THE FACILITATOR GUIDE:

BROTHERS FOR LIFE PLUS

COMMUNITY GROUPS

Adaptation of Brothers for Life for Côte d'Ivoire

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ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
BFL+	Brothers for Life Plus
CARE	Cooperative for Assistance and Relief Everywhere, Inc.
CCP	Johns Hopkins Center for Communication Programs
EDS-MICS	Demographic and Health Survey and Multiple Indicator Cluster Survey
GBV	Gender-based Violence
HC3	Health Communication Capacity Collaborative
HC3 RCI	Health Communication Capacity Collaborative Côte d'Ivoire
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
HTC	HIV Testing and Counselling
ISOFI	Inner Spaces Outer Faces Initiative
JHHESA	Johns Hopkins Health and Education in South Africa
NGO	Non-governmental Organization
PEPFAR	The Presidents Emergency Plan for AIDS Relief
PMTCT	Prevention of Mother-to-child Transmission
PNLS	National AIDS Control Program
SMS	Short Message Service
STI	Sexually Transmitted Infection
TB	Tuberculosis
USAID	United States Agency for International Development

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Some sections of this guide have also been adapted from the following guides:

- Inner Spaces Outer Faces Initiative (ISOFI) Tool Kit – Tools for learning and action on gender and sexuality (2007) developed by the International Center for Research on Women and Cooperative for Assistance and Relief Everywhere, Inc. (CARE)
- Have boys and men participate in the transformation of masculine and feminine roles (Access, Quality, and Use in Reproductive Health [ACQUIRE] Project and Promundo).
- The "Men as Partners" approach developed by EngenderHealth
- African Transformation™ Facilitator Guide, adapted for the Côte d'Ivoire and CCP
- The PS reference manual

The Côte d'Ivoire HC3 team would also like to thank the Johns Hopkins Health and Education in South Africa (JHHESA) team (now the Centre for Communication Impact), for creating the original Brothers for Life and for allowing the adaptation of this tool for Côte d'Ivoire.

IMPLEMENTATION GUIDELINES

Context

Started in South Africa as a national campaign addressing men, **Brothers for Life** (BFL) program aims to improve the health and wellbeing of South African men, women and families dealing with the risks associated with multiple and parallel relationships; low rates of HIV testing and disclosure of HIV status; and the lack of involvement of men in preventing mother-to-child transmission of HIV. The program also aims to reduce high-risk sexual behaviours and promote healthy life habits.

In 2013, BFL was adapted for use in Côte d'Ivoire and implemented by Johns Hopkins Center for Communication Programs (CCP). During the first year of program implementation, the original BFL training materials were reviewed and adapted, and a central-level training of non-governmental organization (NGO) facilitators was conducted. The new approach was introduced to the National AIDS Control Program (PNLS) and international and national implementing NGO partners, and was aligned with the National HIV Communication Strategy. To implement the BFL program, CCP worked with various local NGOs whose scope of work was primarily to identify, recruit and train the most at-risk men around the behaviours described above. Over the three-year program implementation, roll out of the BFL program eventually reached thousands of men in the intended audience – from 900 men between 2013 and 2014 to 11,224 men in 2016 alone.

In the past, the BFL program had been limited to the education of older men on topics such as men and sexuality, men as lovers, men taking a stand against gender-based violence (GBV) and men as parents. The program also encouraged men to be tested for HIV. The new adaptation of the program training materials added new objectives and content, removed several themes and added a new topic. The new topic focuses on HIV treatment literacy and adherence for men living with HIV. This theme was included in the manual to educate older men participating in the BFL program on the importance of adherence; particularly, of adherence to their treatments for those living with HIV. This manual is the third adaptation of the BFL program and is referred to throughout this guide as **BFL Plus** (BFL+).

BFL+ combines the power of the mass media with interpersonal communication (IPC) and advocacy to mobilise men for action. The mass media is used to support the campaign through the development of a set of targeted messages. Specifically, as an accompaniment to the BFL+ guide, CCP developed television spots on the importance of HIV testing and counselling (HTC) and a TV series called "Réseaux," to educate older men on the same issues addressed during BFL outreach sessions. The interpersonal component of the campaign is emphasised in the mass media and reinforced by the facilitator through activities in the community. The program has helped address key interventions of the National Communication Strategy on HIV in Côte d'Ivoire.

General Objective of the BFL+ Program: To improve the health and wellbeing of men and women and their children within families

Specific Objectives of the BFL+ Program:

- To improve the health and wellbeing of men, women and families
- To reduce the risks associated with multiple and parallel relationships
- To improve the level of HIV in the promotion of behaviours that promote the HIV testing and enrolment in care
- To improve the retention and the adherence of patients on antiretroviral (ARV) treatment

- To reduce the sexual risk behaviour by the consistent and correct use of condoms
- To promote healthy life habits

Adaptation for Côte D'Ivoire

The adaptation of the BFL program to the Côte d'Ivoire context was possible because the country has behavioural factors similar to South Africa. In effect, Côte d'Ivoire remains the country most affected by the pandemic of HIV in West Africa. While the national average of HIV prevalence is 3.4 percent, the Demographic and Health Survey – Multiple Indicator Cluster Survey (EDS-MICS) 2011–2012 revealed a prevalence rate of 5.1 percent among those aged 35 to 39 years, 7.5 percent among those aged 40 to 44 years and 7.8 percent among those aged 45 to 49 years. The proportion of infected men is very high at 4.7 percent among those aged 35 to 39 years and 7.9 percent among those aged 45 to 49 years.

The EDS-MICS also showed that among those infected, 58 percent of women and 60 percent of men did not know their HIV status and 62 percent of women and 75 percent of men had never been tested for HIV. In addition, the average number of sexual partners over the duration of life was found to be higher in men than in women – 10.1 in men compared to 2.5 in women.

At the same time, although men are at higher risk of HIV infection, their access to health services has historically been lower. Despite the relatively high number of men living with HIV, only 25 percent of men reported having been tested for HIV in 2011 (EDS-MICS).

Numerous studies show that men's participation in antiretroviral therapy (ART) services, early start-up and treatment adherence also remains low. The preliminary results of a 2016 qualitative study carried out by the Health Communication Capacity Collaborative (HC3) in Côte d'Ivoire to identify key obstacles, motivation and factors in HIV testing, and initiation of care and retention in men's care revealed that the fear of sharing HIV status to other Ivorian men, families, and communities and the fear of stigma and discrimination are major barriers to men participating in screening, initiation and adherence to treatment. Another conceptual and policy barrier that contributes to men's low access to or participation in treatment and other reproductive health services is the perception that health services are unwelcoming to men.

Furthermore, formative research conducted by the Johns Hopkins Center for Communication Programs (CCP) in 2012 – which aimed to identify the sexual behaviours of men aged 30 to 55 years – also revealed that adult men aged 45 years and older have a low perception of being infected with HIV because of their age. In most cases, these men do not know their HIV status and do not use condoms, which stresses the need to better understand the sexual behaviour and habits of Ivorian men and the need for preventive education campaigns targeting this population.

To help remedy this situation, the HC3 Côte d'Ivoire (HC3 RCI) team chose to adapt and implement the well-known BFL program (also known as "Frères pour la Vie," in French) from the Johns Hopkins Health and Education in South Africa (JHHESA), Sonke Gender Justice (Sonke) and the National Council for the fight against AIDS in South Africa (SANAC).

The BFL+ program seeks to promote a healthy lifestyle and mitigate the risks related to multi-partner sexual relations, alcohol, GBV and non-use of condoms. The program also promotes testing for HIV, enrolling in care and adherence to ART and encouraging HIV-positive men to know their viral load.

Objective of the Guide

This guide is a framework for communities to create positive change in their lives by using participatory learning techniques that allow people to explore their thoughts, ideas and behaviours.

This guide describes HC3 RCI's approach and experiences working in partnership with communities in Côte d'Ivoire. The different media used in the guide aim to facilitate dialogue, ensuring communication between participants is productive and allows time for reflection. It is crucial that changes are made based on participant needs and concerns and are not heavily influenced by the outside intervener.

This guide does not propose any new facilitation or communication theory. Its essential role is to develop an approach that allows for the effective mobilization of human resources to change behaviour in the target community.

Target Audience

This guide was created for the facilitators who will be responsible for implementing the program with groups of men.

Duration

The ideal way to use the guide is to follow Modules 1 to 5 in order, because each module builds on the previous one.

Each module is designed to last two hours. It is possible to cover all of these sessions in different ways, depending on the needs and availability of the communities where you work. For example, sessions can be held two or five times per week over a period of one month with the same group of men in order to keep participant retention high.

Using the Guide

This guide deals with various issues that affect men, such as the sexual health; sexuality; HIV prevention, screening and treatment; living positively with HIV; other health issues; and financial health, such as managing the family budget. The guide is intended for BFL+ facilitators who will be facilitating group dialogues and/or individual conversations with the men on the issues that affect them, their partners and their families.

In preparing for a session, you will have to choose a module and review the technical information provided so you have the facts available to you during the workshop. Identify the topics you consider sensitive and develop strategies on how to deal with these subjects, allowing you to better reach your audience. You will need to keep the guide on hand during the workshop so you can refer to it to answer questions from the group.

Each module presents learning objectives and key messages. It will be necessary to focus on the key messages throughout the discussion. The exercises will help you ensure the session is interactive, fun and helps the men find their own solutions to the issues addressed in the session.

The resource guide that accompanies the facilitator's guide provides useful information to answer participant questions and help you properly prepare for your sessions.

Tips for Facilitators

- It is important to work with a small group of people (25 people maximum). A small group size will allow you to work efficiently to strengthen the capacity of the participants to feel confident taking charge of their lives.
- The recruitment of participants must be selective and be done in agreement with the community. You will need to organize an informational meeting with the recruited men before the workshop begins in order to inform them about the duration of the program. They will have to be present at all sessions; apply the skills acquired for themselves first, and then within their families, among colleagues/friends or members of their community; and share their experiences at the end of the session each week.
- Given that most of the BFL+ modules involve group work, games and role-plays, it would be efficient to have the participants sit or stand in a circle with a large space in the centre; this will allow space for the group to participate in the exercises.
- You should "take over" the space. Make sure you move in the middle of the circle as you become closer to the participants. Act the stories out, if necessary, varying the tone of your voice depending on the different situations. Such demonstration of confidence on the part of the facilitators allows participants to feel more at ease.
- When you are not sharing a narrative, sit in the circle at the same level as the participants; this will help you feel like a facilitator rather than a teacher who looks down from a podium.
- Be courteous, encouraging and empathetic towards the participants, and remain positive and creative. Maintain and strengthen their knowledge and skills. This approach will allow you to work for a better life for everyone within the community – men, women and children.
- Be courteous when you work with co-facilitators. Avoid correcting or to interrupting your partner when he or she is in the process of conducting a facilitation activity. Pay attention to your body language and your facial expressions when other facilitators are in the space or when a participant intervenes. Remember that you are still on the scene.
- It is advisable to form homogeneous groups when you need to address sensitive subjects. This will allow you to encourage everyone's participation. However, it is important that the two groups can interact to present their ideas. This interactive exchange of information between the different groups is essential for the program.
- Engage participants by encouraging them come up with their own ideas; you should not preach or lecture them.
- If possible, summarise the different points raised on a board or flip chart sheets.
- If you are working with flip chart sheets, attach or glue the completed sheets on a wall, easel, or in some other manner to ensure the sheet are clearly visible so participants will be able to refer to them during the duration of the session.
- You will need to make sure to adapt your language to your audience and find alternatives to writing and reading for men who cannot read or have difficulty reading.
- Pay attention to how you schedule sessions – sessions at the end of the day or after meals must be active enough in order to keep participants awake.
- Some of your participants or co-facilitators may be HIV-positive. **Do not** disclose their status during the sessions unless you have their permission.
- In the BFL+ program, participants are encouraged to take their screening test at the end of the Module 5. It is therefore important that the facilitators make a great effort to encourage them to be screened, while respecting their choice and decision. However, in order not to frighten

participants, please only announce the presence of the screening team at the end of the workshop, just after the final evaluation.

- For those not yet ready to be tested, another program will be offered at the end of the workshop. This program is called "SMS [short message service] for Life." Make sure the "SMS for Life" cards are available and explain the program works. It is also important to remind participants that their participation is voluntary.
- BFL+ sessions generate what is called "ordinary" waste. They are typically office or household waste, such as paper, brochures, posters, packaging, cardboard boxes, plastic jars/glasses/bottles, meal/break/tasting waste and used condoms (after demonstrations). Although this waste is not considered hazardous by the USAID guidance document, facilitators are encouraged to take all possible steps to minimize the impact of our activities on the environment.

Facilitation Skills

Approach

The facilitator will use his talent as a communicator, his knowledge of how to run a meeting and group discussion and his ability to resolve problems to guide participants' progress.

The BFL+ exercises and media designed for this program will help create the proper atmosphere to share information and support communication. Each exercise or media is attached to one or more questions.

Techniques

To stimulate communication, the facilitator should create situations where participants will recognize themselves and can appreciate, understand and prepare a report with their daily experiences. Among other techniques, the facilitator should use **brainstorming**, **facilitation** and the **micro-presentation**.

(a) Brainstorming: A technique to encourage all the members of a group and to express ideas or solve problems. It is a way to produce a lot of ideas about a given question or problem.

The facilitator must:

- ask a clear and concise question or indicate a subject;
- write the question (if the participants can read) in French or native languages, so that everyone can see it;
- actively encourage the participants to present their ideas; and
- verbally synthesize the responses by pointing out their similarities and differences.

A brainstorming session can help participants reflect openly and creatively on a given problem or situation.

(b) Facilitation: A technique that allows individuals to communicate their ideas so the members of the group can consider and discuss them. This technique also helps the group achieve a more profound understanding of information or topics of interest to the members. This a non-directive way to encourage learning.

Facilitation consists of activities to encourage people to think and share their ideas. Good facilitation is based on the belief that adults bring knowledge and experience gained over a lifetime to the process of reflection.

These are valuable resources to explore and use to produce new ideas, plans and actions. The resolution of problems is enhanced when this experience and knowledge are shared.

To be a good facilitator, you need to know how to:

- listen to and encourage the members of the group to participate actively in the discussions, and
- act as a coach by harmonizing ideas from several sources for a creative and successful effect.

To succeed in the facilitation, the facilitator will be required to:

- understand the hidden meaning of the words of the participants;
- find relations between different ideas;
- synthesise information and ideas of the participants;
- clearly present the summary to the group; and
- have the summaries validated by the group.

In this situation, the facilitator will use various techniques to facilitate conversation, such as:

- using open-ended questions that provide the participants with the opportunity to develop their thinking rather than to provide a 'yes' or 'no' answer;
- paraphrasing to highlight the ideas expressed by the participants or to ensure that participants understand them in the same way;
- summarising conversations and debates to refresh the memory of the participants; and
- establishing reconciliation to link the ideas expressed to facts or to an experience of participants to bring them to a reaction.

(C) Micro-presentation: A short presentation – generally no more than 20 to 25 minutes – that generates discussion within members of the group. It has four steps: (1) preparation, (2) start-up, (3) presentation of the fundamental points and (4) the conclusion.

Preparation

As a facilitator, you must do several things to prepare.

- Read the whole resource guide.
- Prepare to be as clear and useful as possible to the members of the reflection group.
- Avoid giving a well 'wrapped' or practiced presentation – in which you know in advance everything you are going to say; strive for spontaneity.
- Take the pulse of the audience by conducting an activity before your presentation. Measure the mood of the participants and what they have in mind.

Starting

- During the micro-presentation start-up, put yourself at ease and reassure the participants. Let them know you appreciate their current situation – how they live and what experiences they share through the reflection workshop.
- Inform the participants of what you are going to do. For example: when responding bring elements of participants response to the question, or ask particpnts how can they solve their problems and discuss them in more detail.
- In your introduction, prepare the participants by answering the following questions for them:
    - What are they going to do with this information later?
    - How are they going to do it?

Presentation of the Fundamental Points

Make sure to memorise the fundamental points. List them on a flip chart or a blackboard.

- Use concrete examples that participants can easily feel connected to.
- Use images that have been the subject of discussion in previous activities.
- Make sure you explain each point clearly by regularly summarising it.
- Be enthusiastic and funny.
- Pause your presentation from time to time to ask the participants for their point of view and ask them to give examples.
- When you speak, look at the group.

Conclusion

The conclusion is when you close the activity by checking in with the group to see if your presentation has been understood.

- Summarise what has been said.
- Encourage the participants to be bold and to apply the points you have discussed.

Preparation

This manual is a guide for facilitators to understand and master the techniques of facilitation of a two-person conversation or group discussion. It is essential that by now you have participated as a participant-observer in at least one meeting held by an experienced facilitator. This will allow you to internalise the approach for the progression of the reflection. To organise a meeting, you will need to think about:

- making an appointment with the participating communities;
- preparing the equipment before the session; and
- being present half an hour before the participants.

Organization of Activities with the Men

Criteria for Recruitment of Men

- Men at risk of HIV
- HIV-positive men/men living with HIV (this is kept confidential from other participants)
- Volunteer men
- Single or married men
- Men aged 25 to 49 years
- Male partners of women who are in the prevention of mother-to-child transmission (PMTCT) program
- Men who have/have had tuberculosis (TB)
- Men who are regular clients of sex workers
- Men who have had one or more episodes of sexually transmitted infections (STIs) in the recent past
- Men who confirmed their availability to attend all scheduled meetings
- Men who commit to performing the exercises planned during the workshop

Recommendations:

- Respect your appointments. Make courtesy visits to the community leaders and explain the purpose of the program to them.

- In some environments, you will also want to respect certain practices, such as prayers before starting the group work.
- Make the groups of men as homogeneous as possible. For example, consider the participants' level of education – keep illiterate and primary studies education level together and secondary or higher education levels together. Heterogeneous groups that include mixed levels of education have been shown to have limitations – facilitation is more difficult and the exercises take longer than provided for in the guide.

Number of Facilitators

For an efficient session, it is recommended to have at least two facilitators, preferably two men. Given the number of themes discussed during a meeting, you can take turns facilitating.

It is useful for the facilitators to exchange observations after each session in order to improve your facilitation skills.

Logistics

Meeting Locations: Locations must be chosen in a concerted manner with all the men participating in the workshops. It is recommended that the meeting place is located within the community that is the beneficiary of the activity.

Duration of the Sessions: It is recommended that meetings are held twice a week to ensure the desired action – completing the training over a period of one month – is carried out efficiently. Each session will last approximately two hours.

However, due to audience availability, it may be necessary to hold the activity within one week (four days in a row) or once a week over five weeks.

Tools for Monitoring and Evaluation

Four categories of tools for monitoring and evaluation are available for this activity.

Tools for Facilitators

- **Session evaluation sheet:** This sheet allows facilitators to create a summary of each meeting by identifying the strengths and weaknesses of the session and the participation of the men. This will also allow facilitators to revise plans for future meetings to remedy any weak points and continually improve the quality of their facilitation.

Tools for Supervisors

- **Workshop supervision sheet:** This sheet is used to guide the work of the individuals responsible for follow-up workshops with the men. It tells them the different aspects of the activities to observe in order to propose improvements to the facilitators.

Tools for Participants

- **Participant attendance sheet:** This tool will assess the number of participants and their attendance at the workshop sessions.

- **Pre and post tests:** These tests will be administered to participants in order to assess changes in knowledge and perceptions that took place during the workshop.
- **Final evaluation questionnaire:** Participants will respond in writing to a series of questions to draw up a summary of their participation in the workshop.
- **Condom distribution sheet:** This tool will allow the facilitator to ensure all participants have received the correct number of condoms.

Since the attendance list and the condom distribution list are only one document, the facilitator is encouraged to use a single card for both activities.

Tools for NGOs

- **Screening sheet:** This tool allows the facilitator to know how many participants have accepted HIV testing on site, the number of people who screened HIV positive and the number referred for ART. This sheet contains only numbers, not the names of participants.
- **Monthly summary report:** This tool allows the facilitator to enter the information concerning this community activity and to see how the workshops progressed over the month.

The administration of written tests, questionnaires and evaluations is recommended only when the men have a high enough level of education to read and correctly fill out these documents. If the men are illiterate, it is advisable to organise focus groups with the same sample of the men before and after the workshop in order to document the changes in their perceptions and attitudes as a result of a workshop.

MODULE 1: MEN AND SEXUALITY

Content of the Session:

In this module we will talk about biological sex, sexuality and gender. It is important that everyone knows the facts that relate to the sexual organs, sex, sexuality and gender norms as well as the actions they should take in the case of concern or a health problem.

We will cover the following topics:

- Biological sex
- Sexuality
- Roles socially related to gender
- The stereotypes related to gender
- The roles related to gender and our health

Time: Two hours

Materials:

- Markers
- Flip chart paper
- Scotch tape
- Circles of sexuality
- Anatomical illustrations of the genital organs

Key Messages:

The Brothers for Life:

- have knowledge of the anatomy of the genital organs;
- know that sexuality, our biology and gender influence our behaviour;
- understand that the socially defined roles are relative to the gender;
- know that sex is part of life and that we have sexual intercourse for many reasons, in particular to have children or for pleasure;
- recognise that negative gender roles can put us at risk of contracting HIV;
- know the actions we should take if we think something is abnormal or if we have problems involving the genitals; and
- know we must follow the advice we receive at health clinics.

Learning Objectives:

This session will allow the Brothers for Life to:

- understand the difference between sex and sexuality;
- develop an understanding that sexuality is made up of different things;
- encourage discussion about sexuality in order to be able to reflect on behaviour in a more honest way;
- develop a basic knowledge of the genitals; and
- understand that older men (50 years and older) are also exposed to the risk of HIV infection.

1.1. Introduction

Purpose: Allow participants to reflect on what they mean by **wellbeing**, **good health** and **sexual health** to increase the comfort level of the participants facing these questions.

Methodology: Brainstorming

Time: 10 minutes

Materials: Flip chart paper and markers

Note to Facilitators: Welcome the participants and briefly introduce the themes that will be covered during the course of the five meetings, including their commitment to become a member of the BFL+ program. Ask them to introduce themselves. Then, ask them to establish the rules to be respected by the group to ensure good conduct during the meetings. Make sure a rule concerning the confidentiality of discussions is included in the list.

Thank the participants for coming and tell them: "Today, we will talk about sex and sexuality. It is important that everyone knows the facts that relate to sex and sexuality."

Ask them the questions below:

- According to you, what is **wellbeing**?
  - According to the Merriam-Webster dictionary, **wellbeing** is the state of being happy, healthy or prosperous.
- What is it to be in **good health**?
  - According to the Grand Robert dictionary, **good health** is the good physiological state of a living being. It is the regular operation and harmonious development of the body during a substantial period of time, regardless of anomalies or injuries that do not affect the vital functions (e.g., a blind person can be healthy).
- What does it mean to have **good sexual health**?
  - **Sexual health** is an integral part of overall health, wellbeing and quality of life. It is a state of physical, emotional, mental and social wellbeing in relation to sexuality – not merely the absence of disease, dysfunction or infirmity.
  - Sexual health requires a positive and respectful approach to sexuality and sexual relations – of having pleasant and safe sexual experiences without coercion, discrimination and violence. To achieve and maintain a good state of sexual health, the sexual rights of all individuals must be respected and protected.
  - Effort is still needed to ensure that public health policies and practices of recognise sexual health as an important issue.

Write the participants' answers on flip chart paper. Note the explanations of the participants throughout the workshop. You will return to them regularly to remind participants of the correct answers. At the end of the workshop, all participants should have a strong understanding of the terms.

Note to Facilitators: The next exercises are a series of activities that provide an opportunity to reflect on gender. These exercises are intended to bring people to face-to-face with their biases and to realise that stereotypes can be destructive. You may need to explain the definition of a stereotype. A **stereotype** is an expression or opinion widespread in a community or in society, without any originality, a cliché.

1.2. Brothers, Sexuality and Sex

Purpose: Break the ice and bring men together to acquire the basic knowledge on the concepts of sex and sexuality and to talk about what sex and sexuality mean to them.

Methodology: Brainstorming

Time: 25 minutes

Materials: Flip chart paper, markers and flip charts with the circles of sexuality

Note to Facilitators: Explain the purpose of this exercise, which is to break the ice and to bring the participants to talk about what sex and sexuality means for them. Participants should also be encouraged to use different words and different languages in their discussions.

Step 1: The Brothers and Sexuality (15 minutes)

Ask for two volunteers to record the participants' responses in a table or on flip chart sheets.

- In the large group, ask participants to think of all the possible words associated with sexuality in both French and their local dialect.
- Ask more questions to find any missing words. Try to bring out the hidden aspects of sexuality.
- When the group has exhausted its ideas, show them the **Circles of Sexuality** diagram at the end of this session (**Resource Sheet 1.1**), which represents a definition of sexuality. Explain that everything that is linked to human sexuality can correspond to one or more of these circles.
- Explain the meaning of each circle, and ask for examples of concepts, thoughts or behaviours linked to sexuality that correspond to each of the circles.

Next, divide the group into small groups of four to five people. Distribute flip chart paper prepared in advance with the five circles of sexuality (drawn as shown on **Resource Sheet 1.1**) ensure the definition of each circle is clear. Give each group pens or markers to use on the flip chart sheets.

Ask the small groups to think about these questions:

- How do the words that the large group listed together correspond to the circles?
- Are there any words that do not seem to correspond to the circles?

Ask the small groups to place each word in the appropriate circle. Tell them that a word may correspond to more than one circle.

After the small groups have finished, facilitate a discussion with the large group, asking the following questions:

- What circles were associated with the largest number of words? Why?
- Which among the five circles seem to be the most familiar? The least familiar?
- Why do you think this is so?
- Is there any part of any of these five circles that you had never considered before as sexual? Please explain.
- Are there any words or expressions that make you more comfortable or less comfortable when you talk about sex or sexuality? Why? Can you imagine talking about this with your children? With your parents? With your peers?

Step 2: The Brothers and Sex (10 minutes)

In the large group, ask the participants to respond to the following questions:

- What is sex?
- What is the first thing you think of when you hear the word sex?
- What are the other words used to talk about sex?
- With what words do you feel comfortable and with which you do not feel comfortable? Why?
- Why is it important for us to be able to talk about sex?

Ask participants to reflect on what they learned from the exercise.

Summarise by telling them that reproductive organs are different depending on whether one is a man or a woman – this is a person's **sex**. The roles that society attributes to men and women are related to **gender**. It is important to consider this difference because **gender norms** have an influence on our behaviours, including sexual behaviours. It is important to reflect on our own attitudes regarding sexuality and to be able, if necessary, to question them in order to have a harmonious relationship and better manage our health.

As you progress, answer questions and clarify anything participants find confusing.

Finish each activity by reminding the participants that it is important to reflect on their own attitudes toward sex.

Encourage them to continue to question their own values and beliefs throughout the workshop and beyond.

1.3. What the Brothers Must Know Regarding Genital Organs

Purpose: The purpose of this exercise is to encourage participants to acquire a basic knowledge of how male and female genital organs function and discuss this as a group.

Methodology: Brainstorming

Time: 30 minutes

Materials: Flip chart paper, markers and anatomical pictures of reproductive organs

Instruction for the Facilitator: Accept all answers and ideas expressed by the participants. This will allow you to determine the participants' level of knowledge, and help you to adapt your activities accordingly.

Step 1: In the framework of a large group, ask the following questions:

- What does the male reproductive system do?
- What does the female reproductive system do?

Divide the group into four groups, and give two sheets of paper to each group. Ask them to draw the shape of a male body on one sheet of paper and the shape of a female body on the other sheet of paper.

Ask each group to draw male and female genitals on the pieces of paper.

Ask them to name each element and indicate their functions.

Step 2: Genital Organ Diagrams

Display the diagrams of the male and female genital organs so that all participants can see them (examples at the end of this session in **Resource Sheet 1.2)**. Show the main parts of the genital organs and explain their functions as you go.

Show the external and the internal parts to the participants before discussing each genital organ. Identify each organ, its function, its operation, and address the most common myths. Discuss the sketches of the male genital organs, followed by a questions and answers period.

With regard to male genital organs, start your explanations beginning with the testicles and finishing with the penis. Specify the role of each organ. For example, you can ask:

- Where are spermatozoa produced?
    a. Testicles and epididymis
- How are they transported?
    a. Vas deferens, etc.
- How does erection occur? Explain the corpus cavernosum.
- That is the prostate? What is its role?

For the woman, begin your comments with the external parts and finish with the internal parts. Specify the role of each part. Indicate clearly the urethra by asking the following question:

- Where does a woman urinate from?
- Introduce the large and small labia and describe their role.
- What causes menstruation? (This question will bring you to speak of the ovaries, the fallopian tubes, the endometrium etc.)
- How must a woman maintain the hygiene of her genitals?
- Is the clitoris the main or the only area of excitation for a woman?

A list illustrating the specific roles of each genital organ can be found in **Resource Sheet 1.2**.

Step 3: Clarifying Questions

Ask participants if they have any clarifying questions, and answer them as best you can. If you do not know the answers, note the questions and tell the participants you will give them the answer at the next meeting. At this stage, if the participants do not have any specific questions, you can ask them any of the questions listed below or others inspired by the list of questions/answers on sexual and reproductive health (SRH) included in **Resource Sheet 1.3** at the end of this session.

Ask a participant to briefly summarise this section. Address any aspects not mentioned. The explanations will focus on the essential function of reproduction of the genital organs.

Step 4: Male and Female Sexual Health Problems

Divide the group in four smaller groups – two groups are working on the male genital organs and two work on the female genital organs –then ask participants to note on a flip chart sheet the health problems each organ may suffer from, other than STIs among men and women aged 35 years and older. Emphasise the following points:

In men:

- Sexual dysfunction
- Erectile disorder or dysfunction
- Infertility
- Prostatitis

In women:

- Pain during sexual intercourse
- Absence of excitation (frigidity) – frigidity means a total absence of desire and pleasure during sexual intercourse
- Infertility

Ask each group to present its work.

Ask everyone the following questions:

- How can you maintain good sexual health?
- Do men take care of their body and their health in the same way as women?
- What attitudes must we adopt facing a health problem involving our genital organs?

Explain to the participants that the knowledge of our body and the functions of our genital organs and those of our sexual partner helps us take better care of our sexual health. It also helps us fight against false beliefs and myths about the genital organs, sex and the transmission of HIV.

Here are a few examples of false beliefs:

- If you have sex standing, the woman will not become pregnant.
- The man cannot contract HIV if he withdraws before ejaculation, even with an HIV-positive woman.
- Having sexual relations without a condom with young girls rejuvenates men.

Make sure the participants do not have any other questions before continuing. Explain that the next exercise will focus on personal values concerning gender and sex among men.

1.4. What the Brothers Must Know about Family Planning and Modern Contraceptive Methods

Purpose: The purpose of this exercise is to help the participants understand what the term “family planning” means and to reflect on the various modern contraceptive methods.

Methodology: Brainstorming

Time: 45 minutes

Materials: Flip chart sheets and markers

Instruction for the Facilitator: Men over the age of 25 are not all necessarily familiar with the term family planning or the various modern contraceptive methods existing in Côte d'Ivoire. Therefore, it is important for the facilitator to ensure that all participants understand what family planning is before beginning this exercise. Please also ensure that the participants understand the difference between the family planning and "limitation of births."

The following is a comprehensive definition of **family planning**:

Family planning is a set of means and techniques enabling women:

- to avoid pregnancies, not to avoid unwanted pregnancies;
- to have the desired number of children at the desired time, and to space births by at least two years;
- to plan births at the best time with respect to the age of the mother – avoiding pregnancies before 20 years and after 35 years of age;
- to reduce their number of pregnancies before 20 years and after 35 years; and
- to decide the number of children they would like to have.

The **limiting of births** refers to controlling the number of births; however, the limiting of births should not be confused with "stopping births"; stopping births means ending deliveries by a definite or permanent method.

Step 1: Family Planning

Ask the participants if a woman must have a child every year. Why?

- What do we call a method that makes it possible for a woman not to have a child every year?
- Ask the participants to define family planning.

Divide the participants into three groups. Each group should reflect on the benefits of family planning:

- **Group 1:** Benefits for the mother
- **Group 2:** Benefits for the child
- **Group 3:** Benefits for the father

When each group has finished, bring everyone together and compare each list with the list of benefits presented at the end of this session in **Resource Sheet 1.4**.

Ask each group to present its work, then discuss. Ask the participants:

- Are there ways for a couple that does not wish to have children to do so?

Step 2: Modern Contraceptive Methods

Note to Facilitators: When this kind of information is presented in a non-clinical context, it is not useful to give too many details. It is important to give the participants a **general overview** of the different methods of modern contraception, and to help them understand that using a condom is the most appropriate means of contraception, not only to avoid unwanted pregnancies, but also to prevent the transmission of STIs and HIV.

Explain to the participants that different types of modern contraceptive methods exist and most of them are available in Côte d'Ivoire.

Ask the following question to the large group:

- What are the means used to practice family planning?

Brainstorming

- What is a contraceptive method according to you?
- What modern contraceptive methods do you know?
- What modern method of contraception is practiced most commonly? Why?
- Is this method still effective? Why?
- What are the limitations of each of the modern contraceptive methods you just discussed?
- What is the most accessible and least restrictive modern contraception method? Why?
- What are the limitations of each of the modern contraceptive methods you just discussed?
- Where can we find additional and reliable information if we are interested in a modern method of contraception?

Note to Facilitators: If the participants mention abortion as a contraceptive method, start a discussion on the risks and benefits of abortion and make sure it is clear that this is not the same as a contraceptive method.

Ask the participants:

- What are the benefits of modern contraceptive methods?

Points to take into consideration:

- The mother and the children are in better health when high-risk pregnancies are avoided.
- The families who have fewer children have more money and food for each child.
- After having a child, it is healthier to wait at least two years before having another one.
- After four pregnancies, childbirth is riskier.

Quickly introduce the different methods. During the discussion, use the table in the annex to correct participant misconceptions. See Table of Contraceptive Methods **Resource Sheet 1.5** at the end of this session.

Discuss participants' preconceived ideas and misconceptions about family planning. Ask the following questions – you can choose one that suits you or which is suitable for the participants.

- Ask participants to mention what points of service offer SRH in their area.
- Ask the participants to mention myths and legends regarding contraceptives. See Table of Family Planning Myths at the end of this session in **Resource Sheet 1.6**.

Summary: We have just talked about the means of modern contraception. You must obtain information at the family planning centre or health centre to choose, with your partner, a family planning method suitable to your circumstances. But we must remember:

- **The rule of dual protection:** Take **the pill** or use **another contraceptive** method, but also use a **condom.** You will be protected from unwanted pregnancies as well as STIs, including HIV.
- **IMPORTANT!** Only condoms protect you from both pregnancy and STIs, including HIV.

Summary: Family planning is a set of responsible practices to safeguard the wellbeing of your family and your larger community. It makes parents aware of their responsibilities towards their children. It educates couples and individuals about responsible parenthood, which suggests that you start a family only if you are in good health and have the means necessary to cope with the needs of the family members.

1.5. Closing

Purpose: The purpose of this exercise is to encourage participants to reflect on the fact that their sexual health and the sexual health of their partner are connected to the choices they make in life, and there are actions they can take to maintain and care for their health.

Step 1: Reflection

Ask the participants to consider and discuss a new thing or new way of thinking about their life this module has taught them.

Ask them to note (in writing, if possible) three actions they plan to undertake with their partner and to share the messages of BFL+ at home and in their communities.

Step 2: Remind Participants of the Key Messages

Congratulate them for having completed this chapter. Share the following: "In this module, we learned about sexual and reproductive health or SRH.

- Brothers for Life take responsibility of their actions, and take care of their sexual health and that of their partner.
- Brothers for Life know that any problem concerning the genital organs must be taken seriously and be treated at the hospital**.**
- Brothers for Life know that even older men are at risk of infection by STIs and HIV when they engage in sexual activities.
- Brothers for Life know that family planning aims at spacing of births and the prevention/treatment of STIs (including HIV) and sterility, and commit themselves to these aims."

Step 3: Distribution of Condoms

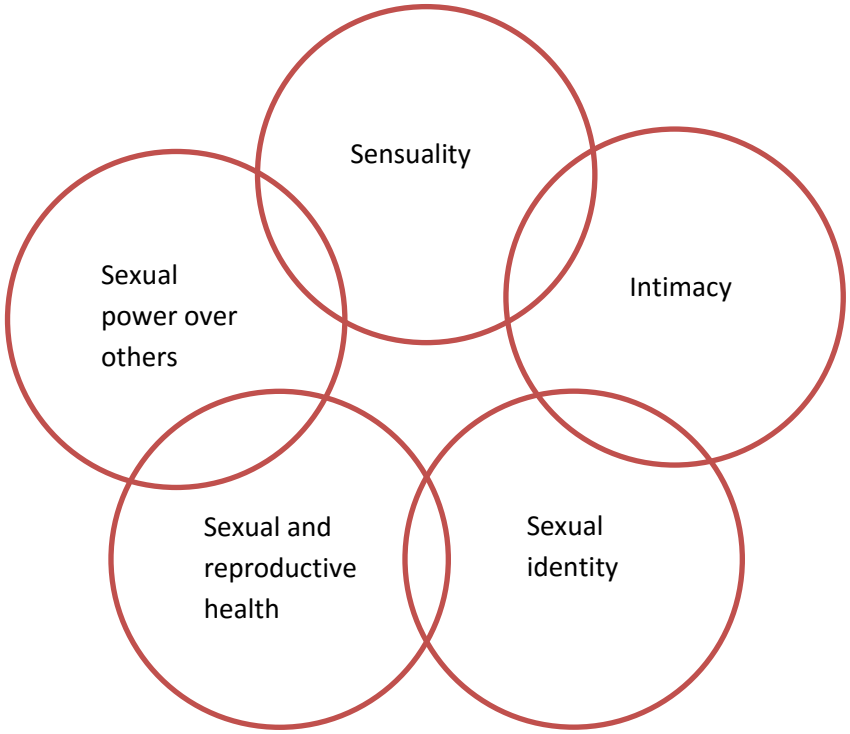
Proceed to distribute 12 male condoms per participant for their personal use. Make them sign the distribution list. Mention that at the next meeting you will discuss any questions about condoms and do a demonstration on how to wear it correctly.

Step 4: Conclusion

- Thank the participants for their availability and the quality of their discussions.
- Tell them the date of the next meeting.

Notes to Facilitators: We all have our own values and our own prejudices in the area of gender. Even if we are aware of the need to question some of them, they can influence our perceptions and our actions. It is necessary for you, the facilitators, to know what gender values you hold. This will allow you to help the participants understand their own values and to be willing to question them.

Resource Sheet 1.1: The Circles of Sexuality



Definition of Circles of Sexuality

Sensuality
Awareness and feeling toward your own body and toward the bodies of others, especially the body of a sexual partner. Sensuality allows us to feel good about how our bodies look, what they feel and what they can do. Sensuality also allows us to enjoy the pleasure that our body can give to us and to others.

Intimacy
The capacity and the need to be emotionally ready for another human being and to accept such proximity in return. While sensuality is the need to be physically close to another human being, the intimacy is the need to be emotionally close.

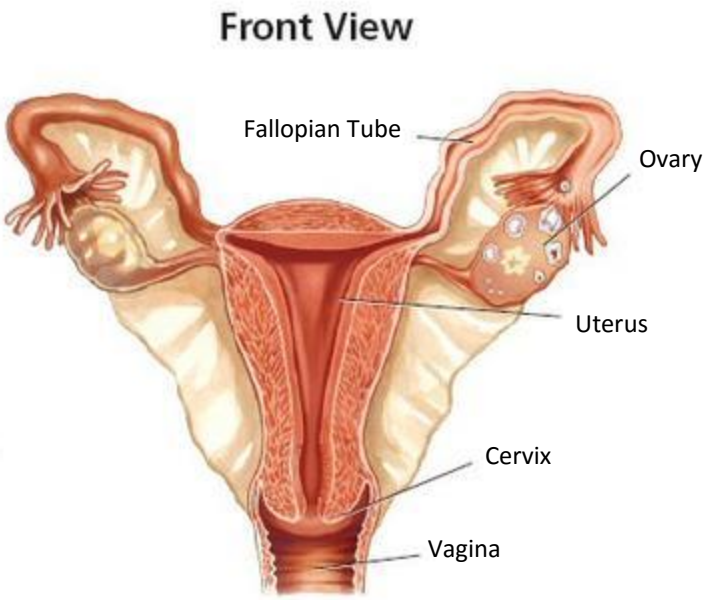
Sexual Identity
The way in which a person understands who they are sexually, including their sex (male or female), their culturally defined gender role and sexual orientation. Sexual orientation refers a person being sexually attracted to persons of the opposite sex (heterosexuality), of the same sex (homosexuality) or of both sexes (bisexuality).

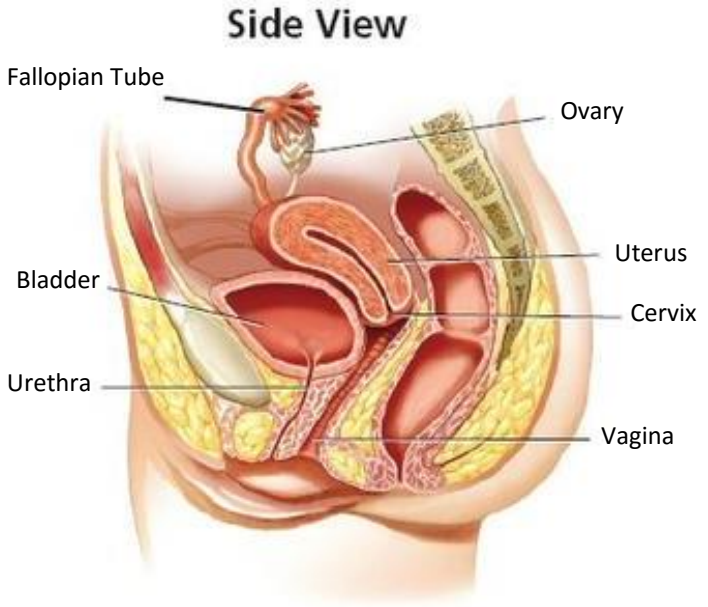
Sexual and Reproductive Health
SRH includes the ability of an individual to reproduce and the behaviours and attitudes that make relationships healthy and pleasant. This includes, among other, factual information concerning reproduction, sexual intercourse and the various sexual acts, contraception, sexual expression and the sexual reproductive anatomy.

Sexual Power over Others
The use of sex or sexuality to influence, manipulate or control others – for example, using seduction, flirting, harassment, sexual abuse or rape to control or influence another person's actions, choices or behaviour.

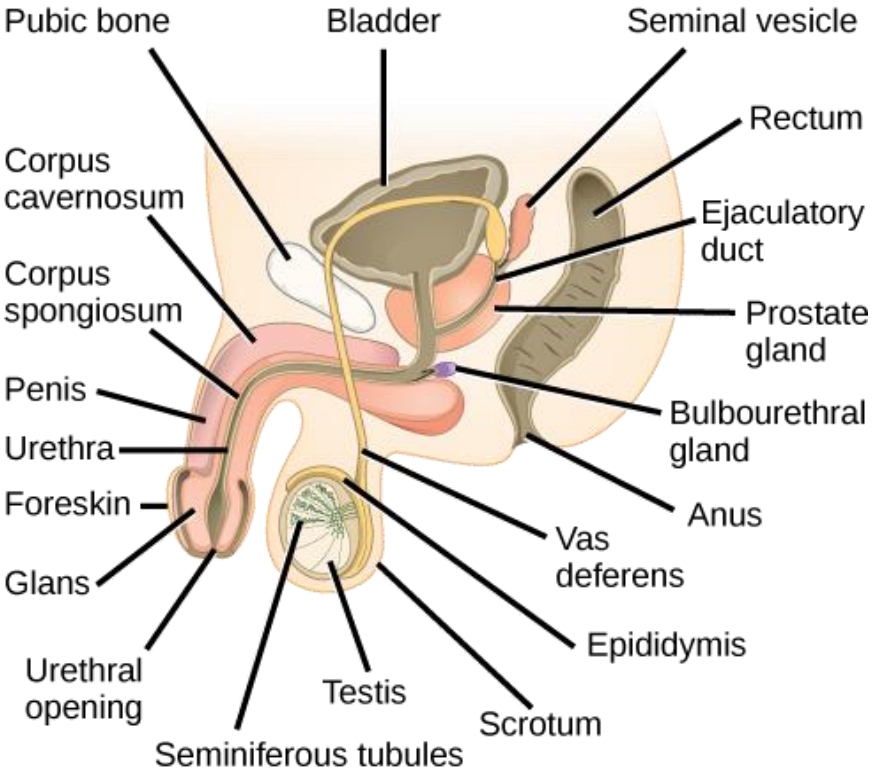
Resource Sheet 1.2: Male and Female Genital Organs

Female Organs





Male Organs



The Role of Female and Male Genital Organs[1]

The Role of Female Genital Organs

Each female genital organ has a specific role, below is a list of these roles to remember:

- The primary role of the female genital organs is to carry out reproductive functions.
- The role of the **ovaries** is to secrete sex hormones, store a woman's eggs and release one each month.
- The **fallopian tubes** are the pathways through which the egg travels after leaving the ovaries. This is where a man's sperm meets the egg during reproduction.
- The **uterus** is where the fertilized egg travels and implants into the uterine wall. The uterus shelters and feeds the fertilized egg as it develops.
- The **clitoris** is to provide the woman with pleasure.

The Role of the Male Genital Organs

Each male genital organ places a specific role in the reproductive system of a man, below is a list of these roles:

- The **penis** is the reproductive organ of the man.

[1] Source from WebMD.com (http://www.webmd.com/sex-relationships/guide/)

- The **epididymis** stores the sperm after it is produced in the **testes** and is where the sperm grow. When a man is ready for sex, the sperm moves into the **vas deferens**.
- The **urethra** carries urine from the bladder to outside the body and also ejaculates semen when a man has an orgasm. It is important to note that when the penis is erect, the flow of urine is blocked.
- The **testicles** produce testosterone, the male sex hormone. They also contain the seminiferous tubules that produce a male's sperm.
- The **seminal vesicle** produces a liquid that provide sperm with the energy for them to move. When mixed with sperm, this is called **semen**.

It is important to point out that men produce sperm from puberty until death, while women are born with all the eggs they will have during their lifetime.

Resource Sheet 1.3: List of Frequently Asked Questions on Sexual and Reproductive Health

1. Ovulation is the meeting of the egg and spermatozoa.

   Answer: ***False****, it is when the egg is released from the ovaries.*

2. The development of the child begins from intrauterine life.

   Answer: ***True***

3. It is the woman who is responsible for the determination of the sex of the child.

   Answer: ***False****, the cells in the sperm determine if the child is a boy or a girl.*

4. Identify **four functions** of the genitals of a woman.

5. Identify **four functions** of the genitals of a man.

6. Are sperm and urine expelled from the body at the same time?

   Answer: *Some men are concerned about this issue because the same passage is used for both the urine and semen. A valve located at the base of the urethra prevents the urine and semen from going through this channel at the same time.*

7. What is a "good" size of a penis?

   Answer: *The average length of a penis in erection is 11 to 18 centimetres; there is no standard size, shape or length of penis. Some are fat and small. Others are long and thin. It is not true that a large penis is a good penis.*

8. Is it normal to have one testicle that hangs lower than the other?

   Answer: ***Yes****, the testicles of most men hang unevenly.*

9. Does a boy lose all his sperm during nocturnal ejaculation?

   Answer: ***No****, the male body manufactures semen during his entire life.*

10. What is the menstruation?

    Answer: *Menstruation, also known as "having a period," usually occurs monthly in a woman and results in blood being released from the uterus, through the vagina, for three to seven days.*

11. How does menstruation occur?

    Answer: ***Menstruation*** *occurs when a woman's mature egg is released from her ovary and is not fertilised by a sperm. Each month a woman's body prepares for the possibility of an egg being fertilised and builds up the walls of the uterus in case an egg is fertilised and implanted into the wall. When an egg is released and is not fertilised, the body then expels this egg along with the uterine lining, resulting in menstruation. The menstrual fluid does not stay in the woman's body.*

It travels from the uterus through the cervix, into her vagina and out of her body. During an average period, a healthy woman will lose 30-40 ml of menstrual fluid.

12. How does fertilization occur?

    Answer: ***Fertilization*** *occurs when a sperm and an egg meet, usually in the fallopian tube. When the two join together they become a fertilised egg, which then travels to the woman's uterus, implants in the wall and begins to grow into a foetus.*

13. What are sperm?

    Answer: ***Sperm*** *is the male reproductive cell. During fertilization, a sperm joins the egg inside a woman to become a fertilised egg, which can then grow to become a foetus. Sperm and semen are sometimes used in error as interchangeable terms; semen and sperm are not the same thing.* ***Semen*** *is the whitish viscous fluid released from the penis. It is designed to lubricate, add volume and keep the sperm alive. Sperm are carried in semen until it merges with the woman's egg to start the fertilization process.*

14. From what time can a girl become pregnant?

    Answer: *Any time after a girl has her first menstruation she can become pregnant.*

15. What is contraception?

    Answer: *Contraception methods are safe medical methods that have been developed to prevent a woman from becoming pregnant. Contraception is sometimes also called "birth control" or family planning.*

Resource Sheet 1.4: Benefits of Family Planning

Examples of Benefits for the Mother

Family planning allows the mother to:

- avoid unwanted pregnancies,
- avoid induced abortions,
- avoid pregnancies that are too closely spaced,
- avoid too many pregnancies,
- avoid teenage pregnancies (before 18 years),
- avoid late pregnancies (after 35 years),
- recover between two pregnancies and take better care of the children, and
- contribute to the economic progress of the family.

Examples of Benefits for the Child

Family planning contributes to the children having the possible following benefits:

- getting the maximum benefit of breast milk,
- being loved by their parents,
- being well cared for and well maintained,
- avoiding malnutrition,
- avoiding serious diseases and death,
- growing up in a harmonious family environment,
- having a good physical and moral development,
- having a good education, and
- having a positive future supported by the parents.

Examples of Benefits for the Father

For the father, family planning permits him to:

- have a better economic situation for his family,
- have a harmonious family,
- ensure the necessary medical care for his wife and children,
- be better prepared for the future of his children,
- live with less psychological tension,
- benefit from the support of the wife/partner to resolve family problems, and
- devote themselves to the wellbeing of his family.

Resource Sheet 1.5: Contraceptive Methods Available in Cote d'Ivoire

Methods	Mode of Use	Benefits	Side Effects	Limits
Pill	Taken by mouth once every day	• 98 to 99% effective, if taken correctly • Reduces lower abdominal pains	• Causes nausea and vomiting at the beginning for some women	• Does not protect against STIs/HIV
Injectable (Depo-Provera)	Injection into the buttocks every three months	• 98 to 99% effective, if every injection is received at the correct time	• Irregular bleeding • Amenorrhoea	• Does not protect against STIs/HIV
Jadelle Implant	Two small capsules inserted under the skin of the arm	• 99.7% effective • Long duration (five years) • Can be removed at any time and the woman can get pregnant immediately after the removal of the Jadelle	• Irregular bleeding • Absence of menstruations	• Does not protect against STIs/HIV
Copper Intrauterine Device (IUD)	Inserted into the uterus	• 99.5% effective • Long duration (five to 10 years) • A long-duration and reversible method • Can be withdrawn at any time • The woman can get pregnant immediately after the removal of the IUD	• Increase in the menstrual flow • Bleeding	• Does not protect against STIs/HIV
Male Condom	Placed on the erect penis before sexual intercourse	• Protection against pregnancy and STIs/HIV	• Possible irritation in cases where one is allergic to latex	• A new condom at each intercourse

Methods	Mode of Use	Benefits	Side Effects	Limits
Female Condom	Placed in the genital tract of the woman before sexual intercourse	• Protection against pregnancy and STIs/HIV	• Possible irritation in cases where one is allergic to polyurethane	• Must use a new female condom at each intercourse
Spermicide	Placed in the vagina 10 minutes before sexual intercourse	• Protects against certain genital infections	• Irritation or sensation of heat in some women	• A new pill must be used at each intercourse • One must wait 10 to 15 minutes after placing the pill in the vagina to engage in intercourse
Contraceptive Patch	A patch glued on the skin	• Easy to use	• Skin irritation • The same side-effects as the pill	• Does not protect against STIs/HIV
Morning after Pill	One pill taken by mouth, one-time dose	• Allows you to cope with an accident, such as a forgotten pill, improper condom use, etc.	• Same side-effects as the pill	• Emergency contraception only • Only 58% effective between 48 and 72 hours after unprotected sexual intercourse • Does not protect against STIs/HIV
Natural Methods	Observations of the woman's signs and natural symptoms during the menstrual cycle	• Free of Charge	• No side effects	• High risk of unwanted pregnancy • Does not protect against STIs/HIV
MAMA	Intensive breastfeeding and lack of menstruation during the first six months after giving birth	• Free • Effective with 98% of users during the first six months after giving birth • Encourages breastfeeding	• No side effects	• Practice can be difficult for some women • Effective for six months or until the menstruation returns • Does not protect against STIs/HIV

Methods	Mode of Use	Benefits	Side Effects	Limits
Tubal Ligation (Women)	A surgical procedure which offers permanent and reliable contraception for women	• This sterilization procedure is immediately and reliably 99.6% effective	• No side effects, but this is a permanent method	• Permanent regulation of births by sterilizing gives no protection against STIs/HIV • Replaces the condom only as a means of contraception
Vasectomy (Men)	A minor surgical procedure to block the issuance of sperm by cutting or ligating the vas deferens	• 99% effective • Does not change anything in the sexuality of the man, since the libido, erection and the sexual pleasure remain unchanged	• Risks are low (infection, hematoma, painful accumulation of sperm called congestive epididymitis or scar) and contraindications are limited (severe disorder of the coagulation, inguinal hernia in the scrotum, testicular surgery, etc.)	• The risk of the channels reconnecting, resulting in a potential pregnancy, is estimated at 0.1% • Only effective two to three months after the procedure (use another contraceptive method during this period)

Resource Sheet 1.6: Table of Myths on Family Planning

Myth and Legends on the Contraceptives	Answers to the Myths
Using a means of contraception is too expensive.	**False:** You have several ways to greatly reduce the cost or to receive family planning for free (for people under 21 years old). Learn more at the nearest family planning centre.
In case of vomiting or diarrhoea, the pill is no longer effective.	**True:** If a woman vomited or had diarrhoea within four hours of taking the pill, its effect is cancelled. If you had sexual intercourse after that, it is better to take the morning-after pill and subsequently use a condom until you start a new pill pack or blister.
The morning-after pill is a means of contraception like any other.	**False:** The morning-after pill is an *emergency* contraceptive and should only be used after sexual intercourse to reduce the risk of pregnancy where another method was not used or failed.
Certain drugs make the pill less effective.	**True:** Some antidepressants and antibiotics, for example, diminish the effect of the pill. The pill is a drug, and it is therefore necessary to check its compatibility with other drugs recommended by your doctor or pharmacist.
The pill protects me from STIs, such as HIV, human papilloma virus and chlamydia.	**False:** The only way to protect yourself against STIs is by using a condom (male or female)!
The female condom can be inserted several hours before sexual intercourse.	**True:** It can be inserted up to eight hours before sexual intercourse.
I am a man, it does not affect me.	**False:** You can help your partner to remember to use contraception, use a condom for protection against unwanted pregnancies as well as STIs and HIV, participate financially in obtaining contraception, take the initiative to talk about contraception (learn about it, how to pay for it, etc.), and think of ways to always have condoms at hand!
A vasectomy is a method is a genital mutilation.	**False:** Vasectomy a method of sterilisation that does not mutilate a men's reproductive tract. The sperm is produced by the testes and stored in the epididymis on top of on each testicle. During ejaculation, semen leaves the epididymis and passes through a duct called the vas deferens. It then goes through a succession of small ducts to the penis to be ejaculated. Vasectomy consists of cutting the connection between the vas deferens and the penis.
I will not be able ejaculate if I undergo a vasectomy.	**False:** Semen represents only one percent of the final ejaculation. The seminal fluid contains many other substances, which are produced by the prostate or the seminal vesicles. Thus, only the route of the

	spermatozoa is closed and they can no longer be ejaculated in the seminal fluid. You will still ejaculate normally with all the sensations that it provides.
Vasectomy will prevent me from having a normal erection.	**False:** Vasectomy consists only of cutting a few millimetres of vas deferens. This does not prevent you from having normal erectile function, but fertilisation is no longer possible.
I will not be able to have children after a vasectomy.	**False:** It is indeed possible to make the vas deferens permeable again, but the success rate is quite low. Only 50% of men who have their vasectomy reversed are able to have children. It is therefore better to be sure of your decision before undertaking this operation.
The vasectomy is a serious operation that will immobilize me.	**False:** It is a simple intervention. You will be able to resume your normal sexual activities after four to five days.
The sperm will accumulate in me and will make me sick.	**False:** After the intervention, the spermatozoa can no longer get out but do not accumulate in the genital tract. They only not remain there for a few days, because, as with all cells, they have a limited life. They die and are absorbed by other cells (macrophages). This is what happens when there is no ejaculation for a long period of time.

MODULE 2: MEN AS LOVERS

Content of the Session:

In this module, we will reflect on our relations with our partner. Relations are part of our humanity – the sooner we learn to control our choices and actions, the better off we will be! Relations can be enjoyable and a source of a lot of happiness and fulfilment.

We will cover the following topics:

- How to further improve our relations with our partner
- The pressures on relations with our partner – how to talk about them and the processes to follow
- Advice for the Brothers concerning relations with their partner
- Couple communication
- The important role men play in PMTCT and the health of the family

Time: Two hours

Materials:

- Flip chart paper
- Markers
- Scotch tape
- Resource Sheets

Key Messages:

The Brothers for Life:

- maintain responsible relations;
- know that we need to work with our partner to make our relationship a success;
- understand that no relationship can work well without communicating with our partner;
- understand that a good husband takes care of his wife's health, as a good lover would; and
- a good lover is one who plans the birth of his children with his partner.

Learning Objectives:

This session will allow the Brothers for Life to:

- Develop an understanding of what we expect from our relations and be able to tell our partner what we want.
- Develop an understanding of the fact that a relationship with our partner is built on clear and straightforward discussion and trust.
- Develop an understanding of the pressures that relationships can undergo and how to overcome them.
- Encourage communication as a mode of resolution for problems in couple relations.
- Help all participants to become good lovers, good spouses and trusting mates.
- Share our experiences in managing family pressures.

2.1. Introduction

Ask the volunteer chosen at the end of the previous meeting to recall and summarise the meeting's key points by answering the following questions:

- What did we talk about during our last meeting?
- What does the group think about the last meeting?

Instruction for the Facilitator: Clarify or correct any erroneous answers and reflections from the participants. Introduce the topic of the day and remind the participants that they are required to maintain mutual respect and confidentiality during these meetings.

2.2. Analysis of the Current State of Our Relationship

Purpose: Develop an awareness of the role of power in relationships and its impact on individuals and their relationships.

Methodology: Group discussion and role-play

Time: 30 minutes

Materials: Pieces of paper with inscriptions

Instruction for the Facilitator: Some participants may feel uncomfortable with the role-play of this activity. It is important to be sensitive to the manner in which participants respond to the idea of having the role of "people" or "things," be prepared to respond and discuss their feelings. For example, rather than having the participants role-play, the facilitator can invite the participants to discuss, in pairs, how "people" can treat "things," and the feelings this can generate for the "people" and the "things."

Role-Play and Discussion (15 minutes)

1. Divide the participants into **two groups**. Each group must have the same number of participants. (***Note:*** *If the number of participants does not allow for a balanced distribution, create a third group with the "surplus" participants, who will be observers, as described below.*)
2. Tell the participants that the title of this activity is "People and Things*."* Choose a group at random that will represent the "things," another that will represent the "people" and a third that represents the "observers."
3. Read the following instructions to the group:
   - **THINGS:** You cannot think, feel or make decisions. You must do what the people tell you to do. If you want to move or do something, you must ask for permission.
   - **PEOPLE:** You can think, feel and make decisions. In addition, you can tell things what they must do.
   - **OBSERVERS:** You simply observe in silence everything that happens.
4. Assign a thing to each person and tell them they can do what they want with it (within the limits of the meeting room and as acceptable by the participants).
5. Give the group five minutes so the people and things can play their roles.
6. After five minutes, tell the people and things to exchange their respective roles. Now, the people will be things and things will be people.
7. Finally, ask the groups to return to their place in the room and ask the following questions to begin a discussion.

- **Things:** How did your people treat you? What did you feel? Did you feel powerless? Why or why not?
- **People:** How did you handle your things? What did you experience in dealing with a person in this way? Did you feel powerful? Why or why not?
- Why must the things obey the instructions given by the people?
- Did any things or people resist the exercise?
- In your daily life, do others treat you as a thing? Who? Why?
- In your daily life, do you treat others as things? Who? Why?
- **Observers:** How did you feel about doing nothing? Did you have the desire to intervene? If yes, what would you have done?

In our daily life:

- Are we observers of situations in which people deal with others as things?
- Do we intervene in this kind of situation?
- Why or why not?
- What are the consequences of a relationship in which a person could treat you as a thing?

In your community:

- Do men usually belong to any of these three groups? What group?
- Do women usually belong to any of these three groups? What group? For what reasons, according to you?
- How does the society/culture perpetuate or support these types of relationships?
- What can we do to ensure that different groups, such as men and women, live in an equitable world – where they can enjoy the same opportunities, fair treatment and equal rights?

2.3. Make Our Relationships Better

Purpose: Encourage the participants to reflect on their relationships, then to speak of things that have disturbed their partner as well as the things that make them happy.

Methodology: Brainstorming

Time: 20 minutes

Materials: Flip chart and markers

Note to Facilitators: Be prepared to push the participants beyond their comfort zone.

Step 1: My Partner's Likes and Dislikes (five minutes)

- Divide the participants into four small groups.
- Ask them to talk about their experiences in their relationships.
- Ask them to make two lists – one will be: "**My partner does not like it when I…**" and the second will be: "**My partner loves it when I…**"
- Later, ask the different groups to summarise the outcome of their discussion. Allow three minutes for each member of the group.
- Discuss the different answers with all the participants.

Step 2: **Healthy and Unhealthy Relationships** (five minutes)

- Gather everyone together. Ask the group to define “healthy” and “unhealthy” romantic relationships.
- Explain clearly that the characteristics of an unhealthy relationship are the opposite of those of a healthy relationship. *See the definitions at the end of this session in* ***Resource Sheet 2.1***.
- Ask the group to brainstorm the qualities of a healthy relationship. Write them under the "very healthy" sign. Emphasise the key qualities: **respect**, **equality**, **responsibility** and **honesty**.
- Then organise a general discussion by asking the following questions:
    - Why do you think some people remain in unhealthy relationships?
    - Are the reasons different for women compared to men? Why?
    - How can friends and family help people who are in unhealthy relationships?
    - What types of skills and support people need to create healthy relationships?

Step 3: The Pressures on Couples (10 minutes)

Ask the participants to cite the external pressures on couples that may affect their relationship. Ask participants to highlight the following elements through role-playing:

- A family pressure
- A pressure from a partner
- A pressure caused by the lack of money

If the participants do not have any ideas, offer them examples from **Resource Sheet 2.1** at the end of this session.

Step 4: Group Discussion

- **Discuss** with them how they can face these pressures on their relationship.
- **Remind participants** that healthy relationships are based on communication and mutual respect. The decisions are made together – with neither of the two partners dominating the relationship. Unhealthy relationships, in contrast, are due to poor communication and uneven decision-making. This makes the discussions about sexual behaviour and contraception very difficult, and may put the two partners in a situation where they are exposed to STIs, HIV and unplanned pregnancies.

2.4. What the Brothers Need to Know about Violence: Causes, Forms and Consequences

Purpose: Identify the different types of violence that may occur in intimate relationships and communities. Define and understand the current context of violence in their own communities.

Methodology: Group activity

Time: 30 minutes

Materials: List of "Three questions on the three types of violence," large sheets of paper and markers

Instruction for the Facilitator: Prepare three large sheets of paper in advance with the three types of violence written in large characters at the top. The three types of violence are: (1) **physical violence**, (2) **emotional violence** and (3) **sexual violence.**

Three Types of Violence:

1. Display the three large sheets in the room, leaving enough room for the participants to be able to gather below them.
2. Divide the participants into three groups according to the types of violence mentioned above.
3. Give three large sheets and two markers to each group.
4. Explain to the participants that this exercise is intended to reflect on the different causes, forms and consequences of violence.
5. Explain to participants that their statements will be read, and they are going to discuss them in the group and write their answers on the sheets.
6. Read the following questions and ask the groups to take note:
    - What are, according to you, the **causes** of the violence that our women and children suffer from daily, at home or elsewhere? You must cite at least three causes for women/girls and another three for children.
    - What are the most frequent forms?
    - What are, according to you, the consequences of such violence against women/girls and children? You must cite at least three consequences for girls and three for children.
7. Ask participants to designate a volunteer in their group to share their answers aloud.
8. Ask for volunteers to share how they felt and what violence means for them, with the rest of the group.
9. Write the answers on the flip chart sheets.
10. Discuss some of the common points in their responses, as well as the most unique points. Review the definitions of violence listed at the end of this session (see **Resource Sheet 2.2**). Tell the participants that there is no single definition of violence, and that, during the second part of the exercise, you will read a series of case studies to help them think about different types of violence and their meanings.

- **Physical Violence:** Use of physical force, such as hitting, slapping or pushing.
- **Emotional/Psychological Violence:** This form of violence is often the most difficult to identify. It can include humiliation, threats, insults, pressure and expression of jealousy or possessiveness, such as controlling the decisions and activities of others.
- **Sexual Violence:** Putting pressure on a person or forcing them to perform sexual acts – ranging from kissing to sexual intercourse – against their will or making comments of a sexual nature that make a person feel humiliated or uncomfortable. This is regardless of whether there was a previous consensual sexual behaviour.

Use **Resource Sheet 2.3** at the end of this session to provide more information to the group.

Explain to participants that during the second part of the exercise, they will have the opportunity to better understand the link between violence and HIV.

2.5. How to Take a Stand against Gender-Based Violence

Purpose: The purpose of this exercise is to strengthen the capacity of the participants to acquire new skills to prevent GBV and to make decisions in the face of the GBV.

Methodology: Role-play

Time: 35 minutes

Instructions for the Facilitator: In many communities, violence between partners (especially that of men/boys against women/girls) exists and is considered socially acceptable. Therefore, during the workshop, the participants may justify the use of violence against women in certain contexts. For example, when women/girls have not completed some of tasks or responsibilities they were supposed to perform. It is a very delicate subject because some participants will likely be involved in violent situations of this kind "as perpetrators or survivors." While facilitators should be very careful approaching this subject, they should also be ready and able to challenge the idea that it is acceptable.

Step 1: Explain the Definition of "Gender"

Gender refers to the socially constructed characteristics of women and men, which includes social norms, roles and relationships of and between groups of women and men. It varies from society to society and can be changed.

Step 2: Role Play

Divide the participants into four groups.

Ask each group to present a three-minute role-play on GBV and its link with HIV. Participants can choose between violence against women or children.

At the end of the role-play, thank the volunteers for their participation, and pose the following questions to the whole group:

- Does this role-play reflect real facts?
- How did you feel during the role-play? (Question for the actors)
- Are there means of protection and possible recourse for women or children who suffer from violence?
- What conduct should a man adopt as a Brother for Life to avoid violence?

Step 3: After they all have presented their cases, invite the whole group to summarise the main causes of violence presented by the small groups and discuss why any of these causes could be regarded as unacceptable.

Step 4: Divide the participants again in groups and invite them to reflect on realistic alternatives to the same situations they previously presented, not including violence. Ask them to introduce these new ideas and new scenarios. They may do so in the form of a role-play if they wish.

Step 3: After the presentation, discuss with the group:

- What kind of effort must men/boys and women/girls make so that these alternatives can exist and succeed?

Complete the exercise by reminding the participants: "This intervention is based on the principle that violence is an unacceptable way of solving a problem, regardless of what it is. In the face of a situation, it is necessary to consider alternatives and realize the harm that violence causes to the victim, the family and the community itself."

2.6. Closing

Purpose: Encourage participants to reflect on the fact that the quality of the relations we have with our sexual partner has an impact on our life. Encourage participants to reflect on the violence in their community in relation with their own life and give them concrete actions to take.

Step 1: Reflection

- Ask participants to consider and discuss a new thing or new way of thinking concerning their relationships that this module has taught them.
- Ask them to write three things that they can undertake to improve their relationship, and three things that they can undertake to put an end to violence and abuse in their community.

Step 2: Remind Participants of the Key Messages

Congratulations for having completed this module. We have talked about various ways to make your relationships strong and happy, and how to take a stand against violence. This module has given us a lot of useful information on how to better communicate and to better understand our partner.

Remember that:

- nothing justifies violence,
- sexual violence increases the risk of HIV transmission,
- the respect of others and good communication allow us to fight against violence, and
- each of us can fight against violence in our relationship, family and the community.

Step 3: Choose a "Win-Win" Solution

- A “win-win” solution means that both of you have a priority in your relationship. In a situation of conflict, instead of having one of you who "wins," the win-win solution means you both win. Remember that all relationships require some compromises and a balance of giving and receiving.

Step 4: Distribution of Condoms

- Proceed to distribute 12 male condoms per participant for their personal use.
- Make them sign the distribution list.

Step 5: Conclusion

- Thank the participants for their availability and the quality of their discussions.
- Tell them the date of the next meeting.

Resource Sheet 2.1: Map of Situations Relating to Relationships

Before the activity begins, write the following situations regarding relationships on a separate card or sheet of paper:

1. Sex is the most important thing in a relationship.
2. You are never in disagreement with your partner.
3. You spend time alone without your partner.
4. You do not worry about the health of your partner.
5. You have fun when you are with your partner.
6. Your partner is always close to his ex-boyfriend or ex-girlfriend.
7. You feel closer and closer to your partner over time.
8. You would do anything for your partner.
9. Your wife must fend for her own medical care.
10. Your partner must manage her pregnancy alone.
11. Sexuality is not mentioned.
12. One person makes the decisions for the couple.
13. You stay in this relationship because it is better than being alone.
14. You stay in this relationship only because of the children.
15. You control the situation and you are able to do what you want.
16. A person hits the other to make them obey.
17. You talk about problems when they arise in the relationship.
18. You quarrel and you beat her often.
19. You get along well with your partner; it is the family (mother-in-law, father-in-law, brother-in-law) who spoils your relationship.

Definitions:

In **healthy relationships**, the two partners are pleased to be with the other person because they are both concerned about the wellbeing of the other, they communicate with each other on all kinds of subjects and they make all the decisions for the couple and their children together.

In **unhealthy relationships**, one or both partners are unhappy due to persistent problems that are not faced and resolved. Often, in this type of relationship, the man dominates the woman and makes decisions that affect the couple alone.

Resource Sheet 2.2: Types of Gender-Based Violence

TYPES OF GENDER-BASED VIOLENCE AND THEIR MANIFESTATIONS			
Type	**Manifestation**	**Perpetrators**	**Causes**
Sexual Violence	• Rape • Attempted rape • Sexual assault • Sexual exploitation • Forced prostitution • Trafficking for the purpose of sexual exploitation[2]	• *Restricted Family Circle*: partner, father, brother or a person in charge of education or coaching • *Enlarged Family Circle*: uncle, cousin or household employee • Neighbourhood • Guardian • Educators/teachers • Employers/colleagues • People in uniform/ soldiers • Other	• Impunity • Conflict • Political and inter-ethnic tensions • Conflicts intra/inter-community • Lack of knowledge of the law • Lack of knowledge of human rights
Physical Violence	• Hitting, pushing and/or wounding • Confinement • Harassment • Manipulation • Discrimination	• Spouses • Educators/teachers • Employers • Religious and guarantors of the tradition • People in uniform/ soldiers • Other	• Crises and conflicts • Conflicts intra/inter-community • Criminality • Abuse of power or authority • Polygamy • Role of women • Social problems • Family conflicts • Tradition/customs • Discrimination based on gender • Survival of discriminatory laws and practices

[2] The data relating to the trafficking of women and girls is not available. Although the law against trafficking of children was adopted in 2010, a law to combat the trafficking of adults has not been adopted. This strategy does not address trafficking. A study should be conducted and a specific strategy should be developed to address the trafficking of adults, as this has been recommended by the Committee on the Elimination of Discrimination against Women, CEDAW/C/CIV/CO/1-3, 8 November 2011.

Emotional Violence	• Insults or intimidation • Denigration, blackmail or threats	• Spouses • Educators/teachers • Employers • Religious and guarantors of the tradition • People in uniform/ soldiers • Other	• Crises and conflicts • Conflicts intra/inter-community • Criminality • Abuse of power or authority • Polygamy • Role of women • Social problems • Family conflicts • Tradition/customs • Discrimination based on gender
Economic Violence	• Denial of resources, opportunity or services	• Spouses • Educators/teachers • Employers • Other	• Crises and conflicts • Conflicts intra/inter-community • Criminality • Abuse of power or authority • Polygamy • Role of women • Social problems • Family conflicts • Tradition, customs • Discrimination based on gender • Survival of discriminatory laws and practices
Female Genital mutilation (FGM)[3]	• Total or partial removal of the clitoris (excision) is the most common form in Côte d'Ivoire • Female circumcision plus total or partial removal or the small labia (clitoridectomy) • Female circumcision plus total or partial removal or the two labia plus sutures (infibulation), the less	• *Direct perpetrators*: professional or occasional male or female excision operators, parents/family and unscrupulous doctors • *Indirect perpetrators*: parents, the guarantors of the tradition, community leaders and some religious leaders	• Persistence of harmful traditional beliefs • Economic and social functions • Wrong interpretation of religious texts • Ignorance of the medical consequences (HIV/STD) • Ignorance of the law

[3] The national average of FGM is 36 percent. Of FGM in Côte d'Ivoire, 85 percent is female circumcision and percent is infibulation.

	widespread but the most serious		
Other Harmful Practices	• Forced marriage • Early Marriage • Rites of widowhood • Other local traditional practices targeting individuals on the basis of gender	• Family • Community (e.g., clan, ethnic group, tribe, village, etc.) • Religious leaders	• Tradition • Illiteracy • Ignorance of the medical consequences • Ignorance of the law

Resource Sheet 2.3: Gender-Based Violence and HIV

Coerced and violent sexual relations increase the risk of HIV transmission. In effect, during a forced sexual act, lesions, lacerations and abrasions are frequent, facilitating the entry of the virus by the oral, vaginal or anal mucosa.

The violence, or the fear of violence, may have the following consequences:

- Impossibility to negotiate the use of a condom
- Reluctance to submit to a HIV screening test
- Reluctance to disclose the HIV status
- Delay in access to treatment of HIV
- Abandonment of HIV treatment

In a more indirect way, **the victims of violence** (sexual abuse in childhood, forced sexual initiation or violence exercised by the partner), **as a result of the trauma**, **have a tendency to adopt a risky behaviour**, such as having multiple sexual partners, having sexual relations for money or providing sexual services without protection.

- **Being HIV positive is a risk factor for violence, from partners and the community.**

Public representations and perceptions of the virus can lead to violent reactions of different forms against the carriers of HIV.

- **Being a woman is also a factor of risk for the transmission of HIV.**

From a purely physiological and biological point of view, women are at a greater risk than men of contracting HIV during a non-protected heterosexual intercourse.

Women are also more vulnerable to HIV for socio-cultural, economic and political reasons. Among these reasons include intergenerational sexuality (older men attracted to young girls or older women attracted to young boys) and certain traditional practices, such as female genital mutilation, early marriages, and so on.

The vulnerability of and risk of HIV infection among women and girls, is the consequence of widespread and entrenched sexual inequalities, reflecting the acts of violence inflicted upon them.

Finally, in many conflicts, combatants **sometimes use their seropositive status in order to increase the violence against their enemies.** They can transmit HIV to their victims on purpose so that they also become HIV positive.

- **False beliefs and the transmission of HIV:** In certain cases, some violent behaviours, including sexual violence, are guided by some false beliefs. In some cases, men suffering from HIV/AIDS believe that forced or voluntary sex with a virgin can "purify" and heal them.

MODULE 3: RESPONSIBLE MEN PREVENT HIV AND UNDERGO HIV TESTING

Content of the Session:

In this module, we will discuss everything we need to know about HIV.

We will begin by talking about the ways we protect ourselves against HIV infection by reducing our risk and taking measures to ensure that we are responsible in our relationships. We will also examine some of the benefits related to screening and the knowledge that we have or do not have about HIV. We all know a person living with HIV, or perhaps we have HIV ourselves. If we know how to accept our seropositive status, live with HIV and take care of ourselves, we can achieve our goals in life and lead a happy life.

Instructions for the Facilitator: Before the training session, take a survey to learn where to find condoms in the area. This information may be useful during the group discussions in this module.

We will cover the following topics:

- Acquire a basic knowledge of HIV
- How you can protect yourself and your partner against HIV
- Whether you are HIV positive or not
- Condom negotiation
- Condom use

Time: Two hours

Materials:

- Flip chart paper
- Markers
- Scotch tape
- Brochure
- A wooden penis
- Male and female condoms
- Posters on sexual multi-partnership

Key Messages:

The Brothers for Life:

- support responsible relationships;
- honour their responsibilities and undergo HIV testing, and encourage others to do the same;
- reduce their number of sexual partners;
- protect themselves and others against HIV and other STIs; and
- always use a condom.

Learning Objectives:

This session will allow the Brothers for Life to:

- Develop a clear understanding of what HIV is and how it affects our health.
- Ensure the participants understand the risks associated with their behaviour.
- Understand there is no age limit in matters of sexuality in men, and that age and irresponsible sexual behaviour do not protect from a disease or HIV.

3.1. Introduction

Ask the volunteer chosen at the end of the previous meeting to recall and summarise the meeting's key points by answering the following questions:

- What did we talk about during our last meeting?
- What does the group think about the last meeting?

Instruction for the Facilitator: Clarify or correct any erroneous answers and reflections from the participants. Introduce the topic of the day and remind the participants that they are required to maintain mutual respect and confidentiality during these meetings.

3.2. HIV Facts and Myths

Purpose: Encourage the participants to discuss the myths and fears surrounding HIV and how to question these myths.

Methodology: Brainstorming

Time: 10 minutes

Materials: Flip chart paper and markers

Instructions for the Facilitators: All the participants' responses should be accepted and incorrect information clarified. If you are unsure about something, say you would like to gather more information and give them an answer at the next meeting. Never guess.

Step 1: Ask participants to share the myths they have heard about HIV by giving an example to guide them. Ask for a volunteer to record these myths on a piece of flip chart paper.

Step 2: Once you have a list of myths, discuss the reasons why these myths are not true by asking the following questions:

- Who believes this is true?
- Why?
- Do these false beliefs contribute to reducing HIV infections?
- What actions should we take to destroy these myths?
- How can we, as Brothers, spread factual information to our friends and family?

The following are examples of myths, followed by the fact:

MYTH: HIV was created in America to limit the number of children in Africa.	**FACT:** HIV was not created by anyone. It is a virus, just like the flu, and is found in every country in the world.
MYTH: You can catch HIV by eating from the same plate as a HIV-positive person.	**FACT:** It is not possible to catch HIV through sharing a plate, shaking a person's hand or giving someone a hug. In order to transmit HIV, body fluids must be present such as blood or sexual fluids.

MYTH: Mosquitoes transmit HIV.	**FACT:** HIV cannot live in a mosquito, so it is not possible for them to give a person HIV.
MYTH: If you are HIV positive, it is because you are being punished by God.	**FACT:** HIV is not a punishment from God, it is an illness, just like high blood pressure or diabetes, and medication can help you manage it.
MYTH: The sorcerer can give you HIV by cursing you.	**FACT:** The only way to get HIV is through body fluids such as blood or sexual fluids.
MYTH: You cannot catch HIV if you take a shower after sexual intercourse.	**FACT:** Taking a shower will not do anything to get rid of HIV. It is a very small virus that, if transmitted, goes into your blood stream.

Step 3: Finish by asking participants to share what they have learned regarding the various myths about HIV, which continue to hamper the fight against HIV in Côte d'Ivoire, and what ideas they have to fight back against these myths.

3.3. Modes of HIV Transmission

Purpose: Help the participants discuss and understand how HIV can and cannot be transmitted.

Methodology: Brainstorming

Time: 10 minutes

Materials: Flip chart paper and markers

Step 1: Divide the participants into two groups.

Give each group a list of statements on how HIV is transmitted (see **Resource Sheet 3.1**). These statements may include, for example, "you can catch the HIV by kissing someone," and "you cannot get HIV by breastfeeding."

Then, ask each group, in turn, to read one of the statements. The other group must say **"true"** or **"false."** If they answer incorrectly, make sure to pause and have a discussion about the statement.

Step 2: After all the statements have been read, remind participants that HIV is transmitted through blood and sexual fluid. It cannot be transmitted through casual contact, food, insects or animals, and it is not a curse from a sorcerer or God.

Note to Facilitators: To make this activity more interesting, you can transform it into a competitive game by creating a set of questions and answers, assigning points to each question and dividing the participants into four groups.

Step 3: If you have time and believe that it would benefit the group, you can briefly go over the different stages in the evolution of the HIV infection (see **Resource Sheet 3.2**).

To help answer questions about HIV in Côte d'Ivoire, share some of the results of the EDS-MICS 2011–2012 (see **Resource Sheet 3.3**)

3.4. Risk Behaviours and Evaluation of the Personal Risk of Exposure to HIV

Purpose: The purpose of this chapter is to bring the participants together to reflect on the types of behaviours that expose them to an increased risk of HIV, and to identify the main factors of personal risk for HIV.

Methodology: Group discussion

Time: 25 minutes

Materials: Flip chart and markers

Instructions for the Facilitator: Begin by telling participants they will be discussing men's perceptions about HIV in Côte d'Ivoire and the reasons some men are more at risk for HIV than others. Specify that the risk of HIV transmission varies from one person to the other, but that all people are at risk. This risk depends on the frequency of exposure to HIV, which in turn depends on the number of sexual partners, frequency of unprotected sex, ignorance of the serological status of sexual partners (with whom they have an unprotected sexual intercourse) and the correct and consistence use of condoms.

Step 1: Group Discussion

Tell participants that they will discuss 10 actions that increase men's risk. Write the practices (listed below) on flip chart sheets.

Ask the men to rate the risk of each behaviour:

1 = high risk,
2 = low risk and
3 = no risk.

In order to keep it confidential, you can have the men close their eyes or put their heads down. When you call out the behaviour, have each man hold up one, two or three fingers. Count them and write the number of ones, twos and threes on the paper for each behaviour.

Read the following sentences one at a time and ask participants to rate each behaviour. Enter how many people say one, how many say two and how many say three on the flip chart sheet. Use **Resource Sheet 3.4** at the end of this session to help categorise the answers.

1. A man uses a condom consistently and correctly.
    - **Low risk** – Using consistently and correctly condoms significantly reduces your risk and protects you from becoming infected with HIV
2. A man who knows his HIV status, but not that of his partner.
    - **High risk** – It is always best to know your partner's status. Sometimes you may be negative and your partner is positive, or you could be positive but your partner is negative. This is called sero-discordance. You can get tested together as a couple or discuss your status with you partner in order to protect each other. Sero-discordance is not uncommon, which is why everyone should test for themselves and not rely on their partner's test to know their status.
3. A man who dates four women at the same time, but uses the condom consistently and correctly except with two of his partners (his wife and a young girl he has deflowered).

- **High risk** – The more partners you have the more at risk you are, especially if you are not using a condom with some of your partners. You should try to reduce your number of partners and use condoms with all your partners to protect yourself and them.

4. A man who sleeps with a well-educated young girl, who attends a college for the rich and does not use a condom.
    - **High risk** – Any time a condom is not used risk is increased. It does not matter if a person is rich or educated, HIV does not discriminate.
5. A man who sleeps with a married woman and regularly goes to the church or to the mosque.
    - If the man uses a condom correctly and consistently with the woman, it is **low risk.** If no condom is used, it is **high risk**. It does not matter if the person goes to church regularly; HIV does not choose who to infect and everybody is at risk.
6. An alcoholic man who uses a condom occasionally.
    - **High risk** – A condom must be used every time in order to offer full protection. It only takes one instance of unprotected sex to contract HIV. Alcohol can increase a person's risk as well; it has been shown that when a person is drinking alcohol they are more likely to engage in risky behaviour.
7. A man who has recently had an STI.
    - **High risk** – When someone has had an STI it means they are at an increased risk for HIV. If someone has an STI, it means they had sex without a condom. STIs can also cause small cuts and sores in the genital area, making it easier for HIV to enter the body.
8. A married man who sleeps with several women at the same time and uses a condom consistently and correctly, but likes to please all these women with his tongue (cunnilingus).
    - **Low risk** – Since a condom is used consistently and correctly every time, there is a low risk of transmission. The risk of HIV transmission during oral sex is also low.
9. A man who finds pleasure making love with force.
    - **High risk** – Forceful, consensual sex can be high risk, especially if a condom is not used. Rough sex can lead to small cuts, which allow HIV to enter the body more easily.
10. A man who engages in anal sex occasionally, but not with sex workers.
    - **High risk** – Anal sex is a high-risk behaviour, no matter who it is with. Anal sex often leads to small cuts and tears in a person, allowing HIV to enter the body more easily. Using a condom can reduce this risk.

Once the exercise is completed, ask participants the following questions:

- Why have you considered this perception/practice as more at risk?
- Do you think most men in Côte d'Ivoire think this way?
- What may be the consequences of such a perception/practice?

Summary: Explain that it is important to understand

- a person who uses a condom consistently but not properly could run the same risk as a person who does not use a condom (explain that when it is used poorly, the level of protection decreases);
- a person who engages in unprotected, passive anal sexual relations could run a risk 18 times higher during each exposure than the risk associated with vaginal intercourse;
- a person who has sexual relations 10 times per week with different sexual partners (even with a condom) could run a higher risk of transmission than a person who has the same kinds of sexual relations two times per week (because the risk of improper use of a condom is a possibility);
- a person suffering from an STI would run a greater risk of HIV transmission than a person who does not have an STI and does not use a condom; and

- slipping, errors and tears due to improper use or an improperly placed condom can expose people to STIs, including HIV.

The table of risk behaviours (**Resource Sheet 3.4**) at the end of the session might help you.

Step 2: Evaluation of Personal Lifestyle Risk

Note to Facilitators: This exercise will enable you to help the participants to recognise risky behaviours, determine whether they practice risky behaviours, and give them guidance to avoid these risks in the future.

Tell the participants that there are a number of risks associated with HIV – some are obvious and others are not. This exercise will help us recognise personal risks and create a plan to change these risk factors.

Distribute a copy of **Resource Sheet 3.5: Evaluation of Personal Risk** to each participant. Read the questions with them and ask them to complete the questionnaire as an individual exercise. Reassure the participants by telling them that the exercise sheets will not be collected and they must keep the sheet for themselves. Their responses will remain confidential.

If some participants are afraid someone will read their responses to the questionnaire in the room, allow them to do the exercise without writing down their answers.

After this exercise, continue immediately with the next activity on multiple sexual partnerships.

Step 3: Multiple Sexual Partnerships

Note to Facilitators: Use the the multi-sexual partnership diagrams to help explain. (**Resource Sheet 3.6**).

Ask the participants: What is a multi-sexual partnership? Note the answers.

Divide the group into three smaller groups. Give each small group a large sheet of paper and one of the following questions:

- Why do men have multiple sexual partners?
- According to you, what are the benefits of having multiple sexual partners?
- According to you, what are the drawbacks to having multiple sexual partners?

Display the posters on the different types of multi-partnership. Present, explain and discuss them with the group.

In the larger group, facilitate a reflection on the work by asking the following questions:

- Why does HIV spread?
- According to you, who is responsible when HIV is transmitted?
- According to you, what do we have to do to prevent HIV? (Note the answers.)
- According to you, when a man has several sexual partners, does he use condoms at each sexual intercourse?
    - Does he know the status of these sexual partners?
    - Did he undergo HIV screening himself?
    - What conclusions do you draw?

Possible Answers: To reduce our risk of exposure to HIV, it is recommended to:

- avoid unprotected sex, and if we do not have condoms with us, buy them or do not have this sexual relation;
- always have a condom with you if you are not able to be faithful;
- stay sober when you go out, especially to a night club or an organized evening;
- undergo the HIV screening test regularly; and
- inform your partners in case of an STI or sero-positive status.

Conclusion: Specify that although some risks are considered "low" in the short term (for example, in the case of a same-sex multi-sexual partner who uses condoms), the overall probability of HIV transmission increases as a function of the frequency of exposures to HIV (i.e., cumulative risk), because in the field of HIV prevention *there is a tendency to focus on the assessment of the risk associated with a single exposure to HIV and not the assessment of risk over time.* Another example you can give is the case of biological factors, such as an STI in one of the partners, or a high viral load in a HIV-positive person.

3.5. Condom Use

Purpose: Provide participants with the skills necessary to make a good decision in relation to the systematic and correct use of condoms.

Methodology: Group discussion

Time: 20 minutes

Materials: Large flip chart sheets and markers

Instructions for the Facilitator: Start by reminding participants that in Côte d'Ivoire men always find excuses not to use a condom and often rely on untrue myths or rumours.

Step 1: Divide the participants into small groups where they will discuss the myths/rumours they have heard concerning condoms. They should then discuss how these myths/rumours are really excuses not to use condoms. Here are a few myths about condoms:

- Condoms transmit HIV
- Condoms contain worms
- Condoms break
- Condoms give you STIs
- Condoms are for young people

In the framework of the large group, ask the following questions:

- What can damage a condom?
- How do we judge the quality of a condom?
- What should you do when a condom tears during intercourse?
- How do I know if the condom has been unrolled in the right direction?
- Where should you discard a condom after use?
- Where can you buy or find condoms in your neighbourhood?

Ask the participants to list the benefits and limitations of condoms. Make sure the items in the table below are cited.

BENEFITS
Partner takes longer to ejaculate
Protects against STIs and HIV
Allows you to avoid unwanted pregnancies
It is easy to carry
Allows you to avoid the expenditure of money for STI drugs
It can save your life
A female condom can be put in several hours in advance
The internal ring of the female condom increases pleasure
With a female condom, the women decide to protect themselves from HIV, STI and unwanted pregnancies
LIMITATIONS
A condom may tear when it is improperly worn, poorly stored or expired
The man does not feel the lubrication of the woman
During sexual intercourse, the latex does not slide easily into non-lubricated vagina

See **Resource Sheet 3.6** for more information on how correct and consistent condom use can protect you.

REMEMBER: Condoms cover a part of the genital area during a sexual intercourse, and prevent your bodily fluids from touching your partner. They are usually made of latex. Condoms, when worn properly, are the only form of protection to prevent STIs, HIV and pregnancy, and can be used as a method of protection during oral, anal and vaginal intercourse. Use of a lubricant gel with a condom reduces the risk of rupture of condom.

Note to Facilitators: Ask participants to share approaches to convincing their partner to use a condom. Insist on these skills.

Perform a demonstration of how to correctly wear male and female condoms using the information below and **Resource Sheet 3.7** (to be done by the participants).

How to Use a Condom

1. Check that the condom is still in good condition –it has not expired and the packaging is intact.
2. Tear the packaging of the condom by hand, never with a sharp object, teeth or nails.
3. Remove the condom and keep it in the proper unrolling direction, to double check you can roll it down your thumb slightly and make sure it easily unrolls.
4. Pinch the tip of the condom with the thumb and the index to remove any air.
5. Put the condom on the erect penis.
6. Gently unroll the condom all the way to the root of the penis.
7. After ejaculation, withdraw immediately while the penis is still erect.
8. Remove the condom from the penis, wrap it in a tissue or toilet paper to avoid spreading its content.
9. Dispose of the condom, adopting the necessary hygienic measured, and throw it away out of the reach of children.
10. Wash your hands with soap.

IMPORTANT: You must remember a number of things in order to use condoms in an effective manner. These tips will help prevent STIs, HIV and unwanted pregnancies.

- **Store condoms properly.** Male or female condoms must be stored at room temperature in a dry place and sheltered from the sun.

- **Check the expiration date.** All condoms have an expiration date. After this date, the condom might not provide the desired protection and can break more easily.
- **Put the condom on before your genitals touch your partner.** Condoms are effective for the prevention of STIs only if they are worn when the genitals are touching.
- **Use of the lubricant to help prevent breaking.** Water-based lubricants help to reduce the pressure on the condom during sexual intercourse, which allows you to avoid their breaking.
- **Always use a new condom.** Condoms can be used only once and must be discarded after use. It is necessary to use a new condom during each sexual intercourse. A condom (male or female) may never be reused after removing them; always use a new condom.
- **Use a condom during each sexual relation.** Condoms protect you only if you use them during each sexual relation. A single instance of unprotected sexual intercourse can cause an unwanted pregnancy or put you at risk of contracting an STI.
- **Use only one condom at a time.** You must never use a male condom and a female condom at the same time or overlay two male condoms or two female condoms. The use of two condoms at the same time increases the friction between the two, and may cause them to break.

Some people are allergic to latex condoms, or to the spermicide of some condoms. If you or your partner feel a sensation of burning, itching or swelling after the use of a condom, this could be a sign of an allergic reaction. It is possible to use condoms without latex or without spermicide. Consult a nurse or pharmacist for advice in order to choose the correct type of condoms.

3.6. Condom Negotiation

Purpose: Help the participants learn to negotiate the use of condoms.

Methodology: Group discussion

Time: 15 minutes

Materials: Flip chart sheets and markers

Instructions for the Facilitator: Begin by defining **Condom Negotiation** – the negotiation of the use of the condom with our partner; what we need to do to make our partners accept the use of condoms.

Step 1: Divide the large group into four or five small groups. Ask each group of participants to create three-minute role-plays on the negotiation of wearing of a condom. Ensure that the arguments below appear in the discussion.

a) What to say when facing arguments against the use of condoms:

Possible Arguments against Condom Use	Possible Arguments for Condom Use
I do not feel anything; it is like eating a candy with its wrapper still on.	I know that the sensations are a little reduced, but it is not that bad (the condom is so thin), and you can get used to it. It can also make sex last longer so we can enjoy it more.
I know that I am clean. I do not have any disease and I have not had sex with anyone for some time.	Thank you for telling me. As far as I know, I do not have any disease either. But I would like to use a condom anyway, because one of us could have an infection and not know about it.
I am going to lose my erection by stopping to put it on, and once I put it, I will no longer be in the mood.	I can help you put it on. This should give you more sensations so that you will still be in the mood.
It is complicated to put on.	I can help you put it on.
You do not trust me?	No! I am not asking you to use a condom because I do not trust you. It protects us against STIs/HIV and unwanted pregnancies. This will allow us to carry out our dreams for the future.
Just once.	Once is enough to get HIV.
I do not have it on me.	I have one.
I am allergic.	Let us postpone it for the next time, unless you have a female condom with you. Female condoms are made of polyurethane.

b) What is said about condoms:

THIS IS NOT TRUE	WHAT IS TRUE
Condoms spread AIDS.	Condoms do not contain the virus; they prevent it. The lubricant it is covered with facilitates penetration and protects from abrasions.
Condoms often break and are not reliable.	Non-expired condoms, properly used and worn, do not break.
Condoms fall off and get lost in the woman's vagina.	If the penis is removed from the vagina when it is still erect, holding the base of the condom, it will not fall off. If this happens for one reason or another, and it remains in the vagina of the woman, the partner or the woman can remove it with their fingers.
Most condoms are too small for some men.	Condoms can stretch to the point of being able to cover a human head or be filled by the quantity of a bucket of water.

Step 2: Ask participants: According to you, should we discuss the use of the condom with our sexual partner?

- If not, why not?
- If yes, why? At what time? And how should we do this?

Make sure that participants list the following elements:

- Choose a good time to discuss the use of a condom. It is better to do have this discussion before the relations become passionate, that is to say "hot."
- Conduct a thoughtful discussion, avoiding emotional disputes or endless discussions.
- Reassure your partner.
- Keep an open mind and listen to the concerns of your partner. You should not refuse to listen to the person saying why they do not want the condom.
- Prepare logical responses to all the arguments of the partner.
- Assert your rights; do not be aggressive or intimidating.
- Be self-assured. Do not beg. Put your partner's health and wellbeing first, do not put them in danger.

Note to Facilitators: For a successful condom negotiation, you must:
- communicate;
- be patient;
- listen to each other's arguments;
- be flexible; and
- know the advantages and disadvantages of using condoms.

3.7. The Benefits of HIV Testing

Purpose: To talk about the benefits of undergoing an HIV test.

Methodology: Brainstorming

Time: 20 minutes

Materials: Flip chart sheets and markers

Instruction for the Facilitators: Give information on the steps for conducting an HIV screening test and encourage discussion. We have talked about condoms as protection from HIV. It is also important to know whether or not you are a HIV carrier so you can take measures to protect your partner and take care of your health. Only an HIV test allows you to know this.

Undergoing voluntary HIV testing may not be an easy thing, but be aware that the screening is worth it. These days, people living with HIV (PLHIV) remain in good health longer thanks to effective medical treatment with ART.

Step 1: Ask the group the following questions and let them talk:
- What is the HIV screening test?
    - The voluntary HIV screening test lets us know if one is sero-negative or sero-positive. It is the only reliable way to know the HIV status of an individual.
- Why should a Brother for Life undergo the HIV screening test?
    - Doing the test is has a lot of advantages:
        - It allows you to be reassured and to take the proper steps to protect yourself or enrol in treatment, if needed.
        - It allows a better medical follow up if you are HIV positive, and can link you immediately to treatment.

- It ensures you do not infect others, especially your future children, if you are HIV-positive.
- It gives you a chance to better prepare for the future.

Note the group's answers on a sheet of paper.

Instruction for the Facilitators: Emphasise that it is normal to feel scared about getting an HIV test. It can be a big decision, but it is important to test and know your status, so you can better take care of yourself and your family. By learning your status, you can take steps to stay healthy and strong. If you find out you are HIV positive, you can begin treatment immediately so that the virus does not begin to make you sick and you can continue working and providing for your family. Treatment has improved over the years. For most people, the daily regime is just one pill, making it easy to continue living a productive life. If you wait to test and learn your status, you may become very sick and have to stop working – making it difficult to earn money and care for your family – and it will take much longer to get healthy again once you start taking treatment. Testing is the strong and responsible thing to do to take care of yourself and your family.

Step 2: Divide the participants into small groups. Each group will have to respond to one of the following questions:

- Do men take the HIV test as frequently as women? Why or why not?
- What are the benefits of a couple testing for HIV together?
- What are the benefits of knowing your partner's HIV status?

Finish by asking participants to share what, in general, they have learned regarding the HIV test.

Step 3: Verify that everyone has understood topics covered by this activity.

Remind participants that by testing for HIV, they will know where they stand so can get the tools and information they need to move forward with a healthier life, whether they are negative or positive. By learning their status early, rather than when they become sick, they can begin treatment to ensure the HIV does not attack their body. You might say: "Not testing for HIV allows the virus to potentially take over your body, causing you to become very sick. Testing before you feel sick can allow you to begin taking medication/ART so that you do not get ill and have to stop working. If you wait until you feel sick to test or begin treatment, you may become very weak and it will take you much longer to recover."

3.8. Conducting HIV testing

Purpose: Inform the participants how an HIV test is done.

Methodology: Brainstorming

Time: 20 minutes

Materials: Flip chart sheets and markers

Step 1: Ask the group: **What are the steps of HIV testing?**

Be sure group's answers are consistent with those cited below:

- Pre-test counselling is done first to assess what the person knows about HIV and to explain the benefits of the test. This can be done individually or as a couple.
- Obtain the informed consent of the client.

- Perform the HIV test by taking a sample of the person's blood, usually a quick finger prick. It takes about 20 minutes for the results.

Step 2: Next, ask the group: **What type of advice does a person receive after the test?**

Be sure group's answers are consistent with those cited below:

- Post-test counselling is done immediately after the finger prick to prepare the person to manage the result of his test.
- If the result of the test is positive, the person is counselled further and referred to an approved treatment centre (see information below for advice in case of a positive HIV test result).
- If the result of the test is negative, counselling will be given to develop a plan for risk reduction to maintain the negative status.

Note to Facilitators: There are two types of results of the HIV test: sero-negative or sero-positive. The type of advice or pre- and post-test counselling depends on the result of the test. Emphasise that tests are very accurate. If the test says you are positive, you likely are.

Step 3: Advice after Receiving Your HIV Test Results

Advice after a Negative Result: The person who is declared HIV negative often experiences relief and a feeling of great joy. However, they should be advised that if a person has been exposed to HIV there is a window period of one to three months between the exposure (and any risky behaviour) for the result to be confirmed negative. If at least six months have elapsed from the exposure, a negative result is evidence that the person is not infected so long as no risky behaviour has taken place in the meantime.

What to do to stay HIV negative?

- Correctly use condoms during any sexual intercourse.
- Ensure sexual partners are tested and mutually faithful before deciding to no longer use condoms.
- Do not share sharp instruments, such as razors, soiled by the blood of another person, unless they are sterilised after each use.
- Reduce the number of sexual partners and always use a condom.
- Be mutually faithful.

Advice after a Positive Result: Those who are found to be HIV positive, or having a disease related to HIV, are normally informed as quickly as possible. The discussion is done face to face, confidentially and with no rush, allowing the person to have time to accept their status.

After the person has begun to process the results, the meaning of the test results should be further explained. At this point, it is important to recognise the shock caused by the results and offer psychosocial support – to encourage hope by offering assistance to find practical solutions to personal problems that may arise. Those who learn their status can benefit from this opportunity to talk about HIV treatment and the effectiveness of ART. This is a very scary moment for most people. Some may have expected they would test positive, but for others it can be a complete shock. That is okay. It is important to feel all the emotions that may come along with learning you are HIV positive. But know that treatment has advanced significantly over the years and testing positive does not mean you are going to die or that you are going to get sick. HIV is a condition that can be managed, much like high blood pressure or diabetes, as long as the person is willing to accept their status and take care of their health by initiating ART and attending clinic appointments. Refer the person to associations for PLHIV.

Ask the participants to try to imagine the types of problems or feelings a person informed of a positive result may experience, and for which they may need assistance from those counselling them.

- **Fear:** Feelings of fear can be overwhelming for a PLHIV. This person has a fear of suffering and dying alone, rejected by the community.
- **Loss**: The person thinks of losing their life, ambitions, place in the community, independence, honour, etc.
- **Pain:** Pain comes from the idea of losing ambitions, independence, etc.
- **Guilt:** The person feels guilty because of their loved ones and the family.
- **Anger:** Some people may express anger because for them, they do not have any chance living with HIV. This anger is directed especially against themselves.
- **Denial:** Some people may react by expressing denial, that is to say that they refuse to accept that they are HIV positive or are suffering from AIDS.

It is important to **acknowledge and recognise** all these emotions, and to let the person feel them. It is equally important to work with the person to address these emotions and start to work past them. All these feelings are normal and some people will feel one of them, while others may feel all of them. That is okay. Learning you are HIV positive is big news and it may not be expected. It is important to work to lessen the person's fear and assure them this does not mean their life is over. Many people around the world live normal healthy lives while being HIV positive. Make sure the person understands this diagnosis does not mean they will die, and by accepting their status and taking care of their health they can continue to do the activities they currently enjoy. Emphasise that treatment now makes it possible for PLHIV to live to old age, and enrolling in treatment immediately can prevent the HIV from ever causing them to be sick. Realising that it is not their own or anyone else's fault may take time for some people, and the initial anger some people have may take time to pass. Accepting one's status is the first step toward a positive healthy life. Denying a positive test result only delays treatment, allowing the HIV to replicate in the body. Moving past the denial is the only way to stay healthy and continue to work toward a person's dreams.

We Must Remember: After the confirmation of the sero-positivity, the staff person who presents the results of the screening test needs to understand the person's emotions and reassure them regarding the support available. The community health agent continues the work of psychosocial support, and encourages the community to accept its HIV-positive members.

3.9. Closing

Purpose: It is important to know about and understand HIV, and to get tested to learn your status. Whether you are HIV positive or negative, you should get tested and know your status in order to live as healthy a life as possible.

Methodology: Group discussion

Time: 10 minutes

Materials: Flip chart sheets and markers

Instructions for the Facilitators: Encourage the participants to reflect on their own risk of HIV, on the daily life of an HIV-positive person in relation with their own life and give them something concrete to go forward with.

Step 1: Reflection

- Ask participants to consider and discuss a new thing or a new way of thinking about their life that this module has taught them.
- Next, ask them to write down three things they plan to do, such as reduce their risk of getting HIV, take the HIV test in order to know whether they are HIV positive, or how to take care of their health when living with HIV.

Step 2: Remind Participants of the Key Messages:

Congratulations for having completed this module. We have learned a lot of things about HIV and how we can protect ourselves and our partners from HIV infection. The BFL+ support responsible relationships. You will be able to perform HIV testing on-site at the last meeting.

Step 3: Distribution of Condoms:

- Proceed to distribute 12 male condoms per participant for their personal use.
- Have them sign the distribution list.

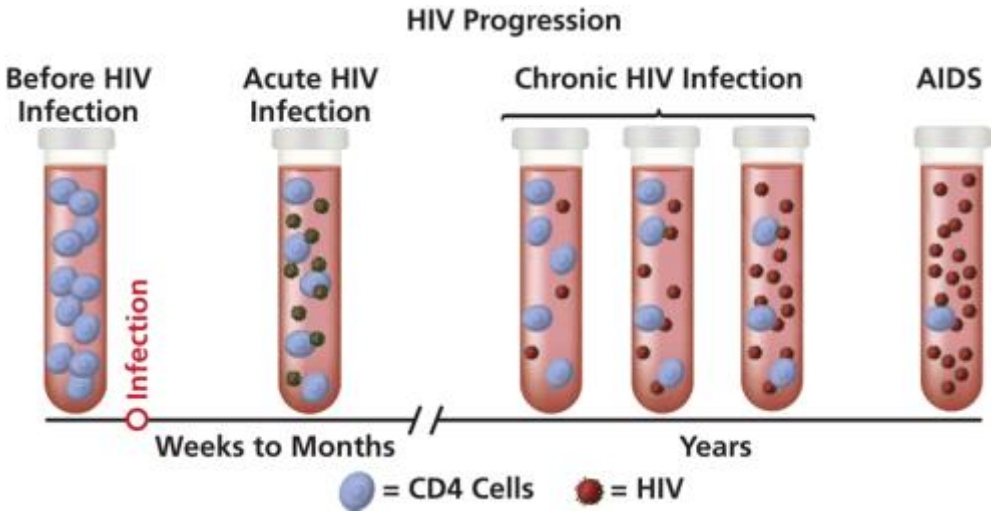
Step 4: Conclusion

- Thank the participants for their availability and the quality of their discussions.
- Tell them the date of the next meeting.

Resource Sheet 3.1: Statements on HIV

Having HIV means having AIDS.	**False**, HIV is the virus that you can contract, AIDS is when HIV has destroyed your immune system and you are susceptible to opportunistic infections.
If you have had unprotected sex only once with a person who is infected, you cannot catch the HIV.	**False**, you can get HIV from just one time having unprotected sex. The higher a person's viral load (the amount of HIV in their body), the greater the chance that person will transmit HIV to others.
You are more likely to catch HIV if you already have an STI.	**True**
Young girls are more likely to be infected by HIV than young men.	**True**
If you have doubts about your HIV status, you should take your test.	**True**
If you choose to have sex, you are more likely to catch HIV if you have multiple sexual partners.	**True**
All babies whose mothers are infected by HIV are born with the virus.	**False**, these days most babies born to HIV positive mothers are HIV NEGATIVE. As long as the mother takes ART and exclusively breastfeeds, her baby can remain negative.
HIV is present in the sexual fluids but not in the blood.	**False**, most HIV lives in a person's blood and it is also present in the sexual fluids.
You can get HIV by sharing a non-sterilised needle or blade.	**True**
Large people or people who seem to be in good health cannot have HIV, so we can have unprotected sex with them without risk.	**False,** anybody can be HIV positive. There is no way to tell by looking at someone, you must get tested in order to know.
If two adults are both virgins and decide to have sex, they do not need to use a condom.	**False,** a condom should always be used.
For the time being, there is no cure for HIV.	**True**
We can prevent HIV.	**True**
A person infected with HIV cannot live a normal life.	**False**, if a person enrols in treatment and adheres to their medication they can live a long and healthy life.
Birth control pills may prevent the HIV infection.	**False,** only condoms can prevent HIV transmission.
If I decide to have sexual intercourse, I should use condoms correctly, every time, to protect myself against infection by HIV.	**True**
HIV is not my problem.	**False,** it is everyone's problem. Everyone has some level of risk and should be supportive of those living with HIV.
It is important to know your HIV status.	**True**
A man cannot transmit HIV to a woman if he releases his sperm outside the woman's vagina.	**False**, it is possible for HIV to be in the pre-ejaculation or there may be cuts; blood may transmit HIV.
Having sex with a virgin cures AIDS.	**False**, there is no cure for HIV.

Resource Sheet 3.2: Evolution of HIV



HIV Progression[4]

This figure corresponds to the four different evolution stages of HIV infection.

1. Acute HIV infection

- Occurs 15 days to two months after exposure.
- Clinically apparent only in approximately 30 percent of cases.
- The symptoms can be varied: fever, headache, rash, myalgia, lymph adenopathy and sometimes neurological impairment.
- The virus attacks and destroys CD4 cells in the immune system.
- HIV can be easily transmitted to others during this stage
- During this period the body produces the antibodies specific to HIV, which could be detected by the infection screening test.

2. Chronic HIV infection

- Corresponds to a phase where the virus is present but does not cause any symptoms.
- The subject is HIV positive (positive screening test).
- The virus is present and continues to multiply, but is mostly controlled by the immune system of the body.
- Some people can live for years in this stage, but for others it only lasts a few months.

3. AIDS

- The destruction of CD4 cells leads to a gradual weakening of the immune system, which can result in opportunistic infections.
- A list of pathologies occurring in the HIV-infected subject defines the AIDS.
- Tumours (e.g., Kaposi sarcoma or lymphoma) or other pathologies linked to HIV may also occur at this stage.

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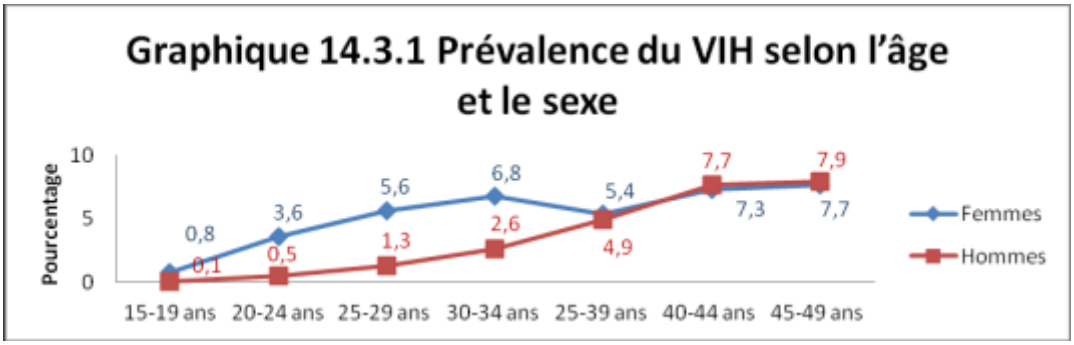
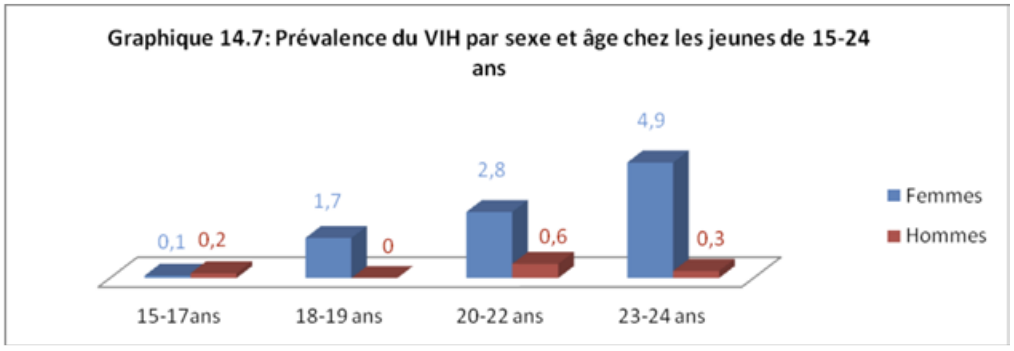
[4] National Institutes of Health (NIH). (2017). *AIDS Info*. Illustration of HIV Progression, accessed at: https://aidsinfo.nih.gov/images/factsheet/HIVProgression800.jpg

Resource Sheet 3.3: Data from the EDS-MICS 2011–2012

The estimate of the number of infected women compared to men by age is:

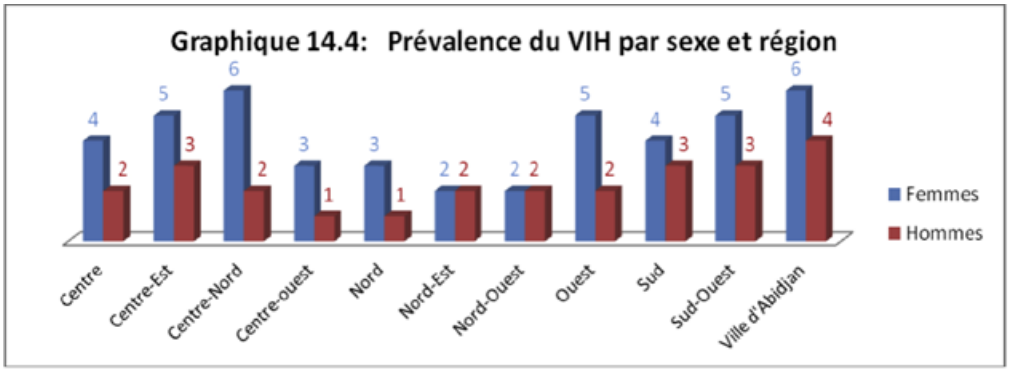
- eight women per man among those aged 15-19 years;
- seven women per man among those aged 20-24 years;
- five women per man among those aged 25-29 years; and
- three women per man among those aged 30-34 years (Chart 14.3.1).





On the whole, prevalence of HIV has decreased since 2005. However, among women, the prevalence of HIV among those aged 15 to 19 years has increased from 0.4 to 0.8 percent. Among men, this prevalence is variable with an increase observed in men aged 45 to 49 years (4.7 percent in 2005 to 7.9 percent in 2012).

The prevalence of HIV is increasing with age among men as well as women. It varies among women from 0.8 percent among adolescents girls aged 15 to 19 years to 7.7 percent among women aged 45 to 49 years. For men, it varies from 0.1 percent among adolescent boys aged 15 to 19 years to 7.9 percent among men aged 45 to 49 years.



Resource Sheet 3.4: Table of Risk Behaviours

High Risk	Almost No Risk	Low Risk
Vaginal relation without a condom: HIV can be present in the semen and vaginal secretions. **Anal intercourse without a condom:** The penis may cause tears, allowing blood and semen to mix. **Relations with multiple sexual partners without a condom (successive partner and simultaneous partners):** The higher the number of sexual partners, the higher the risk that one of them is infected. **Sexual relation without a condom with a STI:** An STI causes a blood flow to the surface of the skin and may also cause lesions in the skin, which increases the risk of infection. **Sexual relation without a condom with a person with a STI:** An STI causes a blood flow to the surface of the skin, which increases the risk of infection. **Sexual relations with a casual partner after having had too much to drink:** The excessive consumption of alcohol reduces the willingness to use a condom. **Person with HIV who wish to have a child and is not on treatment:** One HIV-carrying pregnant woman out of three runs the risk of infecting her child during pregnancy (at birth or during breastfeeding), especially if she is not instructed by the health staff to reduce the possibilities of transmission of the virus from mother to child. **Sharing syringes with a person using injection drugs:** People who inject drugs and share needles are likely to inject the blood of others in their veins. **Transfusion of non-tested blood:** If the blood has not been tested in the laboratory, it is impossible to know if the person who gave the blood was or was not infected. **Contact with blood of two injured persons:** The exchange of blood between injured persons, if one of the wounded is infected, can result in HIV infection.	**Scarification:** The risk is almost zero because HIV does not live long in the open air outside of the body. If this were a frequent mode of transmission, many more older men would be infected.	**Oral sex without a condom (fellatio or cunnilingus):** Unless the person has open wounds in the mouth, the risk of infection is low. **Sexual relation with a condom:** The condom is a good protection against HIV, unless it tears. **Contact with the blood of an injured person:** The surface of the skin is a good protection against HIV, unless there is an injury or a lesion.

Resource Sheet 3.5: Evaluation of Personal Risk

Are you on the right path?

Component 1: Have you already done one of the following things?

Actions	Yes	No
I have had sexual intercourse.		
I have had sex with someone who did not know their HIV status.		
I have had a one-night stand.		
I have had unprotected sex.		
I have had sex with more than one partner.		
I have had symptoms of an STI.		
I have had an STI and I did not receive medical treatment.		

- If you marked "yes" in response to any of these questions, there is a possibility you have been exposed to HIV.
- The more "yes" answers you checked, the greater your risk of having been exposed to HIV.
- What can you do to reduce your risk?

Component 2: In your opinion. . .

Influences	Yes	No
Are you easily influenced by your friends?		
Do you do what your friends ask you to do, even if this involves taking a risk?		
Is it difficult to say “no” to your friends?		

- If you checked more "yes" answers than "no," think about it seriously.
- You may be exposed to risks if your friends influence you easily.

Component 3: Have you already done one of the following things?

Intentions	Yes	No
I have refused to have sexual intercourse.		
I have spoken of using a condom during a sexual intercourse with my partner.		
I have spoken of using a condom with a partner for one night.		
I have been faithful to one partner in the past.		
I intend to remain faithful in the future.		
I have talked of HIV testing.		
I have taken the HIV test.		
I already took the HIV test with my partner.		
I have already asked where to go to do the screening test for HIV.		
I have asked for more information on HIV/AIDS.		
I have sought more information on HIV/AIDS.		

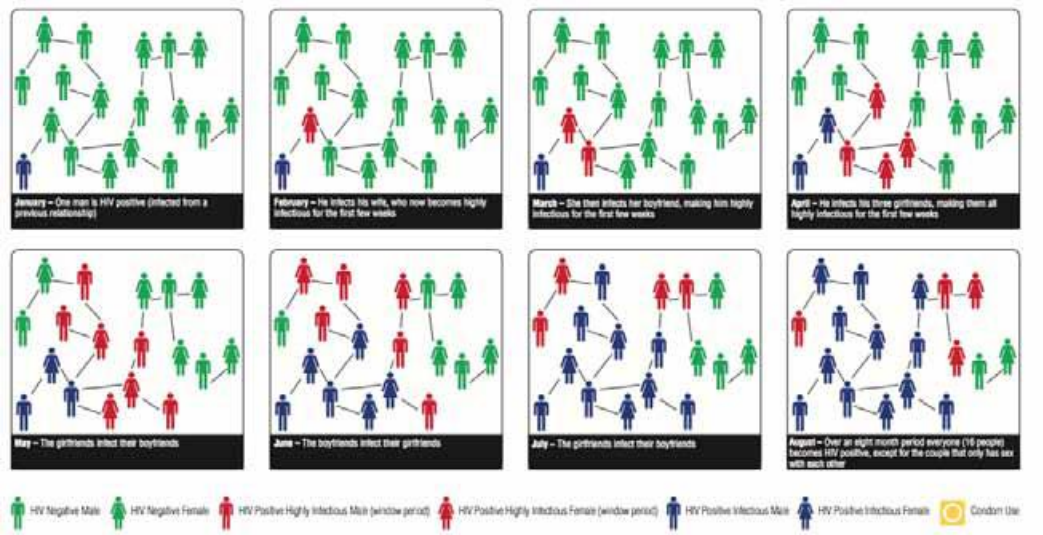
- If you checked “yes” to any of these questions, you are on the right path. Make sure to check “yes” to all these questions in your life. This way you will avoid exposing yourself to the risk of being infected by HIV. In cases where you answered “no,” decide to take action. Later on, make this risk assessment again to find out if you made any progress in your actions to protect yourself from STI and HIV.

Resource Sheet 3.6.1: Multiple Sexual Partners

This exercise is to be done using the dashboard on the multiple and parallel partnership.

Multiple and alternative partnerships mean that you have sexual relations which overlap. This means you have more than one sexual partner at the same time.

Having more than one sexual partner at the same time exposes you to the risk of HIV. This is because you are part of a sexual network, which increases your exposure to and risk for becoming infected with HIV. What is important is not necessarily the number of people with whom you have sexual relations, but that you (and some of your partners) may not use condoms consistently and correctly. The diagram below shows at what speed HIV is transmitted in a sexual network. The people in **red** are newly infected and, therefore, are more likely to transmit HIV to their partners. The people in **blue** were previously infected and still pose a risk of transmission. Over a period of eight months, 16 people are infected with HIV. The couple who remained faithful did not get HIV.



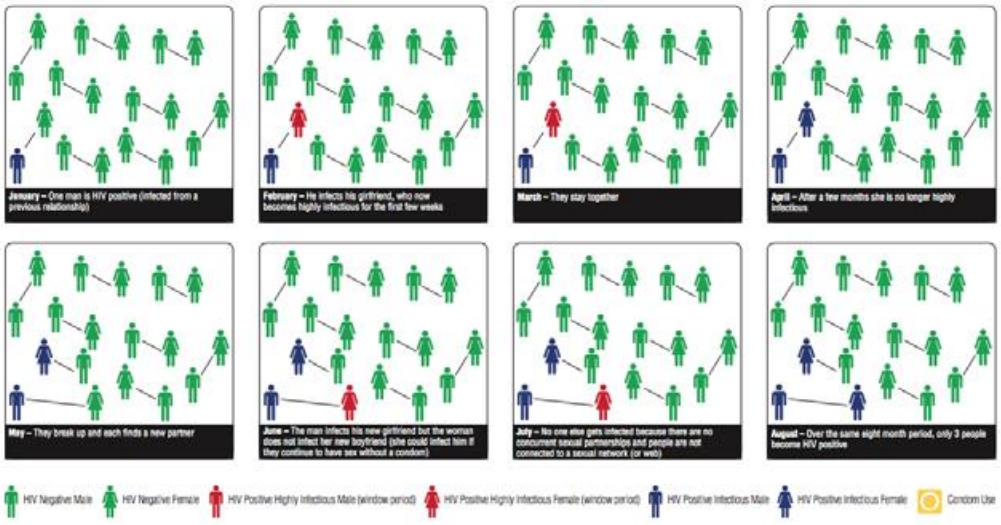
Yellow: Use of the condom
Green: Seronegative man
Green: Seronegative women
Blue: An infectious HIV-positive man
Blue: An infectious HIV-positive woman
Red: A very infectious HIV-positive man (window period)
Red: A very infectious HIV-positive woman (window period)

- **January:** A man is HIV-positive; he was infected during from a previous relation.
- **February:** He infects his wife, who now becomes very infectious during the first weeks.
- **March:** She infects her boyfriend, making him very infectious during the first weeks.
- **April:** He infects his three girlfriends, making them all very infectious during the first three weeks.
- **May:** The girlfriends infect their boyfriends.
- **June:** The boyfriends infect their girlfriends.
- **July:** The girlfriends infect their boyfriends.
- **August:** Over a period of eight months, all of them (16 people) become HIV-positive, except for the couple who has sexual relations only with each other.

Resource Sheet 3.6.2: Serial Monogamy

Serial Monogamy
This exercise is to be done using the dashboard on monogamy.

Serial monogamy occurs when you have only one partner at a time and you are faithful to this partner, but when the relationship ends, you spend time before you have another partner – one monogamous relationship after another. You are still at risk of contracting HIV if you have sex without a condom with your new partner. You can transmit HIV to your partner in your next relationship, before you realise you have been infected or, maybe, just as you are feeling ill or learn that you are HIV positive. Serial monogamy presents less risk than having multiple partners in parallel because HIV cannot propagate as quickly between the different people. The diagram below shows that during the same period of eight months, only three persons have become HIV positive. The network is broken and the risk of transmission is reduced.

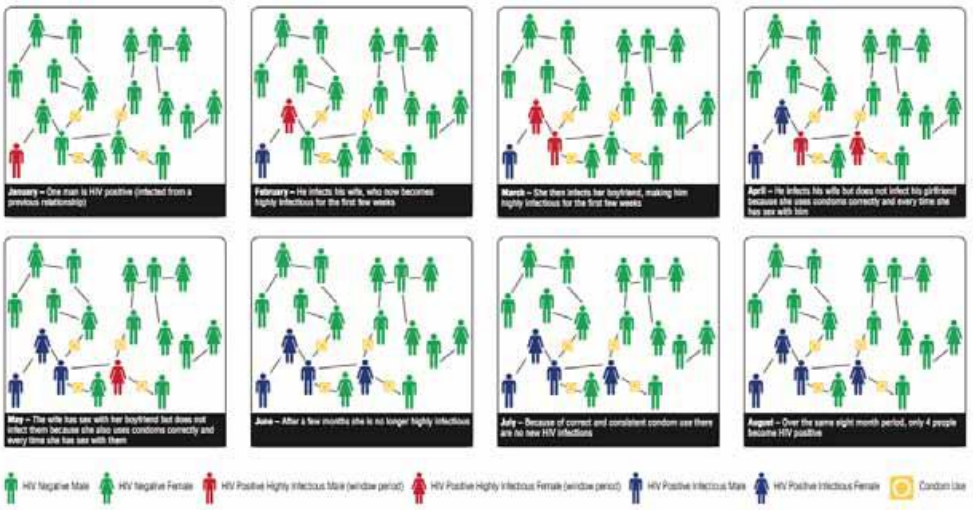


Green: Seronegative man
Green: Seronegative women
Red: A very infectious HIV-positive man (window period)
Red: A very infectious HIV-positive woman (window period)
Blue: An infectious HIV-positive man
Blue: An infectious HIV-positive woman
Yellow: Use of the condom

- **January:** A man is HIV-positive (infected during a previous relationship).
- **February:** He infects his girlfriend, who now becomes very infectious during the first weeks.
- **March:** They remain together.
- **April:** After a few months, she is no longer very infectious.
- **May:** They separate and each finds a new partner.
- **June:** The man infects his new girlfriend, but the woman does not infect his new boyfriend (although she could infect him if they continue to have sexual intercourse without a condom).
- **July:** No other person is infected, because there is no parallel sexual partnership and the people are not part of a sexual network.
- **August:** During the same period of eight months, only three people become infected.

Resource Sheet 3.6.3: Condom Use

If we are sexually active, condoms (male and female) are the most effective way to keep our health under control and protect us against HIV. The male condom is often the most common means of protection we choose against HIV and other STI and to prevent unwanted pregnancies. Condoms are available in most shops and pharmacies. The diagram shows that the correct use and constant condoms puts a barrier between you and the HIV. The network is broken because the condom plays the role of a barrier between you and HIV and HIV can no longer spread.



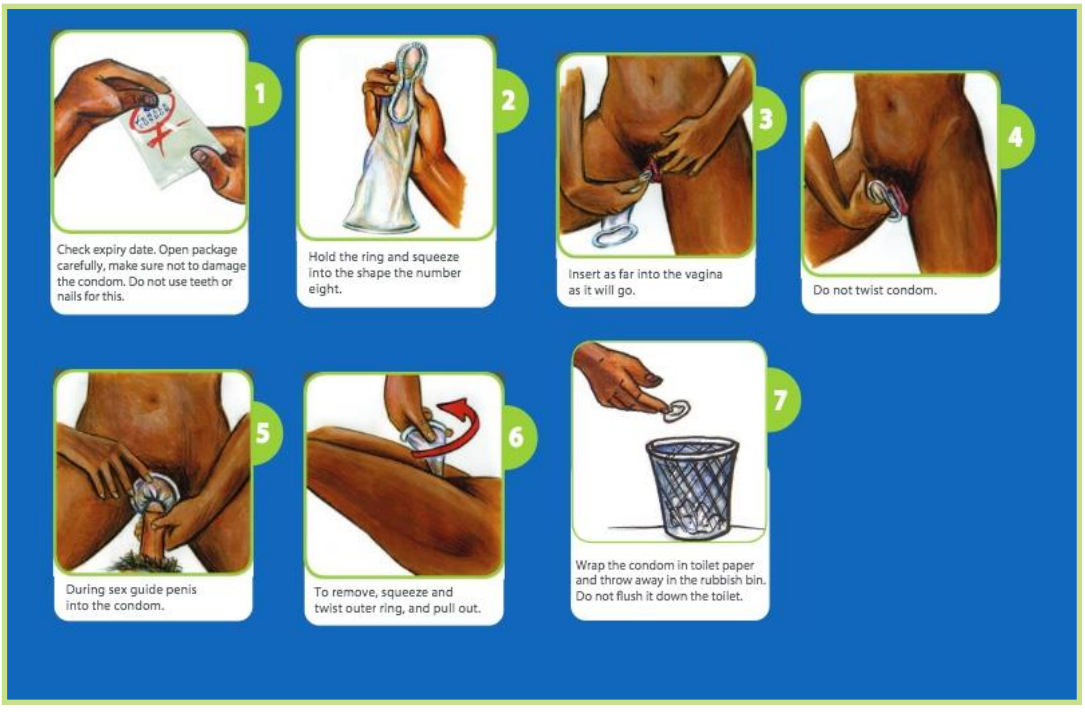
Green: Seronegative man
Green: Seronegative women
Red: A very infectious HIV-positive man (window period)
Red: A very infectious HIV-positive woman (window period)
Blue: An infectious HIV-positive man
Blue: An infectious HIV-positive woman
Yellow: Use of the condom

- **January:** A man is HIV-positive (infected from a previous relation).
- **February:** He infects his wife who then becomes very infectious during the first weeks.
- **March:** She infects to turn her boyfriend, making him very infectious during the first weeks.
- **April:** He infects his wife but does not infect his girlfriend because she uses condoms correctly each time she has sexual relations with him.
- **May:** The woman has sexual relations with her boyfriend, but she does not infect him because she also uses condoms correctly each time she has sexual intercourse with him.
- **June:** After a few months, she is no longer very infectious.
- **July:** Thanks to the correct and constant use of condoms, there are no new HIV infections.
- **August:** During the same period of eight months, only four people become infected.

Resource Sheet 3.7: Condom Use

Male Condom

Female Condom



MODULE 4: RESPONSIBLE MEN FOLLOW AND COMPLY WITH THEIR TREATMENT

Content of the Session:

In this module, we will discuss how to live a healthy life while living with HIV.

We will begin by talking about ways to disclose your status to those closest to you and how you can support others when they disclose to you. We will also discuss important information related to how HIV works in the body and the effect that treatment has when taken and adhered to. We all know a person living with HIV or perhaps we have HIV ourselves. If we know how to accept our sero-positive status, live with HIV and take care of ourselves, we can achieve our goals in life and lead a happy life.

We will cover the following topics:

- Disclosure to your partner and family.
- Learn more about CD4 cells and viral load
- When and how to start treatment
- The importance of adherence
- How to live positively

Time: Two hours

Materials: Flip chart, markers and fact sheets

Key Messages:

The Brothers for Life:

- Disclose their status to those closest to them for support.
- Understand what HIV is doing in the body so they can take better care of themselves.
- Enrol in treatment as soon as they test positive to improve their health.
- Adhere to ART for life once they have started.
- Take care of themselves.

Learning Objectives:

This session will allow the Brothers for Life to:

- Understand the importance of HIV status disclosure.
- Feel comfortable disclosing their HIV status to those closest them.
- Understand the role CD4 cells play in the body and in relation to HIV.
- Understand what viral load is and what it means for health.
- Understand the importance of adherence and how to stay adherent to ART.

4.1. Introduction

Ask the volunteer chosen at the end of the previous meeting to recall and summarise the meeting's key points by answering the following questions:

- What did we talk about during our last meeting?
- What does the group think about the last meeting?

Instruction for the Facilitator: Clarify or correct any erroneous answers and reflections from the participants. Introduce the topic of the day and remind the participants that they are required to maintain mutual respect and confidentiality during these meetings.

4.2. Disclosing Your HIV Status

Purpose: The purpose of this exercise is to inform and remind participants that it is important to reveal their HIV status to their sexual partner or to a trusted person to facilitate their clinical or therapeutic follow-up and ways to respond when someone discloses.

Methodology: Group activity

Time: 30 minutes

Materials: Flip chart and markers

Instructions for the Facilitators: The HIV status of a person is confidential. This privileged information cannot, therefore, be disclosed without the consent of the person concerned, unless the law requires it. However, some situations may force a person living with HIV in Côte d'Ivoire to disclose their HIV status, for example if they engage in sexual relations which involve a possibility of transmission of HIV.

In Côte d'Ivoire, not disclosing HIV to a sexual partner can result in criminal prosecution if the partner becomes infected as a result of exposure during a non-protected sexual act.

The Law of July 2014 gives physicians the right to disclose the status to the partner after 90 days if the patient has not already done so.

Disclosure – Part 1:

- To begin this exercise, indicate to participants that they will discuss topics concerning the confidentiality and the sharing of a person's HIV status.
- Specify that one of the factors causing a person living with HIV to leave ART is the non-disclosure of HIV status to their partner or a trusted person.
- Explain that, as everyone knows, the HIV status of a person is confidential, and as such it may not be disclosed without the consent of the person concerned. However, it is difficult to make the clinical or therapeutic follow-up of a patient if the person hides their HIV status from their partner (spouse or concubine). Without a person disclosing to at least one person, it is also hard to receive the support needed to manage their status and be successful on treatment.

Divide the participants into four groups according to the following criteria:

- One group will work on the profile of a 32-year-old woman who is pregnant and HIV positive.
- One group will work on the profile of a 35-year-old woman who is breastfeeding and HIV positive.

- One group will work on the profile of a 49-year-old man who is a high-level employee and HIV positive.
- One group will work on the profile of a 40-year-old man who is an illiterate peasant and HIV positive.

Ask each group to list on a flip chart sheet the main reasons that may prevent the HIV-positive patients from revealing their HIV status to their partners or a trusted person in their life.

After a few minutes, ask each group to explain why it is difficult to share your HIV status with your partner according to the profile given to their group.

Ask each group to list the advantages of sharing HIV sero-status to a partner.

Ask each group to consider and identify opportunities that could help an HIV-positive person to disclose their status to their sexual partner safely, and how people can support them disclosing their status.

Ask the whole group to share ideas and information that emerged in their group discussions.

Ask participants to indicate briefly the reasons why this information is important to them and record their comments.

Note to Facilitators: Make sure to acknowledge and recognise that having to disclose an HIV status to someone, no matter how close the person is can be very difficult and scary for most people. There is no way to know how a person will react and it is important to be compassionate and understanding if someone ever discloses to you. Recognise that this person is still your partner/friend and they will need your support to take care of their health and learn to live with HIV.

Below are some reasons that it can be difficult for someone to disclose to a partner or someone they are close to:

- Fear of rejection, abandonment, avoidance or exclusion by spouse or family
- Fear of criticism, that they may be blamed for contracting the virus or they want to protect their loved ones
- Fear of stigma, from both their family and the community
- Fear that their status may be disclosed by others if they know
- Fear of suspicions that may result from disclosure

Below are some advantages of disclosing your status to your partner or a loved one.

Disclosing can be seen as an opportunity to:

- Alleviate suffering, knowing that you are no longer alone
- Inform your partner about the importance of them getting testing, and you both working together to prevent transmission
- Explain why you may have been ill
- Explain why you have been going to the health centre
- Obtain assistance in order to cope with costs associated with care
- Receive psychosocial and adherence (appointments and treatment) support

Disclosure – Part 2:

- Ask the group to divide into groups of three.

- Explain that one person should pretend to be HIV positive and wants to tell someone close to them that they are positive. Another person is the friend or family member the person is disclosing to and the third person is an observer.
- Explain that the observer should observe both people, listen closely to each one and watch body language. They should take note of tone of voice: Are they open and accepting? Did they listen and let the person say everything without interrupting?
- At the end, the observer should provide feedback to both people, suggesting what they might do better to ensure that the person infected with HIV feels understood, supported, and comforted by the person with whom he shared his HIV status.
- Have groups rotate so each person has a turn role-playing each character.

Conclusion: Ask the participants to draw their conclusions by starting from the question "What has this exercise shown to us?"

REMEMBER: Revealing our HIV status to our sexual partner, wife, family, to our friends and colleagues is a crucial decision, which must be supported and encouraged by the partner, the family and peers in order to minimise negative reactions.

Note to Facilitator: Below is a list of tips to help with disclosure that should be shared:

- If you find it difficult to disclose, talk to your health-care provider or peer navigator for tips.
- If you struggle to tell your partner but have a trusted family member of friend, disclose to them first and ask them for support and advice.
- Test for HIV together at a health facility.
- Make sure the person is not angry or stressed out with other problems before disclosing to them.
- If necessary, you can have your health-care provider disclose for you; however, it is much better to do it yourself.
- Be selective in who you tell at first. Disclosing your status does not mean that every person who knows you needs to know. You can choose to tell those closest to you who you feel you would be most supported by. As you become more comfortable, you can choose to disclose to more people.
- Think about who, what, when, where and why. These all play a role in your disclosure experience. Who do you want to tell? What do you want to tell them about your diagnosis? When do you want to tell them? Where do you feel most comfortable talking to them? Why are you choosing to tell that person?
- Once you have told the person, be patient, it may take time for them to process what you have told them and become okay with your status. Remember it may have taken you time to accept and understand your status; the people you tell may need this too.
- After disclosing to one person, you may want to ask them for help and support in disclosing to others. You can talk it over with them and develop a way forward together for disclosing to others you would like to know.
- Trust your instincts, do not give into your fear. Each time you disclose it will be difficult and may have different endings, but that is okay.
- Even if it does not go the way you had hoped, that is okay, do not let it stop you from living your life and disclosing to others.

- Remember you are not alone, millions of others have also done this. If you do not feel comfortable disclosing to friends or families, find another person living with HIV in your community and talk about your fears of disclosing with them.

4.3. CD4 Cells and Viral Load

Purpose: The purpose of this exercise is to learn about the relationship between and importance of CD4 cells, viral load, and HIV.

Methodology: Information Session and Trivia

Time: 25 minutes

Materials: Fact sheet

Instructions for Facilitators: Inform participants that you will lead a brief lesson on the difference between CD4 count and viral load. Once you have gone over the basics and reviewed the fact sheet, there will be a trivia session for participants to test their knowledge. After trivia, you will lead the participants in a discussion about the importance of having a low viral load, or being virally suppressed.

Step 1: Begin by defining CD4 cells and viral load, and hand out the fact sheet**, Resource Sheet 4.1** to all participants.

CD4 cells: A type of cell in our body that helps us to fight all types of illness and infection as part of our immune system. They are like soldiers in your body who fight off invaders.

Viral load: The number of copies of HIV in an HIV-positive person's blood.

Step 2: After defining each term, explain to participants the difference between a CD4 count and a viral load.

In healthy people, their **CD4 count** is usually between 500 and 1500. When a person becomes HIV positive the number of CD4 cells in the body drops because HIV destroys them in order to make more copies of itself. As this occurs, the person becomes sicker and sicker without CD4 cells to fight off infection. When the CD4 cells are killed, the HIV virus replicates faster, increasing the viral load and gaining control of the body's immune system. This is the reason it is important to get on treatment as soon as you know you are HIV positive, even if you do not feel sick. HIV ART treatment stops HIV from killing your CD4 cells so they are able to continue to protect your body from illness and disease.

The lower the **viral load** in a person, the better; because it means you have less HIV in your body, and less CD4 cells being killed. A viral load test can be used to see if treatment is working as well. When a person begins treatment, their viral load should begin to fall as the treatment prevents HIV from spreading in the body. Eventually, as the viral load decreases from treatment, the person's CD4 count should begin to increase again as there is less HIV in the body to kill the CD4 cells. After being on treatment for six months, individuals should ask their providers to test their viral load once a year.

Step 2: Trivia Questions

Divide participants into two groups. Explain that you are going to ask them questions about CD4 cells and viral load. Each team will take turns answering a question. Each question is worth one point; if the team gets it wrong, the other team can "steal" the point by answering the question correctly. The team with the most points at the end wins.

Questions:

1. What is the difference between CD4 count and the viral load number?
    a. CD4 count is the number of CD4 cells in your immune system that help fight off types of illnesses and infections. Viral load number is the amount of HIV that is in your blood.
2. What is a healthy CD4 count?
    a. A healthy CD4 count is between 500 and 1500.
3. What does a lower viral load number mean?
    a. A lower viral load means that you have less HIV in your body.
4. What happens when your CD4 count drops?
    a. When your CD4 count drops, you become sicker.
5. How can CD4 and viral load be measured?
    a. Both CD4 and viral load can be measured through a blood test.
6. After six months of treatment, how often should you get your viral load tested?
    a. You should get a viral load test every year.
7. Does a CD4 test or viral load test tell you if treatment is working?
    a. A viral load test tells you if treatment is working.
8. Why might a person's viral load not drop after starting treatment?
    a. It might not drop because the medicine is not having an effect on the virus, a different medicine may be needed, or the medicines are not being taken correctly.

Step 3: Viral Suppression Discussion

Encourage participants who are HIV positive to ask for their viral load number when they visit their provider. Tell participants that most providers may only test for CD4, but that it is important to be tested for their viral load at least once a year after being on treatment.

Explain that everyone who is HIV positive should aim to become virally suppressed or have an undetectable viral load. Once viral suppression is achieved, that means that ART has prevented HIV from multiplying in the body and has reduced the levels of the virus so that tests can no longer find it. However, it is not gone completely and will remain in your body for life. If a person stops taking their treatment, the viral load may increase again and the CD4 count decrease, making the person sick. This is why ART is for life and once a person starts taking it, they should not stop.

Ask participants to list the benefits of being virally suppressed and record them on the flip chart. Make sure the following benefits are included:

- Your immune system will be healthy and can fight off other illnesses.
- You will maintain a healthy looking body.
- It is more difficult to pass HIV to a partner.
- You will feel healthy and be able to go about doing the things you did before being diagnosed with HIV.

Remind participants that viral suppression is only possible if they are enrolled in and remain on treatment for the rest of their lives. The treatment is for maintaining good health, like treatment for high blood pressure or diabetes – as long as you keep taking ART, you look and feel healthy, if you stop, you can become sick and weak.

Inform participants that in addition to a viral load test telling you if someone is virally suppressed, this test can also let you know if treatment is working or not. Everyone on treatment should request to have a viral load test done after six months on treatment. If someone's viral load is not decreasing, they may have HIV that is resistant to the type of ART they are taking. This is known as drug resistance. By taking a viral load test they can find out if the medication they are taking is the right one for their virus.

Be sure to check that the participants have understood the differences between CD4 and viral load and ask if they have questions before starting the next step. Give participants **Resource Sheet 4.1** as a reference for them to take home.

4.4. Starting Treatment

Purpose: The purpose of this exercise is for participants to understand the importance of when to start treatment, what impact it will have on their life and how to deal with possible side effects.

Methodology: Group discussion

Time: 30 minutes

Materials: Flip chart and markers

Instructions for the Facilitator: It is important to remember that in the room you may have some people who are already on treatment, others who are HIV positive but not on treatment and others who are HIV negative but may know someone who is HIV positive. This session can be useful for everyone: to remind those who are on treatment the positive choice they have made; to ensure those who are positive, but not on treatment, are aware that they can now enrol no matter what their CD4 count is and that it can help them lead a healthier life; and for those who are HIV negative to learn about the importance of treatment, so they can encourage those who are positive in their life to enrol.

Step 1: Have participants sit in a circle and describe to participants the recommendations in place for starting treatment.

> When a person tests positive for HIV, they should enrol in care and start ART right away. This is different from what you may have heard in the past. Recommendations used to state that people could only begin treatment when their CD4 count reached 500. Several scientific studies have been published recently though that shows it is better for a person to start treatment as soon as they know they are HIV positive. Treatment is also much simpler now than in the past, as medication has advanced. Most HIV-positive people now only have to take one pill per day in order to stay healthy. This one pill contains several kinds of medicine that target HIV, giving the same effect as the many pills that used to be prescribed.

Lead participants in a discussion based on the following questions. Record their answers on the flip chart.

Question 1: What do you think some of the benefits of starting treatment right away might be, even if you feel healthy?

Be sure that participants list the following benefits. If they miss any, be sure to include them in the discussion.

- Feeling and staying healthy, keep the immune system strong
- Retaining a healthy looking body
- Keep the virus from multiplying
- Can lead to a longer life
- Reduces the chance of contracting another illness
- Lowers your viral load and your CD4 count increases
- Reduces the chance you will pass the virus to other people
- Allows you to stay strong and work
- Allows you to continue to provide for your family

Question 2: What are positive impacts of treatment? What might some of the challenges be?

Be sure the participants list the following impacts and challenges. If they miss any, be sure to include them in the discussion.

Positive Impacts

- Treatment can slow down HIV replicating in the body and does not allow the virus to destroy CD4 cells as quickly
- Higher CD4 count when on treatment, which means healthier immune system
- Lower viral load (hopefully reaching an undetectable viral load) - Viral suppression does not mean a person is cured though, there is no cure for HIV at this time and treatment must be taken for life
- Stronger immune system
- Ability to fight off other infections more easily
- Better overall health
- Ability to continue working without interruption from illness
- Remain looking outwardly healthy

Challenges

- If a person stops treatment or does not take it as directed:
    - Their viral load will start to increase again
    - Their CD4 count will start to decrease, weakening the immune system
    - They may start to feel ill again due to a weakened immune system
    - They may begin to look sick
    - They may have to take time away from work – as the immune system weakens and you are unable to stay healthy
- The person may experience some side effects from medication.
- The person will need to take it every day for the rest of their life,

Emphasise again how important it is for participants to start treatment as soon as they can, allowing them to stay healthy and continue to work and provide for their family. Like a lot of medications, some individuals may feel side effects when they first start ART, while others may not. There is always a risk that there may be side effects. Assure participants that for those who do experience side effects, after a few weeks they usually lessen and go away.

Step 2: Ask participants if they know of any possible side effects of ART.

Review the most commonly experience side effects with participants:

- Headaches
- Nausea
- Diarrhoea
- Tiredness

Explain that these side effects often will go away on their own after a few weeks. If they do not, they should talk to their health-care provider about possible options to deal with the side effects. Make sure it is clear they should not stop taking their medications without first talking to a health-care provider. Ask participants if they have any questions or comments. Make sure to correct any false or incorrect statements.

4.5. Adherence

Purpose: The purpose of this exercise is for participants to understand the importance adhering to treatment, what will happen if they miss a dose, and how to avoid drug resistance.

Methodology: Group discussion

Time: 30 minutes

Materials: Flip chart and markers

Instruction for the Facilitator: Start off by explaining what is meant by adherence. It means that you:

- Take all your medication as prescribed by your provider.
- Take your medication at the right time, meaning around the same time of day, every day (within one hour of the time you are supposed to take it).
- Follow instructions about food, either taking it without any food or making sure to take it with food, depending on the type of medicine you are taking.
- Take it for the rest of your life, even when you do not feel sick.

Step 1: Ask participants for some ways that would help them remember to take their medication daily. Record their answers on a flip chart.

Be sure that at the end of their brainstorming session that the following are listed:

- Take it while brushing your teeth
- Take it while eating a meal
- Take it while going to bed
- Set a daily reminder on your phone

Step 2: Ask participants what could low adherence lead to?

- HIV begins destroying CD4 cells again, lowering the immune system
- Viral load increases
- CD4 count decreases
- Easier for other illnesses to enter your body
- Easier for you to pass HIV on to your partner
- The virus can replicate easily and multiply in your body (making more copies of itself)
- You become sick and cannot attend work or provide for your family

Step 3: Explain to participants that it is important to make their best effort to take their treatment on time every day. Ask them what they think someone should do if they miss a dose. Record answers on a flip

chart, if any misconceptions or misinformation arise, such as they should not take the rest of their doses, or they should take all the ones they missed at one time, be sure to correct them at the end.

Go over the following scenarios with participants of what should be done if a dose is missed.

- Take the dose as soon as you remember and then take again at your regularly scheduled time.
- You should not take a double dose if you forgot to take it the day before, just get back on your regular schedule.
- If you are sick and vomit after taking your medication, you do not need to take it again unless it has been less than one hour since you took your pill.

4.6. Closing

Purpose: It is important to know about and understand HIV. If living with HIV, it is important to take care of your health in order to take care of your family and continue to earn money. If you are HIV negative, it is important to understand the lives of those living with HIV and be supportive of them.

Methodology: Group discussion

Time: 10 minutes

Materials: Flip chart sheets and markers

Instruction for the Facilitator: Encourage the participants to reflect on what it is like to live with HIV, and how they can care for their health and support those living with HIV.

Step 1: Reflection

Ask the participants to consider and discuss a new thing or a new way of thinking about their life that this module has taught them. Then, ask them to write down three things they plan to do, such as enrol in or adhere to treatment, or support those who disclose their HIV status to them.

Step 2: Remind Participants of the Key Messages

Congratulations for having completed this module. We have learned a lot of things about living with HIV and how important treatment is and the advances it has made in allowing people to continue living their life as they had before they were diagnosed. The BFL+ support those taking their treatment for HIV.

Tell the participants that they will be able to perform HIV testing on the site at the last meeting.

Step 3: Distribution of Condoms

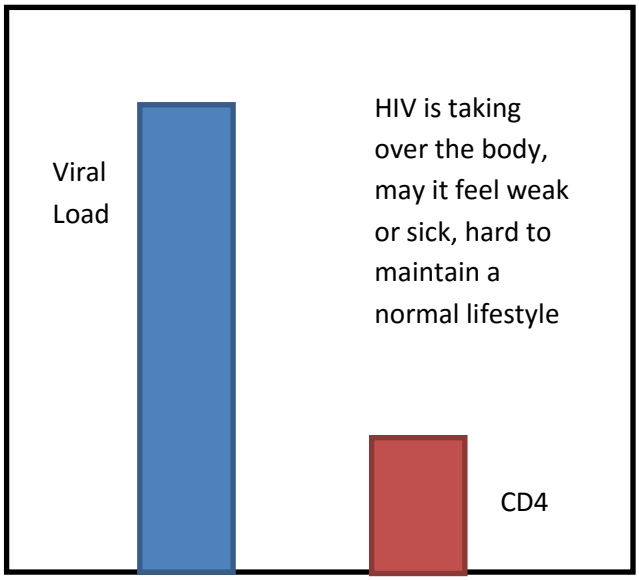
- Proceed to distribute 12 male condoms per participant for their personal use.
- Have them sign the distribution list.

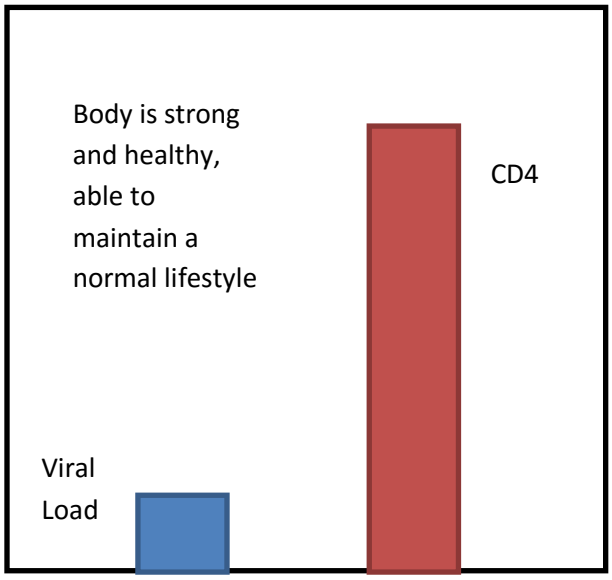
Step 4: Conclusion

- Thank the participants for their availability and the quality of their discussions.
- Tell them the date of the next meeting.

Resource Sheet 4.1 CD4 Count and Viral Load

CD4 Cells	Viral Load
CD4 cells are part of the immune system and help fight infections in the body.	The viral load is the number of copies of HIV a person has in their body.
A healthy CD4 count is between 500 and 1500.	Viral suppression is reached when viral load is less than 200 copies per mL of blood.
As CD4 count drops, a person becomes sicker.	As viral load drops, a person becomes healthier.
HIV kills CD4 cells to gain control of the immune system making it harder for the body to fight infections.	The viral load is how much virus is available to replicate and kill CD4 cells.
A CD4 count is measured as the number of CD4 cells in a sample of blood.	The viral load is measured as number of particles of HIV in one mL of blood.
The CD4 count is measured through a blood test.	The viral load is measured through a blood test.
	By measuring viral load, you can tell if ART is working or not. The viral load should begin dropping once treatment is started.





MODULE 5: MEN MANAGE THEIR LIVES

Content of the Session:

This module deals with the way in which we can better manage our way of living. The way we live affects each element of our lives – our physical health, how we deal with stress, our money, our work, our relations and our sexual life. That is why it is so important for us to manage our life and to take better decisions and be better informed. You will find here a lot of practical advice on how to improve your health, by making a few simple changes to your lifestyle.

We will cover the following points:

- A healthy life
- Nutrition and exercise
- Alcohol and tobacco
- Budgeting

Time: 2 hours

Materials:

- Flip chart paper
- Markers
- Questionnaire on the alcohol
- Family budget
- Scotch tape

Key Messages:

The Brothers for Life:

- support a responsible behaviour;
- support life;
- take care of their body, their spirit and their relationships;
- know how to manage their money; and
- know the risks of alcohol.

Learning Objectives:

This session will allow the Brothers for Life to:

- Encourage a healthy lifestyle by developing the understanding of reasons for which it is better for us to.
- Develop the understanding of how to manage money.
- Know how to be sober.

5.1. Introduction

Ask the volunteer chosen at the end of the previous meeting to recall and summarise the meeting's key points by answering the following questions:

- What did we talk about during our last meeting?
- What does the group think about the last meeting?

Instruction for the Facilitator: Clarify or correct any erroneous answers and reflections from the participants. Introduce the topic of the day and remind the participants that they are required to maintain mutual respect and confidentiality during these meetings.

5.2. Healthy Living

Purpose: The purpose of this exercise is to make the participants talk about what they believe to be a healthy lifestyle and an unhealthy lifestyle and what steps they need to take to increase their health.

Methodology: Group Discussion

Time: 25 minutes

Materials: Flip chart and markers

Instruction for the Facilitator: Some men may feel they live healthy lives but have never taken the time to think about what that really means. Some men may get defensive if they feel like the things they enjoy are the things they are not supposed to do anymore. Let them know that each person needs to make decisions for themselves. The aim of this session is to discuss factors that can contribute to a healthy lifestyle. Introduce the topic to the group with the information below.

Good habits can help you to lead a healthy lifestyle and influence those around you to also lead healthy lives. Good habits include eating a healthy balanced diet; exercising, even if you are just going for a walk every day; and getting enough sleep. Living a healthy lifestyle can help you to prevent illness and can help you get the most out of life and enjoy it to the fullest. When you have bad habits or are leading an unhealthy life – such as by drinking too much or not taking care of your body – you are more likely to have more stress, be less productive in your work and make you sick more often. Living healthy does not mean giving up everything you love; it just means that you should be more aware of your habits and how you take care of yourself.

Step 1: Ask each participant to think about something in their life they do too much that may not be healthy for them, examples may include smoking, drinking alcohol, eating unhealthy food, and so on.

Step 2: Next, ask for a couple people to share what habits they thought of and explain why these can be considered bad habits. Also explain that while habits can be difficult to change, with a little dedication and work they can be changed.

Step 3: Once people have shared their thoughts, ask for some volunteers to think about ways they may be able to change their bad habits or increase good habits. List the suggestions on a piece of flip chart paper.

5.3. Healthy Eating

Purpose: The purpose of this exercise is to encourage participants to talk about how they eat and to commit to healthier eating.

Methodology: Brainstorming

Time: 15 minutes

Materials: Flip chart and markers

Step 1: Ask participants to share what a healthy balanced diet means to them and why they think a good diet may be important. Record answers on a flip chart paper for reflection. If the following things are not brought up, raise them in the discussion.

A **balanced diet** means:

1. Eating foods from different food groups:
    - **Building foods** – Proteins (milk, beef, lamb, chicken, fish, eggs, beans, soya, lentils, peanuts, sprouts), which build muscle and strength
    - **Energy foods** – Carbohydrates (rice, cassava, millet, sorghum, pasta, bread, potatoes) and oils (butter, margarine, sunflower oil), which give you energy
    - **Protective foods** – High vitamin and mineral foods (fruit: orange, mango, papaya, mandarins, passion fruit; vegetables: spinach, carrot, cabbage), which help to build your immune system and keep you healthy
2. Eating different amounts of each food, not too much of any one group.

Step 2: Once people have shared their thoughts, divide participants into groups of four or five people and ask them to discuss their current eating habits and whether they think they are getting a balanced diet or not. Things to consider are:

1. How many times during a day do they eat fruit? Vegetables?
2. What kinds of meat do they eat?
3. What do they eat for snacks?

Step 3: Bring the groups back together and review the information in the boxes below.

VEGETABLES AND FRUIT

Everyone should try to eat at least three to five servings of fruit and vegetables every day, a serving is one piece of fruit, such as an apple or a fist sized amount of fruit or vegetables. Dark green vegetables are very good for you and it is a good idea to eat vegetables of many different colours as they all provide different benefits. A third of all food that you eat should be fruits or vegetables. Fruits and vegetables have a lot of nutrients, vitamins and minerals for your body and help to keep you healthy and fight disease. It is important how they are prepared as well, if they are cooked in lots of oil, their health value is lowered. If you cook them for too long all the important nutrients may be cooked out of them and go into the water if you are boiling them. It is better to steam your vegetables, or you can pour boiling water over them and let them sit for a few minutes.

MEAT

There are two main meat categories that you can group meat under: red meat, which includes beef, lamb, goat and pork; and white meat, which is chicken and fish. If you eat a lot of red meat (even once every day is too much) it can increase your risk for heart disease, high blood pressure, cholesterol and cancer. It is a good idea to limit your intake of red meat to one time per week. Chicken and fish are fine to eat more frequently. You can also eat beans as a good source of protein. Beans, and other legumes, such as lentils, peas and soya, are also good for cholesterol. How meat is cooked is important, for example, chicken that is fried and covered in breading is not as healthy as grilled chicken.

FOOD TO LIMIT

Processed foods (most foods that come in a box or bag) are highly refined foods. This type of food usually has very little nutrition and lots of added sugar and/or fat. It is better if you eat food in its natural form, rather than a processed version of it. For example, wheat bread is better for you because it contains more of the grain's nutrients than white bread. This is because white flour was processed, removing most of the nutritious parts of the grain.

Fast food should be eaten in very small amounts. It is often cooked in a lot of oil, which is high in unhealthy fats. Fast food is often very salty, which can lead to high blood pressure. Fast food is also expensive and can make it harder for you to save money for things you may need. Soda, chips and sweets also have very high amounts of sugar and fat, and are unhealthy to eat frequently.

Fat, salt and sugar should be eaten only in small amounts. Try to cut down on the amount of salt used in cooking and how much you put on your food before eating. The natural sugar in fruit is a good source of sugar; however, other sugars, such as the kind you put in sweet tea or coffee is often too much. You should try to have no more than one teaspoon of sugar in your drink; and use brown sugar instead of white sugar.

Step 4: After reviewing the information, ask each person what one thing they can commit to changing to make their eating habits better. Examples could be:

1. Eat less red meat
2. Cook with less salt
3. Eat more fruits and vegetables

5.4. Physical Wellbeing

Purpose: The purpose of this exercise is to encourage participants to make realistic changes to their lifestyles in order to be able to exercise more.

Methodology: Brainstorming

Time: 10 minutes

Materials: Flip chart and markers

Step 1: Ask volunteers how much they exercise currently. Follow up with the following questions:

- Why do you do it?
- How does it make you feel?
- How do you find time?
- Why do you think exercise is important?

Step 2: Lead the group in thinking about how they might add more exercise to their routine, especially if they currently do not do anything. Remind the group of some of the benefits that come from regular exercise.

Benefits of Exercise

- Helps your bones, joints and muscles stay in good condition
- Keeps your heart healthy and fit
- Can protect you from chronic diseases
- Improves your ability to fight infections
- Keeps weight off
- Can improve sex drive
- Helps cope with stress
- Improves sleep

Exercise does not have to mean going for a run. Other ways to exercise include playing soccer with your kids or friends, going for a walk, taking the stairs instead of the lift, gardening or other activities that get you up and moving. If you do not exercise yet, start small and do things you enjoy.

5.5. Alcohol and Drugs

Purpose: The purpose of this exercise is to encourage participants to reflect on their consumption of alcohol, drugs and/or cigarettes/cigars, and to consider making changes if they think that some of these habits are harmful to their health, increase their chances of engaging in risky behaviour or do not lead them in the right direction for a healthy life.

Methodology: Group work and discussion

Time: 35 minutes

Materials: Flip chart and markers

Help the participants think about the advantages and disadvantages of consumption of alcohol, drugs and/or cigarettes/cigars. It may be that some participants do not drink alcohol, or that they use drugs that influence behaviour instead of alcohol. Adapt the activity as needed.

Ask participants to divide into three groups, assign a question to each group. Ask them to think about the question, applying it to their community norms and to their own use of alcohol, or if they themselves do not drink, to someone they know.

- For what reasons do you drink alcohol or smoke (if not you, then someone you know)?
- What are the good sides of drinking alcohol and/or smoking?
- What are the bad sides of drinking alcohol and/or smoking?

Once the groups have had a chance to discuss their questions, ask all participants to reunite into the large group and present what they discussed.

Discuss the responses of each group. Among the possible answers: "to be accepted", "for entertainment", "to show who can drink the most", or "not to lose face in front of friends". All of these responses are related to the expectations of society. Make sure men understand the risks of drinking alcohol, such as an increased chance of engaging in risky behaviours, which could lead to sex without a condom or other risky behaviours that increase their chance for HIV transmission.

Go over the information in the box below:

SMOKING

Smoking increases your chances for many serious health issues including cancer, lung disease and heart disease, because you inhale a number of very harmful chemicals into your body. It may be your choice to smoke, but your smoking also harms the health of your family and others around you. The smoke from cigarettes contains many of the same harmful chemicals you inhale, which means that when you smoke around other people they are also inhaling those chemicals. Families of smokers also have increased risk of lung disease and infections in the chest, nose, ears and throat.

ALCOHOL

Drinking too much can:

- Increase your chance of strokes and heart disease because it raises your blood pressure
- Cause damage to your liver
- Increase your risk for cancer
- Lower your immune system's ability to fight off infection
- Cause you to gain weight
- Interrupt your sleep
- Leave you with a hangover, making work the next day difficult
- Cause depression or other mental health issues
- Increase the chance for violent behaviour
- Effect your relationship with others
- Increases your chances of HIV acquisition due to increased risky behaviour

Alcoholism is a disease where a person is physically and psychologically addicted to alcohol. Because it is an addiction, people often continue to drink as their life falls apart around them due to the drinking. Signs and symptoms of alcoholism include:

- Craving a drink or finding excuses to have a drink
- Loss of control over how much you drink and when you drink
- You might need to drink more and more to get drunk
- You cannot stop drinking even though you know it is bad for you
- Denying that you have a drinking problem
- Drinking alone or keeping your drinking a secret
- Memory problems
- Losing interest in things that you used to enjoy
- Feeling like you need alcohol before you can do anything
- Not caring about how you look or about how your home looks
- Changes in moods and violence

If you or someone you know may be an alcoholic, it is important to reach out and get help from Alcoholics Anonymous or other supportive organizations. Ask those around you for help and support in quitting. It will not be easy, so it is important to have people around you who are encouraging and will support you.

At the end of the discussion, distribute photocopies of the "drinking test" (**Resource Sheet 5.1)** that you will find at the end of this session.

Each participant should take the test and record their score.

After that, you could organize a discussion on what they think of the number of points they scored.

- Are they shocked?
- Will they do anything to change things?
- What may be the consequences for their family life, including their wife, children and budget?

Note to Facilitators: Conclude by insisting on the following facts:

- With 0.5 g of alcohol in the blood (two glasses maximum), the risks are multiplied by two.
- With 0.8 g of alcohol (three glasses), the risks are multiplied by 10.
- With 1.2 g of alcohol (five glasses), the risks are multiplied by 35!

Idea Received: A glass of beer, whiskey-coke, gin and tonic, vodka or wine all contain the same amount of alcohol: approximately 10 g of pure alcohol per glass.

There is no miracle method to get sober. While a cold shower, strong coffee and fresh air may feel good none of these methods reduce the rate of alcohol in the blood. It takes several hours before the alcohol can be eliminated by the body.

After a few glasses, you get excited more easily in the evening! **This is true,** but you can forget to take precautions, such as using a condom, and have **risky sexual intercourse.**

You must know that: A single sexual encounter without a condom is enough to become infected with HIV or other STIs or to cause a pregnancy.

Alcohol multiplies the risk of violence. When you drink, the tone rises very quickly. A misinterpreted remark or gaze can easily escalate a situation resulting in confusion, fistfights, and so on.

Alcohol often accelerates cases of family violence, crimes and acts of delinquency.

Discomfort: Drinking too much and too often multiplies the risks of personal failures.

Next day you often feel foggy all day and your head feels heavy. You may be slow to react, lack lucidity, feel fatigued; you are no longer at your normal level.

In the long term, drinking too often exposes you to the risk of cutting yourself off from others.

Alcohol Abuse: The abuse of alcohol has also destructive effects on your health.

A person who drinks too much reduces their life expectancy by many years, and multiplies the risk of getting cancer or a nervous system disorder.

Alcohol at the wheel kills! But not always … Stop drinking – Stop the alcohol.
There is only one possible choice!

Specify: This is not to judge you. The purpose of the exercise is to attract your attention to what affects your health.

5.6. Managing Your Family Budget

Purpose: The purpose of this exercise is to encourage participants to plan a budget – establishing their income and expenses – to see what items they spend their money on and where they can reduce costs to save money.

Methodology: Skill building

Time: 35 minutes

Materials: Flip chart, markers, budget template and copies of the case study

Case Study:

Roger is married with three children: one child attends a large private school that costs 450,000 F per year (in BTS cycle); another is in a private college, for which he pays 60,000 F per year; and the last one attends public primary school in the neighbourhood. He is a tenant in Yopougon, Morocco quarter, with a rent of 70,000 F per month, and is member of a soccer club of his neighbourhood, for which he pays monthly dues of 5000 F. Roger has a salary of 250,000 F and his wife, a teacher in a private primary school has a salary of 85,000 F.

Step 1: Introduce the activity by stating that planning and money is never easy but it is an important thing to do so you do not over spend and can save for a time when your income may be reduced. Creating a budget and managing your finances is an important way to reduce stress and make sure you and your family always have enough money for the things you need, such as food and shelter. A monthly budget can help you make important decisions about how you spend your money – whether to spend your money now or wait until you have saved enough. It is important to always try save some money, just in case unexpected expenses occur.

Step 2: Read the case story to the group and explain that you are going to walk them through creating a budget for Roger. Explain that you first need to find out what his expenses are compared to his income. Draw the table on a piece of flip chart below and have the group help you to fill it in.

Income – The Money Roger and His Wife Earn		**Expenses – What Roger is Spending**	
Roger's Salary	250,000 per month	Private School	450,000 per year (37,500 per month)
Roger's Wife Salary	85,000 per month	Private College	60,000 per year (5000 per month)
		Family Rent	70,000 per month
		Soccer Club	5000 per month
TOTAL	**335,000 per month**	**TOTAL**	**117,500 per month**

Step 3: Ask the group to think about what other expenses Roger may have and add these to the list. Examples include food and transport.

Step 4: Have the group total Roger's expenses and compare it to his total income. Ask the following questions for discussion:

- Is he able to afford all his expenses each month?
- What are some ways Roger may be able to save more?

- According to them, what could help him be sure to cover their expenses?
- Are there things his family can give up?
- Can they tell the difference between want and need?

Step 5: Hand out the sample budget sheet from the next page and encourage the men to make a budget for themselves and their family, and to think about their needs versus their wants. Money should always be spent on needs first.

MONTHLY BUDGET

ITEM	AMOUNTS
INCOME	
Salary	
Other Income	
Total Income	
EXPENSES	
Food	
Total Expenses	
Income – Expenses	

5.7. Summary Exercise

Purpose: The purpose of this exercise is to encourage participants to reflect on the module in relation to their life and give them concrete tools to use.

Methodology: Brainstorming

Time: 10 minutes

Materials: None

Ask participants to think and speak of a new thing or a way of thinking about their lives that they have learned in this chapter.

Then ask them to note, in writing, the three things they will do to lead a healthier life.

Reminder of the Key Messages:

Congratulations for having completed this module. We talked about the management of our lifestyle, and learned how to lead a healthier and more responsible life. The reality is that if we do not assume responsibility for our life, our life becomes a mess and we can no longer enjoy life.

5.8. Final Evaluation

This activity aims to evaluate the BFL+ workshop by learning from the participants themselves what they enjoyed about the workshop, what the *Brothers for Life* experience has given to them, and finally, how the program could be improved.

Encourage participants to express themselves and evaluate the workshop by asking them the following questions:

- What has BFL+ workshop given to you?
- Have you learned anything new during this workshop?
- What have you have liked? Why?
- What do you did not like? Why?
- What do you propose to improve the program?

Take notes of what participants say for your activity report. If the participants have questions, answer them to the best of your ability. Thank the participants once again and then wrap up the workshop.

Have participants complete the written evaluation by the participants and thank them warmly for their participation and for the healthy changes that they have already made.

HIV testing:

Inform participants of the presence of the HIV testing team. While the HIV test is the last step of the workshop, it is not required. Let the participants know that those who wish to take the HIV test may do now, and for those who wish to wait, tell them about the “SMS for Life” program and the role of Peer Navigators.

SMS for Life

Instructions for the Facilitator: Remind participants that it is important for each "Brother for Life" to test and know his own HIV status. If he is not ready to take the test today, the program also offers a follow-up program called "SMS for Life" that will remind him that he needs to test in order to honour his commitment as a Brother for Life.

Why do we need to involve "Brothers for Life" in the "SMS for Life" program?

Explain that prior knowledge of HIV status makes it possible to organise the future; because, if the man is not HIV positive, he can try to take more precautions so he does not get HIV in the future. If he is HIV positive, he can enrol in treatment and stay healthy. It is important for a Brother to be screened before he becomes sick. If a Brother waits to be tested and treated at an advanced stage of HIV, it is more difficult to treat him, he may have to stop working, and he could also infect his wife or his sexual partners. It is important to emphasise that even if person is infected and if he tests early and seeks treatment right away, he will be able to live normally because his knowledge about his HIV status makes it possible for him to get effective treatment and live a healthy life.

Following the promising results of the "SMS for Life" program conducted over the past three years in Côte d'Ivoire, the BFL+ program offers newly trained Brothers for Life, who are not yet ready for their test, free and very simple enrolment in the "SMS for Life" program.

How it works

1. Participants are invited to participate in the SMS for Life program. If the Brother accepts, three coupons will be given to him. He just has to write his mobile phone number on and sign the back of each coupon. By signing the back of the card and giving his phone number, he agrees to receive CCP reminder messages. It should be remembered that coupons and reminders are all anonymous and secure.
2. Once signed, each participant returns home with two of the three coupons. When he is willing to do voluntary HIV testing, he should go to a clinic or a screening centre in his neighbourhood. After he is tested, he will give one of his two coupons to the tester.
3. Every month, the coupons collected at the screening centre level will be organised, with the help of partner NGOs. The coupons collected will then be sent to Abidjan and given to the BFL+ program manager.
4. Every month, the program officer will register the numbers received on an electronic database, and will send mass messages: to congratulate those who have taken their tests and received a negative result, asking them to remain HIV-negative; to reinforce and direct those who tested positive to take the appropriate steps; and to encourage those who have not yet tested to get tested.
5. Brothers who test HIV positive will be referred to a health care facility and provided the support of Peer Navigators who can offer emotional support, communicate basic information about HIV, help develop aptitudes for personal care, prepare patients to initiate ART and support behavioural change.

Before closing, the facilitator should remind participants that participation in this program is entirely voluntary.

Peer Navigators

Note to Facilitators: Remind participants that early treatment means a longer life for those who tested HIV positive. For those who tested HIV positive, the BFL+ program offers Peer Navigators who will accompany clients to further services and provide them with emotional support during this difficult period.

The Peer Navigator program has the following objectives:

- To identify patients as soon as possible so they can benefit from appropriate care
- To encourage patients to stay in the HIV care system by promoting the value and importance of HIV care and treatment
- To improve the linkage process from the diagnosis of HIV infection to the onset of care

Peer Navigators will have the role of:

- Identifying patients as early as possible and direct them to specialized health services according to patient preference.
- Providing information to patients about living with HIV and helping them connect with the various clinical and community organizations available to them.
- Accompanying patients during difficult times and providing information on how to fight fear, stigma and discrimination.
- Facilitating the process of patient learning about HIV and the management of their health.
- Providing information on CD4 and viral load to help patients understand and prepare for these terms and services and adhere to care and treatment.
- Offer HIV testing to family members of Brothers for Life (if desired) and direct them to the closest clinic of their choice.
- Contact patients who do not attend visits/appointments by visiting them at home (if they approved of this option earlier) or by telephone and through the network of support groups at the local level.

Two Peer Navigators will be introduced to participants just before they are tested for HIV. Participants will then be encouraged to take their phone numbers or email addresses. The facilitator will explain that people who test HIV-positive can contact the Peer Navigators discreetly and at no cost.

Also, if a man receives a positive test, during his post-test counselling session the counsellor can offer the assistance of a Peer Navigator. At this point, the counsellor will contact the Peer Navigator who will then contact the patient, explaining his role and giving him time to express himself. If the first contact is by telephone or SMS message, the Peer Navigator and the client will choose a mutually convenient time and place to meet, and their relationship will be established from that moment.

5.9. Closing

If the participants so wish, a few days after the last meeting, organise a ceremony with their peers, local authorities and community leaders to present the results of the workshop and pair this activity with a HIV testing session.

Give them certificates of participation.

Follow-up with participants after the workshop

If the participants expressed the wish to be contacted after the workshop, encourage them to appoint two persons to organise meetings after the workshop. You might also invite them to join clubs or associations that support people living with HIV that exist in their community.

Resource Sheet 5.1: Drinking Test

Questionnaire on the Consumption of Alcohol

Do you know the signs of alcohol abuse or alcohol dependence? The questionnaire that follows will help you measure your own drinking habits and see whether they are a source of concern or not. Please read the following statements, noting the number of points shown for each true or false answer.

1. Most of my friends drink alcohol.

(If the answer is "true", give yourself 1 point.)

(If the answer is "false", give yourself 0 points.)

2. I can have fun at the evenings or social events where there is no alcohol.

(If the answer is "true", give yourself 0 points.)

(If the answer is "false", give yourself 3 points.)

3. I have never been arrested for driving drunk.

(If the answer is "true", give yourself 0 points.)

(If the answer is "false", give yourself 3 points.)

4. I had unprotected sex because I was drunk.

(If the answer is "true", give yourself 2 points.)

(If the answer is "false", give yourself 0 points.)

5. On more than one occasion, I said, "I do not drink more than the next person".

(If the answer is "true", give yourself 2 points.)

(If the answer is "false", give yourself 0 points.)

6. On more than one occasion, I missed work because I had a hangover.

(If the answer is "true", give yourself 3 points.)

(If the answer is "false", give yourself 0 points.)

7. There is a history of alcoholism in my family.

(If the answer is "true", give yourself 2 points.)

(If the answer is "false", give yourself 0 points)

8. I can drink more than most of my peers.

(If the answer is "true", give yourself 3 points.)

(If the answer is "false", give yourself 0 points.)

9. I need to drink a lot more alcohol now to feel it than when I started to drink.

(If the answer is "true", give yourself 3 points.)

(If the answer is "false", give yourself 0 points.)

10. I have tried to reduce my consumption of alcohol, but it did not lasted very long.

(If the answer is "true", give yourself 3 points.)

(If the answer is "false", give yourself 0 points.)

Add your points.

RESULTS

If you scored:

20 to 25 points: Your answers to the questionnaire correspond to the symptoms associated with alcohol dependence. You should contact a health-care provider as soon as possible.

12 to 19 points: Your answers to the questionnaire indicate that you have problems with alcohol. Please consider contacting a health-care provider.

6 to 11 points: On the basis of your answers to the questionnaire, you present some of the risk factors that correspond to the abuse of alcohol and/or to alcohol dependence. Examine the statement where you scored points and try to determine if you are thinking of an isolated incident or a recurring problem. Please consider contacting a health-care provider.

1 to 5 points: On the basis of your answers to the questionnaire, you might have one or two risk factors associated with the abuse of alcohol. You should examine the statements where you scored points and assess how alcohol affects you. Consulting a health-care provider could be useful.

0 points: Congratulations. Your score indicates that you currently do not have any of the common symptoms associated with the abuse of alcohol or alcohol dependence. Keep up the good work!

ANNEXES

Annex 1: HIV/AIDS in Côte d'Ivoire – Reference Information

Annex 2: Feedback Guidelines

Annex 3: Evaluation of the Sessions by the Facilitators

Annex 4: Supervision Sheets

Annex 5: Monitoring and Evaluation Tools

- Participant Attendance Sheet
- Condom Distribution Sheet
- Screening Sheet
- Monthly Summary Reporting Form

ANNEX 1: HIV/AIDS in Côte d'Ivoire – Reference Information

Information is taken from the Côte d'Ivoire AIDS Indicator Survey [EIS-CI].

- In 2012, the prevalence of HIV in the general population of those aged 15 to 49 years was 3.7 percent. This is an improvement from a prevalence of 4.7 percent in the same population in 2005.
- The prevalence of HIV among women has decreased from 6.4 percent to 4.6 percent since 2005, while in men the decrease has been relatively minor – from 2.9 percent to 2.7 percent (EIS-CI). The sex ratio of women to men was 2.2 in 2005 (EIS-CI) compared with 1.7 in 2012.
- The prevalence of HIV remains slightly higher in urban areas (4.3 percent) compared to rural areas (3.1 percent).
- The city of Abidjan (5.1 percent), the Central North (4.4 percent), the Southwest (4.3 percent), the Central East (4.0 percent) and the West (3.6 percent) are the regions where the HIV prevalence levels are higher. In other regions of the country, the prevalence is lower than the national average (3.7 percent). Since the 2005 EIS-CI, the regions Central North, Northwest, West and Southwest have experienced an increase in the prevalence of HIV, while the rest of the country has experienced a decline.
- The HIV prevalence rates are higher in the rich (4.8 percent) and the richest (4.0 percent) fifths of the population.
- In households classified as rich, the prevalence of HIV among women was 5.6 percent, compared to 4.0 percent among men.
- The proportion of persons living with HIV is the highest among widows/widowers (16.3 percent).
    - In this category, the prevalence of HIV among widows is higher (17.3 percent) than among widowers (11.5 percent).
- The HIV prevalence rate for women and men living in unions is respectively 4.7 percent and 4.5 percent.
- Single women who report having had sexual intercourse have a much higher prevalence rate than men in the same category (3.9 percent compared to 1.1 percent).
- Among those who had their first instance of sexual intercourse (sexual debut) before the age of 16, the percentage of women living with HIV is higher than that of men (4.6 percent compared to 3.9 percent).
- The proportion of persons living with HIV is the highest (4.4 percent) among individuals who reported not having used condoms.
- The proportion of women living with HIV increases along with the increase in the number of sexual partners – by 2.5 percent when they have had only one partner in the course of their lives, by 8.7 percent when they have had five to nine partners and by 7.4 percent for those who had more than 10 partners over their lifetime.
- 1.2 percent of men living with HIV reported they had had sex in the last 12 months compared to 3.2 percent who had not.
- The average HIV prevalence among young people (aged 15 to 24 years) is 1.3 percent – 2.2 percent among girls and 0.3 percent among boys.
- Among people living with HIV, 41.1 percent have already been tested and know the results of their last test, but 58.9 percent do not know their HIV status.

ANNEX 2: Feedback Guidelines

INSTRUCTIONS TO PROVIDE FEEDBACK

1. **Make specific comments.** General comments must be based on specific examples.

   When we state in a specific way what we want to say, this helps the person who receives the feedback to know exactly what constitutes a positive behaviour.

2. **Use descriptive terms that are not judgmental.**

   Avoid using terms that may seem to pass judgment on others. Using non-judgmental language will help you to avoid situations that could lead to others becoming defensive or unresponsive. For example, even though you may be correct in saying that a certain act was terrible, stupid or completely inappropriate, saying exactly that will likely produce anger, accusation or a passive-aggressive behaviour in those to whom the comments are addressed.

3. **Be direct and clear** – get right to the point.

   You must communicate directly and not ask others to guess what you mean.

4. **Speak of behaviour that the person is able to change.**

   If comments are focused on problems the person cannot do anything about, you will only increase their feelings of frustration.

5. **The feedback is given in a timely manner.**

   Providing feedback to someone is especially useful if it is given at the first opportunity following the given behaviour.

6. **It is necessary to account for the needs of both** the one who receives the feedback and the one who gives it.

   Feedback can be destructive if it is given only to meet ones' own needs and does not take into account the needs of the person who receives it.

7. **You have to plan well.**

   At a feedback meeting, we must know what we want to say, how we want to say it, in what order it should be said and how much time we should take to say it. By contrast, if the feedback is given more regularly, there is no need of special sessions.

Summary of the Positive Feedback: AERER

A = Announce **E** = List the strengths **R** = Thank **E** = Encourage **R** = Raise the points to improve

ANNEX 3: Session Evaluation Sheet

Instructions: This questionnaire should completed by the facilitator at the end of Modules 1 to 4, and is to be used for drafting the final report on the workshop.

Region: .....

City/Town/Village: .....

Commune and District: .....

NGO Name: .....

Names of the Facilitators: .....

Date: .....

Number of Participants: .....

Age Group: .....

Education Levels: .....

Number of Apprentices/Workers: .....

Number of Individuals without Activity: .....

Only for the second session. If there are participants who did not come today, please indicate the number and the reasons for their absences:

.....

.....

.....

---

1. How did the participants react to today's session? Please give details regarding participation.

.....

.....

2. Which subjects were the most interesting for the participants?

.....

.....

3. What worked well during this session?

……

……

4. What difficulties did you have during the facilitation of this session?

……

……

5. How did you solve this difficulty, or how do you intend to solve these difficulties during your next facilitations?

……

……

Possible Actions to Improve Facilitation	Yes	No
Change the layout of the room		
Prepare the documents and materials before the session		
Read the documents in more detail before the session		
Prepare the sessions together (two facilitators)		
Give more precise guidance		
Help the participants to draw conclusions instead of giving them the answers		
Correct erroneous information		
Bring the participants to question the negative beliefs and the false rumours		

6. Ask two participants to share their feelings about the session. Record their feelings.

……

……

……

……

7. Other suggestions to improve the next sessions (please explain):

……

……

……

……

ANNEX 4: Workshop Supervision Sheets

COMMENTS AND FEEDBACK ON THE MEETINGS:

Date: …… Group No.: ……..

Activity Location: …… Commune: ……

Health District: ……

Supervised Organization: ……

Facilitators:

Name and Surname: …… Tel: ……

Name and Surname: …… Tel: ……

Supervisor: ……

EVALUATION OF COMPETENCE:

Competence Assessment Scale: 1 = Poor; 2 = Fair; 3 = Good; 4 = Quite good; 5 = Very good.

Organization of the workshop/meeting: 1 2 3 4 5

(Preparation, room layout, preparation and distribution of materials)

Use of the voice to communicate: 1 2 3 4 5

(Pronunciation, projection and flow)

Comments:

Behaviour with the Audience: 1 2 3 4 5

(Humour, sincerity, energy and enthusiasm)

Comments:

Body language to communicate: 1 2 3 4 5

(Facial expressions, eye contact, movements of the body and gestures)

Comments:

Ability to give instructions: 1 2 3 4 5

(Conciseness, clarity, simplicity, choice of language and ensuring the participants understand)

Comments:

_____

Control of the process: 1 2 3 4 5

(Recourse to open-ended questions, validation of participants, requesting the opinion of the audience and encouraging the interaction)

Comments:

_____

Management of the Group: 1 2 3 4 5

(Control disturbances, make silent participants speak and do not let one or two people dominate the group)

Comments:

_____

Management of prejudices: 1 2 3 4 5

(Does not show prejudices related to gender, ethnicity, sexual orientation, etc.; confronts the prejudices of participants appropriately)

Comments:

_____

What do you found particularly useful in what the facilitators do?

Comments on skills:

Facilitator 1: _____

_____

_____

Facilitator 2: _____

_____

_____

General Comments on the Facilitation:

Strengths:
Weak Points:
Solutions Implemented:
Recommendations:

Surname, Given names	Date	Signature
Facilitator		
Facilitator		
Supervisor		

Please give a copy of the supervision sheet to the facilitators.

ANNEX 5: Monitoring and Evaluation Tools

- Participant Attendance Sheet
- Condom Distribution Sheet
- Screening Sheet
- Monthly Summary Report

NGO LOGO

PARTICIPANT ATTENDANCE SHEET

Program: ……

NGO Name: ……

Activity Location: …….. Activity Start Date: …….. Activity End Date: ……..

Group Number: ……..

									Meetings – Date and Facilitator Signature					
No.	Code	First and Last Name	Age	Level of Study[5]	Neighbourhood	Profession[6]	Marital Status[7]	Contact Information	1	2	3	4	5	Total Meetings Assisted
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														

[5] Level of Study: 1= None; 2= primary, 3= secondary education; 4= higher

[6] Profession: 1= workers in the informal sector, 2=trader, 3= farmer, 4= state official, 5= employee of the private sector, 6=retired, 7= unemployed, 8=other

[7] Marital status: 1=in a union, 2= single

17														
18														
19														
20														
21														
22														
23														
24														
25														

Number of sensitized persons (only the participants who attended four sessions): ……

Last names, first names and signature of the facilitators:

Last name, first name and signature of the coordinator of the NGO:

Facilitator 1 Name: ……

Facilitator 1 Signature: ……..

NGO Coordinator Name: ……

NGO Coordinator Signature: ……..

Facilitator 2 Name: ……..

Facilitator 2 Signature: ……..

Stamp of the NGO:

LOGO OF THE NGO

CONDOM DISTRIBUTION SHEET

Program: ……

NGO Name: ……

Activity Location: …… Activity Start Date: …… Activity End Date: ……..

Group Number: ……

									Condoms Distributed					
No.	Code	First and Last Name	Age	Level of Study[8]	Neighbourhood	Profession[9]	Marital Status[10]	Contact Information	1	2	3	4	5	Total Condoms Received
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														

[8] Level of Study: 1= None; 2= primary, 3= secondary education; 4= higher

[9] Profession: 1= workers in the informal sector, 2=trader, 3= farmer, 4= state official, 5= employee of the private sector, 6=Retired, 7= unemployed, 8=other

[10] Marital status: 1=in a union, 2= single

15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
													Total Distributed:	

Last names, first names and signature of the facilitators:

Facilitator 1 Name: ……

Facilitator 1 Signature: ……..

Facilitator 2 Name: ……..

Facilitator 2 Signature: ……..

SUPER
GB/FPV
LOGO

SCREENING SHEET

Program: ……

NGO Name: ……

Activity Location: …… Activity Start Date: …… Activity End Date: ……

Group Number: ……

					Meetings – Date and Facilitator Signature					
No.	First and Last Name	Age	Sex	Contact Information	1	2	3	4	5	Total Meeting Assisted
1										
2										
3										
4										
5										

Last name, first name and signature of the coordinator of the NGO: **Stamp of the NGO:**

NGO Coordinator Name: ……

NGO Coordinator Signature: ……

NGO Name: ……

Activity that favoured the screening: Brothers for Life

Name of the screening centre partner: ……

Screening Location: …… Date of Screening: ……..

Group Number: ……..

INDICATORS

	25-49
Number of men screened	
Number of men screened who have received their result	
Number of men screened positive	

Difficulties encountered in the course of the activity:

Name and signature of the reference person:

Name: ……

Signature: ……

Name and signature of the screening agent:

Name: ……

Signature: ……..

Stamp of the screening centre partner:

LOGO OF THE NGO

MONTHLY SUMMARY

Program: BROTHERS FOR LIFE

NGO name:

Area of intervention:

Period of report:

Prepare by: Validated by:

Date: Date:

Date of transmission:

1. SUMMARY OF ACTIVITIES

Indicate the number of workshops conducted during the period, and describe your method of recruiting participants.

2. INFORMATION ON THE PARTICIPANTS AND THE FACILITATORS

Use the tables to record the distribution of participants by age, level of study and profession.

Table 1: Distribution by age bracket

***Note**: Only the participants who have assisted at four awareness sessions*

Age Group	Number	MEN			TOTAL
		Primary school	Secondary education	Higher	
25-49 years old					

Table 2: Distribution by occupation

***NB**: Only the participants who have assisted at four awareness sessions*

Participant Distribution by Occupation	
	Number
The informal sector	
Trader	
Farmer	
State official	
A private sector employee	
Retired	
Unemployed	
Other	
Total:	

3. HIV SCREENING OF PARTICIPANTS

Describe the screening activity and the methods used. Indicate the number of screening sessions carried out during the period.

4. DIFFICULTIES ENCOUNTERED AND SOLUTIONS ADOPTED

5. MONITORING OF INDICATORS

Number of sensitised men

Age Group	Period of Reporting			Annually		
	Prevision	Completion	Rate of completion	Prevision	Completion	Rate of completion
25-49 years old						

NB: *Completion = Number of participants who have assisted at four awareness sessions*

Number of men screened who have received their result

Age Group	Period of Reporting			Annually		
	Prevision	Completion	Rate of completion	Prevision	Completion	Rate of completion
25-49 years old						

Number of men who screened positive

Age Group	Period of Reporting			Annually		
	Prevision	Completion	Rate of completion	Prevision	Completion	Rate of completion
25-49 years old						

6. FOLLOW-UP OF PEOPLE TESTED POSITIVE

Age Group	25-49 years old
Number of men who screened positive and were referred to a HIV medical treatment centre	
Number of men who were referred and actually went to a medical centre	
Number of men who screened positive who received medical treatment	

7. DISTRIBUTION OF CONDOMS DURING THE REPORTING PERIOD

Age Group	CONDOM		TOTAL
	Male	Female	
25-49 years old			