



Chapter 5

HIV Prevention

One in five South Africans is HIV-positive. This means that our chance of being exposed to HIV through our sexual partners is very high. But, we should also remember that 80% of South Africans are HIV-negative. This chapter is about taking a close look at our sexual relationships and taking steps to reduce our risk of getting infected with HIV. Having more than one sexual partner increases your risk of HIV infection. Condoms are 80-90% effective in preventing the spread of HIV. Many of us use condoms at the start of a relationship, but we usually stop using condoms as time goes by. It is also difficult to negotiate condom use if you are in a relationship where money or things are given in return for sex. Many people also have sex with more than one person over a long period of time, which puts them at high risk of HIV infection, especially if those people have other partners you may not be aware of. Very importantly, HIV prevention is also for people living with HIV. HIV prevention is for everyone. The more you know the more power you have to make better decisions for yourself and those you care about. Know yourself. Know your risk. Protect yourself. Protect others.

Key points:

- 1. Having more than one partner puts you at high risk of HIV.*
- 2. Alcohol and drugs increase risky sexual behaviour.*
- 3. Being in a relationship where money or goods are exchanged for sex increases your risk of HIV.*
- 4. Being in a relationship with an older person increases your risk of HIV infection.*
- 5. Condoms are effective in reducing HIV and must be used with all partners.*
- 6. Male circumcision partially reduces the chances of men being infected with HIV but they should still use condoms every time they have sex.*
- 7. Always use a condom.*





Tips for TLPPs

In this chapter you will be talking about HIV prevention. The chapter covers:

- Reducing the number of sexual partners
- Alcohol and drugs
- Transactional sex
- Sex between different age groups
- Safer sex
- Living openly with your HIV status
- Using a male condom
- Using a female condom
- Male circumcision

You will also be talking frankly about sex, how to use condoms and other ways to prevent the spread of HIV. Make sure that the group you are facilitating is comfortable with discussing these topics. Remind the group that this is very important information that can help people to remain HIV negative by reducing their risks.

Time Check

If you are talking in clinics and hospitals, you can break up this chapter into the topics listed above and spend about 20-30 minutes on each. You might want to talk about condoms and femidoms in one session.



Welcome to Chapter five of the treatment literacy series. In this chapter we will be talking about HIV prevention. This means that we will talk about ways that we can reduce our risk of being infected with HIV and prevent passing it on. We will have a closer look at our sexual relationships and see how we can reduce our risk of infection. We will talk about things that make sex more risky and ways we can reduce these risks such as having fewer sexual partners and not drinking heavily. We will also look at how to use male and female condoms. This chapter is very important, because 20 years into the HIV epidemic, people are still being infected with HIV every day. We all need to reduce our risks and prevent the spread of HIV.

Reducing the number of sexual partners

More than 60% of South Africans five under the age of 40 say that they are single - not married or living together. This means that most South Africans have many different sexual partners. Southern Africa has a much higher HIV prevalence than other parts of Africa. While HIV has infected more and more people in Southern Africa, it has remained stable in Central and West Africa and declined in Eastern Africa. Why is this? Researchers have found that the big difference is that in southern Africa it is much more common to have two or more relationships at the same time compared to other parts of Africa. This is called multiple concurrent partnerships.

Multiple means '*many*'

Concurrent means '*at the same time*'

Partnerships means '*having sexual relationships over a long period of time*'

This last point is important. Having a one-night-stand is not what we are talking about here. We are talking about having two or more relationships over weeks, months or even years. This means that you are having sex with more than one person at the same time over long periods of time. One of the main reasons why having more than one partner at the same time helps spread HIV is because with regular partners you are much less likely to use condoms and so the sex is unprotected. This means that you are having unprotected sex with more than one person at the same time over many months or years. So if you have an STI or HIV you could pass it on to all of the people you are having sex with.



Here we can see different relationships and how they are connected in a sexual network. Look at the way one person can be connected to so many others, even if they only have one partner!

For many people, having more than one lover is normal. They will have their main partner and also one or more lovers on the side. There are many different reasons for having undercover lovers. You might work in a different place to where you live. You might feel lonely in a new place, or want to know that you will always have someone, even if your main partner breaks up with you. But remember, your partners may also be having other partners. This means that if one of them has an STI or HIV, they could pass it on to you and all their other partners. In this way you become part of a sexual network - where you are sleeping with someone who is also sleeping with someone else, who is also sleeping with someone else and so on.



We can see how HIV spreads in a sexual network. Compare this picture with the one before. Everyone with a 'spiky face' has been infected by HIV.

If you are part of a sexual network you can see how easy it is for HIV to spread from one person to as many as 15 people in a short space of time. Another reason for how quickly HIV spreads in a network is that after someone is infected with HIV, they are highly infectious within the first few weeks and they will probably not know that they have the virus. The person will still be feeling fine and will still be sexually active which means that they will pass on HIV before they are aware of their HIV-positive status. If they had to go for an HIV test in these first few weeks after being infected, they would test HIV-negative because their bodies would not have produced any HIV antibodies yet. This is what is called the 'window period'.

So if you have two or more lovers at the same time you are part of a sexual network and stand a very high chance of getting HIV. If you use a condom every time you have sex then you can protect yourself. But we know that most people are not very good at using a condom every time they have sex. So if you reduce your number of partners you are also reducing your chance of getting HIV. But remember, even if you reduce your number of partners you still have to use a condom every time you have sex.



Discussion Points

In a group talk about the following questions and see if you can answer them.

1 What does it mean if you have multiple concurrent partners?

This means that you have sex with many different people at the same time and over a long time.

2. What are the problems with having more than one partner at a time?

If you have more than one partner at the same time and if you are having unprotected sex with all your or some of your partners, you are at very high risk of getting HIV.

3. If you reduce your number of sexual partners do you still have to use condoms?

Yes. Even if you have only one partner you should always use a condom.



Tips for TLPPs

If you are in a clinic, show one or two of the PSAs (intergenerational and transactional sex and multiple concurrent partners). Then have a discussion about the PSAs. Make sure that everyone understands the dangers of having more than one partner and also how receiving gifts makes it difficult to negotiate condom use (20 minutes).

If you are in a school, show the PSAs and then divide the group into smaller group of 3-4 people. In their groups people can talk about having more than one partner. Ask the group to think of the reasons why people often have more than one partner and how this puts them at risk of HIV infection. Finally each group must discuss ways that people could reduce their number of partners. Each group can then perform a drama (20 minutes).

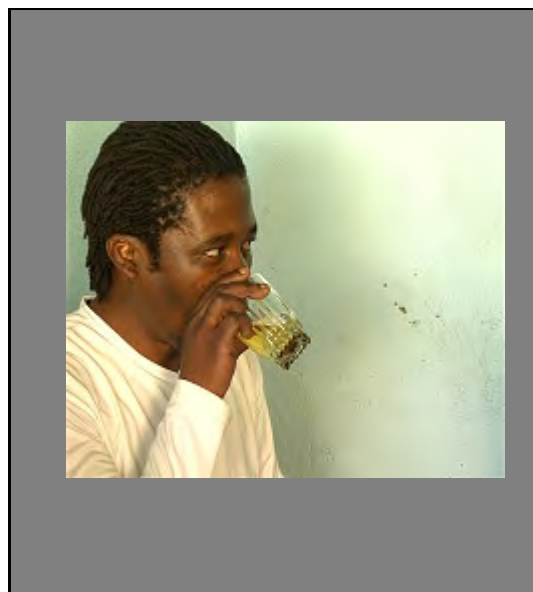
Alcohol and drugs

South Africa is a nation of heavy drinkers. Heavy drinking means that people are drinking more than three drinks and are over the legal limit. This has many negative effects on our health and general lives, including our relationships and work. Nationally, 46% of non-natural deaths are associated with alcohol abuse. In our provinces, between 22% and 57% of trauma cases admitted to hospital are linked to people being over the legal drinking limit. This means that a very high number of road accidents are caused by people who drink heavily. The same goes for domestic and other kinds of violence, where heavy drinking is often found (Medical Research Council, 2008).

Alcohol also increases the chances of people making poor decisions and having unprotected sex. Alcohol lowers people's inhibitions and makes them more likely to behave in ways where they don't think of the consequences of their actions. If you are drunk, you are more likely to do things you wouldn't usually do. This means that if you are the kind of person who usually uses a condom, if you get drunk it is easier for you not to care, or think it doesn't matter, and end up having unprotected sex.

People who drink a lot are likely to have more sexual partners and less likely to use condoms. People who drink heavily are more likely to be HIV-positive (HSRC/Nelson Mandela Survey, 2005). If you know you are going to be drinking, go with a group of friends and ask a friend to keep an eye on you. You could ask them to make sure you don't go home with someone and do the same for them. You could take a condom with you, but remember that even if you carry a condom, being drunk can easily make you forget to use it or prevent you from using it correctly! You can also limit the amount you drink - more than two drinks can seriously impact on your ability to make clear decisions. Getting drunk can also put a person in a situation of sexual abuse or rape.

While alcohol is more common in South Africa than drugs, many communities are increasingly exposed to drugs. For example, in the Western Cape, tik is commonly found in some areas and is highly addictive. Like alcohol, recreational drugs also put us at risk of being infected with HIV. If we are high, we are a lot less likely to use a condom. Being high also increases the chances of being raped. When most people think of drugs, they think of addiction. While there are many differences between alcohol and drug use, both put us at increased risk of HIV infection. Know the risks and take steps to keep safe.



Alcohol makes it more likely you will engage in risky sex.

Discussion Points

In a group talk about the following questions and see if you can answer them.

1. Why does alcohol put you at increased risk of HIV infection?

If you are drunk you will be more likely to make bad decisions and engage in sex with someone without using a condom which may put you and those you love at risk of HIV infection. You can also be in situations where you could be raped or sexually abused.

2. What can you do to prevent the chances of having risky sex if you are drinking?

Before you go out, you can decide to be with a friend who can make sure you don't go anywhere alone with someone else.

Tips for TLPPs

If you are in a clinic, show the PSA on Alcohol and sex (Morning After). Then have a discussion about the PSA. Make sure that everyone understands how they can be at increased risk of HIV infection if they drink heavily (20 minutes).

If you are in a school, after showing the PSA, divide the group into smaller groups. Each group must discuss how the characters in the PSA could have behaved differently so that they didn't end up having unprotected sex. Each group can then tell their ending to the story to the rest of the group (20 minutes).

Transactional sex

Transactional sex means that money, material goods or status are exchanged for sex. This is not prostitution. Many South Africans are involved in relationships that involve some sort of exchange between the partners. Usually one person is economically better off than the other person. We all know jokes or stories about the 'Ministers of Transport', and the 'Minister of Finance', or sugar daddies or sugar mommies. What many people don't know is that these kinds of relationships put you at increased risk of HIV infection. Let's see why.

These kinds of relationships usually mean that the person who is receiving the gifts is normally an undercover lover or a second lover and are also unable to negotiate condom usage. This kind of relationship gives the person who has the money, power over the person who is receiving the gifts. Most often, it is the younger person who is at increased risk of HIV infection, because they are the ones receiving the gifts. Young people are also often under peer pressure to keep up with the latest trends and so will use transactional sex as a way of being cool and having all the latest things. But we should also be careful of seeing the younger person as a victim because many young people use their sexuality as a way of living the kind of lifestyle they want. But of course this puts them at high risk of HIV infection.

It is also common for people who have these kinds of relationships to have more than one partner. For example, the Minister of Finance may help contribute towards living expenses, while the Minister of Telecommunications may provide airtime and so on. In this way, a person

will have more than one partner and each partner provides a certain thing that they want or need. Not all relationships that involve the exchange of money or goods for sex are based on extreme need, but many South Africans have limited economic resources and so sex can be a way that they can increase their income or help make ends meet.



Personal Story



“*Nonelwa Tetafuthi: I went to Vuzamanzi Primary, then to Sikhokholo Primary. From there I went to Fezeka High. That's when my life changed. I was very rebellious. At home they wanted nothing to do with me because I was naughty. They said I was old enough to fend for myself. Time went by and I got to a stage when I was old enough to start dating. I had a boyfriend called Fish. At home they hated Fish because he didn't have a job. They said what kind of a man doesn't*

give his girlfriend money? What am I doing with an unemployed man? I had to bring home money and meat or even rice, anything, just as long as I didn't come home empty-handed. I loved Fish, but he didn't have a job. So I couldn't get these things to bring back home. I didn't like the way my life was so I went out in search of a rich man. So one day I met an older guy driving a car. I spoke to him and I ended up dating this older guy. Lots more followed and I got used to the life of asking a man for money. If he didn't have money, I'd just dump him. I slept with very old men. Some were even 20 years older than me. The age gap didn't matter, I just wanted money. They bought me clothes and I ate nice food. They took me out to fancy restaurants and clubs. I don't know how to describe the feeling. I was living a life of luxury even though I didn't have a job. I had money and everything! I would have about 15 boyfriends at the same time. And I had to sleep with them because sex is part of any relationship...I used condoms with some, and with others I didn't. I didn't care much about that; I just saw some use it. I didn't ask why, I just saw this condom thing. I didn't even know what a condom was used for. Then I went to the youth centre and I tested HIV-positive. Since I had slept around with so many guys, I couldn't really know who infected me. I just don't know.”

Discussion Points

In a group talk about the following questions and see if you can answer them.

1. What is transactional sex?

Transactional sex is when someone receives money or material goods in exchange for having sex with someone else.

2. Why does transactional sex put you at increased risk of HIV infection?

If you are receiving gifts from your sexual partner it is unlikely that you will be able to negotiate safer sex and condom usage.

3. Why are young people at particular risk of being infected with HIV when it comes to transactional sex?

Young people are usually the ones receiving the gifts and so they have less power to negotiate condom usage.

Sex between different age groups

Some people have sex with people who are older or younger than themselves. Evidence from research studies shows that even an age difference of 5-10 years between partners can increase the risk of HIV infection. Sex between different age groups is also called intergenerational sex. Many people think that the age gap has to be big, but even a gap of 5 years can put you at risk of HIV infection. There are a number of reasons why sex between different age groups puts you at risk of HIV infection.

If one partner is older than the other, they most likely will have been sexually active for more years and therefore their chances of having been exposed to HIV and being HIV positive is greater. Also, if you are in a relationship with someone who is older than you, it is likely that the relationship will not be on equal terms. The older person will have more power and control over the relationship, including condom usage. This puts the younger person at increased risk of not being able to negotiate condom usage and therefore at increased risk of being exposed to HIV.



If you have sex with an older person, you are at increased risk of HIV infection.

It is also likely that the older person will be economically better off than the younger person, which could also give them more power in the relationship. The stereotype of a sugar mommy or a sugar daddy is mostly what people think of when they think of intergenerational sex. But this is not always the way it is. While many people enjoy having relationships with older people because they receive gifts, there are many reasons why people have sex with older or younger people. For example, an

older man might think that a younger woman will make him feel younger. A young man might think that having an older woman will make him look good in front of his friends. Or a young woman might think an older man will be a better lover.

If there is an age gap between sexual partners, it is likely that both people will also have other partners. The older person may be married or have a long term partner. The younger person may have another partner who is their age. This means that they will be part of a sexual network. We have already spoken about the dangers of being in a sexual network and how this increases the risk of being exposed to HIV. We can also see how sex between different age groups can help HIV spread in a sexual network. For example, a young woman might be infected by her sugar daddy. She might pass on HIV to her boyfriend her same age and this boyfriend could also infect his secret lover.

Discussion Points

In a group talk about the following questions and see if you can answer them.

1 Why are you at increased risk of getting HIV if you are in a relationship with a sugar daddy or sugar mommy?

If you are in a relationship with a sugar daddy or sugar mommy, they will probably have more power and control over the decisions in the relationship and so you will be unlikely to negotiate condom use.

Tips for TLPPs

If you are in a clinic, show the PSA about intergenerational sex (Naaimasjien). Make sure everyone understands the story. Ask people if they think this relationship was good or bad for the young woman (20 minutes).

If you are in a school, after showing the PSA, ask people to discuss in pairs what they think about the story and about relationships between the different age groups. Ask them to list the possible advantages and disadvantages to these kinds of relationships. Each pair can report back to the rest of the group (20 minutes).

Using a condom every time you have sex (Chapter 1)



(Episode 7,

It doesn't matter if we are HIV-negative or HIV-positive, we all need to use a condom every time we have sex. If you are HIV negative, you need to make sure that you remain HIV-negative. If you are HIV-positive you need to make sure you don't infect your sexual partners and that you do not get re-infected with a different strain of HIV. Some people think that if their partner is

also HIV-positive, they don't need to use a condom. This is not true! If you are HIV-positive and have sex with another HIV positive person, you can get re-infected with a different strain of HIV. This means that your body has to fight a new infection and if you are taking ARVs, the ARVs could stop working. You could also get infected with a sexually transmitted infection (STI). If you are HIV-positive and get infected with an STI, your CD4 count will drop as your body fights the infection. If you are HIV-positive and have an STI, there is a very high risk of infecting your sexual partners with HIV.

There are just three things you really need to know about sex and HIV:

1. **Reducing the number of sexual partners** you have reduces your risk of HIV infection.
2. **Always use a condom.** Whether you're positive or negative, sleeping with a man or a woman, in a stable relationship or if have many partners, always use a condom. Whether you're having vaginal or anal sex, whether you're on ARVs or not, whether you're pregnant or not pregnant, always use a condom.
3. There's no such thing as 100% safe sex, unless you're doing it on the phone. Condoms and femidoms, if they're used correctly and consistently, make sex almost 100% safe. But there is always a little risk. Some practices are more risky than others. **Safer sex means using a condom every time** and trying to keep to the lower risk activities.

Sex and knowing your HIV status



(Episode 7, Chapter 2)

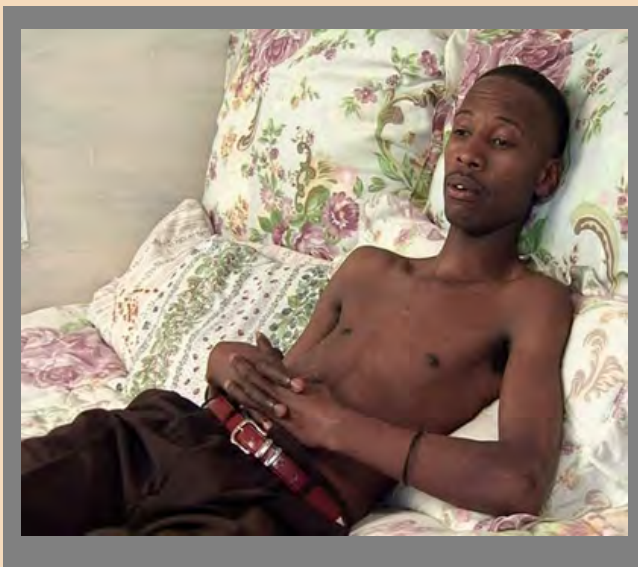
The first step to having safer sex is to know your HIV status. You need to know whether you are HIV-positive or HIV-negative so that you can make more informed decisions about your life in general, but also about your sex life. It is your responsibility to protect yourself and protect others. By others, we mean your sexual partner, your family and other people in your life. If you are having unprotected sex with someone and you don't know your status you could infect them - and it can also work the other way round! If you are pregnant you could infect your unborn child if you don't access prevention of mother-to-child transmission (PMTCT).

If you are HIV-positive, it is good for your family or people close to you to know, because then they can support you and if you suddenly get ill they can help you get the care that you need. If you are taking ARVs it is really helpful to have your family supporting you and reminding you to take your treatment.

Testing positive for HIV is always a shock. If you test HIV-positive, you might think that you will never want sex again. But the truth is that the need for human intimacy doesn't stop. For most people who are living healthily with HIV the need for intimacy and sex returns soon enough.



Personal Story



“ My name is Thobani Ncapai. I live here in Site C in Khayelitsha. I found out that I am HIV-positive in 1997. When I first found out that I was HIV-positive I was a playboy with lots of girls. I also got a girl pregnant, the mother of my child. My boy was born in 1995 on the 22 March. After that I still had lots of girls. Even now I'm in love with someone but I'm not doing what I did before, because I know I'm living with HIV. I tell each and every person I'm involved with that I'm living with the virus. She must know that every time we have sex we must use a condom. In most cases, girls are the ones

who use condoms and it's the men who don't want to use condoms. When a woman comes to a man with a condom, his reaction is that she doesn't trust him. They say: "You sleep with other men without a condom, but not with me." Most men won't use a condom because they say they can't chew a sweet with its paper on. I have one girlfriend and I sleep with her once a week. I dropped that habit of sleeping with three different girls every week. Now I have one partner that I trust and sleep with once a week. Before I had more girls and I was not using a condom, but I didn't know I had HIV. Since I know my status I use a condom.”



Living openly with your HIV status

(Episode 7, Chapter 8)

Once you have tested for HIV, you will know your status. If you test HIV-positive it might take you some time to accept your status. It is important that you get support. Keeping your HIV-positive status secret is stressful and this is not good for your health. If you don't feel you can talk to anyone you know, join a support group. In a support group you will meet other HIV-positive people and be able to talk about your feelings and also listen to other people's experiences. Sharing how you feel and being able to talk about it is very important. In a support group you can also learn more about HIV and become treatment literate. You can learn how to live a healthy life and you will become more confident.

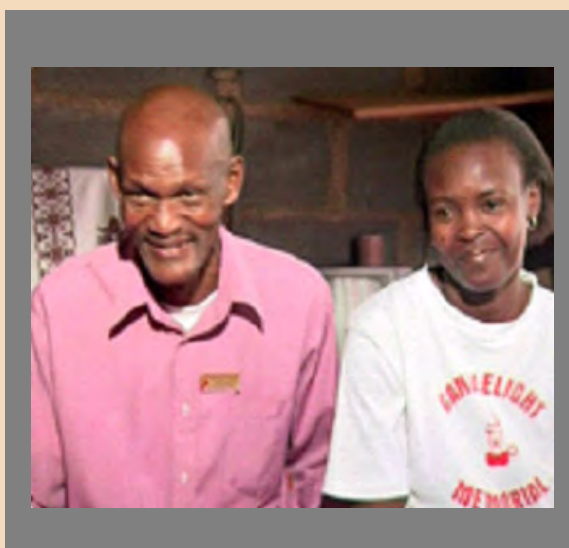
At first you might not feel ready to tell your partner, family or friends that you are HIV-positive. Many people fear rejection or judgement. But what people often do not think about is that disclosing your status can bring you closer to people who care for you. The more support you have, the less alone you will feel. Only disclose your status when you feel you are ready and have enough information to help you answer any questions people might ask you. Disclosure is a personal decision and you can disclose to as few or as many people as you feel like. Some people

like their whole community to know so that they can help educate people in their community about HIV/AIDS. Other people prefer that only their partner and close family know. Disclosure can also help you access social, medical and legal support.

Disclosure to your sexual partner is very important. If you know your status you have a responsibility to protect them from HIV infection. It is also important that your partner goes for an HIV test if they don't know their status. Talking to your partner about your status will also help introduce condom use in your relationship, because you will both understand why you need to use a condom every time. Everyone should use a condom, whether they are HIV-positive or HIV-negative.



Personal Story



Jerry Sebote: “My first wife passed away because of HIV. I met Joyce Kadi. She came here for counselling. I was counselling her because she is also infected with HIV. I told her that we have the same problems, so can't we share this and make it happen. So we have been together for four months and she is happy she doesn't have any problems. And we are going to get married. In bed we enjoy sex like everybody else. We use a condom. Just like everybody else, we enjoy sex. There is no problem.”

Joyce Kadi: “Women are saying that condoms have worms, and they say the oil in the condoms gives them a rash. That is why they don't want to use condoms.”

Jerry Sebote: “There is no such thing, I have been using condoms for seven years.”



Discussion Points

In a group talk about the following questions and see if you can answer them.

1. Why is it a good idea to join a support group if you are HIV-positive?

In a support group you will be able to share how you feel and listen to other HIV-positive people's experiences. You will also learn about how to live positively and you will get treatment literate.

2. Why can it be good to tell your partner if you are HIV-positive?

If you discuss your status with your partner it will be easier to use condoms and your partner can give you support.

3. What kinds of support can disclosing your HIV status help you get?

Disclosing your status can help you access social, medical and legal support.



Tips for TLPPs

If you are in a clinic or hospital, show the DVD and ask people questions to see if they understand. Encourage people to ask you questions and talk (20 minutes).

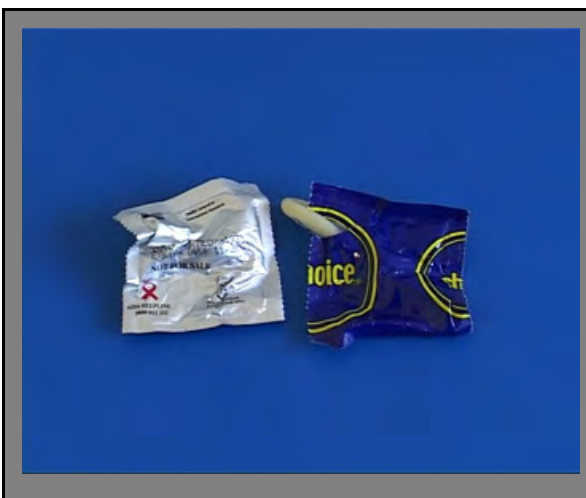
If you are in a school, show the DVD and divide the group into small groups of 3-4 people. In their small groups people can discuss the issue of knowing your HIV status and being in a relationship. They can talk about the advantages and possible disadvantages of disclosure. They can also talk about how to prepare for disclosure and the differences between telling your family and partner rather than your whole community (20 minutes).



Using a male condom

(Episode 7, Chapter 3)

The male condom is probably the most common form of protection against pregnancy and HIV. Condoms are made out of latex or rubber. The government brand, called Choice, is available for free in many public places such as clinics, toilets and bars. Male condoms are also easily available in shops where you can buy them. There are lots of different kinds to choose from so you can have fun and try different colours, textures and flavours with your partner.



Make sure the condom packing is not damaged and check the expiry date (10/2008 means October 2008).

Before you have sex, check the expiry date on the condom and check the packaging is not damaged. If the expiry date has passed, the condom is not good to use. If the packaging has a hole or is torn the condom inside will probably be damaged too, so don't use it. Keeping a condom in your wallet is not a good place to keep one because it can get heat damaged, especially after a long time. Store condoms in a cool place.

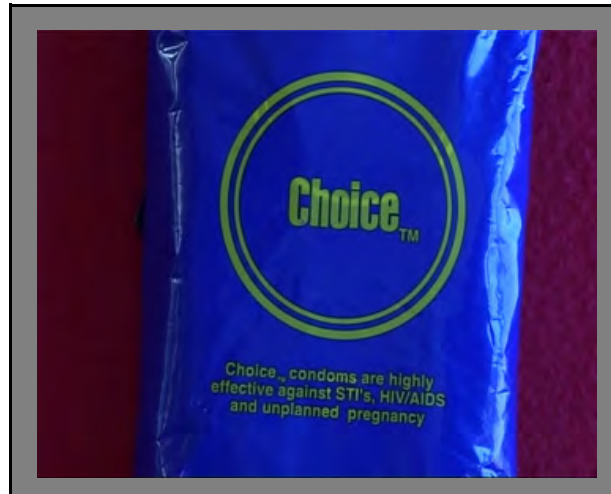
To put on a condom properly:

1. Push the condom down in the package and tear the serrated edge of the packaging to open.
2. Take out the condom and check which way the condom rolls down.
3. Squeeze out air from the tip of the condom and roll the condom down the penis.
4. When you are finished having sex, tie a knot in the condom without spilling its contents.
5. Wrap condom in paper and throw it away in a safe place.



Here we can see someone tearing open a condom package.

Remember, when you're using condoms, relax. Make them part of sex play. If you're a guy, try asking your partner to help you put it on.



Choice condoms are available for free from clinics and other places.



Tips for TLPPs

If you are in a clinic or hospital show the DVD and ask questions. Depending on the age of the group and if you think it is appropriate, you can either demonstrate putting on a condom using a banana or a dildo (20 minutes).

If you are in a school, show the DVD and then divide the group into small groups of 3-4 people and ask them to write down everything they know about male condoms on a small piece of paper. The groups then have to swap their pieces of paper and check that all the facts are correct on each piece of paper (20 minutes).


Discussion Points

In a group talk about the following questions and see if you can answer them.

1. Where can you get male condoms?

You can get the government condoms free in clinics and other public places. You can buy condoms in shops.

2. What should you check before opening the condom?

You should check the expiry date and make sure that the package is not damaged before you open a condom.

3. What should you do before you roll the condom on the penis?

You should squeeze the tip of the condom before you roll the condom on.



Using a female condom

(Episode 7, Chapter 4)

There is now an alternative to the male condom, which is easier for women to have control of and it is called a femidom. A femidom can be as effective as using a male condom. The advantage is that women can have more control because femidoms are placed inside a woman's vagina and this can be done by the woman. Just like male condoms, you need to check the expiry date and never re-use a femidom. You can get free femidoms from some clinics - speak to your clinic sister or VCT counsellor.

How to use a femidom:

1. A femidom has one ring on the top and another inside. The inside ring makes it possible to insert the femidom into the vagina.
2. You need to twist the inside ring to make an 8-like shape. Hold the twisted 8-like shape in between your forefinger and thumb. When inserting it, you must stand in a position most comfortable for you. You can lie on the bed, put your knees up or put one leg on a chair, just as long as your vagina is opened.
3. Take the twisted 8-like side of the condom, insert it in the vagina and push it with your finger. The femidom should slip through easily.
4. The second ring at the open side of the femidom rests on the lips of the vagina.
5. You must wait for at least an hour before you have sex. You must wait in order to allow the condom to get used to the body heat and for the condom to sit properly on the mouth of the womb, so that when the male part arrives for intercourse, your condom does not move in and out of the vagina.
6. You need to talk to your partner and let him know that you are wearing a femidom. You will need to hold the outside of the femidom when the penis enters the vagina. If the penis enters on the side (and not inside the femidom) you are having unprotected sex. You need to make sure that the penis is inserted inside the femidom.
7. If you had waited for at least an hour before having sex, your condom will remain inside you when your partner exits.

8. After having sex with your partner, you can pull the femidom out slowly and tie it in a knot so that your partner's semen is inside the femidom. Wrap it with a paper and throw it away. It's important not to flush the condoms in the toilet because you might block the toilet.



Here we see a femidom in its packet (on the left) and unwrapped (on the right)

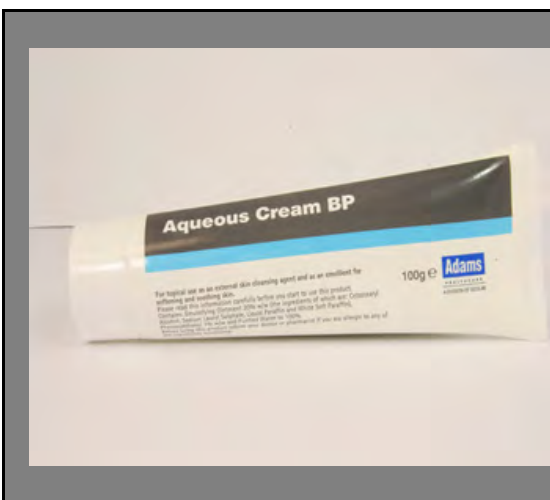
Only wear one condom. Don't wear two male condoms. And don't have sex with a male condom if the woman is using a femidom. Using two condoms could make the condoms burst.

Lubricants - what to use and what not to use



(Episode 7, Chapter 4)

When you are using a condom and need lubrication you must put the lubrication on the outside of the condom. Don't use cooking oil, margarine, butter or Vaseline as a lubricant, because they have oil in them and will damage the condom and it could develop holes. You can use aqueous cream, KY jelly or spit for lubrication. Remember that the lubricant must be on the outside of the condom.



DOs: Aqueous cream and KY jelly are water-based lubricants and don't damage the condom.



DON'Ts : Don't use butter, Vaseline, fish oil or any other oils as lubricants.

Discussion Points

In a group talk about the following questions and see if you can answer them.

1. What is a female condom called?

A female condom is called a femidom.

2. Where do you put a female condom?

A female condom is put inside the woman's vagina.

3. What should you not use as a lubricant?

You should not use butter, margarine, cooking oil, Vaseline or anything else that has oil in it.

4. What is good to use as a lubricant?

Aqueous cream, KY jelly and spit are all fine to use as lubricants.

Tips for TLPPs

If you are in a clinic or hospital show the DVD and have a group discussion on condoms and femidoms. Tell people where they can get condoms and femidoms in the clinic (20 minutes).

If you are in a school, divide the group into two. Each group has to prepare information so that they can have a debate. A debate is when two groups argue for or against something. One group has to talk about male condoms and the other group has to talk about female condoms (femidoms). The idea is that each group has three people to represent them. Have six chairs in the front of the room and each group can sit down on each side of the facilitator, who can be like a chairperson. The debate is 'Condoms versus Femidoms'. Each group has to present an argument for either condoms or femidoms. Everyone can then vote for the best argument. Remember this is an exercise, condoms and femidoms are both good forms of protection (20 minutes).

Confusing things people say about condoms



(Episode 7, Chapter 6)

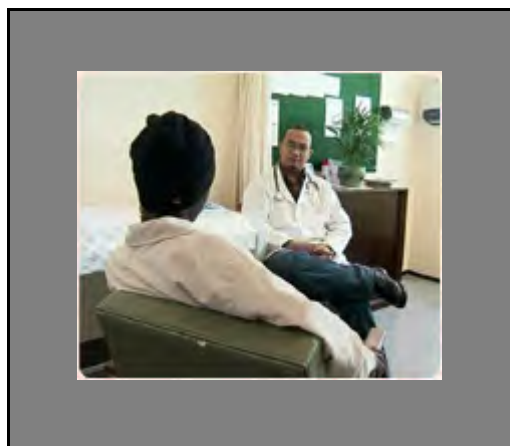
In the first chapter of the Treatment Literacy series we talked about some of the myths about HIV/AIDS. There are also plenty of myths and stories about condoms too. In many communities in South Africa people are not informed about condom use and say confusing things about condoms. For example, some people say that condoms have worms. Other people say that the lubricant in condoms has HIV and other STIs in it. These stories are not true.

Often these myths are used by men to legitimise not using condoms, having many partners and not taking responsibility for their health. Many people think that condoms are not sexy or that they are unnatural. People also believe that you do not enjoy sex as much if you use a condom and make jokes that you 'cannot eat a sweet with the paper on'. Whatever you might think, the fact is that our world has changed and we need to change the way we think about sex. Almost one in five South Africans is HIV-positive. If you are having sex without a condom you are at high risk of getting HIV.

It's important to know the facts about condoms and to share these with friends, family and your sexual partner. It's important to challenge people who spread lies about condoms and condom use. Be informed. Protect yourself. Protect others.

Male circumcision

Male circumcision is the surgical removal of all or part of the foreskin of the penis. It is one of the oldest surgical practices in the world and is done for religious, cultural, social and medical reasons. Globally about 30% of males are circumcised. Male circumcision is common in many African countries and almost all men in North Africa and most of West Africa are circumcised for religious and cultural reasons. Circumcision is a lot less common in Southern Africa. In South Africa it is estimated that between 35% and 45% of men are circumcised.



A young man talks to his doctor about his decision to be traditionally circumcised..

A number of observational studies done in the mid-1980s suggested that circumcised men have a lower prevalence of HIV infection than uncircumcised men. This resulted in some more recent studies that wanted to see if being circumcised reduces the chances of men being infected with HIV. Three randomised controlled trials were done in Orange Farm (South Africa), Kisumu (Kenya) and Rakai District (Uganda).

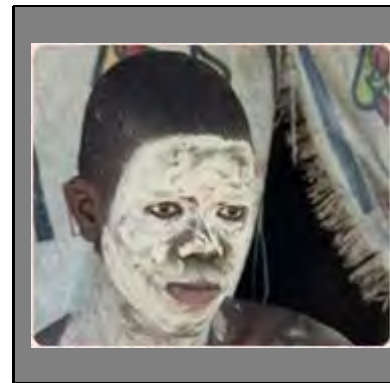
A randomised control trial means that people are randomly selected into two groups, then one group is exposed to the intervention (i.e. undergo circumcision) and the other group is the control who are not exposed to the intervention (i.e. do not undergo circumcision). Randomisation means that the

two groups can be compared to each other because the people in the trial come from the same area and so will have the same social and cultural issues as each other. Therefore any differences

noted between the two groups can be said to be due to the intervention. This means that we can measure the effect of the intervention (i.e. circumcision) more accurately.

These three trials showed that after circumcision, new HIV infections were reduced by more than half. This means male circumcision has a protective effect for HIV transmission from women to men. But even though circumcision is shown to reduce new HIV infections among men by over 50%, **there is still a 50% chance of getting HIV**. This means that there is still a substantial risk of getting infected with HIV. **Circumcised men still need to use condoms every time they have sex.**

The trials do not say exactly how circumcision reduces the chances of HIV being transmitted to the male partner. Some suggest that removing the foreskin reduces the ability of HIV to penetrate the skin of the penis due to toughening of the remaining foreskin. Another suggestion is that the inner part of the foreskin contains special immune system cells (called Langerhans cells) that are targeted by HIV. So by removing the foreskin, these cells are also reduced. Ulcers or sores caused by STIs most often occur on the foreskin, so by removing the foreskin the chances of getting the infection are reduced. The foreskin can also become inflamed or chafe during sex which could help HIV to enter the penis.



A Xhosa circumcision initiate

Male circumcision does not provide complete protection against HIV infection. Circumcised men can still be infected with HIV and if they are HIV-positive, they can infect their partners. Male circumcision should not replace other forms of prevention and should be part of a comprehensive approach to HIV prevention that includes delaying the start of sexual relations, abstinence, reduction in the number of sexual partners, use of male and female condoms, VCT services and treatment of STIs.

Let's talk a bit more about traditional circumcision. In Southern Africa, circumcision is a rite of passage for some groups of people. This means that in order to pass from boyhood into manhood, a young man has to be circumcised as part of a special ceremony. It is an important part of identity and culture. In many cultures it is taboo for women to talk about male circumcision and parts of the ceremony are kept private.

Then there is medical circumcision which is done like a medical operation in a clinic or hospital. It is not part of a cultural practice. One of the big differences between medical and traditional circumcision is that often traditional circumcision is incomplete. That means the whole foreskin is not removed. If the whole foreskin is not removed, the protective effect of circumcision may not be present.

Based on these studies that suggest that male circumcision reduces the chances of men getting HIV, a few recommendations can be made.

1. Men can consider being medically circumcised (even if they have been partially circumcised in traditional circumcision)
2. Traditional surgeons should be trained to do complete circumcision, to use only clean and sterile instruments, to only use one blade on each man and to dress the wound properly so infection doesn't occur.

3. Not all traditional circumcision is complete and so does not offer the same protective effect that surgical circumcision does.
4. Circumcision does not protect the female partner from HIV infection. If the male partner is circumcised and HIV positive, he will still infect his female sexual partners.
5. Circumcision is not protected sex. Use a condom every time you have sex.
6. Men should delay sex for 6 weeks after they have been circumcised, to make sure that the wound is completely healed. Failure to do so can increase the risk of wound infection and can also increase the risk of transmission of HIV, if the man is HIV positive.

So remember, even if you are circumcised you have to use a condom every time. Circumcision is not protected sex and it does not protect your partner from getting HIV from you if you are HIV-positive.

Discussion Points

In a group talk about the following questions and see if you can answer them.

1 What is the difference between traditional and medical circumcision?

Traditional circumcision is part of a cultural ceremony and marks a young man's passage from boyhood to manhood. Medical circumcision is a medical operation and is usually done in a clinic or hospital by a doctor. It is not necessarily connected to a person's culture.

2. How can male circumcision help stop the spread of HIV?

Male circumcision helps reduce the chances of a man getting HIV, but it does not reduce the chances of a woman from getting HIV from the man.

3. If you are circumcised, do you still need to use a condom to have safer sex?

Yes, circumcision does not mean you are protected from HIV. You still have about a 50% chance of being infected with HIV, so always use a condom.

Tips for TLPPs

It is unlikely that you will talk about this topic in a clinic, hospital or school.

If you are in a school, divide the group into smaller groups of 3-4 people. Each group can choose one way HIV can be prevented from spreading (condoms, abstinence, having fewer partners, male circumcision). Each group has to make a poster that explains the kind of prevention they are recommending. Each poster should make it clear why the group thinks that kind of prevention is useful and how it helps reduce the risk of HIV transmission (20 minutes).



Well done on completing Chapter five of the Treatment Literacy Series. In this chapter we have talked about two very important topics - VCT and HIV prevention. We have spoken a lot about knowing your status and always using a condom. You may still be wondering why you still need to use a condom, if you and your partner are both negative and faithful to each other. And you're right. If you are both faithful, you shouldn't need a condom. But even with the best intentions, people are unfaithful to each other. So try to talk to your partner about this extremely sensitive issue. Agree to take care of each other by always using a condom.



Tips for TLPPs

Make sure that you have answered everyone's questions. If you have time, ask each person to write down one question they might still have on a piece of paper. Put all the pieces of paper into a plastic bag and pick them out one by one and answer them.

Make sure that you have covered the key points:

- Reducing the number of sexual partners
- Alcohol and drugs
- Transactional sex
- Sex between different age groups
- Safer sex - using a condom every time you have sex
- Male circumcision

Multiple choice questions**Name:**

Circle the correct answer for each question. You can only choose one answer for each question.

1. Which statement is true?

- a) Condoms sometimes help prevent HIV infection.
- b) Condoms are 90-100% effective in preventing HIV infection if used properly.
- c) Condoms don't prevent HIV infection.
- d) Condoms have HIV inside them.

2. Which one should you not use as a lubricant when having sex?

- a) KY jelly
- b) Spit
- c) Cooking oil
- d) Aqueous cream

3. What kind of contraceptive helps protect women against HIV?

- a) The injection
- b) The pill
- c) The female condom (femidom)
- d) The loop

4. Why does having unprotected sex with more than one partner increase your chance of getting HIV?

- a) You have to have more money to keep everyone happy.
- b) You have to be careful you don't get caught out.
- c) Your partners could also have other partners, so you are part of a sexual network.
- d) Your partners will get jealous and you will have to show you love them.

5. Which of the following statements is true?

- a) If a man is circumcised he doesn't have to use a condom.
- b) If a man is circumcised he cannot infect his partner with HIV.
- c) If a man is circumcised he reduces his chances of getting HIV.
- d) If a man is circumcised he cannot have sex.

6.Reducing your number of sexual partners means:

- a)Having less than four partners.
- b)Not having sex at all.
- c)Trying to have as few as possible or only one partner.
- d)Using condoms when you have sex.

7.Being faithful means:

- a)Only having one sexual partner.
- b)Making sure your sexual partners don't know about each other.
- c)Using a condom.
- d)Using a condom with your secret partner.

8.Transaction sex is:

- a)When you have sex with someone more than once a week.
- b)When you have sex without a condom.
- c)When you have sex with someone in exchange for money or gifts.
- d)When you have more than one partner.

9.A sugar daddy is:

- a)A man who likes sweet things.
- b)An older man who likes sex.
- c)A father who has sex with other women.
- d)An older man who has sex with a younger woman.

10.Which of the following things puts you at risk of getting HIV?

- a)Having protected sex.
- b)Drinking a lot.
- c)Going out dancing.
- d)Catching taxis.

Multiple choice answers

1. Which statement is true?

- a) Condoms sometimes help prevent HIV infection.
- b) Condoms are 90-100% effective in preventing HIV infection if used properly.**
- c) Condoms don't prevent HIV infection.
- d) Condoms have HIV inside them.

2. Which one should you not use as a lubricant when having sex?

- a) KY jelly
- b) Spit
- c) Cooking oil**
- d) Aqueous cream

3. What kind of contraceptive helps protect women against HIV?

- a) The injection
- b) The pill
- c) The female condom (Femidom)**
- d) The loop

4. Why does having unprotected sex with more than one partner increase your chance of getting HIV?

- a) You have to have more money to keep everyone happy.
- b) You have to be careful you don't get caught out.
- c) Your partners could also have other partners, so you are part of a sexual network.**
- d) Your partners will get jealous and you will have to show you love them.

5. Which of the following statements is true?

- a) If a man is circumcised he doesn't have to use a condom.
- b) If a man is circumcised he cannot infect his partner with HIV.
- c) If a man is circumcised it reduces his chances of getting HIV.**
- d) If a man is circumcised he cannot have sex.

6.Reducing your number of sexual partners means:

- a)Having less than 4 partners.
- b)Not having sex at all.
- c)Trying to have as few as possible or only one partner.**
- d)Using condoms when you have sex.

7.Being faithful means:

- a)Only having one sexual partner.**
- b)Making sure your sexual partners don't know about each other.
- c)Using a condom.
- d)Using a condom with your secret partner.

8.Transaction sex is:

- a)When you have sex with someone more than once a week.
- b)When you have sex without a condom.
- c)When you have sex with someone in exchange for money or gifts.**
- d)When you have more than one partner.

9.A sugar daddy is:

- a)A man who likes sweet things.
- b)An older man who likes sex.
- c)A father who has sex with other women.
- d)An older man who has sex with a younger woman.**

10.Which of the following things puts you at risk of getting HIV?

- a)Having protected sex.
- b)Drinking a lot.**
- c)Going out dancing
- d)Catching taxis.