

Sister to Sister: Take Control of Your Health

*A brief, one-on-one, skills-based HIV riskreduction program
for women of color in clinical settings*



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Authors and Acknowledgments

Sister to Sister: Take Control of Your Health (TCYH) is an adaptation of the original intervention, *Sister to Sister: Respect Yourself! Protect Yourself! Because You Are Worth It!*

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ORIGINAL INTERVENTION

The *Sister to Sister: Respect Yourself! Protect Yourself! Because You Are Worth It!* was developed, written, and evaluated by Drs. Loretta and John Jemmott and Dr. Ann O'Leary in a collaboration between the University of Pennsylvania School of Nursing and the Southeastern Pennsylvania Family Planning Council, funded by the grant RO1-NR-03123-01 from the National Institute of Nursing Research.

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Sister to Sister: TCYH Overview

Intervention Goals

1. Increase patients' perceived vulnerability to HIV/STDs
2. Build patients' self-efficacy and skills to use condoms correctly and consistently
3. Build patients' self-efficacy and skills to use PrEP and PEP
4. Bolster patients' positive beliefs and outcome expectancies regarding PrEP, PEP, and condom use

Intervention Objectives:

Women who participate in the program will be able to:

1. Identify the ways HIV can be transmitted and the ways it cannot.
2. Understand their personal vulnerability to HIV.
3. Identify three highly effective methods to prevent HIV.
4. Demonstrate the correct steps for using a condom.

Intervention Activities

Activity A: Welcome and Introduction

Activity B: Women and HIV

Activity C: The Risk Assessment

Activity D: HIV 101

Activity E: PrEP and PEP

Activity F: All About Condoms

Activity G: Condom Negotiation Skills (Optional)

Activity H: I've Got This! Taking Control and Protecting Myself
Because I'm Worth It!

Activity I: Pulling It All Together

Time (Approximate)

1–2 minutes

8–9 minutes

3–4 minutes

5–7 minutes

3–5 minutes

13–18 minutes

7–8 minutes

3–4 minutes

2–3 minutes

Total Suggested Time

45–60 minutes*

****Time Note: The actual amount of time required to complete the intervention will depend on the patient's answers to the Risk Assessment, the inclusion of the optional activity, and the provider's level of comfort and familiarity with this intervention.***

Key Intervention Strategies

- Teach correct information regarding HIV transmission
- Introduce PrEP and PEP as highly effective methods of HIV prevention
- Assist patients in identifying their personal feelings about getting on PrEP and/or using condoms
- Build patients' self-efficacy to take control of their health
- Teach condom negotiation skills through role-playing activities and discussion (OPTIONAL)

Materials Needed

- Sister to Sister Provider Guide and patient materials (e.g., pamphlet)
- Risk Assessment and pencil for the patient
- Device with video viewing capacity and videos
- Anatomically correct penis models, condoms, water-based lubricants, and hand wipes
- Plastic bin to store all the materials
- Timer
- Mirror

Activity A: Welcome and Introduction

1–2 minutes

Provider Note: Before beginning your session, set your watch or timer to be sure that you work within the suggested timeframes for delivering each activity, since you may have limited time based on your agency protocol and/or the patient's availability.

1. **Welcome the patient and introduce yourself.**
2. **Allow the patient to introduce herself.**
3. **Present the purpose of the program by saying:**

We offer a program here at the clinic called *Sister to Sister*. This program was designed to help you and other women who are HIV-negative be able to take control of their health to protect themselves from HIV.

The motto of the program is "Take Control, Protect Yourself, Because You Are Worth It!" This motto was chosen because we want you and all women to know that you are important and that you can protect yourself because you are worth it. We really want you to believe this!

4. **Continue by saying:**

As women, we know that HIV is something that can affect us, but there are highly effective methods we can use to prevent HIV.

This intervention is all about you and helping you believe that YOU are worth it!

How does that sound?

5. **Acknowledge her response. For example, say:**

[Example:] *Wonderful. I'm looking forward to talking to you about this.*

6. **Say:**

Let's begin.

Activity B: Women and HIV

8–9 minutes

1. Introduce the video clip by saying:

First, we are going to watch a video clip of women talking about the importance of protecting themselves against HIV. We will talk about your thoughts on the video after.

2. Show Video Clip 1: "Sister to Sister: TCYH Girlfriends."

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

3. Ask the patient these questions:

What did you think about the video clip?

What were some of the messages?

4. Acknowledge her response. For example, say:

[Example:] Yes, some of the messages were about talking to their partners about STDs and HIV, using condoms, starting a medicine called PrEP, and taking control of their health, because they're worth it.

5. Say:

As I mentioned before, there are highly effective methods that we can use to prevent HIV. Let's talk more about those because you are worth it!

Provider Note: Be sure to have some relevant information regarding HIV rates among women in your community (e.g., state, city) to share with the patient. You can find this information online (e.g., <https://www.cdc.gov/nchstp/atlas/index.htm>) or by contacting your state/local health department.

6. Say:

Here are a few quick facts that may surprise you about HIV:

- 1 in 9 women with HIV don't know that they have it.
- Most women get HIV from having sex with a man.
- Black and Latina women in the US are more likely to get HIV than other women.

7. Then say:

So let's take control of our health and protect ourselves because we are worth it!

Activity C: The Risk Assessment

3–4 minutes

1. Give the Risk Assessment handout and pencil to the patient.

2. Say:

All women can get HIV, but there are some behaviors that put you at higher risk. Here is a brief questionnaire that will help us figure out what kinds of things may be placing you at risk for HIV. Let's go through the questions together.

Your answers will help me make sure the information I give you is specific to you, so please be honest.

3. Work with the patient to complete the assessment. Ask the patient if she wants to complete the assessment on her own or if she would like you to read her the questions and mark down her answers.

Provider Note: Reading the questions to the patient and completing it together is to address any literacy concerns. It is also important to describe and/or clarify any of the terms in the Risk Assessment that the patient is unclear about and address her understanding of sexual health terms.

4. Once the patient has answered each question, say:

Thank you so much for being honest and helping me complete this. Your answers will help us make sure we cover all the relevant information you need.

Sometimes we don't think about how our behaviors place us at risk for HIV and other STDs. That's why it is important that we as women understand what puts us at risk and then learn how to protect ourselves, because we are worth it.

Now we'll put this to the side and take a moment to review what kinds of things put people at risk of HIV.

5. Place the assessment to the side.

Provider Note: You will use the information your patient shares in the assessment below to tailor the session for her. This will be particularly important in Activity D.

Sister to Sister: Take Control of Your Health

Confidential Risk Assessment

Patient Name: _____ Patient DOB: _____

Date: _____

Provider Name: _____ Clinic Name: _____

<i>HIV Risk Screening</i>			
Over the past 90 days (3 months) have you...	Yes	No	Unsure
Had vaginal or anal sex without a condom?			
Shared needles?			
Had sex for money, drugs, or other things you needed (housing, clothing, childcare, etc.)?			
Had an STD?			

<i>PEP screening</i>			
Within the past 3 days (72 hours) have you...	Yes	No	Unsure
Had vaginal or anal sex without a condom?			
Shared needles?			
Been sexually assaulted?			

Activity D: HIV 101

5–7 minutes

1. Hand the patient a copy of the patient pamphlet.

2. Review how HIV is transmitted by saying:

I want to give you this pamphlet on Sister to Sister, which will cover a lot of what you and I talk about today. You can look at it more closely when you get home.

Let's cover a few quick points about HIV. HIV stands for Human Immunodeficiency Virus. This means that HIV can make your immune system weak and make it easier for you to get sick and harder for you to recover from being sick.

HIV is transmitted through...

- Vaginal sex
- Anal sex
- Sharing needles
- Pregnancy, childbirth, or breastfeeding

HIV is *NOT* transmitted through...

- Air or water
- Touching someone who has HIV
- Sharing toilets, food, or drinks
- Tears, saliva, sneezes, or coughs
- Sharing a towel
- Insects or pets

3. Then say:

Now that we've reviewed what puts someone at risk for HIV, let's look back at your assessment.

4. Say out loud the items that the patient marked as "yes" or "unsure" in a tone that does not indicate judgment (e.g., shock and disgust). There is no need to repeat items she marked as "no." For example, say:

[Example:] It looks like you said that you had vaginal or anal sex without a condom in the last 3 months.

Provider Note: If the patient marks yes to "been sexually assaulted within the past three days," stop providing the intervention and follow your agency protocol for patients who disclose that they have been sexually assaulted. Your agency may also have a protocol about providing PEP within 72 hours of a sexual assault.

5. Pause for a moment to give the patient time to reflect or react. Acknowledge her reaction.

6. Say:

Thank you again for sharing. It really helps me make sure I am giving you the information that will help YOU take control of your own health.

A lot of times we don't think about the things that put us at risk, and that's why we offer this program to women.

7. Following your agency's protocols, either place the assessment in the patient's confidential health record or shred the assessment.

8. Review ways to prevent HIV by saying:

We know there is no cure for HIV, so today we're going to talk about ways to reduce your risk. Now I'll share a few facts about how to reduce your risk of HIV. Does that sound OK?

- There is a medicine called PrEP that you can take every day to lower your chances of getting HIV.
- Using condoms correctly reduces your risk of getting HIV.
- Not having vaginal and/or anal sex and not sharing needles are the only ways to ensure you have no risk of HIV.
- Having an STD increases your risk of getting HIV, so it's important to get tested regularly for STDs.
- Using alcohol, marijuana, and other drugs can decrease your ability to make decisions to protect yourself, which can increase your risk for HIV.
- HIV testing is an important part of good healthcare, which means it's totally normal for a clinic or doctor's office to ask if you want to be tested.
- Also, if your partner has HIV, encourage them to start treatment, and if they have started treatment, encourage them to stick to taking their medication. A lot of people don't know that, if someone with HIV is taking their meds regularly, they can't pass HIV to their partner! Let's talk a little more about a few of the things I mentioned before: Sharing needles, the medicine called PrEP, and using condoms.

9. Then say:

First, let's talk about sharing needles. This is important to talk about because many people do it.

Provider Note: You may customize the following information for your patient based on her Risk Assessment, but it is important to at least tell her that sharing needles is a high-risk behavior. For example, if she indicated on her Risk Assessment that she shared needles, it is important to communicate the need to get tested for hepatitis C and provide her with resources, which may include:

- CDC's hepatitis C fact sheet:
<https://www.cdc.gov/hepatitis/hcv/pdfs/hepcgeneralfactsheet.pdf>
- CDC's "How to Clean Your Syringes" fact sheet:
<https://www.cdc.gov/hiv/pdf/library/factsheets/cdc-hiv-clean-your-syringes.pdf>
- CDC's "Who Is at High Risk" fact sheet:
<https://www.cdc.gov/hiv/pdf/risk/estimates/cdc-hiv-risk-behaviors.pdf>

10. Then say only ONE of the following:

a. If she DID NOT indicate that she has shared needles, say:

While this may not apply to you, you can share this information with anyone who needs this information.

b. If she DID indicate that she has shared needles, say:

Since you mentioned that you have shared needles, this is really important for you.

11. And continue by saying:

For people who inject drugs, the best way to prevent HIV is to stop sharing needles. If you are unable to start a drug treatment program to stop sharing needles, here are other ways to reduce your risk of HIV:

- Do not reuse needles
- Get new needles for free at a syringe access program
- If you have to share, use full-strength bleach to clean needles before sharing

These are great options for reducing HIV risk, and I hope you will share this information with anyone who may need it.

And don't forget what we discussed earlier about having sex when you are drunk or high. Because we sometimes make decisions when we are drunk or high that we wouldn't normally make when we are sober, this can also be something to consider before having sex.

12. Then say:

What questions do you have so far?

13. Wait for the patient's questions and answer them as appropriate.

14. Then say:

OK, let's move on. We will spend the rest of our time together talking about two other ways you can protect yourself from HIV: a medicine called PrEP and condoms. This is all part of taking control of your health and protecting yourself because you are worth it!

15. Transition to the next activity by saying:

So now that we understand what puts us at risk for getting HIV, let's get into how we can protect ourselves.

Activity E: PrEP and PEP

3–5 minutes

Provider Note: Please be sure that you are clear on your clinic's policy for same-day PrEP.

- 1. Now you will have a brief discussion about PrEP. Provide the information below to the patient, encouraging and answering her questions along the way. Say:**

Like I mentioned earlier, there are proven medicines that you can take to prevent getting HIV. I'll review some information with you now. All this information can also be found in your pamphlet.

The first medicine I am going to talk about is PrEP.

- PrEP, or pre-exposure prophylaxis, is a medicine you take every day that can reduce your chance of getting HIV.
- PrEP is highly effective when taken every day.
- It's very similar to birth control pills, except instead of preventing pregnancy, it prevents HIV. Like birth control, you must take PrEP EVERY day for it to work properly.
- PrEP can help take away the worry of getting HIV while having sex. When you're not stressed, sex can be way sexier!
- One thing to note about PrEP is that it protects from only HIV. It does not protect you from pregnancy or other STDs like syphilis and gonorrhea. Only condoms protect you against pregnancy and other STDs, and we will talk more about those in a few minutes.

PrEP might be right for anyone who is HIV-negative and doesn't always use condoms and/or shares needles. If you are either having sex without condoms or sharing needles with either someone who has HIV or someone who doesn't know if they have HIV, PrEP can really be a game-changer!

If you think PrEP might be right for you, I can take you to see our PrEP staff member after we finish, and they can get you started right away.

What questions do you have about PrEP?

- 2. Answer any questions she may have about PrEP.**

3. Now you will have a brief discussion about PEP. Provide the information below to the patient, encouraging and answering her questions along the way. Say:

The other medicine that I want to talk to you about is PEP, or post-exposure prophylaxis. This information is also in your pamphlet.

PEP is a medicine you take after you may have been exposed to HIV that can help prevent you from getting HIV.

It is very similar to emergency contraception, which is sometimes called the morning-after pill, except instead of preventing pregnancy in an emergency, it prevents HIV in an emergency.

What kind of emergencies do you think I mean here?

[Wait for her response and provide a few of these examples if she needs help:]

- *You had sex without a condom.*
- *You shared needles, syringes, or other injection equipment.*
- *If your partner was using a condom but then it broke or the partner removed it during sex.*
- *You were sexually assaulted.]*

After one of those emergencies, you must get started on PEP within 72 hours, or 3 days, just as you would with emergency contraception.

And as with emergency contraception, the sooner you start PEP, the better your chances are of preventing HIV. The difference is that you must take PEP every day for 28 days.

There are a few places locally you can get PEP, including *[insert local providers or emergency rooms here]*.

PEP is really for emergencies, so if you think you might need to use it more than once or twice over the next year, I want to encourage you to think more about getting on PrEP instead.

PrEP and PEP are two ways that you can take control of your health and protect yourself, because you are worth it!

4. Answer any questions she may have about PEP.

5. Then say:

I want to show you a really cool 28-second video about PrEP and why women choose to take it.

6. Show the “I Take PrEP” video from CDC’s *She’s Well: PrEP for Women* campaign.

<https://www.cdc.gov/stophivtogether/library/shes-well/videos/cdc-lsht-sheswell-video-i-take-prep.mp4>

7. Ask:

Which of those reasons sound like something you would think about?

8. Affirm the patient’s response. For example, say:

[Example:] That’s a great reason to think about taking control of your health by starting PrEP. Remember, it’s about taking control of your health, because you’re worth it!

9. Then say:

Now I’d like to show you another short clip that is about using PrEP as a way to take control of your overall health.

10. Show the “Take Care” video from CDC’s *She’s Well: PrEP for Women* campaign.

<https://www.cdc.gov/stophivtogether/library/shes-well/videos/cdc-lsht-sheswell-video-take-care.mp4>

11. Say:

I love how this video shows how PrEP can affect our mental, physical, and sexual health and can bring us peace.

12. Transition to the next activity by saying:

Now that we have learned about PrEP and PEP, let’s talk more about using condoms.

Provider Note: If the patient decides she wants to learn more about PrEP or PEP today, be aware of your agency’s procedures for either providing or making referrals for these medications. If the patient has expressed interest and your agency offers an immediate provision for PrEP or PEP, tell the patient that you will take her there at the end of the session. If your agency only provides PrEP and she needs PEP, then urge the patient to seek medical attention at the nearest emergency room.

Activity F: All About Condoms

13–18 minutes

Provider Note: Be sure you have researched the most up-to-date information about where external and internal condoms are available so that you can share it.

1. Begin by saying:

Condoms are great because they can protect you from HIV, STDs, and pregnancy when used correctly and consistently.

2. Explain the difference between condoms by saying:

There are lesser-known condoms called internal condoms, sometimes called female condoms. These are condoms that you can place inside your body, either in your vagina or in your anus.

Internal condoms can sometimes be a little harder to find than external or male condoms. You can get them at *[insert other free resources]*. They are available in some drugstores, some health centers, and online.

Internal condoms are cool and can make sex more pleasurable because they do not cover the penis and can be less restrictive. The other great thing is that you control using them, so you don't have to rely on your partner!

3. Describe external condoms by saying:

Let's talk about external condoms, commonly known as male condoms, the kind that cover penises.

To get them for free, you can come here, go to the family planning clinic at *[insert address]*, or get them at the health department at *[insert address]*. You can also get them at *[insert other free resources]*.

You could also buy them in any drug or grocery store. They are typically near the aisle that has tampons and pads.

Be sure you are buying lubricated condoms. This makes them easier to use and can make sex feel smoother, sexier, and more pleasurable for both you and your partner. You can also buy lubricant, which can be an important part of making condoms work for you and your partner.

Adding condoms to your sex life is a great way to take control of your health by preventing HIV, STDs, and pregnancy.

Remember to “Take Control and Protect Yourself, Because You’re Worth It!”

Some great tips on using external condoms are in the pamphlet I gave you, so be sure to check it out later. If you feel comfortable, you could also show it to your partner.

Provider Note: It is important for the intervention to be patient-centered so that the information provided and skills developed meet the patient’s needs. For example, if you’ve described internal and external condoms using the scripts above, and the patient expresses that she is not interested in using condoms with her partner, it may be more worthwhile to spend time discussing PrEP and less time on condoms. After you’ve done this intervention a few times, you will have a better sense of how to tailor the intervention for each patient.

4. Say:

Let’s take a moment to briefly review how to correctly use a condom to make things easier for you.

5. Take out an external condom and a penis model.

6. Open the condom.

7. Demonstrate how much condoms can stretch by making a fist and putting the condom over it.

8. Say:

Condoms don’t break easily. Notice how it stretches to fit over my hand, fist, and wrist. External condoms should fit snugly, like tights and not like sweatpants.

9. Introduce the condom demonstration by saying:

I will show you how to put on a condom correctly.

Provider Note: If you have an additional penis model and condom, offer them to your patient so she can practice with you. You can tell her to follow your instructions and actions.

10. Show and describe, step by step, how to put an external condom on a penis by using the model and saying:

- Check the expiration date to make sure the condom is still good.
- Check to be sure the air bubble is still in the package. This bubble tells you that the condom package is still protecting the condom. If the package is flat, then you know that condom is no good.
- Open the condom package carefully so that you do not tear the condom. Don't use your teeth!
- Pinch the tip of the condom while putting it on the penis so the pre-cum and semen have somewhere to go.
- Use water-based lubricants like K-Y to make sex feel better for both of you. Never use Vaseline, baby oil, or any other oily or greasy substance as a lubricant. It will destroy the condom.
- Begin to put the condom on as soon as the penis is erect but before the penis touches your vagina or anus. The condom should fit like tights and not like sweatpants.
- While still pinching the tip, put the condom on the tip of the penis and unroll the condom to the base of the penis.
- Check for the rim of the condom during sex to make sure the condom is not slipping off.
- Be sure your partner withdraws slowly while his penis is still hard after he cums or ejaculates
- Hold the condom firmly by the rim at the base while withdrawing.
- Be sure that your partner takes off the condom away from your vagina and anus.
- Throw it away. NEVER reuse a condom.

11. Say:

All of what we just talked about is in your pamphlet, so try this again at home later. You could even practice with your partner. It might be a sexy way to spice it up tonight!

12. Transition to learning about the patient's negative thoughts about condoms.

While many people love condoms because they protect you from pregnancy, STDs, and HIV, there are some people who don't like using condoms. Can you tell me some of the negative things you or your partner(s) may say about using condoms?

[Provide a few of these examples if she needs help but do not list all of them:]

- *Condoms are not around/available when we need them.*
- *Being high or drunk makes it harder to use them.*
- *We don't want to use them.*
- *Condoms don't feel as good.*
- *Condoms cost too much money.*
- *I'm scared to talk about using condoms with my partner.*
- *I fear an argument/fight.*
- *It messes up the sexual flow for me and/or him (i.e., I get turned off or he loses his erection).*
- *They break.]*

Provider Note: In the next step, you should not cover all the negative thoughts about condoms listed above. Choose one or two that the patient identified.

13. Discuss strategies for overcoming negative thoughts about using condoms by saying:

Let's pick one or two of the negative thoughts about condoms you shared and think together about how to turn these around into something positive that will help reduce your risk of HIV. You said...

[Name one or two of the negative thoughts she listed and, if she needs help, provide the strategies listed below to turn the negative thought around. There is no need to go through all of these, just 1 or 2 that she named.]

- Condoms are not around/available when we need them.
 - *Use PrEP.*
 - *Keep a stack of condoms in different places like your purse, your nightstand, a school bag or gym bag, your car if you live somewhere without extreme temperatures, etc.*

- *Go to the places in the list I gave you to stock up on condoms.*
- Being high or drunk makes it harder to use them.
 - *Use PrEP.*
 - *Use a condom every time when you are sober so that, when you are drunk or high, it is already a habit and just part of how you have sex.*
 - *Put a still-wrapped condom in your panties. That way, when you pull them off, the condom will be right there. This will be a reminder, even when you are under the influence, that you want to use condoms.*
- We don't want to use them. / Condoms don't feel as good.
 - *Use PrEP.*
 - *Try different kinds of condoms until you find a condom that feels good for both of you.*
 - *Use water-based lube, since it increases pleasure for both you and your partner.*
 - *Think about how using a condom takes away the worry of HIV or an unintended pregnancy so you can really relax and be in the moment (and therefore be more free and creative sexually).*
- Condoms cost too much money.
 - *Ask about free PrEP.*
 - *Go to the clinics and health care centers that provide condoms for free.*
 - *Go to the places in the list I gave you to stock up on free condoms.*
- I'm scared to talk about using condoms with my partner.
 - *Use PrEP.*
 - *Practice talking about using a condom with a girlfriend or a friend.*
 - *Show them the pamphlet I gave you and ask what they think.*
 - *Watch a movie with your partner about someone who has HIV and discuss it.*
- I fear an argument/fight.
 - *Use PrEP.*
 - *Practice talking about using a condom with a girlfriend or a friend.*
- It messes up the sexual flow for me and/or him (i.e., I get turned off or he loses his erection).
 - *Use PrEP.*
 - *Put a drop of lubrication inside before it goes on AND on the outside of the condom once it's on. You can also put some on or inside your body.*

- Stimulate different parts of his body while you put the condom on.
- Kiss his leg or stomach while putting on the condom or do other sexy things that you or your partner like.
- They break.
 - Use PrEP.
 - Leave space in the tip of the condom.
 - Use water-based lubrication.

14. Then say:

Wow, we've talked a lot about HIV and how women can get it. The great thing is that there are ways we can protect ourselves! For example, if you've been having vaginal or anal sex without a condom, to reduce your risk, you could start using condoms or take PrEP.

What kinds of changes could you make in your life to reduce your risk of getting HIV?

15. Wait for her answers and provide encouragement to build her confidence.

Provider Note: If at any time the patient discloses that she is experiencing intimate partner violence or another issue, follow your agency protocol.

16. Introduce the video clip by saying:

Now we are going to watch a quick video. You will see a woman talking to her partner about using condoms. She has just left the STD clinic and has been treated for an STD previously. Now she wants to use condoms.

Let's see how she talks to her partner.

17. Show Video Clip 2: "Let's Try Something New."

<https://www.youtube.com/watch?v=e9zAbP2LDkU>

18. Say:

I really like this video because many of my patients can identify with this woman. In what ways was the woman like you? In what ways was she different?

And what about the man? How was he like partners in your life? How was he different from the partners in your life?

How do you think your partner would respond to having a similar conversation with you?

19. Based on the patient's Risk Assessment and on her answer to the question you asked about her partner's response to using a condom, say only ONE of the following:

a. If you think condom negotiation will be safe and is an option for her, say:

I want to show you a technique to negotiate condoms with your partners. Then, as you feel comfortable, you can practice it like the woman in the video did.

b. If you think that condom negotiation is NOT an option for her, say:

OK! Let's move on to our next activity. Next, we will learn another way to take control of our health and build our confidence to do it.

20. Move to the next activity according to the following:

- **If you determined it will be safe and is an option for your patient to negotiate using condoms with her partner, then move to Activity G.**
- **If you determined it is NOT safe and is NOT an option for the patient to talk to her partner about using condoms, then skip Activity G and move to Activity H.**

Optional

Activity G: Condom Negotiation Skills

7–8 minutes

1. Say:

Since you have shared that you think your partner might be open to talking about using condoms, let's talk more about how to do that! Talking about condoms with someone that you are having sex with can be tricky, but it is so important because we are worth it!

Studies show that women who feel confident about talking to their partners about using condoms are MUCH more likely to be successful in doing it!

So I want to empower you to take control of your health by learning some condom negotiation skills.

2. Explain the steps to condom negotiation by saying:

I am going to teach you a way to talk to your partner about using condoms in three simple steps. These can also be found in the patient pamphlet I gave you earlier, and you can follow along if you like.

Step 1. Explain what you want and need and why (e.g., "I care about you so much and I want to start using protection because I learned that we're both at risk").

Step 2. Share the safer and sexier options you want to try (e.g., "I learned that if you use the right condom with water-based lube it can make sex hot" and "I heard about this new pill called PrEP that protects you from HIV").

Step 3. Discuss the options (condoms and PrEP) with your partner, why it is important to you, and how you can incorporate them into your sex life.

By talking openly about each other's feelings, you can ease any tension that may be there, and you can help your relationship and your sex life grow.

3. Ask:

What questions do you have about these three steps?

4. Then say:

Now that we covered some tips to have the conversation, let's practice!

You remember how the woman in the video did it? You can do it, too!

The more you practice this, the more confident you'll feel talking to your partner about using condoms. Try practicing with your girlfriends! You can do this. Remember you are worth it!

5. Start the patient's practice session by saying:

OK, let's get started. We will practice using the steps we just talked about. You will practice using the steps by being yourself while I play your partner.

You can use your pamphlet to help you if you need it.

6. Practice with the patient.

7. Coach her if she struggles. Offer encouragement along the way.

8. After she finishes, say:

Wow! You did a great job. I hope this helps you feel more confident about being able to talk to your partner about using condoms.

When it comes time to have the conversation, before you begin to talk, you can sneak a peek at the pamphlet and whisper to yourself, "I am worth it!" You got this, and you will do great!

Activity H: I've Got This! Taking Control and Protecting Myself Because I'm Worth It!

3–4 minutes

1. Begin by saying:

Before we finish up our session, I want to talk to you a little about how powerful our thoughts are.

When we tell ourselves we can't do it or that we aren't worthy, that really sticks with us.

On the other hand, when we speak positively about ourselves, it has a way of changing our outlook.

We've talked a lot about taking control of our health, and that includes not just what is happening with our bodies, but also with our feelings and what we say to ourselves.

I want to really encourage you to stay focused on your health, sister. You can do this by loving the fact that you are protecting yourself from HIV.

You can also do this by knowing your value and how important and beautiful you are. Sister, you ARE worth it!

2. Bring your chair closer to the patient's chair. Hold the mirror up and say:

I have a mirror that I want you to hold. Look at yourself, sister. I am going to tell you what I see when I look at you. Then I want you to finish the sentence.

- I see a strong, beautiful woman who is . . . what? Can you fill in the blank?

[Wait for her response. Encourage her as needed. Provide positive feedback and reinforcement to build her confidence.]

- I see a strong, beautiful woman who is capable of . . . what?

[Wait for her response. Encourage her as needed. Provide positive feedback.]

- I see a strong, beautiful woman who can respect herself and protect herself, because she is . . . what?

[Wait for her response. Encourage her as needed. Provide positive feedback. If she does not respond with "because I am worth it," you should tell her: "Because you are worth it!"]

3. Ask patient to reflect on how that felt and affirm her response. For example, say:

[Example:] That's great. It sounds like you know what you need to do to be in control of your health. You are worth it, Sister!

4. Finalize the activity by saying:

Many women just like you have taken control of their health to prevent HIV, and I know you can, too!

Here are a few quick reminders based on what we talked about today:

- PrEP is a pill you can take every day, like birth control pills, to prevent HIV. It is a great option for women because we can control our health without involving anyone else!
- Condoms are a great way to prevent HIV, and they also prevent STDs and pregnancy.
- *[If applicable:]* Stop sharing needles if you can, and if not, make sure to use clean needles.
- *[If discussed:]* Remember the three steps for talking with your partner about using condoms.
- Remember that you can be in control of your health. You are worth it, sister!

Activity I: Pulling It All Together

2–3 minutes

1. Begin by saying:

We have reached the end of our session today. I really enjoyed talking with you. Before we go, I want to be sure we are clear on what we as sisters can do to avoid getting HIV.

Can you tell me some of the ways you remember?

[Wait for answers and be sure she includes the following:]

- *Getting on PrEP and taking it every day.*
- *Taking PEP as needed after an emergency when we may have been exposed to HIV.*
- *Using condoms correctly and consistently.*
- *Trying to avoid sex when we are drunk or high.*
- *Not sharing needles or other drug equipment.*

Great! You are well on your way to taking control of your health and protecting yourself because you are worth it!

2. Ask her if she wants to talk to the PrEP coordinator by saying:

We talked a lot about PrEP today. Would you be interested in talking to our PrEP coordinator today? They can help you get more information on how to get on PrEP.

3. Allow her to respond. If she says yes, after you finish the session, walk her to see the staff member.

4. Then say:

We covered a lot of information today. If you ever need more information, please reach out to me. Here is my card with my number on it. You can put it into your phone now, if you like. You can always come back and see me anytime!

We are finished now. You did such a great job! Please share what you have learned today with others in your life.

Thank you again for spending this time with me today. Remember the motto of Sister to Sister: Take Control of Your Health:

TAKE CONTROL, PROTECT YOURSELF, BECAUSE... *[Wait for patient to join you to say:]*

I AM WORTH IT!