn off or lower the volume of the music and bring the men to stand around a single table. If the participants lose interest in what you are saying, turn the music on again and continue to the next round.

- A lot of technical jargon can be confusing, so the facilitator should try to avoid it. For example, it is not essential for participants to know what the initials of HIV and AIDS mean; they only need to know that they are different phases of a virus that can kill them. The goal is to give the men the information they need to protect themselves from HIV, not to become experts in the topic.
• Many of the questions are True-False. The goal is to ask simple questions that the public can understand, and the facilitator's task is to ensure that the answers to the questions are included in the presentations. In addition, he/she should post a list of possible questions on the wall at least a week before the tournament (so that the men can learn the information and not be embarrassed in front of their peers).

• The facilitator needs to discuss the high incidence of AIDS in the country. Ask if anyone in the room would like to share a personal experience with HIV/AIDS. Afterwards, to gain trust, tell them how health educators are focusing their attention on women and children; it seems that they have forgotten about men. Because of this, the men are there to both learn about an issue that is important to us all as well as to have fun. (The facilitator should try to speak about "us, the men," and express that he is not a doctor, only someone who knows something about HIV/AIDS, and that the tournament is for men only).

• It helps to place publicity posters around the town or neighborhood to announce the tournament. The bigger the town, the more publicity necessary. It should be noted that entrance is free.
• To simplify the theme, the facilitator can say that we will focus on vaginal secretions and semen since sex is the most common method of transmission. Additionally, mention the importance of HIV testing for pregnant women, since there are drugs available to prevent the transmission of the virus between the mother and her baby.

• The facilitator needs to reinforce that we do not want to take the disease to our homes and families. Here you can mention the following points: 1) Anal, vaginal, and oral sex 2) Risk groups such as homo- and heterosexuals, blood transfusion recipients (but you need to explain that the blood in hospitals has been tested and now the risk of transmission is low), and drug addicts.

• It is also important to mention that the number of HIV-infected housewives is increasing due to lack of mutual fidelity. Here, you can facilitate a chat about chauvinist attitudes and how they contribute to HIV transmission. You can ask if they think that attitudes like machismo have contributed to the high prevalence of HIV in their country.

• Although abstinence should be mentioned, the facilitator must understand that the audience is probably sexually active. It is better to focus on condom use. Mention that condoms serve various functions: they protect us from HIV/AIDS and other STIs (this would be a good time to describe and/or show pictures of various STIs), and prevent pregnancy. The most important is to tell them that condoms do not work if they are not used correctly. This serves as a stopping point for the demonstration of correct condom use, for which the facilitator can use the end of a pool cue. Next, have participants practice the correct way to apply a condom on the “penis.” Last, talk about the HIV test and the fact that it is available for free in the health center.
Although education plays an important role in preventing HIV/AIDS and other diseases, it is also important to begin to create primary services that support and provide appropriate follow-up to that education. Most likely, volunteers and their partners can identify opportunities in their community to create new services or improve existing ones. Remember that for these kinds of ideas, collaboration and consultation with community members is vital.

In this section, three ideas are shared: The Men’s Health Clinic, Condom Distribution Networks, and specific AIDS prevention groups such as taxi drivers. Implementation of any of these helps to promote HIV/AIDS prevention and men’s health.

MEN’S HEALTH CLINIC

Once or twice a month, in a health center or other borrowed space, open a “clinic” specifically for men’s health care. This clinic is a safe space to talk and learn about delicate topics such as HIV/AIDS, STI’s, erectile dysfunction (impotence), and cancers of the penis, prostate, testicles, etc.

The clinic could offer the following services on a regular basis:
- Complete medical consultation provided by a male physician
- Testing for HIV, STI’s, and cancers of the male reproductive apparatus.
- Counseling about HIV/AIDS, problems with erectile dysfunction (impotence), and cancer
- Condom distribution
- Distribution of printed materials about men’s health issues

How to do it:

The male facilitators could begin by talking with men in the community and with health center personnel in order to generate interest and identify trustworthy volunteers. They must be convinced of two things:

1. The utility and/or necessity of a “clinic” for men, and
2. That sufficient interest and potential clients exist in the community (half of the population)

At least one doctor and nurse, preferably both male, are necessary. Community volunteers/facilitators can provide health education while men wait for consultation or exams. A group of trustworthy volunteers from the community can be trained to work as educators and counselors. Surveying the community and health personnel can help identify the most convenient day and schedule for the clinic. To generate community interest, it can be helpful to run a publicity campaign in public places, local radio or television, or door to door, depending on the size of the community.
More than just a clinic (a place with negative connotations for many), seek to create a place where men can get together and talk openly about health, sports, politics, women, whatever. It helps to have a television, magazines, a coffee machine or water fountain, and a place to buy drinks and snacks. The goal is for men to think of a doctor’s visit as a positive, even fun, experience.

**CONDOM DISTRIBUTION NETWORK**

An essential component of teaching the male population about condom use is advising men where to get condoms; otherwise, their newfound knowledge will remain unexploited. During a visit to the health center, a trained facilitator can talk to health personnel about condom use and availability of condoms in the community. If the facilitator identifies an at-risk male population in the community, he/she may try to coordinate with the health center to make free or cheap condoms available in places frequented by this population.

A challenge to condom distribution is the stigma that may exist within certain communities and groups. Condom distribution must be discreet and confidential; otherwise, people will not request them. Facilitators should conduct brief training sessions to train the personnel of these condom distribution points (ex. bars, hotels, motels) so that they understand the components of successful condom distribution.

Once condom distribution points have been selected and arrangements for supplies have been made with the health center, the next step is to promote the points. Distribution points can be indicated by a small sign that reads simply “Free Condoms Here” or has a positive HIV prevention message with a humorous drawing. In this phase, the possibilities depend on the imagination and creativity of those involved with the project.

**“TAXI DRIVERS AGAINST HIV/AIDS”**

A trained facilitator coordinates with their community health center to obtain appropriate quantities of condoms and solicit printed materials to distribute in taxis. They may also design their own material: a card with the basic points of transmission and prevention of the virus.

The facilitator can meet with a small group of taxi drivers to talk to them about HIV/AIDS. They are taught how to talk about the topic, covering the basic points in a few minutes in order to share the information with their client while driving them to their destination. Different arrangements may be reached with the taxi drivers so that they can become educators and/or condom distributors.

Over time, these taxi drivers will recruit more of their coworkers, eventually producing a fleet of mobile educators that distribute condoms and share knowledge. If a taxi cooperative exists, you can coordinate with them in order to discuss the project, create interest among the taxi drivers, and give presentations about HIV/AIDS in their meetings. The last step is to promote the project: it is a good idea to provide a distinctive decal to identify participating taxi drivers and to let people know which taxis will offer free condoms.
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