GOOD MORNING LADIES AND GENTLEMEN!

HOW TO GET THE MOST OUT OF YOUR WORKSHOP

1. This is your workshop, and the results depend on your contribution
2. Participate actively in the discussions
3. Be willing to share your experience with other participants
4. Keep to the subject matter
5. Express your thoughts and ideas to the other participants
6. Only one person to speak at a time
7. Avoid private discussions
8. Be an active listener
9. Be patient with other participants
10. Appreciate others’ viewpoints
11. Be punctual
12. Be flexible - and have fun!

WE WISH YOU AN EXCITING, UNFORGETTABLE AND ENJOYABLE LEARNING EXPERIENCE!
NAME: ____________________________________________________________________________
__________________________________________________________________________________

PLACE OF WORK: _____________________________________________________________________
__________________________________________________________________________________

RESPONSIBILITIES: ___________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

POSITIVE COMMENT(S) ABOUT CONDOMS: ____________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

CONCERN(S) ABOUT CONDOMS: ______________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

REASON(S) FOR COMING TO THE TRAINING WORKSHOP: ______________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
## Pre-Course Questionnaire

**Dates:** ________________________________________________________________

**TIME:** 25 Minutes  
**Total Mark ---- 50**

**INSTRUCTIONS:**
1. Do not write your name
2. Enter your selected number
3. Please indicate your response to the questions below by checking (✓) True or False  
**Number:** _______________________________________________________________

<table>
<thead>
<tr>
<th></th>
<th>VALUES AND ATTITUDES</th>
<th>TRUE</th>
<th>FALSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>a. Perceptions of service providers may create bias and judgmental attitudes towards some clients.</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>b. Prejudices of service providers can negatively affect their interaction with clients.</td>
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<tr>
<td></td>
<td>c. The personal values and attitudes of service providers can impact negatively on clients’ decisions.</td>
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<tr>
<td></td>
<td>d. Women living with HIV and AIDS should be discouraged from becoming pregnant.</td>
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<tr>
<td></td>
<td>e. Service providers need to distinguish between their personal and professional views when communicating with clients.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>GENDER &amp; HIV / AIDS</th>
<th>TRUE</th>
<th>FALSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>a. Biological differences between men and women do not contribute to women’s higher risk of HIV infection.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Society often defines our gender roles i.e. how we should act as a man or a woman.</td>
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<td></td>
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<tr>
<td></td>
<td>c. Many women find it difficult to negotiate safer sex.</td>
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<tr>
<td></td>
<td>d. Violence against women is an important factor in HIV transmission.</td>
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<tr>
<td></td>
<td>e. Attitudes about the way men and women should behave can influence the promotion of the female condom.</td>
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</tr>
</tbody>
</table>
### 3. CHARACTERISTICS OF GOOD COMMUNICATION AND COUNSELING

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>TRUE</th>
<th>FALSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Ask open-ended questions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>Listen actively all the time.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>Create an environment where the client can remain quiet and listen.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td>Counseling should be personalized for each individual.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e.</td>
<td>It is important to give lots of information during counseling.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f.</td>
<td>Counseling is giving advice to another.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g.</td>
<td>It is easy for clients to discuss issues related to sex.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4. RISK ASSESSMENT AND BEHAVIOUR CHANGE

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>TRUE</th>
<th>FALSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>HIV positive couples do not need to use condoms.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>Risk assessment should only be carried out with clients who have an STI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>All clients presenting with an STI must have Voluntary Counseling and Testing (for HIV).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td>Clients with an STI should be encouraged to abstain from sex and if this is not possible use a condom.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e.</td>
<td>Risky sexual behaviours are easy to change.</td>
<td></td>
<td></td>
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<tr>
<td>f.</td>
<td>Giving information on STI/HIV prevention is adequate for sexual behaviour change.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g.</td>
<td>Service Providers need to insist that sexually active clients use condoms.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h.</td>
<td>Unprotected sex is the main factor contributing to the increase in STI and HIV infections.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Pre-Course Questionnaire 1C

#### Participant Handout

<table>
<thead>
<tr>
<th>5.</th>
<th>MALE CONDOMS</th>
<th>TRUE</th>
<th>FALSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Male condoms may interrupt sexual intercourse.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>Male condoms can be used with a female condom.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>Latex can cause an allergy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td>Oil based lubrication cannot be used with male condoms.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e.</td>
<td>A man should be the one to initiate male condom use.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f.</td>
<td>Condoms provide dual protection.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g.</td>
<td>Condoms must be used regularly to prevent pregnancy and STIs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h.</td>
<td>Male condoms can be stored anywhere.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i.</td>
<td>Clients using the condom for dual protection can access emergency contraception if the condom slips or bursts.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j.</td>
<td>The man must withdraw his penis from the vagina while it is still erect when using male condoms.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 6. | FEMALE CONDOMS | | |
| --- | --- | --- |
| a. | Female condoms prevent pregnancy, STIs and HIV. | | |
| b. | Silicone is the water based lubrication used in the female condom. | | |
| c. | Female condoms can be inserted in advance of sexual intercourse. | | |
| d. | The female condom is the same length as the male condom. | | |
| e. | The inner ring is only used for inserting the condom into the vagina. | | |
| f. | The female condom can be used during pregnancy, menstruation and post hysterectomy. | | |
| g. | The female condom is noisy. | | |
| h. | Female condom insertion requires some practice. | | |
| i. | Female condoms can increase sexual pleasure for both partners. | | |
| j. | The female condom does not need to be removed immediately after ejaculation. | | |
| k. | Female condoms should not be reused. | | |
| l. | Only women should insert and remove the female condom. | | |
| m. | The female condom can disappear inside a woman’s body. | | |
| n. | The female condom can only be used in the missionary position. | | |
| o. | The female condom is made from a material that warms to the body’s temperature so sex can feel quite natural. | | |
Barrier methods
Barrier methods (male or female condoms) are methods of contraception that prevent pregnancy physically by blocking the entry of sperm into the uterine cavity. They also protect against infections by similarly blocking the transmission of infection microbes between couples. Condoms are the only barrier method that protect against both pregnancy and STIs (including HIV), provided they are used correctly and consistently.

How condoms work
The condoms create a physical barrier that prevents semen or vaginal fluids and micro-organisms (e.g. those which cause gonorrhea, herpes and HIV) from passing from one partner to the other during sex (vaginal, anal and oral). They also prevent contact with genital ulcers on the penis, vagina and anus where these exist.

Indications for barrier methods (male and female condoms)
Male and female condoms can be used:
- by all persons who are sexually active, regardless of age, marital status, sexual orientation or gender who want to protect themselves from STIs and HIV;
- by women who wish to avoid contraceptive methods that have systemic effects i.e. methods which affect the body as a whole;
- for protection with emergency contraception;
- for extra protection when commencing other contraceptive methods that may take a while before providing full protection;
- by women who have contraindications to other contraceptive methods;
- as a dual protection method;
- as extra protection when women have defaulted on other contraceptive methods.

Dual protection
Dual protection means a contraceptive method that prevents both pregnancy and sexually transmitted infections including HIV.

Some contraceptive methods are very effective in preventing pregnancy but do not protect against sexually transmitted infections (STIs) or HIV e.g. the oral contraceptive, injectables, IUDS and sterilization. However barrier methods protect against both. So they are called ‘dual protection’ methods.

Barrier methods (male or female condoms) can be used alone to protect against both pregnancy and infection. A male condom and a female condom should never be used together since this may cause friction creating rips and tears. However, either condom can be used together with other contraceptive methods. Their main purpose then is to protect against STIs, whilst the hormonal method is used to prevent pregnancy.
Examples of condom use in combination with other methods include: a condom and a pill, a condom and an injectable, a condom and intrauterine device (IUD) and a condom during emergency contraception use or after female sterilization, a hysterectomy or vasectomy.

**Why it is important for condoms to be accepted as an effective FP method?**
- To protect against unintended pregnancies while also protecting against STIs and HIV.
- Men and women, especially youth, may be more concerned about the immediate consequences of pregnancy, but also at risk of acquiring STIs including HIV.
What are Sexual and Reproductive Health Rights?

- **Sexual Health**
  - healthy sexual development
  - equitable and responsible relationships
  - sexual fulfillment
  - freedom from illness, disease, disability, violence and other harmful practices related to sexuality.

- **Sexual Rights. The rights of all people to decide freely and responsibly on all aspects of their sexuality including:**
  - protecting and promoting their sexual health;
  - freedom from discrimination, coercion or violence in their sexual lives and in all sexual decisions;
  - expect and demand equality, full consent, mutual respect and shared responsibility in sexual relationships;
  - have the right to say ‘no’ to sex if they do not want it.

- **Reproductive Health. The complete physical, mental and social well-being in all matters related to the reproductive system including:**
  - a satisfying and safe sex life;
  - the capacity to have children and, freedom to decide if, when and how often to do so.

- **Reproductive Rights. The rights of couples and individuals to decide freely and responsibly with regard to:**
  - the number and spacing of their children;
  - having the information, education and means to do so;
  - attaining the highest standards of sexual and reproductive health;
  - making decisions about reproduction free of discrimination, coercion and violence.

- **Reproductive care, at a minimum, includes:**
  - family planning services;
  - counseling and information;
  - antenatal, postnatal and delivery care;
  - health care for infants;
  - treatment for reproductive tract infections and sexually transmitted infections;
  - safe abortion services where legal, and management of abortion-related complications;
  - prevention and appropriate treatment for infertility;
  - information, education and counseling on human sexuality, reproductive health and responsible parenting and discouragement of harmful practices;
  - if additional services, such as the treatment of breast and reproductive system cancers and HIV/AIDS are not offered, a system should be in place to provide referrals for such care.

*Adapted from definitions of SRR from the program for action resulting from the International Conference on Population Development (ICPD), 1994.*
The right to be informed when a partner tests HIV positive
The right of a partner to be protected from HIV infection
The right to choose whether or not to have children
The right to plan family size
The right to choose a contraceptive method
The right not to have children
The right not to be coerced or forced into a sexual relationship
The right not to be discriminated against in the workplace because of pregnancy or having children
The right of health workers to be protected from HIV infection
The right to choose one’s marriage partner, and not be forced into an arranged marriage
Fill in the blanks — A for “agree”, D for “disagree” or ? for ‘unsure’.

1.______ Women living with HIV should not have children.
2.______ People living with HIV should be allowed to continue work.
3.______ AIDS is mainly a problem of people with immoral behaviour.
4.______ Men who have sex with men indulge in abnormal sexual behaviour.
5.______ People living with HIV should be isolated to prevent further transmission.
6.______ It is a collective responsibility to care for people living with HIV.
7.______ I would feel uncomfortable inviting someone living with HIV into my house.
8.______ Surgeons should screen all patients for HIV infection before surgery.
9.______ I would feel uncomfortable discussing sexuality with a person of the opposite sex.
10.______ Injecting drug users should be compulsorily tested for HIV.
11.______ It is all right for men to have sex before marriage.
12.______ School children should not be educated about safer sex.
13.______ Women should never have extra-marital sexual relations.
14.______ It is difficult for male counselors to talk to women clients about condom use.
15.______ Pregnant women who are living with HIV should abort their foetus.
16.______ HIV test results should not be disclosed to the spouse/partner.
17.______ Males should produce an HIV-free certificate before marriage.
18.______ Mothers living with HIV should breastfeed their infants.
19.______ Unmarried persons should not have sex.
20.______ Sexual partners who are both living with HIV don’t need to use condoms.
### WHO Gender Matrix (adapted)

<table>
<thead>
<tr>
<th>In relation to HIV &amp; unintended pregnancy…</th>
<th>How do gender specific norms, values and activities affect men’s &amp; women’s:</th>
<th>How do access and control over resources affect men’s &amp; women’s:</th>
<th>How do biological differences affect men’s &amp; women’s:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vulnerability?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to health services?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prevention &amp; treatment options?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experience of health services and health providers?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outcomes (pregnancy, illness, death)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consequences (economic, social, attitudinal)?</td>
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</tbody>
</table>
The factors that contribute to the spread of STIs can be divided into two broad categories:

- factors contributing to risk behaviour;
- factors affecting effective diagnosis and treatment of those who are infected.

Different factors will predominate in different areas and amongst different age groups. It is important to know the community with which you work so that you are aware of the factors impacting on STI/HIV spread in your area.

A. Factors contributing to Risk Behaviour

Factors affecting youth include:

- sexual drive;
- peer pressure;
- lack of appropriate information and accessible sources of information;
- inconsistent and incorrect condom use;
- lack of someone trusted and knowledgeable to approach with questions about sexual matters;
- not believing messages about the level of risk (“It’s not going to happen to me!”);
- inexperience in handling relationships with the opposite sex, e.g.
  1. a girl may agree to have sex because her boyfriend says he loves her and she interprets this as an expression of commitment to her;
  2. a boy may not know how to resist the seductive advances of a girl, although he does not want to have sex;
  3. a girl may feel flattered by the attentions of an older man;
  4. a youngster may not know how to handle advances from a person in authority e.g. teachers.

- assumptions that everyone is sexually active;
- the status of having a boyfriend/girlfriend, especially one who is popular or can offer more than the average (e.g. the 3 Cs – car, cell phone and cash!);
- tendency to reject values of parents/society.

Socio-economic factors:

- Poverty. This contributes to women becoming sex workers or exchanging sex for food or shelter

Poverty also goes hand in hand with:

- poor education, which contributes to a lack of knowledge about risk factors, ways of preventing STIs and how to recognize STIs;
- factors separating families. E.g. migrant labour and single sex hostels;
- unemployment, which contributes to loss of self-esteem often resulting in less responsible behaviour;
- abuse of alcohol and drugs contributing to less responsible behaviour;
- mixed messages about the cause of HIV or the efficacy of condoms.
Cultural factors

- Breakdown in traditional values and practices
- Parents don’t feel comfortable discussing these issues with their children
- Male expectations about multiple partners
- Reluctance to use condoms
- Gender inequality
- Media messages which separate sex from committed relationships
- In some cases STIs are seen as a mark of virility or being a ‘stud’
- Dry sex
- Sexual networking
- Serial Monogamy
- Role of religion:
  - the topic of sexuality and sexual behaviour is often not mentioned
  - if the topic is addressed it often is just the message “Don’t” with no guidelines on handling boy/girl relationships

B. Factors affecting diagnosis and treatment

Failure to recognize the presence of an STI

- Asymptomatic STIs (i.e. there are no symptoms)
  - Many STIs are completely asymptomatic or have an asymptomatic phase
  - There are not many readily available screening tests
- Symptoms not recognized
  - Women in particular may not recognize symptoms. Discharges may be considered normal; ulcers may be internal and painless

Stigma associated with STIs

- Delay in seeking treatment
- Seeking treatment from inappropriate sources, e.g. a friend or herbalist
- Reluctance to inform partners of their need for treatment

Factors affecting health services

- Inaccessible health services – distance or opening hours
- Judgemental attitudes of some health providers
- Young people may be reluctant to go a clinic, especially if they think they will be reprimanded for being sexually active
- Most clinicians are female and men often feel reluctant to speak to them about sexual issues
- Shortage of drugs, condoms or other resources in some clinics
- Clinicians lack skills or knowledge for effective diagnosis and treatment
- Inadequate treatment by some health providers e.g. traditional healers and some private practitioners may not be updated with syndromic management or find the correct drugs too expensive
- Lack of trained health professionals to diagnose and treat STIs correctly
- Lack of partner management
- Lack of VCT services
There are a number of reasons why women are more vulnerable to STIs than men.

**Women are more easily infected with STIs than men**
- The anatomy and physiology related to sexual intercourse mean that women are more easily infected than men.
- Young women, pregnant women and many women using oral contraceptives are prone to develop a cervical ectopy – a condition in which delicate columnar epithelium of the cervical canal extends onto the cervix, giving an exposed area of tissue that is more vulnerable to STIs.

**Women have less control over their sexual lives**
- Many women are expected to comply whenever their partner wants sex. They are not expected to initiate sex and if they suggest condom use, they may be accused of having other partners.
- Although they are usually expected to have only one partner, the same is not true for men, thus putting women at higher risk of being infected by their partners than the other way around.
- There is no method of protection against STIs that a woman can use without her partner being aware of it.
- Sexual abuse of women in the form of rape or coerced sex is far too common, and the risk of STI transmission is increased in these instances.
- Sexual abuse is especially dangerous for adolescent girls, for whom violent sexual penetration can cause internal trauma that facilitates entry of infection through damaged blood vessels.

**Poverty increases the risk of STIs for women**
- Women who are not financially independent may use sex in exchange for money, food, shelter or protection.
- Poverty also makes it harder for women to have access to health care.

**Women are more likely to have asymptomatic STIs**
- Only about 50% of women with an STI have symptoms.
- 70% or more of women with chlamydia and 30% of those with gonorrhea have no symptoms. For men these figures are 30% and 5% respectively.
- A genital ulcer (especially in the case of syphilis) may be painless and in the vagina where the woman is unaware of it.
**Symptoms in women are not as distinctive as in men**

- Because women normally have vaginal discharges, it is harder for them to recognize abnormal symptoms.
- Ulcers in the genital area are more difficult for a woman to see than a man.

**Women suffer more medical complications than men**

- Pelvic Inflammatory Disease which might lead to infertility or ectopic pregnancy may go completely undiagnosed, due to the high incidence of asymptomatic infections.
- Carcinoma of the cervix, the commonest form of carcinoma in women in many countries, is almost always associated with human papilloma virus infection. Genital carcinomas in men are rarer.
Sexually active population, including people at high risk

Have an STI

Symptomatic

Go to health services

Correct diagnosis

Correct treatment

Comply and not re-infected

Cured

Total population
Based on Piot’s pyramid, the principles of STI prevention and control can be grouped into 3 main areas, although there is overlap between them.

A. Reducing infection rates in the community

Strategies for reducing infection rates in the community include the following:

- delaying the age young people start sexual activity;
- disseminating information on risk and sexual behaviour;
- encouraging behaviour change in people at risk. This includes strategies to empower women, and promoting negotiation skills for men and women – whether, when and how to have sex;
- promoting the practice of dual protection;*
- early and correct recognition of symptoms;
- encouraging appropriate health seeking behaviour;
- effective partner management;
- targeted interventions amongst high risk groups. This might include providing specialized services at venues such as truck stops and hostels for migrant workers, or giving periodic presumptive treatment to sex workers.

* Dual protection means protection against both an unintended pregnancy and STIs. It may be achieved either by using one method that prevents both pregnancy and STIs (such as condoms) or by using dual methods – one method for pregnancy prevention (e.g. hormonal contraceptives) and another for STIs (male or female condoms).

When women come to the clinic for contraception, this is an ideal opportunity to establish their perception of STI risk and to discuss dual protection.

Understanding human sexual behaviour and the social and economic factors that influence it, such as poverty, urbanization and the disruption of traditional social structures is essential if primary prevention interventions are to succeed.

B. Identifying the presence of STIs

- Awareness campaigns

Disseminating information about STIs such as signs and symptoms, where to seek appropriate treatment, the importance of early health-seeking behaviour.

- Screening

At present the only common screening program is the screening of pregnant women for syphilis using serological tests. Voluntary counseling and testing (VCT) for HIV is an important strategy for preventing HIV and for providing support to those who are infected.
Improving rates of partner management would also result in treatment of some people with asymptomatic infection.

Verbal screening of people attending health services for other reasons is an important way of identifying those who are not actually asymptomatic, but who may have symptoms they do not think worth mentioning.

C. Correct management of people with STIs

Effective diagnosis and treatment must be provided for people with symptoms. Correct diagnosis and treatment are aimed both at preventing complications and preventing the spread of STIs to other sexual partners.
1. **WHICH PARTNERS NEED TO BE NOTIFIED?**

- **Main partners.** *This means:* 
- **Regular partners.** *This means:* 
- **Casual partners.** *This means:* 
- **Contractual partners.** *This means:* 

2. **WHY IS IT IMPORTANT TO NOTIFY PARTNERS?**

There are 5 main reasons:

- i.
- ii.
- iii.
- iv.
- v.

3. **HOW CAN IT BE DONE?**

There are 2 main approaches to partner management:

- A.
- B.
The Importance of Partner Management

Whenever someone presents at a health service with an STI, there is at least one other person who also needs to be treated. Effective partner management is one of the most challenging aspects of STI prevention and control.

It is important in order to:
- reach people with asymptomatic STIs;
- interrupt the cycle of infection and re-infection;
- prevent complications;
- impact on STI prevalence;
- reduce the risk factors for HIV transmission.

Approaches to Partner management

A. Provider Referral

This approach requires the client to give the health provider the names and contact details of all recent sexual partners, so that someone from the health services can contact the partners and inform them of their need for treatment.

But this approach is not feasible in many places. There are issues of confidentiality, reliability of information and difficulties of finding the partners. Also it is time-consuming and would require extra staff.

B. Client Referral

In this approach, the client is asked to contact all his/her recent sexual partners and refer them. The advantage of this approach is that clients do not need to reveal the identity of their partner/s and can contact them personally.

Disadvantages are that there is no control over who is notified, or whether anyone at all is notified, and there is little control over the message that is delivered – unless a letter with some explanation is provided to the client.

Which Partners need to be Notified?

Ideally every person the index client has had sex with over the previous 3 months should be contacted. This length of time is to cover STIs with longer incubation periods.

Partners have sometimes been described according to 4 different categories:
- **main partners**: this would include spouses and long-term committed relationships;
- **regular partners**: those with whom there is an ongoing relationship, but is more the partner ‘on the side’ in addition to the main partner;
- **casual partners**: these may be ‘one night stands,’ but may also be partners of convenience – someone who is willing to provide sex, but there is no commitment to one another;
- **contractual partners**: where sex is exchanged for money, food, shelter or protection.

Clients would be more likely to notify main and regular partners than casual or contractual partners. This is one of the reasons why targeted interventions for high risk groups are important. These groups would include sex workers, truck drivers, and migrant workers.
1. Sexually transmitted infections are mainly transmitted through sexual contact.
2. Some STIs, including HIV, can also be transmitted through blood transfusions, sharing contaminated needles and other skin piercing instruments, and from an infected mother to her unborn baby.
3. It is possible to have more than one infection at a time, and mixed infections are common.
4. Common symptoms of STIs include: fever, chills and aches, swollen lymph glands in the genital area, itching around genital organs, blisters, bumps, sores or rash around the penis, swollen scrotum, warts around the genital area, unusual anal/rectal itching or pain or discharge, pain and/or burning sensation and/or difficulty in urinating.
5. People with any of these signs and symptoms need to go to a clinic to get treatment as soon as possible. Don’t just go the pharmacist or the traditional healer because the STI may get worse if it is not treated correctly.
6. It’s important to realize that in women the symptoms are usually not as obvious as with men, and sometimes there aren’t any symptoms. This makes females more vulnerable to infections. When there are symptoms, they may include pain in the lower abdomen.
7. Untreated STIs in women may lead to serious damage to sexual and reproductive organs, infertility, problems during pregnancy, paralysis and even death.
8. People with multiple partners need regular check-ups.
9. A number of safer sex options exist if people want to be sexually active and avoid STIs. These options can be pleasurable and can help avoid re-infection.

**Diagnosis and treatment**

1. STIs are caused by different factors. One can never tell what kind of STI someone has just by looking or second-guessing, even if they have the same symptoms as other people.
2. Different tests or treatment may be needed. Don’t guess, don’t ask a pharmacist to guess. A sexual health doctor is the best person to decide what the correct treatment is.
3. Medicines must be taken as prescribed and as directed, even if the symptoms go away.
4. STI treatment drugs may be expensive, but untreated STIs can be more expensive in the long run.
5. When possible, people with STIs need to bring their partner/s for diagnosis and treatment. Otherwise, re-infection may occur.
6. Health care providers do NOT judge people! It is not the health care provider’s job to judge a person who has an STI, but rather to encourage people to use health services if they have any sexual health problem.

***
**Risk Assessment Behaviour Checklist Rating Sheet**

**INFORM CLIENT THAT THE DISCUSSION IS PRIVATE AND ALL INFORMATION IS HELD IN CONFIDENCE**

For each of the statements below, tick YES of NO in the appropriate column.

<table>
<thead>
<tr>
<th>DID THE PROVIDER:</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ask the client if he/she has any concerns about STIs or HIV/AIDS?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Ask the client if he/she thinks that he/she could be at risk of becoming infected with an STI/HIV?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Explore measures that the client takes to protect him/herself against STIs and HIV?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Ask the client if he/she has ever used a male or female condom? If the client says “yes”, did the provider establish if the client is able to use the condom correctly? Is condom use consistent?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Ask the client if he/she has had an STI in the last six months? One year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Explore with the client if his/her partner has had an STI in the last six months/one year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Ask the client if he/she has any concerns about his/her regular partner’s sexual behaviour?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Ask the client the number of partners he/she has had in the last six months? One year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Ask the client if he/she has lived apart from his/her partner in recent times?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Ask the client if he/she has had sex with a non-regular sexual partner in recent times?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Show great sensitivity when asking the risk assessment questions and in discussing the answers and conclusions?</td>
<td></td>
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</table>
The process for assessing a client’s risk is as follows:

i. assess client risk level;

ii. counsel and inform client of risk;

iii. identify barriers to change and discuss course of action;

iv. give information on dual protection;

v. discuss options for behaviour change;

vi. encourage Voluntary Counseling and Testing.
Steps towards Behaviour Change

... and Let’s Move....!
Many people who are at risk of STI infections (including HIV), do not perceive themselves to be at risk. Health providers should therefore assist people to become aware of these risks before they become infected.

**Clients who might be at risk**

- Any person who is sexually active, not in a mutually faithful relationship and not using condoms correctly and consistently.

**Specific Situations**

- **Clients using contraceptives.** They are sexually active but may not be using condoms. Health providers should make them aware of the need for dual protection – i.e. protection against unintended pregnancy AND protection against STIs.
- **Antenatal clients.** These clients are also sexually active and not using condoms. In most clinics the majority of these pregnancies are unintended. Unless these women are in a mutually monogamous relationship they are at risk of STIs. Studies have shown STI rates in pregnancy can be very high.
- **Youth.** Many young people are sexually active by the time they reach their mid-teens. They often do not consider themselves to be at risk of STIs or don't feel able to suggest condom use to their partner.
- **Mothers bringing babies to the clinic.** These are the same people who were at antenatal clinics a few months previously.
- **Discordant couples.** Where one partner is living with HIV and not using condoms.
- **HIV positive couples not using condoms** may be reinfected with other strains of the virus.
- **Married men and women** who don’t see the need to use condoms in their relationship.

**Suggestions for helping clients become aware of their risk**

**Explore one or more of the following areas with the client:**

- find out whether the client is aware of any risks associated with STIs. For example, do they know that STIs are one of the most common causes of both infertility and carcinoma of the cervix?
- ask the client whether they think they are at risk of HIV infection. Then find out why. What aspect of their behaviour does the client think puts her/him at risk?
- ask the client if s/he has ever thought of having an HIV test.

Studies have shown that there is a correlation between HIV testing and the likelihood of reducing risk behaviour.
The following list ranks the likelihood of behaviour change in descending order:

1. those who are counseled and tested and have a positive result;
2. those who are counseled and tested and have a negative result;
3. those who are counseled but decide not to be tested.

This means that the policy of offering HIV counseling and testing plays a role in behaviour change. Even if clients do not want to be counseled for HIV testing, the very fact of asking if they would like to be tested will make them consider the possibility of being at risk.
1. **Seek to establish where the client is**

It is important to try and establish where someone is on the behaviour change cycle in order to promote behaviour change. Many clients are not even at the beginning of this cycle – that is, they are not even aware of the problems arising from their behaviour.

It may be necessary to first discuss issues with them that will create risk awareness.

2. **Encourage movement from knowledge to motivation**

Awareness of a problem may still be at the level of ‘head’ knowledge. That awareness needs to shift to a desire to take steps to reduce or overcome the problem.

- Does the client want to do anything to change?
- Does she/he know what steps can be taken to reduce the risk?
- Does she/he feel able to take those steps?

This may well involve negotiating some change with the sexual partner. Does the client have the skills to do this?
3. Provide support for trying new behaviour

Until the client is both aware of the problem and motivated to address that problem, there is little value in telling them what to do to change their behaviour.

Once they are motivated to change, you can find out what knowledge they have about how to reduce the problem. You can then provide any additional relevant information and help them explore which of those behaviour changes they feel they would be able to implement.

Remember that scolding people does not usually encourage positive behaviour change.

4. Help evaluate the benefits of a new behaviour

The client may have introduced condoms into a relationship. Do both partners feel satisfied with condom use? Are there any problems that they experience? If so, does the client have any suggestions for resolving these problems? Remember that the benefits of a new sexual behaviour may not be easy to assess, and are measured more in the avoidance of health problems.

5. Encourage sustained behaviour change

Remember that behaviour change is not easy, especially when it involves sexual behaviour where another person is part of that behaviour. Sustained behaviour change is even more difficult to achieve.

IN SUMMARY:

Clients need Knowledge about:

- what puts them at risk of STIs, including HIV;
- what the options are for reducing that risk.

Clients must have the Attitude of wanting to change their behaviour.

Clients need the Skills to:

- change behaviour;
- improve communication within relationships;
- negotiate risk reduction with existing and future partners.

In encouraging behaviour change in clients, assess whether you need to be aiming at the head (knowledge), the heart (attitude) or the hands and genitals! (skills).
1. INTRODUCTION

Communication is familiar to us all - we communicate daily with those in our immediate environment and beyond to express our thoughts, emotions and needs. However, because of its very familiarity we often pay little attention to how effectively we communicate with others in our daily lives.

For health care providers, sensitive and fluent communication is key to effective work. Consensus seeking, problem solving and non-verbal interaction are just a few of the communication skills which health care workers will need to master. Understanding the different types of communication such as one-way or two-way communication and factors that support and or hinder good communication are valuable tools in empowering health care workers in their daily interaction with clients as well as their own lives. Communication is, therefore, an important area that should be covered in all-training activities of health care workers.

1.1. What is communication?

Communication is the process where there is an interchange of messages between two or more persons. These messages can be conveyed verbally or non-verbally, for example, by bodily gestures and tone of voice.

1.2. Types of communication

Communication can be one-way or two-way. It may be verbal or non-verbal.

**One-way communication** is a process where messages are relayed in only one direction, i.e. from the source to the recipient(s). The way it is delivered does not allow for questions, discussion or interaction, so this can make it less effective. Examples of one-way communication in daily life include orders, instructions and also health promotion, for example written pamphlets or radio messages. The advantage of one-way communication is that information can reach a greater audience in a short space of time, and it can be less expensive than face-to-face communication.

**Two-way communication** is a process where messages are relayed between two or more persons with active interaction between them. Messages can be exchanged both verbally and non-verbally, through bodily gestures and tone of voice. These non-verbal cues can send very powerful messages, for example, if a person says “That’s very interesting”, but says it in a bored tone of voice while looking out of the window, then the actual message received will probably be the opposite of the verbal message that was spoken! Two-way communication is the type of communication used in consultation and counseling sessions.

**Verbal communication** means communication through spoken words. So this requires a common language that is understood by the persons involved in the exchange of messages. It also requires good listening skills for communication to be effective. It is therefore essential for the health care provider to be able to understand the clients’ language or dialect.
Non-verbal communication does not involve the use of spoken words; it may be body language, facial gestures, and tone of voice. As noted above, these can be very powerful in communicating attitudes and may even have more impact than the spoken word in a conversation, consultation or counseling session. Health care workers therefore need to be very aware of this factor. They need to avoid giving non-verbal signals that could adversely affect their relationships with their clients, and hence the effectiveness of service delivery.

2. EFFECTIVE COMMUNICATION SKILLS

People communicate in different ways in different situations. Effective two-way communication requires that both the communicator and the respondent have good listening skills, so that there is genuine interaction and exchange of thoughts between them. The health care worker has to know, understand and be sensitive to the different factors that affect communication.

2.1. Body language

Body language has an impact on the relationship between the health worker or counselor and the client. Body language can convey subtle but powerful messages to the client. Research has shown that people make an initial judgment based on how another person looks, behaves, moves, etc. rather than on what the person actually says. Body language can therefore facilitate or hinder communication during a consultation or counseling session.

2.2. Listening skills

It is important not to make assumptions or underestimate the client’s concerns, values, reactions or level of knowledge. Good listening skills, together with the utmost attentiveness, need to be applied in all sessions when interacting with clients. This will help the health care worker to establish or detect whether verbal explanations are understood by the other person, as reflected in the client’s facial expressions or other non-verbal gestures.

The following are some tips for effective listening:

- give full attention and listen carefully to what your client is saying (rather than thinking of what you are going to say next!);
- acknowledge the other person’s feelings and concerns. This may be expressed through body language, e.g. nodding your head to show that you agree or understand, or making a comment like “I see”, etc;
- keep silent sometimes, to give the other person a chance to ask questions. Respect a client’s silence - don’t rush him/her, but move at his/her speed;
- paraphrase and clarify now and then, by repeating what you have heard, so that you both know whether you have understood each other correctly;
- ask the same question in different ways if you think your client has not understood;
- be careful with questions that begin with the word ‘why’, because this can sound judgmental to the other person;
- reassure your client.
3. TYPES OF COMMUNICATION IN FAMILY PLANNING

There are three main types of communication patterns used in family planning programs. Although they are distinct patterns, they can overlap. So the health care provider or counselor should be aware of which pattern s/he is using at any particular point in a session. Using the communication most appropriate to your purpose can influence your client’s decision whether or not to use family planning or dual protection, and what method to use.

The three communication patterns are: motivational (for promotional activities), information giving, and counseling.

3.1. Motivational communication (for promotional activities)

Motivational activities are used to persuade and influence behaviour in a particular direction. Motivation can be done orally by an individual, or in written form (e.g. information and education material), or through an organized event, or through radio, and at any location. It is a process with a pre-determined goal: it aims to influence and encourage (or motivate) people to consider using family planning or dual protection contraceptive methods, to control their fertility and their reproductive health issues. The following are limitations of this method:

- its biased nature (it has a pre-determined aim);
- its persuasive nature, to influence and encourage people towards family planning / dual protection;
- its lack of two-way interaction with clients.

3.2. Information giving

The information-giving communication activity is a process that provides facts, corrects myths and deals with concerns that clients might have. It can be in a face-to-face or group session, and can use oral communication or other means such as printed materials, radio or video (visual, audio, or audio-visual).

3.3. Counseling

Counseling is defined as a one-to-one process, where a counselor and a client talk with specific goals, namely:

- the counselor helps the client to explore issues, to discover and identify their problems as well as their family planning or dual protection needs, and to make their own informed decisions;
- it enables clients to apply information to their particular circumstances, and to make informed choices in order to improve the quality of their lives;
- counseling should be a process that encourages the client to become confident and independent.

Who can be a counselor?

A counselor can be any health care worker who is responsible for family planning or dual protection services. To be an effective counselor one needs to have, or to learn, certain skills, including:

- appropriate behaviour with clients;
- interest in working with clients;
- good interpersonal and communication skills;
- training and practice in the concepts, skills and principles of counseling.
1. PRINCIPLES OF COUNSELING

There are pre-requisites for the counseling relationship. They guide the practice and behaviour of the counselor as s/he forms a relationship with the client.

In any counseling situation, a good counselor needs to be:

- **respectful and not judgmental** – give the client space to express themselves without interrupting. Acknowledge clients who do not want to talk about particular issues since they may not yet be ready to do so;
- **genuine** – be true to yourself. Acknowledge your prejudices and how to relate to your clients, and show empathy. Counselors need to understand the client’s world as the client experiences and feels it;
- **warm** – it is important to display unconditional acceptance and respect for your client, to be a good listener and convey to the client that you have understood what they have said.

The SOLER Principle

The acronym SOLER stands for five important points to follow in a counseling session. These five points are designed to overcome barriers to communication:

- sitting squarely and facing the client at a comfortable distance;
- open posture, showing you are open and non-threatening;
- leaning forward, expressing closeness and interest;
- eye contact, making a connection;
- relaxing, reducing the client’s anxiety.

The following are some further principles of good counseling technique:

1.1. Individualization

The client has the right to be treated as an individual. Every client is unique, experiences problems differently and has different needs.

1.2. Purposeful expression of feelings

Clients need to be able to express their true feelings, whether negative or positive. So the counselor needs to create an atmosphere where the client feels free to do this. Counselors should encourage clients to express their feelings.

1.3. Controlled emotional involvement

Counselors need to respond carefully and sensitively to what a client is sharing. Responses should communicate to the client that the counselor is with him/her, and understands what he/she is saying. Responses can be both verbal and non-verbal.

But avoid responding too quickly, as this can give a client the message that s/he is not being fully understood.
1.4. Non-judgmental attitude
Counselors need to be careful of the feedback they give to clients. Be aware of the client’s behaviour and reactions. Always project a non-judgmental attitude.

1.5. Client self-determination
Help every client exercise their right to make their own decisions. The counselor needs to understand that people do not change when they are told to change, but only when they make their own decision to do so. To reach such a decision may take some time, so the counselor must learn to have patience.

1.6. Acceptance
Separate behaviour from the person. The client as a person must always be accepted for who s/he is, but this does not mean that what s/he does should not be challenged. Rather, it means that the client should be given feedback that relates to their situation or their circumstances, not their character.

1.7. Confidentiality
Confidentiality is the cornerstone of all counseling sessions. This point should be communicated and emphasized to the client. Explain to the client that professionals are bound by a code of conduct which they have to follow.

1.8. The counseling environment
Does the setting encourage discussion and privacy? The client must be made to feel secure that the communication between her/himself and the counselor will not be heard by persons outside the consultation room. (This relates again to the confidentiality principle.) Seating arrangements should be conducive to good two-way communication, with comfortable chairs and no barriers between counselor and client. Also, try to ensure that the counseling room is neat and free of distraction, and that the temperature is comfortable.

1.9. Dress code
Dressing neatly is a sign of respect. Be aware of how different clothing styles may be perceived by clients from different population groups. Dress can send powerful non-verbal messages about what sort of person the client thinks is counseling her or him.
2. COUNSELING NORMS

A good counselor builds a warm relationship with the client from their first counseling session together, by adhering to the norms summarized in the acronym: GATHER Technique.

The following are the six steps of the GATHER Technique:

- **G** – Greet
- **A** – Ask/Assess
- **T** – Tell
- **H** – Help
- **E** – Explain
- **R** – Return visit

**GREET**

- The counselor greets the client in a warm and friendly manner that puts the client at ease. Use their local dialect or language where possible. Introduce yourself and offer the client a seat. This shows respect to the client and helps create trust.
- Assure the client that all information discussed during the counseling session will be held in the strictest of confidence.
- Ask how you can help, i.e. the reason for the client’s visit.

**ASK / ASSESS**

- The counselor asks the client relevant questions. S/he uses open-ended, closed or probing questions as appropriate to get information and to assess the client’s needs. Questions are used to make an assessment of, for example, the client’s knowledge of contraceptives and risks of contracting STIs/HIV. Careful assessment of each individual client is essential because each person is unique and has different needs. This is the step in which the counselor tries to learn more about the client’s thoughts, knowledge, feelings and beliefs.
- Open questions are used to learn more about the client’s thoughts, knowledge, feelings and beliefs. Example: “How do you feel about this?”
- Probing questions are used to help the counselor clarify the client’s responses to open-ended questions. This technique is used to clarify a point that did not come out clearly during the session. Example: “Do you mean you’re not certain how your partner might react?”
- Closed questions are questions that can be answered by ‘yes’ or ‘no’, a number or a few words. They can be used at the beginning of a counseling session to break the ice or when asking for information such as age, number of children, etc.
**TELL**
The counselor gives information to the client on the various aspects identified during the assessment. The information may be to clarify and correct misconceptions, or to fill gaps in the client’s knowledge.

Encourage the client to ask questions and provide feedback to ensure that s/he understands and follows your explanations.

**HELP**
This step involves helping the client make decisions about, for example, their contraceptive needs, risk of contracting STIs/HIV, or negotiating condom use.

Listening and questioning skills are important in this step.

- Clarify any issues or points that the client does not seem to understand well.
- Provide clear information that is tailor-made for the particular client according to your assessment.
- Do not overwhelm him/her with too much information.
- Invite the client to return if s/he experiences any problems or if s/he has any questions or needs further information or explanations.

**EXPLAIN**
This requires the counselor to be knowledgeable about all the products and services that her/his facility provides. S/he must be able to provide information clearly, in language that the client can understand. Knowledge of a person’s culture and taboos is very important so that the counselor can use acceptable terms, especially when talking about sexuality.

The counselor explains to the client issues and methods like the ‘female condom’. This includes:

- explaining how to use it;
- asking the client to repeat the instructions;
- the counselor should listen carefully, so as to ensure that the client understands.

**RETURN VISIT**
This is the last step in the GATHER Technique. The counselor should ask the client questions about her/his experiences with their chosen method(s).

- Ask how s/he feels and whether s/he has any problems.
- Determine what the problem is, if any.
- Listen and note concerns very carefully. Never dismiss any of the client’s concerns as minor. Deal with misconceptions gently.
- Demonstrate the method again if needed.
- Review with the client any risk factors for contracting STIs/HIV, and ways to protect against these infections.
REMEMBER: GOOD COUNSELING IS AN INVESTMENT.
THE RETURNS ARE HAPPY CLIENTS WITH BETTER AND HIGHER
COMPLIANCE.

3. FREE AND INFORMED CHOICE

Counseling is an important tool. When used properly and effectively it helps clients to apply information about contraceptive methods and choose the best options to suit their own needs and circumstances. This is only possible when clients have full information on all the options open to them.

What is free and informed choice?

Free means a decision made voluntarily, without coercion, constraints or any form of pressure.

Informed means making decisions based on access to full information on methods, their benefits, risks and other options. It also means understanding a health care matter from the client’s perspective.

Choice means that the client can decide whether or not to use contraceptives, and can choose any method they want from among the range available. It also means that the client can change the method if they are not happy with it or if it is not suitable for them.

Providing information, demonstrating use and correcting misconceptions and myths can often remedy a client’s unhappiness or dissatisfaction. If the client is still unhappy and adamant that s/he does not want the method any more, it is his/her right to choose another option, without any undue pressure.

Hint: The importance of the provider’s knowledge and awareness of myths and misconceptions around family planning methods is very important.

Informed consent

Informed consent confirms that the client has agreed of her/his own free will to receive a method or medical treatment. This consent can only be made voluntarily when the client understands the method, its benefits, risks, and alternatives available. It is important that providers adhere to these ethical and legal requirements, regardless of the fact that no written form is used. Verbal consent is required for any method the client uses.

References

2. Communication Skills: Weinstein et al
4. GATHER Guide to counseling, Population Report: (Internet)
NINE RIGHTS OF A FAMILY PLANNING OR DUAL PROTECTION CLIENT

In order to ensure quality care for clients in service delivery, the International Planned Parenthood Federation has drawn up a list of clients’ rights. These have been adapted and are applicable to all clients globally. When applied to service delivery they ensure quality care for clients.

Every family planning or dual protection client has the rights to:

1. **Information**: the right to learn about the benefits and availability of family planning.
2. **Access**: the right to obtain services regardless of gender, creed, colour, marital status, or location.
3. **Choice**: the right to decide freely whether to practice family planning and which method to use.
4. **Safety**: the right to be able to practice safe and effective family planning.
5. **Confidentiality**: the right to be assured that any personal information will remain confidential.
6. **Dignity**: the right to be treated with courtesy, consideration and attentiveness.
7. **Comfort**: the right to feel comfortable when receiving services.
8. **Continuity**: the right to receive contraceptive services and supplies for as long as needed.
9. **Opinion**: the right to express their views on the services offered.
INTERNAL

- **OVARIES:** The ovaries are the two female glands or sex glands. Ovaries are the “store-room” for human eggs. The ovaries produce female hormones and mature eggs. When a girl baby is born she already has thousands of eggs and these eggs will begin to mature when the girl reaches puberty. Each egg is capable of producing a child if a man's sperm fertilizes it. *Women - Place your hands on the spots where you think your two ovaries are.*

- **FIMBRIA and FALLOPIAN TUBES:** Each month an egg develops and leaves the ovary. The fimbria, which is like a hand with fingers, is attached to the end of the fallopian tube. The fimbria motions the egg into the fallopian tube and the egg then proceeds down the tube until it reaches the uterus.

- **UTERUS:** The uterus is a hollow muscular organ shaped like a pear. It is the place where a baby grows before birth. Each month the uterus prepares to receive a fertilized egg. Inside the uterus there is a build-up of tissue and blood that will make a soft lining where the fertilized egg can attach and grow. Even though a woman releases an egg each month, that egg will not become a baby unless it meets with a man's sperm (fertilization).

If there is no baby growing in the uterus, it is about the size of your closed fist. When a woman is pregnant, the uterus stretches and grows to contain the baby.  
*Women - Put your hand on the spot where your uterus is.*

- **CERVIX:** The cervix is a semi-hard tissue that separates the uterus from the vagina. It has a very small opening (only 1-2 mm) where menstrual blood comes out. This small opening enlarges when a baby is about to be born. *If you put your finger into your vagina you can feel the cervix deep at the end of the vagina.*

- **VAGINA (vaginal canal):** The vagina is a muscular canal which passes upwards and downwards. It is very elastic (it can stretch). It has three functions:
  - it is a passageway for menstruation;
  - it can stretch to provide a place for the man to put his penis during sexual intercourse;
  - it can stretch to become the channel through which a baby is born. If you have never felt the inside of your vagina, you can try it in private. For women—try putting your finger into your vagina, and feel the soft tissue and the size of your vagina.
EXTERNAL

- **VULVA:** The vulva is the name for the entire outside part of the female genitals. There are 5 separate parts of the vulva: i) labia majora ii) labia minora iii) clitoris iv) urethra opening and v) vaginal opening.

- **LABIA MAJORA:** The Labia Majora are two thick folds of skin which form the boundary of the vulva. They are covered with hair on their outer surfaces.

- **LABIA MINORA:** The Labia Minora are two smaller folds of skin and fatty tissue which lie between the labia majora. Where the labia minora meet is a small “peak” about the size of a small groundnut. This is the clitoris.

- **CLITORIS:** The clitoris is the most sensitive and erotic part of a woman's body. It plays a very important role during sexual excitement.

- **URINARY OPENING OR URETHRA:** The urinary opening or urethra is a small opening just below the clitoris. This is where urine is passed out from the bladder.

- **VAGINAL OPENING:** The Vaginal opening is just below the urinary opening.

- **HYMEN:** The Hymen is a thick layer of mucous membrane which covers the opening of the vagina. It has an opening which allows the menstrual flow to escape. The hymen is usually torn when sexual intercourse takes place and may also be torn by a finger or tampon or use of a female condom.
FEMALE REPRODUCTIVE ORGANS - INTERNAL

FEMALE REPRODUCTIVE ORGANS – EXTERNAL
Be sure you’ve got the real FC2!

When you decide to use a female condom, make sure it is an FC2 female condom. FC2 female condom meets high quality standards set by international health agencies like WHO (World Health Organization) and FDA (US Food and Drug Administration). You can see whether the female condom pack contains a real FC2 by checking that at least one of the following is visible on the packaging:

- FC2
- The Female Health Company (FHC)

The FC2 female condom prevents
- unintended pregnancy
- sexually transmitted infections (STIs), including HIV

www.supportworldwide.org | info@supportworldwide.org

FC2 female condom is manufactured by The Female Health Company (FHC).
Chicago USA/London UK/Malaysia
What is the FC2 female condom?
The FC2 female condom is a soft, smooth condom. It is easy to insert in the vagina. FC2 has an inner and an outer ring that hold it in place during sex. FC2 has a perfect fit. It lines the walls of the vagina, allowing the penis to move freely inside the condom during sex, the silicone-based lubricant giving a natural sensation.

Enjoyable
Both men and women enjoy sex with the FC2 female condom. FC2 has many advantages:
• The material is smooth and soft.
• It feels natural because it quickly warms up to body temperature.
• The female condom isn’t tight around the penis and gives the man a natural sensation.
• FC2 can be inserted either a few hours or just before sex.
• FC2 can be used by people who are allergic to latex.
• It is made of a synthetic material called nitrile.
• You don’t need to see a doctor before you start using female condoms. FC2 doesn’t affect your body and it doesn’t contain hormones.

Safe
Just like a male condom, the FC2 female condom completely blocks sperm and the bacteria or viruses that cause STIs. The outer ring provides added protection against STIs by covering the woman’s external sex organs and the base of the penis. FC2 is for single use only.

Are you planning a pregnancy? Or do you want to wait to have your next child? The FC2 female condom is a safe and enjoyable family planning method. It also protects against sexually transmitted infections (STIs), including HIV.

Zawadi:
It’s great that I can use FC2 without having to see a doctor. In the beginning I practised inserting the condom on my own. It was easier than I’d expected. Now I feel very comfortable using it with my boyfriend.

Noa:
I’m totally in control. No risk of pregnancy. No risk of STIs. No problems with boyfriends who refuse to wear a condom. The female condom is my first choice for safe sex!

Jonathan:
After having struggled with male condoms, I’m very happy my girlfriend and I switched to FC2 female condoms. It feels like there’s no condom at all. Sex is great again!

Patrick:
My erection often disappears when I put on a male condom. That’s why I introduced the FC2 female condom to my wife. She is using it now. We’re both happy. Our sex life is much more exciting.

Tara:
My family is complete with three children. With FC2 female condoms I’m not worried about getting pregnant again. I have no stress and can completely relax during sex. FC2 feels very natural.
What do we know about FC2?

The second generation female condom, FC2, is a strong, soft, transparent synthetic nitrile sheath inserted in the vagina before sexual intercourse, providing protection against both pregnancy and STIs, including HIV. It forms a barrier between the penis and the vagina, cervix and external genitalia. It is non-allergenic and, unlike latex, may be used with both oil-based and water-based lubricants. It is not dependent on the male erection and does not require immediate withdrawal after ejaculation. With correct and consistent use, FC2 is as effective as other barrier methods, including the male condom, in protecting against STIs, including HIV, and unintended pregnancy, and has no known side effects or risks.

1. **FC2 is acceptable to women and men**
   The Reproductive Health and HIV Research Unit at the University of the Witwatersrand in South Africa conducted a multisite, double-blind, randomized, crossover trial comparing the acceptability of the polyurethane FC1 with the new synthetic nitrile female condom, FC2. Two hundred and seventy six women in Durban, South Africa, were enrolled for the acceptability research study. Overall experience of use was reported as good by more than half the participants for both female condoms. Over 80 per cent of the study subjects found that FC1 and FC2 were comfortable to use. The same study found that approximately 80 per cent of the enrolled women's partners liked FC1 and FC2. There was a marginal preference for FC2.

2. **FC2 prevents unintended pregnancies**
   FC2 is a barrier method of contraception that extends the choice of contraceptive methods available and provides protection from the risk of unintended pregnancy.

3. **FC2 prevents the transmission of STIs, including HIV**
   FC2 provides significant protection from the transmission of STIs, including HIV, and forms an effective barrier to organisms smaller than those known to cause STIs including HIV.

4. **Expanding choice increases protection**
   Importantly, the introduction of female condoms alongside male condoms has been found to increase the overall number of protected sex acts, with no substitution effect observed over time.
5. Practice makes FC2 use easier
A consistent finding in all female condom programs is that practice makes a great difference in how women feel about FC2. Most programs now suggest that women try FC2 three times before deciding whether they like it or not. The occasional complaints about FC2, such as it seems too long, or it is a little difficult to insert the first time, are mostly reduced or solved by continued use.

6. Distribution needs to be integrated into existing reproductive health and HIV prevention programs
For successful distribution and consistent use of female condoms it is crucial that men and women have both knowledge of and consistent access to FC2. Already existing reproductive health or other programs that address sexual health and provide information and supplies of male condoms and other types of contraceptives should integrate FC2 as an additional choice for men and women.

7. Distribution must be supported by community outreach programs
Educational outreach programs are important in promoting the female condom. Research has consistently indicated that the people most likely to use and continue to use female condoms are those with access to community outreach. While mass-media can be an important tool to raise awareness of female condoms, interpersonal communication has a greater impact on an individual’s decision to use female condoms.

8. Training is essential for service providers
Service providers, peer educators and pharmacists must be trained so that they in turn can counsel potential FC2 users and demonstrate the use of FC2.

9. Multi-sectoral collaboration is key
Successful programs incorporate all stakeholders at the earliest phase of programming. Stakeholders include governments, NGOs, INGOs, grassroots organisations, social marketing organizations, national/local businesses and donor agencies.

10. FC2 provides additional emotional comfort, sense of security and control
In many places, women have little or no say in sexual matters, and they are in no position to ask their partner to abstain from sex with others or to negotiate the use of a male condom. FC2 is currently the only method over which women themselves exercise some control in gaining protection against STIs, including HIV, and in preventing unintended pregnancies. FC2, therefore, contributes to women’s sense of personal control and empowerment, increases their knowledge about their bodies and improves communication between men and women.
11. Lessons learned about FC2 introduction and distribution

FC2 is an important addition to the choices that men and women have to protect themselves from STIs including HIV and unintended pregnancy. There are a few key lessons that have been learnt about how to ensure men and women get this choice:

- There is a significant demand for female condoms amongst women and men that stretches beyond an initial “novelty demand”.
- It is important to assess the actual use of FC2 over time.
- Although FC2 is more expensive than a male condom, FC2 is a cost-effective intervention since it enhances prevention by increasing the number of overall protected sexual acts.
- The cost per HIV infection averted through increased FC2 distribution and use appears to be less than the medical costs to care for people living with HIV.
- Where FC2 supply or funding is limited, it is more effective to prioritize distribution to a target audience (or audiences) than to fail to provide FC2 at all. In time this targeted distribution will indicate FC2’s importance as a key barrier method of protection for all populations – this finding will be the key to securing increased funding and demand for supplies.
- It is important to ensure that all FC2 users have access to a consistent supply.
- Practice makes perfect – there is a need to provide samples of the product and good education on correct use of FC2.
- FC2 use is not complicated, so it is important not to overcomplicate its introduction.
- Service providers may have a bias against barrier methods and female condoms, and it is important that these biases are addressed so they don’t negatively influence potential users. This can be achieved through training clinicians, educators and program managers.
- It is crucial not just to involve men in female condom promotion but to ensure that female condoms become a choice of barrier method protection for men and women.
- It is important that the distribution of female condoms is completed within an existing reproductive health or HIV prevention program. This program must include education, specifically an outreach program, and a distribution strategy, alongside a procurement plan for FC2 that ensure supplies are available when promotion starts.
Place female condom instructions in correct sequence by writing the numbers in the blocks below

1. Place female condom in packet or wrap in paper and throw in garbage
2. Do not re-use
3. Remove female condom from pack
4. When ready gently guide penis into female condom
5. Separate lips of vagina
6. Ensure packet is intact
7. Check expiry date
8. Locate the arrow on top right of packet and tear downwards
9. Grasp female condom with one hand and squeeze inner ring with thumb and fingers of other hand to form a point
10. Choose a position that you are comfortable with
11. Place index finger inside female condom and push ring as far as it will go into the vagina
12. Gently insert female condom into the vagina using the inner ring
13. After use when ready to remove, twist outer ring and gently remove female condom before standing
14. Spread lubrication

ANSWERS

Appendices
An Integrated Condom Training Manual
6. Ensure packet is intact
7. Check expiry date
14. Spread lubrication
8. Locate the arrow on top right of packet and tear downwards
3. Remove female condom from pack
9. Grasp female condom with one hand and squeeze inner ring with thumb and fingers of other hand to form a point
10. Choose a position that you are comfortable with
5. Separate lips of vagina
12. Gently insert female condom into the vagina using the inner ring
11. Place index finger inside female condom and push ring as far as it will go into the vagina
4. When ready gently guide penis into female condom
13. After use when ready to remove, twist outer ring and gently remove female condom before standing
2. Do not re-use
1. Place female condom in packet or wrap in paper and throw in garbage
FC2 female condom is the first and only female-controlled contraceptive barrier method with the advantage of also providing protection from STIs including HIV. FC2 female condom is safe and effective if used correctly and consistently and has high acceptability among both women and men in many countries. Because it is a new method, though, the way the product is presented to potential users is critical. Many people will be seeing the female condom for the first time and, at first glance, the female condom may look strange or hard to use.

Introducing the female condom can be done in groups or in one-to-one sessions. Group sessions offer a friendly environment where women (and/or men) can share information, ideas and experiences. In one-to-one sessions, messages can be tailored to fit the specific needs of a user. In either case, the following are essential ingredients to successful introduction:

- maintaining a non-judgmental attitude;
- covering basic concepts;
- using plain language;
- encouraging interaction;
- humour.

The following is an outline of the way the female condom can be introduced. It is meant to be adapted and modified depending on the setting.

1. Describe the social context of HIV/AIDS and STIs in the community/country and the dynamics of sexual relationships.
2. Establish how much the person or group knows about safer sex, anatomy and the female condom.
3. Provide a brief overview of disease transmission.
4. Provide an overview of the reproductive system.
5. Discuss personal vulnerability and risk.
6. Explain protection, especially the idea of “dual protection” – protection from STIs/HIV and unintended pregnancy.
7. Let each person touch the female condom.
8. Highlight major anatomy points that relate to the female condom:
   - the difference between the vaginal canal and the urethra;
   - the vagina is a closed pouch;
   - the location of the pubic bone and cervix;
   - explain that the female condom will not interfere with normal bodily function.
9. Describe the female condom and compare it to the male condom and other contraceptive methods.
10. Demonstrate proper use and disposal.
11. Discuss partner negotiation skills and techniques.
<table>
<thead>
<tr>
<th>TYPE OF ISSUE</th>
<th>SOLUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penis does not enter the female condom, but slips between the sheath and the vagina wall</td>
<td>• Man should withdraw penis and start over again with same female condom</td>
</tr>
<tr>
<td></td>
<td>• Add lubrication</td>
</tr>
<tr>
<td></td>
<td>• Woman or her partner can hold the outer ring</td>
</tr>
<tr>
<td></td>
<td>• Woman can hold her partner’s penis and guide it into the condom</td>
</tr>
<tr>
<td>Outer ring slips inside the vagina or the condom is pushed into the vagina</td>
<td>• If this occurs during sexual intercourse, STOP! And insert a new Female Condom</td>
</tr>
<tr>
<td>Inner ring discomfort</td>
<td>• Remove female condom &amp; reinsert to position differently</td>
</tr>
<tr>
<td>Condom riding out with penis</td>
<td>• Use more lubrication inside the female condom or directly on the penis</td>
</tr>
<tr>
<td></td>
<td>• If the female condom comes out during sex, insert a new condom</td>
</tr>
<tr>
<td>Condom slips out of hand during insertion</td>
<td>• Dab insertion fingers on tissue to remove excess lubrication</td>
</tr>
<tr>
<td>Noise</td>
<td>• Use more lubrication</td>
</tr>
</tbody>
</table>
The correct information is written in bold and italics.

Note when users discuss these myths ask them to focus on the reason for choosing to use condoms.

Clients/users should be encouraged to focus on the benefits and not give up condom use and expose themselves to a possible infection or an unintended pregnancy because of these myths, perceptions and fears.

**Myths**

Female condoms do not prevent HIV.

*FC2 female condom is made of nitrile, a synthetic rubber, and has been tested to show that the HIV organism cannot pass through it.*

Female and male condoms should be used at the same time for ‘double protection’.

*Female and male condoms should never be worn at the same time. Using both at the same time can cause tearing or slipping in either condom.*

Female condoms are for sex workers and casual sex, not married and long-term partners.

*Female condoms can prevent unintended pregnancy and HIV in marriages and long-term relationships.*

Female condoms can only be used in one sexual position – with the man on top and the woman on the bottom.

*FC2 can be used in different sexual positions as long as it is inserted correctly and the outer ring remains outside the vagina.*

The public sector female condoms are of inferior quality.

*All FC2 female condoms distributed in both the private and public sectors are tested to the same standards.*
Myths, Perceptions and Fears about FC2 Female Condom

**Negative Perceptions**

Female condoms look too big and baggy. *Female condoms are about the same length as the male condom but wider so they fit the inside of the vagina more comfortably. Some men prefer the looseness of the female condom to the snugness of the male condom.*

Female condoms make too much noise. *Just add more lubrication.*

Women will not be comfortable touching their vaginas in order to insert the female condom. *People used to say the same thing when tampons were first introduced, but over time and with practice these perceptions changed.*

Condoms reduce spontaneity. *Female condoms can be inserted some time before sexual intercourse so that sex can be spontaneous and pleasurable.*

**Fears**

Female condoms will get lost in the vagina or uterus. *The vagina is a small closed pouch and the female condom cannot get lost in it. The opening to the cervix is far too small to allow a condom to pass through. The cervix only opens up during childbirth.*
When you talk to people about FC2 female condoms for the first time, they often have many questions about it. And when they actually start using FC2s, they may have many more questions.

This document gives you the answers to all those questions. To help you access the right answers easily we have divided them into the following sections:

- FC2 information.
- FC2 users.
- FC2 insertion.
- FC2 during sex.
- FC2 combined with other contraceptives.
- Instructions with illustrations on how to insert and use the FC2 female condom.

**FC2 information**

**What is the FC2 female condom?**

FC2 is a soft, smooth and strong condom, made from a synthetic material, which is worn inside the vagina. It’s a transparent sheath that is 17 centimetres or about 6.5 inches long, with a flexible inner ring and a rolled outer ring. The inner ring, at the closed end of the condom, is used to insert FC2. It also holds the condom in place during sex. The larger outer ring, at the open end of the condom, remains outside the vagina.

- FC2 lines the vagina and covers the cervix. It holds sperm after ejaculation, preventing unintended pregnancy, and acts as a barrier to viruses and bacteria that cause STIs, including HIV.
- FC2 also provides extra protection against STIs by covering the woman’s external sex organs and the base of the penis.

**Is FC2 safe?**

- Testing has shown that FC2 is a safe and effective method for preventing unintended pregnancy and STIs, including HIV.
- FC2 is as effective as other barrier methods when used correctly and consistently.
- Each FC2 female condom is tested electronically to assure quality.
- FC2 has been tested to ISO 10993 which includes tests for biocompatibility, cytotoxicity (destructive action on certain cells), mutagenicity (causing cell mutation), sensitization, irritation and systemic toxicity (potential adverse effects on the body’s organs and tissues).
- FC2 female condom meets high quality standards set by international health agencies like FDA and WHO.
**Why should we use FC2?**

There are lots of pleasurable and exciting reasons to use FC2; here are some of them:

- **FC2 is a dual protection method.** This means it provides protection against both pregnancy and sexually transmitted infections (STIs), including HIV. FC2 allows women and men to have relaxed sex without fear of negative consequences.
- **FC2 can be inserted before sex.** This means you don’t need to interrupt foreplay to put on a condom.
- **FC2 is designed to fit inside the vagina and allows the penis to move freely inside the condom during sex.**
- **FC2 adjusts quickly to body temperature so it feels warm and natural.**
- **FC2 is lubricated.** If you want to, you can add more oil or water based lubricant either on the inside or outside of the condom or directly on to the penis. This can make insertion easier and allows the penis to move smoothly in and out during sex.
- **FC2 is non-allergenic and a great option for men and women who have an allergy to latex.**
- **The penis doesn’t need to be erect to use FC2, and doesn’t have to be withdrawn immediately after sex.**
- **Men and women can have fun together inserting FC2.** The two rings can also increase pleasure during sex. Some men enjoy bumping against the inner ring inside the condom, while women might like the feeling of the outer ring touching their clitoris.

**Does FC2 require special storage conditions?**

FC2 does not deteriorate in high temperatures or humidity so does not require special storage conditions.

**Does FC2 come in different sizes?**

No, FC2 fits all women regardless of their size or shape.

**Why does FC2 look different from a male condom?**

FC2 is designed to fit inside and line the wall of the vagina, allowing the penis to move freely inside it during sex. It also provides extra protection against STIs by covering part of the woman’s external sex organs and the base of the penis.

**What type of lubricant can be used with FC2?**

FC2 comes lubricated with a non-spermicidal, silicone based lubricant. You can add extra oil or water-based lubricants either on the inside or outside of the condom or directly on the penis.
FC2 Users

Who can use FC2?

FC2 is a great and enjoyable safer sex option for all women and men who are sexually active. Moreover FC2 can be used by:

• Men and women who are sensitive to latex.
• Women who are menstruating.
• Women who are pregnant.
• Women who have recently given birth.
• Women who are (pre or post) menopausal.
• Women who have had a hysterectomy.

Why does FC2 need to be available to women?

In many places, women have little or no say in sexual matters and they are in no position to ask their partner to abstain from sex with others or to negotiate the use of the male condom. The female condom is currently the only method that can be applied by women themselves to provide double protection against STIs, including HIV, and unintended pregnancies. FC2, therefore, contributes to women’s sense of personal control and empowerment and increases their knowledge about their bodies. FC2 helps improve communication between men and women.

Can FC2 be used by people who are sensitive to latex?

FC2 is made from nitrile polymer which is a synthetic material which has been tested extensively and shown to be non-allergenic. It is a great option for men and women who are sensitive to latex.

Can FC2 be used during menstruation?

FC2 can be used during menstruation but you may want to insert it just before sex and remove it soon afterwards as it will not necessarily prevent the escape of menstrual fluid.

Can FC2 be used during pregnancy?

It is quite safe to use FC2 when you are pregnant.

Can FC2 be used for anal sex?

There has been no research on the effectiveness of FC2 for anal sex use and it is not approved for anal sex use. However, many public health organizations confidently promote FC2 for anal sex. These organizations advise to insert FC2 inside the anus and to remove the inner ring before having anal sex. It is also possible to first remove the inner ring and then put the condom over the erect penis. Some men put the ring over the penis for a better grip.
How soon can FC2 be used after giving birth?

FC2 can be used as soon as you feel ready for sex after giving birth. It can be an especially good option at this time when some other contraceptives are not suitable.

Can FC2 be used when the man has a longer than average penis?

FC2 has been tested in many clinical studies across several countries and ethnic backgrounds. It has been found that FC2 can accommodate all shapes and sizes of men and women.

FC2 insertion

Is FC2 easy to use?

Just like anything new, it may take a little practice but remember practice makes perfect. Try FC2 at least 3 times. Find a comfortable position to insert FC2. This may be standing, sitting, squatting or lying down. Either partner can insert FC2. Have fun putting it in!

When can FC2 be inserted?

FC2 can be inserted either a few hours or just before sex and does not need to be taken out immediately after sex.

How do you know if FC2 is inserted correctly?

You can feel whether it is comfortable. The outer ring should lie flat around the opening of the vagina. FC2 should be lying smoothly against the vaginal wall.

Can FC2 disappear inside the body?

No. FC2 can't disappear inside the body. FC2 covers the cervix and the opening to this is so small that it is impossible for FC2 to pass through this space. The cervix only opens up during childbirth.

What do I do if the inner ring does not feel comfortable?

- Remove the female condom.
- Reinsert the female condom. Try to do it in a different position. You can either do it standing, sitting, squatting or lying down.

What do I do if the female condom slips out of my hand during insertion?

Dab your fingers on a tissue to remove the excess lubrication and continue to insert the female condom.
Will FC2 break the hymen?

It is possible that FC2 may break the hymen when it is inserted.

Can you urinate once FC2 is inserted?

Yes, you can urinate when FC2 is inserted. Make sure the outer ring doesn’t cover the urethra. If necessary push the outer ring a bit backwards before urinating. Clean yourself afterwards and ensure the outer ring is repositioned correctly before sex.

FC2 during sex

Is it true that FC2 can increase pleasure during sex?

Yes. Some men find bumping the inner ring during sex exciting and erotic. Some women like the sensation of the outer ring rubbing against their clitoris. Either partner can insert FC2 which can be sexy. The material is also very soft and smooth and warms quickly to body temperature, making sex feel natural.

How does the inner ring feel during sex?

Many women and men say the inner ring increases pleasure for them during sex. If the inner ring feels uncomfortable, try repositioning or reinserting the condom.

Does the outer ring have to be held during sex?

No, once the penis is inside the condom, you don’t need to hold the outer ring.

Is FC2 noisy during sex?

No, FC2 is a very soft and smooth condom. If you hear noise and it bothers you, add extra lubricant either on the inside or outside of the condom or directly on to the penis. Also try inserting FC2 a few minutes before sex.

Can FC2 be used in different sexual positions?

Yes. You may want to try other positions once you’re comfortable using FC2.

Can FC2 be reused?

No. Use a new FC2 for every sex act.
Can FC2 break during use?

As with any condom, care should always be taken when inserting the female condom. Do not open the packet with scissors, a knife or your teeth, and handle the condom appropriately if you have long nails. Rips and tears are reported in FC2 less than 1% of the time. If FC2 breaks, remove it and immediately insert a new condom.

What do I do if the penis slips between the sheath and the vagina wall?

- The man should immediately withdraw his penis.
- It's important to hold the outer ring in place as the man (or the woman) guides his penis back inside the condom. Once his penis is inside, you do not have to continue holding the outer ring.

What do I do if, during intercourse, the outer ring slips inside the vagina or the condom is pushed into the vagina?

- The man should immediately withdraw his penis.
- Remove the female condom.
- Insert a new FC2 female condom.

What do I do if the condom is slipping too far out of the vagina (riding with the penis)?

- Remove the female condom.
- Insert a new one.
- Use more lubrication inside the female condom or directly on the penis.

FC2 combined with other contraceptives

Can FC2 be used with other contraceptives?

- Yes. FC2 can be used with the pill, injections, intrauterine device (IUD), implants, post sterilization and post vasectomy to provide protection against STIs, including HIV.
- FC2 cannot be used with the diaphragm or with the NuvaRing as the inner ring of FC2 fits into the same place as the ring of these contraceptive devices.

Can FC2 and a male condom be used together?

No, never use a male and female condom at the same time. Using the two condoms together does not increase protection but does increase the chances of either one or both of them breaking.
How to use FC2 female condom

These instructions show step by step how to insert the FC2 female condom in the vagina. FC2 can be inserted either a few hours or just before sex. When FC2 is used for the first time, people might need to practise insertion. Advise them to make time for it. FC2 can be inserted by women themselves but their partner can also do it for them.

How to insert FC2

1 Before opening your FC2:
   • Check the expiry date which is stamped on the front or on the side of the FC2 packet.
   • Spread the lubrication inside around by rubbing the packet with your hands.

2 • To open the packet, tear straight down from the arrow at the top and remove the condom.
   • Do not use scissors, a knife or your teeth to open the packet.

3 Hold the inner ring between your thumb and forefinger. Then squeeze the sides of the inner ring together to form a point.

4 You can insert FC2 in lots of different ways. Find a position that is comfortable. This may be standing, sitting, squatting or lying down.

5 Feel for the outer lips of your vagina and spread them.
6 Use the squeezed inner ring to push FC2 into your vagina. Slide your index finger or middle finger inside the condom and push it in your vagina as far as possible, using the inner ring. Make sure the condom is not twisted and lies smoothly against your vaginal wall.

7 A small part of the condom, including the outer ring, stays outside your body and lies over the lips of your vagina, partially protecting your external sex organs and covering the base of your partner’s penis.

8 FC2 lines the inside of your vagina and covers your cervix. The opening of your cervix is so small that it is impossible for FC2 to pass through this space.

How to use FC2 during intercourse (sex)

9 Hold the outer ring in place as your partner guides his penis inside the condom. Once his penis is inside the condom, you do not have to continue holding the outer ring. For extra pleasure you may want to add more lubricant either on the inside or outside of FC2 or directly onto your partner’s penis once the condom is inserted.

10 Please notice! Your partner needs to immediately withdraw his penis if:
   • His penis enters between the condom and the vagina wall. In this case you should put the outer ring back in position before he slides his penis back inside the condom.
   • The outer ring has been pushed into your vagina. In this case you should use a new FC2.

11 To take FC2 out, hold the outer ring and twist it to keep the semen inside. It’s best to do this before standing up. Gently pull the condom out, wrap it in a tissue or the empty packet, and throw it in a rubbish bin.
### ASSESSMENT OF PROVIDER COMPETENCY IN FEMALE CONDOM DEMONSTRATION

For each of the statements below, tick **YES** or **NO** in the appropriate column.

<table>
<thead>
<tr>
<th></th>
<th>DID THE PROVIDER EXPLAIN THE FOLLOWING</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The female condom provides more extensive coverage than the male condom, for both women and men.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>The female condom prevents STIs/HIV and pregnancy (Dual Protection).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>The female condom must be used correctly and consistently to be effective.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>A new female condom should be used for each act of sexual intercourse.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Practice will improve the client’s skill in female condom insertion.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>The female condom has no health side effects.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>How the client might motivate her partner to accept female condom use.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>The material used to make the female condom and its benefits.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>The female condom has a silicone based non spermicidal lubrication and its purpose.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>FC2 can be used with either a water-based lubricant (like K-Y jelly) or an oil-based lubricant (like baby oil).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Checklist Rating Sheet 13G

<table>
<thead>
<tr>
<th></th>
<th>DID THE PROVIDER EXPLAIN THE FOLLOWING</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>The purpose of the inner ring.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>The different positions for inserting the female condom.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>The penis does not have to be erect.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>The female condom can be inserted prior to sex so as not to interrupt spontaneity.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>The female condom is not as tight or constricting as the male condom.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>How to reduce noise during sex.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>The female condom does not have to be removed immediately after ejaculation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>How to remove the female condom.</td>
<td></td>
<td></td>
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<tr>
<td>19</td>
<td>How to dispose of the female condom.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>How to store the female condom.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Used a pelvic model or hand to demonstrate female condom insertion and removal.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**PENIS:** The penis is used both for urinating and for sexual activity. The penis is very sensitive. When a male child is born he will have a sheath of loose skin at the head of his penis. Later, this skin (called the foreskin) is sometimes removed. This is called circumcision.

The penis is normally soft and small, but when there is sexual stimulation it becomes big, rises up and is hard. This is called an erection. It is due to blood gathering in the tissues. When the blood flows back out of these tissues, the penis becomes small and soft again.

**URETHRA:** The urethra is a narrow tube inside the penis. It extends from the bladder to the tip of the penis. It provides a common pathway for the flow of both urine and semen. Urine and semen are never passed at the same time.

**SCROTUM and TESTICLES:** The scrotum is a ‘skin bag’ which is just behind the penis. Inside the scrotum are two oval-shaped testicles. The testicles produce sperm and in addition they also secrete male sex hormones that determine male characteristics (e.g. facial hair, lower voice etc).

**PROSTATE:** The prostate is a small gland that produces part of the fluid that makes up the whitish milk-like fluid called semen. Fluid from the prostate gland mixes with the sperm to form semen. It is semen that is expelled through the urethra during sexual intercourse. When a man ejaculates, semen filled with hundreds of millions of sperm spurts out. The prostate is inside a man’s body and is difficult to feel.
Description
The male condom is a sheath made of very thin sensitive rubber latex. It is designed to cover the erect penis and prevent semen from entering the vagina. The condom is often lubricated to minimize loss of sensitivity during intercourse.

Characteristics of the male condom
The male condom is a male-controlled barrier method. It protects against pregnancy and STIs including HIV, when used correctly and consistently.

Latex condoms
- Condoms made of latex do not transfer heat. (Male condoms are also made from plastic and animal membranes but these are not widely available).
- Male condoms are made in different sizes, colours, textures and thickness.
- The condom fits snugly on the penis.
- Male condoms do not allow even the smallest viruses (like Hepatitis B, herpes simplex or the HIV virus) to pass through them.
- Male condoms can only be used with water-based lubrication.
- The integrity/strength of male condoms can be undermined by extremes of temperature.

Efficacy of the male condom in preventing pregnancy
The male condom is about 98% effective in preventing pregnancy if used correctly and consistently. Their failure can be up to 15% with typical use.\(^1\)

Who can use the male condom?
People of all ages can use the male condom and it is a good choice for anyone who needs to prevent pregnancy and protect themselves against sexually transmitted infections.

Only a very small percentage of people cannot use male condoms, either because of sensitivity to latex (which causes an itching/burning sensation), or because the male partner has difficulty maintaining a complete erection needed for the male condom.

Advantages of the male condom
- The male condom is simple and easy to use with practice
- It is widely available and does not require any medical prescription
- It can be used either as a short term or long term method
- It can provide added protection (against STIs/HIV) when used together with other family planning methods (Dual Method)

---
The condom is used only during the times when you have sex
- It promotes responsibility and accountability amongst users
- It allows partners to share responsibility
- It has no systemic side-effects
- It prolongs sexual intercourse, particularly for men with premature ejaculation

**Disadvantages of the male condom**
- The male condom can reduce male sensation
- The male condom takes practice to use confidently and correctly
- Breakage or slippage may occur, though rarely, especially amongst inexperienced or inconsistent users
- The method may interrupt sexual intercourse unless incorporated into foreplay
- It is sometimes seen as promoting promiscuity
- If it is associated with STI/HIV prevention, it may reduce the ability of some individuals/couples to negotiate its use
- Some individuals may have occasional sensitivity to latex
- There is a general misperception of “very high failure rates”
- It requires a full erection for correct insertion

**Common myths and misconceptions about the male condom**
- Condoms often break during sex.
  *Fact: this is very rare.*

- If the condom comes off/slips off it can go inside the woman’s body and not come out.
  *Fact: The condom is too large to enter into the womb or bladder of the woman. If the condom slips off it can be removed by feeling inside the vagina with a finger, hooking it with the finger and pulling it gently out.*

- Use of condoms will weaken a man, causing impotence.
  *Fact: This is completely untrue. On the contrary, refusal to use condoms is likely to lead to STIs, including HIV, and these will certainly weaken a man.*

- If your partner suggests condom use, it is a sign of unfaithfulness on their part.
  *Fact: Suggesting condom use is a sign of openness and willingness to talk about safer sex.*

- Condoms are only for use with women from areas perceived as “cheap” and high risk.
  *Fact: Condoms are for use in any situation where practicing dual protection is the sensible thing to do.*

- Condoms are only for use with sex workers.
  *Fact: Condoms should certainly be used with sex workers, to protect both partners, but that is by no means their only use. Condoms need to be used with every partner where there is a possible risk of being infected with an STI/HIV or to prevent pregnancy.*
1. Opening the condom
   - Check the expiry date. Do not use the condom if it has expired.
   - Check the packaging is intact. Do not use it if the packaging has been damaged.
   - Open the wrapper carefully to avoid tearing the condom (sharp nails or jewellery may tear the condom).
   - Do not unroll the condom before putting it on the penis.

2. Putting on the condom
   - Hold the top of the condom and squeeze the tip to prevent air being trapped at the end of the condom.
   - The penis must be erect (hard) and the condom must be put on before there is any sexual contact.
   - Unroll the condom until it covers the entire penis.
   - Lubrication:
     - many condoms are already lubricated. But if extra lubrication is needed use water-based substances such as K-Y jelly or glycerin.
     - do NOT use Vaseline, cold cream or any other oil-based substances, as these could weaken the condom and make it more likely to burst.

3. Removing the male condom
   It is important to remove the male condom correctly to prevent spillages and possible sperm or STI transmission.
   - Immediately after ejaculation, hold the rim at the base of the condom and remove the penis whilst still erect. This is to avoid sperm leaking out of the condom, or the condom slipping off during withdrawal.
   - Slide the condom off without spilling semen.
   - If the condom slips and is trapped inside your partner’s vagina, don’t panic. The woman should squat and put two fingers inside her vagina and try to pull the condom out. If this doesn’t work, she should go to a health facility and have it removed by a trained health worker. The health worker should also provide a back-up emergency contraceptive method.
   - Both partners should get counseling and testing for STI/HIV infection.
4. **Disposing of the condom**

- Wrap the condom in tissue or other paper and dispose of it hygienically in a dustbin, pit latrine or fire. Never flush it in a toilet, because it will block the toilet.
- Wash your hands and penis.
- Do not discard the male condom where children or animals can get hold of it.
Arrange the instructions for correct condom use in the correct sequence by writing the letters in the blocks below.

1. Place condom on tip of erect penis
2. Smooth out any air bubbles
3. Make sure condom will unroll
4. Withdraw penis while still erect
5. Check expiry date on packet
6. Remove condom from penis
7. Press tip of condom to squeeze out air
8. Roll condom over erect penis
9. Tear packet and remove condom
10. Dispose of condom safely
11. With condom on, insert erect penis for intercourse
12. Do not use oil based lubricants
13. Use only once
14. Immediately after ejaculation hold on to condom at base of penis, and...
15. Ensure packet is intact
16. Pull back foreskin

ANSWERS
ANSWERS

L. Ensure packet is intact
C. Check expiry date on packet
F. Tear packet and remove condom
A. Make sure condom will unroll
N. Press tip of condom to squeeze out air
P. Pull back foreskin
O. Place condom on tip of erect penis
E. Roll condom over erect penis
M. Smooth out any air bubbles
I. Do not use oil-based lubricants
H. With condom on, insert penis for intercourse
K. Immediately after ejaculation hold onto condom at base of penis, and....
B. Withdraw penis while still erect
D. Remove condom from penis
J. Use only once
G. Dispose of condom safely
ASSESSMENT OF PROVIDER COMPETENCY IN MALE CONDOM DEMONSTRATION.

*For each of the statements below, tick YES or NO in the appropriate column.*

<table>
<thead>
<tr>
<th></th>
<th>DID THE PROVIDER EXPLAIN THE FOLLOWING?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The male condom provides dual protection against pregnancy and STIs including HIV.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>The condom has to be used correctly and consistently in every sexual act.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>A new male condom has to be used for each round of sex.</td>
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<tr>
<td>4</td>
<td>Practice will improve the client’s skill in putting the male condom on.</td>
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<tr>
<td>5</td>
<td>The male condom has no systemic side-effects (except in rare cases of latex allergy).</td>
<td></td>
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<tr>
<td>6</td>
<td>How the client might motivate his/ her partner to use the male condom.</td>
<td></td>
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<tr>
<td>7</td>
<td>The male condom can only be used with a water- based lubricant.</td>
<td></td>
<td></td>
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<tr>
<td>8</td>
<td>Check that the package is intact and not damaged.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Check the expiry date.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>How to open the package carefully.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>The condom can be fitted only on an erect penis.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>The male condom must be rolled out down to the base of the erect penis.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>The male condom has to be removed immediately after ejaculation while the penis is still hard.</td>
<td></td>
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</tr>
<tr>
<td>14</td>
<td>How to dispose of the male condom.</td>
<td></td>
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<tr>
<td>15</td>
<td>How to store the male condom.</td>
<td></td>
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<tr>
<td>16</td>
<td>If the condom slips or breaks the client should go to a clinic for Emergency Contraception and (in appropriate cases) for STI testing and HIV counseling.</td>
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</tr>
<tr>
<td>17</td>
<td>The male condom can be used with other contraceptive methods to provide dual method protection against both pregnancy and HIV or other STIs.</td>
<td></td>
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</tr>
</tbody>
</table>
Tips for communicating with your partner about sex

The timing, place, knowing what you want to say and how you say it are key to effective negotiation. Know what to say and do should the outcome be negative such as aggression or violence.

- Choose a relaxing environment in a neutral location, preferably outside the bedroom, where neither of you feel pressured.
- Do not wait until you or your partner is sexually aroused to discuss safer sex. In the heat of the moment, you and your partner may be unable to talk effectively.
- Use “I” statements when talking. For example, “I would feel more comfortable if we used a condom”.
- Be a good listener. Let your partner know that you hear, understand, and care about what she/he is saying and feeling.
- Be “ask-able” – let your partner know that you are open to questions and that you won’t jump on him/her or be offended by questions.
- Be patient and remain firm in your decision that talking is important.
- Recognize your limits. You don’t have to know all the answers.
- Understand that success in talking does not mean one person getting the other person to do something. It means that you have both said what you think and feel respectfully and honestly.
- Avoid making assumptions. Ask open-ended questions to discuss expectations, past and present sexual relationships, contraceptive use, HIV testing, etc. For example, “What do you think about us both going for an HIV test?”
- Ask questions to clarify what you believe you heard. For example, “I think you said you want us to use condoms. Is that right?”.
- Avoid judging, labelling, blaming, threatening, bribing or manipulating your partner.
- Don’t let your partner judge, label, threaten, coerce or bribe you.
## Tips for communicating with your partner about sex

<table>
<thead>
<tr>
<th>NO.</th>
<th>STEPS</th>
<th>DESCRIPTION</th>
<th>WORDS YOU MIGHT SAY…</th>
<th>MESSAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Explain your feelings and the problem.</td>
<td>State how you feel about the situation.</td>
<td>“I feel frustrated when….”</td>
<td>“I feel frustrated and taken advantage of in this relationship when you do not listen to my side of the story.”</td>
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<tr>
<td></td>
<td></td>
<td>Describe the behaviour that violates your rights or disturbs you.</td>
<td>“I feel unhappy when….”</td>
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<td></td>
<td></td>
<td></td>
<td>‘’I feel taken advantage of when…”</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>“It hurts me when…”</td>
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<tr>
<td>2</td>
<td>Make your request.</td>
<td>State clearly what you would like to happen.</td>
<td>“I would like it better if…”</td>
<td>“I would like it better if we have sex we could use some protection against pregnancy.”</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>“I would like you to…”</td>
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<td></td>
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<td></td>
<td>“Could you please…”</td>
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<td></td>
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<td></td>
<td>“Please don’t…”</td>
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<td></td>
<td>“I wish you would…”</td>
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<tr>
<td>3</td>
<td>Ask how the other person feels about your request.</td>
<td>Invite the other person to express his/her feelings or thoughts about your request.</td>
<td>“How do you feel about it?”</td>
<td>“Is that ok with you?”</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>“Is that ok with you?”</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>“What do you think?”</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>“Is that all right with you?”</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>“What are your ideas?”</td>
<td></td>
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<tr>
<td>4</td>
<td>Accept with thanks.</td>
<td>The other person indicates his/her feelings or thoughts about your request.</td>
<td>The other person responds.</td>
<td>“Yes, I guess you’re right. If you get pregnant, then you will not be able to graduate this year.”</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>“I agree that we should use female condoms maybe because the male condom constricts me.”</td>
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<tr>
<td></td>
<td></td>
<td>If the other person agrees with your request, saying “Thanks” is a good way to end the discussion.</td>
<td>“Thanks.”</td>
<td>“Thanks for understanding. I really appreciate you being considerate.”</td>
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<td></td>
<td></td>
<td></td>
<td>“Great, I appreciate that.”</td>
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<td></td>
<td></td>
<td></td>
<td>“I’m happy you agree.”</td>
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<td></td>
<td></td>
<td></td>
<td>“Great”</td>
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</tbody>
</table>
Safer sex depends on the ability to convince partners that it is in their best interest to use a condom, without changing the basis of the relationship or the intimacy of the moment. Negotiation for safer sex is not always easy. Because it may be difficult to discuss the subject, practising safer sex may be very limited or just not done. Some lessons learned about training to negotiate safer sex include:

- Role plays and real-life testimonials successfully incorporated into counseling, along with printed materials, videos, face-to-face education, peer education and promotional events, can help women and men negotiate condom use.

- Cultural norms can be used to help with promotion. For example, women in Senegal are sometimes able to work together with other wives of their husband to persuade these men to use male or female condoms.

- In some cases it can be useful to incorporate the male or female condom into sexual foreplay. With the female condom this can be done by allowing the male partner to insert it.

- To encourage continued use of the female condom, many women who have problems with insertion ask their partners to help.

- In places of strong community spirit, women often negotiate female condom use by arguing that most local women now use the device. Partners feel, more often than not, obliged to comply.

- In South Africa and Zimbabwe brochures on male and female condoms have been developed that women or men can give to their partners. The brochure can be used as a “discussion starter”. They emphasize the enjoyment and pleasure that condoms can bring and the key attributes that other men really like about condoms.

- In Birmingham, Alabama, USA, a video for male partners is used as a motivation strategy for condom use.

- Some sex workers do not tell their client that they are wearing the female condom prior to sex and find that either men do not notice or they are happy not to use the male condom. Others feel more confident about introducing and persuading clients to use FC female condoms after the client has refused to use the male condom.
1. **Who will you be training?** Write or record a brief description of the kind of people with whom you will share condom training, and the reasons why they need this training.

2. **Who will be responsible for coordinating the training?**

3. **How will the training be organized?** Write or record a brief description of how the training time will be organized (e.g. a workshop, occasional short sessions spread over a longer period, informal peer education) and where it will take place.

4. **When do you plan to commence the training and how many training sessions will you conduct over a year?** Indicate if your training will be on-going.

5. **What resources will you have available?** Write or record a list of training resources that you will be able to use. This could be anything from just some simple visual aids or condom samples to a fully equipped training room.

6. **What will your participants need to learn?** Write or record a list of what you feel your future participants will need to learn. Organize this list in three sections:
   - Most important
   - Very useful but not essential
   - Useful but could be left out if there is not enough time

   If you are writing on flip chart you might want to make 3 columns, with the flip chart horizontal, like this:

7. **Which Modules/Activities/Tools from this workshop do you think will be most useful for your future participants?** Review the present workshop and identify the modules, activities and materials that you think will be most useful for the training that you will do in the future. Write or record a list of these.

8. **How will you sequence the modules and activities in your own training?** Once you have decided what topics / activities you will include, decide how you will arrange them in sequence. This might be the same as in the present workshop – or, you might want to change some around. In that case, check that your proposed new sequence will still work effectively.

9. **How will you follow up and monitor participants** to ensure that the knowledge, skills and attitudes learnt in training sessions are being implemented?

**ADDITIONAL POSSIBLE TASKS**

*The following tasks could be added for participants who are able to do them, if there is enough time available, or for people who finish work early on the previous tasks.*

10. Write overall Goals for your training.

11. Develop a rough draft of a training schedule/workshop agenda/timetable.

12. Make a list of tasks to be done in order to prepare for your training – e.g. resources needed, materials to be produced, external resource persons, venue, invitations, how you will evaluate etc.
**INSTRUCTIONS:**
1. Do not write your name
2. Enter your selected number
3. Please indicate your response to the questions below by checking (✓) True or False

| Date: ____________________________________________________________________________________________ |
| TIME: 25 Minutes | Total Mark ---- 50 |

| Number: ________________________________________________________________ |

<table>
<thead>
<tr>
<th>1. VALUES AND ATTITUDES</th>
<th>TRUE</th>
<th>FALSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Perceptions of service providers may create bias and judgmental attitudes towards some clients.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Prejudices of service providers can negatively affect their interaction with clients.</td>
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<tr>
<td>c. The personal values and attitudes of service providers can impact negatively on clients’ decisions.</td>
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</tr>
<tr>
<td>d. Women living with HIV and AIDS should be discouraged from becoming pregnant.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Service providers need to distinguish between their personal and professional views when communicating with clients.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>2. GENDER &amp; HIV / AIDS</th>
<th>TRUE</th>
<th>FALSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Biological differences between men and women do not contribute to women’s higher risk of HIV infection.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Society often defines our gender roles i.e. how we should act as a man or a woman.</td>
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<td></td>
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<tr>
<td>c. Many women find it difficult to negotiate safer sex.</td>
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<tr>
<td>d. Violence against women is an important factor in HIV transmission.</td>
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<tr>
<td>e. Attitudes about the way men and women should behave can influence the promotion of the female condom.</td>
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</tbody>
</table>
### CHARACTERISTICS OF GOOD COMMUNICATION AND COUNSELING

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>TRUE</th>
<th>FALSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Ask open-ended questions.</td>
<td></td>
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<tr>
<td>b.</td>
<td>Listen actively all the time.</td>
<td></td>
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<tr>
<td>c.</td>
<td>Create an environment where the client can remain quiet and listen.</td>
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<tr>
<td>d.</td>
<td>Counseling should be personalized for each individual.</td>
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<tr>
<td>e.</td>
<td>It is important to give lots of information during counseling.</td>
<td></td>
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<tr>
<td>f.</td>
<td>Counseling is giving advice to another.</td>
<td></td>
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<tr>
<td>g.</td>
<td>It is easy for clients to discuss issues related to sex.</td>
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</tbody>
</table>

### RISK ASSESSMENT AND BEHAVIOUR CHANGE

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>TRUE</th>
<th>FALSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>HIV positive couples do not need to use condoms.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>Risk assessment should only be carried out with clients who have an STI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>All clients presenting with an STI must have Voluntary Counseling and Testing (for HIV).</td>
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<tr>
<td>d.</td>
<td>Clients with an STI should be encouraged to abstain from sex and if this is not possible use a condom.</td>
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</tr>
<tr>
<td>e.</td>
<td>Risky sexual behaviours are easy to change.</td>
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<tr>
<td>f.</td>
<td>Giving information on STI/HIV prevention is adequate for sexual behaviour change.</td>
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<tr>
<td>g.</td>
<td>Service Providers need to insist that sexually active clients use condoms.</td>
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</tr>
<tr>
<td>h.</td>
<td>Unprotected sex is the main factor contributing to the increase in STI and HIV infections.</td>
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</tr>
</tbody>
</table>
### MALE CONDOMS

<table>
<thead>
<tr>
<th></th>
<th>TRUE</th>
<th>FALSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Male condoms may interrupt sexual intercourse.</td>
<td></td>
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</tr>
<tr>
<td>b. Male condoms can be used with a female condom.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Latex can cause an allergy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Oil based lubrication cannot be used with male condoms.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. A man should be the one to initiate male condom use.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Condoms provide dual protection.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Condoms must be used regularly to prevent pregnancy and STIs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Male condoms can be stored anywhere.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Clients using the condom for dual protection can access emergency contraception if the condom slips or bursts.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. The man must withdraw his penis from the vagina while it is still erect when using male condoms.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### FEMALE CONDOMS

<table>
<thead>
<tr>
<th></th>
<th>TRUE</th>
<th>FALSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Female condoms prevent pregnancy, STIs and HIV.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Silicone is the water based lubrication used in the female condom.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Female condoms can be inserted in advance of sexual intercourse.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. The female condom is the same length as the male condom.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. The inner ring is only used for inserting the condom into the vagina.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. The female condom can be used during pregnancy, menstruation and post hysterectomy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. The female condom is noisy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Female condom insertion requires some practice.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Female condoms can increase sexual pleasure for both partners.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. The female condom does not need to be removed immediately after ejaculation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. Female condoms should not be reused.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>l. Only women should insert and remove the female condom.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>m. The female condom can disappear inside a woman’s body.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>n. The female condom can only be used in the missionary position.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o. The female condom is made from a material that warms to the body’s temperature so sex can feel quite natural.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Please complete this evaluation form on the training in which you just participated. We are interested in learning your views so we can improve training sessions in the future.

DO NOT WRITE YOUR NAME

CHECK THE APPROPRIATE BOX

[ ] MALE

[ ] FEMALE

WORKSHOP TITLE: .................................................................

VENUE:.................................................. DATES: ..........................................

1. Overall Evaluation

Please circle the choice that best reflects your overall evaluation of this training:

Very good  Good  Fair  Poor  Very poor

2. Skills

The overall objective of the workshop is to ensure that you have the knowledge and skills needed to promote the male and female condom. For each of the statements below, please circle the response to indicate whether you feel that objective was achieved.

- I can help clients assess their own needs for dual protection.
  Yes  No  To some extent

- I can provide clear and correct information about the male and female condom.
  Yes  No  To some extent

- I can assist clients in making their own decision about using the male and female condom.
  Yes  No  To some extent

- I can help clients develop the communication and negotiation skills needed to carry out those decisions.
  Yes  No  To some extent

3. How well did the course content meet your expectations?

Very well  To some extent  Not well
4. Please circle the phrase that best reflects your opinion.

➢ The level of the workshop was:
  too difficult for me   about right for me   too simple for me

➢ The pace of the workshop was:
  too fast for me        about right for me      too slow for me

5. Please circle the number that reflects your opinion about the workshop sessions, using the following rating scale:

<table>
<thead>
<tr>
<th>4</th>
<th>strongly agree</th>
<th>3</th>
<th>agree</th>
<th>2</th>
<th>disagree</th>
<th>1</th>
<th>strongly disagree</th>
</tr>
</thead>
</table>

➢ The learning objectives were clear               4  3  2  1
➢ The information presented was mostly new to me   4  3  2  1
➢ The trainers used a variety of materials and methods 4  3  2  1
➢ The trainers were enthusiastic about the subjects 4  3  2  1
➢ The trainers communicated effectively             4  3  2  1
➢ The content was a good mix of practical and theoretical 4  3  2  1
➢ The content was relevant to my work                4  3  2  1
➢ The sessions made me feel more competent in my work 4  3  2  1

6. Which three sessions were the most useful, and why?

a.
b.
c.
7. Which three sessions were the least useful, and why?

a. 

b. 

c. 

8. If any topics were not clear, please list them in the space below:

9. Please check any of the following that you feel could have improved the workshop:

___ more time to practice skills and techniques
___ more effective group interaction
___ use of more realistic scenarios

10. For the next questions, please circle the number using the following rating scale:

<table>
<thead>
<tr>
<th>4</th>
<th>Excellent</th>
<th>3</th>
<th>Good</th>
<th>2</th>
<th>Fair</th>
<th>1</th>
<th>Poor</th>
</tr>
</thead>
</table>

How would you rate the workshop's organization in terms of:

a) Selection of sessions and topics  
   4 3 2 1

b) Training methods & techniques 
   4 3 2 1

c) Handouts/reading materials 
   4 3 2 1

d) Venue 
   4 3 2 1

e) Course facilitation 
   4 3 2 1

f) Any other aspects (please specify):

________________________________________________________________________ 
   4 3 2 1

________________________________________________________________________ 
   4 3 2 1

________________________________________________________________________ 
   4 3 2 1
11. Please tell us which kinds of activities or materials you found helpful by marking a cross [ X ] on the scale for each item below (you can put a cross anywhere on the scale).

- Power point or OHP presentations  very helpful |----|----|----|----|----| not helpful
- Discussion of case studies  very helpful |----|----|----|----|----| not helpful
- Role plays  very helpful |----|----|----|----|----| not helpful
- Condom race exercises  very helpful |----|----|----|----|----| not helpful
- Handouts  very helpful |----|----|----|----|----| not helpful

Any other activities or materials (please mention which ones)

- ______________________________  very helpful |----|----|----|----|----| not helpful
- ______________________________  very helpful |----|----|----|----|----| not helpful
- ______________________________  very helpful |----|----|----|----|----| not helpful

12. What three things could the organizers of this training have done to make the training more effective for you?

a.
b.
c.

13. Any other comments, recommendations or suggestions for future workshops:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________