

Protecting the Men in My Life



Elizabeth Glaser
Pediatric AIDS
Foundation

Until no child has AIDS.



Project Summary

The Eswatini Ready, Resourceful, Risk Aware (Triple R) Project: OVC, Adolescent Girls, and Young Women (locally named Insika Ya Kusasa) aims to prevent new HIV infections and to reduce vulnerability among orphans and vulnerable children (OVC) and adolescent girls and young women (AGYW) in Eswatini. Insika Ya Kusasa helps HIV-negative OVC and AGYW stay HIV-free and supports those who are HIV-positive to lead healthy lives. To these ends, the project increases socio-economic resilience to the impact of HIV and uptake of high-impact HIV, sexual and reproductive health, family planning, and sexual and gender-based violence services among OVC and AGYW.

For more information about the project or Pact, the organisational lead for this project, please contact us:

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Acknowledgements

This job aid was developed with technical assistance from the Johns Hopkins Center for Communication Programs (JHCCP) for Pact's Ready, Resourceful, Risk Aware (Triple R) Project.

It was written by Bongile Dlamini, Lungile Dlamini-Zwane and Beth Deutsch, with technical support from Cheryl Lettenmaier, for Life Mentors in Eswatini to use with AGYW aged 15-29 in small group sessions and through one-on-one mentorship. Input was provided by Pact's Mphikeleli Dlamini and Nicole Miller and it was further refined through feedback from a training of trainers' workshop for Insika HIV Prevention Field Officers and a training of Life Mentors. Field observations of Life Mentors' sessions with AGYW at community level further supported finalisation of the material by the JHCCP team.

Activities in this job aid were adapted from Teen Talk, *Ematje Ekwewela* (Stepping Stones) (2015) Swaziland for REACH III Project: which is adapted from Jewkes R et al. Stepping Stones (2008) South Africa, and Health Communication Capacity Collaborative (2016). Girls4Health: Communicating about HIV Risk Reduction and Financial Literacy with Adolescent Girls and Young Women. Baltimore: Johns Hopkins Centre for Communication Programs. The job aid was also supported by online content from www.scielo.org.za and www.malecircumcision.org. Special thanks to Nontsikelelo Ncongwane who took the beautiful cover picture for this job aid pro bono.

Disclaimer

This job aid is made possible by the generous support of the American people through the United States Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), under the terms of Award No. 72067418CA00007. The contents are the responsibility of Pact and Johns Hopkins Center for Communication Programs (JHCCP) and do not necessarily reflect the views of USAID,

PROTECTING THE MEN IN MY LIFE

CONTENTS

DISCUSSION GOALS

DISCUSSION TOPICS AND ACTIVITIES

Note to mentor:

Mentorship activities can be done in larger groups, small groups of 2-4, or one-on-one basis. Those that can only be done in large groups are highlighted. Where needed, one-on-one activity adapted activities are indicated in boxes.

Note to mentor:

By end of session, AGYW should have:

- ✓ Agreement on next meeting.
- ✓ Any immediate needs for support or services identified for referral.
- ✓ Clear understanding of VMMC, its benefits to them and the males in their lives.
- ✓ Skills to support their partner (or male relatives and friends) when making a decision about circumcision.
- ✓ Understanding of STIs, dangers of not treating them and how to talk to their partners about STIs and their treatment.
- ✓ Plan to go out there and be advocates for circumcision.

KEY TO ACTIVITY PLANNING

Part 1:

Recap on Last Session (3 minutes)

Activity 1: Dance Moves (10 minutes)

Activity 2: Why should we care about VMMC & STI Screening for our men? (10 minutes)

Activity 3: Sexually Transmitted Infections (STIs) (20 minutes)

Activity 4: VMMC and HIV (15 minutes)

Activity 5: Double-Up Your Protection (15 minutes)

Activity 6: Mythbusters (15 minutes)

Activity 7: Communicating with your partner about STIs, HIV and VMMC (15 minutes)
Wrap-up (2 minutes)

DISCUSSION LENGTH | 1 hour 45 minutes



Activity Objectives



Activity Time



Materials Needed

Welcome and Recap

1. Greet everyone and welcome them back to the Insika Ya Kusasa session.
2. Ask everyone to sit comfortably in a circle. Sit in the circle with the group. Everyone should be at the same level, including you.
3. Thank everyone for coming.
4. Ask participants to talk about what they learnt from the last session. Tactfully correct any wrong information without embarrassing the person who gave it.

Explain that today we are going to discuss how we can help protect the men in our lives from HIV and other STIs, and also protect ourselves.

ACTIVITY 1: Dance Moves



This activity will help participants feel more comfortable with one another and demonstrate that they have the power to influence others' actions. It can be done with any size group



10 Minutes



No Materials Needed

- Step 1** Have the AGYW stand in a circle. Ask one AGYW to move to the centre of the circle and make up a dance move, then the group will do that move together. Tell her to return to the circle and invite the girl next to her to move to the centre and make up her own dance move. The group will then do the first dance move and this one together, making a chain. Go around the circle until everyone has contributed a move to the dance. If you want, you can tell the girls to chant their names while doing their dance moves to help them remember each other's names.
- Step 2** Congratulate the group for making such a beautiful dance. Then tell them that each of us has the power to influence others. In this exercise, each one of us influenced the rest of the group to share a dance move. We also have the power to influence our partners - for good or for bad.
- Step 3** Explain that during this session, we will discuss VMMC and STI screening and treatment for men, why that is important for us as their partners, and how we can influence them to protect themselves and us.

ACTIVITY 2: Why Should We Care About VMMC And STIs Screening For Men?



This activity will discuss how VMMC and STI screening and treatment for men benefits women



10 Minutes



No Materials Needed

Step 1 Break the girls into 2 or 4 smaller groups, depending on the number of AGYW attending the session.

Step 2 Ask half of the groups to discuss how VMMC benefits girls and women. Ask the other groups to discuss how STI screening and treatment for men benefits girls and women. Allow participants to discuss in small groups for a few minutes, and tell them to pick one person from their groups to present their answers.

Note to mentor:

If one-on-one, ask the AGYW to think about benefits of both VMMC and STI screening and treatment.

Listen to the groups' feedback. Correct anything that is incorrect.

Step 3 Explain: VMMC reduces a man's risk of getting HIV and other STIs. This, in turn, helps reduce the chances that he may have HIV and some STIs and pass these to you during unprotected sex.

In addition to these important indirect benefits, VMMC and STI screening and treatment have direct benefits for a man's partner.

Direct benefits of VMMC for females include the following:

Improved Hygiene	VMMC improves hygiene because it makes it easier for the man to stay clean and healthy. This can bring couples closer together.
Reduced Risk of Cervical Cancer	A circumcised man greatly reduces his partner's chance of getting cervical cancer. There is some evidence that the risk for human papillomavirus (HPV), the virus that causes cancer of the cervix, is reduced.
Reduced Risk of some STIs	When a man is circumcised, the chances of his partner contracting herpes, chlamydia and syphilis are all reduced.

Benefits for women of STI screening and treatment by men include the following:

Reduced risk of getting STIs	Men who have screened and gotten treatment for STIs cannot spread them to women during unprotected sex.
Reduced risk of pelvic inflammatory disease (PID)	When a man learns he has an STI and informs his partner, she can get screened and treated before the STI causes serious complications like PID and subsequent infertility. Often, women have no symptoms of STIs and only learn they have one when their partner tests positive.
Protects the health of babies	When a man learns he has an STI and tells his partner, she can get treated and prevent transmission of the STI to her baby during pregnancy or childbirth. Syphilis, herpes and gonorrhea can cause serious illness or blindness in babies born to mothers who are infected.

Tell the AGYW that they can help protect their partners' health and their own health by influencing their partners to get tested for HIV, get VMMC, get screened and treated for STIs, and use condoms. To influence our partners, we need to know about VMMC and STIs.

ACTIVITY 3: Sexually Transmitted Infections (STIs)



To enable AGYW to understand what sexually transmitted infections are and their signs and symptoms



20 Minutes



Flip chart paper, Markers and Ball

Directions: In this exercise we are not diagnosing STIs. We are talking about signs of STIs.

Step 1 Divide the AGYW into 4 groups. Give each group a sheet of flipchart paper and markers. Ask them to draw a male and female body outline, then write down or label/draw:

- ▼ Ways in which you see the infection on your body, and
- ▼ Ways in which you feel it.
- ▼ How do these differ for men and women?
- ▼ Do they know any names for these diseases? They can suggest commonly-used names or medical names.
- ▼ How do we get STIs?

Note to Mentor

For one-on-one mentorship, you can have her draw the pictures on a normal sheet of paper. Instructions are the same as indicated.

Step 2 Call everyone back into the main group and ask someone from each group to present their discussions.

Does everyone agree? Are there any other ways of telling if you have an STI?

Make sure the AGYW cover the following ideas, if not, emphasise them:

Ways of seeing:

- ✔ Having a sore on the penis, vagina or opening of vagina (or any part of the body nearby)
- ✔ Pus coming from penis (*idrop*)
- ✔ Seeing brown insects slowly moving in pubic hair and small white eggs on hairs (pubic lice)
- ✔ Ulcers (herpes)
- ✔ End of penis being red
- ✔ Small cauliflower-like growths on or near the genitals (men and women)
- ✔ Swellings (swollen glands) at the top of the legs (men and women)
- ✔ Heavy and smelling discharge on a woman's panties

Ways of feeling:

- ✔ Itchiness inside vagina or itchy pubic hair (men and women)
- ✔ Painful ulcers (men and women)
- ✔ Burning pain when passing urine and feeling like you have to pee all the time (men and women)
- ✔ Pain in the womb and lower part of the abdomen
- ✔ Sometimes fever
- ✔ Pain when having sex
- ✔ Painful or swollen testicles

Add: Unfortunately, STIs often have no obvious signs, which is why they are so easy to get and pass to others. HIV is also an STI, as we already know and have talked about in our previous sessions. The only way to know if you have an STI is to get tested. Most STIs require an exam and a urine test. For others like HIV or syphilis, a blood test is needed.

Please raise the following in discussion:

Not all the signs of STIs we have mentioned are found when you have an STI. For example:

- ▼ It can burn when you pass urine with any type of urinary tract infection.
- ▼ Women can get itchiness in their vagina and a thick discharge that looks like sour milk from thrush, which is not sexually transmitted.
- ▼ Women can experience lower abdominal pain from other conditions like bladder or kidney conditions or urinary tract infection.

If you have any of these problems you should go to the Dreams on Wheels mobile clinic for screening and referral, or any health facility that you're comfortable going to for treatment. A doctor or nurse will tell you if your problem is caused by an STI or not.

Note to Mentor

It's important to note that we must not try to diagnose STIs during this exercise. That is the job of a healthcare worker. Tell the group that if they are worried about anything, they must go to the health facility or Dreams on Wheels clinic for further information and help.

Always remember to emphasise that Dreams on Wheels provides youth-friendly and confidential services. Let the AGYW know when Dreams on Wheels will be coming to their community.

Step 3 Tell AGYW that we are now going to play **Prevention Ball**. Have them stand in a circle. Tell them that you will toss a ball to them. When they catch it, they need to name one way of preventing STIs.

As the game progresses, stop and correct any incorrect information. Be sure that the following preventive measures are mentioned:

- ▼ Always using condoms correctly (safe sex)
- ▼ VMMC
- ▼ Screening and treating STIs as soon as possible
- ▼ Abstinence from sex

Note to Mentor:

This activity is still fun to do if you have a small group of 3-4.

You can also play one-on-one, but as mentor, you will also need to participate.

Summarise by saying that the best way to protect yourself from STIs, including HIV, is to abstain from sex completely. However, as this is not possible for most people, the next best method is condom use. When condoms are used correctly every time you have sex, they protect against STIs 98% of the time. Also ensure that the AGYW understand that VMMC reduces a man's risk of HIV and other STIs but is not 100% effective. So, there is need to also use condoms.

In addition to preventing STIs, condoms prevent unwanted pregnancy. Remember, STIs can harm your unborn baby. It is always advisable to avoid falling pregnant when you have been diagnosed with and or are being treated for a STI.

Consequences of not treating STIs:

First, ask: Who knows what the results of not treating an STI are?

Take a few answers and then emphasise the following:

- ▼ If STIs are not cured, a person can spread STIs to others they have unprotected sex with.
- ▼ Untreated STIs are the most common cause of infertility in men and women.
- ▼ If a woman is pregnant, some STIs cause her to be more likely to miscarry, and even for a baby to die.
- ▼ Some STIs make a person much more vulnerable to becoming infected with HIV if they have sex with an HIV positive person.
- ▼ Some STIs make a person more likely to infect others with HIV if a person is HIV positive and has STIs.
- ▼ A woman who gets genital warts (icauliflower) is at greater risk of developing cervical cancer and will need to visit a clinic for regular Pap Smear. *(A Pap Smear is a test carried out on a sample of cells from a woman's cervix to check for abnormalities that may be signs of cervical cancer.)* If you are HIV positive, a pap smears should be done yearly. If you are HIV negative, a pap smear is supposed to be done every 2 years. This service is available at youth friendly facilities, like FLAS in Mbabane and Manzini, as well as other public and private health facilities.

Some STIs are caused by viruses and they CANNOT be cured by treatment. Just like HIV cannot be cured, there is no cure for herpes and for warts (icauliflower).

- ▼ If we are infected with these, there may be times when we don't see the ulcers or warts (such as when using medicine to help warts disappear). However, the viruses live on in our bodies and we can continue to infect others and be at risk of the problems caused by these, including greater risk of getting HIV and cancer. That is why prevention with condom use is essential.

Note to Mentor:

If having a group discussion, we suggest you have a brief energiser before the next session so as to transition smoothly into VMMC and HIV.

ACTIVITY 4: VMMC And HIV



AGYW will learn how circumcision reduces the risk of HIV and other STIs among men. They will also understand the need to use condoms even with a circumcised partner



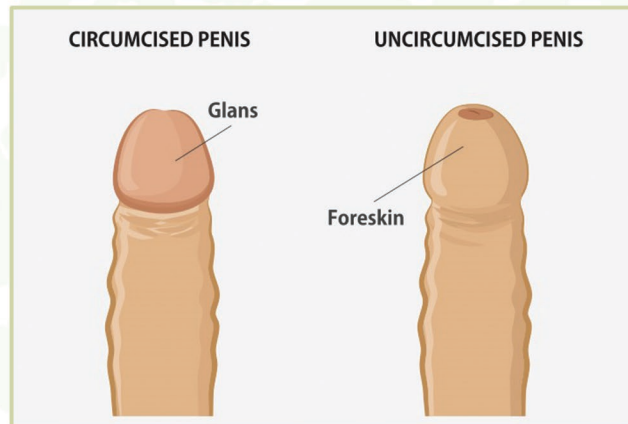
15 Minutes



Enlarged diagram of circumcised and uncircumcised penis, and VMMC audio

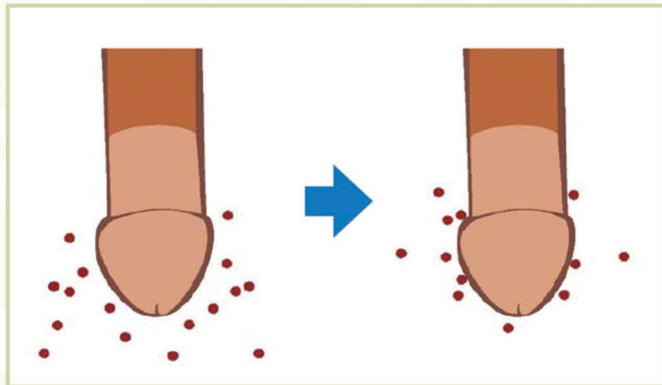
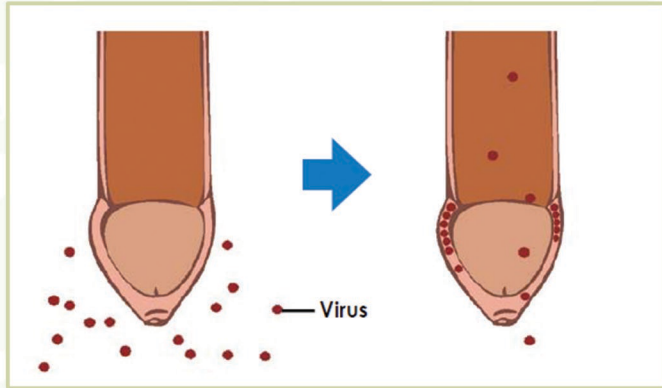
Step 1 Ask for a show of hands to determine how many AGYW have heard of Voluntary Medical Male Circumcision, or VMMC. Ask one or two to explain what they know about it.

Show the picture below to the AGYW and explain that VMMC is a procedure involving the removal of the foreskin from the penis. VMMC is a simple, fast, and relatively painless surgical procedure for men of all ages. Explain that the procedure is done to reduce the risk of a boy or man getting HIV and other infections.



Show them picture of a circumcised and uncircumcised penis when explaining the procedure.
(see last page for enlarged diagram)

Now, explain how VMMC reduces a man's risk of infection with HIV and other STIs.



Use this illustration to help with the explanation:

- ▼ The foreskin provides a good place for HIV and other diseases to hide.
- ▼ After a man is circumcised, the head of his penis stays dry and its skin becomes thicker. This helps protect the penis from HIV and other STIs.
- ▼ Male circumcision reduces the risk of getting HIV, but does not provide full protection against HIV.
- ▼ A circumcised man can still get HIV or other STIs if he has unprotected sex with an infected partner.
- ▼ To fully protect against HIV and other STIs, he must abstain completely or use condoms correctly every time he has sex.

The clinic will test for HIV before VMMC, as the test result may affect a man's decision to get circumcised.

Encourage AGYW to ask questions, and answer them, using simple language.

Ask: Who can get circumcised? Allow AGYW to answer, correcting if necessary.

- ▼ VMMC can be performed on babies from birth to eight weeks under general anaesthesia (*kulaliswa ngekufiyota*), and is relatively painless and heals quickly (within two days for infants).
- ▼ VMMC can be performed on males aged 10 years and above under local anaesthesia (*kudzindzibalisa sitfo semtimba*) for both virgins and those who have previously had sex. Healing takes six weeks for adolescent boys and adult men.
- ▼ VMMC is not offered to children aged nine weeks to nine years in Eswatini.

Let's learn more about this procedure by listening to an audio clip featuring a story from a young woman who recently convinced her partner to go for VMMC.

(Below is a script for the audio clip)

In a consultation room waiting for the doctor to attend to them.

Doctor: (Walks in and closes the door) Good morning, I'm Doctor Maseko. How can I help you?

Boyfriend: Good morning doctor, my girlfriend and I had a very interesting conversation about Voluntary Medical Male Circumcision and we just decided to visit you today to actually explain how this procedure is conducted and how it will benefit me 'cause, to be honest with you, I feel like I'm okay with just using a condom.

Doctor: Before we begin let me just tell you what a lucky guy you are. Your girlfriend must really love you to suggest VMMC. With that said let's shed some light on the topic.

VMMC is the surgical removal of the foreskin from the head of the penis. For you, circumcision will be done with a local anaesthetic so that you don't feel any pain during the procedure.

Boyfriend: But why should I remove my foreskin when God made me with it?

Doctor: During sex, the foreskin is more likely to get small cuts and sores that allow HIV to enter the body. Removal of the foreskin reduces the chance of these small cuts and sores occurring. By removing this skin, the chance of HIV entering the body is reduced by 60 percent. Other added benefits include reduced risk of other STIs, improved hygiene, some protection against cancer of the penis, and women whose partners are circumcised have reduced risk of getting cancer of the cervix. Oh, one other thing, circumcision is something that God instructed Abraham to do and even Jesus Christ was circumcised as a baby, so there's no sin in it.

Girlfriend: Yes doc, tell him (giggles)

Doctor and boyfriend laugh

Boyfriend: What if something goes wrong and the procedure doesn't go as planned?

Doctor: VMMC is done by professionally trained individuals and most men don't have any problems after the procedure, but in the event that they do experience any problems, they can call us and are attended to immediately.

Boyfriend: I see, so you're saying after the procedure I'll be an unstoppable stallion? *(laughs)*

Doctor: *(laughs)* If you were a stallion, you'll remain one indeed because VMMC doesn't change your sexual prowess in any way. But, no sex immediately after, my guy, it is advised that you keep your penis clean, dry and upright the first 2 days. Painkillers will be provided for any discomfort. After 2 days you must come back for a check-up and to remove the bandages. After that you will need to come in after seven days and thereafter in 21 days for a final check-up.

Boyfriend grunts.

Girlfriend: *(laughing softly)* Look at his face! Don't worry Babes, I'll be there with you the whole way.

Boyfriend: You'd better.

Doctor: You must not have sex for 6 weeks after the procedure to allow the wound to heal completely. If you have sex before 6 weeks, the wound can take longer to heal, and HIV transmission is more likely to occur if one is exposed to HIV. We're here to help you if you experience any problems after the procedure, but that is quite unlikely if you follow what you're told.

Boyfriend: Ok Doc...let's do this thing.

Girlfriend: Thanks, my love! I knew you were a brave guy (all laugh as audio fades).

Audio ends here.

After playing the audio clip, ask the AGYW:

- ▼ What did you hear in the story?
- ▼ What were the main things you learned about VMMC?

Allow the AGYW to make contributions and then emphasise the following key points:

▼ **Where to go for VMMC services in Eswatini:**

VMMC is available at the following public and private health facilities:

- **Hhohho:** Dvokolwako Health Centre, Soka City Mbabane (AHF Building), Pigg's Peak Hospital, Mkhuzweni Health Centre.
- **Manzini:** Litsembe Letfu Men's Clinic, Mankayane Hospital, Matsapha Police College Clinic, Medglobe (Mkhiwa Clinic).
- **Shiselweni:** Nhlanguano Health Centre, Hlathikhulu Hospital and Matsanjeni Health Centre.
- **Lubombo:** Mhlume Clinic and Good Shepherd Hospital.
- Mobile clinics and private health facilities.

▼ **Who performs the procedure?**

- It is done by trained health professionals with a local pain killer that reduces the pain during the procedure.

▼ What are the possible side effects?

- Most men don't have side effects and those who do, usually report them as mild. These can be a reaction to the injection, minor bleeding, some swelling and pain.
- If there's any problem after the procedure, such as excessive bleeding, prolonged swelling and pain, the client must go to the nearest hospital or contact their service provider.

FACILITATOR'S NOTE

What is VMMC?

Although this prevention strategy is only for males it is important for you **as a female** to be aware of it, to encourage your partner to get circumcised, and to support your partner if he decides to get circumcised. You may also one day need to decide if this is something you want for your son. Male circumcision is a voluntary surgical procedure involving the removal of the foreskin from the penis. There is also another method whereby a device is used to remove the foreskin from the penis. This method is equally simple and relatively painless.

How does VMMC reduce HIV risk?

The foreskin of the penis contains a type of cell that is very attractive to HIV. By removing this skin, the chance of HIV entering the body is reduced by 60 percent. If a man is circumcised and also uses a condom correctly and consistently, this chance is lowered even further. To be safe from pain and infection, the newly circumcised man must wait 6 weeks for the wound to completely heal before having sex again. If your partner gets circumcised, it is important for you to support him in adhering to this 6-week timeline to protect both yourself and him.

ACTIVITY 5: Double-Up Your Protection!



This activity will focus on the importance of using condoms every time even if circumcised, as double protection against HIV and STI infection

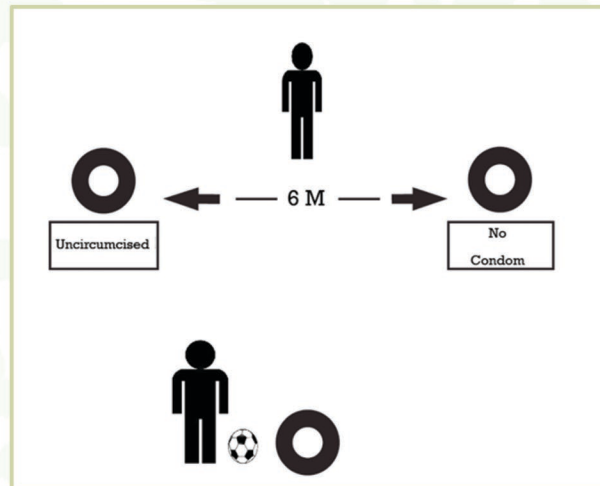


15 Minutes



Two scoring poles (rocks or bottles or sticks or cones, etc); One soccer ball (use handmade balls made of rags or plastic bags if you don't have soccer balls), Four cards or pieces of paper labeled: "Circumcised", "Uncircumcised", "Condom" and "No Condom", Flip Chart paper, Markers.

Step 1 Set up goal posts 6m wide and a penalty spot 6m in front of the goal posts as shown in the diagram below. Place one sign that says "uncircumcised" and one that says "no condom" on each goal post. This can only be done with a large group or with more than 6 people.



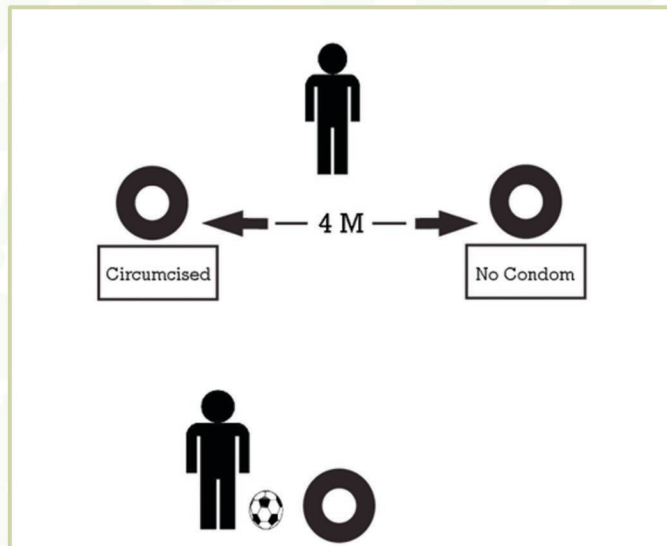
Uncircumcised, Unprotected Sex

Note to Mentor

This activity is for group sessions. For one-on-one, use smaller objects to represent the poles and use marbles or small rocks to represent Individuals. The AGYW can be the one trying to score with the marbles or small rocks.

Step 2 Explain that the goal posts represent a man who is uncircumcised and is also not using a condom. Have one person try to score a goal through the posts; with the goalkeeper just standing there, it should be fairly easy.

Step 3 Next, make the goal posts only 4 meters wide, like in the diagram below. Now, place the “circumcised” and “no condom” signs at each goal post. Explain that this represents the person being circumcised but NOT using a condom. Have one volunteer try to score a goal, it should be a little harder than the last time but still possible.

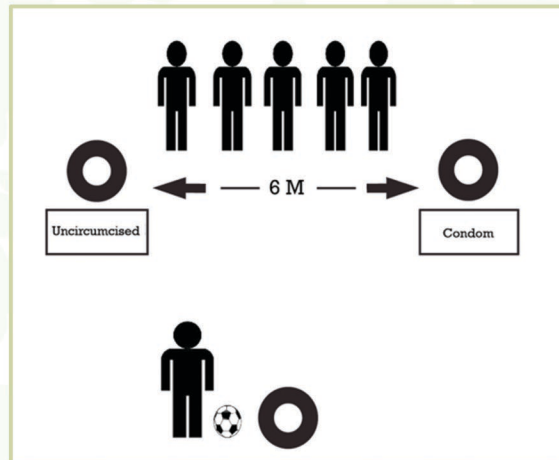


Circumcised, Unprotected Sex

Step 4 Lead a discussion based on the following questions;

- ✔ Was it harder or easier to score this time? Why?
- ✔ Will circumcision protect you 100% from HIV?
- ✔ How much are you protected by circumcision?
- ✔ Does male circumcision protect women from contracting HIV?

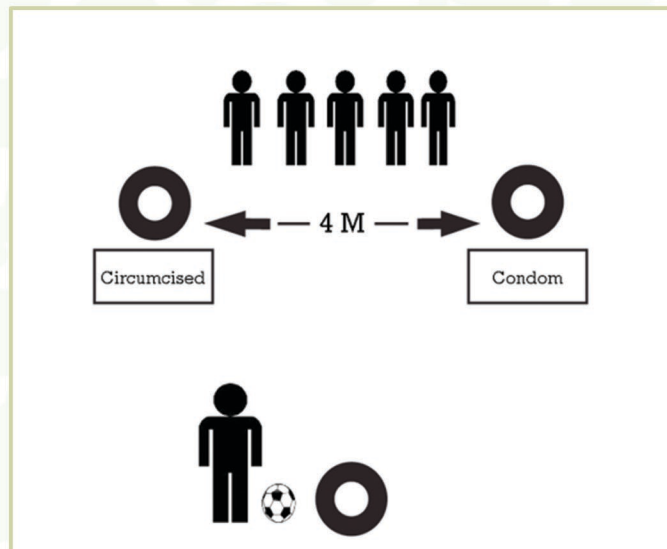
Step 5 Make the goal posts 6 meters apart again and place signs on the goal posts that say “uncircumcised” and “condom.” This time instead of one goalkeeper say that there are going to be five keepers protecting the goal. Ask five girls to be the five keepers and one goal scorer to attempt to score. Scoring should be quite difficult now. See the diagram below.



Uncircumcised, Protected Sex

Step 6 Explain that the goalies represent correct condom use every time when having sex. Using condoms correctly and consistently can protect you and your partner from getting HIV by up to 98%. In addition to this, correct and consistent condom use also prevents unwanted or unplanned pregnancy.

Step 7 Make the goal posts 4 meters apart again and place signs on the goal posts that say “circumcised” and “condom.” Ask five girls to be the five keepers and one goal scorer to attempt to score. Scoring should be just about impossible now. See the diagram below.



Circumcised, Protected Sex

ACTIVITY 6: Mythbusters



This activity aims to correct common myths and misconceptions around VMMC and STIs which act as barriers to men taking up circumcision or STI screening, and to equip participants with the right messages to negotiate VMMC and STI screening uptake with the men in their lives



15 Minutes



Flip chart paper, Markers

Explain that we are now going to play a game about the fears and beliefs that prevent men from getting VMMC and STI screening.

Step 1 Identify one side of the area you are meeting in as for “Agree” and the other side as for “Disagree” or have the girls stand up if they agree, sit down if they disagree, or put their hand over their mouth if they aren’t sure.

Note to Mentor

If done as one-on-one activity, you can ask her to do a funny hand signal to say she agrees, disagrees, or is not sure.

Step 2 **Tell the girl(s):** Now we are going to reflect on statements about VMMC and STIs that we’ve heard in our communities.

I am going to read a few statements. Based on each statement, you need to decide whether you agree or disagree, and then move to the area you choose. If you are not sure, you can stand in the middle.

After reading each statement, ask one or two AGYW to explain why they agree or disagree.

NOTE TO FACILITATOR:

You may not have time to read every statement. Pick those that are most important and appropriate for your AGYW on that day and that can be completed in the time available.

Statement 1: My health will benefit if my partner is circumcised.

Fact is: Men who are circumcised are less likely to get STIs, including HIV. Thus, they are less likely to pass these infections to their sexual partners. In addition, women whose partners are circumcised are less likely to get cancer of the cervix. In those ways, if your partner gets VMMC, it will benefit your health as well as his. Of note is the fact that cervical cancer is the most common type of cancer among women in Eswatini.

https://www.who.int/cancer/country-profiles/swz_en.pdf

Statement 2: The foreskins removed from the VMMC procedure are used to make Benny Spice.

Fact is: Foreskins are disposed of after the procedure the same way all other medical waste or materials (bandages, syringes, etc.) are disposed. This means they are put into an incinerator and destroyed.

Statement 3: You can get STIs from sitting on a toilet seat.

Fact is: The bacteria and viruses that cause STIs cannot live on a toilet seat. The only way a person can get a STI is by having unprotected sex with a partner who has the STI.

Statement 4: Partners of circumcised men are protected from getting cervical cancer.

Fact is: One of the primary benefits of VMMC is that it is also associated with a reduction in cancer of the penis; and women with circumcised male sex partners are less likely to get cancer of the cervix.

Statement 5: STIs are caused by muthi a jealous girlfriend gives her boyfriend if he sleeps with other women.

Fact is: This is not true. The only way a person can get a STI is by having unprotected sex with a partner who has a STI.

Statement 6: Mandatory HIV testing is required before a man can get VMMC.

Fact is: The HIV test is offered and strongly recommended, but a man is not required to get an HIV test to be circumcised – however there are benefits to knowing your HIV status.

Statement 7: A man's sexual performance will decrease after VMMC.

Fact: VMMC does not affect sexual performance either way. It neither decreases nor increases sexual performance. During the first 6 weeks after VMMC, the man must abstain from sex completely to allow his wound to heal. But, after that, he will return to his former ability to perform sexually.

Statement 8: STIs are caused by having sex with someone who has not observed mourning properly or a period of abstinence after having a miscarriage or abortion.

Fact. This is not true. Whether or not a person observed mourning or the period of abstinence after miscarriage or abortion does not increase her likelihood of having an STI. STIs are only caused by having unprotected sex with a partner who has an STI.

Statement 9: Fertility of the man is weakened by VMMC.

Fact. VMMC does not affect fertility, which is the ability to have children.

Thank the AGYW.

Now that we have correct information about VMMC and STIs, let's look at how we can encourage and support the men in our lives to take up these services, which are free of charge at public health facilities.

ACTIVITY 7: Communicating With Your Partner About STIs, HIV And VMMC



To empower AGYW to feel comfortable discussing HIV, STIs and VMMC with their partners



25 Minutes



No Materials Required

Instructions:

Step 1 Tell AGYW that we are now going to practice talking with our partners about the issues we have been discussing. We are going to practice influencing our partners to adopt a new behaviour. Share the suggestions for having a good discussion outlined in the Mentor's Tip box that follows and ask the participants to keep these in mind as they prepare their role plays.

Note to Mentor

For one-on-one mentorship or small groups of 2-4, you can still discuss the scenarios and roleplay with you as their mentor.

Even two girls can do a role play together.

Step 2 Group AGYW into three (3) groups:

▼ Have one group discuss and prepare a short roleplay on the following situation:

You have just gone for HIV testing and tested negative. The nurse suggested that your partner should get VMMC to reduce his risk, and yours. Recently, a friend of yours told you that her partner had gotten VMMC, and you want yours to too. How would you encourage your partner to go for VMMC?

- ▼ Have the second group discuss how they'd encourage their partners to go for STI screening and create a short roleplay in the following situation:

You have just returned from the Dreams on Wheels mobile clinic where you were diagnosed with a STI. You are now taking treatment. The health worker told you that your partner also needs to be screened and treated as he most likely has the STI.

- ▼ Have the third group discuss how they'd discuss HIV prevention and convince their partner to use condoms every time. Prepare a short roleplay on the following situation:

About 6 weeks ago, your partner got circumcised. You will soon be resuming sexual relations with him, and the doctor advised you and your partner to use condoms to protect each other from HIV.

Step 3 After each group **plays out a short scene** of a couple discussing these issues for the larger group, ask the rest of the AGYW to discuss how they might have done things differently, and to suggest how, as women, they can influence their partners to take up VMMC and STI services, and to use condoms.

Step 4 After the roleplays, summarise the discussion, and tips for communicating with partners about these issues, using the table below. Encourage those participants who are already in sexual relationships to make a plan for discussing VMMC, condoms, and STI screening and treatment with their partners. They can also encourage their male relatives and friends to take up VMMC and STI screening services, as well as to use condoms every time they have sex with their partners in order to protect the women in their lives.

MENTOR'S TIPS

Ensure that during the roleplays, participants consider the following:

Setting: Choose a quiet setting

Voice projection: Do not use an accusatory tone, rather be calm and explain the situation clearly and what advice the health worker gave.

Body language: Be calm and not aggressive

Offering support: Offer to go to the health facility with your partner for more advice and services.

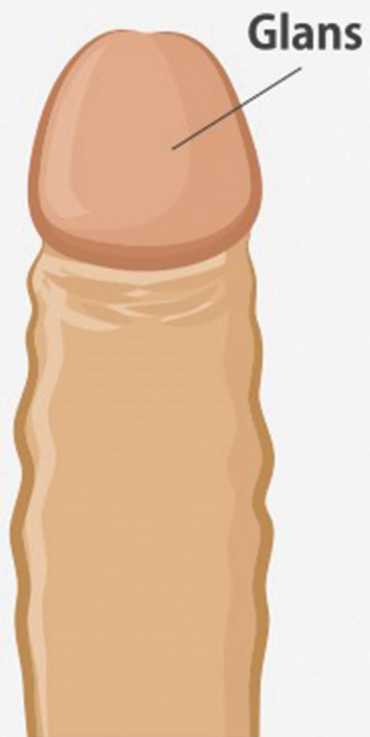
WRAP UP & CHECK-IN

Close the session by:

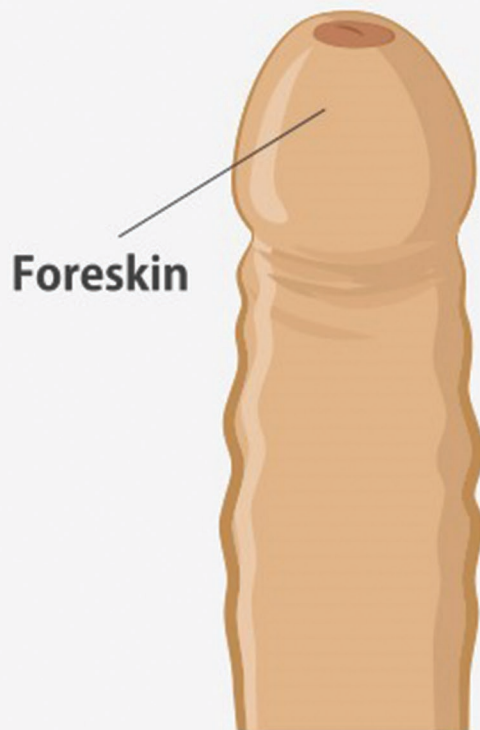
- ✔ Thanking the AGYW for coming.
- ✔ Reminding them of the importance of seeking treatment for STIs and being confident enough to discuss such issues with their partners.
- ✔ Encouraging the AGYW to discuss VMMC and its benefits with their partners, friends and/or relatives.
- ✔ Reminding them that they can influence their partners' health decisions and this will benefit not only their partners but themselves.
- ✔ Agreeing on a date and time for the next meeting.

The End.

CIRCUMCISED PENIS



UNCIRCUMCISED PENIS



REFERENCES

These foundational INSIKA Job Aids are evidence based materials drawn from well-known behavioural theories and adapted curricula. Design was informed by two key theories:

Albert Bandura's Social Learning Theory - which proposes that people learn new behaviours and identify their own strengths and self-efficacy when they see them modelled in others, and Paolo Friere's Empowerment - Education model, which states that knowledge comes not from "experts" but rather group discussions and knowledge people have from within themselves and their communities. The job aids are meant to be used as a package, in conjunction with a mentorship guide which outlines targeting based on age profiles, key content and participatory methodologies based on USAID mentorship curricula, as well as a simplified mentorship process and template.

Existing curricula, which are based on these models and tested experiential techniques, were reviewed and specific activities adapted to AGYW in Eswatini context. Additional new content was developed to enhance individual mentorship plan development and mentorship sessions. Detailed references are provided below for each activity source and adaptation.

Activity 1: Dance Moves: adapted from Teen Talk

Activity 2: Why should we care about VMMC & STI Screening for our men: Original

Activity 3: Sexually Transmitted Infections (STIs): *Ematje Ekwewela* (Stepping Stones) (2015) Swaziland for the REACH III project, which is adopted from Jewkes R. et al. Stepping Stones (2008) South Africa

Activity 4: VMMC and HIV: http://www.scielo.org.za/scielo.php?script=sci_arttext&pid=S0256-95742009000300010

Activity 5: Double up your Protection: Health Communication Capacity Collaborative (2016). Girls4Health: Communicating about HIV Risk Reduction and Financial Literacy with Adolescent Girls and Young Women. Baltimore: Johns Hopkins Centre for Communication Programs

Activity 6: Myth busters: Adapted from

<https://www.malecircumcision.org/resource/frequently-asked-questions-about-voluntary-medical-male-circumcision-vmmc>

Activity 7: Communicating with your partner about STIs, HIV and VMMC: Original

INSIKA YA KUSASA JOB AID SET DEVELOPED FOR AGYW (15-29) MENTORSHIP SESSIONS

