

An Activity Manual for Outreach Workers

LEARNING ABOUT HEALTHY LIVING



Acknowledgement

Family Health International (FHI) acknowledges and greatly appreciates the participation of the many people who have contributed to the Service Womens' Project.

Among them are:

Outreach Volunteers

Drinkshop Owners

District Authorities

Village Authorities

Provincial Committee for the Control of AIDS -
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Contents

1	Introduction
3	Background
4	The Intervention/ The Training Strategy
6	Key Factors
8	The Themes & Activities
15	Theme 1: OUR BODIES/ Body Mapping Activity
21	Theme 2: HIV and STI Transmission/ The Risk Cards
27	Theme 3: MANAGING MONEY/ The Money Game
35	Theme 4: PREGNANCY / The Reproductive System-Apron
43	Theme 5: CONDOMS AS DUAL PROTECTION/ The Reproductive System-Apron
51	Theme 6: CONDOMS WITH TRUSTED PARTNERS/ The Boyfriend Game
59	Theme 7: CONDOM NEGOTIATION/ Matching Male and Female Responses (Puzzle)
67	Theme 8: SAVING AND MANAGING MONEY/ Snakes and Ladders Game
75	Theme 9: ALCOHOL AND SEX WORK/ Spin the Beer Bottle
79	Annex 1
81	Annex 2
95	Annex 3
97	Annex 4
99	Annex 5
101	Partners



Introduction

This manual illustrates the experiences of outreach workers in Lao PDR. It provides clear guidance for conducting prevention education activities with service women (sex workers). It also shows how complex Reproductive Health and HIV prevention information can be successfully presented by outreach volunteers who, in many cases, develop their own materials.

The manual provides guidance for developing and using some of the educational tools that Lao Service Women are using successfully to talk to their peers about Reproductive Health and HIV/STI prevention. All activities are designed to encourage discussion.



The Background

In Lao PDR, as in many other countries, women who sell sex are at risk of STIs including HIV. When this project was developed, STI and HIV surveillance data from Lao indicated that HIV prevalence was low. But a significant epidemic of bacterial STIs among service women was found.

Behavioral surveillance indicated that up to 50% of service women stayed at one site for three months or less. The same survey showed that 18% of service women in the capital city, Vientiane had never heard of HIV and those women who reported some knowledge said that they received it mostly from friends. Sixty-five percent (65%) of the men in the survey indicated that their commercial sexual partners worked in small drink shops. This information became the basis for program planning, for prioritizing sites, and for developing the implementation strategy.

Readers should note that HIV prevalence is still low in Lao PDR. Therefore, topics such as PMTCT and/or ART adherence, that might be appropriate in some other countries, are not yet a focus of this outreach prevention intervention.

The Intervention



As a result of the STI, HIV and Behavioral surveillance data, a prevention intervention program was designed to:

1. Provide education/motivation activities to service women several times a month in order to reach this at-risk and mobile population.
2. Conduct the activities in the 353 small drink shops in the project area so that the service women could participate in the company of their co-workers and so that the drink shop owners would also be a supportive part of the intervention.
3. Provide preventive and curative STI services in the 7 easily accessible wellness centers (i.e., drop in centers) and 6 participating district hospitals.

The Training Strategy



Thirty-four (34) service women were selected to be outreach volunteers and they were trained to conduct all activities. With FHI's regular monthly training and supportive monitoring, they became both knowledgeable and confident.

Experience elsewhere had shown that new information given in small "doses" is more likely to be understood, remembered and used. Consequently, a major part of the intervention was the practical training for the outreach volunteers every month. New information, a new teaching tool or a new activity was presented in a 1 day training followed by 2 days practice in drink shops under the observation and mentoring by FHI staff. When the outreach volunteers are able to demonstrate that they understand the topic and understand the objective of the activity, they go out on their monthly rounds to meet and educate their peers in the small drink shops or nightclubs. The following month they return for another "dose" of training in a new topic or theme.

Key Factors

As is true for all interventions, there are many lessons learned along the way. FHI/Lao highlights five factors that are now recognized as key to the success of the intervention:

1. The selection process for the outreach volunteers was rigorous and 197 women were interviewed before 34 were selected. Personality and enthusiasm were discovered to be more important than level of education, age or previous experience.
2. Initially, FHI staff provided intensive oversight. Preparing and providing monthly training, continually monitoring to ensure that the messages were being given correctly, and being available to help solve daily problems, all helped the interventions establish a solid foundation.
3. It was important that the outreach volunteers feel pride and ownership of the project. Therefore, rather than always providing them with ready-made tools each month, the FHI staff often gave them the paper, pens and other necessary materials to make their own. (For example, see the photo on page 69 showing a “home-made” Snakes and Ladders game.)
4. The inclusion of the owners/mamasans in quarterly meetings helped build a collaborative relationship that was absolutely necessary so that the education sessions could take place in the small drink shops.



5. Seven Wellness Centers (drop-in-centers) with full-time professional managers were opened. The site of each center was selected after careful mapping to determine the number of service women in the area and how easily they could access the center. These Wellness Centers have become a “home away from home” for many service women who visit them for resting, cooking, bathing, gardening, entertainment and education and counseling. A STI doctor is available one day each week at each of the 7 centers.

The Themes and Activities

Themes/topics are selected based on the reported interests and needs of the service women. Some themes are repeated but the activity that helps the service women understand the theme differs from month to month. The 9 themes listed below are those that have been recent monthly topics.



	Monthly Theme	Activity or Tool	Objective
1	Our Bodies	Body Mapping	To discuss differences in female and male sex organs; to understand why some STIs in females may not have external symptoms; to appreciate various parts of the body that can cause sensual pleasure but have no risk for STI transmission.
2	HIV and STI Transmission	Risk Cards	To clarify how HIV/STI can be transmitted and to think about one's own risk behaviors.
3	Managing Money	The Money Game	To illustrate that STIs can be very costly particularly without correct medical treatment.
4	Pregnancy	Reproductive System-Apron	To illustrate how fertilization occurs and how a baby grows. To discuss abortion issues.
5	Condoms as dual protection	Reproductive System-Apron	To illustrate how a condom blocks sperm, prevents pregnancy and prevents transmission of STIs
6	Condoms with Trusted Partners	The Boyfriend Game	To consider the past sexual risks of a current sweetheart
7	Condom negotiation	Matching male and female responses (puzzle)	To find and practice appropriate responses to clients who do not want to use a condom.
8	Saving & Managing Money	Snakes & Ladder Game	To illustrate how money management can help one reach goals and how poor money management (e.g., taking loans and paying interest) makes reaching some goals unlikely.
9	Alcohol and sex work	Spin the Beer Bottle	To focus attention on the risks involved with drinking too much alcohol and to brainstorm ways to avoid or decrease the amount of alcohol service women drink with clients.

T H E M E 1

OUR BODIES

Body Mapping Activity



THEME 1



OUR BODIES

Body Mapping Activity

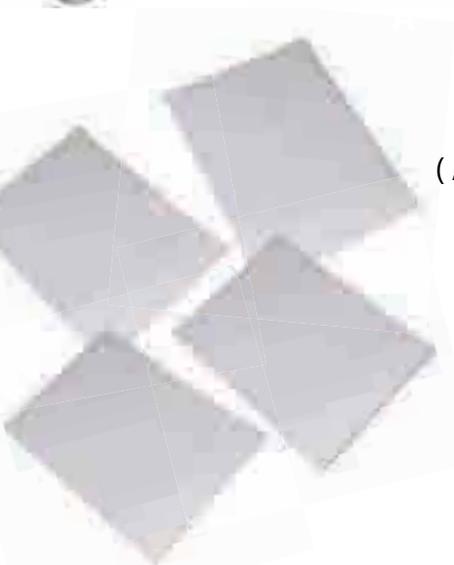
OBJECTIVES

- To identify the sexual/reproductive organs of both women and men
- To identify different ways men and women can be sexually stimulated.
- To appreciate various parts of the body that can cause sensual pleasures but have no risk for STI transmission.

WHY ?

- The Body Mapping activity is very active, participatory and fun. It is an excellent way to gain interest and reduce possible fears that the education sessions are going to be boring.
- The Body Mapping activity helps participants discuss some safer sex behaviors.

Materials & Preparation



(A)



(B)

- A. Four pieces of flip chart paper. Tape two together. You now have two large pieces.
- B. Colored Marking Pens
- > Read **Annex 1, "Understanding Our Bodies"** in order to understand more about female and male bodies.

What ?

Participants draw outlines of bodies, then draw other features including sexual and reproductive parts. Facilitator leads a discussion about differences between women's and men's bodies.

How ?

1. TELL: Two participants to lay on the floor on two large pieces of paper.



2. TELL: The other participants to outline each body with marker pens and then to make one body a female and the other a male. Participants should draw and label the sexual or reproductive parts of the body

—e.g., vagina, vulva, clitoris, labia, public hair, buttocks, anus, breasts, nipples, penis, testicles, scrotum, etc. Also add features such as: hair, eyes, ears, nose, finger nails, etc.

3. TELL: Participants to mark all the places on the two bodies that can give pleasure. (NOTE: Encourage them to think of the whole body, not just the sex organs).



4. ASK:

- Where in their bodies do people experience sexual pleasure?
- Which of those “pleasure areas” might be risky for transmission of an STI?
- Which parts of the body can give pleasure without a risk of transmission of an STI?
- Are there any parts of the body (female or male) that you would like more information about?



Hints

1. This activity can take from 30 to 60 minutes or more.
2. Allow time for lots of laughter. The peers like to sit on the floor and laugh about clients and the various spots on their bodies where they like to be touched.

T H E M E 2

HIV and STI Transmission *Risk Cards*



THEME 2



HIV and STI Transmission *Risk Cards*

OBJECTIVES

- To clarify how HIV/STI can be transmitted and can not be transmitted.
- To consider one's own risks of HIV/STI infection.

WHY ?

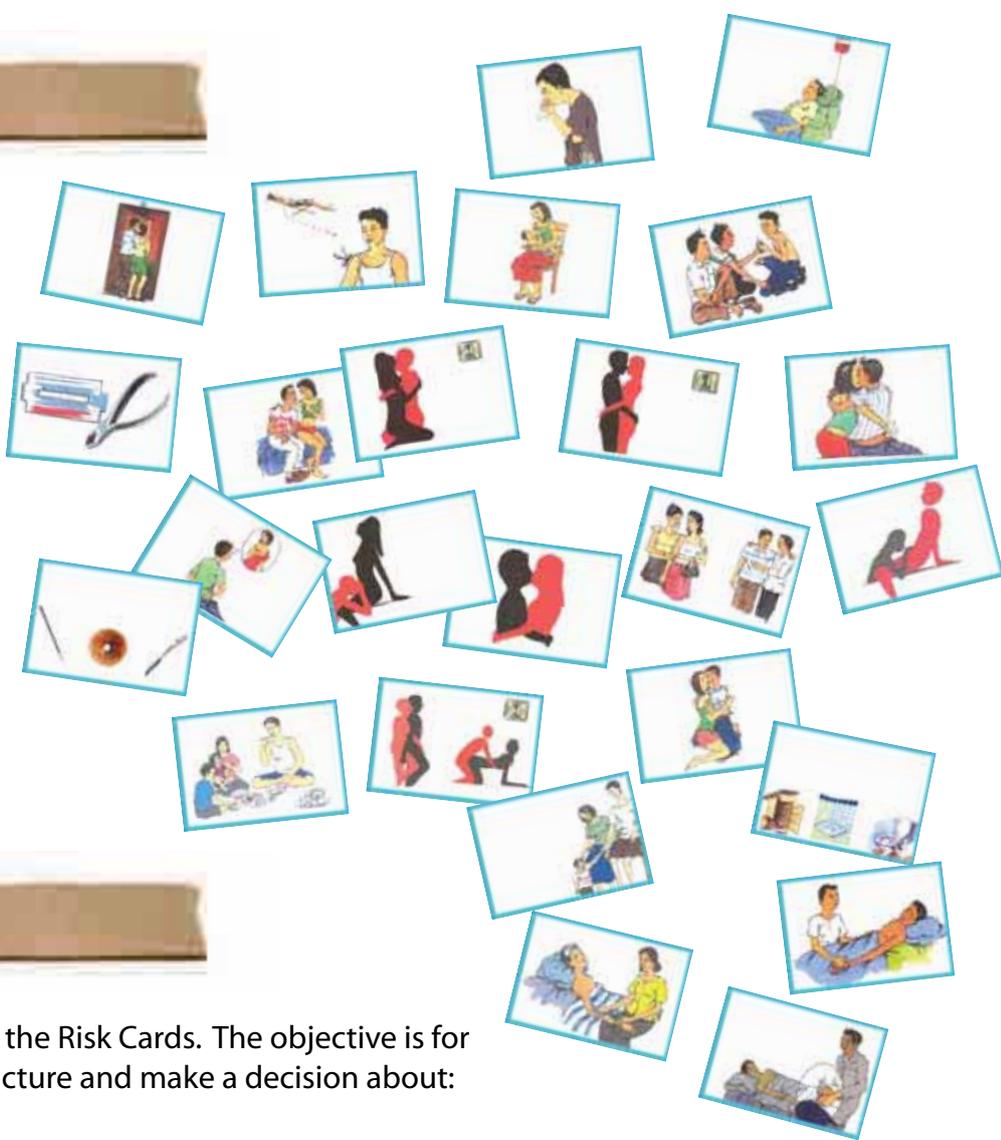
- Many young girls who become service women have little understanding of their risks of STI infection. Even experienced service women may be confused about STI/HIV transmission.

Materials & Preparation

- > A set of Risk Cards. Make copies of these pictures or draw a set of your own.

See **Annex 2**, for more detailed pictures of the Risk Cards

- > One paper that says "high risk"
- > One paper that says "low risk"
- > One paper that says "no risk"



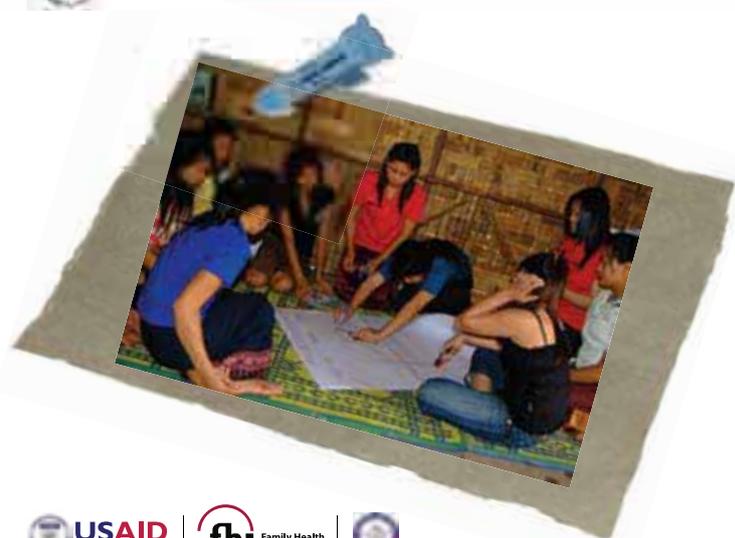
What ?

There are several different ways to use the Risk Cards. The objective is for the participants to think about each picture and make a decision about:

- > What is happening in this picture
- > Could HIV or another STI be transmitted in this way
- > Should I put it in the place called "high risk," "low risk," or "no risk"?

The participants can work in teams, or in small groups, or in pairs or as a large group. The facilitator must help them think about the behavior and help them understand the risk (or lack of risk) in each card.

How ?



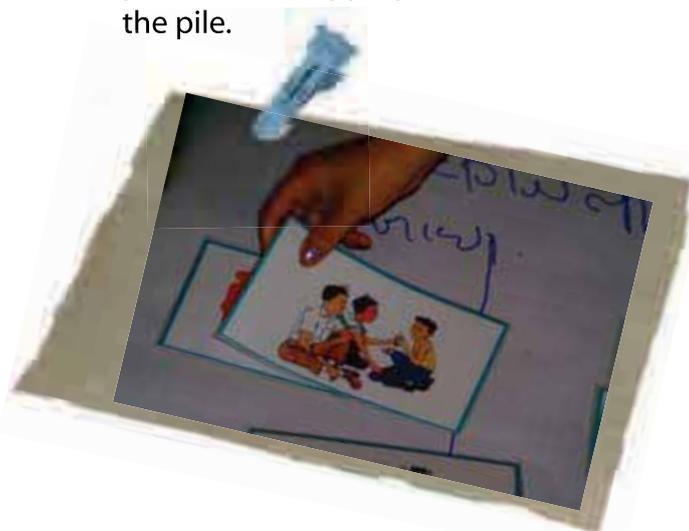
1. **TELL:** Participants make 3 columns on a large piece of paper. Title them High risk, Low risk or No Risk. Or they can put the 3 signs (high risk, low risk, no risk) in 3 different places.-e.g., on a large table or on the floor.
2. **EXPLAIN:** Each of the risk cards has a picture of an action. Some of the pictures show an action that could transmit an STI or HIV.

3. **DISTRIBUTE** the picture cards randomly to the participants. Give each participant the same number of cards.



4. **TELL** the participants to discuss each picture and decide if it illustrates an action that is high risk, low risk or no risk for the transmission of STIs. Put the picture in the appropriate column or in the pile.

5. **GUIDE A DISCUSSION:** When all of the cards are placed, pick up cards in the "high risk" group.
 - > Do you agree that this is a High risk activity? If you don't agree, where do you think we should put this card? Is there anyway that this behavior can be made safer?

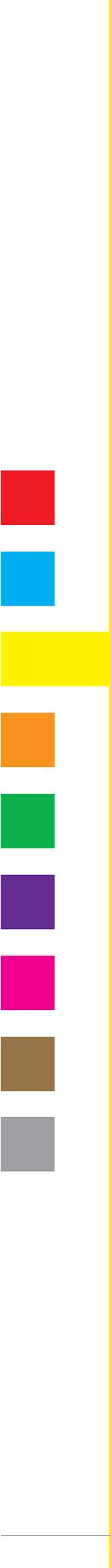


6. **CONTINUE THE DISCUSSION** with the cards in the "low risk" group and the "no risk" After discussion, ask the participants again where the card should be placed. Put it in the correct group.
7. **SUMMARIZE:** Ask, "Will the information you learned today help you in your work? Tell me how."

Hints

1. This activity requires a lot of preparation to make the cards. However, the risk cards can be used for many different activities. Therefore, the time you spend making the cards will be useful in the future.
2. Be sure that you understand the level of risk shown in each picture. Ask project staff for clarification or more information if you need it.

T H E M E 3

A vertical bar on the left side of the page, consisting of a series of colored squares: red, blue, yellow, orange, green, purple, pink, brown, and grey.

MANAGING MONEY

The Money Game

THEME 3



MANAGING MONEY

The Money Game

OBJECTIVES

- To understand consequences of unsafe sexual behavior on future goals.
- To illustrate that using condoms with clients may be very cost-effective.

WHY ?

- Some clients offer more money to a Service Woman if she agrees not to use a condom.
- Some Service Women believe that they can get adequate STI treatment from a traditional healer or from taking only a few tablets and not the full prescribed treatment.

Materials & Preparation

1. Prepare copies of money, or use play money, or cut pieces of paper to resemble real money. You need at least an amount equivalent to the average monthly earnings of each participant. In Lao PDR, you need 1,000,000 Kip for the facilitator and 1,000,000 Kip for each participant.
2. Plan a broad outline of a story that is appropriate for the participants. Be sure to read the sample story in **Annex 3 (Joy's Story)**. It is an example.



What ?

The facilitator will begin to tell a story about a Service Woman. The participants will add information to the story. Each time that the woman in the story has an expense, the facilitator collects money from the participants.

How ?

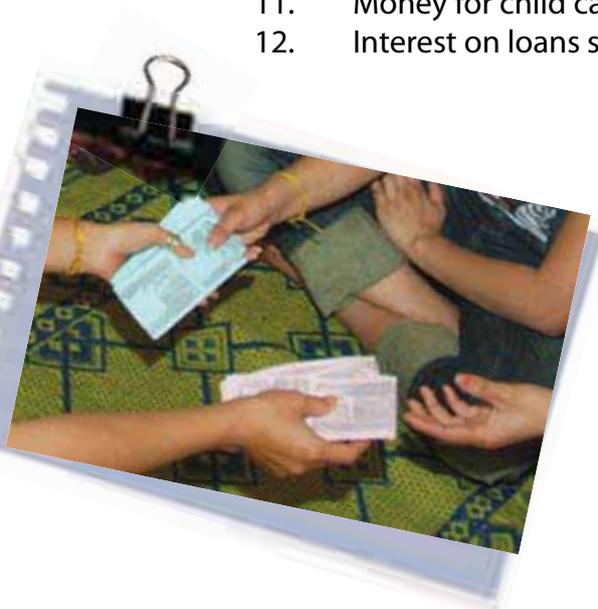
1. **GIVE:** money to each participant. It should equal an average monthly income.
2. **BEGIN TO TELL** the story. (See **Annex 3** for an example of a story.) The story should be about a service woman who is similar to the participants. Give her a personality e.g., a name, a boyfriend, a family, etc. Make her a person like the participants.



3. **ASK:** What are the normal expenses that “Joy” has each month? Ask the participants to think about their own expenses.

4. **COLLECT:** the amount of money that the participants think is what “Joy” pays each month. For example:

1. Sends money home to her parents
2. Shares the cost of rent for the place where she lives
3. Mobile phone
4. Transportation and or fuel and repairs for her motorbike
5. Food
6. Condoms and contraceptive pills
7. Clothes
8. Make-up and hair shampooing
9. Money she gives to her boyfriend
10. Money she loans to her friends
11. Money for child care if she has children
12. Interest on loans she has taken in the past



5. **CONTINUE THE STORY. TELL:** that Joy wants to buy something special (e.g., shoes or earrings, or a new pair of jeans). A client offers her more money to have sex without a condom and she agrees.

6. **GIVE:** extra money to the participants to equal the extra amount of money that they would receive for sex without a condom.



7. CONTINUE STORY AND ASK THE PARTICIPANTS TO ADD DETAILS. **(See examples in step 8 below.)**

What are the problems that may arise because of the STI that resulted from unprotected sex?



8. COLLECT: money from participants if the problem COST Joy money. For example:

- She has pain in her abdomen
- She has itchy vagina
- She has smelly discharge
- She has fever
- She doesn't feel like working and doesn't earn money
- She doesn't feel like having sex with her boyfriend and so he finds another girl
- She doesn't feel like taking care of herself and her skin and hair lose their beauty
- She doesn't feel like going out with her friends and so they are angry with her.
- She is sad and lonely and often telephones her friend in her home province to cry. This costs money.
- She goes to a traditional healer to get medicine. This costs money.
- The medicine does not help. She goes to another healer. This also costs a lot of money.



- She goes to a pharmacy but is too shy to tell the pharmacist her symptoms and so gets the wrong antibiotic. This costs money
- She continues to feel very sick and does not see any clients.
- She goes back to the pharmacy and is told that she should take medicine for 7 days but she doesn't believe the pharmacist and only buys tablets for 3 days. This costs money.
- She feels better for a few days and begins to work and earn money. She receives money.
- The symptoms return.
- She goes to a clinic and now must see the doctor, have many blood and urine tests which are expensive. She is given more medicine. This is very expensive.
- She still cannot work for another week.
- She is finally cured—but she is in debt. She did not buy the new shoes/earrings/jeans.



9. SUMMARIZE:

- ASK: What are some consequences of Joy's not using a condom? (e.g., wasted time; poor health; loss of income; loss of boyfriend, etc.)
- ASK: What was the cause of Joy's financial and health problems?
- ASK: In your opinion, is it worth extra money to have sex without using a condom? Why or why not?



Hints

1. This story should be very personal for the participants. Be sure to get them involved in discussing the typical issues and expenses. Add real issues to the story. But, be sure that at the end, the participants realize that earning money by not using condoms may mean losing a lot of money.
2. This story may take 30 – 60 minutes or more. If you make the story real, the participants will want to discuss their own similar experiences.

T H E M E 4

PREGNANCY

The Reproductive System-Apron



T H E M E 4

PREGNANCY

The Reproductive System-Apron

OBJECTIVES

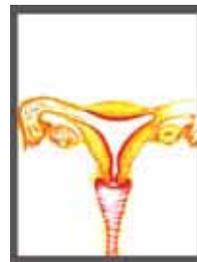
- To illustrate menstruation, fertilization and growth of a fetus.

WHY ?

- Many Service women do not understand their reproductive systems including menstruation, fertilization and pregnancy.

Materials & Preparation

1. Make or buy a plain apron.
2. Draw the outline of a female torso.
3. Sew a clear plastic "pocket" on the lower front of the apron.
4. Copy or make a set of 5 pictures.
 - 1) baby in the womb;
 - 2) twins in the uterus. (optional)
 - 3) unprotected intercourse with sperm entering the uterus;
 - 4) sperm reaching and fertilizing the egg;
 - 5) implanting of the fertilized egg in the lining of the uterus;



What ?

The facilitator guides a discussion and encourages questions as she shows each picture.

How ?

1. **PUT ON THE APRON:** Facilitator (or a volunteer participant) puts on the apron, saying that it is like the outside of our body--our skin.
2. **TELL:** The pictures will show participants what is "under the skin".



3. INSERT the picture # 1 of the full-term baby.
4. ASK: "What do you see here? What do you think this is? How did the baby get here?" Discuss.
5. ON THE SAME PICTURE, POINT TO:
 - > the ovaries on each side of the uterus
 - > the vagina (Note: women often are surprised to "see" the inside of the vagina. Explain that it can stretch to receive a penis; also stretches to allow the birth of a baby.)



6. TELL: participants to stand up. ASK if they ever feel a small pain or ache on the sides of their lower abdomen. ASK them to point to the spot. Most women will point to the area of their ovaries. (Note: This will help them understand that the apron picture really refers to what is inside their own bodies.) Explain the function of the ovaries. (Egg released from one side each month. If the egg is fertilized by a sperm from a man, a pregnancy may occur.)



7. INSERT picture # 3 showing penis in vagina and sperm being released into the vagina.
8. EXPLAIN that sperm are too small to see but that thousands of them are released during sexual intercourse.



9. INSERT picture # 4 showing the sperm reaching the egg.
10. EXPLAIN that each month one of the ovaries releases an egg. If the egg "meets" a sperm, it will become fertilized, travel through the fallopian tube and if implanted in the uterus, will grow into a baby.



11. POINT TO the red lining of the uterus. Explain that this is blood that builds up each month in preparation for a fertilized egg. However, if there is no fertilized egg, the thick lining of the uterus will be released and menstruation will occur.

12. INSERT picture # 5. A fertilized egg has attached to the lining of the uterus. It will grow into a baby.



Hints

1. Experience indicates that some participants who have had abortions did not actually realize the growth and development process of the fetus in the first few months of pregnancy. They may ask about this and other abortion issues.
2. The picture of twins often raises questions. Many Service Women believe that twins result if two sperm “meet” the egg. Explain that there are two different ways for twins to develop—and neither way has to do with the number of sperm. In some cases, two eggs are released from the ovary in one month. If both are fertilized and both are implanted, twins will result. In other cases, only one egg is released and fertilized, but the egg splits into two and each part develops into a baby.

T H E M E 5

CONDOMS AS DUAL PROTECTION

The Reproductive System-Apron



THEME 5

CONDOMS AS DUAL PROTECTION *The Reproductive System-Apron*



OBJECTIVES

- To understand how a condom can block sperm and prevent pregnancy.
- To understand how a condom can protect one from STIs.
- To gain skill in using condoms.

WHY ?

- Many new young service women have very little understanding of their bodies. It is difficult for them to understand how and why sexual intercourse could result in pregnancy or STIs. This lesson illustrates the process.

Materials & Preparation

- > Male condoms. At least two condoms for each participant.



- > Penis models. If wooden or plastic models are not available, use appropriately sized cucumbers, bananas, zucchini, or carrots.

- > Several types of oil—eg., cooking oil, hair oil, baby oil, Vaseline, etc.



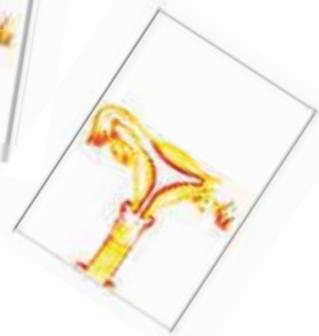
- > A water-based lubricant that can be used safely with condoms



- > Female Reproductive System Apron (as in Theme 4)



- > Picture # 6 showing a condom-covered penis in the vagina
- > Picture # 7 showing a condom-covered limp penis with sperm escaping into the vagina
- > Picture # 3 showing a penis without a condom and ejaculation and sperm (used in theme 4)



What ?

Using the Apron and pictures 6 and 7, the facilitator will show participants how a condom prevents semen from entering the woman's body. Using condoms and penis models and lubricants the participants will become familiar with touching and using condoms correctly.

How ?

1. **DEMONSTRATE:** open a condom package and put the condom on a penis model.



2. **DISTRIBUTE** condoms and penis models. **OBSERVE** as each participant practices putting a condom on the penis model.



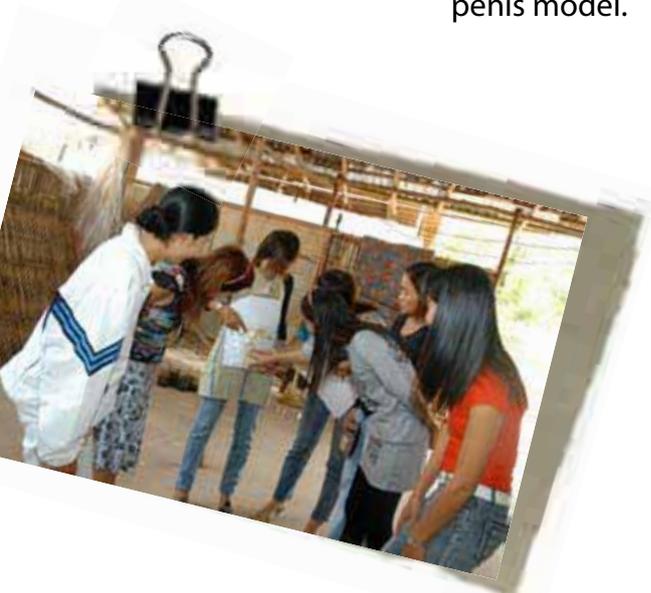
3. **ASK** a participant to wear the Reproductive System Apron with picture # 6. (NOTE: It may help the participants visualize and understand the process if the volunteer lies down as she would when having sex.)



4. **EXPLAIN:** the semen and sperm stays inside the condom and therefore will not enter the woman's body.



5. **SHOW:** on the apron where the penis goes during sexual intercourse. Use a condom-covered penis model.



6. **TAKE OUT** picture # 6 and insert picture # 7. **EXPLAIN** that this picture illustrates a penis getting soft after ejaculation. Sperm or germs can now escape from the condom and enter the vagina. Explain that a man should withdraw his penis before it is soft and take off the condom being careful not to spill the semen.



7. TAKE OUT picture # 7 and insert picture # 3. Show what happens when a condom is not used—i.e., sperm, bacteria, virus (like HIV) can enter the woman's body possibly resulting in pregnancy and/or an STI.

8. ASK: "In your experience, what are the advantages of using condoms? What do you like about using condoms?"
9. ASK: "In your experience, what are the disadvantages of using condoms? What don't you like about using condoms?"
10. EXPLAIN: Some participants may mention that condoms make intercourse painful for them. This is the opportunity to tell them about lubricants. Explain that although there is some lubricant already on the condom, it may be more comfortable to use more.
11. EXPLAIN: if a lubricant has any oil in it, it will weaken the condom and the condom may break. Therefore, they should always use a special water-based lubricant that is sold with condoms.



12. DISTRIBUTE condoms to each participant. ASK each participant to open a condom package, take it out and blow it up like a balloon and tie it to keep the air inside.



13. GIVE some participants oils and tell them to rub it on the full condom. It will soon explode because the oil harms the rubber condom.
14. GIVE other participants some water-based special lubricant and tell them to rub it on their condoms. It will not explode.
15. ASK: "What is the safe lubricant to use? Why?"

16. HELP: Many participants want to learn how to put condoms on their clients with their mouths. Using the penis model, help the participants practice.



17. ASK: "What have you learned today about using condoms?"
18. SUMMARIZE:
 - > Condoms can prevent pregnancy by blocking the sperm from entering a woman's body
 - > Condoms can protect a woman from germs entering her reproductive system
 - > Extra lubricant can make condom use more comfortable
 - > A condom may break if a lubricant with oil in it is used.
 - > Always use the special water-based lubricant that is sold with the condom.

hints

1. Even with the penis model and the picture in the apron, it is difficult for some participants to imagine what happens in the body. The facilitator needs patience and imagination.
2. Be sure to have enough condoms so that every participant can practice putting a condom on the penis model and also can blow up a condom like a balloon.
3. Tell the Service Women, that if they do not have any lubricant, they can use saliva. It may make intercourse more comfortable for them.



T H E M E 6

CONDOMS WITH TRUSTED PARTNERS

The Boyfriend Game

T H E M E 6



CONDOMS WITH TRUSTED PARTNERS

The Boyfriend Game

OBJECTIVES

- To realize that a partner's past behavior may put you at risk even if his current behavior is faithful.
- To understand that condom use is important even with trusted partners.

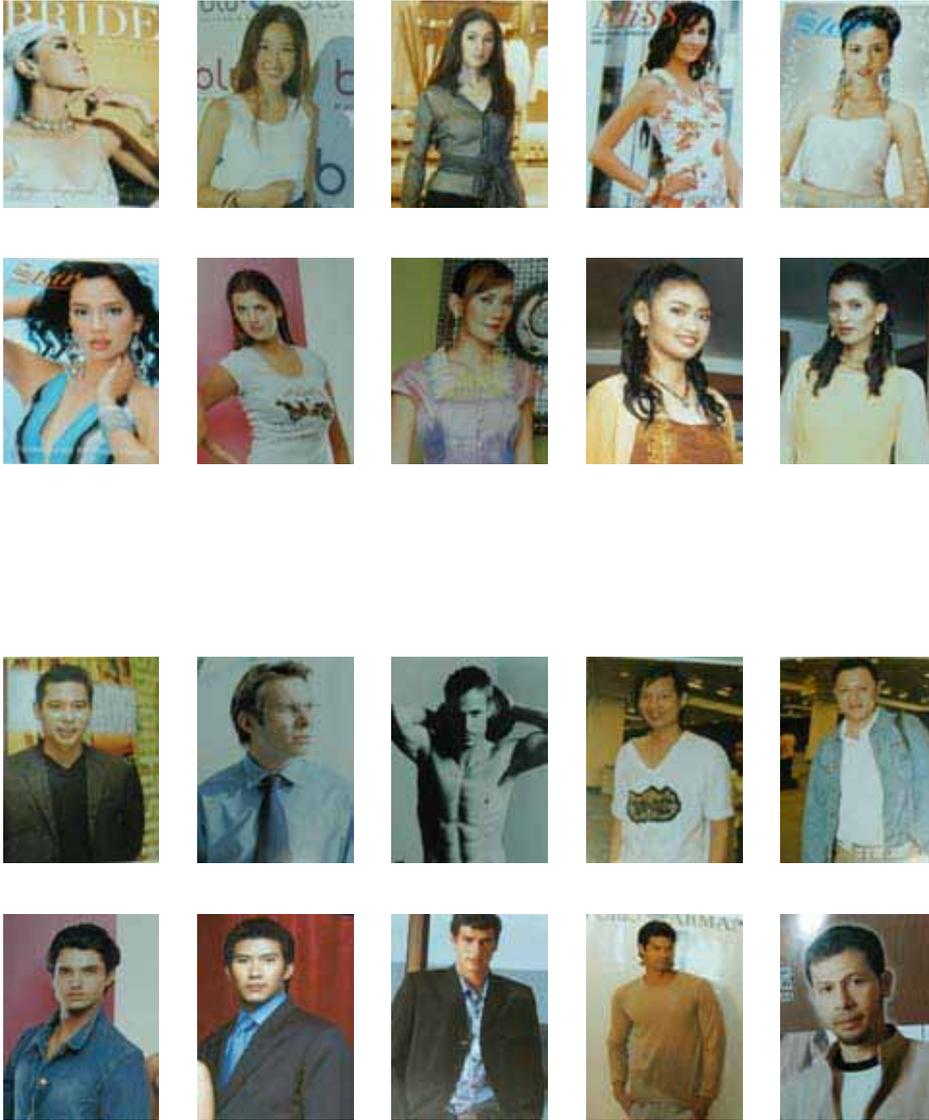
WHY ?

- Service Women in Asia are likely to use condoms with non-regular clients. But, with regular clients or special clients such as boyfriends and sweethearts, many do not believe that condom use is necessary or practical.

Materials & Preparation

- > Buy small photos of 10 beautiful women and 10 photos of handsome men. Use film stars or other attractive pictures.
- > Place an X mark on the back of three of the pictures. (NOTE: Do not let participants see the back of the cards. At the end of the activity, the cards will be turned over and the X will indicate which person had HIV and will indicate how HIV may have been transmitted to the other partners.)

> Sample picture cards



- > Small papers cut the same size as the above pictures (10 blue and 10 green)

10 blue papers and 10 green papers >



What ?

Using the photos as examples of their own lives, the participants describe their boyfriends, their boyfriends' previous partners and the possible path of HIV infection.

The result of this discussion is a "picture mapping" of the network of people who have had sex and the possible route of infection from various sexual partners.

How ?

(Note: It is often useful for the facilitator to do this activity first based on a story about her own life. The example of the facilitator's story makes it easier for the Service Women to then tell their own stories.)



1. **SHOW:** Display the female pictures.
2. **ASK:** a volunteer participant to choose the picture that she wants to represent herself.



3. **ASK:** the participant to choose picture(s) of men who can represent her current boyfriend(s).
4. **TELL** her to place the male picture(s) next to the picture that represents herself.

5. ASK: Have these men had other partners in the past or do they have sex with other people now? The participant should select pictures of the women that her partner has had or does have sex with. If she has actually seen the other women, she can select a photo to represent that woman. If she knows about the other sex partner (e.g., the wife) but has never seen her, she should just add a green card and place it next to the man.



6. ASK: Have these female partners had other partners in the past? If so, place either photos or blank blue cards next to the females.
7. CONTINUE: asking about previous partners of the main partner or of the partners of those partners. When no more is known, ASK: "What if one of these partners were HIV positive. Is it possible that he or she had infected the next partner? Is it possible that that partner had infected the new partner?"



8. HELP: participants to understand that a previous partner might have infected their current boyfriend and that using condoms is therefore a wise decision.

9. TELL: participants to turn over the cards. If one of them has an X on it, that illustrates that that person was HIV +. Show that HIV infection might have infected other people (in the picture network) and traveled to the service women.



10. SUMMARIZE:

- > Have your boyfriends had other partners? Have his partners had other partners?
- > Do you think that any of these people might have been infected with HIV?
- > If someone is HIV positive, can you tell by looking at him?
- > Do you think that someone you have had sex with might be HIV positive?
- > Can you explain this process to your boyfriend? Can you convince him to use condoms? How?
- > Can you convince your boyfriend(s) to have an HIV test?

Hints

1. In our experience, many participants like to “tell” their own story with the pictures. It is a very light-hearted, interactive and fun activity. The co-workers usually joke about the pictures or the boyfriends.
2. In the beginning, if no one volunteers to tell their story, the facilitator should “break the ice” and tell her own story (real or pretend.).

T H E M E 7

CONDOM NEGOTIATION

Matching Male and Female Responses (Puzzle)

T H E M E 7



CONDOM NEGOTIATION

Matching Male and Female Responses (Puzzle)

OBJECTIVES

- To develop the skill and confidence to negotiate condom use with clients and other partners.

WHY ?

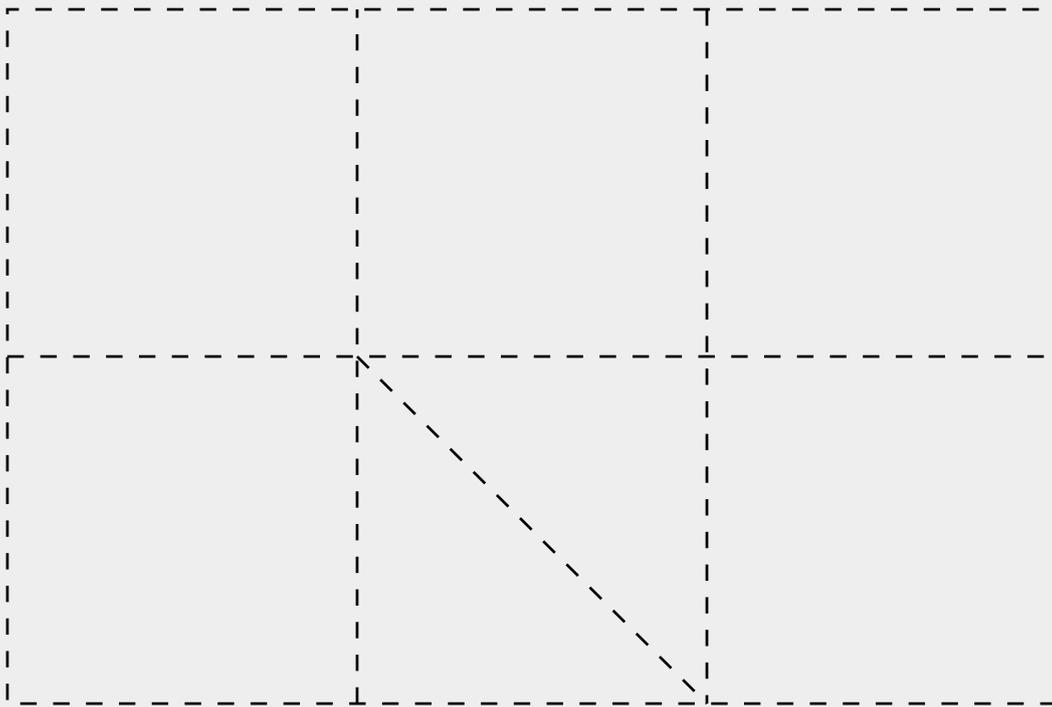
- In order to please their clients, some Service Women believe it is rude to disagree with a client. They may want to use a condom, but do not want to be rude.
- Some Service Women do not have the confidence to disagree with their clients who they think are well educated.

Materials & Preparation

- > Facilitators make a large jigsaw puzzle.

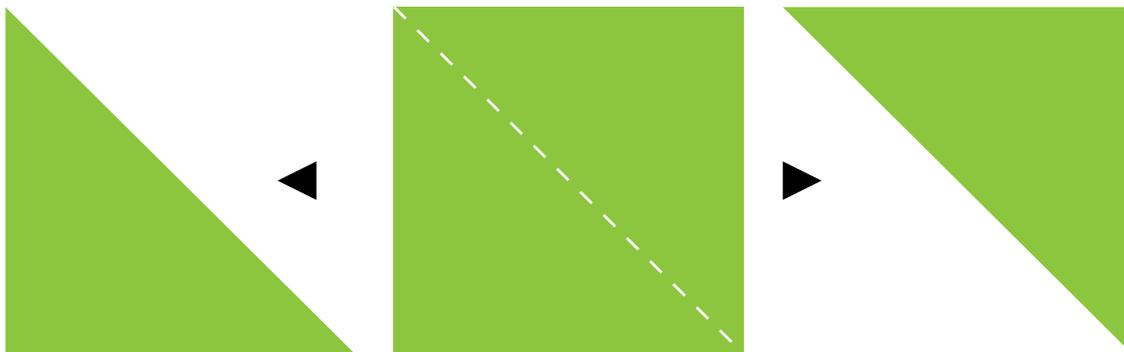
Part 1

- > Draw a large rectangle on a large piece of paper.
- > Draw 6 equal-sized squares in the large rectangle.
- > Divide the 6 sections in half diagonally. You will now have 12 triangle shapes inside the large shape.



Part 2

On colored paper, cut 12 triangle shapes the same size as the 12 shapes in **Part 1**.



Part 3

- > Take the two halves of each square. Look at the pairs of sentences below. Write one sentence on each half.

Man _ _ _ _ _

- A. I do not want to touch a condom.
- B. If I use a condom, I lose my desire to have sex.
- C. I'm sure that I don't have a STI. So there's no reason to use a condom.
- D. I will withdraw before I ejaculate. There is no need for condom.
- C. I don't like using a condom.
- E. Why do you want me to use a condom? Don't you trust me?

Woman _ _ _ _ _

- A. No problem. I will put it on for you.
- B. Don't worry! I will bring back your desire!
- C. I don't think I have an STI either. But, some STIs have no symptoms, so it is safer to always use a condom
- D. Without a condom you will ejaculate too quickly. We'll have longer and better sex if you use a condom.
- C. But, a condom makes your penis feel bigger and stronger. I like it that way!
- E. Condoms are for good and fun sex.



Facilitator will mix up all the men's statements and the women's responses. Participants will try to match the pairs that make sense. They will discuss other ways and other words to negotiate with a client.

How?

1. **ASK:** What do you say or do to convince a partner to use condoms? Discuss negotiation techniques that the participants have used successfully. Also discuss techniques that have not been successful and how they could be improved.



2. **TELL:** Show the large paper which is divided into 12 triangle shapes. Put the colored triangles with the sentences written on them in a pile in the middle of the paper.



3. **EXPLAIN:** The participants are to find and match a statement by a man with an appropriate response from a woman.
4. **EXPLAIN:** When the participants have a matching pair, they put the triangles together making a square and place it on the large paper.



5. **ENCOURAGE:** the participants to discuss if they could use the sentence or if they have a better way to respond to the client.



6. **ROLE PLAY:** Ask the participants to role play condom negotiation scenarios. They may use the sentences in the puzzle or use their own imagination.



7. **SUMMARIZE:**
- > Do you think you can negotiate condom use with your clients? Give an example of something you can say or do.
 - > What would you tell a new Service Woman to do if she had a client who did not want to use a condom?
 - > What can you do if a client refuses to use a condom?

Hints

- > The puzzle can be made in different shapes. But, the man's statement and the woman's response should fit together.
- > The negotiation words should be changed to reflect the real situation of the participants.
- > If some participants can't read, the objective can be reached if the facilitator reads the man's words aloud and asks the participants to suggest appropriate responses.



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T H E M E 8



SAVING AND MANAGING MONEY

Snakes and Ladders Game



THEME 8

SAVING AND MANAGING MONEY *Snakes and Ladders Game*



OBJECTIVES

- To identify a goal and consider ways to save money to reach that goal.

WHY ?

- Some Service Women say that they receive clients who do not use condoms because they earn more money for sex without a condom.
- Service Women also say that they have dreams and goals and that they need to continue working in order to reach those goals. However, because they do not plan for saving, they rarely reach the goals.

Materials & Preparation

- > One dice or a six-sided pencil that can have numbers written on each side.
- > Markers (stones, small papers, etc.). One for each player.



- > A “Snakes and Ladder” type game board. Facilitator must make this. See instructions below:

- o Use a large piece of paper (flip chart paper),
- o Divide it into 100 squares—10 rows and 10 squares in each row.
- o Write the number of each square starting at the lower left hand square as # 1 and continuing to # 100 at the top left hand corner.
- o NOTE: The squares that have instructions also have an arrow going up or down.
- o Write instructions in these squares:

17: Guest gives US dollars. To # 45.

20: Business man wants you to be a minor wife. Go to # 40.

28: Business man no longer visits. Go to # 9.

33: Business man buys you a motorbike. Go to # 53

43: Parents are sick and need money. Go to # 24

46: You play cards. Do not save money. Go to # 7

52: Friend borrows money and runs away. Go to # 32

55: New business man client. Go to # 65

63: Has many clients this month. Go to # 79

83: Go out and drink with boyfriend. Go to # 57

86: Buy expensive mobile phone for boyfriend. Go to # 54

87: Has overseas clients. Go to # 93

91: Loses mobile phone & buys new one. Go to # 69

99: Plays cards, takes drugs, & is in debt. Go to # 1

#100: Has reached goal (has house, car, bank account)

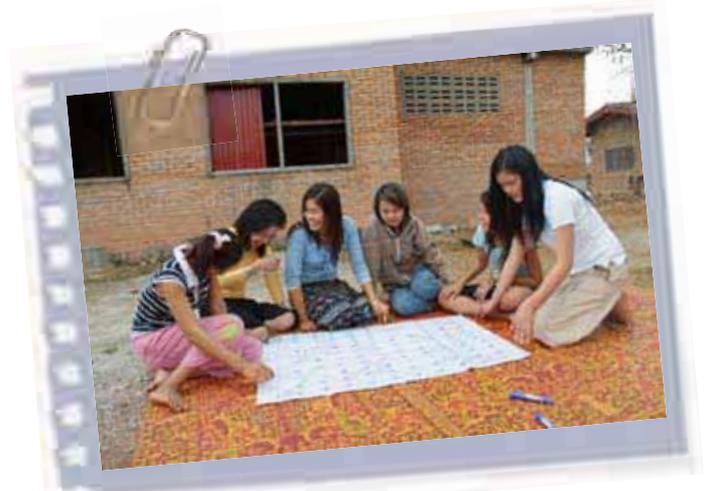
100	has a house/car/bank account	99	play cards, take drug and be in debt, back to 1 to save money	98	83 go out at night and drink with boyfriend → 57	97	84	96	85	95	86 buy new fashioned expensive mobile phone for boyfriend → 54	94	87 has clients from overseas → 93	93	88	92	89	91 has sex with guest and loses mobile phone so she has to buy new one → 69
81		82		83		84		85		86		87		88		89		90
80		79		78		77		76		75		74		73		72		71
61		62		63 this month has a lot of guests → 79		64		65		66		67		68		69		70
60		59		58		57		56		55 has a business man → 65		54		53		52 shared women cheats her → 32		51
41		42		43 parents at home are sick and need money → 24		44		45		46 play cards, back to 7 to save money		47		48		49		50
40		39		38		37		36		35		34		33 log business man buy motorcycle for her → 53		32		31
21		22		23		24		25		26		27		28 a business man separate from her → 9		29		30
20 to be small wife of a business man' → 40	19	18		17 get US dollars from guest → 45		16		15		14		13		12		11		10
1	2	3	4	5	6	7	8	9	10									

What ?

Participants play this board-type game and realize that in order to reach their life goals, they may have to change some of their own behavior that results in loss of money.

How ?

1. ASK: "Why do you want to save money? What is your goal for saving money?"
2. EXPLAIN: "In this game, you will reach your own personal goal if you can reach square # 100."



3. PLAY:
 - a. 4 – 6 participants choose their markers (each a different color or shape).
 - b. All participants start at square 1.
 - c. Participants take turns rolling the dice (or the pencil) and moving markers the number of squares that appears on the dice.
 - d. If a marker lands on a square that has written instructions, the participant must follow the instructions and either go forward toward her goal or fall backwards away from her goal.
 - e. The first participant to reach square # 100 wins.



4. **SUMMARIZE THE GAME:** Ask: Are there some things in this game that are like your life? What could change if you wanted to save money? Why is it hard for you to save money?



5. **OPTIONAL ACTIVITY:**

- > **Annex 4** is an example of an Income and Expense Report. Some Service Women want to learn how to budget. This report form helps them see how much money they receive from various sources and how much they spend.
- > Service Women who wish to participate need to learn how to use the form. It may take several months of supervised practice before the Service Woman can do the form by herself.
- > The facilitator or project manager should ask to see the Report each month so that she can help the Service Women examine her monthly expenditures and plan for more savings.

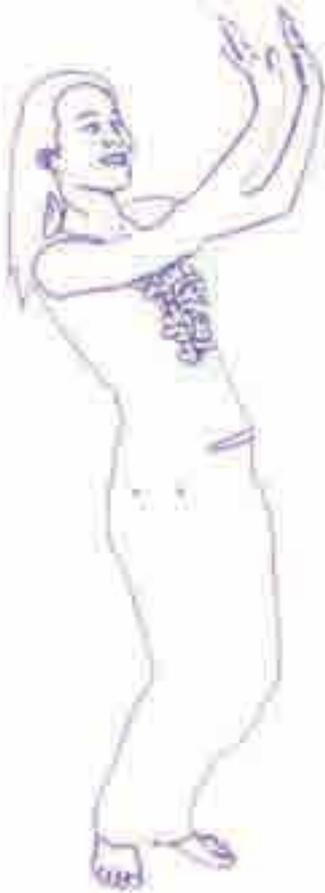
T H E M E 9



ALCOHOL AND SEX WORK

Spin the Beer Bottle

T H E M E 9



ALCOHOL AND SEX WORK

Spin the Beer Bottle

OBJECTIVES

- To understand the relationship between alcohol and risk behavior.

WHY ?

- Most Service Women in Lao PDR work in small drink shops or night clubs. In both places, one of their jobs is to convince the customers to buy drinks. They sometimes have to drink with the customers.

Materials & Preparation

- A. Decide on questions that are appropriate for your participants. Examples are:
1. Drinking a lot of alcohol can harm your health. True or False?
 2. Act out typical behavior of a drunk customer.
 3. Why do people like to drink so much alcohol?
 4. Are there benefits of having sex while sober? What are they?
 5. Tell at least two ways to prevent HIV transmission.
 6. What is the difference between having HIV infection and having AIDS?
 7. How can you trick a drunk client into using a condom?
 8. How can you sell a lot of beer to clients without getting drunk yourself?
 9. Put a condom of the beer bottle using your mouth.
 10. Will you go on a motorbike with a drunk customer? Why or why not?
 11. Spin the bottle again.
- B. Write the questions on cards. Optional:
Decorate the cards with fun pictures.
- C. Get an empty beer bottle.
- D. Read **Annex 5** for more information and suggestions about alcohol and drug use.



What ?

Participants sit on the floor in a circle. Each takes a turn spinning the bottle. The participant answers the question that the bottle points to. Then, she talks about her own experience about drinking alcohol and risky behaviors.

How ?

1. **EXPLAIN:** The purpose of the game is to have fun and to think about how risky situations can arise when people are drinking too much alcohol.



2. **EXPLAIN:** Each participant will take a turn spinning the bottle.
 - a) She then answers the question card that is nearest to the top of the bottle when it stops spinning.
 - b) **NEXT** the participant shares one experience that she has had involving alcohol or drugs (ganja, yaba, etc.) and sex.
 - c) **NEXT** she explains what she should have done to avoid the situation.
3. **EXPLAIN:** Each participant takes a turn spinning the bottle and doing steps a), b) and c) above.
4. **DISCUSS:** What can Service Women do to avoid drinking too much.
5. **SUMMARIZE THE DISCUSSION**



Hints

The questions and statements in the game provide an opportunity to clarify many issues and to start many discussions. Select questions or statements that are interesting and important for your participants.

Understanding Our Bodies

Facilitator's Resource for Theme 1

Service Women may be uncomfortable talking about the sexual parts of a man's or woman's body, especially if they are shy or if they do not know what the different parts of the body are called. Explain that this is normal. Say that even though we may feel uncomfortable, knowing how our bodies work means that we can take better care of them.

A Woman's Body

A woman has sexual parts both outside and inside her body. Use the apron to show where these parts of the body are found.

- > **Breasts.** Breasts come in all shapes and sizes. They start to grow when a girl is between 10-15 years old. They make milk for babies after pregnancy. When they are touched during sexual relations, a woman's body responds by making her vagina wet and ready for sex.
- > **Vulva.** All the sexual parts you can see between your legs.
- > **Clitoris.** The clitoris is small and shaped like a flower bud. It is the part of the vulva that is most sensitive to touch. Rubbing it, and the area around it, can make a woman sexually excited.
- > **Vagina or birth canal.** The vagina leads from the vulva to the womb. The vagina is made of a special kind of skin that stretches easily during sex and when giving birth. The vagina makes a fluid or wetness that helps to keep itself clean and prevents infection.
- > **Cervix.** This is the opening or 'mouth' of the womb, where it opens into the vagina. Sperm can enter the womb through a small hole in the cervix, but it protects the womb from other things, like a man's penis. During childbirth, the womb opens to let the baby come out.
- > **Womb (uterus).** The womb is a hollow muscle. Monthly bleeding (menstruation) comes from the womb. The baby grows here during pregnancy.
- > **Ovaries.** The ovaries release one egg into a woman's fallopian tubes each month. When a man's sperm joins the egg, it can develop into a baby. A woman has 2 ovaries, one on each side of the womb. Each ovary is about the size of a grape.
- > **Fallopian tubes.** The fallopian tubes connect the womb with the ovaries. When an ovary releases an egg, it travels through the fallopian tubes into the womb.
- > **Anus.** The opening of the intestine, where waste (stool) leaves the body.

A Man's Body

A man's sexual parts are easier to see than a woman's because they are mostly outside the body.

> **Testicles (balls).** The testicles are the balls that are located beside and under the penis. The testicles make the man's sperm. A man begins to produce sperm during puberty, and makes more every day of his life.

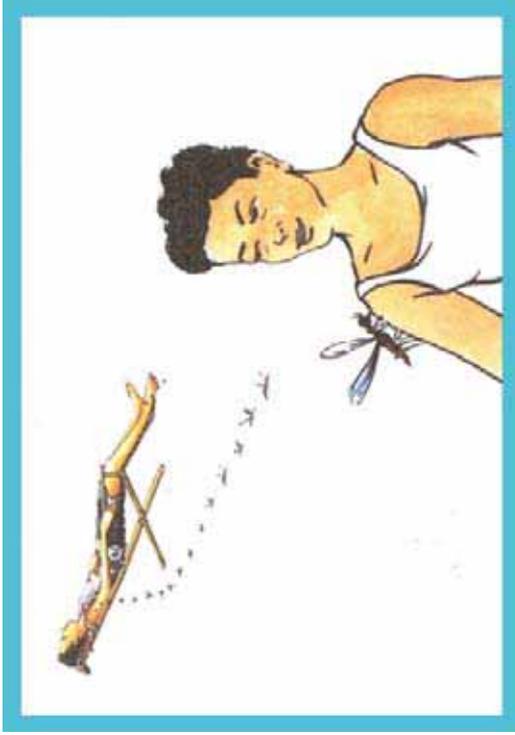
Sperm travel from the testicles through a tube in the penis where they mix with a liquid to produce semen. The semen comes out of the penis when a man climaxes during sex. Each drop of semen has thousand of sperm which are too small to see.

For more information about sexual and reproductive systems and sexual health, see ***Where Women Have No Doctor***. It is available for a free download from www.hesperian.org/publications_download.php

The Risk Cards

Facilitator's Resource for Theme 2

Card 1: Mosquito bite



Card 2: Cough/ Sneeze



Card 3: Blood transfusion



Card 4: Sharing needle



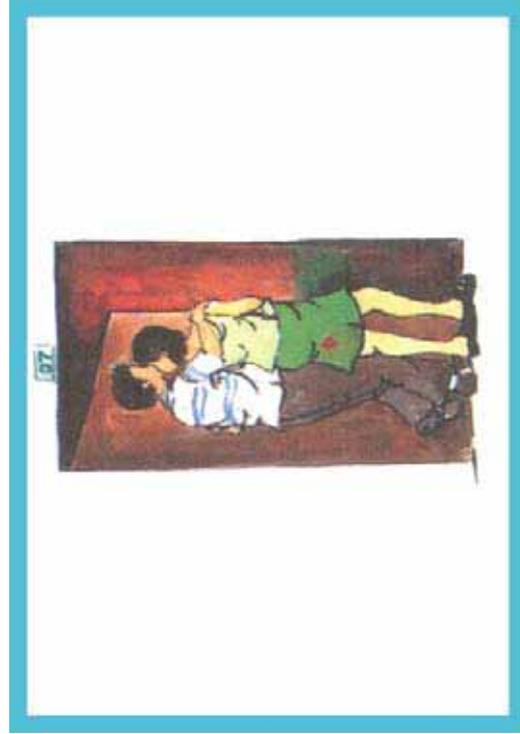
The Risk Cards

Facilitator's Resource for Theme 2

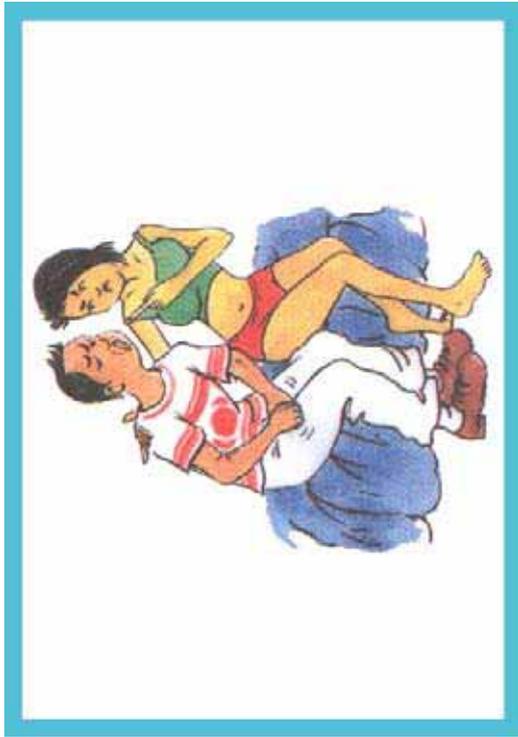
Card 5: Breastfeeding from an HIV-infected mother



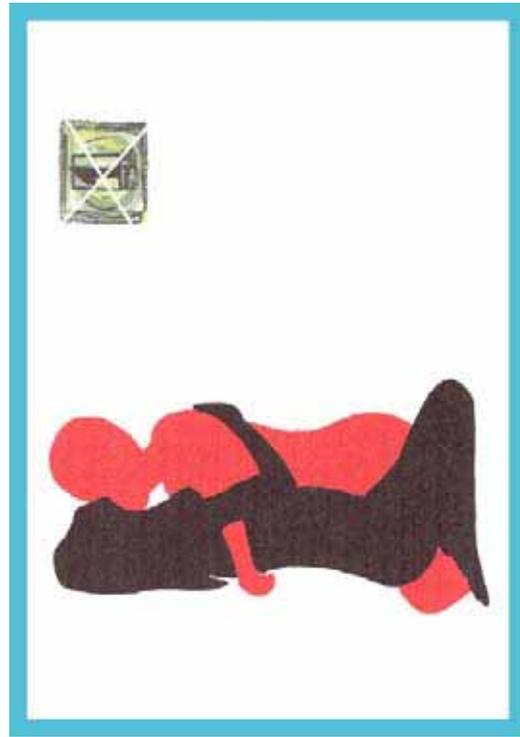
Card 6: Vaginal sex during menstruation without a condom



Card 7: Vaginal/ Oral sex with an infected partner without a condom



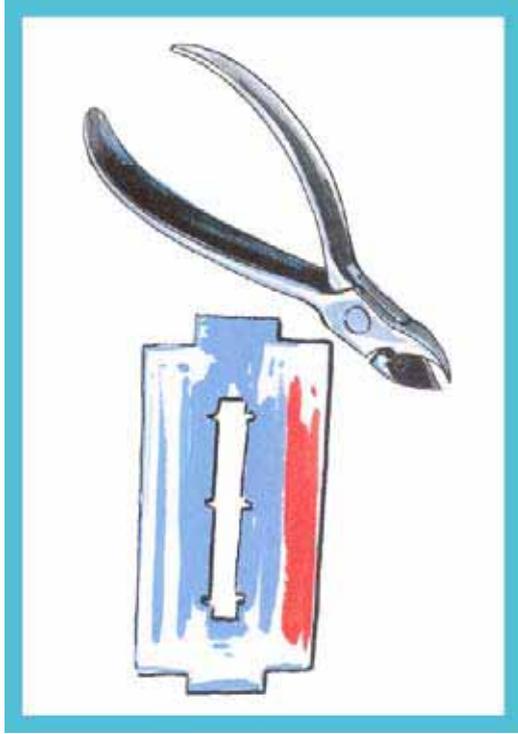
Card 8: Having sexual intercourse without a condom



The Risk Cards

Facilitator's Resource for Theme 2

Card 9: Sharing sharp objects



Card 11: Vaginal sex with a condom



Card 10: Manual sexual stimulation of the penis



Card 12: Deep (tongue) kissing



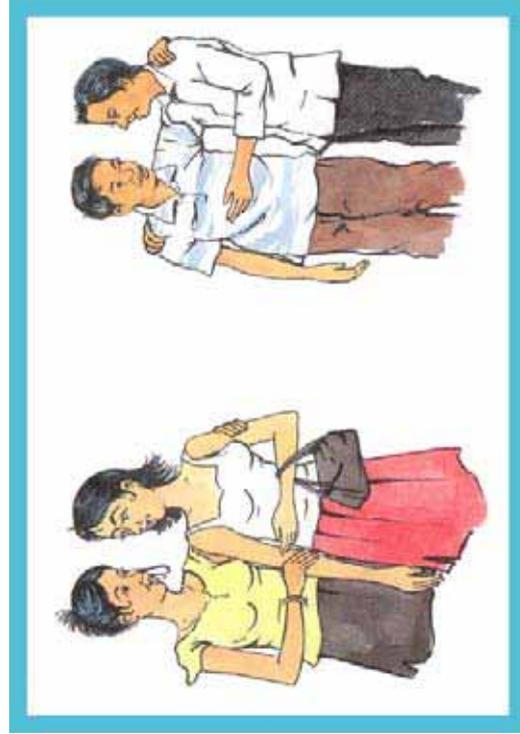
The Risk Cards

Facilitator's Resource for Theme 2

Card 13: Oral sex



Card 14: Sex with the same gender



Card 15: Masturbation



Card 16: Rubbing genitals together fully clothed



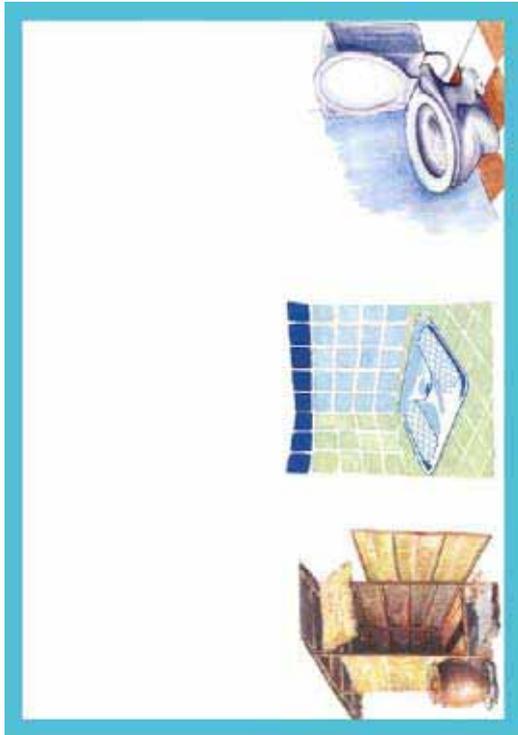
The Risk Cards

Facilitator's Resource for Theme 2

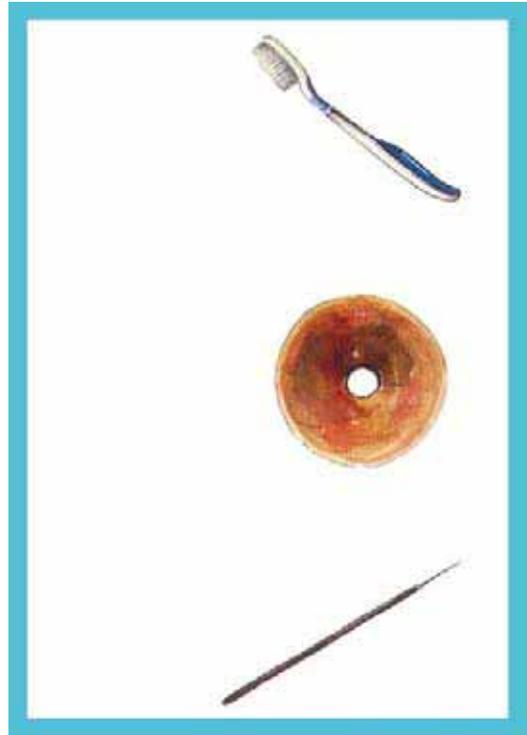
Card 17: Oral sex without a condom



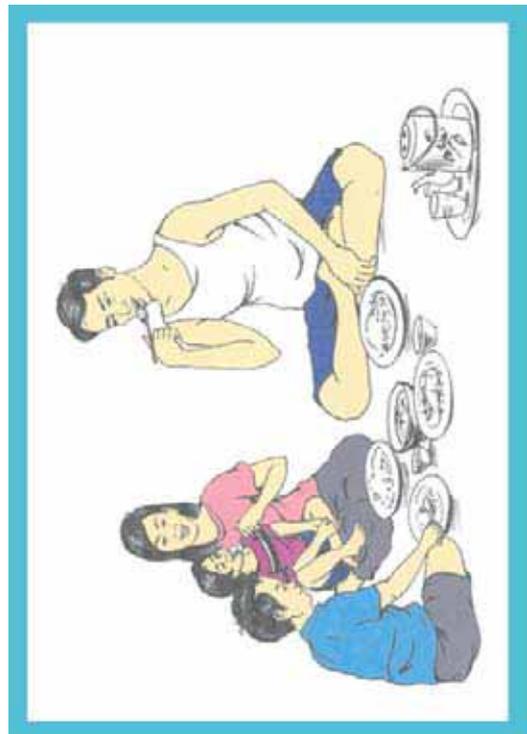
Card 19: Sharing utility (toilet)



Card 18: Sharp objects, coin, toothbrush



Card 20: Sharing food with an infected person



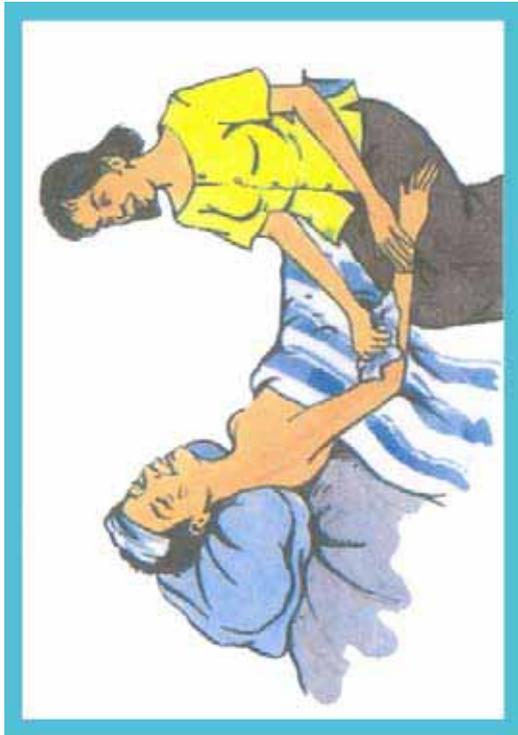
The Risk Cards

Facilitator's Resource for Theme 2

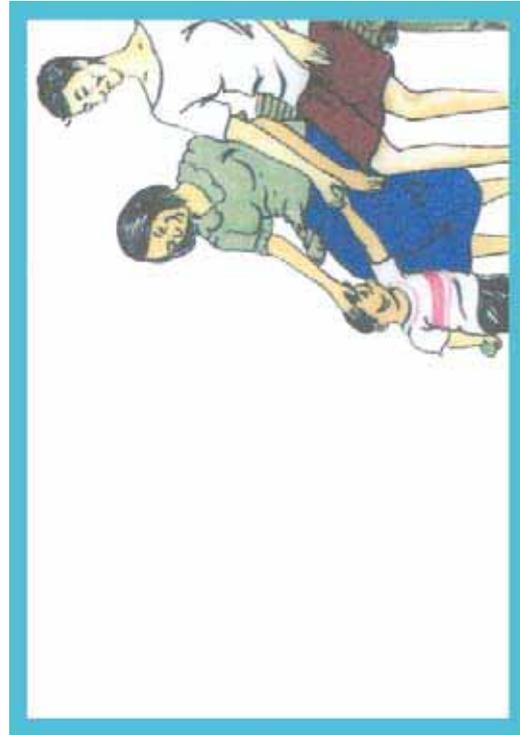
Card 21: Vaginal/ Anal sex without a condom



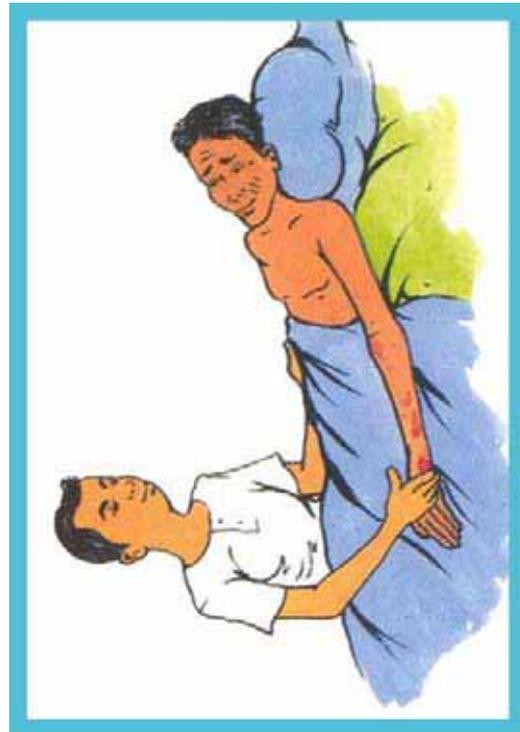
Card 23: Caring for infected person



Card 22: Touching an infected person



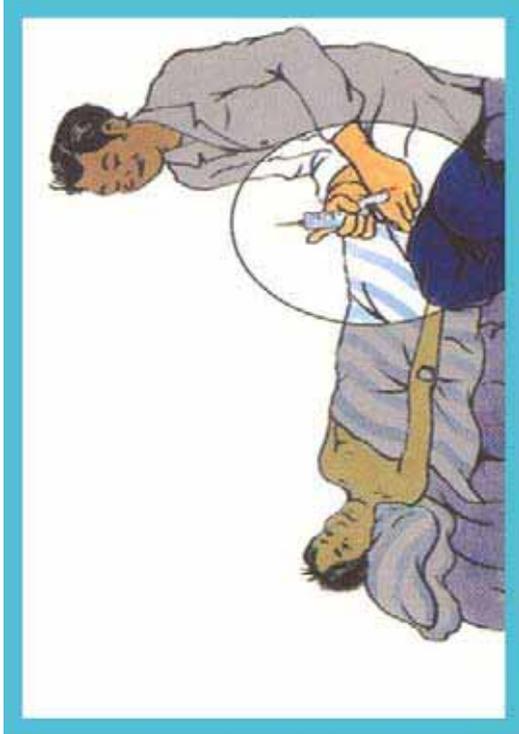
Card 24: Touching/ caring for an infected person



The Risk Cards

Facilitator's Resource for Theme 2

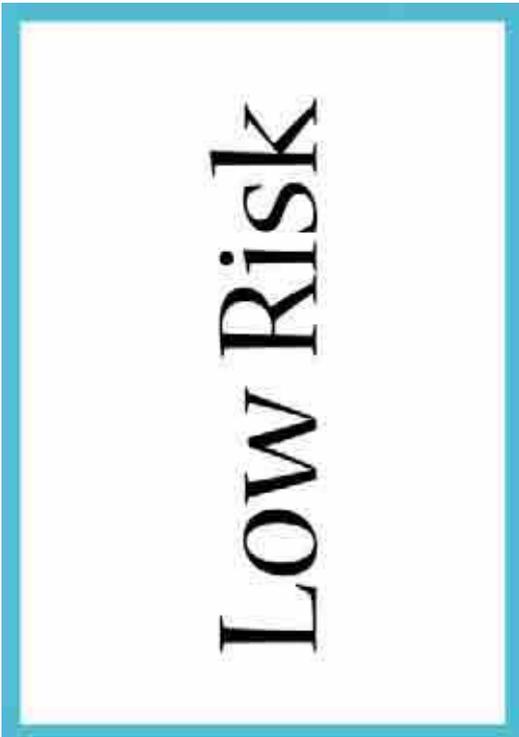
Card 25: Healthcare provider caring for an infected person



High Risk

' High Risk ' Card

' Low Risk ' Card



No Risk

' No Risk ' Card

JOY'S STORY

Facilitator's Resource for Theme 3

I want to tell you about my friend. Her name is Joy and she is a Service Woman. One day she saw a really beautiful pair of shoes in the market. She wanted them very much—but they were very, very expensive and she did not have enough money.

The next day she had a client who did not want to use a condom. He said he would pay her much more money. She knew about STIs and she knew about the importance of using condoms with every client. But, she also wanted the new shoes. So, because she wanted the extra money, she agreed. The client gave her an extra _____ (Let the participants tell you how much extra she was paid. Give each of the peers that much money now.)

The next day, Joy was very happy and decided to go with her 3 friends and have a nice lunch. She paid for all of the food. (Collect the cost of the meal for 4 people.)

Several days later, Joy received a phone call from her brother. He said that there was a problem at home and they needed money. Joy agreed to send money. She sent _____ Kip. (Collect this money from each participant). That afternoon she had a pain in her lower abdomen. But, she didn't think too much about it. She worked that evening and had good time.

Two days later the pain in her abdomen was bothering her more. She went to the market and bought some paracetamol. (Collect the cost of the drug. If she had to pay for transportation, also collect that.)

That evening, she really didn't feel very well. Instead of working all evening, she stopped early and went to bed. She had no clients. (Take away the amount of money that she would have earned in an average evening.)

The next morning, she felt better. However, she was afraid that she might have an STI and so she decided to go to the traditional healer who lived out of town. She received some medicine and paid the healer. (Collect money for transportation, for the healer's fee and for the medicine.) That evening, Joy had a fever, but one of her favorite clients was at the shop and she spent the night with him.

Although she was taking the traditional medicine, she felt much worse the next morning. She wanted to stay in bed. Her friend said that she would go to the pharmacy and get some medicine for her. When the friend returned from the pharmacy, she said, "The pharmacist wanted to sell me 7 days of drugs. But, I think he just wanted to make some money. I bought only 3 days of drugs. I think that is enough." The drugs cost _____ (Collect an appropriate amount of money from the peers.)



Annex 3 - Continued

Joy took the new drugs for 3 days. She felt much better. It was time for her to pay her rent. She paid (collect an appropriate amount of money.) She also paid her telephone card and gave some money to her boyfriend to get his motorbike fixed. (Collect the appropriate of money.)

The next week, Joy felt very sick. Her symptoms returned. She had pain, itchiness and fever. She did not want to get out of bed and she did not want to eat or work. Finally, the mamasan insisted that she go to the district hospital.

At the hospital Joy had to have many blood tests and urine tests. They were expensive. (Collect the amount of money that the participants think the tests would cost.) When the test results came back, the doctor gave her a prescription for her medicine. It cost _____ (Collect the amount of money that the participants think the medicine would cost.)

The next week Joy began to feel much better. But she did not work for 4 days. (If the participants still have money, collect the amount that they would ordinarily earn in 4 days.)

Alcohol Use, Drug Taking and STI/HIV Risk

Facilitator's Resource for Theme 9

Drug and alcohol use is a common feature of sex work. Service women may drink alcohol with clients; and they may take drugs, like ya ma or ya ba, to feel less inhibited in their work. They may use drugs and alcohol to forget about their problems. Even when service women do not use drugs or drink alcohol, it is likely that they will sometimes have clients that are drunk or using drugs. For these reasons, it is useful for us to better understand how alcohol and drug use leads to sexual risk-taking. When we understand the relationship between risk-taking and alcohol/drug use, we can also think of ways to help service women protect their sexual health.

Key Discussion Points:

1. Why do people like to drink alcohol or use drugs?

Possible reasons for alcohol and drug use include:

- o It makes us feel good/happy
- o It helps us to forget our problems
- o It gives us confidence
- o It is exciting
- o Our friends are doing it
- o It is a social activity (helps us make friends)
- o It helps us to meet new people
- o It relaxes us

2. How can Service Women protect their sexual health while using drugs or drinking alcohol?

Things a service woman could do include:

- > Try to stay sober while you work. Alcohol and drug use slow a person's reaction time. Drunk or high service women can be targets for robbery or rape. Staying sober helps to keep you aware and in control.
- > Drink plenty of water. Drinking alcohol or doing some drugs can make you dehydrated. Dehydrated people can have difficulty having sex. Not only are energy levels down, it is easier to tear membranes and skin during sex.
- > Avoid mixing drugs or mixing alcohol and drugs. This can be dangerous to your health and can even lead to death.
- > Try to take smaller doses of drugs or alcohol. If drinking alcohol, try to drink water in between rounds.
- > Avoid taking drugs or drinking alcohol with people you do not know.
- > Plan ahead! Make sure you are prepared for sex before you start drinking or doing drugs.



Annex 5 - continued

3. What can a service woman do to deal with, or avoid, a drunk client or one who is using drugs?

Things a service woman could do include:

- > Try to avoid a client who is drunk or using drugs if he makes you feel uncomfortable or nervous. It is better to be safe (and to lose money) than to be exposed to a dangerous situation.
- > Suggest non-penetrative activities (e.g. breast/thigh/ass cheeks sex) or oral sex rather than penetrative vaginal/anal sex. Customers who have been drinking or doing drugs often have difficulties getting and keeping an erection.
- > Insist on condom use for penetrative sex, which in some cases is easier to negotiate with a drunk client because he is more willing to compromise. If you cannot negotiate condom use, or feel shy to negotiate condom use, try to put on the condom without the customer knowing.
- > Be patient, diplomatic and non-argumentative. Try not to say or do something that makes the client angry or defensive.
- > Ask a friend to watch out for you. Other Service Women, hotel staff, mamasan, etc. can keep an eye on you to make sure that you are safe. If they cannot watch you, ask them to come to your aid if they hear you screaming, fighting off, or yelling with a client.



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An Activity Manual for Outreach Workers

LEARNING ABOUT HEALTHY LIVING

