

# Sexual Health Part I



## OBJECTIVES

**At the end of this unit, participants will be able to:**

- Understand that sexual health is more than sexual transmitted infections (STIs) and contraception, and requires a deeper understanding of sexuality
- Understand how social determinants of health (SDOH) influence sexuality and sexual health
- Effectively conduct conversations with clients about sexual health and sexuality
- Support clients by presenting options and support them in making changes
- Support clients in understanding and communicating with others about their sexuality and health goals



## INSTRUCTIONS

1. Prepare index cards for Sexual Health Pictionary game and select the scenarios that you would like participants to role play from the Sexual Health Scenarios handout.
2. Welcome participants and have participants and presenters introduce themselves, including gender pronouns.
3. Review the unit objectives.
4. Review slides 3–5 on sexual health, sexuality education, and influences on sexual health.
5. Break participants up into groups of four and tell participants we are going to play a game called Sexual Health Pictionary to get practice talking about sexuality. If there are fewer than 8 participants, play the game with the entire group.
6. Give each group a sheet of flip chart paper and a marker.
7. One player will select a card from the facilitator, and draw the concept on the flip chart. The first group or person to guess the concept correctly wins that round.
8. Play four rounds so that each person in the group gets a turn to draw.
9. The team that wins the most rounds wins the game.

*(continued)*



## Related C3 Roles

Providing culturally appropriate health education and information, providing counseling and social support, building individual and community capacity

## Related C3 Skills

Interpersonal and relationship skills, communication skills, capacity building skills, education and facilitation skill, knowledge base



## Method(s) of Instruction

Dyads, group discussion, games, role play



## Estimated time

50 minutes



## Key Concepts

Sexuality, sexual health, relationships, family, sexual orientation, gender



## Materials

- Computer with internet access and projector
- PowerPoint slides
- Flip chart
- Markers
- Index cards with the words: “contraception,” “friendship,” “choice,” “transmission,” “love,” “and intimacy” for Pictionary game.

## Handout

- Sexual Health Scenarios

# Sexual Health Part I

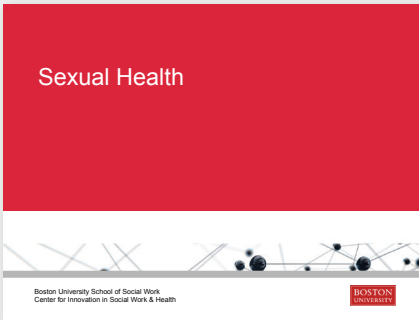


## **INSTRUCTIONS** (continued)

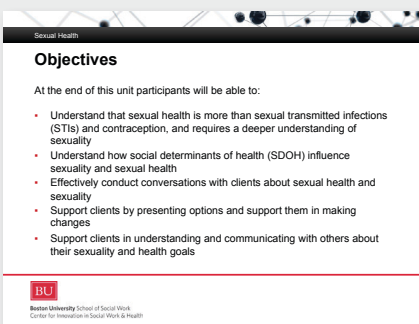
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10. Debrief the activity by asking:
  - a. What was challenging about describing these topics?
  - b. Not all people are comfortable about sexuality or sexual health. What would help you as CHW talk comfortably about this topic with your clients?
11. Review the scenarios presented on slide 7 about DJ and Andrew and facilitate discussion as described in slide notes.
12. Ask participants to get into pairs to role play a discussion with a client.
13. Distribute the Sexual Health Scenarios handout.
14. Each person has five minutes to practice a role play and then switch roles.
15. After the pairs have completed the role play, facilitate a 10-minute group discussion. Ask, "How did this exercise feel for you? What small action steps did you think of?"
16. Wrap up. Review slide 8 to summarize and close.

# Sexual Health Part I



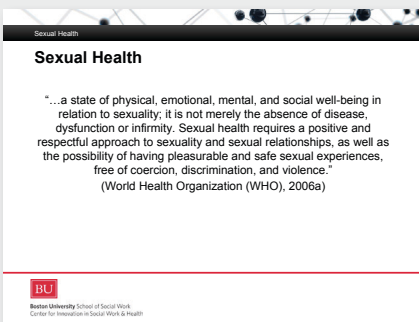
## SLIDE 1



## SLIDE 2

Review the objectives.

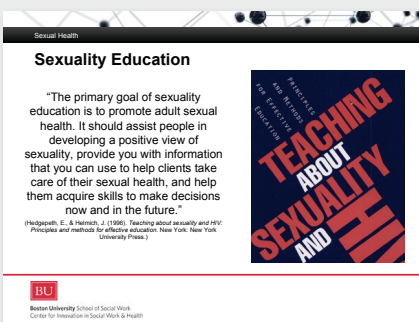
Ask participants if someone knows the definition of sexual health? Take definitions from participants and then advance to next slide.



## SLIDE 3

Review the slide and compare how the WHO definition is the same and different from participants' definitions.

Source: WHO (2006a). Defining sexual health: Report of a technical consultation on sexual health, 28–31 January 2002. Geneva, World Health Organization.



## SLIDE 4

Review the slide.

# Sexual Health Part I

Sexual Health

## Influences on Sexual Health

- Access to resources
- Discrimination
- Sexual orientation
- Neighborhood
- Social Norms
- Education
- Income
- Existing Prevalence

Attitudes

Beliefs

Values

Why bother? It's too much

Who looks it would happen to me

I have this control over my life

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## SLIDE 5

Review the slide.

These are some of the attitudes, beliefs, and values that can prevent people from engaging in their sexual health.

ACTIVITY: SEXUAL HEALTH Pictionary

## SLIDE 6

Sexual Health

Darius Jenkins / DJ

Andrew

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## SLIDE 7

DJ is a 24-year-old Black MSM (man who has sex with men) who is living with HIV from Compton, CA and has not come out to his family. DJ is in a relationship with Sheba who also lives with HIV who performs at a club where DJ sells marijuana. He tells you that they both missed several doses of medication. DJ also shares with you that he's the receptive party in his relationship and he's concerned about superinfection because they are not using condoms. Sheba has tried, but he often loses his erection while putting on the condom.

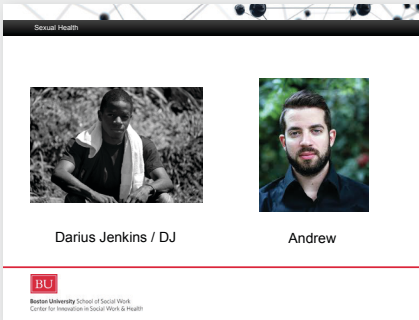
Andrew is a 24-year-old white MSM from Pasadena, CA who works as a legal assistant and has the support of his family. He is in a serodiscordant relationship (one partner has HIV and the other does not) and he is going with his partner to the LGBTQ testing drop-in space to get tested today; they are considering PrEP.

What are some ways that social determinants of health (SDOH) impacted DJ's life and not Andrew's life?

Considering SDOH, how might you counsel DJ and what are some options you can share with him? Andrew?

Now you will have the opportunity to practice using the information we've learned about sexual health and influences on human sexuality.

(continued)



## SLIDE 7 (continued)

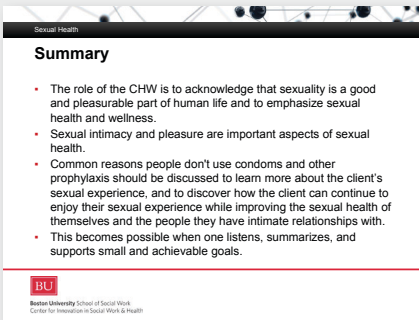
Give instructions for role play.

You will have a chance to role play discussing sexual health with a client in pairs. Hand out role play. Each person has five minutes to practice the roleplay and then switch roles. After the pairs have completed the role plays, come back to the larger group for discussion.

Allow 10 minutes to debrief the role plays.

Ask:

- How did this exercise feel for folks?
- What small action steps did you think of?



## SLIDE 8

Review the slide to summarize and close.

# Sexual Health Scenarios

## Scenario 1

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Damon is struggling with his sexuality. At the age of 14, he was raped by a neighborhood boy who was 3 years his senior. He didn't tell anybody because he was ashamed and intimidated by his perpetrator who threatened that if he told anyone his family would be harmed. As Damon became an adult he started to have desires to sleep with men, but he was attracted to women. Occasionally Damon would have sexual encounters with men when the urge became too strong.

Currently, Damon has been in a relationship with a woman for the past 6 years, and has been living and thriving with HIV for 10 years. Damon would like to be honest with his partner about his sexuality but is afraid she will leave him.

**How would you counsel him to accept his sexuality and have the ability to tell his significant other?**

## Scenario 2

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Jonathan is a heterosexual African man who has been living and thriving with HIV for 5 years and has been married to his wife for 3 years. Jonathan is frustrated with his wife because she still does not believe Jonathan can't transmit the virus to her. Jonathan's wife has been told several times by the doctor that because Jonathan is virally suppressed, HIV is untransmittable. Jonathan would like to have children but his wife is terrified of having unprotected sex with him.

**What would you say to get to the root cause of why Jonathan's wife doesn't trust the science or her husband?**

## Scenario 3

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Tania is a Caucasian woman who was diagnosed with Herpes Simplex 2 three years ago and has not dated since then. She is ashamed and blames herself for not using protection. Tania doesn't want to engage in sex anymore because she feels dirty and, she doesn't think anybody would want to date her. She isolates herself and doesn't socialize. The only person she hangs out with is her best friend of 20 years. Tania's best friend has invited her to parties and other places to meet people, but Tania always refuses.

**What would you say to uplift her self-esteem, to motivate her to meet new people?**



## More Scenarios

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#1 A transgender client, Angel, tells you they've been dating Dante who is a bus driver who drives the bus she uses frequently. They've been seeing each other about two or three times a week and talk daily. Angel hasn't disclosed that they are transgender and they are interested in a long-term sexual relationship with Dante.

Angel tells you they have not had sex since their transition and asks you what they should do.

#2 A female client, Maria, who is 27 years old has a history of sex work to support her substance use. She is moving into a new apartment and has financial needs, but has not been working the streets since getting clean 4 months ago. She has also been dating an elderly gentleman, Ramon, for 6 years. Maria tells you that when Ramon came over they had sex and afterward she asked him for money to pay deposits on her power bill. Ramon refused to give her the money, which led to an altercation where she hit him on the head with a bottle. After that, he gave her the money. Maria says to you, "Why can't he just give me the money? Why do I always have to check his ass?" How would you respond?

#3 Antonio is a 68-year-old man whose labs came back positive for syphilis; the provider has asked you to find him and bring him back into the clinic for treatment. When you talk to tell him that he needs to come back into the clinic for the treatment, he tells you that this can't be true because he hasn't had sex in years and is not convinced he should go into the clinic with you.

#4 Shaniqua is 19 years old and just found out she is HIV positive and pregnant. She's been dating Devontae, who is 22, for 8 months. They met when he was first released from prison, and Devonte is the only person she's slept with. In tears, she tells you that she doesn't want to have a child infected with AIDS and Devontae is the last person she'd want to be the father of her child because he's a liar and cheater.

# Acknowledgments

This curricula draws from and is adapted from other training curricula for peer educators and community health workers, such as the Building Blocks to Peer Success (<https://ciswh.org/resources/HIV-peer-training-toolkit>) and the Community Capacitation Center, Multnomah County Health Department (<https://multco.us/health/community-health/community-capacitation-center>)

### Team

Serena Rajabiun

Simone Phillips

Alicia Downes

Maurice Evans

LaTrischa Miles

Jodi Davich

Beth Poteet

Rosalia Guerrero

Precious Jackson

Maria Campos Rojo

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