Ministry of Public Health and Sanitation
and
Ministry of Medical Services

National Curriculum on Sexuality and Sexual Health Training for Health Service Providers

Facilitator's Manual

June 2011

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Acronyms and Abbreviations

DRH	Division of Reproductive Health
FP	Family planning
HIV	Human immunodeficiency virus
HCW	Health care worker
HTC	HIV testing and counselling
LCD	Liquid crystal display
MDG	Millennium Development Goal
MOH	Ministries of Health
MOPHS	Ministry of Public Health and Sanitation
MOMS	Ministry of Medical Services
MSM	Men who have sex with men
NACC	National AIDS Control Council
NASCOP	National AIDS and STI Control Programme
NGO	Nongovernmental organization
PEP	Post-exposure prophylaxis
PMTCT	Prevention of Mother to Child Transmission of HIV
RTI	Reproductive tract infection
SRHR	Sexuality, reproductive health, and rights
STI	Sexually transmitted infection
USAID	United States Agency for International Development
CDC	[United States] Centers for Disease Control and Prevention
VCT	Voluntary counselling and testing
WHO	World Health Organization

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Foreword

For many years in Kenya, limited knowledge and skills about basic aspects of sexuality, especially among health care providers, has been a major hindrance to the effective provision of reproductive health care. Health care professionals of all levels have long expressed a strong desire to receive training on the topic of human sexuality, in order to improve sexual and reproductive health services. Of specific concern was service provision in areas such as family planning (FP), sexually transmitted infections (STIs), voluntary counselling and testing (VCT), and HIV care and support.

Development of this manual was informed by the results of a rapid assessment conducted in 2008 by the Ministry of Public Health and Sanitation and by FHI. This assessment evaluated the knowledge and capabilities of service providers in three provinces to offer comprehensive sexuality counselling to their clients. The final assessment report recommended the development of training materials aimed at sensitizing family planning and HIV service providers on the topic of sexuality.

The purpose of this curriculum is to improve service providers' knowledge, attitudes, and skills in offering sexuality counselling services to their clients in an open and nonjudgmental way. The overarching goal is to contribute to the reduction of unintended pregnancies and sexually transmitted infections, including HIV, in Kenya.

Developed with input from various stakeholders, this curriculum has come at a most appropriate time and will go a long way towards achieving the goal of effective reproductive health care for all Kenyans.

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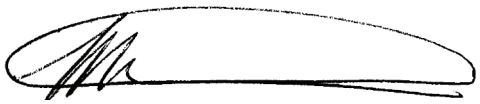


Dr. Francis Kimani
Director of Medical Services

Introduction

The programme of action for the 1994 International Conference on Population and Development (ICPD), held in Cairo, provided a comprehensive definition of reproductive health. The Cairo ICPD defined reproductive health as a state of complete physical, mental, and social well-being in all matters related to the reproductive system. This definition implies that all people are free to determine the number and spacing of their children and have the right to access the medical care necessary to ensure their reproductive health.

Reproductive health care encompasses a large constellation of services: family planning services; antenatal, postnatal, and delivery care; neonatal and infant health care; treatment for reproductive tract infections (RTIs) and sexually transmitted infections (STIs); safe abortion services (where they are legal) and management of abortion-related complications; prevention and appropriate treatment for infertility; information, education, and communication (IEC) on human sexuality, reproductive health, and responsible parenting; the discouragement of harmful sexual practices; and treatment for cancers of the reproductive system and HIV/AIDS *(ICPD Programme of Action)*. The Cairo ICPD also defined sexual health as including healthy sexual development; equitable and responsible relationships; sexual fulfilment; and freedom from illness, disease, disability, violence, and other harmful practices related to sexuality.

The current Kenyan Reproductive Health (RH) programme has focused on the prevention of unintended pregnancies, the prevention and treatment of HIV/AIDS and other STIs, and the reduction of maternal mortality, gender-based violence (female genital mutilation and sexual violence), and unsafe abortion. Despite enormous financial investment into these programmes over the last two decades, anecdotal evidence suggests they have had little impact on the populations served. More effort has been put into managing poor sexual health—through curative health services and treatment of pathological outcomes—than has been expended on overall improvements in national reproductive health. In addition, the HIV pandemic has pushed the topics of sexuality and sexual health to the fore, requiring often reluctant communities to engage in uncomfortable discussions they can no longer avoid about sexuality and sexual health. There is a great need for RH and HIV/AIDS programmes and service delivery to focus proactively on issues of sexual health, sexuality, gender, and rights, in addition to addressing problems.

In an effort to evaluate Kenyan service providers' knowledge, attitudes, and practices related to sexuality counselling, the Ministry of Public Health and Sanitation (MOPHS) and FHI, through its AIDS, Population, and Health Assistance program (APHIA II)/Rift Valley, conducted a rapid needs assessment in May 2009. This assessment found a general lack of knowledge about sexuality counselling among service providers, owing in part to insufficient emphasis placed on sexuality and sexual health in the current training curricula. As a result, providers lack the positive attitudes needed to engage clients in productive discussions of sex, sexuality, and sexual health. The way forward thus became clear: If we wish to improve sexual and reproductive health services in Kenya, health care providers must be trained to offer comprehensive sexuality counselling to their clients.

Given Kenya's initiatives to integrate RH services with HIV and AIDS services, RH and HIV service providers alike need this training. Sexuality and sexual health issues arise in both counselling settings. Seizing this unique opportunity to mitigate health problems related to RH and to HIV and AIDs will move Kenya a long way towards achieving the United Nations Millennium Development Goals and Kenya's Vision 2030.

To date in Kenya, more than three-quarters of HIV infections are sexually transmitted, and many of the approaches used for HIV prevention, treatment, and care overlap with those used for reproductive health. From a financial perspective, integrating HIV and RH services can contain costs and improve efficiency. Providers can use the same facilities, equipment, and staff to deliver a wider range of services, without having to budget for and manage two separate funding streams. Clients will no longer need to consult at different points of service, perhaps on different days, in order to deal with related needs. Clients will also be more likely to receive earlier diagnoses and earlier access to comprehensive care and treatment.

Sexuality and sexual health touch all stages of human life, yet these topics are still considered taboo in many countries in sub-Saharan Africa. Talking openly about sexuality is crucial to understanding sexual behaviour, the growth and development of the human body, the concept of gender roles and responsibilities, the elements of a positive healthy relationship, as well as how and when to have children (if at all), how to communicate with intimate partners, and how to prevent sexual health problems.

Any training curriculum on human sexuality should also address service providers' values and attitudes. Although values are subjective and cannot be taught directly, sexuality trainers can guide service providers to examine and clarify their own values surrounding sexuality. Doing so will help providers see how their own personal values influence their behaviour and ultimately their work with clients.

This curriculum was tested in two pilot training workshops conducted among participant groups similar to the intended target audiences. Feedback from both the participants and the facilitators was solicited in order to determine whether the curriculum's content, structure, length, and materials were appropriate and whether the curriculum would achieve its aims in actual training situations. Participants at these pilot trainings were informed that they were participating in a pilot test, and their recommendations for improving the curriculum guided our revisions.

Going forward, we will continue to evaluate this curriculum as it is rolled out to health care providers across the nation. Participants will evaluate each workshop and their recommendations will be recorded. During future curriculum reviews—ideally every two years—participant recommendations will be considered and acted upon, as appropriate. Consideration will also be given to shortening the course.

Course Description

This training curriculum endeavours to address the range of issues and challenges described in the introduction.

Statement of Purpose

This curriculum will equip health care providers with the knowledge, skills, and attitudes necessary to ensure high-quality, holistic service provision in the areas of sexuality and sexual health.

Course Objectives

By the end of the training, participants will be able to:

- Comfortably discuss and explore issues related to sexuality and sexual health
- Use appropriate language and vocabulary when discussing matters of sexuality and sexual health
- Apply the concepts and frameworks presented in this training to explore their own sexuality and the sexuality of others
- Articulate their own sexual values, as well as their clients' values
- Explain the concept of sexual identity and describe the sociocultural nature of sex and sexuality
- Competently provide clients with holistic prevention and care services
- Identify and explore core issues in the provision of sexual health services
- Plan, implement, and integrate sexual health activities into existing health programmes

Structure of the Course

This course is composed of seven modules, each of which is further subdivided into units. An outline of the entire course is provided below:

Module 1 Introduction and Overview of the Training
- Unit 1 Setting the Context for the Training
- Unit 2 Overview of the Training

Module 2 Introduction to Human Sexuality
- Unit 1 Attitudes towards Human Sexuality (Part 1)
- Unit 2 Becoming Comfortable with Sexual Language

Module 3 Understanding Human Sexuality
- Unit 1 Attitudes towards Human Sexuality (Part 2)
- Unit 2 Concepts of Sexuality
- Unit 3 Introducing Sexual Diversity

Module 4 **Sexual Identities, Behaviours, and the Sociocultural Context**
- Unit 1 Impact of the Sociocultural Environment on Sexual Identities and Behaviours

Module 5 **Sexual Health**
- Unit 1 Our Sexual Bodies
- Unit 2 Sexual Health and Behaviour
- Unit 3 Preventing Pregnancy, HIV, and Other STIs
- Unit 4 Male and Female Condoms
- Unit 5 Vulnerability, Risk Taking, and Risk Reduction

Module 6 **Core Issues in Sexuality and Sexual Health**
- Unit 1 Identifying Core Issues
- Unit 2 Communicating to Clients

Module 7 **Sexual Health Service Delivery**
- Unit 1 Sexual Health Counselling
- Unit 2 Action Plans
- Unit 3 Workshop Closure

Participants

This training curriculum is designed for novice and veteran health care providers. The course will be particularly helpful for providers working in sexual health, reproductive health, and HIV services—in all roles and at all levels of service. Additionally, it may be used to provide a holistic understanding of sexuality and sexual health to a much broader range of participants.

Expected Outcomes for Participants

This course offers health service providers basic information and skills that will enable them to take on the roles and responsibilities outlined below:

- Inform, educate, and counsel others on matters of sexuality and reproductive health
- Counsel clients on lower-risk sexual practices, including condom use and condom negotiating skills
- Continue to enhance their own awareness of gender issues and to use gender-appropriate language
- Provide leadership in matters pertaining to sexuality
- Apply advocacy skills to sexuality issues
- Participate as a team member, along with other reproductive health care providers, to:
  - develop strategies and policies pertaining to sexuality and reproductive health
  - help determine risk factors for poor sexual health
  - promote good sexual health through quality counselling
  - mainstream sexual health and sexuality content into existing family planning, maternal health, and treatment programmes (cervical cancer, HIV, STIs), as well as into programmes that address gender-based violence

Time Commitment

The course consists of seven modules and requires five days (40 hours) to complete. Alternatively, the course can be conducted in a more piecemeal fashion, covering either one or more of the modules at different times. This modular approach may be especially suitable or necessary for in-house/institutional training. The versatility provided by these two approaches allows for the training needs of all health care workers.

Facilitator Requirements and Responsibilities

Facilitators should be experts in the area of reproductive health and possess the relevant training, experience, and certifications. Trainers are expected to help health service providers acquire appropriate language and vocabulary, become comfortable talking about sexual matters, and handle sexuality issues effectively. In addition, reproductive health trainers must have competency in the following areas:

- Adult learning methods
- Attitude-shaping methodologies
- Information, communication, and advocacy
- Recognition and acceptance of different sexual identities and behaviours
- Skills in taking sexual history
- High-quality, sensitive counselling
- Teamwork, gender sensitivity, and community mobilization
- Information searches, research, and dissemination
- Implementation of the curriculum

This course employs experiential adult-learning methodologies. Content is embedded in learning activities that emphasize behavioural and attitudinal change and not simply a recital of facts.

Implementation of this curriculum is highly interactive. Facilitators will engage participants in activities such as brainstorming exercises, question-and-answer sessions, role-plays, classroom presentations and demonstrations, skills practice (counselling, history-taking, diagnosis), and problem-solving. Facilitators will also guide and assist participants as they work individually, in small groups, and together as a whole.

Facilitator preparation

Facilitators will need to plan ahead and prepare for each day of the workshop. Materials will need to be collected and organized, participant handouts printed out and photocopied, and flip-chart pages and/or slides prepared. Facilitators will also need access to a laptop computer and an LCD projector in order to use the electronic materials provided on the accompanying CD-ROM.

Note: A list of all materials needed appears at the beginning of the each module. Additionally, materials for each interactive exercise (Activities) are broken out for the facilitator at the beginning of each activity. Assuming a laptop and projector are available, the facilitator may use the CD-ROM materials to prepare

classroom projections and to print handouts (1) for use during the activities or (2) for distribution immediately following each activity. Alternatively, in the absence of a laptop and projector, facilitators can use the presentation material provided in this manual to photocopy handouts (located in Section II: Materials, Tools, and Handouts) and prepare flip-chart pages (presented in the Training Steps). Where possible, the facilitator is encouraged to vary the training sessions by using a mix of laptop projections, prepared flip charts, and handouts. Ideally, whenever information is projected in the classroom, the facilitator would still provide printouts/photocopies of this information at the end of the activity (or at the end of the day)—thereby reinforcing the information presented and providing materials for participants' future reference.

Performance Assessment

Various means of assessing participant learning and identifying areas for further attention are incorporated into the course. Participants will complete a self-assessment questionnaire before the course begins and at the end. Facilitator(s) will collect the questionnaires and use them as feedback instruments. Question-and-answer sessions, exercises, and homework assignments are also sources of feedback for facilitators. Daily evaluation forms can help the facilitator prepare for the next day. In addition, we recommend that facilitators keep a box in the classroom at all times and invite participants to make use of the anonymity it affords to pose questions the facilitator can answer in class. A final course evaluation assesses the training as a whole.

Course facilitators should also provide feedback to the participants about activities, role-plays, exercises, and participant presentations.

Certificates

Participants will be awarded training certificates when they successfully complete all seven modules in the curriculum.

How to Use This Manual

This training manual has two sections:

- Section I: Facilitator's Guide to Implementing the Curriculum
- Section II: Materials, Tools, and Handouts

Facilitator's Guide to Implementing the Curriculum

Seven modules make up the body of this curriculum. Each module is further subdivided into units, and each unit contains one or more learning activities, which are the core of the training content. Each activity contains clearly stated objectives, a list of required materials, estimated time for completion, and a section titled "Training Steps and Content Notes."

The Training Steps and Content Notes provide detailed instructions for facilitators, as well as content for presentation and suggested discussion questions. In addition, information from participant handouts is repeated here for easy access in the classroom. **Throughout this section, a series of colour-coded boxes is used to indicate the different types of information:**

- Discussion questions are presented in *blue boxes*
- Information included on handouts is indicated by *square-cornered yellow boxes*
- Content for presentation is generally captured in *yellow boxes with rounded corners*
  — this information may be used to prepare flip charts, slides, etc., in advance of the sessions, or simply as prompts for the facilitator during the sessions

Materials, Tools, and Handouts

This section of the manual contains all of the basic workshop materials, evaluation tools, and participant handouts, which the facilitator can photocopy for distribution. The documents in this section are organized as indicated below, so as to be easy for the facilitator to locate, whether during class or when preparing for the next day's session. Electronic versions of these materials are also included on the CD-ROM distributed with this manual.

Basic Workshop Materials

- Workshop Schedule
- Course Outline
- Course Objectives
- Additional Recommended Reading

Evaluation Tools

- Self-Assessment Questionnaire
- Daily Evaluation Forms
- Final Workshop Evaluation

Participant Handouts

- Content handouts, sequentially numbered according to the order in which they occur in the curriculum
- Optional handouts with supplementary information

Note: Content handouts capture key information presented during the training. Facilitators should direct participants to keep these handouts for future reference. Collected in a notebook, they will form a Participant's Manual for the course.

Workshop Schedule

DATES: _____ **VENUE:** _____

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8.00 – 8.30 a.m.	Workshop opening, introductions and climate setting	Daily recap	Daily recap	Daily recap	Daily recap
8.30 – 10.15 a.m.	Module 1	Module 3	Module 5	Module 5	Module 7
10.15 -10.30 a.m.	T E A B R E A K				
10.30 – 11.30 a.m.	Module 1	Module 3	Module 5	Module 6	Module 7
11.30 – 12.30 p.m.	Module 2	Module 3	Module 5	Module 6	Final evaluation; Certification Closure
12.30–.1.00 p.m.	Module 2	Module 3	Module 5	Module 6	
1.00 – 2.00 p.m.	L U N C H				
2.00 – 3.00 p.m.	Module 2	Module 3	Module 5	Module 6	DEPARTURE
3.00 – 4.00 p.m.	Module 2	Module 4	Module 5	Module 6	
4.00 – 4.30 p.m.	T E A B R E A K				
4.30 – 5.00 p.m.	Module 2	Module 4	Module 5	Module 6	
5.00- 6.00 p.m.	Module 2	Module 4	Module 5	Module 7	
6.00 – 6.30 p.m.	Daily evaluation and assignments	Daily evaluation and assignments	Daily evaluation and assignments	Daily evaluation and assignments	

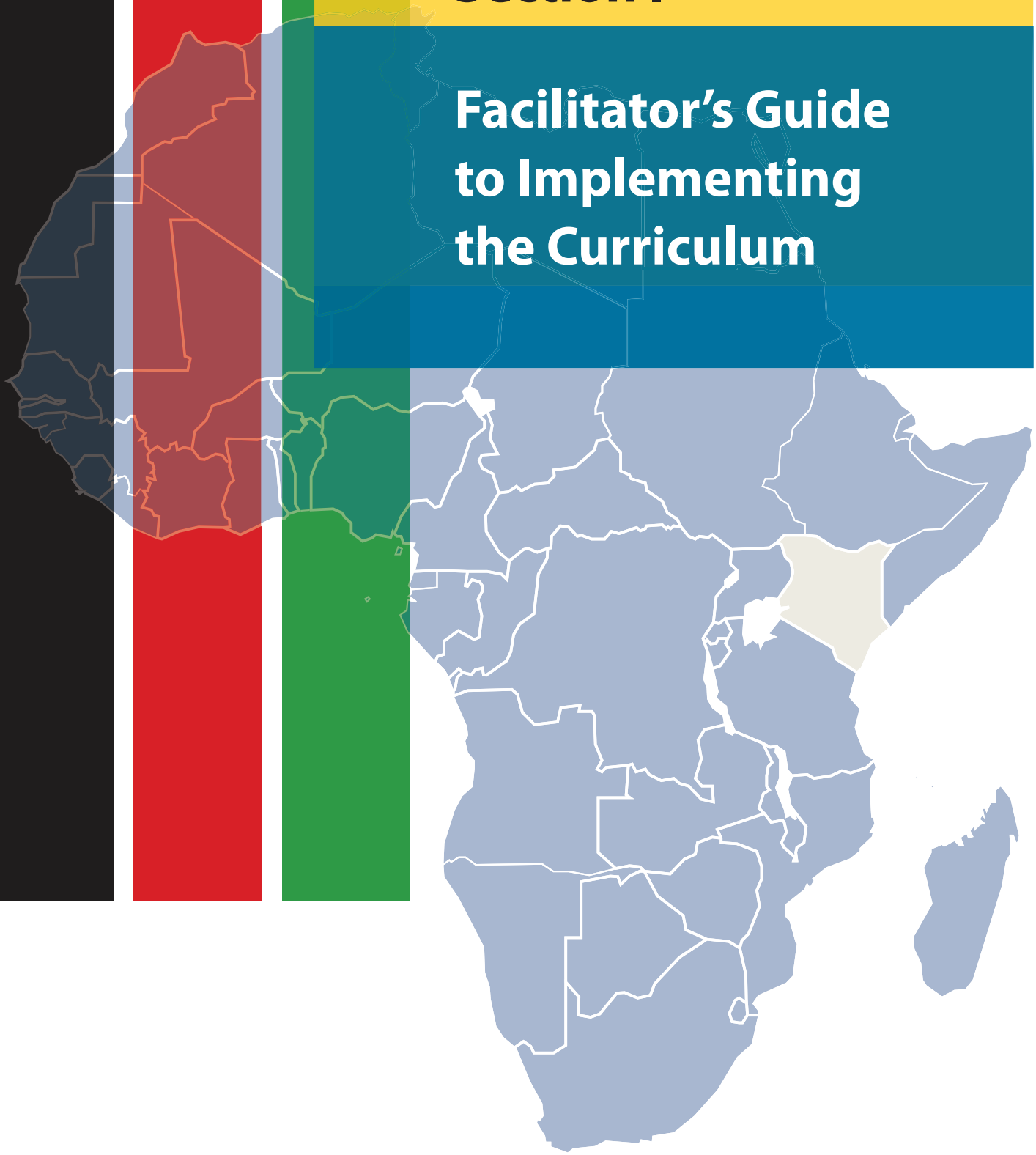
Participant Registration and Administration of Pre-test

Well in advance of the workshop, establish with the host agency who will conduct the participant registration and administer the Self-Assessment Questionnaire (pre-test) and make any necessary preparations. Generally, a table is set up outside of the training room for this purpose. It would be a good idea to have a long table with a few extra chairs at one end where participants can be seated while they complete the Self-Assessment Questionnaire. Sufficient photocopies of the Self-Assessment Questionnaire should be prepared ahead of time and available at the registration table.

- The facilitator(s) or designated assistant(s) from the host agency conduct(s) the participant registration immediately prior to the start of the first session.
- As participants complete their registration, give each one a questionnaire and ask him or her to complete it before entering the training room. Tell participants that their answers will be held in strict confidentiality.
- Establish a designated place (such as a box or basket) on or near the registration table where the questionnaires can be collected for later review by the facilitator(s).

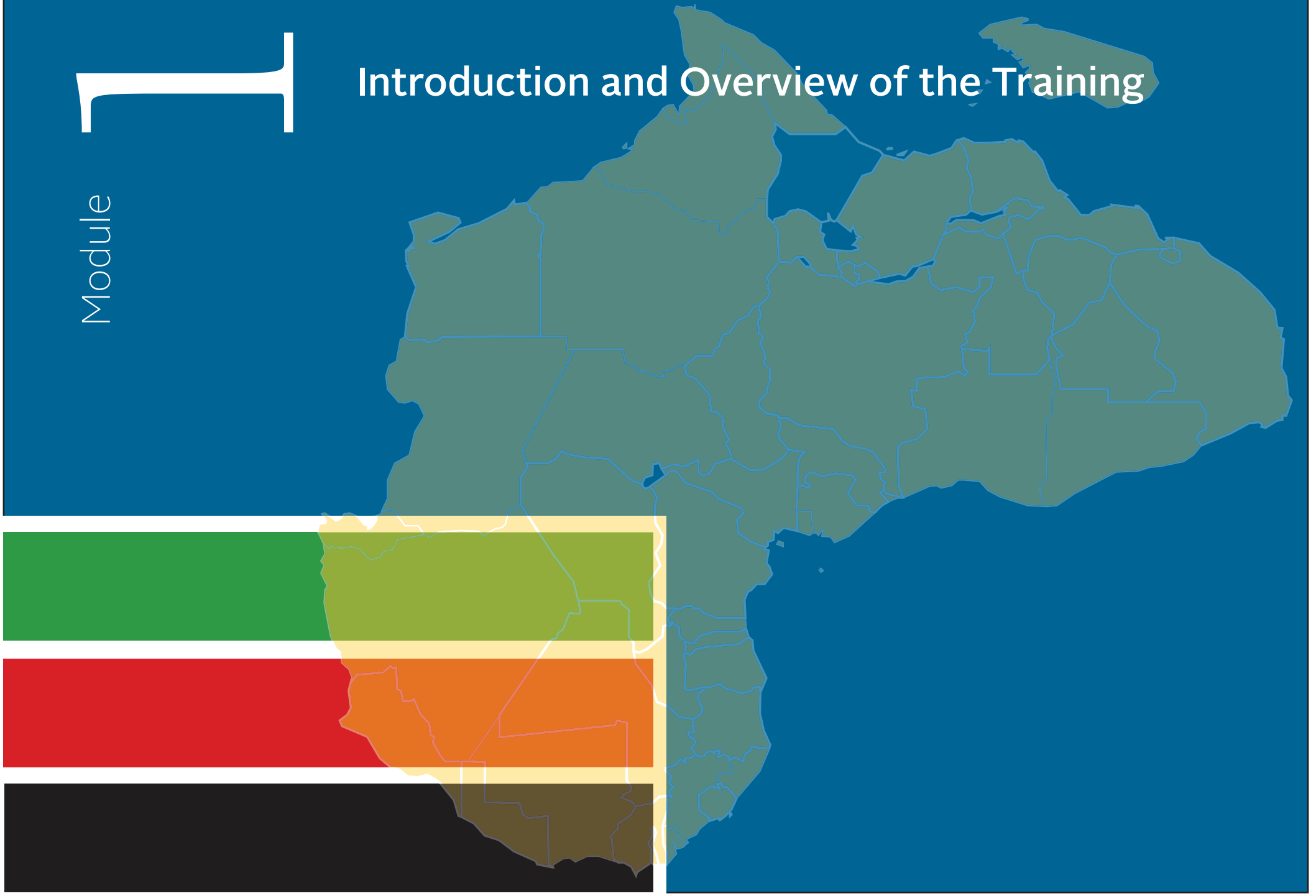
Section I

Facilitator's Guide to Implementing the Curriculum



Module 1

Introduction and Overview of the Training



Introduction and Overview of the Training

Purpose

To launch the training and establish a safe learning environment, in which participants can explore issues related to sexuality and sexual health

Objectives

By the end of this module, participants will:

- Know a little bit about each other and about the facilitator(s)
- Be able to describe the content of the training and the course outline
- Be able to list the objectives of the training

Time: 2 hrs.

UNIT	CONTENT	ACTIVITIES	MATERIALS	TIME
1	Setting the Context for the Training	Activity 1. Welcome and Introductions Activity 2. Icebreaker Activity 3. Establishing Ground Rules Activity 4. Participant Expectations for the Training	Buttons of various sizes and colours Flip-chart paper and markers *Workshop Schedule* *Course Outline* *Course Objectives and Purpose of the Training* Laptop and LCD projector	1 hr. 40 mins.
2	Overview of the Training	Activity 5. Course Outline and Training Methods Activity 6. Purpose and Training Objectives		30 mins.

Activity 1. Welcome and Introductions

Objectives

- Facilitators will welcome the participants to the training.
- Facilitator(s) will introduce themselves to the group.
- Participants will introduce themselves to each other and to the facilitator(s).

Materials: None

Time: 
20 mins.

Training Steps

1. Open the training by welcoming the participants.
2. Introduce yourself and any other facilitators and provide a brief overview of your professional background(s).
3. Say a few words about the host agency, the agency's involvement in sexuality services, and, if appropriate, why these particular participants were selected to receive this training.
4. Tell the group you would like each of them introduce his or her neighbour. Have participants talk to the person next to them for five minutes and find out: a) their name, b) the name of their organization and the nature of their work, and c) why they are attending the training today. Participants should then present this information back to the whole group.

   Note to the facilitator: If all the participants are from the same organization and already know each other, you may simply ask each participant to state their names and areas of expertise.

Activity 2. Icebreaker

Objectives

- Participants and facilitators will become acquainted with one another.
- A relaxed and participatory learning environment will be created.
- Participants will recognize the diversity represented within the group.
- Participants will be apprised of the importance of accepting differences among individuals.

Materials: A selection of buttons of different sizes and colours*
Note to the facilitator: If the necessary materials for this activity are not available, another appropriate icebreaker activity may be chosen.

Time: 
40 mins.

Training Steps

1. Ask the participants to arrange their seats in a circle or semicircle.
2. Place all of the buttons on the floor, in view of the participants.
3. Ask participants to each choose one button that they feel reflects some aspect of their personality.
4. Facilitators should also participate and choose a button.
5. Ask the participants to form groups, based on the type of buttons they have chosen. Groups may be based on any criteria participants choose, such as colour, size, etc.
   Note: If the number of participants is small, dividing into subgroups is not necessary.
6. Once arranged in groups, have each participant explain his or her choice of button.
7. Then have each group discuss the choices made. For example, have two people both chosen blue buttons that are different in shape or size?
8. Point out that different individuals responded differently to the various colours, shapes, and sizes of the buttons.
9. Observe that the great diversity of experience brought to the room by the different participants allows everyone present to learn from one another.
10. Emphasize to the group the importance for providers—indeed for all of us—of recognizing and accepting the vast diversity of human experience, behaviour, and attitudes.
11. Wrap up the activity by explaining that developing acceptance of others and their differences enables providers to work with people who may be different from them and to do so in a nonjudgmental manner.
12. Emphasize that this will be an important theme throughout the training.

Activity 3. Establishing Ground Rules

Objectives

- Participants will establish ground rules for the training.
- Participants will agree on the timetable for the workshop.

Materials: Laptop and LCD projector
Flip chart and markers
Workshop Schedule (as slide, handout, or both)

Time: 
10 mins.

Training Steps

1. Tell the group you would like them to agree on a set of ground rules for the training.
2. Explain the rationale for establishing ground rules. Use the following list to develop your own ideas or to prepare a flip-chart page that you can present.

Rationale for Setting Ground Rules

To create an environment for the workshop that:

- Enhances communication and learning
- Helps participants feel safe and free to discuss sexual health issues without embarrassment or restraint

To establish a common understanding of expected behaviour, especially regarding issues of:

- Support and respect for each other
- Everyone's right to speak
- Listening to each other
- Confidentiality
- Full participation
- Open debate
- Attendance, promptness issues
- Mobile phones
- Any other issues important to the group and to this training

3. Ask participants to brainstorm what the ground rules for the training should be and write their ideas on the flip chart.

4. Have the group discuss the ideas on the flip chart and come to a consensus on norms for the group.
5. Write the final, agreed-upon ground rules for the workshop on a clean sheet of flip-chart paper.
6. Post these ground rules in a prominent place in the room and keep them posted throughout the workshop.
7. Next, distribute and/or project the Workshop Schedule and have the group look over the timetable for the workshop.
8. Ask the participants whether there are any necessary or desired changes.
9. Have the group come to a consensus as to the times for starting each day's morning session, for breaks, and for ending the last session each day.

Activity 4. Participant Expectations for the Training

Objectives

- Participants will communicate their expectations surrounding the training to the facilitator.
- Participants and facilitator(s) will decide if their expectations can be realistically met.
- Facilitator(s) will address any questions and concerns participants may have.

Materials: Flip chart, markers, tape

Time: 
15 mins.

Training Steps

1. Prepare a flip-chart sheet illustrating the SMART perspective (shown below) and post it to the wall.

S = Specific
M = Measureable
A = Achievable
R = Realistic
T = Time-bound

2. Ask participants what they expect from the training and what they hope to learn.
3. Write their expectations on the flip chart.
4. Discuss the key points that were raised.
5. Have the group apply the SMART perspective to each expectation, asking if it is: Specific? Measureable? Achievable? Realistic? Time-bound?

6. For each expectation, have the group decide if it can be met within the context of this training.
7. Keep the list of participants' expectations posted for the time being, so you can refer back to it in Activity 6.
8. Also ask participants if they have any concerns about the training and address these concerns.

Unit 2. Overview of the Training

Activity 5. Course Outline and Training Methods

Objectives

- Participants will be given an overview of topics to be covered.
- Participants will be informed about the training methods that will be used.
- Facilitator(s) will address any questions or concerns participants may have.

Materials: Laptop and LCD projector
Course Outline (as slide, handout, or both)

Time: 
15 mins.

Training Steps

1. Present the *Course Outline* and go over the topics to be covered in each module. (Use the LCD projector or distribute it as a handout.)
2. Explain the types of training methods that will be employed throughout the course (brainstorming, role-playing, etc.).
3. Give participants ample time to ask questions and raise any concerns, which the facilitator(s) can then address.

Activity 6. Purpose of the Training and Training Objectives

Objectives

- To ensure participants understand the purpose of the training, the training objectives, and what is expected to be achieved

Materials: Flip-chart page with expectations (from Activity 4)
Laptop and LCD projector
Course Objectives and Purpose of the Training (as slide, handout, or both)

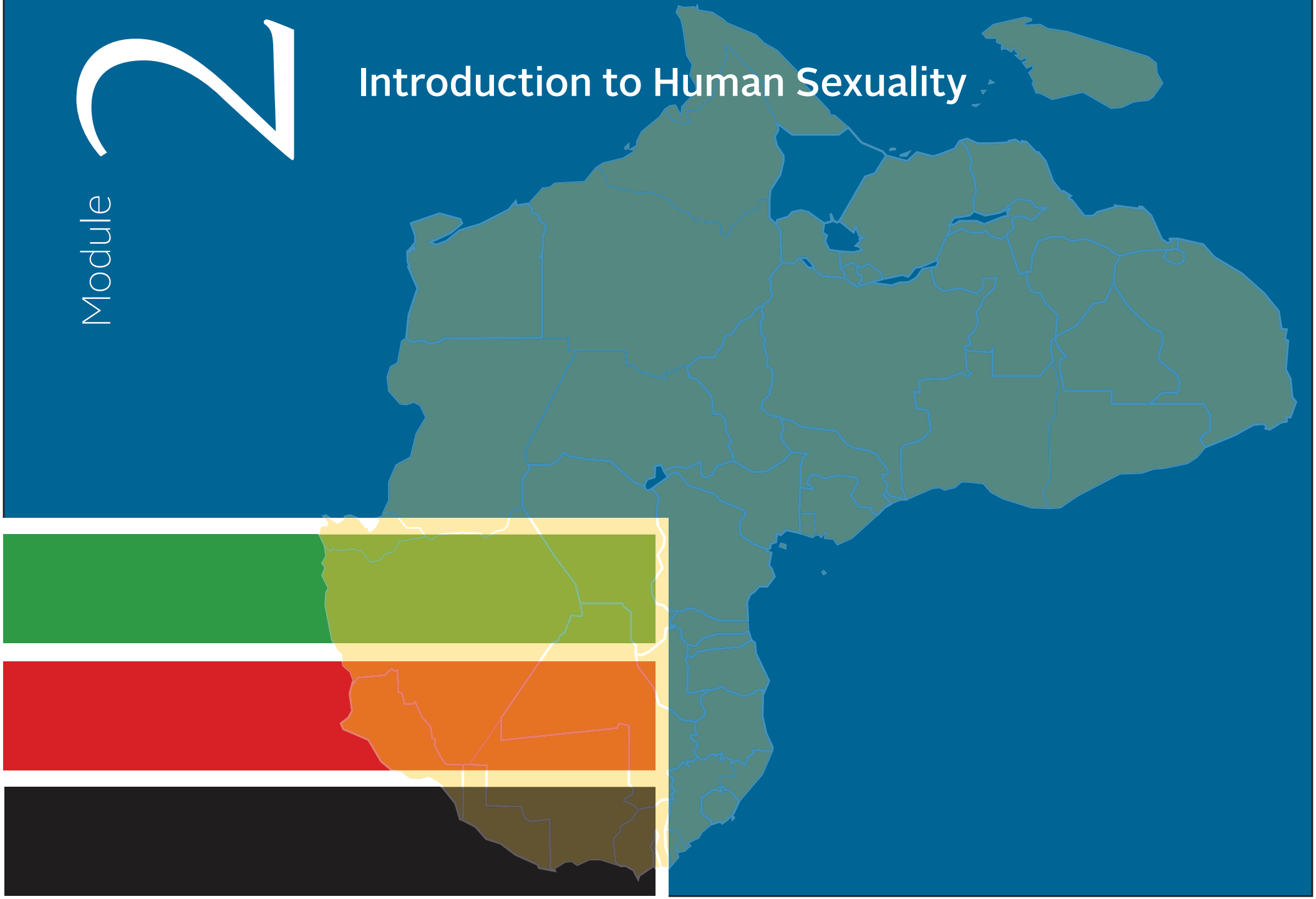
Time: 
30 mins.

Training Steps

1. Present *Course Objectives and Purpose of the Training*, using the LCD projector or distributing it as a handout.
2. Go over the stated purpose of the training and the training objectives with the participants.
3. Next, refer the participants back to the flip-chart page with their expectations from Activity 4. (If not still posted, post it again for participants to see.)
4. Ask the group to compare the stated purpose and objectives with their expectations for the course.

Module 2

Introduction to Human Sexuality



Introduction to Human Sexuality

Purpose of the Module

To introduce participants to various aspects of human sexuality and to increase their comfort levels in discussing sex and sexuality

Objectives

By the end of this module, participants will be able to:

- Comfortably describe various aspects of human sexuality and identify personal attitudes
- Clarify their own values and beliefs on a range of potentially sensitive issues related to sexuality, reproductive health, and sexual rights of clients
- Use appropriate language to discuss sex and sexuality

Time: 4 hrs. 30 Minutes

Unit	Content	Activities	Materials	Time
1	Attitudes towards Human Sexuality (Part 1)	Activity 1. Developing a Sexual Vocabulary Activity 2. Values Clarification	Flip-chart paper and markers Handout 1 Laptop and LCD projector Cards for exercise on attitudes Masking tape A4 plain paper and box *Daily Evaluation Form*	2 hrs.
2	Becoming Comfortable with Sexual Language	Activity 3. Opening Up! (Part 1) Activity 4. Opening Up! (Part 2)		2 hrs. 30 mins.

Activity 1. Developing a Sexual Vocabulary

Objectives

- Participants will become more comfortable discussing sex and sexuality.
- Participants will improve their knowledge of terms used to describe sex and sexuality.
- Participants will explore how attitudes and values are evident in language.

Materials: Flip chart and markers
Plain A4 paper

Time: 
1 hr.

Training Steps and Content Notes

1. Divide the participants into three groups, and provide each group with flip-chart paper and markers.
2. Ask each group to choose a spokesperson, who will be responsible for reporting back to the main group.
3. Have the groups brainstorm a list of words/terms related to sex, sexuality, and sexual body parts and write these terms on their flip-chart paper. These words may be in Kiswahili, English, Sheng, or in the most commonly used vernacular.
4. After each group has made their list of words/terms, ask participants to go back over their list and write down their feelings, thoughts, reactions, and associations to each of the words/terms (e.g., "sex" might be associated with "pleasure," or "dirty" might come to mind).
5. Dissolve the groups and come back together as one. Then ask each spokesperson to share the words his or her group came up with and the reactions these words elicited.
6. Use the discussion questions below to facilitate a discussion about the words and reactions to them.

Discussion Questions

- How did it feel to use these words?
- Did you find any of the words difficult to say? Easy to say? Which ones? Why?
- Were there any words you had not heard before? What were they?
- Which words did you like or dislike? Why?
- Were there different responses to the same words?
- Were some of the words derogatory? Which ones?
- Were there words you would be more likely to use only with certain people (e.g., children, our friends, our clients, our colleagues)? Why are these situations different?
- What cultural and sexual attitudes are revealed in the use of these words?

Activity 2. Values Clarification Exercise

Objectives

- Participants will describe their beliefs and values about a range of potentially sensitive issues related to sexuality, reproductive health, and rights (SRHR).
- Participants will experience the diversity of opinions within the group.
- Participants will become aware of how their own beliefs/values influence their attitudes regarding SRHR and how this might impact their work.
- Participants will discover/learn ways to remain neutral while working with clients, even if their clients have beliefs and values that differ from their own.

Materials: Prepared signs
Masking tape
Handout 1: Key Concepts for Health Care Providers (photocopies for handouts only)

Time:  **1 hr.**

Training Steps and Content Notes

1. Prepare two signs, writing "Agree" on one and "Disagree" on the other.
2. Post the "Agree" and "Disagree" signs on opposite sides of the room.
3. Select four to six statements from the list below that you feel will likely stimulate discussion. Be sure to consider the local context when selecting the statements you will use. If you prefer, create new statements that better respond to the particular needs and interests of your training group.

Belief Statements

- An HIV-positive woman who already has four children should be sterilized.
- Before attending to a woman who comes to the hospital with abortion complications, you should treat other patients first, because she deserves the pain she is going through.
- People who are gay are not so by choice, they are gay from birth.
- Sex workers are promiscuous.
- HIV-positive patients should always disclose their HIV status to their sexual partner(s) and also to their families.
- All teenage girls who become pregnant should be advised to keep the child.
- Abortion should be legalized if we wish to see a decline in maternal mortality.
- Homosexuality is un-African.
- Sex workers are human beings and deserve the same rights as other people.
- Contraception should be available to women and girls of all ages.
- All HIV-positive medical staff should make their HIV status known to their colleagues and patients.

- Health workers have a right to test their clients for HIV, so they know the status of the clients they treat.
- Treating a man who has anal gonorrhea goes against my religion and compromises my values, since to do so would mean I condone the behaviour of men who have anal sex with other men.
- People who contract HIV by injecting illegal drugs deserve to have the disease, because of their behaviour.
- If I discovered my brother making love to a man, I would support him and help him find ways to be safe.
- It is immoral to have multiple sex partners.
- Having sex with more than one person at a time is okay, as long as one is taking the necessary precautions to stay safe.
- Sex workers cannot be good mothers.
- Teenagers have no business engaging in sex. Therefore, family planning methods and facilities should not be available to them.
- All of us have had sex in exchange for something at least once in our lives——be it for cash, food, a favour, to keep a relationship, or to prevent someone from being violent towards us.

4. Explain to participants that this exercise will help them understand viewpoints that may be different from their own and to consider how their own beliefs and attitudes about sexuality might affect the way we treat clients. State that, for the purpose of this exercise, everyone is entitled to his or her own opinions and that there are no right or wrong answers. However, as this training workshop will emphasize, health workers have a responsibility to ensure that their own personal beliefs and attitudes do not infringe on their clients' rights to receive high-quality, comprehensive care.
5. Ask all the participants to come and stand in the centre of the room and to direct their attention to the "Agree" and "Disagree" signs.
6. Explain that you will read aloud a series of value statements. After you read a statement aloud, each participant should decide for himself or herself whether they agree or disagree. Those who agree should move to stand by the "Agree" sign and those who disagree should move and stand by the "Disagree" sign.
7. Ask two or three participants standing by each sign to defend their position. Let participants know they are free to change positions, if they hear something that causes them to change their opinion during the course of the activity.
8. The facilitator should remain neutral and not share his or her own opinions during this activity. However, he or she can share factual information to clarify matters, as needed.
9. Repeat the process until you have read all the statements that you would like the group to consider.
10. Then ask the participants to return to their seats and, using the discussion questions outlined below, facilitate a group discussion. The purpose of the discussion is to explore differences of opinions and values more thoroughly.

Discussion Questions

- How did you feel during this exercise? What was it like for you?
- Were there any opinions or values expressed that surprised you?
- Were some statements controversial? Why?
- How did you feel when other people expressed values and beliefs that were the same as yours? …different from yours?
- Why is it important to explore these issues?
- How might your personal attitudes and beliefs affect the way you behave toward or treat a client?
- How do our fears about HIV and our biases against certain people (e.g., sex workers or people who have same-sex relationships) influence our beliefs, attitudes, and actions?
- How can we keep our own beliefs and attitudes from influencing our work in a negative way?
- How might you address some of these difficult issues at your health facility?

11. At the end of the discussion, distribute Handout 1 and go over these with the participants.

Unit 2. Becoming Comfortable with Sexual Language

Activity 3. Opening Up! (Part 1)

Objectives

- Participants will reflect on how they understand sex and sexuality.
- Participants will understand how our social conditioning influences our attitudes towards sex and sexuality.
- Participants will gain a greater measure of comfort when discussing sexual issues.

Materials: Masking tape
Three sheets of plain A4-size paper, each prepared with one of the sets of questions listed in the training steps below

Time:  **1 hr.**

Training Steps and Content Notes

1. Write the following sets of questions, each on a separate sheet of paper. (One set of questions per sheet of paper.)

Paper 1

Recall the first time you heard about sex.

How old were you and how did you feel?

Paper 2

Recall the first time you asked someone for some information about sex.

What happened?

Paper 3

Have you seen yourself naked in the mirror?

If you have, have you seen your partner completely naked?

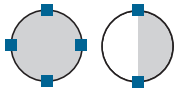
2. Affix the three sheets of paper with the questions on the walls of the training room in different locations.
3. Maintaining the three groups from the last session, send each group to a different posting and have them read the posted statements and questions and discuss them with each other. After about 5 minutes, send all the groups to the next posting and repeat the process until each group has discussed all three postings. (Allow a total of 15 minutes.)
4. Bring the entire group back together and invite participants to share their experiences.
5. As participants are sharing, the facilitator should point out similarities in experiences and in messages the participants may have received as children about sex (e.g., families do not discuss sex openly, sex is dirty or bad, men must lead in sex, etc.).

Activity 4. Opening Up! (Part 2)

Objectives

- Participants will reflect on how they understand sex and sexuality.
- Participants will begin to see how our attitudes towards sex and sexuality are influenced by our social conditioning.
- Participants will become increasingly comfortable with sexual issues.

Materials: A box, a basket, or another container
Individual slips of paper prepared with the questions below
Daily Evaluation Form (for handouts)

Time: 
1 hr. 30 mins.

Training Steps and Content Notes

1. Write (or print) the following questions on each on a different slip of paper. Then fold the papers and put them in a box. Prepare at least one slip of paper for each participant pair, including facilitators.

   - What do most men think and feel about sex?
   - What do most women think and feel about sex?
   - What information about sex was not given to you when you were growing up?
   - What information should be given to children and young people about sex?
   - What information should not be given to children and young people about sex?
   - How do you feel about the sexual information you were given when you were growing up?
   - Try and recall when you first realized your parent(s) had sex. How did you feel?
   - Is there a difference in the information given to boys and girls about sex? Should there be?

2. Ask the participants to pair off into groups of two, with everyone choosing a different partner from the one they had in the previous exercise.
3. Ask each participant pair to take one folded piece of paper from the box.
4. Allow participants at least 15 minutes to reflect on how they might answer their question.
5. After a suitable period of reflection, ask participants to volunteer their responses to the questions.

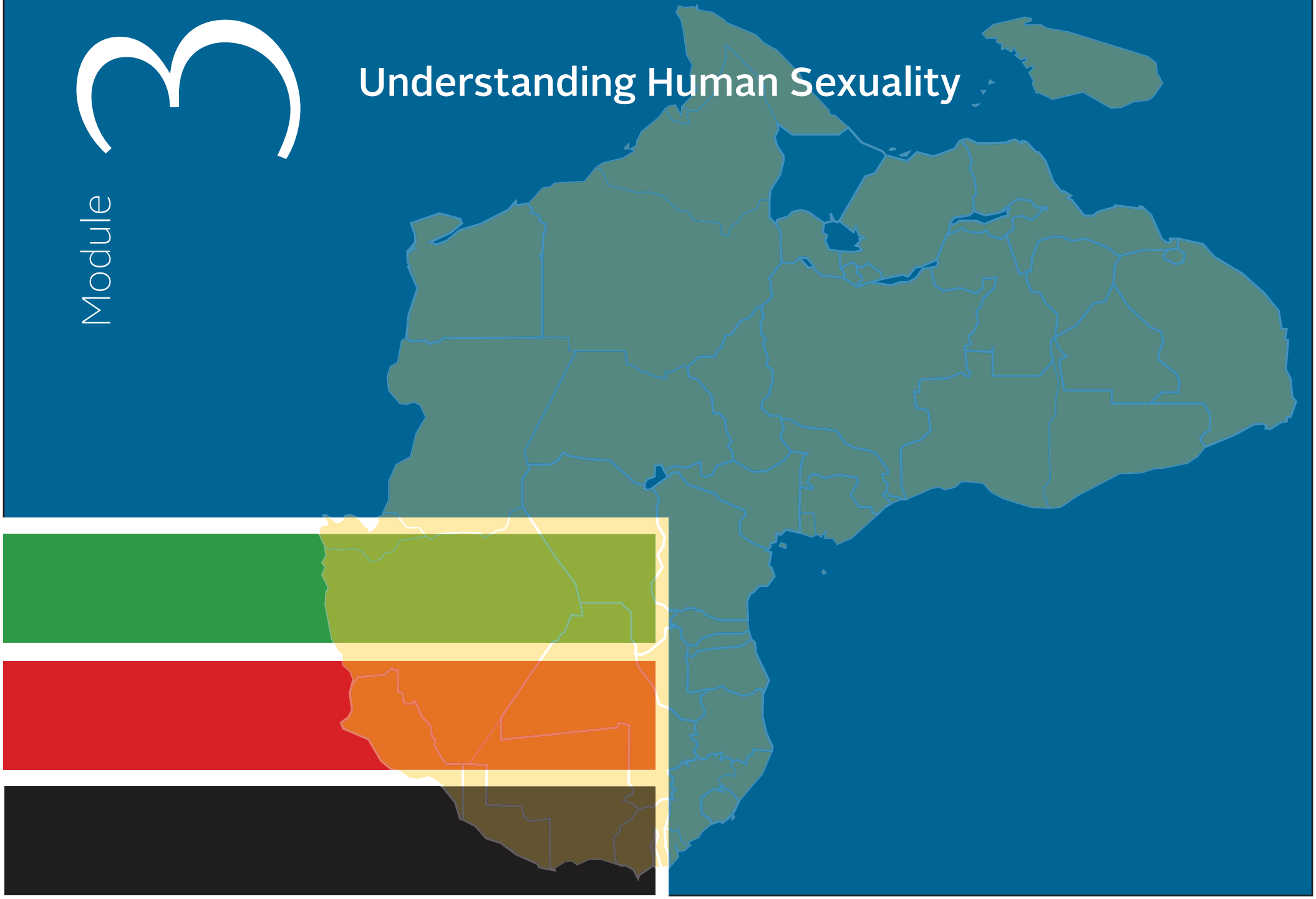
   Notes to facilitator: Some questions are more personal than others and not all participants may feel comfortable sharing at this stage. Facilitators should not pressure them to do so.

   While facilitators need to keep in mind that what we are told as children directly influences how we feel about sex and sexuality as adults, they should also focus on our ability to change how we feel through education and experience.

6. Tell the group that this concludes today's training and thank everyone for their engagement. Distribute the Daily Evaluation Form. Ask participants to complete the form and hand it in before leaving.

Module 3

Understanding Human Sexuality



Understanding Human Sexuality

Purpose of the Module

To provide participants with a framework for exploring and understanding their own sexuality and the sexuality of others

Objectives

By the end of this module, participants will be able to:

- Describe and analyze attitudes towards sexuality
- Define sexuality and explain relevant concepts
- Explain the meaning and significance of the terms "gender" and "sexuality"

Time: 5 hours

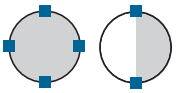
Unit	Content	Activities	Materials	Time
1	Attitudes towards Human Sexuality (Part 2)	Activity 1. Exploring Attitudes towards Sexuality and Sexual Behaviour Activity 2. Beliefs, Values, and Attitudes	Flip-chart paper and markers Laptop and LCD projector Paper plates (three per participant) A4 plain paper Prepared cards Handouts 1-5	2 hrs.
2	Concepts of Sexuality	Activity 3. Sex and Gender Activity 4. Defining Sexuality Activity 5. A Framework for Understanding Human Sexuality		2 hrs. 20 mins.
3	Introducing Sexual Diversity	Activity 6. Sexual Identity and Sexual Orientation		40 mins.

Activity 1. Exploring Attitudes towards Sexuality and Sexual Behaviour

Objective

- Participants will continue their exploration of attitudes towards sexuality and sexual behaviour.

Materials: Two signs, prepared in advance
Adequate space for participants to move around

Time: 
1 hr. 30 mins.

Training Steps and Content Notes

1. Come to the class with two signs that you have prepared in advance. One should say, "Strongly Agree" and the other should say, "Strongly Disagree."
2. Post the "Strongly Agree" sign on one wall and the "Strongly Disagree" sign on the opposite wall.
3. Explain that you will read aloud a number of statements related to sexuality and that participants will need to decide whether they agree or disagree with each statement.
4. Ask participants to indicate their opinions by positioning themselves near the sign corresponding to their opinion.
5. If they are not sure, or feel neutral, they should stand in the middle of the room.
6. If they partially agree, they should stand somewhere between the middle of the room and the "Strongly Agree" sign, and so on.

Statements to Read Aloud

"Oral sex is disgusting."

"Adolescent boys should not be taught about menstruation."

"Sex before marriage is against my religion."

"Two women cannot have 'real' sex."

"Condoms should be made available to secondary school students."

"Heterosexuality is normal."

"Homosexuality is abnormal."

"Women should have the legal right to a safe abortion if they want one."

"Men have a stronger sex drive than women."

"It is a man's right to have sex with his wife when he wants to."

"Masturbation should always be discouraged."

"Sexuality means the same as sex."

"There should be more male involvement in sexual and reproductive health (SRH) matters."

7. After each statement is read and participants have positioned themselves, have them explain why they chose to "agree," to "disagree," or to be "neutral."
8. When the activity is completed, have the participants return to their seats and ask if they were surprised at how different people's reactions were.
9. Briefly discuss any feelings, opinions, beliefs, etc., that may have arisen.
10. See if the group can identify factors that influence how we view different sexual preferences and list these on the flip chart.

Activity 2. Beliefs, Values, and Attitudes

Objectives

- Participants will understand the distinctions between beliefs, values, and attitudes.
- Participants will identify the origins of attitudes towards sexuality and will critique these attitudes.

Materials: Flip chart and markers
Laptop and LCD projector
Handout 2: Beliefs, Values, and Attitudes (slides and handouts)
Slides containing portions of Handout 2, to be shown in progression

Time: 
30 mins.

Training Steps and Content Notes

1. Use Handout 2 to show the definitions of beliefs, values, and attitudes on the LCD projector and the take participants through the definitions.

Beliefs

A belief is a conviction, principle, or idea that is accepted as true or real, even in the absence of positive proof. There are many belief systems—religious, cultural, group beliefs, and individual beliefs. Examples of beliefs:

- The existence of God
- The uvula causes coughing and retards the growth of children
- If the clitoris touches the baby at birth, the baby will die
- If a pregnant woman eats eggs, her foetus will be overweight and she will have difficulties giving birth
- An uncircumcised woman will have an overactive sex drive
- A circumcised woman will have a normal sex drive

Values

Our values are the criteria against which we make decisions. Values include the moral principles and beliefs or accepted standards of an individual or a social group. Values are usually taught to us by our families and influenced by religion, culture, friends, education, and personal life experiences.

Attitudes

An attitude is a mental view or a disposition, often largely based on personal values and perceptions.

2. Next, launch a brainstorming session with the group by posing the question, "Where do our beliefs, values, and attitudes pertaining to sexuality come from?"
3. Encourage the group to think in very broad terms and to come up with as complete a list as possible of the origins (sources) of our beliefs, values, and attitudes about sexuality. Ask them to give examples in support of their ideas.
4. Compile a list of all the participants' ideas on the flip chart. Their list should include:

- Parents
- Friends/Peers
- Culture
- Society
- Religion
- Church/Mosque/Temple
- TV and other media, including music
- Teachers
- Medical staff
- Books
- Magazines
- Technology: Internet and mobile technology

5. Once the list is complete, use the discussion points below to encourage an active group discussion:

Discussion Questions

- Are all of these sources accurate and reliable 100 percent of the time?
- Can you think of any negative, or unhelpful, attitudes and values that you learned from any of these sources?
- Do values and attitudes towards sex and sexuality change over time? Or do they remain static? (e.g., religious attitudes, attitudes towards polygamy, etc.)
- Can you think of examples of how our values and attitudes evolve? Is this a good thing or a bad thing?
- Is there such a thing as a "wrong" attitude towards sexuality? Are all attitudes valid?

6. Reinforce this exercise by projecting the following section of Handout 2, summing up where our beliefs, values, and attitudes come from.

Origins of Beliefs, Values, and Attitudes

Our beliefs, values, and attitudes are formed and developed through a multitude of influences: parents, families, society, culture, traditions, religion, peer groups, the media (TV, music, videos, magazines, advertisements), school, climate, environment, technology, politics, the economy, personal experiences, friends, and personal needs. They are also influenced by one's age and gender.

7. Next, project the information below about value systems (definition and components of a value system) and discuss these with the group.

Definition of a Value System

A value system is a set of beliefs and principles that influence an individual's or a group's outlook (attitude) on life and that guide their behaviour. A value system is not rigid, but is subject to change over time, in light of new insights, information, and experiences.

Components of a Value System

A value system is made up of three different components, known as the cognitive component, the affective component and the behavioural component.

- **Cognitive component**—Knowing the appropriate behaviour for a given situation, or understanding what is expected of one
- **Affective component**—Emotions that affect the decision to be made about the situation and the action to be taken
- **Behavioural component**—Taking the appropriate action

8. Conclude the session by noting that attitudes and values towards sexuality are not static, but are constantly evolving to meet the changing needs of cultures and individuals. Much of what was considered to be "bad" a few generations ago is now accepted as "good," and vice versa. The facilitator should emphasize that we all have different values and opinions and that it is essential that health care providers respect their clients' values and opinions. At the same time, providers should not be afraid to discuss/explore sexual questions in order to counsel their clients appropriately.
9. Distribute Handout 2 as a take-home handout for participants.

Activity 3. Sex and Gender

Objectives

- Participants will learn the difference between the terms "sex" and "gender" and will practice applying these definitions.
- Participants will consider how sex and gender are affected by social conditioning.

Materials: Flip chart and markers
Laptop and LCD projector
Handout 3: Definitions of Sex, Gender, and Sexuality (slide and handouts)

Time: 20 mins.

Training Steps and Content Notes

1. Announce the topic and ask participants if they can explain the difference between the terms "sex" and "gender."
2. Show the definitions of "sex" and "gender" on the LCD projector, using Handout 3.

> **Sex**
>
> The term "sex" is a biological classification of human beings (and of most species) into two major distinguishable forms: males and females. This classification is based on physical differences between males and females, such as physical characteristics, reproductive organs, reproductive functions, and certain innate behaviours. The term "sex" is universally understood.
>
> **Gender**
>
> The term "gender" is a sociocultural classification of men and women in society. It is a social construct (a human concept) for what it means to be female and male. Within this construct, femininity and masculinity are LEARNED, rather than INNATE behaviours. Gender concepts, therefore, will necessarily vary with time and place and are dependant on the culture. Social dynamics, power within relationships, different expectations and roles for males and females, and personal and social environments (private and public spheres) are all affected by "gender."

3. Ask the participants if they have any questions about these definitions before moving on to the next step.
4. Draw a vertical line down the middle of a sheet of flip-chart paper so it is divided in half. On one side write the header "X acts like a man. He's…" and on the other side "Y acts like a woman. She's…"
5. Ask the group to brainstorm words they associate with men and women, and write the words on the appropriate side of the page. For example:

X acts like a man. He's...	Y acts like a woman. She's...
Macho (Masculine)	Feminine
Aggressive	Gentle
Strong	Weak
Tough	Emotional
Virile	Menstruating
Potent	Pregnant
Fecund	Breastfeeding
Fertile	
Prolific	
Capable of impregnating	

6. Allow time for the group to examine their two lists and discuss.
7. Then, based on the definitions just presented, ask the group to decide which words apply to the term "sex" and which to "gender."
8. Ask the group to focus only on the words that apply to gender and together cross out any words in both columns that apply to sex.
9. Lead a discussion about our gender constructs (concepts of femininity and masculinity) by asking the following questions:

Discussion Questions

- Why do we have these concepts of femininity and masculinity (gender concepts)?
- How did they come to be?
- How does society view a gentle, emotional man or a tough, aggressive woman?
- Is this fair? Should men and women behave only the way society expects them to?

Activity 4. Defining Sexuality

Objectives

- Participants will consider what makes up our human sexuality.
- The facilitator will present a definition of sexuality.

Materials: LCD projector and laptop
Flip chart and markers
Handout 3: Definitions of Sex, Gender, and Sexuality (slide and handout)

Time:  **30 mins.**

Training Steps and Content Notes

1. Write the word "Sexuality" on the flip chart.
2. Have participants brainstorm answers to the following two questions: "What is sexuality?" and "What makes up sexuality?"
3. Record the group's brainstorming list on the flip chart. The list may include a broad range of ideas, such as culture, sex, gender, religion, making love, the genitals, love, desire, sexual behaviour, identity, HIV status, drug and alcohol, socioeconomic level, age, media, health status, and so forth.
4. Next, using Handout 3, project the working definition of sexuality that was developed by a WHO-led technical consultation. Go over this definition with the group.

> **Sexuality**
>
> Sexuality is a central aspect of being human [that endures] throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles, and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious, and spiritual factors.
>
> *Source: The above is a working definition of sexuality developed by a WHO-led technical consultation. http://www.who.int/reproductive-health/gender/sexualhealth.html*

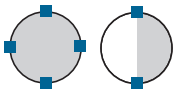
5. Distribute Handout 3 for participants to use for future reference.

Activity 5. A Framework for Understanding Human Sexuality

Objectives

- Participants will describe the three core aspects of sexuality.
- Participants will understand how these core aspects interact.
- Participants will gain a greater understanding of their own sexuality.

Materials: Diagrams on the interaction of core aspects of sexuality
Three paper plates and a marker pen for each participant
Laptop and LCD projector
Handout 4: Sexual Desire, Behaviour, Identity, and Orientation (slide and handouts)
Total privacy for each participant

Time:  **1 hr. 30 mins.**

Note: For this activity, facilitators will need to devise a way to provide absolute privacy for each participant as they carry out this exercise. Separate rooms, each with a desk and chair, would be ideal. If that is not possible, perhaps four people to a room seated far apart with their backs to each other. Or perhaps some type of partition can be set up to separate participants. Facilitators will need to call on their imaginations.

Training Steps and Content Notes

1. Open the session by explaining to participants that there are three core aspects of sexuality that pertain to everyone:

   Sexual Desire **Sexual Behaviour** **Sexual Identity**

2. Ask the group what they think is meant by each of these terms and briefly discuss.
3. Then, using Handout 4, present the following definitions and go over them with the group.

Sexual Desire refers to fantasies about sexual experiences a person might wish to have. These desires could be for an individual or for a sexual activity. Sexual desire is limited to fantasy; it does not include actual behaviour.

Sexual Behaviour refers to sexual acts that individuals engage in, such as vaginal sex, anal sex, oral sex, etc., and includes the gender of the individuals involved.

Sexual Orientation is a term commonly used to describe an individual's sexual preference for, or attraction to, partner(s) of a certain sex and/or gender. Sexual orientation may be manifested through desire (thoughts/fantasies), behaviour, or both and is often described as ranging along a continuum, with exclusive homosexuality (same-sex attraction) at one end and exclusive heterosexuality (opposite-sex attraction) at the other end. Bisexuality is attraction to both sexes.

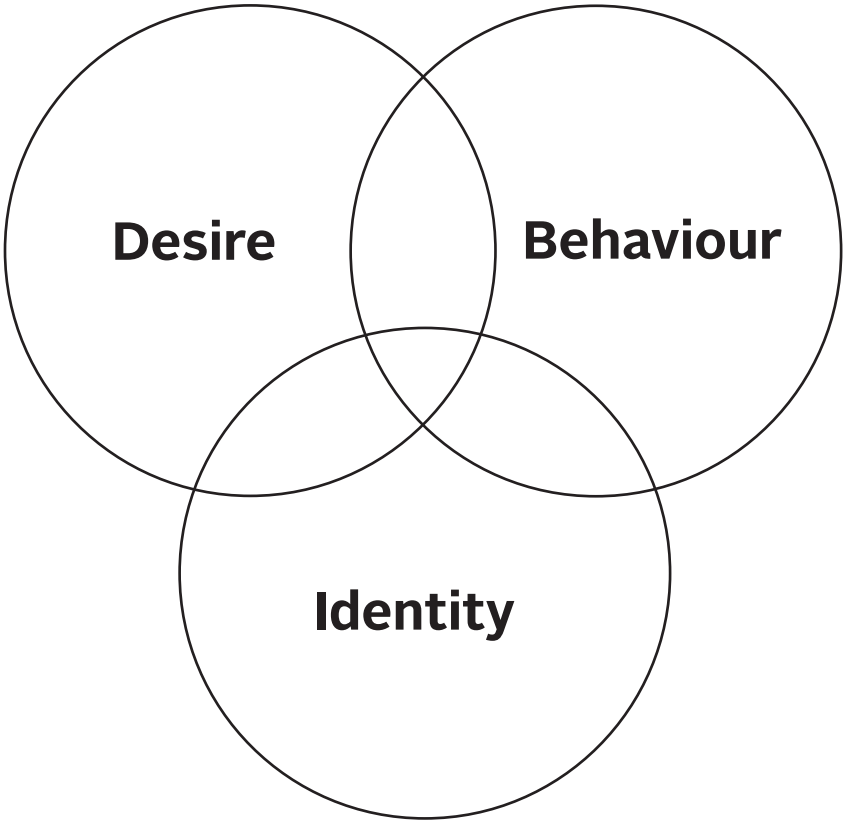
Sexual Identity has to do with how people identify themselves sexually. It is a term most commonly used among individuals who engage in same-sex practices. Talk of sexual identity does not generally come up among people oriented towards the opposite sex.

4. Tell the group that the terms "sexual orientation" and "sexual identity" are often used synonymously and that for now we will focus solely on the three core aspects of sexuality: sexual desire, sexual behaviour, and sexual identity.
   Note: This is an important point to make, otherwise participants might be confused as to why "orientation" is not included in this exercise.

5. So, thinking about the three core aspects of sexuality, ask the group to conceptualize what a healthy sexuality diagram might look like. Using circles to represent sexual desire, behaviour, and identity, what might such a diagram or illustration look like?

6. Letting the participants respond, draw out on the flip chart what they think such a depiction might look like. (Or have one or two volunteers draw an illustration). If participants don't have ideas, quickly go on to the next step.

7. Next show the following diagram. (Use the LCD projector or simply draw the diagram on the flip chart.)



8. Start a discussion about the diagram by asking the group if this illustration might represent a healthy sexuality diagram. Encourage respondents to explain why they think it works or not.

9. Then ask the group what they think the intersection of the circles indicates. Would this be a way to depict how sexual desire, behaviour, and identity might interact? What if the circles move farther apart or closer together? What would that indicate? Explain that the greater the overlap in the circles, the greater the interaction in these aspects of sexuality. The opposite is also true. Less of an overlap in the circles indicates less interaction in these aspects of sexuality.

10. Continue the discussion by asking the following questions:

Discussion Questions

- Consider the circles depicting desire and behaviour. Do these two aspects of sexuality always overlap? Are they sometimes unconnected? Does a person's sexual behaviour always reflect his or her sexual desire(s)? (Or conversely, is sexual desire always expressed in behaviour?) How might a sexual desire to make love to a stranger on a beach be connected to the reality of a person's sexual behaviour?
- To what degree is a person's sexual identity connected to his or her behaviour? Consider, for example, a married man who loves his wife and family, but who sometimes has sex with a male sex worker.
- To what degree is desire connected to identity? Does a person's sexual identity always reflect his or her sexual desires? What about a married woman who identifies as heterosexual, yet fantasizes about kissing another woman?

11. Once you are satisfied your participants understand the three core aspects of sexuality and how they may interact, provide each participant with three paper plates and a marker.
12. Explain that this next exercise is very sensitive, but very important for providers of sexual health care and will enable them to have a better understanding of their *own* sexuality, which in turn will help them to better assist their clients.
13. Also explain that this exercise involves consideration of personal, intimate issues and will be conducted in complete privacy. Emphasize that no one will be asked to share anything with the rest of the group, no one should divulge any personal details, and no one is to inquire about anyone else's personal details.
    Note: It is extremely important that participants have absolute privacy to complete this exercise and that they understand the very private nature of this exercise.
14. Have the participants write the word "Desire" on the back of one of the plates, the word "Identity" on the back of another, and the word "Behaviour" on back of the third plate.
15. Explain that everyone will be given a private space in which to work alone to carry out this exercise. They will have approximately 20 minutes in which to write, or otherwise depict, their sexual desires, identities, and behaviours on the front side of the plates. *(Again, reassure the participants that they will NOT be asked to disclose anything and the plates will NOT be collected!)* Participants may draw or use symbols if they are not comfortable writing—the important thing is that they complete this exercise from a personal perspective.
    Note: Facilitators should NOT circulate around or among the participants during this exercise.
16. Allow about 20 minutes, then recall the group and ask how they felt carrying out this exercise. Was it difficult? Was it surprising? Did they enjoy it? (Do not probe for disclosure!)
17. Have the participants think about how their three plates align. Is there overlap? Is their desire always reflected in their behaviour? Does their sexual identity always a match their behaviour and desire(s)?
18. Then ask the group to consider how their plates would have aligned if they had done this exercise when they were 15 years old. Would the alignment be very different? What about 5 years ago? What about 10 years in the future? Will it be the same?

19. Further, ask the group to consider if there is an "ideal" arrangement of the plates. Ideally, should they all overlap? Should our sexual desires always lead to sexual behaviour? Should the plates be fixed and static or can/should there be some movement between them? What factors influence how the plates overlap (i.e., how these aspects of sexuality overlap)?
20. Now project the following diagrams on the LCD projector and ask the participants to examine them:

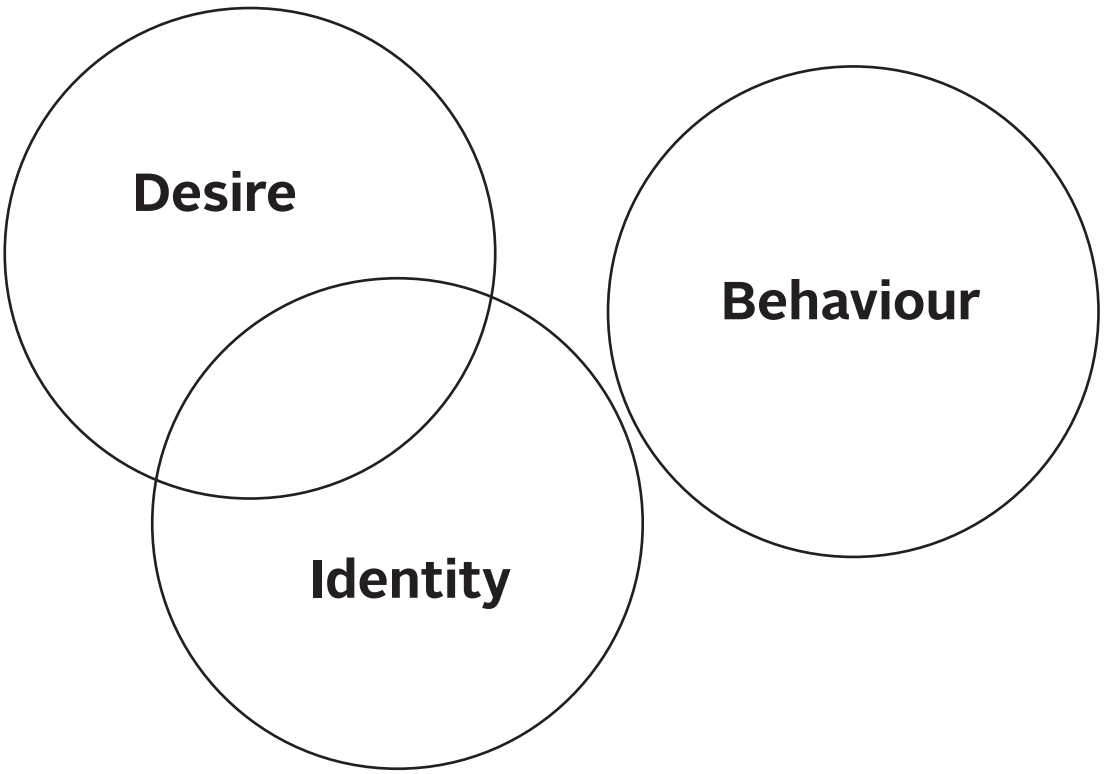


Diagram 1

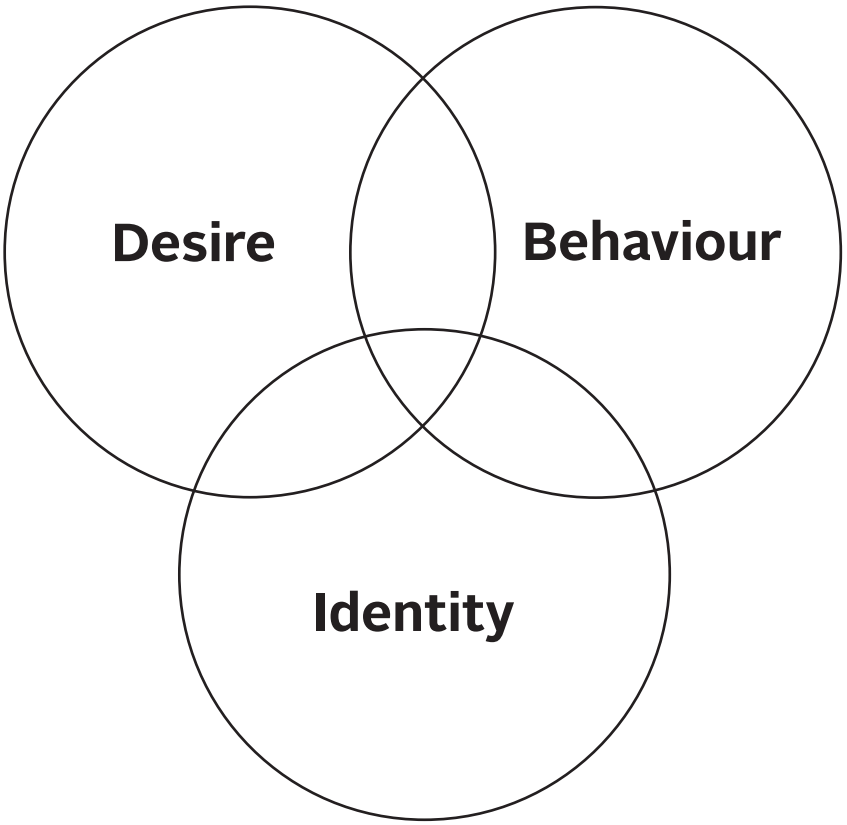


Diagram 2

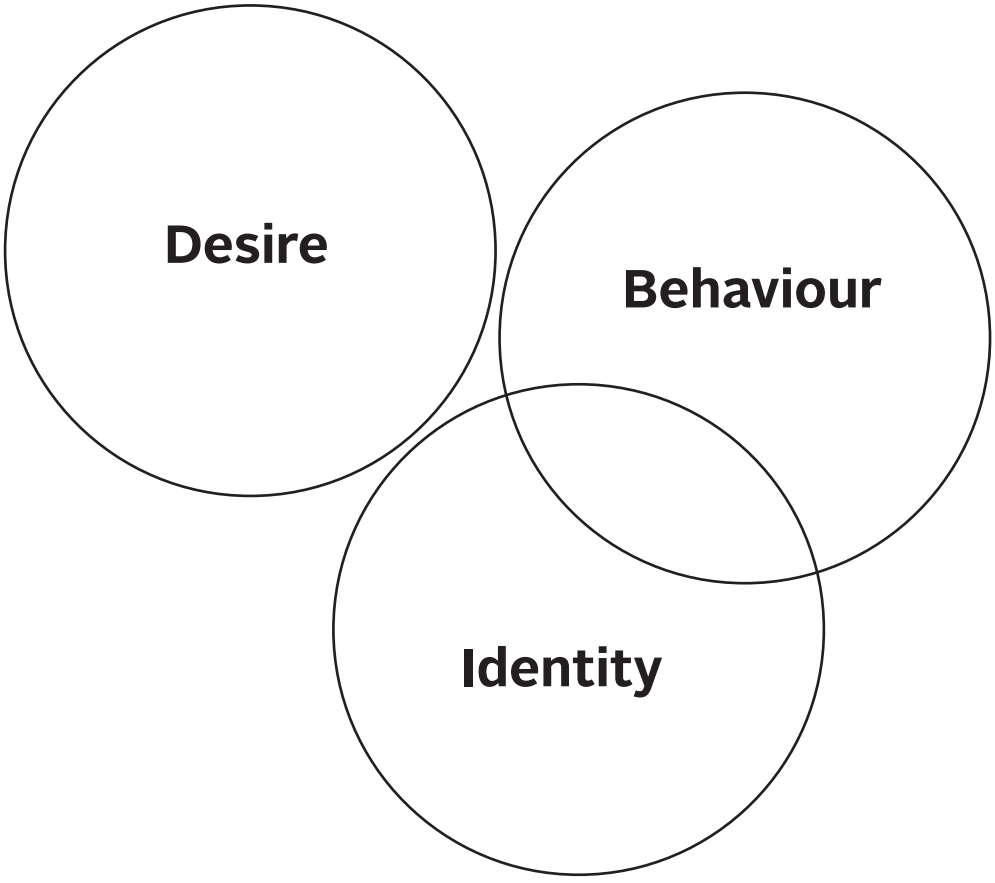


Diagram 3

21. Then ask the group to decide which diagram is the best match for each of the individuals below. Encourage group discussion and ask participants to explain their reasoning.

- A married woman who identifies herself as heterosexual and has sex with her husband, but does not desire him or enjoy sex with him. *(Answer: Diagram 3)*
- A married, heterosexual male prisoner who has sex with other male prisoners for relief but is not attracted to men. *(Answer: Diagram 1)*
- A man who identifies himself as heterosexual and who only has sex with women. *(Answer: Diagram 2)*

22. Remind the group about the healthy sexuality diagram that they saw earlier and have them consider the following points:

- The closer our behaviour matches our identity and the closer both of these match our desires, the more comfortable and happy we tend to be with our sexuality.
- When these aspects of our sexuality are disconnected (far apart on the diagram), this can lead to low self-esteem, which in turn may lead to risk-taking behaviour.
- This does not mean, however, that it is always in our best interest to do everything that we desire.

23. Finally, wrap up the discussion by having participants consider whether we have control over any of these aspects of our sexuality. Use the discussion points below to guide the participants and to encourage active consideration.

Discussion Questions/Points to Consider

- Do we have control over any of these three aspects of our sexuality?
- Which aspect or aspects can we control?

Sexual Identity

As we have seen, our sexual identity is a label we use to describe our own sexuality. Although others can label us in ways we don't agree with, in reality, we are the only ones who can truly say what our sexual identity is.

Sexual Behaviour

Assuming there is no issue of forced sexual relations involved, it is our decision whom we have sexual relations with and which behaviours we engage in.

Sexual Desire

Although we have choice over what to do with our desires (we may ignore/suppress them or act on them), desire is something that simply arises within a person. We do not control what or whom we desire, nor do we even choose to desire in the first place.

- Think about the first person you were sexually attracted to when you were young. Did you wake up one day and decide to be attracted to that person or did you *realize (discover)* you *were* attracted to them?
- Think of the person you were most recently attracted to. Did you look at that person and say to yourself, "I *choose* to be attracted to Mary," or "I *decided* today to be attracted to John?"

24. Distribute Handout 4 with the definitions of the above terms for participants to have for their future reference.

Unit 3. Introducing Sexual Diversity

Activity 6. Sexual Identity and Sexual Orientation

Objectives

- Participants will become familiar with a variety of terms and labels for sexual identities/ orientations.
- Participants will become aware of a range of sexual behaviours and identities that clients may disclose to providers.

Materials: Flip-chart paper, markers, tape
A series of prepared cards
Handout 5: Terms Used to Describe Sexual Identities and Orientations (copies for distribution)

Time: 
40 mins.

Training Steps and Content Notes

1. Ask participants to brainstorm a list of words and labels that might be used to describe a person's sexual identity or orientation. Include words from English, Kiswahili, Sheng, and the most commonly used vernacular. Following are some examples of terms the group is likely to come up with.

   Heterosexual / Homosexual / Bisexual / Gay / Lesbian / Bisexual / Msenge / Basha / Kuchu / Queer / Shoga / Sodomite / Mende / Chi-chi man / Batty man /

2. Write their list of words on a sheet of flip-chart paper.
3. Facilitate a discussion around these labels, using the following questions:

Discussion Questions

- How do you feel hearing these words?
- Are there some words you like or don't like? Which ones do you like/dislike? Why?
- Which words have positive connotations? Negative connotations?
- Are some derogatory?

4. The next part of this activity uses paired cards that you will have prepared ahead of time. Each pair will consist of one card bearing a term used to describe a sexual orientation or identity and the other card will bear the meaning of that term. Use the list below to write up your card pairs. Feel free to add cards for other terms used in your participants' culture.

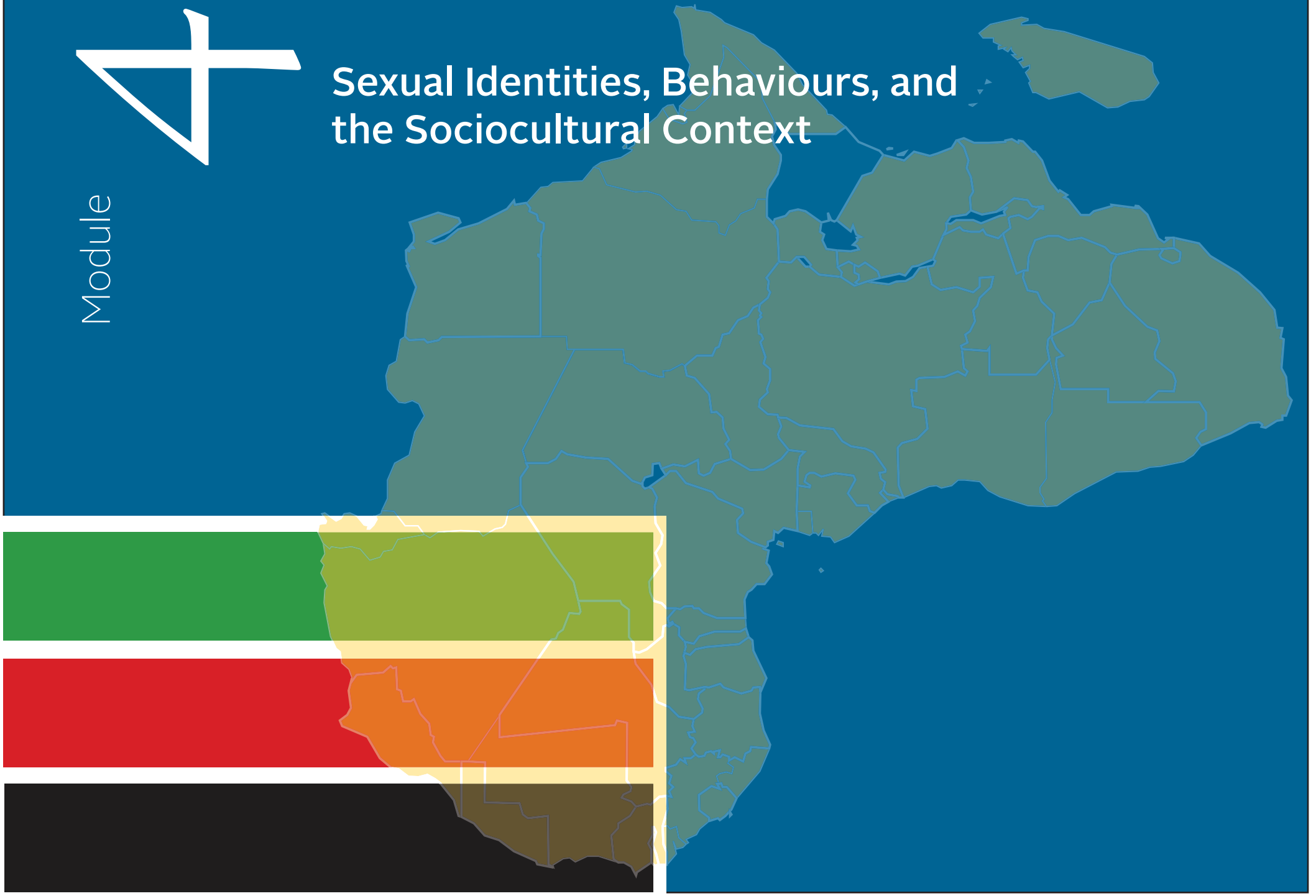
Terms Used to Describe Sexual Identities and Orientations

Terms	Meaning
Heterosexual/Straight	Someone who only has sex with persons of the opposite sex
Homosexual	Someone who has sex with other individuals of their own sex. Usually applied to men who have sex with men, but also may be used for women who have sex with women.
Gay	(Noun) A man who has sex with other men or a woman who has sex with other women (Adjective) A life-style or a social movement
Bisexual	A person who desires or practices sex with both men and women
Shoga / Msenge	*(Kiswahili)* A passive or receptive male partner who is penetrated during sex (May or may not connote sex work)
Basha	*(Kiswahili)* The active male partner who penetrates during sex (May or may not connote sex work)
Lesbian	(Noun) A woman who desires or practices sex with other women (Adjective) A life style or a social movement

5. Mix up the card pairs so they are no longer matching and distribute one pair of mismatched cards to each participant
6. Have participants walk around the room looking for their "partner card" held by another participant. Once matched, ask participants to post their matched pair of cards on the wall and then return to their seats and take a few minutes to share with one another.
7. Distribute Handout 5 for participants to have for their future reference. Emphasize that these words represent but a few of the many terms used to label sexual identities and behaviours.
8. Point out that labels are very subjective and that they can mean different things to different people. Some labels are interchangeable and some are not. Depending on who is doing the speaking, such terms might be used loosely. Some people may impose labels on others, according to their biases.
9. Conclude the activity by advising participants never to generalize about sexual behaviours or identities when working with clients. Emphasize that sexual identity is a relatively new concept in many African contexts. It is always better to ask clients if they are willing to self-identify. For example, many men who have sex with men do not identify as homosexuals if they also have occasional sex with women.

Module 4

Sexual Identities, Behaviours, and the Sociocultural Context



Sexual Identities, Behaviours, and the Sociocultural Context

Purpose

To broaden participants' understanding of sexual identities and the sociocultural nature of sex and sexuality

Objective

By the end of this module, participants will be able to:

- Describe the current sociocultural context (including peer pressure) and its impact on sexual identities and behaviours

Time: 2 hrs. 30 mins.

Unit	Content	Activities	Materials	Time
1	Impact of the Sociocultural Environment on Sexual Identities and Behaviours	Activity 1. Sexual Identities, Behaviours, and Society Activity 2. Sexual Orientation and Society	Prepared cards String Flip-chart paper and different colored markers	2 hrs. 30 mins

Activity 1. Sexual Identities, Behaviours, and Society

Objectives

- Participants will further explore attitudes towards sexuality.
- Participants will explore issues of vulnerability, risk, and stigma reduction.

Materials: Sufficient space for the exercise
Cards prepared with statements and laminated
String attached to cards so they can be worn around the neck

Time: 
1 hr.

Training Steps and Content Notes

1. Come prepared with a set of laminated cards with string attached so they can be worn around the neck by participants. The cards should contain the following statements:

   - I'm a 14-year-old street girl who sells sex in the city
   - I'm a 24-year-old university student who is openly lesbian
   - I'm a teenage schoolboy who lives at home in a rural area and has sex with other schoolboys
   - I'm a middle-aged, male, married doctor living in the city who sometimes pays for sex with women
   - I'm a 36-year-old relative who is a frequent visitor of his 11-year-old niece with whom he has sex
   - I'm a 26-year-old *jua kali* worker who lives with his girlfriend and their daughter, but who sometimes has sex with other women
   - I'm a 47-year-old teacher who has sex with his 12-year-old pupil
   - I'm a young, exclusively heterosexual man
   - I'm a 30-year-old intersex person who identifies as male and lives in Karen with his female partner

2. Explain to participants that the purpose of this exercise is to examine issues and problems faced by people with various sexual identities.
3. Create a large space in the training room by moving desks and other furniture, if necessary.
4. Ask (or select) seven volunteers to stand in a line against one wall. The remaining participants should sit where they can see the seven volunteers clearly.
5. Give each of the volunteers a prepared card and have them put their cards around their necks. Then have each read his or her card to the whole group.
6. Explain that you will read questions to which there are only YES and NO answers. As each question is posed, volunteers who feel the answer is YES should take one step forward. Volunteers who wish to answer NO should remain standing where they are.

7. Ask observing participants to pair up with one of the volunteers to become his or her partner. Observers are to encourage their partners, cheering them on, and confer with them and offer advice on how to answer their questions. Observing partners should also try to impede the progress of the competition by challenging the responses/decisions of the opposing volunteers.
8. Practice with an unrelated question or two, to be sure everyone understands the rules. Then start the exercise, posing the questions below.

Questions

- Are you friends with others who share your sexual identity or practice similar sexual behaviours?
- Can you speak freely to your family, friends, and colleagues about your sexual behaviour or identity?
- Are you able to access sexual health information relevant to your sexual behaviour or identity?
- Are you able to access sexual health services relevant to your sexual behaviour or identity?
- Would it be easy for you to insist that a condom be used during sex?
- Could you abstain from or forgo your sexual behaviour and still be happy?
- Are there any social places you can go to meet others in the same situation (not necessarily to meet for sex), such as bars, clubs, cafes, discos, and so on?
- Is it likely that you have been harassed as a result of your sexual identity or behaviour?
- If you fell in love with someone, could you live openly with that person?
- If you were to engage in consensual sex in private, would the law protect you?
- If someone were to expose your sexual activities to your family, friends, and/or colleagues, would this matter to you?
- Finally, do you have good self-esteem?

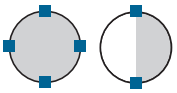
9. Have the volunteers remain standing and ask them how they feel after this exercise. Spend ample time probing the emotional responses these participants are feeling.
10. Ask the group to respond to the feelings expressed. Facilitate a discussion about factors that can socially disempower and marginalize people and how discrimination can have an effect on one's emotions, behaviour, health, and vulnerability.

Activity 2. Sexual Orientation and Society

Objectives

- Participants will develop an understanding of how religious, cultural, and societal expectations shape the roles that men and women are expected to assume.
- Participants will gain increased awareness of how these expectations can affect people with different sexual orientations.

Materials: Flip chart and different coloured markers
Laptop and LCD projector (optional)
Daily Evaluation Form
Note: See steps 2 & 3 for optional slide to prepare.

Time: 
1 hr. 30 mins.

Training Steps and Content Notes

1. Ask participants to brainstorm a list of important life events that people experience, from birth to death.
2. Write these life events on the flip chart. The group's list should resemble the following:

- A person's own birth
- Religious events and obligations
- Customs, traditions, and social expectations
- Education
- Sexual experiences (including abuse and violence)
- Leaving the parents' home
- Work / starting a career
- Family responsibilities
- Marriage (what age, what circumstances?)
- Children (how many and by when?)
- Health and illness
- The death of family and friends
- A person's own death

3. Post the group's flip-chart page and leave it up during the exercise to prompt participants or, if desired, show the above list on the LCD projector.
4. Next, divide participants into five groups and provide each group with a sheet of flip-chart paper on which a horizontal line has been drawn. Explain that this line represents the lifeline of a heterosexual person.

5. Then assign each of the five groups one of the following personae:

- A successful Muslim businessman
- A female school teacher in Rural Central Province
- A Christian policeman living in Western Province
- A female domestic worker living in Kibera
- A Maasai man living in Magadi

6. Have the groups indicate life events for their assigned person on the lifeline, using words or symbols. Tell them to put positive, happy events above the lifeline and negative and sad events below it. The more negative the event, the further down it should be below the lifeline, and vice versa.
7. Tell the groups they have 20 minutes to complete this task and ask them to be as imaginative as possible, without getting too bogged down in details.
8. Once they have completed their lifelines, ask the participants to repeat the exercise, this time assuming their assigned personae are in same-sex relationships.
9. Have them use the same sheet of paper for their second lifeline, marking the events for their second persona with a different coloured marker.
10. While the participants are working, project the following questions or write them on a flip chart. Leave them up throughout the exercise to provoke thought.

Points to consider

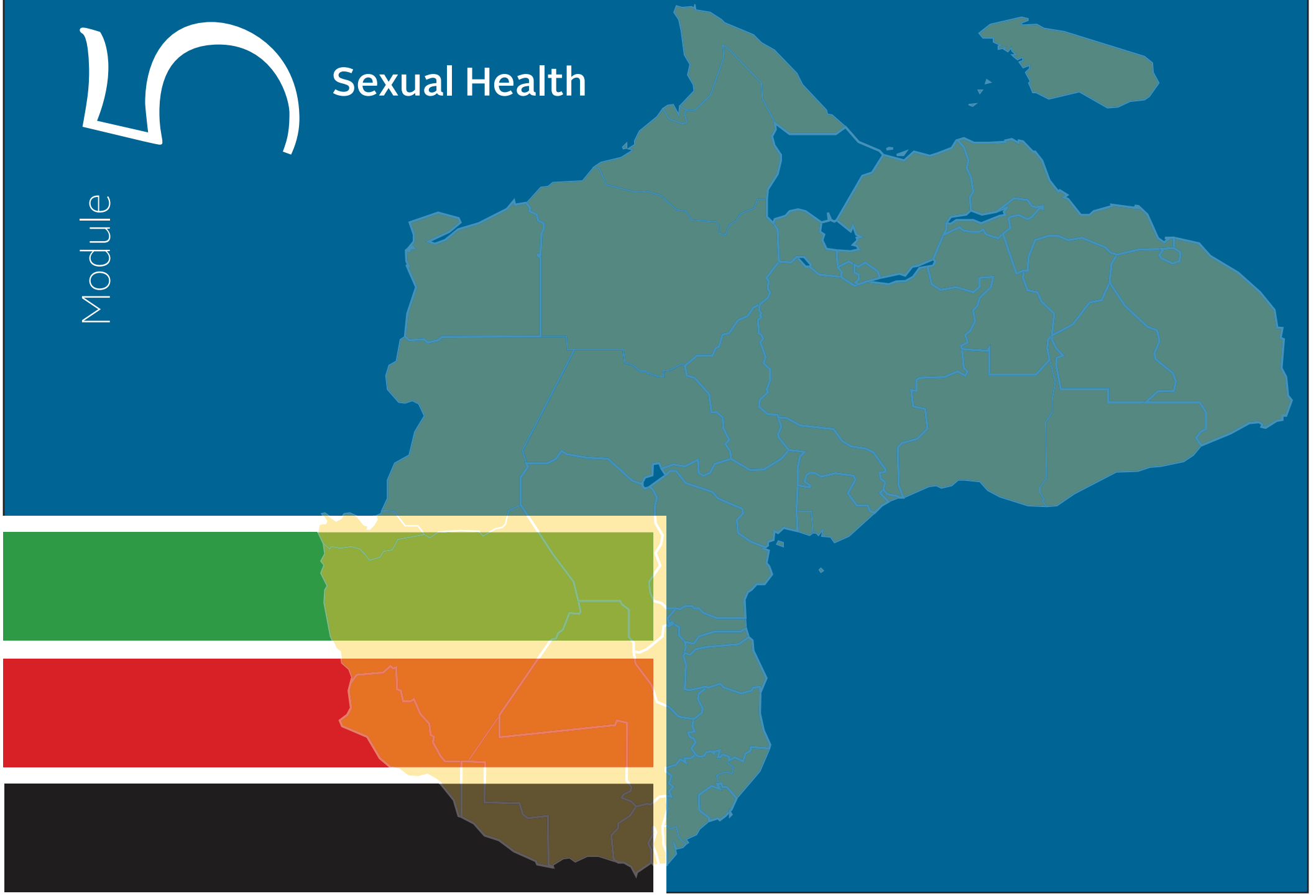
- How might people in same-sex relationships react differently to certain social and cultural expectations?
- How might their sexual orientation affect their behaviour(s) and lifestyle?
- Might people in same-sex relationships view marriage differently than do heterosexual people?
- How might the following issues affect their life experiences?
  - The realization they are attracted to people of the same sex
  - Disclosure of their sexual orientation to others
  - Self-acceptance
  - Relationships
  - Sexual experiences
  - Shame, guilt
  - Isolation
  - Vulnerability to HIV

11. Have one person from each of the five groups present the group's heterosexual and same-sex lifelines.

12. Then, dissolving the groups, have everyone return to their seats to compare and discuss the positive and negative life events for heterosexual and homosexual people, proceeding in chronological order.
13. Facilitate a discussion about the issues raised, focusing on life experiences and HIV vulnerability for people in same-sex relationships.
14. Ask the group what they have learnt about the life experiences of people in same-sex relationships and summarize these on the flip chart.
15. Tell the group that this concludes today's training and thank everyone for their engagement. Distribute the Daily Evaluation Form. Ask participants to complete the form and hand it in before leaving.

Module 5

Sexual Health



Sexual Health

Purpose

To provide participants with a holistic understanding of what is meant by "sexual health"

Objective

By the end of this module, participants will be able to:

- Describe all the sexual aspects of the human body
- Explain how sexual networks facilitate HIV infection patterns
- Identify and define concepts of sexual health
- Describe the routes of transmission of STIs and HIV in different populations
- Demonstrate correct use of both the male and female condoms and more adeptly encourage their use
- Describe factors leading to HIV/STI vulnerability and risk taking among individuals
- Identify strategies to reduce vulnerability

Time: 11 hrs. 35 mins.

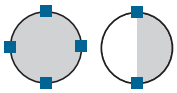
UNIT	CONTENT	ACTIVITIES	MATERIALS	TIME
1.	Our Sexual Bodies	Activity 1. Body Mapping	Flip-chart paper, marker pens and masking tape Laptop and LCD projector Handouts 6-13 Male and female condoms Penile and vaginal models Cards *PowerPoint* presentation on Sexual Pleasure	1 hr. 30 mins.
2.	Sexual Behaviour and Sexual Health	Activity 2. Sexual Networks Activity 3. Defining Sexual Health		1 hr. 5 mins.
3.	Preventing Pregnancy, HIV, and Other STIs	Activity 4. Assessing Risk for Unplanned Pregnancy, HIV, and Other STIs Activity 5. STI Review: Transmission and Diagnosis Activity 6. Review of STI Prevention Measures		4 hrs. 30 mins.
4.	Male and Female Condoms	Activity 7. Promoting Condom Use Activity 8. Condom Card Game Activity 9. Condom Demonstrations		1 hr. 45 mins
5.	Vulnerability, Risk Taking, and Risk Reduction	Activity 10. Understanding Vulnerability and Risk Taking Activity 11. Risk-Reduction Strategies		2 hrs. 45 mins.

Activity 1. Body Mapping

Objectives

- Participants' will discover how different people may view their sexual organs and their functions, sexual activities, and "erotic zones" differently than do other people.
- Participants will be able to discuss sexual acts and eroticism with greater ease.

Materials: Flip chart, tape, pencils, and marker pens
Laptop and LCD projector
Handout 6: Definitions of Sexual Activities (slide or distribution)
PowerPoint presentation on Sexual Pleasure (located on CD-ROM)

Time: 
1 hr. 30 mins.

Training Steps and Content Notes

1. Divide participants into two groups: one with men and the other with women.
2. Provide each group with two sheets of flip-chart paper, pencils, and marker pens.
3. Have each group join two sheets of flip-chart paper together to form one large sheet about the size of a person. (Use tape to attach sheets together.)
4. Ask the women to draw a life-sized outline of a naked man and the men to draw a life-sized outline of a naked woman.
5. Next, ask participants to draw and label all of the body parts that can be used for sex between a man and a woman (e.g., penis, testicles, vulva, labia, mouth, nipples, etc.).
6. Once the drawings are finished, post them on the wall next to each other and ask the groups to explain their choices. Encourage discussion between the two groups, using the questions below. Feel free to add your own questions, as well, to stimulate thought.

Discussion Questions

- How might the woman sexually stimulate the man?
- How might the man sexually stimulate the woman?
- What about other less "obvious" parts of the body, such as the ear lobes, the back of the knee, the thighs…? Can these areas of the body be sexual, as well? How?

7. Continue the discussion by having the group brainstorm a list of different sexual activities and write these on the flip chart. Their list should include:

hugging	fingering	anal sex
kissing	masturbation	breast sex
licking	using "sex toys"	thigh sex
massage	vaginal sex	water sports
rubbing (frottage)	oral sex	

8. Use Handout 6 to present the definitions of these (and other) sexual activities. Go over the definitions with the group to ensure everyone understands what each sexual act is, then pose the following discussion questions.

Discussion Questions

- Are any of these sexual activities new to us?
- Are we comfortable discussing all of these activities?
- Are there any activities we may feel particularly strongly about?
- Explain why one may feel strongly about the activity.

9. Show the *PowerPoint* presentation on sexual pleasure (located on the CD-Rom).
10. Distribute Handout 6 for participants to take with them.
11. Conclude by pointing out that people engage in a wide variety of sexual activities and that health care providers need to take care to counsel their clients appropriately.

Activity 2. Sexual Networks

Objectives

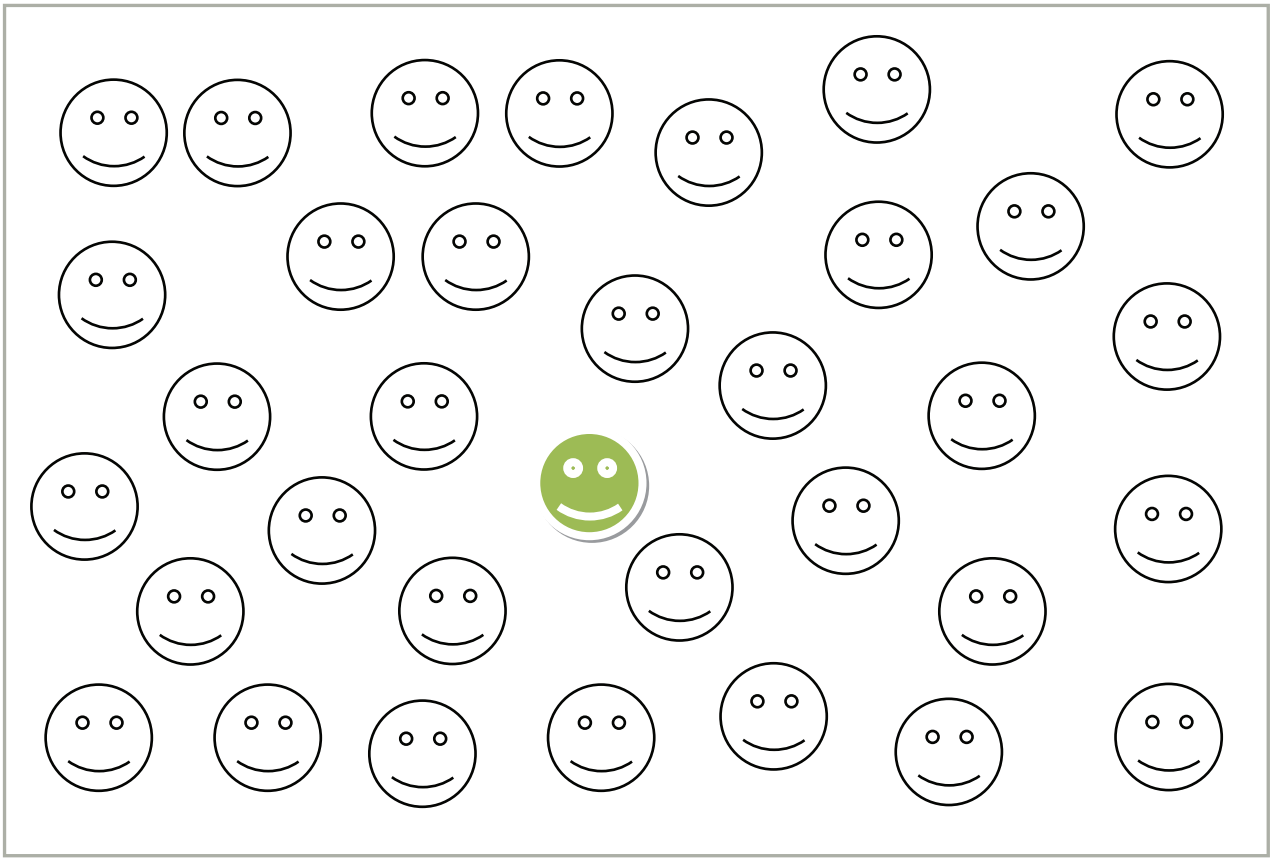
- Participants will be introduced to the concept of sexual networks and gain insight into how sexual networks affect HIV transmission.

Materials: Laptop and LCD projector
Handout 7: Sexual Networks
(Project or distribute diagram with green face, then project/distribute diagram with green/red/blue faces)

Time: 45 mins.

Training Steps and Content Notes

1. Provide each participant with a handout of the diagram on the next page.



2. Have participants imagine they are the green face in the middle.
3. Then ask participants to privately and confidentially draw an arrow to another face, one for each sexual partner they have had in their lifetime. (For example, if a person has had two sexual partners, they would draw two arrows to two different faces.)
4. Next, have the participants think about the number of people their partners likely had sex with

before having sex with them. (They may not know for sure, but ask them to guess or make a realistic assumption.) Have participants draw arrows from the faces that represent their sexual partners to other faces representing their partners' prior sex partners.

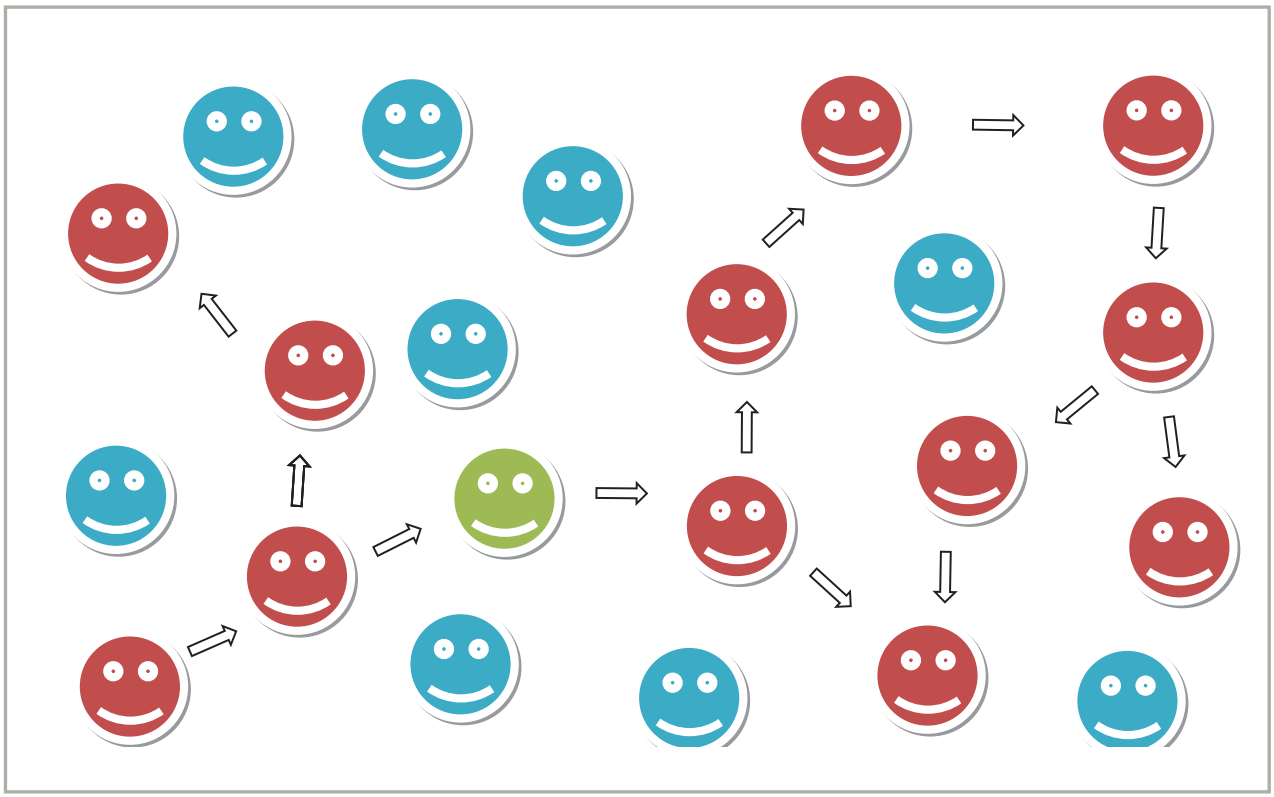
5. Do this a third time for a "third wave" of sexual partners. Of course, by now most participants will be guessing, but encourage them to make realistic guesses.

6. Then, facilitate a discussion by asking the group to consider the following scenarios. In considering these scenarios participants should assume that each sexual contact with an HIV infected person will result in acquisition of the virus.

Scenarios to Discuss

- If each person had only one sexual partner, how many "waves" would it take to colour in every face?
- What if the green face were someone infected with the HIV virus?
- If each person had two sexual partners, how many waves would it take for HIV to infect the entire group?
- If half of the group has only one sexual partner and the other half has two sexual partners each, how many waves would it take for HIV to infect the entire group?

7. Now present the following diagram (either project as a slide or distribute as a handout).



8. Ask the group how many infections might be prevented if the green face chose to use a condom during each sex act. Have the participants reflect on this and facilitate a discussion on personal risk and responsibility.

Activity 3. Defining Sexual Health

Objectives

- Participants will develop a more holistic approach to sexual health.
- Participants will be presented with an overall framework for sexuality, sexual health, HIV/AIDS, and reproductive health (RH).

Materials: Flip chart and markers
LCD projector and laptop
Handout 8: Definition of Sexual Health
Handout 9: Conceptual Framework: Sexuality, Sexual Health, HIV/AIDS, and RH

Time:  **20 mins.**

Training Steps and Content Notes

1. Ask members of the group to share what "sexual health" means to them personally and write their responses on the flip chart.

Possible answers

- Absence of STIs
- Healthy functioning of sexual organs
- Healthy ways of having sex
- Safe sex
- Experiencing sexual pleasure
- Positive attitude toward one's sexuality

2. See if the group agrees that the items they listed are related to sexual health. Then see if they can come up with an all-encompassing definition of "sexual health."
3. Then present the following definition and see how it compares to the group's definition.

Sexual Health

"Sexual health" encompasses matters related to reproduction and sexual intercourse, and also goes beyond these to include issues such as self-esteem, body image, social roles, and relationships. Sexual health is composed of three key elements:

- The capacity to enjoy and control one's sexual and reproductive behaviour, in accordance with one's personal and social ethics
- Freedom from fear, shame, guilt, false beliefs, and other psychological factors inhibiting sexual response and impairing sexual relationships
- Freedom from organic disorders, diseases, and deficiencies that interfere with sexual and reproductive functions

The World Health Organization defines sexual health as "the integration of the physical, emotional, intellectual, and social aspects of human sexuality in a way that positively enriches and promotes personality, communication, and love."

4. Have the group discuss the information you just presented by posing the following questions:

Discussion Questions

- Do you agree with the WHO definition of sexual health and the other points made?
- Is there anything here that you have difficulty agreeing with?
- Should the WHO definition of sexual health include anything else?
- Does it encompass too much?
- From your perspective as a sexual health care provider, how can the WHO definition be used to enhance your counselling of clients?

5. Using Handout 9, present the conceptual framework of sexuality, sexual health, RH, and HIV/AIDS.
6. Ask the group what it thinks about this conceptual framework and discuss.
7. Distribute Handouts 8 and 9 for participants' future reference.

Unit 3. Preventing Pregnancy, HIV, and Other STIs

Activity 4. Assessing Risk for Unplanned Pregnancy, HIV, and Other STIs

Objectives

Participants will gain more in-depth knowledge about the levels of risk associated with various sexual activities.

Materials: Flip chart, marker, and tape
Drawings of males and females from previous exercise
One blank index card for each participant

Time: 
1 hr.

Training Steps and Content Notes

1. Post the diagrams of men and women that participants drew for the Body Mapping Activity (Module 5, Unit 1), along with the flip-chart list of sexual acts from the same activity. (Shown below.)
Note: The drawings serve as a good visual for this activity, but are not actually used.

hugging	fingering	anal sex
kissing	masturbation	breast sex
licking	using "sex toys"	thigh sex
massage	vaginal sex	water sports
rubbing (frottage)	oral sex	

2. Between the two drawings, place three cards that read: "HIGH RISK," "LOW RISK," and "NO RISK." Be sure participants understand that "RISK" refers to both pregnancy and HIV and STI transmission.

3. Distribute one blank index card to each individual. Go through the list and assign a term to each person. (Make sure there is one at least term per participant beforehand.) Ask the participants to write their terms on their index card.

4. Then ask the participants to affix their cards to the wall, one at a time. They should place their cards under the appropriate heading and in hierarchical order, according to the degree of risk associated with each act in that category. In other words, participants should rank the activities posted under each category, with the riskiest sexual acts being placed at the top, and the least risky acts in that category at the bottom. Allow participants to discuss this placement amongst themselves as they make their decisions.

5. Use the questions below to facilitate a discussion about the level of risk associated with each sexual act.

Discussion Questions

- Do some sexual activities place one partner or the other at greater risk for STIs or HIV?
- Which partners (if either) are at greater risk for each activity?
- Is an activity that is high-risk for HIV necessarily a high-risk activity for pregnancy?
- How different is the client's "perceived risk" from his or her "actual risk"?
- How might we approach "risk reduction"?
- Is there an "acceptable risk"?
- What factors affect these concepts?
- Is the purpose of sexual health care services to make everyone abstain or use condoms, or is to help people make informed decisions?

6. Ask the participants to brainstorm in pairs the questions they should ask a client to assess them for risk of unintended pregnancy. Allow 5 minutes for brainstorming. Write some responses on a flip-chart sheet. Ensure the following three questions have been mentioned.

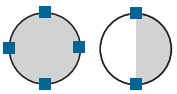
- Is the client sexually active?
- Does the client wish to have a child in the next two years?
- Is the client doing anything to protect themselves from getting pregnant?

Activity 5. STI Review: Transmission and Diagnosis

Objectives

- Participants will review transmission routes for common STIs.
- Participants will use case histories to practice diagnosing STIs.

Materials: Two sets of cards prepared in advance containing case histories and diagnoses
Handout 10: Diagnosis Review

Time: 
1 hr. 30 mins.

Training Steps and Content Notes

1. Following on from the previous exercise, ask the group to do a quick review of STIs.
2. First, have participants brainstorm a list of STIs and write these on the left side of the flip chart in a vertical column.
3. Then ask the group to state the transmission route for each STI. Write the transmission routes on the right side of the list, opposite the name of the appropriate STI. For HIV, be sure to point out and emphasize the high degree of risk associated with unprotected anal sex.
4. Once this is complete, proceed to the diagnosis review using the two sets of cards that you will have prepared in advance. One set of cards should bear the names of STIs (one STI per card); the other set will contain the case histories (one case history per card). Use the information below to prepare your cards.

Diagnosis Review

Diagnoses (STIs)	Case Histories
Syphilis	Ben is an 18-year-old man who occasionally sells sex. He presents with a single, painless ulcer on the shaft of his penis that he says was initially white in colour. His last sexual intercourse was five days ago.
Genital Herpes (HSV)	Evans is a 16-year-old street boy who says he engages in anal sex. He complains of pharyngitis (throat infection) and also itchiness on the shaft of his penis. A small area of redness appeared, which developed into small blisters. These blisters later broke down, leaving painful, shallow ulcers on his penis.
Chancroid (and lymphogranuloma venereum, or LGV)	David is a 42-year-old married man. He says he occasionally has penetrative sex with other men. He presents complaining of a painful swelling in his groin (right inguinal lymph node) and three small, painful ulcers on his penis.
Neisseria gonorrhea	Eunice is a 30-year-old, sexuality active single woman with multiple sexual partners. Following unprotected sex one week ago, she now complains of pain when passing urine and a greenish-yellowish, foul-smelling vaginal discharge.
Chlamydia	Irene is a 47-year-old teacher. She presents with a scanty mucopurulent or purulent vaginal discharge and pain during sex and when urinating. She has had these symptoms for more than two weeks. Probing questions were asked, but she was reluctant to give a sexual history.

(Continues next page)

Diagnoses (STIs)	Case Histories
Trichomonas vaginalis	Mercedes is a married lady, and mother of four. Her husband engages in extramarital sex. Three days ago, she developed a vaginal discharge that was frothy, profuse, greenish-yellowish in colour, and essentially non-itchy.
Candidiasis	Mary is married and six months pregnant. She comes to the antenatal clinic complaining of vaginal itching and passing a white, curd-like discharge.
Hepatitis B	A new colleague at your centre asks your advice. Her client reports many different symptoms over a long period of time: nausea, fever, joint pains, dark urine, abdominal pain, and "yellow eyes." She thinks she probably has chronic malaria.
Genital Warts (HPV)	Maurice is a 17-year-old school pupil who responds openly about his sexual history. He has had only two sexual encounters, both more than three months ago. He presents with four small, flesh-coloured cauliflower-like growths on the shaft of his penis.
AIDS	Paul is a 20-year-old factory worker, who presents with severe, unexplained weight loss, unexplained chronic diarrhea, pulmonary TB, and Herpes zoster.

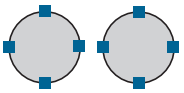
5. Explain to participants that they will now do a quick review of STIs and will practice diagnosing. Ask one or two participants to post the cards with the case studies around the room while you pass out the cards with the STI names (diagnoses), one to each participant.
6. Then have participants post their STI name next to the appropriate case history. If needed, refer to the table above to ensure they are matched up correctly.
7. Once the group is satisfied with the pairings, ask the participants to explain their diagnoses.
8. Be sure to point out that many STIs are asymptomatic. Also emphasize that clients who have STIs could be at higher risk for HIV, since presence of an STI could (1) be indicative of higher risk behaviour and (2) increase their susceptibility to HIV infection. Providers should therefore encourage clients presenting with STIs to be tested for HIV and to use condoms.
9. Distribute Handout 10 for participants' future reference.

Activity 6. Review of STI Prevention Measures

Objectives

- Participants will review their knowledge of HIV and STI prevention.

Materials: Flip chart and markers
Cards from previous diagnosis exercise

Time:  **2 hrs.**

Training Steps and Content Notes

1. Ask the participants to pair off, making groups of two.

2. Using the cards from the previous diagnosis exercise, distribute two cards bearing the name of an STI to each participant pair.

3. Ask participants to imagine they are consulting with clients presenting with these STIs.
Note: The facilitator should be aware that participants who are VCT counsellors will tend to address this exercise from a slightly different perspective than that of physicians and nurses. If you have a mixed group, remind the participants that they all play crucial roles in sexual health intervention and instruct them to approach the exercise on the basis of their own area of expertise.

4. Have the following questions written on the flip chart and have each participant pair address these questions for each of their two "clients":

- What information would you give the client about the STI he or she has presented with?
- What relevant advice/information would you give to this client about sexual health?
- What advice/information would you provide about condom use, lubricant use, condom negotiation, and risk-reduction strategies?
- What pregnancy prevention or family planning information would you provide?
- What other services would you refer the client to?

5. Allow 10 minutes for the participant pairs to consider each case history (20 minutes total) and to prepare their answers.

6. Then have each pair identify their case histories to the entire group and share how they would respond to each of their assigned "clients."

7. Facilitate a general discussion on the prevention of STIs and HIV. Be sure the points listed below are covered in the discussion (or use them to prompt participants if they are not mentioned).

Prevention Behaviours

- Abstaining from sex
- Being faithful to one partner with known HIV status
- Using condoms correctly and consistently every time one has sex
- Receiving counselling and testing for HIV

Additional Prevention Strategies

- Male circumcision
- HIV testing and counselling for all pregnant mothers
- Emergency contraception (to prevent pregnancy) in the event of accidental exposure or sexual intercourse
- Post-exposure prophylaxis (to prevent HIV acquisition)

8. Revisit the "no risk" and "lower risk" sexual practices that people can engage in to protect themselves from acquiring STIs and HIV (from Unit 3, Activity 4).

Activity 7. Promoting Condom Use

Objectives

- Participants will refresh their skills in demonstrating the correct use of both the male and female condom.

Materials: Flip chart and markers
Laptop and LCD projector
Slide (or handout) showing "How to promote condom use" (from *Handout 11. Male and Female Condoms*)

Time:  **45 mins.**

Training Steps and Content Notes

1. Launch a discussion around negotiating condom use. Ask the participants if, in their experience, clients are reluctant to use condoms, and if so why? (Prompt: people often say condoms diminish the experience of sexual intercourse.)
2. Next, ask the participants to explain how providers can encourage condom use between partners. Note their ideas on the flip chart.
3. Next project the following information on the LCD projector and go over these points with the group.

> **How to Promote Condom Use**
>
> - Broach the subject of condom use with clients during counselling. It is easier for clients to negotiate condom use with their partner(s) if they've had the opportunity to talk about it with someone else beforehand. Discussing condom use is particularly effective during couples counselling.
> - Advise clients to bring up the subject of condom use before engaging in sexual intercourse. It is easier to negotiate condom use with a partner if the couple has discussed it beforehand.
> - Talking about preventing an unintended pregnancy or an STI before sexual intercourse helps partners understand the importance of using condoms.

4. Ask the group if they agree with this information and if they find it helpful. Does it cover everything or leave anything out? Should other points of information be added here? If so, what should be added?

Activity 8. Condom Card Game

Objective

- Participants will review the steps for using a male condom.

Materials: Two sets of prepared cards with steps for using male condom

Time:  **30 mins.**

Training Steps and Content Notes

1. Come prepared to this session with two identical sets of cards containing the steps provided in the box below. Each card should contain one step.
   Note: Do not number the cards, but make sure you keep the sequence below in mind, noting that the first three might happen in a different order.

Steps for Condom Card Game (Correct Use of Male Condom)

- Discuss condom use with partner
- Have a condom with you
- Check expiry date or date of manufacture
- Have an erection
- Open the condom wrapper carefully
- Squeeze out air from tip of condom
- Roll condom on erect penis all the way down to the base
- Intercourse
- Ejaculate
- Withdraw penis from partner, holding condom at the base of the penis
- Be careful not to spill semen
- Remove condom from penis
- Penis gets soft
- Dispose of condom in a place where children won't find or touch it (e.g., a latrine).
- If you wish to have sex again, use another condom.

2. Divide participants into two groups and tell them they will now get to review condom use through a fun exercise.
3. Be sure to mix up each set of cards. Then give each team a set and ask both teams to arrange their steps in the correct order.

4. Then have the two teams face each other, standing in opposite lines.
5. Ask one team to present the order of their cards to the whole group, and then have the other team present theirs. Allow 20 minutes for this first round of the activity.
6. If there is disagreement about the correct order, have the teams debate the correct order and try to convince each other to change the order of their cards. If they choose to do this, then have each team present its new card order. Allow 10 minutes for this second round.

Activity 9. Condom Demonstrations

Objectives

- Participants will observe a demonstration of the correct use of the male condom.
- Participants will review the advantages of female condoms and observe a demonstration of the correct use of the female condom.
- Participants will review additional important points about female condom use.
- Participants will review correct use of lubricants for both condoms.

Materials: Samples of male and female condoms
Penile and vaginal models
Flip chart and markers, or laptop and LCD projector
Handout 11: Male and Female Condoms
(presented in sections on laptop or on flip chart, distributed whole at end of activity)

Time: 
30 mins.

Training Steps and Content Notes

Note: Depending on your participants, it may or may not be necessary to perform demonstrations of both types of condoms. (Participants may already have adequate experience with male condoms but little with female condoms.) Facilitators should be sure, however, that all participants are well versed in demonstrating correct use of both condoms. If in doubt about your group's experience, it is better to do a quick demonstration of the male condom than to omit it.

1. Tell the group you will now use the penile model to demonstrate the correct procedures for using a male condom. (Allow about 10 minutes for this demonstration.)
   Note: The steps in their proper sequence are provided for you in the box below, taken from Handout 11.

Steps for Demonstrating Correct Male Condom Use

- Open one of the condom packages carefully. Explain that one should never use scissors to open the package and take care that long fingernails do not tear the condom.
- Hold onto the tip of the condom as you roll it down over penile model.
- Roll the condom down to the base of the model. Be sure you leave a space at the tip, for ejaculated semen to be retained there.
- Then, explain that once ejaculation has occurred, the condom should be removed before the penis goes limp.
- Holding the base of the condom so it remains firmly on the penile model, demonstrate withdrawal from the partner. Explain that the condom must be held at the base while withdrawing from the partners' body in order to prevent semen from spilling onto (or into) the partner.
- Once withdrawal is complete, remove the condom from the penile model and discard it.
- Explain that used condoms should be discarded where children will not find or play with them (e.g., in a latrine).

2. Be sure to emphasize that most male condoms are made of latex, which can not be used with oil-based lubricants (i.e., petroleum products, such as Vaseline). Only water-based lubricants, such as K-Y Jelly, can be used with the male latex condom. Female condoms made of polyurethane can be used with petroleum-based lubricants.
   Note: Facilitators will want to be knowledgeable about the types of male condoms available in Kenya and the appropriate lubricants for these condoms.
3. Tell participants you will now discuss the advantages of the female condom, followed by a demonstration of how it should be used.
4. Present the following information (from Handout 11), using the flip chart or the LCD projector. Go through the advantages of the female condom with the group. (This should take only about 5 minutes.)

Advantages of the Female Condom

The female condom has several advantages over the male condom. Its use is controlled by the woman. The female condom it covers more surface area than does the male condom, which allows it to protect more effectively against STDs spread through skin-to-skin contact. Since it doesn't require an erect penis to use, it can also be inserted earlier during foreplay (up to as many as eight hours before sex).

- Prevents pregnancy, STIs, and HIV infection
- Females and males can initiate use
- Facilitates communication; instills confidence and assertiveness in women
- Provides an option for women

- Provides an alternative for couples
- Lubrication makes sex more pleasurable in menopausal women
- Provides an option for women who are allergic to latex
- Can be used during menstruation
- Partially covers external genitalia in women

5. Explain to the group that it can be a bit intimidating to figure out how to use the female condom, as well as using it for the first time. Tell the group you will now demonstrate the correct use of the female condom, while explaining what needs to be done. Follow steps below, taken from Handout 7. Allow about about 15 minutes for this demonstration.

Correct Use of Female Condom

- First, check the expiration date (on the package) and open the package.
- Gently unroll the condom and locate the ring on the closed end.
- Find a comfortable position (squatting, lying down, or standing with one leg raised). Using the thumb and middle finger, squeeze the ring on the closed end, then insert the squeezed ring of the condom into the vagina.
- Use the index or middle finger to insert the ring into the vagina as far as it will go. The ring at the open end of the condom should remain outside of the vagina.
- Make certain that the condom isn't twisted inside the vagina.
- During intercourse, guide the penis into the open ring of the condom that remains outside the vagina.
  Note: If the outer ring slips into the vagina during intercourse, you should remove the female condom and replace it with a new one.
- After intercourse, twist the outside end of the condom gently to close it off and keep the semen inside the condom. Gently pull the condom from the body.
- After intercourse, twist the outside end of the condom gently to close it off and keep the semen inside the condom. Gently pull the condom from the body.

6. After the demonstration is finished, present the following information (from Handout 11), using the projector or a prepared flip-chart page.

Additional Information about Female Condom Use

- Using the female condom properly requires the cooperation of both partners. During penetration, it is important for the man to make certain he is inserting his penis into the condom and not outside of it.
- Putting lubricant both inside and outside the condom can make the experience more pleasurable. Unlike male latex condoms, it is safe to use oil-based lubricants with female condoms made of polyurethane.
- Do not use the female condom with a male condom. The friction between the two condoms can cause one or both of them to tear.
- Most brands of female condom are made of polyurethane or nitrile, not latex. Therefore, with few exceptions, female condoms can be used by people with latex allergies.

Note: Facilitators will want to be knowledgeable about the types of female condoms available in Kenya and the appropriate lubricants for these condoms.

7. Distribute Handout 11 for participants to keep for future reference.

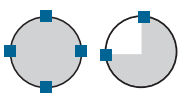
Unit 5. Vulnerability, Risk Taking, and Risk Reduction

Activity 10. Understanding Vulnerability and Risk Taking

Objectives

- Participants will consider the vulnerability of sexually active clients to HIV and other STIs in relation to social, biological, religion, cultural, psychological, economic, environmental, and other issues.
- Participants will explore risk taking with respect to certain behaviours or situations, such as commercial sex work, drug and alcohol use, gender-based violence, multiple concurrent partners, etc.

Materials: Flip chart and markers
Handout 12: Vulnerability and Risk-Taking Scenarios

Time: 
1 hr. 45 mins.

Training Steps and Content Notes

1. Tell the participants they will be engaging in role-playing during this activity. Split participants into three groups and distribute one of the scenarios below to each group.

Scenario 1

Janice is a 19-year-old female sex worker, who works mostly around bars in the city centre. She is not very proud of her work, but feels she has no choice, as she did not go to secondary school and has no training or professional skill. She has two children of her own and supports three siblings. Tonight she is hungry and has only enough money for taxi fare home. She meets Festus who is 42, married with three children, and a successful businessman. He occasionally comes into the city at night to pay for sex. He enjoys commercial sex, because it is noncommittal (since he pays) and he can try out different styles with other women. Festus knows about HIV and STIs but sometimes does not use a condom. Tonight he feels like being adventurous.

Scenario 2

John and Amos are in their early twenties and about to graduate from university. They are in love and have been in a relationship for eight months. Amos is comfortable with his sexuality but is very private about it. He still lives at home with his parents. John is very confused about his sexuality. Recently, John's family has been putting pressure on him to find a girlfriend with a view to marrying. Tonight John has argued with his mother and father and told them that he thinks he is homosexual. His father hit him and threw him out of the house.

So John has a few drinks and goes to Amos' place. He wants sex to wash away the fight with his father. He does not want to use condoms, as he needs Amos to prove his love for him. John gets a bit noisy and emotional from time to time and Amos is worried that his family will hear what is going on.

Scenario 3

Brian and Sandra have been married for ten years and have two children. Brian is a pilot and travels frequently and has a mistress in every country he visits. Sandra is a housewife. She is lonely and unhappy with her husband's absence from home. In the last three years, she has been having an affair with her driver. The driver is married and also has a steady girlfriend. Sandra also occasionally has sex with her gym instructor.

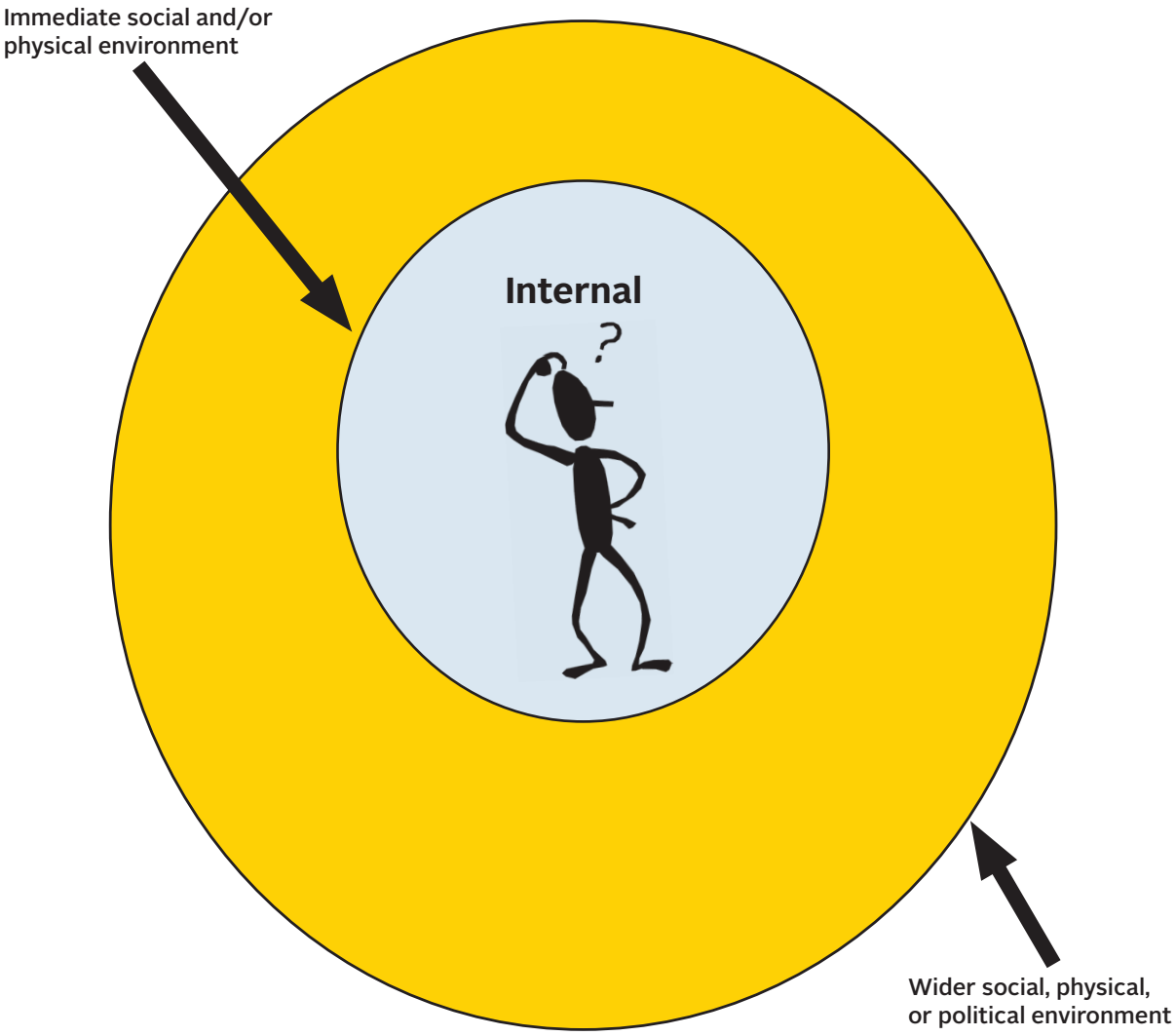
2. Ask each group to choose two participants to act out their scenarios and have the whole group work together on developing a script for a 10 minute scenario. The dialogue should be kept simple, and the scenarios should focus on the vulnerability and/or the risk taking of the characters and provide an ending that results in unsafe sex. Tell the groups they have 15 minutes to develop and practice their scenarios.
3. Have the participants return to the larger group and act out their scenario for the entire group. Remind them they should keep it to 10 minutes.
4. Facilitate a discussion around the following questions:

Discussion Questions

- Who were the vulnerable partners in each scenario?
- What factors made them vulnerable?
- What examples of risk taking were presented?
- What is the difference between risk taking and vulnerability?

5. Show Illustration 1 below on the LCD projector or distribute it as a handout. Use the diagram to explain that an individual's vulnerability to HIV and STIs may be impacted by internal, social, economic, and even political factors.

Illustration 1. Factors that Influence People's Vulnerability to HIV and STIs



6. Ask participants to brainstorm factors that could impact vulnerability to HIV and STIs. Write these on the flip chart. The list should include:

Self-esteem	Family
Gender roles	Discrimination
Economic status	Power
Level of education	Biological
Employment status	Religion
Age	Culture
Access to sexual health information	Tradition
Feelings of guilt or shame	Race
Access to sexual health services	Law
Safe place for sex to happen	Psychological
Knowledge of safer-sex practices	Political
History of sexual abuse	Ethics
Level of assertiveness / self-confidence	

7. After the list is complete, go back and identify each factor as being "internal/individual," "immediate social," or a "broader environmental" factor.
8. Reflecting back on the scenarios again, ask the participants how they would feel if they were personally confronted with these issues. Would hearing that you either need to abstain, remain faithful, or use condoms going to make a difference?
9. Ask participants to think back to the activity on Sexual Identity, Behaviours and Society (Module 4, Unit 1, Activity 1). What were some of the factors in that exercise that made the seven volunteers vulnerable?
10. Tell participants that when assessing a client's vulnerability they need to consider the internal, social, and environmental factors their client is dealing with and counsel in consideration of all these factors.

Activity 11. Risk-Reduction Strategies

Objectives

- Participants will examine how risk-reduction strategies can be appropriately integrated into all RH and HIV programmes that promote sexual health.

Materials: Flip chart and markers
Handout 13. Effective and Ineffective Risk-Reduction Strategies
Daily Evaluation Form

Time: 
1 hr.

Training Steps and Content Notes

1. Write the following questions on a flip-chart sheet and post it on the wall:

- What do people need to help them reduce their risk-taking behaviours?
- What do people need to help them reduce their vulnerability to HIV and STIs and unplanned pregnancy?
- What factors inhibit service delivery to clients with different sexual behaviours?
- How can access to information and services for people with different sexual behaviour be increased?
- What service delivery strategies could be used?
- What are a health care worker's limitations when providing sexuality and sexual health services?

2. Divide the participants into four groups, and have them discuss these questions and then share the results of their discussion with the larger group.

3. Next ask the entire group to brainstorm two lists—one of effective risk-reduction strategies for RH and HIV/STI programmes and another of strategies that are ineffective. Write the group's lists on the flip chart. Refer to the lists below to be sure they have covered these points:

Effective Risk-Reduction Strategies

- Positive consideration for people with different sexual behaviour and orientations
- Providing explicit sexual health information relevant to people with different sexual behaviour
- Providing high-quality counselling
- Keeping statements about sex, sexuality, and gender nonjudgmental and nondiscriminatory
- Using gender-neutral language
- Providing high-quality RH and STI/HIV care
- Sensitive and strong leadership from government and departments, i.e., MOH, NACC, and other stakeholders
- Using peer-based approaches, if appropriate
- Working with vulnerable groups on specific issues around self-esteem and self-acceptance
- Providing condoms and other safe-sex products

Ineffective Strategies

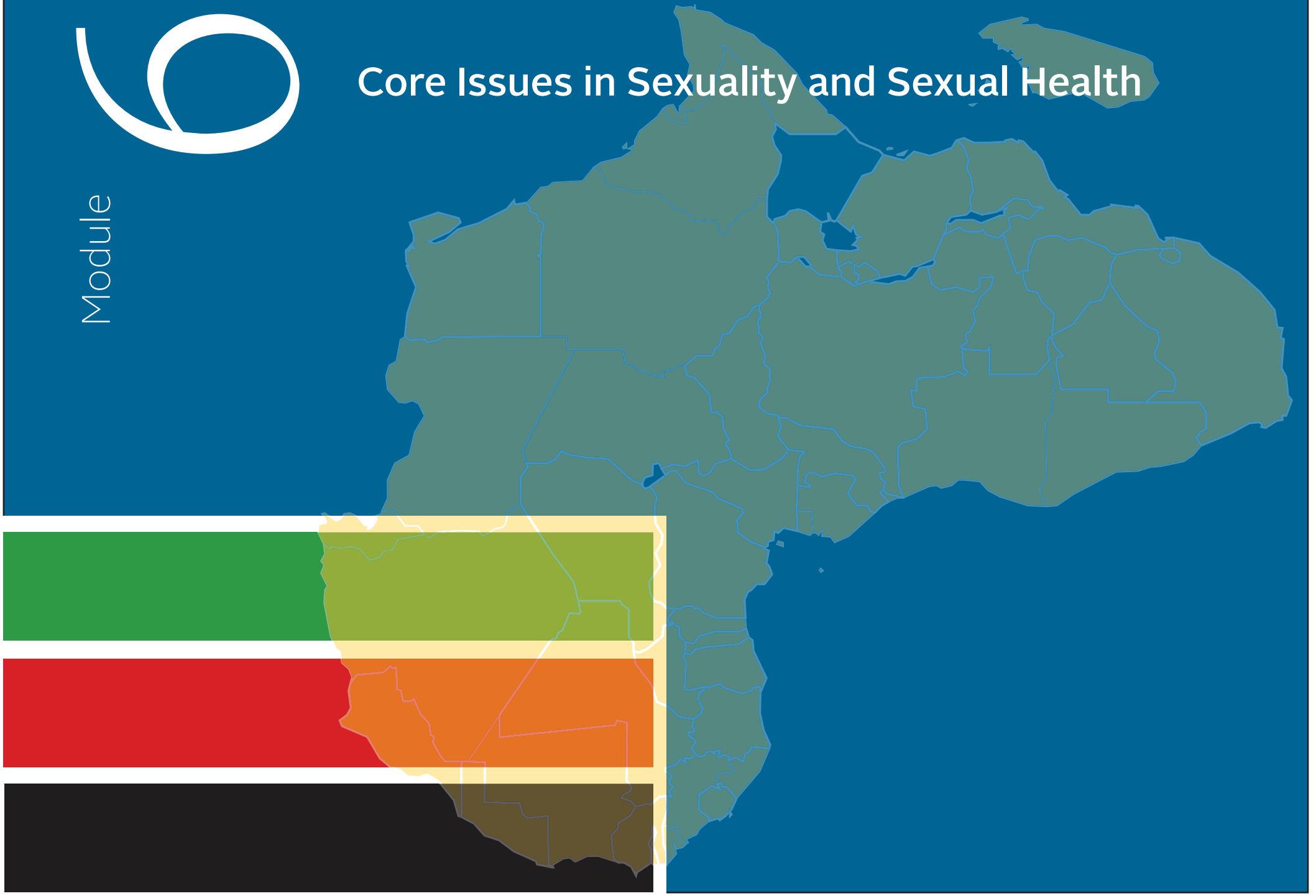
- Using fear-based approaches
- Providing general, vague, or inappropriate information
- Blaming, shaming, or stigmatizing

- Dictating behaviour—saying “no” or “don’t”
- Focusing on sexual identity rather than sexual behaviour
- Making generalizations about individuals’ behaviours
- Concentrating only on the individual’s choice to change his or her behaviour and ignoring other influencing factors
- Advocating sexual abstinence only
- Not involving people with different sexual behaviours in strategy development and service delivery

4. Distribute Handout 13 for participants to take home for future reference.
5. Inform participants they will need to bear these issues in mind for the development of personal action plans in a subsequent exercise.
6. Tell the group that this concludes today’s training and thank everyone for their engagement. Distribute the Daily Evaluation Form. Ask participants to complete the form and hand it in before leaving.

Module 6

Core Issues in Sexuality and Sexual Health



Core Issues in Sexuality and Sexual Health

Purpose

To provide participants with in-depth, current information about core sexual health issues

Objectives

By the end of this module, participants will be able to:

- Identify core issues in sexuality and sexual health
- Practice communicating sensitively and appropriately about core issues to clients

Time: 3 hrs. 30 mins.

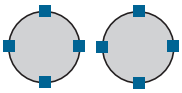
UNIT	CONTENT	ACTIVITIES	MATERIALS	TIME
1	Identifying Core Issues	Activity 1. Core Issues and Key Messages	Laptop and LCD projector Flip charts Markers Handouts 14, 15	2 hrs.
2	Communicating to Clients	Activity 2. Delivering Key Messages		1 hr. 30 mins.

Activity 1. Core Issues and Key Messages

Objective

- Participants will inventory gaps in their knowledge and identify priority topics.
- Participants will agree on key messages for each topic.

Materials: Flip chart and markers
Handout 14. Core Issues/Problems in Sexuality and Sexual Health

Time: 
2 hrs.

Training Steps and Content Notes

1. To launch the topic, post a flip-chart page that you will have prepared ahead of time with the following question:

   What are the core issues/problems that sexuality and sexual health care professionals must know about?

2. Ask the participants to brainstorm a complete list of all the core issues/problems. Have a volunteer from the group write their list on the flip chart. Tell them they have 15 minutes to make an inclusive list.
3. As items are being listed, ask participants to briefly explain/defend any items that might be supportive of the exercise or in opposition to it.
4. While the participants are brainstorming, use the list on the opposite page to be sure they haven't missed anything. If they miss an item, suggest it to the group, and ask them if it should also be included on the list.
5. Once the list is complete, have the group choose four priority topics from the list. These will be the top four topics about which the group would like to increase their knowledge and skills.
6. Tell the participants they will now be divided into four groups and each group assigned one of the four topics. To the extent possible, assign participants to the group that corresponds to their greatest interest. (20 minutes)
7. Allow the groups 30 minutes to brainstorm their topic and to identify five key facts and five key messages for communicating to clients that everyone should know about this issue.
8. After 30 minutes has elapsed, bring the groups back together and ask each group to present their discussion findings.
9. Immediately following each presentation, have the whole group discuss the issue involved. Be sure to correct any inaccurate information that might arise from the discussion.
10. Finally, have the whole group come to a consensus on the key messages that need to be communicated to clients by health care workers. Repeat this process for each topic.
11. Distribute Handout 14.

Core Issues/Problems in Sexuality and Sexual Health

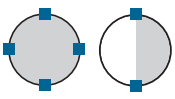
- Sexual infections (STIs and HIV)
- Teen pregnancies
- Unplanned pregnancy and abortion
- Multiple partners
- Sexual dissatisfaction
- Sexual pleasure and desire as sexual health programme issues
- Sexuality and the law in Kenya (Sexual Offenses Act)
- Sexual disorders and dysfunctions
- Family planning
- Maternal mortality
- Gender-based violence (GBV)
- Sexual violence (including rape)
- Four prongs of Prevention of Mother to Child Transmission of HIV (PMTCT)
- Sexuality among adolescents and young adults infected with HIV during the perinatal period
- Cancers of cervix and prostrate
- Street families
- Family disputes
- Overburdened health systems
- Female genital mutilation (FGM)
- Post-exposure prophylaxis (PEP)
- HIV-discordant couples
- Emergency contraception (EC)
- Male circumcision and HIV
- Strengthening referral systems
- Cultural and religious influences
- Drug and substance abuse
- Provider-initiated HIV testing and counselling
- Condom use and negotiation
- Fertility desires of HIV-positive couples
- Homophobia
- Negative perceptions in the community
- School dropouts
- Broken marriages
- Stress/suicide/mental illness associated with negative sexuality
- Orphans and vulnerable children (OVC)
- Infertility
- Obstetric fistula

Activity 2. Delivering Key Messages

Objectives

- Participants will be better able to communicate key messages to clients and more comfortable discussing core issues.

Materials: Flip-chart page with the list of role-play characters
Laptop and LCD projector
Handout 15. Key Messages on Four Core Issues (for projection and as handout)
Daily Evaluation Form

Time: 
1 hr. 30 mins.

Training Steps and Content Notes

1. Tell participants they will now have an opportunity to practice communicating their key messages to clients, using role-plays.
2. Divide the participants into four groups.
3. Post a flip-chart page, prepared ahead of time, with the following list of role-play characters. Tell participants they may choose any of the characters on the list, or that they may invent their own role-play characters. (Characters need to be appropriate for the core issues identified.)

Suggestions for Role-Play Characters

- A young, uncircumcised man seeking information on male circumcision and HIV
- A discordant couple seeking information on HIV transmission
- A young woman attending your clinic after being beaten by her husband
- A female sex worker asking for information on the sex laws in Kenya
- A teenage boy enquiring about post-exposure prophylaxis (PEP) after unprotected sexual intercourse
- A middle-aged woman seeking emergency contraception
- A heterosexual couple seeking information on prostate and cervical cancer
- A young man seeking services for STIs and who says he does not use condoms because they reduce his pleasure
- A married woman who says her husband has other sexual partners and does not know how to negotiate the use of condoms for safe sex
- An HIV-positive child (acquired perinatally) taking ARVs, who is not sure why he/she takes the medicine
- An HIV-discordant couple seeking to have a baby
- A school girl seeking advice about initiating sexual relations in order to be like her friends
- A mother who forces her daughter to undergo FGM
- A teenager presenting in a clinic seeking to terminate pregnancy
- A parent seeking advice on what to tell a child who asks for an explanation about where children come from

4. Inform the groups they have one hour to role-play delivering key messages to clients, using the characters on the flip-chart or their own invented characters. Each role-play will be limited to no more than 15 minutes.
5. Ask the participants in each group to provide feedback to each other on the following issues:

Communication skills—body language, eye contact, speed and volume of speaking, listening skills and questioning skills, friendliness

Information provided—accuracy of the information, clarity and simplicity of communication, and confidence of provider

6. After the hour has elapsed, dissolve the groups and bring everyone back together to share their experiences, address any communication challenges encountered, and to discuss other issues as needed or desired.

7. Recap the exercise by presenting the information below (from Handout 15) on the LCD projector. Go over this information and distribute Handout 15 as a take-home item for participants, as well.

Key Messages on Four Core Issues

Following are five key messages providers should know about four key core issues.

1. Condom negotiation and use

- Benefits of condom use
- Condom demonstration (how and when to use)
- Dispelling myths and misconceptions
- Availability of condoms (and where to get them)
- Consistent and correct use

2. Sexually Transmitted Infections and HIV

- Seek early treatment for all STIs or HIV and adhere to medication
- Apply the 4Cs: compliance, condom use, contact tracing, counselling
- Advise about safe-sex practices to prevent infecting others
- Advise client to discuss with partner
- Refer or provide family planning services, counselling and testing, and screening for other STIs

3. Sexual dissatisfaction

- Encourage an open discussion with partner to identify internal factors; suggest couple counselling
- Encourage client to explore different ways of achieving sexual satisfaction
- Address any immediate social factors
- Discuss possible consequences of dissatisfaction
- Encourage client to "learn new tricks" (try adopting new sexual styles, dressing sexy)

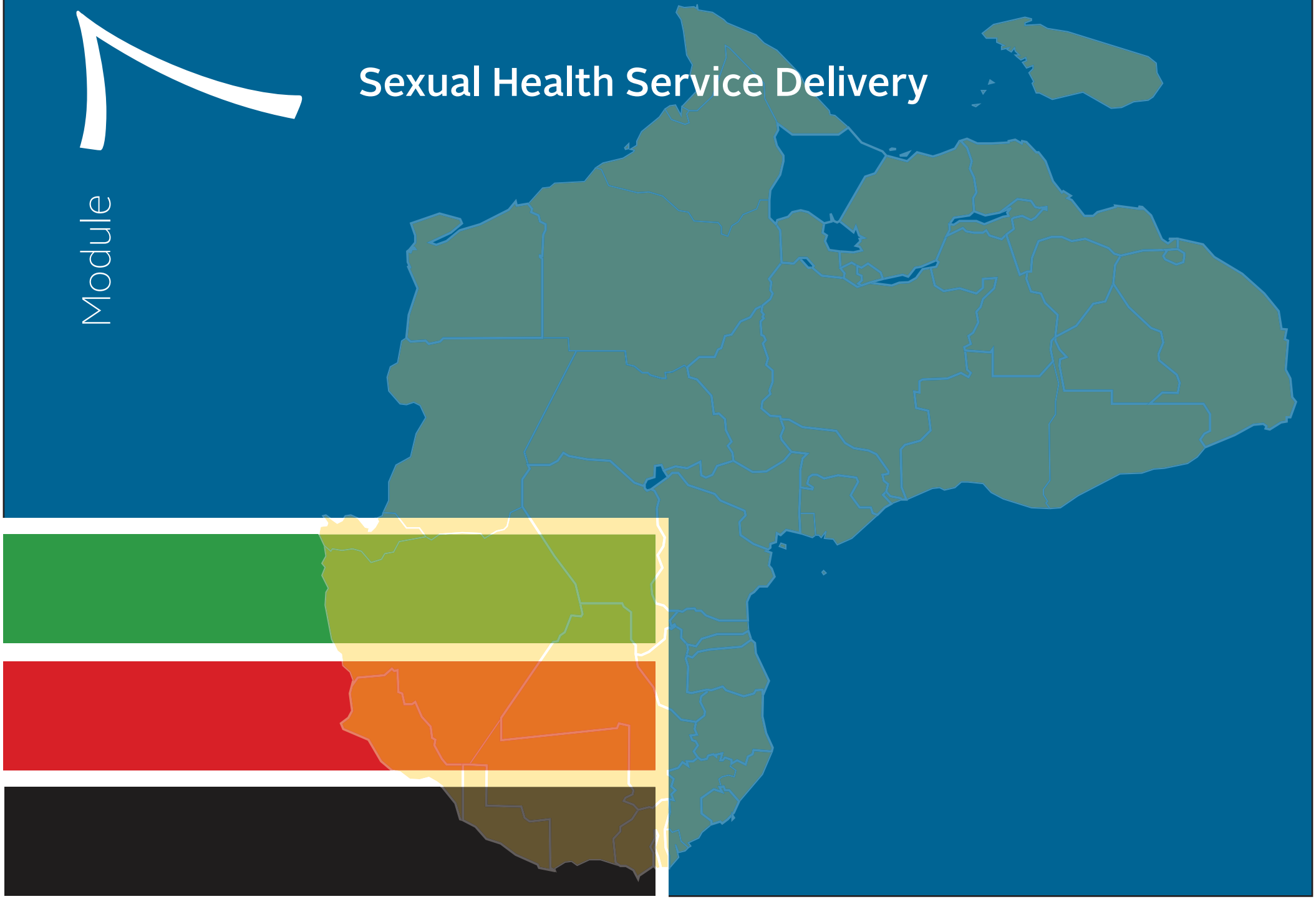
4. Teenage pregnancy

- Provide adolescent counselling and encourage support from family
- Counsel on abstinence, safe sex, condom negotiation, unsafe abortion, and STIs/HIV/AIDS
- Provide parental counselling
- Provide referrals to teenage pregnancy support services
- Offer/provide family planning services

8. Tell the group that this concludes today's training and thank everyone for their engagement. Distribute the Daily Evaluation Form. Ask participants to complete the form and hand it in before leaving.

Module 7

Sexual Health Service Delivery



Sexual Health Service Delivery

Purpose

To provide participants with the knowledge and skills needed to deliver sexual health services effectively

Objective

By the end of this module, participants will be able to:

- Explain the importance of taking a thorough sexual history
- Identify issues of specific importance to sexual health, in preparation for a creating personal action plans
- Create an appropriate action plan, integrating the theory and skills gained during this training course

Time: 6 hrs.

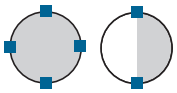
UNIT	CONTENT	ACTIVITIES	MATERIALS	TIME
1	Sexual Health Counselling	Activity 1. Taking Sexual Histories	Flip chart and markers Action Plan Template Handouts 16, 17, 18 Post-test, Final Evaluation Forms, Certificates Any outstanding materials	1 hr. 30 mins.
2	Action Plans	Activity 2. Creating a Personal Action Plan		2 hrs. 30 mins.
3	Workshop Closure	Activity 3. Workshop Closure		2 hrs.

Activity 1. Taking Sexual Histories

Objectives

- Participants will understand the importance of taking a thorough sexual history and will be able to explain this to their clients.
- Participants will be more comfortable asking for sensitive, personal information and will be more sensitive to their clients' points of view.

Materials: Flip chart and markers
Handout 16. Complete Sexual History Checklist (as slides and as a handout)
Handout 17. How to Ask for Sensitive Personal Information (as slides and as a handout)

Time: 
1 hr. 30 mins.

Training Steps and Content Notes

1. Introduce the topic by asking participants why it is important to obtain a complete sexual history. Have participants brainstorm reasons a thorough sexual history is necessary and write them down on the flip chart. Make sure the items listed below are included on the participants' list.

A Complete Sexual History is Necessary For:

- Assessing a client's risk
- Making diagnoses
- Providing relevant, specific information
- Ensuring holistic and comprehensive care

2. Have three flip-chart pages prepared ahead of time, each with one of the following questions:

- ***What manner should a provider adopt when asking for personal sexual information?***
- ***Exactly what information should providers solicit from the client?***
- ***How can providers assess whether they've been thorough and treated the client with respect?***

3. Present the first question and discuss it with the group. List participants' responses on a flip-chart page if this is helpful. Be sure the discussion covers the information outlined in the box below. After the discussion, share the information in the box with the group (using the LCD projector, flip-chart pages prepared in advance, or as handouts).

What manner should a provider adopt when asking for personal sexual information?

Manner to adopt

- Introduce myself and make the client feel welcome
- Maintain eye contact and use counselling skills (such as open body language)
- Let the client know I need to ask some personal questions and explain why the information is needed
- Use the same language/words as my client
- Do not assume anything

4. Following the same procedure, present the second question, discuss it with the group, list their suggestions (if desired), and present the information outlined in the box below. Discuss these items with the group.

   Exactly what information should providers solicit from the client?

Complete Sexual History Checklist

Personal history

- Client's age and sex
- Marital status
- Residence
- Occupation
- Reason for coming to the facility
- Sexual partners (past and current)
- Sex of past and current partners
- Date of most recent sexual contact
- Duration of relationship

Common STI symptom

- Ask the client if they have any of the following and explore:
- Discharge (anal/vaginal/urethral)
- Dysuria
- Lumps and/or bumps
- Wounds or ulcers: genital/anal/rectal
- Pain: genital/abdominal/anal/rectal

Obstetric/gynecological history (for women)

- Age of first menarche
- Date of last menstrual period
- Number of children

- Birth order of children
- Family planning/contraceptive methods used
- Intended number and spacing of children
- Discussion with partner about number and spacing of children?
- Intended number and spacing of children
- Family planning/contraceptive methods (current or past use)
- Abortion history

Social and sexual history

- Sexual practices: genital-genital/orogenital/genital-anal/oral-anal
- Use of barrier protection method of protection and lubricants
- Use of alcohol/cigarettes/other substances use
- Prior history of STI diagnosis/treatment
- Prior HIV testing
- Past blood transfusion(s)
- Experiences(s) of sexual violence (as survivor or perpetrator)
- Chronic illness(es)

Medico-surgical history

- Operation(s)
- Ever been hospitalized
- Ever received blood transfusion

Current use of other drugs

- FP methods
- Current medication
- ARVs
- Hepatitis B vaccination
- Allergies

5. Follow the same procedure, presenting and discussing the third question.

   How can providers assess whether they've been thorough and treated the client with respect?

Provider Self-Assessment

- Did I ask the client if he/she has any questions?
- Have I answered the client's questions adequately?
- Have I given appropriate, high-quality information?
- Have I been open and nonjudgmental?
- Do I think this client would be happy to receive services from me again in the future?

6. Tell the group they will now practice taking sexual histories. Ask the participants to go back to the same groups used for the key messages role-play (Module 6, Unit 2, Activity 2). Post the flip-chart list with the role-play characters used in that activity.
7. Explain that, this time, the groups will need to create likely sexual histories for their chosen characters and choose two group members to play the roles of provider and client.
8. Participants who role-played in the key messages activity should serve as observers and coaches for this activity, so that different participants get a chance to role-play. Allow 15 minutes for the groups to create their scenarios and practice role-playing.
9. Have one group perform their role-play for the rest of the class, and then discuss the following questions with the rest of the group:

Discussion Questions

- How did you feel as the health care provider asking these questions?
- How did you feel as the client being asked these questions and giving this information?
- What can providers do to make clients more comfortable when taking their sexual histories?
- What challenges are involved in obtaining a complete sexual history from your clients?
- How will you overcome these challenges?
- What cultural and sexual attitudes are revealed in the use of these words?

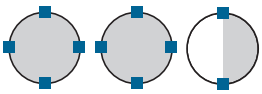
10. Distribute Handouts 16 and 17 for participants to take with them for their future reference.

Activity 2. Creating a Personal Action Plan

Objectives

- Each participant will create a personal action plan, integrating the knowledge and skills gained during the training.

Materials: Flip chart
Flip-chart sheet prepared with provider roles and responsibilities
Handout 18: Action Plan Template

Time: 
2 hrs. 30 mins.

Training Steps and Content Notes

1. Tell participants this last exercise will draw upon the theory and skills they have acquired over the course of this training. Explain that the purpose of the exercise is to allow participants to plan immediate actions they will personally take to apply their new knowledge and skills once they return to their facilities, agencies or organizations.
2. Divide the participants into four groups. (If there are participants from the same region, province, or facility, assign them to the same group so they work together.)
3. Present the following flip-chart page, which you will have prepared in advance.

Provider Roles and Responsibilities

- Inform, educate, and counsel others on matters of sexuality and reproductive health
- Counsel clients on lower-risk sexual practices, including condom use and condom negotiating skills
- Continue to enhance their own awareness of gender issues and to use gender appropriate language
- Provide leadership in matters pertaining to sexuality
- Apply advocacy skills to sexuality issues
- Participate as a team member, along with other reproductive health care providers, to:
  - develop strategies and policies pertaining to sexuality and reproductive health
  - help determine risk factors for poor sexual health
  - promote good sexual health through quality counselling
  - mainstream sexual health and sexuality content into existing family planning, maternal health, and treatment programmes (cervical cancer, HIV, STIs), as well as into programmes that address gender-based violence

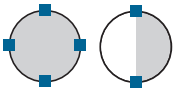
4. Present the action plan template on the flip chart or as a handout (Handout 18). These templates are examples of what an action plan might look like. Distribute copies of the template to each participant, on which they will develop their personal action plans.
5. Facilitators should mingle among the participants and spend time with each group, ensuring that the action plans are SMART (Specific, Measurable, Achievable, Realistic, and Time-bound). Ensure that their plans reflect the core learning from the entire training. Allow plenty of time for this activity.
6. On completion, ask the groups to come back together and invite some of the participants to briefly present their personal action plans to the rest of the group.
7. Allow plenty of time for discussion between participants and encourage them assist and to challenge each other.

Unit 3. Workshop Closure

Objectives

- The facilitator(s) will congratulate participants on successfully completing the training
- The facilitator(s) will close the training in an appropriate way

Materials: Participants' Certificates of Completion (signed by appropriate authorities)
Facilitators' contact information
Self-Assessment Questionnaire (Post-test)
Final Workshop Evaluation
Any outstanding materials (additional or optional handouts)

Time: 
1 hr. 30 mins.

Suggested Steps for Closing the Workshop

Note to Facilitator: The following steps are suggested for workshops where participants have completed the entire training curriculum. Facilitators may want to adapt these steps, as appropriate, for those instances where participants may have covered one or more of the modules in the curriculum.

1. Administer the final *Self-Assessment Questionnaire* (Post-test) and collect these.
2. Congratulate participants on successfully completing the National Curriculum on Sexuality and Sexual Health Training for Health Service Providers.
3. Be sure to acknowledge the difficult work participants accomplished (particularly if they have completed the entire training curriculum), the length of their participation, their courage in dealing with sensitive topic areas, their willingness to discard old judgmental attitudes and to become more open, tolerant, and accepting of all people, etc. Mention anything else that you feel participants deserve praise for.

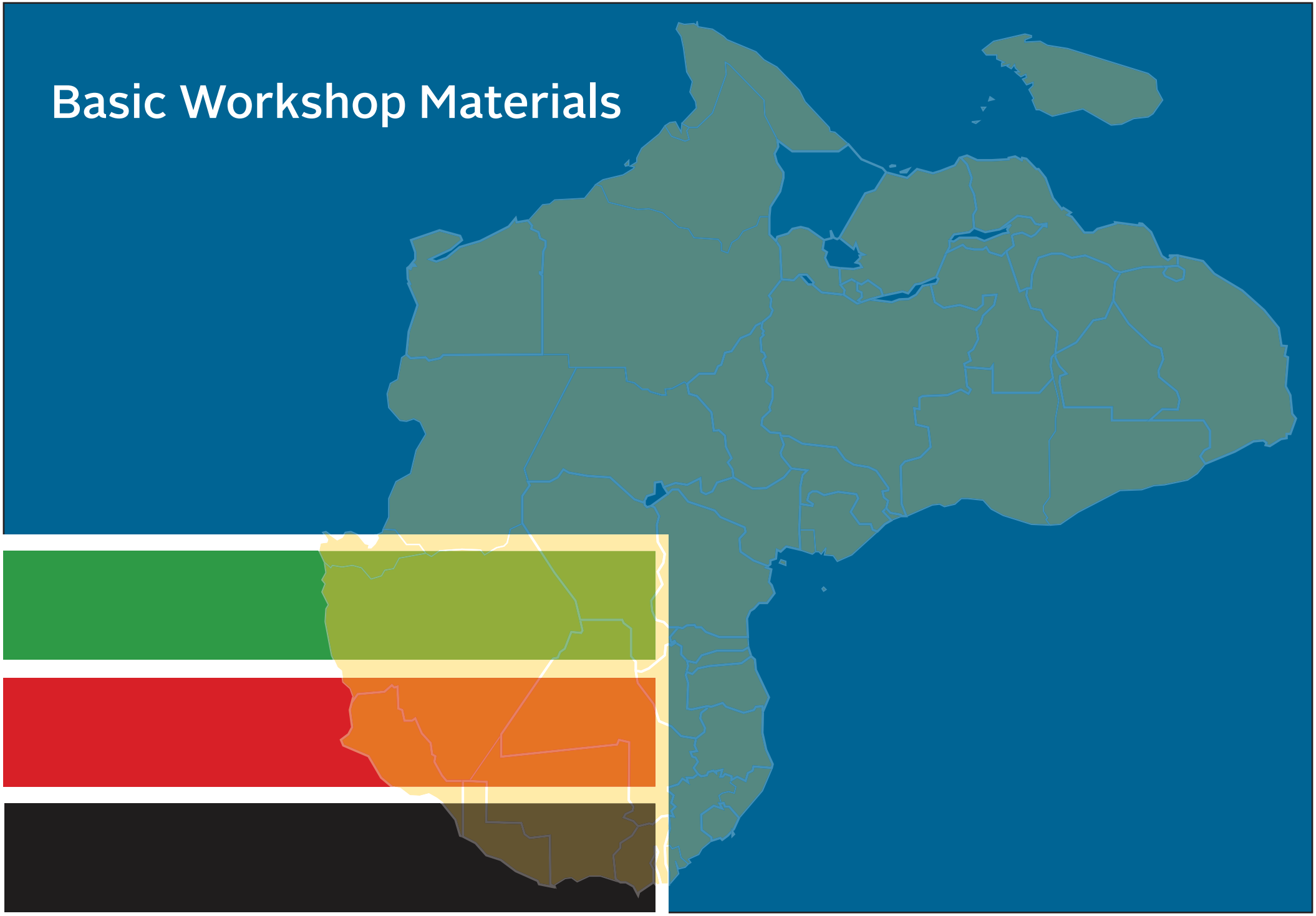
4. Allow participants time to express their feelings about the training and their experiences during the training.
5. Go back to flip-chart page with the participants' expectations from the beginning of the training. Review these expectations and see if they have been met or not. Where possible, create a plan for any expectations that were not met.
6. Administer the *Final Workshop Evaluation* and collect these evaluations.
7. Distribute any other outstanding materials.
8. Distribute Certificates of successful completion of the workshop.
9. Provide sources of further information and support (including facilitators' contact information).
10. Thank the participants for their involvement and participation!

Do not rush this process!

Section II

Materials, Tools, and Handouts

Basic Workshop Materials



Workshop Schedule

DATES: _____ **VENUE:** _____

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8.00 – 8.30 a.m.	Workshop opening, introductions and climate setting	Daily recap	Daily recap	Daily recap	Daily recap
8.40 – 10.15 a.m.	Module 1	Module 3	Module 5	Module 5	Module 7
10.15 -10.30 a.m.	T E A B R E A K				
10.30 – 11.30 a.m.	Module 1	Module 3	Module 5	Module 6	Module 7
11.30 – 12.30 p.m.	Module 2	Module 3	Module 5	Module 6	Final evaluation; Certification
12.30–.1.00 p.m.	Module 2	Module 3	Module 5	Module 6	Closure
1.00 – 2.00 p.m.	L U N C H				
2.00 – 3.00 p.m.	Module 2	Module 3	Module 5	Module 6	DEPARTURE
3.00 – 4.00 p.m.	Module 2	Module 4	Module 5	Module 6	
4.00 – 4.30 p.m.	T E A B R E A K				
4.30 – 5.00 p.m.	Module 2	Module 4	Module 5	Module 6	
5.00- 6.00 p.m.	Module 2	Module 4	Module 5	Module 7	
6.00 – 6.30 p.m.	Daily evaluation and assignments	Daily evaluation and assignments	Daily evaluation and assignments	Daily evaluation and assignments	

Course Outline

This course is composed of seven modules, each of which is further subdivided into units. An outline of the entire course is provided below:

Module 1 Introduction and Overview of the Training
UNIT 1 Setting the Context for the Training
UNIT 2 Overview of the Training

Module 2 Introduction to Human Sexuality
UNIT 1 Attitudes towards Human Sexuality (Part 1)
UNIT 2 Becoming Comfortable with Sexual Language

Module 3 Understanding Human Sexuality
UNIT 1 Attitudes towards Human Sexuality (Part 2)
UNIT 2 Concepts of Sexuality
UNIT 3 Introducing Sexual Diversity

Module 4 Sexual Identities, Behaviours, and the Sociocultural Context
UNIT 1 Impact of the Sociocultural Environment on Sexual Identities and Behaviours

Module 5 Sexual Health
UNIT 1 Our Sexual Bodies
UNIT 2 Sexual Health and Behaviour
UNIT 3 Prevention Pregnancy, HIV, and Other STIs
UNIT 4 Male and Female Condoms
UNIT 5 Vulnerability, Risk Taking, and Risk Reduction

Module 6 Core Issues in Sexuality and Sexual Health
UNIT 1 Identifying Core Issues
UNIT 2 Communicating to Clients

Module 7 Sexual Health Service Delivery
UNIT 1 Sexual Health Counseling
UNIT 2 Action Plans
UNIT 3 Workshop Closure

Purpose of the Training and Course Objectives

Purpose

The purpose of this training curriculum is to equip health care providers with the knowledge, skills, and attitudes necessary to ensure high-quality, holistic service provision in the areas of sexuality and sexual health.

Course Objectives

- By the end of the training, participants will be able to:
- Comfortably discuss and explore issues related to sexuality and sexual health
- Use appropriate language and vocabulary when discussing matters of sexuality and sexual health
- Apply the concepts and frameworks presented in this training to explore their own sexuality and the sexuality of others
- Articulate their own sexual values, as well as their clients' values
- Explain the concept of sexual identity and describe the sociocultural nature of sex and sexuality
- Competently provide clients with holistic prevention and care services
- Identify and explore core issues in sexual health service provision with clients
- Plan, implement, and integrate sexual health activities into existing health programmes

Additional Recommended Reading

Birds, Bees and Beyond: Sexuality Counselling Guidebook: Key Issues for Counselors and Other Mental Health Professionals. Department of Counseling and Educational Development, University of North Carolina at Greensboro. This guidebook was written by graduate students in the Department of Counselling and Educational Development, at the University of North Carolina at Greensboro. At the time of the project, all of the students involved were enrolled in an advanced course on sexuality counselling for couples and families. Each chapter reflects the independent work and ideas of each contributor, based on his or her review of relevant research.

Our Bodies, Ourselves. The Boston Women's Health Book Collective.This is a resource that women of all ages can turn to for information about all aspects of their well-being. This book's pages provide women everything they need for making key decisions about their health—from definitive information, to opinions from today's leading experts, to personal stories from other women just like them.

Woman: An Intimate Geography. Natalie Angier. An exuberant and detailed celebration of the female body, Woman won a Pulitzer Prize and was a National Book Award finalist. It is a vibrant and inclusive study of hormones, chromosomes, muscles, menstruation, hysterectomy, breastfeeding, orgasm, and aggression. It exudes Angier's trademark charm.

The Male Body: A New Look at Men in Public and in Private. Susan Bordo. Bordo brings both personal and cultural analysis to the changing expectations put upon the male body. Hollywood, Ken dolls, literature, male beauty standards, Michael Jordon, sexual harassment, and the uneasy cultural obsession with the penis are all given attention.

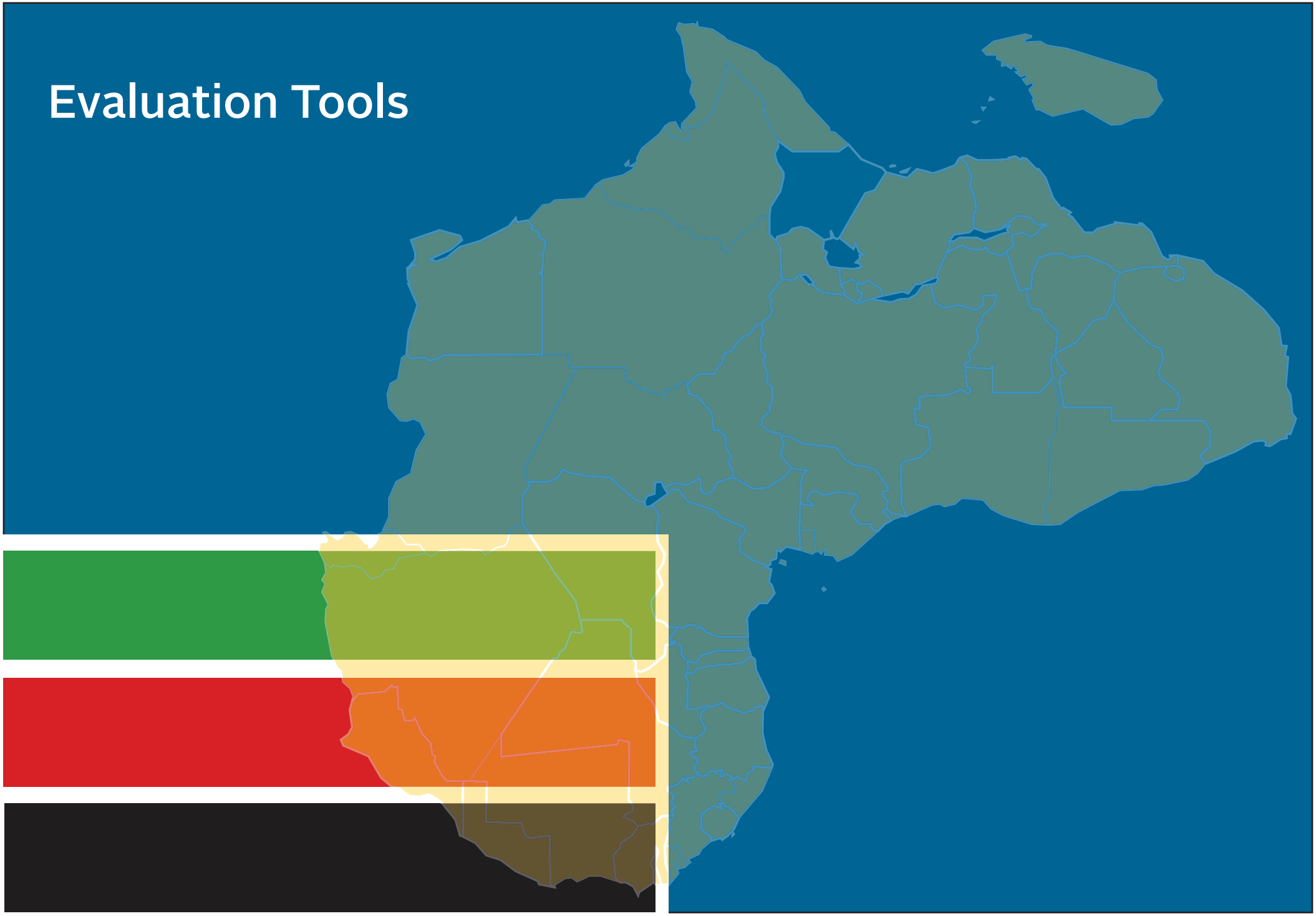
Nobody Passes: Rejecting the Rules of Gender and Conformity. Mattilda, a.k.a Matt Bernstein Sycamore. Sycamore's collection of essays challenges the rules for "belonging" in a particular gender identity, and articulates how the notion of "passing" as the ultimate goal suffocates sexual diversity.

Doing It: A New Edition of "The Joy of Sex." Ariel Levy, The New Yorker. Levy's article looks at the evolution of one of the world's most popular sex books. From the original version's discomfiting attitudes towards, homosexuality, to the new edition's special consideration for disabled persons, *Doing It* is a fascinating take on how cultural attitudes about sex for pleasure have changed over time.

Useful Web site links

http://www.thepleasureproject.org/
Because sex education is rarely sexy and erotica is rarely safe. Putting the sexy back into safer sex.

Evaluation Tools



Self-Assessment Questionnaire

This questionnaire is being administered at the beginning of the training and will also be administered at the conclusion of the training.

The questionnaire is anonymous and will be collected once complete.

The purpose of this exercise is for you to examine your own personal attitudes towards sex and sexuality. The questionnaire will also help the facilitators tailor the training to particular needs, as well as assess the efficacy of the training.

Instructions:

Please respond to the following statements by placing a checkmark in the box that best describes your feelings: Strongly Agree, Agree, Unsure, Disagree or Strongly Disagree.

Statements	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
I am comfortable talking about sex with my close friends.					
Sex between men (gay sex) is disgusting.					
Condoms are effective when used consistently and correctly.					
I believe sex should only be practiced within marriage.					
I understand the factors that make people vulnerable to HIV and STIs.					
I have a good understanding of the sexual health needs of young people.					
I have a good understanding of the sexual health needs of married couples.					
I have a good understanding of the sexual health needs of discordant couples.					
I understand my sexuality.					
I am happy with my sexual life.					
Male prisoners should be provided with condoms and lubricants while in jail.					
Youth should be told to avoid sex until marriage.					
Telling children about sex encourages them to try it.					
I am able to tell my sexual partner(s) how to give me pleasure.					
Homosexuals are mentally ill and should be castigated by society.					
Vaginal sex without a condom is the most risky form of sex in terms of HIV transmission.					
Oral sex is disgusting.					
Women should not initiate sex with men.					
I am sometimes ashamed of my sexual fantasies.					
I feel uncomfortable answering these questions.					

Daily Evaluation Form

Date: _____ Venue: _____

Please answer the following questions to help us evaluate this curriculum. If you wish to comment on a particular session or exercise, please do so where it says "Please explain."

1. **What did you learn from today's session?**

   _____

   _____

2. **What actions do you plan to take with the new knowledge/skill/information that you learned today?**

   _____

   _____

3. **How much did you personally benefit from today's sessions?**

   ____ Not very much ____ Much ____ Very much

   Please explain:

   _____

   _____

4. **How clear was today's presentation?**

   ____ Not very clear ____ Clear ____ Very clear

   Please explain:

   _____

   _____

5. How well did the facilitator(s) help you to understand the concepts and skills presented today?

____ Not very well ____ Well ____ Very well

Please explain:

_____

_____

6. What activity (session) did you find the most:

Interesting _____

_____

Difficult _____

_____

7. I would feel more comfortable if we could review the following:

_____

_____

8. Other comments or suggestions?

_____

_____

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_____

Final Workshop Evaluation

Date: _____ Venue: _____

This simple instrument has 3 parts:

- Achievement of Workshop Objectives
- Organization of the Workshop
- General Comments

Please respond to the various items for the three parts.

General Instructions

DO NOT WRITE YOUR NAME ON THE FORM

Use the rating scales provided. Please put a check mark in the box of your choice, or circle the number that best represents how you feel.

Part A—Achievement of Workshop Objectives

The broad objectives of this workshop/course were that, at the end of the training, the participants would be able to:

- Comfortably discuss and explore issues relating to sexuality and sexual health
- Use appropriate language and vocabulary while dealing with matters of sexuality and sexual health
- Apply the concepts and frameworks presented in this training to explore their own sexuality and the sexuality of others
- Articulate their own sexual values, as well as their clients' values
- Explain the concept of sexual identity and describe the sociocultural nature of sex and sexuality
- Competently provide clients with holistic care and prevention services
- Identify and explore core issues in sexuality and sexual health services with clients
- Plan, implement and integrate sexuality and sexual health activities into existing health programmes

To what extent do you feel that these objectives were achieved?

Rating Scale:

1—Not at all 2—To a limited extent 3—To a good extent 4—To a great extent

Indicate your answer by circling a number or put a check mark in the appropriate box.

1 2 3 4

Workshop Objectives	Not At All	Limited Extent	Good extent	Great Extent
RATING				

Additional comments on the achievement of workshop objectives:

_____

_____

_____

_____

_____

_____

_____

Part B—Organization of the Workshop/Course

Please indicate how you feel about the following aspects of the course by circling the number of your choice in the table provided below.

Rating Scale:

1—Poor 2—Good 3—Very Good

S/No.	General Organization of the Workshop	Poor 1	Good 2	Very Good 3
1.	Management and participation in groups	1	2	3
2.	Management and participation in plenary	1	2	3
3.	Availability and adequacy of learning resources and references	1	2	3
4.	Guiding/learning and demonstration approaches	1	2	3

Part C—General Comments

What did you like best about the workshop/course?

_____

_____

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_____

What did you like the least about the workshop/course?

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What improvements would you make for a similar workshop/course in future?

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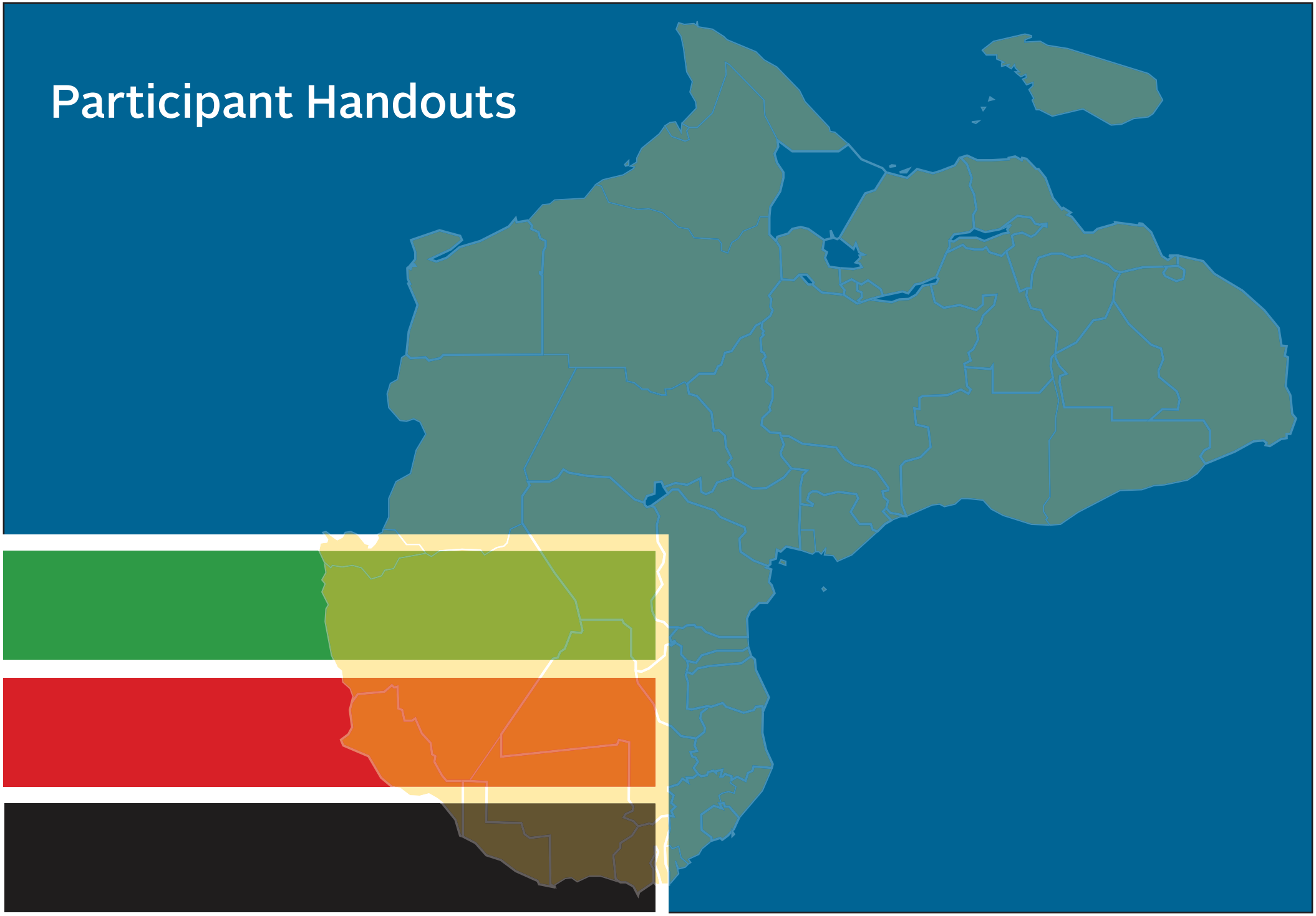
Participant Handouts



Key Concepts for Health Care Providers

1. **Our personal beliefs and values, though important to us, are not necessarily everyone else's beliefs and values.**
2. **If at times we feel justified in our beliefs, this does mean others are wrong in theirs.**
3. **We should always be respectful when dealing with clients and should allow clients to express their values.**
4. **We should realize that others' views in no way infringe upon ours and that respecting others does not change our views.**
5. **We should treat all clients with dignity as human beings.**
6. **Our topmost concern is to attend to the safety of our clients and to uphold their rights as clients.**

We can do this by asking ourselves questions:

- Does the individual's behaviour predispose him or her to health risks? (client safety)
- Are there risk-reduction/prevention strategies or devices that this client could employ? (client safety)
- Are these accessible? (client safety)
- Is there accurate information on these? (client safety)
- Is the sexual relationship consensual? (human rights)
- Is each partner over the age of consent? (human rights)
- Are all involved mentally capable of giving consent? (human rights)

We can do this by becoming familiar with the following list of Universal Sexual Rights:

1. The right to sexual autonomy, integrity, and safety of the sexual body. (prohibits sexual coercion, exploitation, or abuse at any time, in any life situation)
2. The right to make autonomous decisions in keeping with one's personal and social ethics.
3. The right to enjoyment of the body, free from torture, mutilation, and violence of any sort.
4. The right to sexual privacy (includes individual decisions and behaviours related to sexual intimacy and means we should not intrude on the sexual rights of others).
5. The right to live free from all forms of discrimination, regardless of sex, gender, sexual orientation, age, race, social class, religion, and physical or emotional disabilities.

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6. The right to sexual pleasure.
7. The right to emotional sexual expression.
8. The right to establish any type of sexual association that is responsible.
9. The right to freely make responsible reproductive choices (i.e., to have children or not/how many/spacing of births/full access to means of fertility regulation, etc.).
10. The right to comprehensive information/education about sexuality (from birth throughout life).
11. The right to sexual health care, including prevention and treatment of sexual concerns/disorders/problems/diseases, etc.

Beliefs, Attitudes, and Values

Beliefs

A belief is a conviction, principle, or idea that is accepted as true or real, even in the absence of positive proof. There are many belief systems—religious, cultural, group beliefs, and individual beliefs. Examples of beliefs:

- The existence of God
- The uvula causes coughing and retards the growth of children
- If the clitoris touches the baby at birth, the baby will die
- If a pregnant woman eats eggs, her foetus will be overweight and she will have difficulties giving birth
- An uncircumcised woman will have an overactive sex drive
- A circumcised woman will have a normal sex drive

Values

Our values are the criteria against which we make decision. Values include the moral principles and beliefs or accepted standards of an individual or a social group. Values are usually taught to us by our families and influenced by religion, culture, friends, education, and personal life experiences.

Attitudes

An attitude is a mental view or a disposition, often largely based on personal values and perceptions.

Origins of Beliefs, Values, and Attitudes

Our beliefs, values, and attitudes are formed and developed through a multitude of influences: parents, families, society, culture, traditions, religion, peer groups, the media (TV, music, videos, magazines, advertisements), school, climate, environment, technology, politics, the economy, personal experiences, friends, and personal needs. They are also influenced by one's age and gender.

(Continues other side)

Definition of a Value System

A value system is a set of beliefs and principles that influence an individual's or a group's outlook (attitude) on life and guide their behaviour. A value system is not rigid, but is subject to change over time, in light of new insights, information, and experiences.

Components of a Value System

A value system is made up of three different components, known as the cognitive component, the affective component and the behavioural component.

- **Cognitive component**—Knowing the appropriate behaviour for a given situation, or understanding what is expected of one
- **Affective component**—Emotions that affect the decision to be made about the situation and the action to be taken
- **Behavioural component**—Taking the appropriate action

Definitions of Sex, Gender, and Sexuality

Module 3/Unit 2/Activity3

Sex

The term "sex" is a biological classification of human beings (and of most species) into two major distinguishable forms: males and females. This classification is based on physical differences between males and females, such as physical characteristics, reproductive organs, reproductive functions, and certain innate behaviours. The term "sex" is universally understood.

Gender

The term "gender" is a sociocultural classification of men and women in society. It is a social construct (a human concept) for what it means to be female and male. Within this construct, femininity and masculinity are LEARNED, rather than INNATE behaviours. Gender concepts, therefore, will necessarily vary with time and place and are dependant on the culture. Social dynamics, power within relationships, different expectations and roles for males and females, and personal and social environments (private and public spheres) are all affected by "gender."

Module 3/Unit 2/Activity 4

Sexuality

Sexuality is a central aspect of being human [that endures] throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles, and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious, and spiritual factors.

Source: The above is a working definition of sexuality developed by a WHO-led technical consultation. http://www.who.int/reproductive-health/gender/sexualhealth.html

Sexual Desire, Behaviour, Identity, and Orientation

Sexual Desire refers to fantasies about sexual experiences a person might wish to have. These desires could be for an individual or for a sexual activity. Sexual desire is limited to fantasy; it does not include actual behaviour.

Sexual Behaviour refers to sexual acts that individuals engage in, such as vaginal sex, anal sex, oral sex, etc., and includes the gender of the individuals involved.

Sexual Orientation is a term commonly used to describe an individual's sexual preference for, or attraction to, partner(s) of a certain sex and/or gender. Sexual orientation may be manifested through desire (thoughts/fantasies), behaviour, or both and is often described as ranging along a continuum, with exclusive homosexuality (same-sex attraction) at one end and exclusive heterosexuality (opposite-sex attraction) at the other end. Bisexuality is attraction to both sexes.

Sexual Identity has to do with how people identify themselves sexually. It is a term most commonly used among individuals who engage in same-sex practices. Talk of sexual identity does not generally come up among people oriented towards the opposite sex.

Terms Used to Describe Sexual Identities and Orientations

Terms	Meaning
Heterosexual/Straight	Someone who only has sex with persons of the opposite sex
Homosexual	Someone who has sex with other individuals of their own sex. Usually applied to men who have sex with men, but also may be used for women who have sex with women.
Gay	(Noun) A man who has sex with other men or a woman who has sex with other women (Adjective) A life-style or a social movement
Bisexual	A person who desires or practices sex with both men and women
Shoga / Msenge	*(Kiswahili)* A passive or receptive male partner who is penetrated during sex (May or may not connote sex work)
Basha	*(Kiswahili)* The active male partner who penetrates during sex (May or may not connote sex work)
Lesbian	(Noun) A woman who desires or practices sex with other women (Adjective) A life style or a social movement

Definitions of Sexual Activities

Kissing—the act of pressing one's lips against the lips or other body parts of another. Can also refer to "deep kissing" or "French kissing," where partners engage in open-mouth kissing, often using the tongue as well.

Hugging—a form of physical intimacy (not necessarily sexual) that involves closing ones arms around another person.

Oral sex—any sexual activity done with the mouth, from deep kissing to continuous mouth and tongue contact over the body, primarily on the genitals.

- **Fellatio**—mouth contact with the penis, for sexual gratification
- **Cunnilingus**—mouth contact with the vulva/clitoris, for sexual gratification
- **Analingus**—mouth contact with the anus/rectal opening, for sexual gratification
- **The '69' position**—is when a couple performs oral sex on each other at the same time. (Called the '69' position, because the couples' bodies form the shape of the number 69—with the top of the head of one person, "6," on the genitals of the other person, "9," and vice versa.)

Massage—applying pressure on muscles to relieve pain or create relaxation. May be sexual or nonsexual. The subject may be fully or partially clothed.

Frottage—rubbing of genitals together (nonpenetrative sex) done with clothes on or off. Also known as rubbing or "dry humping."

Breast sex—sex where the male partner places his penis between the partner's breasts and thrusts for friction. Often done as sex play or when vaginal penetration is not possible or desired.

Thigh sex—also known as "intercrural sex," this is where a male partner places his penis between the other partner's thighs (often with lubrication and thrusting to create friction. It is normally nonpenetrative sex.

Water sports—also known as a "golden shower"; this is urophilia.

Licking—passing the tongue over the body to provide pleasure, either to deposit saliva onto the body surface or to collect liquid onto the tongue.

Sex toys—various objects or devices primarily used to facilitate human sexual pleasure. The most popular sex toys are designed to resemble human genitals (the penis, the vagina, or the anus). Some sex toys vibrate; others do not.

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Fingering—manual manipulation of the clitoris, vagina, vulva, or anus for the purpose of sexual arousal and stimulation. This activity may constitute the entire sexual encounter or it may be part of foreplay or mutual masturbation and lead to other sexual activities. To "finger oneself" is to masturbate in this manner.
Note: When a medical professional performing a pelvic exam inserts one or more fingers into a patient's vagina, this is legally defined as "digital penetration of the vagina."

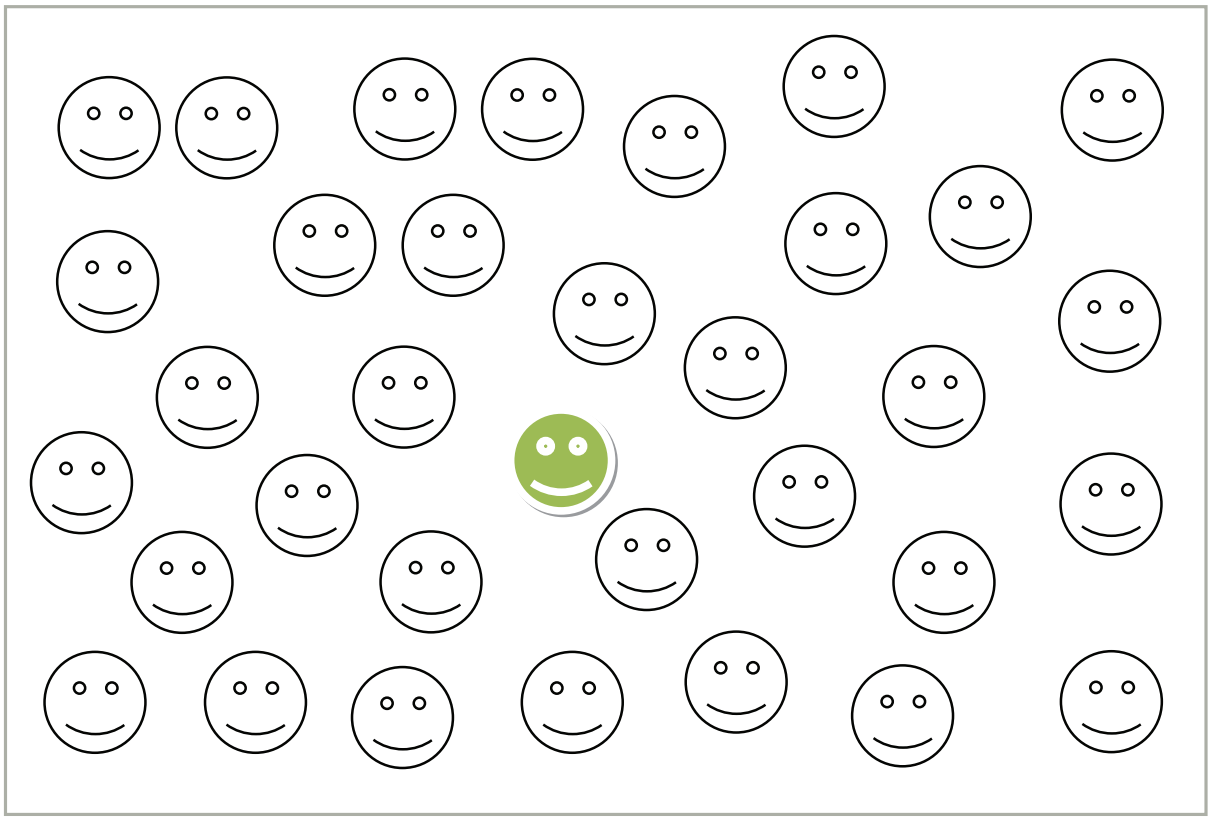
Handjob—manual stimulation of the penis. This type activity can provide sexual pleasure to a partner when penetrative intercourse is not possible or desirable.

Rimming—the act of using one's tongue on the anal rim of another person in order to gain and/or give sexual pleasure. Insertion of the tongue is not necessary.

Tribadism—also known as scissoring, tribadism is a form of nonpenetrative sex in which a woman rubs her vulva against her partner's body (thigh, arm, stomach, external genitalia) for sexual stimulation. The term is most often used in the context of lesbian sex, but is not exclusive to lesbians. Tribadism may refer to female-to-female genital contact or it may also refer to a masturbation technique in which a woman rubs her vulva against an inanimate object, such as a bolster, in an effort to achieve orgasm.

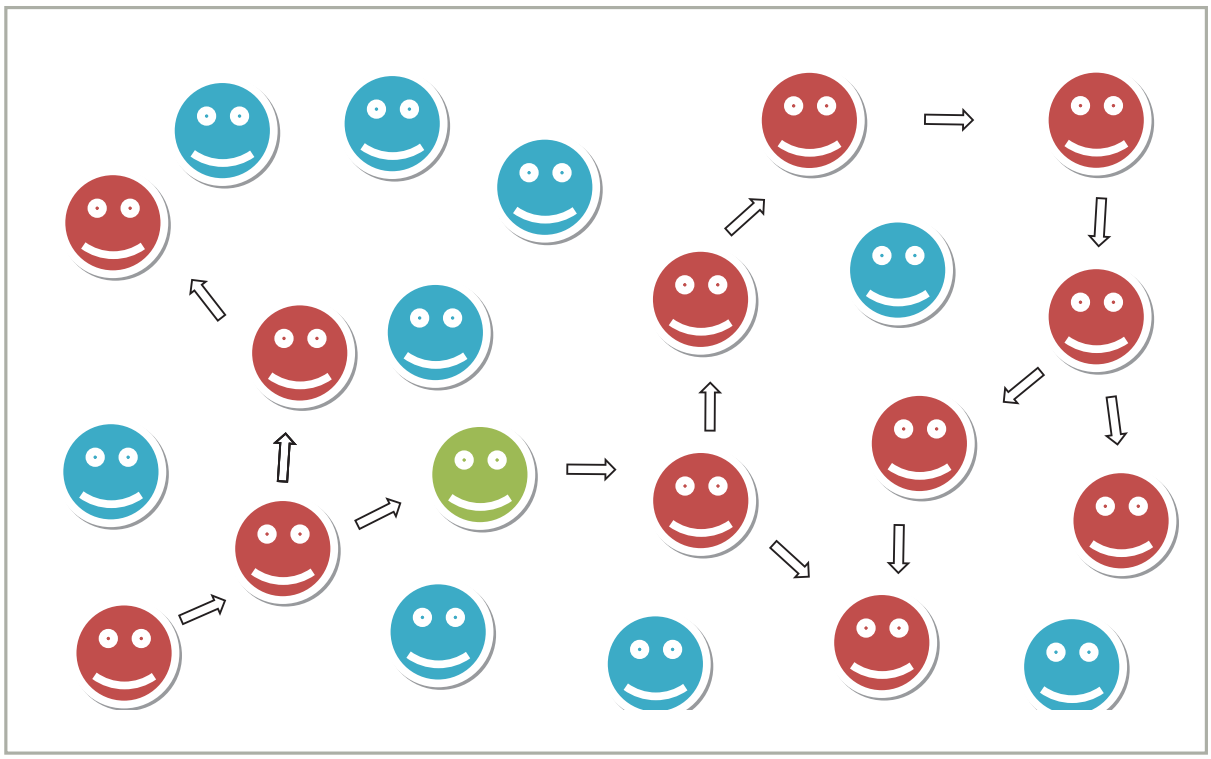
Sexual Networks

Part 1



Sexual Networks

Part 2



Definition of Sexual Health

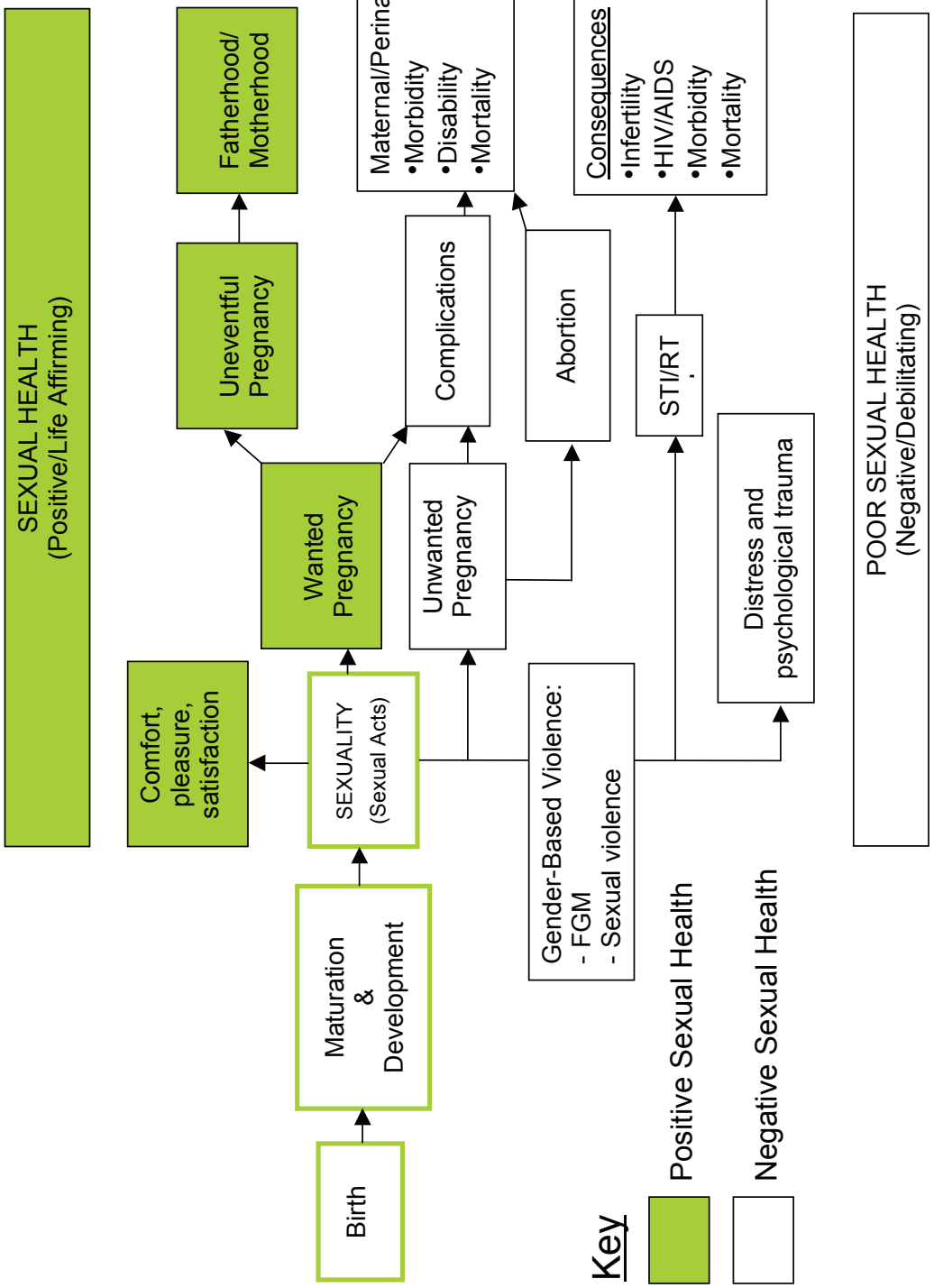
Sexual Health

"Sexual health" encompasses matters related to reproduction and sexual intercourse, and also goes beyond these to include issues such as self-esteem, body image, social roles, and relationships. Sexual health is composed of three key elements:

- The capacity to enjoy and control one's sexual and reproductive behaviour, in accordance with one's personal and social ethics
- Freedom from fear, shame, guild, false beliefs, and other psychological factors inhibiting sexual response and impairing sexual relationships
- Freedom from organic disorders, diseases, and deficiencies that interfere with sexual and reproductive functions

The World Health Organization defines sexual health as "the integration of the physical, emotional, intellectual, and social aspects of human sexuality in a way that positively enriches and promotes personality, communication, and love."

Conceptual Framework: Sexuality, Sexual Health, HIV/AIDS, and RH



Source: Sen et al (2002), modified by Meme in 2010

Diagnosis Review

Diagnoses (STIs)	Case Histories
Syphilis	Ben is an 18-year-old man who occasionally sells sex. He presents with a single, painless ulcer on the shaft of his penis that he says was initially white in colour. His last sexual intercourse was five days ago.
Genital Herpes (HSV)	Evans is a 16-year-old street boy who says he engages in anal sex. He complains of pharyngitis (throat infection) and also itchiness on the shaft of his penis. A small area of redness appeared, which developed into small blisters. These blisters later broke down, leaving painful, shallow ulcers on his penis.
Chancroid (and lymphogranuloma venereum, or LGV)	David is a 42-year-old married man. He says he occasionally has penetrative sex with other men. He presents complaining of a painful swelling in his groin (right inguinal lymph node) and three small, painful ulcers on his penis.
Neisseria gonorrhea	Eunice is a 30-year-old, sexuality active single woman with multiple sexual partners. Following unprotected sex one week ago, she now complains of pain when passing urine and a greenish-yellowish, foul-smelling vaginal discharge.
Chlamydia	Irene is a 47-year-old teacher. She presents with a scanty mucopurulent or purulent vaginal discharge and pain during sex and when urinating. She has had these symptoms for more than two weeks. Probing questions were asked, but she was reluctant to give a sexual history.
Trichomonas vaginalis	Mercedes is a married lady, and mother of four. Her husband engages in extramarital sex. Three days ago, she developed a vaginal discharge that was frothy, profuse, greenish-yellowish in colour, and essentially non-itchy.
Candidiasis	Mary is married and six months pregnant. She comes to the antenatal clinic complaining of vaginal itching and passing a white, curd-like discharge.
Hepatitis B	A new colleague at your centre asks your advice. Her client reports many different symptoms over a long period of time: nausea, fever, joint pains, dark urine, abdominal pain, and "yellow eyes." She thinks she probably has chronic malaria.
Genital Warts (HPV)	Maurice is a 17-year-old school pupil who responds openly about his sexual history. He has had only two sexual encounters, both more than three months ago. He presents with four small, flesh-coloured cauliflower-like growths on the shaft of his penis.
AIDS	Paul is a 20-year-old factory worker, who presents with severe, unexplained weight loss, unexplained chronic diarrhea, pulmonary TB, and Herpes zoster.

Male and Female Condoms

How to Promote Condom Use

- Broach the subject of condom use with clients during counselling. It is easier for clients to negotiate condom use with their partner(s) if they've had the opportunity to talk about it with someone else beforehand. Discussing condom use is particularly effective during couples counselling.
- Advise clients to bring up the subject of condom use before engaging in sexual intercourse. It is easier to negotiate condom use with a partner if the couple has discussed it beforehand.
- Talking about preventing an unintended pregnancy or an STI before sexual intercourse helps partners understand the importance of using condoms.

Male Condoms

Correct Use of Male Condom

- Discuss condom use with partner
- Have a condom with you
- Check expiry date or date of manufacture
- Have an erection
- Open the condom wrapper carefully
- Squeeze out air from tip of condom
- Roll condom on erect penis all the way down to the base
- Intercourse
- Ejaculate
- Withdraw penis from partner, holding condom at the base of the penis
- Be careful not to spill semen
- Remove condom from penis
- Penis gets soft
- Dispose of condom in a place where children won't find or touch it (e.g., a latrine).
- If you wish to have sex again, use another condom.

Steps for Demonstrating Correct Male Condom Use

- Open one of the condom packages carefully. Explain that one should never use scissors to open the package and take care that long fingernails do not tear the condom.
- Hold onto the tip of the condom as you roll it down over penile model.
- Roll the condom down to the base of the model. Be sure you leave a space at the tip, for ejaculated semen to be retained there.

(Continues other side)

- Then, explain that once ejaculation has occurred, the condom should be removed before the penis goes limp.
- Holding the base of the condom so it remains firmly on the penile model, demonstrate withdrawal from the partner. Explain that the condom must be held at the base while withdrawing from the partners' body in order to prevent semen from spilling onto (or into) the partner.
- Once withdrawal is complete, remove the condom from the penile model and discard it.
- Explain that used condoms should be discarded where children will not find or play with them (e.g., in a latrine).

Female Condoms

Advantages of the Female Condom

The female condom has several advantages over the male condom. Its use is controlled by the woman. The female condom it covers more surface area than does the male condom, which allows it to protect more effectively against STDs spread through skin-to-skin contact. Since it doesn't require an erect penis to use, it can also be inserted earlier during foreplay (up to as many as eight hours before sex).

- Prevents pregnancy, STIs, and HIV infection
- Females and males can initiate use
- Facilitates communication; instills confidence and assertiveness in women
- Provides an option for women
- Provides an alternative for couples
- Lubrication makes sex more pleasurable in menopausal women
- Provides an option for women who are allergic to latex
- Can be used during menstruation
- Partially covers external genitalia in women

Correct Use of Female Condom

- First, check the expiration date (on the package) and open the package.
- Gently unroll the condom and locate the ring on the closed end.
- Find a comfortable position (squatting, lying down, or standing with one leg raised). Using the thumb and middle finger, squeeze the ring on the closed end, then insert the squeezed ring of the condom into the vagina.
- Use the index or middle finger to insert the ring into the vagina as far as it will go. The ring at the open end of the condom should remain outside of the vagina.
- Make certain that the condom isn't twisted inside the vagina.

(Continues)

- During intercourse, guide the penis into the open ring of the condom that remains outside the vagina.
  Note: If the outer ring slips into the vagina during intercourse, you should remove the female condom and replace it with a new one.
- After intercourse, twist the outside end of the condom gently to close it off and keep the semen inside the condom. Gently pull the condom from the body.
- After intercourse, twist the outside end of the condom gently to close it off and keep the semen inside the condom. Gently pull the condom from the body.

Additional Information about Female Condom Use

- Using the female condom properly requires the cooperation of both partners. During penetration, it is important for the man to make certain he is inserting his penis into the condom and *not* outside of it.
- Putting lubricant both inside and outside the condom can make the experience more pleasurable. Unlike male *latex* condoms, it is safe to use oil-based lubricants with female condoms made of polyurethane.
- Do not use the female condom with a male condom. The friction between the two condoms can cause one or both of them to tear.
- Most brands of female condom are made of polyurethane or nitrile, not latex. Therefore, with few exceptions, female condoms can be used by people with latex allergies.
  Note: Facilitators will want to be knowledgeable about the types of female condoms available in Kenya and the appropriate lubricants for these condoms.

Vulnerability and Risk-Taking Scenarios

Scenario 1

Janice is a 19-year-old female sex worker, who works mostly around bars in the city centre. She is not very proud of her work, but feels she has no choice, as she did not go to secondary school and has no training or professional skill. She has two children of her own and supports three siblings. Tonight she is hungry and has only enough money for taxi fare home. She meets Festus who is 42, married with three children, and a successful businessman. He occasionally comes into the city at night to pay for sex. He enjoys commercial sex, because it is noncommittal (since he pays) and he can try out different styles with other women. Festus knows about HIV and STIs but sometimes does not use a condom. Tonight he feels like being adventurous.

Scenario 2

John and Amos are in their early twenties and about to graduate from university. They are in love and have been in a relationship for eight months. Amos is comfortable with his sexuality but is very private about it. He still lives at home with his parents. John is very confused about his sexuality. Recently, John's family has been putting pressure on him to find a girlfriend with a view to marrying. Tonight John has argued with his mother and father and told them that he thinks he is homosexual. His father hit him and threw him out of the house.

So John has a few drinks and goes to Amos' place. He wants sex to wash away the fight with his father. He does not want to use condoms, as he needs Amos to prove his love for him. John gets a bit noisy and emotional from time to time and Amos is worried that his family will hear what is going on.

Scenario 3

Brian and Sandra have been married for ten years and have two children. Brian is a pilot and travels frequently and has a mistress in every country he visits. Sandra is a housewife. She is lonely and unhappy with her husband's absence from home. In the last three years, she has been having an affair with her driver. The driver is married and also has a steady girlfriend. Sandra also occasionally has sex with her gym instructor.

Effective and Ineffective Risk-Reduction Strategies

Effective Risk-Reduction Strategies

- Positive consideration for people with different sexual behaviour and orientations
- Providing explicit sexual health information relevant to people with different sexual behaviour
- Providing high-quality counselling
- Keeping statements about sex, sexuality, and gender nonjudgmental and nondiscriminatory
- Using gender-neutral language
- Providing high-quality RH and STI/HIV care
- Sensitive and strong leadership from government and departments, i.e., MOH, NACC, and other stakeholders
- Using peer-based approaches, if appropriate
- Working with vulnerable groups on specific issues around self-esteem and self-acceptance
- Providing condoms and other safe-sex products

Ineffective Strategies

- Using fear-based approaches
- Providing general, vague, or inappropriate information
- Blaming, shaming, or stigmatizing
- Dictating behaviour—saying "no" or "don't"
- Focusing on sexual identity rather than sexual behaviour
- Making generalizations about individuals' behaviours
- Concentrating only on the individual's choice to change his/her behaviour and ignoring other influencing factors
- Advocating sexual abstinence only
- Not involving people with different sexual behaviours in strategy development and service delivery

Core Issues/Problems in Sexuality and Sexual Health

- Sexual infections (STIs and HIV)
- Teen pregnancies
- Unplanned pregnancy and abortion
- Multiple partners
- Sexual dissatisfaction
- Sexual pleasure and desire as sexual health programme issues
- Sexuality and the law in Kenya (Sexual Offenses Act)
- Sexual disorders and dysfunctions
- Family planning
- Maternal mortality
- Gender-based violence (GBV)
- Sexual violence (including rape)
- Four prongs of Prevention of Mother to Child Transmission of HIV (PMTCT)
- Sexuality among adolescents and young adults infected with HIV during the perinatal period
- Cancers of cervix and prostrate
- Street families
- Family disputes
- Overburdened health systems
- Female genital mutilation (FGM)
- Post-exposure prophylaxis (PEP)
- HIV-discordant couples
- Emergency contraception (EC)
- Male circumcision and HIV
- Strengthening referral systems
- Cultural and religious influences
- Drug and substance abuse
- Provider-initiated HIV testing and counselling
- Condom use and negotiation
- Fertility desires of HIV-positive couples
- Homophobia
- Negative perceptions in the community
- School dropouts
- Broken marriages
- Stress/suicide/mental illness associated with negative sexuality
- Orphans and vulnerable children (OVC)
- Infertility
- Obstetric fistula

Key Messages on Four Core Issues

Following are five key messages providers should know about four key core issues.

1. Condom negotiation and use

- Benefits of condom use
- Condom demonstration (how and when to use)
- Dispelling myths and misconceptions
- Availability of condoms (and where to get them)
- Consistent and correct use

2. Sexually Transmitted Infections and HIV

- Seek early treatment for all STIs or HIV and adhere to medication
- Apply the 4Cs: compliance, condom use, contact tracing, counselling
- Advise about safe-sex practices to prevent infecting others
- Advise client to discuss with partner
- Refer or provide family planning services, counselling and testing, and screening for other STIs

3. Sexual dissatisfaction

- Encourage an open discussion with partner to identify internal factors; suggest couple counselling
- Encourage client to explore different ways of achieving sexual satisfaction
- Address any immediate social factors
- Discuss possible consequences of dissatisfaction
- Encourage client to "learn new tricks" (try adopting new sexual styles, dressing sexy)

4. Teenage pregnancy

- Provide adolescent counselling and encourage support from family
- Counsel on abstinence, safe sex, condom negotiation, unsafe abortion, and STIs/HIV/AIDS
- Provide parental counselling
- Provide referrals to teenage pregnancy support services
- Offer/provide family planning services

How to Ask for Sensitive, Personal Information

Manner to adopt

- Introduce myself and make the client feel welcome
- Maintain eye contact and use counselling skills (such as open body language)
- Let the client know I need to ask some personal questions and explain why the information is needed
- Use the same language/words as my client
- Do not assume anything

Provider Self-Assessment

- Did I ask the client if he/she has any questions?
- Have I answered the client's questions adequately?
- Have I given appropriate, high-quality information?
- Have I been open and nonjudgmental?
- Do I think this client would be happy to receive services from me again in the future?

Complete Sexual History Checklist

Personal history

- ☐ Client's age and sex
- ☐ Marital status
- ☐ Residence
- ☐ Occupation
- ☐ Reason for coming to the facility
- ☐ Sexual partners (past and current)
- ☐ Sex of past and current partners
- ☐ Date of most recent sexual contact
- ☐ Duration of relationship

Common STI symptom

- ☐ Ask the client if they have any of the following and explore:
- ☐ Discharge (anal/vaginal/urethral)
- ☐ Dysuria
- ☐ Lumps and/or bumps
- ☐ Wounds or ulcers: genital/anal/rectal
- ☐ Pain: genital/abdominal/anal/rectal

Obstetric/gynecological history (for women)

- ☐ Age of first menarche
- ☐ Date of last menstrual period
- ☐ Birth order of children
- ☐ Family planning/contraceptive methods used
- ☐ Intended number and spacing of children
- ☐ Discussion with partner about number and spacing of children?
- ☐ Intended number and spacing of children
- ☐ Family planning/contraceptive methods (current or past use)
- ☐ Abortion history

(Continues other side)

Complete Sexual History Checklist

Social and sexual history

- ☐ Sexual practices: genital-genital/orogenital/genital-anal/oral-anal
- ☐ Use of barrier protection method of protection and lubricants
- ☐ Use of alcohol/cigarettes/other substances use
- ☐ Prior history of STI diagnosis/treatment
- ☐ Prior HIV testing
- ☐ Past blood transfusion(s)
- ☐ Experiences(s) of sexual violence (as survivor or perpetrator)
- ☐ Chronic illness(es)

Medico-surgical history

- ☐ Operation(s)
- ☐ Ever been hospitalized
- ☐ Ever received blood transfusion

Current use of other drugs

- ☐ FP methods
- ☐ Current medication
- ☐ ARVs
- ☐ Hepatitis B vaccination
- ☐ Allergies

Action Plan Template

OBJECTIVE	ACTIVITIES	INDICATORS	TIME FRAME	PERSON RESPONSIBLE

Gender and Gender Identity

Gender and Gender Identity

Gender is a term that refers to a particular society's concept of what it means to be male and what it means to be female. (Sometimes referred to as a social construct of masculinity and femininity). Gender identity is a person's deeply felt sense of identification of their own gender (that is, their self-identification as either a man, a woman, as both, or as neither.) An individual's gender identity may or may not parallel their physiological sex characteristics. A person could have male physical characteristics and a female gender identity, and vice versa.

Transgender is term used when one's gender identity does not match one's "assigned sex" (i.e., identification by others as male, female, or intersex, based on physical characteristics, anatomy, genetic make-up, etc.). The word transgender does not imply a specific sexual orientation. Transgender individuals may self-identify as heterosexual, homosexual, bisexual, or asexual. Some transgender people may consider conventional sexual orientation labels inadequate or inapplicable to them.

Some Ways in Which Gender Identity May Be Expressed

- **Transsexualism**—a transsexual is a person who experiences a desire to be, or an insistence that she/he is of, the opposite biological sex. Transsexual men and women desire to establish a permanent gender role as a member of the gender with which they identify, often pursuing medical interventions as part of the process.

- **Transvestitism**—a transvestite is one who practices cross-dressing, which is wearing clothing traditionally associated with the opposite sex. (See cross-dressing.)

- **Role of 'Drag Queen'**—a man who dresses, and usually acts, like a caricature woman, often for the purpose of entertaining or performing. Although many drag queens are presumed to be gay men or transgender individuals, drag artists may be of any gender or sexuality.

- **Cross-dressing**—the act of wearing clothing and other accoutrements generally associated with the opposite sex. The term cross-dressing denotes an action or a behaviour without attributing causes for that behaviour. Whereas some people automatically associate cross-dressing with transgenderism or with sexual, fetishist, and/or homosexual behaviour, the term cross-dressing itself does not imply motivation.

Sexual Dysfunctions: Definitions

Repeated difficulty experienced by an individual or a couple during any stage of normal sexual activity, be it with desire, arousal or orgasm. The difficulty must be experienced with the same partner at least three or more times in order for it to be considered a dysfunction.

Men:

- **Impotence**—repeated inability to have an erection. It is said that every man will experience inability to have an erection at least once in his lifetime.
- **Priapism**—painful, purposeless penile erection. Common in men who suffer from sickle cell anemia, priapism is a medical emergency.
- **Premature ejaculation**—ejaculation that occurs just before or immediately after penetration
- **Retarded ejaculation**—delayed ejaculation that causes fatigue, discomfort

Women:

- **Anorgasmia**—difficulty or inability to have orgasm
- **Vaginismus**—sudden clamping of the vaginal muscles, making penetration or withdrawal (where penetration had taken place)very difficult, or even impossible
- **Dyspareunia**—painful sexual intercourse in women

Causes of Sexual Dysfunctions:

- Hormonal imbalances
- Fear
- Anxiety
- Some diseases, including STIs
- Certain medications
- Relationship problems
- Drugs, including excessive use of alcohol
- Negative sexual experience(s)

Types of Sexual Practices

- **Vaginal Sex**—sexual intercourse through the vagina
- **Anal Sex (sodomy**—sexual relations through the anus
- **Oral Sex**—sexual activity in which one uses the mouth on the genitalia
- **Masturbation**—using one's hands to manipulate erogenous zones for sexual stimulation and pleasure. (May be performed by individuals or by two people together. The latter is referred to as mutual masturbation.)
- **Sadomasochism**—sexual activity accompanied by pain. In this practice, one partner dominates and the other submits.
- **Voyeurism (e.g., 'Peeping Toms')**—deriving pleasure by watching others having sexual intercourse, or undressing
- **Exhibitionism (e.g., 'Flashing')**—deriving sexual pleasure by showing one's genitals to others who are not expecting such behaviour
- **Urophilia**—sexual activity accompanied by urination
- **Corprophilia**—sexual activity accompanied by defecation
- **Froteurosexuality**—deriving sexual pleasure from rubbing of the genitals
- **Gerentosexuality**—deriving sexual pleasure when the partner is elderly
- **Necrophilia**—deriving sexual pleasure with a dead body
- **Satyriasis**—excessive sexual desire in men
- **Nymphomania**—excessive sexual desire in women
- **Pederasty**—deriving sexual pleasure from sexual activity with pre-adolescent male children
- **Pedophilia**—deriving sexual pleasure from children
- **Rape**—nonconsensual sexual intercourse
- **Incest**—sexual relations with a blood relative (limits are usually defined by the culture)
- **Sexual Orgies**—group sex, where there is more than one partner
- **Autoeroticism**—deriving sexual pleasure with one's self
- **Fetishism**—deriving sexual pleasure through the use of an object of interest
- **Bestiality**—sexual relations with animals
- **Serial Monogamy**—a succession of exclusive sexual relationships, long- or short-term, entered into consecutively

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