

# Introduction

## Who and what is this resource kit for?

- ⌘ This resource kit was created for service providers who work with women.
- ⌘ HIV/AIDS have been seen for many years to be mostly the concern of AIDS service organizations and public health authorities.
- ⌘ The truth is that HIV and AIDS are community issues. The community response is what is important.
- ⌘ Women are particularly vulnerable for HIV infection, and many of our safer sex messages are not reaching the most vulnerable groups of women, such as those living in poverty, transition, and social isolation.
- ⌘ The most vulnerable women are also the least likely to seek the help of AIDS organizations.
- ⌘ As service providers who work with women, we are in a unique position to be able to provide information and support to women who might not otherwise be able to access it for a multitude of reasons.

## What do I do with this kit?

- ⌘ In essence, this kit is a primer.
- ⌘ It will provide you with the basic tools and information you need to begin to integrate women and HIV/AIDS issues into the work you already do.
- ⌘ It will provide you with a listing of resources that you can access for further information.
- ⌘ It will also give you some ideas of the issues women just like your clients raised in our recently completed, New Brunswick specific, AIDS project: *Hearing Women's Voices: A Women Specific HIV Prevention Project.*

## How is this resource kit put together?

- ⌘ This kit contains a series of fact sheets.
- ⌘ The coloured sheets are intended for you as service providers. These fact sheets contain information and some ideas about women-specific HIV issues.
- ⌘ The white sheets are fact sheets developed for your clients. They are on white paper to allow for better copying.

### Acknowledgements

This resource kit is the result of the work of many individuals. Planned Parenthood Fredericton wishes to thank all of the women who participated in the focus group sessions and shared their experiences and views. The Project Co-ordinator also wishes to thank the Women's Advisory Committee members for their dedication and invaluable assistance during all phases of this project.

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# Hearing Women's Voices

## Why the name Hearing Women's Voices?

- ⌘ From October 1999 to February 2000, Planned Parenthood Fredericton conducted a series of focus groups for women in and around the cities of Fredericton and Saint John, New Brunswick. In May 2001 a focus group was also conducted with women who were HIV positive. This document, based on these women's responses, was created to provide a resource for dealing with the issues they face.

## Who were the women who participated?

- ⌘ In total, 65 women participated in the focus groups.
- ⌘ Their ages ranged from under 18 to 60 years old.
- ⌘ Their employment situations ranged from unemployed to full time employment.
- ⌘ Their economic situation ranged from earning under \$10,000 to more than \$40,000 annually. Approximately 40% of the women earned under \$10,000 per year.
- ⌘ The majority (approximately 66%) were partnered. The other 34% were single.
- ⌘ Approximately 92% identified themselves as heterosexual. The other 8% self-identified as either lesbian or bisexual.
- ⌘ All levels of education were represented. The women ranged from high school dropouts to women with PhDs.

## What did the women say?

- ⌘ The women participated in an HIV/AIDS workshop, after which they were asked to answer the following two questions:
  1. **What are the barriers to practising safer sex and harm reduction?**
  2. **What skills/knowledge would you need in order to practice safer sex/harm reduction?**

## What were the barriers?

- ⌘ The barriers that the women identified fit into the following categories:
  - ⌘ Knowledge;
  - ⌘ Communication;
  - ⌘ Myths;
  - ⌘ Accessibility/Availability of Resources;
  - ⌘ Systemic/Structural;

- ⌘ Religion/Cultural;
- ⌘ Personal Characteristics;
- ⌘ Sub-Culture;
- ⌘ Power;
- ⌘ Other;
- ⌘ Substance use and misuse;
- ⌘ Relationship Dynamics.

### **What were their needs?**

- ⌘ The needs the women identified fit into the following categories:
  - ⌘ Systemic/structural changes;
  - ⌘ Personal characteristics such as improved self-esteem and self-worth;
  - ⌘ Communication and negotiation skills (e.g., How to initiate conversations about safer sex and negotiate safer sex practices with a partner);
  - ⌘ Knowledge about HIV and risk factors, such as women's greater vulnerability to infection, safe needle use, and using condoms properly;
  - ⌘ Resources (including more money);
  - ⌘ Supplies such as condoms and clean needles.

### **What differed with the HIV positive women?**

- ⌘ The HIV positive women were asked the following question:
  - ⌘ **Think back to the time before you became HIV positive. What kind of information, skill, or knowledge could you have used?**

### **What did the HIV positive women say?**

- ⌘ **DEAL WITH THE ADDICTION FIRST;**
- ⌘ Easy access to needles;
- ⌘ 24 hr. availability to needles;
- ⌘ Knowledge that sharing the water used to clean rigs could infect you;
- ⌘ Awareness of how fast the HIV population is growing, and how many people are infected – If you only know one person who's positive, you're not going to think you are at risk;
- ⌘ Safe shooting galleries;
- ⌘ Long-term rehabilitation and safe houses for women;
- ⌘ Addictions treatment centre for women that allows more than a 21 day stay;
- ⌘ Continuous education in the schools starting at age 12 or grade 6;
- ⌘ Knowledge of condoms/safer sex;
- ⌘ Knowledge as soon as you can read.

## **Were there distinct differences between the HIV positive women's group and the others?**

- ⌘ The majority of the HIV positive women had been incarcerated in a provincial correctional centre.
- ⌘ 4 of the 5 women were infected through needle use.
- ⌘ 3 of the 5 women indicated that they had worked in the sex trade as a means of supporting their drug habit.

## **Why is this information important to service providers?**

- ⌘ HIV and AIDS are community issues. Community response is important.
- ⌘ The issues raised by the women during Hearing Women's Voices are not new.
- ⌘ The issues are not unique to New Brunswick, or even Atlantic Canada. They are issues that women have been raising across the country.
- ⌘ As more service providers become knowledgeable and comfortable dealing with some of the issues surrounding HIV/AIDS, and specifically women's HIV/AIDS issues, we can provide women with valuable tools to better enable them to protect and maintain their health.

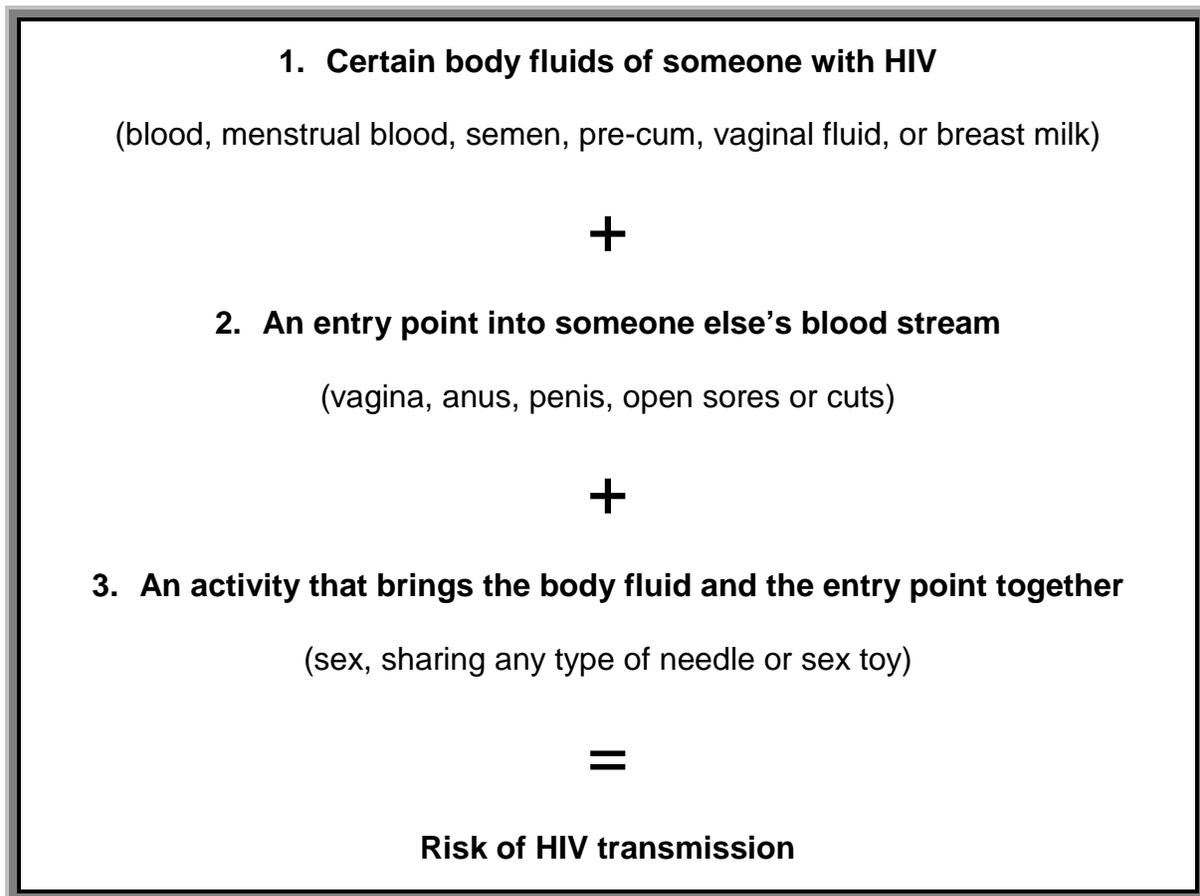
# HIV/AIDS: The Big Picture

## What are HIV & AIDS?

- ⌘ HIV stands for **Human Immunodeficiency Virus**. HIV can eventually lead to AIDS (**Acquired Immune Deficiency Syndrome**).
- ⌘ HIV attacks the immune system and makes the person unable to fight off infections.
- ⌘ AIDS is a collection of illnesses a person gets when their immune system becomes weak.

## How is HIV transmitted?

- ⌘ Three things are needed for the virus to get from one body to another:



- ⌘ *If any one of these three things is missing, HIV cannot be transmitted.*

## What is risky & what is not?

### High Risk:

- ⌘ Vaginal or anal intercourse without a condom.
- ⌘ Sharing any type of needle, including those used in tattooing, piercing, and steroids.
- ⌘ Sharing sex toys.

### Low Risk:

- ⌘ Performing oral sex on a man or a woman without a barrier.
- ⌘ Vaginal or anal intercourse with a condom.
- ⌘ Using a needle or syringe that has been cleaned.

### Negligible Risk:

- ⌘ Performing oral sex with the use of a barrier.
- ⌘ Receiving oral sex without the use of a barrier.
- ⌘ Licking the anus (rimming).
- ⌘ Digital-anal intercourse (fingering someone's anus).
- ⌘ Wet kissing (with exchange of blood).

### No Risk:

- ⌘ Wet or dry kissing.
- ⌘ Masturbation either solo or by a partner without semen or vaginal fluid as lubricant.
- ⌘ Using unshared sex toys.
- ⌘ Urinating, ejaculating or defecating onto unbroken skin.
- ⌘ Massages, touch, body rubbing.
- ⌘ Injection of substance or tattooing or piercing with a new needle.
- ⌘ Mosquito bites, sharing a glass, talking on the phone, sitting on a toilet, kissing.

# Prevention

## What are the prevention points I should raise with my clients?

- ⌘ Be prepared to talk about safer sex and harm reduction with your partner before having sex.
- ⌘ Always insist on using a condom when having sex with someone.
- ⌘ Always insist on using a latex or polyurethane barrier (e.g. a condom or dental dam) when performing oral sex on someone.
- ⌘ If you are going to share sex toys with someone, use a new condom for each partner, or clean the toys between partners.
- ⌘ Plan ahead if you are going to drink or get high.
- ⌘ Don't share needles, inks, water, bleach or works with anyone.
- ⌘ Know the facts about HIV/AIDS.

## What if my client's partner won't allow the use of protection?

***These things might not protect your from HIV, but they may be better than using nothing at all.***

- ⌘ Use something that you have control over, like a sponge or other barrier, that he can't detect, but could still protect you from pregnancy and might kill HIV.
- ⌘ Use a spermicide that might kill the HIV.
- ⌘ Use a water-based lubricant that might protect your vagina or anus by reducing the friction, therefore reducing injuries such as tears that make it easier for HIV to get into your body.

## Why Might My Clients Be Putting Themselves At Risk for HIV/AIDS?

- ⌘ They might not perceive themselves as being "at risk". For example, they may believe that they are in a long-term monogamous relationship, or they may not realise women are particularly at risk for HIV infection.
- ⌘ They may be lacking accurate information.
- ⌘ They may not have the skills or confidence needed to talk about sex with their partners.
- ⌘ They may have past issues, such as a history of abuse, which hinders them from making healthy choices.
- ⌘ They may be lacking a sense of self, self-esteem, or self-worth.
- ⌘ They may be lacking the necessary power in their relationship to be able to negotiate situations that put them at risk.
- ⌘ They might not have the financial means to purchase supplies, and be unaware of where to obtain supplies for free.

- ⌘ They may suffer from addictions that prevent them from considering their health.
- ⌘ They may be so overwhelmed by other life activities that their personal health is not a concern.
- ⌘ They may be so caught up in the present that they do not consider the future.
- ⌘ They may believe that “experiencing life to its fullest” outweighs the risk.
- ⌘ They may believe the myths and misinformation.
- ⌘ They may lack the resources for learning about HIV/AIDS.

### **What does the term “harm reduction” mean?**

- ⌘ Harm reduction means being able to reduce the risk of harm to yourself or others by altering risky behaviours. The term in some instances has replaced the dated term “safer sex”. Harm reduction expands on this by acknowledging that HIV is not only transmitted sexually.
- ⌘ Harm reduction is basically any practice or service which, when undertaken or provided, reduces the risk of HIV transmission. Using condoms, participating in sexual activities that do not transmit HIV (such as masturbation), utilising needle exchanges, and providing safe “shooting galleries” are all examples of harm reduction strategies.
- ⌘ Harm Reduction considers risk-taking behaviour as a natural part of our world, and suggests that our work be focused on minimising the harmful effects of these behaviours rather than focusing on stopping the behaviour.
- ⌘ Harm reduction recognises that poverty, social class, racism, homophobia, social isolation, past trauma and other social inequities have an impact on people’s vulnerability to, and capacity for effectively dealing with risk taking behaviour.
- ⌘ Harm reduction philosophy requires the involvement of those individuals who are the intended recipients of programs and services in the creation of these same services and programs and/or the delivery of programs and services that are designed to serve them.

# HIV Testing

- ⌘ An HIV test is a blood test that checks for the presence of HIV (Human Immunodeficiency Virus) antibodies in a person's blood.
- ⌘ Antibodies are produced by the immune system when a person is exposed to a virus.

## How long after exposure to HIV does it take for these antibodies to appear?

- ⌘ It takes between 3 to 6 months for a person to produce HIV antibodies.

## What kinds of testing options are there?

- ⌘ The testing options vary by province and region, and are not necessarily all available in your area. There are 3 types of testing:

**Anonymous Testing** is available only at special clinics. The client does not need to reveal her (or his) name, and is given a code name or number. The client does not need to show a provincial health care card.

**Confidential Testing** (also called non-nominal testing) has the client's name replaced by a code on the testing request form, and only the doctor knows the client's identity. The test results are recorded on a client's chart and cannot be removed.

**Nominal Testing** has the client's name written on the testing request form so that everyone reading the form knows the client's identity.

- ⌘ Check with your local or provincial AIDS organization to determine what kinds of HIV tests are available in your area.

## Can someone be tested against their will?

- ⌘ No. In Canada HIV testing is not compulsory. It must be voluntary and given only after a client has given their informed consent.

## What is informed consent in HIV testing?

- ⌘ Informed consent means that a client has agreed to the testing after they have been educated about HIV/AIDS, learned about the advantages and disadvantages of testing, had a chance to ask questions, and agreed to each step of the counselling and testing procedure.

## **What is pre- and post-test counselling?**

- ⌘ Pre-test counselling is the counselling done before the test that allows the client to give informed consent. This is done in-person.
- ⌘ Post-test counselling is the counselling done when the test results are given. It is done in-person. This counselling allows the client to understand the test results. It also ensures that there is someone present to deal with the psychological reaction to either a positive or negative test, to provide information on behaviour changes, and to assess the need for follow-up and care.

## **If someone is HIV positive, do they have to tell others?**

- ⌘ Different provinces have different legal requirements for reporting HIV and AIDS. Check with your local or provincial AIDS organization to find out what the regulations are in your area.
- ⌘ A person who is HIV positive does not need to disclose their status to their employer, landlord, friends, or anyone else.
- ⌘ Telling a health care professional who is treating them may be important, because being HIV positive puts the client at greater risk for certain things, like infections.
- ⌘ Health care workers protect themselves by using Universal Precautions, such as gloves, so the risk to them is minimal.

## **Does the family, guardian, or caregiver of an HIV positive child need to tell the daycare operator, preschool teachers, or school authorities?**

- ⌘ No. There is no obligation to inform anyone.

## Sexual Assault and HIV/AIDS

- ⌘ When a woman has been sexually assaulted, there is always the risk that she could have been infected with a sexually transmitted infection (STI) including HIV, the virus that leads to AIDS.

### What is the likelihood that a woman can get infected with HIV during a sexual assault?

- ⌘ This is a complex question, and is influenced by a number of factors:
  - ⌘ Is the person who committed the assault HIV positive? If the answer is “unknown”, then the risk of infection needs to be assumed.
  - ⌘ If a woman’s anus or genitals have been cut, torn or scraped, the risk of HIV infection is greater because open wounds provide an efficient route for the HIV to get into her bloodstream.
  - ⌘ If a woman was sexually assaulted a number of times, or by multiple people, this increases her risk for infection.
  - ⌘ If the woman or her attacker has a pre-existing sexually transmitted infection, she has a three to five time greater risk of getting HIV if she is exposed to it.
  - ⌘ If there was direct contact of the attacker’s blood, semen, or pre-ejaculate fluid with the woman’s vagina, anus, or mouth (if she has cuts, sores, or burns in her mouth) her risk for HIV (if exposed) is increased.
  - ⌘ If the assailant is known to participate in high-risk behaviours, like sharing needles or having unprotected sex with men, the woman’s risk for HIV is increased.

### Should a woman have an HIV test immediately after a sexual assault?

- ⌘ It takes 3 to 6 months after the initial infection with HIV for a test for the virus to show a positive reading. Having a test immediately after the assault will not determine whether a woman was infected during the attack. If a woman does take a test immediately after the attack and tests HIV positive, her assailant may use this information against her.
- ⌘ A woman who has been sexually assaulted is faced with a number of medical issues immediately after the assault. She needs to get medical attention as soon as possible.
- ⌘ If there is a risk of pregnancy, she can ask for the emergency contraception pill (ECP). ECP must be initiated within 72 hours after an act of unprotected sex. The earlier it is taken the higher the rate of effectiveness.
- ⌘ Ten to fourteen days after the assault she should get checked for sexually transmitted infections such as chlamydia, syphilis, and gonorrhoea.

## **Are there drugs that can be given to reduce the risk of a woman getting HIV after a sexual assault?**

- ⌘ Antiviral drugs in combination with inhibitors have been used to successfully reduce the levels of HIV in the blood of infected people.
- ⌘ Using these drugs at the time of exposure may reduce the risk of infection. This is called Post Exposure Prophylaxis (PEP). However, they need to be initiated soon after the assault in order to be effective.
- ⌘ PEP may be available to victims of sexual assault in your area. Check with your local or provincial AIDS organisation for more information.

### **Remember...**

- ⌘ The physical and psychological effects of a sexual assault on a woman are immediate, and for many women long-lasting.
- ⌘ The decisions of what tests to have and whether to press charges or not may be difficult for a woman to make.
- ⌘ It is important that the woman have access to individuals specifically trained in the area of sexual assault.
- ⌘ Staff and volunteers at Rape Crisis/Sexual Assault Centres are trained, and can provide the assistance a woman needs.

## Needles & HIV/AIDS

### What kind of needles can pass on HIV?

- ⌘ Any needle that is not clean could pass on HIV, which is the virus that leads to AIDS. This includes needles used for injecting drugs (including steroids), tattooing, piercing, and skin popping.

### How do I know that the place where I get my piercing or tattoo is safe?

- ⌘ Does it have a business license?
- ⌘ Do they have an autoclave machine for sterilising their needles?
- ⌘ Do they have a sharps container to store their dirty needles?
- ⌘ Do they use disposable razors for cleaning the area before tattooing?
- ⌘ Do they use individually wrapped, disposable needles?

### How do I clean a needle?

- ⌘ Rinse the needle and syringe 3 times with bleach. Leave the bleach in the needle and syringe for 30 seconds each time.
- ⌘ Rinse the needle and syringe 3 times with water.
- ⌘ Get rid of the bleach and water after you're done.
- ⌘ If you share needles, syringes, filters or cookers, clean them between uses.  
**Always throw out the water! Do not share the water!**
- ⌘ Make sure that you clean the needle and kit with water when you're done. Make sure you don't shoot the bleach.

***Remember the best protection when using needles is to use your own, clean needle!***

### Where do I get clean needles?

- ⌘ Phone your local AIDS organization. They can tell you if there is a needle exchange in your area.
- ⌘ In some places you can get needles at pharmacies. Ask your local AIDS organization about that.

### Should I shoot up in different veins?

- ⌘ Yes. When you stick a needle in your vein, it leaves a hole in the skin and in the vein. You can keep your veins in good shape if you let the spot heal before you hit on it again.

### How long does it take to heal?

- ⌘ At least 2 days. Longer is better.

### What happens if I don't let it heal?

- ⌘ Your veins could collapse and you will lose your vein totally.
- ⌘ You might get an infection.
- ⌘ Your veins might leak and then you've wasted your shot.
- ⌘ You could get abscesses.
- ⌘ You might push a blood clot into your bloodstream. This clot could get stuck somewhere in your body like your brain, heart, or lungs. This is really dangerous.

### How can I shoot up more safely?

- ⌘ Make sure you use a clean needle.
- ⌘ Use a new needle anytime you can. A sharp point saves your veins.
- ⌘ Don't share needles, syringes, filters, cookers, bleach or water.
- ⌘ If you have to share needles or supplies, make sure you clean them first.

**Remember this is not 100% safe!**

- ⌘ Rotate the spot where you shoot up.
- ⌘ Clean the spot with soap and water before shooting up.
- ⌘ If you inject yourself, practice injecting with your other hand in your other arm. This gives you more spots to choose from.
- ⌘ Plan ahead. Try and find a place to shoot up where there is lots of light.

***Everyone is entitled to take care of themselves, whether they use drugs or not. Learning to take care of yourself takes time and thought. Learn to inject safely.***

## Condom Sense for Women & Men

- ⌘ Condoms are the safest way to reduce your chance of getting HIV. Use them when having oral, anal or vaginal sex and when sharing sex toys.
- ⌘ In order to protect you from HIV and other sexually transmitted infections (like chlamydia, gonorrhea, syphilis, hepatitis... ), condoms need to be made of either LATEX, or POLYURETHANE.
- ⌘ Polyurethane is a plastic that is thinner than latex. Because polyurethane transfers heat more than latex, some people say that it feels better when they use polyurethane condoms.
- ⌘ Animal skin condoms and novelty condoms, like those that glow in the dark, will not protect you. If you want to use one, put a latex or polyurethane condom on first, and then put the other one over top.
- ⌘ Water-based lubricants like KY Jelly, used together with condoms, help reduce the risk of the condom breaking.
- ⌘ Never use oil-based lubricants like baby oil, Vaseline, or massage oils with condoms. These oils may break down the latex or polyurethane and increase the risk of the condom breaking.
- ⌘ The female condom protects you from HIV and other sexually transmitted infections just like the male condom does.
- ⌘ Female condoms provide more protection for women than the male condom, because of the large outer ring which hangs out of a woman's vagina, and covers her vulva (women's genital area).
- ⌘ Condoms with the spermicide (sperm killer) Non-oxynol 9 can cause sores or irritation in some people. This could increase your risk of getting or passing on HIV and other sexually transmitted infections.
- ⌘ If you use spermicidal condoms at all, make sure that you use them only for one act of sex per day. Use regular lubricated condoms the rest of the time.

- ⌘ If either you or your partner develop any soreness or itchiness, stop using spermicidal condoms.

### **How To Use A Male Condom**

- ⌘ Check the expiry date.
- ⌘ Gently squeeze the package between your fingers to make sure that there is a small pocket of air in it, and that the package isn't damaged.
- ⌘ Put the condom on the erect penis before contact with a woman's genitals.
- ⌘ Squeeze the air out of the condom by holding the tip of the condom while it is rolled on. The tip will leave room for the semen (cum) to go into. This reduces the risk of the condom breaking.
- ⌘ Unroll the condom down to the base of the penis. Use plenty of water-based lubricant.
- ⌘ Make sure there are no pockets of air in the condom.
- ⌘ After the man comes, but while his penis is still hard, hold the base of the condom while he pulls out.

### **How To Use The Female Condom**

- ⌘ Squeeze the smaller ring and insert it into your vagina as far as you can.
- ⌘ The big ring stays on the outside of your body, and covers your vaginal lips.
- ⌘ Female condoms can be inserted up to 8 hours before sex.

### **How To Make A Barrier for Oral Sex Out Of A Latex Condom**

- ⌘ Take an unlubricated or flavoured latex condom. Cut off the tip, then cut up along one side.
- ⌘ Open the condom and you will have a latex square to hold against your partner's bum or vagina.
- ⌘ Add water-based lubricant to the side that goes to the vagina or bum. It will make it feel better.

## Women & HIV/AIDS

### What are HIV and AIDS?

- ⌘ **HIV** stands for **Human Immunodeficiency Virus**, which is the virus that causes **AIDS**. HIV attacks the cells of the immune system and weakens it. Without a strong immune system, the body is unable to fight off infection. This eventually leads to **AIDS (Acquired Immune Deficiency Syndrome)**.

### What spreads HIV?

- ⌘ HIV is passed from one person to another by the exchange of infected blood, semen, vaginal fluids or breast milk.
- ⌘ You can only get HIV in a few ways. These include:
  - ⌘ Vaginal sex without a condom;
  - ⌘ Anal sex without a condom;
  - ⌘ Sharing any needles, including those used in body piercing & tattooing;
  - ⌘ Sharing sex toys like dildos, vibrators, butt plugs, and cucumbers;
  - ⌘ Oral sex without a barrier on either a man or a woman.
- ⌘ You can't get HIV from:
  - ⌘ Mosquitoes, toilet seats, drinking glasses, hugging, or kissing.

### How do I protect myself?

- ⌘ **If your partner agrees to it:**
  - ⌘ Talk about condoms and sex before having sex;
  - ⌘ Use latex or polyurethane condoms and barriers when having sex;
  - ⌘ Use a water-based lubricant like KY Jelly;
  - ⌘ For oral sex on a man, use a condom that doesn't have spermicide on it;
  - ⌘ For oral sex on a woman or rimming (bum licking) use a dental dam, a condom cut into a square, or a piece of non-microwavable plastic wrap;
  - ⌘ Use a new latex or polyurethane condom for each person when sharing sex toys.

⌘ If your partner doesn't agree to condoms:

**This might not protect you from HIV, but it might be better than using nothing at all.**

- ⌘ Use something like a sponge, or other barrier, that he can't detect, but could still protect you from pregnancy and might kill HIV;
- ⌘ Use a spermicide that might help kill the HIV;
- ⌘ Use a water-based lubricant that might protect your vagina or anus from cuts and tears.

⌘ If you use alcohol or other drugs:

- ⌘ Plan ahead before you get drunk or high;
- ⌘ Never share any needles, works, water, filters, inks, or drugs.

**Where can I get more information or help?**

- ⌘ If you want to know more about HIV/AIDS or about testing:
  - ⌘ Call an AIDS organization or a Planned Parenthood near you.
- ⌘ If you are in a physical or emotionally abusive situation:
  - ⌘ Call a transition house in your area.
- ⌘ If you have been sexually assaulted:
  - ⌘ Phone a sexual assault crisis centre near you.

**Where can I get free supplies?**

- ⌘ You can get condoms and other safer sex supplies at AIDS organizations and Planned Parenthoods.
- ⌘ You can get needles from needle exchanges. Check with an AIDS organization to find out if there is a needle exchange near you.
- ⌘ Phone your local or provincial AIDS organization for more information.

## Women Who Have Sex With Women

### Can women who have sex with women get HIV or AIDS?

- ⌘ Yes. You might call yourself a lesbian, a dyke, bisexual, straight, queer, or gay. Or you might not call yourself anything at all. It's not who you are but what you do that puts you at risk.

### What is HIV?

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  - ⌘ For oral sex on a woman or rimming (bum licking), use a dental dam, a condom cut into a square, or a piece of non-microwavable plastic wrap;

- ⌘ Wear latex gloves when putting your finger or fist into your partner's vagina or anus;
- ⌘ Use a new condom on sex toys before sharing them with your partner.

**⌘ If your partner doesn't agree to using a latex barrier:**

- ⌘ Use a water-based lubricant that might protect your vagina or anus from cuts and tears.

**⌘ If you use alcohol or other drugs:**

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## **Pregnancy & HIV/AIDS**

- ⌘ Pregnancy is a time when women need accurate information about HIV/AIDS in order to make informed choices.
- ⌘ If a woman chooses to continue with her pregnancy, HIV testing is something that she needs to consider.

### **Why is HIV testing important for pregnant women?**

- ⌘ Pregnancy is very difficult on a woman's body if she has HIV. Having a baby can make her disease worse.
- ⌘ If a woman is HIV positive, she has a 25% chance of passing the infection on to her child. Drug therapies can reduce that risk to less than 10%.

### **Should all pregnant women be tested for HIV?**

- ⌘ It is really the woman's decision. The local Planned Parenthood and AIDS organization are good places to start getting information before she sees her doctor. She can then talk to her doctor about her risk factors, and make the decision that is right for her.

### **Should women who are HIV positive have an abortion?**

- ⌘ Not necessarily. A woman who is HIV positive can have a healthy baby.
- ⌘ It is a woman's choice whether or not to get pregnant and whether or not to continue with a pregnancy. She does, however, need a lot of information before making a decision. The local Planned Parenthood, AIDS organization, and her family doctor are good places to start getting the information she needs.

### **Where can an HIV positive woman get the most up-to-date information?**

- ⌘ The local AIDS organization, Planned Parenthood, and her family doctor are all good places to start.
- ⌘ There are a few AIDS organizations in the country that are especially for HIV positive women. The local AIDS organization can provide information on the nearest one.

### **How does a woman pass HIV on to her baby?**

- ⌘ HIV can be transmitted from mother to child during pregnancy, labour and delivery or breastfeeding.

### **Why are all babies born to HIV positive mothers HIV positive at birth?**

- ⌘ Babies are born with their mother's antibodies. These antibodies may stay in the baby's blood for 15 months or more.

### **Is it possible for an HIV positive woman to give birth to a baby without HIV?**

- ⌘ Yes, but all babies born to HIV positive mothers will be HIV positive at birth, because of the mother's antibodies.
- ⌘ To find out if the baby is actually HIV positive on its own, a series of blood tests is conducted until the baby is about 18 months old. If the baby still tests positive for HIV 18 months after birth, the baby is considered to be HIV positive.

### **What percentage of babies born to HIV positive mothers will get HIV?**

- ⌘ Without drug therapy about 25%. Drug therapy can reduce the risk to less than 10%.
- ⌘ Even without drug therapy, 75% of babies born to HIV positive women will shed their mother's antibodies and be healthy.

### **What can a woman do to reduce her risk of transmitting HIV to her baby?**

- ⌘ Take special medication during her pregnancy.
- ⌘ After the baby is born she should not breastfeed.

### **Are the drugs a woman takes during pregnancy safe for the baby and the woman?**

- ⌘ This is a difficult question to answer. We really don't know yet because the drugs are still relatively new, and the research is incomplete.
- ⌘ It is important for a woman who is HIV positive, and is deciding about pregnancy, to know what her options are. She should talk with experts in the area of women and HIV infection.

### **What if a woman is HIV negative, but her partner is HIV positive, and they want to have a baby?**

- ⌘ A woman needs to talk to her doctor about how she can protect herself, her partner, and the baby.

## Recommended Resources

### What are some good resources to have, and where can I get them?

- ⌘ Literature and resources are always changing as new information becomes available. For a detailed listing of current materials contact the HIV/AIDS Clearinghouse, and ask them to send you a catalogue.

Canadian HIV/AIDS Clearinghouse  
Canadian Public Health Association  
400-1565 Carling Ave  
Ottawa, ON  
K1Z 8R1  
Tel: (613)725-3434  
Fax: (613)725-1205  
Email: [aidssida@cpha.ca](mailto:aidssida@cpha.ca)  
Internet: [www.chpa.ca](http://www.chpa.ca)

- ⌘ Your local or provincial AIDS organization will also have a variety of pamphlets and resources. Some AIDS organizations also operate a lending library.
- ⌘ At the time of printing (fall 2001), the following resources available through the AIDS Clearinghouse are strongly recommended:

HIV Transmission Guidelines For Assessing Risk: A Resource of Educators, Counsellors and Health Care Providers, by the Canadian AIDS Society. This is currently the definitive guide on transmission.

Managing Your Health: A Guide for People Living with HIV or AIDS, by the Community AIDS Treatment Information Exchange. This book also provides very good general information on HIV/AIDS.

HIV and Sexual Violence Against Women, by Health Canada. This is an excellent guide when working with women who are survivors of sexual assault.

## Internet Resources

### National Organizations

Canadian AIDS Society

<http://www.cdnaids.ca/>

Planned Parenthood Federation of Canada

<http://www.ppfca.ca/>

Planned Parenthood Federation of Canada Women-Specific HIV Site

<http://www.ppfca.ca/HIV/index.html>

Canadian Health Network

<http://www.canadian-health-network.ca/>

Canadian HIV/AIDS Clearinghouse

<http://www.clearinghouse.cpha.ca/>

Canadian HIV/AIDS Legal Network

<http://www.aidslaw.ca/>

Safe Spaces

<http://www.safespaces.org>

### International Organizations

International Planned Parenthood Federation

<http://www.ippf.org/>

## Regional Organizations

### Planned Parenthoods

Planned Parenthood Fredericton

<http://www.fredericton.pafc.ca/>

Planned Parenthood Metro Clinic (Halifax)

<http://www.pphalifax.ca>

Planned Parenthood Newfoundland/Labrador

<http://www.plannedparenthood.nf.ca/>

### AIDS Service Organizations

AIDS New Brunswick

<http://www.aidsnb.com/>

AIDS PEI

<http://www.aidspei.com/>

AIDS Committee of Newfoundland & Labrador

<http://www.acnl.net/>

AIDS Saint John

[http://www.sjfn.nb.ca/community\\_hall/A/aidssj.html](http://www.sjfn.nb.ca/community_hall/A/aidssj.html)

SIDA AIDS Moncton

<http://www.geocities.com/aidsmoncton/>

AIDS Coalition of Nova Scotia

<http://www.acns.ns.ca/>

AIDS Coalition of Cape Breton

<http://www.accb.ns.ca/>

Healing Our Nations

<http://www.healingournations.ca/>

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### National Organizations

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Canadian Health Network

<http://www.canadian-health-network.ca/>

Canadian HIV/AIDS Clearinghouse

<http://www.clearinghouse.cpha.ca/>

Canadian HIV/AIDS Legal Network

<http://www.aidslaw.ca/>

Safe Spaces

<http://www.safespaces.org>

### International Organizations

International Planned Parenthood Federation

<http://www.ippf.org/>

## Regional Organizations

### Planned Parenthoods

Planned Parenthood Fredericton

<http://www.fredericton.pafc.ca/>

Planned Parenthood Metro Clinic (Halifax)

<http://www.pphalifax.ca>

Planned Parenthood Newfoundland/Labrador

<http://www.plannedparenthood.nf.ca/>

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AIDS New Brunswick

<http://www.aidsnb.com/>

AIDS PEI

<http://www.aidspei.com/>

AIDS Committee of Newfoundland & Labrador

<http://www.acnl.net/>

AIDS Saint John

[http://www.sjfn.nb.ca/community\\_hall/A/aidssj.html](http://www.sjfn.nb.ca/community_hall/A/aidssj.html)

SIDA AIDS Moncton

<http://www.geocities.com/aidsmoncton/>

AIDS Coalition of Nova Scotia

<http://www.acns.ns.ca/>

AIDS Coalition of Cape Breton

<http://www.accb.ns.ca/>

Healing Our Nations

<http://www.healingournations.ca/>

## **Planned Parenthood Affiliates**

### **NEW BRUNSWICK**

**Planned Parenthood Fredericton**  
P.O. Box 20181, Fredericton, NB E3B 7A2

**Tel. (506) 454-6333**  
**Fax. (506) 450-4899**  
E-mail: [ppf@nbnet.nb.ca](mailto:ppf@nbnet.nb.ca)  
URL: [www.fredericton.ppfca](http://www.fredericton.ppfca)

### **NOVA SCOTIA**

**Planned Parenthood Bridgewater**  
12 Dominion St. P.O. Box 119  
Bridgewater, NS B4V 2W6

**Tel. (902) 543-1315**  
**Fax. (902) 543-8653**  
E-mail: [secstory@auracom.com](mailto:secstory@auracom.com)

**Planned Parenthood Cape Breton**  
P.O. Box 1598, Sydney, NS B1P 6R8

**Tel. (902) 539-5158,**  
**Fax. (902) 539-0290**  
E-mail: [ppcb@ns.sympatico.ca](mailto:ppcb@ns.sympatico.ca)

**Cumberland County Family Planning**  
P.O. Box 661, 12 La Planche St.,  
Amherst, NS B4H 4B8

**Tel. (902) 667-7500**  
**Fax. (902) 667-0585**  
E-mail: [famplan@auracom.com](mailto:famplan@auracom.com)

**Planned Parenthood Metro Clinic**  
201-6009 Quinpool Road, Halifax, NS  
B3K 5J7

**Tel. (902) 455-9656**  
**Fax. (902) 429-3853**  
E-mail: [ppmc@ns.sympatico.ca](mailto:ppmc@ns.sympatico.ca)  
URL: [www.pphalifax.ca](http://www.pphalifax.ca)

**Planned Parenthood Sheet Harbour**  
P.O. Box 245, 17 Behie Road,  
Sheet Harbour, NS B0J 3B0

**Tel. (902) 885-2668**  
**Fax. (902) 885-7629**  
E-mail: [leaplace@dunmac.com](mailto:leaplace@dunmac.com)

**Planned Parenthood Pictou County**  
P.O. Box 964, 36 Riverside St.  
New Glasgow, NS B2H 5K7

**Tel. (902) 755-4647**  
**Fax. (902) 752-2233**  
E-mail: [pppc@ns.sympatico.ca](mailto:pppc@ns.sympatico.ca)

### **NEWFOUNDLAND/LABRADOR**

**Planned Parenthood  
Newfoundland/Labrador**  
203 Merrymeeting Road, St. John's, NF  
A1C 2W6

**Tel. (709) 579-1009**  
**Fax. (709) 726-2308**  
E-mail: [ppnl@nfld.net](mailto:ppnl@nfld.net)  
URL: <http://www.plannedparenthood.nf.ca/>

## **AIDS Service Organizations**

### **NEW BRUNSWICK**

**AIDS New Brunswick**  
65 Brunswick Street,  
Fredericton, NB E3B 5G7

**Tel. (506) 459-7518**  
**Toll Free 1-800-561-4009**  
**Fax. (506) 459-5782**  
E-Mail: [sidaids@nbnet.nb.ca](mailto:sidaids@nbnet.nb.ca)  
URL: <http://www.aidsnb.com/>

**AIDS Saint John**  
115 Hazen Street  
Saint John, NB E2L 3L3

**Tel. (506) 652-2437**  
**Fax. (506) 652-2438**  
E-mail: [aidssj@fundy.net](mailto:aidssj@fundy.net)  
URL: [www.sjfn.nb.ca/community\\_hall/A/aidsj.html](http://www.sjfn.nb.ca/community_hall/A/aidsj.html)

**SIDA AIDS Moncton**  
165A Gordon Street  
Moncton, NB E1C 1N1

**Tel: (506)-859-9616**  
**Fax: (506)-855-4726**  
E-mail: [sidaidsm@nbnet.nb.ca](mailto:sidaidsm@nbnet.nb.ca)  
URL:  
<http://www.geocities.com/aidsmoncton/>

### **PEI**

#### **AIDS PEI**

85 Water Street, Charlottetown  
Prince Edward Island  
C1A-1A5

**Tel: (902) 902-566-2437**  
**Toll Free: 1-800-314-2437**  
Email: [info@aidspei.com](mailto:info@aidspei.com)  
URL: <http://www.aidspei.com/>

### **FIRST NATIONS**

#### **Healing Our Nations**

#607, 45 Alderney Drive  
Dartmouth, NS B2Y 2N6

**Tel. (902) 492-4255**  
**Toll Free 1-800-565-4255**  
Email: [afnatf@unsi.ns.ca](mailto:afnatf@unsi.ns.ca)  
URL: <http://www.healingournations.ca/>

**Healing Our Nations NB Office**  
**c/o AIDS NB**  
65 Brunswick Street,  
Fredericton, NB E3B 5G7

**Tel. (506) 455-7040**  
Email: [nbche@accesswave.ca](mailto:nbche@accesswave.ca)

### **NOVA SCOTIA**

**AIDS Coalition of Nova Scotia**  
Suite 321, 1657 Barrington Street  
The Roy Building  
Halifax, NS B3J 2A1

**Tel. (902) 429-7922**  
**Toll Free 1-800-566-2437**  
**Fax 902-422-6200**  
Email: [acns@acns.ns.ca](mailto:acns@acns.ns.ca)  
URL: <http://www.acns.ns.ca/>

**Northern AIDS Connection Society**  
33 Pleasant Street  
Truro, NS B2N 3R5

**Tel. (902) 895-0931**  
**Fax (902) 895-1533**  
Email: [t\\_o\\_p2000@hotmail.com](mailto:t_o_p2000@hotmail.com)

**AIDS Coalition of Cape Breton**  
PO Box 177  
Sydney, NS B1P 6H1

**Tel. (902) 567-1768**  
**Fax (902) 539-0290**  
Email: [accb@accb.ns.ca](mailto:accb@accb.ns.ca)  
URL: [www.accb.ns.ca](http://www.accb.ns.ca)

**Newfoundland/Labrador**

**AIDS Committee of Newfoundland & Labrador**

P.O. Box 626, Station C  
345-347 Duckworth Street, 6th Floor  
St. John's, NF  
A1C 5K8

**Tel: (709)-579-8656**

**Fax: (709)-579-0559**

E-mail: [nlac@avalon.nf.ca](mailto:nlac@avalon.nf.ca)

URL: <http://www.acnl.net/>

# Local and Provincial Referral Agencies

Photocopy this sheet as many times as you need. Record local/provincial contact information.

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## ***Planned Parenthood***

Address: \_\_\_\_\_

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Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

## ***AIDS Organization***

Address: \_\_\_\_\_

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Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

## ***Needle Exchange***

Address: \_\_\_\_\_

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Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

## ***Sexual Assault Centre***

Address: \_\_\_\_\_

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Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

## ***Transition House***

Address: \_\_\_\_\_

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Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

## ***Addictions Services***

Address: \_\_\_\_\_

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Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

***Other Resources***

Name \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Name \_\_\_\_\_

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Website: \_\_\_\_\_

Name \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

# Sample Exercises & A Few Tips

## A. Ground Rules

- ⌘ It is always good to start off a discussion/seminar/workshop with some ground rules that everyone agrees to and has input on. Because transmission of HIV involves behaviours that are difficult for many people to talk about, it can be uncomfortable for some participants. Also, because talking about HIV/AIDS can bring up values and morals for some people, it is very useful to let everyone know what behaviours are OK and not OK during the session.

## Activity

- ⌘ Before the workshop starts, write down a list of ground rules on a piece of flip-chart paper or on a black or white board.
- ⌘ At the beginning of the workshop, go over these rules with the participants and expand briefly on any that you believe need expanding.
- ⌘ Ask the group if these rules are OK, and if everyone agrees with them.
- ⌘ Ask the group if there are any rules that are missing.
- ⌘ Write up any suggested ground rules they have.
- ⌘ Tape this paper on the wall and leave it there during the workshop as a reminder.

## Sample Ground Rules

1. **Confidentiality** -- *Everything that is said in this room is confidential, and is not shared with anyone outside the group.*
2. **Respect others' opinions** -- *We may not agree with what a person says, but respect that person's opinion as being her own.*
3. **Try to accept what is said without judgement** -- *Try to be non-judgmental about what someone else says, even if you believe that it is really wrong.*
4. **Let a person speak without interruption** -- *Let a person say what they want or need to say without interrupting.*
5. **You can pass at any time** -- *If you don't want to talk about something, you don't have to.*
6. **Free to move around** -- *Feel free to get up, go to the bathroom, stretch your legs, or whatever.*
7. **There are no stupid questions** -- *If you have a question, chances are that someone else has the same question. Go ahead and ask the question.*
8. **It's OK to disagree** -- *We may not all agree with what someone else says. That's OK. Just respect where the person is coming from.*

## Supplies Needed

- ⌘ Flip Chart
- ⌘ Markers

## Time Needed

- ⌘ 5 minutes

## **B. Ice Breaker**

- ⌘ Icebreakers are always a good idea when conducting a workshop for adults. It gives the participants a chance to get to know each other a little bit before spending an hour or more together.
- ⌘ Icebreakers also work well in groups where the participants already know each other.
- ⌘ The following is a sample that worked really well with the women who attended HIV workshops as part of this project:

## Pipe Cleaner Exercise

1. Introduce this exercise by telling the group that it is intended to allow everyone to get to know each other a bit better.
2. Let the participants know that they can pick out any 3 pipe cleaners of any colour they choose. They will use these to sculpt 3 things that represent themselves.
3. The sculptures could represent something that they do for a living or as a hobby. It might be a personal characteristic or quality, or it could be something that represents them or an aspect of who they are.
4. This exercise really works well if the facilitator actually participates, because this lets the participants know something about you as well.
5. Give everyone a few minutes to create their sculptures.
6. Once the sculptures are done, have the participants join their three pipe cleaners together with the most significant personal sculpture in the middle.
7. Have the participants explain what at least one of their pipe cleaner sculptures represents. If they are comfortable explaining all, they can do so. (As the facilitator, it is often useful to go first to provide a model of what you are looking for.)

## Supplies Needed

- ⌘ A package of multicoloured pipe cleaners.

## **Time Needed**

- ⌘ Depending on group size, anywhere from 10 to 20 minutes.

## **C. True and False Questions**

- ⌘ True and false questions are an excellent way to conduct an “HIV/AIDS 101” (or almost any other knowledge-based topic) and customise it to meet the needs of the particular group that you are working with.
- ⌘ It is a way for all people in the group to participate by at least reading a question. Because this type of exercise allows for overhead type questions, no one is put on the spot to answer a particular question.
- ⌘ Once you have developed a set of questions that require a true or false answer, each question is given a number and gets written onto a separate card. On the back of each card write the answer as either true or false.
- ⌘ Hand the cards out to participants. Depending on group size and number of questions, individuals might get 2 or more cards.
- ⌘ Starting with number 1, ask the person holding the card to read out the question. The group then discusses and decides whether the question is true or false. You can then use those questions as talking points for the information you want to convey to the participants.
- ⌘ You will need to be careful about literacy levels. Do not use professional jargon, a lot of abbreviations, acronyms, or the language level you wrote your thesis at. Keep the sentences and language very simple. (Unless of course you are facilitating a workshop for university professors.)

## **Supplies Needed**

- ⌘ Recipe cards

## **Time Needed**

- ⌘ This depends entirely on the number of questions you have and how much discussion goes with each.
- ⌘ On the average, allow for 2 or 3 minutes for each question.

## **D. Images**

- ⌘ Having a group discuss a visual image is an interactive way for participants to engage in the learning process.
- ⌘ If you have some artistic talents, this exercise will give you an opportunity to exercise them.
- ⌘ Decide what kind of scenarios would be useful for you group. Then draw, paint, or sketch a scene from that scenario.

- ⌘ For those a little less artistic, you could have someone else do the artwork for you, or look for photographs from magazines or other sources that portray what you are looking for.
- ⌘ Show the pictures to the group.
- ⌘ Writing down some questions on the back of the card can be a good idea to begin the discussion. (Example: What do you think is going on in the picture? What do you think this woman is feeling?)
- ⌘ Writing down the key points you want to raise is a good way to keep yourself on track.

## **An Example**

Let us say we have a picture of a woman sitting alone in a bar.

### **Questions**

- ⌘ Why do you think this woman is sitting by herself in the bar?
- ⌘ Would alcohol or other drugs impair someone's judgement when it comes to practising safer sex?
- ⌘ What kinds of risks are involved with having a variety of sex partners?

### **Key Points**

- ⌘ Importance of safer sex practices.
- ⌘ Use of alcohol and other drugs impairs your ability to make healthy choices.
- ⌘ Alcohol and drugs may reduce your negotiation skills & assertiveness, and may make you more vulnerable to the power imbalances in relationships.
- ⌘ Using a condom is the best way of protecting yourself from sexually transmitted infections.
- ⌘ Possible problems using condoms, dental dams, & spermicides.

### **Other possibilities for pictures include:**

- ⌘ A man and woman where the woman wants to use a condom, the man refuses.
- ⌘ A picture of three couples holding hands: Woman and man, two women, two men.
- ⌘ A woman lying in a hospital bed.
- ⌘ A woman standing in the doorway of a "gentlemen's massage" parlour.
- ⌘ Two scenes on one card: a woman in her 60s and a young woman in her 20s.
- ⌘ Two people sitting at a table with needles and a bottle of bleach.

## **Supplies Needed**

- ⌘ Pictures Cards

## **Time Needed**

- ⌘ This depends on how much discussion the cards generate. You may want to cut off discussion after a certain period of time, or chose to only use 1 or 2 cards.
- ⌘ On average it is safe to allow 5 to 7 minutes ***minimum*** per card.

## **Handy Tips To Keep In Mind**

- ⌘ Do not do more than 10 minutes of talking up-front before getting the participants involved in an activity.
- ⌘ Keep your sessions interactive.
- ⌘ Use overhead questions rather than singling out one person to answer a direct question.
- ⌘ Allow for a 10 or 15 minute break in sessions longer than 1.5 hours.
- ⌘ Make sure the temperature in the room is comfortable, neither too hot nor too cold.
- ⌘ Make sure participants have access to refreshments.
- ⌘ Make sure the seating is fairly comfortable, especially if the participants are going to be sitting for a long period of time.
- ⌘ Keep the atmosphere casual.
- ⌘ Make sure that everyone has a chance to ask questions, even if they don't feel comfortable asking them out loud. Hand out slips of paper so that questions can be written anonymously. Have a fish bowl or other container to put them into. At the end, read out the questions and answer them.
- ⌘ It's OK not to know the answer to every question. If you do not know an answer, let the participants know that you will find the answer and get back to them.
- ⌘ Adult learners learn best when they can see an immediate relevancy of the topic in their lives, and can apply what they learn in their lives immediately. Make the session relevant early in the workshop to attract and maintain their interest.
- ⌘ Consider yourself a facilitator rather than a teacher. You are facilitating their learning of new material.
- ⌘ Adults already have a great deal of experience in their lives. Try to integrate their life experiences into the workshops.
- ⌘ Be prepared. Know what kind of room you are going to be in. What audio/visual equipment is available? Make arrangements to have all of the equipment and supplies you need there before the participants arrive.
- ⌘ Arrange the seating in the room so that each person can see everyone else. A semi-circle or circle works well. As the facilitator, make yourself a part of the group.
- ⌘ Determine before the workshop how much personal information you are willing to share. Be aware of boundaries, and how much you want to reveal: not too much, not too little.