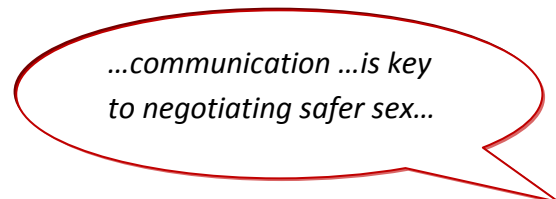
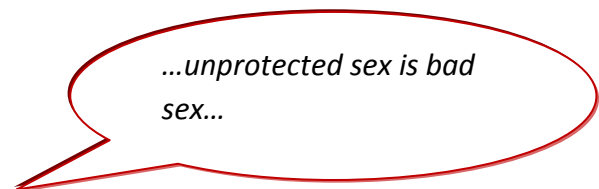


GOOD SEX, BAD SEX, THE AFRICAN WAY

A report developed as part of the Pan London HIV
prevention programme



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ABOUT THE AFRICAN HIV POLICY NETWORK

The African HIV Policy Network [AHPN] is an umbrella organisation of mostly African-led community based organisations that enables Africans to speak with a collective and representative voice on matters of HIV and sexual health, with a mission to advance the health and well being of Africans living in the UK.

The organisation is focused on:

- **Policy:** influencing, initiating, advocacy and campaigning
- **Research:** engaging in evidence-based researches and contributing to the body of knowledge
- **Membership:** developing a network of community based organisations, individuals and corporate organisations
- **Voice:** working with a network of Africans in the UK living with and affected by HIV, informing policy and research
- **Projects & programmes:** acting as a strategic bridge and leader in coordinating national and regional projects and programmes

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ACRONYMS

AHPN	African HIV Policy Network
AIDS	Acquired Immune Deficiency Syndrome
HIV	Human Immunodeficiency Virus
HPA	Health Protection Agency
NHS	National Health Services
PLWH	People Living with HIV
THT	Terrence Higgins Trust

EXECUTIVE SUMMARY

Research & Report Objectives

This report provides an insight into the views of Africans in the UK on sex and safer sex.

The purposes of this qualitative research are:

- To provide Africans in the UK living with and affected by HIV an opportunity to express their views on what sex and safer sex means as well as what is good and bad sex
- To obtain baseline data that will inform the contents of HIV prevention resources
- To identify the understanding of what sex and safer sex mean among Africans living in the UK and
- To lead to the production of a culturally sensitive publication about sex and safer sex for African communities living in the UK

Key Findings

- Africans in the UK have a basic understanding of routes of HIV transmission and associated relevant HIV prevention advice
- Africans of all age groups appear well equipped to negotiate sex and safer sex
- African women highlight the importance of communication between sexual partners on sex and safer sex practices
- Young Africans aged between 15-24 years request for an educational focus about safer sex, targeting especially year 11 of secondary school, and first year of college, as this, in their views, is usually when young people become sexually active.
- Future HIV prevention resources need to include education on proper condom usage
- Africans living with HIV stress the importance of providing facts and statistics to African communities when delivering HIV prevention outreach work, as this helps to raise interest and awareness amongst African communities in the UK
- Most male participants in the young people's group were very unfamiliar with female condoms in general and asked to be educated about them
- The men's group seemed generally averse to female condom usage

INTRODUCTION

Background

The African HIV Policy Network (AHPN) conducted four focus group sessions coupled with a questionnaire with a total of 38 participants, as part of the deliverables for the Pan London HIV prevention programme funded by NHS Kensington and Chelsea. The Pan London HIV prevention programme is a collaborative contract with the Terrence Higgins Trust (THT), on behalf of the THT+ partnership and the HEAL partnership, hosted by AHPN.

Context

In 2008, an estimated 29,200 black Africans were living with HIV in the UK. This includes over 22,300 diagnosed people accessing HIV care and a further 6,900 estimated to be undiagnosed (HPA)¹. As highlighted in the London African Communities HIV Prevention partnership Commissioning Intentions 2007-2010;

- *Whilst constituting less than 1% of the UK population, Africans account for 35% of new HIV diagnoses each year*
- *Therefore, Africans make up a significant proportion of people infected with HIV and Africans are also disproportionately affected by HIV in the UK.*
- *Anonymous unlinked survey data identifies that around half of all heterosexually acquired infections are currently undiagnosed in the UK.*

These statistics underline the urgency and importance of HIV prevention interventions targeted towards African communities in the UK. In order to limit the acquisition and transmission of HIV among Africans in England (and London specifically), it is vital that interventions should aim to meet the HIV prevention needs of these communities. It is also vital that Africans themselves know about the sexual behaviours that increase the likelihood of transmission of HIV.

¹ HPA's New HIV Diagnoses Prevention group tables: Table 6 (12/03/2010), available online at <http://www.nat.org.uk/HIV-Facts/Statistics/Latest-UK-statistics/Black-Africans.aspx>

Past research looking at perceptions and knowledge of Africans with regards to sex and safer sex practices in different parts of the world have brought to light some issues. For example, a study looking at the understanding of safe sex amongst school-going youth in South Africa² found that boys were less likely to perceive themselves as 'at risk' and more likely to use condoms and tended to use them with casual partners, whereas, girls saw condoms as a sign of love and protection.

Citing another example, a randomised controlled trial that examined abstinence and safer sex HIV risk-reduction interventions for African American adolescents³ found that both abstinence and safer-sex interventions can reduce HIV sexual risk behaviours, however safer-sex interventions may be especially effective with sexually experienced adolescents and may have longer-lasting effects.

In the context of Africans in the UK, it is important that researchers seek ways to work with and not work on, African communities in order to facilitate their own informed management of sexual health⁴.

The focus group sessions explored the general views of Africans about sex, and their understanding of safer sex. The intent is that the findings from these focus groups - presented through the valued and unique perspective of Africans living in the UK - will enhance the general understanding of views of Africans about sex, and their understanding of safer sex. The findings will also help to inform the Pan-London programme's efforts of producing HIV prevention resources.

² Harrison A, Xaba N, Kunene, P, *Understanding safe sex: gender narratives of HIV and pregnancy prevention by rural South African school-going youth*, [Reproductive Health Matters Volume 9, Issue 17](#), May 2001, Pages 63-71

³ John B. Jemmott III, PhD; Loretta Sweet Jemmott, PhD, RN, FAAN; Geoffrey T. Fong, PhD, *Abstinence and Safer Sex HIV Risk-Reduction Interventions for African American Adolescents: A Randomized Controlled Trial*, *JAMA*. 1998; 279: 1529-1536.

⁴ Kesby, M, Fenton, K, Boyle, P, Power, R, *An agenda for future research on HIV and sexual behaviour among African migrant communities in the UK*, [Social Science & Medicine, Volume 57, Issue 9](#), November 2003, Pages 1573-1592

METHODOLOGY

Sample size and target groups

A flyer advertising the focus groups' and sessions on "*Africans who want to share their views about Good Sex*" was distributed via email to members of the African HIV Policy Network, and through partner organisations.

The details on the invitation were adjusted for the different groups, i.e. age ranges and gender. Each participant was reimbursed £10.00 for travel expenses. Each session lasted approximately one and a half hours, and held over a consecutive period of 3 weeks.

There were four groups.

- **Group 1:** This group was made up of African women only aged 25-49. There were a total of six participants (n=6) at the focus group discussion. Countries of origin of these participants are Ghana, Togo, Uganda, and Zambia. Five participants were HIV negative, and one participant did not disclose her status.
- **Group 2:** This group was a mixed-gender group, made up of African men and women aged 25-49 living with HIV. There were a total of five participants (n=5); 2 males and 3 females. Countries of origin are Zimbabwe and Uganda.
- **Group 3:** This group was made up of African men only, aged 25-49. There were a total of thirteen participants (n=13). Countries of origin are Zimbabwe, Uganda, Nigeria, Ghana, and Kenya. All participants in this group were HIV positive.

Group 4: This group was a mixed gender group, made up of young Africans, aged 15-24. There were a total of fourteen participants (n=14); 6 males and 8 females. Countries of origin are Rwanda, Nigeria, Uganda, Ghana, Burundi, Sierra Leone, and Democratic Republic of Congo (DRC). 11 participants were HIV negative, and 3 preferred not to disclose their status.

NB: all participants live in the UK

Process

At each session, there were self introductions and participants were informed about the aims and purpose of the focus groups, and guidelines for participation were agreed upon. There were at least 2 facilitators at each discussion. Participants were asked to read and sign consent forms (see appendix A).

Participants were asked to complete a survey of questions that also inform the focus group discussions. All groups completed the same survey and answered the same questions; however facilitation allowed each group to raise pertinent issues peculiar to their experiences (see appendix B).

The groups spent about one hour discussing questions regarding sex and safer sex practices. A general discussion followed after each question, exploring the participants' understanding of;

- sex
- types of sex
- what good or bad sex is
- safer sex
- best ways to communicate the message of safer sex to African communities living in the UK

The discussions were recorded on tape - with the permission of the participants - and written notes were also made.

Note:

The results of this research are qualitative and not statistically high, albeit significant. The purpose of a qualitative methodology such as a focus group is not to test predetermined hypotheses, but rather to elicit the perspectives of individual participants. Some writers have argued that focus groups are fraught with problems that cause even expert groups to produce less-than-optimal results, primarily because the interpersonal dynamics of group members often get in the way of the members' rational thinking processes⁵.

Therefore, the ability to generalise from a "representative sample" of Africans in the UK is not the intent or purpose of this research. Readers are therefore encouraged to see these insights as illuminating and directional, not definitive.

⁵ DALKEY, N. C., 1972. The Delphi method: an experimental application of group opinion. In N. C. Dalkey, D. L. Rourke, R. Lewis, & D. Snyder (Eds.) *Studies in the quality of life*. Lexington, MA: Lexington Books

INTERPRETATIVE ANALYSIS

Introduction

This analysis is based on transcription notes from the taped recording of the group discussions. At the beginning of the discussions, most groups appeared reserved about talking about sex, but as discussions progressed, the discussions became more relaxed, with willingness to respond gradually emerging.

This was most evident in the men's group and the young people's group. The group of people who are HIV positive and the mixed gender group were the most relaxed and ready to share personal stories and experiences. This may be due to the fact that they were relatively few in number, only five, and were familiar with each other beforehand.

It is worth noting that many participants in other groups, with the exception of the group of people living with HIV, seemed not to want to share personal stories, but rather talked about scenarios in the context of *"I have heard"*, *"I read somewhere that"*, *"people say that"*, or *"someone told me"*.

Understanding of Sex

When participants were asked what their understanding of sex was, different views were shared.

Similarities across groups

The common definitions of sex are;

- an interaction between a male and female
- penetration
- a physical and emotional act
- intercourse
- an act of love

Many agreed that sex is an act of intimacy, between two people.

“Sex is when two people, a man and woman, have contact with their genital areas. (Group of people living with HIV)”

“I would say that sex is an intimacy between two people” (young people’s group)

“I think there has to be a release of something for there to be sex” (group of people living with HIV)”

Common views of what sex *is not* include;

- kissing
- caressing
- dry sex (with clothes on)
- lack of penetration in general

“For me, if you ask me what is not sex, I would say when there is no love and respect, then that is NOT sex” (women’s group)”

All groups appeared knowledgeable about types of sex. The common ones mentioned are;

- oral sex
- anal sex
- penetration between male and female or members of the same sex
- cyber sex
- phone sex
- sado-masochism and
- group sex (orgies, swinging)

Differences across groups

The young people's group came up with some interesting definitions of sex, unique to their age group, one could presume. These included sex being an achievement, a work out, and an experience. This could be attributable to their young age, which could possibly mean that some may not have started having, or experiencing sex or sexual relationships yet, and therefore see the act of sex as an achievement.

Another reason could be because young people's attitude to sex is more relaxed and less to do with love and emotion. This is probably very influenced by popular culture. Therefore, seeing it as an achievement or a work out may be one of the ways young people talk about sex with each other.

The young people's group were also the only group to identify oral sex and masturbation as not sex. They identified having one's virginity as still having an intact hymen for a female, so to them any activity that did not tear the hymen was not sex. These views were shared by both female and male participants in the group.

One participant in the men's group defined sex as a mental, rather than physical act. The group of people living with HIV mixed gender group was the only group that classed rape as *not* being sex, because it is forced. All other groups classed rape as a type of sex.

"Sex is something psychological too. Because sometimes, you can just look at someone, and the two of you have sex, without even touching each other" (group of people living with HIV)

"According to magazines, they say that some people talk and do sex on the phone or internet, until they get to their climax. I'm not sure how they do it, but they enjoy it" (women's group)

The men's group and the women's group included paedophilia as a type of sex. The young people's group included the term "Holiday Sex", which they described as sex with no strings attached. A participant in the men's group mentioned bestiality as a type of sex. There was some argument in the group of people living with HIV about homosexual sex, as one male participant refused to acknowledge gay sex as being sex, and referred to it as a "sickness".

"I think contact between the same sexual organs is NOT sex. So contact between 2 male organs is NOT sex, it's a sickness!"

*"When a man is with another man, I don't accept that as sex"
(Group of people living with HIV)*

"If you think that sex is a form of reproduction, then masturbation is not a type of sex. It depends on what you think sex is" (men's group)

'Good Sex' and 'Bad Sex'

Similarities across groups

All four groups agreed that the concepts of good sex and bad sex exist. Common definitions for good sex are;

- sex that is enjoyable
- sex that is painless
- sex in the presence of love and respect
- sex in a relaxed and comfortable setting
- sex with a climax achieved by both partners

These views were shared across groups and between different genders within groups also.

"I think good sex is the one you engage in when you are supposed to, I mean when you are married and mature enough" (young people's group)

*"I would say that good sex is the one that before I start, I am in a good mood, and when we finish, we both reach our ecstasy. That is what I will count as good sex"
(women's group)*

"Good sex is when you can last all night" (men's group)

Differences across groups

It is interesting to note that only participants in the young people's group talked about good sex from the moral viewpoint. They equated good sex with having sex in marriage alone. Bad sex on the other hand was associated with different themes from different groups.

The men's group associated bad sex with;

- premature ejaculation
- no arousal
- no stamina
- bleeding from one party
- Sex when a person is drunk.

There was some debate in the men's group, as one participant identified bad sex as sex without an erection. Another participant challenged this, disputing whether there could be sex without an erection in the first place. The response given to this was that if indeed fellatio is a type of sex, this could actually be done without an erection, but both partners would come out of this dissatisfied, it was argued.

"I think that bad sex is when the woman is frigid, and it's the man doing all the work" (men's group)

"When there is no erection, that's bad sex" (men's group)

The women's group associated bad sex with;

- under-performance from one party
- selfishness from one partner
- under age sex
- forced sex
- when there is transmission of disease during sex

The group of people living with HIV identified bad sex as unprotected sex. A male in this group talked about bad sex as sex with a lady when she is having her menstrual cycle, but this was challenged by a lady in the group, who said that she had many female friends who enjoyed having sex during their menstrual cycles.

The young people's group came up with the following as determinants of bad sex;

- pain
- lack of intimacy
- violence

There were gender differences in opinion in the young people's group, as one of the male participants saw bad sex as sex outside marriage, while 2 of the female participants disagreed. They saw bad sex rather as sex that was not pleasurable. They seemed to be greatly influenced by media and television, as they cited examples from TV shows such as *"Sex and the City"*, when describing bad sex.

There were some discussions and disagreements in the men's group, as one participant identified "too much sex" as being bad sex, but this was strongly disagreed with by others in the same group. All four groups agreed that unprotected sex was bad sex. This consensus from all groups is quite interesting, and may have been influenced by the focus group setting and topic of discussion.

"Bad sex is when something can be transmitted from one party to another. You may not necessarily know at the time, but if there is transmission of disease then that is bad sex" (Men's' group)

"Unprotected sex is bad sex because you won't relax. You will be worried about the other person, and also about re-infection with different strains of HIV" (group of people living with HIV)

Safer Sex

Participants were asked about their understanding of safer sex, how they think one can negotiate safer sex, and how one can ensure that he/she always has safer sex. This question raised varied views. The question of safer sex was interpreted in a different way by two of the groups - the men's group and the young people's group.

To these groups, safer sex was not only meant to refer to sex without risk of disease transmission, but also referred to sex without risk of pregnancy. This could mirror the concerns of men and young people, where the fear of pregnancy may outweigh the fear of contracting disease during sex.

"I think safer sex is when I have sex with a girl, and she doesn't get pregnant afterwards. So she would have to use pills or something to prevent pregnancy"
(young people's group)

"You have safer sex when you understand you and your partner's health status, and your sero-status. Not only for HIV, but for all STI's"
(Group of people living with HIV)

"I think you can also have safer sex when you are ready beforehand. I mean that when a woman is properly aroused, she will produce secretions, and lessen the chance of getting bruised, or having cuts. This is dangerous, because you can transmit diseases like that" (Group of people living with HIV)

"When two people go for sex, and they finish, and nobody complains, I will call that safer sex. This is because one partner may become physically abusive with the other if they are not satisfied, and that is not safe" (women's group)

Common definitions of safer sex across all groups were;

- sex using condoms (male and female)
- sex with disclosure of sero-status
- sticking to one partner
- abstinence
- regular testing for STIs and HIV
- being aware of your [HIV] status
- being emotionally prepared for sex
- sex where nobody gets hurt, physically or emotionally

The group of people living with HIV mentioned withdrawal method as a way of having safer sex, and also using correct lubricants for anal sex and not Vaseline.

The issue of female condoms (femidoms) was raised in all groups, and there were varying responses. Generally, knowledge and usage seemed quite low. A participant in the female group explained the use of femidoms to other participants who were not aware, and showed them one that she had brought with her.

“A way that a woman can negotiate safer sex is to use a femidom. If the man is sick, or infected, and you still want to have sex with him, and he doesn’t want to use condoms, you can’t force him. But you can protect yourself by using a femidom. It gives you power as a woman” (women’s group)

Most participants in the young people’s group, especially some of the male participants were quite unfamiliar with female condoms in general, and asked to be educated about them. The men’s group however seemed generally averse to female condom usage.

“I don’t like the idea of female condoms. Even if I didn’t have a condom, and wanted to have sex, and a woman was to tell me that she had a female condom, for me I wouldn’t be comfortable with it”

“For an African man, if a woman was to tell you that she has a femidom, you won’t even do the job! You will call her a stupid woman for having a femidom!”

“All the time I was living in Africa, I knew about male condoms, but I never heard of female condoms”

*“Women themselves don’t like to use them, that is what they will tell you!”
(Men’s group)*

During the men’s focus group discussion, the issue of proper usage and removal of male condoms was raised. Participants who were more knowledgeable explained to others proper condom usage. In the group of people living with HIV, a participant mentioned “Kachabali” as a form of safer sex, which she described as stimulation of the clitoris with the penis, without actual penetration. This however was debated by other participants, as some raised the point that diseases could still be transmitted.

The four groups mentioned communication between partners and carrying condoms as the key to negotiating safer sex, and ensuring that one always has safer sex. The communication point was particularly stressed by the women’s group. Participants acknowledged the importance of African women discussing sex and safer sex practices with their partners. Another important point that was raised in all groups was the importance of personal knowledge and understanding about safer sex, for individuals to be able to pass the message on to others.

“Understanding and knowing is important! We can’t negotiate safer sex if we don’t know what it is”

“... It’s good to talk. We have to talk about it. There has to be one to one discussions between the man and the woman that are going to have sex. That is really where the problem is in our African context. We don’t talk about sex with the person we are going to have sex with. Even some married people don’t talk about sex, or even whether they are going to have children in marriage. I have heard African men say that African women are the worst in sex. When you ask why, they say that all the women do is to just ‘lay there’. Now, how will the woman know that just ‘lying down there’ is wrong if they don’t talk?”

"Families should be involved too. My mum was the first person to show me how to use a condom"

"You have to say it at the beginning; no condoms, no sex"

"You should carry condoms around in your bags, purses and wallets"

"Female condoms have to be part of it" (women's group)

'Faith and Sex'

Participants were asked about what they thought the role of faith should be in safer sex. Common themes that were raised were that faith and faith leaders should be willing to talk and educate their congregations about sex and safer sex, but that they should also continue to preach the message of abstinence. The young people's group and the group of people living with HIV emphasised the role of faith leaders' as important in tackling HIV stigma.

"Faith leaders need to be educated about safer sex, and then they will be able to educate their congregations."

"Faith leaders should be welcoming to people, no matter what their HIV status is. They should also reduce stigma amongst African communities, because people listen to them."

"I think faith can cause complications. Some leaders tell people to stop using their drugs"

"Faith should sell the benefits of sex after marriage, and not make it seem like it's a bad thing to wait until getting married before have sex."

"Faith leaders need to open up about sex."

"Faith and family instil values in people, and define the way we respond to sex, and issues surrounding it."

"Faith leaders should keep saying no to sex before marriage"

Communicating safer sex

Participants were asked about their views on the best methods to communicate safer sex to African communities in the UK. This generated a lot of useful suggestions.

These ranged from;

- using peer-support groups
- using media and radio channels such as OBE TV (i.e. specifically African media)
- outlets such as restaurants, barber shops, pubs, churches etc
- holding workshops
- working with African diplomats e.g. ambassadors and high commissioners to spread the message
- working with famous Africans as role models
- going into prisons to spread the word

The group of people living with HIV stressed the importance of providing facts and statistics to Africans when doing HIV prevention outreach work, as some HIV prevention outreach workers in the group had found this helped to raise interest and awareness amongst African communities in the UK, and can really support driving the message home.

The young people suggested using social networking sites, such as face-book and Twitter. They also suggested targeting year 11 of high school, and the first year of college, as these are the classes in which most young people become sexually active.

“Sometimes you feel you don’t have to listen to the media about sex issues, because you feel that’s their own opinion. I would prefer to listen to preachers, or politicians, or those that have a moral standpoint in the society.” (Young people’s group)

“When we started outreach work 3 years ago, the reaction was so negative. They would say why are you targeting Africans? They have bought you over. By being firm, and giving numbers and statistics, telling them how many people are affected by HIV, it works. And also telling them that you are affected also helps. Tell them that if you present for testing early, your prognosis is good. Now they know us, and when they see us they run after us, for information.” (group of people living with HIV)

"I think there should be parent discussion forums, where parents can be educated on educating their children about sex" (young people's group)

"Africans transmit information very fast by hearsay, storytelling, and talking to family, friends - an African person may not watch TV, but he will hear a story from his auntie or his cousin. An aunt that I haven't heard from in a long time called me recently, and she briefed me about everything that has happened in the last 20 yrs. If she knew about safer sex, she would have talked about it too. So we have to talk to each other; it spreads like wildfire" (women's group)

"Talk to your close one. Every close one has a close one. Always have the topic of safer sex at the back of your mind." (Men's group)

CONCLUSIONS AND RECOMMENDATIONS

Africans make up a significant proportion of people infected with and disproportionately affected by HIV in the UK. The response from Africans in the focus groups clearly indicates a need for the topic of sex to be addressed within the African communities. The focus group discussions reflected that Africans are willing to be engaged in future work targeted at HIV prevention amongst African communities in UK.

All participants claimed to be pleased that sex was being discussed, and stressed the importance of holding future focus groups and meetings to discuss sex, and remove the stigma around it among the African communities in the UK.

Key recommendations from the focus group discussions are;

- Female condom usage is a topic that needs to be addressed and explored amongst African communities living in the UK, and should feature in HIV prevention resources
- The role of faith in safer sex is paramount to the successful dissemination of safer sex messages, faith leaders need to be engaged in this topic
- The topic of safer sex needs to be elaborated and clarified, as some people may understand safer sex as just meaning sex without risk of pregnancy, and not equate it with sex without the risk of HIV and STI transmissions
- African females should be informed of the importance of communication with their partners, with regards to sex and safer sex practices
- Sex education with regards to safer sex should be more focused on age groups 15-18 (year 11 of secondary school, and first year of college), as this is perceived to be when young people become sexually active
- African males should be educated on proper condom usage and removal; this should be elaborated and explained in future HIV prevention resources

APPENDIX A: CONSENT FORM

African HIV Policy Network: Pan London HIV prevention Programme

Consent Form for Pan London HIV Prevention Program Small Media focus group discussions:

Background:

The African Communities Small Media Campaigns work stream is delivered as Part of the Pan London HIV prevention programme funded by NHS Kensington and Chelsea, through a collaborative working agreement between THT, on behalf of the THT+ partnership and AHPN, on behalf of the HEAL partnership.

The Pan London HIV prevention programme seeks to achieve the following outcomes for Africans Living in London:

- Have an at least basic understanding of routes of HIV transmission and associated relevant HIV prevention advice;
- Are more knowledgeable about the need for appropriate condom use;
- Know how to use a condom correctly;
- Feel better equipped to negotiate safer sex;
- Have an enhanced understanding of the importance of HIV testing;
- Know more about how to access HIV testing facilities;
- Know more about the existence of local HIV and sexual health services;
- Hold less stigmatising views about people living with HIV/AIDS.

Instructions:

Instructions: please review, complete this form, and return the original copy to Diana Inegbenebor. Thank you for your participation in this project.

Agreement:

I, the undersigned, _____, (*please print your name*), grant AHPN (HEAL) and Terrence Higgins Trust (THT) to use my contribution to the focus group discussion for the Small media resource, and for promotional and educational uses as detailed below.

I understand that by signing this form, I knowingly agree and consent to using my contribution for HIV prevention information projects, including:

- As part of the Pan-London HIV Prevention Programme Service may be held in different London venues
- As an information resource on the AHPN website, THT
- As reference to the programmes reports
- In promotional materials for AHPN/THT such as annual reports
- In training events and conferences on related themes.

I request that my contribution should not be shown to the following groups or screened in the following places:

For anything outside the campaign, the AHPN and THT will seek individual explicit consent.

By entering into this agreement, I as well as my representatives, successors and assignees, release and forever hold harmless the Small media Project Collaborators from any and all claims, demands, damages, losses, obligations, rights and causes of action, whether known or unknown, including but not limited to, all claims, causes of action that I now have or may ever have against the Collaborators relating in any way to this activity.

Signature: Date:.....

Address:.....

Phone:.....

Email:.....

APPENDIX B: Focus Group Discussion Questionnaire and Guide Questions

Section A: About you

1. Age

- Less than 20
- 20-29
- 30-39
- 40-49
- 50-59
- 60-69
- Above 69

2. Sex

- Male
- Female

3. Country of Origin:

4. What is your HIV status?

- Positive
- Negative
- Don't Know
- Don't want to answer

Section B: Sex & Safer Sex

Definition

1. What is your understanding of what sex is?
2. What is your understanding of what is *not* sex?
3. What type/types of sex are you aware of?

Ethics

4. In your view, is there anything like good sex? Yes/No
5. In your view, is there anything like bad sex? Yes/No
6. What is your understanding of good sex?
7. What is your understanding of bad sex?

Safer sex

8. What is your understanding of safer sex?
9. In your view, how do you think one can negotiate safer sex?
10. In your view, how can one ensure that one always has safer sex?
11. In your view, what is the role of **faith** in safer sex?
12. In your view, what are the best ways/methods to communicate safer sex to Africans in the UK?

Section C: Any other comments