

# MODULE 1

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## Introduction

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### **Purpose**

For participants to meet workshop facilitators and other participants; review workshop objectives; set ground rules and; respond to the pre-test survey

### **Objectives**

By the end of this session, participants will have:

- Met facilitators, workshop coordinators, and other participants
- Reviewed workshop objectives and course outline
- Discussed group contract and expectations
- Completed the pre-test questionnaire on HIV/AIDS

### **Time: 90 minutes**

TOPIC	TIMING	METHODS	MATERIALS
Welcome Introductions Icebreaker	30 minutes	Presentation Exercise	Flip chart, markers
Participant expectations Course objectives Course outline	20 minutes	Discussion	Flip chart, markers, post-it notes, manual
Group contract and logistics	15 minutes	Discussion	Flip chart, markers
Pre-test	20 minutes	Participants completes forms	Pens, survey
Other announcements	5 minutes	Discussion	Flip chart, markers, photographs

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## CONTEXT

This first session is designed to introduce participants to each other and to the course. In addition to receiving the workshop agenda and objectives, the participants are given the opportunity to express their own expectations.

## ACTIVITIES

### WELCOME, INTRODUCTION AND ICEBREAKER

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*After the formal introduction has taken place, we are now ready to meet the participants of the workshop and to familiarise them with the course and each other.*

The first part of this session is very important because it sets the tone for the entire course. Introduce yourself and the other co-trainers and facilitators. Have the participants introduce themselves.

- ***Welcome participants to the course***
- ***Introduce yourself and the trainers***

#### **Icebreaker**

The goal of this exercise is to get participants to think creatively about the kind of work that they do and the skills that they are required to use on a daily basis. Participants identify a symbol that represents their work, either literally or figuratively. Encourage them to be creative!

You and your partner will introduce one another

- **Allow the participants five minutes to pair up and share:**
  - ***Name and background***
  - ***Where they work***
  - ***Something they enjoy doing in their spare time***
  - ***A symbol that gives meaning to their work***  
(Have these tasks already written on flip chart)
- ***Participants introduce each other, then explain the symbol that they chose.***
- ***Record the symbols and their meaning in the flip chart.***
- ***Briefly summarise some similarities in the symbols that emerged.***
- ***Ask participants to look at the list and try to identify a common theme running through the symbols that could also symbolise the workshop.***

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### PARTICIPANT EXPECTATIONS, COURSE OBJECTIVES AND COURSE OUTLINE

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*The aim of this task is to reach a mutual agreement of the course objectives and outline before beginning training activities.*

- **Ask participants to write their Expectations for the workshop on sticky notes (provided).**
- **Ask a few volunteers to read their responses out loud and paste them on flip chart paper for display. Address any differences between the participants' expectations and the course objectives.**
- **Direct participants to the workshop objectives in their manuals. Ask for a volunteer to read them out loud, and encourage discussion to see if participants have other objectives to add.**
- **Distribute the Training Outline and review it briefly.**

#### **Participant Expectations**

If a thorough needs assessment has been conducted prior to the training, the participants' expectations should not differ drastically from the course objectives. Although the trainers can make *minor* adjustments to the schedule and activities to meet the participants' needs, no *major* changes should need to be made at this point. The trainers should make sure that they correct any misperceptions about the course before proceeding.

#### **Workshop Objectives**

Before the session, clearly write the objectives for the training (located in the training manual introduction) on flip chart paper. If possible, leave the objectives posted for the entire course. Explain to the participants that you, the trainer, are accountable to them for making sure that all of the objectives are accomplished, and invite them to suggest additional objectives.

By the end of this workshop participants will have...

- Reviewed HIV/AIDS facts and discussed the HIV AIDS situation in Ghana, Africa and the Globe.
- Discussed and practised counselling skills focusing on HIV/AIDS issues.
- Reviewed the Compassion Campaign and identified roles expected of Religious Leaders within the campaign
- Identified and practised skills to mobilise religious leaders to carry out Compassion activities in the communities.

#### **Expected Outcomes**

By the end of the training, Christian and Muslim Clergy, Imams and Lay Leaders will have acquired Basic Facts about STIs/HIV/AIDS and Basic Counselling skills to enable them to provide accurate information to members of their congregation. They will also be equipped to mobilise members of their congregation to start and carry out activities to support PLWHAs. It is expected that Clergy, Imams and Lay Leaders will establish

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programmes with their congregations to reduce and ultimately eliminate stigma and discrimination associated with HIV/AIDS.

## TRAINING OUTLINE

- I. Module 1 – BASIC FACTS**
  - Session - Introduction, Welcome and Overview
  - Session 1 – Overview of HIV/AIDS Situation in Ghana
  - Session 2 - Basic Facts About HIV/AIDS and STIs
  - Session 3 – HIV worldview, culture and religion
  
- II. Module 2 – IMPACT**
  - Session 1 - HIV stigma, discrimination and self-awareness
  - Session 2 - Behaviour/What influences behaviour
  - Session 3 - Behaviour Change/Journey of Hope
  - Session 4 - Compassion & Ghana Compassion Campaign
  
- III. Module 3 – COUNSELLING**
  - Session 1 – Counselling Process TASO
  - Session 2 – Counselling Skills
  - Session 3 – HIV Testing and VCT
  - Session 4 – Field trips to PLWHA
  
- IV. Module 4 – COMPASSION, CARE AND SUPPORT**
  - Session 1 – Working with people in need
  - Session 2 – Creating a compassionate congregation
  - Session 3 – Identifying community needs and resources
  - Session 4 – Getting and maintaining community support
  - Session 5 – Home Based Care
  
- V. Module 5 – ACTION PLANNING**
  - Session 1 & 2 – Implementing faith based compassion programs
  - Session 3 & 4 – Measuring the impact of faith based activities
  
  - Final Session - Workshop Synthesis and Closing

### Course Schedule

The workshop is five full days of work. Review the workshop schedule with the participants. Inform all participants about the field trip scheduled during the week as part of the workshop.

If there is a need to make changes in the schedule, have the group vote on the changes for example, start session at 8:00 am instead of 8:30 etc. Adjust the schedule accordingly.

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### GROUP CONTRACTS AND LOGISTICS

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*The aim of this activity is to reach a consensus on acceptable behaviour during the workshop and to clarify any logistical issues.*

- ***Introduce the concept of a group contract. Ask participants to suggest acceptable norms of behaviour during the workshop.***
- ***Based on these ideas, develop a group contract for this training. Post it in a visible place for the rest of the training.***
- ***Discuss any logistical issues.***

#### **Group Contract**

A group contract is a list of “rules” that all participants agree to follow in order to make the training as enjoyable and productive as possible. **It is important that this contract is developed by the participants and not the trainer.** Examples of “rules” might include speaking one at a time, being on time for the sessions, respecting others’ opinions and turning off cell phones.

#### **Logistics**

It is hard for participants to concentrate on the content of a training course if they are worried about logistical matters. Therefore, it is beneficial to address these issues right away. Topics to cover include per diems, meals, accommodations, where to buy food and other necessities, who to contact on welfare issues, etc.

### HIV/AIDS INFORMATION PRE-TEST

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- ***Make copies of the HIV/AIDS Pre-Test (from Participant Manual)***
- ***Distribute the tests and instruct participants not to put their names on them but instead to write the date of their birth.***
- ***Give the participants time (20 minutes) to answer all of the questions. They are not allowed to consult any outside information....they should just answer the questions with their own knowledge.***
- ***After 20 minutes, collect all of the tests. Explain that they will take the same test again at the end of the training in order to see how much they have improved.***

This exercise allows the trainers to gain an understanding of the participants’ level of HIV/AIDS knowledge.

It is important to create a “fun” atmosphere for this exercise so that participants do not feel stressed and think that the test will be graded or will have an impact on their job status. Explain to participants that they will do this exercise again at the end of the first module in order to see how much they have improved.

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Following is a list of possible answers to the questions. Participants should receive one point for each correct answer. Participants may give responses that are correct but not listed on this sheet. Trainers should use their judgement to decide whether or not to give credit for each of these questions.

After grading the tests, calculate the following statistics:

- Average score
- Number of correct responses for each question

Save these results in order to compare them with the Post-Test at the end of the training. Make a special note of questions which received a low number of correct answers. These topics should be reinforced during the training.

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### Compassion Information Pre-Test

1. What does “HIV” stand for? What does “AIDS” stand for?

***Human Immunodeficiency Virus  
Acquired Immune Deficiency Syndrome***

2. Name two other sexually transmitted infections (STI) besides HIV.

***Syphilis                      Gonorrhea                      Chancroid                      Hepatitis B  
Herpes                      Pubic lice                      Trichomoniasis (“Trich”)  
Genital warts (Human Papilloma Virus, or HPV)***

3. What is one symptom of an STI in both men and women?

***Sores, rashes, bumps or blisters on the genitals  
Burning or pain when urinating or having a bowel movement  
Need to urinate frequently  
Itching or swelling of the genitals  
Swelling or redness in the throat (for oral sex)***

4. What is the only way to know for sure if a person has been infected with the HIV virus?

***An HIV antibody test***

5. How many years does it typically take for an adult to develop AIDS after he/she is infected with the HIV virus?

***Typically 7-10 years***

6. Identify at least two aspects of culture in Ghana that can put a person at risk of HIV?

***Polygamy***

***Lack of communication between men and women***

***Religious prohibition of condoms***

***Religious beliefs about diseases (Ex: Diseases are punishment from God, so there is nothing you can do about them)***

***Initiation rites (female genital mutilation, tattooing, scarification)***

***Widow inheritance***

***Low status of women (e.g.: Lack of education for girls, inability to negotiate condom use)***

***Sexual practices (e.g: « dry sex »)***

***Trokosi***

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7. Identify two ways that HIV is transmitted besides unprotected sex

***Sharing of needles or other sharp/pointed unsterilized instruments***

***Blood transfusions from unauthorised sources***

***Mother-to-child transmission (in the womb, during delivery or through breastfeeding)***

8. Name at least two ways that the sexual transmission of HIV can be prevented?

***Abstinence***

***Condom use (correct and consistent)***

***Reducing the number of sexual partners (reduces risk factors)***

***Monogamy (only one sexual partner)***

***Getting tested and making sure that partner is also tested***

9. Besides seeking treatment, identify at least two things that an HIV-positive person can do to stay healthy?

***Household precautions***

***Proper nutrition***

***Vitamins***

***Rest***

***Exercise***

***Alternative therapies***

***Stress reduction***

10. What is the goal of the Ghana Compassion Campaign?

**The goal of this intervention is to create a compassionate and supportive societal response to those infected and affected by HIV and AIDS to give them hope.**

11. What do you know about “Journey of Hope” ?

**In Ghana, it is a kit that offers a series of options and a positive approach to foster change and generate discussion on topics such as HIV AIDS that might otherwise be difficult. It also provides basic information and the basic facts on HIV AIDS prevention.**

12. What are some factors that cause people to change their behaviour ?

**Physical Stimuli - based on a person’s current physical state as well as fear of future pain discomfort, or memory of past pain.**

**Rational Stimuli- based on knowledge and reasoning.**

**Emotional Stimuli – based on intensity of feelings of fear, love or hope.**

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**Skills – based on the person’s capacity to adopt and continue a new behaviour.**

**Family and Personal Networks – based on influence from family, peers.**

**Social Structures – based on the impact of social, economic, legal, and technological factors on the daily life of a person.**

13. What is one reason why women are more likely to get HIV than men?

***The vagina provides a bigger entryway for HIV than the penis.***

***The semen stays inside a woman for quite a while.***

***The moist environment of the vagina***

***Women suffer from lower status, which makes them vulnerable because:***

***--Lower education (less likely to understand prevention information)***

***--Lower income (may need to exchange sex for money or other things)***

***--Unable to negotiate condom use with male partners***

***--More likely to be raped***

***Women are less likely to realise that they have an STI.***

14. Name one place in Ghana where people can get tested for HIV.

***District/Regional Hospitals***

15. Give one example of an “opportunistic infection”.

***Tuberculosis (TB)***

***Pneumonia***

***Kaposi’s sarcoma (skin cancer)***

***Toxoplasmosis***

***Cytomegalovirus***

***Candidiasis or “thrush” (yeast infection in the mouth)***

***Cryptococcus***

***Herpes zoster (shingles/ananse)***

***Herpes simplex (sores on mouth or genitals)***

16. Identify two things that a home-based care provider can do to keep from transmitting and getting any type of infection?

***Use gloves when handling body fluids.***

***Wash hands frequently, especially after handling body fluids.***

***If he/she has cuts, do not expose them to the infected person’s body fluids.***

***Make sure that he/she has received all immunisations.***

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*Dispose properly of needles and syringes (put them in puncture-proof containers).*

*Dispose properly of liquid waste.*

17. Give an example of stigma attached to HIV AIDS in Ghana.

**HIV positive people are discriminated and isolated in the society.**

**HIV positive people are denied their human rights.**

**HIV positive people are not allowed in churches or mosques or any religious settings because they are immoral.**

18. Why is it important for people to have counselling before going for an HIV Test?

**Because it prepares the person for the HIV test, it explains the implications of the test results and explores different ways of coping with the person's HIV status.**

19. What have you heard about the program "AIDS Education Through Imams?"

**The Islamic Medical Association of Uganda initiated a spiritually motivated community effort. The program started as a way to increase awareness on HIV AIDS prevention in the Muslim community and has empowered through network of Mosques, Imams and community leaders and members, to provide a myriad of other services.**

20 Name two things that a church/mosque can do to show compassion for people living with HIV and AIDS.

**Through the welfare committee – organise visits, financial support for PLWHAs**

**By giving funeral assistance**

**By prayer groups/prayer warriors that pray for and with PLWHAs**

**Including PLWHAs in youth training programmes**

**By developing policies and issues of social concern towards PLWHAs.**

**Through spiritual support for PLWHAs**

**Counselling services**

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# MODULE 1

# SESSION 1

## Overview of HIV/AIDS in Ghana

### **Purpose**

To update participants about HIV issues in Ghana.

### **Objectives**

By the end of this session, participants will have:

- Analyzed the HIV situation in Ghana and the national response to the epidemic.
- Analyzed the social and economic impact of HIV/AIDS in Ghana.

### **Time: 75 minutes**

TOPIC	TIMING	METHODS	MATERIALS
Introduction	5 minutes	Lecture	Flip chart, markers, session notes
Background and overview of HIV infections in Ghana	20 minutes	Lecture Discussion	Flip chart, markers, session notes
HIV prevalence social and economic impact in Ghana	30 minutes	Brainstorm Discussion	Flip chart, markers, session notes
Summary	20 minutes	Highlight main points	

## CONTEXT

This session explains the scope and impact of HIV and its effect on various social groups within Ghana.

## ACTIVITIES

### OVERVIEW OF HIV/AIDS IN GHANA

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*The aim of this activity is to give participants an appreciation of the scope of the HIV/AIDS epidemic in Ghana.*

- ***Facilitator presents facts and statistics in a mini-lecture combined with question and answer technique***

**Which countries are bordering Ghana?** – Burkina Faso, Ivory Coast, Togo (and on the southern side, the Atlantic Ocean). These countries have above 5% prevalence rate. We have strong trade relationships between Ghana and these countries. Because of this, the Ghana government has involved all sectors of Ghana in helping to curb the spread of HIV in the country.

(Global, regional and national data can be obtained from UNAIDS through their web site: <http://www.unaids.org>. Data can be obtained from local organisations such as the National AIDS Control Programme or organisations working with HIV/AIDS.)

Following are some basic statistics about HIV/AIDS around the world and in Africa as of the end of 2001<sup>1</sup>:

<i>Total people living with HIV/AIDS:</i>	<i>40.0 million</i>
<i>New infections in 2001:</i>	<i>5.3 million</i>
<i>New infections in Africa in 2000:</i>	<i>3.5 million</i>
<i>AIDS deaths since the beginning of the epidemic</i>	<i>21.8 million</i>

- ***Facilitator needs to cover the following points with participants:  
When was the first time that we heard about AIDS in Ghana?***

First reported cases - March, 1986. In 1985 a technical committee on HIV/AIDS was formed for purpose of awareness creation.

In December, 1986 there were 42 reported cases

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<sup>1</sup> UNAIDS. *Report on the global HIV/AIDS epidemic : June 2001*  
UNAIDS. *AIDS epidemic update : December 2001*

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In December, 2001 there were 52,961 reported cases.  
The current prevalence rate in Ghana is between 3.4% and 3.6%

The age group being affected most is between 15-49 years. This is the most sexually active group and most economically productive. There are most reported cases among women between ages 20 –29 and men between ages 30 – 33. At this age, the women are seeking their “Mr. Right” in order to marry and/or bear children. Also, the men are sowing their wild oats – often before settling down for marriage.

The “Window of Hope” for Ghana is children between 5 and 14 years old, so there is a need to strengthen HIV AIDS education to develop self-awareness so as they grow they are able to abstain from sex, delay their first sexual experience or stay faithful to an uninfected partner. If they have not already been infected through mother-to-child transmission, we can focus on trying to keep them from having their first sexual encounters at an early age, etc. and reduce overall HIV infection.

Many people do not perceive themselves as being at risk of HIV. Awareness level in Ghana is high but translating the awareness level into behaviour change is the main challenge.

### **What are the main modes of HIV/AIDS transmission in Ghana?**

- Sex – 80%
- Mother-to-Child (Vertical) Transmission – 15% (during the pregnancy, childbirth, or from breast feeding)
- Blood and blood products – 5%

### **In Ghana, the Government’s Response to HIV has been focused to reduce spread of HIV through:**

- Training
- Educational Campaigns
- Research
- Promotion of the A-B-C-D prevention strategies:

#### **Abstinence**

**Be Faithful to your marriage partner**

**D1** - Delay the onset of first sexual activity (adolescence)

**D2** - Do not share sharp, piercing objects

**D3** – Decrease the number of sexual partners. Many young people have multiple sexual partners.

**Condom Use – for those who cannot abstain**

(Originally used for family planning). The condom must be used consistently and properly.

- Promote management of treatment of STIs (which is an entry point for HIV)
- Promote VCT (Voluntary Counselling and Testing) because it is believed that if people know their status they will modify their behaviour

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– if positive they will live without infecting others; if negative – they will act responsibly to remain free of HIV/AIDS

### **Voluntary Counselling and Testing (VCT):**

VCT cannot be over-emphasised because this information helps give us a more accurate picture of what the status is in the country. Participants of the workshop can provide information on VCT sites in the communities where they will do the training.

VCT is very new in Ghana. Currently, we can identify the following VCT sites in Accra that also provide pre- and post-test counselling in addition to giving the HIV anti-body test: PPAG, Adabraka Polyclinic, Mamprobi Polyclinic, All Polyclinics and Regional Hospitals – The average time to get results from these locations is 3 days.

### **Costs:**

The current cost is ₵40,000. Family Health International (FHI) is negotiating with the Ghana AIDS Commission on getting the government to subsidise because the cost is too high for the average Ghanaian (youth or adult). Catholic hospitals are in some of the most deprived areas where people even struggle with paying for malaria treatment, therefore it is suggested that VCT should be free.

### **How accessible is treatment/management after getting results?**

In Ghana, it is in a trial phase. It has just started in some areas of the country. Stigmatisation is an issue, however, Queen Mothers are helping to change this because of their rank, role, authority and responsibility in the community. As trusted figures in the community, they meet regularly with groups of people in the community and initiate income generation activities to help take care of the orphaned children. Queen Mothers are a powerful influence on young girls, the men and even the chiefs in the community and can make a difference in decision regarding HIV/AIDS prevention behaviours.

## **IMPACT OF HIV/AIDS IN GHANA**

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*The aim of this activity is to explore how HIV/AIDS is impacting different sectors within Ghana.*

- ***Divide participants into groups and ask them to brainstorm about the long-term impact that HIV/AIDS will have on Ghana. Bring the groups back together to share their results.***

HIV/AIDS is an enormous threat to development in Ghana.

*Areas of Impact*

***Health***

***Social***

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*Destroy Family Life*  
*Psychological*  
*Orphans*  
*Economic*  
*Decrease Religious Membership*  
*School System*  
*Agricultural Systems*  
*National Security*

**Make sure the following issues have been raised:**

### **Social Impact**

HIV/AIDS places enormous stress on infected individuals and their families who are faced with the demands of caring for the seriously ill and with the trauma of death. They also face the economic burdens of health care, funeral costs, and loss of income when breadwinners become ill. All of these factors are made worse by the stigma associated with AIDS. People can be victims of prejudice at work, in the community, at church/mosque and at home. The death of an adult can have a dramatic impact on family structure and function. Children, the elderly or single parents may be left to run households, with severe implications for all those concerned.

### **Orphans**

The HIV/AIDS epidemic will produce large numbers of orphans. Care for orphans will become one of the greatest challenges facing the country. Extended family structures often care for many orphans. Many orphans will end up on the streets. Orphans have to deal with the trauma of losing parents and the stigma surrounding HIV/AIDS. They often have less access to education or food than non-orphans, and face worse poverty as the number of dependants increases in households which take them in. Finally, as children under stress, they grow up without adequate parenting and support, and are at greater risk of developing antisocial behaviour and of being less productive members of society.

### **Health Impact**

HIV/AIDS affects adults who are usually among the healthiest members of society, and large numbers of children will now suffer from a serious, chronic disease. This will result in a dramatic increase in the need for health care, with implications for both the public and private health care sectors. Basic treatments which can considerably improve the quality of life and extend its length are extremely expensive, costing about \$200 per month (¢1,600,000). Furthermore, people with AIDS live longer and need hospitalisation for terminal conditions. The most affordable, cost-effective way of caring for people with HIV/AIDS will be ensuring access to effective primary health care services.

### **Educational Impact**

Absenteeism by a single teacher (infected by HIV) impacts a large number of children. Schools will have to deal with significant numbers of children infected

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at birth or through sexual abuse, and also sexually active teenagers, especially young women, who become infected. In addition, many thousands of children will need support to cope with the psychological, social and economic impact of HIV/AIDS on their families or households.

### **Economy, development and poverty**

HIV/AIDS will result in high economic costs over time. Many businesses can't cover the cost of affected employees who miss work days and the costs of their medical care benefits are too expensive. On a more global level, HIV/AIDS will result in a reduction in the availability of skilled, experienced people. Growth may also be reduced if investment in infrastructure, education and skilled labour falls due to a large-scale diversion of resources to HIV/AIDS care. AIDS will also be a major barrier to reducing poverty and socio-economic inequality. Many poor households will be pushed further into poverty since they are the most likely to have members infected with HIV and at the same time lose the main breadwinner and are least able to withstand the loss of a breadwinner and the costs of care.

### **Ways to reduce the impact of HIV/AIDS**

- Social and economic development programmes resulting in higher income levels, better housing, cleaner water supply and better sanitation
- Stronger policy and Laws supporting HIV prevention and people living with HIV/AIDS
- Stronger HIV/AIDS education programme
- Better co-ordination between different organisations working with HIV/AIDS
- Removal of barriers to large scale responses
- Improvement of workplace environments
- Better health care
- Acceptance of people living with HIV/AIDS
- Support to affected people and orphans
- Improvement of women's status

**Q. Does HIV always have negative affects? What are the positive effects of HIV/AIDS?**

#### **Possible responses:**

- Can be a catalyst in rebuilding communities
- Can help promote monogamy in marriage and renew marital commitment
- Open the door of discussions about sex (esp. in Africa where this is often taboo)

### **SUMMARIZE MAIN POINTS**

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# MODULE 1

# SESSION 2

## Basic Facts About HIV/STIs

### **Purpose**

Participants learn about HIV and other sexually transmitted infections.

### **Objectives**

By the end of this session, participants will have:

- Reviewed the definition of HIV and AIDS
- Discussed HIV and the Immune System and HIV transmission
- Reviewed prevention of HIV infections
- Discussed the complications of HIV/STIs
- Reviewed common myths and misconceptions about HIV and other STIs

### **Time: 150 minutes**

TOPIC	TIMING	METHODS	MATERIALS
Introduction	5 minutes	Questions & Answers	Flip chart, markers, session notes
Definitions of HIV and AIDS	20 minutes	Lecture Discussion	Flip chart, markers, session notes, HIV
Modes of Transmission and Prevention of HIV	40 minutes	Lecture Discussion, Q&A	Flip chart, markers, session notes
The Immune System and Opportunistic Infections, and Links between HIV and STIs	30 minutes	Lecture Discussion, Q&A	Flip chart, markers, session notes, tape
HIV/AIDS and STIs	30 minutes	Film Show	TV, VCR, "Silent Epidemic" video
Summary, Q&A	15 minutes	Highlight Main Points	Session notes

## CONTEXT AND OBJECTIVES

This session provides an overview of what HIV/AIDS is, how HIV affects the body's immune system, how it is transmitted and how it can be prevented. It dispels myths and misconceptions about how HIV is spread.

## ACTIVITIES

### HIV/AIDS DEFINITION

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*The aim of this activity is to differentiate between HIV and AIDS and have a complete understanding of both of them.*

- ***In plenary, ask participants to say what the acronym « HIV » stands for, and make sure that they understand what each of the words means. Ask for examples of other viruses (diseases) that are sexually transmitted.***
- ***Ask them to define the acronym « AIDS », make sure they understand what each word means.***
- ***Ask them how HIV and AIDS are related. Make sure that they understand the difference between the two.***

### HIV stands for **Human Immunodeficiency Virus**

Human:	It is transmitted only between human beings. It is not transmitted between humans and animals.
Immunodeficiency:	It breaks down the immune system, or makes it “deficient”. This means that the body cannot protect itself from diseases.
Virus:	A microscopic organism that causes disease in your body.

HIV is the virus that causes AIDS. If you have this virus, you are HIV positive. There are two **strains** of the HIV virus: HIV-1 and HIV-2. HIV-1 is found all over the world, while HIV-2 is mostly found in West Africa. Both strains of the virus are transmitted the same way. Once a person has either virus, there is no way for them to get rid of it. In Ghana, 60 % of infected persons carry the HIV-1 strain, 28% the HIV-2 strain and 12% both HIV-1 and HIV-2.

AIDS stands for **Acquired Immune Deficiency Syndrome**.

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**Acquired** – Something you get, you're not born with it but it is transmitted from one person to another through a specific behaviour.

**Immune** – It destroys the immune system, the system of “soldiers” in our body that help us to fight diseases.

**Deficiency** – If what I have acquired affects my immune system, it causes a deficiency in my body, i.e. something is lacking.

**Syndrome** – A collection of signs and symptoms of diseases.

AIDS is not a disease in itself. It is a condition that occurs when your body's immune system does not work anymore. It destroys the body's ability to fight even common infections and diseases. It has no cure and if you get it, you get it for life. People get it mainly through unprotected sex with infected persons.

### **What is the difference between HIV and AIDS?**

If I have HIV it means that I have the virus infection in me, I am not showing any signs and symptoms and can still go about my normal day-to-day activities but I am infectious and I can pass it on to anybody. AIDS is the stage where the person looks ill, is sick and dying. When you see persons with HIV you may have the desire to have sex with them, but if you see a person with AIDS, you will not have the desire to have sex with them.

**It is not possible to tell whether a person is HIV positive just by looking at them. One can only determine this by having had the HIV Antibody Test.**

## **MODES OF HIV TRANSMISSION**

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*The aim of this activity is to clarify modes of HIV transmission and dispel myths about how HIV is not transmitted.*

ACTIVITY Part 1

- ***Make HIV Transmission cards.***
- ***Distribute the HIV transmission cards among participants until each person has approximately the same number of cards.***
- ***Post two pieces of flipchart paper on the wall: “Can transmit HIV” and “Cannot transmit HIV”.***
- ***One by one have each person come up and tape their card on the appropriate paper. When all of the cards are posted, ask participants if they would change any of them. After they have given their input, move any cards that are incorrectly placed, and explain why.***

HIV Transmission Cards:

On a card, or a sticky note, write one of the following activities:

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<i>Unprotected vaginal sex</i>	<i>Unprotected oral sex</i>	
<i>Unprotected anal sex</i>	<i>Unscreened Blood transfusions</i>	
<i>Breastfeeding when mother is HIV positive</i>		
<i>Sharing needles</i>	<i>Tattooing</i>	<i>Sharing razors</i>
<i>Dry kissing</i>	<i>Deep/wet kissing</i>	<i>Shaking hands</i>
<i>Hugging or touching</i>	<i>Spitting</i>	<i>Sharing a bathtub</i>
<i>Public toilet seats</i>	<i>Swimming pools</i>	<i>Mosquitoes/insects</i>
<i>Childbirth</i>	<i>Sharing eating utensils</i>	<i>Public phones</i>
<i>Tribal Scarring</i>	<i>Sneezing</i>	<i>Massaging</i>
<i>Self Masturbation</i>	<i>Mosquitoes/Insects</i>	
<i>Breast-feeding when the mother is NOT HIV positive</i>		<i>Childbirth</i>

Distribute these cards equally among the participants and have them place the cards one at a time on the flipcharts. Don't discuss the answers until after everyone has finished, and then ask the participants themselves what they would change before making any suggestions.

### Using the mini-lecture and Q&A discuss:

#### Ways in which HIV is NOT transmitted

Handshaking  
Sleeping on the same bed without sex  
Working Together  
Cooking together  
Fellowship in the Church/Mosque  
Sitting on toilet facilities  
Eating Together  
Sharing working tools and equipment  
Sharing the same cup/ eating utensils

#### HIV Transmission Facts

Two things must happen for HIV transmission to occur: The virus must have an entry point into a person's blood stream, and the virus must be present in large enough quantities to be infectious.

#### Where can we find the HIV virus?

HIV is transmitted through **infected body fluids**. There are only three body fluids that have a large enough quantity of HIV to be infectious:

1. Blood: The blood of a person who is HIV infected has a very high level of HIV. This includes the monthly menstrual blood of women when having periods.
2. Sexual fluids (« cum »). During sex, a man secretes two types of fluids from his penis: the pre-cum (a clear liquid that appears during initial sexual arousal); and the cum (a milky fluid that a man releases during ejaculation). In a man infected with HIV, both of these fluids contain enough HIV to infect another person if the penis is inside the other

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persons body (vagina, anus, and mouth). During sex a woman secretes fluid (cum) from her vagina. In a woman with HIV, this fluid contains enough of the virus to infect another person.

3. **Breast milk:** The breast milk of a woman who has HIV contains enough HIV to infect the child who is drinking that milk.

Other body fluids have been shown to contain HIV, but they do not contain enough of the virus to infect a person. These fluids include saliva, tears and sweat or digestive enzymes. Therefore, it is not dangerous to come in contact with these fluids of an HIV-positive person.

The HIV antibodies appear in the blood from 6 weeks to 3 months or 6 months. The period between the infection and the antibodies being seen in the body is known as the 'window' or incubation period. After infection, people can carry the virus for up to 10 to 15 years before getting full-blown AIDS.

### **Ways in which HIV is transmitted?**

There are ***four ways that these fluids can enter a person's bloodstream:***

#### **1. Sexual intercourse (anal, oral, vaginal )**

##### **Different Types of Sex:**

**Anal** – there is no lubrication in the anus and the muscles are very tight. Force needed to push the penis into the rectum cause bleeding, tearing and cracks in the anus.

**Oral** – often we do not know when we have sores in the mouth

**Vaginal** - Penis and Vagina – the most usual way of having sex. God created the woman's vagina to be naturally moist/well lubricated so that entry for the penis, etc. will be very easy. Because this is also the route for the birth of a baby, the vagina is a larger surface area. It is therefore more open to infection than the smaller surface area of the male penis.

Also, if the vagina is not well lubricated, it makes entry more difficult (women use herbs etc. to dry the vagina specially to make the vagina tight so men will enjoy sex with them more). This can however cause tearing in the vagina and make the woman more susceptible to sexually transmitted infections.

#### **2. Transfusions of contaminated blood and blood products and transplants of tissues and organs.**

#### **3. Use of contaminated needles, syringes, razors, and other piercing instruments.**

The risk of getting HIV through a needle stick is 1 in 300 if that needle had been used on a person who was infected with HIV<sup>2</sup>. Keep in mind that the

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<sup>2</sup> Granich, R. 1999. *HIV, Health & Your Community : A Guide for Action*. Stanford (USA) : Stanford University Press. Pg. 67.

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risk increases with the frequency of needle sticks (i.e. especially in facilities that reuse needles or needles for injecting drug users).

**4. Mother-to-child transmission (in the womb, during birth and through breastfeeding).** The risk of mother-to-child transmission of HIV is approximately 25%. The risk decreases to under 10% if the mother takes AZT during labour and delivery.

### Hierarchy of Risk

#### At Risk; No Risk or Neither

Facilitator has flip chart sheets labelled: 'AT RISK OF HIV/AIDS', 'NOT AT RISK OF HIV/AIDS' and 'NEITHER'.

- *Participants are each given the sticky notes or cards with words related to various practices written on them.*
- *Participants decide whether the word(s) indicating certain behaviours either put people AT RISK OF HIV/AIDS, NOT AT RISK OF HIV/AIDS or NEITHER*
- *Place their cards/stickers on the appropriate flip chart paper.*
- *Don't discuss the answers until after everyone has finished.*
- *Then ask the participants themselves what they \_\_\_\_\_?*

(It is important that we look at **plausible conditions** that under **NORMAL** circumstances will or will not put people at risk of contracting HIV/AIDS.)

### Hierarchy of sexual risk<sup>3</sup>

It is not possible to know exactly what the chances are of getting HIV from a particular behaviour, but scientists do know that some sexual activities are riskier than others. In general, the larger the quantity of body fluids exchanged the higher the risk for contracting HIV.

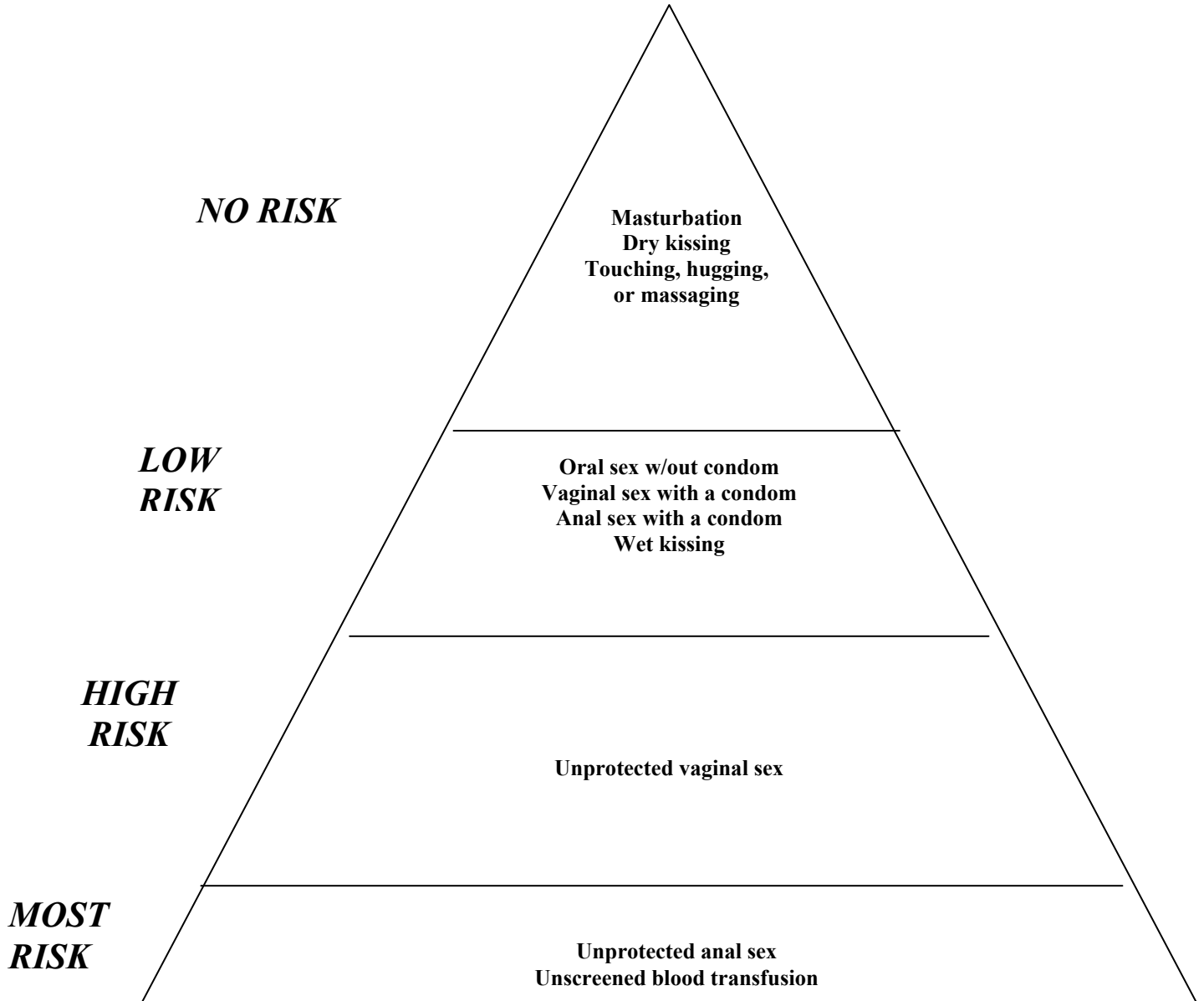
Below is a diagram that classifies sexual risk behaviours in the form of a triangle. The riskiest behaviours are at the bottom of the triangle and the safest behaviours are at the top.

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<sup>3</sup>Erhardt, A. « Sexual Behaviour among Heterosexuals ». In *AIDS in the World II*. New York : Oxford University Press, 1996, p. 259.  
Granich, R. and Mermin, J. *HIV, Health & Your Community*. Stanford, CA (USA) : Stanford University Press, 1999, pp. 45, 67.

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## Hierarchy of HIV Risk by Sexual Transmission



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For sexual activities, the risk increases with the number of sexual partners. For all behaviours, risk increases with the frequency of the behaviour. In other words, the more times a person engages in a risky behaviour, the more likely s/he is to contract HIV.

Remember that HIV does not discriminate between age groups, races, genders, religious beliefs or sexual orientation (hetero-sexual, bi-sexual, homosexual). Anyone can become infected!

### **The Issue of Religiosity and HIV/AIDS:**

We believe in the power of God to do anything, however, we have never had documented evidence or ever met anyone who has been to be healed of HIV/AIDS. God and your faith can make you live positively, healthy and productive lives for the rest of your lives. But, we have not found anyone to sero-convert from HIV positive to HIV negative. E.g: Magic Johnson – he found out he was HIV positive when it was in its early stages and was able to get the best medical, physical, and otherwise support possible because he is wealthy. Still, he is sero-positive although he has been living with an HIV positive status for a number of years and appears to be in the best physical condition. Although we know that with God, all things are possible, it is important that we do not feed into the propensity of people to do serious and dangerous things in the name of God.

## **THE IMMUNE SYSTEM AND OPPORTUNISTIC INFECTIONS**

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*The aim of this activity is to familiarise participants with the biology of AIDS and how it affects the body.*

- ***Facilitator combines mini-lecture and use of question and answer model with participants. Main points are recorded on flip chart***

### **How Does HIV Impact the Immune System?**

- It destroys the immune system
- It affects certain types of cells in the body and destroys them
- It depletes the cells in number and it weakens their ability to serve as defence mechanisms for the human being/human body
- It depletes our ability to fight common infections
- It allows other opportunistic infections to impact the body

The immune system equips us to fight germs. Viruses are notorious for their ability to mutate so fast that we cannot rid the body of them.

### **What Types of Cells in Our Bodies Does HIV Affect?**

T-Cells (White Blood Cells)

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### **What is an opportunistic infection?**

When a person gets different diseases because of a weakened immune system, the diseases are called « **Opportunistic Infections** ». Healthy people are exposed to many of these infectious agents every day, but they do not get sick from them because their immune systems are working properly. A person with AIDS can have more than one opportunistic infection at the same time.

### **Opportunistic Infections Most Commonly Associated with HIV**

- Tuberculosis (one of the deadliest and most common)
- Malaria
- Diarrhoea
- Pneumonia
- Genital Herpes – manifests itself continually for a year and then begins to taper off although the virus stays within the body. It is most infectious when the warts are present. Herpes is more infectious than HIV and there is no cure.
- Shingles
- Dry Coughing

As Ghana works to establish VCT Centres, we also need to establish treatment sites for tuberculosis as well.

There must be well-established treatment cycles for TB. The 'DOT' (Directly Observed Treatment Short Course) for Tuberculosis is for 8 months. It is a very rigorous treatment that must be taken according to a regular schedule. Many people do not continue treatment and develop a relapse, therefore must be treated again and develop resistance to the medication.

It is not uncommon for HIV patients to have to take upwards of 20 pills today – increasing toxicity and problems in their bodies.

When people develop the opportunistic infections, they must be encouraged to go to the doctor immediately.

It is possible to have HIV –1 and HIV –2 simultaneously. HIV-1 is much more prevalent in Africa / Ghana now. Treatment for both will need to be more aggressive. These are sub-types (among others) of the Virus. The HIV-1 is more deadly and more virulent than HIV-2. One of the main distinctions is that when you have HIV-1 there are many more manifestations when you sero-convert to AIDS. In HIV-1, once you have sero-converted to AIDS, your rate of deterioration is much faster.

While HIV does not kill, HIV depletes the immune system and opens the way for the opportunistic diseases that kill. In Africa, people also die from being stigmatised and from the discrimination that they experience as a result of people learning that they are infected.

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### Links Between STIs and HIV Transmission

*The aim of this activity is to explore why STIs can increase the risk of HIV transmission.*

STIs make people more vulnerable to HIV. How? For example, if we have genital warts (sores, breaks in the skin) there will be bleeding, making the person more vulnerable to HIV. STIs make people whose normal sexual contact is ordinary, extra-ordinary because they are more vulnerable. Therefore, it is important to get the STI treated as early as possible.

- ***Divide participants into small groups and ask each group to brainstorm about the relationship between STIs and HIV.***
- ***Bring the groups back together to share their ideas. Correct any misinformation.***

Having an STI can increase a person's chances of becoming infected with HIV/AIDS and transmitting HIV/AIDS to a sexual partner. This is because sores or inflammation in the genital areas can serve as both entry points for HIV into the body (when they come into contact with infected semen or vaginal fluids) and exit points for HIV to leave the body (through blood). Therefore, it is very important to for people infected with STIs to get treatment for themselves and their partners.

### SEXUALLY TRANSMITTED INFECTIONS

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Sexually Transmitted Infections (STIs), also more commonly referred to as Sexually Transmitted Diseases (STDs), are infections passed during vaginal, anal or oral sex. STIs can also be passed from mother to child during pregnancy, during birth or while breast-feeding. Many STIs that are passed to children are very dangerous and can cause serious health problems.

There are over 20 different STIs. Some of the most common STIs include the following:

- Chancroid
- Chlamydia
- Human Papilloma Virus, or HPV (also known as Genital Warts)
- Gonorrhea
- Hepatitis B
- Herpes
- HIV
- Pubic lice
- Scabies
- Syphilis
- Trichomoniasis

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### STI's : TRANSMISSION, SYMPTOMS & EFFECTS

*The aim of this activity is to give more detailed information about STIs and the types of behaviour that put people at risk of contracting STIs.*

- **Show a video about STIs like “The Silent Epidemic” or**
- **Have a guest speaker give a talk on STIs or**
- **Provide general information on STIs.**

#### **Causes of STIs**

Some STIs, such as syphilis and gonorrhoea, are caused by **bacteria**. Other STIs, such as pubic lice, are caused by **parasites**. Both of these types of STIs can be cured. Other STIs, such as herpes and HIV are caused by **viruses**. These cannot be cured, but their symptoms can be treated through medication.

*People are at risk of getting an STI if they:*

- Have unprotected sex (sex without a condom)
- Have many sexual partners
- Get high or drunk before sex (which could impair their ability to protect themselves)
- Do not know the symptoms of an STI (and therefore cannot tell if themselves or their partner has an STI.)

#### **Symptoms of STIs**

Each STI has a different **incubation period**. This is the amount of time that it takes for a person to develop symptoms after being infected. It can range from a few days to a few months. Following are some of the most common symptoms of STIs<sup>4</sup>. **Some STIs may not produce any symptoms**. Therefore, anyone at risk should get tested if they think that they have put themselves at risk of an STI, even if they do not have symptoms.

##### **Symptoms for both men and women:**

- Sores, rashes, bumps or blisters on the vagina, penis, mouth or rectum
- Burning or pain when urinating or having a bowel movement
- Need to urinate frequently
- Itching or swelling of the genitals
- Swelling or redness in the throat (for people engaging in oral sex)

##### **Symptoms in women only:**

- Unusual discharge or smell from the vagina
- Abdominal pain
- Burning or itching around the vagina
- Bleeding between periods or after sexual intercourse
- Pain deep in the vagina during sex

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<sup>4</sup> Source: ETR Associates (Santa Cruz, California, USA). 1996. *All About STD*. (Brochure)

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### Symptoms for men only:

- Drip or discharge from the penis

### Long-Term Consequences

If left untreated, STIs can cause serious health problems, including the following<sup>5</sup>:

- Damage to the reproductive organs, resulting in infertility
- Bladder infections
- Damage to other body organs, such as the liver (Hepatitis B), brain (syphilis), and heart (gonorrhoea)
- Arthritis
- Breakdown of the immune system and death (HIV)
- Association with cancer of the reproductive organs (Human Papilloma Virus)
- Premature labour and stillbirths (gonorrhoea)
- Blindness and birth defects in new-born babies (syphilis)
- Pelvic Inflammatory Disease (PID) in women. This is a severe infection of the reproductive organs that can result in infertility, ectopic pregnancy and chronic pain. It is often, but not always caused by an STI. Gonorrhea and chlamydia are the most common causes.

### TREATMENT AND PREVENTION OF STIs

*The aim of this activity is to familiarise participants with the options for preventing and treating STIs.*

- ***In plenary, ask participants to brainstorm about how STIs can be prevented.***

#### Treatment

A person with an STI must get treatment because it will not go away on its own. Many STIs can be cured with antibiotics. STIs that are caused by viruses cannot be cured, although their symptoms can be treated with medication.

A person infected with an STI should inform all of his/her sexual partners about it, so that they can get treated also. If a person's partner does not get treated, then s/he will continue to get re-infected by that person. It is very important for both partners to finish the treatment completely, even if the symptoms disappear. It is possible for the STI to still be in a person's body even without symptoms.

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<sup>5</sup> Source: Planned Parenthood (New York City, USA). 1997. *Sexually Transmitted Infections: The Facts*. (Brochure)

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### Prevention

Not having sex is the only 100% effective way to prevent STIs.

If a person cannot abstain from sex, it is safe for them to have unprotected sex with one other person as long as that person is not having sex with anyone else.

It is advisable for partners to talk to each other about past sexual partners and about needle drug use (which could put someone at risk of HIV/AIDS). It is best to use condoms if a person is unsure about his/her partner's past risk of STI.

It is also advisable for partners to look for any signs of an STI on each other, for example, a rash, a sore, redness or discharge on or near the genital areas. If any of these are visible, the couple should not have sex. People should keep in mind that an STI could be present even if there are no signs or symptoms.

Condoms should be used each and every time a person has vaginal, anal or oral sex. In addition to condoms, birth control jelly, cream or foam can offer extra protection against STI during vaginal sex. **They do not protect against all STI, however, including HIV/AIDS.**

A person should get checked for STIs every time s/he has a health check up. If s/he has more than one sexual partner, it is advisable to get regular check ups, even if s/he doesn't have any symptoms.

# MODULE 1

# SESSION 3

## HIV Worldview, Culture and Religion

### **Purpose**

Participants to discuss HIV infections and responses around the world and the role of culture and religion on HIV infections and prevention.

### **Objectives**

By the end of this session, participants will have:

- Discussed HIV infection as a global problem. Ghana is not alone.
- Defined culture.
- Examined how culture, economics, biology, society and religion influence both HIV infection and prevention.
- Discussed ways religion and religious communities can mitigate the impact of HIV.

### **Time: 90 minutes**

TOPIC	TIMING	METHODS	MATERIALS
Introduction and Global issue of HIV/AIDS	10 minutes	Questions & Answers	Flip chart, markers, session notes
Cultural, economic, biological, social and religious impact of HIV infection	30 minutes	Discussions, Q&A, Group work	Flip chart, markers, session notes, stickers
Role of religion in mitigating HIV infection and impact on communities	40 minutes	Group work, presentation, discussions	Flip chart, markers, session notes, stickers
Summary	10 minutes	Highlight main points	Session notes

### CONTEXT

This session challenges participants to think about concepts of culture, economics, biology, society and religion. This will help them to understand how HIV/AIDS transmission and prevention can be impacted by these factors

### ACTIVITIES

#### THE GLOBAL ISSUE OF HIV/AIDS: GHANA IS NOT ALONE

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*The aim of this topic is to highlight that HIV AIDS is not a country specific or regional problem, it is a complex and multi faceted problem that affects people all over the world. Prevention efforts are at different stages and levels in different parts of the world. Involvement of high authorities provides influences the way people respond to the needs of those infected and affected by HIV AIDS.*

***In plenary ask participants to discuss differences of HIV/AIDS responses in Ghana in the last 10 years.***

Ghana is not an exception in having the problem of HIV/AIDS. Most countries in the world are included. Some people say that AIDS was invented by America as a way of discouraging sex. But the reality is that in America 44,000 people are infected by HIV each year. Likewise, in Russia and many other countries the numbers of infected persons are rising.

#### DEFINITION OF CULTURE

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*The aim of this activity is to define culture and how it can impact our perceptions and behaviours.*

- ***In plenary, ask participants to come up with a definition of culture. Then have them brainstorm about the different elements of culture.***
- ***Ask participants to divide into pairs. Have each person share one cultural practise in his/her own community.***
- ***Bring the pairs back together and ask for a few volunteers to share their responses.***

Culture can be defined many different ways. One definition for culture is “an integrated system of learned behaviour patterns that are characteristic of the members of any particular group”. Culture includes everything that a group of people thinks, says or does, and covers a wide range of customs, experiences,

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values, social norms, beliefs, rituals and practices<sup>6</sup>. There are numerous elements which define a person's culture. Following are just a few:

- ◆ Ethnic group
- ◆ Social class
- ◆ Religion
- ◆ Language
- ◆ Occupation
- ◆ Residence (urban vs. rural)
- ◆ Education
- ◆ Gender
- ◆ Sexual orientation
- ◆ Nationality

It is important to remember that there may be differences between members of the same culture, and there may be similarities between members of different cultures.

Culture can affect the way that people perceive certain issues. For example, a rural family may perceive children as important because they are a source of labour on the family farm. An urban couple may perceive children as important in order to carry on the family name, but not as a source of labour. Therefore, the urban couple may be more willing to limit their children through family planning than the rural couple.

People are bound to their culture, and that this affects the way they see their world. Different cultures have different concepts of superiority vs. inferiority and power relationships between genders. In many cultures, men are considered to be superior to women, and women therefore have very little power in relationships. This can affect their ability to negotiate condom use and monogamy, among other things. This lack of power can make women more vulnerable to contracting HIV/AIDS. Other cultures may have certain traditions that put the person at risk of contracting HIV/AIDS.

### **CULTURAL, ECONOMIC, BIOLOGICAL, SOCIAL AND RELIGIOUS FACTORS THAT IMPACT HIV/AIDS**

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There are several reasons that place women at greater risk for HIV/AIDS, especially true in Africa. Women are much more vulnerable than men especially in paternalistic societies like Africa. In these cultures, the social norm is centred on that which is good for the man (and conversely not always good for the woman). This is true culturally, economically, biologically, socially and religiously.

- ***In five small groups participants brainstorm each issue in turn that might be significant in spreading HIV/AIDS: Cultural, Economic, Biological, Social and Religious.***
- ***Groups write factors on 'post-its' and share findings in plenary.***
- ***Record findings on flip chart and discuss the significance of each.***

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<sup>6</sup> Source: Randall-David, E. 1994. *Culturally Competent HIV Counselling and Education*. The National Hemophilia Program, U.S. Department of Health and Human Services.

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**The following areas should be covered:**

### **Cultural Impact**

- Wife inheritance – widow passed on to another man in the family and is forced to fulfil her wifely duties with that person (sex)
- Widowhood Rites - In some cultures because of the belief system, the husband's brothers must sleep with the woman before the spirit of the husband will leave
- Female Genital Mutilation/Cutting - exists to help maintain the chastity of the female by cutting her clitoris and suppressing her sexual desire
- A woman cannot negotiate for sex/ power imbalance in male-female relationships (even outside marriage women don't have the power to negotiate for safer sex)
- Culturally, it is acceptable for a man to have more than one sexual partner (apart from the polygamy issue), but it is not acceptable for a woman to do the same. The society condones this contradiction.
- Among some ethnic groups, the man must sleep with the woman before marriage before the father will give the go-ahead for marriage.
- Dry sex – women using drying agents to cause their vagina to tighten so the man will enjoy sex with her more
- Expanding the clitoris of a baby girl so that when she grows, the man can play with it
- Trokosi System – young virgin girls are sacrificed to atone for the sins of the family. Girls are made to be the slaves and later the wives of fetish priests. It is believed that they need to do this for the purpose of paying for the crimes committed by any past or present members of their family. Although the government in Ghana has outlawed it in policy, in practice, it still exists.

It is important that Religious Leaders work to dialogue with the traditional leaders for the purpose of ending some of these unhealthy practices.

“The best time to plant a tree is 20 years ago. The second best time to plant a tree is now.” (JHU Trainer)

**Behaviour Change** – takes time and is a gradual process of building consensus and making people aware by giving them knowledge. Change is more likely if they can initiate the processes themselves, so they become the change agents. But it takes time to build consensus, to accept, approve and have the intent to do something. The people themselves have to consent to adopting a new normative practice while still maintaining their culture. E.g: In one Kenyan community, instead of having the woman to sleep with the brothers of a deceased husband, the people changed the original practice and adopted the new practice of having the woman to jump over a cow to cleanse her from the spirit of her dead husband.

To change others, we must change ourselves first.

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**Economic Impact** – What are the economic reasons that place women at greater risk for infection?

- Poverty
- Dependence on Men
- Limited employment opportunities for women
- Lack of/limited education/ limited skills for women
- Limited or no access to credit or other economic resources for women
- Inheritance System favours men
- Unstable economic opportunities
- Some professions pre-dispose men and make them more vulnerable to infection and they in turn infect their wives
- Sex for various reasons: pleasure, gifts, survival, money (a fee)
- Women earning less for doing the same job as men do (not very common in Ghana)
- Limited decision-making power for women/Male authority over the woman's earned income

**Biological Impact** What are the biological reasons that place women at greater risk for infection?

- Surface area of female genital organs is greater
- The vagina as a receptacle
- The semen contains more viruses than the vaginal fluids
- The mucus membrane of the vagina is thin and delicate making it an entry point for the disease
- Sexually transmitted infections are often asymptomatic (show no symptoms) in women so they are not discovered early. The white blood cells have had a chance to build up in the blood during STI infection and HIV attacks them and changes them so they can no longer fight infections.

**Social Impact** What are the social reasons that place women at greater risk for infection?

- Women are more likely to be victims of violence (rape, etc.)
- Expectations by community for early childbirth
- Elderly men seek younger women as sexual partners
- Funerals, wake-keeping, festivals and other social gatherings where people drink/do drugs and become more vulnerable to idea of “anything goes” – even children are vulnerable at such functions.

**Religious Impact**

- Entrench and reinforce many of the social impact issues (paternalism)
- Religion is linked with culture and reinforces the problem
- Paternalistic/culturally biased interpretation of scripture (Christian or Muslim) gives ‘spiritual’ sanction to women's low status. Therefore:
  - ⇒ Belief that woman came out of man reinforces paternalism and subjugation of women to men

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- ⇒ The Bible says married partners should not refuse sex unless it is by mutual understanding (this is usually interpreted that the woman cannot refuse her husband sex)
- ⇒ The Bible says that the man is the head of the family (forgetting the sacrificial aspect of headship it is linked with)
- Women are encouraged to be subservient, submissive, passive and silent
- In Islam, a woman can never become an Imam
- In the Catholic church a woman can never become the Pope or a Father (priest)
- A man can have many wives, especially in Islam, but a woman can only have one husband
- In Islam, it is very difficult (if not impossible) for women to initiate divorce, no matter what the circumstances are
- In Christian churches, people are discouraged from divorce although the Bible allows it in cases of adultery
- During separation and before reunion people often have other sexual partners
- Church policy on contraception varies (includes condom use)

### OVERCOMING THE NEGATIVE EFFECTS

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Can Religion play a role in mitigating HIV infection and impact on communities?

*The aim of this activity is for participants to explore ways in which religion and religious communities can have an impact in mitigating HIV effects*

- ***Working in the same small groups, focus on impact of religion***
- ***Discuss ways of overcoming the negative impact.***
- ***Groups present their findings in plenary.***
- ***Record findings on flip chart***

### SUMMARY OF MAIN POINTS

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