Boosting Prevention
The Join-In Circuit on AIDS, Love, and Sexuality
Concept and Characteristics

The Join-In Circuit on AIDS, Love, and Sexuality (J-IC) is a behaviour change communication tool developed to raise awareness of and provide information about HIV, AIDS and reproductive health. It empowers participants to make healthy choices. The JI-C uses a variety of communication channels and addresses visual, auditory and kinaesthetic learners.

In 1994 the J-IC was developed by the German Federal Centre for Health Education (BZgA) as part of the national “Don’t give AIDS a Chance” HIV prevention campaign. Since 2002 Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH has adapted the tool to different cultural contexts and introduced it in more than 20 countries worldwide, where it has become part of existing national AIDS prevention programmes.

The J-IC uses interpersonal communication to offer participants an opportunity to discuss HIV prevention, sexuality, contraception, relationships and attitudes in a safe and respectful atmosphere. It stimulates free discussion among participants, giving them the chance to expand their knowledge and correct misconceptions, as well as express their doubts and uncertainties about HIV and reproductive health.

The concept of the J-IC is based on a positive approach to reproductive health, HIV and sexuality with the understanding that love and sexuality play an important role in the development of young people’s personalities and ought to be enjoyable and safe experiences. During a J-IC run, around 60 participants are divided into groups of 10-15, which then move through five or
more stations. Experienced facilitators at each station engage them in games, pantomime activities, and interactive forms of dialogue about HIV transmission, sexuality and love, condom use and family planning, body language, living with HIV, stigma and discrimination, and other context-related issues.

Following the theory of planned behaviour, the J-IC considers the cultural, religious and social environments of participants and how these influence their behaviour.

**Knowledge:** At each J-IC station, the most important information about a specific topic related to HIV and/or sexuality is communicated to participants to motivate them to make healthy choices.

**Risk perception:** Lively discussions at each station related to everyday life situations enable participants to think about their own risk of infection and the consequences of unsafe behaviour.

**Attitude:** The J-IC fosters a positive attitude towards reproductive health services, safe sex, HIV and sexually transmitted infections (STIs) prevention, as well as other related issues.

**Social influence:** The J-IC works to counteract social pressure, taboos, misconceptions, stigmas and discrimination.

**Skills:** Participants’ life skills are strengthened to help them stand up to peer pressure, negotiate for condom use, and use condoms correctly, to mention just a few.
Methodology

The J-IC uses interpersonal and experienced-oriented communication techniques that enable facilitators and participants to enter into dialogue about the opportunities and challenges of a healthy sexual and reproductive life. Information tailored to the local context and provided through interactive exercises, visual aids and edutainment strategies assists participants in broadening their knowledge and strengthening their life skills to protect themselves and others.

The core principles of the J-IC are to:

**Interact with participants:** Participants get involved in edutainment activities with all their senses: they observe, touch, listen, talk, move, act and play.

**Be participant oriented:** The J-IC focuses on participants, their specific needs, and their particular environment.

**Be dialogue based:** Facilitators are trained to foster and guide open discussion in the participant groups. Participants are encouraged to feel free to discuss sensitive issues, open up, and start overcoming taboos.

**Be interest oriented:** J-IC facilitators encourage participants to bring their interests, questions and experience into the discussions.

**Develop action strategies for HIV and STI prevention:** During the circuit, participants are invited to link the information on HIV prevention to everyday life situations and practice strategic approaches.

**Be fun:** Participants are approached in a playful and interactive way at each station. The atmosphere is relaxed and enjoyable for everyone, not just for young people.
Give everyone a voice: Participants are invited to talk about and share their opinions and ideas, and experience. J-IC facilitators are trained to respect all participants’ opinions, support their input, and value their contributions.

Be adapted to the specific country context: The topics and pictures at each J-IC station can be adapted to the specific cultural context or needs of the relevant target groups.

From Adaptation to Implementation

Phase 1 – Preparation
• Needs assessment
• Involvement of potential stakeholders in J-IC implementation
• Development of J-IC implementation strategy

Phase 2 – Development
• Workshop to adapt J-IC to national socio-cultural context
• Design, test and production of boards and visual aids
• Production of information, education and communication materials (guidelines, booklets for participants and cooperating partners)
• Development of evaluation and monitoring concept and instruments
• Training of core facilitators

Phase 3 – Implementation
• Roll-out of regular J-IC runs
• Regular monitoring and evaluation of J-IC activities
Messages and Outcomes

The circuit concept transmits the following messages
- Inform yourself
- Protect yourself and others
- Show solidarity

The J-IC’s main objectives are to reduce new HIV infections and STIs among participants and empower them to make informed decisions about family planning and sexual and reproductive health.

Intended J-IC outcomes
- Improved self-risk assessment
- Increased knowledge about HIV and STIs
- Increased incidence of safer sex practices (more frequent condom use and fewer partners)
- Improved negotiation skills for condom use
- Decrease in gender discrimination
- Decline in stigma and discrimination towards people living with HIV and AIDS
- Increased positive attitude towards people living with HIV and AIDS
- Greater confidence in talking about sex with friends

J-IC Mechanism

A group of about 60 people can take part in a J-IC run. Participants are divided into 5 subgroups of approx. 12 people each. Each group is then invited to join in at one of the stations on the circuit. At each station participants have the opportunity to interact dynamically for about 15 minutes. They learn about HIV prevention and apply this information in games and discussions. A sound signals that the time for one station has elapsed and all the participant groups are invited to move to the next station. A circuit is completed in about 90 minutes.
First version of the J-IC: Stations

**HIV – Ways of transmission:** Participants learn to identify everyday life situations in which an HIV transmission could take place and how to protect themselves from infection.

**Contraceptives:** Participants see contraceptives and have the chance to discuss contraception, analyse the advantages and disadvantages of the different methods, and find out how to protect themselves from HIV, other STIs, and unintended pregnancies.

**Body language:** Participants become aware of body language and its significance and are encouraged to open up to sensitive issues related to love and sexuality.

**Love, sexuality and protection from HIV:** This station allows participants to discuss issues related to love and sexuality from their point of view and make sure they know how to protect themselves from HIV, other STIs, and unintended pregnancies.

**Living with HIV:** Participants at this station are encouraged to review misconceptions and stigmas about people living with HIV and to develop action strategies in case they are affected or infected.

**Condom use:** Here participants learn about and practice using condoms correctly. This is an additional station and has only been used in specific contexts.
Following the successful implementation of the J-IC in Germany, GIZ introduced and pilot tested the J-IC in five countries in 2002: Ethiopia, Mozambique, El Salvador, the Russian Federation and Mongolia. The flexibility of the J-IC has contributed vitally to the success of the tool in different national contexts. The J-IC has then been introduced in more than 20 countries worldwide including Bangladesh, Bosnia and Herzegovina, the Democratic Republic of Congo, Ecuador, Kazakhstan, Kenya, Kyrgyzstan, Tajikistan, Uzbekistan, Latvia, Lithuania, Nepal, Uganda, Ukraine, Uzbekistan, Zambia, and Zimbabwe.

When adapting the J-IC to various national contexts, additional stations were added to the tool in different countries in order to meet the specific needs of the target groups. Topics addressed by these stations have included: multiple concurrent partnerships, life skills, sexually transmitted infections, love and values, gender, gender-based violence, drug and alcohol abuse, preventing mother-to-child transmission, antiretroviral therapy, etc.
Kenya

Implementation: The J-IC was introduced in Kenya by GTZ (now GIZ) in 2007. In 2011 the Mathare Youth Sports Association (MYSA) was identified as a partner organisation for implementing the circuit and other organisations, such as Deutsche Stiftung Weltbevölkerung (DSW), Shangilia and Y2Y, also support J-IC activities and the mobilization of young people. The J-IC in Kenya particularly addresses adolescents and young adults, both in and outside of school. Sporting events offer a great entry point for reaching out to youth and are used to implement the circuit. Especially adolescents, and youth, in and out of school, are addressed by the J-IC in Kenya.

The Kenyan J-IC: The “Love, sexuality and protection from HIV” station was modified to focus on gender issues. The questions are designed to encourage discussion about sexual rights and promote responsibility among genders. A new station on life skills was developed. A comic strip introduces a short story that participants then complete based on their opinions. Three different versions of the story are available which deal with peer pressure, the use of psychoactive substances, and the possible consequences of multiple sexual partners. The story’s main characters, “Jony, Mato and Wanja”, have since become quite popular among local youth. Particular relevance was given to language specificities and the slang used by youth groups was used for the story dialogues.

“...It was so much fun and now I feel comfortable talking to my boyfriend about condom use.” J-IC participant
Kyrgyzstan

**Implementation:** The J-IC was introduced in Kyrgyzstan in 2006 by the Deutsche Jugend Kyrgyzstan with the technical assistance of GIZ. Since 2007, the Ministry of Health’s Republican Center for Health Promotion has been the official coordinator. The J-IC is currently being performed in 764 schools (out of 2,500). Each school has its own J-IC team of facilitators who regularly conduct J-IC runs with students from grades 9 to 11.

**The Kyrgyz J-IC:** Since intravenous drug use is the main mode of HIV transmission in Kyrgyzstan, drug education is a central issue. An extra station was created to highlight the possible consequences of the use of psychoactive substances and drugs, practice skills to help decrease participants’ vulnerability to peer pressure, and empower them to say no.

**J-IC for parents and teachers:** Furthermore, a second circuit was developed to address and inform adults, in particular the teachers and parents of teenagers. In addition to improving HIV prevention in the adult population, the central aim of this circuit is to create a more supportive environment for young people. This J-IC has four stations.

Along with the J-IC stations on ways of HIV transmission and contraceptives, two new stations were developed: Love and Responsibility and The World of a Teenager.

“The Join-In Circuit provides young people with important information to make fully informed decisions about their lifestyle choices and drug use. They are encouraged to take responsibility for themselves.” Kaldybaeva Aygerim, J-IC Facilitator, Chui Oblas
Zambia

Implementation: The J-IC was introduced in Zambia by the DED (now GIZ) in 2005. In 2011 the tool was handed over to Afya Mzuri, a local Zambian NGO. With a team of 76 facilitators supported by a network of NGOs, the J-IC has reached almost 20,000 participants nationwide.

The Zambian J-IC: In addition to the usual stations, an extra station on STI prevention was developed and added to the circuit. A story told in pictures about a young man who experiences the symptoms of an STI was used to demonstrate the risks of unprotected sex. In an open discussion participants have the opportunity to learn about the possible signs and symptoms of STIs, how STIs can be prevented, and what to do if an STI is suspected. Myths and misconceptions about prevention methods are also dispelled.

Lighter metal frames were substituted for heavy boards to improve mobility. These were solid but easy to assemble and dismantle and could be transported in a bag.

“I have found the J-IC methodology to be very exceptional in that it is highly interactive and participatory. The fact that it uses picture codes – things that people can ‘touch’ and ‘feel’ – brings participants into real life situations. The tool is highly practical rather than theoretical, which makes it highly adaptive to different community settings, and people can use local languages – good tool indeed and an all-rounder!” Moono Shankley, Afya Mzuri