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HIV Prevention and Behavior Change In International Military Populations

United Nations Department of
Peace-keeping Operations

Produced with support from the Ford Foundation in collaboration with the Civil-Military Alliance to Combat HIV and AIDS, and assistance of the U.S. Military HIV Research Program and the Henry M. Jackson Foundation for the Advancement of Military Medicine

Curriculum Developers: Donna Ruscavage, M.S.W.
and Paul Purnell, M.S.

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Introduction

There is a critical need to find effective ways to lower the risky behaviors that lead to infection with HIV and other sexually transmitted diseases (STDs) in military populations. Behavior change, based on acquiring knowledge and learning skills, along with individual risk assessment, is an effective method for reducing risky behaviors.

HIV is a real threat to both military and civilian populations. Military personnel as compared to civilians have higher rates of infection for STDs worldwide. HIV and other STDs impact military readiness and threaten military ability to perform important secondary functions such as responding to natural disasters. HIV and other STDs also affect the health of civilian communities where military personnel train and work. Military personnel can have a negative impact on civilian communities by spreading HIV/STDs. A cycle of HIV/STD infection between military personnel and civilians can result in serious and long lasting impact on the health of a community.

Throughout the world, military personnel, including United Nations Peacekeepers, are uniquely at risk for infection with HIV and other STDs. Military duty takes soldiers away from home for long periods of time and puts them often in stressful situations. The need to relieve stress, loneliness, and boredom can lead to risky behavior. Using alcohol and drugs to cope with stress can increase the incidence of risky behavior even more. Many soldiers are young and think that “nothing will ever hurt me.” To add to this type of thinking, military institutions encourage and value risk-taking and aggressiveness.

Men and women engaged in United Nations peacekeeping operations carry out admirable and important work. It is imperative that United Nations Peacekeepers learn effective HIV prevention strategies so they can protect their health and the health of local populations in the countries they work, and maintain the integrity of their missions.

The *HIV Prevention and Behavior Change in International Military Populations* curriculum is designed to help men and women engaged in United Nations peacekeeping operations to learn about HIV and AIDS and how to promote good health.

This manual presents a course overview and five modules dealing with HIV prevention. The *Instructor's Notes* in the Appendix provides technical assistance to trainers and educators in implementing the curriculum and discusses the behavioral theories the curriculum is based upon. The five modules are:

- ♦ Module 1: Defining HIV and Its Impact on the Military
- ♦ Module 2: HIV Prevention
- ♦ Module 3: Substance Abuse, HIV and STDs
- ♦ Module 4: HIV Risk Assessment and Prevention Strategies
- ♦ Module 5: Review of HIV Prevention and Behavior Change Issues

Course Overview

Purpose:	To help men and women engaged in United Nations Peacekeeping Operations to learn about HIV and AIDS and how to promote good health.
Goal:	To educate participants about the kind of changes in behavior everyone needs to make in order to protect themselves and others from HIV/STD infection.
Objectives:	Participants will: learn to distinguish between facts and myths about HIV and AIDS; identify personal risk factors for HIV infection; identify personal values and positive reasons to stay healthy; learn about HIV prevention strategies; learn skills for preventing HIV infection; accept personal responsibility for their own decisions and behaviors; learn skills and accept personal responsibility to take care of self and others in order to promote good health.
Time:	10 minutes
Materials:	Course Overview Protect Yourself, and Those You Care About, Against HIV/AIDS; Field Handbook: Personal Pocket Guide for Peacekeeping Troops; Commanders Briefs: Military HIV/AIDS for Peacekeepers published by the United Nations Department of Peacekeeping Operations (UNDPKO).

Instructor Note: All information in the Course Overview is summarized on slides/overheads to assist with the presentation. Information to enhance the written curriculum (i.e., graphics) appears on slides/overheads and is indicated by a box next to the part of the curriculum it refers to.

Course Summary and Rationale:

This program will probably be like nothing you've done before. Throughout the program, we will be discussing sexual behavior that all people engage in. However, our special focus will be on how to engage in sexual activity safely, so you do not get infected or infect someone else with HIV or another sexually transmitted disease (STD).

- ◆ It is about reducing your risk of becoming infected with HIV, the virus that causes AIDS.
- ◆ It is about learning how to protect yourself from HIV infection and making choices that may save your life.
- ◆ It is designed to provide you with the information and skills you need to always make choices that will prevent you from ever placing yourself, your spouse or future sexual partners at risk for contracting an STD, including HIV infection.
- ◆ Sexual behavior is a private matter. Only you know what your choices are and whether or not these choices place you or others at risk for contracting HIV/STDs. Only you know if you are being honest about what risks you are taking for yourself and others.
- ◆ In many ways this program is about **choices**. These kinds of choices are not always a simple or easy matter. For example, alcohol consumption can impair a person's judgment and greatly increases the risk of making unsafe decisions about sex.
- ◆ Sexual desire is very powerful. It can easily cause one to deny or ignore the risks involved with sexual activity. Also, there are many other reasons why people take risks. Even though a person has knowledge about HIV and STDs, they don't always choose to protect themselves against HIV or STDs.
- ◆ This program will give you a chance to think about your choices and whether or not you choose to protect yourself and your sexual partners from getting infected HIV. HIV infection is life-long disease requiring life-long treatment. When HIV infection results in AIDS, AIDS has no known cure. As United Nations Peacekeepers you may be away from home for long periods of time and assigned to regions where the HIV infection rate is high. You need to understand the risks and how to protect yourself, your present or future spouse, sexual partners, and children, your career, fellow Peacekeepers and civilian communities where you are sent to work as a Peacekeeper.

- ♦ **Every time** you engage in sexual activity you have to protect yourself. **Every time.** If you choose to make even one exception to this rule and have unsafe sex, you risk getting infected with HIV. The choice is yours and only yours. No one else can **decide** or **choose** to protect you from HIV/STDs. Only you can. That's what this program is about.

Participant Guidelines:

In order to meet the objectives of this course, we will discuss and explore some sensitive and personal issues. It is important to establish some basic guidelines to make sure that everyone has an opportunity to participate in the program and is treated with dignity and respect. Our expectation is that you will honor the following guidelines:

Confidentiality

Confidentiality means that any discussion that takes place in the context of this program should not be discussed with those who are not participating in the program. We will also abide by this rule. All that you say to us will be held in the strictest of confidence.

Honesty

Honesty means that you should speak from your own feelings and not just what you think people expect you to say. The honesty rule also applies to questions, because if we ask honest questions we won't waste time.

“I Statements”

“I” statements are statements that you make when you speak for yourself. Be accountable for yourself and do not speak for anyone else. Even though you may be friends, it is important that each of you speak for yourself and not your friend.

One at a Time

We cannot all be heard at the same time. Allow others to speak without interrupting them. Listen while others are speaking and do not participate in side conversations.

Respect

Treat each participant with dignity and respect their feelings and opinions. We will not always agree, but everyone has a right to his or her beliefs and ideas. Do not ridicule or make fun of others. Any question or comment that is honest is valuable.

Take Care of Yourself

Take care of yourself by being aware of your feelings. If any of the issues we discuss are disturbing to you or make you curious, let the instructor know. If answering any question or taking part in any discussion or activity makes you feel uncomfortable, don't do it. Throughout the course, you can choose not to participate in any activity that makes you feel uncomfortable.

Module 1: Defining HIV and Its Impact on the Military

- Objectives:**
- (1) To define HIV and AIDS.
 - (2) To provide basic information about how HIV is transmitted, how it affects the immune system and about AIDS.
 - (3) To describe the global picture of HIV infection and AIDS and its impact on military personnel and institutions.
- Time:** 1 hour
- Format:** Information and skills building exercises, group discussions and interactive slide presentations.
- Materials:** Items needed:
- ✓ Two pieces of newsprint: one entitled “Myths”; the other “Facts”
 - ✓ Prepared 8 1/2 x 11-inch sheets
 - ✓ Newsprint or writing board
 - ✓ Tape
 - ✓ Slide or overhead projector and screen
 - ✓ Slide set or overheads for Module 1
 - ✓ “Feelings and Opinions” surveys

Instructor Note: All information in Module 1 is summarized on slides/overheads to assist with the presentation. Information to enhance the written curriculum (i.e., graphics) appears on slides/overheads and is indicated by a box next to the part of the curriculum it refers to.

I. Introduction

This session will review:

- definitions of HIV and AIDS;
- basic information about how HIV is transmitted, how it affects the immune system and about AIDS;
- the global picture of HIV infection;
- the impact of HIV infection on military personnel and institutions.

II. Overview of HIV/AIDS (30 minutes)

A. Facts Exercise: HIV and AIDS Myths and Facts

Instructor Note: This exercise provides an overview of HIV and AIDS facts; tailor your comments to the needs of the group.

Directions for Exercise

- 1) Before the session, write each of the statements below on its own sheet of 8 1/2 x 11-inch paper in large, easy-to-read letters (do not write Fact or Myth next to the statements).
- 2) Tape the two pieces of newsprint (one entitled “Facts”; the other “Myths”) on a wall where everyone can see them. Tell participants that the group is going to do an exercise in which they will separate facts about HIV and AIDS from myths. Go over what myth and fact mean, as well as any words used on the 8 1/2 x 11-inch sheets that may be unclear to participants.

Statement	Myth or Fact
HIV is the virus that causes AIDS.	Fact
You can get HIV by drinking from a glass used by someone who has HIV.	Myth
HIV is spread by kissing.	Myth
You can get HIV from giving blood.	Myth
Someone who has HIV but looks and feels healthy can still infect other people.	Fact
Drinking alcohol can increase the risk of getting HIV.	Fact
Mosquitoes can spread HIV.	Myth
Sharing needles to inject drugs can spread HIV.	Fact
Using a latex condom during sex can reduce the risk of getting HIV.	Fact
Taking birth control pills can protect a woman from getting HIV.	Myth
You can get HIV from a toilet seat.	Myth
Most people who get infected with HIV become seriously ill within three years.	Myth
Vaccination can protect people from HIV infection.	Myth
AIDS is a syndrome that has no cure.	Fact

- 3) In turn, read each statement written on a sheet aloud, asking if it is myth or fact and calling for volunteers to give the answer.
- 4) If the volunteer answers correctly, ask him/her to tape the sheet on the correct newsprint.
- 5) Reinforce the correct answer with additional information. If the participant does not answer correctly, acknowledge his or her effort and then give the right answer.

Note: If individual participation is or would be threatening to participants, you can run this as a group activity, asking the group to determine the answers.

Exercise Wrap Up

Instructor Note: Close this exercise by summarizing the following facts:

HIV is spread:

- By having vaginal, anal or oral sex with an HIV positive person.
- By sharing needles or syringes with an HIV positive person.
- During pregnancy, birth or breast feeding from an infected mother to her baby.

Body fluids of an infected person that spread HIV are:

- Semen
- Vaginal fluid
- Blood
- Breast milk

Remember:

- HIV is the virus that causes AIDS.
- AIDS is the result of HIV infection.
- HIV infection **can** be prevented.
- HIV is **not** spread through casual social contact.

B. HIV/AIDS and the Immune System

Instructor Note: The next group of slides /overheads explains what HIV and AIDS is and describes how T-helper cells work within the immune system.

1. AIDS Is Caused By:

H	=	human
I	=	immunodeficiency
V	=	virus

which is also referred to as the AIDS Virus.

2. Definition of AIDS

- A** stands for **acquired**. It means that HIV is passed from one person who is infected to another person.
- I** is for **immune** and refers to the body's immune system. It's made up of cells that protect the body from disease. HIV is a problem because once it gets into a person's body, it attacks and kills cells of the immune system.
- D** is for **deficiency**, which means not having enough of something. In this case the body does not have enough of certain kinds of cells that it needs to protect against infections. They're called the immune cells or T-helper cells. Over time HIV kills these cells and the body's immune system becomes too weak to do its job.
- S** means that AIDS is a **syndrome**. A syndrome is a group of signs and symptoms associated with a particular disease or condition that occur together. AIDS is a syndrome because people with AIDS have symptoms and diseases that occur together only when someone has AIDS.

3. T-Helper Cells

**Slide/Overhead
“T-Helper”**

- a. This (slide/overhead) shows the differences in the number of T-helper and other immune system cells in a healthy human body with a body infected with HIV.
- b. T-helper cells are part of the body’s immune system. Like a commander, they dispatch information and tell other cells what to do so the body can fight off invasion from infection and disease. They alert other cells about the invasion. HIV enters the body and acts like a sniper, killing off the “commander” T-helper cells. Eventually, the number of T-helper cells are reduced and the body becomes less and less able to fight off infection and disease.

III. Sexual Transmission (10 minutes)

A. HIV/STD Butterfly and Williams Scenario

Instructor Note: The next few slides /overheads are the HIV/STD butterfly. The butterfly consists of a series of seven slides/overheads and shows how a person really doesn’t have sex with just one person, but with every person that person ever had sex with before. The Williams scenario consists of two slides/overheads and portrays an actual situation that happened in the United States where one person caused multiple exposures to HIV and over a dozen HIV infections. Tailor the scenario to fit the group you are presenting to.

**Slide/Overhead
“Butterfly I”**

To demonstrate how STDs, including HIV, are transmitted from one person to another let's imagine the following situation:

**Slide/Overhead
“Butterfly II”**

Imagine that you're at a bar. You're out with some of your friends from your unit. It was a difficult week at work and you and your friends just want to relax and have a good time. In fact, you get a jump-start by having a few drinks in your living quarters prior to setting out on the town. You're sitting there when a group of beautiful young women come into the bar. You and your friends start talking to them and before you know it you're all coupled off. You start talking and dancing with one of these lovely young women and eventually decide to leave the bar with her. You go with her to her home and as things work out, decide to have sex.

Because you weren't planning for this to happen, you didn't grab a condom on the way out of your home. But you think to yourself **"just this one time"** nothing can happen. Besides, she's so fine she can't possibly have anything. So, you have sex without using condoms. As you lay in bed you think what a romantic evening it has been ... just the two of you. But, let's imagine for a second that your new friend had made an exception and had unprotected sex **"just this one time"** at least twice before.

Slide/Overhead
"Butterfly III"

What your new friend didn't know was that the guy she picked up from the bar two months ago had gotten drunk at a party and had sex with a total stranger **"just once."** She didn't know that on another occasion he had made an exception **"just this one time"** and had unprotected sex with someone he had been dating for only a week. She didn't know that the other guy she had unprotected sex with had made an exception **"just this one time"** with at least two different sex partners.

Slide/Overhead
"Butterfly IV"

Each of these people had also put themselves at risk **"just this one time"** at least twice before.

Slide/Overhead
"Butterfly V"

And imagine if their sexual partners made exceptions and had unprotected sex **"just this one time"** at least twice before. Now let's think about who's in the bed ... you think it is just the two of you ... there are at least thirty people in bed with you and your beautiful new friend and any one of them could have an STD. The thing of it is, you don't know which one. It could be anyone ...

Now let's take a look at **you** and **your** other sexual partners.

Slide/Overhead
"Butterfly VI"

Before, you thought it was just you and your new friend having a romantic evening. Now, in fact, there are at least sixty people in bed with you.

Think about if this woman was a commercial sex worker (prostitute). How big would the bed have to be to hold all the people you were having unprotected sex with? Could be as much as a battalion! Think this is an exaggeration? **Any** time two people on the butterfly have unprotected

sex, **you** are potentially at risk for getting an STD, including HIV. What if one of those red people on your side had herpes? Or if one of the purple people had HIV? It's that easy for you to get HIV or other STDs too.

**Slide/Overhead
"Butterfly VI"**

This slide shows how one person on the butterfly can end up infected with HIV or an STD.

**Slide/Overhead
"Williams I"**

Recently in the United States, a man who was HIV positive had unprotected sex with as many as 30 young women. He knew that he was HIV positive but didn't tell any of his partners. Due to pure chance, his identity and HIV status was revealed and published in the news. Four months later, 13 of his partners had tested positive for HIV, as well as a man who contracted it from one of the women.

**Slide/Overhead
"Williams II"**

As of December 1997, 1,400 people from the area where he lives have been tested for AIDS because of this one man.

B. Loaded Weapon Analogy

Instructor Note: This is a discussion that makes an analogy between safe weapons and safer sex. It addresses the misperception that one can "tell" if someone is likely to have an STD just by looking at them. In studies with United States military, many individuals felt they could tell if someone had an STD/HIV if they had dirty hair and blemished skin. Emphasize to participants that you can not tell someone's HIV/STD status simply by looking at them! Ask participants to think about how they "size up" potential sexual partners at the end of the slide /overhead presentation.

**Slide/Overhead
"9mm Weapon"**

Is this weapon loaded or unloaded? Using the training you have received in weapon safety, what must you assume? Would you take this weapon and point it at your head and pull the trigger? The point is that you would **NOT** place yourself at risk with this weapon by not thoroughly checking it out, making sure it is safe.

**Slide/Overhead
“Female Model”**

The same safety issues hold true for people, especially strangers, when you are “sizing up” a potential sexual partner. You can't tell by looking at them if they are carriers of STDs or the AIDS virus. It's even possible that this beautiful woman is unknowingly infected with gonorrhea or worse. For all you know she may have made an exception “just one time” that has unfortunately resulted in an HIV infection. She is still beautiful, but now she is as deadly as that loaded 9mm weapon we saw before. Is risking your good health or life worth having “unprotected sex” with this stranger?

**Slide/Overhead
“Male Model”**

What about this gentleman? He looks like he could be a United Nations Peacekeeper. Do you know his HIV status just by looking at him?

**Slide/Overhead
“Couples Models”**

Likewise, what about these couples? Can you tell who among them might have an STD or is HIV positive?

IV. Global Picture and Impact of HIV (5 minutes)

Instructor Note: This group of slides/overheads presents statistics on the global impact of HIV/AIDS. At the end of the presentation lead a discussion focusing on the scope of the HIV epidemic to emphasize that in no area of the world is it “safe” to engage in unprotected sex outside the limits of a mutually exclusive, long-term sexual relationship.

[To update statistics contact the World Health Organization's web site at <http://www.who.org>]

**Slide/Overhead
“Global View of
HIV Infection”**

This slide/overhead shows a map of different areas of the world with rates of HIV infection. As you can see, there is no area of the world without HIV, the virus that causes AIDS.

**Slide/Overhead
“HIV Statistics I”**

This slide/overhead shows that at the end of 1998, the number of people living with HIV/AIDS worldwide had grown to 33.4 million people, 10% more than just one year ago. The epidemic

has not been overcome anywhere. Almost every country in the world saw new HIV infections in 1998.

In 1998, 5.8 million people were infected with HIV. Also in 1998, 2.5 million individuals died from AIDS, the largest number of people ever to die in a single year. At the end of 1998, a total of 13.9 million people died since the beginning of the epidemic in the early 1980s.

AIDS is among the top five killer diseases worldwide. It is estimated that malaria kills over 1 million people a year. As you can see in this slide/overhead, AIDS killed 2.5 million people in 1998. It is also estimated that some 16,000 people a day become infected with HIV worldwide.

**Slide/Overhead
“HIV Statistics II”**

This slide/overhead shows where throughout the world the estimated 5.8 million new HIV infections occurred during 1998. About 11 men, women and children around the world were infected per minute during 1998 – close to 6 million people in all.

**Slide/Overhead
“HIV Statistics III”**

This slide/overhead shows how the different regions of the world have been affected by HIV since the early 1980s up until the end of 1998. It is estimated that some 33.4 million people worldwide were living with HIV at the end of 1998. More than 95% of all HIV-infected people now live in the developing world, which has likewise experienced 95% of all deaths to date from AIDS, largely among young adults. HIV is found on all continents; there is no “safe” place where HIV is not present.

V. Impact of HIV on Military Personnel and Institutions (10 minutes)

Instructor Note: This discussion focuses on why military personnel (including United Nations Peacekeepers) are uniquely at risk for HIV infection and how HIV impacts both military readiness and health of the communities where military personnel train and work. Conduct this section as a facilitated discussion.

Directions for Facilitated Discussion Exercise

- 1) Ask participants how they think military personnel and United Nations Peacekeepers are at risk for HIV; write their responses on newsprint or writing board.
- 2) To open the discussion, you can write the following quote on newsprint and tape on wall and read it to participants.

“By now, HIV/AIDS has probably touched the armed forces of every country, with infection rates surpassing 30% and reportedly even 40% in several armies. Peacekeeping soldiers have a higher probability of becoming infected with HIV than of being killed in military action.”

Statement by: Major General Marc-Jean De Coninck, M.D. Chief of Medical Services of the Belgian Armed Forces and International Co-chair of the Civil-Military Alliance to Combat HIV and AIDS.

- 3) After participants offer their thoughts, review the following points to emphasize points already made or to raise issues not identified during the discussion.

Instructor Note: Points to Review with Participants After Discussion:

- Military personnel have higher rates of infection for STDs. In peacetime, STD rates are 2 to 5 times higher in the military than in civilian populations. During wartime, the rates in the military forces have sometimes been 100 times more than those for civilians.
- Likewise, HIV rates are higher in the military than among civilians.

Instructor Note: There are a number of reasons why rates of HIV and other STDs are higher for the military. Ask participants to suggest reasons why and write their responses on newsprint/writing board. After a discussion, summarize making the following points:

- Military duty takes soldiers away from home for long periods of time. The lack of the normal supports of family plus peer pressure from other soldiers leads to risky HIV behaviors, such as casual sex and commercial sex (paying prostitutes), not using condoms when having sex and injecting drugs like heroin.
- The need to relieve stress, loneliness and boredom can lead to risky behavior. The use of alcohol and other drugs to combat stress, loneliness and boredom can contribute to excessive risk taking. “R and R” (rest and relaxation) or leave, post-training and post-deployment periods are especially dangerous for individuals getting infected with STDs, including HIV, because of the need to relieve stress.
- Militaries (and the United Nations) employ large numbers of young men and women who are in the most sexually active age bracket. Also, young people typically feel that nothing will ever hurt them and do not think they are at risk for things like STDs and HIV. This way of thinking (i.e., “nothing will ever hurt me”) can be very dangerous because worldwide, the majority of new HIV infections are in young people between the ages of 15 and 24.
- Character traits that are highly valued in the military such as risk-taking and aggressiveness, can lead to greater dangers of getting infected with STDs or HIV when carried over into sexual situations.

- Soldiers (including United Nations Peacekeepers) have cash, or are perceived to have it; military installations attract commercial sex workers, or prostitutes.
- War and other social upheavals dislocate populations, increasing the number of persons who use sex as a means of survival. Since soldiers are deployed in periods of distress like this, there can be increased opportunities for sexual encounters.

Exercise Wrap Up

Instructor Note: Conclude the discussion by asking participants for any final thoughts or comments. Highlight the following points regarding the impact of HIV on military readiness and health of civilian communities:

- HIV is a very real threat to both military and civilian communities. HIV infection among individuals, soldiers, and civilians can create a negative cycle with serious and long lasting impact on the health of larger communities. Such a cycle can even have far reaching effects on military readiness and societal well being, political and economic stability and the security of nations throughout the world.
- HIV is a highly transmissible infection that results in life-long disease. It can, and already has, impaired the military readiness of many nations. It can also threaten the ability of militaries to perform vital secondary functions, such as building civilian facilities and responding to situations such as natural disasters.
- Military personnel can have a negative impact on civilian communities by spreading HIV and STDs, affecting the health and well being of a community and disrupting daily life when a conflict is present or during a peacekeeping mission.

VI. Summary and Homework (5 minutes)

Instructor Note: Emphasize the following summary points and explain the homework assignment to participants. Instructors can have participants complete the homework at the end of the session, if they do not want to assign homework.

We've covered a lot of material in this session and want to close by stressing the following:

- HIV is a **global** epidemic.
- HIV infection **can** be prevented.
- **Changing** risky behaviors is the most effective approach to controlling the HIV epidemic.
- HIV is **not** spread through casual social contact.

Homework: Participants are asked to complete the "Feelings and Opinions" survey. Estimated time to complete is 5-10 minutes.

Module 1: Defining HIV and Its Impact on the Military

Homework Assignment: Feelings and Opinions Survey

Instructions: Please complete the following statements. Give as many answers as you can and try to be as honest as you can. You will **not** have to hand this survey in to the instructor. **Be sure to bring this sheet to class the next time you come.** These issues will be discussed as a group.

1. I don't like to use condoms because...
2. Talking to a sexual partner is hard because...
3. The hardest thing about talking to someone I don't know very well but would like to be sexual with is...
4. Some concerns I have about drinking while on assignment are...
5. When I think about being on leave I think of...
6. When I'm stationed away from home, I think of...

Module 2: HIV Prevention

- Objectives:**
- (1) To reinforce participant knowledge about risk factors for HIV transmission.
 - (2) To increase participant awareness of the importance of communicating with sexual partners.
 - (3) To increase participant awareness of the efficacy of using condoms.
 - (4) To increase participant knowledge and skill regarding the use of condoms.

Time: 1 hour

Format: Information and skills building exercises, group discussions and interactive slide presentations.

Materials: Items needed:

- ✓ Newsprint or writing board
- ✓ Tape
- ✓ Slide or overhead projector and screen
- ✓ Slide set or overheads for Module 2
- ✓ Latex male condoms (at least two per participant)
- ✓ Female condom
- ✓ **Protect Yourself, and Those You Care About, Against HIV/AIDS** (for correct male and female condom usage), published by UNDPKO
- ✓ Extra “Feelings and Opinions” surveys (see Module 1)
- ✓ “STDs, HIV and AIDS Attitudes and Knowledge” questionnaires
- ✓ Answer Key for “STDs, HIV and AIDS Attitudes and Knowledge” questionnaire

Instructor Note: All information in Module 2 is summarized on slides/overheads to assist with the presentation. Information to enhance the written curriculum (i.e., graphics) appears on slides/overheads and is indicated by a box next to the part of the curriculum it refers to.

I. Introduction

This session will review:

- transmission factors for HIV infection;
- communication with sexual partners;
- correct condom usage.

II. Review: Summary of Facts About HIV Infection and AIDS (5 minutes)

Instructor Note: This brief presentation will review facts about HIV infection and AIDS from Module 1. Encourage participants to ask questions throughout the presentation.

Review of Facts About HIV Infection and AIDS:

- AIDS--the **A**cquired **I**mmune **D**eficiency **S**ndrome--is the late stage of infection caused by a virus, **H**uman **I**mmunodeficiency **V**irus (**HIV**).
- We are all at risk; anyone can become infected with HIV from a single unsafe sexual act or from using drugs by injection even just once.
- The vast majority of all HIV infections are caused by having unprotected intercourse with a woman or man who is already infected with HIV (70-80% of infections). HIV infection can also be transmitted through infected blood during blood transfusions (except in countries that test all blood donations for HIV); sharing of needles contaminated with the blood of an infected person; and from the blood of an infected woman to her baby before birth, during delivery or through breast feeding.
- HIV infection is **not** spread through casual (non-sexual) social contact.
- Once infected with HIV, a person can look and feel healthy for up to ten years or more before signs of AIDS appear. However, during this time of apparent health, a blood test can reveal the presence of HIV. This is what is referred to as being "HIV positive." An HIV positive person, in spite of looking and feeling healthy, can pass it on to someone else.
- Most HIV positive persons require life-long treatment. HIV positive individuals can eventually develop AIDS, because the body's immune system (which fights off everyday infections and diseases) is steadily weakened by the HIV infection. After a while, the body's

immune system becomes weakened, affecting its ability to fight off infections like pneumonia, as well as diarrhea, tumors and other illnesses, all of which can be part of AIDS. There is no cure for AIDS.

- There is no vaccine to protect people against getting infected with HIV. There is **no** cure for AIDS. This means that the only certain way to avoid AIDS is to prevent getting infected in the first place.
- Both men and women are vulnerable to infection from HIV and other sexually transmitted diseases, many of which have serious long-term consequences, especially for women e.g., pelvic inflammatory disease, tubal pregnancy, sterility.
- The presence of an untreated sexually transmitted disease (STD) like syphilis or gonorrhea facilitates the transmission of infection with HIV from one person to another. Open sores and blisters provide an easy entrance into the body for STDs, including HIV. Having an STD is already a sign of risky behavior. Prevention and treatment of STDs is another way to protect yourself against HIV infection.
- Drinking alcohol or using illegal drugs will reduce your judgment and your ability to act within the bounds of safe behavior. When you are under the influence of alcohol and/or drugs, you are more likely to indulge in risky sexual contacts.
- Being tattooed or body pierced with unsterile needles can result in infection with HIV and other STDs e.g., Hepatitis B. Make sure needles are sterilized in an autoclave or try to use your own needles.
- Sexual transmission of HIV can be prevented by practicing safer sex. Safer sex includes not having sex, fidelity between uninfected partners, using a latex condom **every** time engaging in vaginal, anal, or oral sex, non-penetrative sex and engaging in activities such as hugging, kissing, masturbation, mutual masturbation.

III. Feelings and Opinions Survey Exercise (20 minutes)

Instructor Note: This exercise is designed to increase participant's awareness of their feelings and attitudes about condom use, communication with sexual partners and the importance of taking HIV prevention precautions while on assignment and at home.

Directions for Exercise

- 1) Ask participants to take out their individual copies of the "Feelings and Opinions" survey. Completion of this survey was assigned as homework at the end of Module 1.
- 2) Divide participants into small groups of six to eight. Ask them to spend 10 minutes sharing their answers, spending a couple of minutes on each statement.

- 3) You can remind them every few minutes to move on to the next statement, if they haven't already done so. Wrap up the small group discussion after about 10 minutes.
- 4) Next, have one person from each group summarize their group's responses for the larger group. To save time, have subsequent groups relate only responses that haven't already been mentioned.
- 5) Discuss each statement after all groups have given their responses (see discussion questions below). List responses to each statement on a writing board or newsprint.
Make sure no problems are left without a possible solution.

Questions for Participants and Points to Discuss:

Statement #1: "I don't like to use condoms because..."

- What are some possible solutions to these "problems" with using condoms? Have participants come up with as many solutions as they can for each problem listed; write them on the writing board/newsprint opposite the problem.
- Are there any reasons they **do** like using condoms? For example, they decrease worry, show respect for a partner, make you in control or in charge of your own health and safety.
- **Emphasize** that there are really no problems with using condoms that can't be solved with a little creativity and the reasons for using them outweigh the reasons for not.

Statement #2: "Talking to a sexual partner is difficult because..."

- What are some ways to make talking about sex easier?
- What are some things they would want to make sure were discussed?
- **Emphasize** that although sex is everywhere in our society--television, magazine advertisements, music, Internet--we do not talk very openly about sex and sexuality. It is important to talk to a potential sex partner **before** engaging in sex to determine sexual practices, including safer sex.

Statement #3: “The most difficult thing about talking to someone I don’t know very well but would like to be sexual with is...”

- Is it harder to talk to someone you don’t know very well? Why?
- What are the things you **must** know about a stranger before having sex?
- **Emphasize** that it is more risky to have sex with a stranger because you really don’t know about their sexual history, previous partners, drug use or history of STDs. This lack of information makes it even more important to discuss prevention issues, especially using condoms. **Also emphasize** that it is much safer **not** to have sex with strangers.

Statement #4: “Some concerns I have about drinking while deployed on mission are...”

- What are some ways to deal with these concerns about drinking? Have participants come up with as many solutions as they can for each problem listed; write them on the writing board/newsprint opposite the problem.
- Do you think about these concerns before you are actually in the situation? If so, do you think this helps you? Why or why not?
- **Emphasize** that every time you are in a situation where you might drink or are drinking, you have the power to make safe and healthy **choices** with these concerns in mind. It is important to think and plan ahead **before** you are in the situation. Once in the situation, it is important to have a friend assist you. Make a pact with a friend to assist you if you or he feels things are getting out of control.

Statement #5: “When I think about being on leave I think of...”

- List their responses on the writing board/newsprint. Indicate which things on the list are positive and which are negative.
- **Emphasize and reinforce** activities or situations that are low risk (for HIV/STDs). Discuss those activities or situations that are high risk and have participants generate ways possible alternatives or ways to handle them that would not put them at risk (for HIV/STDs).

Statement #6: “When I think of home while stationed in another country I think of...”

- List their responses on the writing board/newsprint. Indicate which things on the list are high risk and which are low risk.
- **Emphasize and reinforce** activities or situations that are low risk Discuss those activities or situations that are high risk and have participants generate ways possible alternatives or ways to handle them that would not put them at risk (for HIV/STDs).

Exercise Wrap Up

Instructor Note: Conclude the discussion by asking for any final thoughts or comments. Suggest that participants think back on this discussion when they find themselves in these situations, and that they keep their surveys and note how their answers change over time.

In summary, emphasize the following points:

- Effective prevention requires that you protect yourself **every time** that you engage in sexual activity.
- The choice is **yours** and only yours.
- HIV infection is a life-long disease; there is no known cure.
- **You** can control whether you get infected with HIV.
- **You** can talk with your sexual partner(s) about practicing safer sex.

Instructor Note: Advise participants that the truly safe options for avoiding the sexual transmission of HIV or other STDs include:

- Abstain from all sexual intercourse.
- Use only “outercourse” meaning sexual activities in which your penis, mouth, rectum or vagina does not come into contact with your partner’s penis, mouth, rectum or vagina. These activities include things like massage, masturbation, hand jobs.
- Develop a mutually monogamous relationship in which it can be determined that neither partner has been exposed to HIV. This only works if neither partner is infected or at risk of becoming infected with HIV. Delay sexual activity until it is possible to assure that a safe, long-term relationship can be developed.

IV. Condom Skills: Instruction and Practice (30 minutes)

A. Equivalent of 1 U.S. Dollar or a Token Gift For a Condom Exercise

Instructor Note: This brief exercise provides reinforcement for condom use.

Directions for Exercise

Advise participants that we **can** virtually eliminate any new cases of HIV infection because we know that latex condoms help prevent transmission of HIV. Ask who in the group is prepared to practice safer sex. Offer to give the equivalent of 1 U.S. dollar or a token gift to anyone who can show you that they have a condom with them right then.

B. Correct Condom Use Demonstration

Instructor Note: This demonstration teaches participants correct condom use. Emphasize that male condoms, if used consistently and correctly, can decrease the risk of transmission of all sexually transmitted diseases (including HIV infection) to less than two percent (2%). Condoms also protect against unwanted pregnancy. Demonstrate how to use a male and female condom, and how to use a condom to protect during oral sex.

Directions for Demonstration of Male Condom

Demonstrate how to use male condoms correctly, according to the following 10 steps:

1. **Choose a latex condom.** Latex condoms give protection against HIV. **Emphasize** that lambskin (also known as sheepskin or “natural”) condoms do not give protection against HIV/STDs or pregnancy.
2. **Check the expiration date on the condom package.** If the condom has expired, **don’t use it.** Condoms can become dry and subject to breakage with time. **Never** keep a condom in your billfold because it will become hot and dry out.
3. **Open the package without tearing the condom.** Do not open the condom package with things like your teeth, scissors, knife.
4. **Place the condom on the head of the penis prior to any contact with a partner’s mucous membranes. Make sure that the reservoir tip sticks out.** Putting a drop of lubricant inside the tip of the condom may give extra feeling.
5. **Pinch the tip to let the air out.**
6. **Slowly unroll the condom down to the base of the penis.** Make sure that the condom covers the entire penis.
7. **If lubrication is desired, choose water-based (e.g., KY jelly or spermicidal jelly).** Oil based lubricants such as Vaseline can damage the latex and cause tearing.

Immediately after ejaculation:

8. **Hold the condom at the base of the penis and carefully withdraw (pull out).** Do this

while the penis is still erect to avoid having the contents of the condom spill out.

9. **Roll the condom down and remove it from the penis, making sure that the contents of the reservoir tip do not spill.**
10. **Dispose of the condom.** Condoms should **never** be used more than one time. It is **not** okay to wash them out and use them again.

Directions for Demonstration of Female Condom

Demonstrate how to use female condoms correctly, according to the following nine steps:

1. **Check the expiration date on the condom package.** If the condom has expired, **don't use it.** Condoms can become dry and subject to breakage with time. **Never** keep a condom in your billfold because it will become hot and dry out.
2. **Open the package without tearing the condom.** Do not open the condom package with things like your teeth, scissors, knife.
3. **Open the end of the condom (at the outer ring).** The outer ring will cover the area around the vagina. The inner ring will go inside the vagina and is used to guide insertion and hold the condom in place.
4. **Hold the inner ring between the thumb and middle finger.** Place your index finger on the pouch between the other two fingers **or** just squeeze the inner ring.
5. **Squeeze the inner ring to insert the condom into the vagina.** Insert the sheath into the vagina as far as it will go. It is in the right place when the woman can't feel it. It is **not** possible to insert the condom too far up into the vagina.
6. **Make sure placement is correct by making sure the sheath is not twisted.** The outer ring should be **outside** the vagina.
7. **If lubrication is needed, choose water-based (e.g., KY jelly or spermicidal jelly).** Oil based lubricants such as Vaseline can damage the latex and cause tearing.

Immediately after ejaculation:

8. **Remove the condom before standing up.** Squeeze and twist the outer ring and pull out gently.
9. **Dispose of the condom.** Condoms should **never** be used more than one time. It is **not** okay to wash them out and use them again.

Directions for Demonstration of Condoms for Oral Sex

Condoms help make oral sex safer. For fellatio, place a male condom (using the same instructions as already outlined) over the erect penis **before** beginning.

For cunnilingus, take a rolled male condom and cut it from any edge to the center. Carefully unroll into a rectangular piece of latex and place over the opening to the woman's vagina **before** beginning cunnilingus.

C. Correct Condom Use Practice

Instructor Note: This exercise gives participants an opportunity to practice correct condom use. Acknowledge that this may be embarrassing for some of them and encourage participants to ask questions and maintain a sense of humor.

Directions for Exercise

- 1) Divide the participants into pairs or small groups and have them practice correct male condom use using a wooden penis.
- 2) Ask participants to also practice cutting open male condoms to use as a barrier for oral sex with a woman.
- 3) Instructor observes participants, corrects any incorrect procedures, answers all questions and address all concerns.
- 4) Ask for two volunteers to demonstrate the female condom to the group. Have one volunteer hold their hands up to form an opening, simulating the opening to the vagina. Direct the other volunteer to “insert” the female condom into the simulated vaginal opening.

V. Summary and Homework (5 minutes)

Instructor Note: Emphasize the following summary points and explain the homework assignment to participants. Instructors can have participants complete the homework at the end of the session, if they do not want to assign homework.

We’ve reviewed material from the first session plus covered new information in this session. The exercises we did during this session will provide you with new ways of thinking about sexual activity and information on how to protect yourself from getting infected with HIV. We want to close this session by stressing the following:

- AIDS - the **A**cquired **I**mmune **D**eficiency Syndrome-is the late stage of infection caused by a virus, **H**uman **I**mmunodeficiency **V**irus (**HIV**).
- The vast majority of all HIV infections are caused by having unprotected intercourse with a woman or man who is already infected with HIV (70-80% of infections).
- HIV infection is **not** spread through casual (non-sexual) social contact.
- The presence of an untreated sexually transmitted disease, like syphilis or gonorrhea, facilitates the transmission of HIV from one person to another.
- Drinking of alcohol, or use of drugs (especially injection drugs like heroin), will affect your judgment and ability to act within the bounds of safe behavior.
- Effective prevention requires that you protect yourself **every** time you engage in sexual activity.
- HIV infection is a life-long disease requiring life-long treatment; there is no known cure.

- **You** can talk to your sexual partner(s) about practicing safer sex.
- Latex male condoms, if used consistently and correctly, can decrease the risk of transmission of sexually transmitted diseases, including HIV to less than two percent (2%). They can also prevent unwanted pregnancy.

Homework: Participants are asked to complete the “STDs, HIV, and AIDS Attitudes and Knowledge” questionnaire. Stress that the questionnaire needs to be filled out independently. Tell them not to put their name anywhere on the questionnaire. Advise participants that questionnaires will not be collected; they will be used for discussion purposes only. Estimated time to complete is 10-15 minutes.

Module 2: HIV Prevention

Homework Assignment: STDs, HIV and AIDS Attitudes and Knowledge Questionnaire

I. STDs, HIV, and AIDS: Knowledge and Attitudes

The following statements are about STDs, HIV and AIDS. STDs are sexually transmitted diseases (venereal diseases or VD). HIV stands for the human immunodeficiency virus, the virus that causes AIDS. AIDS stands for acquired immune deficiency syndrome. Examples of STDs include syphilis, gonorrhea, herpes, and HIV.

For each true/false statement, **circle** the answer that you think is correct. If you do not know the answer, circle “Don’t Know.”

Statement	Answer		
AIDS can be cured.	True	False	Don’t Know
Always using a condom (rubber) can reduce the risk of contracting HIV.	True	False	Don’t Know
When a man uses a condom, he should unroll it before putting it on his penis.	True	False	Don’t Know
A man can protect himself from getting an STD by washing his genitals after sex.	True	False	Don’t Know
A person who has been infected with HIV can look well and healthy.	True	False	Don’t Know
Latex condoms and animal-skin condoms are equally good at preventing the transmission of HIV.	True	False	Don’t Know
Becoming infected with an STD can increase a person’s risk for becoming infected with HIV.	True	False	Don’t Know
You can get HIV from oral sex.	True	False	Don’t Know
Body fluids like blood, semen, urine, saliva and tears have all been identified as important ways of transmitting HIV.	True	False	Don’t Know
Anal sex is more risky than oral or vaginal sex.	True	False	Don’t Know

Module 2: STDs, HIV and AIDS Attitudes and Knowledge Questionnaire

II. Myths and Facts About Reducing Risk for HIV/STDs

People have different ideas about what they think will keep them safe from HIV and STDs. Some of these may be effective, but some things people think keep them safe really are not safe--they are not at all effective for reducing risk of HIV or other STDs. Please review the following practices.

Based on your understanding of how HIV is transmitted, **circle** how effective each of the following statements are for reducing risk for STDs, including HIV. If you do not know the answer, circle "Don't Know."

Activity	Effectiveness for Reducing the Risk For STDs + HIV			
	Not at all	Somewhat	Very	Don't Know
Using condoms correctly every time.				
Taking the HIV test.				
Women using spermicides (foams/jellies to kill sperm).				
Having fewer partners.				
Washing the genital area after sex.				
Avoiding risky partners.				
Having sex with an HIV negative partner who only has sex with you (you are also HIV negative).				
Talking with partners about HIV/AIDS before having sex with them.				
Women taking birth control pills.				
Douching (women washing inside vagina).				
Man pulling out before ejaculation.				
Having sex only with people who have had an HIV test.				
Outercourse (non -sexual intercourse activities, such as fantasy, touching, masturbation, mutual masturbation, massage, kissing).				
Using condoms with some partners and not others.				
Woman using a diaphragm (rubber cap).				

Module 2: HIV Prevention Answer Key for STDs, HIV and AIDS Attitudes and Knowledge Questionnaire

I. STDs, HIV, and AIDS: Knowledge and Attitudes

Statement	Answer
AIDS can be cured.	False
Always using a condom (rubber) can reduce the risk of contracting HIV.	True
When a man uses a condom, he should unroll it before putting it on his penis.	False – he should unroll it as he is putting it on
A man can protect himself from getting an STD by washing his genitals after sex.	False
A person who has been infected with HIV can look well and healthy.	True
Latex condoms and animal-skin condoms are equally good at preventing the transmission of HIV.	False
Becoming infected with an STD can increase a person's risk for becoming infected with HIV.	True
You can get HIV from oral sex.	True – while it is theoretically possible to contract HIV through oral sex, there has never been a documented case.
Body fluids like blood, semen, urine, saliva and tears have all been identified as important ways of transmitting HIV.	False
Anal sex is more risky than oral or vaginal sex.	True

Module 2: STDs, HIV, and AIDS Attitudes and Knowledge Questionnaire

III. Myths and Facts About Reducing Risk for HIV/STDs

Activity	Effectiveness for Reducing the Risk For STDs + HIV
Using condoms correctly every time.	Very
Taking the HIV test.	Not at all
Women using spermicides (foams/jellies to kill sperm).	Not at all – Some spermicides contain non-oxynol 9, an ingredient thought to kill the AIDS virus. Recently, researchers have challenged this notion that non-oxynol 9 kills HIV. Not all spermicides contain non-oxynol 9.
Having fewer partners.	Somewhat – This reduces the chances of contracting HIV somewhat because a person is having sex with fewer people, but is not very effective.
Washing the genital area after sex.	Not at all
Avoiding risky partners.	Somewhat – Remember, you cannot tell who have HIV and sometimes people who have HIV don't even know themselves that they are infected.
Having sex with an HIV negative partner who only has sex with you (you are also HIV negative).	Somewhat - Remember, HIV testing does not guarantee that someone is HIV negative due to the "window" period. That is, a person can be exposed to HIV and be tested before they form antibodies.
Talking with partners about HIV/AIDS before having sex with them.	Not at all to Somewhat – Talking is very important. However, using a condom is the only way to prevent HIV.
Women taking birth control pills.	Not at all
Douching (women washing inside vagina).	Not at all
Man pulling out before ejaculation.	Not at all
Having sex only with people who have had an HIV test.	Not at all – Again, HIV testing is not "fool proof" because of the "window" period.
Outercourse (non -sexual intercourse activities, such as fantasy, touching, masturbation, mutual masturbation, massage, kissing).	Somewhat to Very – For some STDs, a person can be symptom free and still be able to transmit infection i.e., oral herpes.
Using condoms with some partners and not others.	Not at all to Somewhat – You decrease your chances for infection the times you do use a condom. However, the only way to prevent STDs/HIV is to use a condom every time you have sex.
Woman using a diaphragm (rubber cap).	Not at all

Module 3: Substance Abuse, HIV and STDs

- Objectives:**
- (1) To increase participant knowledge of the negative effects that alcohol and other drugs can have on decision-making, and how these substances can increase the likelihood of involvement in risky behaviors for HIV/STD transmission.
 - (2) To review the Code of Conduct for United Nations Peacekeepers, and discuss the Code's implications for the prevention of HIV/STD transmission.
 - (3) To explore the relationship between sexual activity and sexually transmitted diseases, and HIV transmission.

Time: 1 hour

Format: Information and skills building exercises, group discussions and interactive slide presentations.

- Materials:** Items needed:
- ✓ Newsprint or writing board
 - ✓ Tape
 - ✓ Slide or overhead projector and screen
 - ✓ Slide set or overheads for Module 3
 - ✓ “STD, HIV and AIDS Attitudes and Knowledge Exercise Instruction Sheet” for Exercise IV.A.
 - ✓ Handout for “How to Clean and Disinfect Needles and Syringes to Reduce the Risk of HIV Infection” (Optional)
 - ✓ **We Are United Nations Peacekeepers**, published by UNDPKO
 - ✓ Extra “STDs, HIV and AIDS Attitudes and Knowledge” questionnaires (see Module 2)
 - ✓ Answer Key for “STDs, HIV and AIDS Attitudes and Knowledge” questionnaire (see Module 2)
 - ✓ “Individual STD/HIV Risk Assessment” questionnaires

Instructor Note: All information in Module 3 is summarized on slides/overheads to assist with the presentation. Information to enhance the written curriculum (i.e., graphics) appears on slides/overheads and is indicated by a box next to the part of the curriculum it refers to.

I. Introduction

This session will review:

- the relationship between alcohol and other drugs, and the transmission of HIV/STDs;
- the implications of the Code of Conduct for United Nations Peacekeepers for the prevention of infection with STDs/HIV;
- the relationship between sexual activity, STDs, and HIV infection.

II. Alcohol and Other Drugs Effects and Their Relationship To Behaviors That Put You At Risk For HIV/STDs (15 minutes)

Instructor Note: This interactive presentation addresses the effects alcohol and other drugs can have on sexual decision-making and how this relates to HIV/STD prevention. Use “Alcohol, Drugs and HIV” slide during the presentation. Encourage questions and discussion throughout the presentation.

Slide/Overhead 3-1

“Alcohol, Drugs and HIV”

The Effects of Alcohol and Other Drugs

Instructor Note: Emphasize to participants:

- The use of alcohol and other drugs can impair thinking and judgment. When people are under the influence of drugs or alcohol, they sometimes take risks they would not otherwise take. These can include doing things that may place them at risk for STDs, including HIV infection, such as having sex without using a latex condom or sharing needles and syringes. **People may take HIV/STD-related risks when using alcohol or other drugs. Even just one incident of having sex without using a condom or sharing needles with a partner infected with an STD or HIV may lead to infection.**
- Alcohol and other drugs can impair thinking and judgment in other situations as well. When people decide to get a tattoo while they are under the influence of drugs or alcohol, they may take risks they otherwise would not take. For example, not checking to make sure the needles used for the tattoo are sterile or deciding to risk it if they are unsterile. Unsterile needles can transmit HIV and other STDs i.e., hepatitis.

Instructor Note: Lead a facilitated discussion with participants, asking the following questions. Write participant responses on writing board or newsprint.

- What are examples of how alcohol and other drugs can change a person's behavior? Some examples include inability to drive, becoming sexually stimulated, inability to use condoms correctly, impulsive decision making.
- How can people keep alcohol and other drugs from putting them at risk for STDs/HIV? Some examples include not drinking or taking drugs, using the buddy system.

Instructor Note: This discussion is optional and at the discretion of the instructor.

Lead a discussion with questions and answers on injection drugs. Talk about the dangers of using injection drugs because injecting drugs can be a very effective way to transmit not only HIV, but hepatitis as well. Refer to the handout on "Needle and Syringe Cleaning," highlighting the importance of cleaning needles and other drug injection equipment and not sharing needles or other drug injection equipment such as cookers, cotton (unless they are sterile).

Instructor Note: Use the following statements as a guide in closing this presentation:

- Give some thought to what you do.
- You would never drive a vehicle or go into a risky military situation if you were drunk. Why not? Because you would not be able to think as clearly as you should, and you could be killed or injured.
- Remember that when you drink or take drugs, **regardless of whether it is a lot or a little**, this will interfere with your judgment about many things, including sex. Chances are you will be more likely to engage in unsafe sex (i.e., sexual activity without a condom) because you were drinking or using drugs. This includes drugs like marijuana, cocaine, crack cocaine, amyl nitrites ("poppers") or ecstasy.
- Parties or bars can be risky environments. Any one of the casual sex partners you meet at a party or bar could be infected with HIV or another STD. When both of you are "feeling high" with alcohol or other drugs, the lights are low and the music is loud, you may not take the time to think about using condoms. Even if you do, you may not be careful enough to use them correctly. Due to the dangers of HIV infection, many men and women are being more careful and still enjoying themselves while practicing safer sex. Your determination and concern will help you and others to stay healthy.
- If you are in a "risky" situation or environment and do decide to have sex with someone you don't know, then using a condom is your strongest defense against HIV and STDs. Like any other means of defense it **must** be used **every** time you have sexual intercourse and used **correctly**. Remember how we practiced using condoms in the last session. **The instructor can review correct condom use if participants have any questions or concerns.**

- When getting tattooed be aware that if you are under the influence of drugs or alcohol, this may affect your judgment. It is not safe to be tattooed with unsterile needles. Unsterile needles can transmit HIV and other STDs.

III. The Code of Conduct for United Nations Peacekeepers (10 minutes)

Instructor Note: Use the Code of Conduct for United Nations Peacekeepers as a handout. This section emphasizes aspects of the Code that reinforce avoidance of behaviors that place Peacekeepers at risk for infection with STDs/HIV. The instructor should encourage discussion of these aspects.

Code of Conduct Highlights

Before we review aspects of the Code of Conduct for United Nations Peacekeepers that apply to HIV/STD prevention, we want to stress that your role and responsibility as Peacekeepers is to protect civilian communities, your families and each other. You are protecting all these individuals, including yourself, when you prevent transmission of HIV/STDs. We also want to stress the impact individual behavior can have on the entire mission. You are part of a mission and your behavior reflects directly on the mission as a whole and can impact the successful achievement of a mission.

U.N. Peacekeepers will always:

- Conduct ourselves in a professional and disciplined manner, at all times.
- Support and encourage proper conduct among our fellow Peacekeepers.
- Treat the inhabitants of the host country with respect, courtesy and consideration.
- Respect local customs and practices through awareness and respect for the culture, religion, traditions and gender issues. Social rules governing relations between men and women often have very different norms from one culture to the next, so that what may be interpreted as innocent behavior in one cultural context may be taken as an offense against the accepted mores of another.
- Be aware of the human rights of women and children and **never** violate them.
- Behave in a way that you do not exacerbate violence of the human rights of women and children in the host country.

We will never:

- Bring discredit upon the United Nations, or our nations through improper personal conduct, failure to perform our duties or abuse of our positions as Peacekeepers.
- Take any action that might jeopardize the mission.
- Abuse alcohol, use or traffic in drugs.
- Commit any act that could result in physical, sexual or psychological harm or suffering to members of the local population, especially women and children.
- Become involved in sexual liaisons which could affect our impartiality, or the well being of others. Involving yourself in any sexual affair with any member of the local population may have the effect of jeopardizing your personal integrity as well as the honor of your unit.

We realize the consequences of failing to act within the Code of Conduct guidelines may:

- Erode confidence and trust in the United Nations.
- Jeopardize the achievement of the mission.
- Jeopardize our status and security as Peacekeepers.

Instructor Note: To summarize, emphasize that adherence to the Code of Conduct for United Nations Peacekeepers will greatly reduce an individual's risk for contracting STDs/HIV or giving STDs/HIV to other persons.

IV. Sexual Activity, HIV and Sexually Transmitted Diseases (STDs) (30 minutes)

A. Small Group Discussion of the STD, HIV and AIDS Attitudes and Knowledge Questionnaire

Instructor Note: This exercise will discuss the homework assignment from Module 2. Emphasize to participants that it is okay if they did not complete the questionnaire. You will need to ask for volunteer facilitators for the small group discussion; give each facilitator a copy of the "STD, HIV and AIDS Attitudes and Knowledge Exercise Instruction Sheet." Also give each facilitator a questionnaire with all the correct answers circled. Notetakers need to be given one blank questionnaire.

Directions for Exercise

- 1) Ask participants to take out the "STD, HIV, and AIDS Attitudes and

Knowledge” questionnaire that they were asked to complete as homework in Module 2.

- 2) Divide the participants into small groups of six to eight.
- 3) Ask each group to appoint a facilitator and a notetaker. Give the facilitator the “STD, HIV and AIDS Attitudes and Knowledge Exercise Facilitator Instruction Sheet” plus a questionnaire with the correct answers circled. Give the notetaker one blank questionnaire.
- 4) Assign two items from Section I and three items from Section II to each group.
- 5) Explain to the group that they are to evaluate their five items and decide **as a group** what the correct response is. Have them spend a few minutes on each item, trying to come to a decision as a group. The notetaker will write down the group’s answers on a blank questionnaire.
- 6) Every few minutes, the instructor should circulate among the groups and remind them to move on to the next item if they haven’t already done so.
- 7) The facilitator will share the correct answer with their group **after** the group has made their decision.

The facilitator can emphasize the following points from the instruction sheet to summarize and close the exercise with their small groups. (These points will be repeated again by the instructor at the close of the exercise.)

To Protect Yourself from HIV and Other STDs:

- Do not have sex (abstain).
- Have an orgasm without intercourse -- practice “outercourse.”
- **Always** use latex condoms **every** time you have vaginal, oral, or anal sex.
- If injecting drugs, always use sterile needles and syringes.
- If getting tattooed, make sure the needles are sterile.

B. Large Group Review and Discussion of the STD, HIV, and AIDS Attitudes and Knowledge Questionnaire

Directions for Exercise

- 1) The instructor will next ask the small groups to reassemble into one large group.
- 2) Instructor leads a discussion to process the small group exercise. Ask participants what their thoughts are and experience was with the small group exercise. Respond to all questions raised by participants. The instructor should make sure that all myths and incorrect information about HIV transmission and prevention have been corrected.

Instructor Note: Close the discussion by emphasizing the following points (these are the same points the facilitators used to summarize the small group discussions):

To Protect Yourself from HIV and Other STDs:

- Do not have sex (abstain).
- Have an orgasm without intercourse, practice “outercourse.”
- **Always** use latex condoms **every** time you have vaginal, oral or anal sex.
- If injecting drugs, always use sterile needles and syringes.
- If getting tattooed, make sure the needles are sterile.

V. Summary and Homework (5 minutes)

Instructor Note: Emphasize the following summary points and explain the homework assignment to participants. Instructors can have participants complete the homework at the end of the session, if they do not want to assign homework.

We’ve reviewed material from the second session plus covered new information in this session. The exercises we did during this session will help you better understand how the use of alcohol and other drugs can affect how you make decisions about sexual activity. Our intent is to help you to protect yourself against getting infected with STDs, including HIV.

We want to close this session by stressing the following:

- The use of alcohol and other drugs can impair thinking and judgment, placing individuals at risk for HIV/STD infection. Drinking, or the use of drugs such as marijuana, cocaine, crack cocaine, amyl nitrites (“poppers”) or ecstasy can increase a person’s risk for getting involved in unsafe sex.
- STDs that cause genital sores may make it easier for HIV to enter the body and cause infection because the sores may be open or bleeding.
- Due to the dangers of HIV infection, many men and women are being more careful and still enjoying themselves while practicing safer sex.
- Your adherence to the Code of Conduct for United Nations Peacekeepers will greatly reduce your risk for contracting an STD, including HIV.
- Your concern for yourself, fellow Peacekeepers, civilians in the nation you are assigned, and your family will help you and others to stay healthy.
- Avoiding injecting illegal drugs like heroin will greatly reduce the risk of HIV infection as well as other STDs. Remember that using illegal drugs is against the Code of Conduct.
- Using a latex condom consistently and correctly during sexual intercourse greatly reduces the risk of getting infected with HIV/STDs or passing HIV/STDs to another person. Condoms also protect against unwanted pregnancy.
- Sexual abstinence, or engaging only in activities that do not involve intercourse or the exchange of bodily fluids are the most effective strategies for avoiding STDs/HIV.

Homework: Participants are asked to complete the “Individual STD/HIV Risk Assessment” questionnaire in order to assess their personal risk for HIV infection. Participants should be advised **not** to put their names on the questionnaire. Emphasize that some of the questions are about AIDS, STDs, and sex and are personal. Tell participants they may skip questions that they do not want to answer. Emphasize that this questionnaire will **not** be collected and that individual responses to the questionnaire do not have to be shared. If participants do not wish to record their answers in writing this is permissible. However, every participant should review and carefully consider each of the items in the questionnaire in preparation for the next session (Module 4). Estimated time to complete is 10-15 minutes.

Module 3: Substance Abuse, HIV and STDs

STDs, HIV and AIDS Attitudes and Knowledge Exercise

Exercise Instruction Sheet

Directions for Small Group Discussion

- 1) The facilitator asks participants to take out the “STDs, HIV and AIDS Attitudes and Knowledge” questionnaire that they were asked to complete in Module 2.
- 2) Identify the notetaker in your group and make sure they have one blank questionnaire to record the group’s responses on.
- 3) Explain to the group that they are to evaluate their five items assigned by the instructor and decide **as a group** what the correct response is.
- 4) Have them spend a few minutes on each item, trying to come to a decision as a group. Remind people to move the discussion along, if they get stuck.
- 5) Make sure the notetaker writes down only **one** response to each of the items on a blank questionnaire.
- 6) Once the group has finished answering all their items, the facilitator shares the correct answer with their group.
- 7) The facilitator wraps up the discussion by making the following points.

To Protect Yourself from HIV and Other STDs:

- Do not have sex (abstain).
- Have an orgasm without intercourse, practice “outercourse.”
- **Always** use latex condoms **every** time you have vaginal, oral or anal sex.
- If injecting drugs, always use sterile needles and syringes.
- If getting tattooed, make sure the needles are sterile.

Module 3: Substance Abuse, STDs and HIV

Homework Assignment: Individual STD/HIV Risk Assessment Questionnaire

Instructions: Do not put your name on this questionnaire. Your answers to the following questions will help you to learn more about your risk of becoming infected with HIV, the virus that causes AIDS and other STDs. We will not collect this questionnaire and you will not have to share your personal information with any other person. We will discuss these issues in a general way during the next session. Since some of these questions are about AIDS, STDs and sex and are personal, you may not want to answer every question in writing. However, we encourage you to carefully review and think about each question in preparation for the next session.

1. How would you describe your own risk of being infected with HIV?
2. How often do you have sex after drinking alcohol, or using other drugs?
3. Have you ever had a sexual experience that you regretted later, because you were drinking?
4. How often do you use drugs, specifically drugs that you inject or shoot?
5. Have you ever been told by a doctor or a nurse that you had a sexually transmitted disease (STD) such as gonorrhea, herpes, syphilis?

Module 3: Individual STD/HIV Risk Assessment Questionnaire

6. How often do you use condoms with your steady sexual partner?
7. How often do you use condoms with sexual partners that you do not know very well?
8. How have your behaviors put you at risk for STDs/HIV?
9. What are you presently doing to protect yourself from STDs/HIV?
10. What would you like to do to reduce your risk of getting infected with an STD, including HIV?
11. Explain when you have used condoms. How has that worked for you?
12. What have your friends and/or partners said about STDs/HIV?
13. Do you know anyone with an STD or HIV infection? How does their situation make you feel about your own sense of risk for STDs/HIV?

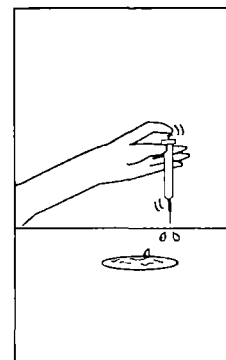
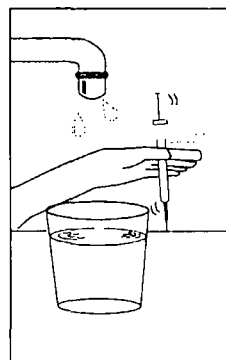
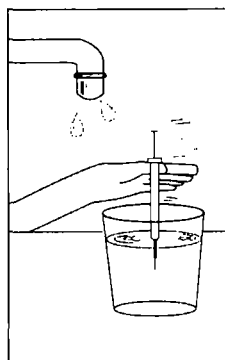
How to Clean and Disinfect Needles and Syringes to Reduce the Risk of HIV Infection

Equipment used to inject drugs is not made to be reused.

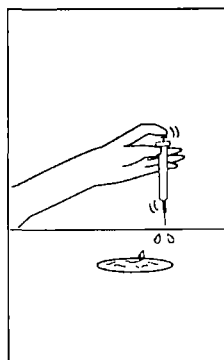
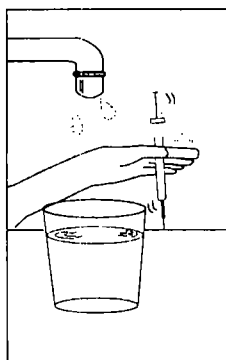
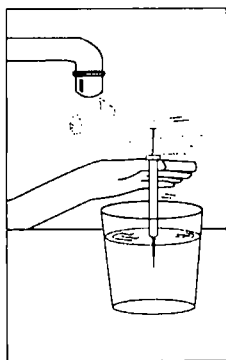
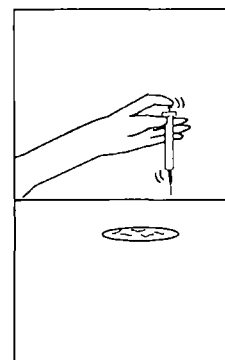
If you inject drugs and use needles and syringes that have been used by someone else, clean and disinfect them as follows. **Do this when more effective prevention is not possible.**

Clean needles and syringes once **after use** and again just **before reuse**.

- 1** Wash out needle and syringe by flushing several times with **clean** water. Use fresh water each time. Shake and tap the syringe while it is filled with water.



- 2** Completely fill the needle and syringe several times with full strength bleach. Use **fresh** bleach each time. (Let the bleach stay in the syringe at least 30 seconds.) Shake and tap the syringe while it is filled with bleach.



- 3** Rinse out needle and syringe by filling several times with **clean** water. Use **fresh** water each time. Shake and tap the syringe while it is filled with water. Taking the syringe apart may improve cleaning.

Remember: The most effective prevention is to stop injecting drugs.

Module 4: HIV Risk Assessment and Prevention Strategies

- Objectives:**
- (1) To reinforce participant knowledge of the risk factors for HIV/STD infection.
 - (2) To increase participant awareness of their personal risks for HIV infection and other STDs.
 - (3) To increase participant knowledge and skill of strategies to prevent the spread of HIV and other STDs.
 - (4) To encourage participants to make a personal commitment to reduce their risk for HIV infection and other STDs.

Time: 1 hour

Format: Information and skills building exercises, group discussions and interactive slide presentations.

Materials: Items needed:

- ✓ Newsprint or writing board
- ✓ Tape
- ✓ Slide or overhead projector and screen
- ✓ Slide set for Module 4
- ✓ “Individual STD/HIV Risk Assessment Exercise Instruction Sheet” for Exercise III.A.
- ✓ Extra “Individual STD/HIV Risk Assessment” questionnaires (see Module 3)
- ✓ “Strategies for HIV Prevention and Behavior Change Exercise Instruction Sheet” for Exercise IV.A.
- ✓ “Strategies for HIV Prevention and Behavior Change Scenarios” for Exercise IV.A.
- ✓ Personal HIV Prevention Contract

Instructor Note: All information in Module 4 is summarized on slides/overheads to assist with the presentation. Information to enhance the written curriculum (i.e., graphics) appears on slides/overheads and is indicated by a box next to the part of the curriculum it refers to.

I. Introduction

This session will include:

- a review of the risk factors for HIV infection;
- an individual risk assessment activity;
- a presentation and discussion of strategies for HIV prevention and behavior change;
- a skills building exercise on negotiating safer sex practices.

II. Review of Risk Factors for HIV Infection (5 minutes)

Instructor Note: This brief presentation will review risk factors for HIV infection. Encourage participants to ask questions. Lead a brief discussion with participants on the subject “How HIV is spread.”

HIV is spread:

- By having vaginal, anal or oral sex with an HIV positive person.
- By sharing needles or syringes with an HIV positive person.
- During pregnancy, birth or breast feeding from an infected mother to her baby.

Body fluids of an infected person that spread HIV are:

- Semen
- Vaginal fluid
- Blood
- Breast milk

III. Individual STD/HIV Risk Assessment (20 minutes)

Instructor Note: The next two exercises discuss the “Individual STD/HIV Risk Assessment” homework assignment from Module 3. Encourage everyone to participate and emphasize that the assessments do not have to be turned in or shared. If participants are uncomfortable with breaking down into small groups, the discussion can be conducted with the large group as a whole.

A. Small Group Discussion

Directions for Exercise

- 1) Ask participants to take out their “Individual STD/HIV Risk Assessment” questionnaire that they were asked to review as homework at the last session.
- 2) Divide the participants into small groups of six to eight.
- 3) A notetaker and a facilitator needs to be appointed for each small group. Facilitators are given the “Individual STD/HIV Risk Assessment Exercise Instruction Sheet.” Notetakers are given a sheet of newsprint and writing materials.
- 4) The facilitator in each small group encourages participants to talk about risk factors for HIV infection, and raise any questions that they may have. The facilitator will refer to the questions in a non-personal way e.g., “How does having sex after drinking alcohol increase a person’s risk for HIV infection?” The notetaker will write down the group’s comments on newsprint. The instructor will circulate among the groups to answer questions and address any concerns.
- 5) The small group discussion facilitators:
 - Explain to participants that they do not have to discuss their personal behaviors or risk factors, but can do so if they choose.
 - Emphasize the importance of wearing a condom every time when engaging in sexual intercourse outside of a mutually monogamous relationship. A mutually monogamous relationship means knowing both partners HIV status and not having sex with any other persons while in the relationship.
 - Encourage participants to limit their number of sexual partners.
 - Reinforce the use of the “buddy system” (i.e., friends looking out for and taking care of each other) as an effective risk prevention measure.
 - Remind participants that alcohol and other drugs can impair judgment and increase the likelihood of risky behavior.
 - Remind participants of the dangers associated with using and sharing unsterile needles for tattooing, body piercing and drug use.

B. Large Group Summary

Directions for Exercise

- 1) Ask for one volunteer from each dyad or small group to summarize the key points and

lessons learned from the small group activity. If individuals are uncomfortable presenting, you can allow each dyad or small group to give a group presentation.

- 2) Discuss and address any questions or concerns of participants to wrap up the exercise.

IV. Strategies for HIV Prevention and Behavior Change (20 minutes)

Instructor Note: This exercise gives participants an opportunity to put the knowledge and skills they've acquired in the course to potential real-life situations. Participants will be presented with scenarios where they will make choices and develop strategies with the ultimate goal of preventing getting infected with STDs, including HIV. Encourage participants to draw on their experiences as United Nations Peacekeepers.

A. Dyad or Small Group Practice

Instructor Note: Begin this exercise with a brief presentation on negotiating safer sex.

Guidelines for Negotiating Safer Sex

- 1) Practice TALK:

T = Tell your partner "I am listening to what you are saying." Acknowledge them. Use "I" statements (speak for yourself).

A = Assert what you want in a positive way. State your goal or need. Be positive. Use "I" statements (speak for yourself).

L = List your reasons for wanting to be safe (use condoms). Be brief. Use a reason that is about you. Do not mention disease.

K = Know the alternatives (for safer sex) and your personal bottom line (exactly what you are comfortable doing).

TALK is a set of tools that a person can use to be assertive and persuasive. Use TALK to tell a partner you want to have safe sex, you won't have unsafe sex, or in any situation where you want to be assertive.

- 2) Be assertive, but not aggressive:

- make sure you say what you want;
- use "I" statements (speak for yourself);
- listen to what your partner is saying;
- respect and acknowledge your partners' feelings and options;
- be positive;
- use reasons for safe sex that are about you, not your partner.

- 3) If your partner is being negative (not wanting to practice safer sex):
 - Find something positive in what they're saying and turn their negative objection into a positive thing. For example, if your partner is very controlling, you can say to them that you appreciate that and are glad they care so much about you (rather than accusing them of being too controlling).
 - Never blame the other person for not wanting to be safe, blame the environment or something else, but never the other person.
- 4) Remember, HIV is not all you can contract from not practicing safer sex. You can contract another STD or cause an unwanted pregnancy.

Directions for Exercise

- 1) Have participants work in small groups or have them form pairs of two.
- 2) If dyads are formed, one person will need to volunteer as a notetaker. If small groups are formed, the group will need both a facilitator and a notetaker. Give each dyad or small group newsprint and writing materials. Give each dyad or facilitator in the small group a "Strategies for HIV Prevention and Behavior Change Exercise Instruction Sheet."
- 3) Give each dyad or small group a scenario (described below) from the "Strategies for HIV Prevention and Behavior Change Scenarios." There are three scenarios; be sure to distribute them evenly. Ask participants to review and discuss their scenario and develop responses/strategies to it. Each dyad or small group notetaker should write down the responses/strategies developed on paper or on newsprint (which they can use for their presentation to the larger group).

Small Group Discussion Scenarios

Scenario #1: Peter and Sarah

This is Peter's first assignment as a Peacekeeper and it's also the first time he has ever been in South Lebanon. Peter is surprised and overwhelmed with the amount of diversity in his new home environment (cultural, religious), not just in the local population, but within his mission. It has been very stressful for Peter trying to adjust to so many different types of people and this new environment. He has formed a friendship with Hector, another Peacekeeper, and they have both been given their first two and a half days of "R and R" and they are ready to relax! They're going to the beach in Tel Aviv and are very much looking forward to it.

Peter and Hector are in a social club drinking, after spending a great day on the beach. Peter meets Sarah at the club. They dance and talk and Peter can tell just by the way Sarah smiles and touches him that she's sexually interested in him. Sarah invites Peter back to her place. Peter is worried about HIV and other STDs and wants to use a condom. After they get to Sarah's apartment, they begin to move towards intimacy.

Peter: I should tell you now that it's very important to me to use condoms. I have some with me.

Sarah: Why do you want to use one of those things? I've never met a man who wanted to use a condom!

Peter: Well, I think it might be a good idea...

Sarah: But Peter, it feels so much better without a condom.

What should Peter do? What should Peter say to Sarah? Develop possible responses and strategies for Peter to effectively negotiate safer sex with Sarah.

Scenario #2: Carmen and John

Carmen suspects her boyfriend John has been sleeping with someone while she was on her six-month peacekeeping assignment in Sarajevo. She's getting ready to go home and is worried about HIV and other STDs. She wants to use condoms when she and her boyfriend have sex, but does not know how to bring it up (they've never used them before). She's particularly worried because he has a bad temper and is jealous.

What should Carmen do? What should Carmen say to John? Develop possible responses and strategies for Carmen to effectively negotiate safer sex with John.

Scenario #3: Roberto and Helen

Roberto is on his third tour as a peacekeeper and has been assigned to border patrol in Croatia ("cook and look") for several months. He sleeps in a tent, works with only two other Peacekeepers (both men) and has had minimal contact with other people since he's been in Croatia. Roberto is going on "R and R" to a resort on the Adriatic Sea and is really looking forward to settling into a hotel with a real bed with clean sheets and having someone else cook good food for him.

The first thing Roberto does when he gets to his resort is to find a bar and start drinking. He drinks quite a bit and begins to relax. A beautiful woman comes up to him and asks him to dance. Helen is a waitress at a restaurant near Roberto's hotel. After they dance, Helen suggests they take a walk on the beach. They find a private place to sit on the beach, and they begin to move toward intimacy. Roberto is very attracted to Helen and very drunk. He is worried about HIV and STDs and wants to use a condom.

Roberto: I should tell you now that it's very important to me to use condoms. I have one with me.

Helen: We don't need a condom. Don't you trust me?

Roberto: I trust you, but still think it would be a good idea to use one.

Helen: But Roberto, I hate the way condoms feel – it will ruin everything!

What should Roberto do? What should Roberto say to Helen? Develop possible responses and strategies for Roberto to effectively negotiate safer sex with Helen.

B. Large Group Summary

Directions for Exercise

- 1) The instructor will request one volunteer from each small group or dyad to summarize the strategies that they identified in response to their scenario. Offer additional responses (if appropriate) to emphasize prevention of HIV/STDs.
- 2) Discuss any questions or concerns of participants.
- 3) To wrap up the exercise, review the guidelines for negotiating safer sex.

Practice TALK:

T = Tell your partner “I am listening to what you are saying.” Acknowledge them. Use “I” statements (speak for yourself).

A = Assert what you want in a positive way. State your goal or need. Be positive. Use “I” statements (speak for yourself).

L = List your reasons for wanting to be safe (use condoms). Be brief. Use a reason that is about you. Do not mention disease.

K = Know the alternatives (for safer sex) and your personal bottom line (exactly what you are comfortable doing).

Be assertive, but not aggressive:

- make sure you say what you want to say ;
- use “I” statements (speak for yourself);
- listen to what your partner is saying;
- respect and acknowledge your partners’ feelings and options;
- be positive;
- use reasons for safe sex that are about you, not your partner.

If your partner is being negative (not wanting to practice safer sex):

- Find something positive in what they’re saying and turn their negative objection into a positive thing. For example, if your partner is very controlling, you can say to them that you appreciate that and are glad they care so much about you (rather than

accusing them of being too controlling).

- Never blame the other person for not wanting to be safe, blame the environment or something else, but never the other person.

Remember, HIV is not all you can contract from not practicing safer sex. You can contract another STD or cause an unwanted pregnancy.

Instructor Note: If appropriate, use the following optional discussion to assist with the wrap-up of this exercise.

The process of negotiating safer sex is similar to the process of negotiation. The following analogy relates the steps of diplomacy, negotiation and use of force that UN Peacekeepers are trained in to steps to take regarding talking about safer sex, negotiation and action.

Diplomacy =	Talking together at the beginning of a relationship before having sex. This is an opportunity to express your point of view about safer sex and state your needs.
Negotiation =	Trying to reach agreement on safer sex, so sexual activity will be comfortable for both individuals. You can use different words to talk about your preference for safer sex. For example, state that it is a matter of good health, it's not just for my, but for your safety as well.
Use of Force =	Take action to ensure your safety. You can insist on using a condom, you can decide not to have sex if your partner refuses to use a condom, you can decide to do other activities besides penetrative sexual intercourse.

V. Participant Contract (10 minutes)

Instructor Note: This exercise allows participants to develop a written personal contract for HIV and other STD risk reduction. Encourage participants to keep their contracts so they can refer to them after the course.

Directions for Developing Contract

- 1) Give each participant two copies of a contract for HIV and other STD risk reduction.
- 2) Review the contract and encourage participants to read and sign both copies of the contract. Participants who agree to sign the contract will return one copy to the instructor and retain the other for their records. The information contained in the contract also provides a concise review of the content of this course.

VI. Summary and Conclusions (5 minutes)

The instructor should thank participants for their participation in the training program. He or she should reinforce the importance of their mission, and the need for them to protect their health and the health of their families.

As a wrap up exercise, ask participants to state what they liked (pluses) about the course and what needs improvement (wishes). Tape two sheets of newsprint to the wall, mark one “Pluses” and the other “Wishes,” and write down participant’s feedback. Use this information to assist you with future courses.

Module 4: HIV Risk Assessment and Prevention Strategies

Individual STD/HIV Risk Assessment

Exercise Instruction Sheet

Directions for Small Group Discussion

- 1) The facilitator asks participants to take out the “Individual STD/HIV Risk Assessment Questionnaire” that they were asked to complete in Module 3. Remind them that they do not have to turn in their questionnaire or let others see what they wrote. And, that they do not have to discuss their own personal behaviors or risk factors, but can do so if they choose.
- 2) Identify the notetaker in your group and make sure they write down the group’s comments on newsprint.
- 3) Lead a discussion on each of the questions on the questionnaire. Talk about each question in a non-personal way e.g., “How does having sex after drinking alcohol increase a person’s risk for HIV infection?”
- 4) You can call on the instructor, who will be circulating among the groups, to answer questions and address any concerns.
- 5) The facilitator wraps up the discussion with the following points:
 - It is important to wear a condom every time when engaging in sexual intercourse outside of a mutually monogamous relationship. A mutually monogamous relationship means knowing both partners’ HIV status and not having sex with any other persons while in the relationship.
 - You can reduce your risk to HIV/STDs by limiting the number of your sexual partners.
 - Use of the “buddy system” (i.e., look out for and take care of your friends) to reduce your risk for HIV/STDs. Remind participants that alcohol and other drugs can impair judgment and increase the likelihood of risky behavior.
 - Remember, it is dangerous to use and share unsterile needles for tattooing, body piercing, and drug use – this can expose you to HIV/STDs.

Module 4: HIV Risk Assessment and Prevention Strategies

Strategies for HIV Prevention and Behavior Change

Exercise Instruction Sheet

Directions for Small Group Discussion

- 1) The facilitator identifies the notetaker in their group and makes sure they write down responses and strategies to their scenario on newsprint.
- 2) Distribute the scenario to your group and have them read it.
- 3) Lead a discussion with your group and get them to talk about the scenario and develop responses and strategies to it.
- 4) Agree on a presenter, or have the entire group present, when you get back together in a large group with the instructor.

Module 4: HIV Risk Assessment and Prevention Strategies Strategies for HIV Prevention and Behavior Change Scenarios

Scenario #1: Peter and Sarah

This is Peter's first assignment as a Peacekeeper and it's also the first time he has ever been in South Lebanon. Peter is surprised and overwhelmed with the amount of diversity in his new home environment (cultural, religious), not just in the local population, but within his mission. It has been very stressful for Peter trying to adjust to so many different types of people and this new environment. He has formed a friendship with Hector, another Peacekeeper, and they have both been given their first two and a half days of "R and R" and they are ready to relax! They're going to the beach in Tel Aviv and are very much looking forward to it.

Peter and Hector are in a social club drinking, after spending a great day on the beach. Peter meets Sarah at the club. They dance and talk and Peter can tell just by the way Sarah smiles and touches him that she's sexually interested in him. Sarah invites Peter back to her place. Peter is worried about HIV and other STDs and wants to use a condom. After they get to Sarah's apartment, they begin to move towards intimacy.

Peter: I should tell you now that it's very important to me to use condoms. I have some with me.

Sarah: Why do you want to use one of those things? I've never met a man who wanted to use a condom!

Peter: Well, I think it might be a good idea...

Sarah: But Peter, it feels so much better without a condom.

What should Peter do? What should Peter say to Sarah? Develop possible responses and strategies for Peter to effectively negotiate safer sex with Sarah.

Module 4: HIV Risk Assessment and Prevention Strategies Strategies for HIV Prevention and Behavior Change Scenarios

Scenario #2: Carmen and John

Carmen suspects her boyfriend John has been sleeping with someone while she was on her six-month peacekeeping assignment in Sarajevo. She's getting ready to go home and is worried about HIV and other STDs. She wants to use condoms when she and her boyfriend have sex, but does not know how to bring it up (they've never used them before). She's particularly worried because he has a bad temper and is jealous.

What should Carmen do? What should Carmen say to John? Develop possible responses and strategies for Carmen to effectively negotiate safer sex with John.

Module 4: HIV Risk Assessment and Prevention Strategies Strategies for HIV Prevention and Behavior Change Scenarios

Scenario #3: Roberto and Helen

Roberto is on his third tour as a peacekeeper and has been assigned to border patrol in Croatia (“cook and look”) for several months. He sleeps in a tent, works with only two other Peacekeepers (both men) and has had minimal contact with other people since he’s been in Croatia. Roberto is going on “R and R” to a resort on the Adriatic Sea and is really looking forward to settling into a hotel with a real bed with clean sheets and having someone else cook good food for him.

The first thing Roberto does when he gets to his resort is to find a bar and start drinking. He drinks quite a bit and begins to relax. A beautiful woman comes up to him and asks him to dance. Helen is a waitress at a restaurant near Roberto’s hotel. After they dance, Helen suggests they take a walk on the beach. They find a private place to sit on the beach, and they begin to move toward intimacy. Roberto is very attracted to Helen and very drunk. He is worried about HIV and STDs and wants to use a condom.

Roberto: I should tell you now that it’s very important to me to use condoms. I have one with me.

Helen: We don’t need a condom. Don’t you trust me?

Roberto: I trust you, but still think it would be a good idea to use one.

Helen: But Roberto, I hate the way condoms feel – it will ruin everything!

What should Roberto do? What should Roberto say to Helen? Develop possible responses and strategies for Roberto to effectively negotiate safer sex with Helen.

Module 4: HIV Risk Assessment and Prevention Strategies

Personal HIV Prevention Contract

After my participation in this HIV Prevention and Behavior Change program for United Nations Peacekeepers, I know that the Key Points about HIV and AIDS are these:

- HIV is the virus that causes AIDS, and AIDS is a result of HIV infection.
- HIV infection can be prevented.
- HIV is not spread through casual social contact.

I also know that HIV is a very real threat that, if allowed to grow unchecked, could cause serious and long lasting problems for my family, my community, my military organization, my nation and the world. I know there are steps I can take to keep myself and my family from becoming infected with HIV, and to help my community and nation respond in informed ways to HIV infection and to people who have HIV or AIDS.

- I know that HIV is spread by having vaginal, anal or oral sex with someone who has HIV, or by sharing needles with a person who has the virus. Not having sex or sharing needles protects me from HIV.
- If I do have sex, I can greatly reduce the risk of becoming infected or infecting others with HIV and other STDs by using a latex condom correctly and consistently.
- If I do inject drugs or other substances of any kind, I can protect myself by using new, sterile equipment each time I inject.
- I can be around a person who has HIV or AIDS; share things like telephones, pens, spoons and coffee cups; use the same bathroom and kitchen; and even shake hands and give hugs without risk of becoming infected myself.

Module 4: Personal HIV Prevention Contract

Therefore, I will take steps to keep from becoming infected with HIV and other STDs and/or to help educate and protect my family and community.

Here are some possible steps to take; add others if you like:

- I will talk to my friends and family about how to prevent HIV infection and infection with other STDs.
- I will not inject drugs.
- I will keep in mind that I can always decide not to have sex.
- I will use a latex condom whenever I have vaginal, anal or oral sex.
- _____
- _____
- _____

Signed: _____

Date: _____

Module 5: Review of HIV Prevention and Behavior Change Issues

- Objectives:**
- (1) To reinforce participant knowledge about basic facts about HIV and AIDS
 - (2) To reinforce participant knowledge about risk factors for HIV transmission.
 - (3) To reinforce participant awareness of the efficacy of using condoms.
 - (4) To reinforce participant knowledge and skill regarding the use of condoms.
 - (5) To reinforce participant knowledge and skill of strategies to prevent the spread of HIV and other STDs.
 - (6) To increase participant awareness of the elements of an effective HIV prevention message.
 - (7) To encourage participants to share effective HIV prevention messages with others.
- Time:** 1 hour
- Format:** Information and skills building exercises, group discussions, and interactive slide presentations.
- Materials:**
- Items needed:
- ✓ Newsprint or writing board
 - ✓ Tape
 - ✓ Slide or overhead projector and screen
 - ✓ Slide set for Module 5
 - ✓ “Strategies for HIV Prevention and Behavior Change Exercise Instruction Sheet” for Exercise IV.A.
 - ✓ “Strategies for HIV Prevention and Behavior Change Scenarios” for Exercise IV.A.
 - ✓ Male and female condoms
 - ✓ Handout on Guidelines for Effective HIV Prevention Messages
 - ✓ **Protect Yourself, and Those You Care About, Against HIV/AIDS**, published by UNDPKO

Instructor Note: All information in Module 5 is summarized on slides/overheads to assist with the presentation. Information to enhance the written curriculum (i.e., graphics) appears on slides/overheads and is indicated by a box next to the part of the curriculum it refers to.

I. Introduction

This session will include:

- information about risk factors for HIV transmission;
- information about correct condom usage;
- a skills building exercise on negotiating safer sex practices;
- elements of effective HIV prevention messages.

II. Review: Summary of Facts about HIV Infection and AIDS, Global Impact of HIV, and the Impact of HIV on Military Personnel and Institutions (10 minutes)

Instructor Note: This brief presentation will review facts about HIV infection and AIDS, present a global picture of HIV infection, and discuss the impact HIV has on the military. Encourage participants to ask questions throughout this brief presentation.

A. Review of Facts about HIV Infection and AIDS

1) AIDS Is Caused By:

H	=	human
I	=	immunodeficiency
V	=	virus

which is also referred to as the AIDS Virus.

2) Definition of AIDS

A stands for **acquired**. It means that HIV is passed from one person who is infected to another person.

I is for **immune** and refers to the body's immune system. It's made up of cells that protect the body from disease. HIV is a problem because once it gets into a person's body, it attacks and kills cells of the immune system.

D is for **deficiency**, which means not having enough of something. In this case the body does not have enough of certain kinds of cells that it needs to protect against

infections. They're called the immune cells or T-helper cells. Over time HIV kills these cells and the body's immune system becomes too weak to do its job.

S means that AIDS is a **syndrome**. A syndrome is a group of signs and symptoms associated with a particular disease or condition that occur together. AIDS is a syndrome because people with AIDS have symptoms and diseases that occur together only when someone has AIDS.

3) HIV is spread:

- By having vaginal, anal, or oral sex with an HIV positive person.
- By sharing needles or syringes with an HIV positive person.
- During pregnancy, birth or breast feeding from an infected mother to her baby.

4) Body fluids of an infected person that spread HIV are:

- Semen
- Vaginal fluid
- Blood
- Breast milk

5) Other facts about HIV infection and AIDS:

- AIDS is the late stage of infection caused by HIV.
- We are all at risk; anyone can become infected with HIV from a single unsafe sexual act or from using drugs by injection even just once.
- The vast majority of all HIV infections are caused by having unprotected intercourse with a woman or man who is already infected with HIV (70-80% of infections). HIV infection can also be transmitted through infected blood during blood transfusions (except in countries that test all blood donations for HIV); sharing of needles contaminated with the blood of an infected person; and from the blood of an infected woman to her baby before birth, during delivery or through breast feeding.
- HIV infection is **not** spread through casual (non-sexual) social contact.
- Once infected with HIV, a person can look and feel healthy for up to ten years or more before signs of AIDS appear. However, during this time of apparent health, a blood test can reveal the presence of HIV. This is what is referred to as being "HIV positive." An HIV positive person, in spite of looking and feeling healthy, can pass it on to someone else.
- Most HIV positive persons require life-long treatment. HIV positive individuals can eventually develop AIDS, because the body's immune system (which fights off everyday infections and diseases) is steadily weakened by the HIV infection. After a while, the body's immune system becomes weakened, affecting its ability to fight off infections like

pneumonia, as well as diarrhea, tumors and other illnesses, all of which can be part of AIDS. There is no cure for AIDS.

- There is no vaccine to protect people against getting infected with HIV. There is **no** cure for AIDS. This means that the only certain way to avoid AIDS is to prevent getting infected in the first place.
- Both men and women are vulnerable to infection from HIV and other sexually transmitted diseases, many of which have serious long-term consequences, especially for women e.g., pelvic inflammatory disease, tubal pregnancy, sterility.
- The presence of an untreated sexually transmitted disease (STD) like syphilis or gonorrhea facilitates the transmission of infection with HIV from one person to another. Open sores and blisters provide an easy entrance into the body for STDs, including HIV. Having an STD is already a sign of risky behavior. Prevention and treatment of STDs is another way to protect yourself against HIV infection.
- Drinking alcohol or using illegal drugs will reduce your judgment and your ability to act within the bounds of safe behavior. When you are under the influence of alcohol and/or drugs, you are more likely to indulge in risky sexual contacts.
- Being tattooed or body pierced with unsterile needles can result in infection with HIV and other STDs e.g., Hepatitis B. Make sure needles are sterilized in an autoclave or try to use your own needles.
- Sexual transmission of HIV can be prevented by practicing safer sex. Safer sex includes not having sex, fidelity between uninfected partners, using a latex condom **every** time engaging in vaginal, anal, or oral sex, non-penetrative sex and engaging in activities such as hugging, kissing, masturbation, mutual masturbation.

B. Global Impact of HIV

Slide/Overhead
"Global View of
HIV Infection"

This slide/overhead shows a map of different areas of the world with rates of HIV infection. As you can see, there is no area of the world without HIV, the virus that causes AIDS.

C. Impact of HIV on Military Personnel and Institutions

- Military duty takes soldiers away from home for long periods of time. The lack of the normal supports of family plus peer pressure from other soldiers leads to risky HIV behaviors, such as casual sex and commercial sex (paying prostitutes), not using condoms when having sex, and injecting drugs like heroin.

- The need to relieve stress, loneliness and boredom can lead to risky behavior. The use of alcohol and other drugs to combat stress, loneliness and boredom can contribute to excessive risk taking. “R and R” (rest and relaxation), or leave, post-training and post-deployment periods are especially dangerous for individuals getting infected with STDs, including HIV, because of the need to relieve stress.
- Militaries (and the United Nations) employ large numbers of young men and women who are in the most sexually active age bracket. Also, young people typically feel that nothing will ever hurt them and do not think they are at risk for things like STDs and HIV. This way of thinking (i.e., “nothing will ever hurt me”) can be very dangerous because worldwide, the majority of new HIV infections are in young people between the ages of 15 and 24.
- Character traits that are highly valued in the military such as risk-taking and aggressiveness, can lead to greater dangers of getting infected with STDs or HIV when carried over into sexual situations.
- Soldiers (including United Nations Peacekeepers) have cash, or are perceived to have it; military installations attract commercial sex workers, or prostitutes.
- War and other social upheavals dislocate populations, increasing the number of persons who use sex as a means of survival. Since soldiers are deployed in periods of distress like this, there can be increased opportunities for sexual encounters.

Instructor Note: Close this discussion by summarizing the following facts:

- HIV is the virus that causes AIDS.
- AIDS is the result of HIV infection.
- HIV infection **can** be prevention.
- HIV is **not** spread through casual social contact.

III. Demonstration to Review Correct Condom Use (10 minutes)

Instructor Note: This demonstration teaches participants correct condom use. Emphasize that male condoms, if used consistently and correctly, can decrease the risk of transmission of pregnancy and all sexually transmitted diseases (including HIV infection) to less than two percent (2%). Ask for volunteers from the audience to demonstrate how to use a male and female condom, and how to use a condom to protect during oral sex, after you present the following information.

Directions for Demonstration of Male Condom

Demonstrate how to use male condoms correctly, according to the following 10 steps:

1. **Choose a latex condom.** Latex condoms give protection against HIV. **Emphasize** that lambskin (also known as sheepskin or “natural”) condoms do not give protection against

HIV/STDs or pregnancy.

2. **Check the expiration date on the condom package.** If the condom has expired, **don't use it.** Condoms can become dry and subject to breakage with time. **Never** keep a condom in your billfold because it will become hot and dry out.
3. **Open the package without tearing the condom.** Do not open the condom package with things like your teeth, scissors, knife.
4. **Place the condom on the head of the penis prior to any contact with a partner's mucous membranes. Make sure that the reservoir tip sticks out.** Putting a drop of lubricant inside the tip of the condom may give extra feeling.
5. **Pinch the tip to let the air out.**
6. Slowly unroll the condom down to the base of the penis. **Make sure that the condom covers the entire penis.**
7. **If lubrication is desired, choose water-based (e.g., KY jelly or spermicidal jelly).** Oil based lubricants such as Vaseline can damage the latex and cause tearing.

Immediately after ejaculation:

8. **Hold the condom at the base of the penis and carefully withdraw (pull out).** Do this while the penis is still erect to avoid having the contents of the condom spill out.
9. Roll the condom down and remove it from the penis, making sure that the contents of the reservoir tip do not spill.
10. **Dispose of the condom.** Condoms should **never** be used more than one time. It is **not** okay to wash them out and use them again.

Directions for Demonstration of Female Condom

Demonstrate how to use female condoms correctly, according to the following nine steps:

1. **Check the expiration date on the condom package.** If the condom has expired, **don't use it.** Condoms can become dry and subject to breakage with time. **Never** keep a condom in your billfold because it will become hot and dry out.
2. **Open the package without tearing the condom.** Do not open the condom package with things like your teeth, scissors, knife.
3. **Open the end of the condom (at the outer ring).** The outer ring will cover the area around the vagina. The inner ring will go inside the vagina and is used to guide insertion and hold the condom in place.
4. **Hold the inner ring between the thumb and middle finger.** Place your index finger on the pouch between the other two fingers or just squeeze the inner ring.
5. **Squeeze the inner ring to insert the condom into the vagina.** Insert the sheath into the vagina as far as it will go. It is in the right place when the woman can't feel it. It is **not** possible to insert the condom too far up into the vagina.
6. **Make sure placement is correct by making sure the sheath is not twisted.** The outer ring should be **outside** the vagina.
7. **If lubrication is needed, choose water-based (e.g., KY jelly or spermicidal jelly).** Oil based lubricants such as Vaseline can damage the latex and cause tearing.

Immediately after ejaculation:

8. **Remove the condom before standing up.** Squeeze and twist the outer ring and pull out gently.
9. Dispose of the condom. Condoms should **never** be used more than one time. It is **not** okay to wash them out and use them again.

Directions for Demonstration of Condoms for Oral Sex

Condoms help make oral sex safer. For fellatio, place a male condom (using the same instructions as already outlined) over the erect penis **before** beginning.

For cunnilingus, take a rolled male condom and cut it from any edge to the center. Carefully unroll into a rectangular piece of latex and place over the opening to the women's vagina **before** beginning cunnilingus.

IV. Strategies for HIV Prevention and Behavior Change (20 minutes)

Instructor Note: This exercise gives participants an opportunity to put the knowledge and skills they've acquired in the course to potential real-life situations. Participants will be presented with scenarios where they will make choices and develop strategies with the ultimate goal of preventing getting infected with STDs, including HIV. Encourage participants to draw on their experiences as United Nations Peacekeepers.

A. Dyad or Small Group Practice

Instructor Note: Begin this exercise with a brief presentation on negotiating safer sex.

Guidelines for Negotiating Safer Sex**1) Practice TALK:**

- T = Tell your partner "I am listening to what you are saying." Acknowledge them. Use "I" statements (speak for yourself).
- A = Assert what you want in a positive way. State your goal or need. Be positive. Use "I" statements (speak for yourself).
- L = List your reasons for wanting to be safe (use condoms). Be brief. Use a reason that is about you. Do not mention disease.
- K = Know the alternatives (for safer sex) and your personal bottom line (exactly what you are comfortable doing).

TALK is a set of tools that a person can use to be assertive and persuasive. Use TALK to tell a partner you want to have safe sex, you won't have unsafe sex or in any situation where you want to be assertive.

- 2) Be assertive, but not aggressive:
 - make sure you say what you want;
 - use “I” statements (speak for yourself);
 - listen to what your partner is saying;
 - respect and acknowledge your partners’ feelings and options;
 - be positive;
 - use reasons for safe sex that are about you, not your partner.
- 3) If your partner is being negative (not wanting to practice safer sex):
 - Find something positive in what they’re saying and turn their negative objection into a positive thing. For example, if your partner is very controlling, you can say to them that you appreciate that and are glad they care so much about you (rather than accusing them of being too controlling).
 - Never blame the other person for not wanting to be safe, blame the environment or something else, but never the other person.
- 4) Remember, HIV is not all you can contract from not practicing safer sex. You can contract another STD or cause an unwanted pregnancy.

Directions for Exercise

- 1) Have participants continue working in the same small groups as the previous activity or have them form pairs of two.
- 2) If dyads are formed, one person will need to volunteer as a notetaker. If small groups are formed, the group will need both a facilitator and a notetaker. Give each dyad or small group newsprint and writing materials. Give each dyad or facilitator in the small group a “Strategies for HIV Prevention and Behavior Change Exercise Instruction Sheet.”
- 3) Give each dyad or small group a scenario (listed below). There are three scenarios; be sure to distribute them evenly. Ask participants to review and discuss their scenario and develop responses/strategies to it. Each dyad or small group notetaker should write down the responses/strategies developed.

Small Group Discussion Scenarios

Scenario #1: Peter and Sarah

This is Peter’s first assignment as a Peacekeeper and it’s also the first time he has ever been in South Lebanon. Peter is surprised and overwhelmed with the amount of diversity in his new home environment (cultural, religious), not just in the local population, but within his mission. It has been very stressful for Peter trying to adjust to so many different types of people and this new environment. He has formed a friendship with Hector, another Peacekeeper, and they have

both been given their first two and a half days of “R and R” and they are ready to relax! They’re going to the beach in Tel Aviv and are very much looking forward to it.

Peter and Hector are in a social club drinking, after spending a great day on the beach. Peter meets Sarah at the club. They dance and talk and Peter can tell just by the way Sarah smiles and touches him that she’s sexually interested in him. Sarah invites Peter back to her place. Peter is worried about HIV and other STDs and wants to use a condom. After they get to Sarah’s apartment, they begin to move towards intimacy.

Peter: I should tell you now that it’s very important to me to use condoms. I have some with me.

Sarah: Why do you want to use one of those things? I’ve never met a man who wanted to use a condom!

Peter: Well, I think it might be a good idea...

Sarah: But Peter, it feels so much better without a condom.

What should Peter do? What should Peter say to Sarah? Develop possible responses and strategies for Peter to effectively negotiate safer sex with Sarah.

Scenario #2: Carmen and John

Carmen suspects her boyfriend John has been sleeping with someone while she was on her six-month peacekeeping assignment in Sarajevo. She’s getting ready to go home and is worried about HIV and other STDs. She wants to use condoms when she and her boyfriend have sex, but does not know how to bring it up (they’ve never used them before). She’s particularly worried because he has a bad temper and is jealous.

What should Carmen do? What should Carmen say to John? Develop possible responses and strategies for Carmen to effectively negotiate safer sex with John.

Scenario #3: Roberto and Helen

Roberto is on his third tour as a peacekeeper and has been assigned to border patrol in Croatia (“cook and look”) for several months. He sleeps in a tent, works with only two other Peacekeepers (both men) and has had minimal contact with other people since he’s been in Croatia. Roberto is going on “R and R” to a resort on the Adriatic Sea and is really looking forward to settling into a hotel with a real bed with clean sheets and having someone else cook good food for him.

The first thing Roberto does when he gets to his resort is to find a bar and start drinking. He drinks quite a bit and begins to relax. A beautiful woman comes up to him and asks him to dance. Helen is a waitress at a restaurant near Roberto’s hotel. After they dance, Helen suggests they take a walk on the beach. They find a private place to sit on the beach, and they begin to

move toward intimacy. Roberto is very attracted to Helen and very drunk. He is worried about HIV and STDs and wants to use a condom.

Roberto: I should tell you now that it's very important to me to use condoms. I have one with me.

Helen: We don't need a condom. Don't you trust me?

Roberto: I trust you, but still think it would be a good idea to use one.

Helen: But Roberto, I hate the way condoms feel – it will ruin everything!

What should Roberto do? What should Roberto say to Helen? Develop possible responses and strategies for Roberto to effectively negotiate safer sex with Helen.

B. Large Group Summary

Directions for Exercise

- 1) The instructor will request one volunteer from each small group or dyad to summarize the strategies that they identified in response to their scenario. Offer additional responses (if appropriate) to emphasize prevention of HIV/STDs.
- 2) Discuss any questions or concerns of participants.
- 3) To wrap up the exercise, review the guidelines for negotiating safer sex.

Practice TALK:

- T = Tell your partner "I am listening to what you are saying." Acknowledge them. Use "I" statements (speak for yourself).
- A = Assert what you want in a positive way. State your goal or need. Be positive. Use "I" statements (speak for yourself).
- L = List your reasons for wanting to be safe (use condoms). Be brief. Use a reason that is about you. Do not mention disease.
- K = Know the alternatives (for safer sex) and your personal bottom line (exactly what you are comfortable doing).

Be assertive, but not aggressive:

- make sure you say what you want to say;
- use "I" statements (speak for yourself);
- listen to what your partner is saying;
- respect and acknowledge your partners' feelings and options;
- be positive;
- use reasons for safe sex that are about you, not your partner.

If your partner is being negative (not wanting to practice safer sex):

- Find something positive in what they're saying and turn their negative objection into a positive thing. For example, if your partner is very controlling, you can say to them that you appreciate that and are glad they care so much about you (rather than accusing them of being too controlling).
- Never blame the other person for not wanting to be safe, blame the environment or something else, but never the other person.

Remember, HIV is not all you can contract from not practicing safer sex. You can contract another STD or cause an unwanted pregnancy.

Instructor Note: If appropriate, use the following optional discussion to assist with the wrap-up of this exercise.

The process of negotiating safer sex is similar to the process of negotiation. The following analogy relates the steps of diplomacy, negotiation and use of force that UN Peacekeepers are trained in to steps to take regarding talking about safer sex, negotiation and action.

Diplomacy = Talking together at the beginning of a relationship **before** having sex. This is an opportunity to express your point of view about safer sex and state your needs.

Negotiation = Trying to reach agreement on safer sex, so sexual activity will be comfortable for both individuals. You can use different words to talk about your preference for safer sex. For example, state that it is a matter of good health, it's not just for my, but for your safety as well.

Use of Force = Take action to ensure your safety. You can insist on using a condom, you can decide not to have sex if your partner refuses to use a condom, you can decide to do other activities besides penetrative sexual intercourse.

V. You Are Leaders (15 minutes)

Instructor Note: This exercise allows participants to develop a written personal contract for HIV and other STD risk reduction. Encourage participants to keep their contracts so they can refer to them after the course.

A. Elements of Effective HIV Prevention Messages

Instructor Note: Explain that after having completed this 5 modular training course, participants are now leaders in protecting themselves and others against HIV infection. Leaders can take opportunities to give protection messages to others. These messages help save lives. If everyone in the room gave 10 messages per week, think of all the people who

might start staying healthy.

Guidelines for effective HIV prevention messages:

- Help people feel good about acting safely.
- Say “HIV is serious business and being concerned is smart.”
- Say “Many people are changing their behaviors because of HIV, and so am I.”
- Be **specific** in telling how you act safe - say “I wear condoms” or “my partner always wears a condom.”
- Tell people what you have learned about HIV that has helped you.
- Remember, more and more people are concerned about HIV and safer sex is a wise thing to do.

Instructor Note: Summarize the above guidelines as follows:

When you talk to people about staying healthy, you want to make them feel good about taking steps to protect themselves. Therefore, you can tell them that:

- HIV/AIDS is very serious business so that being concerned is really smart.
- These days, many people are talking to others, going to classes on HIV prevention, reading about it and taking steps to change their sexual patterns.
- Be specific about safer sex. Wearing condoms, refusing to have sex and avoiding “risky” partners (such as injection drug users, prostitutes and individuals who have had unprotected sex with many people) are very wise moves to make.
- You have learned a lot about HIV, are concerned and have made changes.

B. Practicing Effective HIV Prevention Messages

Instructor Note: This brief exercise gives participants an opportunity to practice developing effective HIV prevention messages to share with others.

Directions for Exercise

- 1) Distribute handout on “Guidelines for Effective HIV Prevention Messages” to the participants.
- 2) Instructor next models an example of an effective message. For example:

You are really showing good sense by completing this course. HIV can have a serious impact on your life, so it is smart to find out what you can do. More and more people are starting to pay attention to HIV. You're ahead of the others. Teaching this course has helped me a lot. I have changed the way I do things. I hope you and others do, too. That would be great.

- 3) Ask participants to offer their own HIV prevention messages. Write participants examples on writing board/newsprint. Offer suggestions to participants to make their

messages more effective. Refer to the guidelines discussed above.

VI. Summary and Conclusions (5 minutes)

The instructor should thank participants for their participation in the training program. He or she should reinforce the importance of their mission and the need for them to protect their health and the health of their families.

Module 5: Review of HIV Prevention and Behavior Change Issues

Strategies for HIV Prevention and Behavior Change

Exercise Instruction Sheet

Directions for Small Group Discussion

- 1) The facilitator identifies the notetaker in their group and makes sure they write down responses and strategies to their scenario on newsprint.
- 2) Distribute the scenario to your group and have them read it.
- 3) Lead a discussion with your group and get them to talk about the scenario and develop responses and strategies to it.
- 4) Agree on a presenter, or have the entire group present, when you get back together in a large group with the instructor.

Module 5: Review of HIV Prevention and Behavior Change Issues Strategies for HIV Prevention and Behavior Change Scenarios

Scenario #1: Peter and Sarah

This is Peter's first assignment as a Peacekeeper and it's also the first time he has ever been in South Lebanon. Peter is surprised and overwhelmed with the amount of diversity in his new home environment (cultural, religious), not just in the local population, but within his mission. It has been very stressful for Peter trying to adjust to so many different types of people and this new environment. He has formed a friendship with Hector, another Peacekeeper, and they have both been given their first two and a half days of "R and R" and they are ready to relax! They're going to the beach in Tel Aviv and are very much looking forward to it.

Peter and Hector are in a social club drinking, after spending a great day on the beach. Peter meets Sarah at the club. They dance and talk and Peter can tell just by the way Sarah smiles and touches him that she's sexually interested in him. Sarah invites Peter back to her place. Peter is worried about HIV and other STDs and wants to use a condom. After they get to Sarah's apartment, they begin to move towards intimacy.

Peter: I should tell you now that it's very important to me to use condoms. I have some with me.

Sarah: Why do you want to use one of those things? I've never met a man who wanted to use a condom!

Peter: Well, I think it might be a good idea...

Sarah: But Peter, it feels so much better without a condom.

What should Peter do? What should Peter say to Sarah? Develop possible responses and strategies for Peter to effectively negotiate safer sex with Sarah.

Module 5: Review of HIV Prevention and Behavior Change Issues Strategies for HIV Prevention and Behavior Change Scenarios

Scenario #2: Carmen and John

Carmen suspects her boyfriend John has been sleeping with someone while she was on her six-month peacekeeping assignment in Sarajevo. She's getting ready to go home and is worried about HIV and other STDs. She wants to use condoms when she and her boyfriend have sex, but does not know how to bring it up (they've never used them before). She's particularly worried because he has a bad temper and is jealous.

What should Carmen do? What should Carmen say to John? Develop possible responses and strategies for Carmen to effectively negotiate safer sex with John.

Module 5: Review of HIV Prevention and Behavior Change Issues Strategies for HIV Prevention and Behavior Change Scenarios

Scenario #3: Roberto and Helen

Roberto is on his third tour as a peacekeeper and has been assigned to border patrol in Croatia (“cook and look”) for several months. He sleeps in a tent, works with only two other Peacekeepers (both men) and has had minimal contact with other people since he’s been in Croatia. Roberto is going on “R and R” to a resort on the Adriatic Sea and is really looking forward to settling into a hotel with a real bed with clean sheets and having someone else cook good food for him.

The first thing Roberto does when he gets to his resort is to find a bar and start drinking. He drinks quite a bit and begins to relax. A beautiful woman comes up to him and asks him to dance. Helen is a waitress at a restaurant near Roberto’s hotel. After they dance, Helen suggests they take a walk on the beach. They find a private place to sit on the beach, and they begin to move toward intimacy. Roberto is very attracted to Helen and very drunk. He is worried about HIV and STDs and wants to use a condom.

Roberto: I should tell you now that it’s very important to me to use condoms. I have one with me.

Helen: We don’t need a condom. Don’t you trust me?

Roberto: I trust you, but still think it would be a good idea to use one.

Helen: But Roberto, I hate the way condoms feel – it will ruin everything!

What should Roberto do? What should Roberto say to Helen? Develop possible responses and strategies for Roberto to effectively negotiate safer sex with Helen.

Module 5: Review of HIV Prevention and Behavior Change Issues Guidelines for Effective HIV Prevention Messages

The guidelines for developing effective HIV prevention messages are:

- 1) Help people feel good about acting safely.
- 2) Say “HIV is serious business and being concerned is smart.”
- 3) Say “Many people are changing their behaviors because of HIV, and so am I.”
- 4) Be **specific** in telling how you act safe -- say “I wear condoms” or “my partner always wears a condom.”
- 5) Tell people what you have learned about HIV that has helped you.
- 6) Remember, more and more people are concerned about HIV and safer sex is a wise thing to do.

When you talk to people about staying healthy, you want to make them feel good about taking steps to protect themselves. Therefore, you can tell them that:

- HIV/AIDS is very serious business so that being concerned is really smart.
- These days, many people are talking to others, going to classes on HIV prevention, reading about it and taking steps to change their sexual patterns.
- Be specific about safer sex. Wearing condoms, refusing to have sex and avoiding “risky” partners (such as injection drug users, prostitutes and individuals who have had unprotected sex with many people) are very wise moves to make.
- You have learned a lot about HIV, are concerned and have made changes.

Instructor's Notes

I. Introduction

A. Background

There is a critical need to find effective ways to lower the risky behaviors that lead to infection with HIV and other sexually transmitted diseases (STDs) in military populations. Behavior change, based on acquiring knowledge and learning skills, along with individual risk assessment, is an effective method for reducing risky behaviors.

HIV is a real threat to both military and civilian populations. Military personnel as compared to civilians have higher rates of infection for STDs worldwide. HIV and other STDs impact military readiness and threaten military ability to perform important secondary functions such as responding to natural disasters. HIV and other STDs also affect the health of civilian communities where military personnel train and work. Military personnel can have a negative impact on civilian communities by spreading HIV/STDs. A cycle of HIV/STD infection between military personnel and civilians can result in serious and long lasting impact on the health of a community.

Throughout the world, military personnel, including United Nations Peacekeepers, are uniquely at risk for infection with HIV and other STDs. Military duty takes soldiers away from home for long periods of time and puts them often in stressful situations. The need to relieve stress, loneliness, and boredom can lead to risky behavior. Using alcohol and drugs to cope with stress can increase the incidence of risky behavior even more. Many soldiers are young and think that “nothing will ever hurt me.” To add to this type of thinking, military institutions encourage and value risk-taking and aggressiveness.

Men and women engaged in United Nations peacekeeping operations carry out admirable and important work. It is imperative that United Nations Peacekeepers learn effective HIV prevention strategies so they can protect their health and the health of local populations in the countries they work, and maintain the integrity of their missions.

The curriculum, *HIV Prevention and Behavior Change in International Military Populations*, is designed to help men and women engaged in United Nations peacekeeping operations to learn about HIV and AIDS and how to promote good health. The *Instructor's Notes* is intended to provide technical assistance to trainers and educators in implementing the curriculum.

B. About the Instructor's Notes

These notes serve as a guide for conducting the *HIV Prevention and Behavior Change in International Military Populations* course and provide information that will help instructors to maximize the effectiveness of the curriculum. Following a thorough review of these notes, instructors should:

- Understand the course curriculum and its application.

- Understand the basic principles of adult learning and group growth and development.
- Understand basic theories for promoting health-related behavior change.
- Be familiar with basic training presentation techniques.
- Be familiar with guidelines for using audiovisual materials and equipment.

II. *The HIV Prevention and Behavior Change In International Military Populations Curriculum*

A. Modular Approach

The *HIV Prevention and Behavior Change in International Military Populations* curriculum includes one ten-minute overview and five one-hour modules:

- Course Overview
- Module 1: Defining HIV and Its Impact on the Military
- Module 2: HIV Prevention
- Module 3: Substance Abuse, HIV and STDs
- Module 4: HIV Risk Assessment and Prevention Strategies
- Module 5: Review of HIV Prevention and Behavior Change Issues

B. Delivery Options

The content of each module is built on the information of the preceding module(s), and succeeding modules reinforce the concepts earlier presented. The learning objectives for each module are sequential, moving from general information to more personalized information to skills-building activities. It is strongly suggested that these modules are delivered in order. The program can be presented in one day, or the sessions can be over a period of time. Ideally, no more than a one-week period should be allowed between each module. If a longer period is allowed between the modules, participants may forget basic information and the continuity of the program could be lost or significantly compromised. Each of the five modules is designed to be delivered in one hour. However, there is sufficient content to expand each module when time permits. Each module can be expanded to up to 90 minutes, by allowing more time for discussions and exercises. A rapid pace will need to be maintained to complete each module in one hour.

C. Instructor to Participant Ratio and Instructor Qualifications

Optimal instructor to participant ratio is one instructor for each 10-12 participants. This ratio will enable the instructor to provide individualized attention and coaching during the training. When available, it is recommended to assign at least two instructors to deliver the program. This will allow participants to experience more than one training style; a team that includes both male and female instructors is optimal. Instructors need to be

thoroughly familiar with the course content and experienced in presenting didactic information, facilitating group discussions and conducting interactive exercises i.e., role-playing and practice sessions.

The instructor can elect to identify facilitators from the participants to assist with conducting some of the exercises in the modules. Facilitators do not present content information, but help in leading small group discussions and other training exercises. Optimum size for the small group discussions is from four to eight participants. This size is small enough for all members to be engaged in the discussion, and large enough for members to not feel pressured or singled out.

D. Seating Arrangements

Furniture in the training room should be arranged to encourage interaction between the instructor and participants. The instructor can also sit with the group itself from time to time. The more “equal” the seating, the better the discussion.

No matter what seating arrangement the instructor prefers, the instructor needs to make sure that participants can see him or her and that all visuals (i.e., slides, overheads, newsprint) display clearly and easily. A semi-circle arrangement of chairs is the best way to achieve this. Because it is open on one side, the instructor can move freely back and forth from the front of the room to the center of the semi-circle. U-shaped arrangements like the open rectangle and the horseshoe offer the same advantages with one exception – it is difficult for people to see others on their own side of the table. This also applies to the square table. Round tables are good for small group exercises.

E. Equipment

Visuals have been developed for the curriculum that instructors can utilize slides or overhead transparencies. If neither a slide nor overhead projector is available, visuals can be reproduced on newsprint (flip chart). Before each session, gather all the necessary audiovisual equipment and make sure the participants can see clearly. Check that the equipment is in working order, know how to use it correctly, and be ready for small emergencies such as burnt-out bulbs. If you are going to use newsprint (flip charts), have at least two available with plenty of writing markers. One chart can be used for prepared material, and the other for recording information from the training.

F. Materials

Photocopy in advance of each training all curriculum handouts, including exercise instruction sheets, informational handouts, and evaluation forms. Organize the handouts in a folder or three-ring binder and number the pages for easy access. This way, the instructor can avoid endless paper shuffling during the training sessions.

Provide participants with necessary stationary supplies such as paper and pens. If participants do not know one another well, consider using name tags. Name tags are particularly helpful when participants break out into small group activities.

Instructors need to check to make sure they have all the materials needed to conduct the training session: instructor notes, extra copies of handouts and visual materials, plenty of water-based markers and masking tape or push pins for displaying newsprint. Plan to arrive at least one hour before the start of the training session to make sure the room and equipment are set up properly, become accustomed to the room and relax before welcoming the participants.

G. Pre-Training Checklist

Before implementing a training course, it is important for the instructor to identify and highlight the behind-the-scenes aspects of training. Many instructors may not be aware of the preparation required to run a successful training course. The following checklist of tasks needs to be completed by the instructor prior to the day of the training to help ensure a successful training experience for the participants:

- If the training will be provided by co-instructors, identify specific areas for which each instructor will be responsible.
- Communicate with the organizers to confirm the training date, site and time as well as to review participant registration forms.
- Decide in advance if the training needs to be modified in any way based on the information provided in the participant registration forms.
- Be well prepared. Become familiar with all aspects of the training. Conduct a dry run of the session in order to be familiar with the slides/overheads and present a fluid presentation. Try to anticipate participant questions and concerns. This will reduce anxiety when questions and concerns come up in the actual training.
- If traveling to the training site, arrive the day before the training. Bring training materials for all modules of the training in the event of a co-instructor's absence. Use this time to meet with the co-trainer and discuss any issues or changes to the training.

H. Cultural Considerations

The information and activities included in the curriculum are based on the premise that HIV infection is preventable. However, effective prevention may require people to change their behavior. Often, behavior is deeply rooted in culture. Instructors for this course may have the opportunity to work with people from diverse cultural backgrounds and will be more effective in helping people to reduce their risk for HIV/STD infection if they are aware of the cultural dynamics that influence behavior. Instructors need to pay particular attention to sexual and drug-use behavior, including alcohol consumption,

which can place individuals at risk for HIV/STD infection. It is also important to understand how participants choose to communicate about personal issues and their attitudes about seeking information and assistance.

The operating definition of “culture” used here is the shared values, norms, traditions, customs, arts, history, folklore, and institutions of a group of people. These shared beliefs serve as guides and determinants for behavior within cultural groups. Culture is complex and dynamic – it helps people adjust to changing environment, and is therefore always changing. While cultural commonalities can be observed among groups of people, considerable variation can also be identified within groups based on factors such as age, education, gender and exposure to other cultures. Therefore, it is of little value to attempt to identify cultural characteristics for broad groups such as Asians, Africans or Europeans. The best approach for instructors is to be sensitive to and aware of the cultural issues that may be influencing the behavior of their participants. Instructors are also encouraged to explore these issues when conducting the training.

The following suggestions may be helpful to instructors when speaking about health-related behavior change issues, particularly when participants are from cultures different from their own:

Listen =

- actively listen to participants;
- respond to what is being said, not how it is said;
- allow individuals to fully express themselves before responding to the situation;
- avoid an ethnocentric reaction (i.e., anger, shock, laughter) that may convey disapproval of participant's viewpoints, phraseology, facial expression and gestures;
- stay confident, relaxed and open to all information;

Evaluate =

- hold any reactions or judgments until you understand the message that the participant is conveying;
- ask open-ended questions (i.e., ones that cannot be answered with a simple “yes” or “no”), answers to these questions will give you valuable information.

Consult =

- agree with the participant's right to hold his or her opinion;
- explain your perspective of the situation;
- find out what the participant wants to accomplish;
- acknowledge similarities and differences in your perspective (the instructor) and the participant's perspective;
- offer options – suggest to the participant what he or she can do given the situation;
- allow participants to choose their own course of action;
- commit to being available to provide support;

- thank the participant for sharing his or her perspective with the group.

Keep in mind that some people and cultures focus more on individualism, while others focus more on being members of a group (which might influence interaction and participation in the course). Also, individuals and cultures vary in their comfort level with self-disclosure, especially around issues related to sexuality, personal relationships and health.

III. How the Curriculum Was Developed

A. Content Sources

This curriculum was developed utilizing a number of training curriculums for HIV/STD prevention and other sources including the: U.S. National Institute of Mental Health's *Project Light*; U.S. Centers for Disease Control and Prevention's *Project Respect*; Civil-Military Alliance to Combat HIV and AIDS's *Winning the War Handbook*; U.S. Naval Health Research Center's *STD/HIV Intervention Program*; U.S. Marine Corps *HIV prevention training*; American Red Cross's *HIV/AIDS Education Basic Fundamentals*; U.S. Center's for Disease Control and Prevention's and Georgetown University's *Simulated Patient Intervention Train-the-Trainer Manual*; U.S. Department of Health and Human Services, Health Care Financing Administration's *Instructor's Training Techniques*; and United Nations Department of Peace-keeping Operation's *Protect Yourself, and Those You Care About, Against HIV and AIDS, Ten Rules: Code of Personal Conduct for Blue Helmets* and *We Are United Nations Peacekeepers*.

B. Behavioral Theory

This curriculum is based on two cognitive-behavioral theory models: The Stages of Change Model and The Health Belief Model. It is also based on Social Learning Theory, or Social Cognitive Theory.

Cognitive-behavioral theory has two key concepts:

- Behavior is considered to be mediated through cognition; that is, what we know and think affects how we act.
- Knowledge is **necessary but not sufficient** to produce behavior change. Perceptions, motivation, skills and factors in the social environment also play important roles.

The Stages of Change Model. The Stages of Change Model looks at a person's **readiness** to change or attempt to change toward healthy behaviors.

Five distinct stages are identified in this model: pre-contemplation, contemplation, decision/determination, action and maintenance (see Table 1). It is important to note that

this is a **circular**, not linear model. People don't go through the stages and "graduate;" they can enter and exit at any point and often recycle.

Table 1. Stages of Change Model		
Concept	Definition	Application
Pre-contemplation	Unaware of problem, hasn't thought about change	Increase awareness of need for change, personalize information on risks and benefits
Contemplation	Thinking about change, in the near future	Motivate, encourage to make specific plans
Decision/Determination	Making a plan to change	Assist in developing concrete action plans, setting gradual goals
Action	Implementation of specific action plans	Assist with feedback, problem solving, social support, reinforcement
Maintenance	Continuation of desirable actions or repeating periodic recommended step(s)	Assist in coping, reminders, finding alternatives, avoiding slips/relapses (as applies)

The Health Belief Model. The Health Belief Model (HBM) addresses a person's perceptions of the threat of a health problem and the accompanying appraisal of a recommended behavior for preventing or managing the problem. It is one of the first models that adapted theory from the behavioral sciences to health problems, and it remains one of the most widely recognized and utilized conceptual frameworks of health behavior. The HBM assumes that people fear disease, and that health actions are motivated in relation to the degree of fear (perceived threat) and expected fear-reduction potential of actions, as long as that potential outweighs practical and psychological obstacles to taking action (net benefits). The HRM has four basic constructs representing the perceived threat and net benefits: perceived **susceptibility**; perceived **severity**; perceived **benefits**; and perceived **barriers**. Table 2 shows how these constructs interrelate and apply to individual behavior.

Table 2. Health Belief Model		
Concept	Definition	Application
Perceived Susceptibility	One's opinion of chances of getting a condition	Define population(s) at risk, risk levels Personalize risk based on a person's features or behavior Heighten perceived susceptibility if too low
Perceived Severity	One's opinion of how serious a condition and its sequelae are	Specify consequences of the risk and the condition
Perceived Benefits	One's opinion of the efficacy of the advised action to reduce risk or seriousness of impact	Define action to take: how, where, when; clarify the positive effects to be expected
Perceived Barriers	One's opinion of the tangible and psychological costs of the advised action	Identify and reduce barriers through reassurance, incentives, assistance
Cues to Action	Strategies to activate "readiness"	Provide how-to information, promote awareness, reminders
Self-Efficacy	Confidence in one's ability to take action	Provide training, guidance in performing action

Social Learning Theory or Social Cognitive Theory. People exist within environments where other people's thought, advice, examples, assistance and emotional support affect their own feelings, behaviors and health. The significant individuals and groups include family members, co-workers, peers, health professionals and other social entities that are similar to or influential for them. People are both influenced by, and influential in, their social environments. Social learning theory (SLT) assumes that people and their environments interact continuously. SLT addresses both the psychosocial factors that determine health behavior and strategies to promote behavior change.

SLT is complex and uses concepts from cognitive, behavioral and emotional models of behavior change. It has six key concepts that are based on the continuous interaction of personal factors, environmental influences and behavior. A basic premise of SLT is that people learn not only through their own experiences, but also by observing the actions of others and the results of those actions. Table 3 summarizes SLT's key concepts.

Table 3. Social Learning Theory or Social Cognitive Theory		
Concept	Definition	Application
Reciprocal Determinism	Behavior changes result from interaction between person and environment; change is bidirectional	Involve the individual and relevant others; work to change the environment, if warranted
Behavioral Capability	Knowledge and skills to influence behavior	Provide information and training about action
Expectations	Beliefs about likely results of action	Incorporate information about likely results of action in advice
Self-Efficacy	Confidence in ability to take action and persist in action	Point out strengths; use persuasion and encouragement; approach behavior change in small steps
Observational Learning	Beliefs based on observing others like self and/or visible physical results	Point out others' experience, physical changes; identify role models to emulate
Reinforcement	Responses to a person's behavior that increase or decrease the chances of recurrence	Provide incentives, rewards, praise; encourage self-reward; decrease possibility of negative responses that deter positive changes

IV. Principles of Adult Learning and Group Growth and Development

An important part of conducting a successful training is understanding how people learn and how groups grow and develop.

A. Adult Learning

The "Adult – Child" teaching style is a very standard teaching style and is one most people are familiar with. With this teaching style:

- The teacher decides what the student should learn.
- Education is one way: from teacher to student.
- The value of the student's own experiences are negated.

- The learner is considered an empty vessel and the teacher is considered a full vessel.

The “Adult – Adult” teaching style is one that can be summarized as: “I have information to share with you, you have information to share with me; we will learn together.” With this style:

- The teacher and the student negotiate what is to be learned.
- Education is based on give and take between the teacher and the student, as well as between students.
- There exists an assumed educational background that will influence the learning of the subject matter.
- The student's experiences are valued.

Learning can occur passively or actively. With passive learning, the participant does not have to take an active role in the learning process. Participants are given information through reading, watching or listening to the trainer, or through interaction between the trainer and another participant. Passive learning can be valuable in that it leads to reflection, evaluation, assessment and analysis. Unfortunately, it is most often linked with memorization and simple fact recall. It is very important to link passive learning with active learning.

With active learning, new information is analyzed, discussed, debated, processed, linked to relevant activities, or incorporated into current decision-making processes. Participants may be challenged with a problem or activity that involves debate and resolution. Small groups may be used in order to negotiate a solution or identify how the issue being discussed is relevant to their current situation.

It often is best to combine passive and active teaching styles. Keep in mind that instructors have limited time to convey information and provide practical tools for skill improvement. Remember, too, that you want participants to understand as much of the information as possible, and be able to utilize that information effectively in practice once they have completed the course.

Effective training:

- Involves the learner in the learning process.
- Identifies what the learning goals and objectives are.
- Demonstrates the relevance of the subject matter to the learner; otherwise, the participants may not feel this training has anything to offer to them personally.

- Structures activities so that learners identify solutions to problems identified; in this way, participants get to practice new skills before they ever leave the training.
- Engages learners in high levels of thinking such as analyzing, critiquing, assessing.
- Utilizes various teaching/training modalities such as small group process, lecture, experiential activities because not everyone learns in the same way. Instructors are more likely to get more across to more people by utilizing multiple teaching methods.
- Is flexible and meets the learner's needs within the confines of the training.
- Provides information that will overlap familiar or known information, it is therefore important for instructors to know their audience.
- Repeats and reinforces information throughout the training; people learn more when they hear the same information more than once. It helps to convey the same information in different ways.

Keep in mind that a participant might interfere with her/his own learning experience for many reasons. Participants may:

- feel they are at least as competent in the subject matter as the trainer;
- resent authority figures (i.e., instructors);
- fear being seen as inferior or being embarrassed in the training; anxiety can interfere with learning;
- generalize a previous bad training they've experienced to all training experiences;
- have other problems on their mind and be unable to focus;
- have been forced to come to the training and resents this;
- be interested in the material, but be constrained by time or focused on other things;
- "pick on" an irritating or annoying mannerism of the trainer.

Although an instructor strives to meet as many needs of the participants as possible, it is unrealistic to be everything for everyone. The instructor can assess the participant's needs and issues. However, some issues can be beyond the scope of an instructor's responsibilities. On the other hand, some issues may be dealt with by establishing the value and relevance of the training to all participants. Instructors strive to:

- **Create a Need.** Participants need to know why they need the information, how they will benefit from this information and how it can be made practical in their lives.

- **Develop a Sense of Personal Responsibility.** By establishing a need and having participants identify their expectations of the training, participants will begin to develop their own sense of responsibility to learn.
- **Create and Maintain Interest.** Encourage questions; change teaching styles and techniques regularly. Remind participants often of how the information will benefit them in their personal lives.
- **Structure Experiences to Apply Content to Life.** Link training content to experiences or issues participants' face in their daily lives, including work settings.
- **Give Recognition, Encouragement, and Approval.** Acknowledge positive input provided by participants. Thank participants for their involvement.
- **Foster Wholesome Competition.** Establish personal competition by encouraging active involvement in the training course.
- **Become Excited Yourself.** Instructors need to believe in what they are training and be excited about the ramifications of successfully using the material. Monotone, uninterested presentations are deadly.
- **Establish Long Range Objectives.** Assist participants in establishing long range goals for the use of the material covered in the training.
- **See the Value of Internal Motives.** Help participants identify their own motivation for acquiring the skills and information covered in the training.
- **Intensify Interpersonal Relationships.** Instructors need to become involved with participants. Be available before the training and never leave the training before participants do. Be available during breaks and meal times. This will foster increased familiarity and comfort with discussing issues that come up in the training.

The following chart illustrates rates for which individuals retain information, depending on the training or learning method. Lectures and reading are the least effective learning techniques, even though they may be the easiest methods of teaching. Being forced to teach others, using material in immediate, applied, practical ways and to practice by doing are the most effective techniques for learning.

Learning Chart	
Learning Method	Average Retention Rate
Lecture	5%
Reading	10%
Audio-visual	20%
Demonstration	30%
Discussion Groups	50%
Practice by Doing	75%
Teach Others/Immediate Use of Learning	90%

B. Group Growth and Development

When delivering training programs, it is helpful for instructors to understand the stages of growth and developments groups experience. In every on-going group there are three types of needs to address:

- **Individual needs.** These are “I” or personal needs and involve getting each individual into the group, despite his or her hidden agenda.
- **Group needs.** These are “we” or group needs and involve developing useful membership roles, ground rules, procedures and group structures, as needs emerge.
- **We needs.** These are “group” tasks that focus on the agreed upon group objectives.

Groups typically progress through three stages of group growth. The length of time for each stage depends on many variables, a major one being the age of the group. The three stages of group growth are:

Infancy. During this stage, participants may be reluctant to take on leadership roles and usually delegate this responsibility to the instructor(s). They may also feel insecure about their status in the group. The focus during the infancy stage is on establishing personal status in the group and achieving personal agendas. As the term infancy implies, individuals may exhibit immature behaviors. It is common for individuals in this stage to conduct side conversations and act out their personal frustrations. There is little commitment to the task during this stage.

Adolescence. Group members have moved beyond most of their personal insecurities during the adolescence stage, and begin to function as a group. Participants start to take on useful roles within the group to assist with information sharing and to ensure inclusion and participation. However, the focus at this stage is more on a commitment to the group than on a commitment to the task. Peer support and involvement is very important. Participants may band together to challenge the instructor(s).

Maturity. During this stage, group members (within given limits) assume responsibility for identifying and resolving problems and group tasks. There is an appropriate balance

between personal needs, group needs, and task needs. It is when the group achieves maturity that they are able to most effectively complete meaningful work. The instructor(s) should encourage participants to assume as much responsibility as they are able to manage during this stage.

The following graphic illustrates the stages of group growth and evolution of the three different types of group needs.

Stages of Group Growth								
Infancy			Adolescence			Maturity		
I	We	It	I	We	It	I	We	It

I = Personal Needs We = Group Needs It = Group Tasks

The progression of groups from infancy, through adolescence to maturity is not a linear process. Groups often move back and forth between these stages. When groups have completed their task(s), they often disband or revert back to immaturity. This model is helpful for understanding the dynamics that affect behavior in groups.

V. Conducting an Effective Training

No matter how well prepared, well versed, or skilled an instructor may be, there will always be training courses that have problems. At the end of each training, instructors need to evaluate themselves. Co-instructors need to agree before each training that they will provide honest critiques to one another at the end of the training. Remember that future presentations can only get better if instructors make the time to evaluate themselves. What follows are some general guidelines for conducting an effective training, including sample evaluation questions.

A. Know Your Subject and Audience

It is vital that instructors gather as much information about the participants in the training as possible. Find out about their background (i.e., age, gender, types of employment, education, training) and current job. It is best to get this information as early in advance

of the training as possible. This way, the instructor can prepare the training material to better meet the needs of participants. Knowing who the audience is, what they already know, and what they need allows the instructor to be better prepared.

Content – the skills, attitudes, values, and information the training course is intended to transmit to participants – is the essence of any training course. If an instructor is not knowledgeable about the topic they are teaching, the course will not be successful. No amount of fancy training techniques will help an instructor if they are not able to answer unexpected questions from participants. The number one rule in training is to **know the subject**. Ways instructors can familiarize themselves with the topic areas of their training course are to:

- Read books, recent journal articles, and reports.
- Write down relevant experiences in their own careers that will enrich the training course materials.
- Speak to members of the participants' peer group, or better yet to the participants themselves **before** the training to find out what their questions, concerns, interests or problems are, as they relate to the topics to be covered in the training.
- Talk with experts in the field to learn more about the training course topic. Invite any local experts to come to the training course and speak to participants.

B. Personal Style and Training Skills

Every instructor develops his or her own personal training style. It is important for instructors to express their individual style and not to mimic another training style. This generally develops over time, as an instructor becomes comfortable with the material and presentation. A few points to keep in mind when preparing for presentation are:

- Find a balance between pacing and standing in front of the audience.
- Speak to the participants and not to the slides or walls. Eye contact is important.
- Fluctuate your voice. A monotone style will cause disinterest among participants.
- Project your voice.
- Enunciate clearly and pronounce words correctly.
- Dress professionally - err on the side of being too formal.
- Always remember that you have something to offer and participants have something to gain. Be confident.

Appearance. Before an instructor ever speaks one word, the participants will already have begun to form some judgments (conscious and unconscious) about them. What an instructor wears and their general appearance says a lot about them. If instructors are not required to wear their dress uniform (or if they are civilians), follow the guidelines of appropriate business attire. Choose an outfit that is subtle and one that will not draw attention away from what you are saying. Details like these can seem unimportant, but they reflect an instructor's authority and can contribute to the success of the training.

Training skills. No matter how well designed a training course is, it can fail or “just not work.” The curriculum could be at fault, or the skills of the instructor may not be strong. What follows is a list of suggestions to assist instructors with their training.

- **Know the materials.** This is critical. Participants will know if an instructor does not know what they are talking about. It is not enough to be familiar with the subject matter and the curriculum. This does not mean that instructors need to have all the answers, but not knowing the majority of the answers will invalidate expertise.
- **Rehearse.** An instructor may know the information in the curriculum, but if they have not practiced the presentation all of their knowledge may be lost in fumbling lines. Although no two training sessions will be exactly the same, it is important to rehearse and practice timing. The instructor has a message and information that the participants need. Therefore, an instructor needs to present the material in the best fashion they can.

By knowing the material and rehearsing, you can avoid one of the worst training errors there is, reading to the audience. Participants do not want to be read to. They can read for themselves. Preparation will help instructors to avoid this common mistake.

C. Verbal and Non-Verbal Communication

Much of the success of any training is directly attributable to how an instructor presents themselves. Do they enunciate when speaking or mumble? Is their voice appropriate? Do they pace the room or have any distracting body movements? Instructors may have tremendous knowledge and experience, but the success of their training will also depend on their ability to effectively **communicate** that knowledge to participants.

Non-Verbal Communication. When teaching, instructors want to “sell” the audience on the value and the relevance of the information. By concentrating on non-verbal communication, instructors can become animated and engaging teachers, which will heighten participants' interest in the topic. Non-verbal communication includes:

- **Appearance.** This topic was addressed in the previous section. The bottom line is to use common sense. Instructors want participants to pay attention to what they are saying, not what they are wearing.

- **Eye contact.** Engaging the audience with eye contact is important in determining audience reaction. It requires significant preparation and self-confidence. Without it, the audience may spend the day watching the top of the instructor's head while they read from a script. Some questions instructors can ask themselves when training include: What kind of response am I getting? Does everyone look interested? Tired? Confused? Making eye contact with as many participants as possible can help engage the audience. However, looking at only a few participants may make them uncomfortable as they may feel singled out. The audience may interpret a lack of eye contact as an indication of lack of knowledge and/or confidence.
- **Facial expression.** A smile or frown can convey more information in one second than a ten-minute speech. Understanding and confusion are equally well reflected in facial expressions. Instructors need be aware of both their own facial expressions and those of the participants. Facial gestures can provide a cue as to whether or not the participants understand the material an instructor is presenting. Similarly, participants may misinterpret nervousness as lack of knowledge. Facial expressions can either reinforce or diminish credibility as an instructor.
- **Gestures and movements.** Gestures can be used to express or emphasize ideas or emotions. While gestures are often powerful tools in convey meaning and in animating content, try not to be excessive. Try to maximize the use of gestures that help emphasize the content or purpose of the discussion. It often helps instructors to practice various forms of this non-verbal technique before the training. While some may feel foolish or may not want to appear over-scripted, it is often helpful to identify both appropriate and inappropriate gestures. It is often the case that instructors may not even be aware that they are using inappropriate gestures. One example is the act of pointing a finger at the audience. This gesture is usually not a good idea because many people find it patronizing. Practicing in front of other people and eliciting their comments and suggestions will help instructors become more comfortable with the material, as well as their own gestures.

Movement is defined as changing location. Some instructors feel more comfortable staying at the front of the room, while others like to move around the room and be closer to participants. Keep in mind that some people may feel uncomfortable if the instructor is in close proximity to them. Pacing back and forth across the front of the room is often distracting for participants, while the instructor may not even be aware their movement. In addition, one often-overlooked problem is the instructor turning their back to the audience. If an instructor has his or her back to the participants, the participants will be unable to hear, see, and ultimately understand the instructor.

- **Use of silence.** Silence is a powerful communication technique. A common phenomenon is the quieting of a group of people when someone stands at the front of a room and waits without saying a word. It creates an air of expectation. Pausing during a question and answer session also allows a participant sufficient time to internalize the question and respond. However, it is also import to highlight that extended periods of silence may make the audience uncomfortable.

Verbal Communication. There are some things about individual voices that are beyond our control (e.g., accent, nasal quality). However, an instructor can control the tone of voice, rate, and volume of delivery:

- **Tone.** This refers to the inflections in a person's voice. Friendliness, interest, and enthusiasm are more conveyed with tone rather than actual words.
- **Rate.** It is often advantageous to pay attention to the rate of speech. When the material is complicated, instructors will need to slow down and give the listeners time to assimilate the information
- **Volume.** If an instructor speaks so softly that the participants have to strain to hear what is being said, they will often lose interest and not put forth the effort to pay attention. Conversely, if an instructor speaks too loudly they are likely to find participants shell-shocked.

D. Audience Participation

Most people would agree that being lectured to for an extended period of time is not their favorite way of being taught. Active learning involves participation. Instructors will find they have a better sense of how participants feel about their presentation if participants take part in the learning process. Tips for encouraging participation include:

- **Open-ended questioning.** Close-ended questions actually discourage discussion. For example, "Do you understand?" begs a "yes" response. Open-ended questions spark dialogue. For example, "Why is it that this type of question is more engaging?" creates an interactive environment. A simple rule to gauge whether or not questions are open-ended is that open-ended questions cannot be answered with a one-word answer ("yes" or "no"). Open-ended questions do not imply that there is a "right" or desired response.
- **Enthusiasm.** If an instructor conveys a sense that the material they are presenting is both interesting and important, participants will be more engaged.
- **Small groups.** Using small group exercises or discussions allows participants to learn information and skills in a hands-on fashion. Although this takes more time than a simple lecture or slide presentation, it is a great way to encourage audience participation.
- **Answering questions.** Any interested audience will have questions for the presenter. It sometimes can be difficult to determine the intent of a participant's question. Instructors may need to ask for clarification or reframe the question entirely. When answering questions from the audience.

Repeat the question to ensure you heard the question correctly and participants also understand what is being asked.

Keep your answers short and avoid getting off the training course schedule. A tangential discussion may be counterproductive, it is important to stay focused. The key is to find the balance in an answer that addresses the question directly and briefly, but at the same time fully provides all the information asked for in the question. The only way to master this skill is by knowing the material and by practicing with sample questions.

Do not get defensive if you do not know the answer or if feel attacked by the questioner. Simply say you do not know the answer and offer to obtain the information for the participant after the training. If a questioner is hostile, try to deflect the hostility by rephrasing the question in non-hostile terms. The important point is not to take the hostility personally. Doing so could distract the instructor and affect the rest of the program. Taking this type of an approach helps an instructor maintain control.

- **Humor.** When used appropriately, humor is a tool that can enhance any training experience. However, for it to be effective, the humor needs to be related to the training. When used appropriately, humor can make a point or stress a concept in a way that creates a bond between the instructor and participants. It is a tool that keeps participants alert, increases retention of the information, and facilitates the interaction with the instructor. Some concepts to keep in mind when using humor include:

Use common sense. If an instructor's sense of humor does not fit the situation, do not use it. Know the personal tastes and beliefs of participants, and never offend anyone. If participants do not respond, or respond negatively, to humor, move on and do not continue to try and make it work.

Back up your humor with seriousness. Do not make important points with humor alone; participants will not always be able to discern what is important. Follow critical information with a more serious tone to ensure that participants understand the importance of the message.

Keep it short. Avoid telling long stories. Brevity is more important than comedy.

E. Trouble Shooting

In an ideal setting, all participants would come to a training motivated and invested in the learning process. Unfortunately, this is rarely the case. In any training course there are going to be a few "difficult" participants. These people can be distracting to both the instructor and audience. Unless the instructor takes control of the situation, the learning process can be impaired. The best way to prepare for difficult participants is to be aware of the potential danger and to become familiarize with typical profiles in order to be able to identify problems early and diffuse them. The following scenarios offer advice on how to handle different types of "difficult" participant:

- **“Know it all.”** This person is an “expert” in everything and wants everyone to know it. Never debate with this type of participant, an instructor will never “win.” Instead, acknowledge the person’s expertise and ask if you can call on him/her as the training proceeds for support on various issues.
- **“Nay-say.”** This person refuses to see how what an instructor has to offer can or will work. They are determined to prove an instructor wrong. As with the “know-it-all,” if an instructor gets caught up with this participant in debate, the other participants may feel left out. And, it is easy for an instructor to become defensive with this type of person. If an instructor identifies a nay-sayer, a comment like, “I see you have some problems with what I am saying. I appreciate what you are saying, but there are people here who want to see how what I am saying will work” may cut him/her off. If he or she continues, an instructor can talk to the person during the break and try to address their concerns.
- **“Monopolizer.”** A monopolizer may attempt to spend a great deal of time reinforcing what an instructor is saying or in contradicting them. Also, the monopolizer may simply have a lot of questions or stories to tell. These participants can become very annoying for other participants. A gentle way to work with these types of participants is to simply avoid eye contact with this person or, if possible, walk to another area of the room while speaking. An instructor can also indicate that they appreciate their interest and excellent questions, but want to permit others to talk. An instructor can also suggest they talk afterwards.
- **“Chatterbox.”** This participant seems to have forgotten that the instructor is providing the training. This person carries on conversations with other participants while the instructor is speaking, seemingly oblivious to how distracting and rude the behavior is. Although it may be uncomfortable to limit a participant’s behavior, instructors need to remember that this chatter is most likely disruptive for other participants. To intervene, simply point out to this person that their conversation is distracting. A more subtle approach is to continue the training while walking over and standing by the participant. Few participants will continue a sideline conversation under this situation. If they do, it is appropriate to acknowledge it.
- **“Reluctant Learner.”** This person may be reading a magazine or newspaper during the training. Although seemingly less disruptive than the other types, this participant is conveying a negative message to the other participants. The message is that “although I may have to be here, this training is not important enough for my attention.” Instructors need to not take this behavior personally. Ask this participant to put their newspaper or magazine away. This may be done in a joking manner such as, “Wow, it’s hard to believe there is any news half as interesting as what I am saying. Do you suppose it could wait until a break or until after the training?”
- **“Preacher.”** This participant has values. It is not that other participants do not have values, but these participants expect to infuse their values into the training frequently. These values are most often expressed when the subject matter is not supporting their

values. Never debate or attempt to modify this person's values. That is not the goal or objective of training. Values take years to develop and will not change in a five-minute, two-hour, or six-hour debate. Acknowledge the participant's values (without editorialization) and move on. If they persist, acknowledge and point out that not everyone shares their values. An instructor can diffuse this person by stating to the group that it is important to recognize that not everyone shares everyone else's values but that everyone's values should be considered valid.

- **“Unresponsive Participant.”** This type of participant can be difficult only because it is hard for an instructor to figure out why they are unresponsive. They give no clues for their behavior and tend not to take an active role in brainstorming, questioning, or other exercises. They may be totally interested with the training or they could be day dreaming. They may also maintain this composure to avoid being called on or challenged by exercises. The only way to know is to check in with these participants during the training. For instance, during a brainstorming exercise, rather than starting with a request for people to volunteer input, ask these participants what they think. Their reaction should give the instructor sufficient information as to what is leading to their behavior. Some unresponsive participants simply need a little encouragement to become active participants.

F. Structured Closure

Ending a training course appropriately is just as important as starting it off right. Planning meaningful activities for the end of the training ensures that participants will reflect upon what they have learned and determine how they will put their goals and information learned into action. Participants appreciate the opportunity to bring closure to their learning experience.

Instructors can review information and exercise sources for an appropriate structured activity that fits the training course objectives, and adapt the activity as needed. Examples of closing activities are written evaluation/feedback and asking participants to offer what they liked and did not like about the training and writing responses on newsprint (i.e., “pluses” and “wishes”).

G. Evaluation

Evaluation of a training course is often overlooked by instructors. Yet, this type of feedback is critical for instructors and will help improve future course content and an instructor's training technique. Evaluation can be conducted using written forms and/or verbal discussion. Sample evaluation questions to ask are:

- Were the training course objectives met?
- What was your objective in taking this course? Did the course meet this objective?

- Identify at least two topics covered in the course that you believe will be valuable to you. Explain why.
- Identify the topics you regard as being of least value to you and explain why.
- What topics, if any, need to be added?
- What topics, if any, need to be covered in greater depth?
- What topics, if any, need to be dropped?
- What three things were most helpful to you?
- What was least helpful to you?
- What improvements would you suggest for the course?
- How would you rate the training environment?
- How would you rate the instructor's knowledge of the material and ability to maintain interest?
- How would you rate the presentation of the course (excellent, good, fair, or poor)?
- How would you rate the content of the course (excellent, good, fair, or poor)?