

Youth Empowerment Foundation (YEF) HIV/AIDS Hotline Counsellor Training

TRAINER'S MANUAL
Module 1: HIV/AIDS Information

Lagos, Nigeria

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Johns Hopkins University/Population Communication Services
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Introduction

We are happy to present this HIV/AIDS training manual and share the valuable information; we feel compelled to say that Nigeria is far behind the information curve on this disease. As a result we feel a sense of urgency in this training and our efforts to share with YEF hotline volunteers and supervisors the need to provide complete and accurate information about risk reduction and HIV disease prevention.

The manual is in two parts: part one focuses on specific information about HIV Transmission and the immune systems as well as other sexually transmitted infections. Much of the indices and anecdotes here are specific to Nigeria, however, issues related to sexuality, safe sex, mother-to-child transmission and home-based care and support are universal as far as HIV/AIDS infection is concerned. Additional information regarding HIV/AIDS research, ethics, law, and treatment as they apply to the Nigeria context will be included in the manuals as national policies evolve, debated and enacted into laws.

Part two of the HIV/AIDS manual deals with core counseling issues. While we focus mostly on telephone counseling skills, many of these issues addressed here apply to face-to-face counseling as well. Beginning with self-awareness, counseling skills and processes, we discuss difficult counseling sessions as well as stresses and burn-out that counselors are likely to encounter in the course of providing services to callers who are often faced with stressful, emotional life and death issues. We also take a session to discuss particular issues of counseling women and children.

As with all counseling centers, YEF counselors must maintain the highest professional and ethical standards, especially when it comes to the issues of caller confidentiality. Because the stigma associated with this infectious disease is great, most callers want assurances that their privacy will be respected. As information and service providers, we cannot afford to let this important issue slip, otherwise the credibility of the service is lost. Secondly, we must also strive to provide complete and accurate information at all times. We must be honest when we do not know the answers to certain question and either seek the support of fellow counselors or supervisors all simply admit to the caller that we do not know.

The tenets of confidentiality and complete and accurate information for callers have been the hallmark of successful HIV/AIDS hotlines through out the world. We hope to assure through your dedication and diligence that the same is the case for the Nigerian context. Teamwork supercedes all individual brilliance and we are hopeful that will be the beginning of a program that will help Nigeria stem the tide of HIV/AIDS epidemic across the country.

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Planning the Training Workshop

Pre-Workshop Activities

Introduction

Planning for the workshop should begin at least three months to the scheduled date with the selection and identification of the resource team. It is expected that this will give adequate time for preplanning activities such as:

- conducting a training needs assessment,
- identifying participants,
- securing funds for training,
- ensuring that there is enough time to secure the commitment of the resource team members in terms of availability during the training period.

A two-day pre-training meeting should be held to review the training needs assessment findings and plan the workshop accordingly. The training should be for organisations that have an on-going telephone-counselling programme or are about to establish a hotline for HIV/AIDS counselling.

Defining the scope and duration of the workshop

Course Outline

There is no fixed outline for this training course, because the exact outline needs to be created by the trainers based on the number of days available for the course. The trainers will also have to decide how much time to spend on each session after reviewing the results of their training needs assessment. The amount of experience that participants have had with HIV/AIDS counselling will determine how much time needs to be devoted to each topic.

Budgeting and identifying sources of funding

It is important to have identified sources of funding for the training. In view of the uniqueness of this training, funding for this aspect should be part of a wider scope of a telephone hotline initiative. Resources should be in place to ensure that as soon as trainees complete their courses, they are able to get hands on experience in telephone counselling.

Identification of trainers and other resource persons

Trainers should be selected in terms of their expertise in different aspects of telephone and/ or HIV/AIDS counselling. Efforts should be made to ensure that trainers have received prior training and have trained others in the area of

telephone, HIV/AIDS, youth reproductive health counselling. It is necessary to select resource persons with specific skills in the different aspects of HIV/AIDS counselling uses especially amongst young people. Also, each trainer should be comfortable with and versatile in all aspects of the training modules so that for any given workshop, the number of resource persons can be kept at a manageable limit. For cost effectiveness purposes, where necessary and feasible facilitators should be non residential.

Selection of participants

It is important to ensure that the right participants are selected for the training. Often, where wrong participants are selected, they are either unable to grasp the essence of training and may not be able to effectively utilise their newly acquired skills. In order to address these issues, selection of participants should be guided by the following minimum criteria:

- Formal education, minimum level of Senior Secondary School leaving Certificate;
- Experience of working with young people/ HIV/AIDS issues;
- Continuing professional involvement in counselling;
- Demonstrate availability of resources to appropriately utilise counselling skills after training;

Specific prerequisites may also target participants from service providers for young people/HIV/AIDS issues and/or managers, trainers and supervisors of service providers.

Conducting training needs assessment

Each nominee should be advised to fill a questionnaire outlining basic information on his/her educational and professional background, present and past work experience, expected knowledge and skills from the training, expected utilisation of skills after training, personal information on welfare amongst others. Information generated should be stored in an established database and made available to resource team to enable them identify training needs and adapt course based on needs accordingly. (See sample questionnaire.)

Deciding on the venue of the training workshop

A convenient venue for all participants and their trainers should be selected. Venue should have access to brightly lit comfortable meeting rooms, facilities for telephone hook ups, a secretariat, back up electricity, welfare conveniences and should be easily accessible to all. Where a residential course is inevitable, training

sites should be within the grounds, or as close to the residential places as much as possible.

Preparing the workshop schedule

The resource team in conjunction with an identified course coordinator should plan the workshop schedule based on the training needs of participants. However, the basic prerequisites for the training must be included in the training schedule at all time. A pre and post training questionnaire in addition to other skills assessment tools must be developed based on the knowledge and skills to be passed along in any training. A minimum of two weeks is recommended for the training. However, this can modified based on previous training experiences of participants as well as availability of resource persons. (See sample schedule).

Planning the logistics of field trips and practical during training

Adequate prior arrangements must be made for transportation for field trips. Local transportation can be arranged with local hosts. Simulated telephone practical logistics must be pre arranged

YEF HIV/AIDS HOTLINE COUNSELLING SKILLS WORKSHOP SCHEDULE

Module I HIV/AIDS Module II COUNSELING

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
9:00 10:30	MODULE I Session 1 Welcome And Overview	OFFICIAL Welcome Ceremony	MODULE I Session 7 HIV/AIDS Women and Children	MODULE II Session 2 Self Awareness	MODULE II Session 5 Practice Counselling Process	MODULE II Session 7 Difficult Counseling Situations
10:30 – 10:45	BREAK	BREAK	BREAK	BREAK		BREAK
10:45 – 12:30	MODULE I Session 2 Introduction to HIV/AIDS	MODULE I Session 4 Sexually Tranmitted Infections	MODULE I Session 8 HIV Testing	MODULE II Session 3 Counselling Process	MODULE II Session 5 Practice Counselling Process	MODULE II Session 7 Difficult Counseling Situations
12:30– 1:30	LUNCH	LUNCH	LUNCH	LUNCH		LUNCH
1:30 – 3:00	MODULE I Session 2 Introduction to HIV/AIDS in Africa	MODULE I Session 5 Sexuality and Safer Sex	MODULE I Session 9 Home Based Care	MODULE II Session 4 Counselling Skills	MODULE II Session 6 HIV Pre- Test And Post- Test Counselling	MODULE II Session 8 Counseling Adolescents
3:00- 3:15	BREAK	BREAK	BREAK	BREAK	BREAK	BREAK
3:15 – 5:00	MODULE I Session 3 HIV Transmission & Immune System	MODULE I Session 6 Worldview And Culture	MODULE II Session 1 Introduction to the HIV/AIDS YEF Hotline	MODULE II Session 4 Counselling Skills	MODULE II Session 6 Practice HIV Pre-& Post- Test Counselling	MODULE II Session 9 Death and Grieving
Evening s						

YEF HIV/AIDS HOTLINE COUNSELLING SKILLS WORKSHOP SCHEDULE

Module I HIV/AIDS INFORMATION

Module II COUNSELING

	Day 7	Day 8	Day 9	Day 10	Day 11
9:00 - 10:30	MODULE II Session 10 Stress and Burnout BREAK	TOT ADULT LEARNING	PRACTICE TOT MODULE 1	<i>PRACTICE TOT PREPARATION MODULE II</i>	PRACTICE TOT MODULE II
10:30 – 10:45	BREAK	BREAK	BREAK	BREAK	BREAK
10:45-12:30	MODULE II Session 11 Working with Different Resources	TOT ADULT LEARNING	PRACTICE TOT MODULE 1	<i>PRACTICE TOT PREPARATION MODULE II</i>	PRACTICE TOT MODULE II
12:30-1:30	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
1:30-3:00	MODULE II Session 12 Final Role-plays And Closure	<i>PRACTICE TOT PREPARATI ON MODULE I</i>	PRACTICE TOT MODULE 1	PRACTICE TOT MODULE II	PRACTICE TOT MODULE II
3:00-3:15	BREAK	BREAK	BREAK	BREAK	BREAK
3:15-5:00	MODULE II Session 12 Final Role-plays And Closure	<i>PRACTICE TOT PREPARATI ON MODULE 1</i>	PRACTICE TOT MODULE 1	PRACTICE TOT MODULE II	Workshop Closure
Evenings					

SESSION 1

Welcome and Overview

CONTEXT AND OBJECTIVES

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.

OBJECTIVES:

By the end of this session, participants will have...

1. Reviewed the objectives and schedule for the first module
2. Reconciled their personal expectations with the course objectives
3. Introduced themselves to each other and established group contract
4. Completed the HIV/AIDS Information Pre-Test

MATERIALS

Participant manuals
Workshop Schedule
Flip chart and markers

ACTIVITIES

#1 WELCOME, INTRODUCTION AND ICEBREAKER

The aim of this task is to familiarise participants with the course and each other.

- ***Welcome participants to the course***
- ***Introduce yourself and the trainers.***
- ***Allow the participants five minutes to find an object in the training room that symbolises them in some way (encourage them to be creative).***
- ***Ask each participant to introduce himself or herself and explain the symbol that they chose. Briefly summarise some of the similarities in the symbols that emerged.***

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.

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 can find a wide variety of objects to represent their work, either literally or figuratively. Participants may even choose an object which is outside of the training room but cannot physically be brought inside (e.g., a water spigot). Encourage them to be creative!

#2 PARTICIPANT EXPECTATIONS, COURSE OBJECTIVES AND COURSE OUTLINE

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

- ***Ask participants to fill out the first part of the Expectations and Norms Worksheet (in participant manual).***
- ***Ask for a few volunteers to read their responses out loud. Address any differences between the participants' expectations and the course objectives.***
- ***Explain the two parts of the course. Refer participants to the list of module objectives in their manuals. Ask for a volunteer to read the objectives out loud, and encourage discussion to see if participants have other objectives to add.***
- ***Distribute participant overall course schedule.***

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 both modules on flip chart paper and distribute the handout. 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.

Objectives for Module One: HIV/AIDS Information

By the end of this module, participants will have:

- Examined statistics about HIV/AIDS globally and in Nigeria
- Defined HIV and AIDS and explored how they affect the body's immune system
- Reviewed the principal modes of HIV transmission and prevention
- Reviewed the symptoms, prevention and treatment of common sexually transmitted infections (STIs)
- Examined different aspects of sexuality and safer sex, including the correct way to use a condom
- Defined the concept of culture and analysed its impact on HIV/AIDS
- Discussed special issues regarding HIV/AIDS in women and children
- Reviewed the HIV testing process
- Discussed basic guidelines for home-based care of HIV/AIDS patients

Objectives for Module Two: HIV/AIDS Counselling

By the end of this module, participants will have:

- Reviewed the history of the AIDS Hotline and the role that hotlines play in HIV/AIDS prevention
- Explored their own values and attitudes related to HIV/AIDS
- Defined "holistic counselling"
- Reviewed counseling skills
- Examined the steps of the counselling process
- Practised telephone counselling skills
- Reviewed HIV pre-test guidelines and practised using them
- Reviewed HIV post-test guidelines and practised using them
- Identified crisis situations and practised using crisis counselling guidelines
- Identified difficult counselling situations and practised handling them
- Analysed issues related to death and grieving and practised counselling of grieving callers
- Explored special issues related to counselling adolescents
- Identified and practised strategies for managing stress and burnout
- Explored additional information resources and identified guidelines for referrals
- Demonstrated new skills acquired during both modules through final role plays

Course Schedule

For this workshop we have prepared a eight-day schedule.

#3 GROUP CONTRACTS AND LOGISTICS

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 fill out the second part of the Expectations and Norms worksheet (in participant manual).***
- ***In plenary, have participants share their ideas. 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" include not smoking in the classroom, speaking one at a time, being on time for the sessions and respecting others' opinions.

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, transportation around the city, where to obtain medical help, etc.

#4 HIV/AIDS INFORMATION PRE-TEST

- ***Make copies of the HIV/AIDS Pre-Test (from Participant Manual)***
- ***Distribute the tests and instruct participants not to put their names on them.***
- ***Give the participants 20 minutes to answer all of the questions. Tell them that 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 gives 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.

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.

HIV/AIDS 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 infection (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. Name one reason why a person who has an STI is at a greater risk of getting HIV.

Sores or inflammation in the genitals can provide an entryway for HIV.

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

An HIV antibody test

6. 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

7. Identify at least two aspects of culture 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 (Ex: Lack of education for girls, inability to negotiate condom use)

Sexual practices (Ex: « dry sex »)

8. Identify two ways that HIV is transmitted besides unprotected sex?

Sharing of needles or other unsterilised instrument

Blood transfusions before 1985

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

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

Abstinence

Condom use

Reducing the number of sexual partners

Monogamy (only one sexual partner)

Getting tested and making sure that partner is also tested

10. 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

11. What is one reason that condoms break?

The condom is too old

The condom has been damaged by heat or cold (not stored properly)

The condom has not been put on properly

The condom has been used before

12. What percentage (%) of babies born to HIV-positive mothers are infected (if the mothers breastfeed)?

25%

13. How long do most children born with HIV manage to live?

Less than 2 years

14. What is one reason that 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 awhile.

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.

See Session 9 of Module 2 for more details.

15. Imagine that a caller tells you that he had unprotected sex last weekend and wants to get tested for HIV. How long should he wait before getting tested?

3-6 months

16. What explanation would you give the caller if further information was requested on why he has to wait to be tested?

There is a need to clearly state that the tests available does not detect the virus but the antibodies to the virus hence the delay that is dependent on the body response.

17. Name one place in Lagos where people can get tested for HIV.

**Nigerian Institute of Medical Research Compound, Yaba
Lagos University Teaching Hospital, Idi-Araba**

**Federal Ministry of Health /Central Public Health Laboratory, Yaba,
Few Private Facilities e.g. St. Nicholas Hospital, Lagoon and Eko
Hospitals,**

18. Can a man who has raped a woman be forced to have an HIV test?

No.

19. 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)

Herpes simplex (sores on mouth or genitals)

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

Use gloves when handling body fluids.

Wash hands frequently, especially after handling body fluids.

Make sure that he/she has received all immunisations.

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

Dispose properly of liquid waste.

21. According to the law, can a doctor or nurse refuse to treat someone who is HIV-positive?

No. However this law is mainly generalised for health conditions; legislation on HIV/AIDS is not available here in Nigeria.

SESSION 2

Introduction to HIV/AIDS

CONTEXT AND OBJECTIVES

This session explains the difference between HIV and AIDS and lets participants explore both the global impact of the virus and its effect on various social groups within Nigeria.

OBJECTIVES:

By the end of this section, participants will have...

1. Explained the difference between HIV and AIDS
2. Reviewed the progression of HIV to AIDS
3. Examined statistics about HIV/AIDS from the world and Nigeria
4. Analysed the social and economic impact of HIV/AIDS in Nigeria

MATERIALS

Flipchart and markers
Pamphlets on HIV/AIDS (NASCP, NACA)
Global HIV/AIDS Statistics (UNAIDS)
Articles about HIV/AIDS in Africa and Nigeria

ACTIVITIES

#1 HIV/AIDS DEFINITION

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 that are sexually transmitted.***
- ***Ask them to say what the acronym « AIDS » means, and make sure that 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.

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

Acquired:	Not hereditary, but transmitted from one person to another through a specific behaviour.
Immune Deficiency:	The breakdown of the immune system.
Syndrome:	A collection of symptoms and signs.

AIDS is not a disease in itself. It is a condition that occurs when your body's immune system does not work anymore, and the body cannot protect itself from diseases.

#2 GLOBAL AND REGIONAL STATISTICS

The aim of this activity is to give participants an appreciation of the scope of the HIV/AIDS epidemic and how Nigeria compares to other countries.

- ***Present global and regional statistics in a mini-lecture.***

This part of the session will require that the trainer(s) gather the most updated available data on global, regional, national and local trends before the training session. Global, regional and national data can be obtained from UNAIDS through their web site: <http://www.unaids.org>. Local data can be obtained from local organisations such as the health department 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 2000¹:

<i>Total people living with HIV/AIDS:</i>	<i>36.1 million</i>
<i>New infections in 2000:</i>	<i>5.3 million</i>
<i>New infections in Africa in 2000:</i>	<i>3.0 million</i>
<i>AIDS deaths since the beginning of the epidemic</i>	<i>21.8 million</i>

Nigeria is the most populous country in Africa with an estimated population of approx. 123 million people. (PRB; 2000). With this large population, Nigeria alone contributes about 8% of the global burden of HIV/AIDS. From the first formal diagnosed case of HIV in 1986 and a steady rise in the HIV prevalence from 1.8% in 1993 to 4.5% in 1996 and in 1999, a prevalence of 5.4%, it is not surprising that about 2.5 million Nigerians are already infected with HIV. The highest prevalence however is in the age group 15 to 24 years that represents the productive, reproductive and economically viable sector of the Nigerian society.

#3 PROGRESSION OF THE DISEASE

The aim of this activity is to explain how HIV progresses into AIDS and how a person can tell whether or not s/he is infected.

- ***Ask participants how a person can find out whether or not s/he is infected with HIV.***
- ***Give a brief explanation of HIV testing.***
- ***Ask participants how long it takes for a person to develop AIDS after s/he becomes infected with the HIV virus.***

Some people develop flu-like symptoms immediately after being infected with HIV, but this is not always the case. The only 100% effective way for a person to know if they are infected is to have an **HIV test**. (See HIV, Health & Your Community-A Guide for Action, Chapter 7.) This is a test that looks for **antibodies** in the blood. Antibodies are organisms that fight diseases.

It typically takes **7-10 years** before a person who is infected with the HIV virus develops AIDS. A very small percentage of HIV positive people never develop AIDS. Scientists are not yet sure why this happens. Children usually develop AIDS more quickly than adults because their immune systems are not yet fully developed.

¹ UNAIDS. *Report on the global HIV/AIDS epidemic : June 2000*
UNAIDS. *AIDS epidemic update : December 2000*

When a person is infected with HIV but they do not have AIDS yet, they may not have any symptoms at all. (See HIV, Health & Your Community- A Guide for Action, Chapter 2.) They can still pass the virus to other people though.

4 IMPACT OF HIV/AIDS IN NIGERIA

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

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

HIV/AIDS is an enormous threat to development in Nigeria. Nigeria is the most populous country to have crossed the 5% threshold of the epidemic which if not properly managed will lead to an explosive infection nation-wide. Experts predict that in another 10 years (2010), one out of every four people will be infected. Following are some basic statistics about HIV/AIDS in Nigeria:

<i>People infected with HIV by the end of 1999:</i>	<i>2.6 million</i>
<i>People infected per day</i>	<i>Over 1,500</i>
<i>% of the population infected with HIV</i>	<i>5.4%</i>
<i>Estimated total population that will be infected with HIV by 2010</i>	<i>9 million</i>
<i>% of pregnant women infected (1999)</i>	<i>5.4%</i>
Rising prevalence of HIV infection among TB patients	8.7% in 1994 to 13.6% in 1996

These statistics show us that the majority of Nigerians are impacted either directly or indirectly through family members, friends and co-workers.

Why Nigeria?

Why are Nigerians at a higher risk of getting HIV than other people? The answer is not easy or simple, but here are some of the things that help to spread HIV in this country:

- Individuals and families nation-wide are faced with difficult economic burdens. This has led to an increase in poverty and a reduction in levels of education nationally and most especially amongst the marginalized groups. Because of this, many youth do not have both parents/guardians to actively support them, and they are more likely to practice unsafe behaviours. In addition, there are women who are raising children alone. They might not have enough money and may be forced to exchange sex for money, food or housing.

- Nigeria has a network of long distance drivers as well as migratory workers (in mines etc.). This makes it easy for HIV to travel between different states.
- There are high levels of sexually transmitted infections that often remain untreated or treated incompletely which make it easier to become infected with HIV.
- Also, there are some socio-cultural practices that may increase people's susceptibility to HIV. These include Female Genital Cutting, polygamy, widowhood rites, sharing of unsterile instruments (traditional manicurists etc.).
- Most Nigerian women have a low status in society. They may not have the power or education to protect themselves from HIV/AIDS
- There is a thriving commercial sex industry in Nigeria.
- Access to health services is very poor and many of the blood transfusions are not safe.
- Many people have a lot of sexual partners.
- Many people do not like to use condoms.

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 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 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. 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 numbers of children. Schools will have to deal with significant numbers of children infected 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 significant economic costs over time. Absenteeism by the number of affected employees, and the costs of their medical care benefits are a burden for many businesses. On a macro-economic 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 productive capacity falls due to a large-scale diversion of resources to HIV/AIDS care. AIDS will also be a major obstacle 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 least able to withstand the loss of a breadwinner and the costs of care.

Ways to reduce the impact of HIV/AIDS

- (1) Social and economic development programs: higher income levels, better housing, cleaner water supply and better sanitation;
- (2) Stronger policy and Laws supporting HIV prevention and people living with HIV/AIDS;
- (3) Stronger HIV/AIDS education programs;
- (4) Better co-ordination between different organisations working with HIV/AIDS;
- (5) Removal of barriers to large scale responses;
- (6) Improvement of workplaces;
- (7) Better health care;
- (8) Acceptance of people living with HIV/AIDS;
- (9) Support to affected people and orphans;
- (10) Improvement of women' s status;

SESSION 3

HIV Transmission and the Immune System

CONTEXT AND OBJECTIVES

This session provides an overview of how HIV affects the body's immune system, how HIV is transmitted and how it can be prevented. It also provides suggestions for staying healthy as an HIV-positive person.

OBJECTIVES:

By the end of this session, participants will have...

1. Identified ways that HIV is and is not transmitted
2. Reviewed how HIV impacts the immune system
3. Discussed common opportunistic infections
4. Identified ways to prevent HIV

MATERIALS

Flip chart and markers
HIV Transmission Cards

ACTIVITIES

#1 MODES OF HIV TRANSMISSION

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

- ***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.***
- ***Present the Hierarchy of Risk for the sexual activities that transmit HIV, in addition to risk statistics for other behaviours.***

HIV Transmission Cards

On a card, write each of the following activities:

<i>Unprotected vaginal sex</i>	<i>Unprotected oral sex</i>	<i>Unprotected anal sex</i>
<i>Breastfeeding</i>	<i>Unscreened Blood transfusions</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>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>Masturbation</i>	<i>Spitting</i>	<i>Sharing a bathtub</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 yourself.

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.

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 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.

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

1. Sexual intercourse (vaginal, anal or oral)
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 HIV². Keep in mind that the 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.

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.

Following are other ways that HIV is not transmitted:

- Hugging, touching or shaking hands
- Mosquito bites or other insect bites
- Sharing eating utensils or other objects
- Toilets or showers
- Coughing or sneezing
- Swimming pools
- Public phones
- Sharing food or drinks
- Kissing (NOTE: There have been no documented cases of HIV transmission through kissing. However, HIV could in theory be transmitted through deep or « wet » kissing if one of the partners has blood or sores in their mouth or on their gums. Therefore, « dry » kissing may be safer).

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

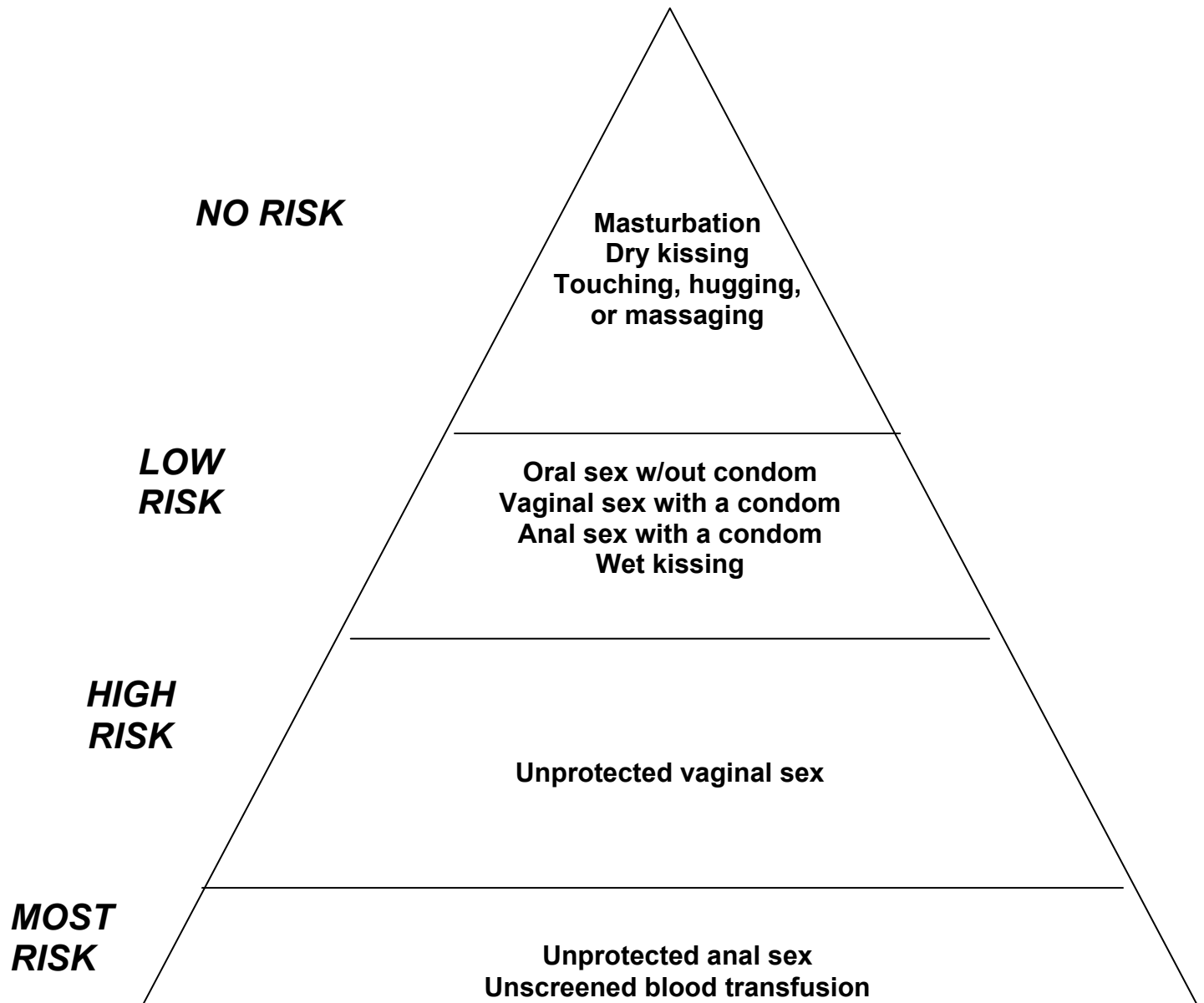
Hierarchy of sexual risk³

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.

³Erhardt, 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.

Hierarchy of HIV Risk by Sexual Transmission



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 or sexual orientation. Anyone can become infected!

#2 THE IMMUNE SYSTEM AND OPPORTUNISTIC INFECTIONS

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

- ***Have participants break into small groups and have each group draw a picture of how AIDS affects the body, using flipchart paper and markers.***
- ***Bring the groups back together to share their drawings.***
- ***Explain the link between the participants' drawings and the immune system.***
- ***In plenary, review the definition of the immune system which was presented in Session 3. Explain that when the immune system is not working correctly, the body is left vulnerable to opportunistic infections.***
- ***Ask participants to define the term « opportunistic infection », and ask them to give a few examples. In a mini-lecture present a few of the most common opportunistic infections. Tell them that treatment will be discussed in more detail in a later session.***
- ***Ask participants to define tuberculosis and correct any misinformation. Explain that TB is one of the most common opportunistic infections that affect AIDS patients, and that because of AIDS, TB has become a major public health problem. Explain how TB is spread, what the symptoms are and how it can be treated.***

Immune System & Opportunistic Infection

The immune system is our body's defence system. It helps us fight against infections. HIV attacks certain cells in our immune system (T-cells) that fight infection. Over time the immune system is gradually and systematically destroyed, leaving the body vulnerable to diseases. A healthy person has approximately 1000 T-cells per microliter of blood. This number declines as the HIV infection advances. A person with AIDS has 200 T-cells or less per microliter of blood.

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. Following is a list of some of the most common opportunistic infections.

- Tuberculosis (TB)
- Herpes simplex (which causes sores in the mouth and on the genitals or anus)
- Herpes zoster (shingles)
- Candidiasis (a yeast infection that occurs in the mouth and the vagina)
- Recurrent pneumonia (a type of lung infection that causes fever, shortness of breath and coughing)
- Cytomegalovirus (which can cause blindness and lung infection)
- Cryptococcosis (a fungal infection that can cause pneumonia and meningitis, or inflammation of the brain)
- Kaposi's sarcoma (skin cancer)

At the end of the chapter is a table showing common opportunistic infections, their symptoms and treatment. ***This is for informational use only. YEF HIV/AIDS Hotline counsellors should not attempt to diagnose opportunistic infections of callers. Any caller with a suspected infection should be referred to a healthcare professional.***

Tuberculosis⁴

Tuberculosis (TB) is one of the most common opportunistic infections. TB is an infection that usually affects the lungs, but it can affect other parts of the body, such as the kidneys, the brain, the spine and bones.

Around 8 million people around the world are infected with TB every year, and 1.5 million of these cases occur in sub-Saharan Africa. **TB is the leading cause of death among people with HIV** and the cause of 40% of AIDS deaths in sub-Saharan Africa. Approximately 2 billion people (one third of the world's population) are infected with the bacterium that causes TB. The World Health Organisation reported approximately 24,143 cases of TB in Nigeria in 1999.

⁴ U.S. Centers for Disease Control and Prevention. « The Deadly Intersection Between TB and HIV ». November, 1999.

U.S. Centers for Disease Control and Prevention. Self-Study Modules on Tuberculosis. <http://www.cdc.gov/phtn/tbmodules>

World Health Organization. « Tuberculosis ». Fact Sheet No. 104. April, 2000.

Many people have **TB infection**, but they do not have **TB disease**. People who are infected with the TB bacteria but do not have TB disease cannot infect others. For healthy people with TB infection, the **risk of developing TB disease** is about 10% over their lifetime. People with HIV/AIDS are 100 times more likely to develop TB disease than healthy people, because their immune systems cannot keep it under control. For them, the risk of developing TB disease is 7%-10% **per year**, which adds up to a large risk over their lifetime.

TB is very contagious (it is easily passed from one person to another). TB is transmitted when a person who is suffering from TB disease and who is not being treated coughs, sneezes, talks or spits. When this happens, they send TB germs (called "bacilli") into the air, and these germs can be inhaled by other people.

A person with TB disease will probably infect about 10 to 15 people per year if they do not receive treatment.

◆ **Symptoms**

TB infection is detected through a **tuberculin skin test**. People who have TB infection should watch for symptoms of TB disease. These include the following:

- A cough that lasts for more than three weeks;
- Loss of weight;
- Sweating at night;
- Tiredness;
- Pain in the chest;
- Coughing up blood.

If a person has these symptoms, s/he should get tested for TB disease. The main test for TB is called a **sputum smear test**. This is a test that is done on the fluid that a person coughs up, which is called phlegm. An x-ray of the chest may also be done.

◆ **Treatment**

People infected with the TB bacteria can be cured very effectively by taking drugs (even if they have not yet developed TB disease). People who have very severe TB disease might need to be treated in a hospital.

When people who are infected with the bacteria but do not yet have TB disease receive medication, this is called **preventive therapy**. They usually only take one type of drug. These drugs need to be taken three to five times a week for six to eight months, which is why many people find it hard to finish their treatment. People with TB disease have a different treatment plan, and they normally take more than one type of drug. It is very important to know whether or not a person

has actually developed TB disease or if they are only infected with TB so that the right type of treatment can be prescribed.

The two most powerful drugs for treating TB are **isoniazid** and **rifampicin**. Other common drugs used to treat TB include **pyrazinamide**, **streptomycin** and **ethambutol**. In Nigeria there is a new TB drug available named "4-Stop".

Pregnant women who are not HIV positive are advised to wait until after birth to begin TB treatment, even though isoniazid has not been shown to harm babies. HIV-positive pregnant women are advised to begin treatment as soon as possible. The treatment regimen is the same as for other people.

It is not always easy to take the drugs for such a long time. Many people stop taking their treatment because they forget, they start to feel better, or they do not have regular access to the drugs. **Stopping treatment too early can be very dangerous because it can cause the drugs to become resistant to TB.**

A person for whom multiple drugs do not work against TB suffers from multi-drug resistant TB (**MDRTB**). People with HIV/AIDS are more likely to develop MDRTB than healthy people. It is very hard to cure people with MDRTB.

To help people with TB in their treatment, the National TB and Leprosy Control Programme of the Federal Ministry of Health is using a system called **DOT** (Directly Observed Therapy). DOT is a system where treatment supporters help people with TB to take their drugs regularly. They also monitor the patient's progress by repeating the sputum test after two months and again at the end of the treatment. A treatment supporter can be a co-worker, or any other person in the community.

Some TB medications may have bad **side effects**. For example, isoniazid may cause hepatitis, which is a disease that damages the liver. Isoniazid may also damage the nerves of the hands and feet. This condition is called peripheral neuropathy.

There is also a danger **of drug interactions** between TB medicine and other medications that HIV/AIDS patients may be taking. These interactions could cause a variety of medical complications. Therefore, it is very important that HIV/AIDS patients let their doctors know about all of the medications before they begin a TB treatment regimen.

◆ **Prevention**

People who are in **close contact** with TB patients are most likely to get infected. These may include family members, friends and co-workers. A person with TB disease can prevent infecting others by covering his/her mouth and nose with a tissue whenever s/he coughs or sneezes.

The best way to prevent TB disease is for people who are infected with the TB bacteria to **seek treatment** as soon as possible. It is also important for people in the community to support those who have TB and to help them complete their treatment.

Treatment of Other Opportunistic Infections

Even though there is no cure for HIV or AIDS, there are drugs that can prevent and treat opportunistic infections. A person who has AIDS should see a doctor on a regular basis in order to get proper treatment. Unfortunately, these drugs are very expensive, so many people may not be able to afford them.

#4 HIV PREVENTION METHODS

The aim of this activity is to familiarise participants with ways of preventing HIV, including universal precautions for health care workers.

- ***Have participants break into small groups. Take the transmission cards off the flipchart and give each group an equal number of cards. Have each group brainstorm about ways to prevent HIV/AIDS for each transmission card. Bring the groups back together to share their ideas, and correct any misinformation.***
- ***In plenary, ask participants to define the term "universal precautions".***
- ***Ask them to brainstorm about some precautions that healthcare workers can take to protect themselves from HIV/AIDS.***

HIV can be prevented easily if a person knows how to change his/her behaviour. Following are some ways to prevent HIV infection:

1. Abstain from sexual relations
2. Be faithful to one sexual partner. Get to know your sexual partner and talk about your sexual history. Go for an HIV test if there is a risk that either you or your partner is infected. It is safe to have sex with only one uninfected partner if that person is also uninfected and is not having sex with anyone else.
3. Use latex condoms every time you have vaginal, anal or oral sex if...
...you have more than one sexual partner; or
...you and/or your partner has not been tested for HIV
4. Seek medical treatment if you have a sexually transmitted infection (STI).

5. Do not share needles, razors or other piercing instruments. If you are forced to share such instruments, be sure to clean them with bleach and water and not other 'safe liquids' that beauty parlours claim to have... they often do not use bleach because it destroys the sharpness of the blades.
6. See a doctor if you are pregnant and feel that you may be infected with HIV.
7. Emphasise dual protection where feasible especially in "legalised" polygamous settings.

Universal precautions are things that healthcare workers and anyone else who cares for an HIV-positive person can do to protect themselves from contracting the virus. These universal precautions are designed to prevent the caretakers from coming in contact with blood and other body fluids which may be infected. Following are some examples:

- Wearing gloves whenever coming into contact with blood or body fluids
- Wearing masks, goggles and protective gowns
- Washing hands after coming into contact with blood or body fluids
- Taking extra precautions when recapping needles and disposing of needles in special containers that cannot be punctured
- Taking special precautions when cleaning up blood spills and disposing of cleanup materials properly

COMMON OPPORTUNISTIC INFECTIONS⁵.

A. CHEST INFECTIONS

Opportunistic Infection	Symptoms	Treatment
Bacterial Pneumonia	Fever, cough that produces yellow-green sputum, trouble breathing, chest pain.	1. Antibiotics 2. Severe pneumonia antibiotics
Pneumocystic Carinii Pneumonia (PCP)	Shortness of breath, fever, fatigue, weight loss, cough that produces white sputum or no sputum.	1. Antibiotics 2. Severe cases drugs and/or
Tuberculosis (TB)	Chronic cough, fever, weight loss, night sweats.	1. Antibiotics

B. DISEASES OF THE GUT

Opportunistic Infection	Causes	Treatment
Diarrhoea	Bacteria, fungi, viruses or parasites	1. Oral Rehydration combat dehydration 2. Antibiotics 3. Diet/ food supplements 4. Avoiding rough

C. MOUTH PROBLEMS

Opportunistic Infection	Symptoms	Treatment
Oral Candidiasis (Thrush)	White plaques on the tongue, palate or inner cheek. Difficult or painful swallowing if the thrush spreads to the throat.	1. Antibiotics 2. Avoiding rough
Hairy Leukoplakia	White discoloration on the surface and sides of the tongue.	Gentle and regular tongue with a soft

D. SKIN PROBLEMS

Opportunistic Infection	Symptoms	Treatment
Herpes Simplex	Blisters or sores on the mouth, lips or	1. Keep blisters

⁵ 1) Granich, R. 1999. *HIV, Health & Your Community. A Guide for Action*. Stanford (USA) : Stanford University Press ; and 2) Evian, C. 2000. *Primary AIDS Care*. Houghton (South Africa) : Jacana Education.

Opportunistic Infection	Symptoms	Treatment
	genitals.	<ol style="list-style-type: none"> 1. water. 2. Apply antiseptic 3. Antibiotics and sores become 4. Antibiotics
Herpes Zoster (shingles)	Small, painful blisters on one side of the body.	<ol style="list-style-type: none"> 1. Keep blisters dry and cover with water. 2. Apply antiseptic 3. Antibiotics and sores become 4. Antibiotics 5. Antibiotics for
Molluscum Contagiosum	Small, pearl-colored bumps with dimples on the face, anus and genitals.	<ol style="list-style-type: none"> 1. Antibiotics 2. Pricking the bumps
Folliculitis	Red, itchy or painful bumps that often have a hair in the middle. Occurs most often on the face, trunk, buttocks and groin.	<ol style="list-style-type: none"> 1. Antibiotics.
Fungal Infections	Scaling and cracks on the feet ; hair loss and sores on the head ; ring-like patches on the body, destruction of the nails ; light patches on the skin ; redness and irritation on moist areas of the body.	<ol style="list-style-type: none"> 1. Antifungal cream 2. Antibiotics for infections and
Seborrhoeic Dermatitis	Patches of fine, white/ yellow greasy scales on the scalp, eyebrows, moustache, chest, upper back, underarms, groin or behind the ears.	<ol style="list-style-type: none"> 1. Steroid cream and shampoos. 2. Liquid paraffin to loosen the scales 3. Anti-fungal drugs
Psoriasis	Red to blue-gray plaques with silvery scales and sharply defined edges, usually found on the elbows, knees and lower back. May be found in the underarms and groin in advanced HIV disease.	<ol style="list-style-type: none"> 1. Steroid cream
Kaposi's Sarcoma (Skin cancer)	Bluish-black blotches 1-2cm in size, found anywhere on the skin, in the mouth or internally. The lesions may or may not be painful.	<ol style="list-style-type: none"> 1. Radiotherapy painful, large lesions on the face or sole of the foot 2. Chemotherapy generalized disease

E. VAGINAL PROBLEMS

Opportunistic Infection	Symptoms		Tr
Vaginal Candidiasis (Yeast Infections)	Vaginal discharge and itching.	1. Vaginal 2. Oral anti	table bioti

F. NERVE AND BRAIN PROBLEMS

Opportunistic Infection	Symptoms		Tr
Cryptococcal Meningitis	Fever, headache, fatigue, stiff neck, nausea, vomiting, confusion	1. Antibiotics	
Nerve Problems in the arms and legs (Neuropathy)	Burning sensation, tingling, pain, weakness, inability to move the arms or legs.	1. Discontinuation of drugs that cause symptoms. 2. Better nutrition 3. Pain-killers	ing d
HIV Dementia	Personality changes, confusion, forgetfulness, depression, loss of coordination and mobility.	1. Care and support 2. Referral to psychiatrist	to ps
Toxoplasmosis Meningitis	Fever, headache, confusion, seizures, personality changes, signs of dementia, problems walking or seeing.	1. Drugs 2. Once patient is stable, must take drugs for the rest of their lives to keep from coming back	keep back

G. EYE PROBLEMS

Opportunistic Infection	Symptoms		Tr
Cytomegalovirus	Small spots moving across a person's vision. Blind spots and sensitivity to sunlight. Symptoms usually affect one eye, and then move to another.	1. Antibiotics	

SESSION 4

Sexually Transmitted Infections

CONTEXT AND OBJECTIVES

This session introduces participants to the whole range of sexually transmitted infections (STIs), which can be dangerous in themselves and can also put people at risk of HIV. Although HIV is the most serious STI, it is important to remember that other STIs can also have long-term health consequences.

OBJECTIVES:

By the end of this session, participants will have:

1. Defined STIs and identified the most common ones
2. Examined the consequences of STIs and explored treatment options
3. Determined the link between STIs and HIV transmission
4. Identified ways to prevent STIs.

MATERIALS

Flip chart and markers
STI video (Example: The *Silent Epidemic*)
Pamphlets on common STIs
Flow Chart on Syndromic Management of STIs (NASCP, FMOH)

ACTIVITIES

#1 DEFINITION AND IDENTIFICATION OF SEXUALLY TRANSMITTED INFECTIONS

The aim of this activity is to give participants a brief introduction to sexually transmitted diseases.

- ***Give the definition of STIs and ask participants to name all the STIs that they have heard of. For each STI, ask them to think of "street or local names".***

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)
- Gonorrhoea
- Hepatitis B
- Herpes
- HIV
- Pubic lice
- Scabies
- Syphilis
- Trichomoniasis

STIs are common all over the world.

#2 CAUSES, CONSEQUENCES AND SYMPTOMS OF STI

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.

- **Ask participants to divide into three groups. Have the groups brainstorm about the following issues:**
 - GROUP #1: Types of behaviour that put people at risk of contracting STIs.**
 - GROUP #2: Symptoms of STIs.**
 - GROUP #3: Consequences of STIs.**
- **Bring the groups back together to share their results.**
- **Show a video about STIs.**
- **Have a guest speaker give a talk 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 STIs⁶. ***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

Symptoms for men only:

- Drip or discharge from the penis

Long-Term Consequences

If left untreated, STIs can cause serious health problems, including the following⁷:

- 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)

⁶ Source: ETR Associates (Santa Cruz, California, USA). 1996. *All About STD*. (Brochure)

⁷ Source: Planned Parenthood (New York City, USA). 1997. *Sexually Transmitted Infections: The Facts*. (Brochure)

- 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. Gonorrhoea and chlamydia are the most common causes.

#3 LINK BETWEEN STIs AND HIV TRANSMISSION

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

- ***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.

#4 TREATMENT AND PREVENTION OF STIs

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

- ***In plenary, present the treatments that are available for different types of STIs. Emphasise the fact that both partners must get treated and that the entire treatment must be completed, even if the symptoms go away.***
- ***Break participants into small groups. 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. See the attached table for treatment information for each STI.

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.

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.

Following is a table showing major STIs, their symptoms and treatment. ***This is for informational use only. YEF HIV/AIDS Hotline counsellors should not attempt to diagnose STIs of callers. Any caller with a suspected STI should be referred to a healthcare professional.***

COMMON SEXUALLY TRANSMITTED INFECTIONS⁸

STI	Symptoms	Incubation period
Candidiasis	Women: a thick, white, odorless, vaginal discharge; a white coating of the vagina; itching, irritation, and redness of the vulva and opening of the vagina. Men: redness and irritation of the penis or scrotum. When yeast appears in the mouth, throat, or tongue, it is called "thrush."	
Chancroid	Boil or ulcer on the genitals which turns into an open sore; swollen lymph nodes in the groin area; painful urination or bowel movements; painful sexual intercourse; bleeding of the anus; vaginal discharge.	Within 7 days
Chlamydia	Discharge from the penis or vagina; pain or burning while urinating; more than usual urination; excessive vaginal bleeding; painful intercourse for women; spotting between periods or after intercourse; abdominal pain, fever and nausea; inflammation of the cervix or rectum; swelling or pain in the testicles. 75% of women and 25% of men have no symptoms.	7-21 days
Gonorrhea	Women: frequent, often burning urination; menstrual irregularities; pelvic or lower abdominal pain; pain during sex or pelvic examination; yellowish or yellow-green discharge; swelling or tenderness of the vulva; arthritic pain. Men: pus-like discharge from urethra; pain during urination	Woman: Within 1 days Men: 1-14 days
Hepatitis B	Early symptoms: Extreme fatigue, headache; fever; aching joints and muscles; lack of appetite; nausea; vomiting; tenderness in lower abdomen Later symptoms: abdominal pain, dark urine, clay-coloured stool, yellowing of the skin and eyes (jaundice)	Within 4 weeks
Herpes	Recurring rash with clusters of itchy or painful blistery sores appearing on the vagina, cervix, penis, mouth, anus, and buttocks or elsewhere on the body. Painful ulcerations that occur when the blisters break open. The primary outbreak may cause pain and discomfort around the infected area, itching, burning sensations during urination, swollen glands in the groin, fever, headache and a general run-down feeling.	2-20 days
Human Papilloma Virus (HPV)	Warts on the genitals, in the urethra, in the anus and rarely in the throat. Genital warts are soft to the touch, may look like miniature cauliflower florets, and often itch. Untreated genital warts can grow to block the openings of the vagina, anus or throat.	2-3 weeks

⁸ Planned Parenthood of America. 1997. Sexually Transmitted Infections : The Facts (brochure)

STI	Symptoms	Incubation period
Pubic lice or "crabs"	Intense itching in the genitals or anus; mild fever; feeling run down; irritability.	5 days
Scabies	Intense itching, usually at night; small bumps or rashes that appear in dirty-looking, small curling lines, especially on the penis, between the fingers, on buttocks, breasts, wrists, thighs and around the navel.	Several weeks
Syphilis	<p>Primary phase: Painless sores or open, wet ulcers on genitals, in vagina, on cervix, lips mouth or anus; swollen glands.</p> <p>Secondary phase: Body rashes, often on palms of hands and soles of feet; mild fever; fatigue, sore throat; hair loss; weight loss; swollen glands; headache; muscle pains.</p> <p>Latent phase: No symptoms</p> <p>Late phase: Serious damage to nervous system, heart, brain or other organs.</p>	3 weeks –3 months
Trichomoniasis	Frothy, unpleasant-smelling discharge; itching in and around vagina; blood spotting in discharge; swelling in groin; frequent and burning urination. Men rarely have symptoms.	3-28 days

SESSION 5

Sexuality and Safer Sex

CONTEXT AND OBJECTIVES

This session helps counsellors to understand the different dimensions of sexuality, since HIV/AIDS is often transmitted sexually. It also makes them more comfortable discussing sexual issues and increases their openness to different sexual preferences.

OBJECTIVES:

By the end of this session, participants will have...

1. Discussed sexuality in relation to HIV/AIDS
2. Identified sexual body parts and used sexual words accurately and without embarrassment
3. Described various ways of expressing sexuality
4. Differentiated between safe and unsafe sexual activities

MATERIALS

Flip chart and markers
Blank paper and large envelope
Condoms and wooden penis
Small pieces of paper for writing slang words
Posters and pamphlets on safer sex
Pamphlets on condom use

ACTIVITIES

#1 PERSONAL AD⁹

The aim of this activity is to have participants reflect on their own ideas about sexuality and what they consider important in a sexual relationship.

- ***Give each participant a piece of blank paper. Instruct participants to write their own personal ad for a new sexual partner. Ask them to be as specific as possible about the qualities or behaviours that they are seeking.***
- ***Tell them not to put their names on their ads, and to put them in the envelope at the front of the room when they are finished.***

⁹ Source : The Trainer's Network. Health Initiatives for Youth and San Francisco AIDS Foundation.

- ***When everyone has submitted their ad, ask for volunteers to read a sample of the ads out loud.***
- ***Have participants discuss how the ads were similar and how they were different.***
- ***Present the SIECUS definition of sexuality and ask participants what they would add to it or change. Ask participants to name three different types of sexual expression.***

By knowing what they themselves want out of a sexual relationship, participants will be better able to help callers do the same. The activity also helps to “break the ice” about discussing sexual issues.

Definition of Sexuality¹⁰

Following is one definition of sexuality which was created by the Sexuality Information and Education Council of the United States.

Human sexuality encompasses the sexual knowledge, beliefs, attitudes, values, and behaviours of individuals. Its various dimensions involve the anatomy, physiology, and biochemistry of the sexual response system; identity, orientation, roles, and personality; and thoughts, feelings, and relationships. Sexuality is influenced by ethical, spiritual, cultural, and moral concerns.

Sexual identity is formed at a very young age. For example, a baby girl is dressed in a certain way, given dolls to play with, allowed to cry whenever she wants to. Boys, on the other hand, are dressed differently, play with cars, have to be « tough » and take part of some form of contact sport such as football.

There are many different types of **sexual stereotypes**. For examples, people may think that all women who wear short, tight dresses and a lot of makeup are prostitutes.

Different forms of Sexual Expression

1. **Heterosexual:** Attraction towards members of the opposite sex : male-female ; female-male. This is the most common and most accepted sexual identity in society
2. **Homosexual:** Attraction toward members of the same sex. Homosexuals of both sexes may be known as « gays ». Female homosexuals are known as lesbians.
3. **Bisexual:** A man or a woman who feels both heterosexual and homosexual attractions.

¹⁰ SIECUS (The Sexuality Information and Education Council of the United States). « About Siecus » <http://www.siecus.org/about/abou0002.html>

The legal age for heterosexual sex is 14 years old for boys and 16 years old for girls, unless s/he is mentally handicapped.

HIV is mainly spread through penetrative sex. This means that counsellors have to consider sex, sexuality and sexual activities when working with HIV/AIDS. Everyone has attitudes towards HIV/AIDS and sexuality, including biases and prejudices. It is often difficult and uncomfortable to discuss sexual issues, but open and honest discussion is one of the most important ways to defeat the AIDS threat.

HIV/AIDS counsellors must have respect for the clients' choices regarding their sexuality, even if they are different from the counsellors' own choices. The counsellor's role is to insure that clients choose healthy sexual activities.

#2 SEXUAL ACTIVITIES

The aim of this activity is to make participants comfortable using sexual terminology and to help them assess their own attitudes towards sexual activities.

- ***Have participants divide into groups and ask them to list all of the sexual activities or sexual activities that they know of. Ask them to be as specific as possible.***
- ***Bring the groups back together to present their results.***

There are many different types of sexual activities, and some are more common than others. Following are some examples that participants may come up with:

- *Vaginal sex (penis inserted in vagina)*
- *Anal sex (penis inserted in anus)*
- *Oral sex (mouth on the penis or the vagina)*
- *Rimming (mouth on the anus)*
- *Bondage or domination games*
- *Necrophilia (sex with corpses)*
- *Bestiality (sex with animals)*
- *Use of sex toys*
- *Thigh sex*
- *Phone sex*
- *Voyeurism*
- *Fisting*
- *Group sex*
- *Masturbation*
- *Exhibitionism*

Participants may not feel comfortable talking about some of these types of sex and may find them unacceptable. Emphasise that it is fine to have one's own opinions, but that it is important to acknowledge that people do engage in these types of sex and may wish to discuss them with a counsellor.

#3 SEXUAL TERMINOLOGY

The aim of this activity is to familiarise participants with alternative names for sexual body parts and activities, because callers may use these names.

- ***Make pieces of flipchart paper with the following categories :***
 - 1) GROUP ONE : Vagina, breasts, clitoris, menstruation, rape***
 - 2) GROUP TWO : Semen, vaginal fluids, penis, erection, scrotum, condom***
 - 3) GROUP THREE : sexual intercourse, oral sex, group sex, orgasm, masturbation***
- ***Divide participants into three groups and have each group create a list of slang words to correspond with the English words on their flipchart paper. They should focus on words in their local languages.***
- ***Bring the groups back together to share their results. Ask participants if there were any words that they could not translate into their own languages.***

Prepare a list of some slang and local words for the terms listed above. Do not show these to participants until they have developed their own list first.

Vagina:

Breasts:

Clitoris:

Menstruation:

Rape:

Semen:

Vaginal fluids:

Penis:

Erection:

Scrotum:

Condom:

Sexual intercourse:

Oral sex:

Group sex:

Orgasm:

Masturbation:

If counsellors are embarrassed using any of the words, they can practice repeating them in private while looking in a mirror until they feel comfortable.

#4 SAFER SEX NEGOTIATION

The aim of this activity is to familiarise participants with safer sexual activities and to help them develop strategies for negotiating safer sex.

- ***In plenary, brainstorm about the definition of "safer sex".***
- ***Divide participants into two groups and give each group a counselling scenario.***
- ***Ask each group to read the scenario and think of ways that the person in the scenario could negotiate safer sex with their partner.***

Scenarios¹¹

1. *Funke is a young woman in her early 20s. She had a serious boyfriend named Wole for two years, but he recently broke up with her. She was devastated, and started dating a new man named Tunde. They got intimate very fast, and it took her a few weeks to learn that Tunde has other girlfriends on the side. She was very upset, but she really loves him and still wants to be with him even if he does have other girlfriends.*

Funke called the AIDS Hotline because she is worried that Tunde may be putting her at risk of HIV by having unprotected sex with other women. She has been using birth control pills to prevent pregnancy, but has never used a condom with him. She tried suggesting condoms to him, but he didn't want to use them and only got angry with her. How can Funke convince Tunde to use condoms?

2. *Emeka is a young university student. He works hard and has been very successful in his studies. His problem is that he drinks a lot of beer on the weekends, and often goes home drunk with other female students that he picks on the streets and he is fond of one-night stands.*

¹¹ Adapted from the U.S. Centers for Disease Control and Prevention. *HIV Prevention Counseling : A Client-centered Approach.*

He recently had gonorrhoea and received treatment at the university clinic. He has heard that STIs can make a person more likely to get HIV, though, and he is worried. He doesn't want to give up his party lifestyle, but he doesn't know how to ask women to use condoms. How can he propose condoms to them?

Safer sex

Safer sex is any type of sexual activity that does not involve the exchange of body fluids. After the participants read and discuss the case studies, make sure that the following points are discussed:

1. The first step to safer sex is talking about it. Learn to communicate effectively with your sexual partner. It is important that you say what you want, and negotiate what you can do together. This is difficult, as we don't have a language for talking about sex that is easy to use. Women often feel guilty talking about sex and expressing what gives them pleasure. Beliefs about how women and men are expected to behave sexually are also important. While for boys, sexual experience is valued, this is not the case for girls. A girl who is prepared for sex, e.g., by carrying a condom, is often perceived a « loose » woman who is on the lookout for sex.
2. Reduce your number of sexual partners, practice monogamy (only one partner) or choose abstinence. Abstinence (not having sex) is the only 100% effective way of preventing HIV/AIDS.
3. Always use a latex condom with a water-based lubricant to prevent exchange of semen and vaginal secretions. Be sure you know how to use condoms correctly and understand their advantages and limitations. Both men and women should carry condoms and insist that they be used. Be sure to check the condom's expiration date before using it.
4. Lubricant is especially important for anal sex, as the anus is much more fragile than the vagina and tears more easily.
5. Good barriers for oral sex performed on a man's penis are flavoured condoms. Make sure that the condom does not contain spermicide! For oral sex performed on a woman's vagina or a man's or woman's anus, plastic wrap is a good option (it can usually be purchased in a chemist store). If plastic wrap is not available, the tip of a condom can be cut off and the condom can be slit down the side in order to form a square barrier to put over the vagina or anus.
6. Don't have sex when you're drunk or have taken drugs because these impair your judgement, and they may cause you may take more risks than you normally would.

7. Engage in lower-risk sexual activities that do not involve the exchange of body fluids. These include masturbation, massage, thigh sex, armpit sex and breast sex.

#5 CONDOM DEMONSTRATION

The aim of this activity is to teach participants how to correctly use a condom, and to ensure that they can demonstrate correct condom use to others.

- ***In plenary, ask for two volunteers to demonstrate how to use a male condom correctly (on a wooden penis) and how to use a female condom correctly. If no participants volunteer, the trainer can do the demonstration.***¹²
- ***Describe each of the steps for correctly using both types of condoms.***
- ***After the demonstration, give each of the participants a chance to practice.***
- ***In plenary, ask participants why condoms break and how this can be prevented. Distribute a brochure on correct condom use.***

Demonstrate how to use a condom with a wooden penis. Use a condom brochure to outline the specific steps. Let all of the participants practice until they are able to do it correctly.

It is hard to demonstrate the use of a female condom without an anatomical model, but it is still possible to illustrate it with the hands. Participants will not be able to practise using it, but they can at least examine it.

Condoms are very effective for preventing pregnancy and sexually transmitted infections (including HIV/AIDS) ***if they are used correctly and consistently.*** Sometimes condoms break because they were used incorrectly, they were expired or they were damaged because of improper storage.

Condom Hints

- Latex condoms are the best kind for preventing HIV/AIDS. Condoms which are made from animal skin can protect against pregnancy, but not against HIV/AIDS.
- There is a condom for women, which is called Femidom. It is made from a special material called polyurethane, which also protects against HIV. Femidom is more difficult to use than the male condom at first and it is also more expensive, but it gives women greater control over their own protection. Many people enjoy using it after they practice a few times.

¹² Granich, R. 1999. HIV, Health & Your Community : A Guide for Action. Stanford (USA) : Stanford University Press. Pp. 50,51.

- Condoms have expiration dates, just like some food items. The expiration date is usually printed on the condom package. It should be checked before using the condom.

- Open condoms carefully. Do not open condoms with your teeth, as this can tear them. Also, do not unroll condoms before using them to check for flaws. This can make it difficult to put the condom on and can result in tearing.

- Lubricants are fluids or creams that can be used during sex, because sometimes sex can be uncomfortable or painful when the penis or vagina is dry. Some condoms already have lubricant on them. Extra lubricant can be put on the outside of the condom in order to make it easier to insert the penis in the vagina or anus. A drop of lubricant can also be put inside the condom in order to make the penis feel better. Only lubricants that are water-based are safe to use with condoms. They are called « wet » or « KY Jelly ». Oil-based lubricants (such as cooking oil or Vaseline) can cause condoms to break.

- Some condoms are coated with spermicide, which kills sperm and may help to protect from HIV. Some women may experience vaginal irritation from spermicides. If this happens, they should use condoms without spermicide. The most popular spermicide is called nonoxynol-9. It has been shown to kill HIV in the laboratory, but has not yet been shown to have a significant impact on HIV transmission in human studies.

Why condoms break

There are many reasons why condoms break, but all of these can be easily avoided:

- The condom is too old.*** This can be prevented by checking the expiration date.

- The condom has been damaged by heat or cold.*** This can be avoided by storing condoms in a cool, dry place. Do not keep them in a wallet, trouser pocket or car for a long period of time.

- The condom has not been put on properly.*** Make sure to leave room at the tip of the condom for semen. All of the air should be squeezed out of the tip.

- ***The condom has been used before.*** Only use condoms for one round of intercourse.

Male Condom Instructions¹³

1. Make sure the penis is hard.
2. Open the package carefully so you don't tear the condom.
3. If water-based lubricant is available put a drop of it in the condom to make the penis feel better during sex.
4. Pinch ½ inch at the tip of the condom in order to make a space for the semen (cum) to go.
5. If the penis is uncircumcised, pull back the foreskin. Then put the condom against the head of the penis and squeeze the air out of the tip.
6. Roll the condom down all the way to the base of the penis.
7. Gently smooth out any extra air.
8. After ejaculation (orgasm), pull out while the penis is still hard. Hold the condom at the base of the penis so it doesn't slip off.
9. Roll the condom off, starting at the base of the penis. Be careful not to spill any of the semen (cum).
10. Tie the rubber in a knot and throw it away in a safe place, away from children.
11. Do not reuse the condom.

Female Condom (Femidom) Instructions¹⁴

1. The condom can be inserted up to 8 hours before sex.
2. The condom has 3 parts:
 - a. The inner ring (smaller ring), which is inserted inside the vagina
 - b. The outer ring (larger ring), which hangs outside of the vagina
 - c. The pouch, which extends between the two rings
3. Squeeze the inner ring so that it becomes thin and narrow.
4. Push the inner ring into your vagina, behind your pubic bone. You will feel it slide into place. If you can feel the inner ring or if it causes any discomfort, the ring is not up high enough. It is inserted properly if you cannot feel it.
5. Take your pointer (index) finger, put it inside the pouch and push the condom up higher into the vagina. The outer ring should lie close up against the outside of your vagina.
6. Put two drops of lubricant either inside the condom or on your partner's penis.
7. Once the condom is inserted, guide your partner's penis into the outer ring. Make sure that he does not accidentally insert his penis outside of the condom.

Add more lubricant if:

- The penis does not move freely in and out.
- The outer ring is pushed inside

¹³ Gay Men's Health Crisis (New York, USA). 1992. The Safer Sex Condom Guide for Men and Women.

¹⁴ The Female Health Company. Insertion Diagrams. <http://www.femalehealth.com/insertiondiagrams.html>

- The condom makes noise during sex.
- You can feel the condom inside of you.
- The condom slips out during sex.

Remove the condom and insert a new one if:

- The condom rips or tears during insertion or use.
- The outer ring is pushed inside.
- The penis enters outside of the pouch.

Scientists are currently working to develop **microbicides**. These are chemicals that can be put in the vagina or anus to reduce the transmission of HIV and other STIs. Microbicides are not yet available for use by the general public, but hopefully they will become available within the next few years.

SESSION 6

Worldview and Culture

CONTEXT AND OBJECTIVES

This session challenges participants to think about the concept of culture and to examine their own culture. This will help them to understand how HIV/AIDS transmission and prevention can be impacted by culture.

OBJECTIVES:

By the end of this session, participants will have...

1. Defined the concept of culture
2. Examined their own culture
3. Analysed how culture can impact HIV/AIDS transmission and prevention

MATERIALS

Flip chart and markers

ACTIVITIES

#1 DEFINITION OF CULTURE

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,

values, social norms, beliefs, rituals and practices¹⁵. 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.

Counsellors may receive calls from clients who come from different cultures than their own. These other cultures may have certain traditions that put the client at risk of contracting HIV/AIDS. It is important that the counsellor be able to help a client without being judgmental of that person's culture. Counsellors need to be accepting of other cultures, and help clients to find solutions to their problems within the context of their culture.

#2 THE SHAPE OF THE WORLD AND MYSELF

The goal of this exercise is for participants to reflect on their own culture.

- ***Ask participants to refer to the exercise "Who am I?" in their participant manual.***
- ***Because some of these questions can be very personal, tell participants that the sheets will not be shared. Encourage them to***

¹⁵ Source : Randall-David, E. 1994. *Culturally Competent HIV Counselling and Education*. The National Hemophilia Program, U.S. Department of Health and Human Services.

think of additional things that are part of their culture and determine the shape of their world.

- ***When everyone is finished, ask for a few volunteers to share some of these additional elements of culture.***

Who am I?

Think about the following aspects of culture:

- ◆ *Ethnic group*
- ◆ *Language*
- ◆ *Education*
- ◆ *Nationality*

- ◆ *Social class*
- ◆ *Occupation*
- ◆ *Gender*

- ◆ *Religion*
- ◆ *Residence (urban vs. rural)*
- ◆ *Sexual orientation*

Which of these aspects is the most important for you in terms of defining who you are?

Are there any other aspects of culture that are important for you? If yes, which ones?

For each aspect that you have chosen, name at least one way that it affects your perception of the world and your behaviour.

#3 THE IMPACT OF CULTURE ON HIV/AIDS

The aim of this activity is for participants to explore the relationship between culture and HIV/AIDS.

- ***Read "Rachael's Story" out loud. Ask participants how the story shows the relationship between culture and HIV/AIDS.***
- ***Divide participants into groups and ask them to brainstorm about other ways that culture could affect HIV/AIDS transmission and prevention. Bring the groups back together to share their results.***

Rachael's Story

Rachael married Chris according to native law and custom and in court. After a couple of years, Chris' brother died, and according to their tradition, Chris now must marry his brother's wife. Rachael is now very upset because according to the courts tradition, a man can only have one wife. Rachael does not want to be a co-wife. She is also afraid of getting diseases if her husband has sexual relations with another woman. Rachael and Chris have argued a lot about this issue, and it is threatening the happiness of their marriage.

Culture can affect how HIV/AIDS is transmitted, prevented and treated. For this reason, it is important for counsellors to be aware of the beliefs and practices of the different cultural groups that they serve. Following are a few examples of cultural elements that can have an impact on HIV/AIDS:

- ◆ Marriage practices, including widow inheritance
- ◆ Acceptability of sex outside of marriage
- ◆ Acceptability of certain sexual practices (i.e. men having sex with men)
- ◆ Polygamy
- ◆ Initiation rites involving skin cutting or needle sharing (i.e. male circumcision, female genital mutilation, scarification or tattooing, native pedicure)
- ◆ Acceptability of intravenous (needle) drug use
- ◆ Beliefs about monogamy
- ◆ Traditional medical practices
- ◆ Power dynamics between men and women
- ◆ Acceptability of prostitution
- ◆ Openness of communication between men and women
- ◆ Religious sanctions against condom use
- ◆ Beliefs about the origins of disease

SESSION 7

HIV/AIDS, Women and Children

CONTEXT AND OBJECTIVES

This session gives an overview of the special issues regarding HIV in women and children. These two groups are different from the general population in terms of why they are vulnerable to HIV and how it affects them medically and socially.

OBJECTIVES:

By the end of this session, participants will have...

1. Identified special medical concerns of HIV-positive women
2. Discussed implications of HIV/AIDS for pregnant women, including breastfeeding
3. Reviewed medical aspects of HIV/AIDS and care options for children

MATERIALS

Flip chart and markers

ACTIVITIES

#1 SPECIAL MEDICAL CONCERNS OF HIV-POSITIVE WOMEN

The aim of this activity is to explore special health problems that HIV-positive women may have to face which are different from men's health problems.

- ***Divide participants into small groups. Give each group a piece of flipchart paper.***
- ***Ask each group to think of HIV-positive women and list any special health problems that they have (which were different from men's problems). Bring the groups back together to share their results.***

Overall, HIV affects woman in the same ways that it affects men. There are some specific health problems that women can suffer from, however. Most of these relate to pregnancy and reproductive health. Many women find out they have HIV when they start having problems with their periods or they have vaginal infections that are hard to treat.

The following health problems are more frequent and harder to treat in HIV positive women than in healthy women:

- ◆ STIs such as genital herpes and genital warts
- ◆ Vaginal yeast infections
- ◆ Abnormalities in the cervix (the passageway between the uterus and the vagina)
- ◆ Abnormal Pap smears (tests for cancer of the cervix)
- ◆ Difficult menstrual periods (heavy bleeding, painful cramps or irregular periods)
- ◆ Pelvic Inflammatory Disease (PID). PID is an infection that usually results from an untreated or partially treated STI such as chlamydia, gonorrhoea, or syphilis. The disease may spread from the vagina to the uterus, fallopian tubes, and ovaries. It is curable with proper treatment. If left untreated, it can cause sterility or tubal pregnancies, and can even be fatal. Symptoms of PID include severe abdominal pain, tenderness which increases during sexual intercourse, fatigue, backaches, vomiting, high fevers, and a smelly discharge from the vagina.
- ◆ Lower fertility (harder to get pregnant)

HIV infected women should have pelvic exams every 1-2 years to check for conditions that may be developing due to HIV.

#2 HIV/AIDS, PREGNANCY AND BREASTFEEDING

The aim of this activity is to familiarise participants with how HIV/AIDS impacts pregnancy and some of the moral/ethical dilemmas around the issue.

- ***Give a mini-lecture on the effects of HIV/AIDS on pregnancy and breastfeeding.***
- ***Divide participants into three groups and give each group one of the discussion questions. Give the groups time to debate the questions and bring them back to share their opinions.***

HIV and Pregnancy

Most HIV positive pregnancies proceed normally without any unusual or additional risk of complications. HIV does make pregnant women vulnerable to certain health problems however, including the following:

- Anaemia
- Weight loss
- Opportunistic infections

These health problems can increase the risk of complications during pregnancy, including the following:

- ◆ Spontaneous abortion
- ◆ Ectopic pregnancy (pregnancy that occurs outside of the uterus, such as in the fallopian tubes or the ovaries)
- ◆ Pre-term labour

- ◆ Pre-labour rupture of membranes
- ◆ Low birth weight
- ◆ Stillbirths

Mother-to-Child Transmission of HIV

In 1999 alone, more than 500,000 children age 14 or younger became infected with HIV around the world. That same year, almost 1,300 children died of AIDS every day¹⁶

Most HIV-positive children get the virus from their mothers. This type of transmission is called "vertical transmission". When an HIV-positive woman becomes pregnant, there are three ways for her to pass the virus to her baby:

- During pregnancy (antenatal): about 25 % of infections
- During childbirth (intrapartum): about 60% of infections
- Through breastfeeding (postpartum): about 15% of infections¹⁷

During pregnancy, the virus can be passed to the child through the placenta, especially if it is damaged in any way. During childbirth, the virus can be passed to the child through contact with the mother's vaginal secretions and blood.

If a woman is HIV-positive, the chance that she will pass the virus to her baby are 15-25% if a woman does not breastfeed, and 25%-45% if she does breastfeed¹⁸.

The chances of a mother passing HIV to her baby are higher if she becomes pregnant at a time when there is a high level of HIV virus in her blood. This happens when:

- ◆ She is in the "window period" (right after becoming infected with HIV).
- ◆ She has full-blown AIDS.

There are many ways to reduce the risk of mother-to-child transmission:

During pregnancy:

- Taking antiretroviral drugs such as AZT or from the 36th week of pregnancy onward. (These drugs are not currently available through the public health services in Nigeria, however.)
- Taking multivitamins in order to keep the placenta healthy.
- Maintaining a healthy lifestyle in order to maintain the mother's immune system.

¹⁶ UNAIDS. AIDS epidemic update : December 1999.

¹⁷ Evian, C. 2000. *Primary AIDS Care*. Houghton, South Africa : Jacana Education.

¹⁸ UNAIDS. 1999. The UNAIDS Report.

- Recognising and treating any sexually transmitted infections.

During labour and childbirth:

- Taking antiretroviral drugs such as AZT or nevirapine from the onset of labour. (These drugs are not currently available through the public health services in Nigeria, however.)
- Washing the vagina with antiseptic solution during labour.
- Performing a caesarean section instead of a vaginal birth.
- Avoiding the use of forceps or other instruments that can break the baby's skin during birth.
- Removing the mother's blood and secretions immediately after birth by washing the baby gently. It is especially important to clean the face, where HIV can enter the baby through the mucous membranes.

After childbirth:

- Giving antiretroviral drugs to the baby after birth. (These drugs are not currently available through the public health services in Nigeria, however.)
- Considering alternatives to breastfeeding (see details below).

Pregnancy and HIV Testing

Pregnant women should consider getting tested for HIV. It is beneficial for a pregnant woman to get tested for the following reasons:

- If she chooses to keep her baby, she can obtain information about the following:
 - ◆ Good antenatal care
 - ◆ How to reduce the risk of transmitting HIV to her baby
 - ◆ Proper care for her baby after birth, including safe alternatives to breastfeeding
 - ◆ Family planning options after pregnancy
 - ◆ How to keep herself from being re-infected with HIV

Some women may not want to be tested, however. ***It is a woman's right to choose whether or not to be tested.*** It is important that she has enough information to be able to make the choice that is right for her.

Discussion Questions

The following questions are designed to help participants reflect on some of the advantages and disadvantages of testing pregnant women for HIV. They will most likely cause heated debate, so it is important to emphasise that there are no right or wrong answers. The purpose of this discussion is to share opinions and consider both sides of the issues so that the counsellors can better help callers who might be facing these dilemmas.

- *Should all pregnant women be tested for HIV?*
- *If a woman is HIV-negative but her partner is HIV-positive, should she be discouraged from getting pregnant?*
- *If a woman and her partner are both HIV-positive, should they be discouraged from starting a family?*

Breastfeeding

Breast milk is the perfect food for babies. It provides them with all of the nutrients they need, in addition to giving them antibodies which can protect them from diseases. Breastfeeding is usually healthier than bottle-feeding. This is because bottle-feeding can result in diarrhoea and malnutrition if the mother does not have access to clean drinking water. In addition, formula can be very expensive.

A baby can become infected with HIV through breastfeeding, however. This can happen if the mother is infected before delivery and also if the mother becomes infected after delivery.

The World Health Organisation recommends that HIV-positive women consult health professionals in order to evaluate the best option for their individual situations¹⁹. Following are some of the different options that may be available to HIV-positive mothers:

- Using commercial formula or home-prepared formulas (if clean drinking water is available)
- Regular breastfeeding
- Stopping breastfeeding early
- Heating breast milk to kill the HIV-virus
- Using a wet nurse

YEF HIV/AIDS Hotline counsellors should encourage women to seek advice from a health professional before making a decision about breastfeeding.

¹⁹ WHO, UNICEF, UNAIDS Statement on Current Status of WHO/UNAIDS/UNICEF Policy Guidelines. September 1, 1999. <http://www.unaids.gov/publications/documents/mtct/mtctpolicy99.html>

#3 HIV AND CHILDREN

The aim of this activity is to understand the ways that children are at risk of becoming infected with HIV/AIDS.

- **Give a short presentation about the medical aspects of HIV/AIDS in children.**
- **Divide participants into three large groups. Have each group brainstorm about ways that parents can make sure that HIV-positive children stay healthy.**

Transmission in Children

Most children are infected through mother-to-child transmission, but many others are infected through sex. Many children in Nigeria suffer from sexual abuse, and they are often abused many times, which increases the chances of infection. In addition, many adults believe that having sex with a virgin can cure them of HIV or AIDS, so they seek out children for sex. For these reasons, children are vulnerable to HIV through sex.

In Nigeria, children are still at risk of being infected through unsafe blood transfusions as screening although recommended, is not usually done by facilities.

HIV Testing for Children

After a baby is born, it can take 15-18 months to know whether or not the baby will be HIV-positive. This is because when babies are born, they carry the antibodies of their mothers in their blood. It takes about 18 months for the mother's antibodies to disappear. Until that time, all babies born to HIV-positive mothers will test positive for HIV themselves²⁰.

Medical Aspects of HIV in Children

Children develop AIDS and die more quickly than adults because their immune systems are not fully developed. Most babies with HIV develop AIDS before the age of two, but some can remain healthy up to the age of six²¹.

According to the World Health Organisation, a child is considered to have AIDS if:

1. There is no other known cause of immune-deficiency;
2. The child has two of the following "major criteria":
 - ◆ Failure to thrive (does not grow and gain weight properly)
 - ◆ Persistent fever longer than one month
 - ◆ Chronic diarrhoea longer than one month

²⁰ Montaigner, L. (Ed). 1996. AIDS Facts & Hopes. L'Institut Pasteur.

²¹ Abstracts from WHO/GPA/IDS/HCS 1992 1 rev 1

3. The child has two of the following "minor criteria":
 - ◆Chronic cough for longer than one month
 - ◆Lymphadenopathy (enlarged lymph nodes)
 - ◆Infections that keep coming back
 - ◆Chronic dermatitis (itchy and scaly skin)
 - ◆Oral candidiasis (yeast infection in the mouth)
 - ◆Mother is HIV-positive

There is no cure for HIV/AIDS in children, just as there is no cure for HIV in adults. Antiretroviral drugs are only recommended for children over the age of 3, but these drugs are not widely available yet in Nigeria.

Healthy Living for HIV-Positive Children

Since the drugs are not easily accessible, parents of HIV-positive children need to be aware of other things that they can do to help their children live as long and as comfortably as possible. ***Parents with HIV-positive infants should consult a doctor to learn how to best care for their children.*** Following is some basic information about things that parents can do to help their children stay healthy:

- 1. *Vaccinations:*** Children's immune systems can be protected through vaccinations. The number of vaccinations is slightly different for HIV-positive children than for healthy children (for example, it is recommended to give them an extra measles vaccination). Mothers should inform the health professional that their babies are HIV-positive so that they can adjust the vaccinations accordingly.
- 2. *Regular checks:*** Parents should bring their children for medical checks on a regular basis in order to monitor their children's growth and treat any health problems.
- 3. *Breastfeeding:*** Breast milk is the perfect food for babies, and it is the baby's best protection against diarrhoea and many other diseases. Breastfeeding is recommended even if the mother has HIV, unless a health worker recommends not doing so. Women who know they are HIV-positive should consult their health care worker for advice about feeding their babies.
- 4. *Nutrition:*** Children who are too old for breastfeeding should eat foods that are rich in protein, vitamins and minerals. Parents can ask their doctor or nurse to refer them to a nutritionist, who can help them to plan a healthy diet.
- 5. *Good hygiene:*** Mothers should use universal precautions when caring for children with HIV/AIDS (refer to Session 5). A clean, hygienic environment is especially important. HIV-positive children should drink clean water from a

safe source. They should be protected from exposure to harmful substances such as cigarette smoke and from exposure to diseases (i.e. colds and flues).

6. Dental care: HIV-positive children should practice good dental care in order to avoid gum disease. Gum disease can give bacteria an entry point into the blood stream.

7. Rest: HIV-positive children require more rest than healthy children.

8. Mental support: HIV-positive children need just as much love and affection as healthy children. It is completely safe to hold or hug a child with HIV or AIDS. HIV cannot be spread by children's urine, saliva, faeces or vomit. A child with HIV cannot infect others by playing with them or sharing toys.

SESSION 8

HIV Testing

CONTEXT AND OBJECTIVES

Although YEF HIV/AIDS Hotline counsellors will not be administering the HIV test, they will need to be able to explain the process to callers who are considering receiving the test and refer them to testing sites. They may also need to explain results to those who have been tested but have not received an adequate explanation of the results. The actual counselling process will be covered in more depth in the second module.

OBJECTIVES:

By the end of this session, participants will have...

1. Reviewed the HIV testing process and local testing sites
2. Explained the results of the HIV test, including the window period
3. Discussed the importance of pre- and post-test counselling

MATERIALS

Flip chart and markers
Copy of a positive result (If possible.)

ACTIVITIES

#1 THE HIV TEST

The aim of this activity is to introduce the HIV test as the only way of knowing whether or not a person is infected, and to provide basic information about how the test works.

- ***In plenary, ask participants how a person can find out whether or not they have HIV. Ask the if they can describe an HIV test, including what it measures and what it does not measure.***
- ***Present a mini-lecture about the different types of tests and where people can get tested in Nigeria***

The HIV Test

The HIV test is a test that tells if a person has produced antibodies to the virus. It is usually a blood test, but in some places it is possible for the test to measure antibodies in the tissue of the mouth or in urine instead of blood. It is important to note that even though HIV antibodies can be detected in the mouth and in urine, the virus cannot be transmitted from one person to another through saliva or

urine. This is because there is not enough of the virus in saliva or urine to infect people this way. HIV needs to be present in very large quantities in order for a person to be infected. The only body fluids that contain enough HIV to be infectious are blood, semen, pre-cum, vaginal fluids and breast milk.

The HIV test does not test for the virus, only the antibodies that the person's body has produced to fight the virus.

The HIV test cannot tell:

- If a person has AIDS (only a doctor can make this diagnosis)
- How the person became infected with HIV
- How long the person has been living with HIV
- Who infected the person

A person can get an HIV test done at a hospital or clinic.

There are also some AIDS organisations in Lagos that offer testing.

**Nigerian Institute of Medical Research Compound, Yaba
Lagos University Teaching Hospital, Idi-Araba
Federal Ministry of Health /Central Public Health Laboratory, Yaba,
Few Private Facilities e.g. St. Nicholas Hospital, Lagoon and Eko
Hospitals.**

Types of HIV Tests

In Nigeria, there are three types of tests that are used:

- ELISA
- Rapid test
- Western Blot

In Nigeria, the Federal Ministry of Health decide what type of test is given.

The first test a person receives is either an ELISA or a rapid test. Both of these tests need to be confirmed by another test if they come back positive.

◆An ELISA is normally confirmed by another ELISA test, but in special circumstances is may be confirmed by a Western Blot test. This can be done with the same blood sample, so the person does not need to give blood again.

◆A rapid test is normally confirmed with an ELISA test. This cannot be done with the same blood sample, so the person would need to come back to give blood again.

It can take anywhere from a few minutes to a few weeks to receive the test results, depending on the type of test given and the laboratory that is used to analyse the results.

Home Test Kits

Home testing kits are available in some parts of the region. However, they are not available in commercial quantities in Nigeria. These are also antibody tests and they are just as accurate as tests used at testing sites. The use of these kits is strongly discouraged, however, for the following reasons:

- If the test shows that the person is HIV positive, s/he may not have the proper emotional support to help cope with this devastating news.
- Many people cannot read properly or at all, so they may not understand the instructions that come with home kits. Therefore, they could make mistakes when doing the test or reading the results. This could lead to serious consequences.
- Such tests could be abused by employers, who could require them as a condition for being hired or keeping one's job.

Presently, the Federal Government is considering establishing HIV test sites in at least each LGA in Nigeria.

#2 UNDERSTANDING TEST RESULTS

The aim of this activity is to explain the three different types of test results.

- ***In plenary, ask participants: What does a positive test result mean? What does a negative result mean? What does an indeterminate result mean?***
- ***Add information to participants' responses to give a complete explanation of the meaning of different test results.***
- ***Review the Window Period.***

A positive result means that...

- ◆ A person has been infected with HIV and can infect others through exposing them to infectious body fluids (blood, semen, pre-cum, vaginal fluids or breast milk). All positive results are confirmed with another test (called a "confirmatory test"). Therefore, it is unlikely that a positive result will be false.

A negative result can mean one of two things...

- ◆ The person has not been infected with the HIV virus; or
- ◆ The person has been infected within the last 3-6 months, and the body has not yet developed antibodies. If this is the case, then the person should be retested again in another 3 months, during which time they should avoid putting themselves and others at risk of HIV infection.

An indeterminate result means that it is not possible to tell if the person has been infected with HIV based on the test results. In other words, the results are inconclusive. This does not occur very often, but it can happen to people who...

- ◆ Have had multiple pregnancies or miscarriages
- ◆ Have received multiple blood transfusions
- ◆ Have recently received an organ transplant
- ◆ Suffer from other autoimmune diseases, such as lupus or Grave's disease
- ◆ Suffer from kidney disease or are receiving dialysis treatment
- ◆ Suffer from liver disorders
- ◆ Suffer from some types of cancer

People who receive indeterminate results should be re-tested again in three months if they have engaged in HIV risk behaviours. Those who are at low risk of HIV infection may not need to be re-tested.

Remember that the HIV test does not test for AIDS. A positive HIV test does not mean that a person has AIDS. Only a doctor can make an AIDS diagnosis, based on T-cell levels and opportunistic infections.

THE WINDOW PERIOD

This is the time between when the person is first infected with HIV and the development of HIV antibodies in the person's body. During this time the HIV test will be falsely negative because HIV antibodies are not yet present in the blood but HIV is. In other words, a person is actually infected with HIV but the test will show up negative.

It can take anywhere from 6 weeks to 6 months for the antibodies to show up in the blood. Almost all people (99%) develop antibodies within 3 months, however. Some testing sites now have more sophisticated tests that are able to "shorten" the window period. In other words, they can detect antibodies within a much shorter period of time -- approximately 25 days after infection

If this new test is not available, a person who has received a negative test result and has recently engaged in risky behaviour should be tested again 3-6 months

after the last time they participated in a risky activity (For example, if s/he had unprotected sex one month ago, s/he should be tested again in 2-5 months).

The only way a person can be certain that s/he is not infected²² is if s/he was tested at least 6 months after the event when s/he could have been infected, and s/he has not put him/herself at risk of infection since that time.

#3 PRE- AND POST-TEST COUNSELLING

- ***Introduce the concept of pre- and post-test counselling.***
- ***Divide participants into two groups. Have the first group discuss why it is important to do pre-test counselling, and the second group discuss why post-test counselling is important. Bring the groups back together to share their results.***
- ***Explain that guidelines for doing pre- and post-test counselling will be discussed in more detail in Module 2.***

Definition of Counselling²³

Counselling is a confidential dialogue between a client and a counsellor which helps the client to cope with stress and make personal decisions related to HIV/AIDS.

Pre-test counselling helps to prepare the client for the HIV test, explains the implications of different test results and explores ways of coping with one's HIV status. It also explores sexuality, relationships, risk behaviours and HIV prevention.

Post-test counselling helps the client to understand and cope with the HIV test result. This includes preparing the client for the result, giving the result, and providing further information or referrals as required.

Importance of Counselling

Everyone who has an HIV test should receive professional counselling before and after the test.

Counselling BEFORE the test is important for the following reasons:

- The law requires that a person give informed consent before being tested. Pre-test counselling gives the client the opportunity to get information and support to make this decision.
- To explain the basic facts about HIV/AIDS

²² Adapted from the Life Line North West HIV/AIDS Empowerment Education and Training Manual

²³ UNAIDS. 1997. Counselling and HIV/AIDS. Technical Update.

- To explain what the test results mean and to prepare people for receiving the results
- To explore what people will do if the test is positive or negative
- To explore potential support from family and friends
- To explain that the result of the test is confidential
- To advise on safer sex practices
- To assess the risk of possible HIV infection
- To explain the types of services and care that are available to HIV-positive people in order to help them live longer
- To allow the person to make an informed decision about whether to have the HIV test or not.

Counselling AFTER the test is important for the following reasons:

For positive test results:

- To convince the client about the reality and seriousness of the situation – it is often difficult for people to accept and believe that they are HIV positive based only on the results of a blood test, especially if they are feeling healthy and strong.
- To ensure that the client understands the meaning of the test result.
- To help the client cope with the result, especially in the days and weeks to follow.
- To make a plan for ongoing medical care
- To provide information about the dangers of spreading HIV and how to keep from spreading it to others (i.e. through proper condom use).
- To understand the need for careful consideration about having children
- To help the client develop a plan for informing family members and friends.
- To refer the client to psychological services. Many HIV-positive people suffer from depression, anger and guilt – some people have even committed suicide after learning that their HIV test was positive

For negative test results:

- To explain the window period and the possible need for re-testing
- To help the client develop a plan for remaining negative (in other words, for protecting him/herself from HIV)

For indeterminate test results:

- To explain the need for re-testing and the reasons that the result could have been indeterminate
- To help the client develop a plan for protecting him/herself from HIV

SESSION 9

Home-Based Care

CONTEXT AND OBJECTIVES

YEF HIV/AIDS Hotline counsellors receive calls from people who must care for family members or friends with AIDS. This session introduces participants to the advantages and disadvantages of home-based care, in addition to an overview of how home-based care providers can protect themselves from infection.

OBJECTIVES:

By the end of this session, participants will have...

1. Defined the goal of home-based care
2. Discussed ways that home-based care providers can protect themselves from HIV

MATERIALS

Guest speaker with experience in home-based care

Basic medicines and supplies for home-based care

Pamphlets on home-based care

Review Chapter 10 in the *HIV, Health and Your Community- A Guide for Action* book.

ACTIVITIES

#1 HOME-BASED CARE FOR NON-HEALTH PROFESSIONALS

The aim of this activity is to define areas of HIV/AIDS care that home-based providers can perform or assist with.

- ***In plenary, ask participants to think of types of care that a family member or volunteer could provide if they are not health care professionals.***
- ***Have the guest speaker give an overview of basic home-based care practices.***

The goal of this session is not to train counsellors in how to provide home-based care, but to give them an overview of home-based care issues. Home-based care is the care of a sick person at home. This care is provided by family members or volunteers, in collaboration with professional health care providers. Home-based care is becoming much more common throughout Africa, both because hospitals

cannot meet the high demand for care of AIDS patients, and also because many AIDS patients cannot afford hospital care.

Aims of Home-Based Care

Home-based care aims to...

- (1) Ensure that people receive basic nursing care as well as social and emotional support;
- (2) Promote acceptance of people with HIV;
- (3) Reduce the demand for AIDS care in hospitals;
- (4) Integrate care with HIV education;
- (5) Mobilise other people to provide support;
- (6) Reach sick people who are not using health services;
- (7) Enable health workers to make home visits;
- (8) Train volunteers, families and people with HIV in basic nursing care and infection control.

Most of the time, AIDS patients do not need to be in a hospital. However, home-based care given to a person with AIDS (PWA) is not the only care that the person will need. It is part of a continuum of care, which includes clinics, hospitals and other health professionals.

Family members and volunteers cannot provide the same level of care as trained health professionals, but they can be taught to provide good nutrition and to help with hygiene and personal care. If possible, the volunteers should receive some basic training before beginning to care for an AIDS person.

Personal care

Home-based care providers can help with a patient's personal care in the following ways:

- Giving medications;
- Changing bed sheets;
- Bathing patients and helping them to go to the bathroom;
- Feeding patients;
- Preventing stiff joints and bedsores by helping bed-ridden patients to change positions frequently and by adjusting their pillows and blankets.
- Helping patients to do simple arm, leg, hand and foot exercises. These help to prevent stiff, sore joints and improve blood circulation;
- Treating basic ailments, such as diarrhoea, sore throat, headaches, skin sores and coughing;
- Providing emotional support;
- Maintaining a hygienic environment to prevent the spread of infections; and
- Obtaining professional medical help when needed.

The home-based care family provider must remember that s/he is not alone in this care. S/he must be in contact with the doctor, nurse, social worker and other health care workers who are also providing care. Clear, written information about medicines should be given by the medical team, and the changes expected in the PWA should also be understood by the family health care providers. For example, the beginning of a cough, diarrhoea, or confusion may mean an infection or problem that needs a new medicine or hospital care.

Useful Supplies

Following are some supplies that are helpful to have in the home when caring for an HIV-positive person who is very sick and bedridden²⁴.

- Plastic for the bed
- Rubber gloves
- Walker
- Face mask for colds (for the provider to wear)
- Radio
- Bedpan or bedside commode
- Plastic urinal made from an old container

#2 SELF PROTECTION OF THE HOME-BASED CARE PROVIDER

The aim of this activity is to explore ways that home-based care providers can protect themselves using locally available supplies.

- ***Ask participants to think back on the previous sessions and think of the universal precautions and other protection methods that they have learned about.***
- ***Have participants divide into groups and make lists of the different ways that a home-based care provider can keep from giving and getting infections. Encourage them to think of everyday articles that could be used to protect care providers if gloves and other sanitary supplies are not available.***

Providing care to PWA means ***guarding against infections***, both for the PWA and for the caretaker. As mentioned above, it is unlikely that a caregiver will contract HIV, as long as s/he is following universal precautions. It is possible to get other infections, however.

Home-based care providers should make sure that their ***immunisations*** are in order. This is not only to prevent contracting an illness from an AIDS patient, but also to prevent spreading illness to the person with AIDS. Children or adults who live with someone with AIDS and who need to get vaccinated against polio should

²⁴ Granich, R. 1999. *HIV, Health & Your Community : A Guide for Action*. Stanford, CA (USA) : Stanford University Press.

get an injection with the “inactivated virus” vaccine. The regular oral polio vaccine contains the live poliovirus, which can spread from the person who got the vaccine to the person with AIDS.

Everyone living with a PWA (not only caregivers) should get a **flu shot** every year, if possible. This will reduce the chances of spreading the flu to the person with AIDS. Everyone living with a person with AIDS should also be checked for tuberculosis (TB) every year.

Gloves and hand washing play an important role in protecting caregivers from both transmitting and receiving infections. Gloves should be worn in the following scenarios:

- Whenever the caregiver is exposed to body fluids of a PWA, including blood, urine, saliva and sexual fluids.
- Whenever caring for a PWA with diarrhoea
- Whenever the PWA has fever blisters or cold sores around the nose or mouth.
- When the caregiver has a skin rash, such as eczema

Many persons with or without AIDS are infected with a virus called **cytomegalovirus (CMV)**, which can be spread in urine or saliva. Washing hands or wearing gloves is extremely important after touching urine or saliva from a person with AIDS. This is crucial for a person being pregnant because a pregnant woman infected with CMV can also infect her unborn child. CMV causes birth defects such as deafness.

Needles and syringes need to be disposed of safely in puncture-proof containers. This will prevent accidental needle sticks, which could infect the caregiver with HIV or other diseases. Needles and syringes should be used only once. Caps should not be put back on needles, and needles should not be taken off of syringes. If a needle falls off a syringe, tweezers, pliers or another similar instrument should be used to pick it up. The sharp end of a syringe should always be held away from the caregiver’s body. All of these materials should be kept out of the reach of children.

Any **liquid waste** containing blood (such as urine or vomit) must be flushed down the toilet or thrown down a latrine. Items that cannot be flushed down the toilet should be put in plastic bags or wrapped in enough newspaper to stop any leaks (i.e. paper towels, sanitary pads and tampons, wound dressings, bandages and diapers). They should then be thrown away in a container where other people cannot easily come into contact with them.

If the home-based care provider is also a **sexual partner** of the PWA, s/he should be tested for HIV, and the couple should always use condoms when having sex.