



GLOBAL AIDS PARTNERSHIP

What you need to know!

HIV/AIDS
Training Manual

HIV/AIDS Training Manual: What You Need to Know

by the Global AIDS Partnership

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This training manual has been prepared to teach you how to respond to the needs that HIV/AIDS has caused in your community. Anyone can become involved—even people who are learning about HIV for the first time. It only takes two things—the desire to learn, and a good source of information.

There are a number of different units which you can use to teach a training seminar. Each one addresses a different subject related to HIV/AIDS. These materials start with this unit on basic information about HIV/AIDS, entitled *Training Manual*. It contains essential information about HIV/AIDS and lays the foundation for the rest of the units.

A training seminar has two objectives:

1. **Each participant will be able to teach the first unit of this manual using the accompanying training chart.**
2. **Each participant will be able explain the key points that introduce the chapters in each unit.**

The information in this manual is quite detailed. It is not intended to make you an expert on HIV/AIDS. It is intended to provide you with a solid understanding of the subject. It will allow you to answer most questions that an audience will ask during an HIV/AIDS information seminar.

CHAPTER 1

Introduction



Key Points

1. Church and Community Involvement in the HIV/AIDS Crisis
2. Who Can Be a Trainer?
3. How Can the Information in This Manual Be Used?

1. Church and Community Involvement in the HIV/AIDS Crisis

The world first became aware of HIV/AIDS in 1981. Since that time, the disease has travelled rapidly around the globe. Every continent has been affected; no country is exempt from the devastation of the HIV/AIDS epidemic.

In the beginning, HIV spread faster in Africa than in any other region. However, the number of people becoming infected with HIV is increasing around the world. Millions of people die from AIDS every year. The problem seems to be overwhelming.

The number of people becoming infected with HIV is increasing around the world. Millions of people die from AIDS every year. The problem seems to be overwhelming.

But there is hope! Armed with good information, people can learn how to keep HIV out of their bodies. Individuals, churches, and communities are finding creative ways to communicate life-saving prevention messages. They are also intervening in the lives of people living with the infection by reaching out in love and compassion.

This training manual, training chart, and informational brochure have been designed to help people become involved in the fight against HIV/AIDS. They contain valuable information that everyone needs to know about the disease. In the hands of someone who has received training, these materials become powerful tools in the fight against HIV/AIDS.

The goals are to teach people what they need to know about HIV, and to change behaviors that put themselves and others at risk for infection.

2. *Who Can Be a Trainer?*

Anyone can be a trainer. However, the best trainers are those:

- Who have a passion for the subject.
- Who wish to help others gain knowledge and change their behavior.
- Who enjoy interacting with people.
- Who are knowledgeable about the subject they are teaching.

People respond best to information presented by someone who clearly and enthusiastically communicates his or her message. A good communicator takes time to interact with the learners.

A trainer should study everything possible about the subject he or she is presenting. A well-informed trainer will be able to answer questions and follow the lead of the participants as they discuss the subject at hand (see section on participatory teaching and learning).

This training program includes the training manual, a training chart and an informational brochure on HIV/AIDS. The training manual closely follows the informational brochure, which presents the facts on HIV/AIDS. The manual is also a resource document which provides the trainer with more in-depth information on the subject.

A person will learn and understand more about the subject by actively participating in the learning process and by visual reinforcement. The training chart is used as a visual reinforcement tool. In this manual, the trainer will also learn about adult learning styles and participatory teaching methods.

3. *How Can the Information in This Manual Be Used?*

HIV/AIDS education can be presented in a variety of settings; for example:

- **Church and community small group settings.** Churches may wish to set aside time during Sunday School, a morning or evening service, or a mid-week meeting to discuss HIV/AIDS. This helps to open discussion on HIV/AIDS and the church's response to the crisis. Church members can decide how to target the most prevalent crisis points; for example, care of vulnerable and orphaned children, hospice care of those sick with AIDS, people affected by substance abuse, etc.
- **School settings.** Children and adolescents are strategic groups to address when teaching HIV prevention. It can be difficult to change behavior after a person has become sexually active. It is essential to teach young people how to manage sexual desire as they begin to make decisions about sexual activity.
- **Prenatal clinics.** Pregnant women are an important audience for information on HIV/AIDS because of the risk of transmitting the virus to

their babies. Prenatal clinics in areas where HIV infection is prevalent should incorporate HIV teaching into their programs. This manual and booklet will be helpful in these settings.

- **Counseling at HIV testing sites.** An important part of counseling people who are having the HIV test is to provide them with information to help them understand the results of their HIV test. This counseling includes how to avoid transmitting HIV to others if they are positive, and how to avoid becoming infected with HIV if they are negative.
- **Drug rehabilitation programs and substance abuse centers.** HIV is a significant threat to people who use needles to inject drugs and also to their sexual partners. When people seek help in a program, it provides an excellent opportunity to educate them about the risk of HIV infection and their need to have an HIV diagnostic test.

Teaching basic information about HIV/AIDS should be a part of HIV testing and counseling.

CHAPTER 2

Participatory Teaching and Learning: Hearing, Seeing, Doing



Key Points

1. Facilitate Learning Through LePSAS
 - a. Learner-Centered
 - b. Problem-Posing
 - c. Self-Discovery
 - d. Action-Oriented
 - e. Spirit-Guided
2. Using Role-Plays and Starter Questions

(Much of the information below is adapted from *Community Health Evangelism*, Life Wind International, 1998)

HIV awareness education is an important prevention strategy in the fight against HIV/AIDS. However, studies show that hearing about HIV just one time does not always result in behavioral change. Imparting information in a participatory style enhances the learning process.

1. Facilitate Learning Through “LePSAS”

LePSAS:
Learner-centered
Problem-posing
Self-discovery
Action-oriented
Spirit-guided

HIV infection can be avoided when people learn how to keep the virus out of their bodies. This information is so important, it must be communicated using the most effective teaching techniques.

Some teachers stand up in front of a group of people and lecture about the subject. They use this verbal teaching method because it is the technique they learned while in teachers’ training. This is probably the least effective way to encourage the learning process.

The most effective teaching methods allow the learner to be actively involved in the learning process. In this model, the teacher is called a *facilitator* because the focus is on the learner and his or her own discovery.

Consider the following points which have been proven effective in adult learning:

- First, people remember more of what they are taught if what they hear is accompanied by visual representations of the information.
- Second, when verbal teaching is reinforced by doing an activity relating to the information, students remember even more.
- Third, if the information that people have just learned is drawn out and built upon, they receive even greater benefit because there is “discovery” on the part of the learner.

Community Health Evangelism uses a method by which people are actively involved in the learning process. The abbreviation is **LePSAS**, and it stands for: Learner-centered, Problem-posing, Self-discovery, Action-oriented, Spirit-guided.

A. Learner-centered

Start where the learners are by:

- Taking time for greetings.
- Taking time to make sure everyone is comfortable.
- Facilitator calling people by name, establishing a relationship or connection.
- All sitting in a circle—both learners and the facilitator. This diminishes the concept of teacher superiority.
- Writing materials on some type of paper that can be pasted on walls or on a chalkboard. Someone other than the teacher writes.
- Everyone contributing to the discussion.
- Referring the problem back to the learners for their personal ideas about the question.

B. Problem-posing

Start where the learners are by:

- Considering one single, specific, solvable problem for each lesson.
- Posing or presenting the problem in a simple, clear, stimulating way.
- Making the single problem a “starter” for the thinking process which leads into the discussion. A problem-posing starter, such as role-play or case study, is useful because:
 - It gets people’s attention.
 - It stimulates group thinking.
 - It helps to make an image real.

- o It helps to focus on one problem.
- o It helps analyze the cause of the problem.

C. Self-discovery

- Builds self-worth by being taken seriously by the facilitator and other learners.
- Through dialogue, the learner discovers a part of the answer to the problem.
- Most of the desired knowledge will come from individuals within the group.
- Incorrect answers are modified when they are repeated differently.
- At the end of a good lesson, the learner will realize that he or she learned something new.

D. Action-oriented

- Good teaching or facilitating helps people learn to solve the specific problem.
- Suggest a solution to the specific problem which was posed.
- The lesson is complete when plans are made for acting on the solution (Who? Where? When? How?).

E. Spirit-guided

- All teaching should be under the guidance of the Holy Spirit.
- Without the Holy Spirit, the teaching can become humanistic.
- The ultimate goal is to teach God's eternal truths. The Holy Spirit allows the truth to be accepted and to penetrate into hearts.
- The Holy Spirit guides people to change from the inside out.

2. Using Role-Plays and Starter Questions

In this manual, you will find many role-plays intended to get people thinking about the information they are hearing and encourage them to interact with the facilitator and the other participants.

To use a role-play during a seminar, the facilitator will need to prepare before the lesson begins. Read through the lesson, and determine which role-plays will be used. Determine the number of people needed for the role-play and ask for volunteers. Assign each person his or her character and have them read the role-play. It may be helpful to give the characters a copy of the role-play, as they may want a few minutes to practice before the lesson begins. They do not need to quote the text; they just need to communicate the main ideas.

After performing the role-play or other activity, the facilitator can lead a group discussion, asking the learners several questions about what they have just observed.

The following set of questions helps begin the discussion. Ask the learners:

- What do you SEE and hear?
- What is HAPPENING?
- Does it happen in OUR place?
- WHY does it happen?
- What will we DO about it?

Asking meaningful questions related to lesson content helps participants to interact with the information they are learning.

A good starter:

- Is short, clear and simple.
- Poses one problem at a time.
- Shows a real-life situation in a given community.
- Stimulates discussion built on experience of the group and the group's knowledge.
- Should be true to culture.
- Should not give the answer.
- Should be a solvable problem.
- Should get people involved.

The above style of participatory learning and teaching will be used in the training manual which follows. Suggestions will be given for starters, but they are only suggestions. Facilitators should feel free to make up their own, which may be more relevant than the ones given.

CHAPTER 3

Using the Trainer's Manual



Key Points

1. **The Training Manual and Informational Brochure**
2. **Using the Training Chart**
3. **Using the Video**
4. **Preparing for Training**
5. **Identifying the Educational Needs of the Target Audience**

1. *The Training Manual and Informational Brochure*

HIV/AIDS is a very complex subject. The purpose of this manual is not to make everyone who participates in a training program an expert on HIV/AIDS. It is to provide a foundation of information for a trainer, facilitator, or teacher who wants to teach people about HIV in a participatory style or to a larger group. The manual can also be used to train other people, who can then teach others about HIV/AIDS.

The trainer isn't expected to teach all the information in the manual during an HIV/AIDS awareness seminar. It simply provides supplemental information so the trainer will be better prepared to answer questions the participants may ask. Participatory suggestions are also included.

The manual accompanies the informational brochure *Learning About HIV/AIDS*. The brochure can be distributed to people who attend a seminar. It can also be used in broader campaigns, such as providing the public with information on HIV/AIDS. The manual is arranged in such a way that the text of the informational brochure follows the flow of information in the training manual.

2. *Using the Training Chart*

A training chart is available to accompany the training manual and the informational brochure. The training chart has text and pictures. Though the training chart is not essential, it is helpful to the learning process.

A training chart is a tool used for visual reinforcement.

The text on the pages of the training chart is also found in the following chapter of this manual. If you look closely in both the training chart and Chapter 4, you will find portions of text in a box. These chalkboard text boxes summarize the main points of the chapter, and form the basis of the information to be presented to an audience.

There are also pictures in the training chart that illustrate the idea that is being presented. The pictures are also found in the chalkboard text boxes in this manual.

There are also pictures in the training chart that illustrate the idea that is being presented. The pictures are also found in the chalkboard text boxes in this manual.

It is easy to use the training chart to do a presentation on HIV/AIDS. The presenter can use the training chart by itself—the basic information is right there on the page. Or he or she may choose to use the manual to present additional information on the subject. In this case, the presenter will appreciate how the chalkboard text boxes in the manual correspond with the chalkboard text boxes on the training chart.

How to Use the Training Chart In Front of an Audience

- Hold the picture side of the training chart so that everyone in the audience can see it. Hold it straight up; don't tilt it towards the floor or ceiling. It can also be set on an easel or stand.
- Stand or sit in front of the audience, where everyone can see you. The pictures in the training chart are not very large; people in the back may need to move forward to see.

3. Using the Video

A video is available which covers the information in the manual. It is not essential but may be helpful to emphasize the main points of the manual. It may not be possible to show a video in some situations, but in others it will serve as an enhancement.

4. Preparing for Training

The following steps are helpful when preparing to present an HIV/AIDS information seminar:

- Prepare ahead of time!
- Study Chapter 4, "Basic Information about HIV/AIDS." Read it through several times; practice teaching it out loud. You don't have to be an ex-

pert on HIV/AIDS, but you need to be familiar with the teaching material in order to answer questions from the audience.

- Encourage discussion and interaction during the presentation.

Answering Questions

People in the audience will ask questions. If you don't know the answer, you can say, "I don't know the answer, but I will try to find it and get back to you." If there is a health care professional present, or a person with experience in HIV/AIDS, they may be able to help. If no one knows the answer, indicate you will try to find the correct answer by the next training session.

5. Identifying the Educational Needs of the Target Audience

The target audience is the group of people that gathers to listen to a presentation. Facilitators should adapt the information they present according to the type of people in the audience.

There are two important things to consider when planning for a seminar:

- What type of people will be attending the seminar?
- What kind of information will be most important to that specific audience?

The target audience is the group of people that gathers to listen to a presentation. Facilitators should adapt the information they present according to the type of people in the audience.

For example, consider the following groups of people: 12-year-old girls, IV drug users, university students, military personnel, married women with children, and male community leaders. How do their educational needs differ from each other? How can the facilitator adapt the information presented to each group?

It may be helpful to teach in a peer group, which is a group of people with similar professions, interests, educational backgrounds, etc. It can also be a group of people who are the same age, the same gender or marital status, etc. Teaching in peer groups may help people feel less self-conscious, freer to interact with the facilitator and ask questions, etc.

CHAPTER 4

Basic Information About HIV/AIDS



Key Points

1. Learning About HIV and AIDS
2. What is HIV? What is AIDS?
3. What Happens in Your Body?
4. How is HIV Transmitted?
5. How is HIV NOT Transmitted?
6. Myths That Some People Believe About AIDS
7. Signs and Symptoms of AIDS
8. Diagnostic Testing for HIV
9. Treatment for HIV/AIDS
10. How to Prevent HIV Infection
11. Pregnancy and HIV
12. There is Good News!



Role-Play

Before you do any role-play in this manual, ask two people to help you with the skit. Ask them to read and practice the script ahead of time. They do not have to use the exact words of the script but should try to communicate the main idea.

Objective: This role-play will give the teacher/trainer an idea of the knowledge base of the group or person being instructed.

Bill and Stephen speaking together:

Bill: *There's been a lot of talk about HIV lately. I think it's something people get when they do something wrong.*

Stephen: *We were talking about it work. There's a skinny woman in my office, we think she has AIDS. I hate using the photocopy machine after she's used it.*

Bill: *I know who you're talking about! I heard she used to have a lot of men. She deserves whatever comes her way.*

Stephen: *I don't know about that, but I don't want to go near her!*

After the role-play, ask the following questions: (These should be posed after each role-play.)

- What do you SEE and hear?
- What is HAPPENING?
- Does it happen in OUR area?
- WHY does it happen?
- What will we DO about it?

1. LEARNING ABOUT HIV/AIDS

1. Learning about HIV and AIDS

The virus that causes the disease called AIDS has affected every country in the world. Millions of people have this virus in their bodies. Millions of people have already died from AIDS.

When people know how HIV is passed from person to person, they can take precautions to keep it out of their body. When people understand how HIV is NOT transmitted, they will not be afraid to be around people who are living with HIV/AIDS.



1

How Has HIV Affected the World?

The first case of AIDS was identified in 1981. At first, doctors didn't know what caused the new illness. In 1984 doctors identified the cause of AIDS: a virus, which they named the Human Immunodeficiency Virus (HIV). No one knows the origin of HIV, though many experts believe that it existed in isolated areas for decades before spreading into the general population.

The three routes of HIV transmission will be explained later in this chapter. It will become clear that although everyone is potentially at risk for HIV infection, certain situations and behaviors carry a higher risk of transmission. Patterns of transmission even vary from one region of the world to another. The following list explains some generalized geographic patterns:

- **Sub-Saharan Africa.** HIV is usually transmitted by sexual intercourse between persons of the opposite sex (heterosexual).
- **Asia.** HIV transmission is fueled by risky behavior related to drug use and unprotected sex.

- **North America and Europe.** Homosexual sex (also described as men who have sex with men or MSM) and injecting drug use are significant routes of transmission. Unprotected heterosexual sex is also a common route of transmission.
- **Latin America and the Caribbean.** The highest levels of infection are found in prostituted women and men who have sex with men. Injecting drug use and heterosexual sex are also significant routes of transmission.
- **Eastern Europe and Central Asia.** The infected population is predominantly men and women who become infected through injecting drug use and pass it to their sexual partners.
- **Australia, New Zealand, and Pacific Islands.** HIV is spread primarily by men who have sex with men, with an increasing number of women infected through heterosexual activity.
- **North Africa and the Middle East.** Rates are still low in this part of the world, but are increasing in injecting drug users who pass it to their sexual partners.

The number of new cases of HIV infection is decreasing in some parts of the world, yet increasing in others. Unprotected sex is the most common route of transmission. Other people at high risk are those who use needles to inject drugs; their sexual partners; prostituted women, men, and children; and men who have sex with men.

2. WHAT IS HIV? WHAT IS AIDS?

2. What is HIV? What is AIDS?

The Human Immunodeficiency Virus (HIV) is a tiny germ that causes the disease called the Acquired Immunodeficiency Syndrome (AIDS). HIV is passed from person-to-person by contact with body fluids which contain the virus.

HIV lives and multiplies in the body for many years before AIDS develops. During this time, the person will appear to be in good health. However, he or she can still pass HIV to another person.

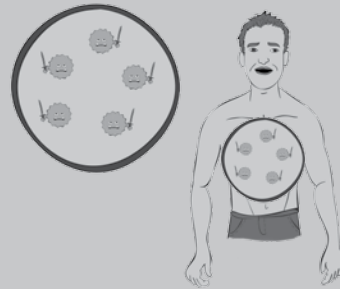
H:	Human	A:	Acquired
I:	Immunodeficiency	I:	Immuno-
V:	Virus	D:	Deficiency
		S:	Syndrome

2

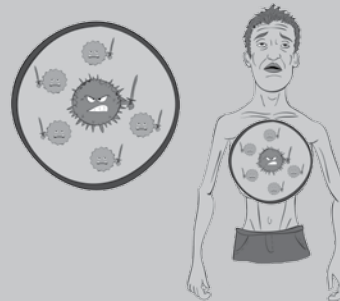
3. EFFECT OF HIV ON THE BODY

3. Effect of HIV on the Body

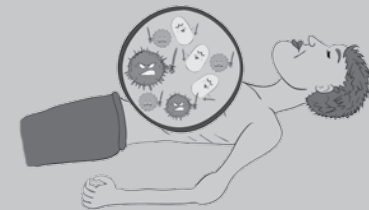
a) Germs are tiny organisms that normally live outside the body. If they enter the body, they make the person sick. Fortunately, defense cells inside the body are usually able to fight against most invading germs. When the defense cells win the fight against germs, the sick person gets better.



b) But HIV is different from other germs. It destroys the defense cells that fight against the invading germs. It takes many years for HIV to destroy all these cells.



c) When HIV has destroyed all the defense cells, the body can no longer defend itself from different types of invading germs. The invading germs will cause the person to become very sick. The person will develop the disease called AIDS. Medical treatment can help a person live longer, but there is no permanent cure for AIDS.



3



Skit

Objective: This skit demonstrates the effect of HIV on the body.

Ask for six volunteers. Assign the following roles: a person to play a healthy person, a person to play a defense cell, a person to play HIV, and three people to play germs that cause sickness (cough, fever, and diarrhea).

Facilitator says the words in bold print:

This is John (or **Anna**, if it's a woman). (Person enters, walks around, looks healthy and strong.)

John (or **Anna**) **is healthy because defense cells in his (her) body protect him (her) against germs.** (Defense cell enters confidently looks strong, walks protectively around healthy person.)

If a germ enters the body, the defense cells fight against it until it is destroyed. The person is protected from disease. (Cough germ enters, tries to attack

healthy person, but is chased away by defense cell. Other germs enter and are chased away. Person still protected by the defense cell walking around it.

But HIV is different from other germs. When it enters, it attacks and destroys the defense cells. (HIV enters, attacks and destroys defense cell. Defense cell falls to ground.)

When the defense cells are destroyed, there is no defense against attack by other germs. The person infected with HIV will develop AIDS, and will die. (Germs enter, attack, and the person falls to the floor.)

This is the effect that HIV has on the body and our system of defense against germs.

Body Defenses Destroyed

To understand the effect of HIV on the human body, it is helpful to know how the body protects itself against sickness caused by germs. Germs are tiny organisms that normally live outside the body. There are two defense systems: the external defense system and the internal defense system (the immune system, in scientific terms).

The external defense system consists of the skin and mucous membranes. The skin is a barrier on the outside of the body that keeps germs from penetrating inside the body. Saliva, mucus, and tears also protect the mucus membranes (the delicate pink skin that covers the inside of the mouth, the eyes, the intestines, the sexual organs, the lungs, etc.). Most germs cannot pierce the skin or mucus membranes. However, they can pass through a cut, sore, or other opening on the skin or mucous membranes.

Germs and the Internal Defense System

Germs enter the body through the mouth (food, water, dirty hands, etc.) and the lungs. They also enter when the skin or mucus membranes have been broken with a cut, scratch, or other type of opening.

- After germs enter the body, the internal defense system recognizes the invader. The captains of the defense system lead the attack against the invader by signaling other defense cells to come and fight. (These captain cells are white blood cells, sometimes called the T4 or CD4 cells in scientific terms.)
- In most cases, the defense cells continue the attack until all the germs are destroyed. When the germs have been destroyed, the person who was sick will usually get better.

When germs enter the body, they have infected the person and usually cause sickness and disease. It is also said that the person has an infection.

The Effect of HIV on the Internal Defense System

When HIV first enters the body, it seems like any other germ. The captain recognizes it and calls other defenders to the attack. However, HIV is unlike any other germ. Once it enters the body, the internal defense system cannot destroy it.

- Immediately after entering, HIV starts its attack against the defense system. It forces its way inside the captain cells, where it reproduces thousands of times. When the captain cells are full, the virus breaks out. Each new virus finds a new captain cell to invade and destroy.
- HIV reproduces inside the captain cells until all of them are destroyed. It takes HIV many years to destroy the defense system. This is why people live for many years after being infected with the virus.

The Development of AIDS

When HIV has destroyed large numbers of defender cells, the defense system can no longer protect the body. Many germs will invade, causing infections and sickness. These are called *opportunistic infections*.

The collection of symptoms and infections at this advanced stage of HIV infection is called AIDS. A person with AIDS will continue to become weaker and sicker. In time, the different infections will lead to his or her death.

Antibodies play an important role in the HIV test.

A Word about Antibodies

Another weapon in the defense system also fights germs: the antibody. When a germ invades, the body produces an antibody to fight it. A different antibody is produced for each type of germ. If a person is not infected with HIV, the defense system will not produce any antibodies to fight it.

4.1 HOW IS HIV TRANSMITTED?

4.1 How is HIV Transmitted?

HIV is transmitted through three body fluids:

1. Sexual secretions
2. Blood
3. Breast milk

4



Role-Play

Objective: Though there are three routes of transmission for HIV, it is most commonly spread through sexual relations. It may be helpful to begin this section with a discussion on sexuality. If the subject is uncomfortable in a mixed group, the trainer can divide the men and women to discuss the above.

Two women talk as they wait for a taxi:

Louise: *You seem quiet today. What is going on?*

Susan: *Well, you know I have a new boyfriend. He asked me to spend the night with him. He's very nice to me, and I've been so lonely since my husband left me. I'm afraid he'll leave me, too, if I refuse him.*

Louise: *I understand you're lonely, but are you sure you really want to do that? There are a lot of things to consider, including the risk of AIDS.*

Susan: *I know AIDS is out there, but he doesn't want to talk about it. Besides, why shouldn't I do it? I know what I learned when I was a girl, but that is so old-fashioned.*

HIV is found in certain body fluids of people infected with the virus. It is passed from person-to-person when a fluid from an infected person enters the body of a non-infected person. This passing of HIV from one person to another is called *transmitting* the virus.

No one is destined to become infected with HIV! When people understand how HIV is passed from person-to-person, they can learn how to keep it from entering their body.

Sexual Transmission

4.2 Sexual Transmission Through Contact with Sexual Secretions (Semen or Vaginal Secretions)

Sexual contact with a person infected with HIV is the most common route of transmission.



5

Sexual transmission (vaginal and anal) is the most common form of HIV transmission. This is because HIV is found in large quantities in sexual secretions (vaginal secretions and semen). A man can pass HIV to a woman during sex, and a woman can pass the virus to a man. A man can pass HIV to another man during homosexual sex.

One single sexual encounter with an HIV-infected person is enough to become infected. Even if there are no visible sores or blood, HIV can be transmitted to the non-infected partner through tiny rips and tears on the fragile skin of the sexual organs or the anus.

Statistics show that the highest rates of HIV infection are in the 15–24 years of age category.

Other Risky Sexual Behaviors

The practice of having multiple sexual partners at the same time increases a person's risk to become infected with HIV or to pass it to another person. This is called having multiple concurrent partners. After a period of time, bonds of trust develop and the couple may stop using condoms. But if they are having (or have had) unprotected sex with other partners, there is a risk that HIV will be brought into all their relationships.

When a young woman is between 16 and 18 years of age, her body will be sexually mature. However, a younger girl's body is not mature. If she has sex, the fragile skin of her sexual organ is susceptible to injury, including small rips and tears. If her sexual partner has HIV, there is a significant risk that she will become infected.

Statistics show that the highest rates of HIV infection are in the 15–24 years of age category.

Closed-mouth kissing does not pose a risk of HIV transmission. There is a remote risk of transmission from deep, open-mouth kissing if there are bleeding sores in the mouth or gums and blood was exchanged.

Anal sex is very risky because the tissues of the rectum are thin and easily torn, making an ideal entry point for HIV when the penis is inserted into the anus. HIV infection rates are very high among men who have sex with men, and it is also a risk for a male and female couple if a partner is infected.

Oral sex is not as high risk as vaginal or anal sex but can be a route of transmission if there are any open sores or open areas in the mouth.

The presence of other sexually transmitted infections (STIs) makes a person more vulnerable to becoming infected with HIV during sex. Studies show that people with HIV and an STI sometimes have large quantities of HIV in their sexual secretions. This increases their risk of passing HIV to a sexual partner.

Alcohol and other mind-altering substances act on the brain, changing the way people perceive risks and decreasing sexual inhibitions. This may cause people who use alcohol and drugs to engage in risky sexual behaviors, including multiple sexual partners, unprotected sex, and sex with high-risk partners.

Men and women who are addicted to substances may exchange sex for drugs or for money to buy drugs. This is a vicious cycle, placing a person at risk for HIV infection through blood transmission (contaminated needles) and sexual transmission.

Blood Transmission

4.3 Blood Transmission Through Contact with Contaminated Blood

The following actions can spread HIV:

- Cutting or piercing the skin with sharp instruments that have cut the skin of a person with HIV and have not been cleaned or sterilized before being reused.
- Injecting with the same needle or syringe that has been used by or on someone infected with HIV.
- Receiving blood transfusions that are infected with HIV.



HIV cannot simply pierce the skin and enter the body; it must have a point of entry, such as a cut or break in the skin. Any sharp instrument that cuts or pierces the skin can transmit HIV if the instrument cuts the skin of an infected person is not cleaned before cutting a person who is not infected.

People who use needles to inject drugs have a high risk of becoming infected with HIV. When a needle enters the vein or muscle, a small amount of blood is introduced into the needle. If a person with HIV shares a needle with a non-infected person, infected blood may be injected directly into the body. This is also a significant route of transmission for infection with the virus that causes hepatitis.

Dental and medical instruments, needles, and blood transfusions account for some transmission, but not nearly as much as sexual transmission, IV drug use, and mother-to-child transmission.

Mother-to-Child Transmission

A woman with HIV can pass the virus to her baby during pregnancy and delivery and while breast-feeding.

- **Pregnancy and delivery.** A woman who is HIV-positive can pass it to her baby at the end of pregnancy and during delivery. This happens most fre-

4.4 Mother-to-Child Transmission at the End of Pregnancy, Delivery, or Through Breast Milk.

- An HIV-infected woman can pass HIV to her baby during pregnancy or while the baby is being born.
- A woman with HIV can pass the virus to her baby when the baby breast-feeds.



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quently during delivery, when the baby is covered with the mother's blood. HIV can enter through abrasions or rips on the baby's skin.

- **Breast-feeding.** The virus is found in breast milk of HIV-positive women. If the baby was not infected at birth, he or she may become infected while breast-feeding.

Not all pregnant women with HIV will pass it to their babies. However, if the woman is infected, there is a 25–35 percent chance that she will transmit it as mentioned above.

All HIV-positive pregnant women should receive prenatal care at a clinic or hospital. Medication is available in many parts of the world that reduces the risk of mother-to-child transmission.

If a man is infected with HIV, it is in his sexual secretions, and he might transmit it to the woman during sex. He might also make the woman pregnant, if she is fertile and the sperm in his sexual secretions penetrates an egg. But HIV and sperm are different. The virus in the man's sexual secretions cannot penetrate the woman's egg and infect the baby. HIV from the man can never infect a baby in the woman's body.

5. HOW IS HIV NOT TRANSMITTED?

Role-Play



Objective: Using their knowledge of how HIV is transmitted, participants will discuss why the following story does not contain any risk factors for HIV transmission.

Mother talking to teenage daughter:

Mother: *Come on, Karen. We are going to see your sister. She is very tired and could use some help with the kids.*

Karen: *Mom, I don't want to visit her. Last time I was there I washed their clothes, and afterwards my friends wouldn't have lunch with me.*

Mother: *Karen, you haven't stopped in to see your sister for weeks. She really needs some encouragement. Besides, I think she'd like to see her little sister.*

Karen: *Mom, I don't want to go! Last time I was there she hugged me. I'm so scared she will give me her sickness.*

5. How is HIV not transmitted?

It is not transmitted through saliva, tears, urine, etc. It is not spread through normal casual contact such as:

- Shaking hands, touching, or hugging.
- Kissing on the cheek or lips.
- Using the same eating utensils.
- Riding in buses or cars.
- Bites from mosquitoes or insects.
- Using the same toilet.



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Fear of Infection

When people are not informed about HIV, they may be afraid to go near someone who has HIV because they don't understand that it is not passed through casual contact. Studies have shown that people who live in the same house or who care for someone with HIV do not become infected through the activities of daily living.

Wisdom calls for everyone to avoid contact with body fluids that contain blood. Caregivers should protect their hands before touching body fluids containing visible blood. If a person with HIV has open sores, they should take measures to keep those sores from coming into contact with another person.

HIV cannot survive for long periods outside the body. When the fluids containing HIV are exposed to air and become dry, the virus will become deactivated. However, HIV can survive several days in the small amount of blood that remains in a needle after use. This is because it is trapped where it does not dry out.

Sometimes people are afraid to go near the body of a person who has died from AIDS. With proper precautions, germs will not infect a person preparing a body for burial. Touching someone who has died from AIDS is no different from touching a person sick with AIDS.

6. MYTHS ABOUT HIV/AIDS

6. Myths About HIV/AIDS

These statements are NOT true:

- A person with HIV will always look sick.
- AIDS can be cured by having sex with a baby, young child, or virgin.
- Natural herbs can cure AIDS.
- Condoms are 100 percent effective in preventing HIV infection.



All of the above statements are false!

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Many superstitions and myths have developed about HIV/AIDS. These are some of the most common:

- **God or governments.** Some people think that AIDS is a curse caused by gods or spirits, or a punishment from God. Others have claimed that it is a government conspiracy or biological warfare. People may believe these myths in an effort to find someone or something to blame for the start and spread of the AIDS epidemic.
- **Vaccines or medical cures.** There are many beliefs about cures and treatments around the world, though none exist at this time.
- **Folk cures.** Vitamins, magic spells, talismans, etc., cannot cure AIDS! A dangerous myth exists which claims that if a man with HIV has sex with a virgin or baby, he will be cured. If a man does this, he will transmit HIV to the innocent child and cause great physical and psychological damage to him or her.
- **Condoms.** It is true that the correct, consistent use of condoms *reduces* the risk of becoming infected during sex, and *reduces* the risk of passing it to a sexual partner. However, condoms are not a guarantee against HIV infection and other sexually transmitted infections.
- **Food and drinks.** There are many stories about people becoming infected with HIV through food and drinks. Even if small amounts of the virus were swallowed, exposure to air, heat from cooking and stomach acid will destroy it.
- **Mosquitoes and other insects.** Mosquitoes and other insects cannot spread HIV. If they could, there would be high rates of HIV infection in groups of people who had no other risk factors present in their lives.

- o When a mosquito bites someone, it pierces the skin with something that resembles a small needle. It injects a small amount of saliva, and then takes a small amount of blood which enters the mosquito's stomach. After biting someone, there is no blood left in this small "needle."
- o If a mosquito bites a person with HIV, after a short time the virus will be destroyed in the stomach of the mosquito. When it bites another person, it will inject a small amount of saliva—but never blood. Since there is no HIV in the saliva of a mosquito, it cannot transmit HIV.

7. SIGNS AND SYMPTOMS OF AIDS

7.1 Signs and Symptoms of AIDS

It takes HIV many years to destroy the defense system. The person with HIV will not have any symptoms of illness caused by HIV, and may not suspect that anything is wrong. However, even if a person with HIV looks perfectly healthy, he or she can pass it to other people!



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Early Symptoms in the Days Immediately Following HIV Infection

HIV multiplies in the body for many years before causing symptoms of AIDS. The person can live with the virus for many years and not suspect anything is wrong. This is what makes it so dangerous: people can pass it to others without even suspecting they are infected. From the day a person is first infected with HIV, they are able to transmit to others. Some studies have shown that people are actually most contagious in the first weeks following initial infection.

Some people experience flu-like symptoms in the first weeks following infection; others don't experience anything. If they even notice these symptoms, most people think they have a cold or flu and do not seek treatment. The symptoms last about a week and then disappear. After finding out they are infected, most people don't remember any of these initial symptoms of infection.

Symptoms of AIDS

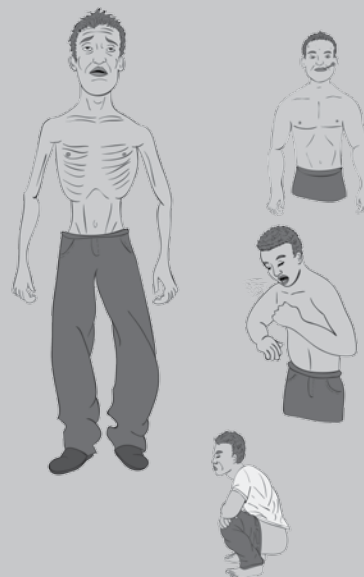
Without treatment, it takes HIV from three to fifteen years to destroy all the defense cells—or even longer. When a person starts to display symptoms of advanced AIDS, he or she will usually not live longer than one year without treatment. Even if these symptoms appear, they can actually improve if treatment is started.

7.2 Signs and Symptoms of AIDS

After a number of years, the person will begin to show signs of a weakened defense system. Some of the most common symptoms include:

- Extreme weight loss.
- Diarrhea for more than one month.
- Fever for more than one month.
- Cough and symptoms of tuberculosis.

These symptoms are associated with many other illnesses. The only way to know it is AIDS is to have a diagnostic test for HIV.



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The following symptoms are commonly associated with AIDS. However, all of them are also symptoms of other diseases. The only way to know if it's AIDS is to have an HIV test.

- **Weight loss:** A weight loss of six to seven kilos (13–15 pounds) may be the first symptom of AIDS. Muscles begin to waste away; diarrhea causes more weight loss. At the end of life, people with AIDS usually become very thin.
- **Diarrhea:** Diarrhea is an increase in the water content, frequency, and volume of bowel movements. It is frequent in people with AIDS, and may be acute or chronic. It may not go away even with treatment, and may persist for weeks or months. It causes weight loss and lack of appetite.
- **Fever:** A fever over 38°C (100°F) degrees that lasts for more than one month could be a sign of AIDS. It does not go away after taking medication for infection or malaria.
- **Cough:** Lung infections are very common in people with AIDS. A cough that lasts for more than one month is a common symptom of AIDS.
- **Tuberculosis:** Infection with tuberculosis causes coughing, weight loss, night sweats, and cough with thick, gray sputum. In advanced stages of TB, some people cough up blood. Weight loss becomes severe and death occurs without treatment.

Since early signs of TB are similar to early signs of AIDS, both should be checked when these symptoms are present.

- **Fungal infections:** A common fungus infection is caused by an organism called *Candida Albicans*. It can appear in any part of the body, but often begins in the mouth with a condition called “oral thrush.” *Candida* can spread from the mouth down the throat. Other fungal infections affect the intestines, lungs, and skin.
- **Skin rashes and infections:** Many different rashes occur on the skin as the body’s defense system becomes weak. Certain germs also cause changes on the skin inside the mouth and on the tongue.
- **Lack of appetite:** People with AIDS often lose their appetite, making weight loss more dramatic. Sores and infections in the mouth make it difficult to chew and swallow food.
- **Swollen glands:** Lumps in the neck, under the arm, and in the area between the top of the leg and abdomen that last for more than one month could be a sign of AIDS. This happens whenever infection is present.
- **Fatigue:** All of the above symptoms cause extreme fatigue. Persons without active symptoms, but with a low CD-4 blood count, will often experience fatigue. It interferes with a person’s ability to keep up with work, housework, family life, etc.

Sexually Transmitted Infections

HIV is only one of many sexually transmitted infections (STI). Many people with HIV are also infected by one or more STIs. They can lead to sterility, cancer, and other undesirable consequences.

The symptoms produced by an STI vary according to the germ causing the infection. One or more of these symptoms may indicate an STI: unusual discharge from the vagina, penis, or anus; in women, bleeding after sex or between periods; sores, blisters, warts, rashes, irritation, or itching around the sexual organ or anus; painful urination; painful sex; pain in the lower abdomen.

In some cases, a person may recover completely from an STI, with or without treatment. Sometimes the symptoms may disappear for a time, but then return. Or the symptoms may disappear but the person is still able to pass it to his or her sexual partner(s). A person with an STI can pass it to a sexual partner even if he or she doesn’t have any symptoms.

HIV is only one of many sexually transmitted infections (STI). Many people with HIV are also infected by one or more STIs.

If for any reason someone notices these symptoms, it is essential to see a health-care professional—it may be an STI. The sexual partner(s) of anyone with an STI should also be treated.

HIV and Tuberculosis

The tuberculosis bacteria are contained in sputum droplets that go into the air when an infected person coughs. People who live close to someone with TB may become infected. If a person has been exposed to someone with TB, he or she needs to be tested to determine if he or she is infected. If the test is positive, treatment must be started.

Tuberculosis germs can sometimes live in a healthy person without causing sickness. This is because the person's defense system is strong, which keeps TB from multiplying or doing any harm.

This changes if the person becomes infected with HIV. After HIV has destroyed a large number of defender cells, the body can no longer defend itself against TB. The TB germ begins to multiply and destroys the lungs and other body organs. In many countries if people have AIDS, they also have TB. And if a person is diagnosed with TB, the presence of HIV is also suspected.

HIV and Viral Hepatitis

People who share needles and syringes to inject drugs are at risk for many different infections. Using needles to inject drugs is one of the main routes of transmission for Hepatitis B virus (HBV) and Hepatitis C virus (HCV). HBV is also transmitted through unprotected sex, though it is an uncommon route of transmission for HCV.

People who share needles and syringes to inject drugs are at risk for many different infections. Using needles to inject drugs is one of the main routes of transmission for Hepatitis B virus (HBV) and Hepatitis C virus (HCV).

Symptoms of HBV infection include: nausea, vomiting, and diarrhea; loss of appetite and weight loss; and jaundice. Most adults infected with Hepatitis B virus will fully recover. A small percentage will become chronic carriers, and can pass the virus to other people, even if they don't have symptoms. Chronic carriers may develop hardening of the liver (cirrhosis) and liver cancer.

Many people with HCV infection do not develop symptoms. If they do, they resemble those of HBV. A small percentage of people with HCV will recover, but most will develop chronic infection. They can pass it to other people, and may develop liver cancer and cirrhosis.

HCV infection is especially serious for people who also are infected with HIV. It can quickly lead to liver damage and death. It affects the treatment of HIV. Since many people with HCV don't have symptoms, it is important to have a blood test to check for it. It is very difficult to treat, though treatment has improved in recent years. Medicine is taken for six to twelve months, and may cause uncomfortable side-effects.

8. DIAGNOSTIC TESTING FOR HIV

8. Diagnostic Testing for HIV

There is only one way to know for sure that a person is infected with HIV. He or she must have a diagnostic test at an HIV testing center, laboratory, clinic, or hospital.

After explaining the test and getting consent, the technician will take a small sample of blood to be tested. If a "rapid test" is used, the results are usually ready in about 20 minutes. If the test detects HIV, the person is "HIV positive." If the test is negative, the person is "HIV negative."



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Role-Play

Objective: Discuss why the HIV test plays an important role in the fight against HIV/AIDS.

Pastor speaking with Richard and Martha who are engaged to be married:

Pastor: *You two seem to be really in love. I'm glad that you are both serving the Lord. I would be happy to marry you. But, there is one thing I must ask you to do before we set the wedding date.*

Richard: *Sure, Pastor, we'll do anything.*

Pastor: *Well, I'd like you both to have an HIV test.*

Martha: *But Pastor, why do we need to do that? We have never had sex with anyone else. Richard, what do you think?*

Richard lowers his head, and is silent.

Anyone who thinks he or she might be infected with HIV should consider having a diagnostic test for HIV. Everyone has a right to do this voluntarily and to have his or her privacy respected. A person can request testing from a doctor, in a laboratory, or in an HIV testing center. Sometimes a health care professional may ask a person to be tested for HIV if he or she is showing symptoms of AIDS or has a history of significant risk factors.

After a test, a person will be told, in confidence, the results of his or her test.

- If an HIV test identifies HIV in the body, the person is “HIV positive.”
- If the test does not identify the virus, the person is “HIV negative.”

The most common HIV diagnostic tests use blood to test for HIV infection. Tests using saliva or urine are available in some places. These tests detect HIV antibodies, not actual virus.

Indirect Test

There are several different types of indirect tests, though some are more common than others. Price and availability of a testing method may depend on where a person lives or where the test will be performed (a mobile testing site, a hospital laboratory, etc.).

- One type of indirect test is called the rapid test. This test produces a result in as little as 10 to 20 minutes.
- Other indirect tests include is the ELISA Test and Western Blot. They are very effective, but it takes several days to receive the results. They are often used to confirm the result of a positive rapid test.

The indirect test does not directly detect HIV. It detects antibodies that have been produced against the virus. From the moment of infection, it takes the defense system from two weeks to six months to produce enough antibodies to be detected by the test. This means that a person may actually be infected with HIV, but if the test is done too soon, there may not be enough antibodies to be detected. This is called the “window period.”

During the window period, HIV is in the body and can be passed on to other people, even if there are not enough antibodies to be detected by the test.

The Window Period and Retesting

If someone receives a negative result to an indirect test, but knows he or she was possibly exposed to the virus in the last six months, he or she must be retested after six months. If the test is still negative six months after any potential exposure, the person is not infected. A retesting schedule must be calculated six months after any possible exposure to the virus.

During the window period, HIV is in the body and can be passed on to other people, even if there are not enough antibodies to be detected by the test.

Direct Test

The direct test identifies actual HIV in the blood, and is very accurate. It is also very expensive compared to a rapid test. The advantage of this test is that it can find HIV in the first few days following initial infection. Since it detects actual virus, it doesn't have to wait for the defense system to produce antibodies.

When a person is taking antiretroviral medication (ARVs), the doctors will order a direct blood test to see if the treatment is effective against the virus.

The HIV Test and Babies

A pregnant woman passes many different types of antibodies to her baby while she is pregnant. They protect the baby against certain infections until the baby is able to produce its own antibodies.

Most pregnant women will pass HIV antibodies to their babies during pregnancy. As a result, most babies born to HIV-positive women will test positive on an indirect test. The test is simply detecting the presence of HIV antibodies that the mother passed to the baby. If the baby received the mother's antibodies, the test result for antibodies will be positive, even if the baby is not infected with the virus.

If the baby is NOT infected with HIV, the mother's antibodies will disappear in 12 to 18 months. The test will become negative.

If the baby IS infected, its defense system will produce its own antibodies after 12 to 18 months. After 18 months, if a baby still tests positive with an indirect test, he or she is truly infected.

Do not confuse blood types with HIV status! A person may learn about his or her blood type before receiving a transfusion, having a baby, etc. (Type A+, B-, etc.) This grouping has nothing to do with HIV infection. It is a system of organizing blood into different categories for medical reasons.

Benefits to Being Tested

When people know their HIV status:

- They are more likely to practice safer sexual behaviors.
- They can make an informed decision concerning engagement and marriage.
- They may decide not to have children.

- A pregnant mother may decide to take anti-HIV drugs to reduce the risk of passing the virus to her baby during the birth process or through breast-feeding.
- They may have improved health through early access to medical care.
- They are more likely to receive emotional support as the illness progresses.
- They can prepare in advance for the welfare of the family.
- They can prepare themselves spiritually for eventual death.

Most testing facilities offer both pre- and post-testing counseling. Pre-test counseling educates people about HIV transmission and prepares people for a possible positive HIV result. For more information about testing and counseling, please refer to *HIV Testing and Counseling—A Guide to Train Workers in Voluntary Testing and Counseling Skills for HIV/AIDS*, included in the GAP materials.

9. TREATMENT FOR AIDS

9. Treatment for AIDS

There is no drug or vaccine that can prevent a person from becoming infected with HIV. There are no medications that can permanently cure AIDS.

However, treatment with HIV medications (antiretrovirals) extend life for many years. They also reduce the risk of a pregnant woman passing HIV to her baby. People with HIV should find out if these medications are available in their area. They may be available at low cost or even free.

Certain common drugs, such as antibiotics, can treat the symptoms of AIDS. Good nutrition is also essential in helping someone with HIV to live a longer, healthier life.



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Role-Play

Objective: In the beginning of the epidemic, there was no treatment for AIDS. In recent years treatment has improved greatly. This role-play makes people think about the benefits of AIDS treatment.

Two brothers talking:

Samuel: *I'm very sorry to hear that you have AIDS, Thomas. But I want you to know that the whole family is praying for you, and we will stay right beside you.*

I did some research and I found out there is a government-sponsored treatment center in town.

Thomas: *I'm so depressed, Samuel. I don't know if treatment would do any good. Is it really worth the expense to treat someone who is just going to die anyway?*

Samuel: *Please don't give up hope, Thomas. Our neighbor was very sick last year, but she started treatment. We saw her last week, and she is much stronger. I think you should check it out.*

Thomas: *Maybe I will. My kids are still young, and I'd like to be around to see them grow up.*

HIV Medications: The Antiretrovirals (ARVs)

As of the writing of this manual, there is no cure for AIDS nor any vaccine or medicine that can prevent infection. Researchers are working on vaccines and believe that one will be found in the years to come.

Nothing can remove HIV once it enters the body, but medications can help prolong the life of a person with the virus. They are called antiretroviral medications (ARVs). They reduce the multiplication rate of HIV, which keeps the amount of virus in the body at a low level for a longer period of time. With treatment, the level of the virus may become so low that it's not detectable by an HIV test (though it's not really gone from the body). If a person has started to develop symptoms of AIDS, those symptoms may disappear with ARV treatment.

Treatment with ARVs, also called ARV therapy, must be managed by a qualified medical professional. The medicine must be taken on schedule every day, without missing doses. It is essential to monitor the progress of treatment and its effect on the body by having laboratory tests as scheduled by the doctor.

ARV treatment may be difficult to find in some areas and may be very expensive. In other places it is widely available and may be bought at a reduced price. In some areas ARVs may be free of cost.

Certain ARVs can help to prevent mother-to-child transmission of HIV. Some countries receive these medications from the manufacturer if certain protocols are met. This means that pregnant mothers can often get the drugs at a reduced cost, or free.

Staying Healthy During HIV Infection

A person with HIV can live for many years by taking good care of his or her body. Good health care includes eating nutritious foods, drinking clean water, and getting enough exercise and rest. It includes receiving good medical care. A person with HIV should never have unprotected sex.

A good diet should include some of the following foods every day: meat, eggs, beans, rice, millet, fresh fruit and vegetables, etc., depending on what is available locally. All fruit and vegetables should be washed in clean water. In many areas, fruits and vegetables must be soaked for 15 minutes in a bleach/water solution, or another commercially available solution.

If the drinking water is not clean, it should be filtered or boiled before use. Boil the water for five minutes and cool before drinking.

Smoking cigarettes, using illegal drugs, and excessive use of alcohol is always bad for the body. To help a person with HIV live longer, these activities should be avoided.

Treatment for Opportunistic Infections

Doctors and other health care professionals can prescribe antibiotics and other medicines to treat the symptoms of the most commonly occurring infections. These treatments may be very effective in treating diarrhea, cough, mouth and skin sores, etc. Many of them are available in local pharmacies, and are much less expensive than the ARVs.

Treatment for Tuberculosis

Treatment for TB is complicated and takes about nine months to complete. It involves three or four different medications. In many countries, government programs perform TB testing and provide the drugs free of charge. It is critical that the medications are taken properly and for the correct amount of time. If not, it may become impossible to treat and cure the TB infection.

10. HIV PREVENTION



Group Discussion

Objective: It is essential to discuss sexuality with young people so they will have accurate information to help them make good decisions. The following questions will help participants identify how they can address this important subject.

1. Young people are under intense pressure to become sexually active. Identify three sources of sexual pressure in today's society.
2. Why is it so difficult for some parents to talk to their children about sex?
3. Identify three things a parent could discuss with a child to encourage them to abstain from sex before marriage.

There are three ways of transmitting HIV: sexual transmission, blood transmission, and mother-to-child transmission. Prevention strategies fall into those three categories.

Prevention of Sexual Transmission

Since HIV is most frequently transmitted by sex, this is an important place to focus the prevention message. A popular way of thinking about prevention is the ABC method: Abstinence, Be faithful, and Condoms.

Abstinence Before Marriage

Sexual abstinence before marriage is the voluntary practice of refraining from sexual activity before a person is married. It is God's perfect plan for every man and woman, and is the best way for an unmarried person to avoid HIV infection and other STIs.

10.1 Abstain From Sex Until Marriage to Eliminate the Risk of Sexual Transmission.

Abstaining from sex before marriage means that a person waits until marriage to have sex. If a person who has never had sex marries someone who has always abstained, there is no risk that either partner has become infected with HIV through sexual transmission.



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Abstinence before marriage is not a negative command; God didn't give these instructions to make people unhappy. He did it to protect men and women from the risks that come from sex before marriage: broken hearts and relationships, unplanned pregnancy, and the risk of HIV and other STIs.

People who aren't married experience sexual desire, and they are faced with a choice: will they wait until marriage to have sex or become sexually active before marriage? It may be difficult, but is not impossible to make a decision for abstinence.

If a couple is engaged to be married and one or both have already had sex or has any risk factors, an HIV test should be done. This gives the couple the information they need to make informed decisions about their relationship.

Be Faithful In Marriage

10.2 Be Faithful in Marriage to Eliminate the Risk of Sexual Transmission in Marriage

Faithfulness in marriage means a husband and wife will not have any other sexual partners. This protects the couple from HIV infection. The husband and wife must be mutually exclusive to their spouse to prevent the risk.



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After marriage, both husband and wife should stay faithful to each other. This means no sex with anyone except the husband or wife. If spouses stay faithful to each other, they will be protected from HIV and other STIs. If one spouse has had sex with another person, or runs any risk of infection, the couple should have an HIV test.

Married people who have sex with other people might become infected with HIV and pass it on to their spouse. If an infected woman becomes pregnant, she risks passing HIV to the baby.

Faithfulness in marriage is a biblical command. The Bible says in Deuteronomy 5:18, “Do not commit adultery.” Adultery is voluntary sexual relations between a married person and someone who is not his or her spouse.

There are many reasons people may be tempted to become involved with another person. Sometimes people are unhappy in their marriage and may seek love and comfort from someone else. Sometimes they are attracted to another person and think it won’t hurt anyone else if they get involved. Yet out of respect for each other and the bond of marriage, God expects every husband and every wife to stay faithful to his or her spouse.

Managing Sexual Desire

Sexual desire is one of the strongest physical and mental desires experienced by men and women. God created humans with the capacity to experience desire; there is nothing shameful about it! But everyone must learn to manage their desire. Avoid situations where there is pressure to change a decision for abstinence or faithfulness. Some useful advice:

- Make smart choices in relationships. Do not get involved with a person who pressures you to have sex.
- If you find yourself in a situation where you feel pressured to have sex, resist firmly with words and actions. Leave immediately! Do not let that person convince you to stay, even if they accuse you of not trusting him or her.
- Do not be alone with someone who makes you feel uncomfortable for any reason.
- Dress modestly and do not act or talk provocatively. These actions can give the impression that you might be willing to have sex.
- If you have a girlfriend or boyfriend, decide how far you will go in a physical relationship. Do not pass that limit. For example, if a couple starts touching and kissing sensitive areas of the body, they will become sexually excited. When this happens, it can be difficult to stop the progression towards sexual intercourse.

It may be difficult to make these decisions! But when people take the time to develop a close relationship with God, He can give inner strength to help each person make good sexual decisions. Temptation may not disappear, but He gives strength to stand firmly against it.

To find spiritual strength, pursue a daily relationship with God. Read the Bible; find ways to apply what it says to everyday life. Pray every day, and confess sins and sinful thoughts to God.

Even if a person has already become sexually active or has had sex with someone outside of marriage, he or she can still make a new decision for abstinence or faithfulness.

Condoms

10.3 Condoms Reduce the Risk of HIV Transmission

Medical experts agree that the use of latex condoms is an effective way of preventing HIV transmission. Condoms must be used correctly, and a new condom must be used for every sexual encounter. They provide a measure of protection but are not 100 percent effective in preventing the transmission of HIV and other STIs.



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Role-Play

Objective: Medical studies prove that correct, consistent use of condoms reduces the risk of HIV infection. Sometimes the Church may be comfortable talking only about abstinence, associating condoms with immoral behaviors. It may be helpful to discuss the pros and cons of condoms. Be prepared to respond to questions about the moral issues of condom use.

Two men talking together:

Henry: *I met a new woman at the bar after work last night. She is really beautiful; I think I'm going to buy her a drink tonight. My wife is always so tired at night, I feel like she never has time for me anymore.*

John: *Are you thinking about sleeping with this woman? Your wife would kill you if she found out! And aren't you worried about HIV and other diseases?*

Henry: *Nothing like that ever happens to me! Besides, I always shower after a night out on the town. What my wife doesn't know can't hurt her.*

The correct, consistent use of latex condoms significantly reduces the risk of HIV transmission. It is important to understand that condoms are not 100 percent effective if not used correctly. They cannot guarantee absolute protection

against HIV infection, other STIs, and even pregnancy. However, they are an important tool in the fight against HIV/AIDS.

Here are some important facts concerning condoms:

- HIV cannot penetrate a latex condom. Most condom failures are due to incorrect use, poor quality, or incorrect storage. Condoms may break or slip during sex if not used correctly.
- Before using a condom, check the expiration date. If it is past the date, use a different condom. Do not use it if the package has been previously opened, or if the condom is dry, cracked, or sticky.
- Heat and humidity destroy the material of condoms. Do not use condoms that have been in the sun or stored in hot conditions. Do not store condoms in a wallet. Do not carry them in a pocket that is tight and close to the body.
- Do not use oil, lotion, Vaseline, etc., to lubricate condoms. Use products made for this purpose.

People must do everything possible to stop the spread of HIV. In any relationship, including marriage, if one partner is infected, condoms must be used to reduce the risk of passing the virus to the other person. If both partners are infected, they must use condoms. If they don't, each time they have sex they will pass more HIV to their partner, increasing the amount of HIV in the body. This is called recontamination.

Premarital HIV Testing

Premarital testing for couples planning to marry is a responsible thing to do. If one of them tests positive, they can make informed decisions about protected sex and pregnancy if they decide to get married. (Protected sex means using condoms). If pregnancy does occur and the wife is HIV-positive, the couple can seek ARV therapy to reduce the risk of transmission to the baby. If the couple does not know they're infected, they cannot make informed decisions.

Eliminate the risk of infection by practicing abstinence and faithfulness. Reduce the risk of infection by using condoms.

Prevention of Blood Transmission

10.4 Prevention of Blood Transmission

To help prevent HIV transmission through the blood:

- Do not allow your skin to be pierced or cut unless the instruments have been properly sterilized before use.
- Do not use needles or syringes that have not been properly sterilized.
- Do not accept a transfusion of blood unless it has first been tested for HIV.



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Role-Play

Objective: Injecting drug use is the second- most common route of HIV transmission. It is difficult to address the issue of HIV and needles when the only thing an addict lives for is drugs. This role-play helps the participants examine their feelings on HIV and drug addiction.

Two men talking outside a drug treatment center:

Jason: *I feel so terrible; I have to find a hit of heroin or I'm going to die.*

Daniel: *We care about you at this center, Jason. It's awful to watch you destroy your life with drugs. And we're so afraid that you're going to get HIV when you share needles with the men on the street.*

Jason: *I don't care about getting HIV from a contaminated needle! Drugs are the only thing that matter to me anymore. I don't think there's any hope for me.*

Daniel: *I do believe there's hope for your addictions, Jason. And I want to talk more about needles and HIV.*

HIV cannot pierce the skin to enter the body. It must have an entry point. These points of entry occur when a sharp instrument contaminated with HIV pierces the skin.

Needles, Dental and Medical Instruments, Razor Blades

Any sharp instrument that pierces the skin of one person and then pierces the skin of another person has the potential for transmitting HIV. Boiling the instruments or needles will kill the virus. Soaking instruments in a bleach solution will kill the virus (1 part bleach to 10 parts water). Surfaces and linens that have

been soiled with blood can be soaked or cleaned with a bleach solution. (Bleach may change the color of fabric, so test a small area of the fabric before immersing it in the solution.)

In most cases, it is desirable to use single-use needles and syringes. These are used in most hospitals and clinics around the world. In some places, a person is responsible for providing his or her own equipment for medical injections. In this case, needles and syringes should be purchased at a reputable pharmacy.

If a person is unsure about sterilization practices, it is good to ask about it before undergoing medical or dental procedures. Some people are afraid to question medical personnel about these things, but it is too important to be ignored.

IV drug use is very dangerous when injecting equipment is shared. If a user does not have new needles and syringes, equipment should be cleaned with undiluted bleach and rinsed before reusing.

Blood Transfusions

Most countries are able to test blood for HIV and other diseases, such as hepatitis and malaria, before it is used. However, not all health care facilities have that capability. If the blood cannot be tested, try to avoid receiving a transfusion unless it is a matter of life or death. It is important to ask if the blood has been screened for HIV before it is transfused.

Pregnant women who may need a cesarean section or have a risk of excessive blood loss may decide to donate their own blood to be used if needed. Not all facilities offer this service, but if a woman knows she is not infected with HIV, she may not wish to risk receiving blood.

Prevention of Mother-to-Child Transmission

10.5 Prevention of Mother-to-Child Transmission

Pregnant women who have HIV/AIDS can pass the virus to their babies during pregnancy, during delivery, or while breast-feeding. To prevent the risk of passing HIV to her child, a woman with HIV should consider taking measures not to become pregnant. This is the responsibility of both wife and husband.



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Since a woman who is infected with HIV may risk passing it to her baby, she and her partner might want to take precautions not to become pregnant. Research shows that the use of contraceptives is an important strategy that decreases mother-to-child transmission.

The woman and her family should also consider other options besides breast-feeding to nourish her child. See the next section for details.

11. HIV AND PREGNANCY

11. HIV and Pregnancy

If a mother knows she is pregnant and has HIV, she should find out how and where to get the antiretroviral drugs to reduce the risk of passing the virus to the baby. If it is within reason, the family should consider giving the baby alternative feeding if the mother is infected with HIV.



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Role-Play

Objective: HIV testing is important for pregnant women who suspect they may be infected. Discuss why it may be difficult for a pregnant woman to have an HIV test.

Two pregnant women talking at a prenatal clinic:

Lisa: *My back really hurts today! I wish we didn't have to sit through this lecture about HIV.*

Naomi: *I heard it last time I was here, and I've been thinking about having an HIV test. I know that a couple of things have happened in my life that put me at risk of being infected with the virus.*

Lisa: *Are you serious? You're crazy if you get that test! What if you do have it and your husband or family find out? I'm afraid someone in the lab would tell my husband. If I'm infected, I don't want to know! I might lose everything.*

In many parts of the world, especially where women do not have equal rights with men, a pregnant woman with HIV faces many challenges. If her family finds out she is infected, she may lose her husband, her home, and the ability to support her children. She may be so afraid that she decides not to have the test. The risk of being rejected may outweigh her concern about transmitting the virus to the baby.

It takes extreme courage for a pregnant mother to make a decision to be tested and to take steps to protect her unborn child. It is a difficult thing to do alone; she will need the support of people who are committed to her well-being.

Decisions About Pregnancy and Breast-Feeding

Though not every pregnant woman will pass HIV to her baby, the risk is considerable. In addition to the risk of passing HIV to the baby, pregnancy can also weaken the immune system of a woman with HIV, causing her to develop AIDS more quickly.

If a pregnant woman lives in an area where HIV infection is common, she should have an HIV test. If she is infected, she can take measures to keep herself healthy. This includes a healthy and adequate diet, medical treatment for HIV infection, and pre-birth and post-birth care of mother and baby. She can also find out if antiretroviral drugs are available to reduce the risk of passing HIV to the baby.

- For every ten pregnant women infected with HIV, three to five will pass HIV to their babies during pregnancy or delivery.
- For every ten HIV-positive women who are breast-feeding their babies, two to three of them will pass HIV to their babies by breast-feeding.

If the woman knows she is infected with HIV, she can make decisions about breast-feeding. The World Health Organization recommends that women avoid breast-feeding altogether if artificial feeding is:

- Acceptable in her area.
- Safe: Is the water supply safe for drinking?
- Practical: Is refrigeration and sterilization possible?
- Affordable and sustainable: Is there a long-term supply of breast milk substitutes and a dependable system to ensure that the baby will have an adequate supply as long as needed?

If artificial feeding is not possible, it is strongly recommended that the baby receives breast milk **EXCLUSIVELY** for the first six months of his or her life. *Exclusive* means that no other food or drink be added to the baby's diet; the mother gives only breast milk.

If artificial feeding is not possible, it is strongly recommended that the baby receives breast milk EXCLUSIVELY for the first six months of his or her life.

Giving a baby anything other than properly prepared artificial feeding or breast milk for the first six months of his or her life can be dangerous. Even cow's milk can be harmful. The baby may have an allergic reaction to these foods. Infectious illnesses can be introduced through unclean food and water and damage the infant's digestive system. This puts the child at greater risk of becoming infected with HIV if the mother gives the baby breast milk.

12. THERE IS GOOD NEWS!

12. There Is Good News!

AIDS is a disease that seems to offer little hope. But there is good news! A person with HIV can live for many years by taking good care of his or her health. And when people understand HIV infection, there is hope for a caring, compassionate response.

There is hope that new infections can be prevented! Through Jesus Christ, God gives spiritual strength to help people make decisions that keep HIV out of their bodies.



For anything we've done wrong, there is hope for forgiveness through Jesus Christ. The Bible says, "We all have sinned, and if we confess our sins, He is faithful to forgive us and cleanse us from all wrong." God offers forgiveness of sins through faith in Jesus Christ. When life on earth has come to an end, there is hope for life after death with God in Heaven.

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Role-Play

Objective: It is not uncommon for a diagnosis of HIV infection to lead to depression and despair. This is part of the grieving process, and may take a significant amount of time to process. Consider how faith in Jesus Christ offers a unique and meaningful perspective when faced with a diagnosis of HIV infection or sickness caused by AIDS.

Two young men talking:

Chan: *Paul, I'm so afraid. I already feel like I'm half dead. It seems like I'm losing weight every day and I wonder if I will die every night when I go to sleep. I feel absolutely hopeless. Nothing will help me now; I'm as good as dead.*

Paul: *Chan, it must be terrible for you. I can't begin to understand how you feel. I don't want to offer you something that may sound untrue, but I do want you to know that there is hope in the middle of this terrible situation.*

Chan: *Hope? How can there be hope when I know I'm going to die?*

Paul: *Let me tell you about the hope I've found in Jesus Christ. He'll be there for you, too, if you ask Him.*

Hope In Hopeless Situations

(If it is appropriate for the group being taught, the trainer can speak of the spiritual help available to those who are facing the crisis of AIDS.)

In the Bible, God has given many commands which tell us how to live. Because we are human, we make mistakes, and we all make decisions that disobey God's commands. In Romans 3:23 the Bible says, "For all have sinned and fall short of the glory God."

When people disobey, there are always consequences. We need someone who can save us from the consequences of our sin. Without forgiveness, we will always be separated from God.

But there is hope! Romans 6:23 says, "For the wages of sin is death, but the gift of God is eternal life through Jesus Christ our Lord." Jesus came to save all who call on His Name. He will never discriminate against someone who needs His help and forgiveness—no matter what he or she has done!

If a person has sin in his or her life, Jesus is able to forgive all of it. When a person receives Jesus into his or her heart and life, it is as though old things are gone and new things are beginning. 2 Corinthians 5:17 promises, "If anyone is in Christ, he is a new creation; the old has gone, the new has come!" No matter the past, there is hope for a new start in Christ.

The Bible says that Jesus went to the Cross so every person who has ever lived could receive forgiveness of sin. It also says that Jesus' body was beaten and torn so that we could be healed from our sicknesses. Isaiah 53:5 says, "But he was pierced for our transgressions, he was crushed for our iniquities; the punishment that brought us peace was upon him, and by his wounds we are healed."

Not everyone who asks for healing receives it, but Jesus has performed many miracles of healing. He can do so in the case of AIDS, as well. James 5:14 says, "Is any one of you sick? He should call the elders of the church to pray over him and anoint him with oil in the name of the Lord."

When Jesus forgives sin and becomes the Lord of someone's life, He promises an eternal life—that is, a life that goes on after death, forever. There will be no pain or suffering in heaven. It will be a life of eternal joy and peace, shared with our Heavenly Father forever.

Forgiveness and healing are available to anyone who asks. If you want to ask the Lord into your life, pray this simple prayer:

Lord Jesus, thank You for dying for my sins on the Cross. I am a sinner but I ask You to forgive me of my sins and to come into my heart. I ask You to be Lord of my life. Please fill me with Your love, Your joy and Your peace. Give me the strength to face whatever may come my way knowing that You are with me and that when I die, I will be with You in heaven forever.

CHAPTER 5

Where to Begin?



Key Point

Steps in Beginning an AIDS Outreach

The effect of the HIV/AIDS epidemic on communities around the world has been devastating. At the beginning, the church was slow to mobilize. But this has changed as Christians around the globe have realized their responsibility to care for their neighbors just as the Good Samaritan did in Luke 10.

Effects of HIV/AIDS on families, communities, and nations include:

- Millions of deaths around the world.
- Lost productivity as people become too sick to work.
- Orphaned and vulnerable children.
- Individuals and families needing help in final days before death (hospice care).
- Pregnant women passing HIV to their babies.
- Economic decline.
- Widows and grandmothers lacking resources to care for orphaned children and grandchildren.

The above list of problems associated with HIV/AIDS seems overwhelming. However, when people work together to decide how these problems might be addressed, much can be accomplished.

Steps in Beginning an AIDS Outreach

Step 1: Prayer

Individual and corporate prayer is the first step in an HIV/AIDS outreach. Pray together as a church and individually for:

- Direction from the Lord.
- Passion and burden to help those in need.
- Anointing on whatever activities are undertaken.
- Provision of energy and resources to effectively reach those in need.

Step 2: Group Dialogue

What does the group see as most important in AIDS outreach? Churches, communities, or interested groups should engage in dialogue. Questions to be con-

sidered by the groups are: Why do we want to become involved? What can we do? How can it be accomplished?

Step 3: Participatory Needs Assessment

In order to facilitate group dialogue, a needs assessment can be done by the group and others who might be enlisted to help. An example of an assessment can be found in Appendix A of this training manual.

The purpose of a needs assessment is to identify the greatest needs of a specific community. This may be the community which is near to the church, a small village community, or a specific area of a city.

If the focus is HIV/AIDS, the assessment may be tailored to find out information about the existence of HIV infection in that community. How big is the problem, what are the main issues involved with the disease in that particular community, and what is already being done about it? The last question is important as some other church or group may already be effectively meeting an AIDS-related need.

The purpose of a needs assessment is to identify the greatest needs of a specific community.

Step 4: Mapping or Diagramming the Results

Once an assessment has been done, it may be helpful for the group to make a drawing or diagram of the area that has been surveyed, and place/graph the most important findings on it. (Examples of this can be found in Appendix B.)

Step 5: Deciding on a Plan of Action

After compiling the information, the group can then work together to decide what part the church will play in helping to meet the need. Perhaps the assessment and the mapping will help identify priority needs in the community and/or the areas that are not being dealt with by other agencies. Writing a purpose statement and objectives of the proposed outreach are an important way to clearly define what is going to be done and what the desired outcomes will be. It is important to incorporate a spiritual component into the objectives so that the church will work towards ministering to the “whole” person: his or her physical, emotional, and spiritual needs.

Step 6: Budget Planning

When a plan has been proposed and the group has agreed on a plan, the very next step is to estimate the proposed costs of the outreach. It may be helpful to bring in an accounting person or someone who can assist with this process to

make sure that unforeseen costs are thought through. A budget should be projected for the assumed length of the project. For most HIV/AIDS initiatives, the group needs to think of long-term financial commitments and should have a basic budget that projects five years into the future.

Step 7: Sustainability Decisions

The plan of action will need to include ways in which the outreach can be sustained in terms of financial and human resources. This may be the most difficult part of the planning process, but it is important. In some cases, outside organizations may be able to provide some funding. However, the most sustainable projects are those which have a plan to generate their own funds in case outside funding is not available or is time-limited. The group will need to think through ways of generating income: offerings; fund-raising events; micro-business or micro-enterprise projects which partner with local organizations who offer donations or funds; grants; etc. (Additional information is available on accessing internal funds.)

Sustainability does not only apply to funds, but also to human resources. Is the course of the action plan dependent on volunteerism? Can the level of volunteer participation be sustained in the long term? Many programs begin enthusiastically but lose momentum when volunteers become weary of the load they have committed to or become sick themselves. People who volunteer should be encouraged to identify their commitment to the ministry. At the same time, the project or ministry should take care not to overburden the volunteers.

Sustainability does not only apply to funds, but also to human resources.

Step 8: Evaluation Strategies

Every good project or outreach establishes a system of evaluation to determine what is being done and if it is doing what it set out to do. In step 5, “Deciding On a Plan of Action,” a purpose statement and objectives were referenced. These should be written in such a way that they can be measured during evaluation. In other words, six months after the project begins, can the group look back to the objectives and evaluate whether they are being accomplished? The ways in which evaluation will be carried out should be clearly stated. In large projects which involve outside funds, this will almost always be a requirement of the donors.

APPENDIX A

Participatory Community Health Assessment Tool

The purpose of this form is to collect sufficient information to assess and authenticate the existing need(s) for an HIV/AIDS project in a targeted community. The information should be gathered with active participation of a variety of people living in the targeted community. A generalized assessment tool should also be completed to assess the resources, economics, educational status, politics/government, agriculture, etc., of the local area.

Purpose of assessment: _____

Date (s) of assessment: _____

Person (s) doing assessment: _____

Affiliation: _____

Address and contact information: _____

Phone: _____

E-mail: _____

Who will know the extent of the health needs and AIDS problem in the targeted community?

Be sure to have a wide variety of people from different age groups, family groups, community leaders, agencies, churches, and workers.

Names of Contacts

Section I: Health Factors / Information

Disease Prevalence

Check the diseases that are the most prevalent among the general population in the targeted community.

- | | |
|---|---|
| <input type="checkbox"/> AIDS (number of deaths per week) _____ | <input type="checkbox"/> Anemia |
| <input type="checkbox"/> Malaria | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Parasites (which kind?) _____ | <input type="checkbox"/> Skin infection |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Goiter |
| <input type="checkbox"/> Sexually transmitted diseases | <input type="checkbox"/> Leprosy |
| <input type="checkbox"/> Schistosomiasis | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Communicable diseases—measles, chicken pox, typhoid fever, polio | |
| <input type="checkbox"/> Others: _____ | |

Health Care

When persons in this community are ill, where do they seek treatment?

- | | |
|--|--|
| <input type="checkbox"/> Local clinic | <input type="checkbox"/> Local hospital |
| <input type="checkbox"/> Private physician | <input type="checkbox"/> Traditional healer |
| <input type="checkbox"/> Community health worker | <input type="checkbox"/> Do not seek treatment |

How far does the average person travel to seek care?

- | | |
|--|--|
| <input type="checkbox"/> 1 kilometer | <input type="checkbox"/> 2-5 kilometers |
| <input type="checkbox"/> 5-10 kilometers | <input type="checkbox"/> 10 kilometers or more |

What mode of transportation does the average person use to reach medical care?

- | | |
|--|--|
| <input type="checkbox"/> Walks | <input type="checkbox"/> Bike or moped |
| <input type="checkbox"/> Public transportation | <input type="checkbox"/> Other: _____ |

Is there a trained community health worker(s)? Yes No

If yes, are they trained by the government? Yes No

In your opinion, are the health services within walking distance adequate to meet the general health needs of the community? Yes No

Is the local clinic staffed by a:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Doctor | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Nurse assistant | <input type="checkbox"/> Other: _____ |

Where do most women deliver their babies?

- | | |
|---|--|
| <input type="checkbox"/> At the hospital | <input type="checkbox"/> At the local clinic |
| <input type="checkbox"/> At home: ___ with a midwife; ___ without a midwife | |

Preventative Services

- Is there a prenatal clinic in the community? Yes No
 If yes, is it within walking distance for most women? Yes No
 Is there a well-baby clinic in the community? Yes No
 If yes, is it within walking distance for most women? Yes No
 Are these services sponsored by:
 Government? Private NGO? Church group?
 Are vaccinations programs available for infants and children? Yes No
 Are vaccinations free of charge? Yes No
 Are the majority of the children vaccinated? Yes No

Section II: HIV/AIDS Problem in the Community

Prevalence of HIV and AIDS (Prevalence data can be obtained from health workers or regional statistics. For every diagnosed case of AIDS, there are most likely many more people infected with HIV.)

What is the prevalence of STDs such as gonorrhea and syphilis in the community?

What is the prevalence of women with symptoms of STDs (genital sores, vaginal discharge, and lower abdominal pain)?

What is the prevalence of infertility? _____

What is the prevalence of HIV and AIDS in the community? _____

Has there been any testing for HIV in the community? Yes No

If people are being tested for HIV, what are the age groups and sex of the people who test positive to HIV?

- Below 15 years 15-20 years
 21-30 years 31-40 years
 41-50 years 51 years+
 Men Women Both

How many orphans due to AIDS are in the community? _____

Spread of HIV and AIDS

- Do married men and women have more than one partner? Yes No
 Do unmarried men and women have more than one partner? Yes No
 Do sexually active people use condoms? Yes No
 Do people travel frequently outside the community? Yes No
 Do people come from the outside to stay in the community? Yes No
 Do people get injections from unqualified practitioners? Yes No

- Do people use intravenous drugs and share needles? Yes No
 Do women or men sell sex to purchase illegal drugs? Yes No
 Do traditional healers cut clients with unsterilized instruments? Yes No
 Are blood supplies at the hospital screened for HIV? Yes No

Community resources for STDs and AIDS

- Is HIV/AIDS education being done in the community? Yes No

If yes, who is doing it? _____

Who is the target population? _____

- Is there an HIV testing site in close proximity to the community? Yes No

If yes, do people go for testing? Yes No

How far is the nearest medical facility that treats AIDS patients? _____

- Is treatment available for those that cannot pay? Yes No

What helping networks exist in the community that could offer counseling to people who are HIV-positive? _____

Who takes care of people who are sick in the community, including those with AIDS? _____

Who cares for the orphans in the community? _____

- Is there a hospice program in the community? Yes No

Are the churches providing any support for people with AIDS? Yes No

If yes, what? _____

What are the perceived needs of the people in the community in regards to HIV/AIDS? (Select as many as appropriate)

- HIV/AIDS prevention education
- Medical training for community health workers
- HIV testing in the community
- Counseling for people with AIDS and/or affected by AIDS
- Treatment centers for people living with substance abuse issues
- Maternal health programs including prenatal HIV testing and anti-AIDS medication
- Nutrition and health teaching for persons with AIDS family members
- Hospice care for AIDS patients
- Grief counseling for adults and children
- Caregiver(s) respite relief
- Support for person(s) caring for orphans

APPENDIX B



Key Points

- **Community Mapping**
- **Plan Mapping Exercises**
- **Project Planning for Community Development**

Community Mapping




What is mapping: A line drawing of a defined area marking the larger details of the area with designated symbols. Every part marked in the drawing should be in distance proportionate to every other part.

Why is mapping important: It gives the workers an overview of the community, with all its characteristics. It provides a visual reference to help in the planning of home visits so the whole area is covered and to see how facilities (meeting, buildings, wells, churches, etc.) are distributed in the area.

How to draw a map

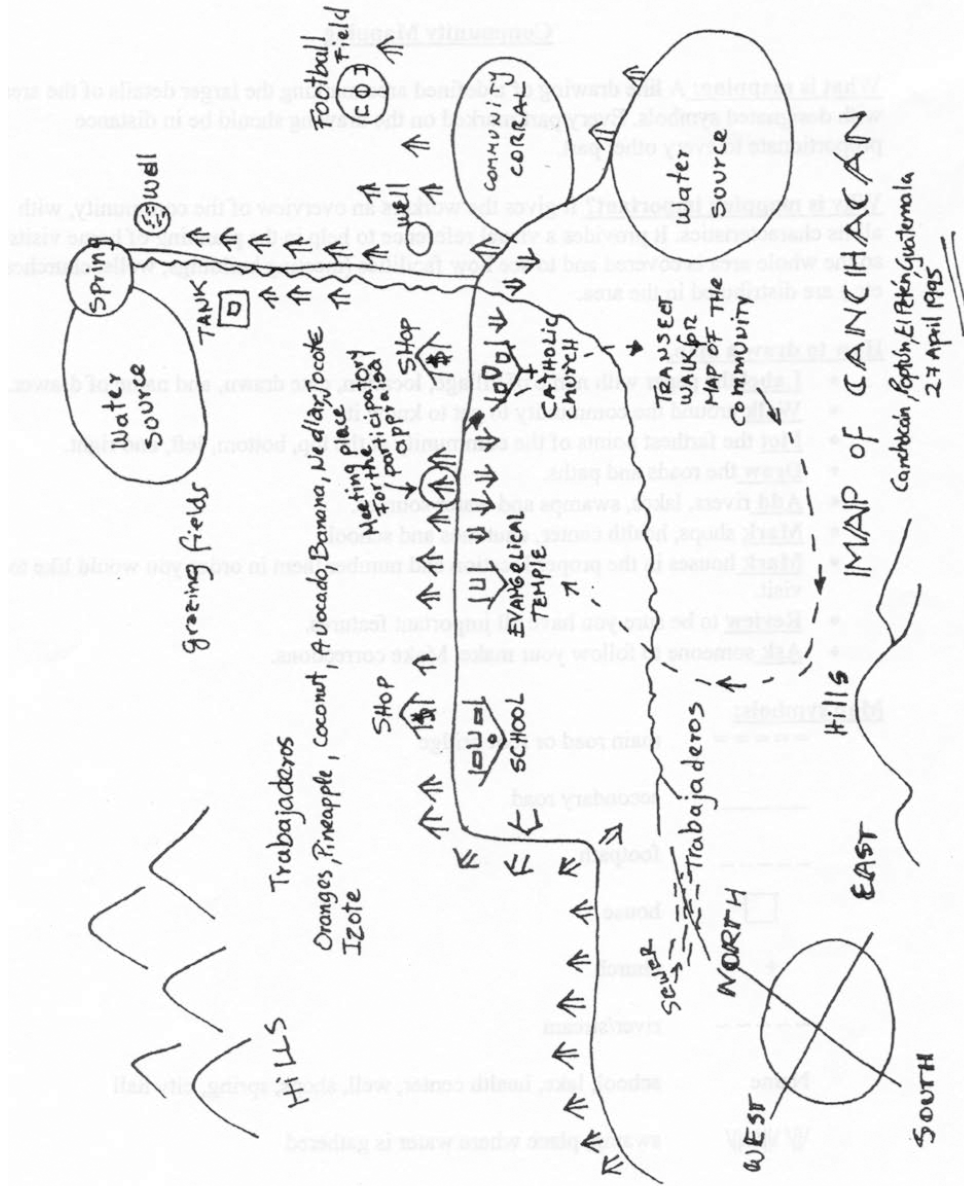
- **Label** the paper with name of village, location, date drawn, and name of drawer.
- **Walk** around the community to get to know it.
- **Plot** the farthest points of the community at the top, bottom, left, and right.
- **Draw** the roads and paths.
- **Add** rivers, lakes, swamps and water sources
- **Mark** shops, health center, churches, and school.
- **Mark** houses in the proper location and number them in order you would like to visit.
- **Review** to be sure you have all important features.
- **Ask** someone to follow your model. Make corrections.

Map symbols:

=====	Main road or foot-bridge
-----	Secondary road
----	Footpath
	House
	Church
~~~~~	River/stream
Name	School, lake, health center, well shops, spring, city hall
	Swamp, well, or place where water is gathered

See sample map on next page.

# Plan Mapping Exercises



SOURCE: Endara, Nelly, and Jose Carvajal. *Participatory Rural Appraisal and Planning: Workbook*, trans. by Daniel Selener (Quito, Ecuador: IIRR., 1999), 27.



## ***Project Planning for Community Development***

### **1. Community/Neighborhood**

- a) Define the geographic boundaries.
- b) What are some important past events which influence the community today?
- c) What other projects have taken place recently in the community? What lessons are there for us to learn?

### **2. Kinship/Family**

- a) What tribes (people groups) live in the community?
- b) What cultural or social values will help to bring about change?
- c) What is the structure of the family?
- d) What is the average length of time families have lived in this location?

### **3. Economics**

- a) List different ways people earn their living.
- b) Who controls resources (i.e. credit, markets, land, jobs, etc.)? How does this affect the lives of people?
- c) Who owns the land that the people live on?

### **4. Education**

- a) Numbers of schools  
       _____Primary   _____Secondary   _____Other schools (i.e., Nursery)
- b) Percent of primary- and secondary-age children in school
- c) Estimate of adult literacy rate

### **5. Politics/Government**

- a) How do the local government and churches relate to one another?
- b) How will the local infrastructures help or hinder changes? (roads, bridges, government services, markets, city council, etc.)

### **6. Religion—Major Groups and Percentage**

- a) Roman Catholic      b) Protestant      c) Muslim      d) Animist
- e) Buddhist      f) Hindu      g) Other _____

**7. Agriculture**

- a) Food Crops
- b) Cash Crops
- c) Land available to individual home units
- d) Livestock

**8. Health**

- a) Distance to nearest health facility _____  
 Type of facility _____

b) Are there periodic immunization campaigns for common illnesses (diphtheria, whooping cough, tetanus, TB, measles)? Which ones?

c) Which illnesses or conditions are most common?

Number from most common to least common

1=Most common                      5=Least Common

- |                                              |               |
|----------------------------------------------|---------------|
| _____ Excessive coughing/sore throats, colds | _____ Alcohol |
| _____ Malnutrition/poor nutrition            | _____ Drugs   |
| _____ Vomiting/diarrhea                      | _____ STD     |
| _____ Worms/intestinal problems              | _____ AIDS    |
| _____ Malaria                                |               |

d) Mortality:

Average life expectancy at birth _____

Infant mortality: how many babies under one year of age died last year in your community? (Number of infants who die per 1,000 births per calendar year—available at Ministry of Health) _____

Under-five mortality: how many children between one and five years died last year in your community? (Number of children one to five years who die per 1,000—available at Ministry of Health) _____

e) Population Total:

_____ Infants less than one year old	_____ 1–5 years old
_____ 5–14 years old	_____ 15–49 years old
_____ 50 years and older	

**9. Living Arrangements**

a) Type of individual houses

_____

Walls (brick, wood, mud, cardboard, plastic)

_____

b) Average total floor space per living area

_____

c) Availability of electricity

_____

d) Water piped into house

_____

e) Where cooking occurs (inside or outside)

_____

f) Ventilation or window in each room

_____

g) Bathing facilities (in-house or outside)

_____

h) Toilet facilities (in-house, outside or no latrines)

_____

i) Water supply (always available or irregular supply)

_____

j) Water quality (clean or not clean)

_____

k) Source of water (well, standpipe in street, rain off roof, drainage)

_____

**10. Communication**

- a) Who makes the community decisions? _____
- b) How are they made? _____

**11. Transportation**

- a) What is the main source of transport?  
_____
- b) How much does the average family spend on transport per week?  
_____

**12. Project**

- a) What skilled people are available locally that might help the project?  
_____
- b) What services of the government and other agencies are available that might help the project?  
_____
- c) What contribution of labor, money, or goods could the local people make?  
_____
- d) How could other local projects help or support our project?  
_____

**13. Needs or Problems of the Community**

List all the basic needs or problems of the community.

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