
Learning Unit 9: Changing unsafe practices

BOTH TRACKS



[\[TABLE OF CONTENTS\]](#)

Table of Contents

Learning Unit 9 – Changing unsafe practices

- [Introduction](#)
- [How can sexual transmission of HIV be prevented?](#)
- [How to talk about sex](#)
- [Assessment](#)

Introduction

[\[TABLE OF CONTENTS\]](#)

Have you ever been in a position where somebody expected you to change and you desperately wanted to change, but you didn't know exactly what was expected of you? I can still remember, as a pre-school child, how my mom tried to teach me how to be neat.

"Pick up your clothes behind you," she instructed, pointing at the clothes strewn across my bedroom floor.

"Yes, mom," I replied obediently. When my mom left the room I picked up all the clothes and promptly deposited them in a bundle on my bed. When she returned a few moments later she looked at my pleased face and then gasped when she saw the clothes on my bed.

"This is not what I meant. Your room is still not neat. I can still see all your dirty clothes," she said in a rising voice, turning on her heel. I was desperately unhappy at having disappointed her. So when she left, I started shoving all the clothes beneath my bed ...

So what went wrong? My mother instructed me to change my untidy behaviour, but her instructions were rather vague – at least for a five-year-old kid. What she needed to do was to give me specific instructions of what I should have done with my clothes and why.

"Pick up your dirty clothes and put them in the washing basket. It looks untidy when they are scattered all over the room."

This would probably have done the trick.

The same is true when instructing people on how to change unsafe practices in the HIV and Aids context. Vague instructions about behaviour change won't be effective. In this learning unit we deal with the specifics of unsafe and safe behaviour.

Key questions

Use the following questions as pointers to ensure that you retain your focus on the important issues in this learning unit:

- How can sexual transmission of HIV be prevented?
- How should I talk about sex?
- How can transmission of HIV be prevented in people who inject themselves with drugs?
- How can I promote health and life skills?

[\[NEXT\]](#)

Key Concepts

While working your way through this learning unit, look out for the following key concepts. Make sure that, after you have completed this learning unit, you know what they refer to and how they are used (or look up their definitions in the glossary):

Femidom (female condom)	Oral-anal sex (anilingus)
Anal sex	“Dry sex”
Oral sex (fellatio and cunnilingus)	

[\[NEXT\]](#)

How can sexual transmission of HIV be prevented?

[\[TABLE OF CONTENTS\]](#)

By far the most common and effective way in which HIV is transmitted from one person to another is through unprotected sexual intercourse. It is therefore of the utmost importance that people should be informed about which sexual practices may increase the risk of transmission. This includes exactly how transmission of the virus during sex can be prevented, or how the risk of infection can be reduced. The problem many people have with talking openly about the details of sex makes this very difficult. Nonetheless, talking about this is essential.



Study

Prescribed book: pp. 230-245 and pp. 248-249



Introduction: Focus on why it is important for Aids counsellors to set realistic goals in terms of sex and behaviour change. High ideals are good, but not if they are not really implemented.

Section 9.1 and 9.2: Prevention of sexually transmitted HIV and barrier methods. When discussing sex and changes in sexual behaviour, vague statements and general ideas won't do the trick. Specifics and frank discussions are absolute requirements. Focus in this section on exactly which behaviours should be changed and how they should be changed. Never assume that people know how to use condoms, especially not female condoms.

Leave section 9.3 out for the moment.

Section 9.4: Prevention of HIV in people who inject drugs. Sharing needles is the major way in which HIV is transmitted in people who inject drugs. Take note of the fact that not all people who use drugs are directly at risk (e.g. those smoking dagga), but only those who inject drugs with non-sterile needles. However, non-injecting drug users are at risk when they have unprotected sex and if they "sell" sex to buy drugs.

What about now doing something practical to practise your skills?

ACTIVITY 9.1 – CONDOM DEMONSTRATION

The purpose of this activity is to demonstrate the use of a condom to a friend. Go to [Activity 9.1](#).

Feedback:

Click on the following YouTube links to see the correct use of a male as well as a female condom.

- Male condom: <http://goo.gl/inF0Le>



- Female condom: <http://goo.gl/C88zv2>



Go to the following website to see how male condoms are made and tested:

<https://www.youtube.com/watch?v=VJTjxFu2nHg>

People often wrongly think that they know what high-risk sexual behaviour entails, or they do not want to talk about it. For this reason, the next activity will ask you to rate high and low risk sexual behaviour, to assess your own knowledge.

ACTIVITY 9.2 – RATE HIGH- AND LOW-RISK SEXUAL BEHAVIOUR

In this activity, you will rate the risk involved with various sexual activities. You can keep the completed table as a handy reference for the future. Go to [Activity 9.2](#).

Feedback: We should always talk about potentially high-risk behaviour within the context in which a specific behaviour takes place.

[\[NEXT\]](#)

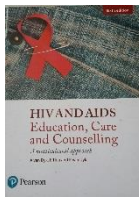
How to talk about sex

[\[TABLE OF CONTENTS\]](#)

Talking about sex to clients is extremely difficult for most people. In most cases it breaks the taboos which surround sexual activities in many societies. However, in the HIV context we don't have a choice. The only way to overcome your own hesitance is to become aware of possible situations which may make it more difficult (e.g. differences in gender and age of counsellor and client) and try to avoid or overcome them, and to practise speaking openly about sex until you become comfortable with the subject.



Study



Prescribed book: p. 246-247

Section 9.3: Talking to clients about sex. The do's and don'ts: Remember, one of the purposes of this learning unit is to teach you how to talk to people about safer sex practices. Make a list (while reading through this section) of what should be avoided and how such an education session should be structured in terms of mode, presentation, terminology, etc.

Study the enrichment box 'Know your gender terminology'. Can you define and explain the differences between biological sex, gender identity and sexual orientation? Do you know what it means to be 'transgender'? What is the difference between 'men who have sex with men' and being gay? Are all women who have sex with women lesbian?

Do you need more practice to overcome your shyness? Do the following activity:

ACTIVITY 9.3 – A FUN WAY TO TALK ABOUT SEX

In this activity you will prepare a humorous PowerPoint presentation about sex and present it to your friends. Go to [Activity 9.3](#).

Feedback: Not only may the use of humour calm your nerves, it might make your presentation much more effective.

You are now finished with this learning unit. Click on [Assessment](#) to do some self-assessment questions.

Study reflection

After completing Learning Unit 9 (Changing unsafe practices), you should have acquired the following knowledge and understanding and be able to:

- clearly inform other people about high-risk and lower-risk behaviours in terms of HIV transmission.
- give detailed advice to clients on how high-risk sexual behaviour can be changed to reduce the risk of HIV transmission.
- demonstrate the use of the male and female condoms.
- talk about sex in an open and frank way without being too embarrassed.

Self-Assessment 9



Now is the time to pause briefly and assess whether you have acquired the necessary knowledge and skills. Click on the link [Self-Assessment 9](#) to do a few questions on this learning unit.

You are now finished with the assessment. Please go to the relevant Learning Unit as indicated below:

- **Guidance Track -> Learning Unit 10**
- **Care Track -> Learning Unit 11**

Please Note: You were asked earlier to choose only ONE of the two tracks available in this course. Up to now, these tracks have been exactly the same, but at this stage they are going to diverge.

Appendices

- Activities
- Self-Assessment
- Glossary

ACTIVITY 9.1 – CONDOM DEMONSTRATION

Ask one of your close friends to act the part of a client and give a practical demonstration of how a male condom should be used. Use a broomstick or any other appropriate object to illustrate how a condom should be unrolled over a penis. (Note: If you are a counsellor you will probably have a condom demonstrator to use instead of a broomstick.) Be frank and make sure that you don't avoid terms such as penis, vagina, erection and ejaculation.

You can also demonstrate the use of the female condom (femidom) to a friend.

[\[FEEDBACK\]](#)

FEEDBACK 9.1

Go back to your main learning unit and watch the YouTube videos illustrating the correct use of the male and female condom.

[\[BACK\]](#)

ACTIVITY 9.2 – RATE HIGH- AND LOW-RISK BEHAVIOUR

Complete the following table by rating each activity in terms of its risk for transmission of HIV. Use a scale from 0 to 5, with 0 as no risk and 5 as high risk. Also fill in the last column (when relevant) to indicate how the risk of certain activities can be reduced. We have completed the first row (anal sex) for you as an example. Note: Assume that all behaviours mentioned below take place without any protection.

Risk reduction scale

Behaviour	Rating (0–5)	How to reduce risk
Anal sex	5	Use extra-strength male condom
Vaginal sex		
Vaginal sex where lesions are present (e.g. STIs are present)		
French kissing		
Mutual masturbation		
Anilingus		
Vaginal fisting		
“Dry sex”		
“Thigh sex” with no lesions present		
Cunnilingus		
Erotic massage		
Swallowing semen		
Sharing sex toys		
Drug users: sharing needles		
Sharing razor blades		
Sharing toothbrushes when one person has bleeding gums		

[\[FEEDBACK\]](#)

FEEDBACK 9.2

When completing the table you may have discovered that it was more difficult than it may have first appeared. The reason for this is that we should always talk about potentially high-risk behaviour in a qualified manner. For example, sharing toothbrushes, although an unhygienic practice, may in ordinary circumstances be a low-risk behaviour. But if we take into account that HIV-positive people often have sores in their mouths caused, for example, by thrush, it may become a high-risk behaviour in such a case due to the presence of blood.

It may also have been difficult in some cases to give an exact risk rating, because of many unspecified factors in the table. For example, in the case of an erotic massage: is the skin of both partners intact or not? It may therefore be necessary to expand the above table by qualifying each behaviour and rating each situation separately.

[\[BACK\]](#)

ACTIVITY 9.3 – A FUN WAY TO TALK ABOUT SEX

- Prepare a PowerPoint presentation on your computer about high-risk and low-risk sexual behaviour. Search the internet for humorous pictures and clipart to illustrate your talk. The more outrageous these are, the better.
- Invite two or three close friends (preferably of the same sex) and present the talk to them. Or choose any small group which will be the least “threatening” to you. Some people find it easier to talk about sex to close friends, while others prefer total strangers. You can also present it to your partner first, if you prefer that.
- Present the same talk to group that you do not feel so comfortable with and gradually introduce more “embarrassing” details (e.g. by using a condom demonstrator to show correct condom usage), until you become comfortable talking about sex. Double check yourself that you don’t avoid explicit terms such as penis, vagina, oral sex, anal sex or any word that may embarrass you. Include them in your talks until you are comfortable with them.

[\[FEEDBACK\]](#)

FEEDBACK 9.3

Did the fact that you used a PowerPoint presentation make it easier to talk about sex? What effect did the use of humour have in the presentation of the talk?

[\[BACK\]](#)

SELF-ASSESSMENT 9

1. Complete the following sentences:

- a. The most common means of transmission of HIV is via or contact with,, or and
- b. The only 100% effective way of protection against the sexual transmission of HIV is
- c. Additional sex partners the risk of contracting HIV.

2. Choose the most accurate statement.

Both male and female condoms:

- a. can be put in place/inserted after sexual intercourse has started, but before ejaculation.
- b. are made from latex, lambskin or polyurethane
- c. can be used after the expiry date as long as the condom is not damaged, discoloured, brittle, or sticky.
- d. are classified as barrier methods.

3. Name three safe sex practices that are still enjoyable.

4. Which solution can be used to sterilise injecting equipment?

5. Is there a programme in South Africa for registered drug users to swap used needles and syringes for sterile equipment?

6. Define the following gender concepts:

- Biological sex
- Gender identity
- Sexual orientation
- Transgender
- Men who have sex with men
- Women who have sex with women

[\[FEEDBACK\]](#)

FEEDBACK 9

Feedback Question 1

The sentences should read as follows:

- a. The most common means of transmission of HIV is via sexual intercourse or contact with infected blood, semen, or cervical and vaginal fluids.
- b. The only 100% effective way of protection against the sexual transmission of HIV is total abstinence.
- c. Additional sex partners increase the risk of contracting HIV.

Feedback Question 2

The correct answer is (d). Both male and female condoms are classified as barrier methods.

Feedback Question 3

You can mention any option provided under 'General safer sex rules' in your prescribed book (hugging, cuddling, erotic massage, using personal sex toys, etc).

Feedback Question 4

A bleach and water solution (Jik) can be used to sterilise injecting equipment.

Feedback Question 5

The answer is no. There is NO programme in South Africa for registered drug users to swap used needles and syringes for sterile equipment.

Feedback Question 6

You will find the answers in your prescribed book in the Enrichment box under Section 9.3.

[\[BACK\]](#)

Femidom (female condom)

A strong, soft sheath made of polyurethane plastic or nitrile that is inserted into the vagina before sexual intercourse.

[\[BACK\]](#)

Anal sex

Sex during which penetration of the anus takes place.

[\[BACK\]](#)

Oral sex (fellatio and cunnilingus)

Sexual contact between the mouth and genitals.

[\[BACK\]](#)

Oral-anal sex (anilingus)

Sexual contact between the mouth and the anus.

[\[BACK\]](#)

“Dry sex”

Sex with a woman with a dry vagina, achieved through the use of herbs, snuff, antiseptic solutions, chemical and other substances.

[\[BACK\]](#)