UNIT 2
FACTS ABOUT HIV/AIDS AND
PEOPLE LIVING WITH HIV/AIDS

Learning Objectives

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

- Describe the difference between HIV and AIDS.
- Distinguish between harmful and helpful beliefs, values, and feelings about HIV/AIDS and PLWHA.
- Discuss how HIV/AIDS affects individuals, families, and the community.
- Explain how HIV is spread.
- Describe the relationship among Sexually Transmitted Infections (STIs), HIV, and AIDS.
- Identify signs of AIDS in adults and children.
- Explain how HIV infection can be prevented.
- Explain the state of HIV/AIDS in your country and community.

Training Methodology

- Trainer presentation
- Brainstorming
- Group discussion
- Values clarification
- Game
- Storytelling (Lifeline)
- Fishbowl
Content

2.1 HIV/AIDS Basics
- Definition of HIV and AIDS
- Signs of HIV/AIDS
- Ways HIV is spread
- The relationship between STIs and HIV/AIDS
- Common beliefs and attitudes toward PLWHA
- Stigma and discrimination against PLWHA
- Consequences of knowing and disclosing HIV status
- Personal fears around HIV/AIDS and its effect on CHBC

2.2 HIV Prevention
- Preventing sexual transmission
- Preventing transmission through blood
- Preventing transmission from mother to child
- Prevention with young people

Time Needed: 6 hours, 10 minutes

Materials Needed
- Trainer’s Tool 2.1: HIV Statistics
- Trainer’s Tool 2.2: Lifeline
- Trainer’s Tool 2.3: Ways that People Can and Cannot Get HIV
- Flipchart
- Markers
- Tape
- Sweets or small prizes
- Ball
Work for the Trainer to Do in Advance

- Copy key points under Session 2.1, Activity 1 on flipchart.
- Use national data to prepare a flipchart with HIV statistics for the country. Or, if local data is not available, use Trainer’s Tool 2.1: HIV Statistics.
- On 4 sheets of flipchart, draw a lifeline on each (see Trainer’s Tool 2.2: Lifelines). Label each sheet with the following headings: 1) Patricia—young girl, 2) Charles—teacher, 3) Mabel—mother of 6, and 4) Paul—homosexual man.
- Photocopy Trainer’s Tool 2.3: Ways People Can and Cannot Get HIV and cut up pictures into small squares.
- Prepare 2 signs: label one “CAN get HIV” and the other “CANNOT get HIV.”
- Collect locally available posters, brochures, or other materials on HIV/AIDS.
- Prepare 10 questions on key information from the unit to be used in the evaluation exercise.
SESSION 2.1: HIV/AIDS BASICS

Introduction

ACTIVITY 1: TRAINER PRESENTATION (10 min.)

The trainer should:

- Introduce the session using the content below.
- Using the prepared flipchart, present national HIV statistics. If need be, consult Trainer’s Tool 2.1: HIV Statistics for national data and explain the meaning of “prevalence rate.”
- Using the prepared flipchart, review the key points covered in this unit.
- Ask if there are any questions.

Many of us have heard of HIV/AIDS or have been directly affected by it. It is important that we all understand the basic facts about HIV and AIDS and how HIV/AIDS impacts individuals, families, and our communities.

Key Points

In this unit, we will cover the following key points:

- The difference between HIV and AIDS.
- How our personal beliefs, values, and feelings about HIV/AIDS and PLWHA may impact our work.
- How HIV/AIDS affects individuals, families, and the community.
- How HIV is spread.
- The relationship between STIs, HIV, and AIDS.
- Signs of AIDS in adults and children.
- Prevention of HIV.
Definition of HIV and AIDS

**ACTIVITY 2: GROUP DISCUSSION AND TRAINER PRESENTATION (20 MIN.)**

The trainer should:

- Ask participants what they have heard about HIV and AIDS.
- Ask if they can explain the difference between HIV and AIDS.
- Correct or add to the information if needed, using the content below.
- Explain the 3 stages of HIV/AIDS infection (window period, HIV+ via testing, and AIDS) using the content below. Ask participants to follow along in their Handbooks.
- Ask if there are any questions or points that need to be explained further.

**Note to Trainer:** It might be difficult for people to understand the difference between HIV (a virus that can infect people) and AIDS (which is when people are and look sick). To illustrate the distinction, pictures or analogies might be useful. For example, you might want to explain that HIV is a virus that “beats up” the body’s natural defenses until the body can no longer fight off illness. Once the person’s body is too weak, s/he becomes ill and is considered to have AIDS.

Even though HIV can easily be spread from one person to another, HIV can be prevented. There is no vaccination against HIV/AIDS and there is no cure, although there are drugs that can make a person live longer and better. HIV/AIDS is a fatal illness. This means that people eventually die from the virus.

**HIV stands for:**

Human
Immunodeficiency
Virus
This is the virus that causes AIDS. Viruses cannot be killed with antibiotics. The virus attacks the body’s immune system, and makes it hard for the body to fight off diseases and infections.

**AIDS** stands for:

Acquired (this means it is something you get)

Immune (this describes how the body fights infections)

Deficiency (this means not enough strength to fight infections)

Syndrome (this means signs and symptoms of an illness)

When a person with HIV starts getting sick and cannot fight off infections, it usually means that the person is developing AIDS. When a person has AIDS, his/her body gets too weak to fight off infections and s/he becomes very sick.

**The 3 Major Phases of HIV/AIDS Infection**

**Window Period**: When most people are first infected with HIV, they feel fine and have no symptoms at all. Some other people may get a flu-like illness, with a fever and a slight red rash 2–4 weeks after being infected with HIV, that goes away. Mostly, HIV-infected people remain well and do not show any signs for many months or years.

HIV reproduces quickly in the body and a person who is infected with HIV is **always** able to pass HIV to someone else. However, there is always a “window period” when a person has HIV, but tests cannot show it. HIV tests measure the body’s response to HIV infection, not the virus itself. It takes about 3 to 6 months for the body to build this response. If a person has a test soon after being infected with HIV, the test might be negative.

**HIV+**: After the window period, the body will have responded enough to the virus that a person would test positive if they went for Voluntary Counseling and Testing (VCT). Even though the virus is in the body in large amounts, the person may still not feel sick and may not know they have HIV, but they can still pass HIV to others.
**Full-blown AIDS:** Finally, the HIV grows to the point where the person shows some signs and symptoms of AIDS. This may happen sooner if the person does not lead a healthy life or has lost hope. The person may have diarrhea, rashes, they may lose weight, have fevers, and lose their appetite. Some people with AIDS can take care of themselves. But, during the late stages of AIDS, people often have a hard time taking care of themselves and may be too weak and sick to do so.
FACTS ABOUT HIV/AIDS

UNIT 2

Signs of HIV/AIDS

ACTIVITY 3: TRAINER PRESENTATION (25 MIN.)

The trainer should:

- Ask participants if they know major and minor signs of AIDS in adults and children.
- Build on their answers to present the standard major and minor signs using the content below. Ask participants to follow along in their Handbooks.
- Explain how AIDS can be diagnosed in adults and children.
- Ask if there are any questions.
- Ask a participant to summarize when to suspect an adult has AIDS, and another to summarize when to suspect a child has AIDS.
- Fill in any missing information.
- Emphasize that it is important to not make fast conclusions and try to find ways to get the person in for VCT and then treatment, care, and support if they are infected.

The best way to know if you or one of your clients has HIV/AIDS is to get counseling and a blood test. This is called Voluntary Counseling and Testing (VCT). The test is quick and easy in many places and it is very good at telling you if you have HIV infection. Other blood tests can tell an HIV+ person if they have developed AIDS, but they cost a lot and are not available in most places.

When testing is not available, the World Health Organization (WHO) lists a set of major signs to tell if a person has AIDS. Remember that a person with HIV does not usually show any signs for at least several months to a few years.

**In adults, the 3 major signs of AIDS are:**

1. Loss of 10% of body weight over one month for no reason.
2. Diarrhea for more than one month.
3. Fever that lasts for more than one month either constant or coming and going.

**In adults, the 5 minor signs of AIDS are:**

1. Dry cough that does not go away.
2. Itchy skin all over.
3. Herpes zoster (shingles) that will not go away.
4. Thrush, which is a white, raised rash on the mouth, tongue, or throat.
5. Swollen glands (in neck, armpits, or groin) with or without active infection.

For an adult to be diagnosed with AIDS, s/he should have at least 2 major signs and one minor sign. But, it is enough to make an AIDS diagnosis if the person has cancer of the skin (called Karposi’s sarcoma, that usually leaves red, purple, or black spots on the skin that can become large and painful) or cryptococcal meningitis (infection of the covering of the brain that causes fever, stiff neck, headache, confusion, and inability to wake up).

**In children, the 3 major signs of AIDS are:**

1. Weight loss, or slow growth.
2. Bad diarrhea for 14 days or more.
3. Fever for more than one month.

**In children, the 5 minor signs of AIDS are:**

1. Itchy skin all over.
2. Swollen glands (in neck, armpits, or groin).
3. Thrush (white spots) in the mouth, tongue, or throat.
4. Many ear, throat, and other infections.
5. Cough that does not go away.

Another minor sign is if the child’s mother has tested positive for HIV/AIDS or has signs of AIDS. For a child to be diagnosed with AIDS, s/he must have 2 major and 2 minor signs listed above.
**Activity 4: Game (45 min.)**

The trainer should:

- Post 2 signs on the wall, one should say “**can** get HIV” and the other “**cannot** get HIV.”
- Using the pictures from *Trainer’s Tool 2.3: Ways that People Can and Cannot Get HIV*, post one picture on each participant’s back so they cannot see it.
- Explain that other participants should look at the picture on each person’s back, decide whether or not a person could get HIV from the action they see in the picture, and move that person under the correct sign depending on if their picture shows a way that a person can or cannot get HIV.
- Allow 15 minutes.
- After all participants are under one of the signs, ask them to remove the picture from their backs and decide if they are under the correct sign. If not, allow them a few minutes to change places.
- Review each participants’ answers under the 2 signs and correct any incorrect information using the content below.
- Emphasize the 3 main ways of getting HIV described below and correct any misunderstandings about how HIV is spread.

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**Ways HIV is Spread**

1. Sexual contact (vaginal, anal, or oral sex) with an HIV-positive person
2. Sharing needles or syringes with someone who has HIV
3. Mother passing HIV to her baby during pregnancy, childbirth, or breastfeeding
**HIV lives in 3 kinds of body fluids:**
- Semen and vaginal fluids
- Blood
- Breast milk

**There are 3 ways HIV can be passed from one person to another:**

1. **Unprotected sex with an infected person**
   - When a man’s penis enters a woman’s vagina without a condom.
   - When someone performs oral sex with their mouth on the penis or on/in the vagina without a condom or dental dam.
   - Anal sex, when a man’s penis enters another person’s anus, without a condom.

2. **Contact with infected blood or other body fluids** (like semen and fluid from a woman’s vagina)
   - Getting a blood transfusion with infected blood.
   - Accidents and injuries where a person comes in contact with another person’s blood through cuts, open sores, or accidents at work (like needle pricks).
   - Sharing drug injection equipment, such as needles and syringes, without disinfecting them.
   - Sharing instruments for circumcision, scarification, injections, shaving, or tattoos without cleaning them with bleach.

3. **From mother to child**
   - When the mother is pregnant, especially if she has malnutrition, malaria, or other infections.
   - While the mother is giving birth.
   - Through breast milk. Breast milk can transmit HIV, but exclusive breastfeeding (only giving the baby breast milk) for 6 months is usually the best way for an HIV+
mother to protect her child’s health. Exclusive breastfeeding only carries minimal risk of HIV transmission and breast milk is very important in helping babies fight infection and get good nutrition. Mixed feeding (breastfeeding plus other foods and liquids) increases the chance of HIV infection because it makes sores in the baby’s stomach and intestines and HIV can enter the body through these sores. Replacement feeding with formula or animal milk may be appropriate for some HIV+ mothers. Infant feeding recommendations for HIV+ mothers are explained in detail in Advanced Unit 17: Preventing Mother-to-Child Transmission (PMTCT) of HIV.

It is also important to know how HIV is NOT transmitted.

You CANNOT get HIV from:

- Hugging.
- Shaking or holding hands.
- Mosquito bites, flies, insects.
- Kissing, unless there are bad sores in or on the mouth.
- Sharing a latrine or toilet with PLWHA.
- Sharing food, drinks, or cooking tools.
- Dancing or swimming.
- Coughing or breathing.
- Living together.
We already know that HIV is a STI. It is important to understand that HIV also has a strong relationship with other serious STIs (like gonorrhea, chlamydia, and herpes). When we understand how HIV and STIs are related, we see that the fight against HIV/AIDS also includes the fight against STIs.

First, STIs are transmitted in the same way as HIV, so if someone is at risk of getting HIV, s/he is also at risk of getting other STIs. The same behaviors that increase risk of sexual transmission of HIV, also increase risk of STIs. By promoting safer sex, we prevent not only HIV, but also other STIs.

Second, having an STI makes it more likely for someone to get HIV. Some STIs cause sores and broken skin around the penis or in the vagina. Infected body fluids (in the vagina or penis), sensitive or broken skin, sores, or rashes make it is easier for HIV to enter the body during sex. Someone with an STI is 5 to 8 times more likely to get HIV when having sex with an HIV+ partner than someone without an STI.
Thirdly, having an STI makes it more likely for someone to *give* HIV. STIs make it more likely that someone with HIV and an STI will give HIV to his/her sexual partner.

Lastly, when someone with HIV gets an STI, it is harder for them to fight the STI. As we know, people with HIV have trouble fighting infections. This is also true for STIs, so is another reason that PLWHA should practice safer sex.

By promoting safer sex we work to reduce STIs and HIV at the same time. Another very important way to reduce STIs and HIV is to make sure that people with STIs get STI treatment right away. STI treatment is usually very simple and makes a big difference in reducing HIV transmission.

You will learn more about STIs in *Unit 10: Managing and Treating AIDS–Related Conditions*. 
ACTIVITY 6: VALUES CLARIFICATION AND GROUP DISCUSSION (1 HOUR)

The trainer should:

- Explain that this exercise will explore beliefs about HIV/AIDS—there are no right or wrong answers.
- Ask everyone to sit in a circle.
- Explain that statements will be read about HIV/AIDS. If they agree with the statement, they should raise their hand.
- After each statement, ask participants to share why they agreed or disagreed.
- Discuss other common beliefs and feelings about HIV/AIDS and PLWHA.
- Ask what harmful or helpful effect these beliefs have on PLWHA and on HIV prevention.
- Summarize key points among the group and emphasize the following:
  - When we judge PLWHA, it often makes them hide their illness.
  - If a PLWHA cannot reveal his/her status, they are more likely to spread the virus to others.
  - With treatment, good diet, healthy living, and a positive attitude, PLWHA can often get better and live fairly well for years.

Note to Trainer: Talking about values can sometimes lead to lively discussion. Careful facilitation is needed to ensure that no one is attacked for his/her views and that everyone is free to express his/her opinion. Try to call on different people throughout the exercise so that the group discussion is not dominated by a few.
Activity 6: Continued

Statements for Values Clarification Exercise

1. People with AIDS are to blame for bringing the disease on themselves (they have engaged in immoral/risky behavior like having sex with a sex worker, having sex with men, or injecting drugs).

2. Health workers should be tested for HIV and fired if they test positive.

3. People with HIV/AIDS should be allowed to work.

4. Once someone knows s/he has HIV/AIDS, s/he should never have sex again.

5. It is better for people with AIDS to be cared for in hospitals instead of in the community.

6. Health workers should be afraid to work with people with HIV/AIDS because they might get infected.

7. It is acceptable for a spouse or family member to reject and/or evict a person if s/he becomes HIV+.

8. People with HIV/AIDS should be isolated from other community members.

9. I feel uncomfortable inviting someone with HIV/AIDS into my house.

10. HIV+ men who have sex with men should be supported and cared for in the same ways as other people who are HIV+.

11. Women with HIV/AIDS should not have babies.

Anyone who works with PLWHA or with communities affected by HIV/AIDS needs to look at their own attitudes and values toward HIV/AIDS and people living with the virus.
What are the effects of CHWs’, doctors’, and nurses’ judgmental attitudes toward PLWHA?

- The infected person will hide their status and may pass HIV on to others.
- The person will not seek the care and support they need for themselves and their families.
- The community will not be involved in care and support and will miss the opportunity to increase awareness and strengthen prevention efforts for the whole community.

HIV/AIDS is a serious problem that affects all of us, whether we are living with HIV/AIDS or not. All of us—health workers, religious leaders, activists, business people, PLWHA, schools, youth groups, and others—need to work together to fight this epidemic. Being judgmental and having a bad attitude toward PLWHA and their families ruins the chances of defeating HIV/AIDS.
Stigma and Discrimination Against PLWHA

ACTIVITY 7: EXCLUSION GAME AND GROUP DISCUSSION (45 min.)

The trainer should:

- Pick out 4 or 5 people in the group who have a different characteristic than the others, like they wear glasses, or they wear white shirts.
- Ask those 4 or 5 people to wait off to the side where they can see but not hear what the larger group is saying.
- Lead the larger group in a fun activity, like singing a song together, or tell them a funny story that makes everyone laugh, while the outside group is watching (but not listening).
- Bring the group back together and ask the “outsider” group how they felt (e.g., isolated, left out, or sad).
- Ask the “insider” group how they felt (e.g., part of the group, accepted, or better than those in the small group).
- Ask how the participants’ feelings relate to what happens to PLWHA in their communities (e.g., PLWHA often feel like the outside group—like they are not accepted which can make them feel isolated or sad).
- Using the following questions, lead a discussion on stigma and discrimination.
  - What is stigma? What groups of people are typically stigmatized?
  - How does stigma harm sex workers? Men who have sex with men? Young people? Poor people? People who cannot read?
  - What harmful ideas do people have about these groups?
  - How do these ideas hurt PLWHA and other people in the community?
ACTIVITY 7: CONTINUED

- What is discrimination?
- How do stigma and discrimination hurt PLWHA?
- Do families discriminate against PLWHA?
- How do communities discriminate against PLWHA?
- Does that make PLWHA come out and look for help or does it make them hide their illness?
- If they are hiding their illness, how can they prevent passing HIV to their partner or partners?
- Why is it important to reduce stigma and discrimination in order to defeat the disease? How important?
- How can CHWs reduce stigma and discrimination in the community?
- What can the community do to reduce stigma and discrimination?

Summarize the discussion. Tell participants that they will be talking more about these issues throughout the training course because they are key to fighting HIV/AIDS.

Stigma is a bad attitude toward people who have characteristics that make them different from what people think is right or normal.

There has always been stigma against groups, but it changes over time. For example:

- There is stigma against being poor.
- There is stigma against SWs.
- There is stigma against ethnic and religious minorities.
- There is stigma around disease, like leprosy, mental illness, and STIs.
- Now there is stigma attached to being HIV+. 
HIV/AIDS has a lot of stigma because of the behaviors associated with it, such as having many sexual partners, being unfaithful, drug use, selling or buying sex, men having sex with men, and having sex before marriage. Most people who are HIV+ end up being stigmatized, regardless of the behaviors in which they may have engaged.

**Discrimination** describes the actual ways that people are treated worse than others because they are stigmatized and/or different. For example, women are discriminated against in some places and are not able to vote, own property, work for equal pay as men, or marry whom they want. Discrimination against PLWHA means that they are treated badly or do not have certain rights because they are HIV+.

PLWHA are discriminated against in many different ways: not being able to get a job, losing the job they have, being thrown out of their homes, being isolated from their church or mosque, being isolated from their communities, or being beaten because they are infected. In many places, PLWHA are also discriminated against in clinics and hospitals, which means they do not have access to good care.

PLWHA often hide their status to remain part of the community, to keep their job and family, and to avoid discrimination. CHWs can help reduce stigma and discrimination by:

- Talking with people about the harm stigma and discrimination cause in the fight against HIV/AIDS.
- Being a role model for accepting PLWHA.
- Befriending and/or caring for PLWHA.
- Discussing their HIV status with others if they feel comfortable doing so.
CHWs should also correct myths about HIV/AIDS while talking with people individually and in groups. Bringing HIV out in the open so all people understand the virus and how to avoid it will help defeat HIV/AIDS.
Activity 8: Lifeline (1 hour)

The trainer should:

- Divide participants into 4 groups and give each group the prepared flipchart with a lifeline. See Work for the Trainer to Do in Advance.
- Explain that each group will be assigned a character and their task will be to make a story explaining the person’s situation. Stories should be realistic. They should draw happy events above the line and sad events below the line.
- Read the following scenario to the groups. You can also write the scenario on flipchart depending on participants’ literacy level.

**Group 1**) Patricia is 15-years-old and comes from a poor family. She often has to take a term off from school when her parents cannot afford school fees. Patricia likes school and wants to finish senior secondary school. To get money for school fees, she has been having sexual relations with an older man in town. The man’s wife died of Tuberculosis (TB) last year. Recently, people in town have been saying the man’s wife had AIDS. Patricia is now worried about her own health.

**Group 2**) Charles is a respected teacher, in a good section of town. He has been ill on and off for years. Recently he had pneumonia and his doctor urged him to get tested. He just found out he is HIV+. He is worried because he needs to keep his job to support himself but his supervisor suspects he is HIV+.

**Group 3**) Mabel is a mother of 6 children. She has always been a faithful wife and good mother. She recently gave birth to a child. As part of the PMTCT program, she was encouraged to go for VCT. She found out she was HIV+. She is planning on confronting her husband and telling him she was HIV+. 
ACTIVITY 8: CONTINUED

Group 4) Paul is a homosexual man. Everyone in the community thinks he is gay and therefore most people avoid him. He has lost a lot of weight and has become so sick he can not care for himself. People in the community have noticed that he does not come out of his house anymore and wonder why.

- Allow 20 minutes for groups to draw their story and then bring together the large group.

- Ask each group to present their story and ask participants:
  
  - What put the character at risk of getting HIV (e.g., being young, needing money so having little power to negotiate safe sex, not using condoms, trusting that a partner is being faithful)?
  
  - How did the attitudes in the community contribute to this person’s risk (e.g., accepting sugar daddies, not openly discussing HIV and assuming that important or respected people are not HIV+, not expecting men to be faithful, rejecting people if they are not heterosexual)?
  
  - What were the immediate consequences when people learned/suspected that the person was HIV+ (e.g., dropped out of school, kicked out of house, loss of job)? What were the longer-term consequences (e.g., survival sex, poverty, depression)?
  
  - Are the ways the community and individuals responded in this story realistic? Are there other ways that friends, relatives, or the community might have reacted (e.g., if the school dismissed the teacher, could the school have allowed the teacher to work as long as he was able)?
  
  - How could loved ones or the community have supported this person (e.g., allowed the PLWHA to continue in their normal duties or to stay in their home or job, offered care or food if they were sick)?
ACTIVITY 8: CONTINUED

- What could the CHW do to help support this person (e.g., provide emotional support, discuss with family or community the need to support PLWHA, teach the person or caregivers how to care for PLWHA, link the PLWHA with support group or services)?

Note to Trainer: The stories should be used to explore the issue of stigma and discrimination. If possible, groups should discuss community and individual reactions, both positive and negative, when a person discloses their HIV status.

The decision to disclose, or share, that a person is HIV+ is a very difficult one. There are many consequences, both direct and indirect, that people who are HIV+ have experienced once their status was known. We should think about people in our community who are HIV+ and some of the things that have happened to them once their status was known. For example, in some cases, the family or the spouse may reject a PLWHA. Sometimes PLWHA are evicted from their homes or, if they are allowed to stay in their homes, they are isolated from other family members during meal times or other group activities. Below are some of the immediate and longer-term consequences for a PLWHA when they disclose their HIV+ status.

Immediate Consequences
- Isolation from family members (includes not being allowed to share food during meals)
- Break up with sexual partner
- Eviction from home
- Loss of job
- Loss of promotion or scholarship
‒ Dropout/suspended from school (if a younger person)
‒ Stigmatized by the community
‒ Physical or emotional abuse by family members or community members
‒ Refusal to be served at clinics, restaurants, and markets.

**Longer-Term Consequences**

‒ Homeless
‒ Poverty or loss of income
‒ Survival sex due to lack of money
‒ Vulnerable to sexual or physical abuse, especially if homeless
‒ Depression
‒ Alcoholism and drug abuse
‒ Suicide
‒ Self-hatred
‒ More children made vulnerable or orphaned in the community
‒ Fewer teachers in schools
‒ Smaller productive workforce
‒ Food shortages and famine
ACTIVITY 9: FISHBOWL (20 MIN.)

The trainer should:

- Divide participants into 2 groups. Have one group form a small circle with their chairs. Have the other group form a large circle around them.
- Ask the inside group to discuss their fears around HIV/AIDS while the outside group listens quietly. Allow 5 minutes.
- Ask the outside group:
  - Do you think these fears are normal?
  - Are there any other fears that you have that were not mentioned?
- Ask the groups to switch places. The inside group will discuss what fears they may have about nonsexual contact with PLWHA, either at home or work. Allow 5 minutes.
- Ask the outside group:
  - Do you have any additional fears that were not mentioned?
  - What are your biggest fears (e.g., contact with PLWHA’s blood while caring for him/her)?
- Gather the larger group. Ask, “How do these fears impact CHWs’ work (e.g., not wanting to care for someone who has open sores)?”
- Summarize by emphasizing that it is important that people are aware of their personal fears and how it affects their work.
ACTIVITY 9: CONTINUED

Using the main fears that were identified by participants, ask participants for suggestion on how to ease these fears. Supplement participants’ suggestions with content below. **Note to Trainer:** In Unit 9: Basic Nursing Care and Unit 10: Managing and Treating AIDS-Related Conditions, there will be discussion on how to protect oneself while caring for PLWHA.

To help PLWHA meet their needs, CHWs need to first look inside themselves. They need to identify their own fears, values, and attitudes about HIV/AIDS. One can begin to fight stigma, discrimination, and misunderstanding by asking:

- What fears do I have around HIV/AIDS?
- Where do these fears come from?
- How do my fears affect my work with PLWHA?
- How can I ease my fears and get clear information on HIV/AIDS?

Fears are normal but also lead to stigma. A CHWs’ fear can negatively affect their work with PLWHA. It is therefore important to seek out correct information and advice about HIV/AIDS, especially about how it is spread and how it can be prevented. Training programs, counseling, and support groups are all ways to get information and ease fears around HIV/AIDS.
SESSION 2.2: HIV PREVENTION

Introduction

ACTIVITY 1: TRAINER PRESENTATION (5 min.)

The trainer should:

- Ask participants to talk about what they learned in the previous session on facts about HIV/AIDS.
- Ask participants to review how HIV is spread.
- Explain that this session will focus on preventing HIV infection.

ACTIVITY 2: BRAINSTORMING AND GROUP DISCUSSION (50 MIN.)

The trainer should:

- Ask if the participants know any popular songs or messages on HIV prevention. If so, ask for volunteers to sing the songs or say the messages.
- Display posters or Behavior Change Communications (BCC) materials on HIV that are used in the community or facilities.
- Ask participants:
  - What types of messages do these materials send about people who are HIV+? Or, about who is “responsible” for HIV?
  - What stereotypes are shown in these materials?
  - Do any of these messages contribute to the stigma of PLWHA?
- Use these examples to discuss how to prevent HIV, making sure to use only those materials which contain correct information.
- To stimulate discussion, ask participants:
  - How can someone prevent getting HIV through unsafe sex?
  - How can someone prevent getting HIV through unsafe blood?
  - What do you know about Mother-To-Child Transmission (MTCT)? How can MTCT be reduced?
  - Why are youth more at risk of getting HIV than adults? What makes them more vulnerable to STIs and HIV? Which behaviors do youth engage in that increases their risk of getting HIV? What can CHWs do to help young people prevent HIV? How can CHWs approach young people about HIV prevention?
- Using the content on the next page, correct or add to answers and summarize the discussion.
Preventing Sexual Transmission

- Have only one sexual partner, whose only partner is you. This is only effective if you have both been tested for HIV and are negative.
- Abstain from any kind of sex where there is contact with sexual fluids of another person (in the vagina, mouth, or anus).
- Avoid casual sex, and sex with many people without condoms.
- Use a new male or female condom for EVERY sexual act, starting with the very first time you have sex and every time after that.
- Treat STIs right away and make sure all partners are treated as well.
- Practice safer sex (see Unit 4: Our Bodies and Safer Sex).
- Even HIV+ people need to practice safer sex with HIV+ partners because there are slightly different kinds of HIV and “reinfection” can happen when someone with HIV gets infected with another different kind of HIV. Having 2 kinds of HIV makes treatment more difficult, so the disease progresses faster. To prevent reinfection, even 2 people who have HIV should use condoms all of the time.

Preventing HIV Transmission through Blood

- Do not touch body fluids directly. If you need to be in contact with blood, urine, semen, vaginal fluids, or feces, wear gloves or plastic bags over your hands or other exposed body parts. This is also true for handling any fluids or tissues that come out during childbirth, such as when handling the placenta.
- Do not get a blood transfusion unless you know for sure the blood has been screened for HIV. Also, do not receive a vaccine or give blood unless you know the lab uses sterile needles, or new needles for each client.
- Burn or bury all infected waste and nonreusable objects with infected waste on them.
- Make sure objects such as knives, blades, tattoo equipment, razors, and other tools are cleaned and disinfected properly with bleach and water after every use.
Preventing Transmission from Mother to Child

- Prevent HIV infection in women in general.
- Encourage condom use among women with HIV/AIDS to prevent pregnancy or to prevent reinfection during pregnancy.
- Provide or refer women living with HIV/AIDS to Family Planning (FP) services to avoid unwanted pregnancies. This includes quality FP counseling and supplies.
- Encourage pregnant women to go for Antenatal Care (ANC) and VCT—the earlier the better. There are measures women can take to keep themselves healthy (good nutrition, medicine to prevent and treat infections, Anti-Retroviral (ARV) drugs if available, and other drugs to help prevent transmission of HIV to her baby).
- Encourage HIV+ women and their families to deliver in a facility where there are special services for them.
- Help the woman to feed the infant correctly. If she is breastfeeding, she should avoid mixed feeding and exclusively breastfeed for at least 6 months. If she is using formula, she should use only formula, know how much to give, and have a reliable supply of both safe water and formula.

Prevention with Young People

- Globally, more than half of all new HIV infections in 2001 occurred among youth aged 10–24. Adolescent women become infected with HIV/AIDS at twice the rate of adolescent men.
- Young people are more at risk of getting STIs/HIV for the following reasons:
  - Adolescent women are more vulnerable to STIs than older women because their bodies are still growing. The young female genital area is not mature and is more likely to get infected.
  - Females often do not show symptoms of chlamydia and gonorrhea, the most common STIs. Having another STI increases their chances of getting HIV.
The immune systems of adolescent boys and girls may not be strong enough to fight STIs/HIV.

Adolescents lack basic reproductive health (RH) information and services, including a way to get condoms.

Sexual violence and coercion, lack of formal education (including sexuality education), inability to negotiate with partners about sexual decisions, and lack of access to RH services work together to put young women at very high risk.

Youth often do not have money and may exchange sex for money or favors. Young women may have their first sexual experiences with older men.

Sexual intercourse is often unplanned. Also adolescents often have many, short-term sexual relationships and do not always use condoms.

Youth are subject to dangerous practices such as Female Genital Cutting (FGC), anal intercourse to preserve virginity, and scarification.

Attitudes and values in the community may put young people at risk (e.g., young men may need to prove they are men by having sex or girls do not have the power to say no).

There is a lack of political will to educate youth: no RH education, poor communication between youth and adults, and lack of BCC materials for youth.

Using drugs and alcohol may lead to unprotected sex.

Young people often confuse sex with love and have sex before they are ready in the name of “love.”

Due to cultural norms, adults often prevent youth from discussing issues related to Sexual and Reproductive Health (SRH).

The CHW can help prevent the spread of HIV among youth by:

Providing young people with information on how to prevent HIV, including abstinence and safer sex.
> Distributing condoms and showing young people how to use them.

> Conducting discussions with parents and the community on issues related to the spread of HIV among youth (e.g., older men having sex with younger girls).

> Advocating for needs of the youth (e.g., parent–child communication on SRH issues, making facilities more youth–friendly, and condom distribution through peers or CHWs).

> Acting as a link between the facility and a young person to ensure that young people’s needs for services or condoms are met.
ACTIVITY 3: GAME: TOSS THE BALL (15 MIN.)

The trainer should:

- Quickly refer to the key unit points presented in the introduction and ask participants if all points were well explained. If not, review unclear points.
- Ask everyone to stand up.
- Throw a small ball to the group. The person who catches it must answer the question.
- Using the questions you prepared, pose one question to the participant on a key point in the unit (e.g., name 3 ways HIV can be spread).
- If other participants think s/he answered the question incompletely or wrong, encourage them to add or correct the information. If the participants do not correct a wrong answer then the trainer can help.
- Using the same process, ask the participant to throw the ball to another participant and ask another question.
- Throw the ball several times to cover the key content of the unit.
- Summarize the unit, making sure to correct any misinformation during the summary.
- Ask if there are any questions. Questions should first be answered by other participants, if possible. If not, then the trainer can clarify or respond.
**TRAINER’S TOOL 2.1: HIV STATISTICS**

<table>
<thead>
<tr>
<th>Region</th>
<th>HIV Prevalence Rates</th>
<th># of PLWHA</th>
<th># of Orphans Due to AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Africa</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Angola</td>
<td>3.7%</td>
<td>320,000</td>
<td>160,000</td>
</tr>
<tr>
<td>Botswana</td>
<td>24.1%</td>
<td>270,000</td>
<td>120,000</td>
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<tr>
<td>Democratic Republic of the Congo</td>
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<tr>
<td>Ethiopia*</td>
<td>4.4%</td>
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<tr>
<td>Ghana</td>
<td>2.3%</td>
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<td>170,000</td>
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<td>Kenya</td>
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<td>Nigeria</td>
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<td>1,100,000</td>
</tr>
<tr>
<td>Uganda</td>
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<td>1,000,000</td>
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<td><strong>Asia/Near East</strong></td>
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<td>Bangladesh</td>
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<td>11,000</td>
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<tr>
<td>Egypt</td>
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<td>5,300</td>
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<tr>
<td>India</td>
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<td>5,700,000</td>
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<td>85,000</td>
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<tr>
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<td>**</td>
</tr>
<tr>
<td>Viet Nam</td>
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<td>260,000</td>
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</tr>
<tr>
<td>Yemen</td>
<td>&lt;0.2%</td>
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<td>**</td>
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<td><strong>South America</strong></td>
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<td>Peru</td>
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</table>


* Data for Ethiopia was not available in the UNAIDS 2006 report. These figures are from UNAIDS’ 2004 report on the global AIDS epidemic.* New York, New York: UNAIDS.

** data unavailable
Facts About HIV/AIDS

Unit 2

Trainer’s Tool 2.2: Lifeline

Patricia - Young Girl

Example: In school

Example: Becomes pregnant

Example: Discovers she is HIV+ when she is tested during ANC

Example: Comes from a poor family

Example: Has sex with older man for school fees

Example: Is kicked out of school
TRAINER’S TOOL 2.3: WAYS THAT PEOPLE CAN AND CANNOT GET HIV
TRAINER’S TOOL 2.3: CONTINUED

[Images of illustrations related to HIV/AIDS]
UNIT 2
FACTS ABOUT HIV/AIDS
