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Ministry of Health

# MANUAL FOR TRAINING PEER EDUCATORS for Programmes with Female Sex Workers



**PARTICIPANTS HANDBOOK**





# Manual for Training Peer Educators for Programmes with Female Sex Workers

## *Participants Handbook*

National AIDS and STI Control Programme  
Ministry of Health

**June 2017**

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# Foreword

The HIV epidemic in Kenya is characterized as “generalized”, with an HIV prevalence of 5.9 per cent among people between the ages of 15 and 49 years, but its distribution is highly heterogeneous, with key populations disproportionately bearing the burden of infection. Because of behavioural, biological, and structural factors that heighten key populations’ risk of and vulnerability to infection, HIV prevalence is 29.3 per cent among Female Sex Workers (FSWs), 18.2 per cent among men who have sex with men (MSM), and 18.7 per cent among people who inject drugs (PWID).

In 2009, the Kenya Modes of Transmission Study estimated that, although these populations represent less than two per cent of the general population, they contribute 33% of new HIV infections, thus confirming the importance of strategically targeting them with interventions to control the spread of HIV.

In line with the Kenya AIDS Strategic Framework (KASF) 2014–2019, the National AIDS and STI Control Programme (NASCOP), on behalf of the Ministry of Health, spearheads HIV prevention, treatment, and care efforts to halt and reverse the epidemic among key populations. In accordance with the national HIV prevention road map adopted in June 2014, NASCOP implements a combination of behavioural, structural, and biomedical interventions to comprehensively address the vulnerabilities and risks that facilitate the spread of HIV among key populations.

Through NASCOP’S Key Population’s Programme, key population peer educators lead intervention outreach among their peers to ensure widespread programme coverage, participation, and impact. NASCOP and its partners have developed this participant’s handbook to standardize the information and services that Female Sex Workers peer educators provide to their peers.

It is our hope that this participant handbook will enable Kenya to reduce the number of new HIV infections by improving the quality and effectiveness of peer education among Female Sex Workers.



**Dr. Jackson Kioko**  
Director of Medical Services  
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# Acknowledgements

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The following technical experts supported the manual's development and ensured technical consistency with national and international standards and guidelines: Parinita Bhattacharjee, Serah Malaba, Giuliana Morales, Bernard Ogwang, Catherine Mwangi and Maria Mensah.

This participant's handbook for training peer educators for programmes with Female Sex Workers could not have been produced without the key population community members and implementing partners who pre-tested the manual.

Brooks Anderson edited the manual, and 129 Degrees Design Studio designed the manual.



A handwritten signature in blue ink, appearing to read 'Sirengo', written in a cursive style.

**Dr. Martin Sirengo**  
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# Abbreviations

<b>AA</b>	Alcoholics Anonymous
<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ARV</b>	Antiretroviral
<b>BCC</b>	Behaviour Change Communication
<b>BV</b>	Bacterial Vaginosis
<b>CT</b>	Counselling and Testing
<b>FIDA</b>	Federation of Women Lawyers
<b>FSW</b>	Female Sex Worker
<b>HIV</b>	Human Immunodeficiency Virus
<b>HPV</b>	Human Papillomavirus
<b>HTS</b>	HIV Testing Services
<b>KADPAC</b>	Know, Assess, Decide, Plan, Act, Continue
<b>KP</b>	Key Population
<b>NGO</b>	Non-Governmental Organisation
<b>OB</b>	Occurrence Book
<b>PEP</b>	Post-Exposure Prophylaxis
<b>PHDP</b>	Positive Health, Dignity, and Prevention
<b>PID</b>	Pelvic Inflammatory Disease
<b>PMTCT</b>	Prevention of Mother-to-Child Transmission
<b>PPU</b>	Pinch, Place, and Unroll
<b>PRC</b>	Post-Rape Care
<b>PREP</b>	Pre-Exposure Prophylaxis
<b>STI</b>	Sexually Transmitted Infection
<b>SW</b>	Sex Worker
<b>TB</b>	Tuberculosis
<b>TC</b>	Testing and Counselling
<b>VCT</b>	Voluntary Counselling and Testing

# How to Use the Reference Manual

This manual is a part of the peer educator's training toolkit.

## **The toolkit consists of two manuals:**

- the *National Reference Manual for Sex Worker Peer Educators*
- the *National Training Manual for Sex Worker Peer Educators*

## **The goal and intended audience of this manual**

This manual aims to standardize the content and quality of outreach sessions between sex worker (SW) peer educators and their peers. The manual's intended audience is peer leaders who undergo NASCOP's training for SW peer educators.

## **The manual consists of nine modules:**

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- **Module 1:** Peer Educators: Who We Are and What We Do
- **Module 2:** HIV, AIDS, and Sexually Transmitted Infections
- **Module 3:** Reproductive Health
- **Module 4:** Preventing HIV and Sexually Transmitted Infections
- **Module 5:** Knowing Our HIV Status: Promoting HIV Testing and Counselling
- **Module 6:** Behaviour Change
- **Module 7:** Alcohol and Substance Abuse
- **Module 8:** Creating an Enabling Environment for Behaviour Change
- **Module 9:** Peer-Led Outreach and Micro-Planning

## **The structure of the modules**

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- Each module starts with an introduction that describes the module's purpose.
- Each module begins with learning goals and ends with key messages.

## **How the manual can help peer educators**

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- It can help peer educators prepare for talks with their peers.
- It can remind peer educators of important messages to communicate and how to communicate them.

# 1 M O D U L E

## PEER EDUCATORS: WHO WE ARE AND WHAT WE DO

## 1. Introduction

Making participants aware of who they are and what they stand for will help them to become good peer educators.

## 2. Learning goals

This module will help us to

- recognize our human rights,
- accept and understand who we are,
- know who a peer educator is, and
- communicate effectively as peer educators.

## 3. Self-esteem—How we feel about ourselves

There are many ways that you can feel about yourself.

Positive ways	Negative ways
• Happy	• Sad
• Hopeful	• Hopeless
• Important	• Useless
• Peaceful	• Angry
• Proud	• Guilty
• Loved	• Lonely

There are many things that influence how you feel about yourself:

- your health
- your family situation
- your economic situation

The way you feel about yourself has an effect on what you do.

Self-esteem refers to what we feel about ourselves, what we believe about ourselves, and how we see ourselves. It is your opinion of yourself. It is about how you value yourself and how important you find yourself.

Self-esteem is learned. For example, if we learn to think positively about ourselves, then we are likely to have high self-esteem. On the other hand, if we think negatively about ourselves, then we are likely to have low self-esteem.

## Some reasons for high and low self-esteem

High self-esteem	Low self-esteem
• Human rights are respected	• Stigma and discrimination
• Achieving goals	• Underachievement
• Able to take care of oneself	• Poverty, unable to take care for oneself
• Having friends	• Being despised/disliked
• Being healthy	• Being ill
• Feeling appreciated	• Feeling unappreciated

Self-esteem can change. Depending on the circumstances, you can move from high to low, or from low to high.

It is possible to learn a new set of beliefs about yourself and to achieve positive self-esteem.

If you have low self-esteem, the following things can help you raise your self-esteem:

- Thinking about what you are good at (e.g., I can dance very well. I can prepare a lovely meal.).
- Thinking about your positive qualities (e.g., I am a good listener. I am courageous.).
- Thinking about the positive things that people have done for you (e.g., When I was ill, my neighbour cooked for me. When I was lonely, my friends cheered me up.).
- Thinking about the positive things you like doing for other people (e.g., I enjoy visiting my parents/grandparents and helping them. I help my friends when they are in trouble.).

**Note:** All people have positive aspects in their lives. Before you can help other people, you must believe in yourself.

## 4. Human rights

Human rights are basic, universal entitlements that all people have. Irrespective of nationality, place of residence, sex, national or ethnic origin, colour, religion, language, or any other status, all individuals are equally entitled to human rights without discrimination.

A basic principle of human rights is that all human beings are equal; no one is less worthy than anyone else. Thus, every person is entitled to be treated with dignity and respect.

Examples of human rights:

- The right to life
- The right to equal protection before the law
- **The right to good health, which includes the right to sexual and reproductive health**
- The right to food, water, clean environment, shelter
- **The right to liberty and security, which includes the right to live free from stigma, discrimination, and violence**
- The right to be free from cruel, inhuman, or degrading treatment
- The right to privacy, which includes the right to privacy regarding one's sexuality
- The right to information, which includes the right to make informed choices
- The right to education, which includes the right to education about sexuality

## Two examples of human rights violations are stigma and discrimination.

- Stigma is a negative judgement or attitude about someone who is perceived as socially unacceptable. This can be a negative judgement or attitude from others or from oneself (in the case of internalized stigma).
  - Stigma may lead to shame, isolation, and low self-esteem, and may discourage people from accessing health and other services.
- Discrimination is a negative action or behaviour against someone or against a group of people because of a specific trait they possess.
  - It should always be the decision of the SW whether to report discrimination and/or pursue legal action against a perpetrator.

### 5. Peer educator

An SW is someone who exchanges sex for money or for anything of value on a formal and regular basis (someone who does sex work as a business). An SW peer educator is an SW who is recognized as a leader and a model by his/her peers. S/he is trained on sexually transmitted infections (STIs) and HIV to guide his/her friends on behaviour change.

It is important that the peer educator is an SW who lives in the town or village where the peer education is done.

A good peer educator is

- a model for his/her community
- accepted by his/her community
- available and willing to volunteer
- a good communicator
- a good mobilizer
- fluent in the appropriate language
- concerned about the well-being of his/her peers
- committed and motivated to stop the spread of HIV
- interested in his/her work
- careful to practice low-risk behaviour
- honest and trustworthy
- respectful and polite
- nonjudgmental
- patient
- discreet
- knowledgeable on current issues

A peer educator is expected to do the following:

- Initiate and maintain ongoing contact with SWs.
- Provide correct HIV/STI and reproductive health information.
- Promote, demonstrate, and provide male and female condoms and water-based lubricants.
- Conduct individual risk assessment, risk reduction, and skills building for risk reduction.
- Encourage and motivate peers to know their HIV status.
- Assess the needs of SWs and refer them for appropriate services.

Peer educators face the following challenges:

- community resistance to service uptake
- stigma, discrimination, and violence from the public (e.g., during condom distribution)
- insecurity at volatile hot spots
- hot spot dynamics and differences (e.g., closures)

- harassment by law enforcers
- illiteracy and language barriers

Hot spots where SW peer educators can reach their peers include

- bars without lodging
- sex dens /brothels
- strip clubs
- streets/highways
- homes
- casinos
- beaches
- guest houses /hotels
- massage parlours
- parks

With the different typologies, a peer educator must consider the following when organizing a peer education session:

- Who are the participants?
- Why is the session being organized?
- What are the needs of the participants and what is the content of the session?
- Where will the session be held (venue)? When will the session be held (time)?
- How will the session be conducted (methodology)?

Peer educators can be motivated in the following ways:

- **Transportation and financial support:** Direct or financial support for transportation or food expenses enables peer educators to attend activities more regularly and reduces financial barriers to their ongoing participation.
- **Tokens of appreciation:** To facilitate easy communication and to demonstrate that they are key members of our organisation, organisations should offer peer educators promotional items such as caps, umbrellas, bags, and t-shirts.
- **Training:** To ensure that peer educators are adequately empowered, organisations can hold training sessions, workshops, and seminars to impart fresh knowledge, reinforce key messages, and strengthen peer educators' capacity as effective instructors.
- **Public recognition:** To increase their self-confidence and motivation, peer educators should be publicly acknowledged during activities and meetings through certificates, public tribute, and other forms of appreciation from the organisation. This recognition has greatly helped to increase their participation in our programmes.

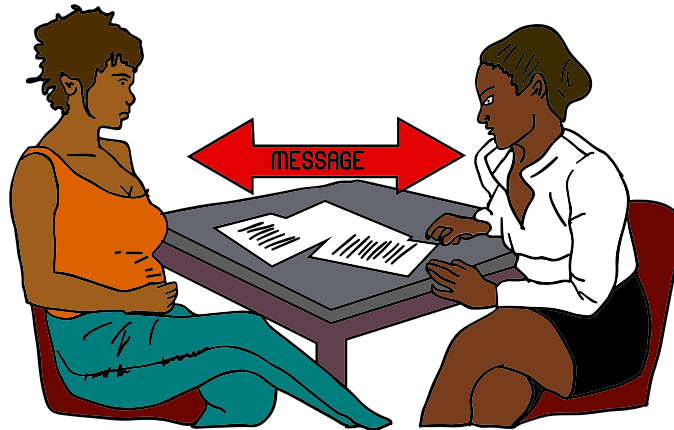
## 6. Peer educators and communication

### 6.1 Communication skills

Communication is passing information from one person (the sender) to another (the receiver).

Communication succeeds only when the sender and the receiver understand information identically.

It is important that peer educators understand their peers well, and that SWs understand the information given by peer educators. Peer educators should therefore communicate well.



Factors that improve communication	Factors that hinder communication
<ul style="list-style-type: none"><li>• being well prepared</li><li>• being genuine and warm</li><li>• not interrupting SWs when they are speaking</li><li>• showing empathy</li><li>• being polite</li><li>• keeping eye contact</li><li>• being nonjudgmental</li><li>• being patient</li><li>• being tolerant</li><li>• being comfortable among SWs</li><li>• showing respect</li><li>• having a shared purpose</li><li>• using humour</li><li>• finding the right moment when the SW is ready to listen</li><li>• creating a safe and welcoming place</li></ul>	<ul style="list-style-type: none"><li>• using negative body language</li><li>• shouting, having a bad temper</li><li>• ignoring the SW</li><li>• lecturing</li><li>• interrupting the SW</li><li>• being distracted by mobile phone or watch</li><li>• talking too fast</li><li>• giving too much information</li><li>• using words that are too difficult</li><li>• looking bored</li><li>• not listening</li></ul>

A peer educator should have good communication skills:

- **Listen.**
  - Check if you have understood the message by using your own words (“So it sounds like...”, “What I hear you saying is...”).
  - Ask for more information if needed (“I’m not sure if I fully understand what you mean. Could you tell me a little more?”).
- **Show empathy.**
  - Keep eye contact.
  - Show interest, don’t look bored.
- **Use open questions (Why? Where? When? How? What?).**
  - Find out what the SWs already know.
  - Find out what the SWs think.
  - Find out if the SWs have understood your message.
  - Invite full participation.
- **Respond to answers.**
  - Give positive remarks for answers.
  - Avoid embarrassment and put downs.
- **Respond to questions.**
  - Repeat the question so that everyone can hear.
  - Give an answer to the whole group.
- **Affirm and compliment the SW.**
  - Acknowledge his or her strength.
  - Encourage positive behaviour.
  - Express gratitude (“Thank you for...”).
  - Praise talents (“That was very creative how you...” “You have a gift for...”).

## 6.2 Communication sessions

We will mainly use two types of sessions for behaviour change:

- communication in a small group
- individual meetings (one on one)

### 6.2.1 Communication in a small group

Peer educators talk to small groups of SWs (2 to 20 individuals) to get them to adopt low-risk behaviour (e.g., a peer educator facilitates a session on the consistent and correct use of the female condom for a group of 12 SWs).



This method works best for

- information sessions about STIs, HIV, and testing for HIV
- giving a demonstration on the consistent and correct use of condoms to several people at the same time

### 6.2.2 One-to-one meeting

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A one-to-one meeting is between a peer educator and an SW to guide the SW so that s/he can make an informed decision to adopt low-risk behaviour (e.g., the peer educator meets with an SW in a bar).



This method is most suitable for

- giving individual advice
- finding out about individual risks
- developing a personal plan to reduce risks
- referring and accompanying the SW to specific health services

## 6.3 Communication methods and tools

The communication methods that peer educators can use during an individual meeting or a small group session with SWs are illustrations, demonstration, discussion, and role plays.

For all these teaching methods, SWs should actively participate and contribute through questions, answers, actions, and discussions.

Peer educators should select methods according to the need, the topic for discussion, and the available time.

### 6.3.1 Illustrated talk

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An illustrated talk is the presentation of a topic or theme to a group of SWs by using drawings or photos for illustration. This technique helps to improve SW comprehension and retention.



Tools used for illustrated talks include pictures and drawings (e.g., photo album on STIs), movies/videos, and brochures.

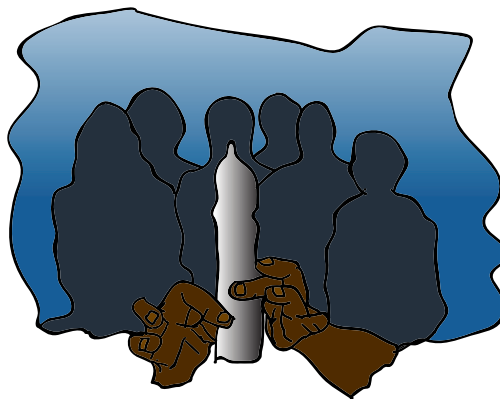
This teaching method is suitable for

- a talk about STIs, showing pictures of STIs;
- a talk about the female condom, showing drawings of the steps of correct condom use; and
- a talk about HIV counselling and testing, showing drawings.

### 6.3.2 Demonstration

Demonstration is the performance of a technique or the use of a product for the purpose of instruction.

Tools used by peer educators for demonstration include the wooden penile model, the female genital model, condoms, and lubricant gel.



This teaching method is suitable for

- demonstrating the correct use of the male condom,
- demonstrating the correct use of the female condom, and
- demonstrating the use of lubricating gel.

A good demonstration includes

- presentation of the materials,
- demonstration (once or twice) of the procedure while explaining every step,
- allowing SWs to ask questions,
- asking the SWs to demonstrate the action themselves, and
- asking SWs what they think about the activity (Was it difficult or easy?).

### 6.3.3 Discussion

A discussion is an exchange of knowledge and ideas about a topic. The topic is usually prepared in advance by the peer educator. The peer educator facilitates the discussion. This method helps the peer educator to find out the SWs' level of knowledge and know-how. Through a discussion, SWs can be encouraged to adopt safer behaviour.



Tools are not crucial for discussions. However, you can use photographs (e.g., photographs of STIs), movies/videos, leaflets/pamphlets/brochures.

Discussion is a suitable method for

- promoting condom use with clients or partners and
- educating SWs about the benefits of knowing their HIV status.

### 6.3.4 Role-play

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In a role-play, participants step into the shoes of characters and enact a story. A role-play can be done by one person or by more than one (often it is done by two persons). Usually, the peer educator gives clear instructions to the SWs about what is expected.

Tools are not needed for role-plays.

A role-play can be used to illustrate a risky situation and can be a good opportunity for SWs to practice newly learnt skills. It requires full participation of the SW. The SWs who watch the role-play can give comments and propose alternative solutions.

This teaching method is suitable for practicing

- condom negotiation with a client,
- condom negotiation with an intimate partner (e.g., boyfriend, girlfriend, spouse), and
- harm reduction.

#### KEY MESSAGES

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- Before you can help other people, you must believe in yourself.
- SWs are entitled to the same human rights as everyone else.
- Peer educators should be role models for their peers and should practice low-risk behaviour.
- Peer educators should be honest, trustworthy, nonjudgmental, and respectful.
- Peer educators should have good communication skills (including listening, showing empathy, asking questions, and responding).
- Communication with peers can happen in small groups or in one-to-one meetings, using illustrated talk, demonstration, discussion, or role-play.

# 2

**M O D U L E**

## **HIV, AIDS, AND SEXUALLY TRANSMITTED INFECTIONS**

## 1. Introduction

Knowing the facts about HIV, AIDS, STIs, and sexual and reproductive health can help us and our peers develop skills to protect our health and our partners' health.

## 2. Learning goals

This module will help us to know

- the basic facts about HIV and STIs and
- how HIV and STIs can be prevented and managed.

## 3. HIV/AIDS: Basic facts

### 3.1 What are HIV and AIDS?

#### What is HIV?

- H—Human (affects only humans)
- I—Immunodeficiency (the body no longer has the strength to defend itself against infections)
- V—Virus (a tiny germ that one cannot see with the human eye)
  
- Human immunodeficiency virus (*Virusi vya Ukimwi*) is the virus that causes AIDS.
- HIV can be in the body for many years before it causes AIDS.

#### What is AIDS?

- A—Acquired (transmitted from one person to the other)
- I—Immune (ability of our body to protect itself from germs and diseases)
- D—Deficiency (lack or absence)
- S—Syndrome (group of symptoms linked to the illness)
  
- Acquired immune deficiency syndrome (UKIMWI—*Ukosefu wa Kinga Mwilini*) is the final phase of HIV infection, which is when the body's immune system is too weak to provide normal protection against infections.

### 3.2 How many Kenyans have HIV?

In Kenya, approximately 1.4 million adults are living with HIV. Of these, 60 per cent, or approximately 830,000, are women. Every day, around 360 people become infected with HIV.

Certain groups of people are more at risk for HIV infection; these groups include

- SWs of all genders (e.g., female, male, transgender)
- men who have sex with men
- people who inject drugs
- transgender women
- fisher folk, truck drivers, and prisoners
- serodiscordant couples

### 3.3 How do people get HIV?

HIV can be found in four body fluids:

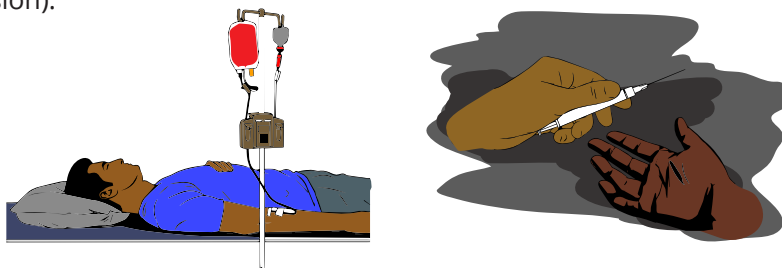
- blood
- semen
- vaginal fluids
- breast milk

#### People can get HIV through

- Unprotected sexual intercourse: this is the way most HIV infections happen in countries like Kenya. Types of intercourse include
  - vaginal (penis and vagina)
  - anal (penis and anus)
  - oral (tongue and penis/vagina/anus)
- Transmission from mother to child
  - during pregnancy
  - during labour
  - during breastfeeding



- Transmission through contact with blood and body fluids (e.g., as a result of sharing sharp objects, such as needles, or blood transfusion).



#### People cannot get HIV from

- sharing meals or drinks
- shaking hands / hugging
- kissing on cheeks / kissing on mouth
- sharing a house / sleeping in the same room / sharing a bed / sharing toilets and latrines

All these activities are safe to do with an HIV-positive person. HIV is also not spread by air, water, mosquitoes, ticks, or other insects.



### 3.4 Why should I be tested for HIV?

Knowing your HIV status helps you to take precautions to prevent becoming infected or transmitting HIV to others.

### 3.5 How do I know if I am HIV positive?

- The only way to know if one is infected with HIV is to be tested for HIV.
- A person infected with HIV may not show any signs/symptoms. It is not possible to know a person's HIV status by only looking at them.

If my partner is HIV positive, am I HIV positive too?

- Not necessarily. For example, in Kenya, among couples with one known HIV-positive partner, 4 out of 10 of the partners were found HIV-negative; we call this serodiscordancy.
- It is possible to have sex many times with a person living with HIV without being infected; however, we cannot know when transmission will happen. It can happen the next time one has sex.
- You can compare it with pregnancy; some couples get pregnant the first time they have sex, others try for several years.
- There are several conditions that increase the risk of HIV transmission.
- It is important to know your own HIV status, and to not depend on the status of your partner.

### 3.6 What does HIV do to the body?

What are opportunistic infections?

- An opportunistic infection is an infection caused by pathogens (bacteria, viruses, fungi, or protozoa) that take advantage of an ill person's weakened condition. In people with a healthy immune system, these infections do not cause disease. But if HIV has weakened a person's immune system, opportunistic infections can cause serious diseases.

If one has TB, does s/he have HIV too?

- Not necessarily. One can have TB without having HIV, and vice versa.
- TB is often the first opportunistic infection among people living with HIV in Africa.
- Many people are infected with the TB germ, but few develop the disease; if one's immune system weakens, the TB germ can cause disease.

### 3.7 What are my options if I have HIV?

Is there a cure for HIV?

- There is no cure for HIV; many researchers are trying to find a cure or a vaccine, but so far they have not succeeded.

Is there treatment for HIV?

- There is treatment to control the HIV virus in the body and to keep it at very low levels.
- This treatment is called antiretroviral (ARV) treatment; it is usually a combination of three antiretroviral medicines. It needs to be taken every day at prescribed times.
- In Kenya, ARV treatment is started when a test shows that a specific type of white blood cells (CD4 cells) have fallen below 350. This means that the immune system of the body is seriously weakened. ARVs help people living with HIV to have a stronger immune system by blocking HIV from multiplying.
- If an SW tests HIV positive, ARV treatment begins immediately, regardless of the CD4 count. This is referred to as "Test and Treat".
- Septrin and ARVs are free of charge in all public and in some private health facilities in Kenya.
- ARV treatment suppresses HIV but does not completely remove HIV from the body. This means that one

can still transmit HIV to another person. It is therefore important to continue using condoms each time you have sex when you are living with HIV.

How can one ensure to take ARV treatment correctly?

- Know the names of all the medicines that one has to take.
- Never forget to take the ARV medicines.
- Always take the ARV medicine at the prescribed time.
- Know how to handle missed doses (missed pills)—remember to tell your doctor when doses were missed.
- Know when the next appointment is / keep a diary.
- Store the medicines properly in a cool, dry place, out of the reach of children.
- Watch for side effects of the ARV treatment. Find out from the doctor or pharmacist what to expect. Inform your doctor immediately in case of any serious side effect.
- Learn which other medicines one must avoid; have a list of the names of these medicines at hand for reference.
- Always check with one’s doctor before taking any other medicine, including any herbal or “natural” supplements.

### **What is Positive Prevention, or Prevention with Positives?**

- Positive Prevention, or Prevention with Positives, is a set of actions that help people living with HIV to
  - protect their own sexual and reproductive health,
  - avoid STIs,
  - delay AIDS, and
  - promote shared responsibility to reduce the risk of HIV transmission.
- Positive Health, Dignity, and Prevention (PHDP) is an intervention that promotes positive prevention amongst people living with HIV. There are 13 key messages:
  1. knowledge of status
  2. partner and family testing
  3. child testing
  4. discordance
  5. disclosure
  6. risk reduction
  7. condom use
  8. alcohol and substance abuse
  9. adherence
  10. STIs
  11. family planning
  12. elimination of mother-to-child transmission
  13. TB prevention

What should I eat when I am HIV positive? What should I avoid?

- When you are HIV positive, your body requires all of the food types that are usually locally available. It is important to keep a balanced diet (proteins, carbohydrates, vitamins, and minerals)
- Alcohol should be avoided when you are on ARVs.

### **3.8 What are the common myths and misconceptions about HIV and AIDS?**

- HIV is not transmitted through anal sex / oral sex.
- HIV is spread through mosquito bites, swimming, sharing toilets, and sharing food with a people living with HIV.
- If my sexual partner is HIV positive, so am I.
- SWs are almost always HIV positive.
- When you find out you are HIV positive, the symptoms will appear soon and you will die soon.
- AIDS is God’s curse on SWs and men who have sex with men.
- AIDS is found only in towns, not in rural areas.

- ARVs kill / ARVs make you more sick / ARVs reduce sexual urges.
- ARVs mean you are in the final stages of AIDS.
- ARVs prevent pregnancy.
- When on ARVs, you cannot infect others with HIV.
- Condoms are laced with HIV.

#### 4. STIs: Basic facts

##### 4.1 What are STIs?

- S—Sexually (through sexual intercourse—vaginal, oral, and anal sex)
- T—Transmitted (spread from one person to the other)
- I—Infections (germs that enter the body)

##### 4.2 How do people get STIs?

- An STI is an infection that can be contracted during unprotected sex.
- Infection occurs through
  - unprotected penile-vaginal (e.g., herpes) or anal intercourse (e.g., rectal gonorrhoea or rectal chlamydia)
  - oral sex (e.g., throat gonorrhoea)
  - transmission from mother to child (e.g., eye infection due to gonorrhoea or chlamydia)
- Everyone can get an STI; STIs are quite common among sexually active people.
  - Women get STIs more easily than men because the vagina’s surface is larger and more fragile than the tip of the penis.
  - Men who have sex with men get STIs more easily than other men because the surface of the inner anus is larger and more fragile than the tip of the penis.
- STIs used to be called sexually transmitted diseases (STDs), but the name was changed because STIs do not always show signs of disease.

##### 4.3 What types of STIs are there?

Types of presentation of STI	Names	Main Signs	Treatment
Genital discharge	Gonorrhoea (Kisonono) Chlamydia Trichomoniasis	<ul style="list-style-type: none"> <li>• In men: discharge, burning sensation when urinating, irritation inside the penis, frequent urination.</li> <li>• In women: discharge (abnormal white discharge), stomach pains, irritation, pain during sexual intercourse.</li> </ul>	Can be treated.

**Genital discharge**

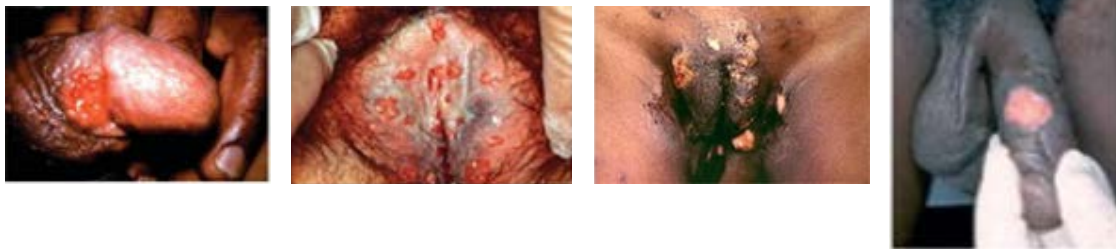


**Sores, blisters**

Syphilis (Kaswende)  
Herpes  
Chancroid

- Genital sores.
- Blisters (small water-filled spots).
- Painful sores in the genital and anal area. Pain on contact with urine.
- Small fluid-filled blisters that burst, leaving painful sores.

Syphilis and chancroid can be treated. Herpes can be managed.



**Spots, vegetation**

Genital warts

- Venereal vegetations (small whitish and cauliflower-like lumps).
- May be itchy but are unlikely to cause pain on the genitals.

Can be managed.



#### 4.4 What do STIs do to the body?

##### STI symptoms

- Abnormal discharge from genitals.
- Sores or blisters in or around the genitals.
- Soft, flesh-coloured or grey growths in and around the genital area and the anal region that may be itchy.
- For men: burning pain when urinating, and frequent urinating.
- For women: lower abdominal pain, pain during vaginal sex.
- Sometimes an STI appears in the throat. It can cause swelling, pain, and discharge.
- Sometimes STIs present no signs, but infected people can transmit STIs to their partners.

It is possible to have several STIs at the same time, especially among SWs.

##### Complications

An untreated or incorrectly treated STI can lead to serious complications in men and women.

- Women may experience the following complications:
  - lower abdominal pain that can last a long time
  - spontaneous abortion (miscarriage)
  - ectopic pregnancy (pregnancy that takes place outside the womb, e.g., in the tube)
  - premature birth (giving birth before the due date)
  - infertility (inability to have children)
  - cancer of the cervix
  - death of the infected person
- Babies may experience the following complications:



- eye infection (baby's eyes stuck together/unable to open) which can cause blindness
- birth defects
- death of the baby during the pregnancy
- Men may experience the following complications:
  - swollen testicles
  - pain in the testicles
  - difficulty urinating
  - sterility (inability to have children)
  - death of the infected person

#### 4.5 What is the link between STIs and HIV?

STIs are an open door to HIV (i.e., you can get HIV more easily if you have an STI). STIs weaken the normal lining of the genital area and make it easier for HIV to enter the body. STIs attract immune cells to the genital tract, which are ideal host cells for the HIV virus.

## 4.6 What are my options if I suspect that I have an STI?

To find out if you have an STI, you need to have a medical check-up.

As soon as signs of an STI appear, you must

- immediately seek treatment at a health facility;
- ask your sexual partners to immediately seek treatment at a health facility;
- wash your genitals with clean water regularly;
- take your medication as prescribed, even when there are no longer signs of infection;
- stop having sex until treatment is completed; and
- use condoms correctly and consistently when you resume having sex.

You should not

- buy medicine without going to a health facility or without a doctor's prescription;
- buy medicine over the counter at the chemist, in the shops, on the market, etc.;
- wait before visiting a health centre for treatment;
- share your medicines with your friend(s) or with anybody else;
- stop taking your medicines when you feel better;
- have unprotected sex;
- drink alcohol during the treatment; or
- douche—flush your vagina or rectum with water, water and soap, water and salt, or any other product.

**Note:** SWs should regularly (at least once every three months) visit a health facility for a check-up, even if they have no signs of an STI.

Key messages	Reasons
Go to a health centre straight away if you suspect that you have an STI.	<ul style="list-style-type: none"> <li>• To avoid serious complications.</li> </ul>
Properly follow the prescribed treatment.	<ul style="list-style-type: none"> <li>• For a complete recovery.</li> <li>• To avoid serious complications that could lead to expensive treatment.</li> </ul>
Inform your partners and ask them to seek treatment.	<ul style="list-style-type: none"> <li>• Your partner may be infected even though he/she doesn't have any symptoms.</li> <li>• To avoid re-infection through your partner.</li> <li>• To avoid infecting other people.</li> </ul>
Avoid self-medication.	<ul style="list-style-type: none"> <li>• Inappropriate treatment, complications, and high cost.</li> </ul>
Stop having sex while you are under treatment.	<ul style="list-style-type: none"> <li>• An STI is an open door to other STIs (even HIV).</li> <li>• To avoid re-infection through your partner.</li> <li>• To avoid infecting other people.</li> </ul>
You must undergo a check-up at a health centre every three months, even if you have no sign of an STI.	<ul style="list-style-type: none"> <li>• To diagnose STI soon after infection.</li> <li>• Some STIs display no signs, but infected people can infect their partners.</li> </ul>
You should not be ashamed of visiting the special SW centres.	<ul style="list-style-type: none"> <li>• These centres are confidential.</li> <li>• The staff understand the problems of SWs of all genders, including those who have children.</li> <li>• Proper medical and psychosocial care are provided.</li> </ul>

## 4.7 What are the common myths and misconceptions about STIs?

- STIs are not transmitted through anal sex or oral sex.
- If my sexual partner has an STI, so do I.
- STIs are women's diseases.
- I cannot get an STI if my partner does not have any signs.
- I can get an STI from a dirty toilet seat.
- STIs should be treated by traditional medicine.

### KEY MESSAGES

- Unprotected sex is the main way of getting HIV and STIs in Kenya.
- SWs are at higher risk of getting HIV and STIs because of the work they do.
- The only way to know if you have HIV is to be tested for HIV. It is important to know your HIV status. Do not depend on the status of your partner.
- There is no cure for HIV, but ARV treatment keeps HIV under control. One can live a normal life with HIV if one takes ARV medicines.
- STIs can cause serious complications. STIs also increase the risk of getting HIV. It is important for SWs to go to a health facility every three months for an STI check-up.
- Condoms must be used correctly every time you have sex.

# 3 M O D U L E

## REPRODUCTIVE HEALTH

## 1. Introduction

Knowing the facts about reproductive health can help us and our peers develop the skills to protect our health and that of our partners.

## 2. Learning goals

This module will help us to know

- the dangers of douching,
- the basic facts and benefits of family planning methods, and
- the importance of being tested for cervical cancer.

## 3. Douching

### 3.1 What is douching?

Douching refers to the washing or cleaning out of the vagina with water or other fluids. Most douches are pre-packaged mixes of water and vinegar, baking soda, or iodine. The mixtures usually come in a bottle and can be put into the vagina through a tube or nozzle.

### 3.2 Why do women douche?

Women douche because they mistakenly believe it gives many benefits. Women who douche say they do it for several reasons:

- to clean the vagina
- to dry the vagina
- to rinse away blood after monthly periods
- to get rid of odour
- to avoid STIs
- to prevent pregnancy

### 3.3 Is douching safe?

Gynaecologists recommend that women should not douche, because douching can change the healthy vaginal environment. Any changes can cause an overgrowth of bad bacteria, which can lead to a yeast infection or to bacterial vaginosis (BV). Furthermore, if you have a vaginal infection, douching can push the bacteria that are causing the infection up into the uterus, fallopian tubes, and ovaries.

#### **What are the dangers of douching?**

There is evidence that women who douche regularly have more health problems than women who don't. Health problems linked to douching include

- vaginal irritation,
- bacterial vaginosis,
- STIs, and
- pelvic inflammatory disease (PID).

Some STIs, BV, and PID can lead to serious problems during pregnancy. These include infection in the baby, problems with labour, and early delivery.

## 4. Family planning

### 4.1 What is family planning?

Family planning is the process of deciding

- when to have children and
- the number of children you want.

Family planning is usually done by preventing unintended pregnancies during a short or a long period.

### 4.2 What is a contraceptive?

- A contraceptive is a modern method used to prevent pregnancy.
- Most contraceptives are used by women, some are used by men.
- There are three types of modern contraceptives: short-term, long-acting, and permanent methods.

#### 4.2.1 Short-term methods (temporary)

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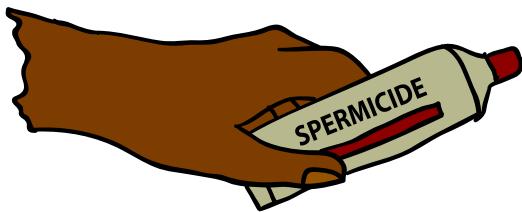
**Male condoms**



**Female condoms**



**Spermicides (products that kill sperm)**



**Pills (containing hormones)**



### Injectables (containing hormones)



### Emergency contraception pills (containing hormones)



### 4.2.2 Long-acting and reversible contraceptives (temporary)

#### Implant

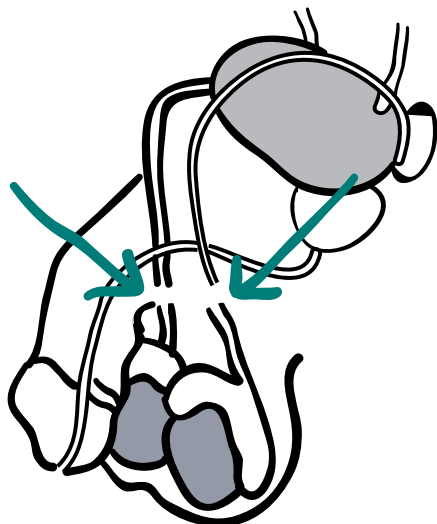


#### IUD (intra uterine device) or coil

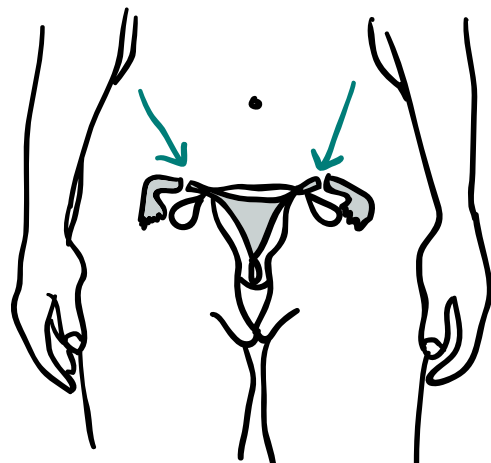


### 4.2.3 Permanent methods

**For men:** vasectomy (The tubes that transport sperm from the testes are cut; sperm can no longer reach the penis.)



**For women:** tubal ligation (The tubes that connect the ovaries with the womb are closed; eggs can no longer reach the womb.)



### 4.3 What are the common myths/misconceptions about contraceptives and family planning?

- One may experience difficulty in getting pregnant after taking contraceptives.
- Contraceptives make people infertile.
- You gain a lot of weight from taking pills.
- Many contraceptive methods protect against HIV/AIDS.

### 4.4 What are the benefits of family planning?

For women, the benefits of family planning include

- Avoiding the health risks of pregnancy.
- Avoiding under-age pregnancy (before age 18).
- Avoiding closely spaced pregnancies (less than two years between births).
- Empowering women to choose their family size.
- Avoiding pregnancy too late in life (after age 35).
- Avoiding unintended pregnancy.
- Reducing the demand for abortion.
- Reducing the risk of HIV-positive women transmitting HIV to their baby. This, in turn, reduces the number of HIV-infected people in the community.
- Improving women's opportunities for education, employment, and full participation in society, and thus, their socioeconomic status.

For the baby, the benefits of family planning include

- Babies with fewer siblings are likely to receive more care and nourishment.

For the family and the community, the benefits of family planning include

- Enabling people to enjoy their reproductive rights.
- Increasing family productivity and financial security.
- Slowing population growth.

### 4.5 How safe are contraceptives?

Contraceptives are safe.

### 4.6 Which contraceptive should I choose?

The choice of contraceptive depends on the individual/couple.

It is best to go to a health facility that provides contraceptives to receive the full information and counselling about family planning methods. You will be informed about

- how each method prevents unintended pregnancy,
- the benefits,
- the effectiveness,
- the possible side effects, and
- the warning signs (when to seek immediate help).

Based on this information you will be able to choose. You should go back to the health facility for check-ups as prescribed. Pills, injectables, and condoms are offered free of charge in most public health facilities in Kenya.

#### 4.7 **Do contraceptives protect me from HIV and STIs?**

Only the male and female condom protect against HIV and STIs. All other modern contraceptive methods do not protect against HIV and STIs.

#### 4.8 **What is dual protection?**

Dual protection is the use of a condom together with another modern contraceptive method to prevent pregnancy and HIV and STIs.

### 5. **Abortion**

#### 5.1 **What is abortion?**

Abortion is the termination of pregnancy before 28 weeks of pregnancy.

#### 5.2 **Why do women have abortions?**

Women may desire an abortion in the following circumstances:

- The pregnancy is unplanned.
- They already have enough children.
- They are either too young or too old.
- They become pregnant too soon after the previous birth.
- They are unable to take care of another child.
- The pregnancy was a result of sexual violence.
- They are not in a relationship with the father of baby.
- The father of the baby is unwilling to take responsibility for the child.

#### 5.3 **When is abortion allowed in Kenya?**

The Kenya Constitution allows abortion only if the health of the pregnant woman is in danger, as determined by a trained health professional.

#### 5.4 **What can happen when abortion is done in an unsafe way (e.g., in unclean circumstances outside a health facility)?**

- The woman can bleed to death.
- The woman can develop a serious infection.
- The woman can have serious injuries to the womb or vagina.
- The abortion can be incomplete and bleeding can continue.

#### 5.5 **What is post-abortion care?**

Post-abortion care is the treatment of complications that arise from unsafe abortions. It includes post-abortion counselling on how to use family planning methods to prevent unintended pregnancies.

## 6. Cervical cancer

### 6.1 What is cervical cancer?

Cervical cancer is cancer of the cervix (the entrance of the womb).

### 6.2 What causes cervical cancer?

Cervical cancer can be caused by an STI. The virus is called human papillomavirus, or HPV. Once women become sexually active, they are easily infected with HPV.

### 6.3 How can I learn whether I have cervical cancer?

To learn whether you have cervical cancer, you must undergo a Pap smear. This is a smear of cells from the entrance of the womb on a slide. The slide is examined under a microscope in a laboratory.

The Pap smear can identify abnormal changes in the cells. These abnormal changes are the beginning of cancer. A Pap smear can therefore help to find cancer early, when it can still be treated.

It is good to have a Pap smear every year.

### 6.4 Can cervical cancer be prevented?

A vaccine exists to prevent cervical cancer. It is normally given to girls before they become sexually active. In Kenya, the vaccine is not yet widely available.

### 6.5 What can be done if I am diagnosed with cervical cancer?

There is a good chance that the cancer can be removed through surgery. Treatment with cancer drugs will be needed.

#### KEY MESSAGES

- Modern family planning methods are safe and can prevent unintended pregnancies.
- SWs should go for a Pap smear once every year.
- Gynaecologists recommend that women should not douche.
- Abortion is the termination of pregnancy before 28 weeks of pregnancy.

# 4 MODULE

## PREVENTING HIV AND SEXUALLY TRANSMITTED INFECTIONS

## 1. Introduction

Knowing how to prevent HIV and STIs and having the skills to negotiate the correct and consistent use of condoms and lubricant can help us and our peers practice safer sex.

## 2. Learning goals

This module will help us to

- know how to prevent HIV and STI transmission,
- identify and clarify myths and misconceptions about condom use,
- discuss the benefits of condom use,
- demonstrate the correct use of male and female condoms and lubricants, and
- demonstrate effective condom negotiation skills.

## 3. Prevention

Prevention means the measures taken or the means used to keep something from happening.

To avoid infection, it is necessary to take preventive measures. The best method of HIV and STI prevention for SWs is the consistent (every time) and correct use of condoms.

This module explains the methods for preventing sexual and non-sexual transmission of STIs and HIV.

## 4. How can I protect myself from HIV?

The most effective methods of HIV prevention are

- abstaining from sex (abstinence means not having sex),
- being faithful to one partner whose HIV status is negative and who is also faithful, or
- practicing 100% condom use by using a condom in the correct way every time one has sex (one shot, one condom).

The following methods reduce the risk of HIV transmission:

- Male circumcision
- Pre-exposure prophylaxis (PrEP)
  - PrEP is the taking of ARV medicine by an HIV-negative person to protect himself or herself from infection.
  - You must be HIV-negative before you start taking PrEP.
  - Taking PrEP may not keep you from getting HIV.
  - In combination with PrEP, you must continue using safer sex practices.
  - If you become infected with HIV, you must discontinue PrEP.
- Post-exposure prophylaxis (PEP)
  - PEP involves taking ARV for one month.
  - PEP is given only in special situations—such as a condom break or rape—in which a person might have been exposed to HIV.
  - Need to start ARV treatment as soon as possible after unprotected sex (within 3 days, or 72 hours).
  - Before starting PEP, one must test negative for HIV.
- Other forms of safer sex practices are partner masturbation or mutual masturbation; cuddling; kissing; and sex in the armpit, between the breasts, or between the legs.

In the case of SWs, abstinence and faithfulness to one partner are not practical. That leaves SWs with only one highly effective preventive measure: 100% condom use. This means using condoms all the time, with EVERY sex partner, during ALL FORMS OF SEXUAL INTERCOURSE. When condoms are used correctly, they can prevent transmission of HIV and STIs, as well as unintended pregnancies.

## 5. Myths and facts about condom use

MYTHS	FACTS
Condoms often tear and they are not reliable.	Condoms that are properly kept, correctly used, and not expired rarely tear or burst.
Condoms allow sperm to get through to the vagina.	Condoms don't allow sperm to get in contact with the vagina, when used correctly.
Condoms fall off and get lost in the woman's vagina.	If the man takes his penis out of the vagina or anus while it is still erect (hard) and holds the base of the condom, it won't fall off and it won't get lost. But if it remains inside the vagina (or anus), you can easily remove it with your fingers.
Condoms spread HIV and AIDS.	Condoms do not contain the virus; on the contrary, they prevent it from passing from one person to another.
It is safer to wear two condoms on top of each other.	One condom is safe, two condoms on top of each other is not, because the condoms can tear due to friction between each other.
Condoms are needed only for vaginal sex.	HIV and STI can be transmitted by oral and anal sex as well; therefore, condoms are needed for all types of sex.
It is not easy to get male condoms.	Male condoms can be found in many bars, in shops, in pharmacies, and at health centres. The Ministry of Health provides free condoms. All condoms sold are of good quality.
I am confident in my ability to put on a condom when I am drunk.	When one is drunk one cannot think clearly. It is therefore difficult to think about all the steps of correct condom use.
A condom needs to be put on the penis just before the man ejaculates.	Even before a man ejaculates, sperm are released in the first fluid that comes out of the penis. This fluid can contain HIV, STIs, and sperm. The condom should be put on the penis before the penis has contact with the vagina, anus, or mouth.
Most condoms are too small for men.	Condoms can be stretched enough to cover a man's head or be filled with a bucketful of water.

## 6. The correct use of condoms

There are two types of condoms: the male condom and the female condom.

- **The male condom** is a very fine latex (rubber) sheath that, when worn on the hard penis, prevents direct contact with the vagina, anus, or mouth. It acts as a barrier. It is worn by men.
- **The female condom** is a very fine polyurethane (plastic) sheath that women can insert in their vagina. Like the male condom, it prevents direct contact between the penis and the vagina and contains men's semen after ejaculation. The female condom can also be used by men for protection during anal sex. It can be inserted in the anus or worn over the hard penis.

Condoms must be used 100%. This means condoms have to be used correctly for every occasion of sexual intercourse.

### 6.1 The correct use of male condoms

#### Instructions

Check the expiry date and confirm that there is air in the package. If there is no air, it has been damaged or tampered with, and it should not be used.



Open the condom package with your fingers. It is easier to open on the V sign.



Carefully remove the condom and unroll it with the rim on the outside.



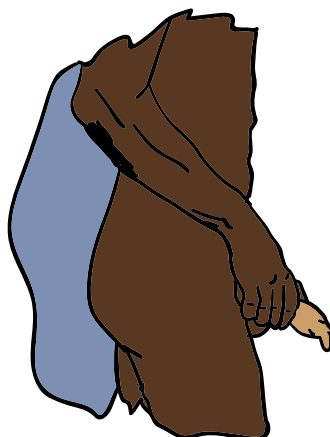
Pinch the end of the condom between two fingers of one hand to squeeze out the air. Place it on the head of the erect penis (when the penis is hard).



While still pinching the end of the condom, use two fingers from your other hand to unroll the condom to the base of the penis.



With a disposable tissue or toilet paper, remove the condom after ejaculation (when the man has come) AND before the penis becomes soft.



Wrap the condom in the tissue and throw it away in a bin, out of the reach of children.



**Remember the most important steps of correct condom use: PPU, or pinch, place, and unroll.**

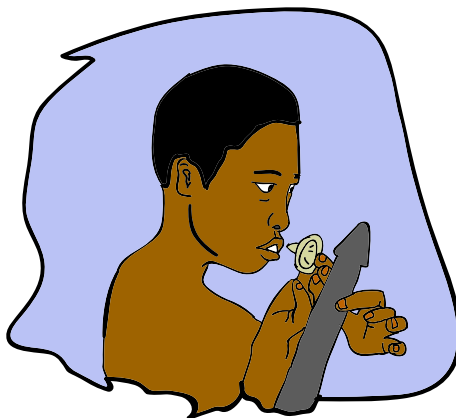
### Male condom precautions

- Check the manufacturing date or expiry date of the condom when you buy it or receive it. If there is only the manufacturing date, add three years to calculate the expiry date.
- Check if there is air in the package before use.
- NEVER use two condoms at the same time; never use male and female condoms at the same time.
- NEVER open the packet with a sharp object (blade, scissors, knife) or your teeth.
- Do not expose condoms to heat.
- NEVER use creams, lotions, oil, Vaseline, shea butter, saliva, etc. to lubricate the condom. If necessary, use an appropriate water-based gel, such as K-Y Jelly.
- ALWAYS use a new condom for each round of sex.
- ALWAYS use a new condom for each client.
- NEVER agree to using the same condom for successive acts of sex (e.g., a client who wants to penetrate two or more SWs while wearing the same condom).

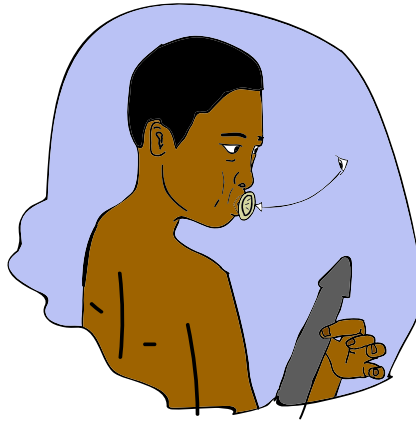
#### 6.1.1 Putting a male condom on with your mouth

The SW can use his/her mouth to put the male condom on the client's penis. This can encourage reluctant clients to agree to wear a condom. This requires some practice at home. It includes the following steps:

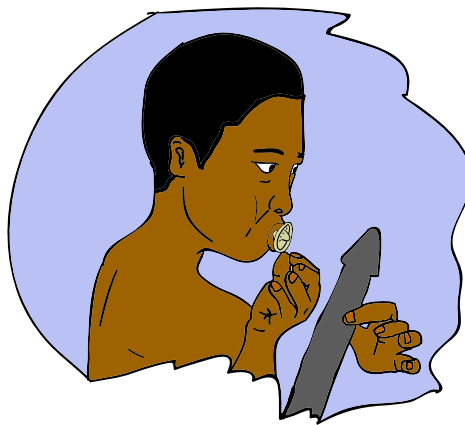
Put the tip of the rolled condom between your lips.



Inhale to fix the condom between your lips.



Close your lips to press the air out the tip of the condom.



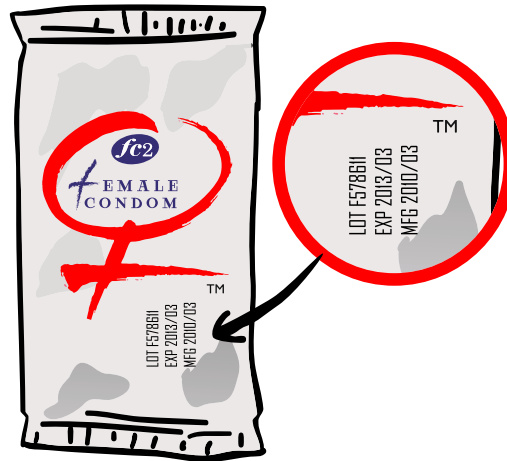
Unroll the condom over the erect penis with your lips and tongue. Use your fingers to ensure that the condom is enrolled right to the base. Do not touch the condom with your teeth, because teeth might damage the condom.



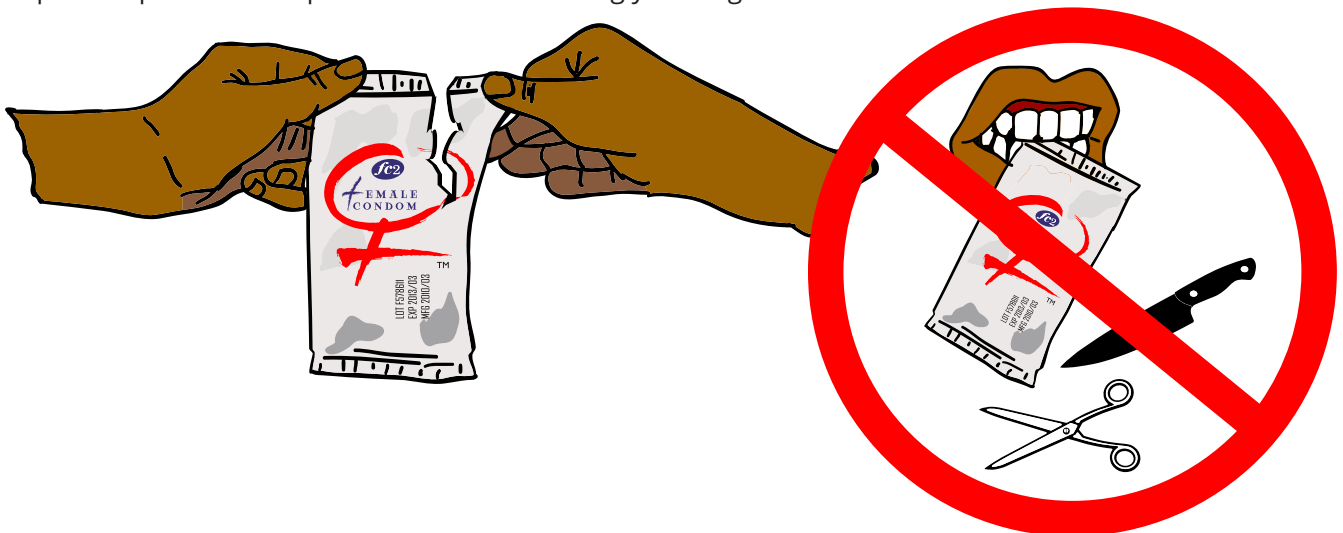
## 6.2 The correct use of female condoms

### Instructions

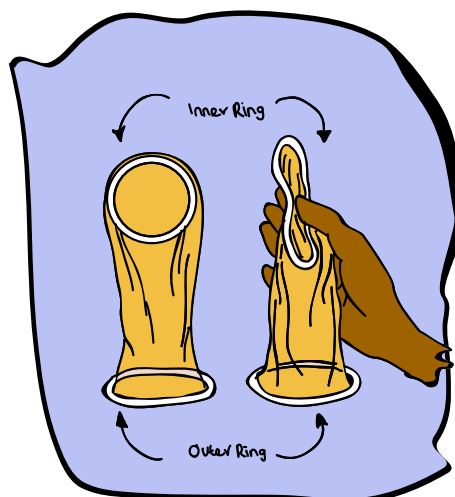
Check the expiry date and massage the packet to ensure the lubricant is evenly distributed.



Open the packet at the place with an arrow using your fingers.



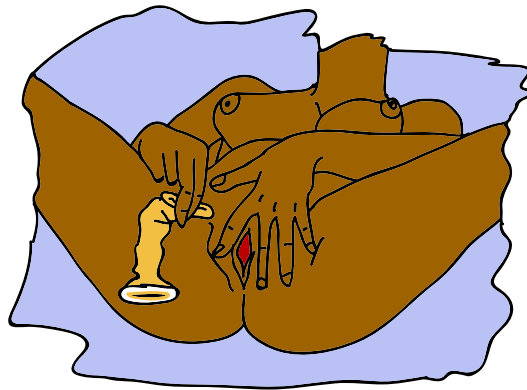
Pinch the inner ring between your thumb and three fingers, giving it the shape of a figure eight.



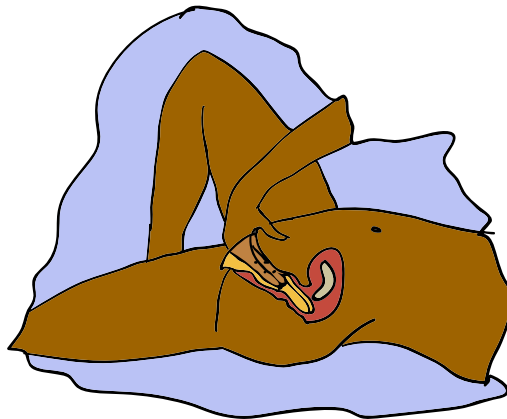
Choose a suitable position: crouching down, lying on your back, or with a leg raised on a chair or stool.



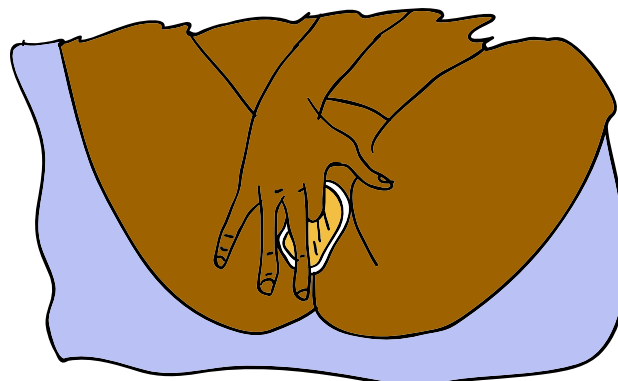
Open the entrance of the vagina with your other hand and insert the female condom into the vagina.



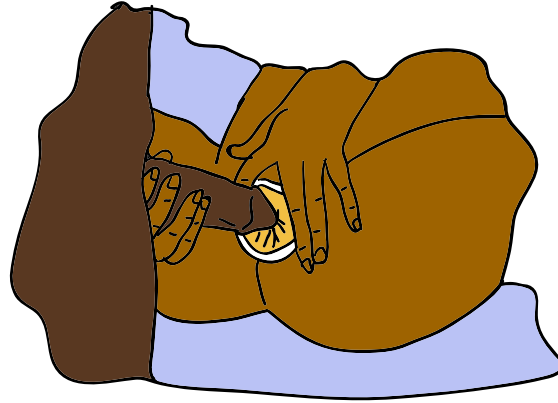
Using one or two fingers inside the condom, push the inner ring so it is properly positioned at the end of the vagina.



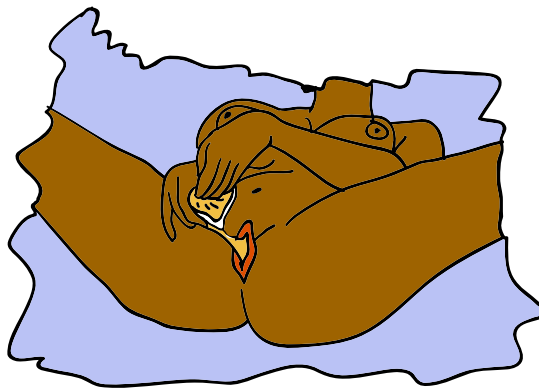
The outer ring of the condom remains outside and covers the outer part of the genitals.



When penetration occurs, hold the external ring. Help the man by steering his penis into the condom to avoid the penis slipping on the side.



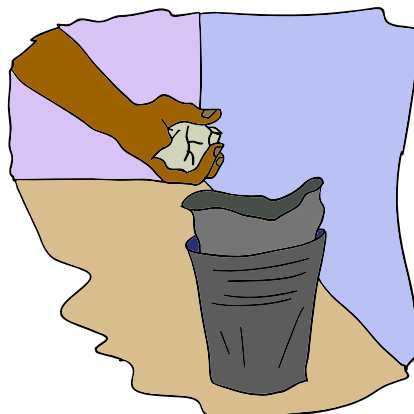
After ejaculation (after the man has come), ask the man to remove his penis.



Hold the external ring, twist the condom a few times, and remove the condom before getting up.



Wrap the condom in a tissue and discard it in a waste bin, not in a toilet.



The female condom can be used by men for anal sex. In this case, the condom can be inserted into the anus of the person being penetrated, or, after removing the inner ring, it can be put on the penis of the person who is going to penetrate.

### Female condom precautions

- Check the condom's expiry date as soon as you receive it.
- Check that the package does not have a hole in it before opening it.
- Use a new condom for each round of sex.
- Never use the male and female condom at the same time.
- Never open the packet with a sharp object (blade, scissors, knife) or your teeth.
- Do not expose condoms to heat.
- Never use creams, lotions, oil, Vaseline, shea butter, or saliva to lubricate the condom. If necessary, use an appropriate water-based gel, such as K-Y Jelly.

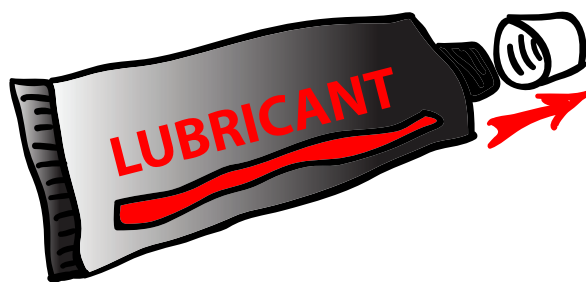
## 7. The benefits of condom use

- Condoms protect against STIs and HIV.
- Condoms help prevent unintended pregnancies.
- There is no need to wash the vagina every time after sex when using condoms.
- Condoms do not make you messy.
- There is no need to wash the bed sheets as often when using condoms.
- Condoms can save your life.

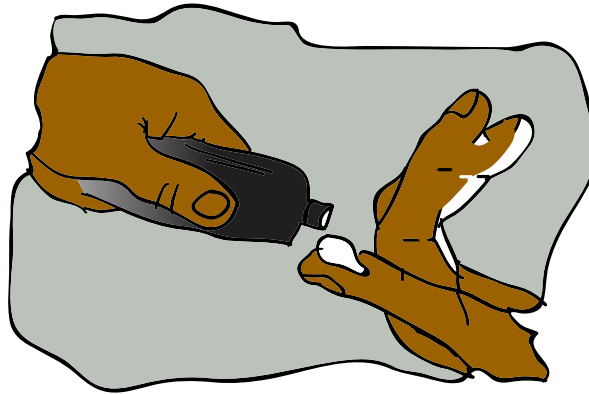
## 8. The correct use of lubricating gel

Only water-based lubricating gel (e.g., K-Y Jelly) should be used with condoms to make penetration easier during sex. Gel alone does not protect against STIs and HIV.

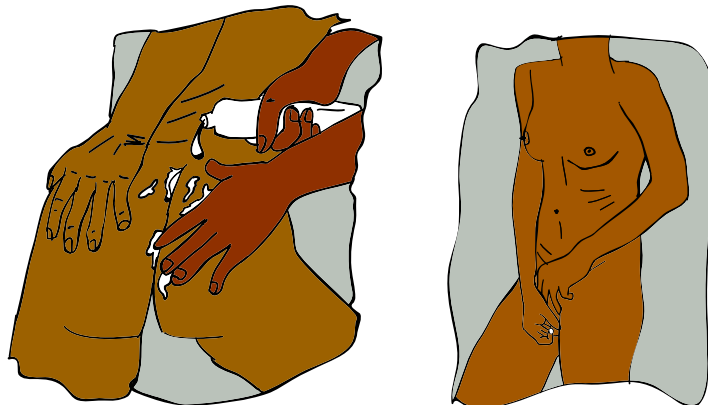
Open the tube of gel.



Put a small quantity of gel on your finger (the size of a pea).



You can lubricate your vagina or anus by sticking your finger inside.



You can put the gel directly onto the male condom after it has been placed on the penis.



### 8.1 What are the benefits of using lubricating gel?

- Gel reduces the risk of condom breakage.
- Gel reduces the risk of lesions (small injuries) in the vagina and in the anus during sex. Using gel together with a condom reduces the risk of STI and HIV infection.

To increase sensation for clients during sex, a small amount of gel can be put in the tip of the male condom (inside it) before unrolling it on the penis, or directly on the tip of the penis. This will not lubricate the vagina or the anus, but it might encourage reluctant clients to agree to wear a condom. Never forget to put gel on the outside of the condom as well.

**Note:** Peer educators and community workers must inform SWs about places where male condoms, female condoms, and lubricating gel are provided.

## 9. How to negotiate condom use

### Tips for condom negotiation (how to discuss and insist on condom use with your client/ partner)

- Say no to sex without condoms – say it with a firm voice and mean it.
- State in a firm manner why you refuse sex without a condom.
- Say firmly and clearly that your life and health are more important than the sexual relationship.
- Tell your partner that, in addition to your concern for your own safety, you are concerned about his/her safety.
- Ensure that you always have a condom with you.
- Convince your partner that you will make having sex with a condom very exciting.
- Always be aware of situations that you may not be able to handle. If possible, avoid such situations, or have a well-thought-out escape route.
- Negotiate condom use before you are alone with your client. This will reduce the chance that your client becomes angry.
- A client who has consumed a lot of alcohol may not be reasonable. Female condoms are a good alternative to male condoms in such a situation.
- Some clients do not want to wear a condom. If your client is not willing to use the male condom, introduce the idea of the female condom.

### 9.1 Common excuses of clients and how to respond

Excuses for not using the condom	Responses you can give
<b>I cannot feel anything. It is like licking a sweet with the wrapper.</b>	<ul style="list-style-type: none"> <li>• The condom might reduce sensation, but there is still plenty of sensation. Feel how thin this rubber is. Can this make you feel nothing?</li> <li>• Although condoms may be felt when the penis is first inserted into a vagina, once it warms up to body temperature, it is rarely felt and is quickly forgotten.</li> <li>• People get used to using condoms. It gives you peace of mind.</li> <li>• Any reduction in sensation is small compared to the satisfaction of not having to worry about STI and HIV transmission.</li> </ul>
<b>I know I am clean. I don't know about you. I just want to enjoy myself.</b>	<ul style="list-style-type: none"> <li>• As far as I know, I am free of disease too. But I would still like for us to use a condom because either of us could have an infection but not know it.</li> <li>• I don't want either of us to take a chance of getting an STI or HIV.</li> <li>• Many people living with HIV have no symptoms.</li> <li>• Probably neither of us has a disease, but isn't it better to be careful?</li> </ul>
<b>I will lose my erection by the time I put on this condom. By the time I put it on, I won't be in the mood.</b>	<ul style="list-style-type: none"> <li>• I can help you put it on. That will give you a lot of extra pleasure and will keep you in the mood.</li> </ul>

Excuses for not using the condom	Responses you can give
<p><b>This condom business is not for me. It smells, and it is funny. You end up punishing yourself instead of enjoying yourself.</b></p>	<ul style="list-style-type: none"> <li>• I can help you enjoy. I would like us to use a condom in the interest of both of us. We will even enjoy more, because we will know that we are safe.</li> </ul>
<p><b>I don't have a condom with me.</b></p>	<ul style="list-style-type: none"> <li>• That is not a problem, I do.</li> </ul>
<p><b>These condoms are not natural. They are fake. Why do you want to put a barrier between what should be enjoyed? It just turns me off.</b></p>	<ul style="list-style-type: none"> <li>• STIs, especially HIV, will turn you off more. Think about it.</li> </ul>
<p><b>Condoms are not reliable; the quality of available condoms is poor. Condoms have small holes that HIV can get through.</b></p>	<ul style="list-style-type: none"> <li>• The chance of HIV being transmitted when condoms are properly stored and used correctly is almost zero. Condoms locally available have gone through quality control and are reliable.</li> <li>• Condoms are thoroughly tested. It is better to take a high chance of being safe than to take the risk of being unsafe by not using a condom when having sexual intercourse.</li> </ul>
<p><b>Condoms get lost in a woman's womb/anus.</b></p>	<ul style="list-style-type: none"> <li>• I will give you the right information about condoms. If used correctly, the condom does not remain in the vagina/anus. If you hold the condom while withdrawing, the chance is almost zero that the condom slips off.</li> <li>• A condom can never enter the womb through the vagina. If the condom slips off, it remains inside the vagina; I can pull it out.</li> </ul>
<p><b>I do not want to use a condom. I do not see any benefit in using a condom.</b></p>	<ul style="list-style-type: none"> <li>• Using a condom takes away all worry about contracting STIs and HIV.</li> </ul>
<p><b>Condoms don't work.</b></p>	<ul style="list-style-type: none"> <li>• Condoms work very well if we use them in the correct manner. We can even make condoms fun.</li> <li>• I am an expert in the correct use of condoms. I have never experienced condom breakage.</li> </ul>

## 9.2 Common excuses of regular clients/partners and how to respond

Excuses for not using the condom	Responses you can give
<b>I've known you long enough. There is no need to use condoms. I have no secrets.</b>	<ul style="list-style-type: none"> <li>• Yes, we have known each other for a long time, and I care for you. But we should not take any risks. Caring for each other also means protecting each other's health.</li> </ul>
<b>I fully trust you. Don't you trust me?</b>	<ul style="list-style-type: none"> <li>• I trust you too. But one of us could have an STI without knowing it. When we use a condom, we can fully trust each other and fully enjoy.</li> </ul>
<b>I am helping you and your family. Why should I wear a condom?</b>	<ul style="list-style-type: none"> <li>• I greatly appreciate your help. But helping my family does not protect our health. A condom does. You will see that we can enjoy even more if we do not need to worry about STIs and HIV.</li> </ul>
<b>I love you. Lovers do not use condoms.</b>	<ul style="list-style-type: none"> <li>• I love you too. But love alone does not keep us healthy. Condoms protect both of us against STIs and HIV. We will love each other even more if we do not need to worry about infections.</li> </ul>

## 9.3 Common excuses of bar owners /managers and how to respond

Excuses for not supporting condom use	Responses you can give
<b>I do not want to encourage clients and bargirls to use condoms. It will keep my customers away.</b>	<ul style="list-style-type: none"> <li>• We are not asking you to discourage sex between the clients and the bargirls. We are asking you only to encourage condom use.</li> <li>• What would be a good time to talk to the bargirls, so that we do not interfere with business?</li> <li>• If the bargirls can protect themselves, they are less likely to get sick. That is good for your business too. It is therefore to your benefit to help protect the girls and the clients.</li> <li>• Your bar may attract even more clients if they hear that no one is getting sick after sex with the bargirls.</li> </ul>

## 10. Prevention of non-sexual transmission of STIs and HIV

### 10.1 Prevention of transmission through blood

HIV can also be transmitted by contact with the blood of a person living with HIV. This can happen through blood transfusion. It can also happen through contact with needles and other sharp objects (e.g., blades and knives) that contain the blood of a person living with HIV.

To avoid getting infected by blood, you must

- use only new (never used), disposable syringes and needles (for people who inject drugs);
- avoid using tattoo and hair weaving needles of other people;
- avoid using manicure or pedicure devices (cleaning of hands and feet) of other people;
- avoid sharing razor blades;
- use diluted bleach to disinfect hairdresser's equipment (e.g., trimmer and blades) that has been used by other people; and
- use diluted bleach to disinfect equipment that has been in contact with blood.

In hospitals and health centres in Kenya, blood transfusions are safe because the blood has been tested for HIV and other STIs.

SWs who inject drugs should be referred for treatment programmes, which include

- prevention messages,
- medicines that reduce the effects of the drug,
- safe disposal of needles, and
- distribution of new needles (needle exchange programme).

### 10.2 Prevention of mother-to-child transmission (PMTCT) of HIV

Pregnant mothers who are infected with HIV can give the virus to their baby during pregnancy, during delivery, or while breastfeeding.

- If a pregnant woman wants to learn her HIV status, she must go to a health facility and be counselled and tested for HIV. If she tests HIV positive, she will be given advice on what to do to reduce the chance of transmitting HIV to her baby.
- If an HIV-positive woman takes a combination of ARV medicines during pregnancy and delivery, the risk of HIV transmission to her baby is reduced. We call this PMTCT, or prevention of mother-to-child transmission. The service is free of charge and is available at most public health facilities.
- The baby also needs to take ARVs for a period of six weeks.
- Through PMTCT, HIV-positive mothers can deliver HIV-negative babies.

#### KEY MESSAGES

- HIV and STIs can be prevented.
- The best prevention method for SWs is 100% condom use with clients AND partners.
- It is important to become an expert in the correct use of male and female condoms and water-based lubricant.
- After delivery, HIV-positive mothers should be encouraged to exclusively breastfeed for six months.
- The most powerful messages to clients who refuse to use a condom are
  - Money can't cure AIDS.
  - Unprotected sex, even once, is enough to get HIV.

# 5 M O D U L E

## KNOWING OUR HIV STATUS: PROMOTING HIV TESTING AND COUNSELLING

## 1. Introduction

HIV testing services (HTS) enable people to know their HIV status and to use such knowledge to protect their health and their partners' health. Knowing one's HIV status can be the entry point for prevention if one tests HIV negative. It can be the entry point for HIV care, treatment, and support if one tests HIV positive.

## 2. Learning goals

This module will help us to

- know the basic facts and benefits of HTS,
- identify referral sites for HTS, and
- know how to overcome SWs' resistance to HTS.

## 3. What is HTS and how does HTS work?

HTS is an HIV test combined with pre-test counselling to prepare the client and to obtain the client's consent, and post-test counselling to explain the result.

**HIV test:** A blood test to check if the person has antibodies against HIV. Antibodies are special proteins that fight the virus in one's body. The presence of antibodies indicates HIV infection.

**Counselling:** A face-to-face interaction between a client and a person who has been trained to give advice or guidance to help solve or prevent problems.

### 3.1 How does HTS work?

A trained counsellor has a discussion with a client. The counsellor explains the HIV test and what the results of the test mean. This is called pre-test counselling. Pre-test counselling can happen in a group or individually.

A drop of the client's blood is taken for the HIV test. The test is a rapid test. This means that the test result is usually ready within 15 minutes.

After testing, the counsellor and the client have another discussion. The counsellor explains the test results, provides more information, and gives advice. This is called post- test counselling.

Everything that is said during counselling is confidential, meaning that it remains between the counsellor and the client.

#### 4. The benefits of HTS

It is important to take an HIV test, because knowing one's HIV status has many benefits:

- Knowing your status relieves anxiety.
- Counselling provides the correct information about protecting yourself and others from HIV.
- Counselling provides the correct information about improving your health by getting care and treatment and by preventing HIV-related illnesses.
- Counselling provides emotional support.
- Counselling and knowing your HIV status help you plan for your future.



#### 5. Where can one go for HIV testing?

HTS can be done at

- voluntary counselling and testing centres (VCT centres);
- health centres, hospitals, dispensaries, clinics;
- drop-in centres that provide tailored services for SWs;
- mobile HIV counselling and testing (e.g., VCT trucks and outreach); and
- moonlight counselling and testing services.



#### 6. What are the barriers to HIV testing?

Many SWs fear the test. Here are a few of the reasons:

- They fear giving blood.
- They don't trust the results.

- They fear getting a positive test result and consequently
  - dying;
  - being rejected and/or facing stigma, discrimination, and violence from parents, relatives, partners, friends, the community;
  - being unable to live like other people;
  - being unable to achieve their plans (e.g., marriage);
  - being unable to get treatment;
  - being unable to afford treatment;
  - being unable to get care; and/or
  - losing clients and income.

### HTS barriers given by SWs and responses that peer educators can give

Barriers (according to SWs)	Reasons in favour of being tested
<b>Giving blood will make me ill and will drain me of my blood.</b>	Only a small amount of blood is taken; only a drop at the fingertip.
<b>Is the result true?</b>	Of course! The tests are properly controlled and quality is assured. The people who read the test result are properly trained. In HTS, testing is very straightforward and you see the result yourself.
<b>There isn't any medication to cure AIDS.</b>	That's true. But there is medication that enables infected people to live longer and to live a good life.
<b>But they say the medication is expensive, and I have no money.</b>	ARV treatment is available free of charge in many public health centres.
<b>If I'm HIV positive, will I be able to have any more children?</b>	Yes, you can still get pregnant and give birth to an HIV-negative baby. You will need to go to a health facility for PMTCT services.
<b>If I test positive, will I be able to get married? Won't my life be ruined?</b>	If you test positive, with care and treatment you can lead a happy and normal life. You may also get married.
<b>If people know I'm HIV positive, I won't have any clients. My family and friends will reject me. I may face stigma, discrimination, and violence if people find out.</b>	HTS is confidential. If you test positive, you will be able to remain healthy if you receive care and treatment. People will not see that you are positive.

#### KEY MESSAGES

- The only way to know if you have HIV is to be tested for HIV.
- HTS is free of charge in Kenya, except in private hospitals.
- Knowing your HIV status can help you plan for your future.
- HTS is the entry point for HIV prevention, care, and treatment.
- It is the role of peer educators to promote HTS to their peers.

# 6 M O D U L E

## BEHAVIOUR CHANGE

## 1. Introduction

Being aware of the risk factors that SWs are exposed to and acquiring the skills to address these risks will enable SWs to better protect their health and that of their peers.

## 2. Learning goals

This module will help us to

- understand the risk factors that expose SWs to HIV and STIs,
- know what behaviour change is,
- know the steps of and the barriers to behaviour change, and
- promote less-risky attitudes and practices among our peers.

## 3. Factors that put SWs at risk of HIV and STI transmission

### 3.1 What puts me at risk of getting STIs and HIV?

Although anyone can contract STIs and HIV, the following factors increase one's risk of infection:

- having several sexual partners
- having sex with casual sexual partners
- engaging in sex work
- refusing to use a condom
- incorrectly or inconsistently using a condom
- having sex with an uncircumcised male partner
- using a lubricant that is unsuitable for condoms (not water based)
- starting to have sex at an early age
- rape
- intravenous drug use (with needles)

The following situations can lead to high-risk sex, which makes SWs vulnerable to STI and HIV infection:

- lack of awareness about prevention
- low self-esteem
- drinking too much alcohol
- taking drugs
- lack of money, poverty
- overcrowding (living together in a small space)
- migration (a person travelling from one country to another, or from one region to another)
- war and other forms of social upheaval

### 3.2 What are the various levels of risk for HIV and STI infection?

Zero risk does not exist when one has sex. However, some sexual practices are more risky than others.

#### High-risk sex practices include

- anal sex without a condom
- vaginal sex without a condom
- having sex without a condom while having an STI
- having sex without a condom with a person who has an STI
- having sex with several sexual partners without a condom
- using Vaseline or oil to lubricate a condom
- having sex during menstruation (your period)

### Non-sexual high-risk practices are

- sharing needles with someone who uses injectable drugs
- blood transfusion with untested blood

### Medium-risk sex practices include

- blow job (oral sex) without a condom

### Non-sexual medium-risk practices include

- contact with blood from an injured person (Skin provides a good protection against HIV unless you have a cut or an injury.)
- sharing razors

### Low-risk sex practices include

- deep kiss with the tongue
- sex with a condom (Condoms offer good protection unless they break or slip off.)

## 4. Behaviour change

### 4.1 What is behaviour change?

Behaviour change is change of one's attitudes and practices. For SWs, it means changes in attitudes and practices to reduce their risk of HIV and STI transmission. For example:

- always carrying condoms
- 100% condom use with clients
- 100% condom use with partners
- using only water-based lubricant
- reducing or stopping alcohol use
- reducing or stopping drugs use
- knowing your HIV status
- going for regular STI check-ups and immediately seeking medical attention in case of signs

### 4.2 The steps of behaviour change

Behaviour change does not happen overnight. It is a long-term process. We can divide the process of behaviour change into **six steps** (KADPAC):

- **Step 1:** Being aware of risk behaviour in general (**Know**)
- **Step 2:** Being aware of one's risk behaviour (**Assess**)
- **Step 3:** Deciding to reduce one's risk behaviour (**Decide**)
- **Step 4:** Planning what to do to reduce one's risk behaviour (**Plan**)
- **Step 5:** Taking action: reducing one's risk behaviour (**Act**)
- **Step 6:** Maintaining or continuing reduced risk behaviour (**Continue**)



## Know

- The SW knows or becomes aware that there is a problem.
  - Example: I know that the problem exists, but I am not aware that my own behaviour is posing a problem.
- The peer educator should increase the SW's awareness of the problem.

## Assess and understand one's risk

- The SW assesses and understands that his/her behaviour is risky.
  - Example: I don't use condoms during sex, so I am exposed to STIs and HIV.
- The peer educator should increase the SW's awareness and motivation to change behaviour.

## Decide

- The SW decides to take action.
  - Example: I will change my behaviour. I will start using condoms during sex to reduce my risk of STIs and HIV.
- The peer educator should commend/support the SW's decision to reduce her/his risk.

## Plan

- The SW plans what needs to be done to reduce risks.
  - Example: I will reduce my risk by getting, carrying, and using condoms.
- The peer educator should increase the SW's confidence in his or her ability to change.

## Act

- The SW puts the plan into practice.
  - Example: I buy condoms and use them during sex. I am practicing my new behaviour. I am committed. Others can see the change.
- The peer educator should reinforce positive behaviour. Highlight the positive effects of the change.

## Continue

- The SW continues or maintains the action and encourages others to take action to reduce their risk of STIs and HIV.
  - Example: I use condoms during all sexual contacts, and I encourage my friends to do the same. I am committed to continue, my new behaviour is becoming part of me.
- The peer educator should reinforce positive behaviour and prevent relapse.

### 4.3 Barriers to behaviour change and solutions to maintain new behaviour

Many barriers can discourage SWs from adopting safe behaviour. Such barriers can make SWs continue their old, unsafe habits. It is thus important that peer educators be familiar with ways to help SWs overcome barriers and maintain new behaviour.

Examples of barriers	Examples of ways to overcome the barriers
<ul style="list-style-type: none"><li>• rejection or violence by partners</li><li>• lack of control over condom use</li><li>• friends mocking them</li><li>• emotional problems</li><li>• fear of losing their clients</li><li>• lack of self-confidence</li></ul>	<ul style="list-style-type: none"><li>• discussing the obstacles with another SW</li><li>• seeing the benefits of the new behaviour</li><li>• encouragement from peers</li><li>• gaining skills for safe behaviour (e.g., correct use of a condom)</li><li>• gaining self-confidence in one's skills by practicing condom negotiation</li></ul>

Examples of barriers	Examples of ways to overcome the barriers
<ul style="list-style-type: none"> <li>• low self-esteem</li> <li>• lack of money</li> <li>• a PE who sets a bad example</li> </ul>	<ul style="list-style-type: none"> <li>• continued support of a peer educator</li> <li>• joining an SW support group</li> </ul>

## 5. Behaviour change

Behaviour change communication (BCC) is any communication activity that aims to help individuals and communities select and practice behaviour that will have a positive effect on their health. Peer educators use BCC to help their peers adopt low-risk behaviours.

We have seen that behaviour change is a long process. Peer educators should therefore advance slowly when working with SWs. Peer educators should not force anything. Rather, they should accompany SWs through the process of behaviour change.

To get an SW to adopt a low-risk behaviour, the peer educator should find out which step of the behaviour change process the SW is in. Each step requires a different approach. Starting from this step, the peer educator can take action to guide the SW to the next step of the behaviour change process.

The following table explains how peer educators can help SWs in each step of the behaviour change process:

Step	SW's concern	What the peer educator can do
<b>1 Know</b>	SW does not know how HIV is transmitted.	Provide the correct information about HIV transmission.
<b>1 Know</b>	SW does not know how to put on a condom.	Demonstrate the correct use of condoms and allow the SW to practice condom use.
<b>2 Assess</b>	SW fears that insisting on condoms will reduce income.	Help the SW to assess the income they may lose if infected with HIV or STI.
<b>3 Decide</b>	SW cannot take a decision, is not sure of himself/herself.	Encourage the SW to believe in him/herself to increase their self-confidence.
<b>3 Decide</b>	SW fears other people's reactions.	Discuss the obstacles with the SW and help to find solutions.
<b>4 Plan</b>	SW is not sure which steps are involved in planning.	Discuss all the steps that are needed to prepare for action (i.e., getting condoms, knowing how to use condoms, knowing how to negotiate condom use, having condoms ready).
<b>5 Act</b>	SW is not able to persuade clients to use condoms.	Discuss particular situations and how they can be handled better.

Step	SW's concern	What the peer educator can do
<b>6 Continue</b>	SW has used condoms successfully but is uncertain about continuing this behaviour.	Congratulate the SW for his/her new behaviour and encourage him or her to continue. Remind SW that condoms need to be used consistently to be effective in preventing HIV.

**Note:** Barriers can prevent SWs from moving forward in the behaviour change process. A peer educator should be aware of this. If needed, the peer educator should start the whole behaviour change process over again with the SW.

### KEY MESSAGES

- The goal of behaviour change is to abandon risky behaviours and to adopt and maintain low-risk behaviours.
- The six steps of behaviour change are
  - Know
  - Assess
  - Decide
  - Plan
  - Act
  - Continue
- Peer educators can help SWs to adopt low-risk behaviours by
  - talking about the benefits of low-risk behaviour,
  - discussing the barriers to behaviour change,
  - helping to find ways to overcome barriers, and
  - encouraging SWs to start and continue low-risk behaviour.
- Unprotected vaginal and anal intercourse are the practices with the highest risk of HIV transmission.
- Alcohol and drugs increase the risk of unprotected sex, violence, and poor health.



**M O D U L E**

**ALCOHOL AND SUBSTANCE ABUSE**

## 1. Introduction

This module explains the dangers of alcohol and drugs use, the benefits of reducing such use, and where to seek help for substance abuse.

## 2. Learning goals

This module will help us to understand

- why SWs abuse alcohol,
- the effects of alcohol on SWs,
- how to recognize alcohol abuse, and
- where to get help if you have a drinking problem.

## 3. Alcohol and substance use and abuse in sex work

### 3.1 What substances do SWs use?

Substances that are frequently used by SW include

- alcohol
- marijuana/bhang/weed/ndom/ombidho/ndukulu/kichwodho
- khat-miraa /veve/muguka/guks/gomba/mbachu
- cocaine-unga/ brown sugar
- heroin/morphine
- amphetamine/matembe
- Valium/mchele
- kuber/ndovu/rwara

### 3.2 Why do SWs drink alcohol?

Sex work is often linked with alcohol use and abuse. There are several reasons for this:

- SWs often work from bars or places where alcohol is consumed.
- Clients of SWs often drink alcohol before they have sex; they may also buy alcohol for the SW.
- Many SWs find it easier to do sex work under the influence of alcohol.
- Some SWs are addicted to alcohol.

### 3.3 What risks are associated with using alcohol (and other substances) in sex work?

When one is under the influence of alcohol and other substances, one cannot think clearly. This may affect

- **Condom use**
  - SWs often do not remember if they have used a condom when they are under influence of alcohol.
  - SWs may forget to use a condom.
  - SWs may not use the condom correctly.
  - SWs may not notice if the client removes the condom.
- **Health**
  - Higher risk of getting an STI or HIV because of not being in control of safer sex.
  - SWs forget to take medicine.

- **Safety**
  - Sexual violence is associated with alcohol consumption.
  - Physical violence is associated with alcohol consumption.
- **Economic situation**
  - When intoxicated, one cannot negotiate well about the price for sex work.
  - Alcohol and other substances cost money, which could be used for other purposes (e.g., for the children, to set up a business).
  - Client might cheat an intoxicated SW.
  - Client might steal from an intoxicated SW.

### 3.4 **How does one know when alcohol use is too much?**

The best way to find out if alcohol use is becoming a problem is to visit a health facility and speak with a counsellor.

- Responsible alcohol use:
  - For women: not more than one alcoholic drink a day.
  - For men: not more than two alcoholic drinks a day.
- The following questions signal alcohol use becoming a problem:
  - Have you ever felt you should cut down on your drinking?
  - Have people annoyed you by criticizing your drinking?
  - Have you ever felt bad or guilty about your drinking?
  - Have you ever had a drink first thing in the morning (as an “eye opener”, to steady your nerves, or to get rid of a hangover)?

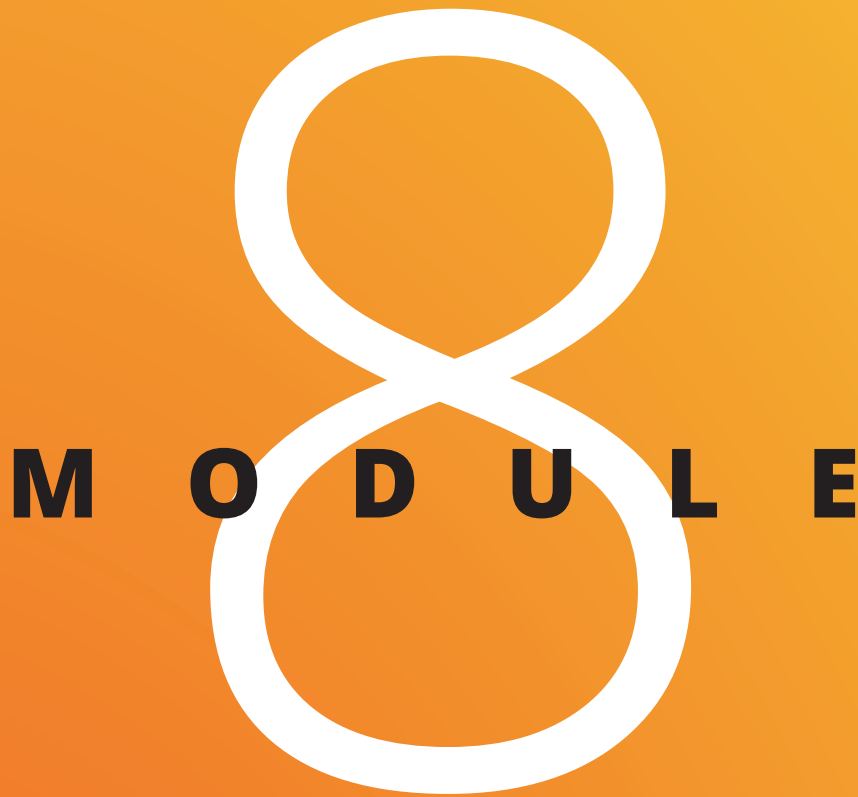
### 3.5 **Where can one get help for alcohol (and other substances) abuse?**

There are several options:

- Self-help groups, such as the Alcoholics Anonymous (AA) club.
  - Members meet weekly and help each other to quit alcohol.
  - They work with buddies.
- Substance abuse centres: specialized centres where a counsellor will develop a plan with you for quitting alcohol.
- A visit to a health facility, where the provider can check if you have an alcohol problem through a questionnaire. S/he will refer you to the right services.

#### **KEY MESSAGES**

- Alcohol and drugs increase the risk of unprotected sex, violence, financial hardship, and poor health.
- An SW can get help for alcohol and substance abuse from self-help groups, from specialized centres, and from health facilities.



**M O D U L E**

**CREATING AN  
ENABLING ENVIRONMENT  
FOR BEHAVIOUR CHANGE**

## 1. Introduction

An enabling environment is an environment that allows and encourages people to take positive action. Group formation, or mobilization, is an important strategy for enabling SWs to change behaviour and to act collectively on their own behalf.

## 2. Learning goals

This module will help us to

- empower SWs,
- understand the SW community, and
- acquire the skills for community mobilization.

## 3. Empowerment

### 3.1 What is empowerment?

Empowerment is enabling people to take care of themselves.

Empowerment is about providing information and skills to SWs so that they

- know their rights,
- know the facts about HIV and STI transmission,
- become more independent,
- have strong self-esteem and self-confidence,
- improve their decision-making skills, and
- have negotiating power.

### 3.2 What are the benefits of empowerment?

Empowered SWs can more easily

- negotiate protected sex;
- say no to clients who demand unprotected sex, and stand by their decision;
- recognize, avoid, or escape from violence and risky situations;
- receive health services; and
- know their individual rights.

### 3.3 How can empowerment of SWs be achieved?

Some ways to achieve SW empowerment are

- information sessions on HIV and STI prevention to increase knowledge and to build confidence on self-protection;
- literacy courses;
- training in livelihood skills (e.g., how to open a bank account, how to save money);
- training in business skills (e.g., how to make a simple business plan, etc.);
- peer educator training to strengthen leadership skills;
- training to recognize, avoid, and manage violence, stigma, and discrimination; and
- membership in a group.

## 4. Community mobilization

### 4.1 What is community mobilization?

A “community” refers to persons who

- share the same interests, goals, worries, problems, or risks;
- are similar (with regard to age, sex, social and economic position, education, etc.);
- do things together;
- help each other; and/or
- live or work in the same area.

SWs are a community because they have much in common:

- same work
- same interests
- same risk of getting STI and HIV
- same problems (stigma, discrimination, social marginalization)

Community mobilization is a process in which the members of a community collaborate to improve their situation.

Community mobilization enables SWs to

- support each other,
- demand services,
- improve the use of prevention services,
- improve the use of care and support services,
- create the conditions to protect their health,
- create a safe space,
- advocate for their rights, and
- own programmes for SWs.

### 4.2 The benefits of working collectively

Through working in a group, SWs can

- learn from each other,
- benefit from each other’s strengths and experiences,
- encourage each other,
- improve self-esteem,
- think more positively about their situation and find solutions to their problems,
- assist and support each other,
- reduce or prevent internal fights,
- promote solidarity,
- develop leadership and take a more visible role in the programme,
- watch over each other’s security,
- respond to reports of violence, and
- advocate for the protection of their rights.

SWs who are part of a group are generally more empowered. Empowered SWs are able to take charge and can find solutions to their problems.

## 4.3 Examples of activities achieved through community mobilization

### 4.3.1 Advocacy activities

When SWs are organized in a group or association, it is easier to

- defend and assert their human rights,
- fight against violence and discrimination experienced by SWs,
- demand SW-friendly services, and
- demand training opportunities and other livelihood options.

### 4.3.2 Social activities

Examples of social activities of group members:

- home visits to members (e.g., courtesy visits in case of illness)
- companionship in case of happy or unfortunate events (e.g., wedding, funeral, etc.)
- help with household chores
- organize child care during work (e.g., babysitting)
- organize a meal together or other activities that encourage solidarity and improve self-esteem
- create community centres or drop-in centres

### 4.3.3 Financial activities

An SW group can start income generating activities and open a savings account to

- contribute to health care costs for members and their families,
- pay hospital bills,
- pay bail or fines to release members who are arrested,
- pay legal services to help with legal problems,
- establish a system of loans and savings, and
- access training in starting a business and other training opportunities.

### 4.3.4 Self-help activities

SWs can set up an organization to

- exchange information and develop strategies to reduce violence, stigma, and discrimination;
- agree on a code of conduct (e.g., no unprotected sex with clients, set a minimum price for sex); and
- establish a rapid response system to respond to distress calls.

#### **Case study: Kenya Red Cross, Impact Research Development Organization in Kenya**

In Kisumu, violence against SWs has been addressed promptly with the support of a hotline number. The number is in the custody of a trained advocacy officer. When he receives a call reporting violence, he immediately informs a crisis response team that comprises SW community members, the police, health care workers, and pro bono lawyers via social media. The team members then give advice on the referrals and necessary services to support the violence survivor.

### 4.3.5 Activities for greater involvement in projects

SWs can take a bigger role in projects or can run projects themselves by

- implementing information and education activities (e.g., BCC, promotion of condoms, promotion of VCT,

- referral to STI services);
- accessing funds to organize specific activities;
- improving the capacity of the group members in project management; and
- actively participating in the planning, implementation, and management of projects.

#### 4.4 How to mobilize

The following are the steps in community mobilization:

- Organize a first meeting with the small group. Clarify and discuss your needs.
- Agree on a clear common goal.
- Get community support.
- Plan specific activities.
- Carry out the planned activities.
- Meet regularly to keep the community mobilized and active.

### 5. Violence and safety

#### 5.1 Types of violence against SWs

Type of violence	Examples
<b>Sexual violence (violates sexually)</b>	Rape; gang rape; being physically forced, coerced, psychologically intimidated or socially or economically pressured to engage in any sexual activity against one’s will (undesired touching, oral, anal, or vaginal penetration with penis or with an object); refusal to wear a condom; genital cutting/mutilation (e.g., female genital mutilation)
<b>Physical violence (hurts the body)</b>	Hitting; pushing; kicking; choking; spitting; pinching; punching; poking; slapping; biting; shaking; pulling hair; throwing objects; being dragged; beaten up; deliberately burned; use of weapon; kidnapping; holding against will; physically restraining; being deprived of sleep by force; being forced to consume drugs or alcohol; subjected to invasive body searches/forced to strip by police; poisoning; killing
<b>Emotional violence (hurts the soul)</b>	Psychological and verbal abuse; humiliation; threats of physical or sexual violence or any other harm to an individual or those they care about, including threatening to take custody of an individual’s children; coercion; controlling behaviours; calling names; verbal insults; being confined to or isolated from friends/family; repeated shouting; intimidating words/gestures; destroying possessions; blaming; isolating; bullying

Type of violence	Examples
<b>Economic violence (controls access to money, resources or property)</b>	Use of money or resources to control an individual; blackmailing; refusing right to work; taking earnings; refusing to pay money that is earned/due, including clients refusing to pay; withholding resources as punishment

### Sexual violence

**Sexual violence refers to any type of sexual activity that one is forced, coerced, psychologically intimidated, or socially/economically pressured to engage in against their will, including**

- forceful vaginal or anal penetration,
- other unwanted sexual acts (e.g., oral sex, inappropriate touching),
- sexual intercourse that you refuse,
- rape,
- attempted rape, and
- refusal to wear a condom.

Sexual violence can be verbal, visual, or physical. Sexual violence includes anything that subjects someone to unwanted sexual contact or attention.

Sexual violence happens in many situations:

- during dating
- in marriage
- rape by a stranger
- forced sex work
- unwanted sex due to threats or trickery

Sexual assault is never the survivor’s fault—no matter where, when, or how it happens.

### 5.2 How should we refer to those who experience violence?

**Survivor** is the preferred term for a person who has lived through an incident of violence. It is useful to visually demonstrate with your body language what a victim looks like and what a survivor looks like:

- The word “victim” conjures up an image of someone who is weak, sick, small, hunched over, crying, clothed in rags, unable to function in the world. It is a sad, disempowering word.
- The word “survivor” conjures up an image of someone who stands straight and tall, uses eye contact, walks with confidence, and pursues justice. It is a powerful, empowering word.

**Survivors/victims can include many types of people:**

- SWs
- adolescent girls and young women, because they are usually second class, culturally considered inferior
- men who have sex with men
- people who inject drugs
- transgender women

### 5.3 Who are the offenders?

Sexual violence and other forms of violence against SWs are often committed by the following types of people:

- pimps (male or female persons who connect clients to SWs)
- SW clients
- owners or managers of hotels, bars, and sex dens
- bouncers, taxi drivers, bicycle taxi (boda boda) drivers
- regular partners or spouses
- defence and security forces (police, etc.)
- gang members (group of criminals)
- SWs
- family members
- neighbours and other persons of the public
- health workers
- photographers and journalists (not respecting privacy)

### 5.4 Practical safety tips

The following table contains practical tips on how SWs can improve their safety:

ISSUES	TIPS
<b>Clothing</b>	<ul style="list-style-type: none"><li>• Wear shoes in which you can run, or take off your shoes to run.</li><li>• Avoid scarves, collars, and bags that can be used to restrain, strangle, or suffocate you.</li><li>• Wear clothes that can be left on during sex, in case you need to run away.</li></ul>
<b>Negotiation</b>	<ul style="list-style-type: none"><li>• Agree with the client on the price and time to spend together before leaving together.</li><li>• Choose places and hotels that you know.</li><li>• Always keep condoms and lubricants with you.</li><li>• Collect your money before having sex.</li><li>• Be familiar with the place where you work and with the peers.</li></ul>
<b>In the car</b>	<ul style="list-style-type: none"><li>• Talk to the client from the driver's side of the car.</li><li>• Before getting into the car, negotiate the fee and the place to have sex.</li><li>• Walk around the car to find out if there are passengers in the car.</li><li>• Write down the number plate.</li><li>• Wave goodbye to someone and tell him the time of return (or pretend to do so).</li></ul>
<b>During sex</b>	<ul style="list-style-type: none"><li>• When you get to a room, leave the lights on.</li><li>• Be alert, sober, and observant in whatever position you and the client agree on.</li></ul>

ISSUES	TIPS
<p><b>Self-defence</b></p>	<ul style="list-style-type: none"> <li>• Do not carry weapons.</li> <li>• Work together with friends.</li> <li>• Inform colleagues about violent clients.</li> <li>• Use your voice and your speed (e.g., cry, use the car’s horn, run).</li> <li>• Attack the body parts that are most vulnerable (e.g., throat, eyes, testicles).</li> <li>• Run towards traffic lights, street lights, or people.</li> </ul>

### 5.5 **How to respond to violence**

It should always be the decision of the SW whether to seek services and whether to report violence and/or pursue legal action against a perpetrator. After experiencing violence, a survivor can

- Go to the nearest health facility as soon as possible (within two days); if possible, go to a health facility that provides services to SWs.
- Report what happened.
- Ask for a medical check-up.
- In case of sexual violence, do not bathe or shower until you have been examined at the health facility. The health provider will ask you to explain what happened and will conduct a physical examination. You will receive
  - the morning-after pill (emergency contraceptive) to prevent pregnancy;
  - post-exposure prophylaxis to prevent HIV infection if appropriate (see PEP guidelines in module 4);
  - treatment to prevent other STIs;
  - counselling; and
  - the original copy of the Post-Rape Care Form 1 (PCR1), which is completed by the health provider.
- Report the act of violence at the police station.
- Make sure that the report is entered in the Occurrence Book (OB). Get the OB number.
- Ask for the P3 form. This form is provided free of charge. The P3 form is filled in by an authorized health provider based on the notes from the PCR1 form.
- Record a statement with the police. This can happen later. Sign the statement ONLY when you are satisfied with the accuracy of the statement.
- In case an SW decides not to report to the police, s/he can report to a civil society organisation, such as the Federation of Women Lawyers (FIDA), or to a private lawyer.

#### **NOTE: Victim-blaming**

It is very important for individuals and communities to place blame for violent acts where it belongs: with the perpetrator. If we blame people for being victimized, people will remain silent about abuse and violence.

Survivors deserve our help. We need to create a culture of intolerance toward abuse, and part of that means placing responsibility where it belongs. Even if a person did something that the community considers dangerous, such as going out at night, this does not deserve the punishment of rape or violence. It is the perpetrator who deserves punishment, not the victim.

## 5.6 Legal support and protection of legal rights of SWs

It is important that SWs receive legal support from legal advisors. Such legal advisors need to be friendly, nonjudgmental, and respectful. They need to speak an easy-to-understand language.

Peer educators can help refer SWs to human rights organisations.

Examples of legal support for SWs:

- information on their rights
- escort to the police
- negotiation with legal authorities (e.g., police) in case of arrest

In Kenya, SWs are often arrested for the following reasons:

- making money through sex work
- having sex with a client who is younger than 18 years
- running a sex den or leading a network of SWs
- hanging around the streets—loitering and littering
- indecent exposure and sex on the streets
- stealing from clients

## 5.7 How to respond to a survivor

Response requires action from a variety of sectors, specialties/disciplines, organisations, and groups. Respectful and confidential health, emotional, social, and security services are necessary to address the harmful consequences and after-effects of violence.

The following services should be available to all survivors of violence:

- First line response: active listening, delivery of key messages, provision of information and referrals, safety planning
- Health services: treatment of injuries, HIV testing, PEP, emergency contraception, STI testing and treatment, forensic examination
- Psychosocial support: mental health assessment, support groups, individual counselling, and other psychosocial support (short- and long-term)
- Legal services: documentation of an incident of violence and support to interact with the justice system (i.e., access to a lawyer or paralegal)
- Accompaniment between services

We can provide good quality response services ONLY if survivors report incidents of violence and seek assistance. We must create an environment where survivors feel they can safely come forward with their stories and get the help they need. We must earn key populations' trust and respect confidentiality in order to see this happen.

### Peer educator do's

- Establish an effective relationship:
  - Validate the SW's experience.
  - Ask the SW how they feel about their situation.
  - Share information without "telling" the SW what to do.
  - Remember: SWs have a lot of wisdom about their own lives.
  - Protect the SW's privacy and safety by keeping their information confidential, and tell the SW their information will be kept confidential.
- Provide education and information, including information on their legal rights:
  - Inform SWs of their legal rights.
  - Deliver key messages, including
    - "Thank you for sharing this with me."

- "I'm sorry this happened to you."
- "Many people experience violence and abuse and even though they may be blamed for what happened, it is never their fault."
- "Everyone has the right to live free from violence and abuse."
- "I am here to support you and explain your options."

- Offer services and refer the SW to resources:
  - Tell the SW that seeking support is the first step to healing.
  - Inform the SW of available facility- and community-based resources.
  - For sexual violence, offer or link to post-violence services.
  - Encourage the SW to continue to share her/his experience with you and to seek support from other appropriate resources.

**Peer educator don'ts**

- violate confidentiality
- trivialize and minimize violence
- disrespect the SW's autonomy
- blame the SW
- ignore the SW's need for safety
- normalize victimization

**5.8 Steps for setting up a violence response system**

- Form a violence response team.
- Educate KPs on human rights and violence response.
- Map services that support survivors of violence.
- Form of KP-led advocacy committee.

**6. Networking and referral**

No single individual or group is able to provide all the services that SWs need. Therefore, networking and referral are essential for meeting all the needs of SWs.

**6.1 Networking**

Networking is sharing information and services among individuals and groups that have a common interest.

Community groups can form a network to

- build a critical mass for demanding services,
- take charge of a programme,
- conduct projects together, and
- exchange experiences.

**6.2 Referral**

Referral is the act of sending or directing someone to a service provider for assistance, treatment, or other services.

Examples of referrals are

- referral to a legal advisor,
- referral to an organization that offers business training,

- referral to an STI clinic,
- referral to an HIV care and treatment centre,
- referral to post-violence clinical services, and
- referral to social services.

A peer educator is well placed to find out which services an SW needs. A record of referrals should be kept. This record will inform follow-up to learn whether the SW got the needed services.

#### KEY MESSAGES

- SWs form a community because their work and work-related problems are common.
- Community mobilization creates an environment for health improvement.
- SWs are empowered through community mobilization.
- Empowered SWs are more successful in protecting their safety and health.
- Peer educators play a key role in referring SWs to the right services.

# 9 M O D U L E

## PEER-LED OUTREACH AND MICRO-PLANNING

## 1. Introduction

Outreach is the delivery of information, products, and services to SWs in locations where they hang out and work.

In peer education programmes, recording and reporting help peer educators understand the scope and impact of their activities. Recording and reporting guide planning and indicate whether peer educators are achieving their goals.

## 2. Learning goals

This module will help us to

- understand the benefits of outreach,
- know how to carry out outreach,
- understand the importance of recording and reporting,
- understand the tools used in recording and reporting,
- understand how to use the tools to plan and review outreach, and
- gain skills for completing accurate records.

## 3. Outreach

### 3.1 Benefits of outreach

- Outreach makes contact with SWs.
- Outreach makes contact with SWs who are new to an environment and who are therefore unaware of local programmes and services.
- Outreach identifies key population needs and concerns.
- Outreach sustains ongoing relationships with fellow SWs to ensure that they have access to and use services.
- Outreach delivers information and health services and promotes other services offered by the programme.
- Outreach provides referrals to other services.
- Outreach creates peer support for sustaining behaviour change.
- Outreach uses innovative strategies (e.g., involving influential persons as champions or ambassadors for the cause) to reach key populations outside of main networks, such as students in sex work.

### 3.2 Important considerations for designing outreach

- Age is an important consideration for outreach programme design, as younger SWs have different concerns and needs than older SWs.
- SWs' daily routine should be considered to ensure feasibility of service uptake. For example, outreach targeting street-based/public SWs should occur during solicitation times and should include prevention messages and condom distribution. Outreach targeting brothel-based SWs should occur during off-peak times, and requires rapport with brothel managers and madams.
- When sex work occurs clandestinely in public environments such as bars, clubs, and pubs, and during specific fetish/themed evenings, SWs may not be easily identifiable. In such settings a community development approach to outreach is useful, with projects introducing themselves to bar staff, owners, and managers.

## 4. Recording and reporting

### 4.1 Recording

Recording is the process of writing down information.

### 4.2 Reporting

Reporting is the sharing of recorded information about work done during a specified period of time.

### 4.3 The purposes of recording and reporting

The purposes of recording and reporting are to

- document things we have done or need to do,
- plan what we need to do,
- see what we have done and what we have not done,
- see what we can do better,
- inform other people (such as our supervisor) what we have done,
- find gaps in services so that we can address them, and
- inform decision-making.

### 4.4 Micro-planning for planning and monitoring outreach

In peer-led outreach, peer educators perform micro-planning to plan and monitor outreach.

Micro-planning includes four main activities:

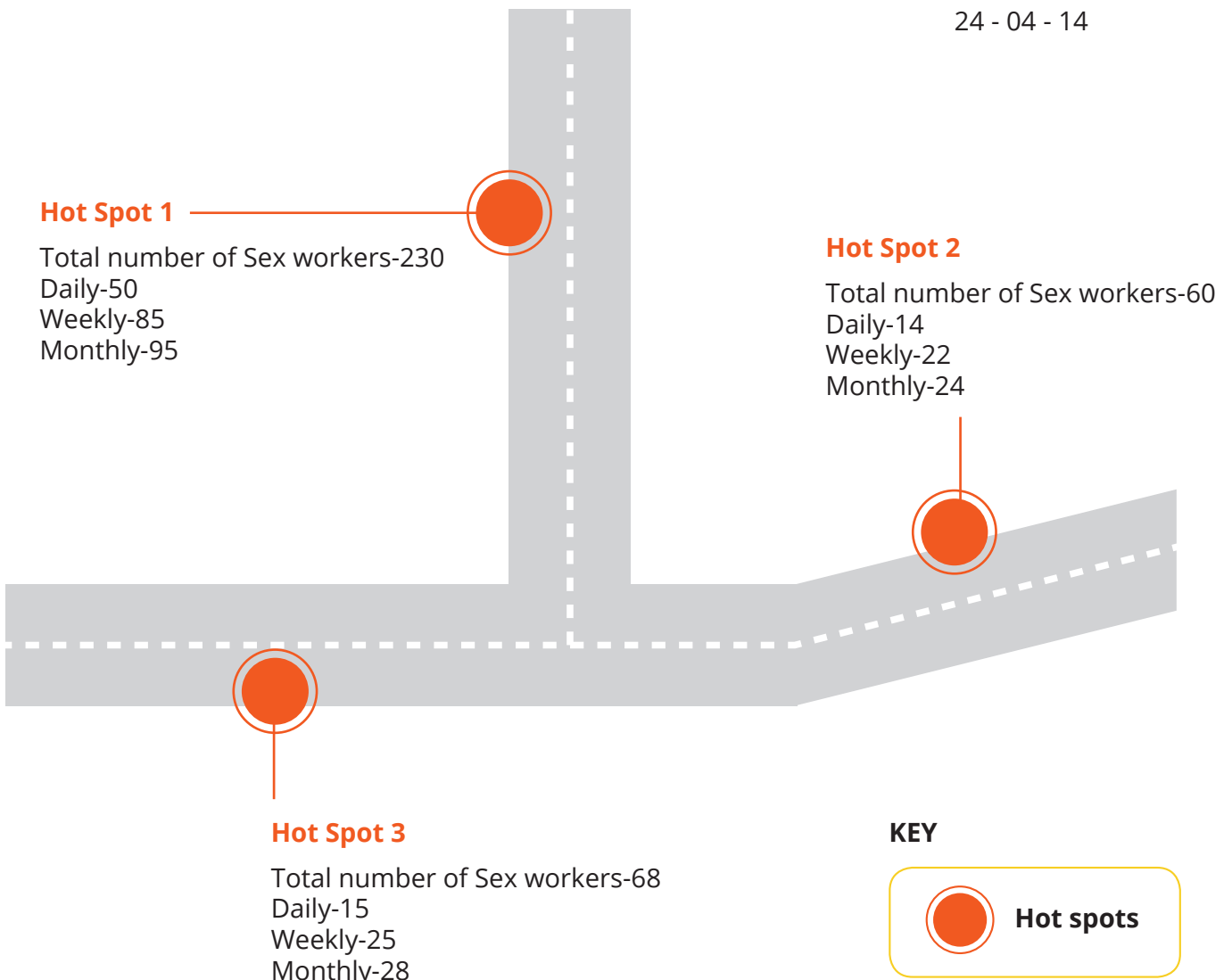
- Site load mapping
- Contact listing
- Peer planning
- Opportunity gap analysis

#### Site load mapping

- Draw a map of the project area clearly depicting the sex work sites (the hotspots at which SW pick up/solicit their clients) in the area.
- Colour code the hotspots based on SW typology such as home based sites, brothel based sites, street based sites, etc.
- Write down besides each hotspot, the number of SW who are always available on a normal day.
- Next write the number of SW available at these hotspots in a week.
- Make note of any specific days in a week when the number of SW available peaks and reasons for the same e. g. More SW available on a market day.
- Once the above exercise is done, mark the number of SW available in these hotspots on a monthly basis and specific days in a month where the turnover is high and the reasons for the same. e.g. More SW are available on pay day.
- Add the daily, weekly and monthly turnover in all the hotspots and draw up a picture of SW turnover in the project area.
- Compare these figures with their estimate, unique contact and regular contact figures for these sites and analyze the following:
  - Are the total SW available in these hotspots more or less than the unique contact and regular contact? Why?
  - Is there a link between the FSW/MSM not contacted and the typology? Which typology is left out of outreach most often?
  - Is high weekly and monthly turnover linked with any specific typology of sex work e.g. is there high turnover seen in mostly street based sex work? Why?

- Are the sex workers from outside the area?.
- Are there specific sites where unique contact and regular contact is less than monthly turnover? Why?
- Which are the hotspots (and typology of SW) that need focused outreach in the project area? Who (outreach team) is responsible for these specific hotspots? What should they do to improve outreach to ensure higher contacts?

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### Contact listing

- List all your contacts on a flip chart paper.
- Beside the name of each SW contact, write the name of the hot spot where she or he works.
- Count the contacts of each peer educator for each hot spot.
- If there are hot spots in which two or more peer educators know SWs, compare their contacts to see if those contacts are known to more than one peer educator or are known to only one peer educator. Then, allocate each hot spot to the peer educator who has the most contacts in it.

### Janet's contacts - Hot spots

1. Mary - Lovespot Hotel
2. Sally - Smooth Bar
3. Judy - Envy Pub
4. Violet - Panda K Lodging
5. Georgina - Dores Hotel
6. Betty - Tears Pub

## Peer plan

A hot-spot-based peer plan is the core micro-planning tool that is developed by a peer educator for the hot spot and the SWs she works with. This tool helps peer educators plan their outreach at the appropriate time, day, and place. It also helps peer educators understand the relative risk of each of their contacts and calculate individualised weekly and monthly distribution targets for the prevention commodities that the key population members need.

- Write down the name of each site that you serve.
- For each site, write the names of the SWs who operate from that site. Once the names are listed, specify the typology of each SW and indicate the typology with a colour code.
- List the number of sex acts that each SW has every week. This number is plotted using colour dots beside each SW's name.
- For each site, indicate the peak cruising times / best times for outreach. These are noted along each site.
- Finally, the outreach team discusses with the peer educator the best days for outreach for a particular site. This is also recorded in the peer plan.

Name of Peer Educator	Name of Site	Name of SW	Age	No. of sex acts	Condoms Required per month	Lubricants Required per month	SUBTOTAL
1	...	...	...	...	...	...	...
2	...	...	...	...	...	...	...
3	...	...	...	...	...	...	...
4	...	...	...	...	...	...	...
5	...	...	...	...	...	...	...
6	...	...	...	...	...	...	...
7	...	...	...	...	...	...	...
8	...	...	...	...	...	...	...
9	...	...	...	...	...	...	...
10	...	...	...	...	...	...	...
11	...	...	...	...	...	...	...
12	...	...	...	...	...	...	...
13	...	...	...	...	...	...	...
14	...	...	...	...	...	...	...
15	...	...	...	...	...	...	...
16	...	...	...	...	...	...	...

## Opportunity gap analysis

- Peer educators compare their outreach records with their peer plan to learn whether any SWs are not being contacted.
- Peer educators compare their outreach records with their peer plan to identify SWs who are using fewer services than they should use.
- For each SW who has not been adequately contacted or who has not used a programme service, the peer educator identifies the reason. The peer educator then makes a plan to address these reasons.
- One of the objectives of the project is saturation coverage to ensure that all key populations in every spot are reached with information and services. Outreach aims to change the following behaviours of the FSWs:
  - From low/no condom use to correct and consistent condom use
  - From low/no STI treatment to early, timely, and complete treatment
  - From poor health-seeking behaviours to quarterly regular health check-ups
- Hence to attain this behaviour change, various outreach processes take place in the field. These are as follows:
  - Contact with key populations at the field
  - Enrolments (at field and clinic)
  - Regular contact (meeting key populations every month)
  - STI treatment (once in a quarter)
- However during these processes in the field there are dropouts, and that is what we call opportunity gaps. It is important to analyze the reasons for these gaps along with the community to develop an efficient outreach plan which is responsive to the needs of the community.

Estimated number of sex workers active in the a hot spot	No.	Gap	%
Estimate	100	-	-
Ever Contacted	80	100-80=20	20%
Enrolled in the program	75	80-75=5	$(5*100/80)$ 6.25%
Regular contact	70	80-70=10	$(10*100/80)$ 12.5%
Clinic visits	45	80-45=35	$(35*100/80)$ 43.75%
HTS	45	80-45=35	$(35*100/80)$ 43.75%
Condoms	60	80-60=20	$(20*100/80)$ 25%

## Reasons

### Enrolled :

- other organization
- ignorance
- stubborn

### Condoms :

- Prefer buying
- Condoms smelly
- Other sources

### Contacted :

- Peak variability
- SW mobility

### Clinic visits/ HTC :

- Not sick (no need)
- Busy (time waiting)
- Fare (transport)

## 4.5 Skills for completing accurate records

- Don't forget the date.
- Record information as soon as the session ends.
- Write neatly.
- Write in blue or black ink.
- Cross out the mistakes neatly.
- Write corrections neatly.
- Keep forms and the register in a clean, dry, and confidential place.
- Where possible, make a photocopy of your records before handing them to the supervisor.

## KEY MESSAGES

- Outreach is the delivery of information, products, and services to SWs in locations where they spend time.
- Recording and reporting what we do as peer educators is important.
- Recording and reporting give us the means to look back at what we have done, to find out what we can improve, and to plan what we need to do.
- Micro-planning includes four main activities:
  - Site load mapping
  - Contact listing
  - Peer planning
  - Opportunity gap analysis

# Annex

## The members of NASCOP's training subcommittee

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