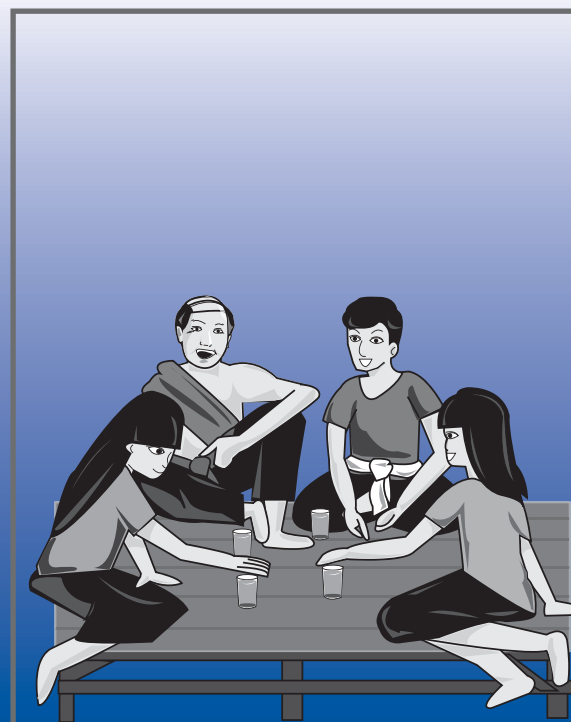


Know ^more about ^O ^r ^e **HIV AIDS**

A Toolkit for Workers in the Informal Economy

"In the fight against HIV and AIDS our goal should be to reach every workplace. Today when so many are working in the informal economy, this is a major challenge. We must be able to find ways of reaching out to people wherever they work."

Juan Somavia, Director-General, International Labour Organization (ILO)



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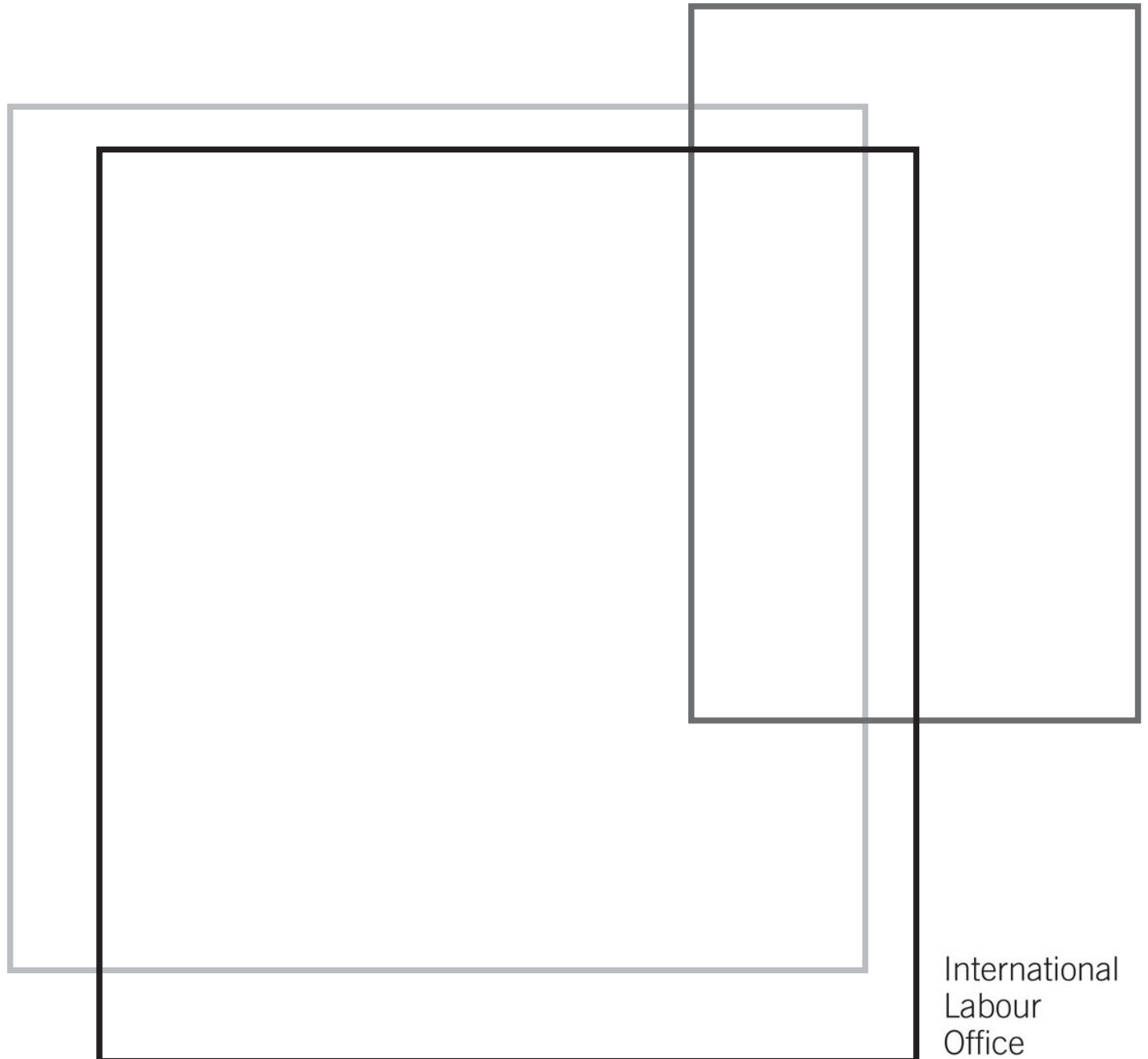
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Know ^more about **HIV/AIDS**

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Preface

“In the fight against HIV and AIDS our goal should be to reach every workplace. Today when so many are working in the informal economy, this is a major challenge. We must be able to find ways of reaching out to people wherever they work”.

Juan Somavia, Director-General, International Labour Organization (ILO)

The Human Immunodeficiency Virus (HIV) pandemic threatens the health and productivity of all workers everywhere. However, to respond effectively, we must take into account the needs of a multiplicity of workers, without stigmatizing any particular workplace. For this reason, the ILO's Code of Practice on HIV/AIDS and the World of Work notes, that “Certain types of work situations are more susceptible to the risk of [HIV] infection than others although the main issue is one of behavior, not occupation”.

In the case of the informal economy, HIV poses particular challenges. Most of the workers in this economy are self-employed, and their income is irregular. They often have low levels of formal education, limited access to health facilities and lack social protection. Bearing this in mind, it may be especially difficult to reach workers in the informal economy through conventional workplace programmes.

The ILO is committed to developing educational tools that are relevant to the needs of workers in the informal economy, and which address situations reflecting their daily lives. This current Toolkit, a product of the Sub-Regional Office for East Asia's “Informal Economy, Poverty and Employment Project”, embodies the ILO's commitment.

The exercises herein have been tested with associations of informal economy workers and organizations that work with them. The goal of this Toolkit is to train members and beneficiaries from these groups to conduct awareness-raising and training courses. The Toolkit contains information and exercises on different aspects on HIV and AIDS, from rights and responsibilities, to stigma and discrimination, and it provides information on different HIV and AIDS-related services.

While recognizing the immense challenge we face in responding to HIV, we must remember that we can prevent its spread. Moreover, we can – and must – give all workers in all workplaces the care and support they deserve. It is our sincere hope that this Toolkit will help workers in the informal economy to protect themselves against HIV infection, to reduce stigmatisation of all those infected and affected, and to reach out, as the ILO's Director General says, to people “wherever they work”.

Christine Evans-Klock

Director

ILO Sub-regional Office for East Asia, Bangkok

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This Toolkit was prepared by Ms Karolin Holm, Associate Expert for Social Protection, Subregional Office for East Asia (SRO) Bangkok.

The Toolkit could not have been produced without the assistance from staff, members and beneficiaries of the following Cambodian associations and NGOs: CAID, HURREDO, APDO, DAFF, Khmer Life, Cooperation for Prosperity, Rajana Association, CCAWDU, Song Khem Collection¹.

Special thanks are also due to officials from the Ministry of Labour and Vocational Training (MOLVT) and the local Government of Angkor Thom District, Siem Reap Province who prepared and participated in the pilot training and feedback workshop. Mr Tun Sophorn, National Project Coordinator for the ILO/DFID Informal Economy Project in Cambodia and Mr Chun Bora, National Project Coordinator for the ILO/USDOL Workplace Education Programme provided crucial support to all the consultation and pilot training activities held in Cambodia for the development of the Toolkit.

Dr Pen Leakhena from Cambodian HIV/AIDS Education and Care (CHEC), served as translator at the focus group discussions and also gave valuable inputs on content. Mr Sia Phearum and Dr Lina Ngin ably facilitated the pilot training and feed back workshop in Cambodia and also provided inputs to the Toolkit.

Villagers in Ban Pong Hi in Northern Thailand gave their valuable time to participate in a pilot training at the early stage of the development of the Toolkit.

Ms Ginette Forgues, Senior Specialist on Local Strategies for Decent Work of the ILO SRO-Bangkok, played a key role in conceptualizing this Toolkit and provided technical supervision throughout its development. Ms Sandra Yu, Chief Technical Advisor of the Informal Economy Project, likewise provided guidance and inputs in developing the Toolkit. Ms Paveena Eakthanakit and Ms Srey March Leum, Administrative Secretaries of the Informal Economy Project in Thailand and Cambodia, respectively, gave much-needed support throughout the whole process, as did Ms Amittada Boonmontira and Ms Naiyana Punnakitti, Administrative Secretaries of the SRO.

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The AIDS Education Programme (AEP), Faculty of Education, Chiangmai University shared important knowledge, which inspired the exercise “Who is at risk”.

Throughout the development of the Toolkit, the Cambodian Positive Network, HIV/AIDS Coordinating Committee, UNAIDS and several other actors in the field of HIV and AIDS in Cambodia provided much-needed insight.

¹ APDO – Angkor Participatory Development Organization, CAID–Cambodian Association for Informal Economy Development, DAFF–Department of Agriculture, Forestry and Fisheries, Coalition on Cambodia Apparel Workers Democratization, HURREDO–Human Resource and Rural Economic Development Organization.

Introduction

Many characteristics of workers in the informal economy increase their susceptibility to HIV: poverty; absence of a steady income; low levels of formal education; lack of social protection; and limited access to health facilities. Because of these same factors, the impact of the HIV epidemic may also be especially harsh for these workers. The provision of care and support for sick relatives is a particularly-heavy burden. Children may be taken out of school to work, and working-age adults may need to spend time caring for family members, time that otherwise could have been allocated to productive income-generating activities to lift them, and their families, out of poverty².

Since workers in the informal economy are difficult to reach through conventional workplace programmes and national prevention campaigns, it is crucial to promote prevention activities through venues other than the workplace³. One promising alternative is to reach these workers through organizations with members and/or beneficiaries active in the informal economy. Providing these organisations with accessible HIV and AIDS prevention materials - and the skills to use them-is, then, of fundamental importance.

HIV and AIDS educational materials aimed at workers in the informal economy must deal with issues relevant to their reality, and the workers, themselves, must be involved in the development of messages and activities. The exercises in this Toolkit have been developed with this end in mind, and they have been tested with associations of informal economy workers and organizations that operate within their context⁴.

Aims and intended audience

The Toolkit is based on the *ILO Code of Practice on HIV/AIDS and the World of Work* which sets out fundamental principles for policy development and practical guidelines for action in the following key areas:

- ✶ Prevention of HIV and AIDS;
- ✶ Management and mitigation of the impact of HIV and AIDS on the world of work;
- ✶ Care and support of workers infected and affected by HIV and AIDS;
- ✶ Elimination of stigma and discrimination on the basis of HIV status.

The *ILO Code of Practice* details rights and responsibilities of the ILO's tripartite partners (Employers' and Workers' organizations and Governments), touching upon such issues as information and education, training programmes, HIV testing, and care and support⁵. The Code of Practice is as applicable to formal factory workers as it is to informal street vendors, and is flexible enough to be adapted to different needs and situations.

The *ILO Code of Practice* is complemented by an education and training manual, and a range of guidelines for different groups (e.g. employers, workers) and sectors (e.g. transport and health services). It applies to "all employers and workers (including applicants for work) in the public and private sectors, and all aspects of work, formal and informal"⁶. That being said, the manual is not designed for people who actually work in the informal economy, including micro-entrepreneurs and self-employed. (Instead, it focuses on how those in the formal economy can reach out to the informal economy.)

²Brief note on the Informal Economy and HIV/AIDS, Pia Nyman, 06.06.02, ILO/AIDS.

³Ibid

⁴The toolkit was tested in Ban Pong Hi, Thailand June 2005. CAID, IDEA, DAFF, Khmer Life, Cooperation for Prosperity, Rajana Association, CCAWDU, Song Khem Collection and staff from MOLVT in Phnom Penh, Cambodia, 19-21 September, 2005. HURREDO, APDO and staff from the local Government of Angkor Thom District in Siem Reap, Cambodia, 14-16 September, 2005.

⁵The ten key principles are; **1.** Recognition of HIV/AIDS as a workplace issue; **2.** Non-discrimination; **3.** Gender equality; **4.** Healthy work environment; **5.** Social dialogue; **6.** Elimination of screening for purposes of employment; **7.** Confidentiality; **8.** Continuing the employment relationship; **9.** Prevention; **10.** Care and support.

⁶The name of the manual is "Implementing the ILO Code of Practice on HIV/AIDS and the World of Work – an Education and Training Manual".

The manual does, however, call for the development of training materials to reach these workers. To this end, this current Toolkit has been developed to provide easy-to-use materials on HIV and AIDS for the benefit of workers in the informal economy.

The direct audience are the trainers who conduct awareness-raising and training courses for these workers in the context of the associations to which they belong. The Toolkit has been developed and designed specifically for South-East Asia, and piloted in Cambodia and Thailand, within the framework of the International Labour Organization's (ILO) "Informal Economy, Poverty, Employment Project". Nevertheless, the exercises and information contained herein are applicable to the informal economy in general, and the Toolkit is readily adaptable to different regional, and national contexts.

What is it about?

There are three sections of this Toolkit. Section A contains information and exercises on how to understand different aspects of HIV and AIDS and their consequences. Section B contains information on rights and responsibilities, as well as stigma and discrimination as they relate to HIV and AIDS. Section C explains HIV and AIDS-related services.

Section A

🕒 **HIV and AIDS Basics**

1. Warm up exercise--GET STARTED.
2. What is HIV and what is AIDS? How is HIV transmitted?
3. Who is at risk?
4. VCCT (voluntary confidential counselling and testing).

🕒 **Roles, Behaviour and HIV and AIDS**

5. The roles of men and women in relation to HIV and AIDS
6. Negotiating safer sex/talk about condom use.
7. What influences our behaviour and how can we change?
8. Condom demonstration.

Section B

🕒 **Rights and Responsibilities**

9. My rights, your rights, our rights, everyone's rights-everyone's responsibility.
10. Expert interview.

Section C

🕒 **HIV and AIDS Related Services**

11. Prevention.
12. Care and support.

How to use the Toolkit

It is important to note that a one-off learning session is probably not enough to transfer information on HIV and AIDS and, certainly, not enough to instill behaviour change. HIV and AIDS learning activities need to be repeated, and reinforced frequently. In Cambodia, where the exercises have been piloted, participating organizations decided to integrate learning sessions on HIV and AIDS into other trainings, as well as into monthly meetings. Thus, this Toolkit is most effectively used within an overall, consistent learning strategy.

The exercises can be done separately or together:

- ✎ In special trainings on HIV and AIDS;
- ✎ Integrated into other activities, trainings, meetings or workshops;
- ✎ In both small and large groups;
- ✎ Depending on the context (especially prevailing gender norms) and the participants' preferences, trainings may be held separately for women and men or women and men together;
- ✎ If men and women have separate trainings, it is ideal to have the trainings run concurrently. After the individual sessions, men and women should then meet together and discuss what they have learned as a group.

With each exercise, you will find:

- ✎ Explanations;
- ✎ Guidelines on how to carry out the exercise;
- ✎ Information for the trainer to help ask and answer questions and to lead discussions.

Suggestion on how to start a training/session

Introducing yourself and the training

- ✎ Introduce yourself – your name and occupation
- ✎ Explain the aim of the training, which is to learn about:
 - How HIV is transmitted;
 - What activities put people at risk;
 - HIV testing;
 - The roles of men and women in relation to HIV and AIDS;
 - Negotiating safer sex/talk about condom use;
 - Behaviour change;
 - How to use a condom;
 - The rights and responsibilities of HIV positive people.

Introducing participants

- ✎ Ask each participant to answer the following questions:
 - What is your name?
 - What is your occupation?
 - Why did you come to this training?
 - Why are you interested in learning about HIV and AIDS?

How to start a session

- ✎ Be prepared with the materials you need;
- ✎ Explain the purpose of the session;
- ✎ Explain what the participants will learn from the session;
- ✎ Explain how the session will be carried out.

Important points to keep in mind

- ✎ Encourage everyone to talk, but respect those who do not want to talk (HIV and AIDS and sexuality are difficult topics to discuss openly).
- ✎ Everyone is in the training to learn more, not to be tested on their knowledge.
- ✎ In order to choose the correct teaching methods, try to find out if participants can read and write before the training takes place.
- ✎ There are many misunderstandings with regard to HIV and AIDS. As a facilitator, it is very important to give clear, correct answers.
- ✎ Correct misunderstandings in a polite way; you must create a tolerant environment where fears and concerns can be expressed.
- ✎ It is possible someone in the group is HIV positive or may have lost a loved one to an AIDS-related disease. Be prepared for people to express strong emotions.
- ✎ Do not use complicated words.
- ✎ Try to choose an appropriate language for the workshop/training – depending on what the participants understand best.
- ✎ Do not use language that belittles or stereotypes people, for example:
 - AIDS “victim”;
 - “Innocent” victim;
 - AIDS “sufferer”;
 - People who are “to blame”;
 - “Promiscuous”.
- ✎ If you do not know an answer to a question, say you do not know. If possible, try to find the answer later, and get back to the person who asked.
- ✎ Please note that all the scenarios in the exercises are heterosexual. If you are having a specific training for men who have sex with men, you will have to change the scenarios from “man and woman” to “man and man”. You may also want to mention same-sex scenarios in all trainings to be inclusive and to reduce stigma and discrimination.
- ✎ With regard to condom use, the focus is on the male condom, because the female condom is still not commonly used in Thailand and Cambodia, where the Toolkit was piloted. If the female condom is commonly used where you do the training, please include discussions and demonstration with the female condom as well. An explanation of a female condom demonstration is included in the Toolkit.
- ✎ Always make sure you have read the “information for the trainer” in each chapter thoroughly before you begin an exercise.

Section



Information and Education for HIV prevention

HIV and AIDS Basics

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HIV and AIDS Basics

Exercise 1. Warm up Exercise - GET STARTED

Purpose : This exercise will help us start thinking about issues related to HIV and AIDS. You may use the exercise at the end of the training as well, to see if there has been a change in the participants' responses.

Materials: Flipchart paper, pens, signs with "True", "False", and "I do not know".



60 minutes

Preparations: Bring three pieces of paper and hang them in different areas of the training venue.

Please write :

"True" on one paper;

"False" on one paper;

"I do not know" on one paper.

False

True

I do not know

Explain the exercise by saying:

- ⌘ I will read a sentence, and you decide if you believe the sentence is true or false or you do not know.
- ⌘ If you think it is true, then physically walk to the "true" sign. If you think it is false, then walk to the "false" sign. If you do not know, then walk to the "I do not know sign".
- ⌘ It is important to not just follow others but, rather, to walk to the answer you believe in yourselves.

Begin the exercise:

Step 1. Read the first sentence, and ask the participants to walk to the answer they have chosen.

Step 2. When everyone has chosen an answer, ask the groups at each answer to discuss for five minutes why they chose this answer. Tell them to choose a person to explain their decision to the rest of the group.

Step 3. After five minutes, ask each group to give an explanation of why they selected the answer they did. After the explanation, encourage discussion between the groups. Make sure no one blames the others for giving "stupid" answers.

Step 4. After 5-10 minutes discussion, explain if the answer is true or false. Then let the participants ask questions.

Step 5. Read the next sentence and do the same again – ask participants to choose an answer, discuss and answer questions.

Sample sentences (with correct answers)

- ⚠ HIV can be transmitted if a person with HIV gives you a hug or a kiss on the cheek. **(False)**
- ⚠ It is safe to share cutlery and glasses with a person living with HIV and AIDS. **(True)**
- ⚠ A properly-used condom is the best way to protect against HIV when having sex. **(True)**
- ⚠ If a person is HIV positive, then he or she is a danger to his or her co-workers. **(False)**
- ⚠ If a person is HIV positive, then you should not share the same toilet. **(False)**
- ⚠ HIV can live for many hours outside the body. **(False)**
- ⚠ HIV positive children can go to school together with other children. **(True)**
- ⚠ Women are more at risk for HIV. **(True)**
- ⚠ It is our behaviour that puts us at risk of HIV. **(True)**

(***Note:** You can add examples appropriate to the context.)

Information for the trainer:

- ⚠ Depending on group dynamics, culture and context, it may be more appropriate to vary this exercise. For example, participants may not feel comfortable standing up and physically walking to the answer sheets. If this is the case, then the trainer can:
 - write the questions on note cards and;
 - have each group, sitting at a table, discuss the possible answers collectively.
- ⚠ However, if the trainer decides to make changes of this sort, then s/he will have to decide on the methodology and prepare the note cards in advance.

Exercise 2. What is HIV and what is AIDS? How is HIV transmitted?

Purpose

To help participants understand:

- ✎ What is HIV;
- ✎ What is AIDS;
- ✎ How HIV is transmitted;
- ✎ How HIV is not transmitted.



45 minutes

Materials: Blackboard/whiteboard or a large sheet of paper, picture cards, pens.

Preparations: Affix the large piece of paper to the wall (or place it on the ground, depending on the facilities) and draw two columns on the paper

Explain the exercise by saying:

By knowing how HIV is transmitted we can protect ourselves and others from getting infected. This exercise will help us understand:

- ✎ The difference between HIV and AIDS;
- ✎ How HIV is transmitted;
- ✎ How HIV is not transmitted;
- ✎ This is important, because, by knowing how HIV is transmitted, we can protect ourselves, our families and others from infection.

Begin the exercise:

Step 1. Ask if someone in the group knows what HIV and AIDS stand for. If no one knows, then explain.

HIV stands for:

Human
Immunodeficiency
Virus

AIDS stands for:

Acquired
Immune
Deficiency
Syndrome

Step 2. Explain:

⚠ HIV “positive” means that you have HIV in your body.

⚠ HIV “**negative**” means that you do not have HIV in your body.

(Note: The terms “HIV positive” and “HIV negative” will be explained in more detail in the following chapter on HIV testing.)

⚠ HIV is a virus that weakens the body’s immune system. The immune system is the body’s defense system against diseases. HIV breaks down the defense, so diseases can more easily enter the body. Therefore, an HIV positive person becomes sick more easily. A person has AIDS when the defense system is so weak that many different diseases have entered the body.

Step 3. Use the paper where you have drawn two columns and write HIV transmission in one column and no HIV transmission in the other.

HIV transmission	NO HIV transmission
<div style="display: flex; justify-content: space-around; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 40px; height: 40px; background-color: #e0e0e0;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; background-color: #e0e0e0;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; background-color: #e0e0e0;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; background-color: #e0e0e0;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; background-color: #e0e0e0;"></div> </div> <p style="margin: 0;">Picture Cards</p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; width: 40px; height: 40px; background-color: #e0e0e0;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; background-color: #e0e0e0;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; background-color: #e0e0e0;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; background-color: #e0e0e0;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; background-color: #e0e0e0;"></div> </div>	<div style="display: flex; justify-content: space-around; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 40px; height: 40px; background-color: #e0e0e0;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; background-color: #e0e0e0;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; background-color: #e0e0e0;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; background-color: #e0e0e0;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; background-color: #e0e0e0;"></div> </div> <p style="margin: 0;">Picture Cards</p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; width: 40px; height: 40px; background-color: #e0e0e0;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; background-color: #e0e0e0;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; background-color: #e0e0e0;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; background-color: #e0e0e0;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; background-color: #e0e0e0;"></div> </div>

Step 4. Give each participant at least one picture card with a picture of an activity (picture cards are provided with the Toolkit).

⚠ Point at the two columns on the paper and ask the participants to come forward, one by one, and attach the card to the column where they think it belongs: transmission or non-transmission.

⚠ When attaching the card to one of the columns, ask the participant to explain to the others why they put the card where they did.

Step 5. When all participants have attached cards to the paper, ask everyone:

⚠ Are all the cards in the right column?

⚠ If a card is in the wrong column, then explain why.

Step 6. Make sure the participants have understood by asking:

⚠ Can someone explain how HIV is transmitted?

⚠ Can someone give example/s of how HIV is not transmitted?

Information on HIV and AIDS for the trainer:

HIV and AIDS statistics

Please, fill in statistics for your country:

Estimated no. of people currently living with HIV in the world.	40.3 million people as of end 2005.
Estimated no. of people currently infected with HIV in your country.	
Estimated no. of women currently infected with HIV in your country.	
Estimated no. of AIDS-related deaths in your country.	

How HIV is transmitted

✎ The following bodily fluids can transmit HIV:

- blood;
- semen;
- pre-ejaculation fluids;
- vaginal fluids;
- menstrual fluids;
- and breast milk.

✎ HIV dies almost immediately outside of the human body.

✎ To become infected with HIV, the fluids need to enter your blood system. This may happen with the following activities:

- vaginal intercourse;
- anal intercourse;
- oral sex (comparatively low risk);
- sharing or re-using injecting (such as syringes), piercing and tattooing equipment;
- receiving a blood transfusion with HIV infected blood;
- accidental injury involving blood - the risk of being infected with HIV this way is very small. However, whenever there is blood involved it is best to take protective measures, such as using gloves and make sure blood does not come in contact with any open wounds;
- HIV can also be transmitted from mother to child before and during birth and through breast milk.

How can you protect yourself from HIV?

- ✎ It is not possible to tell if a person is HIV positive, by looking at her or him;
- ✎ When having vaginal and anal intercourse, as well as oral sex, with a person whose HIV status is unknown to you, always properly use a condom;
- ✎ Using new or properly-sterilized needles (or piercing or tattooing equipment) prevents HIV transmission. Merely cleaning equipment and syringes is not a reliable way of preventing infection;
- ✎ In this toolkit, the focus on protection against HIV is about using condoms when sexually active. It may also be good to discuss the issue of faithfulness. When discussing, it is most important to keep in mind that faithfulness only gives protection against HIV if both partners are faithful.

Prevention of mother-to-child transmission

- ⌘ Mother-to-child transmission can be prevented by giving antiretroviral treatment (ARVs, as explained in exercise 3 below on Voluntary Confidential Counselling and Treatment) to the mother starting prior to the delivery, and then to the child once it is born.
- ⌘ A caesarian delivery also lowers the risk of mother-to-child transmission.

Factors increasing the risk of HIV transmission

- ⌘ A person with a sexually-transmitted infection (STI) has a greater risk of becoming infected with HIV.
- ⌘ Women are about twice as likely to become infected with HIV from men as men are from women. Women are both biologically and socially more vulnerable to HIV transmission because:
 - Social structures and culture can make it difficult for women to discuss sex and make their partners use condoms;
 - Women are more biologically vulnerable to HIV, because the soft tissue in the vagina tears easily, and absorbs fluids more easily, including semen. Semen also contains more HIV than the vaginal fluids, and may stay longer in the vagina⁷.

When a person is HIV positive

- ⌘ As of today, HIV cannot be cured, but there are treatments that improve the quality of life for the HIV positive person;
- ⌘ An HIV positive person can remain healthy for a long time, because the development of the disease can take many years;
- ⌘ It is important to remember that people with no symptoms can still give HIV to others through unprotected sex and sharing unclean needles.

How HIV is not transmitted

- ⌘ Shaking hands, hugging or kissing;
- ⌘ Coughing or sneezing;
- ⌘ Using the same telephone;
- ⌘ Visiting hospitals;
- ⌘ Opening a door;
- ⌘ Sharing food, eating and drinking utensils;
- ⌘ Using toilets or showers;
- ⌘ Using swimming pools;
- ⌘ Getting a mosquito bite or insect bite;
- ⌘ Working, socialising or living side by side with HIV positive people.

⁷The UNGASS, Gender and Women's Vulnerability to HIV/AIDS in Latin America and the Caribbean, Women, Health and Development program, PAHO – Regional Office of the World Health Organization.

Picture Cards Explanation:

1. Mother-to-child transmission – in the womb – **risk of transmission**
2. Mother – to – child – transmission – through breast milk - **risk of transmission**
3. Mother – to child transmission – at birth - **risk of transmission**
4. Needle sharing - **risk of transmission**
5. A woman and a man hugging – **no transmission**
6. Eating together, sharing plates, glasses and cutlery – **no transmission**
7. People caring for a sick person – **no transmission**
8. Shaking hands – **no transmission**
9. Kiss on the cheek – **no transmission**
10. Using the same telephone – **no transmission**
11. Receiving money in a shop – **no transmission**
12. Comforting someone who is crying – **no transmission**
13. Sneezing – **no transmission**
14. Swimming together – **no transmission**
15. Using the same clothes – **no transmission**
16. Sitting next to each other in school – **no transmission**
17. Using the same toilet – **no transmission**
18. Mosquito bite – **no transmission**
19. Contact with animals – **no transmission**
20. Unprotected sex (no use of condom) – **risk of transmission**
21. Using the same drinking glass – **no transmission**
22. Tattooing – **risk of transmission** with unclean needles
23. Food – **no transmission**
24. Blood transfusion – **risk of transmission**

Exercise 3. Who is at risk?

Purpose: This exercise helps us understand that anyone can be at risk for contracting HIV. It also shows how HIV is spread if we do not use a condom when having sex.



40 minutes

Materials: Tape, big papers and pens, markers.

Preparations:

- ⌘ When telling the stories, make sure you do not use the same names as those of the workshop participants. (The best way to avoid this is to suggest that the participants provide names to be used in the story.)
- ⌘ Also, mention work activities in the stories that are relevant to the context of the participants: farmers, vendors, taxi drivers...etc.
- ⌘ You should familiarize yourself with how HIV is mainly transmitted in your country (for example, between spouses, mother-to-child, injecting drug users, men who have sex with men) and the rate of HIV prevalence.

Explain the exercise by saying:

I will tell you a story about some people and how they are at risk for HIV.

This exercise will help us understand:

- ⌘ How different people can be at risk for HIV and;
- ⌘ How HIV can spread through a network of people who are connected through sex.

Begin the exercise:

Step 1. Ask the participants for two female names and two male names for the characters in the story.

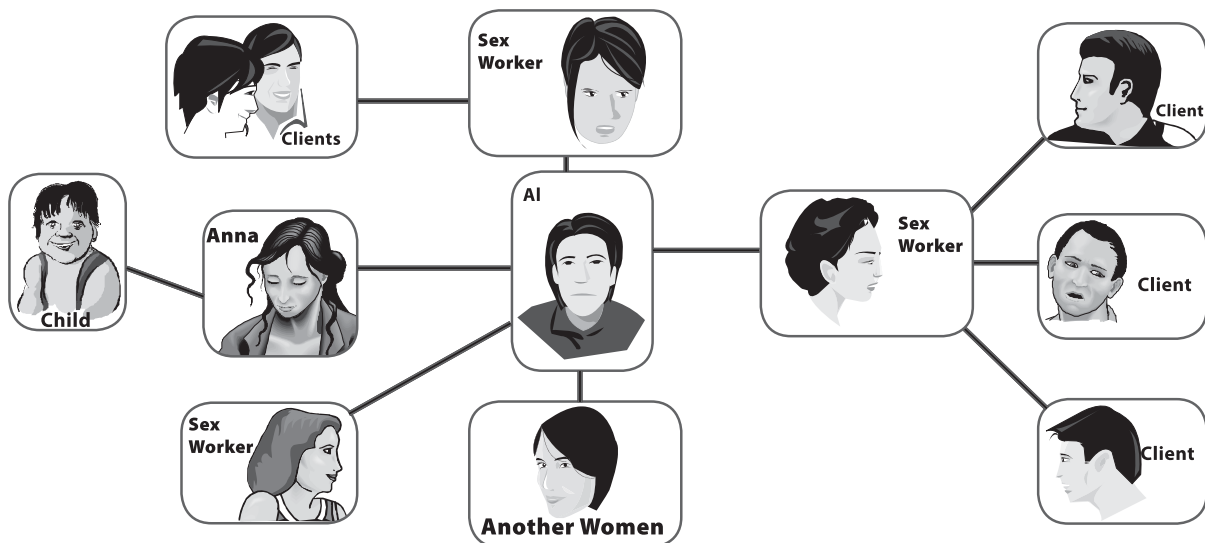
Step 2. Start telling the story. When you are telling the story, make pictures/symbols for each person in the story on a paper or black/whiteboard and draw lines between the persons who are connected.

Story

Al is a farmer. He also works as a motor cycle taxi driver. He is married to Anna. Anna works at home in the small shop they have outside their house.

Before Al met Anna, he visited sex workers. He did not use condoms.

When Anna becomes pregnant, she goes to the clinic, and the doctor asks her to take an HIV test. Anna agrees to do so. Anna finds out she is HIV positive. During the time Anna was pregnant, Al was unfaithful with another woman with whom he did not use a condom.



Step 3. After the story explain: Anna finds out she is HIV positive, and she has only had one partner-her husband, Al. Ask the following questions:

- ⌘ Assuming Al became HIV positive when he visited the first sex worker and had unprotected sex, then who is at risk for HIV?
- ⌘ Ask the participants to mark the people who are at risk for HIV with a red dot.

Step 4. When the story is finished, discuss the following questions:

- ⌘ What would have happened if some of the people in the story had decided to use a condom?
- ⌘ Think about what we said in the beginning. Approximately (use the latest national HIV prevalence rate) people in your country are HIV positive. Can you imagine how big a piece of paper we would need to put all of them here?

- ⚡ Why is it important to understand how HIV is spread and how you can protect yourself?
- ⚡ Do you think it could be worth using a condom to prevent this from happening?
- ⚡ Do you know that most HIV positive people do not know that they are HIV positive?

Information for the trainer

- ⚡ Many people think that HIV is not their problem.
- ⚡ You can never tell just by looking whether a person is HIV positive.
- ⚡ It can take up to three months, or more, (the time differs from person to person) before a HIV positive person tests positive. (The period during which an HIV positive person tests negative is referred to as the “window period”).
- ⚡ It is important to know that, even if HIV does not show up in the blood test, as soon as a person is infected with HIV, he or she can transmit HIV to others.

Exercise 4. What is voluntary confidential counselling and testing (VCCT) ?

Purpose:

To help participants understand the process of voluntary confidential counselling and testing (VCCT) and what a “negative” and “positive” test result mean.



30 minutes

Materials: Large sheets of papers and pens.

Preparations:

- ⚡ Make sure you have addresses and contact details for:
 - Support groups in your community;
 - Clinics that provide VCCT.
- ⚡ Also, be familiar with:
 - National regulations against forced HIV testing and firing of HIV positive workers;
 - The availability, access to, and cost of Antiretroviral drugs (ARVs) in your country and for the population with which you are dealing.
- ⚡ If participants can read and write:
 - Write VCCT and the following explanation on a large piece of paper:
 - Voluntary** – no one can force you to take a test.
 - Confidential** – the clinic taking the test cannot tell anyone but you about your test and the results.
 - Counselling** – someone should explain the test to you before you take it, and someone should talk to you and explain the results after the test.
 - Testing** – The actual blood test.
 - Also write the questions in the exercise on a large sheet of paper or black board/white board.

Note: Before or after the exercise give the participants contact details of services for care, treatment and support in the community.

Source: ILO Leaflet “Know your status”

Explain the exercise by saying:

The only way to find out if a person is HIV positive is through a blood test. These tests, along with the explanation of the results, are called voluntary confidential counselling and testing or VCCT.

This exercise will help us understand:

- ✎ What the HIV test consists of;
- ✎ What the results of a HIV test means.

Begin the exercise:

Step 1. Ask the below questions one by one. If the participants can read, write the answers under the questions you have already prepared on big pieces of paper.

When should you take an HIV test?

If you have put yourself at risk through:

- ✎ Unprotected vaginal, anal or oral sex (sex with no condom) with a partner whose HIV status is unknown to you;
- ✎ If you have shared needles with someone whose HIV status is unknown to you;
- ✎ If you have received a blood transfusion and the blood was not tested for HIV.

What are the benefits of being tested?

You deserve to know your HIV status because:

- ✎ When you know, you can be sure of your HIV status and take control over your situation;
- ✎ If you are HIV positive, then you can seek care and support (also treatment, if available) and learn ways to keep yourself healthy;
- ✎ If you are HIV negative, then it is an opportunity to take action (reduce risky behaviour) and to stay HIV negative.

What happens when you get an HIV negative result?

If you get a HIV “negative” result, it is important to remember:

- ✎ A “negative” result means that you do not have HIV now. But it does not mean that you can not get HIV in the future. You still have to protect yourself;
- ✎ If you are HIV negative, then the testing counsellors should help you understand how to stay HIV negative;
- ✎ Note that it can take up to 3 months until a blood test can show if you are HIV positive. This “window period” differs from person to person. In other words, if you had unprotected sex yesterday evening (and became HIV positive as a result), then an HIV test today will not show you are infected.

What happens when you get an HIV positive result?

If you get a “positive” result, it is important to know:

- ✎ A “positive” result means that HIV is in your body;
- ✎ An HIV positive result does not mean the end of your life. By taking care of your health, you can still live a happy, fulfilled and productive life. In fact, you may not get sick or need any treatment for several years;

- ✎ The counsellor should explain to you the difference between HIV and AIDS and inform you about how you can look after yourself to prevent getting AIDS and what services are available;
- ✎ Contact a support group where you can meet people who are in the same situation, and who can answer your questions;
- ✎ If you know you are HIV positive, then you can protect others from infection as well as taking good care of yourself;
- ✎ Always tell your sexual partner(s) that you are HIV positive.

Information on Anti Retroviral Drugs (ARV)

- ✎ There is no cure for HIV but there are life-prolonging drugs called ARVs;
- ✎ We do not know how long ARVs can prolong life, but some people living with HIV have taken ARVs for the past twenty years;
- ✎ If you start taking ARVs, then you must take them regularly for the rest of your life. It is dangerous to take ARVs only for a short period;
- ✎ A doctor must explain to you about ARVs. Never start taking ARVs without consulting a doctor first;
- ✎ There are certain criteria for receiving ARVs. A medical doctor will be able to tell you about this.

What can you do if you lack access to ARVs?

Even if you do not have access to ARVs, you can do things to look after your health, such as:

- ✎ Improve your hygiene;
- ✎ Stop drinking alcohol;
- ✎ Stop smoking;
- ✎ Exercise regularly;
- ✎ Protect your emotional well being: meditate; join a support group; talk to people you trust;
- ✎ Given the context, and in consultation with local experts, eat healthy food;
- ✎ Always consult a doctor whenever you get sick.

What are the consequences of not knowing your HIV status?

- ✎ You may not know what protection to take to protect yourself and others;
- ✎ You may not be able to plan for the future;
- ✎ You may believe you are HIV positive when you are negative;
- ✎ You may believe you are HIV negative when you are positive.

Step 2. Make sure the participants have understood the above by asking:

- ✎ Can someone explain what VCCT is?
- ✎ What does HIV positive mean?
- ✎ What does HIV negative mean?

Information for the trainer**When asking the questions:**

- ⌘ First, let the participants answer the questions;
- ⌘ If none of the participants answer, then you **MUST** give the answers after each question.

Forced Testing:

- ⌘ It is important to know that no one should force you to take an HIV test to get a job. In some countries, it is forbidden by law to carry out such “screening for employment”. Such screening is against the ILO Code of Practice. Moreover it may discourage people from knowing their HIV status.
- ⌘ Often, in the informal economy, employers do not force workers to take an HIV test. However, there are other ways of “testing”. That is “screening” on grounds of looks or rumours. This is as unacceptable as forced testing.

Testing and Results:

- ⌘ The sooner you know if you are HIV positive, the sooner you can make changes that may improve your quality of life. Therefore, it is highly recommended to take a test after possible exposure to HIV.
- ⌘ When an HIV test is taken, counselling must be provided before and after the test.
- ⌘ If your test is negative, then it probably means you do not have HIV. However, there is a time period (the “window period”) when HIV is not shown by a blood test. The “window period” is the time between exposure to HIV and when HIV is found by an HIV test. This time period differs from person to person. Most HIV infections will be shown after 3 months.
- ⌘ It is important to understand that HIV can be passed on to other persons during –and after – the window period.
- ⌘ ARVs are medication that can make your life longer. Find out if and where ARVs are available in your community.

Importance of support:

- ⌘ Without the proper support system, finding out you are HIV positive (or even worrying that you may be positive) can be devastating. People can become depressed, lose hope and may even try to harm themselves. For this reason, you must be very careful in not portraying an HIV positive status as a “death sentence”. You should emphasize the truth, that HIV can be managed like any other chronic, debilitating disease, and you should direct the participants to get more information from proper VCCT sites.

Exercise 5. The roles of men and women in relation to HIV and AIDS

Purpose: To help participants understand the different roles of men and women and how these roles may affect their risk of getting HIV.

Materials: Big sheet of paper and pens.



60 minutes

Preparations: Have questions prepared for the group discussion.

Source: Adapted from the UN Learning Strategy on HIV/AIDS; UNAIDS, 2004.

Explain the exercise by saying:

This exercise will help us think about:

- ⌘ the different roles of women and men and how these roles can affect their risk of getting HIV;
- ⌘ Tell a story about a woman called Anna and a man called Peter, and, afterwards, discuss the story.
(Note for the Trainer: As above, use names that fit the national context).

Begin the exercise:

Step 1. Read the below story loud (or, if possible, find people who can act it out).

Anna and her husband, Peter, lived together with Peter's parents. Peter was often away from the house, because he had to work far away from home. When Peter worked far away from home, he had sex with other women and he did not use condoms. Anna never thought he was being unfaithful. Peter began to get sick – having colds and coughing. Anna did not think much about it at first. She thought, perhaps, he was tired from travelling. The doctor advised Peter to have a blood test. Peter did not tell Anna the result of the test, but she could see from the sad look on his face, and the medicines that he was taking, that he was hiding something from her. When she asked him about what the doctor had said, he answered: "Suppose I have AIDS, what would you do?" Anna told him that she loved him, and would stay with him whatever happens.

Then he said, "If you want to know what is wrong with me, go and have a blood test." So she did and found out that she was HIV positive, too. She also found out that she was pregnant. Anna did not know what to do. Peter got sick and died three months later. Anna took care of him every day and night. She cleaned him and washed everything. She was very tired and could almost never rest. There were times when Anna crawled out of bed to help her husband.

Peter was happy and talked a lot during his last night. He wanted Anna to share his blanket, that last night. Peter asked Anna to hold him until he died. He died in her arms.

The people who came for the funeral showed little respect for Anna's feelings. In front of her they said "She will die soon and also her baby". After the funeral, Anna was just waiting to die.

Anna and Peter already had two children. Anna's mother-in-law told her not to touch them. When the new baby was born, he seemed healthy. Anna breastfed him, although the nurses told her of the risks of HIV infection, Anna could not afford formula milk. Her mother-in-law would not touch the baby. She was afraid it would infect her.

After that, Anna decided to move out of her mother-in-law's house and live with her children. Otherwise, she thought she would go crazy. One day, Anna met someone else living with HIV who told her about a support group for people living with HIV and AIDS. Anna started attending the support group, and it changed her life. She realized there were others in her same situation and that they cared about her. She also realized she had to be responsible for herself and her health.

Life has new meaning to Anna now. Anna says "No one gets HIV on purpose, but we need to know how to protect ourselves and how to help each other".

Step 2. Divide the participants into smaller groups for discussion. Ask them to prepare a short presentation for the rest of the group. If they can read and write they may use the pens and papers to write the presentation. If they want, they can also make role plays as a presentation. Explain what a role play is: A role play requires a small group of people, to act out a situation of other persons. A short situation is prepared beforehand. The “actors” themselves come up with arguments to be used in the role play. Afterwards the arguments in the role play are discussed, to see how problems were resolved or not resolved.

Step 3. Ask half of the groups to discuss HIV and women by answering:

- ✎ Is Anna's situation common for women in your country?
- ✎ What is the typical role for women in your country (in a relationship, in the home, at work, as a mother and in the society in general)?
- ✎ What makes a woman at risk for HIV in your country?
- ✎ What can be done to lower the risk of HIV for women?
- ✎ What is the impact on children whose parents are HIV positive?

Ask the other half of the groups to discuss HIV and men by answering:

- ✎ What is the typical role for a man in your country (in a relationship, in the home, at work, as a father and in the society in general)?
- ✎ What about the man's role makes him at risk for HIV in your country?
- ✎ Is it possible to change this role to protect men against HIV?
- ✎ Is there anything a man can do to change the risk of HIV infection for women and children?
- ✎ What is the impact on children whose parents are HIV positive?

Step 4. Invite the groups to present their discussions. Either as a verbal presentation or through a role play.

Step 5. Ask the others if they have any comments on the presentation.

Step 6. After the presentations thank each group for their presentation

Information for the trainer

Sex and Gender: There are biological differences between men and women (men's and women's sexual organs are different). We use the term “sex” to refer to these biological differences. We use the term “gender” to refer to differences in social roles and relations between men and women. Gender roles are taught, and they vary widely within, and between, cultures. (Example of some gender roles: caring for the family; having multiple sexual partners; and showing emotions.) Gender roles are affected by age, class, race, ethnicity and religion and by the geographical, economic and political environment.

✎ The link between HIV and AIDS and men and women

- Many women who become HIV positive have had only one partner.
- Women are about twice as likely to get HIV from men as men are from women.

✎ Examples of risk factors for women:

Because of social and cultural norms, often some women cannot:

- talk about sex with their partners;
- buy condoms;

- negotiate condom use/talk about condom use;
- say “No” to sex with their partner.

⚠ **Women may also:**

- fear a violent response from their husbands/partners if they talk about sex and condom use;
- have a low level of formal education;
- lack knowledge about HIV and AIDS;
- lack financial independence;
- have jobs which put them at risk, such as direct and indirect sex-work;
- be sent to work outside the home – with girls running the risk of becoming direct or indirect sex workers;
- be forced into gender stereotypes: women are supposed to be “submissive”, “innocent” and should not take sexual initiative.

⚠ **Examples of risk factors for men:**

- use of alcohol, which weakens judgment (higher risk of risky behaviour);
- peer pressure (to have multiple partners and not use condoms);
- behaviour – having multiple sexual partners and not using condoms - then they also put their partners, and children, at risk;
- work far away from home – the high mobility seems to increase the risk of extra-marital affairs;
- male gender stereotypes: men are “supposed” to be aggressive; to initiate the sexual act; and to be the main decision-maker of the household.

⚠ **Examples of consequences for children with HIV positive parents:**

- being infected by HIV from mother to child;
- being orphaned;
- being taken out of school (this puts them at risk of child labour);
- lacking education;
- lacking emotional and moral support from home;
- being at risk (girls and boys) to be forced into commercial sexual exploitation.

Exercise 6. Negotiating safer sex/talk about condom use

Purpose: To help participants get used to talking about sex, HIV and AIDS and condom use.



45 minutes

Materials: No special material

Preparations: If the participants can read, have pieces of papers with explanation of the roles in the role plays.

Explain the exercise by saying:

The only way to protect yourself, and others, from HIV during sex is by using a condom. This exercise will help us:

- ⚠ Practice talking about sex and condom use in a safe, supportive environment.

Begin the exercise:

Step 1. Divide the participants into two groups - men in one group and women in the other.

Step 2. Explain that they will prepare a role-play about Al and Anna. The situation is:

- ⌘ Al and Anna are going out together. Al wants to have sex with Anna without a condom, but Anna wants to use a condom.

Step 3. Tell the participants that the male group will have the role of the woman, and the female group will have the role of the man. Al will start talking to Anna, trying to convince her to have sex, and Anna replies. Everyone in the group will help to make the arguments, for and against. As a group, they will play the role of the man and the woman.

Step 4. To participants that can read and write, give them a note with information about their role.
To participants who cannot read and write, provide the same information verbally.

Note for the women's group: "You are Al, you do not want to use condom when having sex with your partner. You will come up with different arguments to convince your partner not to use a condom. (You may come up with new lines as well).

- ⌘ I'll be careful....
- ⌘ If you really loved me you would.....
- ⌘ I'll leave you if you don't.....
- ⌘ Having sex with condoms is like eating candy with the wrapper on...
- ⌘ I will not ejaculate...
- ⌘ Don't you trust me?"

Note for the men's group: "You are Anna, and you refuse to have sex without using a condom. When negotiating safer sex with your partner, use the following argument". (Try to come up with your own arguments as well).

- ⌘ I know you will be careful, but unfortunately careful is not enough when it comes to HIV and pregnancy...
- ⌘ If you really loved me, you would want to protect me...
- ⌘ Having sex without a condom shows you do not care. It is possible to have STIs without knowing it...
- ⌘ No matter how careful you are, fluid comes out before ejaculation, and that contains both sperm and HIV...
- ⌘ What if I become pregnant...are you prepared to be a parent?"

Step 5. After the exercise ask the following questions:

- ⌘ What arguments worked? If the participants know how to read and write, write down the arguments on a big piece of paper/blackboard/whiteboard.
- ⌘ Do you think you will be able to use any of these arguments?
- ⌘ What did you feel taking on the role of the woman?
- ⌘ What did you feel taking on the role of the man?
- ⌘ Was it different for men and women?
- ⌘ What made it difficult to talk about condom use?
- ⌘ What are the difficulties in saying "no" when you do not want to have sex or talking about sex with a condom?

Step 7. After the discussion, thank all the participants.

Information for the trainer

- ⚡ (Remember, give names to the male and female characters according to the national context, but do not use names of the participants).
- ⚡ There is no right or wrong response in this exercise.
- ⚡ Sex, condoms and HIV can be difficult to talk about, so it is important to make sure the participants feel they are in a safe, non-judgmental environment.
- ⚡ Condom use is the responsibility of both partners; women and men.
- ⚡ "Safer" sex is having sex with a properly-used condom.
- ⚡ No sex is "safe" sex: there is always some risk.
- ⚡ To use condoms is to care about yourself and your partner
- ⚡ Condoms may save your and other's lives.

Exercise 7. What influences our behaviour and how can we change?

Purpose: To help the participants think about risk behaviour and how we can change such behaviour.



45 minutes

Materials: Paper and pens

Preparations: Write the situations on pieces of paper

Explain the exercise by saying:

To protect ourselves against HIV, we may have to change the way we act. This exercise will help us:

- ⚡ Discuss different behaviours that may put ourselves, and others, at risk for HIV infection, and how we can change these behaviours.

Begin the exercise:

Step 1. Explain:

- ⚡ Behaviour is what people do, what actions they take; behaviour is influenced by people's knowledge, attitudes and beliefs.
- ⚡ Any behaviour/action causes something else to happen.

"A person's behaviour is the way they act in general, especially in relation to the situation they are in or the people they are with"

(Collins Cobuild English Language Dictionary, Harper Collins Publishers, 1994, London)

Step 2. Ask everyone to think of behaviours that could put them at risk for HIV.

Examples of behaviours:

- ⚡ Drinking alcohol—it weakens your judgment and increases the possibility of risky behaviour;
- ⚡ Having many sexual partners and not using condoms;
- ⚡ Not using a condom when having sex with a partner whose HIV status is unknown to you;
- ⚡ Sharing needles;
- ⚡ Engaging in direct or indirect sex work.

With each behaviour, discuss:

- ✎ What makes us act like this?
- ✎ How does this behaviour put us at risk for HIV?
- ✎ Is this behaviour so important that it is worth risking getting HIV?
- ✎ Can we change this behaviour?
- ✎ If yes, how?

Step 3. After discussing different behaviours, ask the following questions:

- ✎ Do we have choices about how we behave?
- ✎ Can we make good things happen instead of bad things by the choices we make?
- ✎ Is it possible to protect ourselves from HIV just by changing our own behaviour?

Step 4. Summarize the discussion.

Step 5. Explain that you will do role play exercises on different risk behaviours. Explain that the aim of the role play is to find ways of discussing behaviour change with someone who is at risk of getting HIV.

Step 6. Divide the group into smaller groups and give information about the role plays.

- ✎ For people who can read and write: Give them a situation on a written paper (see examples below).
- ✎ For participants who cannot read: Tell them the situation verbally.
- ✎ Ask them to prepare a 5-minute role play of the situation.

Situations for role play

1. You are with friends in a bar drinking beer. Some want to go visit sex workers. One of them says: "Let's go, I know some women who don't make you use condoms."
 - ✎ What do you say to your friends about visiting sex workers, to make them understand the importance of using a condom and try to explain the risk of HIV.
2. A friend tells you: "When I came home late yesterday evening, I had an argument with my wife. She told me to sleep on the floor. I got angry, so I left and went to see my lover (see note for the trainer with regard to use of the word "lover"). We had sex but did not use a condom. On my way home this morning, I saw this big poster on HIV and AIDS in the street, and I got worried".
 - ✎ How do you tell this friend that he should use a condom with his wife until he is sure he is not infected with HIV? Explain that the best way to protect the health of his wife and children is to remain faithful to his wife, or, at least, to use condoms with all sexual partners. Also explain the only way to find out his HIV status is through an HIV test.
3. A friend wants your advice: "I tried to talk to my husband about using condoms but he refuses. I think he has another woman, so I am afraid of HIV. But I don't know how to convince my husband to use condoms".
 - ✎ What can you tell your friend to do or say?

Step 7. Ask the groups to perform the role play for the others.

Step 8. Ask the observers to carefully listen and to think of what they consider the best arguments, and to think of new arguments.

Step 9. Discuss the different arguments. If the participants can read and write, then write the arguments on a big piece of paper/blackboard/whiteboard.

Step 10. When all groups have performed and the arguments have been discussed, thank each group for acting.

Information for the trainer:

- ⚠ Depending on the national context, use a term that is appropriate for a sex partner other than one's spouse (in some cases, this will be a "girlfriend", "lover", or "sweetheart").
- ⚠ Being mutually faithful with your partner is the safest way of protecting yourself and your partner from HIV. (That is, if one partner is faithful, while the other is not, then there is still a risk of transmission. Therefore, fidelity has to be mutual).
- ⚠ However, in some cultural contexts, participants may not accept fidelity as a way to prevent HIV transmission; therefore, it is important to provide participants with other options, such as using condoms with all sexual partners.

Exercise 8. Condom demonstration

Purpose: To help participants understand how to properly use a condom.



20 minutes

Materials: Model penis, male condoms (and possibly female condoms and model vagina). For the male condom, if you do not have a model penis, then use something else, like a banana or two fingers. For the female condom, if you do not have a model vagina, then you can use a hand.

Preparations: You should know how to use condoms properly and practice placing them on the model sexual organs beforehand. You should identify places where you can buy male and female condoms/ maybe get them for free, so you can tell the participants.

Note:

- If you use a banana or two fingers, make sure it is clear that you are using these to represent a penis, and if you use your hand, make clear it is representing a vagina.
- Some participants may prefer male condoms but there are also female condoms. If female condoms are available and acceptable it would be good also to do a female condom demonstration and have a discussion on this topic.

Source: The condom and femidom demonstration explanation adapted from the "Living in a World of HIV/AIDS" Booklet, UNAIDS 2004.

Explain the exercise by saying:

Since the only way to protect against HIV during vaginal, anal and oral sex is to use a condom, it is very important to know how to use a condom properly.

This exercise will help us understand:

- ⚠ How to properly use a condom.

Begin the exercise:

Step 1. Give male condoms to all participants and ask:

- ✎ What do you think of condoms?
- ✎ What are the benefits of using condoms?

Step 2. Invite a volunteer to show how to use a condom by using a model penis and a condom. Ask the volunteer to explain to the others what s/he is doing and what is important to keep in mind and correct the technique if s/he has not done it correctly.

Step 3. Thank the participant who did the condom demonstration.

Step 4. Now you as a trainer must do a correct condom demonstration and explain it carefully. Please see page 38.

- ✎ When you do the condom demonstration explain:
 - Always check the expiration date on the package. If the date is old/expired, then the condom should not be used.
 - Open the package carefully, never use scissors, knife or teeth. Pull the condom to one side of the package. Tear the package on the other side to protect the condom.
 - Remove the condom from the packet, being very careful if you are wearing rings and/or have long fingernails, so as not to rip the condom.
 - Pinch the air from the tip of the condom (this is very important to avoid breakage) and place the condom on the ERECT penis.
 - Carefully roll the condom down over the ERECT penis, until it is completely unrolled and/or the entire penis is covered. Ensure that there is no air in the condom (the tip of the condom should be slack or empty-looking).
 - After ejaculation, pull the penis out of the vagina/anus/mouth when still ERECT, while holding the base of the condom.
 - Once the sexual act is over (remember, you need one new condom per sex act), remove the condom from the still-ERECT penis by holding the base of the condom and sliding it off, being very careful to keep the semen in the condom.
 - Tie the end of the condom in a knot and dispose of the used condom – for example, in a rubbish bin. (Never flush a condom down the toilet, as it will block the plumbing system!) When disposing of the condom, think of the “3 b’s: bin, burn or bury”.
 - Explain that if you want to use lubricants, NEVER use oil based lubricants because the condom will break. You have to use water-based lubricants. (Using lubricants is especially important for anal sex.)
 - Only use one condom at a time. Two condoms do not provide double protection. Because of friction the risk of breakage increases.

✎ If possible, then also make a Female Condom Demonstration:

Explain:

- Show the female condom and say: this is a female condom. It has a ring at each end. The inner ring is loose and can be taken away if the condom is to be used for anal sex.
- Pinch the inner ring so that you can insert it.
- If you do not have a model vagina, make a circle with one of your hands, symbolizing the vagina (or anus).
- Then, insert the female condom into the vagina (or anus, but then you have to take away the inner ring)

- Push the female condom into the vagina, so that the inner ring is at the cervix. The natural shape of the vagina generally holds it in place. Remember that the female condom can be inserted up to 8 hours, if wanted, before having sex.
- Be sure that the penis goes inside the female condom and not between the outside of the female condom and the wall of the vagina/anus.
- After the sexual act and the male has removed his penis, twist the female condom and then pull to remove from the vagina/anus.
- Throw the female condom away. As with the male condom, never flush it down the toilet.

Step 5. Ask the following questions:

- ⚡ Do you know where to buy condoms?
- ⚡ What brands of condoms are available? Are they reliable?
- ⚡ For how much are condoms being sold?
- ⚡ Can you get them for free somewhere?

Information for the trainer:

- ⚡ A properly-used condom during vaginal and anal intercourse, and oral sex, is the only protection against HIV.
- ⚡ To use condom is to care about yourself, your partner/s and children.
- ⚡ A person who has many sexual partners and does not use condoms puts both him/herself and others at risk of HIV.
- ⚡ Never use both male and female condoms at the same time. Because of friction, the risk for breakage of the condom increases.

Section



Rights and Responsibilities

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Exercise 9. My rights, your rights, our rights, everyone's rights-everyone's responsibility

Purpose: To help participants understand stigma and discrimination (when people are being badly or unfairly treated because they are HIV positive)

Materials: Markers and pens



60 minutes

Preparations: Make sure you have addresses of local organizations that can assist in cases of stigma and discrimination. In most countries, support groups for HIV positive people exist and can help.

Explain the exercise by saying:

Unfortunately, stigma and discrimination against HIV positive people is common in many societies. This takes place in communities, schools, hospitals, houses, workplaces, and at many other places. Much of stigma and discrimination is built upon misunderstanding of certain groups and unrealistic fears of how HIV is transmitted. For that reason, it is important to clarify how HIV is (and is not) transmitted and to emphasize that we are all at risk of HIV, and that no particular group of people "brought" it or are to "blame" for it.

- ⌘ Stigma is when bad things are said about someone because s/he is different from others. To gossip, spread rumours or to verbally abuse people living with HIV are examples of stigmatization.
- ⌘ Discrimination is when people act upon that stigma. When the thought becomes an action, and we treat someone badly or unfairly because he or she has HIV, we discriminate.
- ⌘ Discrimination can be actions taken by employers, managers, employees or communities. (It is important to note that, in informal work situations, in the absence of employers, fellow workers can, themselves, discriminate against their colleagues). Discrimination can take the form of an HIV positive person being denied health care or a fruit vendor refusing to work alongside a fellow vendor who s/he thinks is HIV positive. In all cases, discrimination means treating people badly because they are (or could be) HIV positive.
- ⌘ It is very important to work against stigma and discrimination, since it is a major barrier to preventing HIV. It affects how people respond to HIV prevention messages, how willing they are to use services (especially VCCT) and how open they will be regarding their HIV status.

This exercise will help us;

- ⌘ Think about what stigma and discrimination are and how they may affect people.
- ⌘ To understand it is not acceptable to treat someone differently because s/he is HIV positive.

Begin the exercise:

Step 1. Tell the story below as an example of stigma and discrimination. If possible, you may ask some people in the group to act out the story.

Anna, 30 years old, has a small shop, selling fruits and vegetables, in front of her house. Her husband works far away from home. After a while, he becomes sick and dies. The neighbours suspect that he was HIV positive and died of AIDS. After the death of her husband, many villagers stopped buying from Anna's shop and talked badly about her. She could hear them whisper that she was HIV positive.

Step 2. Divide the participants into smaller groups and ask them to think about the story and discuss:

- ✎ Why do people discriminate?
- ✎ Do you know of other cases of stigma and discrimination?
- ✎ What can you do to prevent stigma and discrimination in your community?
- ✎ Where would you turn if you wanted advice on how to fight stigma and discrimination?

Step 3. After the group discussions, explain what factors could contribute to stigma and discrimination;

- ✎ People are afraid of getting infected by HIV because it is life-threatening;
- ✎ HIV is often associated with certain behaviours and groups (such as men who have sex with men, selling sexual services and injecting drug use). And these behaviours are already stigmatized in many societies;
- ✎ HIV positive people may be thought of as being “responsible” or “to blame” for becoming infected;
- ✎ Some religious or moral beliefs may lead people to believe that HIV is the result of immoral behaviour that deserves to be punished.

To work against stigma and discrimination, we can:

- ✎ Explain about HIV and AIDS to people we know;
- ✎ Explain why we do not need to be afraid of HIV, because we can protect ourselves;
- ✎ Explain that HIV positive people have the same rights as everybody else;
- ✎ Understand that we are all at risk and that it is our behaviour that puts us at risk, not the kind of person we are;
- ✎ If there is a public meeting, you can ask an HIV positive person who is open about his or her status to come to the meeting and tell his or her story. Meeting someone living with HIV may work against stigma and discrimination.

Step 4. Ask the participants to think about:

- ✎ Would you want to know if a friend is HIV positive?
- ✎ Why?
- ✎ Is it your right to know?
- ✎ Would you want others to know if you were HIV positive?
- ✎ If yes, why and if not, why not?

Information for the trainer:

- ⚠ If participants say something that is discriminatory, you have to respect the fear but also try to explain why discrimination is wrong
- ⚠ Fear of stigma and discrimination may lead to people not wanting to test themselves to find out their HIV status.
- ⚠ When people do not know their HIV status, they cannot care for their health, and the risk of more people becoming HIV positive is larger.
- ⚠ Everyone has the right to health care, but many workers in the informal economy still do not access it, because they lack money to pay for services.
- ⚠ Knowledge is a good prevention against discrimination. If we know how HIV is transmitted, then we do not have to be afraid and can be more open to caring for people living with HIV

Exercise 10. Expert Interview

Purpose: This exercise will give us information from people who are experts in the field of HIV and AIDS. If you have a training session or a meeting, you can invite an expert to answer the participants' questions.

Materials: Acknowledge the expert in some way and show appreciation for him/her taking time to share his/her knowledge with you. (This can take the form of a present from the local community or a song or a poem).

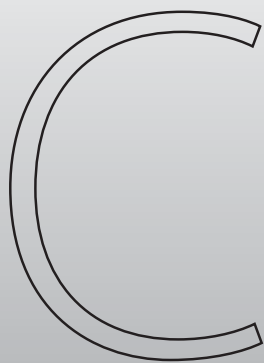


60 minutes

Preparations: Invite a person who is an expert. For example:

- ⚠ Someone living with HIV can describe what it is like to be HIV positive. Ahead of time, contact HIV positive people (and representatives from their associations) to discuss how they could most usefully contribute. Remember, HIV positive people, just like anyone else, have ideas and feelings, and they should not just be used to give a personal testimonial. They can provide professional perspectives as workers and community and family members.
- ⚠ A doctor can explain about ARV treatments.
- ⚠ A lawyer can explain about local legislation to protect the rights of people living with HIV, as well as access to benefits.

Section



HIV and AIDS Related Services

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HIV and AIDS related services

Purpose: An important tool in the fight against HIV and AIDS is information about access to services. Different HIV and AIDS related services will be explained below.

Materials: Have as many addresses/phone numbers of service providers as possible to give to the participants. Make sure you have:

- ✎ Addresses;
- ✎ Name of contact person;
- ✎ Opening hours;
- ✎ Costs.

Preparations: When discussing HIV and AIDS related services you should encourage VCCT, but not pressure participants to be tested. You must respect the decision of each participant regarding testing but tell them that knowing their status is the first step to care and support.

You as a trainer MUST know:

- ✎ Where to go for VCCT;
- ✎ What clinics are in the area;
- ✎ How to access ARVs;
- ✎ What support groups are there and how to contact them.

Exercise 11. Prevention

Voluntary confidential counselling and testing - VCCT

The only way to find out if a person is HIV positive is through a blood test.

Make sure the testing center assures:

- ✎ Confidentiality;
- ✎ Counseling before and after testing.

Information

Information is an important tool in the prevention of HIV and AIDS. Women and men who access information are more likely to know how to prevent HIV infection. What can be done?

- ✎ Provide HIV and AIDS information at all trainings, even just a short session on the basics.
- ✎ When having trainings, make sure both women and men attend the trainings.
- ✎ Schools may be a place to access HIV information - encourage parents to allow both girls and boys to attend school.

Sexually transmitted infection (STI) treatment

Having an STI increases the risk of becoming infected with HIV. Therefore, treatment of sexually transmitted infections is an important part of HIV prevention. Also, if an STI is not treated, it can cause serious complications, including miscarriage or infertility. What can be done?

- ✎ Anyone who thinks s/he has a STI should seek treatment as soon as possible.
- ✎ Contact the nearest appropriate clinic/hospital for diagnosis and treatment.

Prevention of mother-to-child transmission (PMTCT)

More than one fourth of newborns infected with HIV die before they turn one. Most die before they are five. If an HIV positive mother is put on treatment, there is a significant chance to prevent mother-to-child transmission. What can be done?

- ✎ Pregnant women should be tested as part of routine checkups.
- ✎ Ask doctors for possible treatment for both the mother and the newborn.

Exercise 12. Care and support**Support groups**

A person who finds out he or she is HIV positive will have many questions. It may be comforting to talk to someone with similar experiences. What can be done?

- ✎ Contact a support group or association of HIV positive people.
- ✎ A support group may also be able to refer people to other needed services.

Home - based care

Many times friends and relatives care for people living with AIDS in their own homes. Many times, women are the care givers and, sometimes, children are taken out of school to care for sick parents and/or relatives. What can be done?

- ✎ In many communities, home based care programmes have been initiated to support these efforts. Try to identify if there is such a programme in your community.
- ✎ If there are no home-based care teams in your community, then you need to seek care from clinics, health centers or hospitals.

Medical care and treatment in hospitals, clinics or health centres:

When a person is HIV positive, s/he may more easily get infections and may suffer from diarrhoea, colds or rashes and other diseases. These are called "opportunistic infections" and can be treated well before ARVs are needed. The sooner a person gets treatment, the better. In fact, if untreated, a person may die from diarrhoea. When a person gets sick, it is very important to seek treatment as soon as possible. What can be done?

- ✎ Seek medical advice if you get sick.
- ✎ Find the closest clinic or hospital in your community.
- ✎ Find out opening hours and costs for treatment.

Antiretroviral treatment

Unfortunately, ARVs, life prolonging medicine, is not accessible to everyone. What can be done?

- ✎ Identify what government hospitals/clinics provide ARVs.
- ✎ Identify what possible organizations provide ARVs.
- ✎ Never start taking ARVs without consulting a medical doctor first.

Rights

It is very important to protect the rights of HIV positive people. If their rights are respected, it will be easier for people living with HIV to protect themselves, and others who are at risk of HIV infection. What can be done?

- ✎ Identify an organization working with legal rights and HIV and AIDS and seek Legal Assistance if rights are not protected.

Also assist people to:

- ✎ Access information on how to protect yourself from HIV and AIDS.
- ✎ Encourage people to know their HIV status at a proper testing centre.
- ✎ Know how to access care and treatment.
- ✎ Work against stigma and discrimination by empowering people.

For information on HIV and AIDS:

UNAIDS

The Joint United Nations Programme on HIV/AIDS, UNAIDS, is the UN organization with the mandate to:

“...lead, strengthen and support an expanded response to HIV and AIDS that includes preventing transmission of HIV, providing care and support to those already living with the virus, reducing the vulnerability of individuals and communities to HIV and alleviating the impact of the epidemic”.

For more information visit the UNAIDS website: www.unaids.org

International Labour Organization (ILO)

The ILO is the United Nations specialized agency focusing on the world of work. The ILO has a programme working on HIV/AIDS and the World of Work (ILO/AIDS). The ILO is a co-sponsor of UNAIDS.

The key objectives of ILO/AIDS are:

- ✎ to raise awareness of the social, economic and development impact of AIDS through its effects on labour and employment;
- ✎ to help governments, employers and workers support national efforts to control HIV and AIDS;
- ✎ to fight discrimination and stigma related to HIV status.

The ILO may be able to provide you with information and/or materials for HIV and AIDS trainings. For more information visit the ILO website: www.ilo.org

Glossary

AIDS

Acquired Immune Deficiency Syndrome – Accumulation of diseases and infections brought on because of HIV infection.

HIV

Human Immunodeficiency Virus.

HIV positive

HIV is in your body.

HIV negative

HIV is not in your body.

ARVs

Antiretroviral medication – There is no cure for HIV, but there are medications that can prolong life and delay the development of serious illnesses.

Informal Economy

Informal economy refers to all economic activities by workers and economic units that are - in law or in practice - not covered or insufficiently covered by formal arrangements. They include both wage workers and own-account workers. Their activities operate outside the formal reach of the law or, even as they are operating within the formal reach of the law, the law is not applied, not enforced or discourages compliance because it is inappropriate, burdensome, or imposes excessive costs⁷.

VCCT

Voluntary Confidential Counselling and Testing.

STI

Sexually Transmitted Infection – STI's may increase the risk of contracting HIV.

Sex and Gender

There are both biological and social differences between men and women. The term “sex” refers to biologically determined differences, while the term “gender” refers to differences in social roles and relations between men and women. Gender roles are learned through socialization and vary widely within and between cultures. Gender roles are affected by age, class, race, ethnicity and religion, and by the geographical, economic and political environment⁸.

Screening

Measures, whether they are direct (HIV testing) or indirect (assessment of risk-taking behaviour), or questions about tests already taken or about medication, designed to establish HIV status⁹.

Opportunistic infections (OI)

Illnesses caused by various organisms, some of which may not cause disease in persons with normal immune systems.

Role play

A role play requires a small group of people, to act out a situation of other persons. A short situation is prepared beforehand. The “actors” themselves come up with arguments to be used in the role play. Afterwards the arguments in the role play are discussed, to see how problems were resolved or not resolved.

⁷Decent Work and the informal economy, ILC 90th Session, 2002, ILO, Geneva

⁸ILO Code of Practice

⁹Implementing the ILO Code of Practice on HIV/AIDS and the world of work – an education and training manual.

